Urban Land Institute

DC Office of Health Equity: *Engaging a Collaborative Model for Practice Change* & Fireside Chat

Wednesday, March 29th | ULI Health Leaders Network Introductory Forum

C. Anneta Arno | Rachel Clark

Urban Land Institute

Rachel Clark

Policy Director, Redstone Global Center for Prevention & Wellness, George Washington University

Wednesday, March 29th | ULI Health Leaders Network Introductory Forum

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

DC Health Office of Health Equity

C. Anneta Arno, Ph.D, MPH, Director, Office of Health Equity – Washington DC – March 29, 2023

Engaging A Collaborative Model *FOR* Practice Change

Urban Land Institute (ULI) Health Leaders Network - Introductory Forum

Content:

Framing:

- Key Definitions & Distinctions

Part 1: Organizational Overview

- DC Health & Office of Health Equity (OHE)

Part 2: Health Equity Report 2018

- Evidence Based Framework & Outcomes

Part 3: Changing the Context

- Gaining Momentum

Part 4: Impact of COVID

- Structural Vulnerability & Differential Impacts

Part 5: Beyond COVID – What Next?

- Health Equity Impact Review
- Collaborative Model *FOR* Practice Change

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

American Institute of Certified Planners (AICP)

Defining Social Equity

Equity is: *"just and fair inclusion into a society in which all can participate, prosper, and reach their full potential. Unlocking the promise of the nation by unleashing the promise in us all."* *Policy Link*

Equity in All Policies

- An equity in all policies approach involves using an equity lens in all planning practices, including work on climate change and resilience, economic development, education, energy and resource consumption, public health, heritage preservation, housing, mobility and transportation, and public spaces. Planning for equity does not stifle growth or impede development. Instead, it expands opportunities to all members of a community and builds local capacity to respond to equity concerns moving forward.

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Key Definitions & Distinctions:

Social, Health & Racial Equity

- **Social Equity:** impartiality, fairness and justice for all people in social policy. Social equity takes into account systemic inequalities to ensure everyone in a community has access to the same opportunities and outcomes. -- *United Way of the National Capitol*
- **Health Equity:** ensures everyone has the opportunity to be as healthy as possible. This is accomplished through elimination of disparities in health outcomes and determinants of health, as well a removal of structural barriers to achieving both (*i.e. racial equity*) -- *Georgia Health Policy Center*
- **Racial Equity:** involves the elimination of systemic, institutional, and cultural barriers that deny equal opportunities to groups, based on race or ethnicity *(e.g. Black, indignances, Hispanic, or other people of color).* It is understood that this differential treatment results in racial inequities that are deeply tied to the inability to achieve health equity. -- *Georgia Health Policy Center*

What is Equity in Health?

HEALTH:

- "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

World Health Organization Constitution, 1948

HEALTH INEQUITY

- *"Differences in health outcomes that are systematic, avoidable, unnecessary, unfair and unjust."*

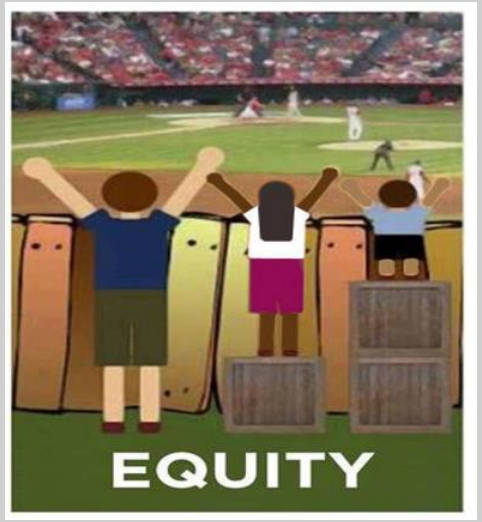
Whitehead, M. (1992)

Braveman, P. (2014)

HEALTH EQUITY

- *"Health equity is assurance of the conditions for optimal health for all people. Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustice, and providing resources according to need."*

Jones, Camara, P., (2014)



Part 1: Organizational Overview

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

DC Health

Building a Culture of Health, Wellness & Equity in the District of Columbia

VISION

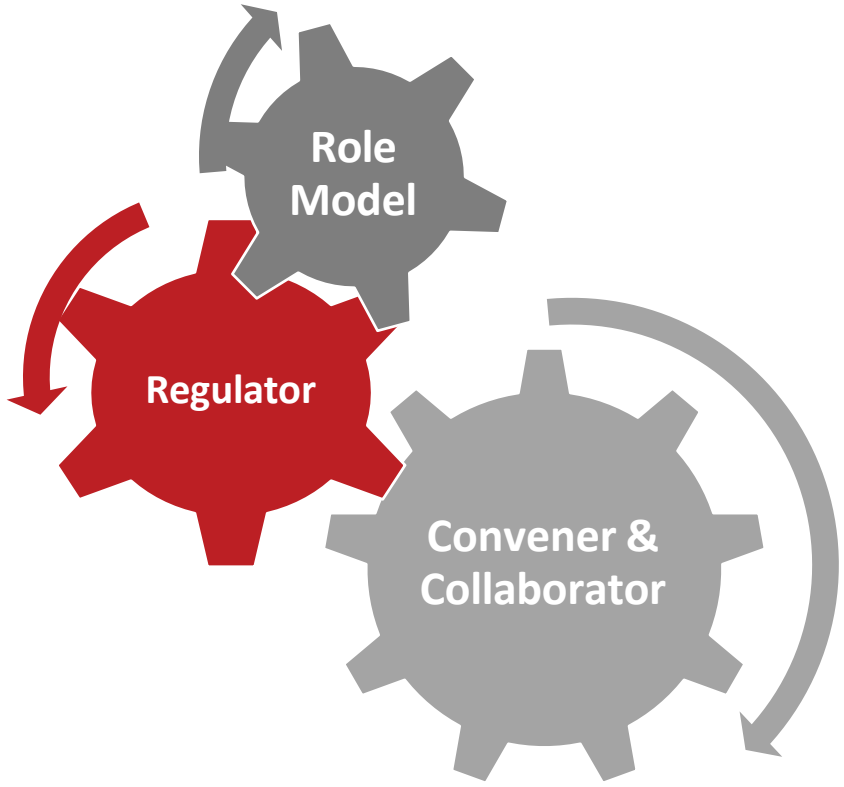
- To be the healthiest city in America

MISSION

- The District of Columbia Department of Health promotes health, wellness and equity across the District, and protects the safety of residents, visitors and those doing business in our nation's capital.

21st Century Public Health Leadership:
Chief Health Strategist

3-Pronged Role of DC Health

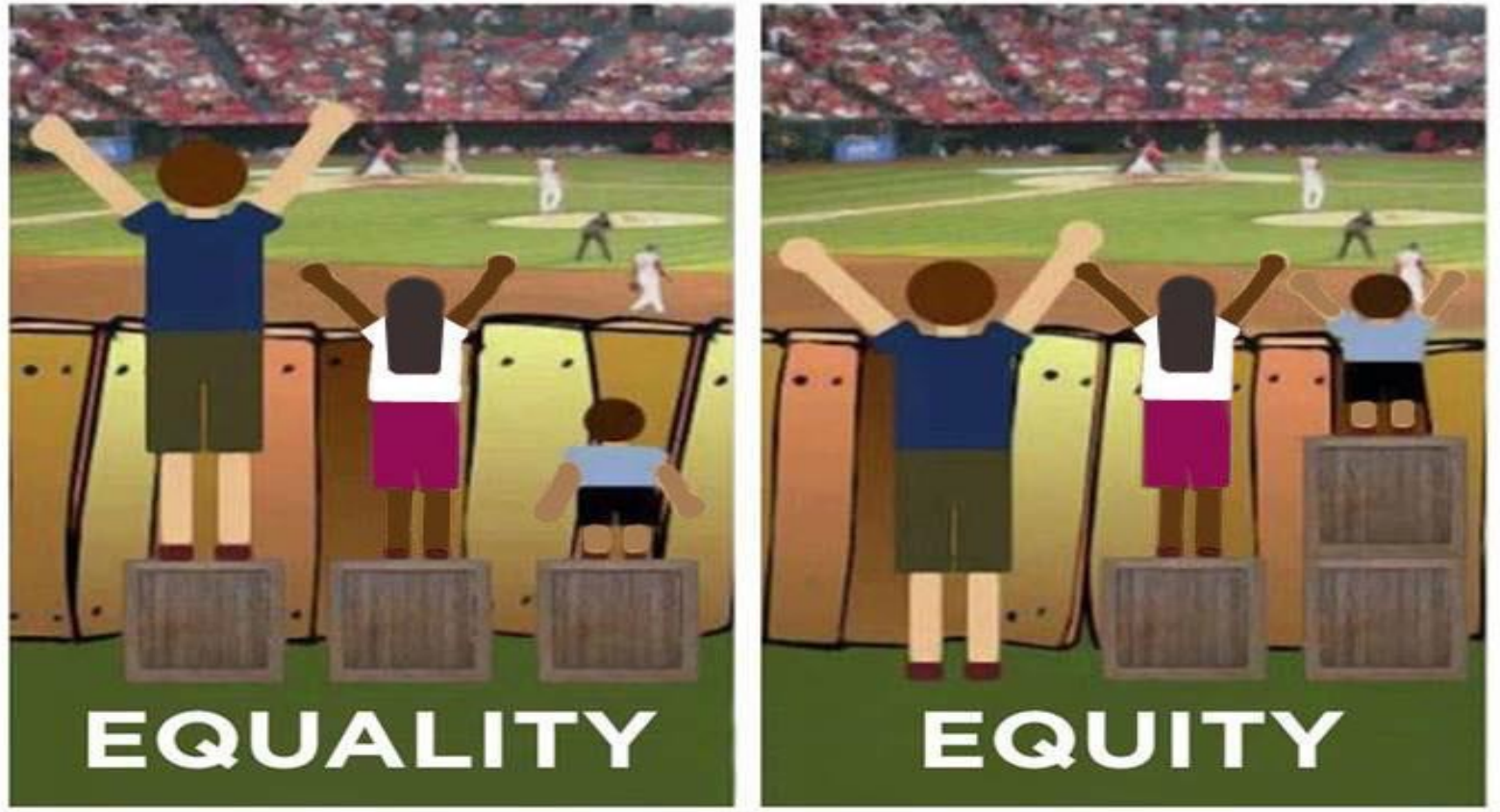


5 Strategic Priorities

- ✓ **Promote a Culture of Health and Wellness**
- ✓ **Address the Social Determinants of Health**
- ✓ **Strengthen Public-Private Partnerships**
- ✓ **Close the Chasm between Clinical Medicine and Public Health**
- ✓ **Implement a data-driven outcome-oriented approach to program and policy development**

