Engaging the Community in New Approaches to Healthy Housing: Bringing the Community Together for Systemic Change

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STRATEGIC SOLUTIONS PARTNERS

Environmental Health Watch

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Overview

Inequitable housing and economic policies have created barriers to quality housing for marginalized populations, such as African Americans and Latinos, in Cleveland and across the nation. Access to high quality and hazard-free housing addresses one of the root causes of poor health among school-aged children in Cleveland. In fact, local research has correlated remediation of home health hazards with reductions in hospital readmissions for asthmatic children (Kercsmar et al. 2006).

Engaging the Community in New Approaches to Healthy Housing (ECNAHH) is building community capacity to address unhealthy housing in low-to-moderate income neighborhoods in Cleveland, Ohio. Unhealthy, subpar housing is one of several social determinants adversely effecting community health in Cleveland neighborhoods. Using a local approach, ECNAHH integrates community-led visioning and diverse stakeholder voices into a planning process designed to create systemic change from grassroots to institutional levels. This study explores this theory of change with a focus on a small non-profit's role in leading the process.

Project Background

ECNAHH is part of the inaugural BUILD Health Challenge (BUILD) cohort. BUILD is an unprecedented national project, which "is creating a new norm in the US, one that puts multi-sector community partnerships at the foundation of improving health for everyone" (BuildHealthChallenge.org). BUILD provides an opportunity to create meaningful partnerships among hospitals and health systems, community-based organizations, residents, local health departments and other organizations to improve health.

In addition to leveraging prevention-based housing maintenance and strategically targeted home interventions, ECNAHH partners are working to develop and implement policies for the betterment of Cleveland's low-to-moderate income families. ECNAHH's work is a tangible step toward undoing the impact of redlining in Cleveland's inner city housing market. The approach is underscored by a 2015 report commissioned by the Center for Achieving Equity (CAE – formerly Cuyahoga PlaceMatters) and executed by the Kirwan Institute at the Ohio State University, which found correlations between historic policies (e.g., federally sanctioned redlining) and housing conditions, unemployment, poverty, and educational attainment (Reece et al. 2015).

ECNAHH's overarching strategy is to create a Healthy Homes Zone (HHZ), while advancing systemic change within the housing sector. HHZ is an approach that identifies and performs home remediation needed to prevent exposure to health hazards such as lead, pests, mold and moisture. However, the work of the partnership extends beyond home intervention efforts. The partnership is working to support the City of Cleveland enactment of a proactive rental housing inspection policy preventing childhood exposure to home health hazards. Innovative data use and sharing, a hallmark of ECNAHH's approach, is also being developed. Data from the local public hospital's medical record system is being matched with housing violation data to help pinpoint 'hotspots', neighborhood clusters where significant numbers of asthmatics and substandard housing pockets have been identified. The coalition also aims to integrate data systems within the City's Building and Housing , Department of Development and Department of Public Health, along with the Ohio Department of Public Health's lead database to effect a more transparent and accessible use of data for public agencies and residents alike.

