HEALTH HAPPENS IN NEIGHBORHOODS

The Greater Kansas City LISC Special Initiative Grant:
Impacts of Community Development Investments on Resident Health

Blue Hills
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A growing body of national research supports the premise that geography is a central indicator to the health of a community and the individuals who live there. Neighborhoods with high proportions of low-income individuals and families suffer disproportionately higher rates of health disparities, housing insecurity, lower educational attainment and increased likelihood of being victimized by violent crime.

In 2008, the Robert Wood Johnson Foundation convened the Commission to Build a Healthier America. As part of its work, it examined health disparities in cities, including Kansas City, Missouri, and found that a child born in the Armour Hills neighborhood (zip code 64113) will have the average life expectancy of 83 years, while one born only three miles away in the NeighborhoodsNOW focus area of Blue Hills (zip code 64130), will live to only 69. Over the past ten years, things have not gotten better.

In 2012, Greater Kansas City LISC hired researchers from the Office of Community Health Research at the Kansas City University of Medicine and Biosciences to evaluate how our NeighborhoodsNOW program promotes physical activities conducive to improving health indicators. The resulting study, which compared two NeighborhoodsNOW communities with two control groups, found that 47% of the goals identified in the neighborhood’s Quality of Life Plans were “pro-physical activity”.

NeighborhoodsNOW progress reports indicated that 37.4% of these goals were implemented one year following the development of the Quality of Life Plans.

This data confirmed that intentional, place-based revitalization programs can create an environment conducive to healthy behaviors, and therefore have the potential to improve health indicators of residents. It remains mostly unknown whether residents react to this improved infrastructure by actually changing their behavior.

After nearly 40 years in the field, LISC has a deep understanding of the correlation between resident cohesion and efficacy and the resilience of that neighborhood. More and more research is also emerging that clearly extrapolates the relationships between health, resident connectedness and their feelings about their environment. When positive, families walk more, depend on neighbors in emergencies, and advocate for resources like parks, fresh food and safe streets. In Kansas City, we call that Resident Pride, and we invest time and money in it every day.

In 2017, LISC reached a billion dollar milestone for its investments across the country specifically for building the capacity of neighborhood organizations and community development corporations (CDCs) to improve the ways residents and neighborhood leaders work together and ultimately build that pride one feels for their home, their neighbor and their streets.
As a result of this previous research and the growing recognition nationwide that improving the social determinants of health has a greater impact on indicators than access to traditional health services, Greater Kansas City LISC embarked upon two years of community engagement and research to reveal more specifically how residents of low-income neighborhoods in Kansas City are feeling about where they live and how they interact with health-related assets.

Funded by the Health Forward Foundation and the Hall Family Foundation, we believe that the data and conclusions you read in the subsequent reports are very directional to assist community development practitioners, residents and investors strengthen their commitments in people and places so that lifestyles improve and lifetimes expand.

In addition to our funders, we are grateful for the other partnerships we deepened as a result of this scope of work. Collaborating with the health departments of Kansas City, MO and Wyandotte County was especially inspiring, particularly as a reflection of their own aspirations to find opportunities to co-create on impacting health outcomes.

We learned a lot from our experience with the NeighborWorks Success Measures team who brought a high level of credibility to our primary data collection and navigated the dynamics of managing five different neighborhood organizations in building their capacity to conduct in-person interviews with neighbors.
We are thankful for the time, dedication and energy of the community residents who participated in the research, provided feedback and ensured that the resulting report will be a useful, living document that will guide their future revitalization efforts. Finally, our hats off to the Dotte Agency and their passion for community engagement and commitment to producing not only a compelling report, but providing maps and tools that will enable residents to put the data to use as they move forward in their work to create healthy, livable neighborhoods.

We hope you will read this report and be inspired to action. Each of the neighborhoods engaged in this study have identified priority health issues and impact areas. Now comes the hard work of mobilizing neighbors, investors and policymakers to rally the resources and political will to make change. Together, over time, we can build a ‘culture of health’ and achieve health equity across our region.

Stephen Samuels, Executive Director
Ina Anderson, Deputy Director
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We would like to acknowledge the great number of residents and neighborhood leaders that have invested their time and shared with us their insights for improving their neighborhoods.

Douglass-Sumner Neighborhood Association
Downtown Shareholders
Blue Hills Community Services
Blue Hills Neighborhood Association
Ivanhoe Neighborhood Council
Scarritt Renaissance Neighborhood Association

We also would like to thank the numerous partners that came together to contribute to this study and development of the report by providing strategic advice, creating the participatory events, developing the maps and the tools, conducting and analyzing research and collecting data.

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Executive Summary

This report reflects the work of over two years of research by Greater Kansas City Local Initiatives Support Corporation (LISC) to understand the impact of community development investments, both physical and programmatic, on the quality of life and resident health in the five neighborhoods within LISC’s NeighborhoodsNOW geographic focus areas in Kansas City, Missouri, and Kansas City, Kansas.

The aim of this research was to gain an understanding of systemic barriers to healthy neighborhoods, to identify neighborhood health assets and their value, and to foster resident voice and collaboration with the long term goal of building stronger, more cohesive neighborhoods with improved access to healthy eating and active living. The subsequent report and tools are intended to be both an accessible resource for neighborhood residents and organizations, as well as a guide for future collaboration between LISC, their partnering neighborhood organizations and investors seeking to achieve long-term outcomes from data-driven, high impact community investments and new advocacy and policy initiatives that result in healthier communities.

The study was conducted in several phases and completed with the support of funding from the Hall Family Foundation and the Health Forward Foundation. The research was undertaken in partnership with NeighborWorks America, resident leaders and community volunteers, and the Dotte Agency design studio of the University of Kansas. Technical assistance, advising and research analysis were provided by the Kansas City, Missouri Health Department.

Phase I included primary data collection from a door-to-door community survey utilizing NeighborWorks America’s Success Measures Data System to measure resident pride in response to questions related to feelings around home ownership, access to services, safety, neighborhood connections, and a resident’s ability to change or improve their community. Between October 2016 and June 2017, 465 surveys were collected across 5 neighborhoods including Blue Hills, Ivanhoe and Scarritt Renaissance in Kansas City, MO and Douglass-Sumner and Downtown Kansas City, KS.

Community members were engaged in defining the survey area, developing survey questions and trained in survey data collection. Despite best efforts, data collection proved challenging due to a variety of factors including survey length, flexibility of data collection systems and an underestimation of the effort required by groups without prior experience with this type of data collection.

Ultimately, 3 of the 5 NeighborhoodsNOW communities collected enough data to make meaningful conclusions regarding the levels of resident pride in their neighborhoods and one, Downtown KCK, was able to obtain a true random sample. The survey results for Blue Hills, while not representative, along with the data from Downtown Kansas City, Kansas, provide insight into the perceptions of many people in these 3 neighborhoods.

It was discovered that many people feel connected to their neighbors, feel that their community has improved and expressed confidence that it will improve in the future. A majority of respondents in each community expressed a willingness to work with others in the community. People generally feel their neighbors are friendly. The vast majority of respondents indicated they would continue to live in their neighborhood if they have the choice (See Appendix A: Neighborhood Pride Evaluation Project Synopsis).

The Kansas City, Missouri Health Department further analyzed the survey data to examine measures of Social Capital and feelings of safety in order to identify neighborhood-level predictors of cohesiveness and connectedness. They used straightforward multivariate regression techniques to assess the statistical significance of neighborhood services and amenities, as well as respondent demographics, in predicting their outcomes and only present findings with low odds of being a random relationship. While determinants of why people choose to stay or leave a neighborhood, and what they do for that neighborhood while they live in it, are complicated, they found clear patterns across these three neighborhoods that show:
People care about community spaces: parks, playgrounds, community centers, restaurants and coffee shops. Neighborhoods cannot feel integrated without welcoming, safe places to connect.

Looks do matter. Cleanliness, sanitation and infrastructure repair is connected to overall feelings of safety, connection and satisfaction. Healthy, peaceful neighborhoods begin with attention to environmental design, public works and code enforcement. Recent research from the Health Department shows that neighborhoods in KCMO with high Social Capital have fewer code enforcement complaints, even when controlling for median income or age of housing stock.

Engagement needs to evolve: The traditional models of community engagement are being replaced with innovative ways of meeting neighborhoods where they are. When neighborhoods have agency and residents feel as if their time and energy spent on civic participation matters, the payoff in terms of Social Capital can be huge. (Full statistical analysis and findings by Deputy Director Dr. Sarah Martin are included in the Appendix B: Resident Pride, Social Capital and Community Health).

In Phase II, LISC engaged the Dotte Agency — a Wyandotte County community design studio from the University of Kansas, School of Architecture and Design — to conduct outreach to build upon the survey data through direct community engagement and observation. Each neighborhood’s Quality of Life Plan – their blueprint for neighborhood revitalization- was reviewed to understand existing neighborhood priorities, assets and previous community development investments.

Dotte Agency then met with multiple residents and stakeholders repeatedly over the course of a year, attending neighborhood association meetings, events, and walking the neighborhoods. Through this engagement they gained input to create maps of community assets that impact resident health, and to prioritize health issues on which to take action. The bulk of this report contains context-specific priority health issues and recommendations for each neighborhood. Recommendations for action are based on a literature review of best and current practices from the field.

Phase III included street level walk audits of specific geographic nodes chosen by community members as areas of focus. The Dotte Agency created an audit tool specifically for this purpose and engaged community members in the audits. Results from the audits provide additional data to support and guide future community action to improve health that may include infrastructure, programmatic or policy approaches. It is likely that this report will need to adapt as neighborhood circumstances change and new public health research is made available. For this reason, maps and audit tools are provided so that resident leaders can take part in identifying and measuring outcomes in the future. (Full results of walk audits for each neighborhood are provided in the Neighborhood Audit Summary and Appendix C: LISC Neighborhood Audit Tool).

**PRIORITY HEALTH ISSUES: BLUE HILLS**

This report specifically focuses on the Blue Hills neighborhood of Kansas City, Missouri. Research was conducted in partnership with Blue Hills Community Services, a local Community Development Corporation and the Blue Hills Neighborhood Association (BHNA) which represents the Blue Hills neighborhood, as identified within the area between Paseo Boulevard and Prospect Avenue, and between Swope Parkway and 63rd Street. Since 2006, Greater Kansas City LISC has partnered with Blue Hills by investing over $1 million in the form of loans and grants to support neighborhood development and build capacity to steward its Quality of Life plans.

Blue Hills residents identified the following Priority Health Issues that are explored in detail within the Blue Hills Section of this report.

**Health Priority #1: Increase Neighborhood Services and Knowledge**

**Recommendations:** Address health outcomes by meeting social needs including access to nutritious food, unreliable transportation, and inadequate housing. First, explore health programs that focus on the patient and linking them to partnering community organizations such as The Chronic Care Model, Patient-Centered Medical Neighborhoods, and Accountable Health Communities. Second, create spaces for knowledge sharing and social cohesion to increase youth engagement and also improve social participation opportunities for senior residents.
Health Priority #2: Promote Neighborhood Wellness

Recommendations: To best promote neighborhood wellness, improve access to public transportation, grocery stores, dental care, pharmacies, clinics, health classes, walking trails, and dialysis centers. Reducing visible signs of disorder with better maintained streets, working street lights and better kept sidewalks (and empowering residents to take on these issues themselves) can increase the sense of safety and play a critical role in reducing exposure to violence among local youth.

Health Priority #3: Revitalization of Blue Hills Community & Environment

Recommendations: Identify where barriers to better health exist and make physical changes that restore the neighborhood. Explore how programs that provide financial assistance to homeowners looking to make structural repairs could thus be considered as a public health intervention and not just a typical home repair program. Consider a revamped home repair program that measures the health outcomes of residents before and after green renovations in their home, while forming partnerships with local universities, non-profits, and healthcare providers to track the success of the program. Utilize Crime Prevention Through Environmental Design (CPTED) to make observations in the built environment around areas of opportunity for where crime could occur, and reduce those opportunities by making changes to the built environment.

Moving Forward

This report was developed to help each neighborhood chart a way forward for improving health outcomes locally. It is worth noting that key decisions regarding what health issues should be included and prioritized came from neighborhood representatives responding to the feedback already received from previously completed neighborhood plans and resident surveys. While other community health issues exist, these issues a focus for the neighborhood now.

