DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

OFFICE OF HEALTH EQUITY

HEALTH EQUITY IMPACT REVIEW (HEIR)

SUMMARY REPORT

September 2022

CONGRESS HEIGHTS SMALL AREA PLAN

Acknowledgments

Government of the District of Columbia

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Cover image

Dorothy I. Height Mural, Congress Heights – Photo credit: Jaime Fearer

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Executive Summary

In late 2019 and early 2020, DC Health's Office of Health Equity (OHE) explored new opportunities to collaborate with the DC Office of Planning (OP) and considered embarking on a pilot Health Impact Review Process concurrent with one of their upcoming Small Area Plan (SAP) processes. This Health Equity Impact Review (HEIR) for the Congress Heights Small Area Plan (CHSAP) is the culmination of that collaboration.

Developed during the COVID-19 public health emergency, the CHSAP sets a community-informed vision in advance of future development within the neighborhood and in relation to broader local and metropolitan growth patterns. One might wonder, beyond COVID-19, how are health and health equity related to land use and built environment planning? The answer: Health is more than health care, and 80% of what influences your overall wellbeing, including how long you live, has no relation to healthcare or medicine. Indeed, your ZIP Code may be more important than your genetic code for health.[1]

This pilot HEIR applies a Health in All Policies (HiAP) framework by systematically analyzing the CHSAP's policy recommendations in each of its six focus areas:

- Housing Diversity and Affordability
- Civic Facilities
- Economic Development and Opportunity
- Historic and Cultural Preservation
- Parks and Public Realm
- Transportation and Access

The foundation for the analysis is a health-equity-informed process that includes a literature review as well as a high-level evaluation of the policy recommendations' potential impacts across each of the Nine Key Drivers of Opportunities for Health: Education, Employment, Income, Housing, Transportation, Food Environment, Medical Care, Outdoor Environment, and Community Safety.

We are pleased to report that, across DC Health's Nine Key Drivers of Opportunities for Health, the recommendations applied across the focus areas as a whole—both individually and collectively—appear to have **the potential to *decrease health inequities*** in the Congress Heights SAP planning area and **lead to *improved health outcomes***.

As you dig into the analysis, it is important to note that this HEIR pilot approach is unique to the DC context, and OHE anticipates continuing to refine the HEIR process in light of this and other practical experience and feedback, with the goal of increasing its utility.

Introduction

Health Equity in the District of Columbia

The mission of the District of Columbia Department of Health (DC Health) Office of Health Equity (OHE) is to address the root causes of health disparities, *beyond* healthcare and health behaviors, by supporting projects, policies and research that will enable every resident to achieve their optimal level of health, regardless of where they live, learn, work, play, or age. The Office achieves its mission by informing, educating, and empowering people about health issues and facilitating multi-sector partnerships to identify and solve community health problems related to the social determinants of health.

The toolbox of health impact analyses continues to grow, with traditional Health Impact Assessment (HIA) serving as the starting place. OHE recognizes that these analytical tools, ranging in scope and time commitment from a 12-24 month HIA to a 1-week Health Consultation—applying numerous tools, methodologies, and timelines in between—do not conform to one-size-fits-all adaptations. While OHE initially proposed performing a "Rapid" HIA concurrently with the Congress Heights Small Area Plan (CHSAP) process, once the COVID-19 pandemic struck, it became clear that the Office would need to adapt our equity impact analysis approach. Established through an adaptation of HIA, Health Planning Matrix, and Health Notes methodologies, this pilot Health Equity Impact Review (HEIR) incorporates the key concepts behind the applied principles of health equity, framed around the social and structural determinants of health. Specifically, this HEIR applies DC Health's Nine Key Drivers of Opportunities for Health Framework (Nine Key Drivers Framework), launched with the release of the *Health Equity Report for the District of Columbia* (*DC HER 2018*).[2] This HEIR pilot approach is unique to the DC context, and OHE anticipates continuing to refine the process in light of practical experience and feedback, with the goal of increasing its utility.

In February of 2019, DC Health released the inaugural *DC HER 2018*. The document provides a baseline assessment of social and structural determinants of health in the District, highlighting unequal outcomes among residents by income, place, and race across the Nine Key Drivers of Opportunities for Health. The *DC HER 2018* unpacks the full scope of what drives the health of a population, calling attention to the science and evidence base that shows that only 20% of what drives health is clinical. As such, the Nine Key Drivers Framework includes data and analysis related to education, employment, income, housing, transportation, food environment, medical care, outdoor environment, and community safety. Together, through interconnected pathways, these key drivers create opportunities for health, 80% of which is non-clinical.

The data throughout the report present a picture of significant differences across neighborhoods that align with disparities in health outcomes, including life expectancy, with differences of 21 years between the two ends of the spectrum. In the *DC HER 2018*, and as shown in Figure 4, the Congress Heights/Shipley statistical neighborhood scores in the bottom 10 of statistical neighborhoods reporting for life expectancy.[3] The analysis of current outcomes in the Congress Heights community played a large role in determining OHE's collaboration with OP on this pilot HEIR.

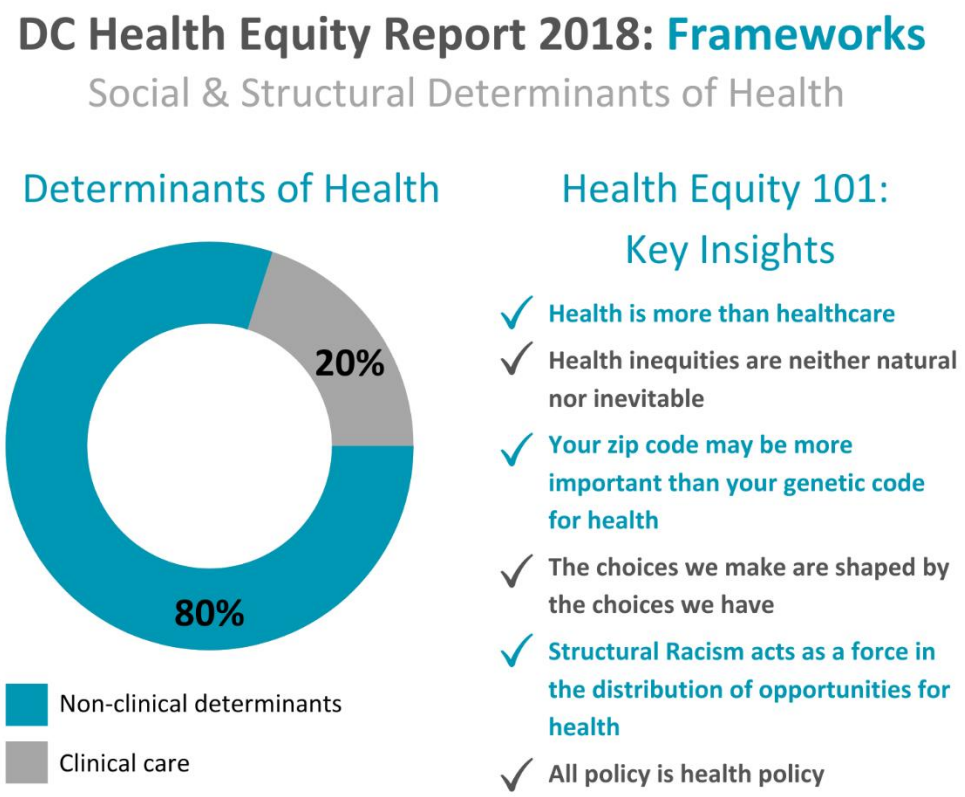

Figure 1: Social & Structural Determinants of Health
Source: DC Health (2021). *COVID-19 Health and Health Care Pandemic Recovery Report*

Figure 2: Key Drivers & Interconnected Pathways Framework
Source: *DC HER 2018*

DC HER 2018 – Takeaways

- Life expectancy at birth varies by 21 years across the 51 statistical neighborhoods.
- More opportunities for health (positive outcomes) are concentrated in neighborhoods with the longest life expectancy; AND the opposite is true for neighborhoods with the shortest life expectancy at birth.
- Overall, it is clear that there are differential opportunities for health—by income, geography, and race—in the District.