Together, the ECNAHH partnership demonstrates an approach towards applying an equity lens to its service delivery, partnership structure, deliberations within committees, and recommended policy solutions.
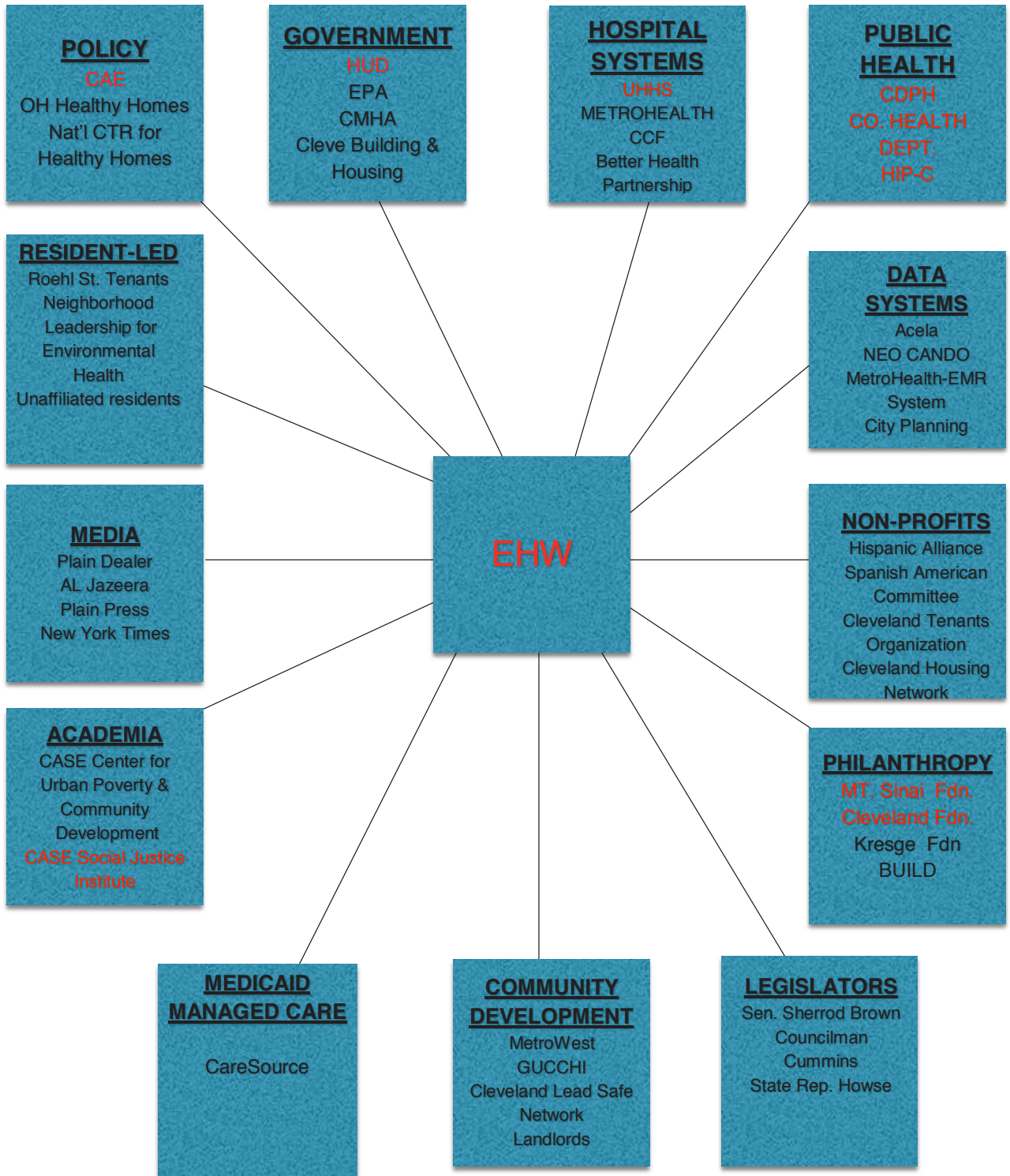
An Equitable Approach To Systemic Change

Leading the partnership is Environmental Health Watch (EHW), a healthy homes movement pioneer, who has been at the forefront of research, development, programming and community capacity building related to environmental health for over 35 years.

The Cleveland Public Health Department and The MetroHealth System, the region's only Cleveland Department of Public Health, are key partners as well. Non-profit organizations working in evaluation, policy and planning, community development, government and community building round out the key partners working to build a community-wide response to home health hazards. Each non-profit organization has a history of engaging residents within their service area.