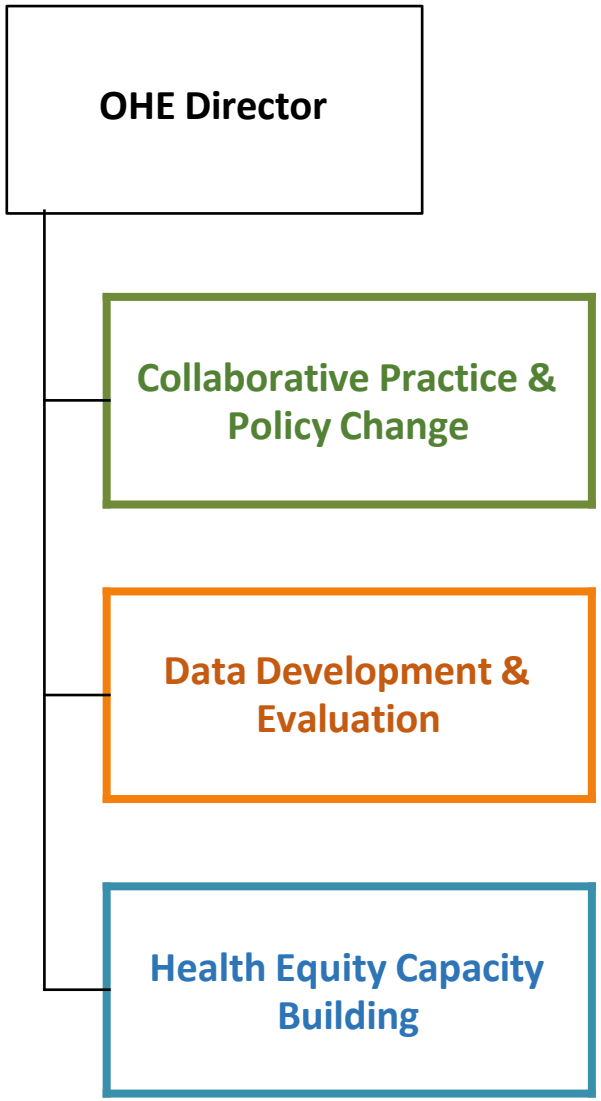
What Drives Health?

Moving Beyond “DISPARITIES”



Towards and Equity-Informed Approach to Population Health

Office of Health Equity (OHE): Structure & Purpose

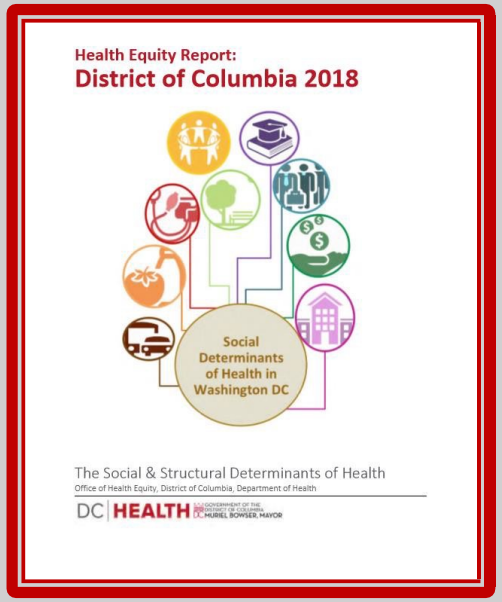


OHE MISSION

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.

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA



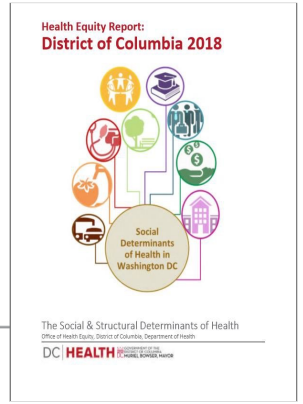
Part 2: DC Health Equity Report 2018

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

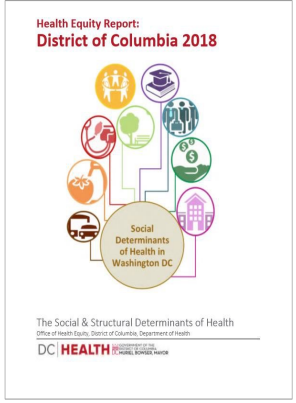
DC HEALTH EQUITY REPORT 2018

- Nine (9) Key Drivers
  - Education
  - Employment
  - Income
  - Housing
  - Transportation
  - Food Environment
  - Medical Care
  - Outdoor Environment, and
  - Community Safety

- Data and analysis to 51-statistical neighborhoods
- Correlations with life expectancy at birth
- Social & Structural Determinants of Health



DC Health Equity Report 2018: Frameworks



POPULATION HEALTH DRIVERS: SOCIAL & STRUCTURAL DETERMINANTS

The County Health Rankings Model

CAUSES

POPULATION HEALTH DRIVERS Social Determinants		
Clinical Care	• Access to care • Quality of Care	20%
Health Behaviors	• Tobacco Use • Diet & Exercise • Alcohol & Drug Use • Sexual Activity	30%
Social & Economic Factors	• Education • Employment • Income • Family & Social Support • Community Safety	40%
Physical Environment	• Environmental Quality • Built Environment • Housing & Transport	10%

STRUCTURAL DETERMINANTS: History, Values, Public Policy, Laws, Societal Conditions, Culture, Governance, Social Policy, Economic System

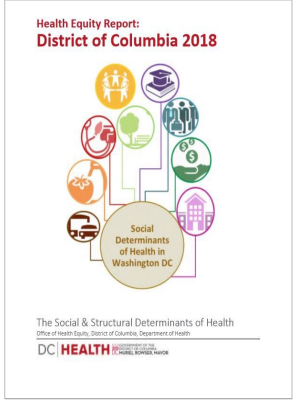
The World Health Organization (CSDH) Model

DISTRI-BUTION

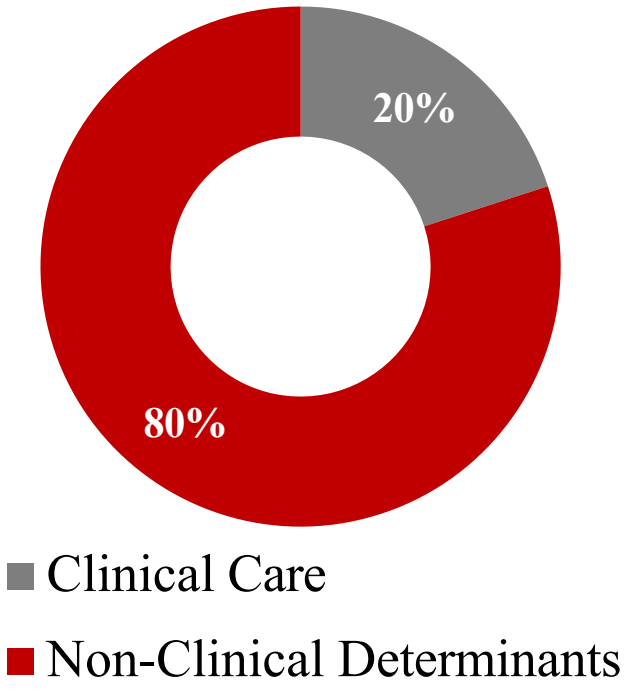
DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