Opportunities for Health:
Nine Key Drivers – Brief Definitions

Among the social determinants of health, educational attainment is arguably the most critical. It has a profound impact on almost all other factors—most intuitively, employment, and income opportunities—and contributes to associated health-promoting resources and psychological benefits. More education is typically linked with higher-paying jobs that provide the necessary income to live in neighborhoods that are less stressful, have stores with affordable healthy foods, and provide access to recreational facilities. In the District there is a close relationship between educational attainment and health outcomes, with improved outcomes at each additional level of education. Evidence also shows important relationships between neighborhoods, school quality, poverty, and educational outcomes.

People who are employed have better health, and individuals and families supported by stable employment are better positioned to practice healthy behaviors consistently and use preventative medical services. People who are unemployed are 54% more likely to have fair/poor health, and 83% more likely to develop stress-related conditions and other diseases. The District's unemployment rate over the span of 2011–2015 was higher than the national rate (9.6% versus 8.3%, respectively). Of residents reporting unemployment in the 2015 Behavioral Risk Factor Surveillance Survey (BRFSS), 18.6% reported their health status as fair/poor. That number was 4.7% for those reporting that they were employed, greater than a threefold difference.

Research shows that income inequality is linked with health, and that the greater the gap between the richest and poorest residents, the greater the differences in health outcomes. Despite having one of the highest median household incomes in the nation at $70,848 for the District versus $53,889 nationally (US Census, 2011–2015), the District of Columbia's poverty rate, at 18% in 2016, was also one of the highest in the United States. In 2015, the median household income for Black households in the District was $40,677, barely over a third of that of white households at $115,890. The highest neighborhood median household income in 2015—Barnaby Woods, at $200,031—was nearly eight times that of the lowest, St. Elizabeths, at $25,311. Overall, an estimated 14.4% of District residents lived at or below $15,000 per year, higher than the national average of 12%, in 2015 inflation-adjusted dollars.

Housing affordability relative to income is critical to determining how much households have left over to meet other basic needs. From 2011–2015 51% of District households spent less than 30% on rent as a percentage of household income. Another 8.9% spent 30% to 34.9% of income on rent; and the remaining 39.8% spent 35% or more of household income on rent. At the Ward level, gross rents to household incomes were highest in Wards 7 and 8 at 49.0% and 52.8% of households respectively. Severely cost-burdened households endure frequent financial strain and must make difficult tradeoffs between essentials such as food, utilities, and medical bills. Additionally, between 2009-2016 the District saw a 34.1% increase in homelessness.

Source: DC Health (2019). Health Equity Report for the District of Columbia. https://dchealth.dc.gov/publication/health-equity-report-district-columbia-2018

	High concentrations of zero-vehicle or transit-dependent households are most common in neighborhoods to the south and east of the city, where households without access to a car exceed the District average in most neighborhoods. In several neighborhoods, particularly some within Wards 7 and 8, up to half of all households have no access to a vehicle. Rates of transit commuting in these two wards are high, in combination with relatively high rates of car commuting. With economic mobility linked with geographic mobility, opportunities for social and economic success as well as health itself can be dependent on transportation access, opportunities, and cost. The visualized overlay of life expectancy with zero-car households and their concentrations show a correlation.
	Food insecurity remains a major barrier to healthy eating in the District, with 11.4% of residents classified as food insecure from 2011–2016 and 4% classified as very low food security. It is estimated that 14% of District households experience some level of food insecurity, and 10% worry about running out of food before getting enough money to purchase more. With a total of 45 full-service grocery stores in the District, the city has an overall grocery store density score of 0.069 (i.e. ~0.07 stores per 1,000 population), placing the District in the lowest quartile among states. Additionally, nearly 16% of District households received public assistance income and/or Supplemental Nutrition Assistance Program (SNAP) benefits, underscoring its critical role in bridging food gaps.
	The social determinants are vital considerations in the design of the health care delivery system. Key drivers such as education, income, and employment status impact opportunities for health, quality of life, and health outcomes. Individuals and communities with fewer health-opportunity resources have been shown statistically to be more likely to experience fair or poor health. Persistent biases, in combination with other factors, also contribute to the stubborn differences in outcomes by race and ethnicity as well as by gender. In 2015, while only 3.9% of White District residents self-reported being in fair or poor health, the percentage for Black or African-American residents was 19.5%. For other races, the rate was 9.1%. By gender, 14.9% of women, compared with just 8.7% of men, reported being in fair or poor health.
	Evidence suggests that proximity to green space provides tangible health benefits, particularly among lower-income residents, and that the benefit is more pronounced with closer proximity to that space. Additionally, background work in developing the District's plan to adapt to climate change looked at the number of residents with higher vulnerability, using social and economic indicators, including age and rates of obesity and asthma. This analysis showed that vulnerability to climate change was not evenly distributed, and that Wards 7 and 8 had the highest concentrations of vulnerability, as well as a large older adult population.
	Community safety is a broad category of public health consideration, encompassing falls and injuries; transportation and motor vehicle accidents; unintentional poisoning and overdose; and violence, including both homicide and suicide. Of the 718 violent deaths in the District from 2011 to 2015, 74% were homicides and 26% were suicides. Between 2009 and 2013, the District ranked first in the nation in firearms deaths. In 2011–2015, the rate was 13.3 per 100,000 population for mortality due to injury in the District involving a firearm, compared with 10.7 for the nation as a whole. Mortality due to homicide was 16.0 per 100,000 in the District, three times the national rate of 5.2. Of all homicide deaths in the District, over 70% were people ages 16 to 39 years, and 81% were Black males.

