



DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

OFFICE OF HEALTH EQUITY

HEALTH EQUITY IMPACT REVIEW (HEIR)

September 2022

CONGRESS HEIGHTS SMALL AREA PLAN

STATEHOOD
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Table of Contents

Acknowledgments.....	1
Table of Contents.....	2
List of Figures	4
Executive Summary.....	5
Introduction	6
Health Equity in the District of Columbia	6
Overview of the Congress Heights SAP and HEIR Processes	11
Health Equity Impact Review (HEIR) Methodology	12
HEIR Matrices.....	12
HEIR Logic Model	15
HEIR Background Knowledge.....	17
Focus Area 1: Housing Diversity and Affordability	18
Part 1: Initial Process Inputs	18
Part 2: Process Outputs—Congress Heights SAP Policy Recommendations	19
Part 3A: Process Outcomes—HEIR Analysis: Potential Health Outcomes of Recommendations	20
Part 3B: Process Outcomes—Summary of Multi-Sectoral Impacts.....	22
Focus Area 2: Civic Facilities	24
Part 1: Initial Process Inputs	24
Part 2: Process Outputs—Congress Heights SAP Policy Recommendations	25
Part 3A: Process Outcomes—HEIR Analysis: Potential Health Outcomes of Recommendations	25
Part 3B: Process Outcomes—Summary of Multi-Sectoral Impacts.....	26
Focus Area 3: Economic Development and Opportunity	28
Part 1: Initial Process Inputs	28
Part 2: Process Outputs—Congress Heights SAP Policy Recommendations	29
Part 3A: Process Outcomes—HEIR Analysis: Potential Health Outcomes of Recommendations	30
Part 3B: Process Outcomes—Summary of Multi-Sectoral Impacts.....	33
Focus Area 4: Historic and Cultural Preservation	35
Part 1: Initial Process Inputs	35
Part 2: Process Outputs—Congress Heights SAP Policy Recommendations	35
Part 3A: Process Outcomes—HEIR Analysis: Potential Health Outcomes of Recommendations	36
Part 3B: Process Outcomes—Summary of Multi-Sectoral Impacts.....	37
Focus Area 5: Parks and Public Realm	39

Part 1: Initial Process Inputs	39
Part 2: Process Outputs—Congress Heights SAP Policy Recommendations	40
Part 3A: Process Outcomes—HEIR Analysis: Potential Health Outcomes of Recommendations	40
Part 3B: Process Outcomes—Summary of Multi-Sectoral Impacts	42
Focus Area 6: Transportation and Access	44
Part 1: Initial Process Inputs	44
Part 2: Process Outputs—Congress Heights SAP Policy Recommendations	45
Part 3A: Process Outcomes—HEIR Analysis: Potential Health Outcomes of Recommendations	45
Part 3B: Process Outcomes—Summary of Multi-Sectoral Impacts	48
HEIR Conclusions.....	50
Summary of Findings.....	50
Plan Implementation and Next Steps	51
Glossary.....	52
Appendix	57
Process Inputs – Focus Areas & Solicited Community Input	57
Process Filter – Input Filter and Output.....	60
References	65

List of Figures

Figure 1: Social & Structural Determinants of Health.....	7
Figure 2: Key Drivers & Interconnected Pathways Framework.....	7
Figure 3: Opportunities for Health: Nine Key Drives – Brief Definitions.....	8–9
Figure 4: Differential Opportunities for Health in DC – Top & Bottom 10 Statistical Neighborhoods by Life Expectancy at Birth.....	10
Figure 5: Snapshot of the Six Focus Area Summary Analysis Matrices.....	13–14
Figure 6: Logic Model for the Congress Heights SAP Health Equity Impact Review (HEIR).....	16
Figure 7: Social Equity and Community Resilience—Concerns and Opportunities.....	17
Figure 8: Initial Process Inputs for Focus Area 1: Housing Diversity and Affordability.....	18
Figure 9: Summary Matrix of Potential Multi-Sectoral Impacts—Focus Area 1: Housing Affordability and Opportunity.....	23
Figure 10: Initial Process Inputs for Focus Area 2: Civic Facilities.....	24
Figure 11: Summary Matrix of Multi-Sectoral Impacts—Focus Area 2: Civic Facilities.....	27
Figure 12: Initial Process Inputs for Focus Area 3: Economic Development and Opportunity.....	28–29
Figure 13: Summary Matrix of Potential Multi-Sectoral Impacts—Focus Area 3: Economic Development and Opportunity.....	34
Figure 14: Initial Process Inputs for Focus Area 4: Historic and Cultural Preservation.....	35
Figure 15: Summary Matrix of Potential Multi-Sectoral Impacts—Focus Area 4: Historic and Cultural Preservation.....	38
Figure 16: Initial Process Inputs for Focus Area 5: Parks and Public Realm.....	39
Figure 17: Summary Matrix of Potential Multi-Sectoral Impacts—Focus Area 5: Parks and Public Realm.....	43
Figure 18: Initial Process Inputs for Focus Area 6: Transportation and Access.....	44
Figure 19: Summary Matrix of Potential Multi-Sectoral Impacts—Focus Area 6: Transportation and Access.....	49

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.

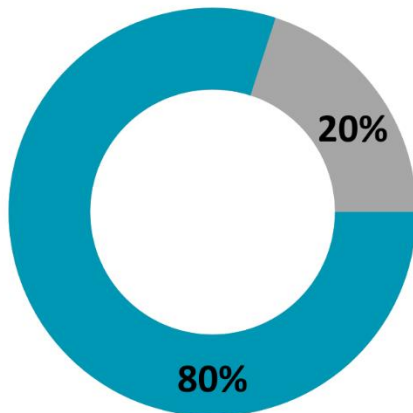
In February of 2019, DC Health released the inaugural *DC HER 2018*. The document provides a baseline assessment of social and structural determinants of health in the District, highlighting unequal outcomes among residents by income, place, and race across the Nine Key Drivers of Opportunities for Health. 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/Shipleigh 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.

DC Health Equity Report 2018: Frameworks

Social & Structural Determinants of Health

Determinants of Health



■ Non-clinical determinants
■ Clinical care

Health Equity 101: Key Insights

- ✓ Health is more than healthcare
- ✓ Health inequities are neither natural nor inevitable
- ✓ Your zip code may be more important than your genetic code for health
- ✓ The choices we make are shaped by the choices we have
- ✓ Structural Racism acts as a force in the distribution of opportunities for health
- ✓ All policy is health policy

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

Education



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.

Employment



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.

Income



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



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

Statistical Neighborhoods *Ranked by Life Expectancy at Birth	Life Expectancy at Birth (2011-2015)	Education	Employment	Income	Housing	Transportation	Food Environment	Medical Care	Community Safety	
		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/Shipleigh 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-makers⁵

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-Nav DuSuth Small Area Plan Health Impact Assessment”, Minnesota Department of Health and The City of Duluth Planning Division <https://www.prioritaz.org/en/research-and-analysis/data-visualizations/2015/04/map/areas/minneapolis-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-Nav DuSuth Small Area Plan Health Impact Assessment”, Minnesota Department of Health and The City of Duluth Planning Division <https://www.prioritaz.org/en/research-and-analysis/data-visualizations/2015/04/map/areas/minneapolis-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.pruittcenter.org/research-and-analysis/data-visualization/2015/04/28/2015-sap-map-2015-minneapolis-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 ½ 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.pruittcenter.org/research-and-analysis/data-visualization/2015/04/28/2015-sap-map-2015-minneapolis-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.pruittcenter.org/research-and-analysis/data-visualization/2015/04/28/2015-sap-map-2015-minneapolis-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.pruittcenter.org/research-and-analysis/data-visualization/2015/04/28/2015-sap-map-2015-minneapolis-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.

Congress Heights SAP Health Equity Impact Review (HEIR) Logic Model

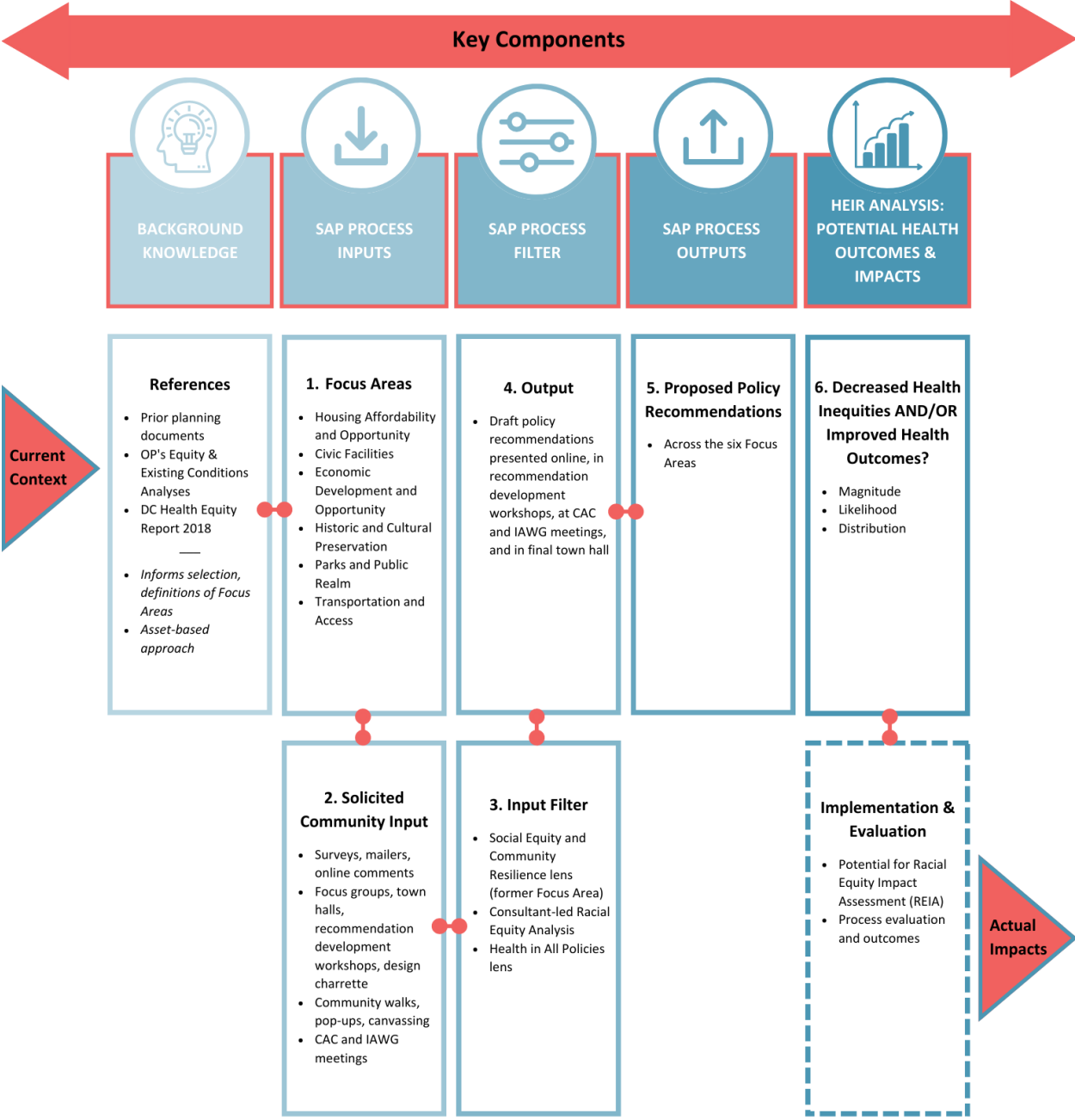


Figure 6: Logic Model for the Congress Heights SAP Health Equity Impact Review (HEIR)

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

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.



