



CENTER FOR
PUBLIC DELIBERATION
COLORADO STATE UNIVERSITY

Home2Health Community Guides: Phase 1 Summary Report

Katie Knobloch, Juliette Hoover, and Kaylin Clements

Prepared for the Home2Health Core Team by the Center for Public Deliberation and the Academy for Civic Engagement Scholars at Colorado State University

Acknowledgements: We would like to thank all of the Community Guides who hosted these conversations, collected this data, and in some cases entered the data themselves. We would also like to thank Liliya Smith and Parker Scott for their assistance with data entry. A special thanks goes to Sabrina Slagowski-Tipton for her work in developing and implementing the Community Guide program and to the members of the Home2Health Core Team who helped with question development and Guide recruitment. Funding for this work was provided by the City of Fort Collins through the Colorado Department of Public Health and Environment's Health Disparities Grant and the Department of Communication Studies at Colorado State University.

Executive Summary

This report synthesizes the comments from members of the Fort Collins community who engaged in conversations for Phase 1 of the Home2Health Community Guide project. In total, Community Guides led conversations with 100 community members about the relationship between housing and health and collected data based on those conversations. Below, we report the primary themes that participants gave in response to six questions that asked them to reflect on their hopes and concerns related to housing and health in the Fort Collins community.

The analysis portion of this report contains three main sections: Imagining Health and Housing Equity, Identifying Concerns, and Finding Solutions. The main themes from each section are briefly summarized below, though the full report provides a more thorough accounting of how community members expressed each theme.

Imagining Health and Housing Equity

When asked to envision a community in which everyone had access to high quality and affordable housing and healthcare, respondents noted four main themes:

- The ability to pay their bills without having to make choices between necessities such as housing, healthcare, utilities, childcare or other essentials.
- Access to affordable and high-quality healthcare, including mental health, dental, and vision services.
- Diverse neighborhoods in which residents represent a diversity of incomes, ages, races, and other demographic characteristics.
- Easy accessibility to community resources, including transportation, grocery stores, parks, green spaces, and health services.

Identifying Problems

Participants raised a number of key themes when discussing the relationship between housing and health and the concerns they had in relation to those two issues. Their primary concerns included:

- **Lack of Affordability:** Many residents report having to choose between health, housing, and other necessities and an inability to afford housing or health in the Fort Collins community.
- **Unsafe Living Conditions:** Respondents identified living conditions that were detrimental to their health and well-being, including persistent problems with pests or mold, landlords refusing to make necessary repairs, and feeling unsafe in their place of residence.

- Access to physical and mental healthcare: Participants often noted the high costs of healthcare and their inability to access service providers. Many said they regularly choose to forgo doctors' appointments and mental, dental, and vision services because of their high costs.
- Accessibility. Some participants noted that community services, including transportation, grocery stores, green spaces, and healthcare providers, are inaccessible for those living in low-income areas.
- Inability to live near work. Respondents were generally concerned that lower-wage workers, including service providers like teachers, first responders, and restaurant workers, were unable to afford housing in Fort Collins.

Finding Solutions

Participants were also asked to identify solutions or resources that had been or might be helpful for alleviating those concerns. Participants identified a number of specific resources, and these are mentioned by name in the full report. Below we provided a brief overview of the primary solutions identified by respondents.

- Expand housing options and decrease regulations. This theme includes requests for improved zoning laws or changes to regulations that would enable greater housing density and the development of more affordable housing options.
- Decrease housing costs and increase assistance. Participants suggested measures such as rent control, sliding-scale rent, and increased rental and utility assistance as solutions to increasing housing affordability.
- Increase home ownership. Many homeowners credited their housing and health stability to their ability to own a home, noting it provided financial stability and access to outdoor spaces and privacy.
- Increase accessibility. Participants frequently reported that access to community resources, such as outdoor spaces and bike trails, improved their health and suggested providing better access to resources such as transportation and affordable groceries.
- Community and jobs. Participants noted that other community members, their families, and their jobs contributed to their economic stability and emotional well-being.
- Government subsidized healthcare. Some reported that Medicare and Medicaid allowed them to access healthcare and others called for single-payer or universal healthcare systems.