Source: DC Health (2019). Health Equity Report for the District of Columbia. https://dchealth.dc.gov/publication/health-equity-report-district-columbia-2018

Figure 3: Opportunities for Health: Nine Key Drives – Brief Definitions

Differential Opportunities for Health in DC

		Education	Employment	Income	Housing	Transporation	Food Environment	Medical Care	Community Safety	
Statistical Neighborhoods *Ranked by Life Expectancy at Birth	**Life Expectancy at Birth (2011-2015)**	**Residents (25 years or older) with a high school diploma or higher (2011-2015)**	**Residents (16 years or older) Unemployed (2011-2015)**	**Median Household Income (2011-2015)**	**Household Gross Rent 35% or more of Income (2011-2015)**	**Household Without a Car/Transit Dependent**	**Household Receiving Public Assistance Income or SNAP (past 12 months)**	**Population with Public Insurance Coverage**	**Age adjusted Violent Deaths Rate - per 100,000 population (2011-2015)**	**Residents Living in Poverty (2011-2015)**
Top 10 Statistical Neighborhoods by Life Expectancy at Birth										
1. Woodley Park	89.4 years	97.8%	2.5%	$139,744	25.8%	26.1%	2.5%	16.4%	9.9	6.6%
2. Cathedral Heights	88.8 years	96.8%	3.9%	$90,124	44.5%	22.8%	0.8%	15.8%	5.1	15.8%
3. Kent/ Palisades	88.4 years	97.9%	5.9%	$161,252	*Data Supp.*	9.3%	0.6%	17.4%	7.4	9.3%
4. Tenleytown	87.3 years	98.7%	2.4%	$136,641	39.0%	19.3%	2.1%	18.5%	1.1	4.5%
5. Forest Hills	87.2 years	99.1%	3.5%	$113,269	33.7%	33.7%	1.3%	17.9%	13.0	9.2%
6. Georgetown East	86.9 years	98.9%	3.1%	$132,021	33.9%	39.5%	1.0%	13.2%	5.7	10.3%
7. Barnaby Woods	86.5 years	98.9%	2.8%	$200,031	*Data Supp.*	*Data Supp.*	0.0%	16.0%	2.6	1.7%
8. Capitol Hill	86.2 years	98.1%	3.2%	$121,668	19.0%	28.1%	1.6%	13.7%	10.5	5.7%
9. Adams Morgan	85.1 years	95.9%	5.0%	$96,194	27.0%	45.9%	3.6%	15.2%	8.4	7.2%
10. Shepherd Park	83.4 years	93.2%	11.7%	$102,053	*Data Supp.*	*Data Supp.*	7.8%	35.9%	5.4	11.0%
Bottom 10 Statistical Neighborhoods by Life Expectancy at Birth										
35. Bellevue	74.4 years	82.9%	30.0%	$32,562	52.1%	54.4%	43.4%	67.7%	33.1	39.6%
36. Eastland Gardens	73.4 years	79.4%	21.3%	$31,333	57.4%	45.6%	37.5%	66.0%	40.6	34.1%
37. Lincoln Heights	72.6 years	80.7%	20.6%	$36,577	48.8%	41.6%	32.7%	63.5%	58.5	26.2%
38. Naylor/Hillcrest	72.5 years	84.1%	16.6%	$37,771	44.4%	38.7%	32.7%	57.8%	31.5	34.5%
39. Marshall Heights	72.4 years	84.4%	19.6%	$43,043	39.9%	40.9%	39.4%	58.7%	46.8	29.2%
40. Washington Highlands	72.4 years	*Data Supp.*	*Data Supp.*	$28,468	*Data Supp.*	44.7%	*Data Supp.*	*Data Supp.*	36.3	38.7%
41. Douglass	71.8 years	81.7%	22.6%	$31,319	50.4%	49.8%	53.9%	67.4%	48.6	36.7%
42. Congress Heights/Shipley	71.8 years	82.4%	26.8%	$28,711	55.2%	47.2%	41.3%	62.3%	50.0	39.4%
43. Trinidad	70.8 years	79.9%	18.0%	$36,655	48.4%	46.7%	31.0%	50.9%	47.6	28.5%
44. Historic Anacostia	70.2 years	83.2%	14.9%	$28,790	59.6%	48.0%	43.7%	61.7%	52.4	37.3%
45. St. Elizabeths	68.4 years	*Data Supp.*	18.1%	$25,311	43.8%	51.3%	*Data Supp.*	70.1%	65.4	40.2%
District of Columbia	79.0 years	89.3%	9.6%	$70,848	39.8%	36.4%	15.6%	35.1%	19.5	18.0%
United States	78.8 years	86.7%	8.3%	$53,889	42.7%	9.0%	13.9%	32.1%	na.	15.5%

*Ranked by Life Expectancy at Birth for 45 Statistical Neighborhoods with available data (6 omitted = suppressed data)
Note: Statistical Neighborhoods 11-34 are omitted in this table. Only the top 10 and bottom 10 statistical neighborhoods are shown.
Opportunity Measure Selected Indicator: **Score in Top 10** **Score in Bottom 10**
Source: DC Health (2019). Health Equity Report for the District of Columbia. https://dchealth.dc.gov/publication/health-equity-report-district-columbia-2018

Figure 4: Differential Opportunities for Health in DC – Top & Bottom 10 Statistical Neighborhoods by Life Expectancy at Birth

Overview of the Congress Heights SAP and HEIR Processes

In late 2019 and early 2020, OHE explored new opportunities to collaborate with the DC Office of Planning (OP) and considered embarking on a pilot Health Impact Review Process concurrent with one of their upcoming Small Area Plan (SAP) processes. Of the three (Congress Heights, Pennsylvania Avenue SE, and Chevy Chase), Congress Heights proved to be the best fit for this pilot project. In the *DC HER 2018*, and as shown in Figure 4 above, Congress Heights/Shipley scored in the bottom 10—ranked 42 out of 45—of statistical neighborhoods for life expectancy at birth at 71.8 years. As shown, the statistical neighborhood also ranked in the bottom 10 for the large majority of other opportunities for health (seven of eight key driver measures).

One of OHE's three operational goals is to "Build Multi-Sectoral Collaborations and Promote Health in All Policies".[4] This collaboration with OP is well aligned with this goal, including the specific integration of health considerations in the planning process. OHE's project selection process mirrored the Screening phase of a formal Health Impact Assessment (HIA), which typically includes the following considerations to establish if an HIA will contribute to and/or complement the decision-making process:

- Potential effects on the public health as a result of the plan, project, or policy
- Potential for impacts on vulnerable populations
- Potential for the HIA to add value to the decision-making process
- Availability of data, methods, resources and capacity to conduct analysis
- Buy in from decision-makers[5]

Additionally, this collaboration aligns with OP's CHSAP project charter, which states:

> The Office of Planning (OP) seeks to develop an equitable development plan for Congress Heights and adjacent neighborhoods in Southeast, DC. This project builds on nearby and previous planning efforts that identify opportunities for growth in Congress Heights, and Ward 8, in general, and a need for investment that is driven by the community and benefits the community in meaningful ways. Unlike previous planning efforts, this plan will create a framework that centers anti-displacement and equitable community development in order to mitigate the anticipated adverse effects of increased development interest in Southeast, DC, including the adaptive reuse of St. Elizabeths East and the redevelopment of Barry Farm. As the District is experiencing ongoing rapid displacement of low-income, Black residents citywide, this [CHSAP] will pilot recommendations that can be implemented within a 3-5-year horizon to address the following needs:
>
> - Thoughtfully established guidelines for increased density and infill development
> - A safe, accessible, and vibrant public realm
> - Improved socio-economic outcomes
> - Improved health outcomes of the community
> - Community education about planning and development processes for increased community-sourced improvements

Health impact analyses can support planners' work by highlighting potential unintended impacts as well as previously unforeseen opportunities to advance health and health equity.[6] Much of the available literature on health impact analyses points specifically to HIA when noting the value of collaborative

work between planning and health professionals. OHE posits that this HEIR benefits from similar collaboration on a systematic process meant to "expand the data sources and analytic techniques available and provide a more complete picture of planning decisions' implications, including potential unintended consequences and opportunities to promote health."[7]

Health Equity Impact Review (HEIR) Methodology

This pilot HEIR project aligns with both OHE's mission and strategic approach by advancing multi-sector collaborations; here, the collaboration is with respect to the built environment. The HEIR applies a Health in All Policies (HiAP) framework by systematically analyzing the CHSAP's six focus area policy recommendations through a health-equity-informed process that includes a literature review as well as a high-level evaluation of the policy recommendations' potential impacts across each of the Nine Key Drivers of Opportunities for Health.