DC Health Equity Report 2018: Frameworks

Social & Structural Determinants of Health



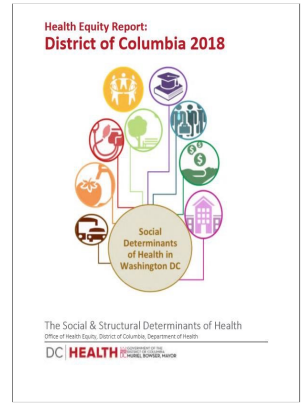
Determinants of Health

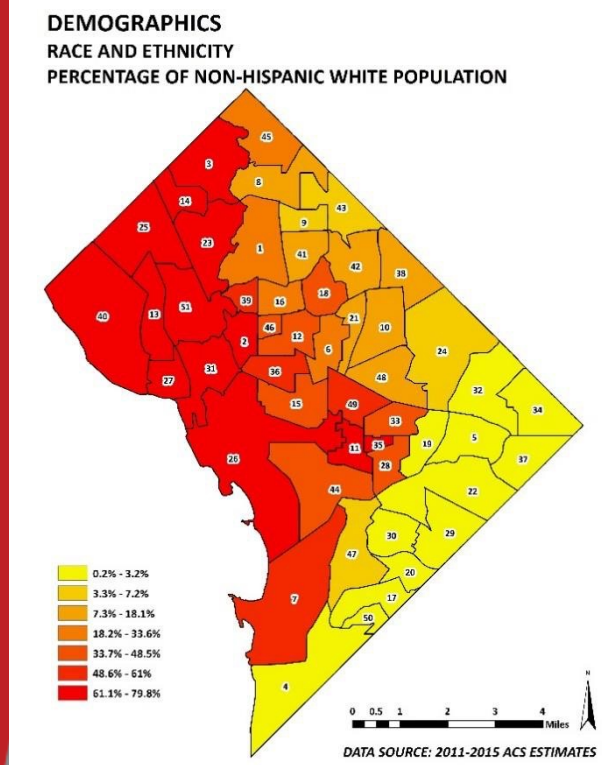


Health Equity 101: Key Insights

- ✓ **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**

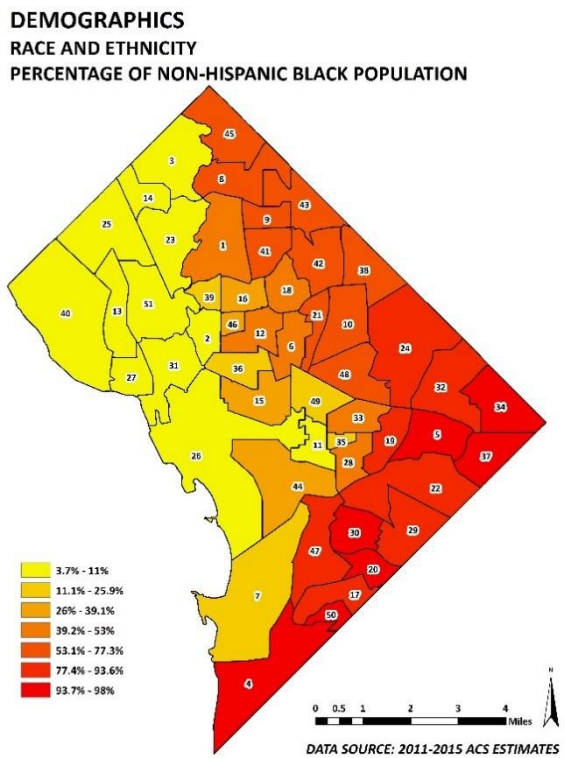
Race & Ethnicity by Neighborhood Group

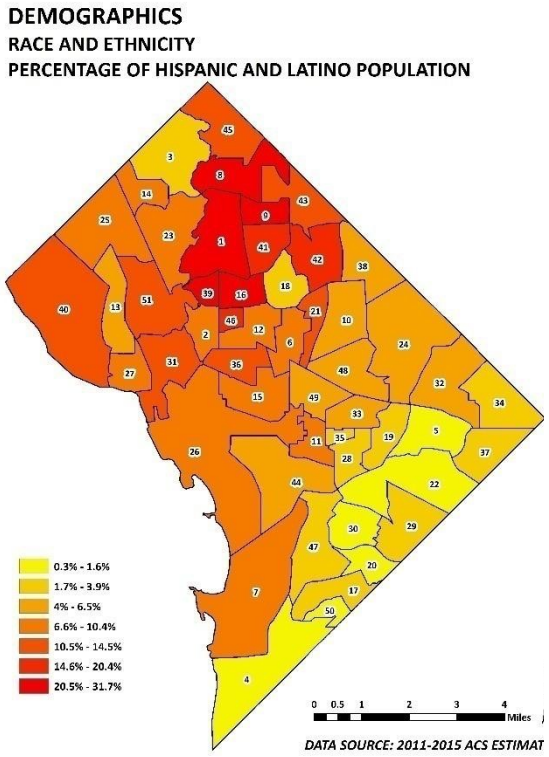




1. Non-Hispanic White

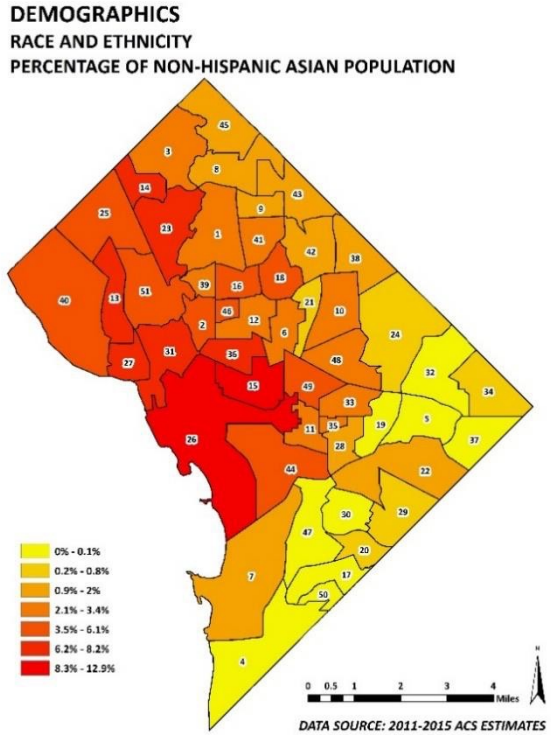
2. Non-Hispanic Black





3. Hispanic

4. Non-Hispanic Asian



RDI* Score =70.9 (2011-2015)

**RDI= Racial Dissimilarity Index*

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Life Expectancy at Birth: 5-Year Average

By Neighborhood & Ward: 2011-2015

Health Equity Report:
District of Columbia 2018

Social Determinants of Health in Washington DC

The Social & Structural Determinants of Health
Office of Health Equity, District of Columbia, Department of Health
DC | HEALTH

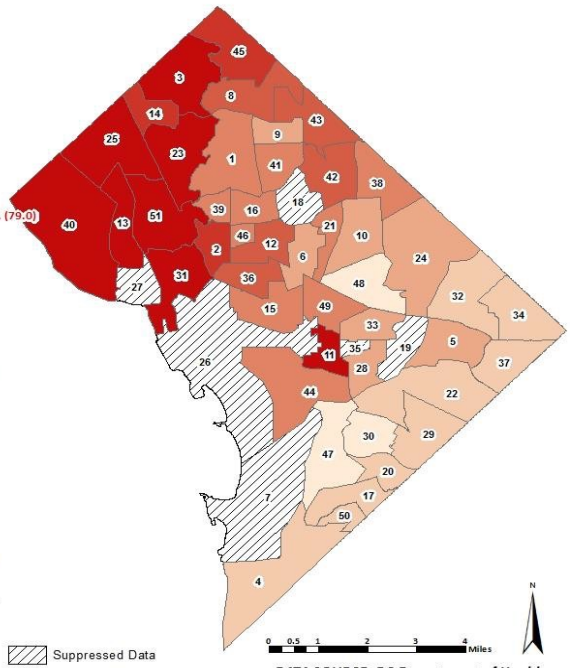
89.4 Years

68.4 Years

POPULATION HEALTH OUTCOMES

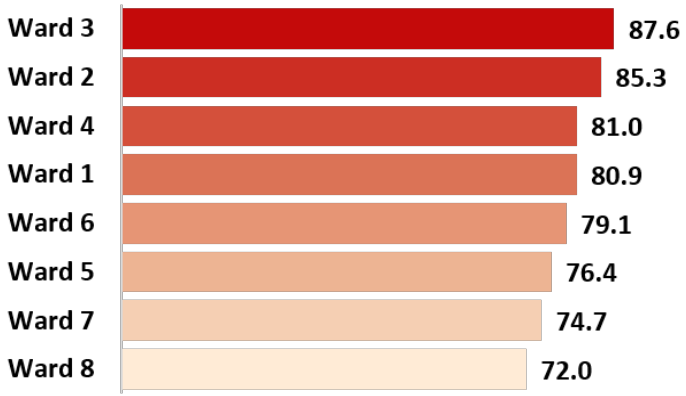
LIFE EXPECTANCY AT BIRTH (2011-2015)

89.4	51. Woodley Park
88.8	13. Cathedral Hgts
88.4	40. Kent/Palisades
87.3	25. Tenleytown
87.2	23. Forest Hills
86.9	31. Georgetown East
86.5	3. Barnaby Woods
86.2	11. Capitol Hill
85.1	2. Adams Morgan
83.4	45. Shepherd Park
83.3	14. Chevy Chase
81.9	12. U Street/Pleasant
81.6	42. Michigan Park
81.0	43. Lamond Riggs
81.0	36. Logan Cir/Shaw
80.6	8. Brightwood
79.8	16. Columbia Hgts
79.8	1. 16th St Heights
79.4	38. Woodbridge
79.4	21. Edgewood
79.4	46. South Columbia Hgt
79.3	39. Mt. Pleasant
79.0	41. Petworth
D.C. (79.0)	
78.4	44. SW/Waterfront
78.3	49. Union Station
77.9	15. Chinatown
77.5	28. Hill East
77.3	33. Kingman Park
76.8	9. Brightwood Park
76.7	10. Brentwood
75.9	24. Fort Lincoln/Gateway
75.8	6. Bloomingdale
75.0	5. Fort Dupont
74.5	22. Twining
74.4	4. Bellevue
73.4	32. Eastland Gardens
72.6	34. Lincoln Hgts
72.5	29. Naylor/Hillcrest
72.4	37. Marshall Hgts
72.4	50. Washington Highlands
71.8	20. Douglass
71.8	17. Congress Hgts/Shipley
70.8	48. Trinidad
70.2	30. Historic Anacostia
68.4	47. St. Elizabeth's