Methodology

With the help of the Home2Health Core Team, the Center for Public Deliberation solicited community members who were interested in hosting conversations on issues related to housing and health equity. Community Guides completed a brief application and attended two training sessions that prepared them to conduct and facilitate conversations within their own communities utilizing a common questionnaire. They then hosted conversations in their own communities. Generally, these were small group conversations with members of similar communities, though on occasion these were conducted in a one-on-one setting. Guides were instructed to ask participants to talk about their experiences according to each main question. After each question, they gave participants a few moments to write their reflections on provided worksheets.

The discussions and worksheets asked participants to respond to the following questions:

1. What would it look like for everyone in Fort Collins to have the same opportunities for a healthy life and affordable housing?
2. How has your housing influenced your health or the health of others in our community?
3. How has your health or access to health care influenced your housing or the housing of others in our community?
4. What concerns do you have about housing or health in our community?
5. What resources or assets have been helpful for your ability to maintain good and stable health or housing?
6. What are the best ways to bring more people into this conversation?

The data in this report was collected during conversations conducted by eight Community Guides conducted between mid-February and mid-March, 2020.¹ Guides who could connect with historically under-served populations were provided a small stipend for their work. The resulting dataset includes 100 surveys total. After data entry each comment was thematically coded by a team of researchers, who reviewed themes across questions and respondents. In the sections below, major themes are organized roughly according to the frequency with which they appeared in the surveys, taking into account that some Community Guides had conversations with a greater number of individuals and thus those communities are somewhat over-represented in the data.

Of those participants who provided responses to demographic questions, 62% identified as female, 36% as male, and 1% as transgender. Sixty-one percent of respondents identified their race as white, 10% as Hispanic or Latinx, 7% as black or African American, 5% as Asian, 6% as two or more races, 2% as American Indian or Alaska Native, and 1% as Native Hawaiian or Pacific Islander.² Six percent of respondents were between the ages of 15-29, 44% between the ages of 20-29, 21% were between 30-39, 7% were between 40-49, 10% were between 50-59, and 10% were between 60-69. When reporting household income, 37% report making less than \$10,000 per year, 4% between \$10,000 and \$15,000, 10% between \$15,000-\$25,000, 4% between \$25,000 and \$35,000, 13% between \$35,000 and \$50,000, 12% between \$50,000 and \$75,000, 4% between \$75,000 and \$100,000, and 9% more than \$100,000. Five percent of respondents had less than a high school degree, 11% had a high school degree or equivalency, 40% had some college or an Associate's Degree, and 43% held a Bachelor's Degree or higher.

¹ Some of the work of the Community Guide program was disrupted by the onset of the COVID-19 pandemic. A few Community Guides had to cancel planned meetings due to engagement in community preparedness planning. Others had a more difficult time soliciting participants as the virus spread and people began to self-isolate. A few surveys have been inaccessible due to the closing of workplaces and will be incorporated when available.

² Where the numbers do not equal 100, the remainder of respondents either declined to specify or chose to self-identify.

Imagining housing and health equity

Participants began their conversation by envisioning what a more equitable community would look like. Below, we provide a summary of their responses in which they describe what it would mean to live in a community where all residents had access to high quality and affordable healthcare and housing.

The ability to pay their bills. For many residents, equity translated into the ability to pay one's bills without having to make tradeoffs among necessities, such as rent, utilities, groceries, healthcare, and childcare. As will be discussed in more detail below, residents often face tough choices about which bills to pay or sacrifice quality in one area in order to afford services in another area. For these residents, economic stability, incomes that cover living costs, and access to affordable services were key markers of community equity. As one participant noted:

People should be able to afford safe housing working one job. When people have to work 70 hours a week to afford a home, health declines, family dynamics worsen, mental health issues arise and more. It would be wonderful to afford housing [on] 40 hours [of work] at minimum wage.