HEIR Matrices

The summary of the HEIR findings is shown in the six matrices below, one per CHSAP focus area. The full-page matrix for each focus area can be found on pages 23, 27, 34, 38, 43, and 49. In short, across DC Health's Nine Key Drivers of Opportunities for Health, the recommendations applied across the focus areas as a whole—both individually and collectively—appear to have **the potential to *decrease health inequities*** in the Congress Heights SAP planning area and **lead to *improved health outcomes***.

Each matrix outlines a summary of the potential multi-sectoral impacts, cross-referenced with each of the Nine Key Drivers of Opportunities for Health. The summary outlines whether the policy recommendations for each focus area are anticipated to lead to **Decreased Health Inequities** and **Improved Health Outcomes**, estimates of the number of people who will likely be affected ("**Magnitude**"), the likelihood of achieving the predicted outcomes ("**Likelihood**"), and which populations or sub-populations will most likely be affected by the suite of policy recommendations ("**Distribution**"). Summary explanations of each of these is provided below.

> *Decreased Health Inequities and Improved Health Outcomes*: For each focus area, these columns show if changes are anticipated ("yes" or "no") in the Congress Heights neighborhood with implementation of the CHSAP policy recommendations. If "neutral/no change", then the available evidence and/or relevance to the specific, cross-referenced key driver indicates neither a positive nor a negative outcome.
>
> *Magnitude*: For each focus area, this column shows the estimated number of people in the community who will likely be affected by the CHSAP policy recommendations when cross-referenced with each of the key drivers:
>
> - Many or most residents of the community = "high";
> - At least half of the residents of community = "medium";
> - Fewer than half of the residents of the community = "low"; and
> - The available evidence and/or relevance to the specific, cross-referenced key driver does not indicate a high, medium, or low magnitude = "uncertain".

Likelihood: For each focus area, this column reflects whether the anticipated outcomes are "likely", "possible", "unlikely", or "uncertain", and is based on the specific policy recommendations, the available evidence, and relevance to the specific, cross-referenced key driver.

Distribution: For each focus area, this column illustrates which populations or sub-populations will most likely be affected by the CHSAP policy recommendations, and is based on the available evidence and relevance to the specific, cross-referenced key driver. If shown as "all/most residents", the anticipated effects will be uniform across the community, rather than potentially targeted.

Figure 5: Snapshot of the Six Focus Area Summary Analysis Matrices

Focus Area 1: Housing Diversity and Affordability

Key Driver/ Opportunity for Health	Decreased Health Inequities	Improved Health Outcomes	Magnitude	Likelihood	Distribution
Education	Yes	Yes	High	Likely	Effects may be stronger for children and young people who are housing insecure and/or who live in housing in need of repair
Employment	Yes	Yes	High	Likely	Effects may be stronger for residents who are currently housing insecure and/or who live in housing in need of repair
Income	Yes	Yes	High	Likely	Effects may be stronger for residents who are housing insecure, who pay more than 30% gross income on rent, and/or who live in housing in need of repair
Housing	Yes	Yes	High	Likely	Effects may be stronger for residents who are housing insecure, who pay more than 30% gross income on rent, and/or who live in housing in need of repair
Transportation	Neutral/ no change	Neutral/ no change	Uncertain	Uncertain	All/most residents
Food Environment	Yes	Yes	Medium	Possible	All/most residents
Medical Care	Yes	Yes	High	Likely	Effects may be stronger for residents who are housing insecure, who pay more than 30% gross income on rent, and/or who live in housing in need of repair
Outdoor Environment	Neutral/ no change	Neutral/ no change	Uncertain	Uncertain	All/most residents
Community Safety	Yes	Yes	Uncertain	Possible	All/most residents

Key

Magnitude: Estimates the number of people who will likely be affected by the policy recommendations as "high", "medium", "low", or "uncertain

Likelihood: Reflects whether the anticipated outcomes are "likely", "possible", "unlikely", or "uncertain"

Distribution: Illustrates which populations or sub-populations will most likely be affected by the policy recommendations

Matrix adapted from "Gary-New Duluth Small Area Plan Health Impact Assessment", Minnesota Department of Health and The City of Duluth Planning Division (https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/hia-map/state/minnesota/city-of-duluth-small-area-plan)

Focus Area 2: Civic Facilities

Key Driver/ Opportunity for Health	Decreased Health Inequities	Improved Health Outcomes	Magnitude	Likelihood	Distribution
Education	Yes	Yes	High	Likely	Effects may be stronger for young people and for families with children
Employment	Yes	Yes	Medium	Possible	All/most residents
Income	Yes	Yes	Medium	Possible	All/most residents
Housing	Yes	Yes	Medium	Likely	Effects may be stronger for residents who typically lack access to in-person resources during and between acute emergencies
Transportation	Neutral/ no change	Neutral/ no change	Uncertain	Uncertain	All/most residents
Food Environment	Yes	Yes	Medium	Possible	Effects may be stronger for residents who typically lack access to in-person resources during and between acute emergencies
Medical Care	Yes	Yes	High	Likely	Effects may be stronger for residents who typically lack reliable access to medical care
Outdoor Environment	Yes	Yes	High	Likely	Effects may be stronger for young people and for families with children
Community Safety	Yes	Yes	High	Likely	All/most residents

Key

Magnitude: Estimates the number of people who will likely be affected by the policy recommendations as "high", "medium", "low", or "uncertain

Likelihood: Reflects whether the anticipated outcomes are "likely", "possible", "unlikely", or "uncertain"

Distribution: Illustrates which populations or sub-populations will most likely be affected by the policy recommendations

Matrix adapted from "Gary-New Duluth Small Area Plan Health Impact Assessment", Minnesota Department of Health and The City of Duluth Planning Division (https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/hia-map/state/minnesota/city-of-duluth-small-area-plan)

Focus Area 3: Economic Development and Opportunity

Key Driver/ Opportunity for Health	Decreased Health Inequities	Improved Health Outcomes	Magnitude	Likelihood	Distribution
Education	Yes	Yes	Medium	Possible	Effects may be stronger for residents exploring education and/or training in the medical field
Employment	Yes	Yes	Medium	Possible	Effects may be stronger for business owners and for those in the medical field
Income	Yes	Yes	Medium	Possible	Effects may be stronger for business owners and for those in the medical field
Housing	Neutral/ no change	Neutral/ no change	Uncertain	Uncertain	All/most residents
Transportation	Neutral/ no change	Neutral/ no change	Uncertain	Uncertain	All/most residents
Food Environment	Yes	Yes	High	Likely	Effects may be stronger for residents within ½ mile (~10 min. walk / 4 min. bike) of new and existing grocers, restaurants, and other food organizations
Medical Care	Yes	Yes	High	Likely	Effects may be stronger for residents who typically lack reliable access to medical care
Outdoor Environment	Yes	Yes	High	Likely	Effects may be stronger for residents within ½ mile (~10 min. walk / 4 min. bike) of green spaces
Community Safety	Yes	Yes	Uncertain	Uncertain	All/most residents