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

Focus Area 1: Housing Diversity and Affordability

Part 1: Initial Process Inputs

Figure 8, below, summarizes the CHSAP Process Inputs for *Focus Area 1: Housing Diversity and Affordability*. Included are the CHSAP crosscutting concerns and opportunities that helped frame initial CHSAP engagement, together with a brief cross-reference to the relevant *DC HER 2018* key driver topic area.

Initial Process Inputs Focus Area 1: Housing Diversity and Affordability CHSAP Crosscutting Concerns, Opportunities, and Key DC HER 2018 Input	
○ COVID-19-Related Concerns	<ul style="list-style-type: none">• Looming housing insecurity and increased risk of homelessness
○ Equity Concerns	<ul style="list-style-type: none">• Disparate housing cost burden, despite naturally-occurring affordable housing (NOAH)• Condo owners often don't receive support from successful management• Ownership is increasingly unattainable• Low proportion owned family-sized units• Unsafe housing is an ongoing issue in light of increasing temperature and lead exposure
○ Opportunities	<ul style="list-style-type: none">• Preserve naturally-occurring affordable housing• Increase housing supply and diversity through public-private opportunities, infill, and redevelopment• Invest in housing quality for small multifamily buildings and older adult homeowners• Shared equity-building opportunities for residents who do not have the opportunity to become traditional homeowners
○ Cross-Reference to DC Health Equity Report 2018	<ul style="list-style-type: none">• <i>DC HER 2018</i> includes "Housing" as one of the Nine Key Drivers of Opportunities for Health in the District• The Congress Heights/Shipleigh statistical neighborhood scores in the bottom 10 of statistical neighborhoods reporting (51 statistical neighborhoods total) on Housing Cost (Gross Rent at 35% or more of household income)• Residents in Congress Heights/Shipleigh pay significantly more in household gross rent as a percentage of household income than the District average

Figure 8: Initial Process Inputs for Focus Area 1: Housing Diversity and Affordability

Part 2: Process Outputs—Congress Heights SAP Policy Recommendations

At the March 29, 2022 Town Hall, OP released draft recommendations for *Housing Diversity and Affordability* that focused on the following desired outcomes: Affordable, attainable, and varied homeownership and rental opportunities that allow families, households aging in place, and young adults to build wealth, with close access to amenities and economic opportunities.

- The following recommendations are intended to **support and preserve affordability**:
 - Preserve 100% of existing dedicated affordable housing.
 - Redevelop naturally-occurring affordable housing (NOAH) to meet one-for-one guidelines whenever possible.
 - Expand financial subsidies for multifamily housing property owners for the rehabilitation of older housing stock in support of meeting code requirements.
 - Decrease the percentage of income spent on housing by expanding funding for direct relief programs.
- The following recommendations are intended to **improve housing access and safety**:
 - Focus resources for wraparound housing access, education, and training services for Congress Heights residents, especially unhoused residents, returning citizens, and vulnerable residents seeking homeownership. Resources should be available in person and online, in multiple languages, and to residents of all abilities.
 - Eliminate physical barriers for older adults and people of varying abilities to safely stay in their homes through:
 - Securing grant funding for older building repairs,
 - Education and training on accessibility standards, and
 - Encouraging visitability standards in new construction and major renovations. Visitable homes include a zero-step entrance that meets ADA requirements on the main floor.
 - Expand resident access to flood-related mitigation measures such as home improvement, insurance, and education via targeted outreach initiatives and financial support.
- The following recommendations are intended to **increase the number of housing opportunities**:
 - Prioritize increasing the amount of 3+ bedroom housing, multigenerational housing, and housing for older adults in future developments through the Planned Unit Development (PUD) process.
 - Seek affordable housing in excess of inclusionary zoning requirements through PUDs and the development of District-owned land.
 - Leverage underutilized, vacant, and institutional sites to fill affordable housing and homeownership opportunity gaps.
 - Support the development of Accessory Dwelling Units (ADUs) on deep, single-family lots.
 - Convert existing single-family zoned sites to RF that allow for 2 or more units. This will allow for smaller scale apartment and condo buildings and other lower-cost housing opportunities.
 - Support increased density along the Martin Luther King, Jr. Ave SE corridor to support Medium Density Mixed-Use development.

Part 3A: Process Outcomes—HEIR Analysis: Potential Health Outcomes of Recommendations

Support and preserve affordability

- The American Heart Association states that health is affected by four dimensions of housing: “stability, quality and safety, affordability and accessibility, and neighborhood environment”. In their 2018 study, they concluded that underserved populations are “adversely affected by housing insecurity and homelessness, are at risk for lower-quality and unsafe housing conditions, confront structural barriers that limit access to affordable housing, and are at risk for living in areas with substandard built environment features that are linked to cardiovascular disease”. Housing is a social determinant of cardiovascular health, and including it in public health programs will help to reduce racial and socioeconomic disparities.¹⁰
- Housing affordability is closely linked to physical and psychological health outcomes. Behavioral health issues are associated with a lack of stable housing, and lack of stable housing also creates barriers to health care access.¹¹
- Housing stability, which is related to affordability, enables residents to manage chronic health conditions such as diabetes.¹²
- Evidence shows that displacement due to rising housing costs is associated with increased emergency department visits and hospitalization, particularly related to mental health.¹³
- Previous research shows that increasing affordable housing reduces childhood poverty and increases economic mobility. A recent study examines the links between heart health and inclusionary zoning in U.S. jurisdictions with established inclusionary zoning policies. Across the board, in states with inclusionary zoning policies, residents had better cardiovascular health outcomes, including “lower blood pressure, lower cholesterol, and lower rates of prescribed blood pressure medication”.¹⁴
- In an effort to promote health and well-being through housing opportunities, a \$22 million investment for affordable housing from The Healthy Futures Fund allowed community-based organizations So Others Might Eat (SOME) and the Community of Hope to develop the Conway Center near DC’s Benning Road Metro station. The illustrative project brings “affordable housing, primary care services, employment training, and economic development opportunities together in one location,” and community members have access to outreach and programs designed to promote healthy behaviors.¹⁵
- Housing practitioners are increasingly wary of “Naturally Occurring Affordable Housing” (NOAH) in lieu of dedicated affordable housing, which is typically intended for lower-income households and is often income restricted: “Referring to this housing as natural has the chilling implication that building owners who fail to maintain their properties, institutions, and systems bear no responsibility for its problematic status....[and] while it sounds benign, or even positive, it is a disaster waiting to happen for thousands of vulnerable households, as the prevailing system consistently fails to protect renters and empower them with viable alternatives to market-driven displacement.”¹⁶
- CoStar data has previously shown that although naturally occurring affordable housing can be of benefit to moderate income households, it is not as beneficial to the lowest income households. NOAH can be a stable income-producing asset for investors, and at the same time, challenges exist in protecting both the quality and affordability of the units.¹⁷

- Concerning redevelopment and the potential for displacement, the “build-first” strategy that developers and District of Columbia Housing Authority (DCHA) officials have promised DC residents (i.e., constructing “new units for current tenants to move into before tearing down any existing buildings”) has historically not been fulfilled in areas like Barry Farm and Park Morton, and has recently come under fire in Greenleaf Gardens.¹⁸

Improve housing access and safety

- Poor housing quality challenges with access to housing have been linked to stress and negative mental health. Environmental problems like “crowding, pollution, noise, insufficient lighting, lack of access to green spaces, and other factors associated with homelessness” can exacerbate mental health issues. Unhoused people are also more likely to have a shorter lifespan, be addicted, have underlying health problems, and contract COVID-19. Because of these issues, as well as a lack of access to health care, those suffering homelessness are more prone to disease or death if exposed to COVID-19.¹⁹
- Communities with poor housing conditions are more likely to suffer from environmental diseases or injuries. Planners should consider environmental health when creating housing policy to mitigate these disparities.²⁰
- A study examined families who participated in a housing program in Philadelphia between 2011 and 2013. It measured the link between neighborhood characteristics and self-rated perceptions of their own well-being. The study showed that neighborhood characteristics play a pivotal role in parent’s perception of their own and their children’s safety. More program and policy implementations are needed to assist families without access to stable housing, especially in communities with high levels of violence.²¹
- In a 2020 survey, most U.S. adults recognized the role of eviction in COVID-19 disease transmission or acknowledged the existence of racial inequities in housing markets. Additionally, a majority of Americans surveyed support policies to enhance housing stability during the COVID-19 pandemic and expand housing vouchers for low-income households.²²

Increase the number of housing opportunities

- The 2021 Point-in-Time (PIT) count, conducted on January 27, 2021, recorded 5,111 people experiencing homelessness across the District, a 19.9% reduction overall of the total persons counted in the 2020 PIT. A closer look at the numbers show 405 homeless families comprised of 1,240 family members, of which 494 people were adults (nearly 40%) and 746 were children (nearly 60%). The same PIT count showed 3,865 unaccompanied, homeless adults and 6 unaccompanied, homeless minors. It is important to note that in the early months of the COVID pandemic, the District enacted one of the strictest eviction moratoriums in the country and that it is critical to monitor indicators like the PIT count as eviction moratoriums expire.²³
- To tackle homelessness, “housing, improved economic opportunity and income security, and health care must be addressed”. Planners must “confront the legacy of racial discrimination in housing, develop new government subsidies for low-income households, and design energy-efficient housing”. As long as governments fail to commit to investing in improving infrastructure based on the available evidence (i.e., affordable public housing, accessible and affordable transportation, access to clean water and air, and better healthcare and public health

services), “poverty, social inequity, and racial discrimination will continue to exacerbate homelessness”.²⁴