To build the level of respect, trust and ownership necessary to drive systemic change, ECNAHH has been intentional about engaging all levels of community connected to housing within Cleveland, in general, and the targeted neighborhood, in particular. Individuals, community groups, organizations and institutions are part of a growing network of partners engaged in systemic change to ensure healthy housing is accessible to all Cleveland residents. Figure 1 reflects the number of sectors, including unaffiliated residents and grassroots groups, connected to the ECNAHH network.
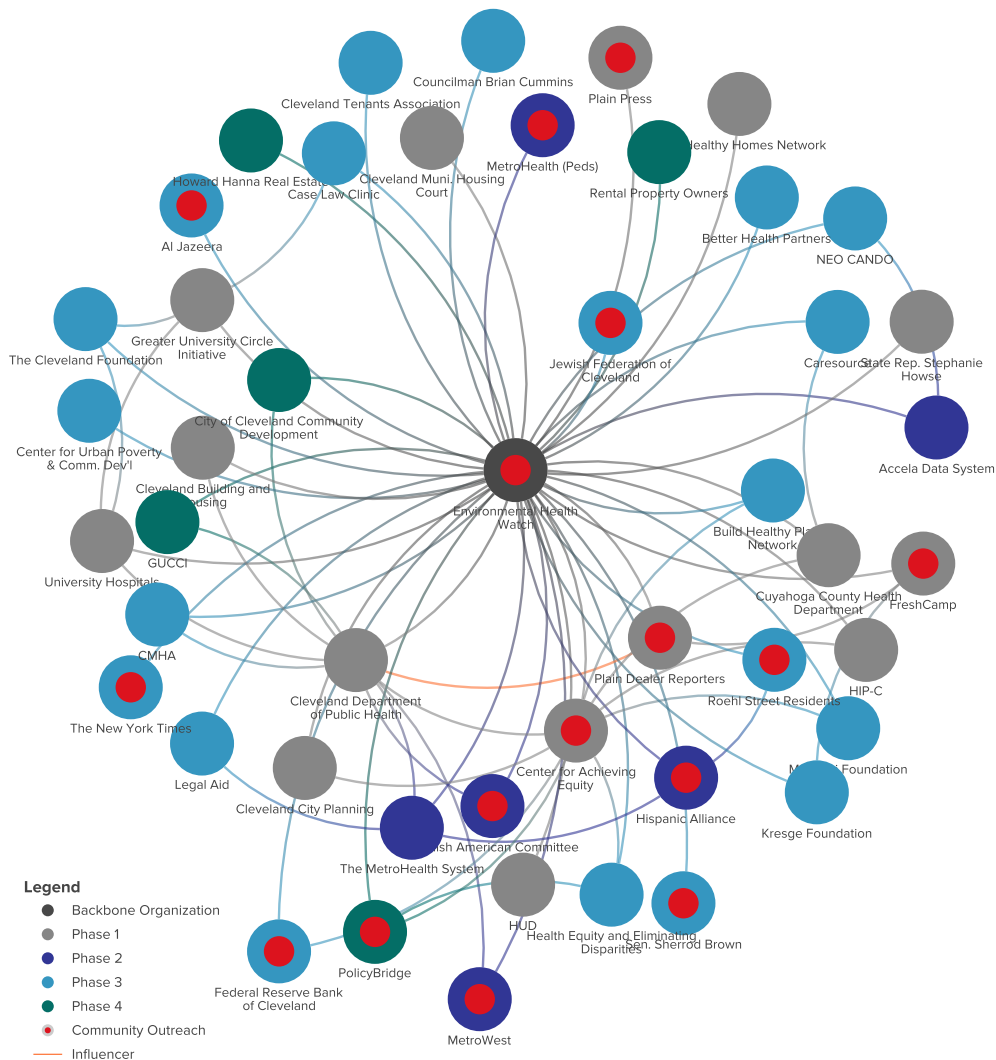
Figure 1 ECNAHH Sectors as Building Blocks

POLICY
CAE
OH Healthy Homes
Nat'l CTR for
Healthy Homes

GOVERNMENT
HUD
EPA
CMHA
Cleve Building &
Housing

**HOSPITAL
SYSTEMS**
UHHS
METROHEALTH
CCF
Better Health
Partnership

**PUBLIC
HEALTH**
CDPH
CO. HEALTH
DEPT.
HIP-C

RESIDENT-LED
Roehl St. Tenants
Neighborhood
Leadership for
Environmental
Health
Unaffiliated residents

**DATA
SYSTEMS**
Acela
NEO CANDO
MetroHealth-EMR
System
City Planning

MEDIA
Plain Dealer
AL Jazeera
Plain Press
New York Times

EHW

NON-PROFITS
Hispanic Alliance
Spanish American
Committee
Cleveland Tenants
Organization
Cleveland Housing
Network

ACADEMIA
CASE Center for
Urban Poverty &
Community
Development
CASE Social Justice
Institute

PHILANTHROPY
MT. Sinai Fdn.
Cleveland Fdn.
Kresge Fdn
BUILD

**MEDICAID
MANAGED CARE**

CareSource

**COMMUNITY
DEVELOPMENT**
MetroWest
GUCCHI
Cleveland Lead Safe
Network
Landlords

LEGISLATORS
Sen. Sherrod Brown
Councilman
Cummins
State Rep. Howse

Source: Strategic Solutions Partners, LLC

[1]Remaining key ECNAHH partners include MetroWest, the community development corporation serving the targeted neighborhood; Hispanic Alliance, a leadership, housing and community building expert; Cleveland Building and Housing Dept. maintains city-wide housing data base; Spanish American Committee, a housing service provider; the Center for Achieving Equity, a nonprofit advancing leadership around health equity; Strategic Solutions Partners, a consulting firm providing developmental coaching and evaluation services to the partnership.