This report is intended to serve as a reference for potential projects and programs that each neighborhood can choose to pursue. The expected value of this report is that it will make the supporting evidence more accessible so that as the neighborhood evolves, residents can pursue projects that best fit their needs and provides tools to residents working from the bottom-up with partners to affect change in the health of their neighborhoods. The challenge inherent in creating this report was making sure each neighborhood’s report accurately reflected the desires and aspirations of their community. More voices must be a part of the conversation on improving health outcomes in neighborhoods and it is hoped this report can provide value to them as well.

The individual projects and strategies are for each neighborhood to determine, but having supporting evidence can make collaboration between partners more sustainable. Funding sources promoting health in communities is increasing as evidence is building that an individual’s neighborhood has a large impact upon their health. It is for this reason that this report exists, to both demonstrate and propose possible ways that Kansas City communities can improve the health of their neighborhoods. Tackling issues in this report will be the focus of Greater Kansas City LISC and neighborhood organizations and leaders going forward.
In the summer of 2017, Greater Kansas City Local Initiatives Support Corporation (LISC) contracted with Dotte Agency — a Wyandotte County community design initiative out of the University of Kansas, School of Architecture and Design — to provide research and technical assistance on how community development can have an impact upon public health outcomes. LISC wanted to gain a better understanding of how their investments over time ($188 million in the form of loans, grants and technical assistance since 1981) contribute to the health of a community and the individuals who live there.

Over the last decade, LISC had engaged with community leaders representing five neighborhoods across the Greater Kansas City Area as part of their NeighborhoodsNOW initiative: Blue Hills, Ivanhoe, Scarritt Renaissance in Kansas City, Missouri and Douglass-Sumner, and Downtown Kansas City, Kansas. LISC tasked Dotte Agency with developing a protocol for how the community could prioritize public health goals locally. This process was designed to include previous community engagement initiatives, including the most recent Quality of Life Plans (QLP) developed by LISC with community engagement, and the Neighborhood Pride Evaluation Surveys (NPE Surveys), developed by NeighborWorks America for LISC and conducted by partnering neighborhood organizations.

Dotte Agency began by meeting with representatives from the partnering neighborhood organizations to identify where recently completed community development projects, potential community development projects, and perceived barriers to health access existed in the built environment. This was done by mapping neighborhood assets and opportunities, where residents were invited to identify areas of pride or concern on a map, and leave their comments in an open-ended format. Comments received were recorded and helped to indicate where community health priorities existed within the built environment. This process provided a geographic awareness that supplemented the pre-existing data collected by the QLP and NPE Surveys.

A parallel analysis of the collected NPE Survey data was developed by the KCMO Health Department. The goal of their report was to share what, if any, statistical significance existed between questions regarding ‘overall satisfaction’, ‘feelings of safety’, and ‘social capital’ among the residents that answered the surveys. This data gives LISC a deeper understanding of the engagement levels and resident satisfaction within the neighborhoods and how this may alter future approaches to connecting with them.
The second round of community engagement conducted by Dotte Agency saw neighborhood representatives invited by the partnering neighborhood organizations to participate in ‘Card-Sorting Workshops’. The purpose of these workshops was to make the process of validating key public health issues a participatory exercise. To achieve this, Dotte Agency adapted a public health methodology known as card sorting — a user-centered design technique that helps to prioritize issues that emerge out of what has been heard.

In the card sorting exercise, attending neighborhood representatives were asked to categorize individual cards, each one printed with information that represented some aspect of either the QLP, NPE Surveys, or the comments from the spatial mapping exercise. Whenever possible, information that was included on the cards was written verbatim, or with minimal changes to the text as it appeared in its original format. The cards themselves were neither positive nor negative in tone, but were instead meant to spark conversations about the issue presented, and allow neighborhood representatives to rely upon their own local-knowledge throughout the categorization process.

Critical to the card sorting process was that all issues presented were sourced from previous community engagement efforts that had sought to represent the voice of each community at large; the participating neighborhood representatives were asked to build their categories based only upon what was on the table in front of them. An initial card sort typically resulted in six to eight community development categories that had a common theme, such as ‘Infrastructure’, or ‘Youth Engagement’.

After a group discussion, the remaining categories were narrowed down to three ‘priority issues’, with each issue related to public health outcomes affected by the built environment. The grouping of the individual cards into their initial categories was recorded to better inform which issues the categories were developed to address. The title of each category was co-determined by the neighborhood representatives, and they were instructed to use a verb or an action-word to preface the final three priority issues that they defined.

Photographs of community engagement and the card sorting workshop were taken by Dotte Agency throughout, to both document the process and to ensure accuracy in the categorization of the priority issues as they were sorted.
Blue Hills Neighborhood Representatives:
Chris McKinney
Edgar Palacios
Yvette Richards
Paul Tancredi
Art Weddington
Toi Wilson

LISC:
Amanda Wilson

Dotte Agency:
Shannon Criss
Matt Kleinmann

ABOVE: Blue Hills Neighborhood Representatives engage in a card-sorting exercise to organize neighborhood responses into three Priority Health Issues.

Priority Health Issues:
1. Increase Neighborhood Services and Knowledge.
2. Promote Neighborhood Wellness.
3. Revitalization of Blue Hills Community & Environment.

See pages 31-33 for the full list of public health and community development issues that were card sorted.
“Richness of this area instills an appreciation of what this area has gone through: life experience & love our neighbors.”

Blue Hills Survey Response
On November 1st, 2017, members of the Blue Hills Neighborhood Association (BHNA), Blue Hills Community Services (BHCS), and the St. James United Methodist Church came together as representatives of the Blue Hills Neighborhood. Together with LISC staff, Dotte Agency explained that the goal of the meeting was for the neighborhood representatives to discuss and ultimately validate three priority issues regarding how community development impacts health locally in the Blue Hills neighborhood. Dotte Agency shared that it would be their role going forward to research peer-reviewed public health journals on the three issues co-determined by the neighborhood, and to connect those issues with potential community development opportunities for the Blue Hills neighborhood to consider pursuing. The following report references Blue Hills neighborhood’s priority issues. The purpose of this report is to be both an accessible resource for neighborhood residents and organizations, as we well as a guide for future collaboration between LISC and their partnering neighborhood organizations.

INTRODUCTION

The Blue Hills Neighborhood Association (BHNA) represents the Blue Hills neighborhood, which identifies with the area between Paseo Boulevard and Prospect Avenue, and between Swope Parkway and 63rd Street in Kansas City, Missouri. Within neighborhoods, power can be found when individuals, organizations, civic institutions, and other entities that exist in the same geographic area come together. Research has shown that issues such as poverty, crime, education, and health have an impact upon a person’s health, and are partly determined by their neighborhood. In response, community development strategies are seeking to improve health by changing the physical environment at the scale of the neighborhood.

Unfortunately, research is not always consistent in factoring how much of an impact neighborhoods have. This reflects the difficulty that researchers have in identifying neighborhoods, given their complexity in perceived boundaries. Because of this, research that seeks to represent a neighborhood in only quantitative data may be inadequate in its representation, often lacking the ‘insider’ knowledge possessed by the residents.

To better understand why neighborhoods have the impact that they do, it is important to first acknowledge that neighborhoods are places made up of lived experiences and interactions between individuals and have evolved over time. These goals continue into the present, including efforts to stabilize BHCS and expand the capacity of BHNA; increase engagement among youth and families; and expand new commercial and real estate development opportunities, which includes plans to redevelop the Willard School.

While it is difficult to determine to what degree the
built environment has impacted the health outcomes of Blue Hills residents separate from other variables such as poverty, education, and crime, public health research would still consider the surrounding physical environment of houses, sidewalks, and lighting — or the lack thereof — to play a contributing role in determining an individual's health. Public health research now views an individual's zip code as a greater predictor of their health than their own DNA. This aligns with the Social Determinants of Health framework, which takes into consideration the “social, political, economic, and cultural conditions in which people live and work and the structural drivers of these conditions.”

It is estimated that these social factors — including health equity disparities related to education, racism, social context, and poverty — account for over one third of total deaths in the United States each year. Many of the issues represented in the Blue Hills card sorting exercise would likewise fall under this framework: having Access to Child Care; the need to develop a “Needs Assessment”; providing “After-School Programming”; building “Social Cohesion and Connectedness”; and increasing “Neighborhood Outreach and Education”, among others (Table 1). As a result, the life expectancy of a Blue Hills resident is 14 years less on average than that of a resident living in Armour Hills, a neighborhood located only three miles away.

1 INCREASE NEIGHBORHOOD SERVICES AND KNOWLEDGE

A recent Robert Wood Johnson Foundation survey found that 85% of primary care providers and pediatricians believe that unmet social needs — including low access to nutritious food, unreliable transportation, and inadequate housing — lead directly to poor health outcomes. As a result, new health programs focused on the patient and linking them to partnering community organizations have developed. These models include The Chronic Care Model, Patient-Centered Medical Neighborhoods, and Accountable Health Communities. While these models provide a template for building more holistic communities, neighborhood partners must still develop a relationship that is right for them.

From the card sorting workshop, three possible strategies for Increasing Services and Knowledge within the Blue Hills neighborhood have been outlined below. These suggestions come from peer-reviewed public health journals that have focused on issues similar to those categorized by the Blue Hills neighborhood representatives. While the appropriateness of each of these programs will likely require additional development for them to be feasible, local funding — including from public health resources — could be pursued for programs similar to these using an ‘evidence-based’ approach.

A Patient-Centered Neighborhood

One model for improving neighborhood services is Health Leads, a clinic-based program where healthcare providers prescribe community resources to residents for their unmet social needs. Residents are then connected with local community volunteers or organizations that have a better awareness of local neighborhood amenities and match them with residents to meet their social needs. In Blue Hills, this approach would address some of the issues that emerged from the survey responses related to ‘feelings of connectedness’ within the neighborhood. When asked whether they felt connected to their community, 55% of Blue Hills residents answered “somewhat”, “not very”, or “not at all” connected.

An individual’s involvement in social activities (social participation) can determine their health and quality of life outcomes. While social participation may decline naturally in older and disabled adults, changes to the built environment that reduce the barriers of access to social participation have been shown to be effective. Community development can use this to develop spaces where social participation can occur. For Blue Hills, this could include the development of additional food retail environments, health services, public transportation options, and social club spaces. In the built environment, neighborhood design features such as front porches, public benches, and accessible sidewalks have also been shown to encourage social participation.

A key partner for Blue Hills in this model would be the nearby Mary L. Kelly Center, which is made up of residents from the Town Fork Creek and Blue Hills Neighborhood Associations. Their location at 2803 E. 51st Street is just east of Blue Hills, and within walking distance for many Blue Hills residents. The building is the former Graceland Elementary School, which closed in 2010 and reopened in 2013 — which could be a similar model for the vacant Willard Elementary to follow. Their facility amenities include culturally relevant activities for multiple generations. The Mary L. Kelly Center is owned...
and operated by the *Swope Corridor Upper Room*, which is a part of the Swope Corridor Renaissance. They also offer an after-school program (the need for “additional youth engagement opportunities” was referenced in the card sorting workshop) which includes a free hot meal, reading instruction, and help with homework for area-youth.

In the same area, another partner to bring to the table would be *Swope Health Services*, which already uses the *Patient-Centered Medical Home* model (which includes a team of health professionals working together for an individual). To make a shift towards a *Patient-Centered Medical Neighborhood*, Swope Health Services could refer local residents to connect with their neighborhood organizations, such as BHCS and BHNA. Having this infrastructure in place would allow healthcare professionals to better serve the social needs of their patients, while partnering community organizations would be able to track which social needs are in high demand in their neighborhood, and increase their capacity accordingly. For example, a resident identified as having type-2 diabetes and low social connectedness could be referred to BHCS to join a local walking club organized by BHNA in Blue Hills Park.