DATA SOURCE: DC Department of Health
Center for Policy, Planning and Evaluation

*Approximately 21 Years Difference in Life Expectancy, across 51 Statistical Neighborhoods



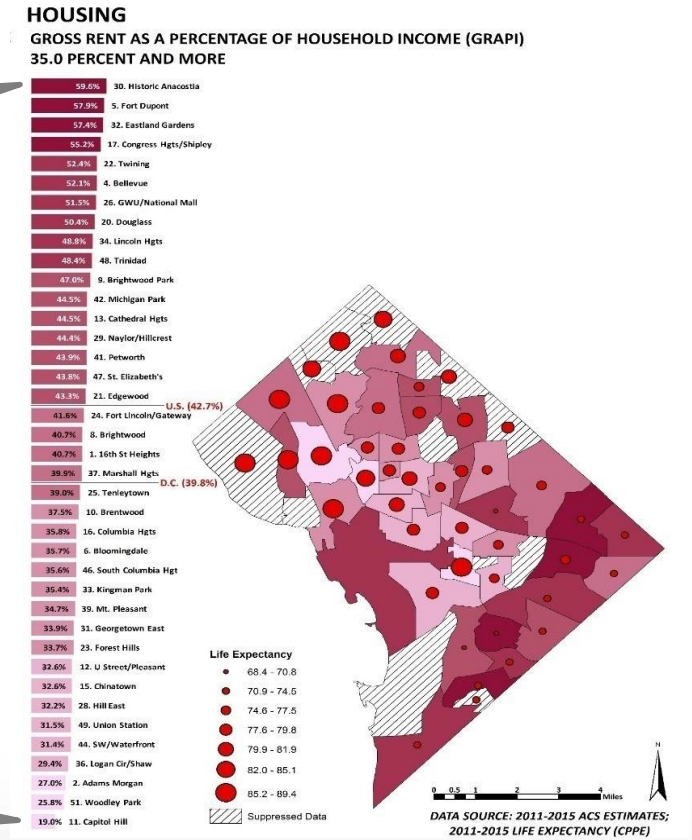
*Approximately 15 Years Difference in Life Expectancy, across DC's 8 Wards

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

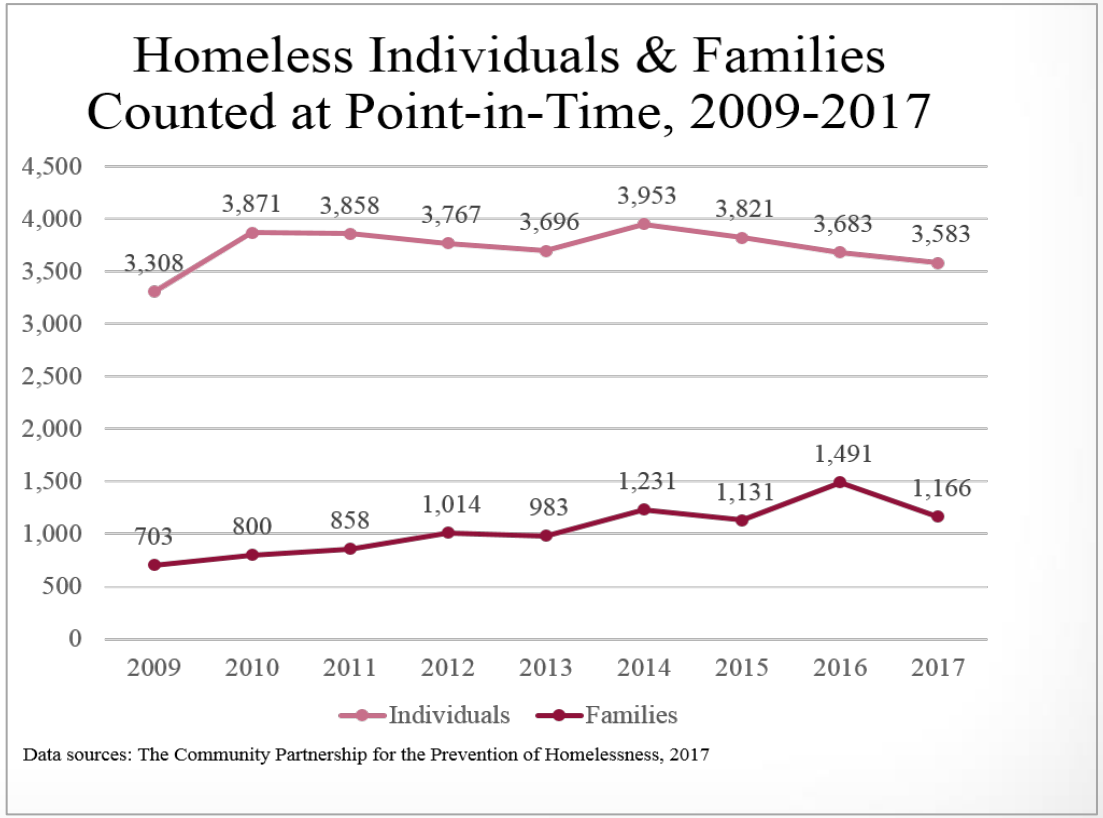
Driver #4: **Housing**

Gross Rent as Percentage of Household Income

59.6%



19.0%

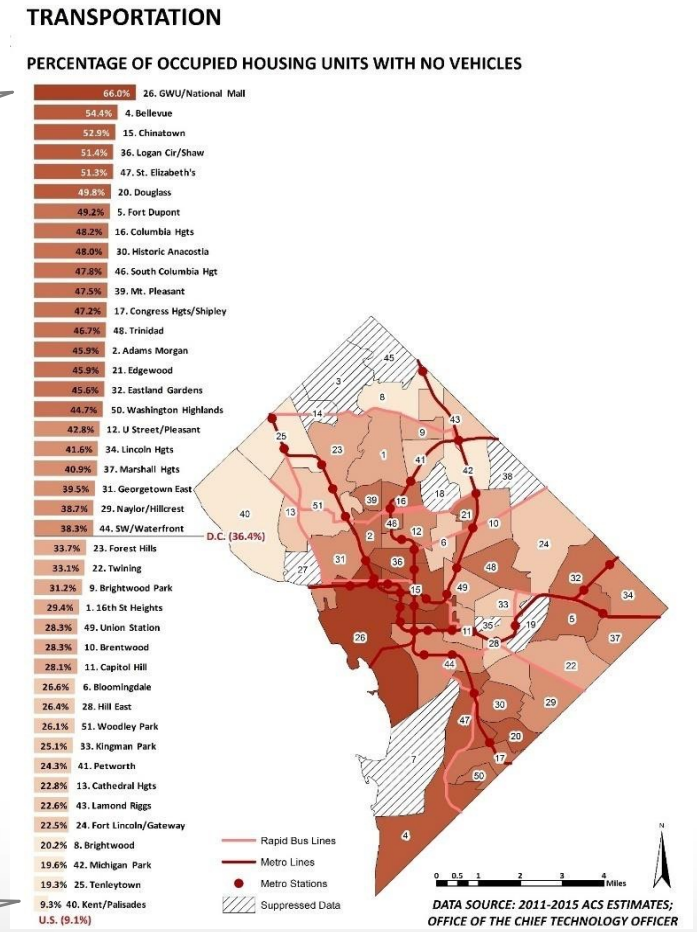


DC | HEALTH

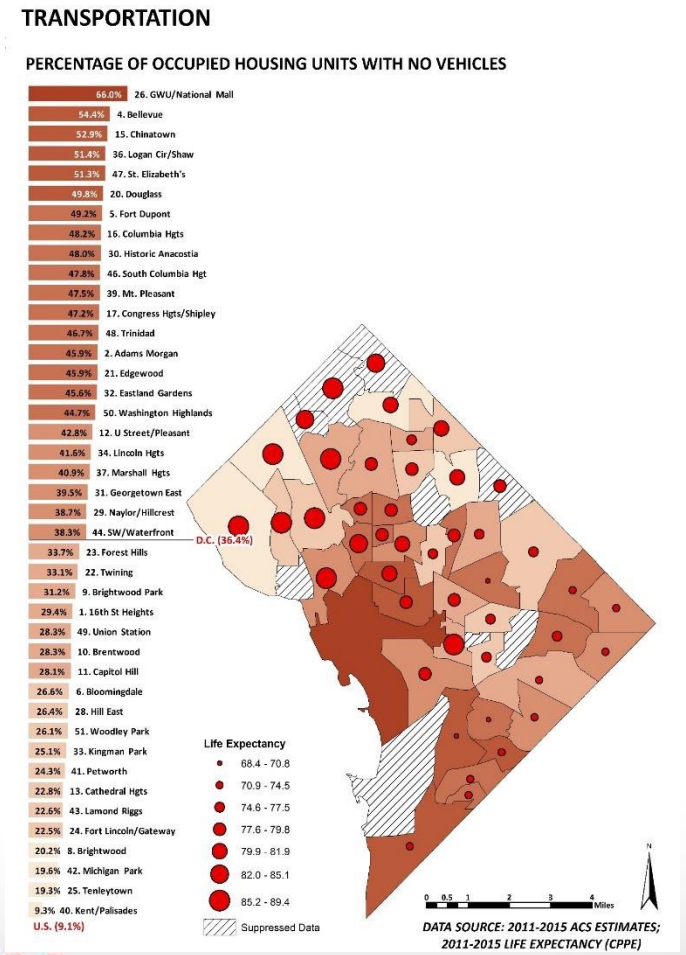
DRIVER #5: TRANSPORTATION

Household Car Access, Main Transit Lines & Life Expectancy (2011-2015 ACS)

