Infant Vitality Pilot Project

Getting Healthy Zone

Progress Report

January 2020

HEALTHY
LUCAS COUNTY

Introduction

The Getting Healthy Zone (GHZ) Pilot Project was designed based on the Best Baby Zone approach to address the infant mortality problem in Lucas County. GHZ targets specific zones in Lucas County to improve the countywide infant mortality rate. The target population is women of childbearing age residing in census tracts 22, 23, 27, 28, 29, 30, and 103. These census tracts have an estimated population of 10,994, nearly 2,685 who are women age 15-50, plus 291 who are girls age 10-14. The median household income for these census tracts is $16,549. The purpose of the GHZ is to engage residents and community partners, listen to neighborhood priorities, and foster cross-sector community actions.

This progress report includes mid-intervention[1] successes and challenges of each participating anchor organization representing the four health care organizations involved as well as updates on resident engagement and sustainability of project initiatives that impact the overall improvement of neighborhoods within the zones. The purpose of this report is to provide the Hospital Council of Northwest Ohio (HCNO) with findings related to the successes and barriers of GHZ. Each anchor team is to review and use the components of this report to guide future project efforts. Throughout this report and/or others, various team members will be referred to by their title, including: (1) administrators who secured the grant and are implementing the project, (2) anchor organizations who represent the four health care organizations involved, (3) anchor team members who include everyone involved in the project from each anchor organization, (4) community leaders or partners that provide direct services to residents in the neighborhood and maybe be located within the zone, and (5) residents who live in the various zones served. In future reporting, the following additional members will be included: (6) community liaisons who are Local Initiatives Support Corporation, or LISC/AmeriCorps workers and have membership on an anchor team, and (7) Community Health Workers (CHWs) that work with women and link them to services.

Methodology

To inform this report, the research team at The University of Toledo (UT) conducted three individual interviews with health care anchor organizations, one focus group with a health care anchor organization, and one combined community leader and resident focus group within one of the zones of the GHZ from December 2, 2019 to January 10, 2020. One-on-one interviews were conducted with the anchor team leads from Neighborhood Health Association (NHA), ProMedica, and Mercy St. Vincent's. A focus group was conducted with the anchor team lead and members from the Toledo-Lucas County Health Department (TLCHD). One focus group was conducted with both resident leaders and community leaders after the Vistula Neighborhood

[1] Anchor organizations who represent the four health care organizations can be best characterized as mid-intervention as opposed to pre-intervention, as they have surpassed the pre-intervention or baseline stage of identifying community needs and neighborhood priorities and have now implemented initiatives to address neighborhood priorities.

Planning Meeting. Resident leaders and community organization leaders involved in the Vistula Neighborhood Planning Meeting work collaboratively as a coalition with NHA.

Time constraints, staffing changes, and scheduling conflicts during this reporting period affected the ability of the researcher to meet with complete internal anchor teams from Mercy, NHA, ProMedica, and TLCHD. As a result, a combination of both focus groups and one-on-one interviews with health care anchor site supervisors occurred to evaluate mid-intervention progress of GHZ. A summary of the qualitative evaluations that occurred and are reported on in this progress report is included below:

- NHA: individual interview with health care anchor organization site supervisor
- Mercy St. Vincent's: individual interview with health care anchor organization site supervisor
- ProMedica: individual interview with health care anchor organization site supervisor
- TLCHD: focus group with health care anchor organization site supervisor and TLCHD anchor team member
- Residents: focus group conducted with resident leaders and community organization leaders/community partners within the zone

Focus groups and interviews were facilitated by UT researcher, Monica Klonowski, M.A. All focus groups and interviews were audio-recorded with participant consent, transcribed, and analyzed. Forty-two pages of data were analyzed by coding transcripts line-by-line. Codes were collapsed into themes. Themes were linked together in meaningful ways to present the preliminary findings identified in this report.

Additionally, Researcher Monica Klonowski (UT) has collaborated with Holly Pappada (HCNO) to provide an update on housing. This update is provided at the end of the report. A future focus group with CHWs will be conducted in February 2020 that focuses on housing referrals, challenges, successes, and needs. Dr. Megan Petra, quantitative researcher (UT), continues to work collaboratively with Holly Pappada (HCNO) regarding the maintenance of the housing database, data collection and follow-up, and reporting. A full quantitative report will be included in the July 2020 annual report.

July 2019 – January 2020 Findings

According to the Best Baby Zone (BBZ) model, building resident relationships through meaningful engagement takes one to three years and should be ongoing. Completing this essential component requires a team that is communicating and collaborating effectively as a whole, internally within each anchor team, and in the community with residents. In this report, the research team focused on the following topics: project strength and successes, collaboration, resident engagement, sustainability, and challenges. A housing update is also provided at the end of the report.

Project Strengths and Successes

Health care anchor organizations involved in GHZ were asked to discuss recent successes of the project since the last reporting period in July 2019. The following areas were discussed: neighborhood coalitions, infant vitality efforts, community events, and interventions that make immediate impact.