**Experience Corps**

Another option to increase community services and expand knowledge among residents is the *Experience Corps* model. The goal of this program was to improve social cohesion among seniors, at both the individual and at the broader community level. It was developed in five Maryland cities after a local community needs assessment (an issue also referenced in the Blue Hills card sorting workshop) identified the need for collaboration between schools, neighborhood organizations, and with seniors that could serve as community volunteers. The program invited senior volunteers to two weeks of training, and then formed them into teams of two to volunteer at schools that had been recruited to the program. The senior volunteer teams spent at least fifteen hours per week in each classroom for grades K - 3, while additional volunteers supported library staff and monitored attendance. Satisfaction surveys were used to monitor the program’s success, which showed an 80% retention rate of senior volunteers returning each year.²³

In Blue Hills, a partnership with KCMO Public Schools could see a similar model occur at King Elementary,

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**How would you rate each of the following aspects of the NEIGHBORHOOD?**

The percent below reflects residents that answered either “Good” or “Very Good” for each neighborhood aspect:

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanliness</td>
<td>31%</td>
</tr>
<tr>
<td>Condition of houses</td>
<td>28%</td>
</tr>
<tr>
<td>Safety</td>
<td>40%</td>
</tr>
<tr>
<td>Friendliness</td>
<td>63%</td>
</tr>
<tr>
<td>Streets, sidewalks, and public spaces</td>
<td>30%</td>
</tr>
</tbody>
</table>

**Overall, how SATISFIED would you say you are living in this community?**

1. Very satisfied (23%)
2. Satisfied (28%)
3. Somewhat satisfied (31%)
4. Somewhat dissatisfied (12%)
5. Dissatisfied (3%)
6. Very dissatisfied (3%)
located in the north end of the neighborhood at 4848 Woodland Avenue, and at Troost Elementary, located just west of Blue Hills at 1215 E. 59th Street. Working together, BHNA could invite seniors interested in volunteering to training sessions organized by BHCS staff to support the two schools. This program could both increase youth engagement and also improve social participation opportunities for senior residents.

Project CARE

Addressing the needs of senior residents is also reflected in Project CARE (Community Action to Reach the Elderly). The three-year program was implemented in Muncie, Indiana in a low-income African-American community. While issues such as a lack of services for seniors — including adequate housing, nutrition, transportation, and healthcare — came up in community forums, it was the lack of awareness around the existing resources that sparked a movement towards building a neighborhood coalition.

This neighborhood coalition saw the president of the neighborhood association join two local African-American churches to take leadership and develop community centers. Together, the community centers recruited and trained over 70 local volunteers to serve as “information specialists” within the neighborhood. Equipped with materials and answers for common questions, the volunteers were also trained by a local university on how to best communicate with their neighbors and build trust within their community.

Later, the university sub-contracted the churches to transform the community centers into “advocacy centers”, and trained residents to on how to best connect with seniors by phone. The program highlighted five major themes that emerged: an increased awareness on the needs of low-income seniors; increased trust among organizations involved; the importance of having skilled facilitators building the neighborhood coalition; the value of being a persistent advocate; and the personal satisfaction for individuals involved in the project.16

Within Blue Hills, a partner that is primed to take on a similar role is St. James United Methodist Church, located at 5540 Wayne Avenue. St. James already offers students a college preparatory workshop class and assists local families in need. Throughout the card sorting workshop, their representative expressed a desire to increase the knowledge and capacity of the neighborhood through leadership training, youth development, and supporting neighborhood block captains. By partnering with St. James, BHNA and BHCS could form a similar grassroots advocacy center to train local volunteers, respond to community development questions, and facilitate block captain leadership within Blue Hills. Local university programs at UMKC (Center for Neighborhoods) and Rockhurst University (Center for Service Learning) could also be brought to the table to help train volunteers.

2 PROMOTE NEIGHBORHOOD WELLNESS

The Commission to Build a Healthier America report in 2008 came to a conclusion that surprised many in the health care industry; health care services are estimated at only have a 10% role in an individual’s health outcomes.17 Aligning with the Social Determinants of Health framework, it was estimated that 60% of an individual’s health is due to a combination of one’s social environment, physical environment, and behavioral factors. This report identified ten recommendations to improve the nation’s health.

The first three recommendations from the report involved ensuring that all children had access to early childhood development, access to fresh food, and access to physical activities in their school. Additional recommendations included creating partnerships for grocery store development and providing for hungry families through WIC and SNAP food assistance.

The majority of recommendations, however, focused on promoting healthier communities. This included integrating safety and wellness into every aspect of community life; creating “healthy community” demonstration projects to test new policies and...
programs; developing a “health impact” rating system for housing and infrastructure projects with incentives; and eliminating smoking in public spaces.

The Blue Hills neighborhood representatives discussed similar themes in their card sorting workshop. Improving access to public transportation, grocery stores, dental care, pharmacies, clinics, health classes, walking trails, and dialysis centers were considered factors of Promoting Neighborhood Wellness. One concern was perceived safety, where 67% of residents reported feeling safe while walking in Blue Hills during the day, but only 21% reported feeling safe walking at night. Another survey question asked residents to rate the safety of their neighborhood, with only 40% responding that “Safety” was either “good” or “very good”. These issues were also identified in the card sorting workshop around the need for streets to be better maintained and feel safer, for street lights to be repaired, and for overgrown foliage to be trimmed. Having better kept sidewalks and public alleyways were identified as two ways that KCMO could improve the sense of safety within the neighborhood.

Exposure to violence among children is one factor that can have a major impact on early childhood development, with its effects being felt upon children’s relationships with their parents, their time to develop language skills, and their personal behavior. To measure how violence in neighborhoods can have an impact upon youth, tools such as the Neighborhood Inventory for Environmental Typology have shown that youth exposed to violence, alcohol, tobacco, and other drugs in their built environment correlates with incidents of violence in a neighborhood.

There are three prevailing theories for how the built environment can negatively impact youth and expose them to violence. The first theory, Family of Incivility Theories, suggests that environmental disorder (litter, broken windows, etc.) implies a disregard for the neighborhood, which makes residents feel like they have no control over their environment, and heightens their fears of local crime. The second theory, Opportunity Theories, suggests that criminals seize upon easy opportunities for crime throughout their daily activities, and that these moments can be prevented by changing the built environment around them (better lighting, more visibility, etc.). The third theory, the Social Cognitive Behavioral Model, proposes that how an individual interacts in their social environment affects their behavior, and in return their behavior changes their social environment (friends and neighbors influence behaviors).

Regardless of which theory is behind it, a perception of disrepair in the built environment is associated with risk factors for neighborhood violence. Many of these factors are visible from the sidewalk, including: broken windows, no street lighting, vacant lots, abandoned houses, cigarette butts, and empty liquor bottles. To best promote neighborhood wellness, programs that take on reducing these visible signs of neighborhood disorder — or empower residents to take on these issues themselves — can play an critical role in reducing exposure to violence among local youth.

Neighborhood Solutions

One model for preventing youth violence and promoting neighborhood wellness can be found in Union Heights, a neighborhood of just under 1,500 people in North Charleston, South Carolina. The community of Union Heights — working alongside their state’s health and human services department and with a local medical university — determined that rather than investing resources to send troubled youth out of the neighborhood, they could instead provide prevention and intervention services to directly address youth risk factors within the neighborhood.

This collaboration started with the state and university partners identifying neighborhoods with high risk factors, including poverty, education, and limited mobility. The Union Heights neighborhood council was then approached to participate and was given full control of whatever programs they wanted to implement. The neighborhood was interested in effective family-based services for children, but was concerned about being exploited by the partnering agencies. This was resolved by the partnering staff serving only as facilitators.
ABOVE: The Willard School Building at 5015 Garfield, Kansas City, MO — built in 1924 and closed in 2000 — was recently demolished.

BELOW & RIGHT: Community gardens and basketball goals represent a desire for fresh food and recreation spaces in Blue Hills.
or coaches, with the explicit intent of empowering neighborhood leaders as they carried out the activities they developed.

The first planning meetings were held as events to attract parents and seniors to identify major issues. One issue identified concerned police arresting local youth, which affected other youth in their families. Another issue identified was the lack of jobs and training opportunities available to youth, which if offered could discourage undesirable activities such as selling drugs. A follow up meeting invited the neighborhood youth to validate the issues highlighted by adults, with having part-time jobs available as the number one issue. Local ministers were engaged next, and their feedback included a focus on creating more after-school programming activities. When the local school staff joined the table, they shared one possible opportunity would be to have an early warning system for youth that were identified as at-risk for engaging in anti-social behaviors, which could assist in preventing them from being expelled. Additional meetings were held between the Union Heights neighborhood council and local judges, law enforcement officials, city government officials, and community centers.

The neighborhood proposed interventions that included the introduction of a Neighborhood Solutions team made up of trained therapists, family resource specialists, and activity specialists to assist in programming activities at schools and meeting with at-risk youth identified by the school. When at-risk youth were referred to the Neighborhood Solutions team, the specialists would assist the youth and their caregiver(s) with addressing any issues identified by the school. In some instances, that included having the youth’s family advocate for them to prevent expulsion, or if already expelled, they helped return them to a regular school setting when appropriate.

Neighborhood activities were also created through weekly meetings with youth and adults, where social after-school and summer programs such as block parties, basketball games against local police, father-son breakfasts, mother-daughter teas, and mother-son banquets were organized. Working with the school, the neighborhood started a three-hour homework program at their local neighborhood center three days a week that was staffed by paid, certified teachers. Computers were provided to help youth complete their homework. Job training programs also helped Union Heights youth find employment in a local supermarket, as welders, and in making pottery to sell at neighborhood dinners. One challenge that the neighborhood had to overcome was the difficulty in recruiting an adequate number of neighborhood volunteers. The study recommended that active recruitment for volunteers be ongoing throughout all neighborhood meetings.

For Blue Hills, this approach could be developed to address issues that were associated with promoting neighborhood wellness, which included crime prevention, not being able to count upon neighbors when in need of help (44% of Blue Hills residents surveyed said they could rely on their neighbors only “a little” or “not at all”), and perceptions of safety. This model could assist in helping neighbors get to know each other, provide local leadership opportunities, and bring residents together to form community pride around building a healthier community — all of which were goals proposed by the Blue Hills neighborhood representatives.

The Well

In 1994, the California Black Women’s Health Project established The Well, a neighborhood-based wellness program in partnership with local health foundations and universities designed to improve health and wellness for black women throughout their community. The Well began as an action plan developed by 40 black women that were invited to participate due to their advocacy work on women’s issues in their communities.

The program brought the women together to discuss their shared community health concerns, and to identify what barriers prevented them from maintaining healthy lifestyles. The program was made accessible through a shared meeting space in a low-income housing complex in Los Angeles, California. The 1,650 square foot space included a meeting room, exercise and fitness room, library, and a partitioned examination room staffed by a nurse practitioner. Residents could schedule their appointments here through affiliated hospitals and clinics.

The Well was made available to all women with health needs in the community, and was organized through smaller groups called sister circles that operated as self-help groups to promote neighborhood wellness locally. Together, these sister circles organized ‘Walking for Wellness’ programs, ‘Facts and Feelings’ workshops, and other community health education events that were sponsored by local healthcare partners. By working with
these wellness programs, the sister circles were able to increase the accessibility of health services and education throughout their neighborhoods. A similar model in Blue Hills could be established to increase the awareness around issues of health access. This could include promoting access to quality dental care, pharmacies, public transportation, grocery stores, free health clinics, and dialysis centers – all programs highlighted in the Blue Hills card sorting workshop.

Five strengths of the The Well that were identified included: 1) participants were empowered; 2) there was shared ownership; 3) the program focused on a community-based location; 4) relationships were formed with a local university; and 5) community partnerships were strengthened. Participants said they felt that the program was responsive to the local health needs of individuals, groups, and the community at large. The challenges the program experienced included: 1) a perceived lack of anonymity for sister circle members; 2) ambiguity on whether the program was focused more on promoting local membership or outside community services; 3) the need for staffing to be less dependent upon volunteers; 4) having a shared space but not necessarily shared identities between groups; and 5) the need to foster unity while maintaining respect for and an understanding of diversity among black women.

The report on The Well suggested that any future attempt to develop a similar model include six key components: 1) begin with a shared vision of health concerns; 2) use self-help circles to enhance personal and collective empowerment; 3) develop health promotion workshops to actively involve participants in the self-help circles; 4) house the program in a welcoming space within the community; 5) provide on-site exercise classes with equipment; and 6) collaborate with community partners.

Within Blue Hills, a centrally located community space that already promotes exercise within the community can be found at the Mary L. Kelly Center. Another option could be including a dedicated community meeting and exercise space within a future redevelopment of the Willard School. Staffing by a local nurse practitioner could occur through partnerships with local healthcare providers such as Swope Health Services. Additional support may also be available through UMKC and Rockhurst universities.

To empower local women to promote health access, BHNA could utilize their existing community space to hold regular self-help group meetings. These groups could be framed to highlight key neighborhood wellness issues, and then share them with a larger community group, such as BHNA and/or BHCS. Additional partnerships, including with LISC, could see the development of shared spaces for physical wellness and community health education programming. This model — as well as other models previously listed — could help to address the issues identified by the Blue Hills neighborhood representatives, which included finding ways to educate neighbors with free health information through the creation of a “space of knowledge”.