Access to affordable healthcare. Aside from simply being able to pay their bills, participants also saw access to high quality healthcare, including access to mental health, vision, and dental services, as a fundamental component of community equity. These participants hoped for a future in which every individual was able to go to the doctor when they needed to, without having to worry about costs. Some suggested that specific policies would translate to greater equity, including single payer insurance or Medicare for all, but in general participants expressed a desire to receive high quality medical treatment that was easily accessible at an affordable price.

Diverse neighborhoods. Many participants mentioned community and neighborhood diversity as a desired ideal. Participants envisioned neighborhoods composed of mixed-income housing and which included residents that represented diversity in race, age, and income. They expressed a desire to make housing affordable to long-term residents, retired individuals, students, and those who provide essential community services.

Accessibility. Participants noted that access to community resources, including transportation, healthcare, grocery stores, or natural areas were a key component to housing and health equity. When envisioning a better future, participants often saw access to affordable and healthy groceries as well as recreational amenities as key to both their health and their well-being. Participants frequently mentioned outdoor recreation opportunities, green spaces, parks, and bike trails as resources that improved their quality of life and physical health. Others noted that building amenities, including access to transportation or communal gyms, helped them maintain their physical health and well-being.

Identifying Concerns

Participants were also asked to discuss their concerns in relation to housing and health and think about the ways that their housing and health influenced one another. Respondents raised a number of problems that have a detrimental impact on their quality of life or health. These concerns largely relate to the lack of affordable and high-quality housing and healthcare and an inability to juggle competing expenses.

Lack of affordability. In part because of the design of the conversations, many participants connected housing affordability to health costs, and respondents often reported an inability to afford high quality housing or healthcare. For many, rent rates and mortgage costs appeared to be outpacing wage levels in Fort Collins, and they worried about themselves or others who struggled to make ends meet.

Participants reported that limited budgets and the high costs of housing and health forced them to choose between health care options, housing preferences, food, utilities, and other expenses. They often noted that they were required to forgo some necessities or quality housing or health in order to pay their bills. Most respondents who discussed facing tradeoffs between housing and health reported that they prioritized housing, forgoing doctors' visits or mental health services to ensure they had the funds for rent and utilities. As one participant noted:

Since I have a son, housing has had to come first, and I have relied on Medicaid a lot. The stress has made my autoimmune disease worse, which has made me miss work, which has made making rent hard.

Another respondent expressed similar concerns, saying:

Many people I know and myself have put rent and mortgages before doctor bills, and people will avoid therapy, normal doctor visits, and dentists' appointments to be able to make rent.

As these examples illustrate, residents often report sacrificing their health in order to afford housing. The few exceptions to this trend tended to come from university students, who often noted that they had access to high quality healthcare through CSU. In contrast to the wider community, these individuals sometimes said they prioritized their health by purchasing healthier, and more expensive, foods while offsetting the costs through lower-quality housing.

Many respondents noted that making these financial decisions and tradeoffs caused them to have significant levels of stress. For these individuals, the struggle to balance housing, health, and other costs creates significant burdens on their physical and mental health. As one respondent stated:

When you lack affordable housing, it causes a lot of stress for the individual. Do I have enough money for rent, for food, for medicine, and for gas? You keep making trade-offs. [If] I pay for rent, I don't buy food or don't get medicine.

Another affordability concern related to an inability to transition out of Affordable Housing programs. These respondents, many of whom had previously experienced homelessness and significant health problems, often credited Affordable Housing programs with providing them stability, safety, and increased physical and mental health (these findings will be discussed in more detail in the Finding Solutions section). They worried that they would be unable to find housing that was affordable outside of those programs. As one participant said, "Transitioning out of affordable housing is/feels impossible here."