Neighborhood Coalitions

All health care anchor institutions reported that they were making progress toward their selected neighborhood priorities. One common goal all health care anchor organizations reported was to build a neighborhood coalition that meets regularly and is the driving force for implementing the neighborhood improvement plan and creating additional opportunities for community outreach. One health care anchor organization that has formed a neighborhood coalition spoke about the composition of the coalition, stating that the neighborhood coalition consists of "*five to ten leaders. So, they are from all over, some are not residents. They are leaders of organizations that are within the neighborhood, serve the neighborhood, and then resident leaders as well.*" This particular coalition meets twice monthly for neighborhood planning, with members actively participating in the planning, logistics, and implementation of community events and long-term projects. Another health care anchor discussed regular neighborhood meetings as "*the hub of the work we do with residents*" while also holding separate meetings with community partners. All health care anchors reported that having a solid foundation of resident leaders and community partners working together in a coalition also accounts for sustainability.

Infant Vitality Efforts

Health care anchor organizations were also asked to discuss how their efforts in GHZ directly address infant vitality. When asked how infant vitality is present in neighborhood improvement efforts, this health care anchor stated, "*It's working its way in. As we go door to door, we're always asking about it. 'Do you know anybody who's a pregnant mom?, Can we use your name?, Where do they live?' Again, it's not in your face piece of that but generally trying to move people to it. I think that people inherently understand that that is a real issue within the community.*" This health care anchor continued, commenting on how infant vitality is an underlying theme of all community outreach and engagement, stating that at a community health fair, "*We had a couple different groups talking about home visits and infant vitality. People clearly understand that there is a disparity between race but also between the locations of the suburbs and their neighborhood of children not surviving to one. It's not something that necessarily you have to teach them. You just remind them and sometimes you don't even have to remind them.*"

> **Education.** One common approach to addressing infant vitality amongst the health care anchor organizations is to increase education and awareness of infant vitality in their zone(s). One health care anchor disseminates information on resources and services "*via email, fliers…sharing information on our website, and social media*." Another health care

anchor organization has "*created the infographic for the [their] organization that shows all the services that touch moms and babies. Everything from home visitation to the perinatal nurse expert who provides education and resources to the labor and delivery nurses that talk about common health challenges that patients are presenting with.*" This health care anchor concluded, stating, "*We have over 20 services that touch moms and babies, and so, having it all in one place so that we can create impact*." Another health care anchor echoed a similar statement, stating, "*We put together fliers – African American moms need to know, what families need to know – African American babies are dying in Lucas County. Getting some materials out to people is I think an important role and we've been doing that. We're trying to get that information out to the community.*"

United Way Screener. One health care anchor organization partnered with United Way/2-1-1 to mediate gaps in connecting pregnant mothers to services throughout Lucas County. This health care anchor organization expressed that they connected with United Way to create a screener question that asks if there is a pregnant woman in the house. This screening question has the opportunity to connect pregnant women to a variety of resources in the community that directly and indirectly impact infant vitality.

Community Events

Community events were a common method for outreach and community engagement. When asked how the community is involved in the GHZ project, one health care anchor stated, "*For example, community events. When the system has events, we partner with them and vice versa. When I have one- when Best Baby Zone hosts events in the neighborhood we bring the system. So, it's this collaborative effort that we're sharing resources and knowledge with the community.*" Various one-time community events during this reporting period include, but are not limited to, a community health fair, a fall festival, baby art crawl event, mindfulness event, a job fair, and jobs training. Recurring community events often include regular food distribution on behalf of, or in collaboration with, community partners.

Interventions with Immediate Impact

One successful method for engaging the community is through interventions that require resident engagement and that have the potential to create an immediate impact that can be seen by the community. For example, one health care anchor organization partnered with Engaged Toledo at one of their community events *"…to get things communicated to the city about street repairs, sidewalk repairs, and all that. So, it was really exciting to see – when I went to them – the neighbor meeting afterwards they were like, 'Whoa! They're already out, they're already fixing that.*" In addition, this health care anchor commented, "*We have the resource officer from our community – Toledo Police Department – so they are able to talk with him directly in the meeting and get things addressed*." Another health care anchor organization implements a similar strategy for direct community engagement through petitions and by distributing and collecting cards for resident feedback on community needs. This anchor comments that of the cards collected, "*Most of those are physical or criminal activities that occur. So, there are check*

boxes. Originally, it was just fill in the blanks but it was just harder to capture that information. It had to become more sophisticated but we still have it. So, the other thing that occurs during when we're doing door to door there might be individual services that are needed and we just make referrals to those. The hot spot cards are meant to look at community issues. The door to door work may also involve referrals to the agencies as well." Through these various methods, residents are able to directly engage with health care anchor organizations and community partners in a manner that is convenient and results in action.