3 REVITALIZATION OF BLUE HILLS COMMUNITY & ENVIRONMENT

A key focus at the intersection of the built environment and public health is in identifying where barriers to better health exist and addressing those barriers directly by making physical changes that restore the neighborhood. With the Blue Hills neighborhood representatives, that was made obvious through their card sorting of multiple neighborhood cleanup issues under the category that they defined as the Revitalization of the Community and the Environment. These issues included: repairing streets, expanding commercial development, fixing broken sidewalks, trimming trees, providing street lights, making homes affordable, renovating existing homes, building new homes, setting up more trash cans, and restoring the John J. Pershing Elementary School (Table 1).

There is a benefit in prioritizing community development efforts, considering the ease of making modifications to the built environment compared to the relative difficulty in addressing more deeply rooted health variables such as poverty and education. Public health studies have shown that while poverty and education certainly play a role, the deterioration of a neighborhood is by itself independently linked to higher rates of disabilities and chronic diseases in older adults.

The disorder level of a household or a street, for example, has been linked to an individual's physical disabilities, rates of intentional injury, poor birth outcomes, heart disease, HIV, depression, and physical inactivity, regardless of other individual risk factors. The implications are that changing the tangible conditions of a neighborhood can reduce the socioeconomic disparities experienced by residents, regardless of other contributing variables.
ABOVE: The Blue Hills Community Services building at 5008 Prospect Ave, Kansas City, MO 64130

LEFT & BELOW: Examples of community-based projects are visible within the Blue Hills Neighborhood
Examples of this at the scale of community development include having good nearby parks that increase social cohesion among neighbors and having walkable neighborhoods which increases local civic engagement. Within Blue Hills, programs that provide financial assistance to homeowners looking to make structural repairs could thus be considered as a public health intervention and not just a typical home repair program. When additional evidence on the high rates of childhood asthma, lead poisoning, mold, and chemical contaminants due to poor housing conditions are also factored in, it becomes apparent that community development agencies should collaborate with health care partners in minimizing potential health hazards present within the home.

**Green Renovations**

The definition of what is considered “green” — or environmentally friendly — in residential construction is a continually moving target. However, it is generally accepted that best practices from associations such as the American Society of Heating, Refrigeration, and Air-Conditioning Engineers (ASHRAE), and the Leadership in Energy and Environmental Design (LEED) are important guides for determining what sustainable materials and methods can improve health in homes. Green renovations often include improving the quality of fresh air, minimizing off-gassing materials in paints and adhesives, mitigating radon and pests, and controlling for moisture and mold. A fair amount of research exists that demonstrates the public health benefits of green building standards in new construction. However, to what degree these new methods can improve health outcomes in older low-income homes over otherwise conventional renovation methods is not well researched.

One public health study that interviewed low-income residents after green renovations asked them whether their individual health had improved or gotten worse. Multiple benefits were reported, but the strongest improvement observed was that the rate of children with non-asthma respiratory problems dropped from 33% to 15%. Perceptions of renovated houses among adults also improved, including the perceived ease of cleaning their homes and increased comfort, personal safety, and the safety of their children while outdoors.

While limitations in this study do exist — notably, that it was difficult to tell if green renovation techniques
would have substantially outperformed traditional renovation methods — it nonetheless points to the benefit of improving housing conditions within a low-income community. Additional studies have also observed benefits of improved air quality on reported mental health and improved lung functions and blood pressure. A common message in many of these studies is that better communication between the renovating agency and the homeowners on how their housing conditions can impact their health could improve the perceived health outcomes from the home repair programs.

In Blue Hills, BHCS has been engaged in home repair programs funded by Community Development Block Grants (CDBG) from the U.S. Department of Housing and Urban Development (HUD) and administered by the City of Kansas City, Missouri (KCMO). In 2017, it was estimated by BHCS that they performed home repairs to improve health and wellness for approximately 25 homes each year, down from previous counts of as high as 49 homes a year. Funding from HUD — which may soon become more limited — to BHCS was approximately $250,000 a year, allowing for renovations of $7,500 per home on average. These home repairs were structural and not cosmetic, and often had to navigate historic preservation issues and environmental hazards.

With the status of CDBG funding from HUD and the relationship of BHCS with KCMO in question, the long-term sustainability of home repair programs in Blue Hills may require that programs be developed with the goal of directly improving health outcomes to receive additional funding from health care partners. For Blue Hills, it may be necessary to include measurements of self-reported health, as evidence suggests that reducing utility bills through more green renovations can offset the cost of healthcare in low-income families.

This could potentially see the development of a revamped home repair program that measures the health outcomes of residents before and after green renovations in their home, while forming partnerships with local universities, non-profits, and healthcare providers to track the success of the program. Additional funding sources may also be available, either through local community development partners, or national programs like the Low-Income Home Energy Assistance Program (LIHEAP) out of the U.S. Department of Health and Human Services. A focus area identified by the Blue Hills neighborhood representatives highlighted the Wabash Village area (between Swope Parkway and 51st Street, and between Prospect and Euclid) for further home investments, which would build upon previous Quality of Life Plan efforts.

CPTED

Crime Prevention Through Environmental Design — or CPTED (pronounced ‘sep-ted’), as it is commonly referred to — is a method for community violence prevention by developing a safer and healthier neighborhood. The method involves making observations in the built environment around areas of opportunity for where crime could occur, and reducing those opportunities by making changes to the built environment. The intended result is that residents have an increased perception of their neighborhood, and by meeting other neighbors they increase the social cohesiveness of their neighborhood.

The four principles that CPTED is concerned with are: 1) surveillance, including visibility and lighting; 2) control of access, including physical barriers and security systems; 3) territory, including signage and personal placemaking details; and 4) maintenance. Audits of the built environment using CPTED principles can also be used as evidence of improvements to the built environment. Variables that indicate perceived safety can then be identified over time, and the neighborhood can exert control in tracking and making changes to the neighborhood through these elements.

Much of what CPTED audits might recommend include low- to no-cost interventions, deployed together to have a cumulative effect. Examples of achievable projects that Blue Hills could engage community development partners on might include installing new neighborhood signage promoting Blue Hills neighborhood boundaries in prominent locations, a door-knocking campaign to distribute porch light bulbs, or landscaping in public green spaces. The CPTED audits themselves can be carried out in tandem with neighborhood cleanups of alleyways and sidewalks, with neighborhood block captains organizing local residents to build up social cohesion between neighbors.
Pocket Parks

In most low-income, inner-city neighborhoods, there is limited green space to engage in physical activity, especially for youth. As a result, community development organizations around the country have worked with their local neighborhood groups to identify areas where pocket parks can be established, typically in vacant lots that are one acre in size or smaller. An example of a pocket park for Blue Hills might be the development of a Monarch Butterfly Garden in a vacant lot, which was recommended by residents and included in this key issue during the card sorting process.

For local public health partners, the appeal of developing pocket parks comes from their cost-effectiveness in improving access to physical activity within easily walkable distances. One study in Los Angeles looked at the cost of developing a pocket park versus the typical cost of health care in recommending similar levels of physical activity. The study found that physical activity in a pocket park equates to one MET — “Metabolic Equivalents”, which is the standard rate of energy a person spends when they walk for 20 minutes — at a cost between $0.50 and $1.00 per person per MET. Another study found that fitness and workout amenities installed in pocket parks can improve the cost-efficiency even further, achieving one MET at $0.10 per person.

Pocket parks were also perceived to be more safe than nearby larger parks, and it has been suggested by researchers that pocket parks themselves may play a role in promoting feelings of safety. When comparing pocket parks that were open more often than those that were closed, a park that was closed 20% of the time had the lowest perceived ratings of safety. Additional research supports this idea that pocket parks can directly improve resident perceptions of their neighborhood by increasing their feelings of positive attachments to a place.

Taken together, this represents an argument for developing pocket parks through public health funding, using an evidence-based-design approach towards efficiently improving health outcomes and building social cohesion. BHNA and BHCS could look to LISC and local health care foundations and partners to support the development pocket parks in vacant lots or adjacent to existing programs such as community gardens.
References


11. Same as above


13. Same as above


References (continued)


30. Same as above


Card Sorting: Priority Issue #1

INCREASE NEIGHBORHOOD SERVICES AND KNOWLEDGE:

Survey responses to the following questions:

How much of a positive difference do you feel that you, yourself, can make in your community?
How long have you lived in this neighborhood?
How connected would you say you feel in this neighborhood?
Compared to three years ago, how would you say your community has changed overall?
Thinking about the next three years, how would you say your community is likely to change?
How willing are you to become involved in your neighborhood by working with others to make things happen?
How likely are you to recommend this community to someone else as a good place to live?
Overall, how satisfied would you say you are living in this community?

Issues identified in previous Quality of Life Plans:

Access to Child Care
Increase Youth and Young Family Engagement
Access to a Public Library
Female residents, along with older residents, are less likely to feel safe in their neighborhood.
Organize a Prospect Community Improvement District
Neighborhood Cleanups
Community Action Network
Needs Assessment
Blue Hills Neighborhood Association
After-school programs
Neighborhood leadership training
Vacant home grass maintenance
Neighborhood outreach and education
Community Input
Increased funding sources
Social Cohesion and Connectedness
Neighbors knowing each other
Card Sorting: Priority Issue #2

PROMOTE NEIGHBORHOOD WELLNESS

Survey responses to the following questions:

How much do you feel that people in your neighborhood can count on each other when they need help?
How would you rate each of the following aspects of this neighborhood?
How likely would you say it is that people in your community would help out if the following occurred?
How safe would you say you feel in each of the following places?

Issues identified in previous Quality of Life Plans:

Quality Dental Care
Access to Public Transportation
Access to a Pharmacy
Crime Prevention
Mary Kelly Center “Blue Hills Health” classes
High-quality Grocery Store
KC Free Health Clinic
Extending bus routes/hours
Dialysis center
Community health walks
Walking and biking trails
Perceptions of Safety
Card Sorting: Priority Issue #3

REVITALIZATION OF BLUE HILLS COMMUNITY & ENVIRONMENT

*Survey responses to the following questions:*

If you had the choice, would you continue to live in this neighborhood?

*Issues identified in previous Quality of Life Plans:*

Home Repair Programs
Blue Hills Park
Affordability of Homes
Community Gardens and Orchards
JJ Pershing Elementary School is vacant
PIAC funding for lighting, walkways, basketball court, and shelter
Wabash Village
Citadel Area
Expand new commercial and residential development
Street Repair and Cleanliness
Parks, Playgrounds, and Community Centers
Corner Stores
New home construction
Prospect Avenue
Abandoned housing policies
Trash cans
Tree trimming
Walkable sidewalks
Monarch butterfly garden
North-end of Blue Hills
Street lighting
INTRODUCTION

Dotte Agency and representative leaders and residents have developed ‘sample readings’ of the Ivanhoe neighborhood in an area selected by neighborhood of leaders. Measures to assess neighborhood environments are needed to better understand the salient features that may enhance outdoor physical attributes of building and land property; active living, such as walking and bicycling for transport or leisure; and identify cues of safety within the neighborhood. The purpose of this primary neighborhood audit was to identify key factors that contribute or detract from a healthy built environment.

This customized “Healthy Community Audit Instrument” has been created to build upon the information from discussions and surveys in the past year through Neighborworks Survey and Community Engagement activities. There are two key standard, well-recognized surveying instruments that have been utilized in this project: the Active Living Research “PIN3 Neighborhood Audit” tool and the Crime Prevention Through Environmental Design toolkit: A Guide for Planning and Designing Safer Streets. See the following pages for the shorter, customized version that we developed for the Ivanhoe neighborhood and see the appendix for the two longer, published versions of the PIN3 and CPTED tools.

Through the Community Engagement process, your representative leaders and residents have collectively identified a 12-block area between 49th to 53rd Streets, and Olive to Garfield Streets. A neighborhood leader and resident met with Dotte Agency, LISC representatives on the 13 February 2018 to apply the audit in this area. Recent momentum that we found in place: 1.) Blue Hills Community Gardens were developed at an empty lot on 49th Street between Olive and Park Streets 2.) new housing has been inserted into empty lots along Olive Street between 49th and 50th Streets, 3.) a community garden has been developed on an infill mid-block site on Olive Street between 50th and 51st Streets, 4.) the empty school building located between Garfield and Brooklyn Streets/50th to 51st Streets has recently been razed, and 5.) the 10 acre Blue Hills Park is well-maintained and has shelter, a well-maintained walking trail and athletic facilities. These signs of momentum of public and private investments make healthy changes to the built environment visible — revealing commitment to private property development that also contribute to public space improvements.