Key

Magnitude: Estimates the number of people who will likely be affected by the policy recommendations as "high", "medium", "low", or "uncertain"
Likelihood: Reflects whether the anticipated outcomes are "likely", "possible", "unlikely", or "uncertain"
Distribution: Illustrates which populations or sub-populations will most likely be affected by the policy recommendations

Matrix adapted from "Gary-New Duluth Small Area Plan Health Impact Assessment", Minnesota Department of Health and The City of Duluth Planning Division (https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/hia-map/state/minnesota/city-of-duluth-small-area-plan)

Focus Area 4: Historic and Cultural Preservation

Key Driver/ Opportunity for Health	Decreased Health Inequities	Improved Health Outcomes	Magnitude	Likelihood	Distribution
Education	Yes	Yes	Medium	Possible	Effects may be stronger for young people and for families with children
Employment	Yes	Yes	Medium	Likely	Effects may be stronger for new residents; requires a specific focus on equity in implementation
Income	Yes	Yes	Medium	Likely	Effects may be stronger for new residents; requires a specific focus on equity in implementation
Housing	Yes	Yes	Uncertain	Uncertain	Effects may be stronger for new residents; requires a specific focus on equity in implementation
Transportation	Yes	Yes	Uncertain	Uncertain	Effects may be stronger for residents who walk, bike, or take transit
Food Environment	Neutral/ no change	Neutral/ no change	Uncertain	Uncertain	All/most residents
Medical Care	Yes	Yes	Medium	Possible	All/most residents
Outdoor Environment	Yes	Yes	High	Likely	All/most residents
Community Safety	Yes	Yes	Medium	Likely	Effects may be stronger for residents living within ¼ mile (~5 min. walk / 2 min. bike) of proposed efforts

Key

Magnitude: Estimates the number of people who will likely be affected by the policy recommendations as "high", "medium", "low", or "uncertain"
Likelihood: Reflects whether the anticipated outcomes are "likely", "possible", "unlikely", or "uncertain"
Distribution: Illustrates which populations or sub-populations will most likely be affected by the policy recommendations

Matrix adapted from "Gary-New Duluth Small Area Plan Health Impact Assessment", Minnesota Department of Health and The City of Duluth Planning Division (https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/hia-map/state/minnesota/city-of-duluth-small-area-plan)

Focus Area 5: Parks and Public Realm

Key Driver/ Opportunity for Health	Decreased Health Inequities	Improved Health Outcomes	Magnitude	Likelihood	Distribution
Education	Yes	Neutral/ no change	High	Likely	Effects may be stronger for young people and for families with children
Employment	Neutral/ no change	Neutral/ no change	Uncertain	Uncertain	All/most residents
Income	Neutral/ no change	Neutral/ no change	Uncertain	Uncertain	All/most residents
Housing	Neutral/ no change	Neutral/ no change	Uncertain	Uncertain	All/most residents
Transportation	Yes	Yes	Medium	Possible	Effects may be stronger for young people and for families with children
Food Environment	Neutral/ no change	Neutral/ no change	Uncertain	Uncertain	All/most residents
Medical Care	Yes	Yes	Medium	Likely	All/most residents; requires a specific focus on equity in implementation
Outdoor Environment	Yes	Yes	High	Likely	All/most residents; requires a specific focus on equity in implementation
Community Safety	Yes	Yes	High	Likely	All/most residents; requires a specific focus on equity in implementation

Key

Magnitude: Estimates the number of people who will likely be affected by the policy recommendations as "high", "medium", "low", or "uncertain"
Likelihood: Reflects whether the anticipated outcomes are "likely", "possible", "unlikely", or "uncertain"
Distribution: Illustrates which populations or sub-populations will most likely be affected by the policy recommendations

Matrix adapted from "Gary-New Duluth Small Area Plan Health Impact Assessment", Minnesota Department of Health and The City of Duluth Planning Division (https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/hia-map/state/minnesota/city-of-duluth-small-area-plan)

Focus Area 6: Transportation and Access

Key Driver/ Opportunity for Health	Decreased Health Inequities	Improved Health Outcomes	Magnitude	Likelihood	Distribution
Education	Yes	Yes	Medium	Possible	Effects may be stronger for young people and for families with children
Employment	Yes	Yes	Medium	Possible	All/most residents; requires a specific focus on equity in implementation
Income	Yes	Yes	Medium	Possible	All/most residents; requires a specific focus on equity in implementation
Housing	Yes	Yes	Medium	Possible	Effects may be stronger for residents living near transit hubs
Transportation	Yes	Yes	High	Likely	Effects may be stronger for residents living near transit hubs
Food Environment	Yes	Yes	High	Likely	Effects may be stronger for residents within ½ mile (~10 min. walk / 4 min. bike) of new and existing grocers, restaurants, and other food organizations
Medical Care	Yes	Yes	High	Likely	All/most residents; requires a specific focus on equity in implementation
Outdoor Environment	Yes	Yes	High	Likely	All/most residents; requires a specific focus on equity in implementation
Community Safety	Yes	Yes	High	Likely	All/most residents; requires a specific focus on equity in implementation

Key

Magnitude: Estimates the number of people who will likely be affected by the policy recommendations as "high", "medium", "low", or "uncertain"
Likelihood: Reflects whether the anticipated outcomes are "likely", "possible", "unlikely", or "uncertain"
Distribution: Illustrates which populations or sub-populations will most likely be affected by the policy recommendations

Matrix adapted from "Gary-New Duluth Small Area Plan Health Impact Assessment", Minnesota Department of Health and The City of Duluth Planning Division (https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/hia-map/state/minnesota/city-of-duluth-small-area-plan)

HEIR Logic Model

Generally speaking, a logic model is a visual way to illustrate the resources or inputs required to implement a program, including activities and outputs, as well as the desired outcomes. OHE developed the HEIR Logic Model (Figure 6) for this pilot to be responsive to the needs of the Congress Heights community and to generate useful analysis of the potential health outcomes of the Congress Heights SAP's policy recommendations. Over the course of nearly 24 months, OHE participated in the CHSAP Interagency Working Group (IAWG), and attended monthly Community Advisory Committee (CAC) meetings, community town halls and focus groups, community pop-ups, and the workshop for young people. Notes from all of these engagements, while not explicitly noted in the HEIR, contribute to the analyses across each of the six focus areas.

The following five key components highlighted in the HEIR Logic Model diagram are documented in further detail throughout this report:

- **Background Knowledge**: See notes included on page 17 and at the beginning of each of the focus area analysis sections
- **SAP Process Inputs**: See notes included in Appendix (verbatim from OP CHSAP documentation)
- **SAP Process Filter**: See notes included in Appendix (verbatim from OP CHSAP documentation)
- **SAP Process Outputs**: See the six focus area Policy Recommendations, verbatim from OP's March 29, 2022 CHSAP Town Hall
- **HEIR Analysis—Potential Health Outcomes & Impacts**: Comprise the body of this HEIR

The policy recommendations detailed and analyzed in this HEIR are verbatim from OP's March 29, 2022 Town Hall, and they vary somewhat from the final CHSAP Recommendations. Finally, please note, too, that the SAP Implementation & Evaluation phase will occur after publication of this HEIR; next steps and their relevance to the plan's equitable implementation are discussed in brief in the HEIR's Conclusion.

