2011 UPDATE

NEIGHBORHOOD ELEMENT

TOPEKA COMPREHENSIVE PLAN 2025




ADOPTED:
Topeka Planning Commission, March 26, 2012
City of Topeka Governing Body, May 8, 2012

Prepared by:
City of Topeka Planning Department

Neighborhood Element

of the

Topeka Comprehensive Plan 2025

Prepared by:

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Approval: Topeka Planning Commission, March 26, 2012
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INTRODUCTION AND PROCESS

The Neighborhood Element is a component of the Topeka Comprehensive Plan, which is a long-range guide for the future physical and economic growth of our region based on the goals and values of the community. The Neighborhood Element is one of many elements – Growth Management, Economic Development, Transportation, Parks, and Trails, etc. – that comprise the Comprehensive Plan. **The goal of the Neighborhood Element is to establish a policy framework for creating and sustaining livable neighborhoods city-wide through the strategic guidance of public and private resources.**

This constitutes the first major update and review of the Neighborhood Element since its adoption in July, 2000. The 2011 update of the Neighborhood Element and health map is used to analyze the progress that has been made in regard to the condition and wellness of our neighborhoods in Topeka, Kansas. The original health map was established in 2000 and updated in 2003 and 2007.

I. THE STATE OF NEIGHBORHOODS: Neighborhood Health

> ***The image of the successful central business district of the 1970s and 1980s has turned out to be a false measure of urban health. Neighborhoods are the lifeblood of any city.***
>
> *Witold Rybcynzski, "City Life: Urban Expectations in a New World" (1996)*

Before implementing any neighborhood development policies, it is essential that we have an understanding of the health of our neighborhoods. We need to take their temperature and blood pressure, perform physicals, and make a diagnosis of symptoms vs. underlying disease (if any) before prescribing a treatment (if any). And once a treatment is prescribed, how will we know if it is performing as intended?

Neighborhoods can be analogous to a patient. A neighborhood, like a patient, may need emergency room attention, surgery, or out-patient services. The neighborhood may also be labeled as "at-risk" indicating greater odds they will experience health problems in the future. Meanwhile, before becoming an "At Risk" patient, a neighborhood can utilize preventative measures to lower their risk of needing "medical" attention. All of these situations have different levels of fiscal implications, too. As the old saying goes, an ounce of prevention is worth a pound of cure. Deferring treatment will only make the cost of curing those ailments much higher in the future. Utilizing less costly preventive measures up front will equate to far less costs on society in the future.

Three types of measures – *vital signs, health trends,* and *revitalization potential* – are used to determine neighborhood health conditions.

Vital Signs

Just as a patient's temperature and blood pressure are checked as basic indicators of health, "vital signs" can be used as a snapshot of the neighborhood's current health at a given moment in time. They are a starting point to measure the symptoms a neighborhood may have and to what extent they are occurring. More detailed problem identification is performed during neighborhood planning exercises, but their vital signs give us a basic measure of how we should allocate our resources for treatment much like a triage system.

Maps #1-5 illustrate five (5) vital signs of our neighborhoods, by Census Block Group. The Composite Map is an average of all five vital signs. The health ratings and vital sign measurements do not necessarily correspond to established neighborhood boundaries. "Neighborhoods" have been defined by Census Block Group boundaries to make data collection consistent and comparable at a neighborhood-scale.

Poverty that is highly concentrated has become one of the most reliable indicators of poor performance in school, crime rates, family fragmentation, job readiness, housing conditions, etc. Neighborhoods with higher concentrations of poverty are generally underserved by commercial services because they are perceived as having less buying power. Map #1 illustrates that the most extreme levels (40%+) occur within the Monroe, East Topeka North, and East Topeka South areas.

- Source: 2006-2010 American Community Survey 5-year Estimates, administered by the United States Census Bureau. Refer to the Appendix for more information.
    1. Block Group estimates are maintained separately by the Census Bureau within the *Summary File* table. Block Group poverty rates were deducted from Table: B17021 – "Poverty Status of Individuals in the Past 12 Months Based Upon Living Arrangement."
    2. The overall poverty rate for all persons in Topeka was 19% in 2010 (Table: S1707).
- Methodology: Poverty status by Block Group. Block Groups with little or no residential development were excluded from the Map.
- Vital Sign Ranges: The health ratings on Map #1 are constant and are based on the overall poverty rate in 1990, according to Census Bureau information (15%). The ranges were adjusted for the *2011 Poverty Map* to account for the new method of determining poverty estimates by the American Community Survey beginning in 2005. The health ratings in Map #1, therefore, were increased slightly according to the difference between the overall poverty rate in 1990, and 2010 (15% and 19% respectively).

Public Safety, as measured by the number of Part 1 crimes reported for the last two full years, is a symptom indicating the local environmental conditions conducive to crime and how well a neighborhood is organized to prevent crime from occurring. Areas with business or commercial districts should expect higher crime levels than residential neighborhoods. Map #2 illustrates Part 1 crimes per capita. Above-average crime levels are concentrated in central Topeka neighborhoods such as Monroe, Historic Old Town, the Central Business District, as well as in North Topeka West and the western portion of the Hi-Crest neighborhood.

- Source: Topeka Police Department, 2010 Census.
- Methodology: Population within each census Block Group divided by the number of Part 1 crimes from January 2009 to December 2010. Part 1 crimes include robbery, theft, burglary, rape, murder, aggravated assault, aggravated battery, arson.
- Vital Sign Ranges: Classification ranges remained constant.

Residential Property Values are in part a reflection of the quality of housing supply and the image of a neighborhood. School choices, perceived safety, protection from more intensive development, etc. can all combine to ultimately affect a household's decision to buy a house or rent in a given area. Map #3 illustrates that residential property values are highest in areas west of SW Fairlawn and southwest of I-470. The Historic North Topeka East, Monroe, East Topeka North/South neighborhoods, and

the western portion of Hi-Crest exhibit the lowest residential property values in the City. The median sales price of a house purchased in Shawnee County was $110,000 in 2010 (Topeka Area Association of Realtors).

- Source: Shawnee County Appraisers Office, June 2011.
- Methodology: Average property values by Block Group. Only residential property with improvements is included in the analysis, and does not include vacant land even if zoned for residential. Block Groups with little or no residential development were excluded.
- Vital Sign Ranges: The range of values has remained constant since the initial *2000 Health Map* (in 1998 dollars), before adjusting for inflation in 2011 dollars. The original range before inflation: *Intensive Care* = $9,923 - $28,752; *At Risk* = $28,973 - $48,388; *Out Patient* = $49,514 - $74,396; *Healthy* = $76,032 - $95,881.

Single-Family Home Ownership rates are an indication of the willingness (or ability) to invest in the area. The most relevant measure of this is how many *single-family dwellings* are owner-occupied since these homes were built for individual ownership. The percentage of homeowners residing in single-family dwellings will indicate the level of investment confidence in the neighborhood. A simple comparison between the percent of owners vs. renters is not as relevant. Map #4 illustrates below-average homeownership rates remain the pattern within many central and east Topeka neighborhoods, such as Central Park, Chesney Park, Monroe, East Topeka North/South, as well as the Hi-Crest neighborhood.

- Source: Shawnee County Appraisers Office, June 2011.
- Methodology: The homeownership percentage is determined by dividing the number of all owner-occupied homes by the total number of single-family homes within each census Block Group. Owner-occupancy is assumed if the property address of a single-family home matches the ownership address in the Shawnee County Appraisers Office records. Block Groups with relatively few single-family homes have been excluded from the analysis.
- Vital Sign Ranges: Classification ranges remained constant.

Boarded Houses & Unsafe Structures are critical symbols of distress in a neighborhood. This drastic step may signal a house is not worthy of rehabilitation by the owner or has become a victim of vagrants and criminals. It is one of the most, if not most, evident physical displays that will undermine confidence in an area for investment and precipitates a downward spiral for the block and/or neighborhood. Of course, it may also ultimately represent a good value for rehabilitation by savvy investors. Map #5 illustrates that boarded/unsafe structures are mainly concentrated in the Monroe NIA, the southern half of the North Topeka East, as well as in the East Topeka North/South neighborhood.

- Source: Topeka Police Department, Code Enforcement Unit, 2010.
- Methodology: The number of structures by Block Group ordered for boarding, or structures that were inspected and deemed unsafe by Code Enforcement.
- Vital Sign Ranges: Classification ranges remained constant.

Neighborhood Health Composite Map – The Composite Map is an average of the five previous vital signs for each Census Block Group. According to the Neighborhood Health Map 2011, *Healthy* neighborhoods are located almost exclusively to the west of SW Washburn Avenue, as well as outside of the interstate highways. On the other extreme, *Intensive Care* areas – those neighborhoods that need immediate and substantial attention – are largely concentrated in four areas: Monroe, East Topeka North, Highland Crest west of SE Adams Street, and North Topeka East just north of the Kansas River. Surrounding these areas are *At-Risk* block groups that may require attention before they succumb to the more serious *Intensive Care* rating.

- Source: City of Topeka Planning Department, 2011.
- Methodology: Each vital sign has four rating levels that were assigned points ranging from most desirable condition (4 points) to least desirable condition (1 point). For example, a Census Block Group that scored in the most desirable level for all vital signs would have received a total score of 20 points or an average score of 4.0 (divided by 5). Several Block Groups on the edge of the City limit were excluded from the analysis due to very low population or unreliable vital sign information.
- Composite Score: The Health Composite classifications are determined by a "natural breaks" statistical method that was derived in the *2000 Health Map* and remains constant, and is measured in the following four classifications:

Healthy – optimal conditions
Out-Patient – favorable conditions
At-Risk – emerging negative conditions
Intensive Care – seriously distressed conditions

Table 1. Vital Sign Ranges

Neighborhood Health Composite (avg. score)	Persons Per Part 1 Crime Reported (score)	% of Persons Below Poverty Level (score)	% Owner Occupied Housing Units (score)	Number of Boarded Houses (score)	Average Residential Property Levels (score)
Healthy (3.3 – 4.0)	9 or More (4)	0 - 9% (4)	70 - 100% (4)	None (4)	$103,000 and Above (4)
Out-Patient (2.7 – 3.2)	6 – 8 (3)	10 - 18% (3)	50 - 69% (3)	1-2 (3)	$67,500 - $103,000 (3)
At-Risk (1.9-2.6)	4 – 5 (2)	19 - 30% (2)	34 - 49% (2)	3-5 (2)	$40,000 - $67,500 (2)
Intensive Care (1.0 – 1.8)	1 – 3 (1)	31 – 100% (1)	0 - 33% (1)	6 + (1)	$40,000 and Below (1)

Health Trends

Whereas "Vital Signs" tell us the current static condition of a neighborhood, "Health Trends" will tell us whether or not the condition of a neighborhood is getting better or worse. They are dynamic and measure change/stability.

It is critical to understand where a neighborhood is in its life cycle – an *At Risk* neighborhood may either be on the cusp of improving to *Out Patient* status, maintaining a status quo condition, or dropping faster than a speeding bullet on its way to *Intensive Care* status. Depending on where they are on this scale will help determine appropriate treatments and/or how much treatment is needed. Table #2 on page 9 lists Health Composite trends within the Neighborhood Improvement Associations (NIA's) from 2000-2011 (refer to the *Appendix* for a complete breakdown of each Census Block Group within the NIA's).

NIA boundaries are defined by Census Block Group boundaries for the purposes of this analysis, and do not necessarily reflect actual boundaries of recognized neighborhoods. The *Composite NIA Health Score* refers to the *average* composite score of all of the major Block Groups that comprise each NIA. Highland Crest and Historic Historic Old Town have each been divided in two halves for the purpose of this analysis.

Note: The year *2000 Neighborhood Health Map* relied upon the boundaries of 1990 Census Block Groups. The year *2003, 2007* and *2011 Neighborhood Health Maps* relied upon 2000 & 2010 Census Block Groups, which have consistent boundaries within the NIAs. The tables need to be compared from 2003 to 2011 in order to maintain best uniformity. However, comparisons between the year *2000* and *2011 Neighborhood Health Maps* are appropriate for general analysis purposes. Thus, comparisons between the *2000* and *2011 Neighborhood Health Maps* are made in the following section.

Analysis: Comparison of the *2000 & 2011 Neighborhood Health Maps*.

The following is a long-range comparison between the *2000 & 2011 Neighborhood Health Maps*. Composite health is measured at a rather large scale and is not quite as specific as at the Block Group level. Since most NIAs are comprised of more than one Block Group, changes in health are not quite as drastic, and may be tempered by other surrounding influences. However, a closer look at the Block Group level may be necessary to highlight specific changes that have occurred in some neighborhoods.

Areas of Improvement Since 2000

According to Table #2, there were 13 out 22 NIA's (59%) in which the *Composite NIA Health Score* increased from 2000 to 2011, and three that remained unchanged (14%). The most significant improvements in Neighborhood Health occurred in the following areas in order of largest gains:

- **Tennessee Town** – This neighborhood in the heart of Topeka went from an entirely *Intensive Care* NIA in 2000, to a majority *out-patient* NIA in 2011. This was the first time any portion of the Tennessee Town NIA has been *Out Patient*. Tennessee Town has been the focus of major improvement efforts by the NIA and City of Topeka for the past decade (see Section 2). As a result, there has been a significant reduction in the number of Part 1 crimes, a complete reduction in boarded houses, and an increase

in homeownership throughout the entire NIA since conditions were last recorded in the 2007 Health Map. The poverty rate also decreased in each Block Group from the 2000 Census as well.

- **Ward Meade** – Ward Meade improved from being an almost entirely *Intensive Care* neighborhood in 2000, to being evenly divided between *Out Patient* and *At Risk* Block Groups in 2011. In fact, the southeast portion of the neighborhood (Block Group 6:2) improved for the first time from *Intensive Care* to *At Risk* in 2011. This portion of the neighborhood adjacent to SW 6th Street and Topeka Boulevard has experienced significant private rehabilitation in the 500 block Tyler Street, which has transformed the area. In addition, this Block Group extends into the Historic Old Town NIA from SW 6th and 7th Streets between SW Fillmore and Topeka Boulevard, which was part of the SORT program beginning in 2006. It is no surprise that all of these efforts have led to an increase in homeownership and property values, and crime has decreased in this area since 2007. The largest Block Group in Ward Meade (6:1) around Meadows Elementary went from *At Risk* in 2007 to *Out Patient* in 2011 due to a decrease in crime.

- **Chesney Park** – Situated between the Topeka Expocentre to the east and Washburn University to the west, Chesney Park was an *Intensive Care* neighborhood throughout all of the past decade, and has now improved for the first time to *At Risk* in 2011. Chesney Park experienced several waves of targeted housing and infrastructure improvements, concentrated mostly along SW Clay and SW Central Park starting in 2004. The Chesney Park NIA has also been instrumental in increasing community awareness through volunteer projects such as the Great Mural Wall. As a result, the neighborhood has experienced a dramatic 60% decline in the number of reported Part 1 Crimes from 2007-2011 and an increase in property values.

- **Monroe** – The Monroe neighborhood has remained *Intensive Care* and *At Risk* since 2000. But a pocket of *Out Patient* was measured for the first time ever in the vicinity of SW 15th Street and South Topeka Boulevard (Block Group 40:4). This represents the nearest *Out Patient* area to Downtown Topeka since the 2000 Health Map. New infill housing construction by Cornerstone, as well as an increase in homeownership and a reduction in poverty are responsible for this improvement.

- **East Topeka South** – Major investments in new housing construction, park improvements and infrastructure were made beginning in 2004 (see Section II) in the blocks just south of SE 6th Street between SE Indiana Avenue and SE Lafayette Street. These investments had their intended effect as this area did show improvement going from *Intensive Care* in 2000 to *At Risk* in 2011. Despite these investments, overall property values are still low and poverty is very concentrated.

Areas of Decline Since 2000

There were six NIA's (27%) in which the *Composite Neighborhood Health Score* decreased (Table #2). The most noteworthy declines occurred in the following areas:

- **Jefferson Square** – This single-family area between SE 21st and SE 29th Streets west of SE Adams went from *Out Patient* to *At Risk* for the first time in 2011. This was due to an increase in boarded houses, a decrease in homeownership, and a significant increase in the number of Part 1 crimes (27%) from 2007. Jefferson Square was one of two neighborhoods to experience the largest *Composite Health Score* decrease from 2000 to 2011 (Table #2). As the first urban renewal project of a neighborhood in Topeka, it is now showing signs of decline at the end of its 30-year cycle.

- **Quinton Heights Steele** – This small residential enclave just south of Chesney Park between SW 21st and 27th Streets is also a notable decline as it dropped from *Out Patient* to *At Risk* in 2011. An increase in the crime rate per capita from 2007 and an increase in the poverty rate from the 2000 Census were key factors that led to the health decline. In addition, the population of the neighborhood decreased by 7% from 2000 to 2010.

- **North Topeka East** – The residential blocks between NW Morse Street and the Kansas River in historic North Topeka East have steadily declined in health since the *2000 Health Map* when this area was mostly *At Risk*. It is solidly *Intensive Care* in 2011. While there is a neighborhood plan in place for Historic North Topeka, the investments have largely ignored the plight of the residential areas and focused more on the riverfront and commercial corridor of N. Kansas Avenue. Boarded houses, low property values and an above average crime rate have greatly diminished the quality of life within a once thriving residential neighborhood.

- **East Topeka North** – While the overall *Composite Health Score* of all Block Groups in the East Topeka North NIA actually improved from 2000 to 2011 (Table #2), the area surrounding Scott Magnet School (Block Group 11:2) actually experienced a slight decline, which led it to change from *At Risk* to *Intensive Care*. This decrease is concerning because many blocks just north of SE 6th Street between SE Branner and Davies Street received target area assistance in 2006. It should be noted, however, that housing and infrastructure investments were very light in this area because funding was divided between four different neighborhoods which limited the scope that could be accomplished. Residential property values are still very low in the blocks surrounding Scott Magnet School, and the number of people living below the poverty level is very concentrated in this neighborhood.