Moving Forward

The neighborhood audit method is best done with a group of leaders, residents and those that have capacity to bring investment and policy changes to the neighborhood. To make small and large changes, it is important to visit and re-visit the area and build others’ interest in being aware of the neighborhood needs. The
Blue Hills Neighborhood leadership, LISC partners and city planning and public works representatives should be part of the neighborhood audit process. Also, by involving those that live within the 10-block area, finding block-by-block leadership is best, communication is improved to understand the underlying needs of the residents. The neighborhood audit process provides an objective analysis of visible signs of change in the neighborhoods. It is best if the neighborhood audits can be done repeatedly: a couple times of year when the seasons show different levels of resident activity and landscaping features (for example, a winter reading and summer reading) and annually to highlight small and large impact changes that have occurred since the last survey.

**Characterizing Neighborhood Property in Health Research**

Over the last couple of decades, studies have been developed to explore the impact of community characteristics on the physical and mental health of residents to better understand population health and health disparities. Direct observation of neighborhood characteristics using an audit instrument relies on more objective measurement to capture many of the comprehensive and detailed environmental characteristics relevant for health.

**Purpose and Scope**

The purpose of this primary neighborhood audit was to identify key factors that contribute or detract from a healthy built environment. This customized *Healthy Community Audit Instrument* has been created to build upon the data collected in the past year through the Neighborhood Pride Evaluation surveys and Community Engagement activities.

A copy of the *Healthy Community Audit Instrument* can be found in Appendix C.
**RIGHT:** Dilapidated building conditions and debris were visible.
BLUE HILLS: SAFETY

Identifying Safety Characteristics in the Built Environment
March 6th, 2018

This neighborhood audit tool assess crime prevention through environmental design (CPTED), which is a multi-disciplinary approach to deterring criminal behavior through environmental design and relies upon the ability to influence offender decisions that precede criminal acts. Altering the physical design of neighborhoods in which humans reside and congregate in order to deter criminal activity is the main goal of CPTED principles. These principles of design affect elements of the built environment ranging from the small-scale (such as the strategic use of shrubbery and other vegetation) to the overarching build form of an entire urban neighborhood and the amount of opportunity for “eyes on the street.”

We analyzed the survey results through “Health Community Audit Instrument” and arrived at a four-point scale system:

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<thead>
<tr>
<th>Score Range</th>
<th>Description</th>
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<tbody>
<tr>
<td>3.5-4.0</td>
<td>Most favorable conditions</td>
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<tr>
<td>3.0-3.4</td>
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<tr>
<td>2.5-2.9</td>
<td>Least favorable conditions</td>
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<td>1.0-2.4</td>
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Natural Surveillance: The assessment, block-by-block, evaluated the overall condition of the residential doorways that open to outside and how well they are lit; how visible the front doors are from the street; and whether landscaping creates blind spots or hiding spots. Only 10-20% of the porches had lights turned on when surveying this area. Porch light is a welcoming symbol and this additional lighting source can help to deter crime and enhance the overall appearance of the street. Encourage homeowners to turn their porch lights on from dust to dawn, and offering grants or shared costs for residents willing to install new porch lights will improve this neighborhood at night. The majority of the front doors are visible throughout the neighborhood area, protected by porches. The majority of the blocks, 70% of the blocks, are clear of blind spots or hiding spots within the landscape; the block areas between 49th and 50th Streets are in need of the greatest attention. Natural surveillance increases the perceived risk of attempting deviant actions by improving visibility of potential offenders to the general public. Natural surveillance occurs by designing the placement of physical features, activities and people in such a way as to maximize visibility of the space and its users, fostering positive social interaction among legitimate users of private and public space. Potential offenders feel increased scrutiny, and thus inherently perceive an increase in risk.

Territorial Reinforcement: The assessment, block-by-block, evaluated the overall condition of how the property lines are defined and encourage interactions with plantings, fences, short walls; and whether the street address is visible from the street with numbers. Approximately 60% of the blocks have majority property line definition with either plantings, fences or short walls. Natural access control could be improved in some of these areas as it limits the opportunity for crime by taking steps to clearly differentiate between public space and private space. By selectively placing entrances and exits, fencing, lighting and landscape to limit access or control flow, natural access control occurs.

Maintenance and Green Space: The assessment, block-by-block, evaluated the overall condition of the structures; the general condition of landscaping and whether old automobiles and other vehicles exist in the yards. About 50% of the blocks were evaluated with generally in a ‘excellent/good repair’ condition. Maintenance is an expression of ownership of property. Deterioration indicates less control by the intended users of a site and indicate a greater tolerance of disorder.
BLUE HILLS: ACTIVE LIVING

Identifying Active Living in Neighborhoods
March 6th, 2018

This neighborhood audit tool assess street-level characteristics that may be related to walking and bicycling. The instrument places emphasis on measuring the walkability of the neighborhood with an understanding of the impact of cars upon that experience. Increasing physical activity is a powerful way to prevent obesity and promote health among children and adults. Across the country, practitioners, advocates and policymakers are coming together to create healthier communities that support active lifestyles. Children and families are more active when they live in neighborhoods that have sidewalks, parks, bicycle lanes and safe streets.

Walking and Bicycling Amenities: The assessment, block-by-block, evaluated the overall condition of the presence of sidewalks, their buffer space between the street and the sidewalk, the condition of the sidewalks, shade trees and public lighting. The majority of the streets in this area had sidewalks along both sides of the entire streets—while the sidewalks along Brooklyn, between 49th to 50th Streets, are lacking in areas where overgrown empty lots on either side of the street exist. The majority of the streets have 2’-6’ of buffers along the sidewalks, but only 20% of the streets have shade trees in this buffer zone. Shade trees and plant material offer aesthetic, environmental, social and economic benefits to cities. Most importantly, trees create a comfortable pedestrian environment. While 40% of the streets have ‘excellent/good’ sidewalk conditions, 60% have ‘poor/dangerous’ sidewalk conditions (and in one case, non-existent). Sidewalks should be free from cracks, heaving and spalling sidewalks should be replaced. Sidewalks that are in unacceptable condition should be reported to the city. In many cases cracked or heaving sidewalks are present in front of vacant or abandoned properties.

Road Characteristics: The assessment, block-by-block, evaluated the overall condition of the car speed limit, the presence of a shoulder or bike lane and on-street parking. In general, it was unclear what the speed limit for cars was because rarely was there a sign posted on these blocks. Cars traveled at a higher speed along 51st Street making pedestrians feel vulnerable. Throughout the study area, there were no bike lanes and on-street parking was allowed on both sides of the street. During this audit, we did not see any bicyclists. The majority of the street lighting is currently provided using “cobra head” style street lights mounted on utility poles at 25-30’ height, approximately every 100’ on one side of the road. At this time of this audit 100% of the lights were functioning at night.
BLUE HILLS: PROPERTY

Characterizing Neighborhood Property in Health Research
March 6th, 2018

Over the last couple of decades, studies have been developed to explore the impact of community characteristics on the physical and mental health of residents to better understand population health and health disparities. Direct observation of neighborhood characteristics using an audit instrument relies on more objective measurement to capture many of the comprehensive and detailed environmental characteristics relevant for health.

We analyzed the survey results through “Health Community Audit Instrument” and arrived at a four-point scale system:

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</table>

Residential Land Use: The assessment, block-by-block, evaluated the overall condition of the residential units; presence of porches, borders (fences, shrubs, etc.); boarded, burned or abandoned residential units; and presence of visible security warning signs. There are vacant or abandoned buildings within the selected area where 70% of the blocks had at least one vacant building. In most cases, these properties have been closed and secured and are in various states of disrepair. It has been found in other cities that when several of these properties are clustered together, it tends to attract criminal activity. Most houses, 90% of the blocks, had porches and the presence of borders which positively defines property territories that serves to protect private property, while also playing an important role in image and the aesthetic of the street. The most common type of fence used throughout the neighborhood is chain-link fence. Chain-link, while functional and affordable, provides a harsh, uninviting aesthetic. Ornamental fencing that is a maximum of 4-feet in height should be encouraged. In some cases, landscape hedges were used which are a softer, more aesthetic way to define the front yard. Hedges should be kept no taller than 30” in height to maintain clear sight lines and eliminate hiding places.

Public, Residential, Non-Residential Spaces / Aesthetics: The assessment, block-by-block, evaluated the general condition of public spaces; visibly active people; overall conditions of parks and playgrounds; visible dogs, litter and graffiti. There are significant numbers of vacant or abandoned properties, ranging from 50-90%, between 49th and 50th Streets/Park to Garfield Streets. Between 50th to 51st Streets/Olive to Garfield Street, there are some vacant and abandoned properties, ranging from 10-30%, and with the empty lot where the school was razed, there is a great sense of open space. Between 51st and 53rd Streets/Olive and Garfield Streets, there are very few vacant lots and the continuity of the houses is strong (except on Park Street, east of Blue Hills Park). While many lots are mowed and seemingly cared for, there are some where trash has collected and overgrowth is happening-- and need to be better maintained. Vacant lots can be re-purposed for a variety of community based uses. By allowing community members or groups to adopt these lots, a space that was previously a blight problem could be transformed into a vibrant community asset. Blue Hill’s community garden program is a good example of this. On this cool Spring day, there were not many visible people out. Blue Hills Park is a great asset to this neighborhood and the properties that surround the park are generally in ‘excellent/good’ condition, demonstrating the value of the association between houses and the park. The park is well-maintained and has amenities that make it attractive to use. At night, the park is dimly lit—could lighting brightness be slightly improved to make it feel safer while not too bright to irritate the residents adjacent to the park? This should be explored. The walking trail within the park is in good shape and offers a great asset for local volunteers and recreational programs to create walking groups and other regular activities and installations (i.e. exercise stations, more bench seating, signage to promote activities and create connections). There were some dogs on leashes and in fenced in areas, but no stray dogs. Overall, there was little litter west of 50th Street and no little visible graffiti. The empty properties between 49th and 50th/Park to Garfield Streets need the greatest attention to remove litter and trim overgrowth to improve the sense of safety and aesthetics.
PURPOSE AND SCOPE

As part of the Community Engagement process, Dotte Agency worked with neighbors to identify and make visible existing community development investments (physical and programmatic), health assets and ‘problem areas’ through mapping. Large scale maps were then created highlighting areas of previous investment as reported by residents as well as areas for improvement. Priority geographic focus areas were identified and outlined on the map to help direct future change efforts and interventions to improve community health. These maps help to tell the neighborhood’s ‘health story’ and can be a valuable resource in community problem solving. Each map is laminated and includes space for additional comments and data points for future engagement.

In addition, Dotte Agency worked with Assistant Professor Dr. Hui Cai to create ‘cross maps’ to delve deeper into the data and showcase relationships between neighborhood assets.

The goal of mapping is to highlight differences between the needs and the available resources within the community. We have combined key themes such as housing, schools, healthcare, recreation, retails and other community services with the vulnerable populations such as low income households, single-mom, elderly, and poor elderly, family with kids etc. The data we mapped included but were not limited to:

1. Demographics (e.g., age, gender, race/ethnicity, education)
2. Poverty and unemployment
3. Food Resources (e.g., Grocery stores, Corner stores, Farmers’ markets, Cultural food stores)
4. Other retail
5. Recreation (e.g., parks, recreation, fitness center, gyms, Public trails, bikeways)
6. Healthcare (e.g., clinic, hospital, and nursing home)
7. Education (e.g. schools and daycares)
8. Community services (e.g. library, daycare, community center, church)
9. Housing characteristics (e.g., age of houses, house vacancy, rental availability, housing)
10. Land use (e.g., residential zoning, non-residential zoning, land bank, vacant lots)
11. Transportation (e.g., sidewalk, trail, car ownership, bus routes, stops, other public transit)

Methods

The study is developed in three phases (Figure 1):

Phase 1: Acquiring and organizing secondary data. The geospatial data comes from various sources, for instance, Geographical boundary shapes and some demographics
In total, 80 base maps and 75 overlay maps were created. For KCK there are 26 overlay maps, and for the KCMO side, there are 49 overlay maps. These maps help to evaluate whether the distribution of current community amenities and housing resources are consistent with where potentially vulnerable population are, such as seniors, high rates of poverty, single moms, and families with kids.