Collaboration

Health care anchor organizations, residents, and community partners involved in GHZ were asked to discuss collaboration. The following areas were discussed: collaboration within internal health care anchor teams, collaboration amongst the four health care institutions, collaboration between health care anchor institutions and the grant administrator (HCNO), and collaboration between health care anchor institutions and residents.

Collaboration: Internal Health Care Anchor Teams [2]

The four participating health care anchor organizations were asked questions regarding the collaborative effort amongst their internal health care teams. One health care anchor organization described their internal anchor team as consisting of "*probably over twenty*" members, and stated that "…*based on our community priorities we've kind of segmented out responsibilities within our organizations to release some of the priorities.*" When asked about the collective impact of over twenty internal anchor members on the organization, the health care anchor stated "*We don't want to be siloed with this initiative, right? And so many people touch the community without understanding maybe some of the priorities that being able to go back into our organization and share the priorities fosters interest and opportunities for other people to join us in our efforts.*" However, it remained unclear how members of this team were interacting with residents directly. Another health care anchor also mentioned the positives of having a large internal anchor team, stating, "*Internally, we meet once a month. I think we're doing really, really well in terms of our internal zone team. So, I've got key leaders from [health care anchor organization] that are on the project, that buy into it, that think it's wonderful.*" When asked about how their organization's internal team members work directly with residents, this anchor stated, "*Some of them do and some of them don't.*" This site supervisor described a range of responsibilities, including a director who conducts a monthly neighbors meeting and is "*working all the time with residents and addressing issues and concerns*" as well as "*other folks*

[2] The researcher was not able meet with each organization's entire internal anchor team for the purposes of this progress report due to a combination of researcher staffing changes and scheduling conflicts with health care anchor teams, but met either individually with health care anchor organization site supervisors and/or site supervisors and internal anchor team members. As a result, the statements describing the internal health care anchor teams are largely limited to the perspectives of site supervisors.

who are a little bit kind of more my role. They oversee people who are overseeing folks that are working with residents in the community."

Collaboration: Health Care Anchor Organizations

The four participating health care anchor organizations were asked questions regarding the collaborative effort amongst health care anchor organizations involved in GHZ. When describing collaboration amongst health care organizations, the four health care anchors involved in the project stated that they are comfortable reaching out to other organizations on an as-needed basis. One health care anchor organization stated, *"I think when we call upon one another, we're more than willing to help each other out. I don't think we're always able to identify what our needs are. I don't know what [health care anchor organization] needs unless they call and say and I don't know what other ones* [need] *unless they call and say. But when they call, we're very responsive.*" An additional health care organization also expressed a similar point, stating, *"We have our monthly meetings. We share updates with each other. We invite each other out to community events or whatever it is that we're hosting. We have an opportunity to build relationships and so if we feel challenged in one of the areas to address, we call on each other*."

However, there is opportunity to strengthen the collaboration amongst the four health care organizations. As one anchor team described, "*I guess for me, it's just kind of - even when I think about the anchor institutions collaborating, the work is still fragmented. It's almost as if we're zoned within a zone and it's hard for us to relay a united message. We have a flier, [health care anchor organization 1] has a flier, [health care anchor organization 2] has a flier, [health care anchor organization 3] has a flier, and we're talking about the Getting Healthy Zone but we're talking about a specific census track. So, how do we explain to the community that it's all one zone but we're only responsible for the small space in the zone?*" One health care anchor organization reflected, "*I feel like we collaborate-like we all have the same goal. We're all committed to the project. I feel like we all get along well. I think that we collaborate and share ideas well.*" This healthcare anchor organization suggested that HCNO can assist in synthesizing information as a means of reducing duplicity, as they stated, "*But I think that Hospital Council could help us kind of collaborate and make a larger impact in our entire zone. Maybe there are overarching issues that we could be working on together instead of each of us inventing the wheel in our own communities.*"

Collaboration: HCNO and Health Care Anchor Institutions

The four participating health care anchor organizations were asked questions regarding the collaborative effort amongst their health care organizations and HCNO. Health care anchor organizations reported that they are meeting monthly with HCNO to share project updates and to sometimes participate in educational presentations. One health care anchor organization reflected on these meetings, stating, "*Our meetings have been good from the standpoint that we've been provided with education…and then we all just individually report out what we're doing.*" However, the meetings could be more productive, as the health care anchor noted, "*But then it*

doesn't take it any step further about how we could be working." Information is shared at the monthly meetings, but the information is not utilized in a collaborative manner to identify overarching themes within the Getting Healthy Zone. This health care anchor organization describes that HCNO is often task-oriented without an explanation of the purpose of completing tasks. One health care anchor organization stated, "*All of a sudden, it was like, 'Okay, when you come to this meeting, I want you to bring this and fill this out' and I was about to call [and] that must have gotten squashed and someone was like 'Okay, you don't have to fill this out.' So, sometimes it just seems like we do stuff to do it. But there's not a real reason behind it.*" As this health care anchor organization stated, "*If we're really partners on the whole project, then we should know why we're doing stuff, what's happening, not just we're reporting what's happening here.*" One potential method for increasing collaboration and partnership would be to allow for more open-ended sharing at monthly Infant Vitality meetings. As one health care anchor organization stated, "*We've got a lot of smart, talented people…So, sometimes it'd just be nice to have time to pick one another's brains. Just to share like, 'What are you doing or how are you handling this?' Let's talk about how we're implementing the plan or any struggles someone is having and talk about how we can get through them*."