- Across the U.S., low-income and racial minority groups are more likely to reside in substandard housing in neighborhoods with poorer health outcomes. To achieve health equity, governments must recognize housing as an important determinant of health and work to eliminate the structural inequities that historically marginalized groups face.²⁵
- One study found that renters with a “high-cost burden” were more likely to move to a nursing home, even unnecessarily. The growing population of older renters with a high-cost burden may cause a future housing crisis, and may also threaten efforts to shift long-term care toward community-based alternatives and away from nursing homes.²⁶
- The COVID-19 pandemic created “catastrophic job loss, unprecedented unemployment rates, and severe economic hardship” for renters. Additionally, housing instability and the risk of eviction increased, especially among people of color and low-income individuals. The study found that eviction may increase the spread of COVID-19. Eviction prevention can be an important policy to address racial health inequity. Eviction prevention must be implemented in order to mitigate the COVID-19 spread.²⁷
- Traditional zoning has historically contributed to a lack of affordable housing. For years, national reports have recommended that local governments amend zoning codes to promote affordable housing. Planners should “encourage state governments to preempt local zoning when it reduces affordable housing options and there is limited local political will for change and identify feasible and effective zoning changes that would increase affordable housing given local considerations”.²⁸

Part 3B: Process Outcomes—Summary of Multi-Sectoral Impacts

The CHSAP policy recommendations in the *Housing Diversity and Affordability* focus area appear to have the potential to *decrease health inequities* in the Congress Heights SAP planning area and lead to *improved health outcomes*. The matrix on the following page (Figure 9) outlines a summary of the potential multi-sectoral impacts—based on the Nine Key Drivers of Opportunities for Health—and includes the number of people who will likely be affected (“Magnitude”), the likelihood of achieving the predicted outcomes (“Likelihood”), and identification of which populations or sub-populations will most likely be affected by the suite of policy recommendations (“Distribution”).

Based on the literature reviewed in the analysis above, OHE anticipates ongoing concerns around the reliance on Naturally Occurring Affordable Housing (NOAH) to protect low-income renters. 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.

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>)

Figure 9: Summary Matrix of multi-Sectoral Impacts—Focus Area 1: Housing Affordability and Opportunity

Focus Area 2: Civic Facilities

Part 1: Initial Process Inputs

Figure 10, below, summarizes the CHSAP Process Inputs for *Focus Area 2: Civic Facilities*. Included are the CHSAP crosscutting concerns and opportunities that helped frame initial CHSAP engagement, together with a brief cross-reference to the relevant *DC HER 2018* key driver topic area.

Initial Process Inputs Focus Area 2: Civic Facilities CHSAP Crosscutting Concerns, Opportunities, and Key DC HER 2018 Input	
<ul style="list-style-type: none">○ COVID-19-Related Concerns<ul style="list-style-type: none">● Virtual service delivery● Finding adequate spaces for meeting and convening● Access to technology● Missing opportunities to engage with community members and utilize community resources	
<ul style="list-style-type: none">○ Equity Concerns<ul style="list-style-type: none">● Investments to public facilities are not always done in consideration of surrounding community● Some community concern about disproportionate concentration of public services● Facilities are in need of modernization● Community concern that investment will be centered on the St. Elizabeths campus	
<ul style="list-style-type: none">○ Opportunities<ul style="list-style-type: none">● Future facility planning should consider use and responsiveness to community shocks and stressors● Colocation of services in existing and new/upgraded facilities and District projects (Malcolm X Center, Library, Recreation Center, Southeast Tennis Learning Center, etc.)● Connect the programming across facilities (ex: existing senior wellness center), with a focus on intergenerational programming● Leverage facilities to fill gaps in the local food economy	
<ul style="list-style-type: none">○ Cross-Reference to DC Health Equity Report 2018<ul style="list-style-type: none">● <i>DC HER 2018</i> includes “Education” as one of the Nine Key Drivers of Opportunities for Health in the District● The Congress Heights/Shipleigh statistical neighborhood scores in the bottom 10 of statistical neighborhoods reporting (51 statistical neighborhoods total) on Education● Significantly more Congress Heights/Shipleigh residents 25 years or older with less than a high school diploma are living in poverty, while fewer Congress Heights/Shipleigh residents 25 years or older have a high school diploma or higher	

Figure 10: Initial Process Inputs for Focus Area 2: Civic Facilities

Part 2: Process Outputs—Congress Heights SAP Policy Recommendations

At the March 29, 2022 Town Hall, OP released draft recommendations for *Civic Facilities* focused on the following desired outcomes: facilities that are accessible, responsive to community needs, and programmed to improve the physical, mental, and social wellbeing of community members.

- The following recommendations are intended to **improve community resilience**:
 - Expand Wi-Fi access in existing and planned public facilities.
 - Pilot Resilience Hub resources in Congress Heights to aid residents in accessing in-person resources during and between acute emergencies.²⁹
 - Ensure new and modernized facilities are responsive to public health and environmental emergencies.
 - Encourage the development of urgent care or similar services in the community to ensure reliable access to healthcare and emergency services.
 - Increase the number of waste and recycling bins at new facilities.
- The following recommendations are intended to **improve public facility access**:
 - Locate temporary family-oriented and multigenerational recreational programming during transitions in use and development of new facilities at the following sites:
 - Parklands-Turner Library storefront or new library site
 - Congress Heights Recreation Center
 - Provide community access to an indoor swimming pool through redevelopment of the Congress Heights Recreation Center or coordinated access to the Ballou High School pool.
 - Enforce off-hour access to community school playgrounds and fields.

Part 3A: Process Outcomes—HEIR Analysis: Potential Health Outcomes of Recommendations

Improve community resilience

- Internet access is a social determinant of health. The COVID-19 pandemic demonstrates that lack of internet access, particularly during a pandemic, has the potential to exacerbate existing health disparities by disproportionately affecting vulnerable populations. For example, telemedicine, online grocery store ordering, education via videoconferencing, teleworking, access to health information are all unavailable to many older individuals, low-income households, and racial/ethnic minorities. Funding public Wi-Fi can help to ensure equitable access to this resource.³⁰
- Policymakers, health systems, innovators, and funders must realize the potential to review and deepen connections with underprivileged communities in order to advance health equity. Social and personal context should be incorporated into the design and deployment of digital services in this era of unprecedented smartphone ownership. The alternative will worsen health inequity and widen the digital divide.³¹
- Resilience Hubs use established community facilities as neighborhood centers for community-building activities. When designed well, Resilience Hubs can equitably enhance community resilience while reducing emissions and improving local quality of life. They have the potential to reduce the burden on local emergency response teams, improve access to health improvement

initiatives, foster greater community cohesion, and increase the effectiveness of community programs.³²

- Resilience Hubs are intended to improve relationships between governments and the people they serve, give local citizens more ability to suggest and implement solutions, and, in the future, address the health inequities that disasters highlight and perpetuate.³³
- Local community power and leadership can be built through Resilience Hubs. They serve as focal areas for neighborhood regeneration, providing citizens with the resources they need to improve their own personal capability while simultaneously supporting and strengthening their community and neighbors.³⁴
- High recycling rates are essential for cities to minimize waste disposal costs, environmental and climate impacts, and to work towards zero waste.³⁵

Improve public facility access

- Effective afterschool programs provide learning environments that benefit adolescents, families, and communities in a variety of ways. Afterschool programs can help children and teens develop socially, emotionally, cognitively, and academically, as well as prevent dangerous behaviors, boost physical health, and provide a secure and supportive environment. Afterschool programs also provide a high return on investment, with every dollar invested saving at least \$3 in the form of increased earning potential, improved academic achievement, and reduced crime.³⁶
- In many low-income communities, park and recreation facilities may be the only place for children to be physically active outside of school. The study found that the quality of recreation centers is directly linked to neighborhood income, highlighting a key health inequity. The study also found children were more likely to use recreation centers with a large number of programs/amenities. The results suggest that policy makers and community recreation center staff should consider both neighborhood economic issues and environmental characteristics in their efforts to promote children’s physical activity at recreation centers.³⁷
- Playgrounds are the primary location in parks where children are most likely to engage in higher rates of moderate to vigorous physical activity. Public playgrounds are community assets and are a critical part of the long-term solution to prevent and reduce the impact of chronic diseases like diabetes, osteoporosis, and cardiovascular disease.³⁸

Part 3B: Process Outcomes—Summary of Multi-Sectoral Impacts

The CHSAP policy recommendations in the *Civic Facilities* focus area appear to have the potential to *decrease health inequities* in the Congress Heights SAP planning area and lead to *improved health outcomes*. The matrix on the following page (Figure 11) outlines a summary of the potential multi-sectoral impacts—based on the Nine Key Drivers of Opportunities for Health—and includes the number of people who will likely be affected (“Magnitude”), the likelihood of achieving the predicted outcomes (“Likelihood”), and identification which populations or sub-populations will most likely be affected by the suite of policy recommendations (“Distribution”).

Based on the literature reviewed in the analysis above, the 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 intended impact for the projected sub-populations.

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>)

Figure 11: Summary Matrix of multi-Sectoral Impacts—Focus Area 2: Civic Facilities

Focus Area 3: Economic Development and Opportunity

Part 1: Initial Process Inputs

Figure 12, below, summarizes the CHSAP Process Inputs for *Focus Area 3: Economic Development and Opportunity*. Included are the CHSAP crosscutting concerns and opportunities that helped frame initial CHSAP engagement, together with a brief cross-reference to the relevant *DC HER 2018* key driver topic area.

Initial Process Inputs	
Focus Area 3: Economic Development and Opportunity	
CHSAP Crosscutting Concerns, Opportunities, and Key DC HER 2018 Input	
<ul style="list-style-type: none">○ COVID-19-Related Concerns<ul style="list-style-type: none">● Less access to capital● Difficulties meeting with business colleagues● Inability to transact business, particularly with and for seniors● In November 2020, the unemployment rate in Ward 8 had reached 16.7%, 5 points higher than the previous year, and more than twice the rate citywide● COVID-19 is triggering a collapse of commercial childcare providers, which may drive up costs and severely limit availability for the remaining childcare slots—this also impacts women’s ability to work	
<ul style="list-style-type: none">○ Equity Concerns<ul style="list-style-type: none">● Barriers to high-paying career opportunities● COVID-19’s disparate impact on on-the-job-risk and stability● Lack of affordable childcare as a barrier to employment for adults with children● Lack of access to diverse retail that meets the needs of current residents, including families and seniors● Higher paying medical jobs coming to St. Elizabeths have the potential to drive housing prices up without increasing residents’ incomes	
<ul style="list-style-type: none">○ Opportunities<ul style="list-style-type: none">● Employment and workforce development at St. Elizabeths● Is there an opportunity for on-site manufacturing with retail in the community?● Fill-in retail opportunities are missing for the existing community● Potential growth sectors: specialty food stores, health and fitness, vintage or consignment apparel retail, and casual restaurants● New development of retail, restaurant, medical, and office uses can provide opportunities for a workforce that already has related work experience	

- **Cross-Reference to DC Health Equity Report 2018**
 - *DC HER 2018* includes “employment”, “Income”, and “Food Environment” as three of the Nine Key Drivers of Opportunities for Health in the District
 - The Congress Heights/Shipleigh statistical neighborhood scores in the bottom 10 of statistical neighborhoods reporting (51 statistical neighborhoods total) across indicators in all three of these key drivers

Figure 12: Initial Process Inputs for Focus Area 3: Economic Development and Opportunity

Part 2: Process Outputs—Congress Heights SAP Policy Recommendations

At the March 29, 2022 Town Hall, OP released draft recommendations for *Economic Development and Opportunity* focused on the following desired outcomes: improved access to business development and higher-paying career opportunities through targeted investments in grants, site improvements, capacity-building, and resources for the workforce, such as childcare and family support services.