Table 2. Composite NIA Health Scores from 2000-2011

NIA	2000		2003		2007		2011		Change 2000-2011
	Score	*Health*	Score	*Health*	Score	*Health*	Score	*Health*	
Central Highland Park	2.5	***AR***	2.6	***AR***	2.7	***OP***	2.7	***OP***	**0.1**
Central Park* **	2.1	***AR***	2.0	***AR***	1.9	***AR***	2.3	***AR***	**0.2**
Chesney Park**	1.8	***IC***	1.8	***IC***	1.8	***IC***	2.4	***AR***	**0.6**
Downtown	1.6	***IC***	1.9	***AR***	1.6	***IC***	2.2	***AR***	**0.6**
East End	2.8	***OP***	2.9	***OP***	2.6	***AR***	2.8	***OP***	**0.0**
East Topeka North**	1.6	***IC***	1.9	***AR***	1.9	***AR***	1.9	***AR***	**0.3**
East Topeka South*	1.7	***IC***	1.9	***AR***	1.7	***IC***	1.9	***AR***	**0.2**
Highland Acres	2.8	***OP***	2.8	***OP***	2.8	***OP***	3.0	***OP***	**0.2**
Highland Crest (East)	3.2	***OP***	2.6	***AR***	2.6	***AR***	2.9	***OP***	**-0.3**
Highland Crest (West)**	1.4	***IC***	1.7	***IC***	1.5	***IC***	1.7	***IC***	**0.3**
Historic Holliday Park***	2.0	***AR***	1.8	***IC***	2.0	***AR***	2.2	***AR***	**0.2**
Jefferson Square	3.0	***OP***	2.8	***OP***	2.8	***OP***	2.6	***AR***	**-0.4**
Likins Foster	2.2	***AR***	3.0	***OP***	3.2	***OP***	3.2	***OP***	**1.0**
Monroe*	2.0	***AR***	1.8	***IC***	1.8	***IC***	2.3	***AR***	**0.3**
North Topeka East	2.2	***AR***	2.2	***AR***	2.0	***AR***	2.0	***AR***	**-0.3**
North Topeka West	2.3	***AR***	2.4	***AR***	2.2	***AR***	2.0	***AR***	**-0.3**
Oakland	3.0	***OP***	3.2	***OP***	3.2	***OP***	3.0	***OP***	**0.0**
Historic Old Town (East)**	2.0	***AR***	2.0	***AR***	2.0	***AR***	2.4	***AR***	**0.4**
Historic Old Town (West)	2.5	***AR***	2.8	***OP***	2.6	***AR***	2.4	***AR***	**-0.1**
Quinton Heights Steele	2.8	***OP***	2.6	***AR***	3.0	***OP***	2.4	***AR***	**-0.4**
Tennessee Town*	1.6	***IC***	1.6	***IC***	1.9	***AR***	2.4	***AR***	**0.8**
Valley Park	3.2	***OP***	3.6	***H***	3.6	***H***	3.2	***OP***	**0.0**
Ward Meade	1.6	***IC***	1.9	***AR***	2.1	***AR***	2.3	***AR***	**0.7**

Composite score reflects the average of all Block Group scores within each NIA. See Appendix for Block Group detail.

H = Healthy (3.3-4.0)
OP = Out Patient (2.7-3.2)
AR = At Risk (1.9-2.6)
IC = Intensive Care (1.0-1.8)

* SORT assistance in 2004
** SORT assistance in 2006
*** SORT assistance in 2008

Summary of Health Trends Since 2000

Areas of Improvement:

- Since 2000, the City has reduced the number of neighborhoods affected by *Intensive Care* ratings by 64%. The City currently only has four (4) neighborhoods affected by such a rating after having 11 such neighborhoods in 2000.
- There are no *Intensive Care* Block Groups west of SW Tyler and north of SW 21st Street for the first time since 2000. This includes previous *Intensive Care* areas within **Central Park, Historic Holliday Park, Chesney Park, Historic Old Town, Tennessee Town,** and **Ward Meade.**
- Seven (7) central Topeka NIA areas west of Downtown had an increase in the *Composite Health Score* (Table #2).
- Blocks within both **Tennessee Town** and **Historic Old Town** achieved the first ever *Out Patient* rating for central Topeka west of Downtown.
- **Tennessee Town, Chesney Park,** and **Downtown** had the highest increases in average scores. Tennessee Town and Chesney Park have had major SORT initiatives.
- 8 out of 9 SORT target area Block Groups either improved their health rating or score.

Areas of Decline:

- **Jefferson Square** declined from *Out Patient* to *At Risk* for the first time since 2000, and also experienced one of the largest *Composite Health Score* decreases of all NIA areas (see Table #2).
- **Quinton Heights Steele** declined from *Out Patient* to *At Risk* and also experienced one of the largest *Composite Health Score* decreases of all NIA areas (see Table #2).
- Block Group 11:2 surrounding Scott Magnet School in **East Topeka North** declined from *At Risk* in 2007 to *Intensive Care* in 2011.

Revitalization Potential

Assessing a neighborhood's revitalization potential is another important consideration to make when identifying and targeting areas for revitalization. Concentrating resources in areas that have strong revitalization potential is a key principle for neighborhood investment. It is important to look deeper into neighborhoods to examine the opportunities, assets and strengths before targeting resources. Some examples include:

Opportunities:

- **Adjacency to stronger and more stable neighborhoods** – Opportunities for greater revitalization impact can be found where a severely distressed neighborhood is adjacent to another distinctively healthier neighborhood. Returning market forces to a distressed and unstable area is made much more feasible when it is "anchored" to a strong and stable source.
- **Vacant Lots** - Vacant lots can present an opportunity for redevelopment. Many of Topeka's more distressed neighborhoods contain a preponderance of vacant land as dilapidated structures have been razed. These vacant tracts of land often comprise large areas that present opportunities for large-scale redevelopment projects.
- **Significant public/private investment in the neighborhood** - An example is the renovation of the former Union Pacific Depot into the Great Overland Station museum in Historic North Topeka, involving millions of public dollars. A project of that magnitude can create momentum for economic revitalization if the community and local businesses can capitalize on that investment.

Assets:

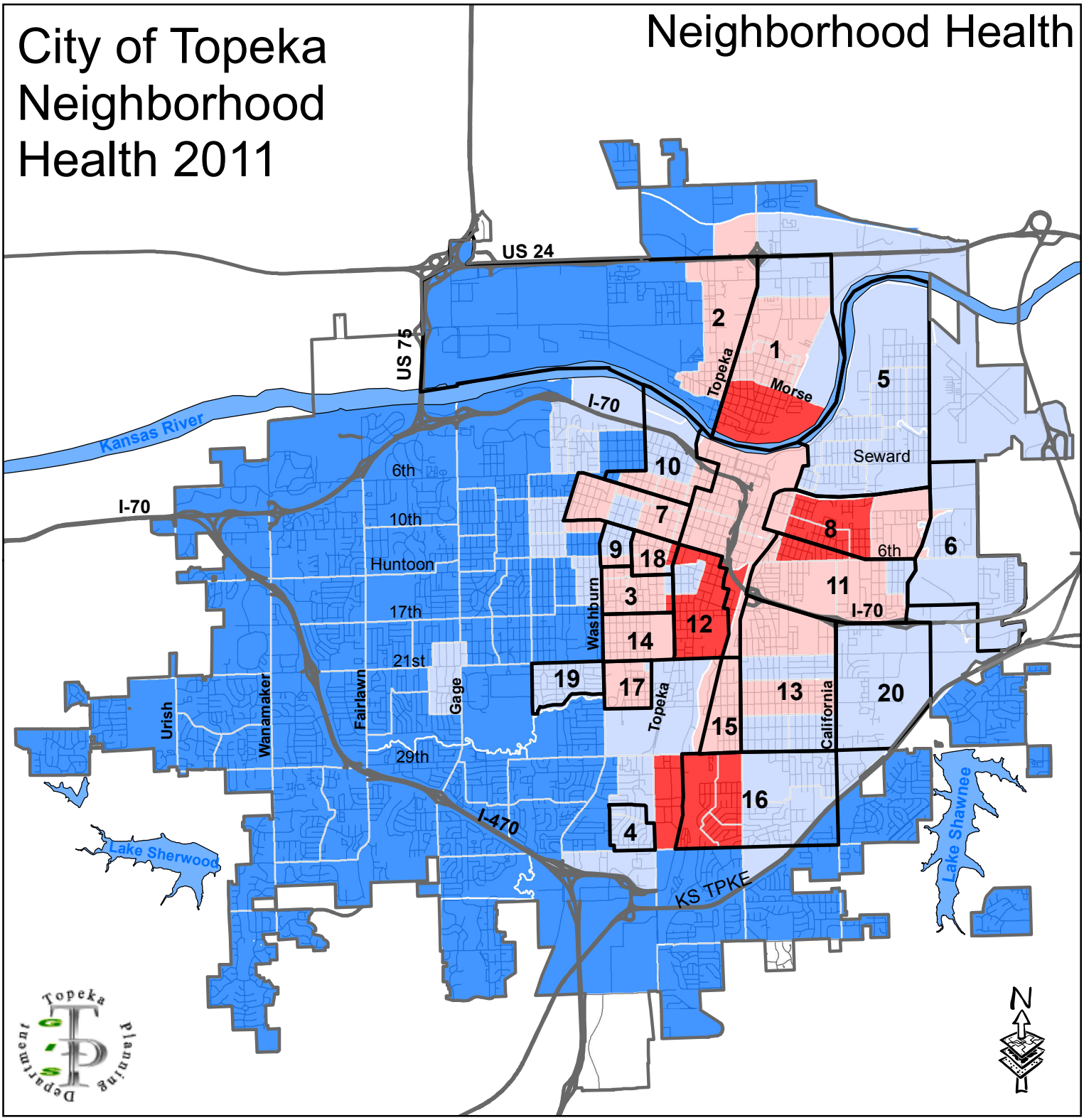
- **Historic Character** - A large number of historically significant structures, particularly if the renovation of some of those structures has already begun, can be a unique neighborhood attribute. This allows a neighborhood to distinguish itself by creating a singular identity that can be used as a tool to market the neighborhood.
- **Intact infrastructure** - Quality infrastructure can significantly increase the attractiveness of an area for new development as long as the investment in sidewalks, curbs, storm sewers, alleys and streets precedes development or is predictable.
- **Institutional "anchors" (libraries, churches, schools, community centers)**
- **Access to public amenities** - Close proximity to schools, parks, public facilities, public transit, employment centers and shopping can create a favorable environment for residential development. The traditional pedestrian oriented model that is found in many older neighborhoods can present an attractive alternative to suburban living.

Strengths:

- **Social relationships within the neighborhood** - A neighborhood with strong community ties and the ability to present a "united front" increase the chances of successful revitalization efforts.
- **Social/institutional relationships outside the neighborhood.**

Composite Neighborhood Health

City of Topeka Neighborhood Health 2011



Legend

- Healthy
- Out Patient
- At Risk
- Intensive Care
- City Limits

NIAs

1 North Topeka East	8 East Topeka North	15 Jefferson Square
2 North Topeka West	9 Tennessee Town	16 Highland Crest
3 Central Park	10 Ward Meade	17 Quinton Heights Steele
4 Likins Foster	11 East Topeka South	18 Historic Holliday Park
5 Oakland	12 Monroe	19 Valley Park
6 East End	13 Central Highland Park	20 Highland Acres
7 Historic Old Town	14 Chesney Park	

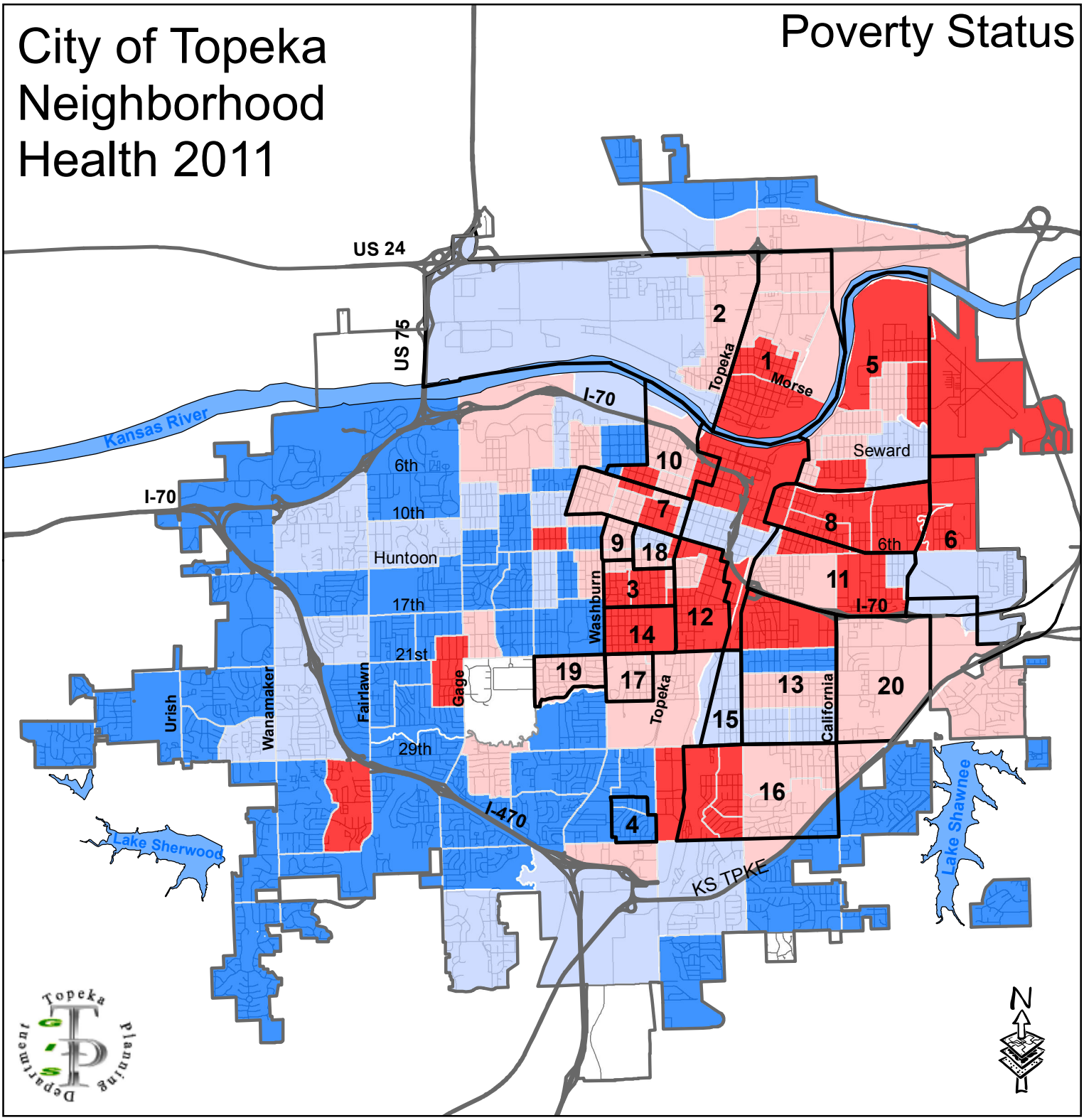
"Vital Signs" Which Determine Neighborhood Health Include:

1) % of Persons Below Poverty Level
2) Part 1 Crimes Per Capita
3) Average Residential Property Values
4) % of Owner Occupied Homes
5) Number of Boarded Houses

Map #1

Poverty Status

City of Topeka Neighborhood Health 2011



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% of Persons Below Poverty (by Block Group)

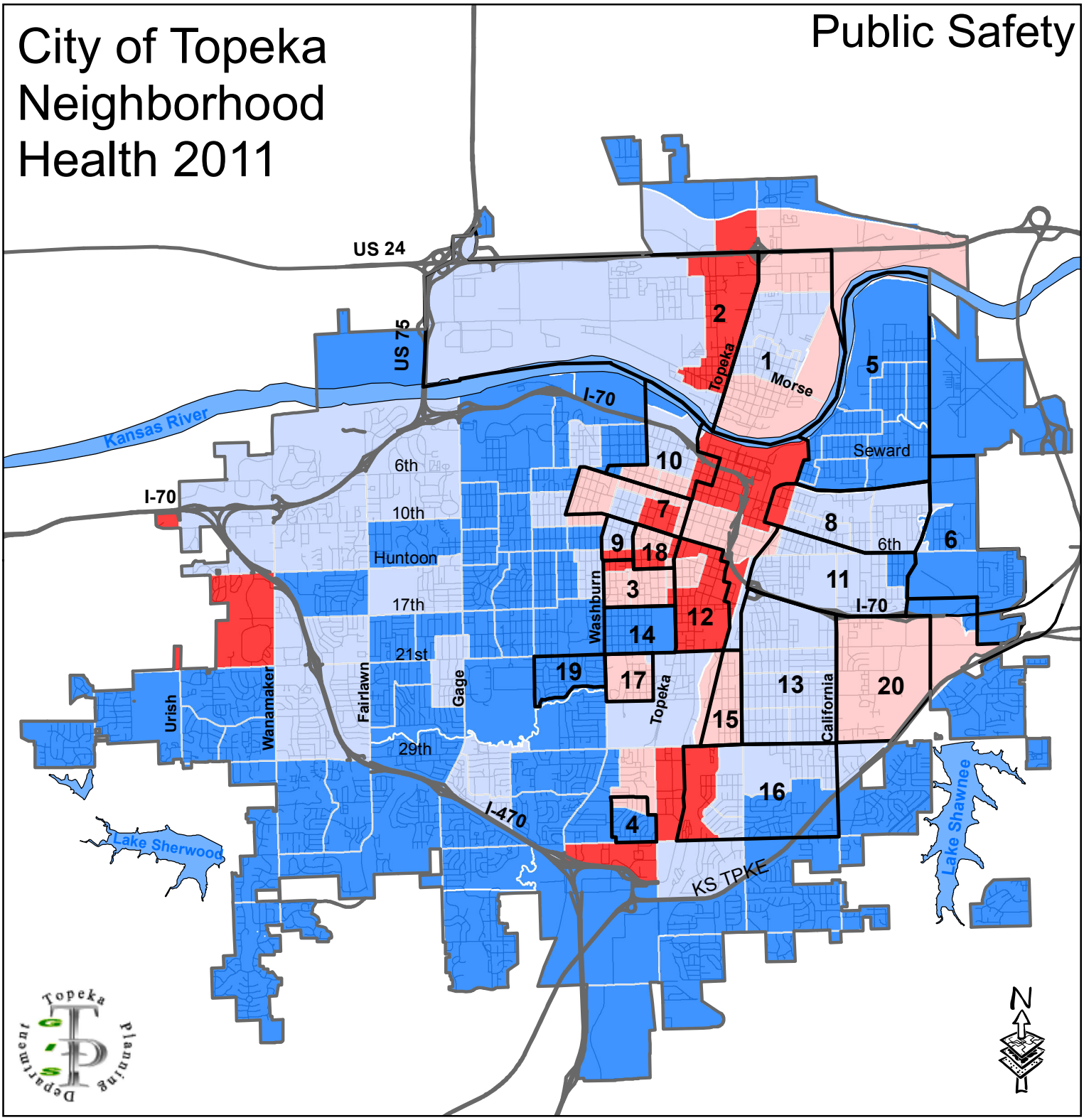
- 0 - 9%
- 10 - 18%
- 19 - 30%
- 31 - 100%
- Not Surveyed

Source: 5-Year American Community Survey, 2006 - 2010

Map #2

Public Safety

City of Topeka Neighborhood Health 2011



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6 East End	13 Central Highland Park	20 Highland Acres
7 Historic Old Town	14 Chesney Park	

Crime Rate (Persons per Part 1 Crime)

