

Mariposa

Denver, Colorado

Executive Summary

This site profile is part of a series that spotlights mixed-income community transformations that emphasize health and wellness in their strategic interventions. The Mixed-Income Strategic Alliance produced these profiles to better understand the health implications of creating thriving and inclusive communities with a socioeconomically and racially diverse population. This site profile, which focuses on Mariposa, was developed through interviews with local stakeholders as well as a review of publicly-available and internal documents.

Mariposa is a transit-oriented mixed-income development with nearly 900 units in Denver, Colorado. In leading the redevelopment effort of the former South Lincoln Homes, the Denver Housing Authority (DHA) was intentional about creating a community that would promote positive health for residents. To that end, DHA and its partners developed the Mariposa Healthy Living initiative (HLI), which identifies social and environmental determinants of health, proposes and implements strategies to address them, and includes specific indicators to track and monitor progress. The HLI includes a variety of tools designed to encourage broad participation of residents and neighborhood partners, including a Healthy Living Toolkit and Campaigns for Action.

Findings from the Mariposa Indicators Report Card and the experiences of Denver Housing Authority's partners suggest that the HLI and the overall redevelopment have contributed to positive health-related effects, including reduced transit commute time, improved access to open space, and increased income for Mariposa residents. Redevelopment has also brought about a variety of new amenities and opportunities that support the healthy

living of residents, including new community gardens, a new restaurant that emphasizes healthy food and the use of local produce, financial literacy services that aim to improve financial well-being, and service-oriented strategies that seek to assure good healthcare for all residents. Mariposa also experienced a particularly high resident return rate, at 53%, following the redevelopment of South Lincoln Homes.

The experiences of DHA, its partners, and Mariposa residents demonstrate the importance of early development of a comprehensive, broadly supported and operational vision of health outcomes and the contribution to health and well-being. Importantly, this includes the value of early and consistent resident input, guidance, and leadership to a health and well-being agenda. Further, the Healthy Living Initiative demonstrates the challenge of tracking progress and demonstrating outcomes—even even with a comprehensive, deliberate set of strategies— and elevates the importance of finding better ways to fund and support tracking progress and building evidence.

Background & Context

Previously a public housing community known as South Lincoln Homes, Mariposa, in Denver, Colorado, is a mixed-income, mixed-use, transit-oriented community. Completed in 2017, it is located in one of Denver's oldest neighborhoods, South Lincoln, immediately southwest of downtown. For decades, South Lincoln Homes was a physically and socially isolated public housing community. DHA chose to redevelop it as part of a larger strategy to revitalize the neighborhoods in Denver in which residents experienced the highest levels of poverty. Prior to redevelopment, 38% of the South Lincoln neighbor-



hood's largely Latinx population lived in poverty, and more than half of the children that lived in the neighborhood were in families with incomes below the federal poverty line. While South Lincoln Homes was in close proximity to the economic and civic assets of downtown Denver—including the Denver Health Medical Center and Hospital, an existing light rail station, ample green space and recreation facilities, and cultural amenities—residents were more often than not isolated from the opportunities these represented. To DHA, redevelopment of the site offered the opportunity to provide South Lincoln Homes' residents with a safer, healthier community and greater connection to these resources. Through the redevelopment process, DHA hoped to transform not only South Lincoln Homes but the larger La Alma/Lincoln neighborhood, which also had poverty levels that were triple Denver's average.

The intensive redevelopment of South Lincoln Homes began in 2011, when the housing authority received a federal HOPE VI grant to fund implementation. DHA

Mariposa Unit Mix and Resident Profile

The Mariposa community includes 900 units of housing, a significant increase from the 270 units that comprised South Lincoln Homes. As a mixed-income community, Mariposa has an income mix of approximately one-third of residents with incomes of 30% of the Denver area median income (AMI) and below; one-third between 30% AMI and 60% AMI; and one-third with incomes above 60% AMI, who occupy units at market rates. This mix reflects DHA's initial goal for the community and has been maintained. In addition to the family units at Mariposa, DHA also operates two buildings that house senior residents and residents with disabilities—a total of about 160 units. At present, all of Mariposa's housing units are rentals, and DHA has begun planning for market-rate homeownership units on site.