66.0%



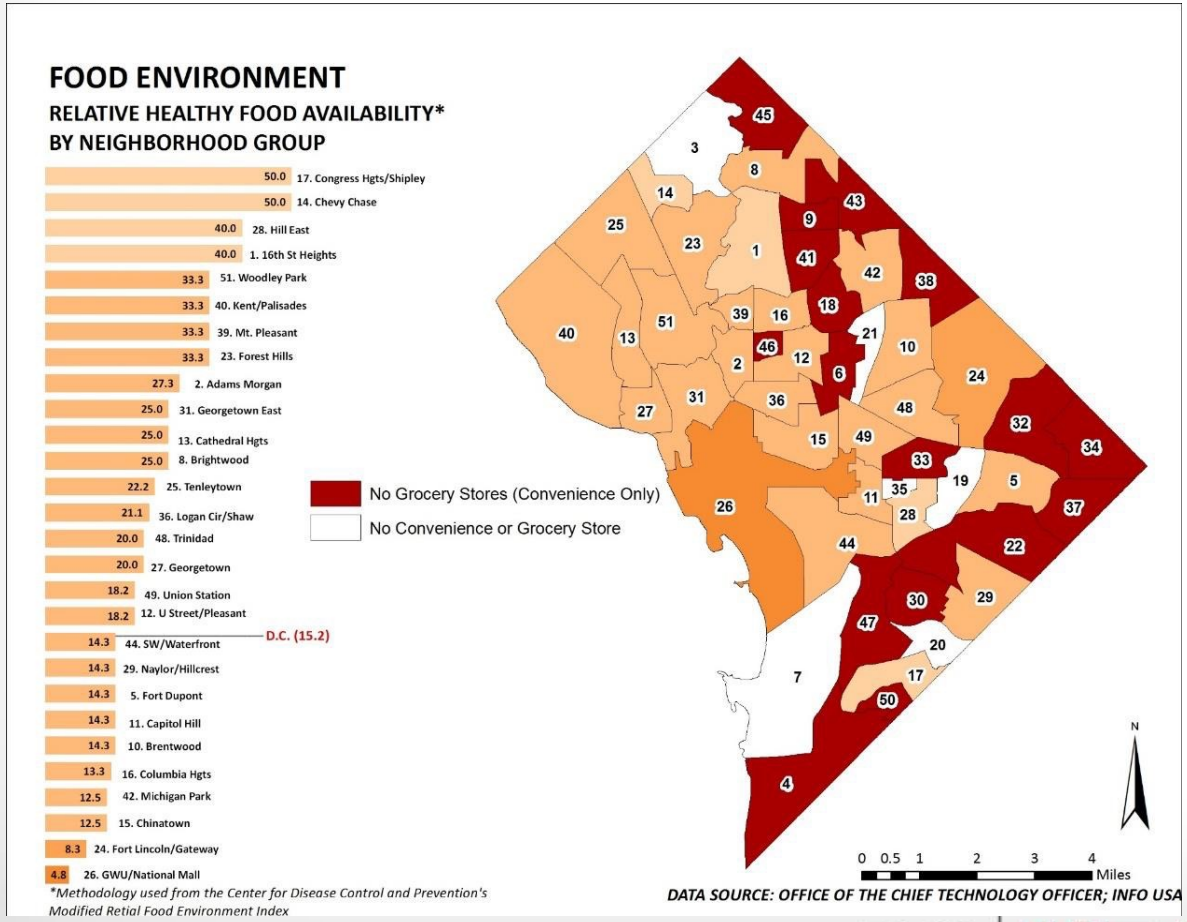
9.3%

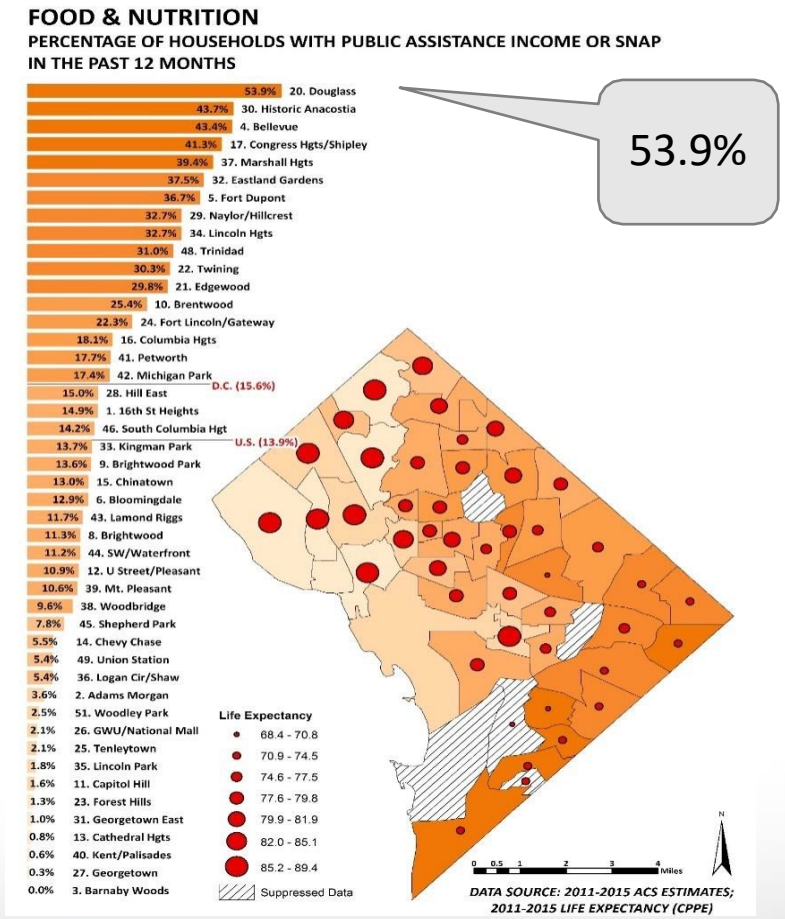


DC | HEALTH

Driver #6: Food Environment

Relative Healthy Food Availability; SNAP Utilization & Life Expectancy



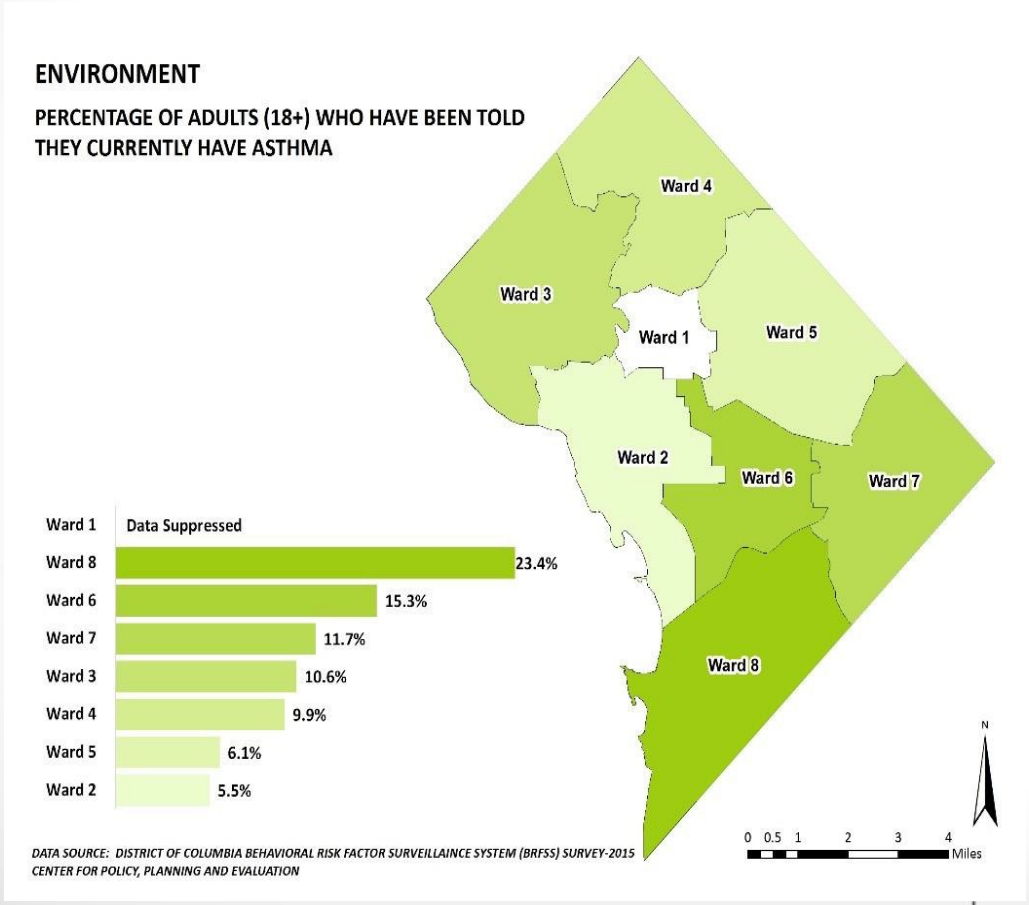


DC | HEALTH

DRIVER #8: OUTDOOR ENVIRONMENT

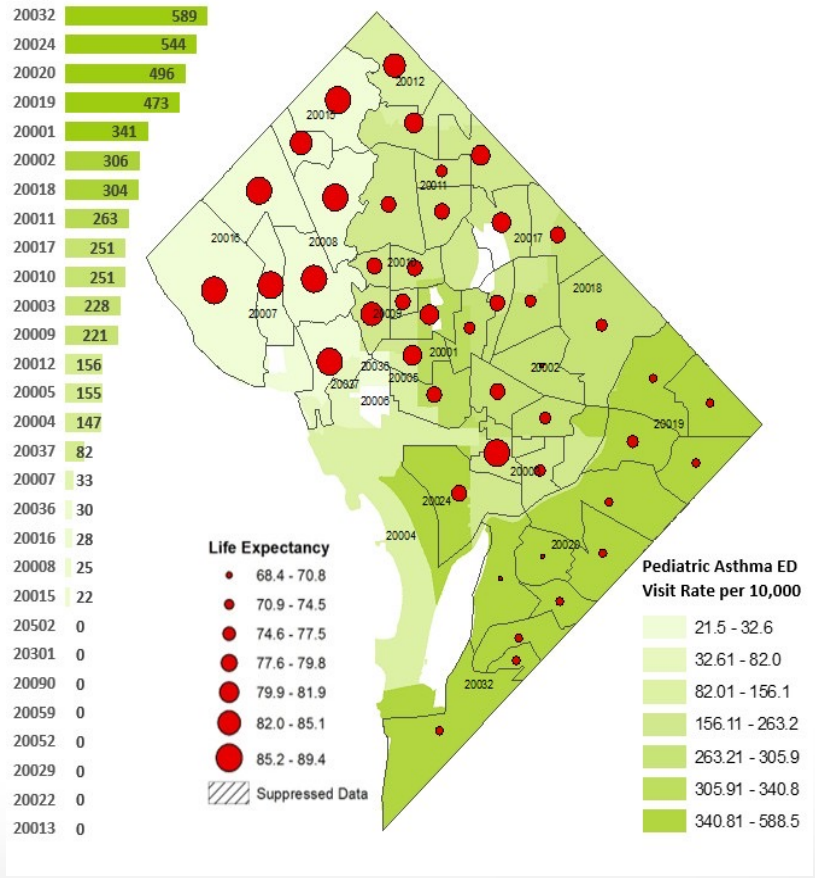
Asthma: Adults (BRFSS 2015) & Children (Hospital Discharge 2014-16)

ADULTS REPORTING ASTHMA (BRFSS 2015) – by Ward

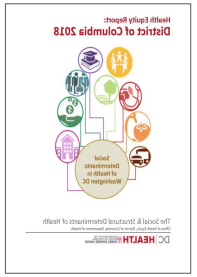


RATE PER 10,000 PEDIATRIC (age 2-17) ASTHMA EMERGENCY ROOM VISITS

-- by Zip Code *(with Statistical Neighborhood & Life Expectancy Overlay)*



DC | HEALTH



DIFFERENTIAL OPPORTUNITIES FOR HEALTH

Selected Indicator Summary:

Part 1

Table 1: Differential Opportunities for Health in DC

Selected Indicator Summary*

Notes: *Ranked by Life Expectancy at Birth for 45 Statistical Neighborhoods with available data (6 omitted = suppressed data)

Opportunity Measure Selected Indicator: Score in Top 10 / Score in Bottom 10

Education | Employment | Income | Housing | Transportation | Food Environment | Medical Care | Community Safety

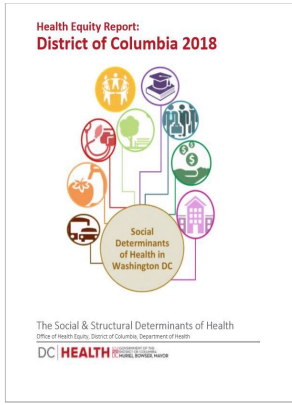
Statistical Neighborhoods *Ranked by Life Expectancy at Birth	Life Expectancy at Birth (2011-2015)	Residents (25 years or older) with high school diploma or higher (2011-2015) (%)	Residents (16 years or older) Unemployed (2011-2015) (%)	Median Household Income (2011-2015) (%)	Household Gross Rent 35% 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) (%)
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%
11. Chevy Chase	83.3 years	94.1%	3.9%	$115,697	Data Supp.	Data Supp.	5.5%	18.7%	2.1	8.5%
12. U Street/Pleasant	81.9 years	88.9%	7.2%	$94,614	32.6%	42.8%	10.9%	20.0%	9.6	12.0%
13. Michigan Park	81.6 years	85.8%	16.2%	$57,943	44.5%	19.6%	17.4%	37.9%	3.2	12.3%
14. Lamond Riggs	81.0 years	89.2%	15.2%	$67,745	Data Supp.	22.6%	11.7%	46.1%	29.2	8.9%