- The following recommendations are intended to **improve food access and entrepreneurship opportunities**:
 - Support increased access to healthy food by:
 - Increasing access to District funding for grocers, restaurants, and other food organizations;
 - Prioritizing fresh food retail in new development projects through the Planned Unit Development (PUD) or RFP process;
 - Coordinating partnerships between public and faith-based institutions and food nonprofits and businesses; and
 - Increasing opportunities for urban farming in green spaces and small open spaces.
 - Expand access to affordable commercial kitchen space in new public facilities and future shared community incubator sites.
- The following recommendations are intended to **support the commercial corridor**:
 - Target increased technical assistance for community and Black-owned businesses.
 - Increase sit-down dining by providing technical assistance and supporting dining pop-ups in coordination with food trucks and markets.
 - Implement wayfinding that connects St. Elizabeths East to the historic commercial corridor along Martin Luther King, Jr. Ave. SE to increase foot traffic.
 - Restore the Congress Heights Theater façade and support adaptive reuse for a community destination or family-serving retail.
- The following recommendations are intended to **support the business community and workforce development**:
 - Increase access to childcare, especially outside of normal business hours, by incentivizing expanded programming and providing support to families.
 - Leveraging existing resources to provide medical and related career training opportunities in anticipation of the new hospital coming to St. Elizabeths Campus.

- Facilitate the development of an incubator or accelerator for community businesses.
- Pilot a new *Legacy Business Designation* for historically and culturally significant community businesses in order to funnel resources and protect them from displacement.

Part 3A: Process Outcomes—HEIR Analysis: Potential Health Outcomes of Recommendations

Improve food access and entrepreneurship opportunities

- SNAP—the Supplemental Nutrition Assistance Program—not only improves the health and well-being of children and adults by making adequate, nutritious food more affordable, SNAP also supports local food businesses.³⁹ SNAP is an important source of revenue for many small food retailers and helps retailers maintain their workforce. SNAP is the largest federal nutrition assistance program, and it is an important source of revenue for many small food retailers and helps retailers maintain their workforce.⁴⁰ While SNAP participation had been steadily decreasing nationwide since the Great Recession, the COVID-19 pandemic saw marked increases in SNAP enrollment. In the District, 108,000 District residents participated in SNAP in FY19, receiving \$12,965,000 in monthly benefits.⁴¹ As of January 2022, 148,983 District residents participated in SNAP, receiving \$ 28,512,637 in monthly food benefits.⁴²
- WIC—the Special Supplemental Nutrition Program for Women, Infants, and Children—provides eligible families with benefits to purchase nutritious foods at food retailers, nutrition education, breastfeeding support, and referrals to health care and social services. Extensive research shows that participating in WIC leads to healthier babies, more nutritious diets and better health care for children, and higher academic achievement for students.⁴³ In 2019, only 61% of eligible DC residents enrolled in WIC, representing opportunity to connect more families to the program, including those in Congress Heights, and in turn see increased redemption of food benefits at local food retailers.⁴⁴
- DC Office of Planning’s *DC Food Economy Study: 2019* recommended to streamline the permitting and licensing system for food businesses, especially small and emerging businesses with limited staff capacity.⁴⁵
- Farmers markets and mobile farmers markets can serve as important venues for individuals to spend federal nutrition program benefits, including SNAP, WIC, and Senior/WIC Farmers Market Nutrition Program, particularly in neighborhoods with predominantly non-white households with low-incomes. Farmers markets and mobile farmers markets hold potential to provide nutritional and social benefits in the long run. Residents may be introduced to previously unknown fresh fruits and vegetables, potentially growing demand to the point where local businesses begin to sell them. Farmers markets can help to foster a feeling of community by allowing a range of public and nonprofit groups to find and promote items and services that can benefit local citizens. Farmers markets are not the answer to food insecurity in low-income neighborhoods, but they could be part of a solution that, over time, addresses the root issues of poor health outcomes in these neighborhoods.⁴⁶ In fiscal year 2021, of 43 markets in the District, 84% accepted SNAP and 77% accepted WIC benefits. Six markets in Ward 8 accepted WIC benefits.
- A study on a New York farmers’ market “Health Buck” incentive program noted among participants: greater awareness of farmers’ markets, increased frequency and amount of

farmer's market purchases, and greater likelihood of a self-reported year-over-year increase in fruit and vegetable consumption.⁴⁷ Similarly, the District invests more than \$1M annually in the Produce Plus Program, a farmers' market incentive program providing weekly farmers' market benefits to residents with low household incomes from June to September.⁴⁸ Additionally, many markets in the District leverage federal and philanthropic dollars to match federal nutrition program benefits spent by District residents.

- Urban agriculture has essential links to health, business, and sustainability. It manifests as: “bottom-up community design; a strategy for urban greening and vacant land reuse; a space for political empowerment; a strategy for healthy diets and physical activity; Black resistance to an unresponsive global food system; and a tool for community food security, sustainability, justice, and sovereignty”.⁴⁹
- Urban agriculture planning can promote food justice by helping individuals who are socioeconomically disadvantaged. Increased food access, positive health effects, skill building, community development, and ties to broader social change efforts are all potential social benefits of urban agriculture. One study recommends that planners prioritize urban agriculture in long-term planning efforts, develop relationships with food justice organizations and urban agriculture participants from diverse backgrounds, target city investments in urban agriculture to benefit historically disadvantaged communities, increase the amount of land permanently available for urban agriculture, and confront gentrification and disinvestment threats.⁵⁰
- In the District and nationwide, corner stores are a prominent fixture of the urban landscape. Particularly in neighborhoods that lack access to full-service grocery stores, families depend on these small food retailers for food purchases. Increasingly, jurisdictions and non-profit organizations are partnering to implement Healthy Corner Store Initiatives to support corner store owners in increasing their healthy food inventory and encouraging customers to make healthier food purchases. In the District, at least \$500,000 is invested annually in a Healthy Corner Store Program to support corner stores to stock fresh produce for purchase at discounted prices with SNAP benefits. In a 2018 study of corner stores in Milwaukee, Wisconsin, storeowners reported more sold produce products per week and more evident fresh produce upon entering the store as a result of a collaborative partnership pilot study to promote healthy food availability in corner stores. Store makeover, fresh produce signs, in-store cooking demos, and small business development resources were all boosted or improved. Furthermore, neighborhood youth learned about new vegetables, improved kitchen skills, safe food storage, and the impacts of obesity on general health.⁵¹

Support the commercial corridor

- One analysis calls for economies to encourage business incubators in their cities to promote innovation and entrepreneurship. They argue that the innovation created in these incubators play an important role in the economic development of a country. They state that business incubators are a cost-effective method of creating sustainable economic growth, as well as having a positive effect on “social, technical, and financial indicators”. They note that the cost of creating new jobs through a business incubator is “six times lower than creating jobs by other kinds of investments”.⁵²

- Indoor dining was identified as a key factor in SARS-CoV-2 transmission, and outdoor dining as a way to limit transmission. One study provides evidence to support public health policies regarding outdoor dining and to invest in infrastructure that increases outdoor dining spaces.⁵³
- A study examined commercial corridors and how and why they “create a sense of place”. The authors note that there are a variety of key factors that can influence the success of a commercial corridor, including “location, visibility, ease of access, width, space planning and design, main tenants, tenant balance, marketing and management, and customer-oriented mindset”, and that there must be “synergy” between these nine factors in order to create a successful shopping center.⁵⁴
- Cities should carefully monitor economic growth and business displacement in order to support local businesses. Local businesses can be volatile and prone to displacement and cities should support these businesses to ensure a “diversity of businesses to serve a diversity of residents”. There is a financial incentive for cities to support local businesses, as it creates a tax base for the city in addition to keeping money circulating in the local economy, rather than the money going to shareholders or large chain corporations. Additionally, these local businesses create a sense of place and community, which is a key piece of creating a successful commercial corridor.⁵⁵

Support the business community and workforce development

- Childcare that is provided full-time (or more) hours is essential for low-income families to maintain financial stability. It is especially challenging to locate affordable, high-quality childcare that supports the everyday reality of low-wage parents. When parents are unable to find suitable daycare, their work, financial security, and their children's healthy development may be jeopardized.⁵⁶
- One study examined how access to childcare services during COVID-19 affected the mental health of parents. They found that parents who reported having little to no access to childcare during the pandemic were more likely to be “displeased, anxious, depressed, and worried on a daily basis”. These findings highlight the criticality of expanding childcare access and services, especially for communities who experience historical health inequities due to governmental failings, and particularly for women.⁵⁷
- Planners focused on job creation should prioritize community-based manufacturers, help them build supply chain connections and ensure that they have affordable commercial space. Supporting artisanal, local “micromakers” also generates economic benefits. Micromakers are people “whose activities contribute to a city's artistic and cultural vibrancy”. These micromakers and manufacturers help to circulate income locally, create new industries, and build distinctive places.⁵⁸
- One study analyzed the difference between Black and white entrepreneurs’ networks and how they affect their “entrepreneurial self-efficacy”. The authors found that Black entrepreneurs reported higher self-efficacy when their social networks were primarily composed of other Black entrepreneurs. They note that minority businesses and women-owned businesses are more likely to fail than their white counterparts, and an important piece of that is the entrepreneur’s self-efficacy. They also note the large disparity between Black and white economic gain. Black businesses tend to generate less revenue than their white counterparts. The study attributes this to inequitable access to resources and racial discrimination.⁵⁹

Part 3B: Process Outcomes—Summary of Multi-Sectoral Impacts

The CHSAP policy recommendations in the *Economic Development and Opportunity* focus area appear to have the potential to *decrease health inequities* in the Congress Heights SAP planning area and lead to *improved health outcomes*. The matrix on the following page (Figure 13) outlines a summary of the potential multi-sectoral impacts—based on the Nine Key Drivers of Opportunities for Health—and includes the number of people who will likely be affected (“Magnitude”), the likelihood of achieving the predicted outcomes (“Likelihood”), and identification of which populations or sub-populations will most likely be affected by the suite of policy recommendations (“Distribution”).

