Gulf Coast Community ExCHANGE Steering Committee

Meeting Highlights | 10 August 2016, 12:00 pm

Gulf Coast Community Design Studio:

> David Perkes, Director and Professor of Architecture; Tracy Wyman, Landscape Architect and Healthy Communities Liaison

Members in Attendance:

> **Patrick Bonck**, *Harrison County Zoning;* **Aletha Burge,** *United Way of South Mississippi;* **Stephen Deal**, *Mississippi-Alabama Sea Grant*; **Danielle Fastring,** *University of Southern Mississippi;* **Lan Le**, *Boat People SOS;* **Aida Martinez**, *STEPS Coalition;* **David Muns**, *Memorial Hospital at Gulfport;* **Jodi Ryder,** *Singing River Health System;* **Greg Wilson**, *Coastal Family Health Center*

Agenda Items (in bold)
ACTION items (underscored)
Links to Community ExCHANGE Resources

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1. **Your Organization and the Community ExCHANGE:** Recent site inquiry from the group included a search for housing units in downtown Gulfport, and data on socio-economic statistics relevant to Biloxi's Asian demographic. The Healthy People 2020 Progress Tracker was discussed, and defined by member, Danielle Fastring, as a national benchmark that indicates various goals and statistics that States need to meet related to people's physical health. Focus was on the Local Resource Library, recent resources that have been uploaded, and what resources the representative organizations can contribute. Local Resource Collections have been added for 6 topical categories: Food Systems, Transportation & Land Use, Economic & Workforce Development, Education, Housing, and Environment. It was discussed and agreed by all that although health intertwines with each of these, a separate category for Healthcare would be added. Singing River has uploaded their 'Community Health Needs Assessment', and the 'Smart Growth for Coastal and Waterfront Communities' was added by Mississippi-Alabama Sea Grant (hard copies were provided at the meeting). Several other resources have been added relating to Food Systems. Members submitted their 'wish lists' for data and resources. These will be compiled and discussed at the September meeting.

2. **Committee Purpose & Roles**: The group concurred with the purpose of the Steering Committee and the role of its members as previously published on the Gulf Coast Community ExCHANGE under 'About Us'.
    Develop a preliminary timeline— Where are we headed?
    > Our 3-6 month priorities are to build value in the site through:

    ➔ Priority A: Growing the Local Resource Library.

    ➔ Priority B: Adding health indicators relevant across the region and across multiple sectors. Much of the public health data is quantified on the state level for Mississippi, but not at the county level. This is a problem since many Mississippi public health organizations cannot compete for national grants because they lack a local data source, which they can access and use to state the specific health problem. This necessitates a need to look deeper into what data we're not getting, what we should be getting, and how to get it.

➔ Priority C: Reaching the community (or citizen scale). This is lower in priority *only in terms of our time-line*. Once we have good momentum on Priorities A and B, we'll be ready to address Priority C.

➔ Lower Priority: While there is potential to publish relevant News Articles, or build a Community Calendar, it was questioned whether this is how our energy should be expended. The 211 data is not current and not necessarily local, and this must be addressed at some point. Other ideas were to reach out to Department of Homeland Security and Health Information Exchange, both of which can be discussed further.

3. **Data (hand-out)**: Handouts were provided (Addendum #1 is available [HERE](#)) categorizing all data currently available on the site by granularity (County, Zip Code, Census Tract). Additional funding is being offered by LPHI which will allow us to 'roll-up' zip code data to the City level for the 12 coastal cities, as well as purchase the So-Vi® index (Addendum #2) and the 27 indictors that it is comprised of at the Census Tract level. The group discussed various ways these two upgrades will benefit the region:
   a) Our populations identify with their City. While the regional and County resources and data are important, the City roll-up will have more meaning to each of the twelve cities, providing greater rationale for them to utilize the Community ExCHANGE.
   b) Mississippi-Alabama Sea Grant would find the combination of %Living in Nursing Facilities, the %ESL, and the %Households Receiving Social Security useful for cities and towns who are engaged in outreach associated with the Community Ratings System (CRS). As part of the outreach requirements for this program, cities generally have to identify target audiences and groups who would benefit from flood outreach or who may be especially vulnerable to major flooding events. Many of the groups' cities generally cite as being vulnerable to floods are senior citizens and ESL speakers. If we could correlate some of this data with the flood maps local cities keep on file, it would be a powerful way of documenting the levels of flood vulnerability for each individual city.
   c) GCCDS would find the So-Vi® index invaluable to their work overlaying it with their current mapping of households out of compliance in flood zones.
   d) Healthcare Organizations (i.e., Singing River Health System) would use the So-Vi® to target vulnerable populations during harsh weather conditions.
   e) The So-Vi® index would add 8 new data indicators to our data tool box, and refine the granularity of 14 data indicators. The finer-grained data is useful to a variety of neighborhood-scale programs.
   f) STEPS Coalition would use the So-Vi® in their Mobilizing Health work and their work advocating for racial equity access and language access.
   g) The So-Vi® could also be useful post-disaster to identify areas to target first.

4. **Cross-Sector Conversations & Upcoming speakers:**
   a) Time didn't allow for this discussion, but there is potential for our group to share cross-sector perspectives by having various members present their organizational perspective of health, the Gulf Coast Region and the Community ExCHANGE at future meetings. This can be discussed next month.
   b) It was suggested the steering committee should contact an official with the State DHS who can talk about the methods the department currently employs to gather this data and what future steps the state can make to improve the data gathering process.

As always, if there are topics you would like to see on next month's Agenda, please forward these to Tracy Wyman at twyman@gccds.msstate.edu.

2010-2014 Social Vulnerability Index (SoVi®):

Generally defined, vulnerability is the potential for loss of life or property due to hazards. The hazards-of-place model (<u>Cutter 1996</u>) combines the biophysical vulnerability (physical characteristics of hazards and environment) and social vulnerability to determine an overall place vulnerability. Social vulnerability is represented as the social, economic, demographic, and housing characteristics that influence a community's ability to respond to, cope with, recover from, and adapt to environmental hazards.

LEGEND OF OUR WEBSITE'S CURRENT So-Vi DATA BY GRANULARITY AVAILABLE	
Z	Zip Code
CT	Census Tract
X	Not currently included

Z	% Asian
Z	% Black
Z	% Hispanic
Z	% Native American
Z	% Under Age 5 and over 65
CT	% Chidren Living in Married Couple Families
Z	Median Age
X	% of Households Receiving Social Security
CT	% Poverty
Z	% of Households Earning Greater than $200k/yr
CT	per Capita Income
Z	%Speaking English as a 2nd Language w/Limited English Proficiency
Z	% Female
X	% Female headed households
X	% of Populatin Living in Nursing and Skilled-Nursing Facilities
CT	% w/ Less than 12th Grade Education
Z	% Civilian Unemployment
Z	People Per Unit (HCI platform has 'Average Household Size')
X	% Renters
X	Median House Value
X	Median Gross Rent
X	% Mobile Homes
Z	% Employment in Extractive Industries
Z	Percent Employment in Service Industry
Z	Percent Female Participation in Labor Force
CT	% of Housing Units with no Car
X	% Unoccupied Housing Units