Finally, some respondents, particularly CSU students, saw the U+2 policy as a barrier to finding affordable housing. A few admitted to violating the ordinance, saying that it was the only way to attain housing that suits their needs. For these individuals, the violation creates constant stress due to the risk of eviction. One participant shared their concern, saying:

No one should have to weigh their safety against what they can afford for housing, and no one should have to weigh possibly getting in trouble for breaking U+2 against what they are able to afford.

Unsafe Living Conditions. Some participants reported living conditions that adversely affected their health or well-being. Multiple respondents shared stories of housing plagued with pests, mold, or poor air circulation. These respondents noted adverse effects on their health, particularly their respiratory and mental health. Others said that their landlords were not providing required maintenance and repairs, resulting in unsafe conditions. When discussing these concerns, some said that the lack of affordable options grants landlords power over their tenants, who cannot afford to move elsewhere or who many not have other viable housing options.

Some noted the difficulty posed by living with roommates, who many claim were a necessity for their ability to afford rent. These individuals reported concerns related to contagious diseases due to close living quarters or their mental health due to interpersonal problems with their roommates.

In addition to unhealthy environments, some residents reported experiences of crime and feeling unsafe in their housing. Some of these experiences were attributed to living in low-income communities while others, particularly those living in Old Town, reported these concerns due to the close proximity to homeless resource centers. These participants often saw people experiencing homelessness as a threat to the safety of their homes or businesses.

Access to physical and mental healthcare. Participants expressed frustration over the lack of healthcare resources and the high costs of health care. Participants frequently reported that they often sacrificed health care in order to pay other bills. In addition to regular doctors appointments, participants noted that they chose not to seek mental health, dental, or vision services because they are not covered by insurance or were unable to afford copays. Those that did seek medical care despite its high costs often reported being saddle with long-term debt that they were still struggling to pay off.

Coupled with these concerns, multiple participants shared that they struggled to find providers that accepted their insurance for treatment and prescriptions. Some participants spoke specifically about Medicaid and Medicare as a barrier. Although some said that these programs were a helpful resource (discussed in more detail in Finding Solutions), others said they were inaccessible or inadequate. These participants said that they still had high healthcare costs or were unable to access providers, such as the CSU Health Network, who don't accept Medicare or Medicaid. Some participants said that applying for these programs was difficult and that they didn't know of resources that would help them navigate that process.

Accessibility. While many respondents saw accessibility as crucial to achieving or maintaining better quality of life, others noted a lack of accessibility as a primary problem currently facing residents. For instance, some respondents reported difficulty in finding affordable housing that had access to private or dedicated outdoor space or close proximity to groceries, transportation, or healthcare providers. Others noted that some services weren't available to all residents, including sidewalks that were not wheelchair accessible.

Inability to live near work. Many respondents, regardless of their personal circumstances, articulated that individuals should be able to find affordable housing near their place of work and lamented the inability for many who work in Fort Collins to live in the community. These calls were particularly evident when discussing service providers, including teachers, first responders, and low-wage workers. As one participant said:

I am concerned about our community wanting to continue to open businesses that rely on usually low-wage workers like restaurants or coffee shops but not building enough housing that they can afford. Our housing stock is forcing folks to commute to Fort Collins which cuts into the time they could spend cooking/exercising/spending time with family, etc.

Finding Solutions

In their responses, participants often provided suggestions for how government or other actors might address their health and housing concerns. These ranged from expanding housing options, to controlling prices, to increasing accessibility to community resources. Others noted resources that had provided stability or assistance. Below, we summarize their responses.

Expand housing options and change regulations. Respondents often reported the need to increase the number of housing units available to low- or middle-income residents. Suggestions included changes to zoning regulations, increasing the types of housing options available, and the desire to eliminate or revise the U+2 policy.