Based on the literature reviewed in the analysis above, 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.

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>)

Figure 13: Summary Matrix of Potential Multi-Sectoral Impacts—Focus Area 3: Economic Development and Opportunity

Focus Area 4: Historic and Cultural Preservation

Part 1: Initial Process Inputs

Figure 14, below, summarizes the CHSAP Process Inputs for *Focus Area 4: Historic and Cultural Preservation*. Included are the CHSAP crosscutting concerns and opportunities that helped frame initial CHSAP engagement.

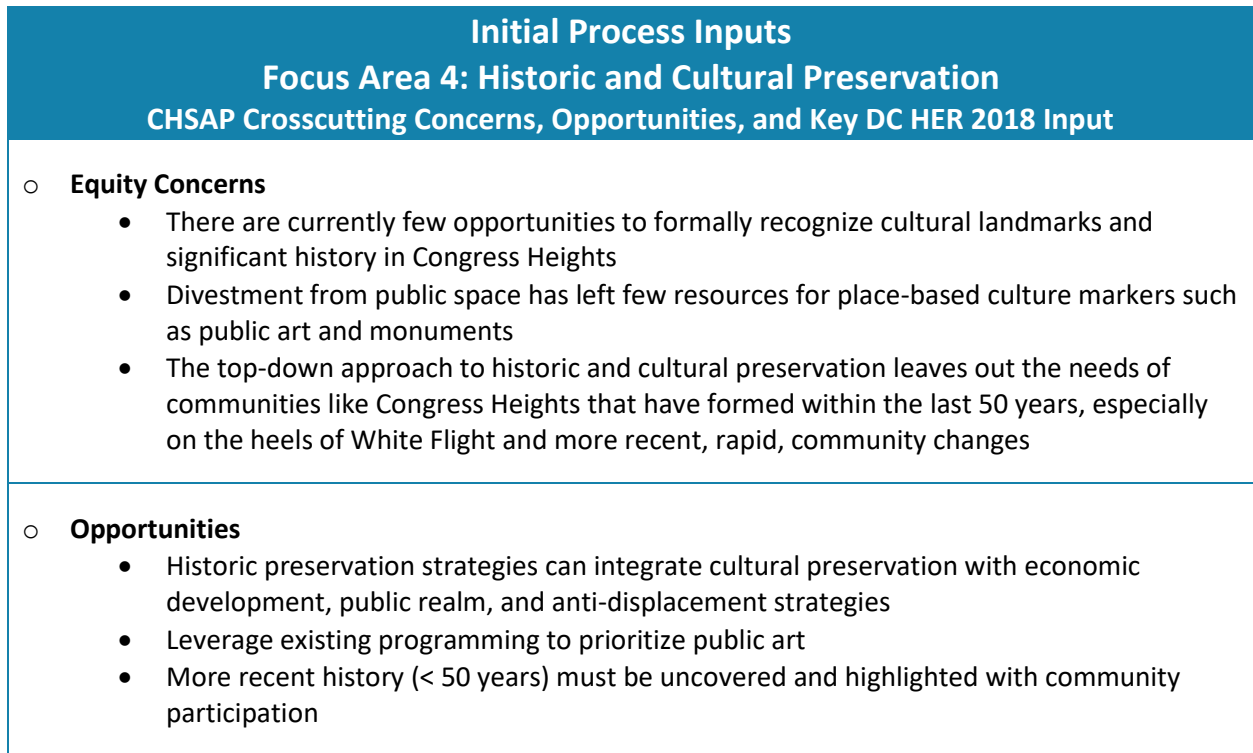


Figure 14: Initial Process Inputs for Focus Area 4: Historic and Cultural Preservation

Part 2: Process Outputs—Congress Heights SAP Policy Recommendations

At the March 29, 2022 Town Hall, OP released draft recommendations for *Historic and Cultural Preservation* focused on the following desired outcomes: inclusive historic commemoration, celebrations, and public art that amplify local history and culture while supporting community artists and storytellers.

- The following recommendations are intended to **amplify local history**:
 - Establish a record of community history through listening sessions, interviews, and mapping exercises, and include this history in updated Historic Preservation Office (HPO) publications.
 - Recognize contributions of Black and immigrant communities in public space through historic trails and signage.
 - Expand the Commemorative Works Program to provide support to community organizations in sponsoring, siting, and constructing inclusive commemorative works.
 - Designate eligible community sites as formal landmarks through a community-led process.

- Support homeowners in promoting the celebration of historic homes through private signage.
- The following recommendations are intended to **celebrate community culture**:
 - Increase public art by prioritizing community sites for programs such as Arts in the Right-of-Way and Playable Art, as well as place grants.
 - Prioritize funding for community arts, cultural, and youth organizations for public art and public space activations.
 - Provide technical support for public space activations and community events.

Part 3A: Process Outcomes—HEIR Analysis: Potential Health Outcomes of Recommendations

Amplify local history

- Historic preservation is used to preserve the character, architectural style, and aesthetics of a community or region and encourages a sense of place and continuity. Additionally, it conserves resources, reduces waste, and saves money by repairing existing buildings instead of tearing them down and building new ones. The preservation of old or historic buildings is an important part of neighborhood revitalization and it can be instrumental in creating jobs and investment opportunities.⁶⁰
- Preserving and identifying historic and cultural assets is essential for community and economic development efforts and urban revitalization. Using an “equity preservation agenda” can address inequities while preserving historic and cultural assets in marginalized populations.⁶¹
- A number of studies point to the benefits of incorporating the arts into community development. According to the Trust for Public Land, including stories, arts, culture, and heritage into parks can help lift up parks as a platform for building a sense of community.⁶² Gordon-Nesbitt and Howarth assert that arts engagement can mitigate the social determinants of health by influencing mental health and cognitive development, shaping educational and employment opportunities and compensating for work-related stress, building individual resilience, and enhancing communities.⁶³ Liu et al. posit that utilizing artistic design in creating a built environment has positive ties to promoting health and well-being.⁶⁴ Mohatt et al. confirm this finding and also assert the importance of using public art as a public health strategy to promote individual and community wellness.⁶⁵

Celebrate community culture

- The planning processes for arts and culture must be included to achieve a comprehensive city plan. These plans must be based on inclusive processes, understand the range of diversity of people in the city, and commit to a public investment to improve equity.⁶⁶
- Cappelen and Andersson observed how interactive art can enhance self-expression within children with special needs. They conclude that used over time, interactive art can foster agency and empowerment in children and help them cultivate strong senses of belonging.⁶⁷
- The lack of public art and well-maintained properties in neighborhoods is linked to reduced walkability and an increased risk of childhood obesity.⁶⁸
- In 2020, the Bay Area Hewlett Foundation awarded grants to arts organizations to address long-term challenges in the arts sector and create a more equitable arts sector. They noted that

“cultural workers from communities of color often do not have access to generational wealth, making it particularly challenging to pursue a career path in the arts and culture sector”.⁶⁹ Art is principally important in building a foundation of hope, resilience, and strength within a community.⁷⁰ The United Nation’s Declaration of Human rights states: “Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.”⁷¹

- A study by the Urban Institute “Investing in Creativity: A Study of the Support Structure for U.S. Artists” called for a strengthening of the grants/awards system for local artists and making information about opportunities to apply more accessible to artists. They illustrate that artists are “catalysts for civic engagement” and very important in the creation of culturally and economically vibrant places. Expanding funding opportunities for artists would allow them to have a tangible impact on youth development, community building, neighborhood revitalization, and economic development.⁷²

Part 3B: Process Outcomes—Summary of Multi-Sectoral Impacts

The CHSAP policy recommendations in the *Historic and Cultural Preservation* focus area appear to have the potential to *decrease health inequities* in the Congress Heights SAP planning area and lead to *improved health outcomes*. The matrix on the following page (Figure 15) outlines a summary of the potential multi-sectoral impacts—based on the Nine Key Drivers of Opportunities for Health—and includes the number of people who will likely be affected (“Magnitude”), the likelihood of achieving the predicted outcomes (“Likelihood”), and identification of which populations or sub-populations will most likely be affected by the suite of policy recommendations (“Distribution”).

Based on the literature reviewed in the analysis above, OHE anticipates that some outcomes, particularly those associated with the Employment, Income, and Housing drivers, may be stronger for new residents. As such, implementation must ensure the proactive and sustained inclusion of existing residents and their perspectives in order to result in equitable outcomes.

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>)

Figure 15: Summary Matrix of Potential Multi-Sectoral Impacts—Focus Area 4: Historic and Cultural Preservation

Focus Area 5: Parks and Public Realm

Part 1: Initial Process Inputs

Figure 16, below, summarizes the CHSAP Process Inputs for *Focus Area 5: Parks and Public Realm*. Included are the CHSAP crosscutting concerns and opportunities that helped frame initial CHSAP engagement, together with a brief cross-reference to the relevant *DC HER 2018* key driver topic area.

Initial Process Inputs Focus Area 5: Parks and Public Realm CHSAP Crosscutting Concerns, Opportunities, and Key DC HER 2018 Input	
○ COVID-19-Related Concerns	<ul style="list-style-type: none">• Lack of outdoor space in neighborhood• Residents are unable to participate in family activities or attend events• Reduced access to places in the immediate community
○ Equity Concerns	<ul style="list-style-type: none">• Lacking maintenance, the deteriorating quality of the public realm is a harbinger for community disenfranchisement• Inconsistent and often inhospitable pedestrian environment• Access to park land inconsistent throughout study area
○ Opportunities	<ul style="list-style-type: none">• Community-driven urban design that is developed with community buy-in• Beautification of public spaces and infrastructure improvements to encourage an active public realm and support safety, walkability, and livability• Redevelopment can prioritize a multi-use public realm where residents and visitors can interact and where temporary and permanent art/activation opportunities can occur, inviting vehicles to slow down and preventing traffic fatalities• Great public spaces are those that are open, safe, comfortable, and accessible for everyone, regardless of age, ability, presentation, identity, and mode of travel• Reinforce the neighborhood’s sense of place by identifying resources for community-led branding and sites for public art, creative installations, and other opportunities for creative expression• Promote active ground floors and engaging architecture, including porches, balconies, transparent storefronts and restaurants with outdoor seating
○ Cross-Reference to DC Health Equity Report 2018	<ul style="list-style-type: none">• <i>DC HER 2018</i> includes “Outdoor Environment” as one of the Nine Key Drivers of Opportunities for Health in the District• Analysis used to develop the District’s plan to adapt to climate change looked at the number of residents with higher vulnerability, using social and economic indicators, and showed that vulnerability to climate change was not evenly distributed—wards 7 and 8 had the highest concentrations of vulnerability, as well as a large older adult population

Figure 16: Initial Process Inputs for Focus Area 5: Parks and Public Realm

Part 2: Process Outputs—Congress Heights SAP Policy Recommendations

At the March 29, 2022 Town Hall, OP released draft recommendations for *Parks and Public Realm* focused on the following desired outcomes: safe, well-maintained, and family-friendly, community-serving public spaces activated by consistent programming and equipped with necessary infrastructure.