As the backbone organization, EHW is reflected as the central organization engaged with all levels of the local housing system. The number of distinct sectors engaged eliminating substandard housing and related systems change work has increased from 6 to 14, since the partnership formed in June 2015.

Figure 2 maps the relationships between partners within the ECNAHH network. Color coding depicts the time frames within which partners connected to the network using EHW, the backbone organization, as the hub. Red dots indicate network members engaged in outreach activities using various mediums. Examples include outreach campaigns to identify participants for housing interventions, public awareness outreach to landlords, home owners, real estate companies and the broader community, identifying legislative champions, and resident and grassroots organization-led community education campaigns, as well as grassroots organizations and their members engaged in program design. A vital and growing network of grassroots and organizational relationships is being developed, which has the potential of changing how issues are identified and solutions are crafted using an equity lens, i.e., creating fair opportunities for all with an emphasis on resident voice.

Legend
- ● Backbone Organization
- ● Phase 1
- ● Phase 2
- ● Phase 3
- ● Phase 4
- ⊙ Community Outreach
- — Influencer

Building Bold and Equitable Leadership

Change to traditional leadership roles in community partnerships, such as who serves as the applicant organization, whether and how much organizations are paid to participate, who sets the agenda, and who gets invited to the table, inevitably causes shifts in ownership and participation, while also generating power struggles, both subtle and pronounced. Relationships among partners need to remain intact, continue to grow, and be responsive to the needs of the community; therefore how conflict and issues are handled is important.

Positive, progressive change comes about when the affected group of constituents is properly represented at the table; this is well documented in research, yet can be hard to execute. In Cleveland, we have documented that change efforts centered on how community- envisioned, community-led, and community- sustained work can be well executed and grow when partners adhere consistently to this theory of change (Gavin, Seeholzer, Leon, Chappelle & Sehgal 2015). Residents commit to and drive change work that they design and lead. Understanding this principle, the ECNAHH focus widened beyond home remediation to identify and address current day policy issues leaving residents vulnerable to subpar housing. Resident voice is crucial to understanding how these issues impact well-being, as well as identifying solutions that residents find useful.

Because EHW has a history of authentic community engagement, forming the network entailed more than carrying out home remediation. EHW viewed the ECNAHH alliance as an opportunity to build broad-based community capacity regarding authentic engagement of community residents. EHW con-tracted with Strategic Solutions Partners, LLC (SSP), a member organization of CAE, to promote an on-going learning environment with partner representatives. In addition to planned learning, meetings were used to integrate real-time learning when opportunities arose.

SSP provided real-time coaching to solidify a learning approach that addresses the social determinants of health and builds equity focused leadership. Key aspects of this approach include:

- **building trust** by engaging all levels of community, and ensuring transparency in communications about money, commitments and process, along with respectful listening and responses;
- **de-centralizing ownership** of the work by tasking key partners to lead specific elements of the model;
- **amplifying the voice** of grassroots partners, whether individuals, organizations or groups, whose primary role is to identify issues, ways to execute the work, or propose solutions that respect the lived experiences within the community context, including when the issues identified by partners and/or community are outside of the scope of the funded project or benchmarks;
- **cultivating cultural humility** and responsiveness through shared learning, which contributes to eliminating unconscious biases about the worth and contributions of grassroots community members; and,
- **perspective transformation** in hopes that partner organizations and their representatives value the contributions of those effected by plans and decisions made by governing authorities and other stakeholders, and working toward developing inclusive, reciprocal relationships (Mezirow 1978).

Central to the ECNAHH theory of change is the belief that community members are able to lead change efforts for the betterment of their community. This theory of change assumes close ties to a network of grassroots organizations who understand the concerns, needs and culture of the community and who also have the ability to connect with community residents who are unaffiliated with community-based organizations. Understanding that organizing efforts begin and end with the vision of residents who live within the community is essential.