The resident rate of return to Mariposa was particularly high compared to other Hope VI redevelopments; 53% of South Lincoln Homes residents came back to reside at Mariposa after temporary relocation. DHA attributes this success to its ability to relocate residents to on-site or near-site locations during all phases of redevelopment. Before the master planning process for Mariposa began, an Environmental Protection Agency Brownfields Cleanup grant allowed the remediation of a 2.4-acre brownfield near the site, which in turn enabled DHA to construct the first phase of the new housing on that land, facilitating the near-site relocation of residents throughout the development process and boosting the resident return rate. As an additional positive sign of the success of Mariposa as a community, most of the residents who returned to live at Mariposa still lived there as of 2017. Of returning adult residents, 59% identify as White and/or Hispanic, 40% identify as African American/Black, 1% identify as Asian, and 1% identify as Native American/Pacific Islander.

modeled its redevelopment plan for South Lincoln Homes after a previous Hope VI project, the redeveloped Benedict at Park Place (previously Thomas Bean Towers, another of Denver's large public housing communities). DHA sought to incorporate the green building design and efficiency measures which had been important in Benedict at Park Place and add to those aims the goal of broader community revitalization. Even in its early form, the plans for Mariposa aligned with the Partnership for Sustainable Communities Livability Principles:¹ provide more transportation choices; promote equitable, affordable housing; enhance economic competitiveness; support existing communities; coordinate and leverage federal policies and investment; and value communities and neighborhoods. Overall, according to DHA, the goal of the Mariposa redevelopment was to create enhanced opportunities for the public housing residents by creating a mixed-income community, enhanced links between the surrounding neighborhood and site, and increased likelihood for self-sufficiency.

In sum, the Mariposa redevelopment is a strong example of a public housing redevelopment that has intentionally focused on healthy living for residents across the income spectrum and on social determinants of health. Partners and residents can point to many signs of progress in relation to the goals they sought to achieve.

Key Actors/Stakeholders

DHA has worked closely with a wide range of partners during the Mariposa redevelopment. Critically, residents were deeply involved in all phases of the planning and design process for the site. Additional core partners have included the newly-created Community Advisory Council, Enterprise Community Partners, and Mithun, the design firm responsible for creating the overall physical design and community layout of the Mariposa community. In addition, the federal Partnership for Sustainable Communities supported development efforts at multiple points in time by providing technical assistance and facilitating community meetings.

Funding

Funding for development of Mariposa came from multiple sources, as is usual with the creation of large-scale mixed income communities. Primary sources included Community Development Block Grant funding, the HOME Investment Partnerships programs for Denver as well as state HOME funds, federal low-income housing tax credits, Affordable Housing Program funds from the Federal Home Loan Bank of San Francisco; other DHA funds, and private loans. Additionally, DHA utilized funding from the American Recovery and Reinvestment Act (ARRA) for Phase 1. HOPE VI funding was then used for Phases 2 through 6. In addition to these varied fund sources for housing and community space, significant funding was assembled for the "people" strategy of the

HOPE VI plan, especially the Mariposa Healthy Living Initiative, which is the focus of the next section of this profile.

Design & Implementation of Strategies

The consistent focus on health outcomes and strategies in the redevelopment of Mariposa stemmed from multiple sources, including early community input and expression of residents' priorities, recognition of widespread and chronic health challenges, DHA's conviction that preventing and addressing chronic conditions was central to residents' well-being, and broad support among returning and new residents for attention to health and well-being. This section tracks some of the key milestones in the development and implementation of Mariposa's vision for a healthy community.