The HEIR's methodology adapts and combines elements from traditional HIA and Health Notes, a newer tool developed by the Health Impact Project, designed specifically to support legislative processes.[8] Each focus area matrix cross-references the overarching focus area policy recommendation analysis with the Nine Key Drivers of Opportunities for Health. The matrix concept is adapted from the Summary Findings/Figure 1 in the *Gary/New Duluth Small Area Plan HIA*.[9]

This HEIR is limited to the provision of in-depth analysis of the policy recommendations resulting from development of the CHSAP. As such, this HEIR does not provide unique recommendations of its own, nor considers the fiscal impacts of the proposed policy recommendations. The analysis provided by this HEIR process is envisioned as making a contribution to final decision-making on the CHSAP, prior to its final adoption, and to serve as an input to the implementation process.

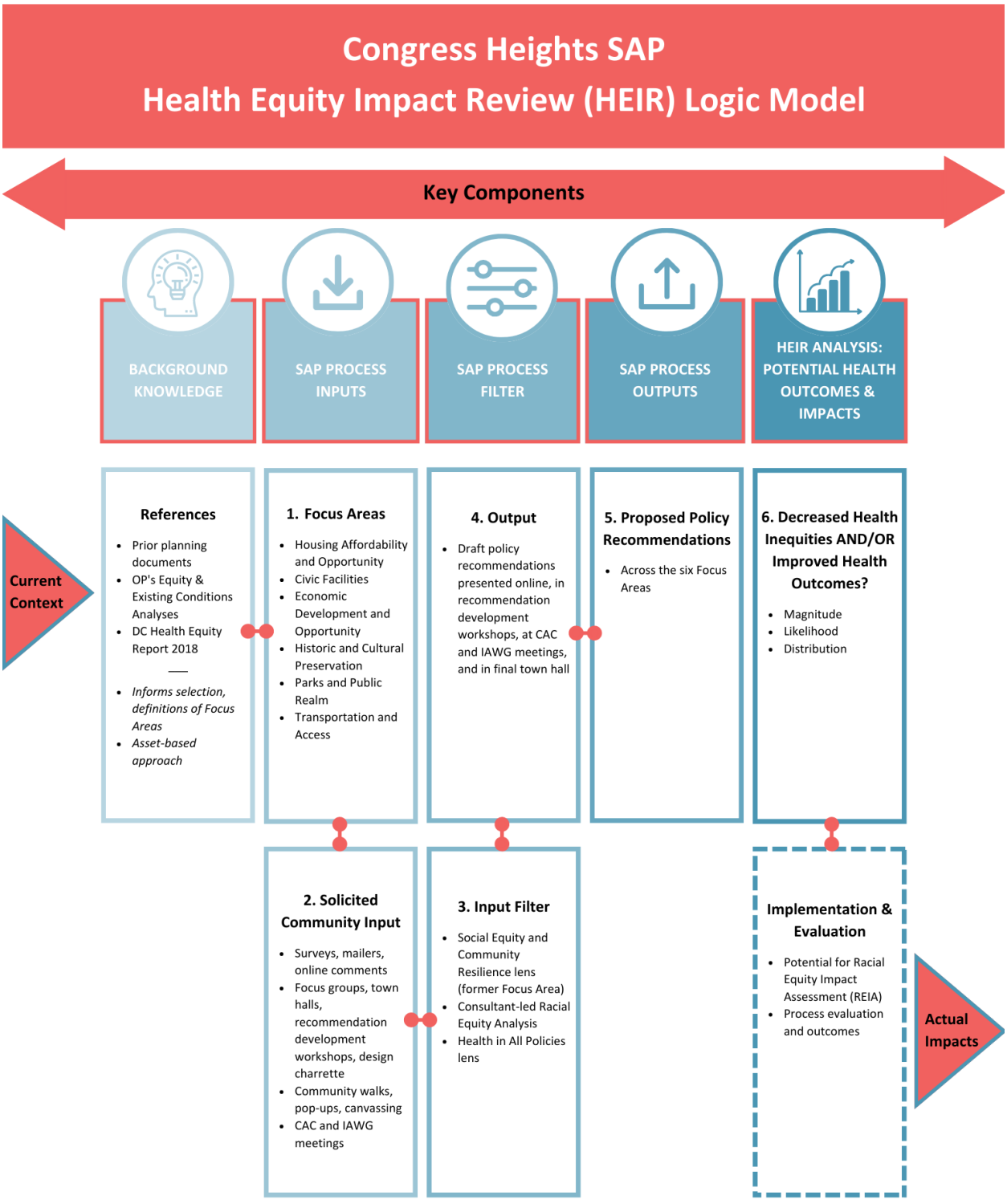

Figure 6: Logic Model for the Congress Heights SAP Health Equity Impact Review (HEIR)

HEIR Background Knowledge

This pilot HEIR's primary sources of background knowledge come from OP analyses, including:

- An Existing Conditions Report;
- A virtual Town Hall meeting held on December 3, 2020; and
- An overview of existing conditions for both the Community Advisory Committee (CAC) and the Interagency Working Group (IAWG) prior to the kick-off of topic area-specific focus group meetings throughout March and April 2021.

Key content from the *DC HER 2018* also provides the multi-sectoral key driver framework of analysis, as well as critical content, research, and data pertaining to quality of life, life expectancy, and health outcomes, as appropriate.

Given the timeframe and unique context within which the CHSAP process was launched, OP identified several crosscutting issues and areas of concern critical to the plan's development. Notably, *Social Equity and Community Resilience* was initially considered one of the CHSAP's focus areas before becoming an overarching frame for the CHSAP and each of the six focus areas. Early in the CHSAP process, the planning team and participants highlighted two bodies of specific concerns within each focus area—*COVID-19-Related Concerns* and *Equity Concerns*—as well as *Opportunities* related to each focus area. Details on these issues and opportunities pertaining to each focus area is presented as Initial Process Inputs throughout the body of this HEIR, as Part 1 of each respective focus area analysis.

The CHSAP's Six Focus Areas:

- Focus Area 1: Housing Diversity and Affordability
- Focus Area 2: Civic Facilities
- Focus Area 3: Economic Development and Opportunity
- Focus Area 4: Historic and Cultural Preservation
- Focus Area 5: Parks and Public Realm
- Focus Area 6: Transportation and Access

Figure 7: Social Equity and Community Resilience—Concerns and Opportunities

Finally, it is important to note that OHE prepared this HEIR as a collaborative element of the CHSAP process. Because of this concurrent work, OHE has worked primarily with draft recommendations from a point in time, specifically, those presented to the community at the CHSAP Town Hall on March 29, 2022, and the final recommendations have since changed. For further details on the outcomes of both the detailed Process Inputs and Process Filter for each of the six focus areas, please refer to this HEIR's Appendix.