For instance, the northwest corner of Douglass-Sumner and the south east corner of Downtown KCK have been identified as areas with high rate of low-income households and low availability of available rental units. When we overlay the population density with the concentration of houses that were built before 1939, it again showed the southeast corner of downtown KCK as a targeted area to improve. The third overlay maps showed that area has 45% of vacant housing, which demonstrated the mismatch between the types of houses that are available and the needs of the low-income population.

On the KCMO side, the center of Scarritt Renaissance was shown as an area with higher concentration of low income household and low availability of rentals. It has also high population density and relatively high percentage of houses that were built before 1939. The area on the west side and to the east side of Ivanhoe has demonstrated as area that has relatively high concentration of low income household and older structures, and the vacancy is low, which indicates the needs for additional housing. While the middle of the Blue Hills showed potential for adaptive reuse or renovations as there is a misfit between available houses and people with needs.

Detailed Community Development Asset Maps for the Blue Hills neighborhood can be found in Appendix D.
Kansas City LISC

Neighborhood Pride Evaluation

Project Synopsis

Prepared by Success Measures® at NeighborWorks® America

August 2017
INTRODUCTION

Over a period of time, Kansas City (KC) LISC has been investing in five communities with the goal of increasing neighborhood pride. In September 2016, KC LISC began working with Success Measures at NeighborWorks America, to help them and five of their community-based partners plan and implement an outcome evaluation on resident quality of life and community pride in these communities. Success Measures supported LISC and its partners to:

- Design the evaluation process, including selecting data collection tools;
- Create a data collection implementation plan;
- Provide technical assistance to implement the evaluation;
- Prepare baseline evaluation reports;
- Review the evaluation process and plan for next steps.

This report summarizes the planning, implementation, and findings of this evaluation project which ran from September 2016 through June 2017. More details about project activities and timeline can be found at the end of the report on page 11.

PLANNING

The evaluation effort began with an in-person planning session in Kansas City. Success Measures facilitated a conversation for LISC staff to articulate their definition of “neighborhood pride” and the indicators of pride. Sessions with staff from each of the five neighborhood groups were held so they could review and refine those indicators for their specific neighborhood.

The identified indicators of neighborhood pride among residents included the following:

- Satisfaction with the neighborhood;
- Willingness to recommend the neighborhood as a good place to live
- Feeling safe in the neighborhood;
- Strong sense of place, feeling connected to others in neighborhood, and counting on others for help;
- Participation in community initiatives, getting involved, having a voice;
- Positive perception of physical conditions in neighborhood, cleanliness, condition of streets and sidewalks, public spaces and the homes;
- Confidence that the neighborhood is improving
- Access to public services, businesses and services, cultural/art/music events, food choices

The next step was to identify questions from the Success Measures library to serve as a common set used across organizations to measure those indicators. (See the core survey questions starting on page 12.) In addition, each organization had the opportunity to add custom questions of special interest to their particular organization.
Representatives from each of the five neighborhood groups were interviewed to articulate their unique goals. In addition, each group defined the neighborhood boundaries where they would survey the residents and identified the necessary strategies and resources to administer the survey successfully.

LISC and its partners hoped that the baseline data would be used by the neighborhood organizations to build community support for next steps, identify potential areas of focus, develop partnerships and leverage the information to secure additional resources for program implementation. The expectation is that the resident survey will be repeated in three years and will reveal evidence of progress toward increasing neighborhood pride.

**METHODOLOGY**

The survey was conducted using a random sample of households in each neighborhood; sizes of the neighborhoods ranged from 250 to 3,500 households. Each group hoped to obtain a minimum of 200 completed surveys from selected residents. These factors would ensure that the results were representative of the entire neighborhood. (Using this approach the results would have a 90% confidence level (with 5% +/- interval) of being representative of the perceptions of the entire neighborhood.)

LISC staff secured lists of residential addresses for each neighborhood so that a random sample of addresses for each neighborhood’s data collection could be generated.

The groups employed multiple data collection strategies, including going door-to-door to administer the survey in person, sending the survey via email, mailing paper copies of the survey, inviting specific households to a convening to complete the survey, and connecting with selected residents at community events.

Staff received training and technical assistance to conduct the survey, including strategies for recruiting and training data collectors, publicizing the survey effort and steps for entering the responses into the Success Measures Data System (SMDS). The participating groups had access to all of the Success Measures resources available on the Evaluation Learning Center, a repository of evaluation materials, how-to’s and templates. In addition, identified leads from each community, as well as the LISC project manager, received ongoing technical assistance and support from Success Measures.

The original timeline, which had targeted December 2016 for data collected completion, was deemed too ambitious and was deferred to May 2017.

**IMPLEMENTATION**

Neighborhood groups found it very challenging to conduct the survey using a random sampling method and to obtain the required number of completed surveys.

Downtown Shareholders was able to implement the survey following the random sample. They obtained 95 responses. While that did not meet their goal, the information is useful and representative (at a 70% confidence level and a margin of error of +/- 5%).
Using a variety of methods to obtain responses, Blue Hills Community Services collected 179 survey responses and Ivanhoe Neighborhood Council collected 105 responses. Several of the groups created a hyperlink to the evaluation on SMDS which they posted on their website and/or Facebook page. Several used the email function on SMDS to send the survey to interested neighborhood residents. While the responses are not representative, the information provides both LISC and the organizations with useful information.

Mattie Rhodes Center and Douglas Sumner Neighborhood Association collected 21 and 20 responses respectively, making the information of limited value.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Household count</th>
<th>Number of surveys collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Hills Community Services</td>
<td>3093</td>
<td>179</td>
</tr>
<tr>
<td>Ivanhoe Neighborhood Council</td>
<td>2711</td>
<td>105</td>
</tr>
<tr>
<td>Downtown Shareholders</td>
<td>826</td>
<td>95</td>
</tr>
<tr>
<td>Mattie Rhodes Center</td>
<td>1758</td>
<td>21</td>
</tr>
<tr>
<td>Douglas Sumner Neighborhood Association</td>
<td>240</td>
<td>20</td>
</tr>
</tbody>
</table>

Conducting a sample was an ambitious undertaking given that none of the groups had prior experience doing this type of evaluation effort. Several of the organizations were in favor of the sample survey approach because they believed their strong connections to residents would make the survey effort less burdensome. However, groups underestimated the effort it would take and, in retrospect, believe it would have been better to select another strategy. It is also possible that not all groups were ready for this approach and that a tailored approach for each organization, rather than a common methodology for all five groups, might have been more successful.
FINDINGS

Three of the neighborhoods secured a sizable number of responses by June 1: Blue Hills, Ivanhoe and Downtown Shareholders. Although none of them secured sufficient number of responses for a 90% confidence level with a 5% margin of error, there is still much that can be observed in the data that indicate possible neighborhood direction on the question of pride and connectivity and can assist the organizations and KC LISC in considering future program actions.

The following are some of the key questions and findings with detailed data from this evaluation.

General Background and Neighborhood Satisfaction

How long have you lived in this neighborhood?

➢ All three neighborhoods saw a range of answers among respondents to the question of how long they have lived in the neighborhood.

<table>
<thead>
<tr>
<th></th>
<th>Blue Hills</th>
<th>Ivanhoe</th>
<th>Downtown Shareholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>11%</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>1-5 years</td>
<td>26%</td>
<td>18%</td>
<td>35%</td>
</tr>
<tr>
<td>6-10 years</td>
<td>11%</td>
<td>11%</td>
<td>26%</td>
</tr>
<tr>
<td>11-20 years</td>
<td>16%</td>
<td>11%</td>
<td>9%</td>
</tr>
<tr>
<td>21-30 years</td>
<td>10%</td>
<td>9%</td>
<td>1%</td>
</tr>
<tr>
<td>&gt;30 years</td>
<td>26%</td>
<td>40%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Overall, considering everything, how satisfied would you say you are living in this community?

➢ When asked about their level of satisfaction with the neighborhood, a majority of respondents indicated they are either “Satisfied” or “Very satisfied”. [Blue Hills=51%, Ivanhoe= 65%, Downtown Shareholders=54%]

<table>
<thead>
<tr>
<th></th>
<th>Blue Hills</th>
<th>Ivanhoe</th>
<th>Downtown Shareholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>23%</td>
<td>25%</td>
<td>19%</td>
</tr>
<tr>
<td>Satisfied</td>
<td>28%</td>
<td>40%</td>
<td>35%</td>
</tr>
<tr>
<td>Somewhat satisfied</td>
<td>31%</td>
<td>22%</td>
<td>21%</td>
</tr>
<tr>
<td>Somewhat dissatisfied</td>
<td>12%</td>
<td>7%</td>
<td>13%</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>3%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>3%</td>
<td>4%</td>
<td>9%</td>
</tr>
</tbody>
</table>
KC LISC believes that in a neighborhood exhibiting strong pride residents would rate as Good or Very Good the cleanliness, physical conditions, safety and friendliness.

How would you rate each of the following aspects of this neighborhood?

- Of the factors, friendliness received high ratings across the organizations.
- The physical conditions of the neighborhood generally received lower ratings than safety and friendliness. In Blue Hills and Ivanhoe physical conditions and cleanliness received relatively low ratings. Respondents from Downtown Shareholders rated the physical conditions slightly higher.

<table>
<thead>
<tr>
<th>% indicates those responding “Good” and “Very good”</th>
<th>Blue Hills</th>
<th>Ivanhoe</th>
<th>Downtown Shareholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanliness of the neighborhood</td>
<td>31%</td>
<td>42%</td>
<td>42%</td>
</tr>
<tr>
<td>Physical conditions of the houses</td>
<td>28%</td>
<td>29%</td>
<td>43%</td>
</tr>
<tr>
<td>Physical condition of the streets, sidewalks and public spaces</td>
<td>30%</td>
<td>36%</td>
<td>38%</td>
</tr>
<tr>
<td>Safety in the neighborhood</td>
<td>40%</td>
<td>55%</td>
<td>41%</td>
</tr>
<tr>
<td>Friendliness of their neighborhoods</td>
<td>63%</td>
<td>78%</td>
<td>48%</td>
</tr>
</tbody>
</table>

How likely are you to recommend this community to someone else as a good place to live?

- In all three neighborhoods, most respondents indicated either “Definitely would recommend” or “Probably would recommend” their neighborhood as a good place to live. [Blue Hills=70%, Ivanhoe=81%, Downtown Shareholders=75%]

<table>
<thead>
<tr>
<th>Definitely would recommend</th>
<th>Blue Hills</th>
<th>Ivanhoe</th>
<th>Downtown Shareholders</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>28%</td>
<td>29%</td>
<td>27%</td>
</tr>
<tr>
<td>Probably would recommend</td>
<td>42%</td>
<td>52%</td>
<td>48%</td>
</tr>
<tr>
<td>Probably would not recommend</td>
<td>23%</td>
<td>11%</td>
<td>16%</td>
</tr>
<tr>
<td>Definitely would not recommend</td>
<td>6%</td>
<td>8%</td>
<td>10%</td>
</tr>
</tbody>
</table>

If you had the choice, would you continue to live in this neighborhood?

- In all three neighborhoods the vast majority of respondent indicated that they would continue to live in the neighborhood if they had a choice.

| Yes                                                   | Blue Hills | Ivanhoe | Downtown Shareholders |
|                                                      | 69%        | 84%     | 68%                   |
| No                                                    | 31%        | 16%     | 32%                   |
**Sense of Safety**

How safe would you say you feel in each of the following places?

- In all three of the neighborhoods the majority of respondents reported feeling “Very safe” or “Safe” during the day; the percentage of residents feeling safe walking in their neighborhood at night was much lower.

<table>
<thead>
<tr>
<th>% indicates those responding “Very safe” and “Safe”</th>
<th>Blue Hills</th>
<th>Ivanhoe</th>
<th>Downtown Shareholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking in neighborhood during day</td>
<td>67%</td>
<td>76%</td>
<td>74%</td>
</tr>
<tr>
<td>Walking in neighborhood at night</td>
<td>21%</td>
<td>43%</td>
<td>35%</td>
</tr>
</tbody>
</table>

**Connection Among Neighbors and Resident Engagement**

Another indicator identified by KC LISC for neighborhood pride are strong connections among residents. The survey included questions asking residents whether they feel connected with the neighborhood, whether they believe that residents can count on each other when they need help, and whether they are willing to become involved in the neighborhood working with others. Another question identified five situations and asked residents how likely it would be that others would help in each of the situations.

How likely would you say it is that people in your community would help out if the following occurred?

- The results from this question suggest that neighbors in Blue Hills and Ivanhoe can count on one another. It is noteworthy that more than 50% of Ivanhoe respondents selected “Very likely” in all five situations.