Collaboration: Health Care Anchor Institutions and Residents

In a focus group with resident leaders and community partners, participants were asked to describe the partnership with their health care anchor institution. One resident leader described the initial partnership as follows: "*When they first started, we did their meetings here. We did input where [health care anchor] came in and they questioned the people that was coming down to pancakes, asked them - What did they want to change? What did you want to see in your neighborhood? What would you like to improve?*" She continued, commenting on the follow-through of the health care anchor, stating, "*And they gave them those answers and they took those answers and put them in priority of what they'd like to see most of. Getting rid of these vacant homes and boarding them up. A lot of people feel like we don't have to live next door to a vacant house where the windows are open and the doors are open and anybody's going in there and it's causing a hazard for my family. It could be dangerous.*" Lastly, this resident leader evaluates the role that the health care anchor plays in the community, stating, "*[Health care anchor] has given the community a type of a voice.*" Though residents and community partners have served the community for decades, the GHZ partnership with health care anchor organizations provides greater advocacy for the neighborhood.

Resident Engagement

Health care anchor organizations and residents were asked to discuss resident engagement. Resident feedback below demonstrates that residents are engaged with established community partners in their communities. Health care anchor organizations discussed strategies for developing resident engagement that include community partners, community events, and community liaisons.

Resident Feedback[3]

When discussing resident engagement with resident leadership and community partners in the Getting Healthy Zone, one resident leader who has lived in the zone since the 1980s described residents in the zone, stating, "*I think the people in the community know who looks out for them. When they need something, they know they can go to [community partner]…We want to partner with everybody in our community that's trying to do something to uplift it. The people in the neighborhood see that. They volunteer their time just as well as anybody else.*" This resident leader also commented on how the consistent and sustained presence of community partners in the community affects residents, stating, "*You don't have to interest people so much when you know you can come to [community partner] if you're hungry on Friday and get a bag of groceries or you can go to [community partner] or one of the other places.*" Resident leaders describe the significance of community partners and the willingness of residents to engage when they trust the community partner organizations that exist in the Getting Healthy Zone. While community partners that exist within the GHZ consistently serve and interact with residents, resident leaders did not attribute resident engagement with the health care anchor institutions of GHZ, but acknowledged that the partnership with their health care anchor organization provides advocacy and exposes the community to novel resources.

Community Partners

All health care anchor organizations commented that they rely on the relationships that community partners have within their zone(s) as a gateway to resident engagement. The amount of community partners varies relative to each health care anchor organization as well as the level of engagement. One health care anchor organization reported that they have recently reconnected with their one community partner. This organization expressed the significance of this community partner, stating, "*For us, we just don't have that relationship in the community. So, we don't even really know where to go or how to initiate that conversation with the residents outside of going through existing agencies.*" Another health care organization reported that they rely on one specific partner to lead resident engagement activities, but that they regularly partner with multiple organizations to host various one-time community events. Health care anchor organizations with consistent partner engagement are regularly meeting with their community partners 1-2 times monthly. There is a correlation between the number of community partners and resident engagement. Health care anchor organizations who work collaboratively with community partners are also working more with residents.

Community Events

All health care anchor organizations reported that community events are a common strategy for engaging residents. These community events may be recurring (i.e. weekly dinners, food pantries, etc.) or one-time events (resource fairs, social events, etc.). In this reporting period, a

[3] Evaluation of resident engagement for the purposes of this progress report was limited, as the researcher was able to conduct an evaluation with resident leaders within only one of the four health care anchor organizations.

variety of one-time community events were held, with attendance ranging from 2 to 220 depending on the scope of the event. For example, a one-time seasonal festival planned by community partners and residents and facilitated by their health care anchor included an attendance of 220. A one-time event planned by the health care anchor and held at a community partner's facility included only 2 participants. Recurring weekly events, such as weekly breakfasts, were reported to have consistent attendance. One health care anchor asked, "*How do you best connect with…How do you foster maybe a level of interest for people to come out to events, right? Whether it's in the neighborhood or whether it's within our own facility*." There was a correlation between community and resident involvement and event attendance. When health care anchors work with community partners, residents, or coalitions to collaborate on what the community needs, planning, and hosting of an event, reported attendance is higher than when a health care anchor hosts their own event held at a facility within the community.