- The following recommendations are intended to **improve the quality and safety of public spaces**:
 - Improve the pedestrian experience along high-traffic pedestrian paths by:
 - Expanding ADA accessibility by widening sidewalks where necessary and completing sidewalk repairs;
 - Increasing lighting;
 - Planting continuous tree canopy for shading and heat island reduction;
 - Increasing the number of bus shelters and seating, especially along severe inclines on heavily used walking routes; and
 - Incorporating public art in new and improved pedestrian facilities such as benches.
 - Encourage safe, street-activating uses adjacent to prominent public spaces and parks.
 - Underground existing aboveground utilities, prioritizing the commercial corridor.
- The following recommendations are intended to **encourage pedestrian activity and street-level activation of the public realm**:
 - Provide frequent entries, transparency, and operable walls where possible to encourage visual and physical connections between the ground floor and the public sidewalk. Avoid long blank walls along the sidewalk.
 - Orient private balconies and terraces toward the street to encourage an interface between the private and public realms, and to increase *eyes on the street*.
 - Design buildings to include awnings, plantings, signage, and seating to create a visually engaging and inviting building edge, frame the sidewalk, and create stopping points to relax, gather, and socialize.
- The following recommendations are intended to **increase and activate usable green space**:
 - Increase investments in public Wi-Fi coverage in the public right-of-way, outside of public buildings, and in public parks to facilitate public realm activation and increase broadband access for the community.
 - Support temporary recreational activities at all public parks and the Congress Heights Recreation Center, especially targeted at youth and community wellness, such as farmers markets, social events, and mental and physical health activities.
 - Coordinate with the National Park Service (NPS) to implement the Shepherd Parkway Master Plan and explore opportunities for shared management, greater collaboration, or a transfer of jurisdiction of the Parkland portion of the parkway to the District.
 - Mitigate unauthorized vehicle access and illegal dumping at both Oxon Run Park & Shepard Parkway.
 - Collaborate with the National Park Service (NPS) to develop a master plan for Oxon Run Park.

Part 3A: Process Outcomes—HEIR Analysis: Potential Health Outcomes of Recommendations

Improve the quality and safety of public spaces

- Street space is typically underused and unpriced, whereas rent and sale prices make many metropolitan regions unaffordable. Cities should consider increasing inclusionary housing requirements, requiring some land to be protected as natural habitat, and levying impact fees for contributions to parks, specialized firefighting equipment, and other public services.⁷³
- Lovasi et al. assert that street tree density is associated with less obesity.⁷⁴ Additionally, access to nature is linked to individual perceptions and real improvements in public safety. Evidence shows that residents near urban green spaces have lower levels of fear and experience less violent behavior.⁷⁵ Additionally, green space and urban tree cover plays a protective role against gun violence as well as increased heat, which has been linked to increased aggression. Kondo et al. measured fewer gun assaults in areas with urban tree cover. Kondo et al. note that investment in urban greening, in addition to improving general quality of life and physical health, has an added benefit of reducing gun violence, crime, and fear in urban neighborhoods.⁷⁶

Encourage pedestrian activity and street level activation of the public realm

- Urban green infrastructure is an important strategy for providing public services and increasing resiliency while reducing ecological footprints and social inequity in urban areas.⁷⁷
- At the same time, urban greening in the United States largely impacts communities of color, which can have effects such as displacement and gentrification. There is a legacy of white supremacy and racial inequity in the institution of urban greening. These green practices typically fail to engage in “land recognition, redistribution, control, and reparations”, especially in communities with a deep history of injustice. There must be a decolonization in the urban greening planning process to achieve equity.⁷⁸
- City planning and healthy policy agendas to promote physical activity or walking must emphasize the crucial role of micro- and macro-level environmental attributes that facilitate opportunities for people to be more active. This study found that neighborhoods containing more direct and linear streets with “extensive sidewalks, greater amounts of open green spaces for recreation, and increased numbers of retail frontages” are likely to increase walkability and physical activity in neighborhoods. Several factors, including the location of retail stores and pedestrian-oriented commercial buildings, are also necessary to promote walking over automobile use.⁷⁹

Increase and activate usable green space

- 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.⁸⁰
- In 2021, the Trust for Public Land rated Washington, DC, the nation’s best park system on the annual ParkScore® index, and the organization indicated that the District’s high score was due in part to scoring well on park equity, a metric that measures “disparities in park space across racial and economic lines”.⁸¹
- According to the Trust for Public Land’s Health, Arts, Parks, and Equity (HAP-E) Logic Model, interventions combining arts & culture and parks can create structural change.⁸² This structural change can manifest itself in things like reduced burden of chronic disease and improved mental well-being. The report notes the importance of investing in low-income communities and

communities of color; across all ParkScore® cities these groups have 42-44% less park space than high-income and predominantly white neighborhoods, respectively.⁸³

- County areas that contributed a greater portion of their budget to parks and recreation operations from 1997 to 2012 had adult residents who were more likely to report their health as Good, Very Good, or Excellent. These findings suggest that local governments are likely to improve public health by increasing their funding for parks and recreation.⁸⁴
- Effective afterschool programs provide bring a range of benefits to young people, families, and communities. Afterschool programs can support “social, emotional, cognitive, and academic development, reduce risky behaviors, promote physical health, and provide a safe and supportive environment for children and young people”. Afterschool programs also provide a significant return-on-investment, with every \$1 invested saving at least \$3 through increasing young people’s earning potential, improving their performance at school, and reducing crime.⁸⁵
- Teens placed in a multi-week curriculum that focused on various aspects of health literacy, information literacy, and leadership were found to have improved in multiple knowledge outcome areas. Teen outreach programs can produce many positive impacts on the participant’s health literacy, sense of empowerment, communication, and leadership skills. Unfortunately, many of these programs are carried out by organizations with limited resources, often without evaluation tracking.⁸⁶
- Adolescents from all backgrounds who participated in outdoor recreation activities during the pandemic reported smaller declines in reported well-being. One study highlights the critical role that time outdoors in nature plays in bolstering adolescents’ resilience to stressors such as the COVID-19 pandemic and underscore the need to facilitate outdoor recreation opportunities for youth during times of crisis.⁸⁷
- Park-based programs may have the potential to promote mental health and resilience, and to prevent violence among at-risk young people. One study examined an afterschool park-based youth mental health promotion program, and its correlation to neighborhood juvenile arrests from 2015–2017. The results found that zip codes with the program implementation showed a significant reduction in youth arrests compared with zip codes without program implementation.⁸⁸
- Rodent and canine disease reservoirs are associated with waste in urban settings. Disease epidemics are increasing with populations growing and climate change. Sustainable waste management is crucial to prevention, specifically in urban environments that harbor rodents and pests.⁸⁹

Part 3B: Process Outcomes—Summary of Multi-Sectoral Impacts

The CHSAP policy recommendations in the *Parks and Public Realm* focus area appear to have the potential to *decrease health inequities* in the Congress Heights SAP planning area and lead to *improved health outcomes*. The matrix on the following page (Figure 17) outlines a summary of the potential multi-sectoral impacts—based on the Nine Key Drivers of Opportunities for Health—and includes the number of people who will likely be affected (“Magnitude”), the likelihood of achieving the predicted outcomes (“Likelihood”), and identification of which populations or sub-populations will most likely be affected by the suite of policy recommendations (“Distribution”).

Based on the literature reviewed in the analysis above, OHE anticipates that 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.

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>)

Figure 17: Summary Matrix of Potential Multi-Sectoral Impacts—Focus Area 5: Parks and Public Realm

Focus Area 6: Transportation and Access

Part 1: Initial Process Inputs

Figure 18, below, summarizes the CHSAP Process Inputs for *Focus Area 6: Transportation and Access*. Included are the CHSAP crosscutting concerns and opportunities that helped frame initial CHSAP engagement, together with a brief cross-reference to the relevant *DC HER 2018* key driver topic area.

Initial Process Inputs	
Focus Area 6: Transportation and Access	
CHSAP Crosscutting Concerns, Opportunities, and Key DC HER 2018 Input	
<ul style="list-style-type: none">○ COVID-19-Related Concerns<ul style="list-style-type: none">● Ridership has been down at the Congress Heights Metro Station, despite it being one of the stations that remained open● Residents have expressed frustration about getting around● Some concern about a delay in facility improvements (installation of cameras, light repairs, pothole repairs, etc.)	
<ul style="list-style-type: none">○ Equity Concerns<ul style="list-style-type: none">● Potential gaps in existing service responding to employment and access needs● Insufficient access to alternative modes of transportation, such as micromobility● Barriers between Congress Heights and adjacent communities, due to divisive highway development● Transportation to schools, especially for out of neighborhood schools	
<ul style="list-style-type: none">○ Opportunities<ul style="list-style-type: none">● Gaps in the street grid within the community, especially in residential neighborhoods, can be closed through trail investment and as redevelopment happens● Investment to respond to increased interest in micromobility and reduce barriers● Identify improvements for high-risk corridors that improve safety● Investments that increase the usefulness of transit● Opportunities to improving accessibility in light of the terrain	
<ul style="list-style-type: none">○ Cross-Reference to DC Health Equity Report 2018<ul style="list-style-type: none">● <i>DC HER 2018</i> includes “Transportation” as one of the Nine Key Drivers of Opportunities for Health in the District.● The Congress Heights/Shipleigh statistical neighborhood has a higher percentage of “Occupied Housing Units with No Vehicles/Transit-Dependent” than the District as a whole	

Figure 18: Initial Process Inputs for Focus Area 6: Transportation and Access

Part 2: Process Outputs—Congress Heights SAP Policy Recommendations

At the March 29, 2022 Town Hall, OP released draft recommendations for *Transportation and Access* focused on the following desired outcomes: safe, convenient, and affordable multimodal options that connect residents to jobs, services, and amenities.