15. Logan Circle/Shaw	81.0 years	90.7%	3.5%	$94,043	29.4%	51.4%	5.4%	18.5%	16.9	10.9%
16. Brightwood	80.6 years	84.3%	8.7%	$66,395	40.7%	20.2%	11.3%	40.8%	10.1	12.7%
17. Columbia Heights	79.8 years	79.4%	6.7%	$70,554	35.8%	48.2%	18.1%	38.8%	17.8	16.7%

Part 2

18. 16th St. Heights	79.8 years	82.8%	8.0%	$75,848	40.7%	29.4%	14.9%	35.9%	14.8	12.9%
19. Woodbridge	79.4 years	92.7%	13.8%	$85,947	Data Supp.	Data Supp.	9.6%	36.3%	23.5	10.5%
20. Edgewood	79.4 years	83.8%	19.7%	$41,171	43.4%	45.9%	29.8%	47.0%	25.0	29.1%
21. S. Columbia Hgts.	79.4 years	89.8%	8.2%	$82,241	35.6%	47.8%	14.2%	31.2%	11.9	13.5%
22. Mt. Pleasant	79.3 years	89.4%	5.3%	$71,837	34.7%	47.5%	10.6%	23.5%	7.8	11.5%
23. Petworth	79.0 years	86.3%	11.9%	$77,020	43.9%	24.3%	17.7%	36.4%	21.8	13.2%
24. SW/Waterfront	78.4 years	93.5%	6.7%	$76,429	31.4%	38.3%	11.2%	29.0%	27.1	13.5%
25. Union Station	78.3 years	94.5%	5.3%	$110,907	31.5%	28.3%	5.4%	14.6%	11.7	10.4%
26. Chinatown	77.9 years	88.8%	5.3%	$82,789	32.6%	52.9%	13.0%	33.1%	18.7	18.3%
27. Hill East	77.5 years	91.7%	8.8%	$92,617	32.2%	26.4%	15.0%	31.8%	14.9	13.6%
28. Kingman Park	77.3 years	91.7%	8.3%	$91,073	35.4%	25.1%	13.7%	28.3%	24.5	12.2%
29. Brightwood Park	76.8 years	86.7%	10.3%	$61,476	Data Supp.	31.2%	13.6%	41.5%	15.0	16.3%
30. Brentwood	76.7 years	86.9%	14.8%	$61,739	37.5%	28.3%	25.4%	48.5%	38.3	18.7%
31. Fort Lincoln/Gateway	75.9 years	81.3%	13.6%	$51,454	41.6%	22.5%	22.3%	52.4%	23.8	19.0%
32. Bloomingdale	75.8 years	90.9%	8.6%	$87,146	35.7%	26.6%	12.9%	24.3%	21.2	12.3%
33. Fort Dupont	75.0 years	81.6%	23.8%	$35,545	57.9%	49.2%	36.7%	64.6%	48.1	30.6%
34. Twining	74.5 years	87.8%	16.3%	$47,486	52.4%	33.1%	30.3%	55.7%	57.1	20.9%
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. Elizabeth's	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%**

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Differential Opportunities for Health in DC