Some respondents suggested ways to increase available housing units, specifically focusing on the development of affordable housing over luxury units. Some participants requested changes to zoning regulations and called for regulations that would make it easier to construct new apartments or other types of housing options. Some supported zoning laws that would promote building vertically in centrally located areas in order to maximize space and situate people near their work, green spaces, transportation, or other community resources. One participant stated that the:

Cost to develop is too high because of zoning regulations. We need to look at zoning reform that doesn't favor the NIMBYs (not in my back yard). Government intervention has largely made it more difficult for high-quality, conscientious landlords to offer a greater supply of housing to meet the growing demand for housing.

Many comments added that zoning reform should focus on housing that is affordable to match the economic status of locals. For some, this meant creating more options for the types of dwelling units that would be permissible. As one participant said:

Zoning restrictions need to take a backseat to provide living access. [There should be a] variety of options to rent/buy and specifications (tiny, medium, land, no land) for everyone to be able to choose.

In line with these concerns, a few participants expressed frustration with restrictions that limit homeowners from having or renting accessory dwellings. Others called to eliminate the “U+2” policy, which limits the number of unrelated individuals who are allowed to inhabit one dwelling. They suggested that both options would increase the stock of available affordable housing for a variety of residents. Finally, some respondents advocated for greater tenant’s rights. They saw stricter regulations on landlords and an increase in low-income housing options as a means to hold landlords accountable for sub-par living conditions.

Decrease housing costs and increase assistance programs. Several participants made suggestions that would either limit the cost of rent or provide additional assistance for those struggling to pay their rent or mortgage. Suggestions included calls for rent control or implementing sliding scales for rent that would be tied to household income.

Several respondents, particularly those living in Affordable Housing, said that the programs they participated in were vital to their ability to maintain stability. Many of these individuals reported a noticeable shift in their access to healthcare and their ability to pay medical bills since their transition. CARE housing, Neighbor to Neighbor, and Redtail Ponds were the most frequently mentioned, likely because representatives from those organizations participated in the Community Guide program and solicited input from individuals participating in their respective programs. Participants said these organizations helped to connect them to other resources in the community such as Matthews House, food banks, religious charities, and the Murphy Center for Hope.

Participants also frequently mentioned utility assistance programs as a vital resource. This type of assistance helped participants maintain utilities and allowed them to spend limited income on other necessities, such as housing and healthcare.

Increase home ownership. Some participants noted that homeownership provides them with stability, green space, and a sense of safety, which improves their overall quality of life. Participants who owned their own homes frequently mentioned that home ownership offered pricing stability as well as physical and mental health benefits associated with access to outdoor spaces and privacy. One participant compared their experience as a tenant and now homeowner:

Currently owning a home has increased my mental health and personal safety. In the past, the only apartment I could afford [...] sometimes felt unsafe at night [and] my neighbor had someone break-in while they were home. Also, our rent increased \$200 a month each year for 2 years so our finances got really tight. Having a mortgage now gives me a huge feeling of stability.

Increase accessibility and community services. Participants often mentioned accessibility to community or shared resources as a factor that improved their physical and mental health as well as their economic stability. In particular, participants highlighted services and amenities including transportation, grocery stores and healthy food options, green spaces, parks, bike trails, fitness centers, and CSU student services.

Perhaps the most frequently mentioned resource related to the outdoor amenities available in Fort Collins. When asked how they maintain their health, a large number of participants attributed it to having access to natural areas and bike trails and the ability to take walks in their community. Some of these comments advocated for green spaces to be within 10 minutes from housing to provide adequate access to nature.

Family and community. Many participants also saw their family, friends, and other community members as resources that provided them with health and housing stability. Participants reported receiving both financial and emotional assistance from other individuals and saw these relationships as vital to their overall well-being and quality of life. Some who live in Affordable Housing units saw other residents as a community, noting their relationships with staff, management, and other residents as vital to their emotional and physical well-being. For some, family members provide significant financial assistance, and students often attributed their financial stability to parental assistance.