HEIR Conclusions

Summary of Findings

Overall, based on this HEIR applied methodology, the CHSAP recommendations proposed across the six focus areas—both individually and collectively—appear to have **the potential to *decrease health inequities*** in the Congress Heights neighborhood and to **lead to *improved health outcomes***. A summary of the specific conclusions from the HEIR analysis for each focus area highlights the following considerations:

- **Housing Diversity and Affordability:** Ongoing concerns around the reliance on Naturally Occurring Affordable Housing (NOAH) to protect low-income renters remain. Eviction prevention policies may have a stronger impact on decreased health inequities and improved health outcomes, though they are not typically considered a land-use policy, and therefore a small area plan may not be the appropriate tool in which to propose them. Rising home values and costs in neighborhoods like Congress Heights do not necessarily benefit current residents, and may ultimately contribute to displacement. Additionally, holistic wrap-around approaches in housing development—similar to those deployed for development of the Conway Center at Benning Road—may prove to be beneficial to Congress Heights residents.
- **Civic Facilities:** Anticipated outcomes may be stronger for specific sub-populations in the Congress Heights community, in part because the policy recommendations are targeted to support those who may be more vulnerable to acute emergencies as well as young people and families with children. Implementation of the policy recommendations will require a keen focus on equity in order to result in the projected impact for the intended sub-populations.
- **Economic Development and Opportunity:** Anticipated outcomes may be stronger for specific sub-populations in the Congress Heights community, in part because the policy recommendations are targeted to support those in, or who desire to join, the local business community. Implementation of the policy recommendations will require a sharp focus on equity in order to result in the projected impact for the intended sub-populations.
- **Historic and Cultural Preservation:** Some outcomes, particularly those associated with the Employment, Income, and Housing drivers, may be stronger for new residents. As such, implementation must ensure proactive and sustained inclusion of existing residents and their perspectives in order to result in equitable outcomes.
- **Parks and Public Realm:** It will be imperative to ensure adequate funding and resource allocation to prospective Congress Heights programs that arise from the CHSAP, including robust maintenance plans for public facilities in the community. Implementation of the policy recommendations will require a dedicated focus on equity in order to result in the intended impact.
- **Transportation and Access:** Strategies and plans to promote mobility and access must include community safety and address and assure perceptions of community safety. These considerations are key to effective implementation of the policy recommendations, as is a sustained focus on equity, in order to result in the intended impact. The reimagining of this neighborhood must focus on assuring racial equity- and environmental justice-informed transportation practices to ensure an equitable transportation system for Congress Heights residents.

Plan Implementation and Next Steps

This HEIR analysis of the CHSAP's policy recommendations and anticipated outcomes suggests that implementation of the plan has the potential to lead to improved opportunities for health, resilience, and economic stabilization, especially in the face of public emergencies and other community shocks and stressors. Plan implementation with specific fidelity to the overarching themes of *Social Equity and Community Resilience* is critical to achieving these goals. This is essential to creating the context within which the community will realize their vision for safer use of the public realm and a heightened public awareness of the remarkable historic and cultural contributions of its diverse residents. Prioritizing improved housing variety, affordability, and equitable economic access are especially important to enable longtime Black residents to remain in Congress Heights and benefit from anticipated growth.

To date, OP has successfully leveraged the power of both community and interagency collaboration in the development of the CHSAP. Now, other District agencies and Federal agency partners, together with the private sector, will be charged with implementing the CHSAP recommendations through strategic investments, construction projects, funding streams, regulatory processes, and operating programs. By centering *Social Equity and Community Resilience*, public, private, and community partners must adopt a multi-sectoral, whole-of-community response to achieving the vision. This will necessitate sustained effort in applying an equity lens and advocating for and guiding implementation through community programming and events, activating and stewarding public spaces, supporting social and economic initiatives, providing services to discrete and vulnerable populations, advocating for future studies, and participating in public processes for discretionary development applications.

OHE recommends development of a participatory evaluation process to complement this pilot HEIR in order to better track recommendation implementation in the near- and medium-term, as well as outcomes and impacts in the long-term. To date, post-plan implementation evaluation is not common practice in urban/community planning. This would prove valuable in establishing sustainable planning priorities, benchmarks, and ongoing data collection and analysis.[10] Finally, it is important to underscore that intentionality in tracking and evaluating recommendation implementation and the resulting health outcomes requires sustained, longer-term commitments—including budget, staff capacity, and evaluative resources—than are typically provided as part of planning processes. [11] Our hope is that the CHSAP and this HEIR pilot are the early stages of a neighborhood planning paradigm shift in the District, and that together we can build the necessary capacity essential to address overlapping health and equity goals across systems, agencies, and communities in an integrated and meaningful manner. [12]

Glossary

Accessory Dwelling Units (ADUs)

Accessory Dwelling Units (ADUs) are now permitted as a matter of right in most residential zones in the District of Columbia after the adoption of the new Zoning Regulations in 2016. Accessory Dwelling Units, by definition, are secondary to the principal dwelling unit in both size and intensity of use. They can either be part of the structure of the principal dwelling or can be a detached building. Basement apartments, in-law suites, converted garages, and detached "tiny homes" all fall under the umbrella of the term ADU.

Source: https://www.fourbrothersdc.com/services-process/washington-dc-accessory-dwelling-units/

Design Charrette

A design charrette is a short, collaborative meeting during which a member or client can share their work with members of their team. They can talk through, collaborate, and sketch designs to explore and share a broad diversity of design ideas.

Source: https://iconicacreates.com/what-is-a-design-charrette/

Displacement

There are several types of displacement that can occur in gentrifying neighborhoods:

Direct displacement occurs when residents can no longer afford to remain in their homes due to rising housing costs. Residents may also be forced out by lease non-renewals, evictions, eminent domain, or physical conditions that render homes uninhabitable as investors await redevelopment opportunities. While displacement occurs routinely in low-income neighborhoods, when it occurs in the context of new development and an influx of wealthier residents, the displacement becomes a characteristic of gentrification.

Indirect displacement refers to changes in who is moving into a neighborhood as low-income residents move out. In a gentrifying neighborhood, when homes are vacated by low-income residents, other low-income residents cannot afford to move in because rents and sales prices have increased. This is also called exclusionary displacement. Low-income residents can also be excluded as a result of discriminatory policies (for example, a ban on tenants with housing vouchers) or changes in land use or zoning that foster a change in the character of residential development, such as eliminating units for households without children.

Cultural displacement occurs as the scale of residential change advances. Shops and services shift to focus on new residents, the character of the neighborhood is transformed, and the remaining residents may feel a sense of dislocation despite remaining in the neighborhood.

Source: https://sites.utexas.edu/gentrificationproject/understanding-gentrification-and-displacement/

Eviction Moratorium

The eviction moratorium prohibits any action by a landlord, owner, or other person to remove or cause the removal of a covered tenant from the residential property for non-payment of rent.

Source: https://www.housingsolutionstulsa.org/what-the-eviction-moratorium-means-for-landlords/#:~:text=The%20eviction%20moratorium%20prohibits%20any,for%20non%2Dpayment%20of%20rent

Health Disparity

A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

Source: CDC Healthy People 2020, December 2010
http://www.healthypeople.gov/2020/about/disparitiesAbout.aspx

Health Equity

The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

Source: https://dchealth.dc.gov/node/1146892

Health In All Policies (HiAP)

A collaborative approach that integrates and articulates health considerations into policymaking across sectors to improve the health of all communities and people. HiAP recognizes that health is created by a multitude of factors beyond healthcare and, in many cases, beyond the scope of traditional public health activities. The HiAP approach provides one way to achieve the National Prevention Strategy and Healthy People 2020 goals and enhance the potential for state, territorial, and local health departments to improve health outcomes. The HiAP approach may also be effective in identifying gaps in evidence and achieving health equity.