Nine (9) Key Drivers & Interrelated Pathways

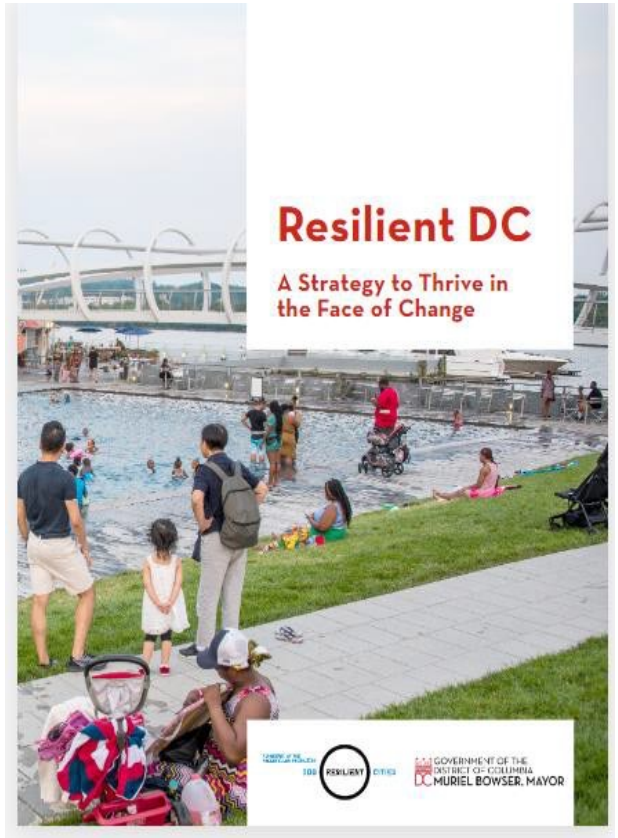
- ✓ Life expectancy at birth varies by 21 years across the 51-statistical neighborhoods
- ✓ More opportunities for health (positive outcomes) are concentrated in the neighborhoods with the longest life expectancy; and
  - The opposite is true for neighborhoods with the shortest life expectancy
- ✓ Overall, it is clear – there are differential opportunities for health -- by **income, place and race**

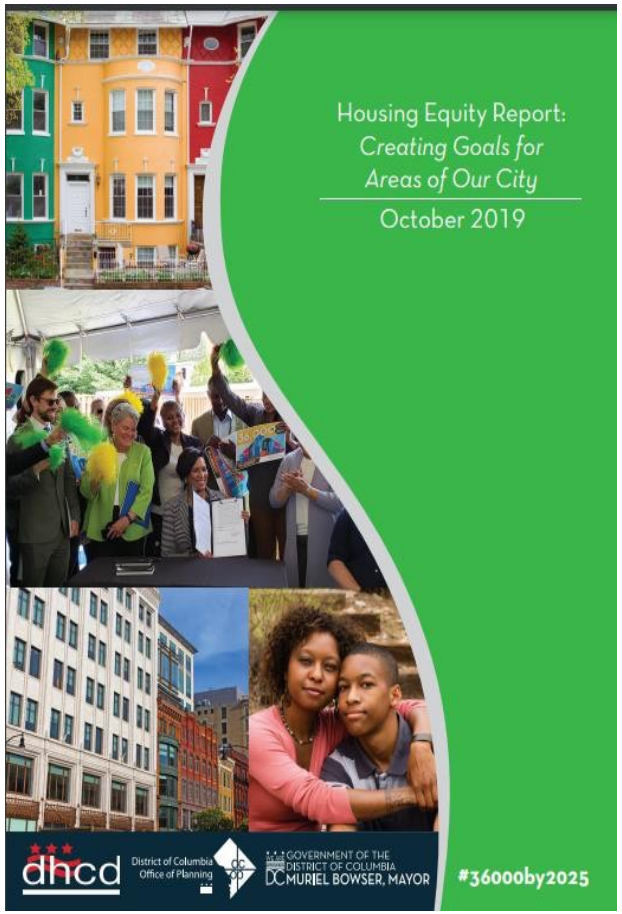
DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

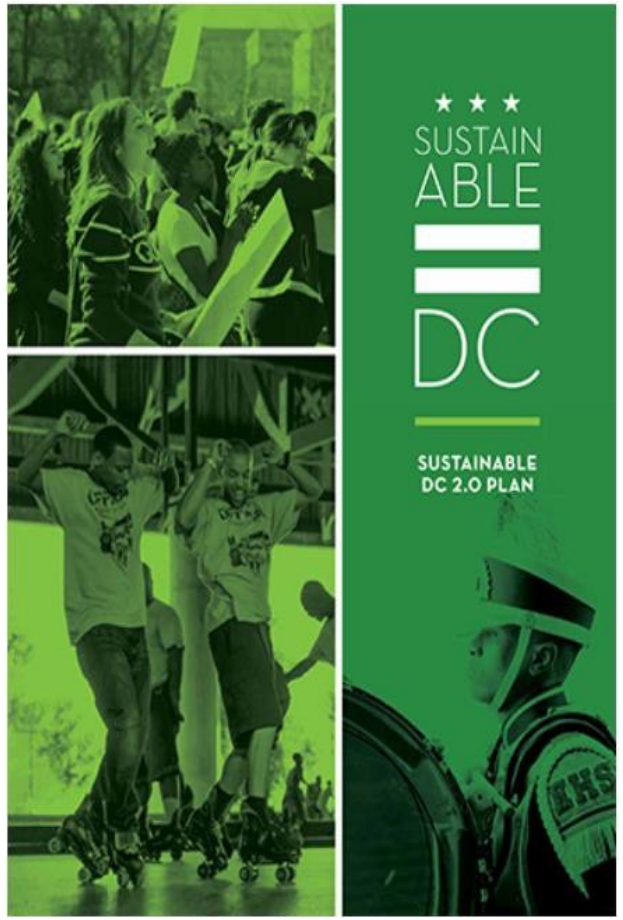
Part 3: Changing the Context In DC

Gaining Momentum

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA


Resilient DC
A Strategy to Thrive in the Face of Change
GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR


Housing Equity Report:
Creating Goals for Areas of Our City
October 2019
dhcd
District of Columbia Office of Planning
GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR
#36000by2025


SUSTAIN
ABLE
DC
SUSTAINABLE DC 2.0 PLAN

Changing the Context: DC Housing Equity Report 2019

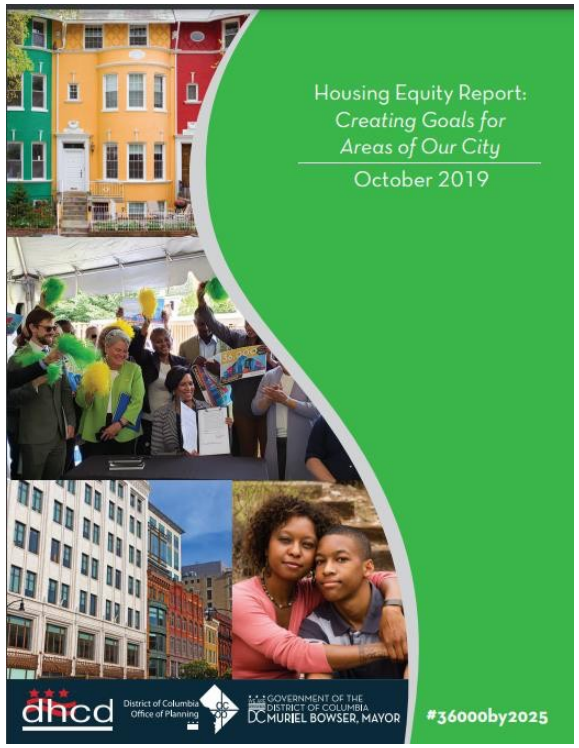
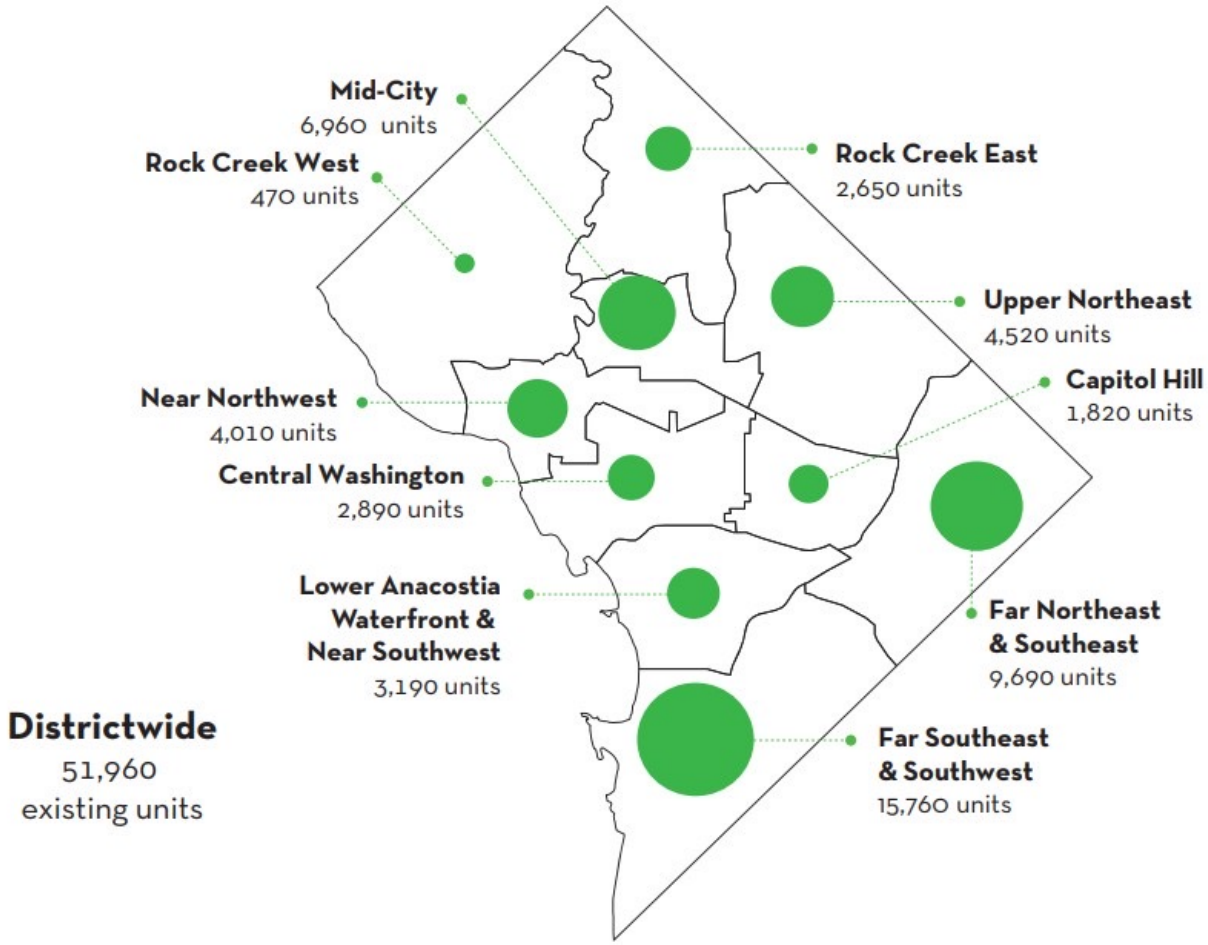