<table>
<thead>
<tr>
<th>% indicates those responding “Very likely”</th>
<th>Blue Hills</th>
<th>Ivanhoe</th>
<th>Downtown Shareholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>You needed a ride somewhere</td>
<td>32%</td>
<td>52%</td>
<td>11%</td>
</tr>
<tr>
<td>You needed a favor, such as picking up mail</td>
<td>41%</td>
<td>61%</td>
<td>14%</td>
</tr>
<tr>
<td>You needed someone to watch your house when you were away</td>
<td>47%</td>
<td>65%</td>
<td>20%</td>
</tr>
<tr>
<td>An elderly neighbor needed someone to periodically check on him or her</td>
<td>42%</td>
<td>68%</td>
<td>36%</td>
</tr>
<tr>
<td>A neighbor needed someone to take care of a child</td>
<td>30%</td>
<td>53%</td>
<td>20%</td>
</tr>
</tbody>
</table>
Right now, how willing are you to become involved in your neighborhood by working with others to make things happen?

- In each organization the majority (59% - 66%) of respondents indicated that they were either “Very willing” or “Willing” to work with others to make things happen.

<table>
<thead>
<tr>
<th></th>
<th>Blue Hills</th>
<th>Ivanhoe</th>
<th>Downtown Shareholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very willing</td>
<td>25%</td>
<td>23%</td>
<td>32%</td>
</tr>
<tr>
<td>Willing</td>
<td>37%</td>
<td>43%</td>
<td>27%</td>
</tr>
<tr>
<td>Somewhat willing</td>
<td>29%</td>
<td>27%</td>
<td>21%</td>
</tr>
<tr>
<td>Not that willing</td>
<td>9%</td>
<td>7%</td>
<td>20%</td>
</tr>
</tbody>
</table>

How much of a positive difference do you feel that you, yourself, can make in your community?

- Across the organizations respondents reported that they could have a positive different in their community.

<table>
<thead>
<tr>
<th></th>
<th>Blue Hills</th>
<th>Ivanhoe</th>
<th>Downtown Shareholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>A great deal</td>
<td>25%</td>
<td>34%</td>
<td>37%</td>
</tr>
<tr>
<td>A fair amount</td>
<td>42%</td>
<td>38%</td>
<td>27%</td>
</tr>
<tr>
<td>Some</td>
<td>26%</td>
<td>23%</td>
<td>18%</td>
</tr>
<tr>
<td>A little or none</td>
<td>8%</td>
<td>5%</td>
<td>18%</td>
</tr>
</tbody>
</table>

How connected would you say you feel in this neighborhood?

- Across the organizations, most respondents indicated they felt connected to their neighborhood. 44% of respondents in Blue Hills, 68% of respondents in Ivanhoe and 53% of respondents in Downtown Shareholders indicated they feel “Very Connected” or “Connected”.
- 50% of Ivanhoe respondents reported they feel “Very connected”.

<table>
<thead>
<tr>
<th></th>
<th>Blue Hills</th>
<th>Ivanhoe</th>
<th>Downtown Shareholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very connected</td>
<td>21%</td>
<td>50%</td>
<td>26%</td>
</tr>
<tr>
<td>Connected</td>
<td>23%</td>
<td>18%</td>
<td>27%</td>
</tr>
<tr>
<td>Somewhat connected</td>
<td>34%</td>
<td>21%</td>
<td>23%</td>
</tr>
<tr>
<td>Not very connected</td>
<td>14%</td>
<td>6%</td>
<td>15%</td>
</tr>
<tr>
<td>Not at all connected</td>
<td>7%</td>
<td>5%</td>
<td>10%</td>
</tr>
</tbody>
</table>
Overall, considering everything, how much do you feel that people in your neighborhood can count on each other when they need help?

- People in these neighborhoods reported they could count on each other for help.
- 56% of respondents from Blue Hills, 78% of respondents from Ivanhoe and 48% of respondents from Downtown Shareholders indicated they could count on each other “A great deal” or “A fair amount”.
- 39% of respondents in Ivanhoe indicated that people could count on their neighbors “A great deal”.

<table>
<thead>
<tr>
<th></th>
<th>Blue Hills</th>
<th>Ivanhoe</th>
<th>Downtown Shareholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>A great deal</td>
<td>21%</td>
<td>39%</td>
<td>19%</td>
</tr>
<tr>
<td>A fair amount</td>
<td>35%</td>
<td>39%</td>
<td>29%</td>
</tr>
<tr>
<td>A little</td>
<td>33%</td>
<td>15%</td>
<td>34%</td>
</tr>
<tr>
<td>Not at all</td>
<td>11%</td>
<td>8%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Perception of Neighborhood Change

Compared to three years ago, how would you say your community has changed overall?

- 40% of respondents in Blue Hills, 56% of respondents in Ivanhoe and 46% of respondents in Downtown Shareholders reported that their neighborhood had “Improved a lot” or “Improved some” in the past three years. Across the three neighborhoods, 30-39% of respondents indicated “Stayed about the same”.

<table>
<thead>
<tr>
<th></th>
<th>Blue Hills</th>
<th>Ivanhoe</th>
<th>Downtown Shareholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved a lot</td>
<td>11%</td>
<td>22%</td>
<td>11%</td>
</tr>
<tr>
<td>Improved some</td>
<td>29%</td>
<td>34%</td>
<td>35%</td>
</tr>
<tr>
<td>Stayed about the same</td>
<td>39%</td>
<td>30%</td>
<td>32%</td>
</tr>
<tr>
<td>Declined some</td>
<td>10%</td>
<td>8%</td>
<td>13%</td>
</tr>
<tr>
<td>Declined a lot</td>
<td>11%</td>
<td>7%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Thinking about the next three years, how would you say your community is likely to change?

- In all three neighborhoods a high percentage of residents expressed confidence that the neighborhood would improve in the next three years.
- 62% of respondents in Blue Hills, 68% of Ivanhoe and 59% of Downtown Shareholders indicated they thought the community would “Improve a lot” or “Improve some”.

<table>
<thead>
<tr>
<th></th>
<th>Blue Hills</th>
<th>Ivanhoe</th>
<th>Downtown Shareholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve a lot</td>
<td>16%</td>
<td>29%</td>
<td>13%</td>
</tr>
<tr>
<td>Improve some</td>
<td>46%</td>
<td>39%</td>
<td>46%</td>
</tr>
</tbody>
</table>
CONCLUSION

Kansas City LISC and their partners decided to implement a community survey, which was an ambitious undertaking. A great deal of effort went into the evaluation, which proved more challenging than anticipated. However, after reviewing their individual results at the conclusion of the process, staff from Blue Hills Community Services, Ivanhoe Neighborhood Council and Downtown Shareholders believed that the survey had provided them with useful information about the current level of neighborhood pride and engagement.

Discussions took place with the groups and with LISC program staff about how the organizations can share their results during neighborhood meetings to see if other residents who did not respond to the survey have similar perceptions. By sharing the results of this data collection with their neighborhood, listening further, and showing residents that the organization respects the input of all residents, future data collection will likely be more successful and easier to implement with a broader participation rate across all populations in the neighborhood.

The survey results, while not representative, provide insight into the perceptions of many people in the three neighborhoods. The results suggest that there is a lot to build on in each community.

Although the findings are not representative of the neighborhoods, it is encouraging to know that so many people feel connected to their neighbors, feel that their community has improved and expressed confidence that it will improve in the future. A majority of respondents in each community expressed a willingness to work with other in the community. People generally feel their neighbors are friendly. The vast majority of respondents indicated they would continue to live in their neighborhood if they have the choice. These and others are all aspects of community pride.

The information collected through this evaluation can be built upon through further outreach and conversation to neighborhood residents. The results can be helpful as a starting point for building programs and strategies to strengthen the neighborhoods. The hope is that the organizations will use the results in program planning and find ways to gather more resident input and engage in further conversation.

<table>
<thead>
<tr>
<th></th>
<th>Stay about the same</th>
<th>Decline some</th>
<th>Decline a lot</th>
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<tr>
<td></td>
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</tbody>
</table>
Resident Pride, Social Capital, and Community Health:

An analysis and findings by the Kansas City, Missouri, Health Department

The following is a letter from Dr. Sarah Martin, Deputy Director at the Kansas City, Missouri, Health Department:

The Kansas City, Missouri Health Department is committed to redefining the city’s definition of health — the majority of what predicts a person’s length and quality of life is not found in a doctor’s exam room or in our DNA. The most powerful predictor of how long someone will live, and what that life will be like, is where they live.

Neighborhoods are shaped by economic and political forces. As a government agency, the Health Department recognizes that it is our responsibility to understand the consequences of both our historical policies and the decades of failure to reverse those policies. This is why our organization believes that measurement of neighborhood level indicators of well-being is critical to defining success.

The city is focusing on the measurement of Social Capital — the foundational aspects that build a community. Social Capital is the glue that holds neighbors together — it is a function of trust, civic participation, and fellowship. A healthy community is one that is connected, where people look out for each other. A healthy community is also cohesive, a place where residents see themselves as a part of something bigger than just their household; it is a feeling of a powerful identification with the neighborhood.

Partnering with LISC and the Dotte Agency, the Health Department analyzed measures of Social Capital and feelings of safety to identify neighborhood-level predictors of cohesiveness and connectedness in multiple neighborhoods on both sides of the state line. We used straightforward multivariate regression techniques to assess the statistical significance of neighborhood services and amenities, as well as respondent demographics, in predicting our outcomes. We only present findings with low odds of being a random relationship — any association with a greater than 5% probability of being due to chance is not included here.

We present the findings for three neighborhoods below: Blue Hills (KCMO), Ivanhoe (KCMO) and Downtown Shareholders (KCK). The findings are a reminder that the way we develop our cities has significant influence on the wellness of our residents.

What predicts overall levels of satisfaction with a neighborhood?

We explored what neighborhood and individual level characteristics related to a respondents general satisfaction with where they live, focusing on potential determinants with implications for public policy. With so much of our public conversation centering on the benefits of home ownership, interestingly enough renters and homeowners expressed similar patterns of satisfaction.
For all types of residents in Ivanhoe, for instance, cleanliness; affordability; parks; grocery shopping and appropriateness for senior citizens were all significant, positive predictors of satisfaction. All of these predictors are in part a function of government policies relating to blight, housing, infrastructure, density and budgeting. We must ask ourselves as policymakers: are our budget priorities reflective of what actually satisfies our residents and improves their quality of life?

In Blue Hills, we found that the most positive predictor of overall satisfaction was a respondents perception of neighbor friendliness. While government intervention on friendliness might seem strange, it does present a policy opportunity to create more spaces for interaction, support community building and ensure that our community anchors (such as playgrounds, community centers, pools and gardens) are safe, clean places to be.

In Downtown KCK, it was more difficult to tease out consistent patterns of attitudes. As in the other neighborhoods, satisfaction and feelings of safety, cohesion and connectedness were positively correlated. However, neighborhood amenities and perceptions of quality services were not predictive of satisfaction among the respondents — the responses from this group were highly variable, and priorities were not consistent. This illuminates the challenge of governing diverse, integrated communities.

**What predicts feelings of safety in a neighborhood?**

Feelings of safety are a crucial component of a healthy life; chronic stress and anxiety weakens immune responses and increases the risk of poor mental health. Children who don’t feel safe have a hard time getting enough sleep and concentrating in the classroom. The health and social implications for neighborhoods experiencing high levels of trauma should drive our policy choices and programmatic goals. The last year in the Kansas City region was a troubling one — in KCMO we experienced one of the most violent years on record. Intimate partner violence and assaults due to arguments are on the rise on both sides of the state line. Across all neighborhoods, female respondents were much less likely to feel safe than male respondents, regardless of age. That safety and gender connection was amplified if the respondent had children in the household.

There were many positive predictors of safety across all three neighborhoods that can inform policy and budgeting priorities. In KCK, the higher a respondent rated the quality of emergency services (the Fire Department and Ambulance), the safer they felt. While this aligns with standard budgeting prioritization of public safety, what is most interesting is that satisfaction with the quality of parks, playgrounds, community centers and restaurants was equally predictive of feelings of safety. This finding should urge policy makers to consider the emphasis on “public safety” more holistically.

While satisfaction with emergency services did not significantly predict feelings of safety in Blue Hills and Ivanhoe, there were findings that should be of interest to local policy makers. Once again, perception of friendliness mattered to respondents in both neighborhoods, as did the perception that the neighborhood was a “good value for the price”. In addition, street cleanliness and quality; satisfaction with parks and playgrounds and access to high quality child care were also positively correlated with the likelihood of feeling safe. This underscores the importance — as we saw with the KCK results — of expanding our conventional definition of public safety to include the neighborhood qualities that enhance a community.