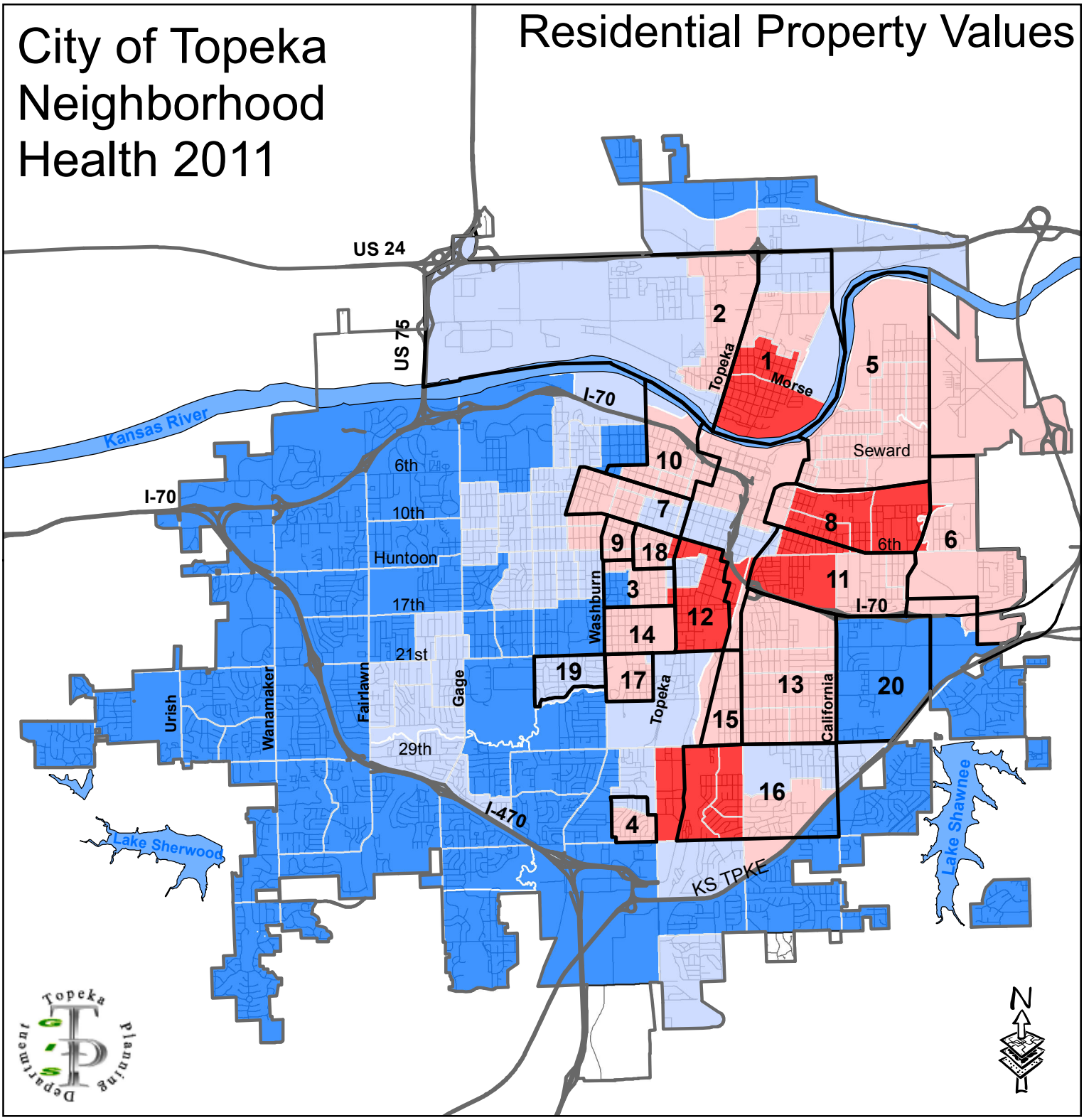
- 9 or More
- 6 - 8
- 4 - 5
- 1 - 3

Source: Topeka Police Department, 01/2009 - 12/2010

Map #3

City of Topeka Neighborhood Health 2011

Residential Property Values



Legend

- Healthy
- Out Patient
- At Risk
- Intensive Care
- City Limits

NIAs

1 North Topeka East
2 North Topeka West
3 Central Park
4 Likins Foster
5 Oakland
6 East End
7 Historic Old Town
8 East Topeka North
9 Tennessee Town
10 Ward Meade
11 East Topeka South
12 Monroe
13 Central Highland Park
14 Chesney Park
15 Jefferson Square
16 Highland Crest
17 Quinton Heights Steele
18 Historic Holliday Park
19 Valley Park
20 Highland Acres

Average Property Values 2011 (by Block Group)

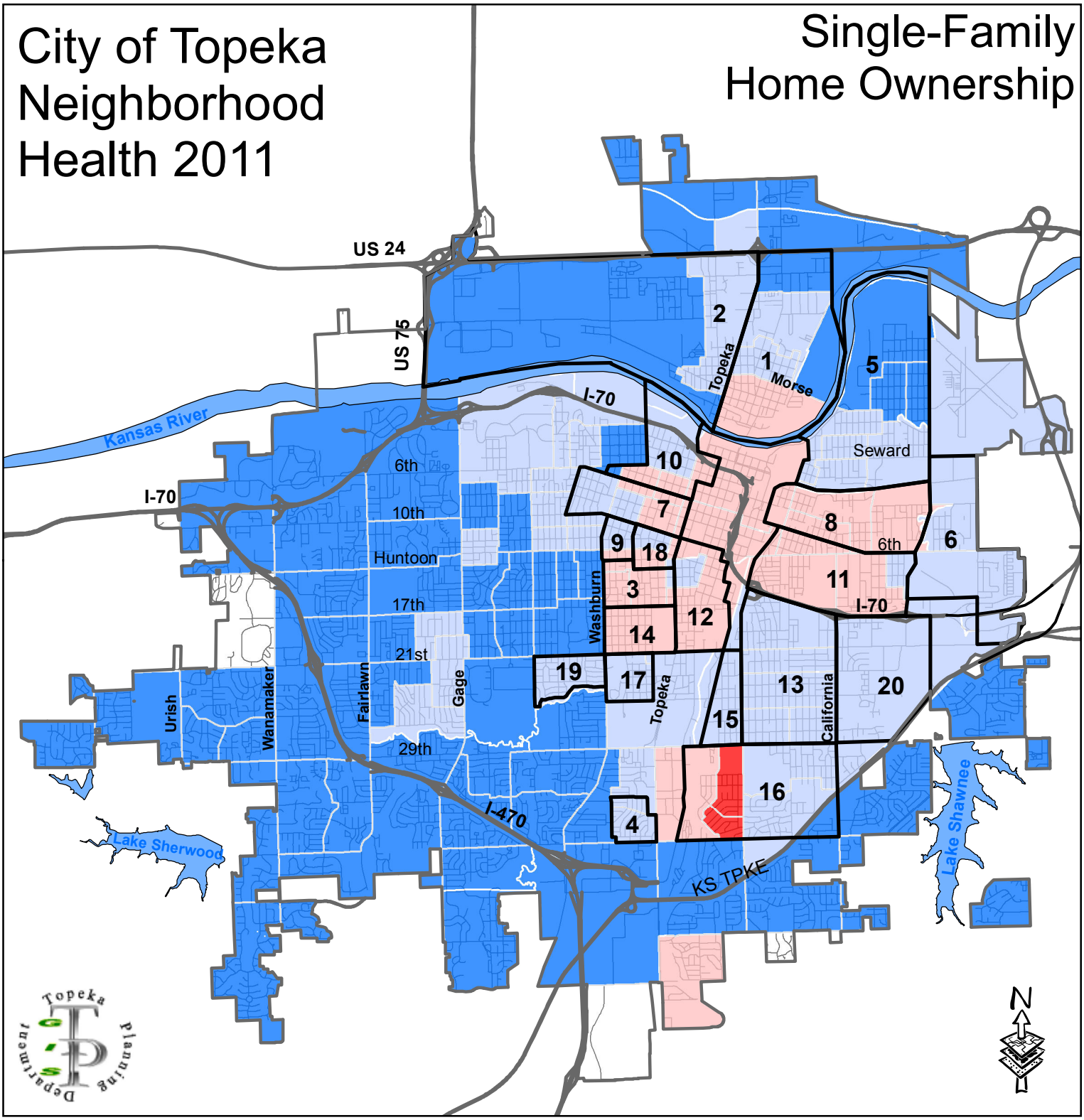
- $103,001 +
- $67,501 - $103,000
- $40,001 - $67,500
- $0 - $40,000
- Not Surveyed

Source: Shawnee County Appraiser, 06/2011

Map #4

City of Topeka Neighborhood Health 2011

Single-Family Home Ownership



Legend

- Healthy
- Out Patient
- At Risk
- Intensive Care
- City Limits

NIAs

1 North Topeka East
2 North Topeka West
3 Central Park
4 Likins Foster
5 Oakland
6 East End
7 Historic Old Town
8 East Topeka North
9 Tennessee Town
10 Ward Meade
11 East Topeka South
12 Monroe
13 Central Highland Park
14 Chesney Park
15 Jefferson Square
16 Highland Crest
17 Quinton Heights Steele
18 Historic Holliday Park
19 Valley Park
20 Highland Acres

Source: Shawnee County Appraiser, 06/2011

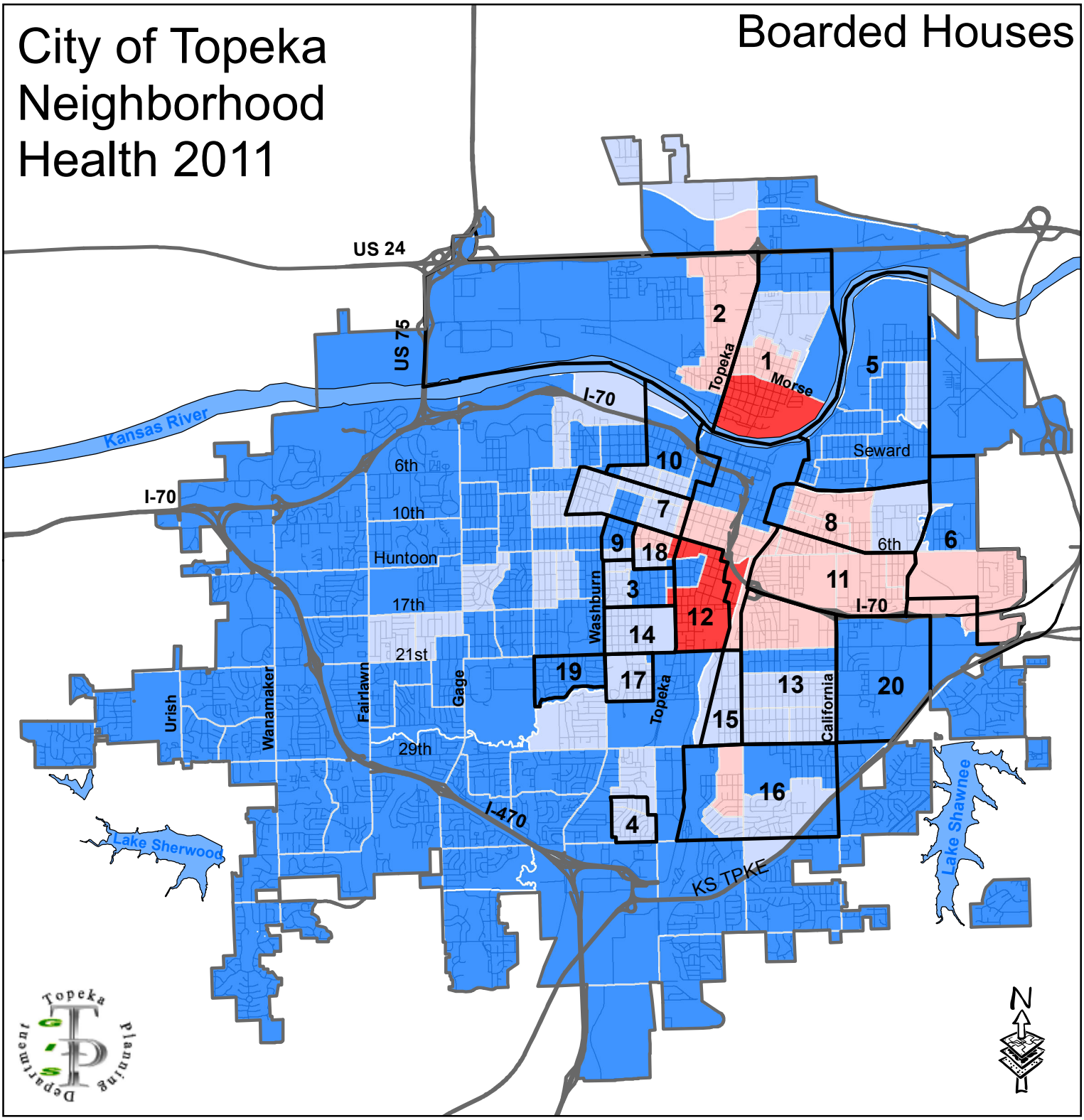
Single-Family Tenure 2011 (by Block Group)

- 70 - 100%
- 50 - 69%
- 34 - 49%
- 0 - 33%
- Not Surveyed

Map #5

City of Topeka Neighborhood Health 2011

Boarded Houses



Legend

- Healthy
- Out Patient
- At Risk
- Intensive Care
- City Limits

NIAs

1 North Topeka East	8 East Topeka North	15 Jefferson Square
2 North Topeka West	9 Tennessee Town	16 Highland Crest
3 Central Park	10 Ward Meade	17 Quinton Heights Steele
4 Likins Foster	11 East Topeka South	18 Historic Holliday Park
5 Oakland	12 Monroe	19 Valley Park
6 East End	13 Central Highland Park	20 Highland Acres
7 Historic Old Town	14 Chesney Park	

Boarded Houses & Unsafe Structures 2010 (by Block Group)

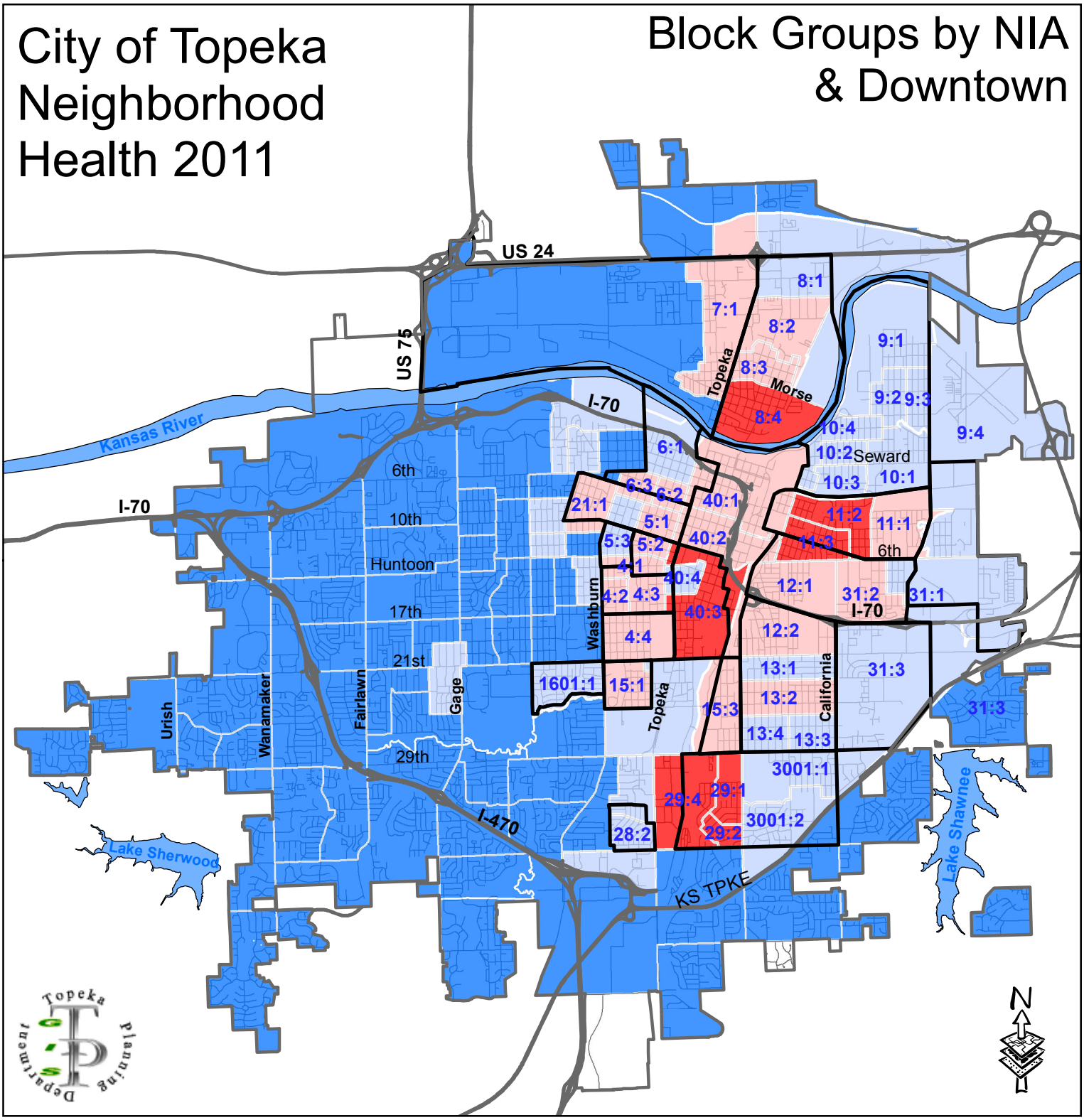
- 0
- 1 - 2
- 3 - 5
- 6 +

Source: Topeka Code Enforcement Unit, 2010

Map #6

City of Topeka Neighborhood Health 2011

Block Groups by NIA & Downtown



Legend

- Healthy
- Out Patient
- At Risk
- Intensive Care
- City Limits

"Vital Signs" Which Determine Neighborhood Health Include:

1) % of Persons Below Poverty Level
2) Part 1 Crimes Per Capita
3) Average Residential Property Values
4) % of Owner Occupied Homes
5) Number of Boarded Houses

Block Groups

II. THE STATE OF NEIGHBORHOOD DEVELOPMENT

> ***When there is order and predictability of public decisions and spending in these areas, the private sector can have confidence in the city and its policies about development.***
>
> *Alexander Cooper, New York City Battery Park designer (1997)*

The Neighborhood Development Dilemma

When it comes to investing or re-investing in any urban neighborhood, there are a number of individual decisions made every year by local governmental bodies that act as a de facto policy guide for neighborhood development. They include:

- City budget
- Consolidated Plan budget (CDBG, HOME)
- land use planning/zoning
- tax incentives (NRP)
- capital improvements (CIP)
- code enforcement
- school closings/openings
- grant applications

These public policy decisions have the ability to drive private market investment decisions by developers, businesses, and families for our neighborhoods. But they have the greatest chance to actuate success when they work together and are predictable. For example, an affordable homeownership program will generate more "market" demand if the zoning restricts multi-family land use, if sidewalks, streets, and curbs are in good shape, if properties next door are not overgrown with weeds, and if quality school options exist. Without a stable residential and institutional base, desired commercial services are slow to follow if not impossible. When market forces are unbalanced in a neighborhood (i.e., supply far outpaces demand) a whole host of social ills begin to fester – environmental degradation, crime, concentration of poverty, educational malaise, apathy, etc. – and the downward spiral escalates ultimately costing all city taxpayers.