Jobs. Participants at time mentioned their job as a source of stability or security. Although few participants provided detail, they noted job stability, adequate pay, or the ability to hold multiple jobs as a factor that allowed them to maintain quality housing and health. In line with this, participants sometimes mentioned employer-provided healthcare as crucial to their ability to maintain their health.

Government subsidized healthcare. Many participants mentioned Medicare and Medicaid as resources necessary for maintaining their health. Although they at times expressed concerns about providers who did not accept payment through these programs, they often credited the programs with their ability to see the doctor or fill prescriptions. Others called for universal or single-payer healthcare programs and suggested that the implementation of such programs would drastically alleviate the financial burdens faced by many community members.

Named Resources. In addition to these suggestions, participants also noted a number of specific resources that have been helpful in providing housing, healthcare, and stability. These providers and resources are listed below.

- CARE Housing
- Catholic Charities
- Colorado Department of Human Services
- Colorado Indigent Care Program
- CSU Health Network
- CSU Mobile Food Bank
- CSU Student Case Management
- CSU Student Legal Services
- Department of Health and Human Services
- Food Bank @ Foothills
- Food Bank for Larimer County
- GI Bill
- Housing Catalyst
- Low-income Energy Assistance Program
- Medicaid
- Medicare
- Murphy Center for Hope
- Neighbor to Neighbor
- Redtail Ponds
- Social Security Disability Insurance
- SummitStone Health Partners
- The Matthews House
- Veterans Affairs

What should community engagement look like?

In addition to discussing the relationship between housing and health, participants were also asked to think about ways to better connect with the community through future engagement efforts. Overall, participants demonstrated the desire to continue having conversations on housing and health and offered suggestions about how to best engage diverse community members. Their comments offered insights into ways that engagement efforts might 1) increase access to education and awareness of public issues, 2) increase accessibility and diversity, and 3) promote transparency and government responsiveness.

Education and Awareness. Participants often noted that access to quality information on community issues is a crucial resource. Participants said that conversations like those offered through the Community Guide program, community speaker series, and the translation of materials related to community issues and resources were valuable in their ability to understand their community and the issues facing it.

Accessibility and Diversity. Participants requested a variety of times and modes for future engagement efforts. They noted the need for asking ‘good’ questions, which were defined as future-focused, inclusive, and based on the population’s needs. Participants also requested diversity in those hosting the conversations and engaging the public. This included offering engagement opportunities in multiple languages and providing culturally-connected and informed facilitators.

To increase diverse participation, comments called for public input to incorporate vulnerable populations such as students, working families, those with lower income levels, older community members, and people experiencing homelessness. Participants also noted the barriers to their engagement, including competing obligations caused by childcare or work, lack of transportation, internet or technology limitations, language barriers, and access to information.

To address some of these concerns, participants said that engagement processes should be advertised throughout the community, including at nursing homes, HOA offices, apartment complexes, churches, community centers, campuses, and other resource hubs. Some noted the potential to partner engagement efforts with census efforts. Others advocated for incentive programs aimed at increasing participation. As one participant noted, those conducting engagement efforts should:

Make it easier for lower-income people to voice their concerns. Many of us work two plus jobs and have families, so it is impossible to attend meetings. More importantly, find a way for city leaders to take these concerns seriously. Most of us poor people are discouraged from the conversation because we are not listened to anyways.

Increase transparency and accountability. As the above note illustrates, community members are not only concerned with the accessibility of conversations but also with the efficacy of their engagement efforts. Dozens of comments called for engagement efforts to have clear goals that include transparent and measurable progress. They said that when asking for public input, the goal of the interaction should be clear from the offset and evident within the questions asked. After collecting their input, participants want consistent communication about the impact their opinions had on the decision-making process.

In addition to transparency, some participants wanted more agency in engagement efforts and more opportunities to expand their engagement. Participants requested ways to continue the work that they began through community conversations or opinion solicitation efforts and expressed a desire to take a role in enacting and implementing change.