The ECNAHH work was organic in that it evolved from broader community awareness on how non-remediated, harmful historical policies have impacted community conditions. In Cleveland, research has shown a direct correlation between redlining and housing stock in communities of color. The partnership provides an important foundation for the iterative work required to work with and among community to create systemic change. It recognizes the multi-dimensional and complex relationships involved in working within community and builds a bridge for future work. Early on, the partnership faced a few issues related to trust, respectful listening and responsiveness. Listed below are a few of those challenges and the ways in which they are being addressed.

Advancing Collaboration and Mitigating Power and Control:
Examples from the field

In any relationship, whether it is a marriage, business, or social alliance, miscues, miscommunication, and disagreements are bound to occur. How issues are handled is the key to whether a healthy, functioning relationship develops. To create the desired systemic change, new relationships and ways of doing business must be formed among partner organizations and community members. Purposeful relationship building increases the levels of trust and respect among network members, including community members at large. Recognizing when the use of old paradigms foster distrust and promote the perception of unequal power and control is equally important. The following examples are illustrative of the type of power and control struggles that partners have identified and addressed; these are provided so that others in the field might be encouraged to identify and work through similar issues and increase their effectiveness in using equitable practices.

Example 1: Transparent Communication

In the early stages of the work, new personal and organizational relationships were being formed. One organizational representative was finding it difficult to grasp details of the budding partnership, was ineffective in bringing back important details to their organization's chief executive officer, yet insisted on serving as the sole conduit to their organizational executive. This failure to communicate was preventing specific activities detailed in the organization's memorandum of understanding from moving forward.

Solution. After considerable efforts to work through the impasse with the agency representative failed, the backbone organization found it necessary to meet personally with the chief executive of the partner organization to communicate necessary information. An insignificant detail? The contrary is true. Bottlenecks often occur, when a key staff person is not in agreement with organizational priorities and blocks progress. Senior leadership is generally never aware of what is happening. Often, the organizational representative is relying on their role within the organization to serve as a protective buffer between outside organizations and executive staff. Creating memorandums of understanding (MOU) related to partner roles early on made it possible to address these issues and sidestep the personal agenda of the organizational representative.

Result. In this instance, communication needed to be handled in such a way as to respect the organizational representative while resolving the issues creating the impasse. Using the commitments outlined in the MOU, the backbone organization arranged a friendly meeting to touch base with the executive officer of the partner organization. This action enabled forward movement on the original commitments.

Example 2: Inclusion

As awareness of the partnership and its approach grew, several network members grew excited about the approach and began planning to replicate aspects of the work into other initiatives and partnerships. Contrary to expectations, a few organizations within the broader network made plans to seek funding to replicate key aspects of the work with other mainstream institutions with whom they had traditionally partnered. Left out of the budding replication process was the organization that had designed and piloted the initial approach. The mainstream organizations leading the replication process did not invite them to the partnership table, planning instead with partners with whom they had historical relationships.

Solution. SSP functioned as an intermediary in its role to create an ongoing learning community within the partnership and arranged a meeting with one of the lead organizations to raise awareness of how the planned replication was perceived. With new found awareness and better understanding of local history, the planned replication was reworked to include the grassroots organization.

Result. With this small gesture, the excluded organization was brought to the table; their expertise included and new opportunities to partner were cemented and continue to grow. As often happens, organizations gravitate toward those with whom they have shared experiences. It takes time and commitment, but new and more effective, inclusive partnerships can be created when we shift our thinking about who needs to be at the table.

Example 3: Amplifying Community Voice

As community outreach efforts began, resident members of the partnership voiced concern over a major displacement effort happening within our targeted area. Area residents were living in poorly maintained rental properties owned by landlords with significant community clout. The tenants, all of whom were Latino, were being pressured to move through immediate, significant rent hikes. They did not have rental agreements and were paying cash on a month-to-month basis. Efforts to reason with the landlords were fruitless, and discussions with area nonprofits and community leaders had fallen on deaf ears. Some members of the team felt that this issue had nothing to do with our efforts and had no problem voicing this sentiment to residents. Housing displacement was an immediate crisis for these residents and superseded the work we were asking them to help lead. Their imminent displacement and the way in which the housing arrangements had been set up left this close-knit group of residents with new stressors and little to no support from local community-based organizations. These types of issues contribute to the overall demise of community health, due to the level of high stress and little ability to control what some would describe as unjust circumstances.