Community Liaisons

All health care anchor organizations stated community liaisons play a large role in resident engagement. When asked about the role of the community liaison, one health care anchor organization stated, "*They're the ones who are leading resident engagement*." Another health care anchor site supervisor described the evolving role of the community liaison, stating, it is "*The same as she mentioned but during the previous grant cycle. It was collecting the information to put in the neighborhood improvement plan. Figuring out what the residents identified as problems or needs that they wanted to address and then putting it in the form of the neighborhood improvement plan. And so, this grant cycle it's implementing the neighborhood improvement plan.*" Another health care anchor site supervisor reflected on how infant vitality is specifically incorporated into GHZ efforts, stating, "*The other role I see for the AmeriCorps worker is really getting that information out to the community. I'm going to be wanting her to connect with every business, every organization in the community - schools, the churches, everyone - to make sure that they're aware.*"

Canvassing

Only one health care anchor organization reported canvassing or door-to-door work within their community. When asked to evaluate the efficacy of door-to-door work, this health care anchor stated, "*We're servicing people that don't go to events. I mean the problem with it is not everyone knows about the events and they're not just tied to the organization or the church. People tend to repeat so what we're trying to do with the door to door is identify additional people.*" Canvassing provides the opportunity to connect with individuals in the community who may face conflicts with transportation, work schedules, childcare, etc. that hinder attendance to community events. Canvassing also provides the opportunity to establish a connection with residents and maintain visibility within the community.

Sustainability

Health care anchor organizations involved in GHZ were asked to discuss sustainability of their interventions. Health care anchor organizations reported that they are accounting for sustainability both within their own health care organization and also by building community coalitions.

Internal Anchor Teams.

One way that health care anchor organizations are addressing sustainability is to build their own internal anchor teams to account for resident engagement and neighborhood improvement in a long-term capacity. As one health care anchor organization stated, "*Our focus now really has been getting our infrastructure together as an organization, getting more people involved and the right people involved so we've got a firm foundation here and support at [the organization] because we were told that this grant was going to end. So, if we could be doing a lot with resident engagement and it would all end, which would be terrible for our community and our reputation…We're focused on getting this good foundation so that we can move forward and really implement this plan whether or not we have grant funding*." Structuring an internal anchor team that designates multiple individuals who work directly and indirectly with residents is an approach that accounts for gaps in staffing, community liaisons, etc.

Community Coalitions and Community Partners

Another way that health care anchor organizations are addressing sustainability is to build community coalitions that involve both residential leaders and community partners, or agencies within the zone that provide services to residents. All four health care anchor organizations discussed the importance of establishing a coalition within their zone to lead. As one health care anchor stated, "*It's our goal to create a coalition of organizations as the backbone of this. Not to just rely on the anchor institutions but to strengthen them as well.*" Another health care anchor expressed a similar sentiment when discussing sustainability, stating, "*Well hopefully this go around, if you can have that, if we can create that community committee. They'll be doing the work and in the meantime and in between time, say myself or something else on the anchor team can pick up the work-and not necessarily all of the work but just helping to make sure that committee is still meeting and still doing the work until we can get somebody on staff to continue to assist them and help them facilitate their meetings*."

Challenges

Health care anchor organizations involved in GHZ were asked to discuss recent challenges of the project since the last reporting period in July 2019. The challenges discussed include resident engagement, community liaisons, unification of the zone, and standardized reporting and benchmarks. An additional challenge was revealed through interviews and focus groups regarding interventions that are sustainable and culturally competent.

Resident Engagement

Various health care anchor organizations reported difficulties engaging residents throughout the project for a variety of reasons, including lack of or limitations in building community coalitions, visibility and direct contact, sustained engagement, and barriers to resident participation.

Community Coalitions. Currently, one of the health care anchor organizations has developed a community coalition of resident leaders and community partners that meets twice monthly to plan neighborhood improvement initiatives. Another health care anchor organization conducts monthly neighborhood meetings within their zone, but has not established their own coalition where neighbors/residents participate, plan, and conduct the neighborhood initiatives. This organization did conduct a successful one-time event planned and facilitated by residents, but the goal of this health care organization is to involve residents in a similar manner on a more consistent basis for all events and activities. A third healthcare anchor organization has expressed difficulty establishing a community coalition due to a pre-existing community coalition within their zone. This healthcare anchor attends the monthly meetings of the pre-existing coalition and has connected with the leader of the coalition, but has not yet established a partnership to work within the pre-existing coalition to work directly with residents to implement the goals of the neighborhood improvement plan. It remains unclear what efforts have been made within this zone and it appears that this organization does not actively engage residents through their own organization or through community partners. A fourth organization works through community partners to plan one-time events that typically occur bi-monthly, but has not established a community coalition and it remains unclear how this organization works directly with residents.

Lack of Visibility and Direct Contact. All health care anchor organizations reported challenges with the number of residents engaged in the Getting Healthy Zone. One health care anchor organization described one of their resident engagement strategies as follows: "*Our grass root efforts to really include neighborhood revitalization and improve overall well-being by doing various screening assessments…Maybe taking that same approach and then to the community. If you identify housing issues within - Identify issues within our own patient population, we can use maybe some of that same model and identify issues within the community that we serve. So, one way that we do that now considering with our patients is all electronic.*" Similarly, when asked how residents become familiarized with their services, one health care anchor organization reported email, social media, and their website were common methods for disseminating information to residents. Reliance on electronic data and media to conduct needs assessments or to disseminate information related to GHZ efforts and/or community resources may be effective as a component of resident and community engagement, but should not be the primary means when working on community and/or resident engagement.