Preventing the loss of market forces or re-establishing market forces as efficiently as possible should be the primary objective of neighborhood investment and regulatory decisions by the City. These decisions must be predictable and sweeping in order to minimize inherent risk found in unstable environments such as "intensive care" blocks. Prior to 2000, it would appear that public policy decisions were not well coordinated or funded under an umbrella of city-wide objectives to accomplish this. The investments into distressed neighborhoods did not seem to go very far. We had trouble "stopping the bleeding" that caused serious instability.

So, are we doing any better as a community to address the neighborhood development dilemma identified in 2000? If so, are there other issues that present a challenge we should be taking on in the next ten years? Below is an update of the issues and progress.

Issue #1: Do We Have Enough Money?

Problem Defined 2000:
This claim was often made in reference to the fact that either the City does not receive enough money from HUD to address all the community development needs in the city or there are too many demands for the funding. 1999 Consolidated Plan funding amount totaled $3.7 million. $3.1 million came from entitlement programs (CDBG, HOME, ESG) while the remaining came from program income, reprogrammed funds, and the CIP. While $3.7 million per year is a large sum by most people's accounts, the argument can be made that this is not enough to sustain any true revitalization in our most distressed areas of the city.

Yes, it is not enough by itself, but does it have to be by itself? Imagine if a bank saw a major public investment was being committed to a particularly distressed block of a neighborhood involving the rehabilitation of 10 houses. Then the bank decides to commit construction and mortgage financing in the next block to build 5 new houses. Suddenly, the money that once didn't seem to stretch far enough stretched to the next block. Why? Because the bank felt confident in the direction of the neighborhood, and anticipated a limited risk and economic advantage to investing in the project. In essence, the money spent on rehabilitating 10 houses on one block, leveraged financing for development of another 5 new homes. *Leveraging is a key principle of neighborhood revitalization: using money to attract more money.* Leveraging three (3) dollars for every entitlement dollar invested is a benchmark that is typically accomplished in other mid-sized cities.

Progress 2011:
Federal community development entitlement dollars (CDBG, HOME, ESG) have actually decreased since 2001 going from $3.2 to just under $3.0 million in 2011. This equates to a 27% DECREASE in real dollars. On the other hand, neighborhood infrastructure dollars increased from $0 to $1.4 million; this amount is funded annually in the City's CIP. Altogether, total Consolidated Plan entitlement and CIP funding for neighborhood development increased from $3.4 million to just under $4.5 million thanks to the CIP infrastructure allocation. This equates to a 4% INCREASE in real dollars (see chart).

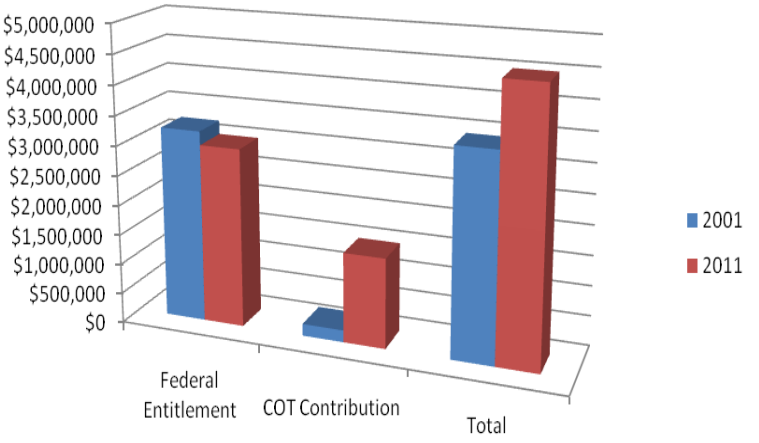


Fig. 1. City of Topeka's Neighborhood Development Funds

"Leveraging" is very difficult to measure. It is unknown exactly how much property owners and residents invested in their homes as a result of public and other private investments in their neighborhood. However, a home is the biggest single asset for most people and the creation of equity in it can be a significant leveraging benchmark. This will be further illustrated in Issue #2 below.

Issue #2: Is There Enough Impact?

Problem Defined 2000:
From 1975 to 2000, Topeka received over $53 million in federal community development entitlement programs. A persistent claim made was the impact of that money is not readily observable in the neighborhoods it was meant to help, and that some areas are actually worse off in spite of it. If that is the case, then why?

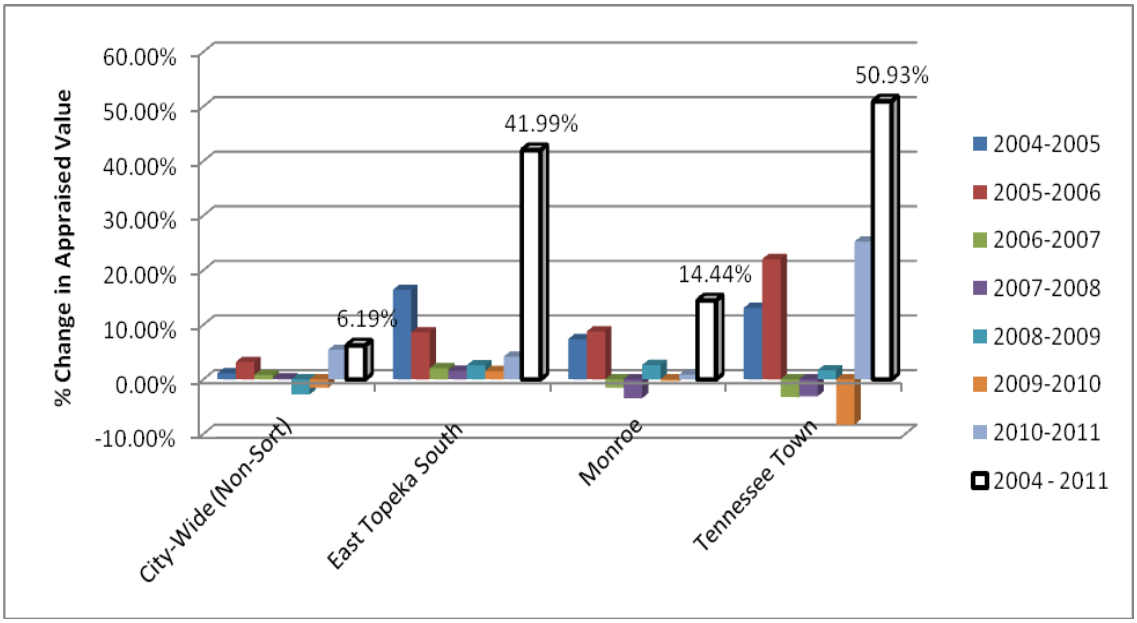
Maybe one reason can be illustrated from a typical CDBG budget prior to 1998-99. The 1996-97 CDBG budget lists 67 projects (excluding "soft" administration line items) totaling $1,979, 719, for an average of $29,548 per project. It should be noted that this calculation includes two housing programs equaling 29% of the budget that if not factored in, would leave an average of $21,900 per project. This alone reveals an enormous amount of line items that dilute the effectiveness any one project can have. Spending $20,000 - $30,000 is equivalent to one block of new sidewalk, 10 installed decorative street lights, half of a major "gut" rehabilitation for a turn of the century house, 5 houses painted and siding/trim restored, 2 micro-loans for entrepreneurial start-up businesses, and half of a new play structure. When the money is devoted to so many small projects, there is bound to be a lack of impact on an area. Of course, having those same projects in a 2-3 block area would have a decided impact.

Synergy is a principle of neighborhood revitalization which states: *the total is greater than the sum of its parts*. For example, imagine within a block of 20 houses that instead of 1 house being rehabilitated, there were 10. What would happen to other 10 houses on the block? The fixed-up 10 houses would stabilize the block sufficiently to cause an increased demand to live there. Once the demand increases, property values will hopefully react to market forces and increase. This allows the owners of the 10 non-rehabilitated properties to invest because they know now that they will be able to recoup monies invested on improvements when they sell the house. In addition, they might be able to sell now to more people who want to live on that block encouraging homeownership and additional stabilization.

Progress 2011:
In 2003, the Department of Housing and Neighborhood Development (HND) began implementing the Stages Of Resource Targeting (SORT) program which directs a majority of the CDBG/HOME and $2.8 in CIP funding into a 3-5 block "target" area of selected neighborhoods over a 2-year period. As currently managed, two (2) neighborhoods are competitively selected to receive assistance from the Planning Department to update or develop their neighborhood plan which includes selection of a primary and secondary "target" area. Upon adoption of the plan, housing and infrastructure funds follow into these "target" areas to implement the plans for the next two (2) years.

This *synergy* has certainly had a decided impact within the first wave of SORT neighborhoods when measuring residential property values for the Primary Target Area. The original 2003 SORT neighborhoods - East Topeka South, Tennessee Town, and Monroe – all showed dramatic gains in residential property values when compared to the city as a whole (see chart below). For example, Tennessee Town increased 50% from 2004-2011 vs. 6% for the City over the same time period. The first SORT areas are similar in that the target blocks had completely bottomed-out in serious distress, they had more than two years of funding put into them, they all had compatible infill housing built, and the funds were concentrated in a 4-6 block area.

Figure 2. 2003 SORT Neighborhoods Residential Property Values*



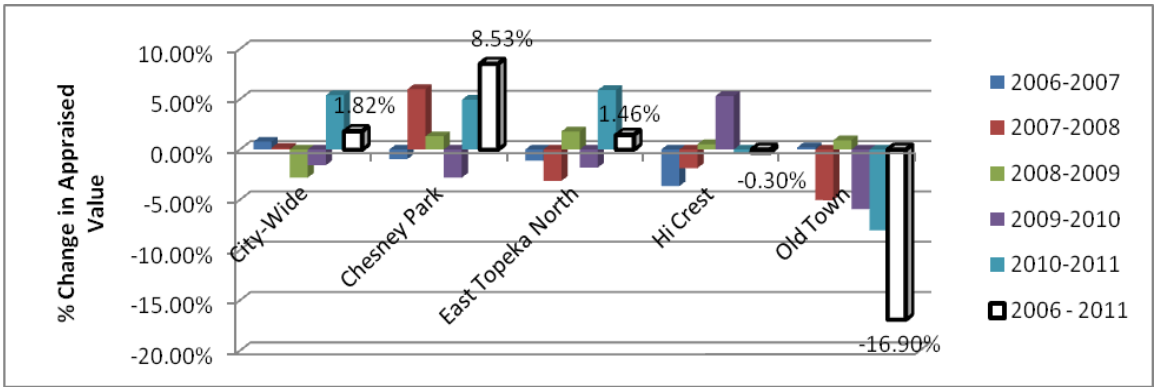
***all figures based upon 2011 dollars for primary target areas**

The second wave of target neighborhoods selected in 2005 – Chesney Park, East Topeka North, Hi-Crest, and Historic Old Town - had less funding because they were diluted between four (4) neighborhoods over 2 years. Overall, their impact was not as great, with one exception. Chesney Park was the only neighborhood to outpace the City from 2006-2011 (8.5% vs. 1.8%). It too had infill housing and focused housing rehab on a 4 block area. However, infrastructure lagged behind the housing rehab and infill process. Hi Crest was slightly outperformed by the City (-0.3% vs. 1.8%) from 2006-2011due to the number of demolitions. But considering its high percentage of rental units, Hi-Crest had an unprecedented 5% bump in 2009-2010 post-demolitions. East Topeka North mirrors overall City trends (1.5% vs. 1.8%). Historic Old Town did not fare as well (-16.9% vs. 1.8%) as the public investment in the area was modest and included demolition of an apartment complex.

But even when the targeting itself did not have the kind of dramatic impact on property values, neighborhood health improved as indicated by the health trends in Section 1. The Hi-Crest and Central Park target areas improved its composite health score from *intensive*

care to *at risk* while the composite health score of Old Town improved within the *at risk* range. Unfortunately, the East Topeka North target area fell from *at risk* to *intensive care*.

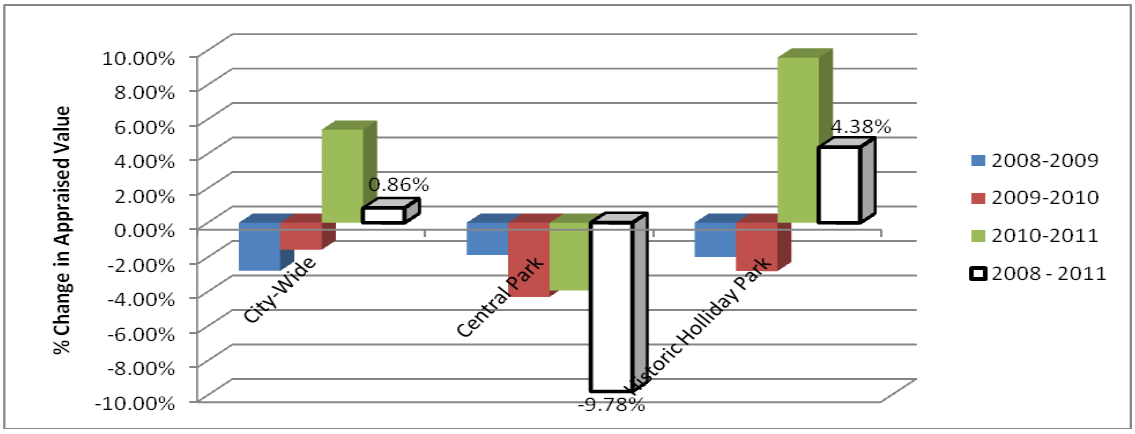
Figure 3. 2005 SORT Neighborhoods Residential Property Values*



***all figures based upon 2011 dollars for primary target areas**

The third wave of target areas selected in 2007 – Central Park and Historic Holliday Park – have had mixed results for different reasons. Central Park had an almost -10% drop in values from 2008-2011, but still achieved a major turnaround in their health going from *intensive care* (1.6) to *at risk* (2.2) for the eastern half of the target area. Outside the target area, two large crime-ridden apartment complexes were shuttered helping to "shock" Central Park's vital signs back into a somewhat stable condition. Meanwhile, Central Park's primary target area did not fare as well due to low participation rates in HND's rehabilitation loan programs and the delay in infrastructure improvements.

Figure 4. 2007 SORT Neighborhoods Residential Property Values*



***all figures based upon 2011 dollars for primary target areas**

On the other hand, Historic Holliday Park already had a great deal of revitalization potential stored-up through ongoing private historic home renovations over the last decade. By addressing their most compelling need in the SW Clay Street corridor, their

property value gains outpaced the City (4.4% vs. 0.9%) while also lifting their overall health score from *intensive care* to *at risk*.

In total summary, five (5) of the nine (9) SORT target neighborhoods outpaced the City with residential property values, while eight (8) of those nine (9) areas improved composite health scores.

Issue #3: Is There Enough Capacity?

Problem Defined 2000:
The claim has often been made that even if public funds were more targeted and leveraged, organizational capacity is insufficient to use these funds in a meaningful way.

Capacity could be defined as the ability to implement. The greater one's capacity to plan strategically, have a well-developed organizational structure, raise funds, and coordinate with other service providers, the greater the ability to implement. Because of the need to rely more on local solutions to community development problems, it is imperative that public, non-profit and private entities, as well as neighborhood organizations be equipped to provide results. If any partners in this mutually beneficial equation are poorly equipped, they all suffer.

When it comes to implementing neighborhood development projects – building housing, installing infrastructure, improving parks, job training – few volunteer organizations have the capacity to implement. These types of jobs are usually tied to *specialized implementers*. Specialized implementers likely have a board and paid professional staff with technical expertise, experience, time, and resources to get the job done. Examples of specialized implementers can include City agencies, developers, banks, community development corporations (CDCs), private businesses, non-profits, schools, etc.

By their nature, volunteer neighborhood organizations (NIA's and NA's) are rarely equipped as specialized implementers. However, they are critical partners for neighborhood development in the role of community conveners and consensus builders. As representative of the neighborhood, they must define a vision for the area – what they want to see in the future – before enlisting the help of specialized implementers. Without a neighborhood's clear commitment and direction through planning, specialized implementers are apt not to follow.

Progress 2011:
The capacity of HND/City of Topeka to successfully carry out the Stages of Resource Targeting (SORT) program is evidence there is sufficient capacity to carry out a robust implementation of the impact and leveraging principles in this Plan. But there have been many other "specialized implementers" who have stepped into the void where community development corporations have yet to tread.

Cornerstone of Topeka has significantly increased their role in developing compatible infill housing (e.g., Cornerstone Village, SW Clay duplexes) that prevents homelessness. The Topeka Housing Authority, the Pioneer Group, J and J Development, First Management, and several inner-city churches all stepped in to increase the city's collective capacity for

both affordable and market rate housing in at risk and intensive care areas using a mix of public incentives for leverage. In particular, private developers of the College Hill mixed-use project and Hudson's Crossings in Highland Park utilized Tax Increment Financing - a first for the city to approve. The City's ability to work with these partners in neighborhood development builds capacity to get things done. While hard to measure, capacity has shown very effective over the last 10 years. The proof of this will be the next 10 years of performance. Can the city's culture of implementation be sustained or even improved?

Some Success Stories

Funding, impact, and *capacity* have all been steadily cultivated over the last decade allowing several success stories to bloom. The targeting of resources is the biggest difference-maker. Is it perfect? No, but the success and promise highlight lessons we can apply to the next decade of neighborhood development.

- **East Topeka South** – The "Chandler Field Target Area" is one of the original target areas implemented after adoption of the Neighborhood Element. The City invested approximately $1.2 million for infill housing, housing rehab, demolitions, new alleys, new sidewalks, new curbs, and new pavement in the East Topeka South primary target area in 2002-03. Habitat for Humanity also built three (3) new homes as well. The result was $6.1 million of additional property value (equity) from 2005-2011 that otherwise would not have been realized. This is more than a 5 to 1 leveraging ratio over a 7-year period. Park improvements also played a big part in its success – a new spray park, soccer fields, and fishing lake were all opened adjacent to the target area.

East Topeka South

- **Tennessee Town** – Targeting efforts during the early 2000s focused on the 1200 block of SW Lincoln – identified in their neighborhood plan as the biggest area of need. Drug houses, crime, run-down businesses and homes, and drainage problems made this block one of the most forlorn blocks in the city. What resulted was an astounding turnaround. The City's investment of $900,000 was used to acquire/demolish dilapidated structures, construct new homes, relocate/rehab new homes for first-time homeowners, relocate businesses, and rehab existing homes. This resulted in 12 new owner-occupied houses and many more rehabbed homes within the block and surrounding blocks. Another $500,000 went towards new alleys, sidewalks, curbs, and corridor lighting. Churches and private individuals accounted for another 12 new units of affordable housing. Two new green spaces were developed. All new

development was in keeping with the character identified in the plan - front porches, elevated foundations, steep roof lines, rear yard garages, etc. Commercial and multi-family zoning was changed to single-family residential. All told, the roughly $1.4 million of public investment resulted in $4.1 million of additional property values (equity) in the primary target area that otherwise would not be realized from 2005-2011. This is nearly a 3 to 1 leveraging ratio over the 7-year period. In addition, the Topeka Housing Authority eventually added another 16 units to their 25-unit elderly/disabled public housing complex in 2011.