Example 3: Amplifying Community Voice cont.

Solution. This circumstance became a teachable moment for ECNAHH community engagement partners: if ECNAHH expected residents to partner in identifying homes to remediate (one of our priorities), we needed to be attentive to related community conditions identified by residents as their priorities (imminent displacement). In fact, residents noted their frustration about well-intentioned groups who ask for support in carrying out work designed in support of the community, who have little interest in understanding how they might support community identified priorities. This might mean being prepared to delay a planned intervention until trust has been established by first attending to a community identified priority. This attention to community priorities might mean in-kind planning, resource identification or another action valued by community residents.

Result. When all was said and done, one partner representative said they had gained a better understanding of the broader work related to the social determinants of health. Residents were displaced, but were given time, with financial assistance, to relocate. The outcome was not what residents hoped for, but partnership intervention brought some relief to their situation and tangible evidence of mutual respect and concern.

Systems Change: Why Equity Focused Leadership Matters

EHW made a conscious decision to work on building a community-wide response to current housing conditions in under-resourced neighborhoods and to build the capacity of community partners in understanding and using a health equity lens. It is understood that a broadly embraced national narrative based on the worth and deservedness of some and not others influences the values and policies that help shape community conditions. ECNAHH embraced a 'do nothing without me about me' approach and is helping partners understand how to incorporate that approach throughout their organizations. Ultimately, this increased capacity will become a standardized approach throughout community development and other sectors and will help all concerned to understand the impact that historical policies, such as redlining, continue to have in targeted communities and help create approaches to undo the harm experienced within targeted neighborhoods. This learning process is iterative and requires long-term commitment to produce the change needed. Otherwise, it is feared that organizations will wrap new language around old approaches, which will not improve results.

Community Impact

The ECNAHH used a developmental evaluation approach to create a culture of learning within the partnership. This commitment to learning through shared knowledge should serve the community well in future efforts. Partners were also thoughtful about how technology and data systems could be used to target efforts, store and share data, and track outcomes. As a result, ECNAHH helped catalyze innovative use of data systems, which is supporting innovative pilots for payment models.

Innovative Use of Local Data Systems: Major systemic changes have occurred with respect to internal use of data within the City of Cleveland and The MetroHealth System. The Cleveland Department of Public (CDPH) Health described internal and external changes in its processes related to addressing childhood lead poisoning. BUILD resources enabled a long -awaited integration of housing data between CDPH and its sister department, Cleveland Building and Housing, using Acela, a national data platform. Moreover, more of the physical records stored within CDPH are now aligned with the electronic records stored at the Ohio Deptartment of Health enabling more consistent tracking of targeted properties through a state-wide data base.

The MetroHealth System used its electronic medical records platform, EPIC, to overlay asthma data over violation data shared by MetroWest, the community development corporation serving the targeted neighborhood. The hospital systems' ability to identify these targeted areas met federal meaningful use standards related to electronic medical records systems. The hospital system is also investigating how to screen for the impact of other social determinants of health using its medical record system's capabilities.

These efforts were aided by exterior home inspection data collected by MetroWest, the local community development corporation serving the targeted area. MetroWest shares its findings with the City of Cleveland Building and Housing Dept. and this data is stored within the Acela data base. It is this cross- sharing of data that enabled the partnership to identify targeted areas in the 44109 zip code for community outreach and intervention, referred to earlier in this report as neighborhood 'hotspots.'

Changes within Organizational Systems: In addition to the lessons illuminated above, an important evolution in the way the Cleveland Department of Public Health (CDPH) approached its work took place. In addition to sharing its resources with its sister department, Cleveland Building and Housing, to effect a change in how housing data is stored and shared, CDPH described an intense outcomes-based approach to managing housing inspections that helped formalize Department of Building and Housing interactions supported by learning opportunities with external organizations. Figure 3 depicts the support network CDPH formed to catalyze a reinvigorated response to address childhood lead poisoning.

