Building a Healthier King County:
A Forum at the Intersection of Community Development, Health and Human Services

December 3, 2013

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Goals for the day

1. Educational. Gain an understanding of how health, human services and community development sectors often have overlapping goals involving the same people and places.

2. Surface opportunities to work together to build healthier communities in King County.

3. Have fun.
People who:

• Mobilize neighbors
• Provide housing
• Run youth and family programs
• Support older adults
• Offer spiritual guidance
• Deliver health care and behavioral health services
• Make system changes for a healthier population
• Create the built environment
• Improve community capacity
• Increase economic opportunity
• Influence and make policies
Why we are here
Agenda

Facilitator:
Chrissy Russillo, Chief of Staff, Public Health—Seattle & King County

1. Welcome
2. Better Together for a Healthier King County
3. Panel Discussion: Working in the Intersection
   Lunch
4. Work Session: Surfacing Projects that Move from Concept to Action
5. Organizing for Action
6. Closing Remarks
Community development

Health and human services

Are there opportunities?

Is there added value from working together?

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When can we do things collectively that we can’t do alone?
Converging Sectors for a Healthier King County

• Health and well-being lens: *David*

• Community development lens: *Adrienne*

• When are we better together: *John*

• Emerging health financing opportunities: *David*
Leading causes of death and disability

Cancer
Heart disease
Alzheimer’s disease
Stroke
Injuries
Chronic obstructive pulmonary disease
Depression
Diabetes
Suicide
Flu and pneumonia
Liver disease and cirrhosis
We are doing something wrong

Spending on Health Care

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Life Expectancy

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<td>United States</td>
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Place and death

Heart disease deaths

Diabetes deaths

Alcohol-related deaths
What actually kills and disables us

Tobacco use
Poor diet
Physical inactivity
Alcohol consumption
Toxic agents
Motor vehicle
Firearm use
Sexual behavior
Drug use
Adverse childhood experiences

**Definition:** Underlying contributors to the leading causes of death and disability
Place and actual cause

Obesity
Smoking
Frequent Mental Distress
What determines health?

- Environment and behavior: 60%
- Genetics: 30%
- Health Care: 10%

Ratio of social to health services spending by country

Health and well-being

Asthma, lead poisoning

Poor diet, diabetes, heart disease

Obesity, heart disease, injury

Stress, mental health, adverse childhood experiences

Lack of clinical preventive care, dental, mental health, chemical dependency treatment

Adequate income

Community features

Housing

Food availability

Transportation

Social cohesion

Health care & social service access

Employment
What can community development do?

• Build affordable housing
• Provide capital to small business
• Build social capital / empower community
• Finance community facilities—community centers, clinics, shelters
• Coordinate and harmonize multiple funding streams including capital markets
• Financial empowerment
• Help facilitate cross-sector interventions that build on local knowledge
## Community development issue

- Financial stress, inadequate shelter
- Food deserts, economic vitality
- Connection to jobs, affordability, lack of community and amenities
- Safety, disenfranchisement, lack of community and self-identity
- Lower productivity, lack of basic services
- Lower incomes, unmet needs

## Community features

- Housing
- Food availability
- Transportation
- Social cohesion
- Health care & social service access
- Employment
King County is home to many great place-making examples

- Always improving this work
- Creating national models
- More health features getting woven in
- More community driven and community-led processes
Community Development: Beyond affordable housing & buildings

The services and circumstances needed to enable people to work toward self-sufficiency

• Can be geographically oriented
• Can be culturally specific

• Who or what entities undertake Community Development in King County?
Community Development in King County:

1. Planning and creating the entire development
   King County Housing Authority – Greenbridge

2. Partnering in a larger development
   YWCA Family Village Issaquah

3. Urban infill
   InterIm Community Development Association
1. King County Housing Authority’s Greenbridge in White Center

Mixed Income “green” community with open spaces and parks for 3,000 people

New paths and trails link residents to the community center and White Center’s commercial core.
Greenbridge

- **Education opportunities:** White Center Heights Elementary School and Jim Wiley Community Center, Educare Early Learning & Head Start Center, YWCA Adult Learning Center, King County branch library

- **Services:** Neighborhood House, Boys & Girls Club, financial literacy training, non-profit credit union, food bank, clothing exchange
2. YWCA’s Issaquah Family Village

146 Apartments in Issaquah Highlands for working families, people with disabilities and retirees

Large planned community with Swedish Medical Center, Safeway, entertainment, recreation and mixed income housing
YWCA Issaquah Family Village: Healthy Community Attributes

• Parenting classes
• Computer education
• Financial planning courses
• Counseling services provided by licensed therapist for adults
• Community meeting and outdoor gathering spaces
• LEED Silver and Built Green Standards
• Pedestrian bridge to transit station
• High-quality, subsidized child care center
3. InterIm CDA Seattle Chinatown/International District

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InterIm CDA Seattle Chinatown/International District

- Multi-lingual, culturally competent housing and community building services to Asian, Pacific Islander, and immigrant and refugee communities
- Safe, healthy homes for 730 individuals
- 6,000 case managers visits with 1,350 clients facing eviction, personal crisis or job loss to find housing options
- Solace Program: transitional housing program for immigrant and refugee families
- Danny Woo Community Garden program for 70 elderly gardeners and 70 neighborhood children, with 350 volunteers
Community development struggles

• Matching place-making work to the communities with the most to gain
• Lack of measurement clarity on which investments make the most difference
• Limited funds for people and places
• Lack of “intentionality” around where and how to co-invest to improve health
Transforming King County’s Health & Human Services Systems

Community level

Individual level

Health care access
Mental health & substance abuse services
Crisis services
Case management
Transportation system
...And more

Social cohesion
Food availability

Housing
Employment

Medical services
Legal help
Youth & family supports

Parks and places for exercise
...And more

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Transformation Plan: Improve *Overall System Performance & Accountability*

Focus first on the people & places that most need the system to perform well

- Improve outcomes for high cost marginalized people
- Improve outcomes in communities with much to gain

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US poverty rates have remained the same since the 60’s war on poverty.