Sustained Engagement. Another challenge with resident engagement includes a decline in health care anchor engagement with residents. In previous GHZ grant cycles, needs

assessments were conducted by speaking and interacting directly with residents and community partners. As one health care anchor described, "*I feel like we started out working more heavily with residents and then I feel like our internal zone team wasn't necessarily caught up to where we were.*" To address this issue, this health care anchor further developed their internal anchor team to include specific roles for individuals to work directly with residents. Another health care anchor stated, "*Part of the challenge is not reaching out to individual residents and not having consistency as we were doing it. So, we're not having enough feedback other than outside of the leadership and we weren't growing leadership recently. Even for input. We did a whole bunch around the planning. Probably 150-200 different people but it's also because we went to where people were at rather than trying to recruit them to something*."

Barriers to Resident Participation. Another challenge regarding resident engagement includes the barriers that residents face. When asked why residents do not attend community or neighborhood meetings, one health care anchor organization stated, "*Probably the time commitment. Maybe not being compensated for their time. Not seeing the value or having an interest in participating in meetings. Maybe transportation as well. Maybe the spaces not being kid friendly because if they have children, they need to bring their children. Maybe feeling like the spaces aren't very welcoming for them.*" In zones where resident engagement is active, long-term residents report that apathy or barriers are not an issue and express a willingness of residents to contribute. In zones where resident engagement is active, intermittent incentives are provided by the health care anchor to entice residents to remain engaged over time, information regarding recurring events through community partners are easily accessible and promoted, a variety of community partners provide services to residents, and the health care anchor organization designs neighborhood improvement efforts that encourage and/or require resident participation in an indirect manner.

Community Liaisons

Health care anchor organizations acknowledged the significant impact that community liaisons have on implementing project goals and resident outreach in the communities they serve. Currently, two health care anchor organizations have secured community liaisons from LISC/AmeriCorps to work specifically on GHZ. One health care anchor organization is utilizing an intern who works on multiple projects within the organization as their community liaison. One health care anchor team is in the process of hiring a part-time community liaison through their organization. Challenges with community liaisons include gaps in securing community liaisons to work on the project and communication regarding supervision and direction.

Gaps in Community Liaisons. Health care anchor organizations acknowledged the impact that gaps in community liaisons have on their project goals. When asked to describe any challenges regarding community liaisons, one health care anchor stated, *"I think just the transition from the previous grant cycle to this cycle and then the change in*

community liaisons and all that. It's just taken awhile to kind of carry the plan or the strategy/the work forward." Another health care anchor echoed this statement, stating, *"…changing over with AmeriCorps, like that was just bad. That dropped a lot of stuff. The way we were doing the project it just was not a good thing."* When asked how gaps in community liaisons affected the project, one health care anchor stated, *"What was missing was the consistent outreach to the community on a much more regular and consistent basis and also the more detailed follow up.*" As previously mentioned, the role of the community liaison is essential to the GHZ project, as one anchor organizations summarized*, "The role really needs to be attending those - all of the meetings that are out there in the community. So, being that representative of [health care anchor]. Sitting on the different committees and being able to share what's happening in the community but then also be able to make new connections having the plan in mind.*"

Reporting and Supervision. Another topic discussed by the health care anchor organizations is the reporting and supervision of community liaisons. One health care anchor discusses this, stating, "*The dynamic is weird because the Hospital Council is the supervisor. We're like the supervisor but we're not. And so, it's kind of a strange dynamic. So, Selena meets with them. She meets with them every week and she's telling them things to do and… it still doesn't seem like we're having a clear dynamic of who directs the activities.*"

Unification of the Getting Healthy Zone

Health care anchor organizations also discussed the unification of GHZ. One strategy for unification of efforts in the Zone is to reduce duplicity, a strategy that was noted as a strength of the project in the previous reporting period. When asked about reducing duplicity since the last reporting period in July, one health care anchor stated, "*I don't feel like it's happened with this last - if we're talking about the last six months of the grant. I don't feel like it's happened."* An example that illustrates duplicity of efforts is the hosting of multiple community health fairs. Thus far, three health care anchors have held a community health fair and the fourth health care anchor is hosting a community health fair in the near future. One health care anchor described the work of GHZ generally, stating, "*Even when I think about the anchor institutions collaborating, the work is still fragmented. It's almost as if we're zoned within a zone and it's hard for us to relay a united message.*" This anchor also discussed the overlap that can occur with one institution's services in another organization's zone, stating, "*It's just weird because, say for instance, there's an event thing going on within this census track and if I'm not mistaken it's [health care anchor's] census track. We would like - I'm unclear - do we - would we notify [health care anchor], 'Oh this is going on. I'm not sure if it aligns with your neighborhood improvement plan. You may want partner with them or you may not'.*" This anchor also questioned how structurally, the zones can collaborate to make collective impact, stating, "*I guess the spending of some of the funds. But I'm clear that that money - Well I guess maybe I'm not because the zone is the whole zone, right? Even though we are responsible for different census tracks it's still the Getting Healthy Zone.*"