**What are the determinants of cohesion and connectedness?**

Across our neighborhoods, the idea of cohesion (seeing oneself as part of a larger community identity) was more predictive of feelings of satisfaction and safety than the idea of connectedness (seeing oneself as a part of a network of neighbors). In addition to the recurring themes in the rest of the analysis — satisfaction with parks, neighborhood cleanliness and neighbor friendliness — a powerful concept emerges when focusing on Social Capital: agency. Agency is defined in this analysis as the perception that if something is wrong in a neighborhood, the community will come together to try and fix it. The concept of agency was not predictive of the other outcomes, but was significantly positively associated with both connection and cohesion in Blue Hills and Ivanhoe. This connection stresses the importance of civic engagement in assessing community health. When neighbors work together to affect change in their communities, it not only leads to improvements in that community, it can lead to actual improved health for the residents who participate. Research shows a strong
biological connection between participation in civic or faith based groups and improved mental and physical health. Cities and other organizations need to prioritize meaningful, innovative community engagement.

Cities can also improve Social Capital by providing spaces for communities to connect. In Downtown KCK, respondents overwhelmingly expressed that access to something as simple as a coffee shop or lunch restaurant improved feelings of cohesion. This is a striking lesson for those with influence on development decisions. Even small changes to a neighborhood through the incentivizing of certain businesses can have meaningful effects on Social Capital.

Conclusion

Determinants of why people choose to stay or leave a neighborhood, and what they do for that neighborhood while they live in it, are complicated. And yet, there are clear patterns across these three neighborhoods that show:

**People care about community spaces:** Parks, playgrounds, community centers, restaurants and coffee shops. Neighborhoods can not feel integrated without welcoming, safe places to connect.

**Looks do matter.** Cleanliness, sanitation and infrastructure repair is connected to overall feelings of safety, connection and satisfaction. Healthy, peaceful neighborhoods begin with attention to environmental design, public works and code enforcement. Recent research from the Health Department shows that neighborhoods in KCMO with high Social Capital have fewer code enforcement complaints, even when controlling for median income or age of housing stock.

**Engagement needs to evolve:** The traditional models of community engagement are being replaced with innovative ways of meeting neighborhoods where they are at. When neighborhoods have agency and residents feel as if their time and energy spent on civic participation matters, the payoff in terms of Social Capital can be huge.

The Health Department is proud to partner with government agencies, non-profit organizations, the business community and foundations across the region to shift the public narrative around health. This short analysis provides a window into what is possible when we collectively define health in broader terms. We look forward to expanding on this research and working alongside our local elected officials to implement a policy platform focused on increasing Social Capital and feelings of safety while contributing to neighborhood stability.

Dr. Sarah Martin, *Deputy Director at the Kansas City, Missouri, Health Department*
LISC Neighborhood Audit

### Residential Land Use

1. Subjective Assessment: Is the street walkable?
   - [ ] Strongly Agree
   - [ ] Agree
   - [ ] Disagree
   - [ ] Strongly Disagree

2. Number of residential units per block? ______

3. Types of residential housing?
   - [ ] Single family
   - [ ] Multi-family
   - [ ] Mobile homes
   - [ ] HUD
   - [ ] New-renovation

4. Overall condition of most residential units?
   - [ ] Excellent
   - [ ] Good
   - [ ] Fair
   - [ ] Poor / Deteriorated
   - [ ] Cannot see

5. Type of most front yards?
   - [ ] None
   - [ ] Traditional lawn
   - [ ] Landscaped
   - [ ] Heavily wooded
   - [ ] Mixed

6. Presence of porches?
   - [ ] None
   - [ ] Less than half
   - [ ] Half
   - [ ] More than half

7. Presence of borders? (Fences, shrubs, etc.)
   - [ ] None
   - [ ] Less than half
   - [ ] Half
   - [ ] More than half

8. Presence of visible security warning signs?
   - [ ] None
   - [ ] Less than half
   - [ ] Half
   - [ ] More than half

9. Any boarded up, burned, or abandoned residential units?
   - [ ] Yes
   - [ ] No

### Public, Residential, Non-Residential Spaces | Aesthetics

10. Presence of land is vacant or underdeveloped?
    - [ ] None
    - [ ] Less than half
    - [ ] Half
    - [ ] More than half

11. Overall condition of land is vacant or underdeveloped?
    - [ ] Excellent
    - [ ] Good
    - [ ] Fair
    - [ ] Poor / Deteriorated
    - [ ] Cannot see

### Public, Residential, Non-Residential Spaces | Aesthetics Cont.

12. General condition of public spaces
    - [ ] Excellent
    - [ ] Good
    - [ ] Fair
    - [ ] Poor / Deteriorated
    - [ ] Mixed

13. Visible people
    - [ ] None
    - [ ] Children
    - [ ] Youth
    - [ ] Adults

14. People are physically active?
    - [ ] No
    - [ ] Yes, children
    - [ ] Yes, youth
    - [ ] Yes, adults

15. Public neighborhood park or playground in segment?
    - [ ] No
    - [ ] Yes, park
    - [ ] Yes, playground
    - [ ] Yes, church park and/or playground

16. Overall condition of park and/or playground
    - [ ] Excellent
    - [ ] Good
    - [ ] Fair
    - [ ] Poor / Deteriorated
    - [ ] Mixed

17. Visible Dogs
    - [ ] No
    - [ ] Yes, dog is leashed
    - [ ] Yes, dog is out loose

18. Litter | Amount
    - [ ] None
    - [ ] Little amount
    - [ ] Moderate amount
    - [ ] Considerable amount

19. Litter | Type
    - [ ] Non-alcoholic cans
    - [ ] Alcoholic cans
    - [ ] Large items | tires, furniture, appliances

20. Graffiti | Amount
    - [ ] None
    - [ ] Little amount
    - [ ] Moderate amount
    - [ ] Considerable amount

### Transit | Walking and Bicycling Amenities

21. Presence of sidewalk
    - [ ] None
    - [ ] One | entire street
    - [ ] One | partial street
    - [ ] Both | entire street
    - [ ] Both | entire street

22. Presence of sidewalk buffer
    - [ ] None
    - [ ] Within 2' of street
    - [ ] Between 2'-6' of street
    - [ ] Greater than 6' of
### LISC Neighborhood Audit

#### Transit | Walking and Bicycling Amenities Cont.

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating Options</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Sidewalk condition</td>
<td>☐ Excellent ☐ Good ☐ Fair ☐ Poor / Deteriorated ☐ Dangerous</td>
<td></td>
</tr>
<tr>
<td>24. Trees shading walking area</td>
<td>☐ No trees ☐ Some trees ☐ Continuous trees</td>
<td></td>
</tr>
<tr>
<td>25. Public Lighting</td>
<td>☐ None ☐ Road oriented ☐ Pedestrian oriented ☐ Pedestrian and road oriented</td>
<td></td>
</tr>
<tr>
<td>Playground</td>
<td>☐ None ☐ Yes ☐ Soft surface ☐ Yes ☐ Hard surface ☐ Yes ☐ Hard surface bike lane</td>
<td></td>
</tr>
<tr>
<td>26. Speed Limit</td>
<td>☐ None ☐ Less than half ☐ Half ☐ More than half</td>
<td></td>
</tr>
<tr>
<td>27. Presence of a shoulder or bike lane</td>
<td>☐ No ☐ Yes ☐ Soft surface ☐ Yes ☐ Hard surface ☐ Yes ☐ Hard surface bike lane</td>
<td></td>
</tr>
<tr>
<td>28. On-street parking</td>
<td>☐ None ☐ Allowed ☐ Restricted ☐ Allowed ☐ No restrictions</td>
<td></td>
</tr>
<tr>
<td>29. All doorways that open to outside are well lit</td>
<td>☐ None ☐ Less than half ☐ Half ☐ More than half</td>
<td></td>
</tr>
<tr>
<td>30. Front doors are visible from the street</td>
<td>☐ None ☐ Less than half ☐ Half ☐ More than half</td>
<td></td>
</tr>
<tr>
<td>31. Landscaping creates blind spots or hiding spots</td>
<td>☐ None ☐ Less than half ☐ Half ☐ More than half</td>
<td></td>
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</tbody>
</table>

#### Safety | Territorial Reinforcement

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating Options</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>32. Property lines are defined with plantings, fences, short walls</td>
<td>☐ None ☐ Less than half ☐ Half ☐ More than half</td>
<td></td>
</tr>
<tr>
<td>33. Property encourages interaction with low fences, bushes, landscaping</td>
<td>☐ None ☐ Less than half ☐ Half ☐ More than half</td>
<td></td>
</tr>
<tr>
<td>34. Street address is visible from street with numbers (5&quot; High, Min.)</td>
<td>☐ None ☐ Less than half ☐ Half ☐ More than half</td>
<td></td>
</tr>
</tbody>
</table>

#### Safety | Maintenance and Greenspace

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating Options</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>35. Structures painted and in condition of good repair</td>
<td>☐ None ☐ Less than half ☐ Half ☐ More than half</td>
<td></td>
</tr>
<tr>
<td>36. Weeds abate, trim bushes to 36&quot; high and trees up 7' above ground</td>
<td>☐ None ☐ Less than half ☐ Half ☐ More than half</td>
<td></td>
</tr>
<tr>
<td>37. Old automobiles, boats, trailers, and other vehicles in the front yard</td>
<td>☐ None ☐ Less than half ☐ Half ☐ More than half</td>
<td></td>
</tr>
<tr>
<td>38. Landscaping maintained in good condition</td>
<td>☐ None ☐ Less than half ☐ Half ☐ More than half</td>
<td></td>
</tr>
</tbody>
</table>

#### General Notes:

- Notes:
- Notes:
Neighborhood Maps

**RIGHT:** Each neighborhood will receive laminated copies of a Large Neighborhood Map, that are approximately 4’ wide by 5’ to 6’ long.

Each Large Neighborhood Map was stitched together using Google Earth images that present the neighborhood in high-resolution.

Notes that are added came from Blue Hills residents during the Spatial Mapping exercise done by Dotte Agency in the Community Engagement process.

The maps are laminated, and are intended to be living tools that neighborhood leaders and community organizers can use together to highlight areas of opportunity and investment.
Appendix D: Community Development Asset Maps

Church Density x Kids

KCMO Church
TYPE
- ▲ Church
- ▲ Historic Church

KCMOChurch
Density
- 0 - 15
- 16 - 31
- 32 - 46
- 47 - 61
- 62 - 77

KCMO_Demo_Kid02
Kid_Pop
- 24 - 88
- 89 - 157
- 158 - 226
- 227 - 352
- 353 - 485
Appendix D: Community Development Asset Maps

Church Density x Seniors x Poverty

KCMOChurch Density
0 - 15
16 - 31
32 - 46
47 - 61
62 - 77

Senior over65
8 - 42
43 - 80
81 - 116
117 - 166
167 - 267

KCMO_Poverty_65+
1 Dot = 0.08
B17017e8
Families x Recreation
Kids x Recreation

[Map of Kids x Recreation]
Appendix D: Community Development Asset Maps

Single Mothers x Retail

- **KCMO Shopping**
- **KCMO Grocery**

**KCMO_Single_Mothers**

**Number**
- 0 - 30
- 31 - 71
- 72 - 125
- 126 - 225
- 226 - 387

Miles
Single Mothers x Healthcare

Explanation text here.
2-3 sentences.
Appendix D: Community Development Asset Maps

Families x Schools

KCMO_School

TYPE
- Elementary School
- Middle School
- High School
- Parochial School
- College
- KCMO Daycare
- KCMO Community Center
- KCMO Library

KCMO_FamilywithChildren

Married Couple with Kids
- 9 - 60
- 61 - 117
- 118 - 181
- 182 - 263
- 264 - 423

Miles
0 0.150.3 0.6 0.9 1.2
Rental Units x Seniors in Poverty
Age of Homes x Seniors in Poverty

KCPO_Poverty_Household 65+
- 1 Dot = 0.1
- Poverty_65+_Past12M

KCPO_Demo_Low_income_Hous
- 1 Dot = 0.01
- Percent

MediumYearStructureBuilt
- 1939 - 1942
- 1943 - 1949
- 1950 - 1956
- 1957 - 1966
- 1967 - 1990
To download the report, please visit: