



## Service Area:



Egleston & Jackson Squares

 Urban Edge housing supports provide service to residents in over 1,320 units of UE housing

# Target Population:



Low to moderate income renters (new and existing)
Primarily black and/or latino
Age varies from young adult to elders

## Programs:



Benefit Screening; Resident Resources; Financial Capability; Free Tax Prep; SummerWorks; Matched Savings; Pre-K Readiness



# **Project Background**

- Starting October 2017 to September 2018, Urban Edge will administer Health Impact Questionnaires (HIQs) to Urban Edge residents who are patients and then 6 and 12 month HIQs to measure impact.
- UE Community Engagement staff will also be trained to better address Social Determinants of Health while looking for signs of health issues (mental health, hypertension, Substance Abuse Disorder) when serving UE families

# Housing Supports:



Basic Needs; Family Crisis; Hoarding; Property Management Issues; Youth Resources; Substance Abuse; Financial Capability; Education/Employment Utility Arrearage; Rental Arrearage

# E D G E



# **Aims & Target Population**

Aim: To increase Urban Edge residents' access to physical and mental health care services and resources

## **Target Population**

- Low to moderate income renters
- Black and/or Latino/a
- 20s-elderly
- Egleston & Jackson Square neighborhood

## **Examples of Stressors**

- Self reported (trouble feeding family, affording housing, paying for medication, etc.)
- Clinical (PTSD, substance abuse, depression, etc)

# **Key Activities & Outcomes**

# **Activity**

Hold 1-on-1 housing support meetings with residents

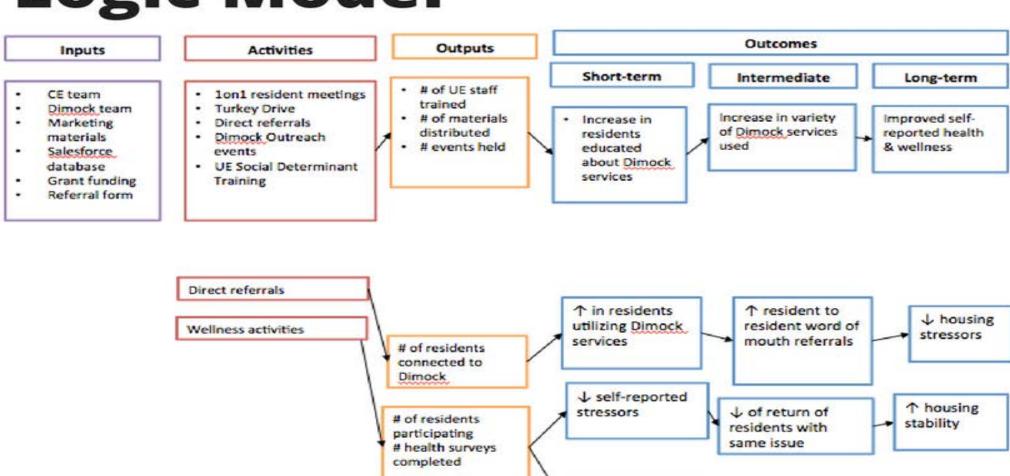
## **Short-Term Outcome**

Increase in number of Residents with knowledge of Dimock health service

## **Long-Term Outcome**

Improved self-reported health & wellness of Urban Edge residents

# **Logic Model**



↑ wellness

knowledge

↑ physical

activities

个 self-

reported health & wellness

# Initiative - Resident Housing Support

# Health Equity Framework

UE Community Engagement team will be trained by Dimock on identifying social determinants of health.



image: Region 2 Public Health Training Center

# Key Strategies Short & Long Term Action Steps

### **Initiative**

1. Hold housing support meetings with residents in order to fulfill goal of addressing health needs of residents

## **Key Strategies**

Educate & Communicate

Participant Involvement

Faclitate & Support

### **Action Steps**

### Short Term:

- Design referral forms for Community Engagement team
- 2. Educate residents about services offered at Dimock
- 3. Identify residents in need of health related services & make referrals Long Term:
- Conduct six month follow up health impact survey
- 2. Identify health resources to share with residens
- 3. Review & Evaluate health impact data

U R B A N

# E D G

# Conclusion

Ultimately, the data collected from residents at initial meetings, six month & twelve month follow ups will inform our work as we continue to measure the impact our housing supports have on the health outcomes of our residents.

Through outcome evaluation we will assess our program or effectiveness to determine if we are meeting our goals.

Best Lesson Learned: Ways to include more Community Based Research in to current project and upcoming project

Most Enjoyed: Conversations & Feedback

# Thank you