Tennessee Town

- **Shorey Estates** – The former 21-acre site of the Northland Manor public housing complex south of Lyman Road in North Topeka was redeveloped by the City of Topeka for 24 units of mixed income single-family homes from 2000-2002. This unique partnership which includes a combination of capital improvements, State tax incentives, CDBG funds, bank participation, and the YMCA is offering at least 11 affordable 3-BR detached houses for a first mortgage of $50,000-$55,000. In addition, a 72-unit affordable senior rental community, Cottages of Topeka, was constructed directly across Lyman Road.

- **College Hill/Washburn-Lane Redevelopment** – Early grass-roots planning efforts by the Central Topeka Turnaround Team in the late 1990s culminated in the 2007-08 redevelopment of a dilapidated 4-block area spanning the College Hill/Central Park neighborhoods near Washburn University. This private-public venture utilized Tax Increment Financing (TIF) from the City of Topeka to pay for infrastructure costs related to the project – a retail/apartment mix of uses in new urbanism style. TIF was unprecedented at that time for the City. Its scale was also unprecedented for a Topeka neighborhood (208 units and 24,000 sq. ft. retail built to date). But community support was solidly behind the redevelopment project in the form of the Washburn-Lane Parkway Plan adopted by the City Council in 2001.

Washburn Lane Parkway

- **Jefferson Square** – This roughly 90-acre residential portion of the Jefferson Square neighborhood south of SE 21st Street and west of SE Adams Street was an urban renewal area (Highland Park-Pierce). A redevelopment plan was formulated with the neighborhood and adopted by the City in 1971. Of the nearly 200 parcels in the area, many were acquired by the Urban Renewal Agency (now defunct) for new single-family in-fill homes fitting the character of the neighborhood, other houses were rehabbed, curbs/gutters/sidewalks were installed, park space created, and blight removed. The Jefferson Villas elderly housing complex was privately developed in 1991 as an amendment to the adopted plan using State/Federal Low Income Housing Tax Credit (LIHTC) funding. However, Jefferson Square is beginning to show its age at the end of its 30-year cycle – it rated *At Risk* in 2011 for the first time ever.

Lessons Learned

- **Community-Based Planning** – Many of the success stories have a bit of activism at their foundation. They began with 1 or 2 concerned citizens that wanted change. Good change. They formed partnerships with other residents, neighbors, and the public sector which evolved into community-based planning efforts to define a vision of what the neighborhood should be. They see planning as a continuous process. Active neighborhood organizations with people "on the ground" knocking on doors and looking out for their neighborhood were the most successful at implementing plans.
- **Targeting** – Neighborhoods are in different stages of readiness. Not all areas of a neighborhood are ready to flourish with investment. It must be strategic and it must be targeted. It cannot be done "in the weeds" or over-reach. If done correctly, the project

area must have room to grow, attach itself to stability, and not be undermined in a few years by surrounding blight that has not been properly addressed. The successful projects were sufficiently large enough yet focused enough to be economically viable and in some cases self-supporting. Shorey Estates was achievable because it was replacing the very blight that held an otherwise stable area back. Tennessee Town had to "stop the bleeding" on a critical block before it could stabilize.

- **Something New** – The most successful or dramatic corrections ultimately led to building something new. A certain amount of new construction – whether it is demolition for new homes or new infrastructure – is valuable to reset the neighborhood cycle and raise the bar for future investment. Physical improvements should be highly visible or predictable before private investment is expected to follow to any great extent.
- **Design** – All projects were very design conscious making it a priority to fit in well with the existing character of the neighborhood. Since most of the projects involved affordable housing, it should prove that low cost housing does not have to be stigmatized by poor design. The more difficult challenge is with rehabilitating homes so that their new features (e.g., porches) blend-in with character-defining features, making them stand-out more for their updated look and not because they look out of place.

Future Challenges

The state of neighborhood development is *promising*. After years of futility, major neighborhood "corrections" are taking hold and more are poised to follow. A large majority of the Wellness Strategy action steps from 2000 have been implemented (see Section IV).

But we also find ourselves in a different time than just 10 years ago. After unprecedented homeownership growth, lending markets are dry – both residential and commercial. The lack of private developer or institutional financing will put even more of a burden on the public sector dollars and programs to be as smart as possible to continue these corrections.

Unless trends change, the next 10 years should see smaller "corrections" in part because of fewer resources and fewer "quick turnaround" areas. Federal entitlement dollars should continue to shrink. Combined with more restrictions on HOME funds, the City will only have the ability to build 1 new infill housing unit per year. Also, SORT target areas will have "stopped the bleeding" by correcting some of the worst blocks that could be turned-around. As the "1200 SW Lincoln's" of the City are stabilized, it will leave either less serious areas of decline or much bigger and systemic areas of decline (e.g., Tyler, Polk) for treatment. The biggest corrections to be made will now be in areas that will take more time and more resources. This could be difficult without a new approach.

Over the next 10 years it may take different approaches to and beyond SORT, such as new financing or regulatory tools, targeting fewer neighborhoods, better management of fringe development, new partners, focusing on Downtown investments, etc. Whatever the future holds, it is clear that the Topeka community should be prepared to adapt as necessary to best meet these new challenges and stay the course it has begun on neighborhood development.

III. NEIGHBORHOOD WELLNESS STRATEGY

Human's most basic instinct is a sense of belonging.

Abraham Maslow

VISION:

Neighborhoods in Topeka should be where….

Children can grow up and want to raise their own family in the same neighborhood;
People know who their neighbors are and they work together as neighbors;
Children can safely walk to school on sidewalks;
Pizza delivery is made after dark.

Goal #1: Maximize Effectiveness of Local Government "Toolbox"

Policies

1. ***Housing and property code enforcement strategies should be results-driven to improve neighborhood health.*** Boarding-up vacant houses may be the most visible sign to the public that a neighborhood is in trouble. An entire set of new perceptions are introduced into people's minds – residents and non-residents – that trigger a perceived and consequently, real, downward spiral. Boarded homes and other visible signs of neglect (e.g., weeds, graffiti, junk cars, etc.) cannot linger or they will invite even more neglect and crime. Therefore, it is imperative that code enforcement be results-driven to correct violations as expediently and efficiently as possible while minimizing their recurrence. Code enforcement efforts work best when citizens, prosecutors, and judges take it seriously.
    - ✓ **Action Step:** Maintain Code Enforcement's uniformed presence within the Police Department. Coordinate educational efforts with community police officers and animal control units for assistance as needed.
    - ✓ **Action Step:** Place responsibility of anti-blight programs (e.g., clean-ups, dumpster, exterior rehab loans, etc.) within HND and minimize responsibility for enforcing "right-of-way" violations (e.g., parked cars, broken sidewalks, signs, etc.) by Code Enforcement so they can be most effective concentrating on housing and nuisance codes.
    - ✓ **Action Step:** Continue administrative hearing process to expedite results and achieve compliance without placing undue burden on court system.
    - ✓ **Action Step:** Combine code enforcement efforts with housing/infrastructure improvements in SORT target areas after or at final stage of process.
    - ✓ **Action Step:** Adopt zero-tolerance regulations/process for boarded houses.

2. ***Prevention of code violations and demolitions should be a priority.*** The goal of housing and code enforcement programs is to protect the health and safety of a neighborhood against properties deemed out of compliance. The "broken windows" effect – where a single neglected property can lead to crime and devaluation of other properties – impacts the entire block and eventually the entire neighborhood. But code enforcement is by its nature reacting to something that already has happened. And, bringing a property into compliance may take many months and begin a downward spiral for an area while compliance is sought. It is also important to recognize the intrinsic value a historic property may have and the need to make every attempt to make it safe again before a demolition occurs. To that end, preventing housing and nuisance code violations may be the best "cure" for neighborhoods and taxpayers alike.
    - ✓ **Action Step:** Promote "neighbor to neighbor" outreach programs to make neighborhoods more self-reliant (e.g., volunteer mowing, painting, etc.).
    - ✓ **Action Step:** Educate police staff on aspects of property code regulations. Continue to attend neighborhood meetings on a regular basis and communicate with residents.
    - ✓ **Action Step:** Develop a landlord incentive program that provides code compliance and crime-free training in exchange for "certification" of units and/or managers.
    - ✓ **Action Step:** Based upon historic preservation studies, pursue local/national historic districts for select neighborhoods in order to take advantage of tax credit programs and promote rehabilitation efforts.
    - ✓ **Action Step:** Seed and implement a landmarks preservation fund to repair/relocate historic and contributing structures.

3. ***Provide economic and regulatory incentives for in-fill housing development.*** Making it attractive to "recycle" urban neighborhoods is a more sustainable pattern of growth and will help improve the health of our more distressed areas. Many factors influence new housing construction within urban neighborhoods vs. suburban edge development. It is just simply harder to assemble and finance land development outside of green-field areas. Private redevelopment and in-fill efforts are frustrated because of land speculation and unclear titles, liens, tax delinquencies, etc. State law also requires approval of condemnation for private development projects. Strategies aimed at reducing the private cost or risk for in-fill development should be pursued. Where existing infrastructure is in place or can be paid for, new in-fill housing and mixed-use development could take place with a better return on the public's investment and without a loss of open space. Long-range plans can help identify new in-fill sites and package their eventual redevelopment with economic incentives.
    - ✓ **Action Step:** Continue to support the NRP tax rebate program targeted towards *At Risk/Intensive Care* neighborhoods.
    - ✓ **Action Step:** Utilize Tax Increment Financing (TIF) districts and Community Improvement Districts (CID) as authorized by the State to help finance infill mixed-used development.
    - ✓ **Action Step:** Pursue federal grant programs (HUD, EPA, KDOT, etc) to leverage local resources that finances infill development consistent with adopted plans.

- ✓ **Action Step:** Investigate creation of a quasi-public land development agency responsible for implementing and facilitating land assembly for redevelopment.
- ✓ **Action Step:** Begin a local land-banking program. As authorized through state legislation, a land-bank could receive properties through donations or direct transfers from other governmental agencies and be used for in-fill housing.

4. ***Continue Neighborhood Planning program.*** Since 1997, 12 Neighborhood Plans have been adopted along with four (4) updates of several of these Plans during this time. In all, over 6,000 properties have had their zoning updated as a result of these plans to reflect their predominant single-family character. Priority for new Plans and updates of existing ones should be given first to neighborhoods that have been selected for SORT funding, and then to *At Risk* or *Intensive Care* areas that do <u>not</u> have an adopted Neighborhood Plan.
   - ✓ **Action Step:** Implement "Neighborhood Plan Schedule" in Section IV.

5. ***Make the tax delinquent property sale process work for neighborhood revitalization.*** Some 3,000 properties in the County representing several million dollars of appraised value are listed as having a delinquent tax record, most within distressed neighborhoods. Tax foreclosure auctions occur once or twice a year. Residential property that is a homestead becomes eligible for sale after 3 years of back taxes being delinquent (commercial or rental properties become eligible for sale after 2 years and abandoned property becomes eligible after 1 year). About 150 properties are included in the initial petition for foreclosure. An estimated 25-30% of these properties are actually sold at auction with a listing being published in the newspaper unrelated to their location by area or neighborhood. This process takes about a year to complete once properties are identified for the foreclosure process auction. State law also allows the County to forgive the back taxes on a property if it is used for affordable housing purposes.
   - ✓ **Action Step:** Give priority to properties that are in *Intensive Care* or *At Risk* areas by allowing them to be sold upon their eligibility even with partial payments.
   - ✓ **Action Step:** Increase allocation of resources to process more properties per year.
   - ✓ **Action Step:** Work proactively with affordable housing providers who can acquire properties for affordable housing development.

Goal #2: Increase Community's Capacity to Improve Neighborhood Health

<u>Policies</u>

1. ***Base neighborhood development funding on long-range planning.*** Requests by organizations and the local government for community development funding are often made in reaction to solving a short-term problem or because they can. This "chasing of dollars" expends valuable time and resources with no real hope for lasting impact because they are disconnected from the context of a comprehensive development

plan. Instead, the dollars make the most impact when they "chase" the community's plan.

- ✓ **Action Step:** Give priority to grant applications and projects within the Consolidated Plan and CIP budgets that are implementing adopted neighborhood or area plans. Combine federal and local dollars to make bigger impact.

2. ***Base treatment for neighborhoods on a "continuum of care" approach.*** Those neighborhoods that are most distressed *(Intensive Care)* require the most intervention and therefore, will require sizeable resources and attention. But if all relevant resources are devoted to an *Intensive Care* area, a neighborhood *At Risk* or an unstable *Out Patient* neighborhood may fall prey to blighting influences themselves. To avoid "pushing the blight around", a three-pronged approach, or continuum of care, should be employed. First, **prevention** strategies should be employed for *Healthy* or *Out Patient* neighborhoods. Secondly, **revitalization** strategies should augment prevention strategies for *At Risk* neighborhoods that have development potential (e.g., adjacent to *Healthy* areas). Lastly, *Intensive Care* neighborhoods would be eligible for more **aggressive treatment** or comprehensive approaches that require greater intervention.
   - ✓ **Action Step:** Continue to implement Stages of Resource Targeting (SORT) program to focus most aggressive treatment of resources in high priority *Intensive Care/At Risk* areas. Explore idea of fewer target areas per funding cycle to address large-scale and systemic Intensive Care areas.
   - ✓ **Action Step:** Ensure code compliance and crime prevention strategies are equally targeted to all neighborhoods including *Out Patient/Healthy* areas.

3. ***Increase the capacity of Topeka's community development corporations (CDCs) and other specialized implementers.*** CDC's are a uniquely American force for community renewal. CDC's should take a comprehensive approach to addressing problems of blighted areas, combining economic development and housing with an array of community building activities ranging from organizing and job training to crime fighting, teen counseling, and senior care. CDC's are not parachuted into a distressed community – they are indigenous and born in the community they serve. They partner with for-profit institutions and undertake major fund raising capabilities to develop housing projects, community lending, and other community development needs. In an era of ever-decreasing public resources, it is imperative that the capacity of local CDC's and other neighborhood intermediary institutions is enhanced or created in Topeka to bridge gaps between local government agencies, the business community, community groups, and residents.
   - ✓ **Action Step:** Foster development of more than one CDC/CHDO. Work with an existing or new non-profit housing organization(s) to become a NeighborWorks affiliate of the Neighborhood Reinvestment Corporation.
   - ✓ **Action Step:** Continue to set aside assistance for viable non-profit and for-profit housing development organizations to provide affordable, quality rental housing and new construction for low-income residents in *Intensive Care* and *At Risk* neighborhoods.
   - ✓ **Action Step:** Capitalize and maintain a local affordable housing trust fund.

4. ***Base neighborhood development funding on ability to leverage non-city funding.*** City resources alone will no longer complete neighborhood transformations, let alone start them in many cases. To truly make an impact it should be expected that housing and non-housing neighborhood development supported with City funding be prioritized to reward projects that leverage non-City funds or that will best stimulate private market investment into an area.
   - ✓ **Action Step:** Work to attract non-city funding to high priority neighborhoods.
   - ✓ **Action Step:** Capitalize on Neighborhood Empowerment Initiative funds by allocating resources to NIA's that demonstrate the ability to leverage these dollars with volunteer labor and private equity investment.

5. ***Monitor health of neighborhoods to measure progress and reward success.*** How will we know if the policies and action steps are making a difference in the vital signs and stability indicators of our neighborhoods? "Keeping score" is vital to knowing who is doing well and who is not to help make adjustments as we go. Sharing this information will also be useful to neighborhoods themselves to help develop short and long-range plans for the future. Making sure the information is consistent, relevant, and current establishes a common ground from which the neighborhoods, City, and private sector can agree upon trends and issues.
   - ✓ **Action Step:** Develop and maintain a shared GIS-based database of condition and trend profiles by neighborhood.
   - ✓ **Action Step:** Update Neighborhood Health map every 3- 4 years and provide analysis of progress.

6. ***Support broad-based advisory bodies to the City for issues affecting neighborhood development.*** City code establishes the Citizens Advisory Council (CAC) to "advise the community and economic development director concerning activities of the department related to community development." The membership is limited to one representative from each NIA and 3 at-large members. This group's role is working well but could include new challenges: planning, advocacy, information sharing, program evaluation, as well as advising. In addition, Heartland Visioning is the community's grass-roots body that has the capacity to create additional input on neighborhood development issues city-wide.
   - ✓ **Action Step:** Coordinate selection of SORT neighborhoods with CAC in concert with HND/Planning staff input.
   - ✓ **Action Step:** Work with Heartland Visioning to form alliances necessary to address neighborhood development issues.

Goal #3: Strive for Greater Sense of Community

Policies

1. ***Give greater emphasis to neighborhood-friendly initiatives that prevent crime.*** More and more neighborhoods are impacted by development, not because of a particular use but because of a site design that seems disconnected from fitting in with the built environment around it. Poor design can also encourage criminal activity to take root.

The placement of fences, shrubbery, doors, walkways, lighting, etc. is critical to a design that promotes safety and compatibility with a neighborhood.

- ✓ **Action Step:** Incorporate Crime Prevention Through Environmental Design (CPTED) principles within a site plan and building design review ordinance.
- ✓ **Action Step:** Expand community policing program, including bike patrols and decentralized command centers within neighborhoods.
- ✓ **Action Step:** Continue to implement mobilization programs at the neighborhood and block level through Safe Streets.

2. ***Plan for neighborhoods instead of subdivisions; plan for people, not cars.*** As more obstacles – longer commutes, dependency on automobile trips, loss of open space/natural habitat, the Internet, cul-de-sacs – disconnect people from society in general, our search for a sense of community becomes greater. It is not surprising to know that people are increasingly willing to pay a premium to live in a higher density neighborhood (new or old) where there are walkable connections to the streets, parks, schools, businesses, and neighbors with a variety of housing choices close-by.* The principles of new urbanism or traditional neighborhood design foster greater social interaction and are more likely to achieve the lost sense of community many people feel in suburban-style developments. Many of Topeka's older neighborhoods were designed with this in mind, hence the term traditional neighborhoods. Many of the post-World War II developments are subdivisions designed in isolation from their surroundings and pedestrians. Today's codes and standards are set by those post-War standards. Promoting alternative codes and design standards for traditional neighborhood development would provide a choice for which the current regulations do not allow.

   - ✓ **Action Step:** Develop "traditional neighborhood design" subdivision regulations and standards as an alternative to existing subdivision regulations and standards.
   - ✓ **Action Step:** Adopt a Complete Streets policy to foster greater pedestrian and transit access along major arterials.
   - ✓ **Action Step:** Implement the Bikeways Plan to promote safe and alternative methods of transportation in the city.
   - ✓ **Action Step:** Plan for more dense, compact, and connected development patterns in planned growth areas.