Standardized Data Collection and Benchmarks

Another topic that health care anchor organizations discussed was the significance of data collection, reporting, and the need for evidence-based practices to continuously evaluate initiatives being done in the community. One health care anchor stated, "*Our organization really wants to focus on making sure the initiatives we're doing, that there is evidence really to support that…understanding levels of evidence from an analysis to expert opinion and really how to use data to best drive some of the interventions that were doing in the community.*" While there is a need for collecting data to evaluate interventions, these interventions must also be evaluated by direct contact with residents. Another topic that was discussed regarding data collection and reporting is the need for greater transparency from HCNO, as one anchor stated, *"All of a sudden, it was sprung on us that we're going to have a midterm meeting with Jan Ruma…But we've never had one before and all of a sudden, we have this big report that we have to have ready for that meeting when we meet with Jan…But we have to collect data on it that we weren't collecting before. So, six months - I didn't know that they wanted me to keep track of every meeting. Like how many meetings/community meetings did you go to? Or your anchor team? So, no one sat down with us and said: 'Okay. We're going to institute this' Like why? We went a whole year and we didn't do it.*" This anchor continued, "*I mean it's really an awesome project. I think that we are all learning how to do it and kind of building the ship as we sail*."

Culturally Competent and Sustainable Interventions

Health care anchor organizations were asked to describe some of their recent successes in implementing their designated neighborhood improvement efforts. While discussing some of their interventions, a significant topic that was indirectly addressed was the need for ensuring that interventions are culturally competent and pragmatic given the needs of the communities served. For example, many health care anchor organizations are implementing projects that beautify their zone neighborhoods, including improvements to housing. One health care anchor organization has recently purchased and renovated a home within their zone that is now up for sale. Another health care anchor organization is improving housing by implementing mini-grants. Interested residents must complete an application to secure these grants that details the plans they have for their home. Once the mini-grants have been implemented, this health care anchor organization plans to have an awards ceremony recognizing residents who have participated. In addition, this health care anchor utilizes mini-grants as a way to increase resident engagement, as residents who receive these funds also agree on their application to attend neighborhood meetings. Addressing food insecurity is another need of multiple zones in the project. One health care anchor organization is addressing food insecurity through the operation of their own grocery store. Another health care anchor organization is addressing food insecurity by partnering with Toledo Grows to implement multiple community gardens that are being planned by resident leadership and will be maintained by residents and community partners in their zone. While there are various unique and creative interventions occurring throughout the Zone, health care anchor organizations must prioritize resident engagement in their efforts.

Housing Support Program

Housing supportive funds and vouchers were available to clients who fit specific eligibility from Lucas Metropolitan Housing Authority (LMHA), Infant Vitality-18/20 (IV-18/20), or Tenant Based Rental Assistance (TBRA). The goal was to house pregnant clients within the zone in order to remove stress and improve birth outcomes.

Eligibility for Housing

Clients are eligible to apply for the housing program if they are low income (at or below 200% of the poverty level for their family size) and meet the Department of Housing and Urban Development (HUD) definition of homelessness: *people who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or an existing institution where they temporarily resided*. Clients might be eligible:

1. At intake, if the client chooses "homeless" on a question about whether they rent their home or apartment
2. At monthly appointments, if the client indicates that they have problems providing housing, and/or they have had a "loss of home" crisis in the past year. (Note that additional information would be gathered to distinguish between housing instability and homelessness.)

The researchers used intake data for this report from the client Initial Checklist, Client Profile, and/or the client referral form completed by a CHW.

Housing Update

Qualitative researcher, Monica Klonowski (UT), has collaborated with Holly Pappada (HCNO) to provide an update on housing. This update includes relevant housing information from July 1, 2019 – January 2020. Significant quantitative updates in housing for the period July 1, 2019 – December 31, 2019 are as follows:

- 4 total IV 18-20 clients moved in from July 1, 2019 – December 31, 2019
- 6 total IV 18-20 clients received housing assistance from July 1, 2019 – December 2019
- A total of $14,580 has been spent on housing assistance between the time period of July 1, 2019 – December 31, 2019

Significant qualitative updates regarding housing challenges for the period of July 1, 2019 – December 31, 2019 are as follows, as provided by HCNO:

- There has been significant turnover at Toledo Lucas County Homelessness Board (TLCHB), and this organization has been without an executive director for over a year. A new executive director has been hired, but the majority of the staff is no longer there.
    a. As a result, there have been issues on getting rent checks out on time, as well as getting clients searched and inputted into the Homeless Management

Information System (HMIS) which is operated by the Toledo Lucas County Homelessness Board. This data input is required before clients can begin to look for housing.

