Criteria for Area of Focus / Neighborhood Selection

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The purpose of these criteria is to provide an objective set of indicators to inform the selection of specific neighborhoods in each of the five AHEAD pilot site regions.

Selected neighborhoods will have a set of qualities which makes them appropriate for the alignment of programs, services, interventions, and investments contemplated by AHEAD. The scale of some activities may, however, transcend immediate neighborhood boundaries. Our technical assistance team will work with each site to review options and support the collection of local data, with the understanding that the final decision will be made by local stakeholders.

The criteria support a **two stage process** for selection. The first stage involves the identification of larger **areas of focus** within MSAs where health-related needs are concentrated and development-related opportunities are present. The first **six criteria** (1-6) inform the selection of those **areas of focus**, and the **second five criteria** (7-11) support the selection of **specific neighborhoods**.

Criterion #1

C1: Geographic boundaries that are recognizable and used by at least one governmental agency and a majority of residents.

An overriding determinant is the identification of recognized units for analysis where there is a sense of shared purpose and identity, and ones that are supported by at least one form of governmental jurisdiction.

Criterion #2

C2: Census tracts that meet minimum thresholds on key proxies for measurement of health inequities

Key proxies include percentage of population under the Federal Poverty Level and High School Non-Completion rate, and the thresholds for both are a minimum of 35%. Both are identified with use of the Vulnerable Populations Footprint tool at www.CHNA.org on the Community Commons. In many MSAs there are clusters of census tracts where these thresholds are met and serve as prospective areas of focus for selection. It is also

important to note that optimal opportunities for development may not necessarily lie within these specific census tracts, but those that are adjacent.

Criterion #3

C3: Evidence of existing transit access or opportunity (e.g., site identification, prior analysis, early planning) for transit-oriented development.

For people who are of more modest means with limited access to automobiles, residence in an area served by public transportation operating on a regular schedule is an asset that increases the ability of those residents to access work, services and amenities. Therefore, preference will be given to the areas where there is evidence that the area is well served by public transportation. Preference could also be given if there is an existing plan (including upgrade timetable and dedicated resources) to enhance existing public transit access.

Criterion #4

C4: Availability of properly zoned land for development purposes.

Preference will be given to areas where there is land that is amenable to near term development or redevelopment purposes, as well as local organizational infrastructure (CDCs, developers) to support local planning processes.

Criterion #5

C5: Preventable ED/inpatient utilization rates that are twice as high as a citywide average.

These metrics serve as an important validation of investments by hospitals and other health care provider organizations. The intent is to select areas where there is potential to reduce re-admissions and avoid CMS penalties and/or reduce charity care costs for those who are still uninsured, and to reduce utilization rates in risk-based contracting by addressing the social determinants of health. Data may only be available (and GIS coded) at the zip code level, and serve as an overlay for clusters of census tracts and development.

Criterion #6

C6: School district catchment area/s where 80% or more students receive Federal reduced cost or free meals.

This metric reinforces other proxy metrics for health inequities and helps to identify and engage schools whose catchment areas may transcend a selected neighborhood.

Stage two involves the selection of **specific neighborhoods** where AHEAD health and development activities will focus. As stated previously, programs, services, interventions, and investments may transcend these immediate neighborhoods, but they will remain the central focus, both in terms of activities and neighborhood stakeholder **engagement**. Criteria 7 – 11 support the selection at this level.

Criterion #7

C7: Community organizing/engagement resources that can meaningfully inform, engage, and bring together significant numbers of neighborhood residents

Resident understanding and ownership of the improvements in health and desired community development are essential to ensure that objectives are accepted, supported, and sustained over time by those most affected by them. It also provides information that could be helpful in identifying partners in new neighborhood initiatives and assessing new ideas for neighborhood social service and health improvements. These could be formal groups such as neighborhood associations or established coalitions with substantial involvement of local residents.

Criterion #8

C8: Evidence of neighborhood leadership that has the trust and respect of a diversity of area residents.

This is a later stage selection criterion (i.e., when options have been narrowed to 2 or 3) and will involve some outreach and interviewing of a sample of key stakeholders identified through different sources. The assumption is that our regional intermediaries can help identify and together we interview individuals with a focus on credibility with neighborhood residents. The AHEAD team will develop a set of questions and work with sites to conduct these interviews.

Criterion #9

C9: Evidence of inclusive partnerships that engage/empower neighborhood residents in initiatives that improved the quality of neighborhood life and also engaged some residents and providers beyond the immediate neighborhood

The proposition is that these partnerships have created a knowledge base for and credible track record of producing desired results in neighborhood improvement. In addition, if people and organizations outside the neighborhood have proven to be reliable, respectful, and valuable allies in change initiatives, they may be in a position to bring important resources to “tables set by neighborhoods.”

Criterion #10

C10: Evidence of local capacity and interest in assessing resources and assets at the neighborhood level.[1]

A minimum expectation is that key community-based organizations in the area with whom we may partner understand and support this concept. A higher level of achievement would be reflected if there is evidence that some forms of assets assessment have been completed and are supported by community residents. Examples could include, but are not limited to measurements of informal support systems (neighborhood watch, etc.), identification of vacant lots that could be focal point for development, graffiti removal campaigns, etc.

Criterion #11

C11: Existing project activities at the neighborhood level that offer a jump start for the development of a convergence strategy and would not otherwise discourage the engagement of other key stakeholders.

This last criterion builds on our core theme to explore ways in which we can build on what's already going on that is relevant, including alignment with existing health, social service, community organizing, arts and cultural initiatives. At the same time, there may be some cases where the scale of existing activities or stakeholders may discourage the entry of others into a convergence strategy, or the approach may in general limit the scope of intended stakeholders.

[1] As defined by Jody Kretzmann and John McKnight at the Assets-Based Community Development Institute (http://www.abcdinstitute.org/abcd09/)