   *Valuing the New Urbanism: The Impact of the New Urbanism On Prices of Single Family Homes (Urban Land Institute – 1999)

3. ***Organize neighborhoods proportionate to their scale and needs.*** The average population of a Neighborhood Improvement Association (NIA) is almost 3,000 people. The size of an ideal traditional neighborhood is 1,000 to 2,000 people. Neighborhoods that are too large or diverse are apt to fall under their own weight because of the many needs, ability to control circumstances, and difficulty in achieving consensus. While it is important to organize on a micro-level (the smallest level being a block) it will also be important to come back together as a larger community to deal with issues that cross neighborhood boundaries. Crime and the need to create jobs/job skills usually goes beyond the neighborhood-level and into a multi-neighborhood or community level.

- ✓ **Action Step:** Assist in the organization of smaller resident-based neighborhood-scale civic groups through Safe Streets.
- ✓ **Action Step:** Support the establishment of business and civic groups that cross neighborhood boundaries such as the North Topeka Business Alliance and NOTO Arts District.

4. ***Keep schools at the center of the community.*** Schools have had a profound impact on the development of neighborhoods – the model design of a neighborhood is a school at its center. It is done this way so that children can safely walk/bike to school without crossing busy streets. The quality or perceived lack thereof in a school affects decisions about a family's choice of neighborhood location. Likewise, schools have become the anchoring pride of many neighborhoods. Providing linkages between the school and neighborhood is important to facilitate a sense of "ownership" among residents even if they do not have children attending that school. That may mean opening up the school to neighborhood group meetings or adult education classes in the evening, sharing recreational equipment, collaborating on neighborhood events, after-school events for youth groups, business partnerships, etc. With declining population and state resources, the trend to consolidate schools into K-8 campuses will result in greater pressure to close schools and the undermining of the neighborhood model.
   - ✓ **Action Step:** Adopt policies supporting design and use of school space/grounds as inviting daylong and lifelong learning centers serving the spectrum of community needs.
   - ✓ **Action Step:** Identify the re-use of soon-to-be closed school facilities/grounds for new purposes compatible with the neighborhood prior to their closing.

5. ***New in-fill housing should appropriately blend into a neighborhood's existing character.*** Demolition of residential dwellings continues to take place at an alarming pace within the oldest neighborhoods of the city that still retain their unique historic integrity. And while the need for new in-fill housing has never been greater, the community's perception of in-fill housing is one of poor design that exhibits little connection to the neighborhood's character. The orientation, massing, form, and materials used in new building design should properly fit within a neighborhood's existing character so that in-fill housing contributes to the character instead of detracting from it.
   - ✓ **Action Step:** Develop design guidelines for neighborhoods, special districts, and image corridors and ensure compliance through zoning and incentives.
   - ✓ **Action Step:** Work with Landmarks Commission to adopt design guidelines based upon individual neighborhood plans to aid in their environs reviews.

6. ***Support Downtown as the City's "neighborhood."*** Broadly defined, the boundaries of Downtown either pass over or are adjacent to 9 different neighborhoods. What happens in Downtown and the near-Downtown neighborhoods have a profound effect on one another. If Downtown is not healthy, neither can its nearby neighborhoods and vice-a-versa. It is the face of the community and its historical center. Initiatives that support Downtown as a "round-the-clock" experience to work, live, and play will only help create more of a demand to live in nearby neighborhoods.

- ✓ **Action Step:** Ensure the implementation of infrastructure, streetscape, and public amenity improvements for a Kansas Avenue "facelift" to promote a 24-hour destination.
- ✓ **Action Step:** Develop set of Downtown health indicators that can measure progress of Downtown as a vibrant mixed-use regional center.

Goal #4: Balance Mixed-Income Neighborhood Investment Throughout The City

Policies

1. ***Reward programs and projects that foster mixed-income neighborhoods.*** The isolation and concentration of low-income households is probably the most reliable determinant of damaging social ills for a neighborhood. Community development and housing funding has a tendency to maintain the deteriorating conditions of a neighborhood by concentrating more and more affordable housing in an area. The City's Topeka Opportunity To Own (TOTO and TOTO II) program, has been an extremely successful affordable homeownership program, but the vast majority of homes have been located in the *Out-Patient/Healthy* neighborhoods. The TOTO rehab program relies on the private market for the sale and financing of existing homes and because of this, only a handful of neighborhoods benefit. Very few neighborhoods in Central and North Topeka have TOTO homes – only about 2 out of every 10 program homes are in an *At Risk/Intensive Care* area. These same neighborhoods are also receiving the lowest home loan approval rates. While this advances mixed-income neighborhoods by not concentrating LMI households, the program is not geared to attract homeowners (affordable or market rate) back to high-poverty neighborhoods where homeownership is still a pre-requisite to rise out of poverty.
    - ✓ **Action Step:** Encourage private lenders to increase their capacity for affordable housing lending and make in-roads to establish more lending at the CDC level where "character loans" and flexible underwriting can occur.
    - ✓ **Action Step:** Increase TOTO II rehabilitation funding cap within the SORT target areas to attract new homeowners to *At Risk/Intensive Care* areas.

2. ***Establish "basic" infrastructure in all neighborhoods.*** To live in one of Topeka's urban neighborhoods should equate to an expectation of some basic services – curb, gutter, sidewalks, lighting, parks, clean streets/alleys, etc. New development can pass the cost of the initial infrastructure onto homebuyers thus further widening income disparities between new and old neighborhoods. The half-cent sales tax approved by City of Topeka voters in 2008, furthermore, was designed to fix *existing* crumbling streets and sidewalks, yet does not allow for new construction of infrastructure anywhere in the city. Older neighborhoods (many that were annexed without urban infrastructure) that need to retrofit sidewalks so children do not have to walk to schools in the street or through ditches are at a disadvantage since current policy would force the property owners to "tax" themselves to pay for improvements. A long-term commitment to fulfilling basic services should be engaged so that older and newer neighborhoods are on level playing fields in terms of infrastructure.
    - ✓ **Action Step:** Maintain policy for sidewalk/curb installation and repair within older neighborhoods to reflect city at-large funding.

- ✓ **Action Step:** Maintain current neighborhood infrastructure funding as a minimum for SORT neighborhoods.
- ✓ **Action Step:** Extend and modify, if necessary, half-cent sales tax initiative to ensure basic street/curb/sidewalk infrastructure is in place within *Intensive Care/At Risk/Out Patient* neighborhoods.
- ✓ **Action Step:** Require street lighting for new subdivisions. Perform street light audit to remove unnecessary lighting and retrofit older neighborhoods that need lighting.

3. ***Provide a jobs/housing balance in all areas of the city.*** Economic development decisions are generally made at a level beyond the scale of a neighborhood. Since economics tend to drive neighborhood location decisions, it is in the best interest of all neighborhoods that a balanced economic development strategy be established for all areas of the City – north, south, east, and west. Accordingly, access to jobs and job training also goes beyond a neighborhood level. Jobs and training opportunities should not be limited to geographic areas based upon bus routes and schedules. Use economic development, transportation, and housing initiatives to ensure that there is a proportionate match for each planning area.
   - ✓ **Action Step:** Perform bus route analysis to determine where rider demand and job supply is highest and align routes/schedules accordingly. Support continuation of the current evening and weekend transit service.
   - ✓ **Action Step:** Support initiatives and partnerships between educators and employers to have job-ready skills that fit the Topeka market.
   - ✓ **Action Step:** Identify growth and employment areas balanced city-wide within the Comprehensive Plan/Growth Management element.

4. ***Housing and economic incentives should substantially address high priority areas.*** The NRP and TOTO II programs have been modified to give greater priority to *Intensive Care* or *At Risk* neighborhoods where investment is less market-driven. Between 2008 and 2010, however, only two (2) of the 41 total units sold through the TOTO II program were within *Intensive Care* Block groups and only 10 were within *At Risk* areas. In fact, most of the TOTO II units sold during this time (18 units) were located within *Healthy* Block Groups that are still covered by the TOTO II program.
   - ✓ **Action Step:** Work with realtors to aggressively market homes in *Intensive Care/At Risk* neighborhoods for TOTO and infill housing programs.
   - ✓ **Action Step**: Increase cap for landlord rehabs in SORT target areas to allow greater systems repair instead of just exterior repairs.
   - ✓ **Action Step:** Support large-scale redevelopment projects where market forces will not support rehabilitation in high priority areas.

Goal #5: Educate Public on Urban Neighborhood Living and Development

Policies

1. ***Reinforce and market positive aspects of our neighborhoods.*** Neighborhoods that develop working relationships with realtors/media/schools and market their neighborhoods stand a much better chance at making potential homebuyers feel

welcomed. A well-organized and active neighborhood association can be a major selling point for those that might not have first-hand knowledge of the assets, accomplishments, or goals on improvements to the area.

- ✓ **Action Step:** Promote neighborhood media events, open houses, home tours, block parties, school activities, etc. at the neighborhood level as well as through social media websites.
- ✓ **Action Step:** Develop support and organize around a single idea, project or vision for core Topeka neighborhoods similar to the manner in which Heartland Visioning organized support around the Downtown Central Business District and developed a vision for that area.

2. ***Be transparent with neighborhoods on development issues and projects.*** Since all neighborhood plans should be community-based, they typically require an extensive community education process. A concerted effort needs to be made that will give everyone an equal foundation of knowledge about neighborhood conditions, programs, and trends, etc. Before a project or idea is implemented, information should be shared with the neighborhood or larger planning area. Likewise, this two-way communication street needs to include neighborhoods continually sharing information on their needs/priorities and having it be the basis for city/county decisions. Utilizing electronic mediums should be a priority.
   - ✓ **Action Step:** Adopt City policy requiring public information meetings with affected neighborhoods BEFORE significant projects are implemented.
   - ✓ **Action Step:** Update Health Map and neighborhood trends every 3-4 years, including SORT neighborhoods. A summary and analysis should be placed on the City's website and communicate with the public.

3. ***Understand market demand and supply for under-serviced neighborhoods.*** Many of our older neighborhoods are under-served in terms of retail services or even new housing stock because there has not been a concerted effort to understand the market demand in these areas. Greenfield suburban development will always be preferred because it is the real estate industry norm. "New" markets should be aggressively sought out in neighborhoods left behind to convince brokers, developers, and businesses that opportunities exist for financially-sound development.
   - ✓ **Action Step:** Perform market analysis of under-served neighborhoods and alert real estate development community of opportunities.

4. ***Discourage intentional and unintentional "steering."*** A dilemma that plagues our older neighborhoods is the act of "steering" or offering a bias of opinion against these areas. There are certainly legitimate personal preferences as expressed by any homebuyer. However, professionals such as realtors, government employees, teachers, police, banks, etc. who are in daily contact with the public and make first or lasting impressions upon new residents should be educated on the positive aspects of many of these older neighborhoods and not left to cynical, broad-brush perceptions.
   - ✓ **Action Step:** Establish a diverse "Chamber of Commerce" group that represents the *Out Patient/At Risk/Intensive Care* neighborhoods to act as ambassadors to the area and promote/recruit residents and businesses.

PRIORITIES & TREATMENTS

If always faced with limited public resources and the need to make the most of those limited resources, where should we be putting our time, effort, and dollars to achieve the greatest impact? Three major categories have been identified to filter these decisions - geographic priorities, activity priorities, and effectiveness priorities.

Neighborhood Priority Areas

Since the needs of distressed neighborhoods within the City exceed the resources to care for them, a four-pronged approach similar to a triage system should be employed to identify neighborhoods that will likely benefit the most from revitalization activities. The method of identifying these neighborhoods is described below:

Neighborhood Priority Areas			
Neighborhood Health Rating	*Neighborhood Stability Rating*		
Rating	*Rising*	*Stable*	*Declining*
Healthy	**Low**	**Low**	**Average**
Out Patient	**Average**	**Average**	**Above Average**
At Risk	**Above Average**	**Above Average**	**High**
Intensive Care	**High**	**High**	**High**

SORT Neighborhoods = shaded

- **High Priority** – Neighborhood areas that have the poorest health or that are rapidly declining. These areas require significant stimulus and major intervention over a longer period of time. These are priority status neighborhoods that must be targeted the most aggressively.
- **Above Average Priority** – Rising or stable *At Risk/Intensive Care* or declining *Out Patient* neighborhood areas.. These areas can be revitalized through moderately aggressive intervention over a shorter period of time. These neighborhoods are a priority, but secondary to the immediate needs of the poorest health neighborhoods.
- **Average Priority** –*Out Patient* neighborhood areas of favorable health or declining *Healthy* areas that will require either minor intervention or prevention measures to

address a significant neighborhood need. *Healthy* They should be treated on an as needed basis to ensure maintenance of their health.

- **Low Priority** – Neighborhood areas of favorable or optimal health conditions that are least in need of intervention. Rising *Healthy* neighborhoods may require some planning intervention to prevent incompatibilities.

Housing and Non-Housing Priorities

Generally, neighborhood development activities can be classified under two broad categories – housing and non-housing. Since most neighborhoods are primarily residential by definition, housing becomes a large enough issue to stand on its own. While some of the activities may be more pertinent to some neighborhoods than others, the list below should represent "city-wide" priorities to guide neighborhood revitalization.

Within each broad category, (housing and non-housing) specific activities have been grouped into priority levels showing the relative weight to be given to each activity. For example, greater priority should be given to those projects that incorporate Level I housing activities than Level II housing activities.

<table>
<tr><th></th><th colspan="3">HOUSING ACTIVITIES
Weighted Priority (1.69)</th><th colspan="3">NON-HOUSING ACTIVITIES
Weighted Priority (1.31)</th></tr>
<tr><td>Priority Level I</td><td>Homeownership</td><td colspan="2">Rehabilitation</td><td colspan="3">Infrastructure</td></tr>
<tr><td>Priority Level II</td><td>In-fill New Construction</td><td colspan="2">Code Enforcement</td><td>Public Safety</td><td>Social/Youth Services</td><td>Economic Development</td></tr>
<tr><td rowspan="2">Priority Level III</td><td colspan="3" rowspan="2">Historic Preservation</td><td>Parks/ Beautification</td><td>Organization Capacity</td><td>Historic Preservation</td></tr>
<tr><td>Environment</td><td colspan="2">Transportation</td></tr>
<tr><td>Priority Level IV</td><td>Rental Assistance</td><td>Homeless</td><td>Accessibility</td><td colspan="3">N/A</td></tr>
</table>

Project Effectiveness Priorities

In addition to the activity priorities identified above, the following criteria should be used to measure the effectiveness of any neighborhood development project or program. :

- **Leverage:** Use of resources to gain access to and use of additional resources through partnerships and collaboration with public, private, non-profit sectors and the community. A threshold range of 1:1 to 1:3 should be established.
- **Organizational Capacity:** The ability to successfully implement a project, program, or process that can be measured by past performance. Technical and organizational expertise should be demonstrated such as an adequate board to oversee the activities of staff and a clear separation of authority between the board and staff.
- **Impact:** The scope of the total project is sufficiently large enough and strategic to make a measurable impact on a neighborhood(s). Service delivery in the same area that is coordinated will have greatest impact.

- **Goals and Policies:** Project consistency with stated goals and implementation of the Neighborhood Element and adopted Neighborhood/Area Plans.

Neighborhood Treatments

Neighborhoods exist in various states of health in their life cycle (see Section I). It is important that this be taken into account when determining which revitalization strategies to employ in a neighborhood. The type and magnitude of treatment prescribed for a neighborhood will depend on the neighborhood's vital signs and stability. For instance, a stable *Healthy* neighborhood may not require any public intervention, while a neighborhood in decline may require treatments to preventing it from falling into a lower health category.

The table on the next page and the following descriptions summarize appropriate types of treatment that could be prescribed based on the neighborhood's health and stability. Each neighborhood has unique characteristics, issues, and needs that will have to be identified through more detailed neighborhood plans. The shaded cells indicate more costly public intervention measures.

Appropriate Neighborhood Treatments

Neighborhood Health Rating	*Neighborhood Stability Rating*		
	Rising	*Stable*	*Declining*
Healthy	**Compatibility Measures:** new development is compatible with existing uses.	**Prevention Measures:** code enforcement, traffic calming, organization	**Prevention Measures:** code enforcement, traffic calming, organization
Out Patient	**Compatibility Measures:** new development is compatible with existing uses.	**Prevention Measures:** code enforcement, traffic calming, organization	**Minor Intervention:** downzoning, enhancement program, housing rehabilitation, code enforcement
At Risk	**Momentum Enhancement:** commercial façade rehab, housing rehab, historic district	**Minor Intervention:** commercial façade rehab., downzoning, code enforcement, housing rehabilitation	**Moderate Intervention:** downzoning, first-time homeownership, in-fill housing, mixed income subsidy, spot redevelopment. **Major Intervention** (if *rapidly declining)*
Intensive Care	**Momentum Enhancement/Minor Intervention:** housing rehab, in-fill housing, comm. façade rehab	**Moderate Intervention:** housing rehab, first-time homeownership, in-fill housing, spot redevelopment, code enforcement	**Major Intervention:** large-scale redevelopment, in-fill housing, new infrastructure, etc.

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Description of terms:

- **Compatibility Measures** - When a relatively *Healthy* area is experiencing significant development pressure it is important to make sure that the new development occurs in an orderly fashion and that it is compatible with the character of existing development.
- **Preventive Measures** - This strategy is intended for *Healthy* or *Out Patient* areas that are in danger of declining into a lower neighborhood health classification. Low cost prevention measures should be employed before the neighborhood begins to decline to the point where more costly public intervention is required.
- **Momentum Enhancement** - Activities should be geared towards sustaining momentum that already exists in neighborhoods which are in the process of revitalizing themselves typically by private market forces. Activities could include the removal or modification of regulatory barriers (i.e., building codes, zoning) to clear the path for development activity, or rehabilitation assistance. Often the inevitable result of neighborhood revitalization is an increase in the average cost of housing and the displacement of low-income households (i.e., gentrification). Therefore, activities in this category should also include programs to preserve affordable housing.
- **Minor Intervention** – This strategy involves a somewhat higher level of public expenditure than momentum enhancement activities, with the emphasis remaining on regulatory intervention. Some small-scale physical intervention may be required. Activities within this strategy may include some prevention measures in declining neighborhoods and some momentum enhancement activities in rising neighborhoods.
- **Moderate Intervention** - This strategy involves an increased emphasis on more costly physical improvements and economic incentives. Special regulatory intervention (e.g., concentrated code enforcement) may be necessary. Specific activities could include small-scale in-fill housing, "spot" redevelopment projects, and first time homebuyers assistance.
- **Major Intervention** - This strategy involves the most aggressive and comprehensive approach requiring a significant amount of public investment and commitment. Major land redevelopment activities are appropriate. This strategy should be employed in areas in the most advanced states of decline.

IV. IMPLEMENTATION GUIDELINES

> ***Not everything that counts can be counted. Not everything that can be counted counts.***
>
> *Albert Einstein*

After identifying goals, policies, and actions in the Neighborhood Wellness Strategy (Section III), it is essential to chart a course for their realization. Implicit in this charting should be a way to know if we are still on course.