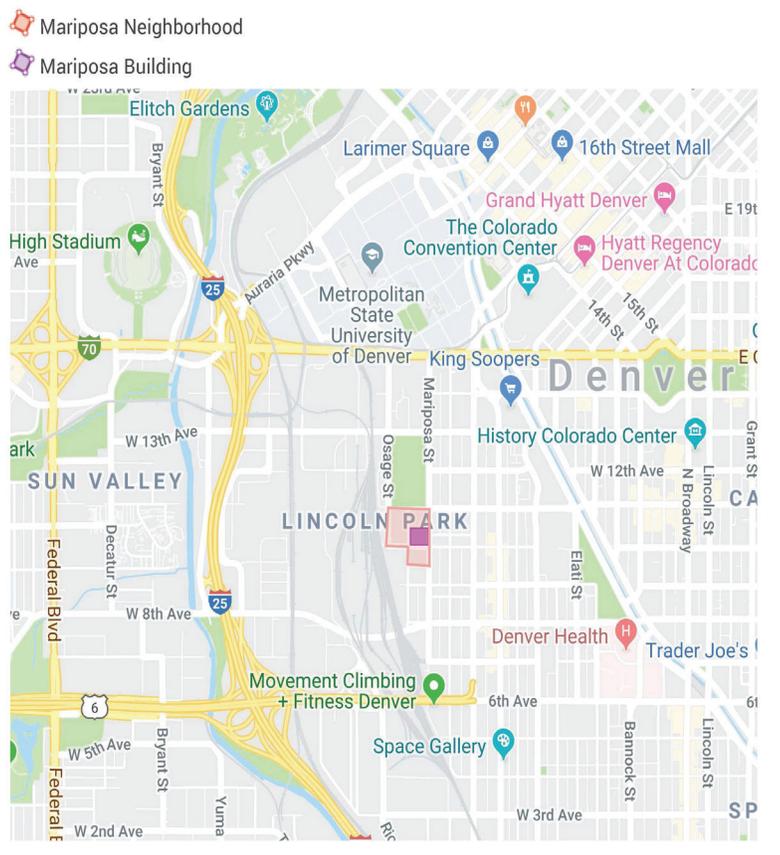
Early Community Input and a Comprehensive Health Impact Assessment

As a part of the master planning process, DHA created extensive opportunities for resident input about the redevelopment and design processes. These included more than 140 open community meetings and group interviews, as well as consistent door knocking to solicit residents' view and a CulturalAudit™.² The CulturalAudit™ entailed one-on-one interviews with South Lincoln Homes residents, residents of the surrounding neighborhood, and other local leaders to gather their insights, opinions, and aspirations; this provided those who were unable to attend community meetings the opportunity to provide their input into redevelopment as well. CulturalAudit™ results were publicly shared with the community and incorporated into the Master Plan.³

As a further step to obtain resident input and specifically to gather information about residents' health needs and goals, DHA, Mithun, and an environmental health consulting firm conducted a Health Impact Assessment (HIA). The HIA included a needs assessment survey, interviews of residents and health officials, and review of available health data provided by the Denver Health and Hospital Authority, the Denver Department of Environmental Health, and others. The results of the HIA provided a startling portrait of residents' health and revealed that the main health concerns for the community included a need to increase physical activity, improve pedestrian, bike and traffic safety, improve access to health care, reduce crime and the fear of crime, and improve social cohesion. Specific findings included:

- 25% of the 6,554 residents were children under 18
- Approximately 38% of the total population lived in poverty, with an even higher number—more than

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50%—of children living in poverty

- 55% of adults were overweight or obese
- More than 38% of adults indicated a health condition (such as asthma, diabetes, and heart problems) that kept them from working
- 77% of residents had above normal blood pressure
- 13% of adults reported eating recommended daily amount of fruits and vegetables
- 28% of residents reported exercising three or more times a week (adults only)
- 51% felt safe about being alone at night in the neighborhood (adults only)
- 48% strongly or somewhat disagreed that the neighborhood was a good place to raise children
- 65% did not have any type of motor vehicle, and 54% took the bus⁴

The severity of residents' health needs described in the HIA results confirmed that addressing health issues—broadly and comprehensively—had to be a central and sustained component of Mariposa's redevelopment, from the physical revitalization of the site to a wide range of other strategies to promote health and well-being.