- Housing applications are extensive and time-consuming.
- Housing requires multiple forms of documentation from clients.
- Clients must source housing that is "rent reasonable" and that will pass inspection.
- Move-in dates can be over a month away due to the timing requirements of the TLCHB in order to try to get rent paid on time every month.
    a. For example, clients who are searching for housing right now will not be able to move in until March 1, 2020. If a client signed a lease today, they would not receive rental assistance until March 1st, because the deadline to move in for February has already passed.
- It was anticipated that 25 LMHA vouchers would be available toward the end of 2019. Housing pre-screens were opened in anticipation, but these 25 vouchers were not received.

Significant updates regarding housing funds and vouchers for 01/01/2020 – 07/31/2020 are as follows, as provided by Holly Pappada at HCNO:

- **TBRA**: It is anticipated that 4-5 more clients will be housed through this funding
- **IV18-20**: It is anticipated that 10 more clients will be housed through this funding
- **LMHA**: It is anticipated that 25 more clients will be housed through this funding

A future focus group with CHWs will be conducted February 2020 that discusses housing referrals, challenges, successes, and needs. Dr. Megan Petra, quantitative researcher (UT), continues to work collaboratively with Holly Pappada (HCNO) regarding the maintenance of the housing database, data collection, follow-up surveys, and reporting. It has been reported that due to staffing changes, there was a gap in administering follow-up surveys every 3 months to clients who received housing in the IV '18 cycle. As a result, 3-month follow-up surveys were not conducted with the exception of one or two clients in IV '18 population. As of January 2020, HCNO will be instituting follow-up surveys. The UT research team has been in communication with Holly Pappada (HCNO) regarding a full quantitative report concerning housed client outcomes as they relate to infant vitality, which will be included in the July 2020 annual report.

Recommendations

As the Getting Healthy Zone (GHZ) Project continues to grow and evolve, the anchor team should continue to strengthen their communication and collaboration. Based on feedback from July 2019 – January 2020, the researchers recommend the following:

- Continue to provide learning opportunities for health care anchor organizations regarding community engagement, with an emphasis on resident recruitment and participation as well

as cultural competency to ensure that neighborhood improvements are attainable and sustainable given financial constraints of residents.

- Create the agenda collaboratively for monthly meetings amongst the grant administrator (HCNO) and health care anchor organizations. Allow each health care anchor organization to take a lead on presenting their approach to designated areas identified as their strengths (i.e. community and resident engagement, recruiting and retaining residents; structuring an internal anchor team; planning events).
- Create a template for health care anchors to submit a concise 1-2 slide project update for monthly meetings. This has the potential to reduce the amount of time spent in monthly meetings sharing general updates and allows for greater opportunity to brainstorm challenges, successes, and future projects. These project updates can also be shared and can increase collaboration.
    - For example, one health care anchor may utilize resources that can be beneficial to all zones, but are currently only being used in one (i.e. Toledo Grows /community gardens, Alertizen, Engaged Toledo)
    - Prompt the health care anchor organizations to include *at least* one area that they need assistance on to encourage feedback and collaboration.
- Create opportunities for health care anchor organizations to work collaboratively on an annual and/or semi-annual event that unites the Zone and reduces duplicity of similar events (i.e. community health fairs).
    - HCNO may budget funds to hold an annual or bi-annual event that unites the zone, providing transportation for residents. For example, unified event(s) could be held during Infant Mortality Awareness month in the spring and a seasonal event could be in the fall.
- Include the site supervisor on all email communications with the community liaisons for greater transparency between HCNO and health care anchor partnership. Consider providing site supervisors with the agenda utilized in weekly meetings with community liaisons.
- Conduct a cultural competency training related to community-based practices and interventions to ensure that interventions are affordable, sustainable, and involve participation from the community.
- Provide health care anchor institutions with a clear work plan regarding the pre-intervention, mid-intervention, and post-intervention research and evaluation agenda to facilitate more timely scheduling and provide greater direction regarding project goals so that timelines do not seem arbitrary.

- Provide clear directives on standardized data collection so that health care anchor institutions are aware of what types of data to be collecting on a consistent basis. If needed, provide standardized templates for collecting data that can be returned to the grant administrator (HCNO).
- Create a standardized template to be completed by health care anchor organizations prior to implementing interventions that state the specific goals and objectives to be achieved for each intervention. This can include the following goals vs. achieved measures: number of residents involved in planning, number of community partners involved, number of residents served, budget – including incentives for attendees, etc. This can also include a brief statement on how the intervention includes resident engagement and how the intervention is sustainable.
- Require health care anchor organizations to create their own specific objectives and benchmarks using the neighborhood priorities selected for each health care anchor organization and corresponding neighborhood. Currently, the neighborhood priorities are vague. Therefore, progress is difficult to measure and report.