Benchmarks

How will we know when we've reached our vision? Trying to quantify a 25-year vision is not an exact science. Many key factors are not quantifiable and many quantifiable factors may not tell us the whole story. But to give us a better idea if we are close to being on track towards achieving healthy neighborhoods, a set of 11 benchmarks were established to measure our progress. Progress since 2000 is described below along with any adjustments to the benchmarks.

1) **50% of new population and housing growth occurs within existing city neighborhoods.**

   PROGRESS: The 2010 U.S. Census shows that Shawnee County, which includes the population of Topeka, grew by about 4.7% from 169,870 to 177,930 people between 2000 and 2010. Census Bureau data also shows that growth within the city limits of Topeka accounted for about 63% of this County-wide increase, going from a population of 122,380 in 2000 to 127,470 in 2010. Thus, new population growth within existing Topeka neighborhoods exceeded that of population growth in areas beyond the city limits in Shawnee County. Census Bureau data also shows that new housing units constructed in Topeka accounted for about 59% of all new housing units within Shawnee County as a whole between 2000 and 2010. ***DONE***

   NEW BENCHMARK: **70% of new population and housing growth occurs within city neighborhoods.**

   MEASURE/ACHIEVE BY: Next Census, 2021

2) **Reduce number of *Intensive Care* block groups from 21 to 11; *At Risk* from 28 to 18.**

   PROGRESS: It would be misleading to compare the 2000 and 2011 block groups as there were simply more census block groups within the 2000 Health Map (1990 Census data). It is clear, however, that there has been a substantial reduction in

neighborhood areas exhibiting the most distressed level of Neighborhood Health ratings (*Intensive Care/At Risk*) from the year 2000.

Comparing the 2003 and 2011 Health Maps is more accurate because they share the same census block group boundaries. In 2003 there were ten (10) *Intensive Care* block groups in the City, and now there are only seven (7) such block groups with the most distressed rating in 2011. The number of *At Risk* block groups remained the same (21) from 2003 to 2011. The number of *Out Patient* block groups increased from 24 to 30 and the number of *Healthy* block groups increased from 55 to 59 during this same period. The distribution of block groups among the four ratings is trending in a positive direction even though the benchmark was not met. ***NOT DONE/ADJUST***.

NEW BENCHMARK: **Reduce total *Intensive Care* and *At Risk* block groups by 1/3. Raise health composite scores in all SORT target areas.**

MEASURE/ACHIEVE BY: Update health maps in 2015, 2018, 2021 (Census)

3) Reduce known boarded-up unit count by 50%.

PROGRESS: There were 154 known boarded houses in 2000. In 2010, there were only a total of 59 boarded houses. This is a reduction of 62% from 2000. However, there is still a concentration of unsafe structures in several neighborhoods. ***DONE/ADJUST***.

NEW BENCHMARK: **Reduce number of *Intensive Care* and *At Risk* block groups for "Boarded Houses" vital sign by 1/3.**

MEASURE/ACHIEVE BY: 2021

4) Hold 1 community outreach meeting per planning area to review accomplishments, progress, and needs.

PROGRESS: Since 1997, 12 Neighborhood Plans have been adopted and four updates of these plans have occurred during this time as well. Significant public outreach has been conducted for a majority of these plans, including the neighborhood plan updates. In certain cases, the Planning Department may meet with a committee of neighborhood representatives for further guidance on the direction of targeting resources. ***NOT DONE/ADJUST***.

NEW BENCHMARK: **Update or complete 1 neighborhood/area plan per year.**

MEASURE/ACHIEVE BY: 2021

5) Average 3 to 1 leverage for neighborhood development projects receiving city funding.

PROGRESS: It is difficult to measure how much private equity has been invested in SORT neighborhoods as a direct consequence of the infusion of public resources. It is very clear, however, that within the East Topeka South and Tennessee Town NIA's, private/non-profit development exceeded the amount of public dollars invested by a large margin subsequent to other housing, infrastructure, and park improvements by the City of Topeka (see **Section II**).

Alternatively, tracking gains or losses in appraised property values is the simplest means to measure the effectiveness of targeting public resources. Using this measurement alone it is clear that targeted neighborhood development has been successful, as five (5) of the nine (9) SORT target neighborhoods outpaced the City with an increase in residential property values (see **Section II**). Even when the targeting itself did not have a dramatic impact on property values, neighborhood health improved as eight (8) of those nine (9) areas had improved *Composite Health Scores,* as illustrated in the Neighborhood Health Map 2011. ***PARTIALLY DONE/ADJUST.***

NEW BENCHMARK: **Achieve property value increases greater than city-wide in over 50% of SORT target areas.**

MEASURE/ACHIEVE BY: Measure each primary SORT target area by property value from time of investment to 2021.

6) 70% of all community development funding towards housing activities, 30% for non-housing activities.

PROGRESS: In 2012, 35% of community development funding is scheduled to go to housing activities such as infill housing, exterior and interior rehabilitation, rental assistance and homeownership counseling. The next largest category within the community development budget is Homeless/Youth and Social Services, which accounts for 27% of the budget and in primarily funded through the Shelter Plus Care grant administered by HUD. Infrastructure construction and repair consists of 23% of the overall funding and is included within the CIP budget by the City of Topeka. ***DONE***

NEW BENCHMARK: No change

MEASURE/ACHIEVE BY: Consolidated Plan budget annually.

7) Double the amount of tax delinquent properties sold annually and triple the number of properties sold within *Intensive Care* neighborhoods.

PROGRESS: Between 2006 and 2010, there were a total of 215 tax delinquent properties within Topeka city limits that were sold at public auctions. The number of properties sold in one year reached a peak of 83 in 2007, while in 2009 there were only 10 properties within Topeka that were sold at auction. The majority of these properties were located within *Intensive Care* and *At Risk* neighborhoods (35% and 39% respectively), and over two-thirds (69%) of all properties sold was vacant land.

Only 62 (28%) of the tax delinquent properties sold between 2006 and 2010 had active residential land uses. In addition, there was a very real concentration of tax delinquent properties sold within the East Topeka North and East Topeka South neighborhoods, as nearly 3 out of every 10 (29%) properties sold during this period were within these neighborhoods alone, most of it vacant property. (Source: Shawnee County Counselor's Office, 2012)

While the majority of delinquent properties sold at public auctions were within *Intensive Care* and *At Risk* neighborhoods, the number of units within these areas as an overall percent of delinquent properties sold in the City has not increased during this period. Since there are so many delinquent properties throughout Topeka, the County Counselor's Office has to prioritize which properties to take action upon, which takes into account the amount owed. The location becomes secondary. So increasing the number of parcels sold within *Intensive Care* neighborhoods in order to get idle properties back onto the tax rolls is dependent on not just the County but on the private market to have confidence to buy in the area. Therefore, a better indicator of improving health might be achieving *fewer* tax sale properties in *Intensive Care* areas to show that there is more confidence. ***NOT DONE/ADJUST***

NEW BENCHMARK: **Reduce the number of tax delinquent properties sold and concentrated within the 2012 *Intensive Care* neighborhoods.**

MEASURE/ACHIEVE BY: 2015 and 2021.

8) 75% of all Neighborhood Revitalization Program applications are within *Intensive Care/At Risk* areas.

PROGRESS: Between 2000 and 2011, there were a total of 361 residential and commercial NRP applications, and 274 of these (76%) were within *Intensive Care/At Risk* areas at the time of application. ***DONE***

NEW BENCHMARK: No change

MEASURE/ACHIEVE BY: At 3-year renewal periods for NRP

9) 67% of assisted homeowner units are concentrated in *At Risk* and *Intensive Care* areas with no less than 33% in *Intensive Care*.

PROGRESS: Between 2000 and 2011, there were approximately 321 total projects conducted by HND through the TOTO, TOTO II, and infill housing programs designed for low-income and/or first-time homebuyers. 13% of all of these projects were located within *Intensive Care* neighborhoods at the time the units were sold or built and 33% in *At Risk* areas (46% cumulative). The next largest concentration actually occurred within *Healthy* neighborhoods (31%). ***NOT DONE***

NEW BENCHMARK: No change

MEASURE/ACHIEVE BY: 2015 and 2021

10) No net loss of single-family housing units within the NIA's in the short-term with a 15% increase in net units in the long-term.

PROGRESS: According to Census Bureau data, there were roughly 22,050 total housing units within the block groups of the NIA's in 2000, including the newly-formed Highland Acres NIA. In 2010, Census data shows that there were only 20,875 total housing units within the NIA block groups. This represents a 5% drop from the year 2000. Additionally, , there are close to 14,600 single-family housing units within the boundaries of all the NIA's in 2012 according to information from the Shawnee County appraiser. However, there is incomplete data in regard to the number of single-family units for previous years. Given that implementation of neighborhood plans that have improved health included demolition of some single-family homes, a new benchmark needs to be established in 2012 and measured at the next map update. ***NOT DONE/ADJUST***.

NEW BENCHMARK: **No more than a 5% net loss of single-family housing units within NIA boundaries.**

MEASURE/ACHIEVE BY: 2015 and 2021

11) Complete or partially complete at least 50% of action steps in Section III (Neighborhood Wellness Strategy).

PROGRESS: Over 50% of the action steps adopted in the original Neighborhood Element were completed or partially completed. ***DONE***

NEW BENCHMARK: No change.

MEASURE/ACHIEVE BY: 2021

Review Levels

Three levels of review are anticipated for the Neighborhood Element. The **first level** should be ongoing staff review that tracks implementation of the action steps and suggests any minor modifications. A **second level** review would be accomplished every 3-4 years updating all neighborhood health data to measure progress and reaffirm health categories for neighborhood areas. A comprehensive **third level** of review should occur after 10 years to measure the total progress of neighborhood development in the city, update policies and action steps, and update health maps with the latest decennial Census data. Third level amendments should be reviewed by the Planning Commission for recommendation to the governing body as an update to the Comprehensive Plan.

NIA Priority Areas

This chart depicts where Neighborhood Improvement Associations (NIAs) fall within the priority investment areas established in Section III and as determined by their average composite health scores and trends in Section I (see Table #2). Health trend terms are defined below.

Priority Investment Areas			
Average Health Category	*Health Trends (since 2000)*		
	Rising	*Stable*	*Declining*
Healthy	**Low**	**Low**	**Low**
Out-Patient	**Average** ❑ Likins Foster ❑ Valley Park	**Average** ❑ East End ❑ Highland Acres ❑ Oakland	**Above Average** ❑ Central Highland Park ❑ Hi-Crest (East)
At Risk	**Above Average** ❑ Chesney Park ❑ Monroe ❑ Historic Old Town (east) ❑ Tennessee Town ❑ Ward-Meade	**Above Average** ❑ Central Park ❑ Historic Holliday Park ❑ Jefferson Square ❑ Historic Old Town (west)	**High** ❑ East Topeka North ❑ East Topeka South ❑ North Topeka East ❑ North Topeka West ❑ Quinton Heights-Steele
Intensive Care	**High** ❑ Hi-Crest (West)	**High**	**High**

Declining These are neighborhoods that 1) score in the low range of their health category and show stable or negative trends, or 2) score in the mid range of their health category and show a negative trend.

Stable These are neighborhoods that 1) score in the mid-range of their health category and show neither a negative or positive trend, or 2) score in the low range of their health category and show a positive trend, or 3) score in the high range of their health category and show a negative trend.

Rising These are neighborhoods that 1) score in the high range of their health category and show stable trends, or 2) score in the mid-range of their health category and show a positive trend.

Neighborhood and Area Plans

The purpose of the Neighborhood Element is to set general priorities and policies for neighborhood development. It is not within the scope of the Neighborhood Element to prescribe specific projects for specific neighborhoods. Therefore, more detailed community-based plans will need to be prepared at the neighborhood or area level in order to identify specific issues and needs. Neighborhood or area plans should identify specific projects, programs, and policies that are well suited to the needs and unique characteristics of that area and that are consistent with the broader community-wide goals of the Comprehensive Plan. The table below illustrates the recommended schedule for neighborhood/area plans.

Neighborhood Plans	<	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21
Neighborhood Element		A			u				u					A									
Chesney Park	A										A												
Central Park	A									A													
Historic Holliday Park	A									A													
Historic North Topeka	A																						
Tennessee Town			A																				
Elmhurst			A																				
Ward Meade			A									A											
East Topeka				A																			
Old Town					A																		
Hi-Crest					A																		
Oakland						A																	
Central Highland Park												A											
Quinton Heights Steele (AR)																							
Jefferson Square (AR)																							
Monroe (IC/OP)																							
East End (OP)																							
Highland Acres (OP)																							
Likins Foster (OP)																							
Valley Park (OP)																							
Area/Sector/Corridor Plans																							
Downtown		A																					
Washburn-Lane Parkway		A																					
South Employment																							
Southwest																							
North																							
Southeast																							

A = approved as part of the Comprehensive Plan
u = updated administratively
Shaded cells show 10-year plan horizon

Neighborhoods/Areas that do not have a plan approved are listed in recommended order of priority. Plans should also be updated as their 10-year horizon sunsets.

INVESTMENT STRATEGY: Stages of Resource Targeting (SORT)

Redevelopment areas and neighborhoods desiring to be a focus of targeting from the City of Topeka will be considered within the following conceptual framework for allocation of resources:

Phase I – Planning Stage
This stage is where two (2) Neighborhood Plans are initially developed, reviewed or updated to address current needs. The emphasis of this stage will be to identify various housing, neighborhood, community, infrastructure and economic development needs and to match them with funding options for the following two years. In addition, efforts will be made to identify non-City resources including, but not limited to, human, organizational and financial.

Phase II – Activation Stage
At this stage, the City will activate its existing resources, most of which will have little or no additional fiscal impact on City operations. Focusing existing activities such as Code Compliance, litigation regarding demolitions and crime reduction activities will be a major component of this stage. Existing programs administered by Housing and Neighborhood Development may also target areas in preparation for the Investment Stage. Also, CIP funds for the repair and expansion of infrastructure will receive priority. Developing public/private partnerships will be necessary during this stage to ensure a framework that is conducive to future leveraging in the next phase. Homeownership and rehabilitation of existing homes will be considered during this phase, while new construction will not. The acquisition of vacant land and dilapidated structures for demolition and rebuilding will be allowed, whether by the City or a private entity.

Phase III – Investment Stage
Investment of new capital will be the highlight of this phase. However, City funds will not be the only focus. Because the Activation Stage included the development of public/private partnerships, an area must be prepared to demonstrate it has the potential to lure private capital to its region before it can advance to this phase. Leveraging of City resources will be a major target during this phase. Other government capital resources as well as those from the private sector will be pursued during the Investment Stage. Only during this phase will the Department of Housing and Neighborhood Development consider new construction, homeownership opportunities.

A **Target Area** will be identified based upon its ability to show measurable impacts with the most efficient use of resources. If a Target Area shows significant measurable impacts before the end of the two-year funding period, it may be removed from the top priority position. A major economic event that will have community-wide impacts could accelerate a redevelopment area or neighborhood through the stages of resource targeting.

Note: In order to address the large-scale and systemic intensive care neighborhoods, the ability to combine resources into a single neighborhood instead of two should be an option as necessary.

How Poverty is measured in the American Community Survey:
Poverty statistics presented in ACS reports and tables adhere to the standards specified by the Office of Management and Budget in Statistical Policy Directive 14. The Census Bureau uses a set of dollar value thresholds that vary by family size and composition to determine who is in poverty. Further, poverty thresholds for people living alone or with nonrelatives (unrelated individuals) and two-person families vary by age (under 65 years or 65 years and older).

If a family's total income is less than the dollar value of the appropriate threshold, then that family and every individual in it are considered to be in poverty. Similarly, if an unrelated individual's total income is less than the appropriate threshold, then that individual is considered to be in poverty. The poverty thresholds do not vary geographically. They are updated annually to allow for changes in the cost of living (inflation factor) using the Consumer Price Index (CPI). The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps).

Poverty status was determined for all people except institutionalized people, people in military group quarters, people in college dormitories, and unrelated individuals under 15 years old. These groups were excluded from the numerator and denominator when calculating poverty rates. Since the ACS is a continuous survey, people respond throughout the year. Because the income items specify a period covering the last 12 months, the appropriate poverty thresholds are determined by multiplying the base-year poverty thresholds (1982) by the monthly inflation factor based on the 12 monthly CPIs and the base-year CPI.[1]

Table #3. Poverty Thresholds for 2010 by Size of Family and Number of Related Children Under 18 Years

Size of family unit	Weighted average thresholds	Related children under 18 years								
		None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual)	11,139									
Under 65 years	11,344	11,344								
65 years and over	10,458	10,458								
Two people	14,218									
Householder under 65 years	14,676	14,602	15,030							
Householder 65 years and over	13,194	13,180	14,973							
Three people	17,374	17,057	17,552	17,568						
Four people	22,314	22,491	22,859	22,113	22,190					
Five people	26,439	27,123	27,518	26,675	26,023	25,625				
Six people	29,897	31,197	31,320	30,675	30,056	29,137	28,591			
Seven people	34,009	35,896	36,120	35,347	34,809	33,805	32,635	31,351		
Eight people	37,934	40,146	40,501	39,772	39,133	38,227	37,076	35,879	35,575	
Nine people or more	45,220	48,293	48,527	47,882	47,340	46,451	45,227	44,120	43,845	42,156

Source: U.S. Census Bureau.

5-year estimates are used for the greatest degree of accuracy, and any future comparisons should rely upon non-overlapping periods for the least margin of error (i.e., the 2006-2010 ACS Survey versus the 2011-2015 survey). 5-year estimates are also used for all levels of scale (i.e., City-wide, Census Tract, Block Group). Figure 2 above only illustrates poverty thresholds for the year 2010. Refer to the website listed at the bottom of this page for poverty thresholds from previous years.

[1] U.S. Census Bureau, "Documentation", 2010, http://www.census.gov/acs/www/data_documentation/documentation_main/ (accessed December 2011).