Physical Revitalization and Site Design

The goals for the revitalized South Lincoln Homes site were broad and ambitious, establishing a durable guiding vision for Mariposa with health as a prominent component from inception. As stated in the Master Plan, the aim was to “revitalize [the] community by enabling residents the opportunity to enjoy the unique advantages of a holistic, transit-oriented development realized through the core attributes established during the design process: a highly green mixed-use community focused on a healthy lifestyle, increased non-auto mobility, an integration of the resource conservation and management systems, and a diverse mix of new and existing residents.”⁵ The plan included replacing existing affordable units, building new housing that included both additional affordable housing and market-rate units, mixed-use space such as commercial space and community services, outdoor amenities such as a promenade that connected to the light-rail transit station, a new plaza for community gatherings, a greater amount of open space throughout the development, and unit redesign that allowed residents to have “eyes on the street” to promote safety and security.

Site design highlights from the Master Plan included:

- “Green streets” that include:
 - New tree plantings
 - Wider sidewalks that encourage walking, providing access to community resources and amenities as well as increasing opportunities for neighbors to meet and interact with one another
 - Bike lanes that provide connections to existing trails and access to resources and amenities in the larger neighborhood
- The 10th Avenue promenade, featuring public art and a pathway to the light-rail transit station
- A public plaza for use of a variety of gatherings or activities
- Mixed-use space for commercial businesses and community services
- Lower-scale buildings and family-friendly townhomes
- Open space designed to be publicly visible
- Energy efficient buildings and an advanced storm water system

As can be inferred from this description of site components, the design included many features intended to promote a healthy lifestyle, as informed by residents and other stakeholder input and by the results of the HIA.

Mariposa Healthy Living Initiative

In addition to reflecting healthy lifestyle priorities in site design, DHA and its partners adopted a broad framework through which to pursue better health outcomes for Mariposa residents: the Healthy Living Initiative, or HLI. HLI was the approach developed by DHA to implement comprehensive and intensive strategies to promote “programs, projects, or policies that will likely positively impact health determinants and can contribute to improved resident health.”⁶ Launched in 2012, HLI aimed to “further integrate health into every aspect of implementation by monitoring progress, refining recommendations, and developing implementation plans” for continued development.⁷ The HLI framework provided a way for practitioners, developers, and others to create, implement, and sustain a community-oriented approach to achieve improved quality of life and positive health outcomes for residents.

The HLI includes multiple components, chief among them the Healthy Living Toolkit, which provided a way to set goals and track progress, and Campaigns for Action, which were the strategies put in place to achieve the community’s goals.

The Mariposa Healthy Living Toolkit

The Healthy Living Toolkit (the Tool) was developed by DHA early on, alongside the South Lincoln Homes Redevelopment Master Plan, to provide a framework for setting goals related to a healthy community as well as the metrics by which progress could be tracked. The Tool is modeled after the San Francisco Department of Public Health’s Healthy Development Measurement Tool (HDMT),⁸ and it has been used consistently since redevelopment began and is now a key component of the Mariposa Healthy Living Initiative.

The Tool was designed to be accessible for and adapted by practitioners (Housing Authorities, developers, architects, etc.) to incorporate health into planning, design, redevelopment, and construction, as well as to track health indicators over time. A practitioner who is using the Tool to guide development and planning would conduct an initial assessment and use the results (health indicator data, status of health determinants, map of assets and resources) along with resident and stakeholder input to determine priority issues to be addressed. Then, strategies would be developed to address those priority issues, and those strategies would be organized into action-oriented Campaigns.

The Tool focuses on determinants of health organized into six dimensions that practitioners, developers, and other stakeholders can influence through policy, projects, and programs. These include:

1. Healthy housing
2. Sustainable, safe transportation
3. Environmental stewardship
4. Social cohesion
5. Public infrastructure
6. A healthy economy

Within the Tool, each section outlining these six determinants of health also contains objectives and rationale related to health outcomes, recommended indicators and strategies, and reference resources for additional information. The Tool also provides templates for tracking indicators (e.g., a “Report Card”) and organizing action steps (e.g., a “Campaign checklist”) to itemize the components of any given strategy.*