Legend
- Hub Organization
- Learning Organizations
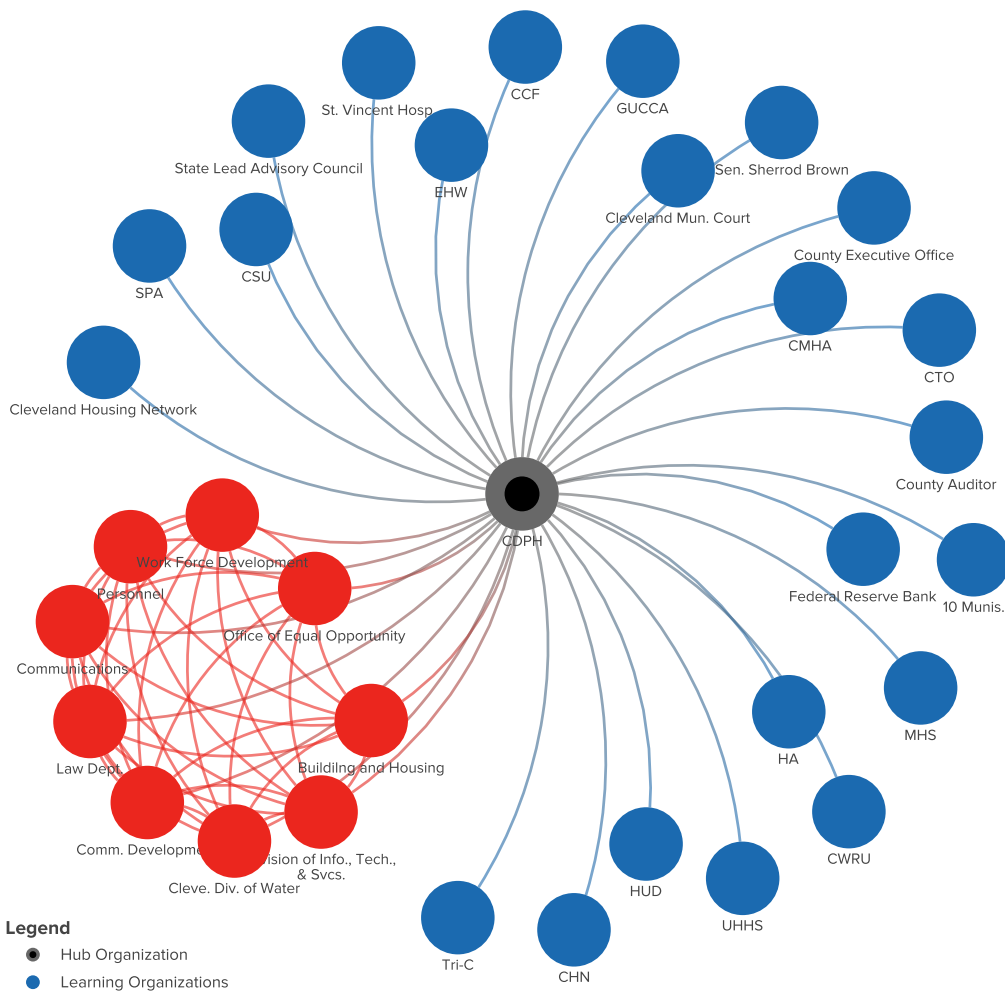
Local Policy and Systems Change Outcomes: Cleveland adopted a proactive rental inspection as part of a five point plan submitted by EHW. (See Appendix 1) Due to these combined efforts, the number of properties enrolled in the City's rental registry increased from 30,000 registered properties to 50,000. Prior to adopting the proactive inspection policy, the rental register policy wasn't enforced. The rental registry is estimated to generate an additional $2.3M in income.

Cultural humility and responsiveness: Residents and organizational leaders are learning from one another. Resident leaders are teaching organizational leaders effective outreach techniques and organizational leaders are teaching residents about how policies and practices shape the conditions in which they live. Learning to listen as residents give voice to concerns that connect to housing conditions within neighborhoods that extend beyond housing conditions. Everyone is learning to take a moment to reflect upon their preconceived notions about what matters when working within and among community. A foundation has been laid that lifts up how community work is executed above and beyond how many units are completed. The ECNAHH leadership model builds an equitable approach to community and systemic change by ensuring those living and working in the community are afforded the opportunity to lead.