Table #4: Composite Health of NIA Block Groups 2000 – 2011

	Year 2000			Year 2003		Year 2007		Year 2011	
NIA (1990 Census Block Groups)	Score	Health	**NIA** (2000 & 2010 Census Block Groups)	Score	Health	Score	Health	Score	Health
1. Central Highland Park			**1. Central Highland Park**						
(12:2)	2.6	*At Risk*	(12:2)	2.0	At Risk	2.0	At Risk	2.2	At Risk
(12:3)	*2.8*	Out Patient	(13:1)	3.0	Out Patient	3.4	Healthy	3.2	Out Patient
(13:1)	2.2	At Risk	*(13:2)*	*2.4*	*At Risk*	*2.8*	*Out Patient*	*2.6*	*At Risk*
(13:2)	2.4	At Risk	(13:3)	2.6	At Risk	2.4	At Risk	2.8	Out Patient
(13:3)	2.2	At Risk	(13:4)	3.0	Out Patient	2.8	Out Patient	2.8	Out Patient
(13:4)	2.6	At Risk	Composite:	**2.6**	**At Risk**	**2.7**	**Out Patient**	**2.7**	**Out Patient**
(13:5)	2.4	At Risk							
(13:6)	2.8	Out Patient	**2. Central Park**						
Composite:	**2.5**	**At Risk**	(4:2)	2.4	At Risk	2.2	At Risk	2.4	At Risk
			(4:3)	*1.6*	*Intensive Care*	*1.6*	*Intensive Care*	*2.2*	*At Risk*
2. Central Park			Composite:	**2.0**	**At Risk**	**1.9**	**At Risk**	**2.3**	**At Risk**
(4:2)	*2.2*	*At Risk*							
(4:6)	2.0	At Risk	**3. Chesney Park**						
Composite:	**2.1**	**At Risk**	*(4:4)*	*1.8*	*Intensive Care*	*1.8*	*Intensive Care*	*2.4*	*At Risk*
			Composite:	**1.8**	**Intensive Care**	**1.8**	**Intensive Care**	**2.4**	**At Risk**
3. Chesney Park									
(4:3)	1.8	Intensive Care	**4. East End**						
(4:4)	*2.0*	At Risk	(9:4)	3.2	Out Patient	3.0	Out Patient	2.8	Out Patient
(4:5)	1.6	Intensive Care	*(31:01)*	*2.6*	*At Risk*	*2.2*	*At Risk*	*2.8*	*Out Patient*
Composite:	**1.8**	**Intensive Care**	Composite:	**2.9**	**Out Patient**	**2.6**	**At Risk**	**2.8**	**Out Patient**
4. East End			**5. East Topeka North**						
(31:01)	2.2	At Risk	*(11:1)*	*2.2*	*At Risk*	*2.2*	*At Risk*	*2.0*	*At Risk*
(31:04)	*3.0*	Out Patient	(11:2)	2.0	At Risk	2.0	At Risk	1.8	Intensive Care
(32:01)	3.2	Out Patient	(11:3)	1.4	Intensive Care	1.4	Intensive Care	1.8	Intensive Care
Composite:	**2.8**	**Out Patient**	Composite:	**1.9**	**At Risk**	**1.9**	**At Risk**	**1.9**	**At Risk**
5. East Topeka North			**6. East Topeka South**						
(11:1)	1.6	Intensive Care	(11:3)	1.4	Intensive Care	1.4	Intensive Care	1.8	Intensive Care
(11:2)	*2.0*	*At Risk*	(12:1)	2.2	At Risk	2.0	At Risk	2.0	At Risk
(11:3)	1.6	Intensive Care	*(31:02)*	*2.2*	*At Risk*	*1.8*	*Intensive Care*	*2.0*	*At Risk*
(11:4)	1.0	Intensive Care	Composite:	**1.9**	**At Risk**	**1.7**	**Intensive Care**	**1.9**	**At Risk**
Composite:	**1.6**	**Intensive Care**							
			7. Highland Acres						
6. East Topeka South			*(31:03)*	*2.8*	*Out Patient*	*2.8*	*Out Patient*	*3.0*	*Out Patient*
(11:5)	1.0	Intensive Care	Composite:	**2.8**	**Out Patient**	**2.8**	**Out Patient**	**3.0**	**Out Patient**
(12:1)	1.6	Intensive Care							
(12:4)	2.0	At Risk	**8. Highland Crest**						
(31:03)	*2.0*	At Risk	**(East block groups)**						
Composite:	**1.7**	**Intensive Care**	(3001:1)	2.6	At Risk	2.6	At Risk	3.0	Out Patient
			(3001:2)	*2.6*	*At Risk*	*2.6*	*At Risk*	*2.8*	*Out Patient*
7. Highland Acres			Composite:	**2.6**	**At Risk**	**2.6**	**At Risk**	**2.9**	**Out Patient**
(31:03)	*2.8*	Out Patient	**(West block groups)**						
Composite:	**2.8**	**Out Patient**	*(29:1)*	*1.2*	*Intensive Care*	*1.4*	*Intensive Care*	*1.6*	*Intensive Care*
			(29:2)	2.4	At Risk	1.6	Intensive Care	1.8	Intensive Care
8. Highland Crest			(29:4)	1.6	Intensive Care	1.4	Intensive Care	1.8	Intensive Care
(East block groups)			Composite:	**1.7**	**Intensive Care**	**1.5**	**Intensive Care**	**1.7**	**Intensive Care**
(30:2)	*3.2*	Out Patient							
(30:3)	3.2	Out Patient	**9. Historic Holliday Park**						
Composite:	**3.2**	**Out Patient**	(4:1)	1.4	Intensive Care	1.8	Intensive Care	2.0	At Risk
(West block groups)			*(5:2)*	*2.2*	*At Risk*	*2.2*	*At Risk*	*2.4*	*At Risk*
(29:1)	*1.4*	Intensive Care	Composite:	**1.8**	**Intensive Care**	**2.0**	**At Risk**	**2.2**	**At Risk**
(29:2)	1.4	Intensive Care							
(29:4)	1.4	Intensive Care	**10. Jefferson Square**						
Composite:	**1.4**	**Intensive Care**	*(15:3)*	*2.8*	*Out Patient*	*2.8*	*Out Patient*	*2.6*	*At Risk*
			Composite:	**2.8**	**Out Patient**	**2.8**	**Out Patient**	**2.6**	**At Risk**
9. Historic Holliday Park									
(4:1)	1.8	Intensive Care							
(5:2)	*2.2*	*At Risk*							
Composite:	**2.0**	**At Risk**							
10. Jefferson Square									
(14:1)	3.2	Out Patient							
(14:2)	*2.8*	Out Patient							
Composite:	**3.0**	**Out Patient**							

***Block Groups in *italics* have the largest residential area in the neighborhood.**

Table #4 cont.: Composite Health of NIA Block Groups 2000 – 2011

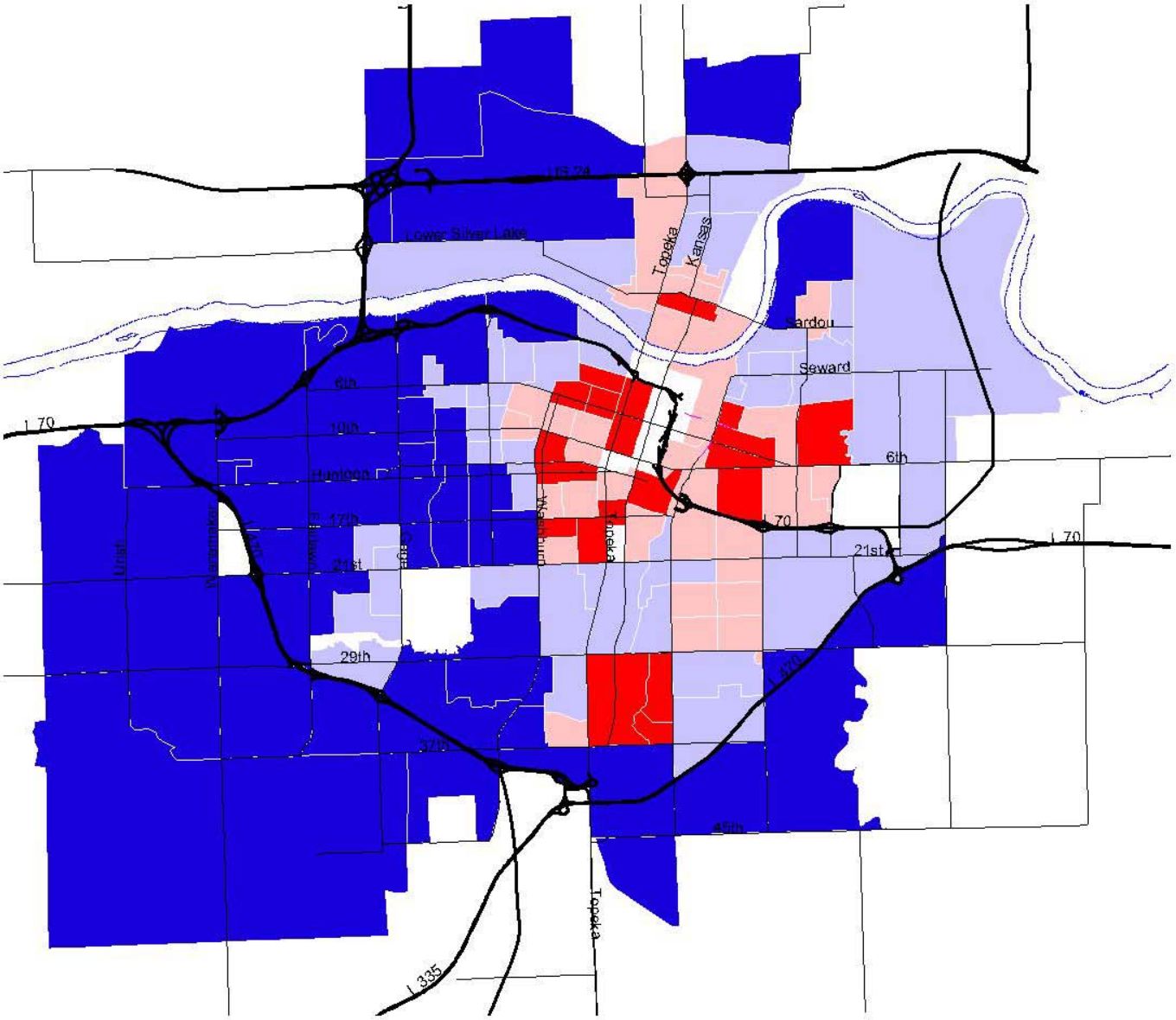
Year 2000				**Year 2003**		**Year 2007**		**Year 2011**	
NIA (1990 Census Block Groups)	Score	Health	**NIA** (2000 & 2010 Census Block Groups)	Score	Health	Score	Health	Score	Health
11. Likins Foster			**11. Likins Foster**						
(28:2)	*2.2*	At Risk	*(28:2)*	*3.0*	*Out Patient*	*3.2*	*Out Patient*	*3.2*	*Out Patient*
Composite:	**2.2**	**At Risk**	Composite:	**3.0**	**Out Patient**	**3.2**	**Out Patient**	**3.2**	**Out Patient**
12. Monroe			**12. Monroe**						
(1:3)	2.4	At Risk	*(40:3)*	*1.4*	*Intensive Care*	*1.4*	*Intensive Care*	*1.8*	*Intensive Care*
(3:1)	1.4	Intensive Care	(40:4)	2.2	At Risk	2.2	At Risk	2.8	Out Patient
(3:2)	2.0	At Risk	Composite:	**1.8**	**Intensive Care**	**1.8**	**Intensive Care**	**2.3**	**At Risk**
(3:4)	1.6	Intensive Care							
(3:5)	*2.4*	*At Risk*	**13. North Topeka East**						
Composite:	**2.0**	**At Risk**	(8:2)	2.8	Out Patient	2.8	Out Patient	2.6	At Risk
			(8:3)	*2.2*	*At Risk*	*1.8*	*Intensive Care*	*2.0*	*At Risk*
13. North Topeka East			(8:4)	1.6	Intensive Care	1.4	Intensive Care	1.4	Intensive Care
(8:2)	*2.8*	*Out Patient*	Composite:	**2.2**	**At Risk**	**2.0**	**At Risk**	**2.0**	**At Risk**
(8:3)	2.4	At Risk							
(8:4)	2.0	*At Risk*	**14. North Topeka West**						
(8:5)	1.8	Intensive Care	*(7:1)*	*2.4*	*At Risk*	*2.2*	*At Risk*	*2.0*	*At Risk*
(8:6)	2.2	At Risk	Composite:	**2.4**	**At Risk**	**2.2**	**At Risk**	**2.0**	**At Risk**
Composite:	**2.2**	**At Risk**							
			15. Oakland						
14. North Topeka West			(9:1)	3.8	Healthy	3.8	Healthy	3.0	Out Patient
(7:1)	*2.6*	*At Risk*	(9:2)	3.0	Out Patient	2.8	Out Patient	3.2	Out Patient
(7:2)	2.0	At Risk	(9:3)	3.4	Healthy	3.4	Healthy	2.8	Out Patient
Composite:	**2.3**	**At Risk**	(10:1)	3.4	Healthy	2.8	Out Patient	3.2	Out Patient
			(10:2)	3.0	Out Patient	3.2	Out Patient	3.0	Out Patient
15. Oakland			(10:3)	3.0	Out Patient	3.2	Out Patient	2.8	Out Patient
(9:1)	*3.6*	*Healthy*	*(10:4)*	*2.8*	*Out Patient*	*3.0*	*Out Patient*	*3.0*	*Out Patient*
(9:2)	3.0	Out Patient	Composite:	**3.2**	**Out Patient**	**3.2**	**Out Patient**	**3.0**	**Out Patient**
(9:3)	2.4	At Risk							
(10:1)	3.0	Out Patient	**16. Historic Old Town**						
(10:2)	3.2	Out Patient	**(East block groups)**						
(10:4)	3.0	Out Patient	(5:1)	2.2	At Risk	2.0	At Risk	2.0	At Risk
(10:5)	2.8	Out Patient	*(5:3)*	*1.8*	*Intensive Care*	*2.0*	*At Risk*	*2.8*	*Out Patient*
(10:6)	3.0	Out Patient	Composite:	**2.0**	**At Risk**	**2.0**	**At Risk**	**2.4**	**At Risk**
Composite:	**3.0**	**Out Patient**	**(West block groups)**						
			(21:1)	*2.8*	*Out Patient*	*2.6*	*At Risk*	*2.4*	*At Risk*
16. Historic Old Town			Composite:	**2.8**	**Out Patient**	**2.6**	**At Risk**	**2.4**	**At Risk**
(East block groups)									
(5:1)	2.0	At Risk	**17. Quinton Heights Steele**						
(5:4)	2.0	At Risk	*(15:1)*	*2.6*	*Out Patient*	*3.0*	*Out Patient*	*2.4*	*At Risk*
Composite:	**2.0**	**At Risk**	Composite:	**2.6**	**Out Patient**	**3.0**	**Out Patient**	**2.4**	**At Risk**
(West block groups)									
(21:1)	*2.6*	At Risk	**18. Tennessee Town**						
(21:2)	2.4	At Risk	(4:1)	1.4	Intensive Care	1.8	Intensive Care	2.0	At Risk
Composite:	**2.5**	**At Risk**	*(5:3)*	*1.8*	*Intensive Care*	*2.0*	*At Risk*	*2.8*	*Out Patient*
			Composite:	**1.6**	**Intensive Care**	**1.9**	**At Risk**	**2.4**	**At Risk**
17. Quinton Heights Steele									
(15:2)	*2.8*	Out Patient	**19. Valley Park**						
Composite:	**2.8**	**Out Patient**	*(1601:1)*	*3.6*	*Healthy*	*3.6*	*Healthy*	*3.2*	*Out Patient*
			Composite:	**3.6**	**Healthy**	**3.6**	**Healthy**	**3.2**	**Out Patient**
18. Tennessee Town									
(4:1)	1.8	Intensive Care	**20. Ward Meade**						
(5:3)	*1.4*	Intensive Care	*(6:1)*	*2.2*	*At Risk*	*2.6*	*At Risk*	*2.8*	*Out Patient*
Composite:	**1.6**	**Intensive Care**	(6:2)	1.4	Intensive Care	1.6	Intensive Care	2.2	At Risk
			(6:3)	2.2	At Risk	2.0	At Risk	2.0	At Risk
19. Valley Park			Composite:	**1.9**	**At Risk**	**2.1**	**At Risk**	**2.3**	**At Risk**
(1601:1)	*3.2*	*Out Patient*							
Composite:	**3.2**	**Out Patient**							
20. Ward Meade									
(1:5)	1.4	Intensive Care							
(6:1)	3.0	Out Patient							
(6:2)	*1.4*	*Intensive Care*							
(6:3)	1.0	Intensive Care							
(6:4)	1.4	Intensive Care							
Composite:	**1.6**	**Intensive Care**							

Table #5: Vital Sign Trends by NIA Block Group 2000 – 2011

NIA (1990 Census Blocks)	**2000 Health**	**NIA** (2000 & 2010 Census Blocks)	**2011 Health**	**Declined 2000 - 2011**	**Improved 2000 - 2011**
Central Highland Park		**Central Highland Park**			
(13:3)	At Risk	(13:3)	Out Patient		***Crime/BD Houses/Poverty***
(13:4)	At Risk	(13:4)	Out Patient		***Crime/BD Houses***
Chesney Park		**Chesney Park**			
(4:3), (4:4), (4:5)	Intensive Care	*(4:4)*	*At Risk*		***Crime/Prop. Values***
East Topeka North		**East Topeka North**			
(11:2), (11:3)	*At Risk*	*(11:2)*	*Intensive Care*	***BD Houses/Poverty***	
East Topeka South		**East Topeka South**			
(12:1), (12:4)	Intensive Care	(12:1)	At Risk		***BD Houses/Poverty***
Jefferson Square		**Jefferson Square**			
(14:1), (14:2)	Out Patient	*(15:3)*	*At Risk*	***Crime/Ownership/BD Houses***	
Monroe		**Monroe**			
(3:5)	*At Risk*	(40:4)	Out Patient		***Ownership/BD Houses***
North Topeka East		**North Topeka East**			
(8:5), (8:6)	*At Risk*	(8:4)	Intensive Care	***Crime/BD Houses/Poverty***	
Oakland		**Oakland**			
(9:1)	*Healthy*	*(9:1)*	*Out Patient*	***Poverty***	
(9:3)	At Risk	(9:2)	Out Patient		***Crime/Ownership/BD Houses***
Historic Old Town (East block groups)		**Historic Old Town (East block groups)**			
(5:4)	At Risk	*(5:3)*	*Out Patient*		***Crime/BD Houses/Prop. Values/Poverty***
Quinton Heights Steele		**Quinton Heights Steele**			
(15:2)	Out Patient	*(15:1)*	*At Risk*	***Crime/Poverty***	
Tennessee Town		**Tennessee Town**			
(4:1)	Intensive Care	(4:1)	At Risk		***Crime/Ownership/BD Houses/Poverty***
(5:3)	Intensive Care	*(5:3)*	*Out Patient*		***Crime/BD Houses/Prop. Values/Poverty***
Ward Meade		**Ward Meade**			
(6:3)	Intensive Care	(6:2)	At Risk		***Crime/BD Houses/Prop. Values/Poverty***
(6:4)	Intensive Care	(6:3)	At Risk		***Crime/BD Houses/Prop. Values***

***Table #5** only lists the NIA Block Groups that changed in Composite Health, and only displays the Vital Signs that contributed either to the improvement or decline in the composite rating.*

Map # 6
Neighborhood Health



Neighborhood Composite Rating
(by block group)

- Intensive Care
- At Risk
- Out Patient
- Healthy

City Limits

Kansas River

N
W E
S

1" = 9,000'

Topeka - Shawnee County Metropolitan Planning Department, 2000

Areas shown in color have been determined to have a sufficient neighborhood population and character