In 2012, DHA used the Mariposa Tool to determine indicator trends, assess implementation to date, and identify lessons learned. The product that resulted, the **Mariposa 2012 Indicator Report Card**, includes a series of indicators across the six areas of health determinants. It reported positive trends in several notable areas, including reduced transit commute time, improved resident access to open space, and improved resident income (using the self-sufficiency wage as a standard of comparison). Since 2012, utilizing the Tool to track progress periodically has allowed DHA to further refine their priority initiatives and focus programming and supports on what residents need, as these evolve over time.**

Campaigns for Action

Campaigns for Action “are action plans with a specific mission and effective strategies to guide what kind of development is accomplished. Campaigns include ‘bundles’ of strategies (as well as)...organizations, residents, and agencies to take action and positively impact health determinants.”⁹ The current Campaigns at Mariposa were developed in response to the results from the initial and subsequent assessments of residents’ needs and priorities. There are currently five Campaigns, each of which includes a definition, a “Campaign Checklist” as a guideline and tracking chart to identify next steps, lists of responsible lead people and team members, and a time frame for action.

The five campaigns and their purposes are:

1. **Get Connected**, which aims to improve neighborhood physical, economic, and social connectivity; increase access to services, education, jobs, arts, culture, and health care; promote community engagement; and celebrate cultural diversity and improve social cohesion.
2. **Healthy Places**, the goal of which is to create

healthy, safe, vibrant places within the Mariposa community and neighborhood; encourage physical activity; increase security and safety and social cohesion; and provide living environments that support well-being.

3. **Healthy Eating**, which seeks to improve access to healthy foods and promote healthy eating habits, celebrate cultural diversity, and improve social cohesion.
4. **Health Care and Wellness**, the aim of which is to improve access to health care and services, and support activities and programs to enhance wellbeing.
5. **Lifelong learning**, designed to improve access to educational programs for all life stages, improve access to job training and career pathways, and improve financial literacy.

Measurement, Evaluation, & Outcomes

Evidence of Progress

While many of the strategies outlined in Mariposa’s Campaigns for Action are still in progress, a significant number of new resources and opportunities for residents of Mariposa and the surrounding neighborhood have been put in place. These are signs of progress by any definition, and DHA leaders believe they are contributing to healthier lifestyles now and, in the longer term, will result in better health outcomes. Below are just some of the resources and opportunities that have resulted from each of the five Campaigns for Action.

Campaign for Action: Get Connected

- **The Bike Depot** is a non-profit community bike shop that supports Denver communities with a wide range of bicycling programs, services, and products. A full service bike shop offers new and used bikes and accessories, an affordable service menu, and a Fix Your Bike program which allows residents to come to the shop and utilize space and tools with the help of volunteer mechanics. This resource enhances connectivity to the larger neighborhood and other city assets for Mariposa residents and staff.
- **The local car share** program gives residents without a car the opportunity to obtain an affordable membership and use the cars as needed to access resources in the larger neighborhood and Denver.
- **Art** in various forms has been incorporated throughout Mariposa, fulfilling a goal of connecting residents with the arts and cultural programs and resources. DHA partnered with Arts Street to create a mosaic mural, sculpture, and other art at Mariposa, and Arts Street also offers art classes and training to residents.

Campaign for Action: Healthy Places

- All buildings follow **Enterprise Green Communities** standards, such as having improved indoor air quality and improved energy and water efficiency, thereby ensuring a healthier indoor environment, reduced utility bills, and reduced greenhouse gas emissions over time.
- **La Alma Recreation Center** is a neighborhood gym that has a kid-friendly, seasonal outdoor pool. Run by Denver Parks and Recreation, it offers numerous classes and programs. It is located just one block from the Mariposa neighborhood.
- **Lincoln Park** is home to a playground, amphitheater, basketball court, picnic shelter, picnic tables, benches, football field, tennis court, and baseball/softball field.
- **A community plaza** with a pergola and play structures is a central feature of Mariposa and is well used.
- **The Tapiz Garden** is open to all residents at Mariposa to learn how to garden and harvest fresh vegetables. Each of the Tapiz Garden's seven raised planters were cultivated by both original South Lincoln Homes residents and new residents.