A Static Needle

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Same communities, two worlds

Income < 200% poverty

No high school degree

Obesity
A New Approach Needed

Perhaps one of the most promising new partners in community development is the health care sector. Factors such as educational attainment, income, access to healthy food, and the safety of a neighborhood tend to correlate with individual health outcomes in that neighborhood. Because these factors are linked to economic health as well as physical health, health care professionals and community development organizations are seeing new opportunities for cooperation in low-income communities.

--Ben Bernanke, Chairman of the Federal Reserve Board of Governors, 2013, “Creating Resilient Communities”
<table>
<thead>
<tr>
<th>Community feature</th>
<th>Where we are “better together”</th>
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<tbody>
<tr>
<td>Housing</td>
<td>Asthma-free homes and supportive housing</td>
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<tr>
<td>Food availability</td>
<td>Food hubs that sell healthy foods and provide jobs</td>
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<tr>
<td>Transportation</td>
<td>Transit, pedestrian &amp; bike friendly infrastructure</td>
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<tr>
<td>Social cohesion</td>
<td>Design features of built space, porches, community centers, parenting classes</td>
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<tr>
<td>Health care &amp; social service access</td>
<td>Development and financing of community health, dental, behavioral health centers</td>
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<tr>
<td>Employment</td>
<td>Diverse workforce, cultural competence, community health workers</td>
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Community Development Funding Basics

- **Equity** – Money that takes ownership stake in an investment
- **Grant** – Provides critical subsidy, has programmatic objectives, and no repayment
- **Debt**
  - Need to have repayment source
  - Need to provide collateral
Different Forms of Money and Roles

**Aggregate Capital**
Large capital pool formed from multiple funding sources

**Blend Capital**
Each capital source charges a different rate, producing a *blended* rate for borrowers from the fund

**Mitigate Risk**
Attracts private capital by prioritizing repayment to the senior lender

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<th>Interest Rate</th>
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<th>Philanthropic</th>
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Transit-oriented Affordable Housing
$50 million
Collective Action

PUBLIC SAFETY

COMMUNITY DEVELOPMENT

ECONOMIC DEVELOPMENT

COMMUNITY EMPOWERMENT

EDUCATION

HUMAN SERVICES

HEALTH

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Mapping Our Sectors

Sector

Government

Human services

Community development

Hospitals

Philanthropy

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HOUSING WITH SERVICES MODEL

HUD Section 8 Housing

- Federal Medicaid Waiver
- Oregon DHS and Health Authority
- Funds for program development
- CCO's Contracting for services

Service Consortium
- Home Care
- Mental Health
- Health Care
- Substance Abuse Treatment
- Case Management

Tenant Empowerment and Involvement

HUD Technical assistance
Multnomah Co. DHS Service assessment
Portland State Univ. Program evaluation
OHSU Technology research

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Considering Assets

1. Community linkages
2. Organizational capacity
3. Expertise
4. Leadership
5. Money
The Health Care Dollar Pie

For health care services provided to individuals

For actions focused on community features/social determinants of health

$17+ billion

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Making the “community” slice bigger

1. Expand permissible use of current $
2. Share savings
3. New dedicated trusts/funds
4. Hospital community benefit

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1. Expand permissible use of $ 

Recent changes to rules and state-specific waivers expand what can be covered using Medicaid state and federal funds.

Examples include:

- Community Health Workers
- Oregon global budget resources are allowed to support proven community prevention efforts
2. Share Savings

When innovative strategies yield cost savings, some of these may be re-invested to support upstream prevention activities.

Examples:

• Savings from New York’s Medicaid redesign work will be reinvested in new care models, permanent supportive housing and community-based prevention.

• Hennepin Health has funded a sobering center, interim housing, behavioral health continuum and vocational services.
3. New dedicated trusts/funds

New funds created to enable investment in prevention, including at the community level

Examples:

- Federal Prevention and Public Health Fund
- Massachusetts Prevention and Wellness Fund
- State proposed Transformation Fund in Innovation Plan
- King County Catalyst Fund

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4. Hospital Community Benefit

Charitable services provided by non-profit hospitals for federal tax-exemption

– Charity care including Medicaid, community health improvement services, research and other

Hospitals and health department in King County are working together to produce a community health needs assessment by 2015

Collective community benefit focuses on:

– Diabetes/obesity
– Access to care
– Behavioral health (future)
2-Step Summary

Step 1
• When do we cheer each other on?
• When do we engage because the transaction costs of working together are lower than the benefits of collaboration?

Step 2
• Focus on place-based work in the neighborhoods with the most to gain
• Gain traction through early successes/low hanging fruit
• Develop a mechanism for ongoing learning, collaboration and community engagement
• Identify and track key outcomes
Questions

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Agenda

Facilitator:
Chrissy Russillo, Chief of Staff, Public Health—Seattle & King County

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