- The following recommendations are intended to **support increased transportation options**:
 - Complete and advance implementation of a pedestrian access study in order to identify immediate-term solutions to enhance pedestrian safety and access to key neighborhood destinations:
 - Martin Luther King, Jr. Ave. SE Commercial Corridor,
 - Congress Heights Metro Station,
 - Giant Shopping Center (The Shops at Park Village), and
 - Congress Heights Recreation Center.
 - Improve transit connectivity between communities East of the River as DDOT and WMATA develop systemwide changes.
 - Increase access to micromobility (scooters, bikes, etc.) by establishing hubs at locations such as:
 - Shepherd Parkway;
 - Major intersections along Martin Luther King, Jr. Ave. SE;
 - Malcolm X Elementary School; and
 - Oxon Run Parkway.
- The following recommendations are intended to **improve efficiency, connectivity, and safety in our transportation networks**:
 - Advocate for afterhours transit services, especially on behalf of service and entertainment industry workers.
 - Advocate for additional transit subsidies for Metrorail and bus services.
 - Support continued Vision Zero Improvements along Martin Luther King, Jr. and Alabama Avenues SE in order to improve the safety of walking, biking, scootering, and driving.
 - Pilot electric vehicle-charging locations at existing auto-service establishments and at locations in the public right of way. Encourage stations in the development of future public and private parking facilities.
 - Develop additional dedicated off-street parking and loading areas, shared parking at St. Elizabeths East, and improved wayfinding to parking along the business corridor.
 - Implement complete street and pedestrian networks as part of future large site redevelopment.

Part 3A: Process Outcomes—HEIR Analysis: Potential Health Outcomes of Recommendations

Support increased transportation options

- To reckon with a cycle of racial inequities in structurally disadvantaged communities, agencies must center the communities they serve in the decision-making process, and create evidence-based policy that advances equity. “People of color, low-income people, and people with disabilities have been marginalized in our nation’s transportation networks and burdened by long commutes, limited access to important destinations, and harm to their health and environment caused by transportation systems”. Transit/transportation agencies must reckon

with their role in exacerbating these inequities in order to advance equity in the communities they serve. These agencies should create equity statements/commitments, utilize advanced data collection tools to measure equity, integrate community outreach in agency work, and work closely with community-based organizations.⁹⁰

- In a 2020 policy statement, the American Heart Association called for creating built environments that expand active transportation. They state that promoting active transportation through policy, systems, and environmental change is one of the leading evidence-based strategies to increase physical activity regardless of social determinants. They provide a framework for local government, in that active transportation policies should operate at three levels: “maximizing land use, prioritizing pedestrian and bicycle networks and infrastructure such as Complete Streets policies and Safe Routes to School initiatives, and the including of design interventions, street furnishings, and safety and traffic calming measures”.⁹¹
- Public transportation is a social determinant of health and is crucial to aspects of health like access to healthcare, employment, physical activity, and nutrition. Existing health inequities are exacerbated by inefficient or inaccessible public transportation systems. One transportation coalition identified two community needs: the primary being extended night and weekend services for the public transportation system, and the secondary being reduced- or free-fare public transit.⁹²
- The DC Metro lost up to 80 percent of riders during the first year of the COVID-19 pandemic.⁹³
- “Restorative equity should be the ultimate goal of equitable planning and investment, but partially addressing just one facet of equity is tantamount to failure. Transit agencies must begin with a multidimensional approach to equity.” Transportation agencies frequently discount qualitative data and public engagement which are key to achieving racial equity in transportation access. Additionally, the organizational structure of transportation agencies, is a barrier to racial equity, since the people who are creating policy and making budgetary decisions are not typically representative of the customer base of these services. “Restorative equity allows transit agencies to acknowledge — then redress — how discrimination and exclusion pervade practices.” Transportation planners must center equity throughout the process.⁹⁴
- Structural inequality during the pandemic has exacerbated health care access barriers for low-income individuals and people of color, who face disproportionate health risks, obstacles to transportation access, and economic hardship due to COVID-19. Many of these individuals already experience a transportation disadvantage and need extra support during the pandemic to overcome new transportation barriers, including changes in public transit and the reliance on others for rides.⁹⁵
- In looking at micromobility, it is imperative to consider the concept of ‘arrested mobility’, coined by researcher and planner Charles T. Brown. This is the assertion that Black people and other minorities have been historically denied the inalienable right to move or exist in public space. This continues to result in adverse intergenerational social, political, economic, environmental and health outcomes for these groups.⁹⁶

Improve efficiency, connectivity, and safety in our transportation networks

- The built and natural environment and health are closely linked. One study assessed relationships between the built and natural environment and health, concentrating on five topic areas: neighborhood design, housing, food environment, natural and sustainable environment,

and transport. One key finding was that health-related outcomes (i.e., physical activity, social engagement, mental health, perceptions of crime, and road traffic collisions) were better in communities which were easily walkable, compact, and had safe and efficient infrastructure.⁹⁷

- Disadvantaged groups are less likely than advantaged groups to realize the potential of walking and physical activity in the built environment. By not taking into account socioeconomic differences in built environment planning, this may have led to recommendations that only benefitted a select few. This failing to plan for community needs may further contribute to distrust between planners and residents—especially in neighborhoods facing displacement pressures—and send a message to existing residents that planned improvements are for the benefit of future residents.⁹⁸
- Increases in traffic and gun violence disproportionately affect low-income and Black neighborhoods (largely Wards 7 and 8) in Washington, DC. Residents in these neighborhoods are calling on the city to create equity-based safe street legislation to remedy years of historical inequities in these communities. Planners must invest in physical infrastructure in these structurally disadvantaged communities, in addition to integrating economic and community development policies. Improving street safety in historically marginalized communities starts with supporting already successful local strategies and acknowledging the role that social determinants (i.e. access to food and transportation) play in creating safer streets.⁹⁹
- Stoker et al. assert that there are three major factors for ensuring pedestrian safety: visibility, pedestrian–traffic interaction, and traffic speed. As changes to the built environment are costly and difficult, thoughtful planning in the design and implementation phases is a cost-effective approach to reducing risks to pedestrians.¹⁰⁰
- “Historically excluded” groups are frequently harmed by land use and transportation decisions. The APHA proposes certain evidence-based strategies to tackle this issue like: centering equity in policymaking, strategically designing streets so that they center around health and racial equity, using the “Vision Zero” approach, providing transportation incentives, and increasing green infrastructure.¹⁰¹
- Creating new infrastructure for walking, cycling, and public transportation could create demand for these activities. A lack of access to amenities and patterns of transportation in a given built environment contributes to physical inactivity. Active transportation and population health could be enhanced with better urban planning. The results of this study support investing in infrastructure to encourage active modes of transportation and creating compact and diverse residential areas.¹⁰²
- In 2021, DC reported the highest number of traffic fatalities (40) since 2007. Of those 40 fatalities, 19 occurred in predominantly Black Wards 7 and 8.¹⁰³
- Public transportation must prioritize individuals with disabilities who experience a disproportionate level of difficulty accessing and utilizing these services. Extended hours or alternative transportation options must be implemented to overcome this barrier.¹⁰⁴
- In planning for the location of electric vehicle-charging locations, planners must consider community drivers’ daily activities and commuting distance. Strategic placement of charging stations could help to mitigate “range anxiety” and promote adoption of electric vehicles.¹⁰⁵

Part 3B: Process Outcomes—Summary of Multi-Sectoral Impacts

The CHSAP policy recommendations in the *Transportation and Access* focus area appear to have the potential to *decrease health inequities* in the Congress Heights SAP planning area and lead to *improved health outcomes*. The matrix on the following page (Figure 19) outlines a summary of the potential multi-sectoral impacts—based on the Nine Key Drivers of Opportunities for Health—and includes 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”).

Based on the literature reviewed in the analysis above, OHE notes that the 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.

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>)

Figure 19: Summary Matrix of Potential Multi-Sectoral Impacts—Focus Area 6: Transportation and Access

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 HIER 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.¹⁰⁶ 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.¹⁰⁷ 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.¹⁰⁸

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://iconiccreates.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%20payment%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.wbdq.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>

Appendix

Process Inputs – Focus Areas & Solicited Community Input

The SAP's focus areas were developed to organize focus group discussions, subsequent community discussion, and the SAP recommendations. Once each of the Focus Group meetings convened around the initial seven focus areas, OP held a second Town Hall meeting the evening of May 6, 2021, to solicit community input on the input gathered to date from online and in-person surveys, the focus groups, and the monthly CAC and IAWG meetings.¹⁰⁹ Throughout the SAP process, the OP team also solicited community input through a direct phone line and email account as well as survey instruments on the project's PublicInput site.

- **Focus Area 1: Housing Diversity and Affordability**

On March 17, 2021, OP convened a Focus Group on *Housing Opportunity and Affordability* (the focus area's title was later updated to *Housing Diversity and Affordability*) and framed the discussion with participants around equity challenges and emergent community concerns around the COVID-19 pandemic as follows:

- Equity Challenges
 - The SAP planning area added 2,000 households between 2010 and 2020
 - Average household size is significantly larger than the citywide average, indicating demand for larger 2+ bedroom housing units
 - 32 properties comprise 406 publicly-owned housing units
 - 48% of the residential units are without air conditioning
 - DOEE cites lead exposure and extreme temperatures as an ongoing housing concern
 - Concern about the quality of housing throughout the community
- Community Concerns: COVID-19 Pandemic Impact
 - Landlords in this and similar communities are more likely to evict
 - Looming housing insecurity and increased risk of homelessness
 - Utility debts an indicator of housing expenses being out of reach

- **Focus Area 2: Civic Facilities**

On March 18, 2021, OP convened a Focus Group on *Civic Facilities* and framed the discussion with participants around equity challenges and emergent community concerns around the COVID-19 pandemic as follows:

- Equity Challenges
 - General
 - Investments to public facilities are not always done in consideration of surrounding community
 - Some community concern about disproportionate concentration of public services
 - Facilities are in need of modernization
 - Community concern that investment will be centered on St. E's campus

- Community access to school grounds for recreation continues to be a challenge
 - School Facilities
 - High enrollment overall, but community public schools have lower utilization rates than the public charter schools
 - Most schools are in good to fair condition; Hart Middle School, Malcolm X Elementary School at Green, and Community College Preparatory Academy need improvement
 - Access to grounds and rec facilities continue to be a challenge for residents
 - Recreational Facilities
 - New Congress Heights Recreation Center currently in the design phase:
 - Gymnasium
 - Kitchen
 - Flexible computer lounge
 - Multipurpose spaces
 - Family-oriented facilities
 - Parts of the study area are outside of a 10-minute walk from existing rec centers
 - Public Wellness and Safety
 - Current and future emergency housing sites offer additional services for support, rehabilitation, and transition
 - Cooling centers typically located in existing facilities, such as schools and rec centers
 - Boys & Girls Club and Senior Wellness Center provide targeted resources
 - New hospital to include trauma and ambulatory centers and men’s center
- **Focus Area 3: Economic Development and Opportunity**