Campaign for Action: Healthy Eating

- **The Osage Café** provides healthy, affordable food for either dine-in or takeout. The Osage Cafe also serves as a resource to youth through DHA's Youth Culinary Academy (YCA). This Academy trains and prepares youth for a career in the culinary industry. The Osage Café staff also tend to a plot at the Tapiz Garden, cultivating fresh vegetables to use at the Café.
- **The Denver Botanic Gardens Urban Food Initiative** supports the urban farming in the neighborhood, organizing a weekly farmer's market, and assists residents with cultivating the community gardens. All produce grown in the community gardens is given to residents for free (both low-income and market-rate). Leftover produce not claimed by residents is donated to local non-profit cafes and other health-food stores.

Campaign for Action: Health Care & Wellness

- The **Healthy Living Coordinator and Patient Navigator** staff positions were created to support the health goals of Mariposa residents. These positions collaborate to address barriers to health and wellness with both macro (community/neighborhood) and micro (individual resident) focuses.
 - Healthy Living Coordinator
 - * Oversees the site's Healthy Living Initiative and

works with the onsite Patient Navigator to decrease barriers to health and wellbeing.

- * Works with local partners to improve access to health services, food, and promote social cohesion on site. For example, the Healthy Living Coordinator organizes free health screenings on site from local providers, organizes block parties with local vendors, and organizes group exercise classes such as yoga classes and a walking club.
- * Works with residents through the Healthy Living Toolkit and annual Survey to determine residents' health needs and goals.
- Patient Navigator
 - * Supports senior residents in a number of health-focused areas, including mental well-being, health education, nutrition, physical activity, preventive care, medical equipment provision and access, medical paperwork, medical transportation, and follow-up visits.
 - * While initially brought on site to help senior residents age in place and navigate the health care system, they are available for all residents and help coordinate the health-related programming and events that occur at Mariposa.
 - * Tracks residents' participation and engagement in services in a case management system. This information is used for monthly reports that are passed on to a DHA supervisor.
- DHA conducts **annual surveys**, led by Mariposa's Healthy Living Coordinator, to gather information to assess this Campaign. The survey is voluntary and open to all residents, but according to the Healthy Living Coordinator, response rate is low and is largely limited to low-income and senior residents. The Coordinator examines the results of the surveys and thinks through steps to address health issues and disparities for residents. In recent years, both physical and mental health have been emphasized, based on survey results.

Campaign for Action: Lifelong Learning

- DHA has partnered with the University of Denver's Graduate School of Social Work Bridge Project to provide **after school opportunities for Mariposa youth**. The Bridge Project's mission is to "provide a path for youth in Denver's public housing neighborhoods to graduate from high school and go on to attend college or choose a vocation by engaging them in educational opportunities and facilitating the development of life skills and self-sufficiency."¹⁰
- DHA has partnered with the La Alma Recreation Center to offer **scholarships** to families and with the Denver Boys & Girls Club.

- **Financial literacy education classes** are held on site at Mariposa to promote financial wellbeing. Partners include DHA Resident Community Services, Denver Office of Economic Development's Division of Workforce Development, Rocky Mountain MicroFinance Institute, Metro State University, Community College Denver, and University of Colorado Denver.

Outcomes

Mariposa staff and DHA recognize that major improvement in population-level health outcomes will not be apparent in the seven years since intensive redevelopment of Mariposa began. However, smaller-scale outcomes have been documented through the annual surveys and by the 2012 Report Card, as noted below. (DHA staff note that annual surveys are voluntary and only a portion of the resident population completes them each year, so they are not a representation of the full population's needs.) Combining survey data and their own operations, DHA staff believe that the following changes in health outcomes and healthy behaviors are occurring and hope that they will have more data to substantiate these in the future:

- Decrease in smoking rates (smoking cessation classes have been taught on site)
- Improved overall health status (e.g., "good" rather than "poor") as self-reported through annual surveys
- Greater understanding of how to navigate the health system
- Fewer residents using the Emergency Room as primary care and fewer 911 calls (and subsequent savings for city and health care system)
- Increased percent of residents with access to open space and nature within ½ mile from 26% to 32% (documented in the 2012 Report Card)
- Number of healthy food outlets within ½ mile increased from 0 to 1 (documented in the 2012 Report Card)
- Total crime rate per 1,000 people decreased from 246 to 157. Neighborhood crime rates strongly influence the willingness to let children walk, bike, or play outside (documented in the 2012 Report Card)

In sum, as DHA leaders and staff look at progress under the Healthy Living Initiative as a whole, they believe it is moving in a strongly positive direction, with more residents looking for opportunities to engage in the community through events, programs, and services, and more residents taking ownership of the community and thriving as a result.

Key Takeaways

The experience of DHA, its partners, and the residents and resident leaders at Mariposa provide many lessons about addressing health comprehensively as part of the initial and ongoing redevelopment of public housing and the creation of mixed-income communities. The story of Mariposa is one of initial vision, persistence in implementation, and—in the views of all those closest to this work—a significant accomplishment. Full analysis of lessons is beyond the scope of this site profile, but three takeaways seem particularly important.

The first is the importance of an early, comprehensive, broadly supported, and operational vision of health outcomes and of the conditions that contribute to health and well-being. DHA, community residents, and the Mariposa redevelopment plan early-on adopted a comprehensive framework for what it means for a community and its residents to be healthy. Grounded in an understanding of the social determinants of health, this vision not only provided the initial impetus for data collection and planning, but it was sufficiently operational that it could be a structure for action. It was accompanied by tools that could be used to build understanding and knowledge of resident needs; frameworks and checklists for action campaigns that could help keep multi-year strategies on track; and methods for assessing progress (even if these were not always completely functional in the ways that were intended, i.e., because of fewer-than-expected responses to surveys, etc.). The aim of improving population-level health outcomes within a community can only be accomplished over many years, with many partners, and through a process of evolving strategies in response to resident priorities, documented needs, and changing community conditions. Without the intentionality and persistence of DHA's and others' actions within a consistent guiding framework, it is difficult to see how such a complex and multi-faceted set of programs, initiatives, and community strategies could be kept on track.

The second takeaway is the value of early and consistent resident input, guidance, and leadership to a health and well-being agenda. Genuine resident leadership is of course a goal of any effort to create a successful and cohesive mixed-income community, but the Mariposa story provides lessons about how important early actions are to creating the foundation for genuine resident guidance and leadership, as well as how challenging it is to maintain and sustain such leadership. A key to cultivating resident buy-in of the process was the commitment and perseverance of DHA staff who believed in the concept of healthy living at Mariposa and who put high levels of effort into reaching all members of the community in order to make this a reality. DHA began the planning and design process with South Lincoln Homes resident input through the HIA, community outreach, and CulturalAudit™, determining how the

neighborhood would look based on resident desires and needs. The high levels of engagement with original South Lincoln residents set the foundation for the high return rate of residents, in addition to the positive direction Mariposa took in areas of health and wellness, according to DHA staff.

However, while DHA was successful in gaining resident input prior to and during planning, design, and construction, it has required equal or more effort to support resident leadership and engage residents over time. These efforts have been more successful with some residents than with others—again not unusual in the context of a mixed-income community, in which diversity of resident age, interests, income levels, and priorities is a key goal. For example, while the Patient Navigator and the Healthy Living Coordinator at Mariposa attempt to maintain an inclusive atmosphere where everyone is welcome to participate in the HLI, low-income residents who need services and support tend to seek out those resources, while market-rate residents are reported to feel as though opportunities “are not meant for them,” and they “don’t want to take away from the low-income residents.” Consequently, in the views of the Patient Navigator and Healthy Living Coordinator, a greater number of low-income residents are currently taking advantage of the programming and opportunities available at Mariposa. This does not have to be the continuing situation, however, and DHA staff as well as resident leaders are committed to ever-evolving and expanding the range, focus, and scope of resident input and leadership.