Source: http://www.cdc.gov/policy/hiap/

Housing Insecurity

Housing insecurity is an umbrella term that includes several housing problems that people may experience, including affordability, safety, quality, and loss of housing.

Source: U.S. Department of Housing and Urban Development
https://www.huduser.gov/portal/pdredge/pdr-edge-frm-asst-sec-111918.html

Inclusionary Zoning

The Inclusionary Zoning (IZ) Program requires that most new (and some renovated) residential developments include some affordable homes. IZ homes are apartments for rent or condos/townhomes for sale.

Source: https://dhcd.dc.gov/service/inclusionary-zoning-iz-affordable-housing-program

Intergenerational Programs

Intergenerational programs are those which increase cooperation, interaction and exchange between people of different generations, allowing them to share their talents and resources, and support each other in ongoing relationships that benefit both the individuals and their community.

Source: https://www.gu.org/press_releases/five-intergenerational-programs-selected-for-national-distinction/#:~:text=Intergenerational%20programs%20are%20those%20which,the%20individuals%20and%20their%20community.

Micro-mobility

Transportation over short distances provided by lightweight, usually single-person vehicles (such as bicycles and scooters)

Source: https://www.merriam-webster.com/dictionary/micromobility

Multigenerational Housing

Multigenerational families are households with three or more generations living under one roof.

Source: https://extension.sdstate.edu/multigenerational-housing-101#:~:text=What%20is%20Multigenerational%20Housing%3F,generations%20living%20under%20one%20roof.

Naturally Occurring Affordable Housing (NOAH)

Rental homes that are affordable without public subsidy

Source: https://nlihc.org/resource/naturally-occurring-affordable-housing-benefits-moderate-income-households-not-poor

Nine (9) Key Drivers of Opportunities for Health

The conditions in the environments in which people are born, live, learn, work, play, and age affect a wide range of health, functioning, and quality of life outcomes and risks. These social determinants of health are presented in DC's Health Equity Report as nine key drivers: Education; Employment; Income; Housing; Transportation; Food Environment; Medical Care; Outdoor Environment; and Community Safety.

Source: DC Health, Office of Health Equity, "Health Equity Report: District of Columbia 2018" (https://dchealth.dc.gov/publication/health-equity-report-district-columbia-2018)

Planned Unit Development (PUD) process

DC's Planned Unit Development (PUD) process allows developers to gain additional height and density for a project (beyond what they could build matter of right) in exchange for delivering additional public benefits back to the community. The specific level and types of benefits are driven by a conversation with the community, generally through the relevant Advisory Neighborhood Commission (ANC) and local civic organizations. The idea is that the community can outline their priorities on how to best recapture some of the additional value the developer earns from the zoning flexibility.

Source: https://www.dcpolicycenter.org/publications/pud-database-2010-2018/#:~:text=D.C.'s%20Planned%20Unit%20Development,benefits%20back%20to%20the%20community

Point-in-Time (PIT) Count

The Point-in-Time (PIT) count is a count of sheltered and unsheltered people experiencing homelessness on a single night in January. HUD requires that Continuums of Care conduct an annual count of people experiencing homelessness who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night.

Source: https://www.hudexchange.info/programs/hdx/pit-hic/

Shared Equity Homeownership

Shared-equity homeownership (SEH) programs are one potential tool for expanding access to homeownership to low- and moderate-income households and people of color, who have lower levels of homeownership because of systemic racism and ongoing market barriers. SEH programs make homes affordable (PDF) by investing funds to reduce initial purchase prices. The homes remain affordable to all future homebuyers through resale restrictions.

Source: https://housingmatters.urban.org/research-summary/shared-equity-homeownership-offers-alternative-path-wealth-building-renters-low

Social Determinants of Health (SDOH)

The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

Source: http://www.who.int/social_determinants/en/

The social determinants of health are the most significant drivers of differences in health outcomes (i.e., health disparities) and health inequities in the District of Columbia. Neighborhoods and communities with poor social determinants indicators typically have the worst health outcomes.

Source: DC Department of Health. "DC Healthy People 2020 Framework" (2016)
https://dchealth.dc.gov/publication/dc-healthy-people-2020-framework
Secondary source: DC Department of Energy and Environment. Equity Framework. October 2021.
https://doee.dc.gov/node/19312

Unhoused

The label of "homeless" has derogatory connotations. It implies that one is "less than", and it undermines self-esteem and progressive change. The use of the term "Unhoused", instead, has a profound personal impact upon those in insecure housing situations. It implies that there is a moral and social assumption that everyone should be housed in the first place.

Source: https://www.unhoused.org/overview

Visitability

Visitability refers to an affordable, sustainable, and inclusive design approach for integrating a few core accessibility features as a routine construction practice. These features allow the home to be visited by relatives, friends, and others who may have disabilities, accommodate short term occupancy by people with disabilities, and facilitate additional adaptations that may be needed by an individual.

Source: https://www.wbdg.org/design-objectives/accessible/visitability

Vulnerable Populations

Populations more susceptible to the adverse effects of environmental harms. These include groups that public health experts widely regard as physiologically vulnerable--children, the elderly, pregnant individuals, and individuals with asthma or compromised immune systems. They also include members of working-class, racially marginalized, immigrant, linguistically isolated, and Native American communities, whose abilities to withstand and recover from environmental harms are compromised by racist biases and violence, exclusion from medical and other social services, fear of interacting with law enforcement, and other social factors.

Source: From the Inside Out: The Fight for Environmental Justice within Government Agencies by Jill Lindsey Harrison (The MIT Press, 2019).

Secondary source: DC Department of Energy and Environment. Equity Framework. October 2021. https://doee.dc.gov/node/19312

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[1] Robert Wood Johnson Foundation (n.d.). *Does where you live affect how long you live?* https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html

[2] DC Health (2019). *Health Equity Report for the District of Columbia*. https://dchealth.dc.gov/publication/health-equity-report-district-columbia-2018

[3] Proximal Neighborhood Groups (PNGs; also referred to as statistical neighborhoods, health neighborhoods, or neighborhoods) are utilized for analytical reliability because they help connect US Census social determinants and population health outcome data to local places and people. Maps of the 51-statistical PNGs are used throughout the main report to display population-level data. Each has been assigned a number (1 through 51) but has also been named for convenience based on "proximity of place" (see Figure 1, p. 14 for map of all the PNGs used). It is important to know that the PNG names being used are distinguishing labels only, are not representative of official neighborhood boundaries, and do not capture the official or lived reality of how residents themselves define their neighborhoods. The DC Office of Planning (OP) has identified in excess of 100 discrete District neighborhoods and has divided them into 46 neighborhood clusters. Distinct from traditional neighborhood clusters, the statistical PNGs used in this report were created by combining whole census tracts with boundaries that fall along census tract lines, an important delineation when displaying data based on the Census and other health driver data. Analyzing data at smaller levels also helps to elucidate the nuance of local outcomes and inform community-level decision-making.

[4] DC Health (n.d.). *Office of Health Equity*. https://dchealth.dc.gov/vi/page/office-of-health-equity

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[12] American Planning Association (2016). *The State of Health Impact Assessment in Planning.* https://planning-org-uploaded-media.s3.amazonaws.com/publication/online/State-of-Health-Impact-Assessment-in-Planning.pdf