On April 1, 2021, OP convened a Focus Group on *Economic Development & Business Opportunity* (the focus area’s title was later updated to *Economic Development and Opportunity*) and framed the discussion with participants around equity challenges and emergent community concerns around the COVID-19 pandemic as follows:

- Equity Challenges
 - Barriers to high-paying career opportunities
 - Lack of affordable childcare as a barrier to employment for adults with children
 - Lack of access to diverse retail that meets the needs of current residents, including families and seniors
 - Higher paying medical jobs coming to St. Elizabeths has the potential to drive housing prices up without increasing resident’s incomes.
- Community Concerns: COVID-19 Pandemic Impact
 - COVID-19’s disparate impact on on-the-job risk and stability

- **Focus Area 4: Historic and Cultural Preservation**

On March 11, 2021, OP convened a Focus Group on *Historic and Cultural Preservation* and framed the discussion with participants around equity challenges and emergent community concerns around the COVID-19 pandemic as follows:

- Equity Challenges
 - There are currently few opportunities to formally recognize cultural landmarks and significant history in Congress Heights
 - Divestment from public space has left few resources for place-based culture markers such as public art and monuments
 - The top-down approach to historic and cultural preservation leave out the needs of communities like Congress Heights that have coalesced within the last 50 years, especially on the heels of White Flight and more recent, rapid, community change

- **Focus Area 5: Parks and Public Realm**

On March 9, 2021, OP convened a Focus Group on *Parks, Streets, and Public Space* (the focus area's title was later updated to *Parks and Public Realm*) and framed the discussion with participants around equity challenges and emergent community concerns around the COVID-19 pandemic as follows:

- Equity Challenges
 - Poor maintenance reflects past disinvestment and reinforces ideas that this community is undesirable
 - Pedestrian facilities and streetscapes are poorly maintained, and inhospitable to residents who need them most
 - Primary recreational parks in the community are under-maintained, particularly compared to community parks West of the River
 - Residents in need of dedicated recreational space often need to travel far to community parks that are often unwelcoming, unsafe, or not programmed for community use
- Community Concerns: COVID-19 Pandemic Impact
 - Lack of useable outdoor space in the neighborhood
 - Residents unable to participate in family activities or attend events
 - Reduced access to public space amenities in the immediate community

- **Focus Area 6: Transportation and Access**

On March 30, 2021, OP convened a Focus Group on *Transportation and Access*, and framed the discussion with participants around equity challenges and emergent community concerns around the COVID-19 pandemic as follows:

- Equity Challenges
 - Potential gaps in existing service responding to employment and access needs
 - Insufficient access to alternative modes of transportation, such as micromobility

- Barriers between Congress Heights and adjacent communities, due to divisive highway development
- Transportation to schools is inefficient especially for out-of-neighborhood schools

Process Filter – Input Filter and Output

As draft recommendations began to take shape, both the CAC and IAWG vetted them before the Center for Urban and Racial Equity (CURE) provided OP with feedback aimed at consistently applying a racial equity lens; intentionally disaggregating data by race, income, gender, and other socio-economic factors; and by uplifting equity and accessibility.

- **Focus Area 1: Housing Diversity and Affordability**

On the evening of July 20, 2021, OP held a Recommendation Development Workshop focused on the *Housing Diversity and Affordability* and *Civic Facilities* focus areas. Discussion on *Housing Diversity and Affordability* centered on potential policy frameworks that would preserve affordable housing and increase housing accessibility in the Congress Heights community. Specific policy recommendations included:

- Preserving affordable housing by:
 - Targeting efforts to support households seeking pathways to homeownership
 - Preserving 100% of existing dedicated affordable housing and ensure dedicated affordable housing facing redevelopment meet one-for-one guidelines whenever possible
 - Targeting code enforcement for unsafe multi-family housing for low-income residents
 - Increasing resources for the rehabilitation of older housing for low-income residents
- Increasing housing accessibility by:
 - Supporting direct financial assistance to increase housing access and decrease the percentage of income spent on housing
 - Increasing opportunities for 3+ bedroom housing, multigenerational housing, and housing for older adults
 - Focusing resources for wraparound housing education and training services for Congress Heights residents
 - Creating opportunities for affordable housing and homeownership throughout the community using tools such as:
 - i. Planned Unit Developments (PUD)
 - ii. District-issued RFPs
 - iii. New zoning
 - Eliminating physical barriers for older adults and people of varying abilities to safely stay in their homes through:
 - Trust fund(s)
 - Education and training
 - “Visitability” standards in new construction and major renovations (visitability refers to housing that is designed to be “lived in and/or

visited by people who have trouble with steps or who use wheelchairs, walkers” or other assistive devices)¹¹⁰

- **Focus Area 2: Civic Facilities**

On the evening of July 20, 2021, OP held a Recommendation Development Workshop focused on the *Housing Diversity and Affordability* and *Civic Facilities* focus areas. Discussion on *Civic Facilities* centered on potential policy frameworks that would improve community resiliency and improve public facility access in the Congress Heights community. Specific policy recommendations included:

- Improving community resiliency by:
 - Expand Wi-Fi access in existing and planned public facilities
 - Establish a Resilience Hub that provides resources and aid during public and personal emergencies, including:
 - Information
 - Mental healthcare
 - Emergency supplies
 - Ensure new and modernized infrastructure is responsive to public emergencies
- Improving public facility access by:
 - Encourage dedicated youth recreational space and programming in the redevelopment of the rec center and library
 - Expand short-term family-oriented recreational programming and space at facilities that are transitioning uses or undergoing redevelopment
 - Increase community access to a swimming pool that is easily accessible and community-serving
 - Support off-hour access to community school playgrounds and fields
 - Encourage the development of urgent care or similar services in the community

- **Focus Area 3: Economic Development and Opportunity**

On the evening of August 10, 2021, OP held a Recommendation Development Workshop focused on the *Economic Development and Opportunity* and *Historic and Cultural Preservation* focus areas. Discussion on *Economic Development and Opportunity* centered on potential policy frameworks that would support food access and business opportunity, provide commercial corridor support, and provide support for community businesses in the Congress Heights community. Specific policy recommendations included:

- Food access and business opportunity
 - Support increased access to healthy food by:
 - Increased access to District funding for grocers, restaurants, and other food businesses
 - Encouraging fresh food retail in new development, and requiring it where possible
 - Encouraging partnerships between public and faith institutions and food nonprofits and businesses

- Connecting residents to every program for which they qualify
 - Increasing opportunities for urban farming
 - Expand accessible and affordable commercial kitchen space
- Commercial corridor support
 - Increase sit-down dining by:
 - Waiving permitting fees
 - Technical assistance
 - Dining pop-ups in coordination with food trucks and markets
 - Incorporate medical and related career training opportunities in anticipation of the new hospital
 - Support increased technical assistance for Black-owned businesses
 - Encourage safe, street-activating uses adjacent to prominent public spaces, such as Shepherd Parkway
- Support for community businesses
 - Facilitate the development of an incubator or accelerator¹¹¹
 - Incentivize access to childcare facilities, especially outside of normal business hours
 - Pilot a Legacy Business Designation for historically and culturally significant, community businesses in order to funnel resources and protect them from displacement
- **Focus Area 4: Historic and Cultural Preservation**

On the evening of August 10, 2021, OP held a Recommendation Development Workshop focused on the *Economic Development and Opportunity* and *Historic and Cultural Preservation* focus areas. Discussion on *Historic and Cultural Preservation* centered on potential policy frameworks that would capture the history and celebrate the culture of the Congress Heights community. Specific policy recommendations included:

- Capturing history by:
 - Expanding Commemorative Works Guidelines to allow for and encourage culturally responsive commemorative works
 - Designating community sites for formal landmark designation
 - Establishing a record of community history through listening sessions, interviews, and mapping exercises
 - Incorporating contributions of Black and immigrant communities in public space through historic trails, signage, and creative works
- Celebrating culture by:
 - Designating significant cultural landmarks
 - Increasing opportunities for public art:
 - Support relationships with local arts and youth organizations through grants;
 - Incorporate public art in public infrastructure investments; and
 - Prioritize community sites for District-funded opportunities.

- Increasing support for community events

- **Focus Area 5: Parks and Public Realm**

On the evening of August 31, 2021, OP held a Recommendation Development Workshop focused on the *Parks, Streets, and Open Space* and *Transportation and Access* focus areas. Discussion on *Parks, Streets, and Open Space* centered on potential policy frameworks that would improve the quality and safety of the public realm and activate and increase usable green space in the Congress Heights community. Specific policy recommendations included:

- Improve quality and safety by:
 - Outline increased investment in street facilities to improve pedestrian comfort experience (e.g., lighting, vegetation; shelters and other furniture, and repairs)
 - Support increased trash collection and litter prevention via increased trash receptacles in high-traffic areas
 - Support public art along streets and in public spaces
 - Discourage unauthorized car access to Oxon Run Park service roads through attractive bollards, fencing, etc.
- Activate and increase usable green space by:
 - Identify opportunities for public Wi-Fi coverage in the public right-of-way and parks
 - Support temporary recreational activities at Shepherd Parkway and the Congress Heights Recreation Center, especially targeted at youth.
 - Advocate for coordination with the National Park Service to implement the Shepherd Parkway Master Plan
 - Advocate for joint-management of the park and Malcolm X and MLK Jr. Avenues SE
 - Support increased useable green and play space throughout the community through redevelopment

- **Focus Area 6: Transportation and Access**

On the evening of August 31, 2021, OP held a Recommendation Development Workshop focused on the *Parks, Streets, and Open Space* and *Transportation and Access* focus areas. Discussion on *Transportation and Access* centered on potential policy frameworks that would support transportation options and improve efficiency, connectivity, and safety in the Congress Heights community. Specific policy recommendations included:

- Supporting transportation options by:
 - Support a pedestrian access study around significant community destinations to identify near-term improvement opportunities
 - Advocate for greater transit connectivity between communities East of the River as WMATA develops system-wide changes
 - Increase access to micromobility (scooters, bikes, etc.) by establishing hubs at locations such as:
 - Shepherd Parkway

- Major intersections along Martin Luther King, Jr. Ave. SE
 - Malcolm X Elementary School
 - Oxon Run Parkway
- Improving efficiency, connectivity, and safety by:
 - Support electric vehicle-charging locations throughout the community
 - Support additional dedicated off-street parking and loading along the commercial corridor
 - Encourage the development of complete street and pedestrian networks as part of large site redevelopment
 - Advocate for afterhours transit services, especially on behalf of service and entertainment industry workers
 - Support continued Vision Zero Improvements along Martin Luther King, Jr. and Alabama Avenues SE in order to improve the safety of walking, biking, scootering, and driving

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DC | HEALTH

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