Movement building: These interactions are strengthening the community's capacity to engage in place-based movement building to address the social determinants of health. Individual components of the system (individuals, groups, organizations, leaders of sectorsare growing in their capacity to lead equity-focused systemic change which by default means the inclusion of community visioning and community-leadership.

Relationship building: Trust is building with every authentic and transparent interaction that occurs. In turn, new partnerships are being formed between large institutions, small non-profit and grassroots organizations. Several of these partners were considered unlikely allies until intentional outreach efforts brought them into the network. New relationships are being developed to drive systemic change through policy and to ensure advocacy efforts are growing.

Sustainability: The BUILDHealth challenge increased EHW's local and national awareness of EHW's brand and its capacity to provide research, direct-service and technical expertise to public health institutions, hospital systems, organizations and decision makers. The BUILD network and opportunity to lead the work has created a space for EHW to be a go-to organization and develop new strategic partnerships that can help scale environmental justice work, such as reducing home health hazards. Increased income opportunities will increase EHW's ability to scale the work. The ECNAHH is being monitored to assess whether this approach demonstrates cost effectiveness for continued investment by managed care organizations using cost utilization data from the MetroHealth System's electronic medical record system, EPIC. The MetroHealth System is considering piloting EHW's proprietary model for home health audits as a means of lessened the impact of home health hazards on patient health. If successful, this provides a two-fold win for the hospital system in terms of improving patient health outcomes and integrating information on a social determinant of health into its medical record system.

EHW will expand its capacity to scale environmental justice models as its audit tool is incorporated as a standard practice within hospital patient care, as well as a preventive and intervention tool funded by managed care organizations.

Contributions to the Field: Lifting Up What Works in Community-Led Work

Perspective Transformation: There is increased recognition that many disenfranchised communities were built by design. The need to reverse decades of disinvestment and policies that prevented opportunities for some, but not others builds a bridge toward helping network members approach community development, health initiatives, policy and planning from a new perspective. ECNAHH expects advances in the way effort are developed and executed to evolve as shared learning continues. Of particular importance is a new level of understanding that debunks the 'bootstrap' ideology, e.g., those who work hard wouldn't face problems needing public interventions. It is hoped with increased awareness and understanding of how policies shape opportunities will decrease unconscious bias towards community members living disenfranchised neighborhoods.

Replication: Connections have been established with a stakeholder group, the Greater University Circle Initiative, on the eastern side of Cleveland for replication purposes and mutual learning. Planned efforts to share lessons learned throughout the community are underway as well as to share best practice on how to drive equitable systemic change.

Building the Field: ECNAHH network members are sharing their expertise throughout the broader Build community. Members have been featured as panelists on webinars, participated in conferences both locally and nationally, and have contributed to posts shared through other national network. Network members are also engaging groups within Cleveland to build on what was learned from the first two years of this experience.

WHERE DO WE GO FROM HERE?

The partnership enabled EHW to demonstrate its effectiveness as a backbone and intermediary organization. The knowledge that smaller non-profit organizations with the appropriate knowledge base have the capacity to lead major initiatives when properly resourced is a significant learning outcome for local and national partners. In measuring the effectiveness of EHW as the backbone organization, several factors were identified, including the ability to execute, in a timely fashion, memorandums of understanding, to manage finances, to enact communications, to promote data sharing and use within the partnership, to leverage existing relationships, and to engage key stakeholders. Partner observations included the ease of working with EHW, the high caliber of the staff, and the respectfulness and generosity of time, resources and spirit with which they served community residents. Developing community nonprofits to lead major health programs is an essential element in improving the health of communities. The organizational attributes of EHW are well worth noting for future endeavors.

Other issues worth noting:

1 The MetroHealth System led the institutional review board (IRB) process for the partnership. They observed that the language and process aren't aligned with the concept of community-led learning and systems change. Future discussions may be needed as we continue to develop processes connected to community-led learning around the social determinants of health.

2 Increased large institutional and/or philanthropic support for long-term community-led work connected to the social determinants of health. Of particular importance is the recognition that under-resourced communities need a voice in identifying neighborhood priorities and processes that connect these priorities to systemic change.

3 Building on previous relationships focused on systemic change may help catalyze local efforts to address the ongoing impact of historical policies.

The partnership is building on these lessons as they engage in the second phase of the Build Health Challenge.

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