Finally, a third takeaway is the challenge of tracking progress and of “making the case” that even efforts as comprehensive as those at Mariposa are changing health outcomes. This of course is a persistent challenge to any effort to address the social determinants of health and, through those actions, improve health outcomes. However, the challenge is made even greater when the effort is led by a resource-strapped public housing authority, with limited funds that can be dedicated to intensive evaluation efforts. In this context, Mariposa’s experience provides both helpful lessons and continuing challenges. On the positive side, DHA and its partners have continued to conduct annual surveys of residents’ needs, priorities, and health conditions, thus demonstrating that basic levels of progress reporting are possible—and are useful in future planning. Further, while full data are not available, staff can point with assurance to resources and opportunities that are likely to be contributing to healthier behaviors and, it is hoped, greater resident well-being. These are all valid forms of evidence and are important markers of progress. At the same time, DHA’s ongoing struggle to document the full effects of the Healthy Living Initiative should spur further action by those committed to the long-term health of mixed-income communities to find and fund better ways of tracking progress and building evidence as a

key component of the true long-term goal: a genuinely “healthy community.”

References

* For Mariposa’s list of Health Determinant Indicators, see the Mariposa Healthy Living Initiative Report <http://www.denverhousing.org/development/Mariposa/Documents/Mariposa%20Healthy%20Living%20Initiative%202012.pdf>.

** See “Outcomes” for selected data points from the 2012 Report Card; for full results, see the Mariposa Healthy Living Initiative report.

¹The Partnership for Sustainable Communities was a partnership between the U.S. Departments of Housing and Urban Development, and Transportation, and the Environmental Protection Agency, to ensure high environmental standards and livability conditions in public housing and community redevelopment. Additional Partnership for Sustainable Communities resources:

- Partnership for Sustainable Communities. “Livability Principles.” Available at: <https://www.sustainablecommunities.gov/mission/livability-principles>.
- Partnership for Sustainable Communities. “PAR Case Studies: Denver, CO.” Available at: https://www.sustainablecommunities.gov/sites/sustainablecommunities.gov/files/docs/PAR_case_studies_denver_co.pdf.

For more information about the Partnership for Sustainable Communities, visit the Environmental Protection Agency’s website at: <https://www.epa.gov/smartgrowth/partnership-sustainable-communities-supporting-environmental-justice-and-equitable>.

² CulturalAudit™ Available at: <https://lauracurry.net/>.

³ Denver Housing Authority. “South Lincoln Redevelopment Master Plan Final Master Plan Report.” 2010. Available at: <http://www.denverhousing.org/development/Mariposa/Pages/default.aspx>.

⁴ Denver Housing Authority. “Health Impact Assessment, South Lincoln Homes, Denver CO, HIA Report, Version 3”. 2012. Available at: <http://www.denverhousing.org/development/Mariposa/Documents/Health%20Impact%20Assessment%20-%20version%203%20-%20July%202012.pdf>.

⁵ Denver Housing Authority. “South Lincoln Redevelopment Master Plan Final Master Plan Report.” 2010.

⁶ Denver Housing Authority. “The Mariposa Healthy Living Initiative.” 2012. Available at: <http://www.denverhousing.org/development/Mariposa/Documents/Mariposa%20Healthy%20Living%20Initiative%202012.pdf>.

⁷ Denver Housing Authority. “The Mariposa Healthy Living Initiative.” 2012.

⁸ Use of the Healthy Development Measurement Tool (HDMT) in Denver: Cross-Sector Partnerships for Development and Public Health South Lincoln Homes, Denver CO (2010). Available at: <http://www.denverhousing.org/development/Mariposa/Documents/Healthy%20Development%20Measurement%20Tool%20Report.pdf>.

San Francisco Department of Health. “Healthy Development Checklist.” 2014. San Francisco Indicator Project. Available at: http://www.sfindicatorproject.org/resources/development_checklist.

⁹ Denver Housing Authority. “The Mariposa Healthy Living Initiative.” 2012.

¹⁰ Bridge Project, <http://www.denverbridgeproject.org/about/>.

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