Figure 1. 2018 Estimated Distribution of Dedicated Affordable Units



DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Changing the Context: DC Housing Equity Report 2019

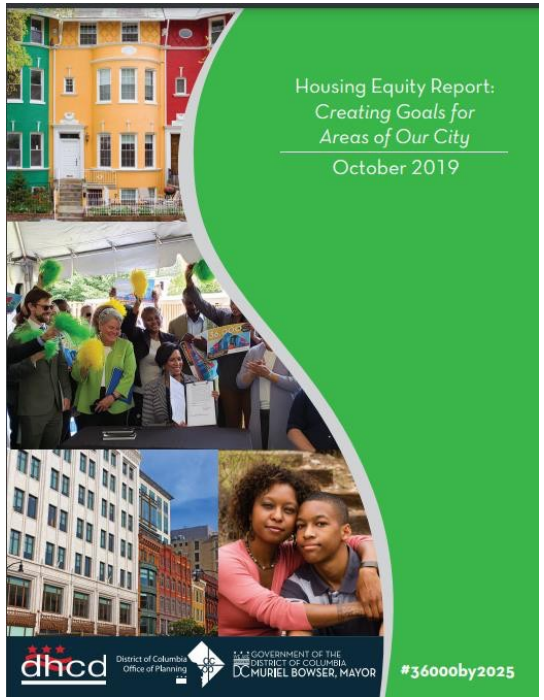
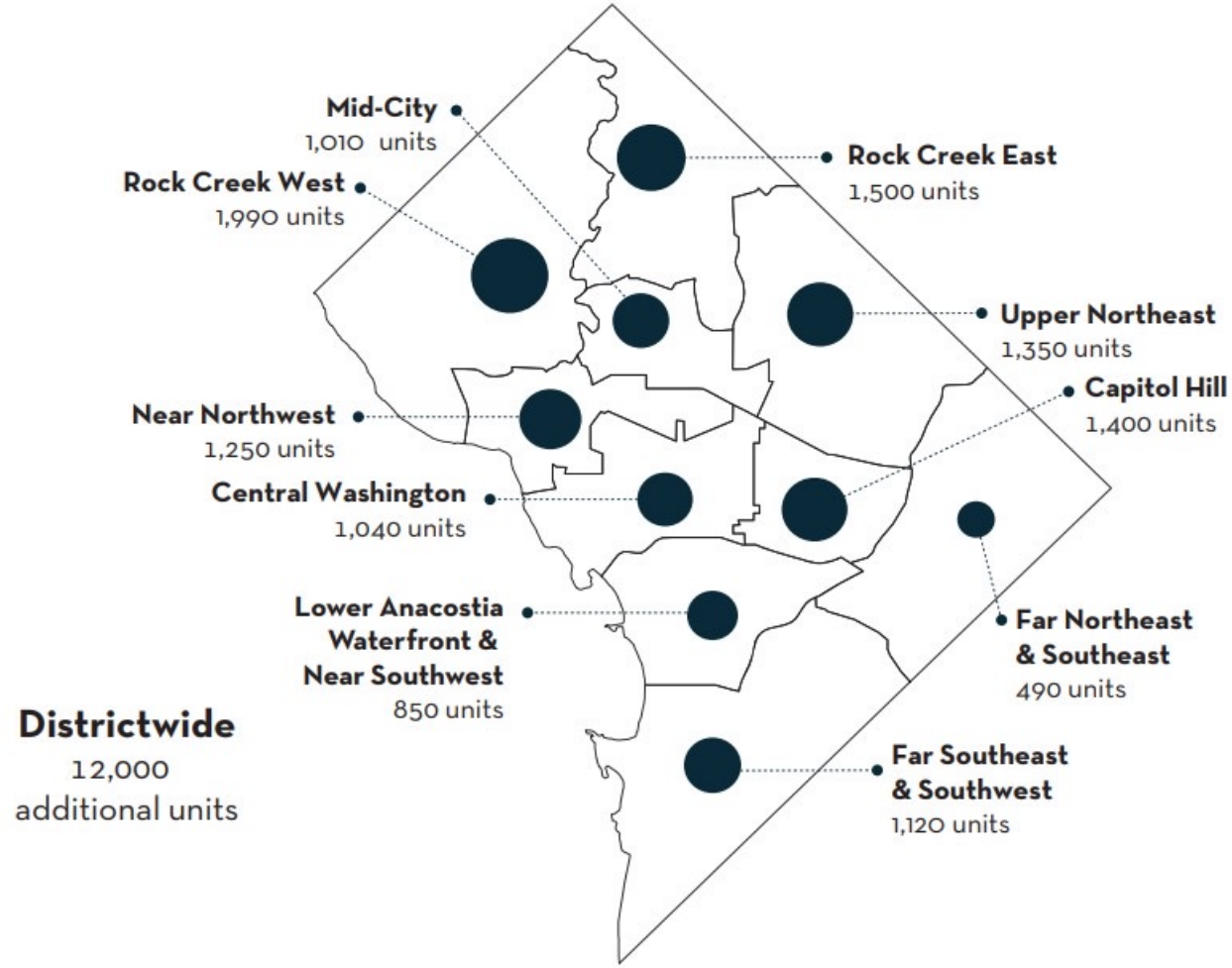


Figure 2. 2025 Dedicated Affordable Housing Production Goals



DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

DC Comprehensive Plan Amendment 2021: Major Themes

Equity and Racial Justice: Includes new policies, actions, and narrative that explicitly address equity, that when taken together, will help deliver on the goals expressed in the Framework Element and make a tangible difference in the lives of DC residents who have yet to reap the benefits of the growth and change in the city.

- Throughout the Citywide Elements, the update highlights important data and trends related to disparities across race and income.
- Updates are captured in the Equity Crosswalk.

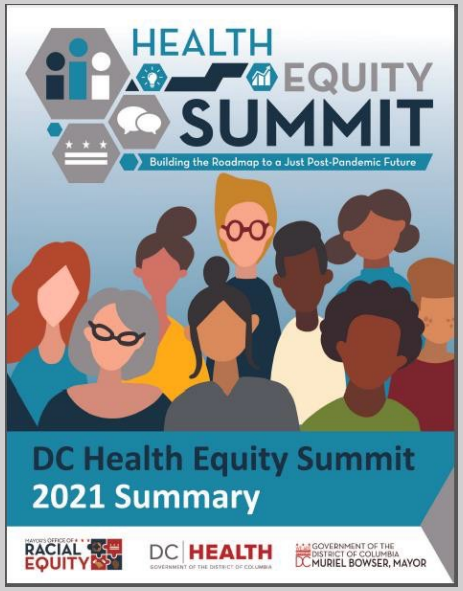
DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Comprehensive Plan Amendment 2021: Equity Crosswalk

The Comprehensive Plan for the National Capital District Elements
Effective August 21, 2021
Equity Crosswalk

The Council of the District of Columbia adopted an updated Comprehensive Plan on August 20, 2021. The Comprehensive Plan is a high-level guide that sets a positive, long-term vision for the District of Columbia through the lens of its physical growth, equity, and change. The 2021 Comprehensive Plan update consists of 13 Citywide Elements, 10 Area Elements and an Implementation Element.

The Equity Crosswalk highlights Comprehensive Plan policies and actions from all the elements that explicitly address racial equity. A version of this Equity Crosswalk was released with the Mayor's Draft of the Comprehensive Plan update submitted to the DC Council on April 24, 2020. This version reflects language changes from the final version of the Comprehensive Plan enacted on August 21, 2021. Additionally, the updated Comprehensive Plan highlights important data and trends throughout the Citywide elements related to disparities across race and income. These data become important benchmarks to evaluate the effectiveness of our policies and actions toward meeting racial equity goals stated in the Framework Element.



Part 4: Impact of COVID

DC's Experience

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Differential Opportunities for Health 2019: Ward & Race

Life Expectancy At Birth (2015-2019) District of Columbia	
	Life Expectancy
Ward 1	80.3
Ward 2	85.1
Ward 3	87.1
Ward 4	81.5
Ward 5	77.2
Ward 6	80.3
Ward 7	73.8
Ward 8	70.5
Race	
Non-Hispanic Black	72.77
Non-Hispanic White	87.89
DC Overall	**78.82**

Highest

= 17 year Difference – by Ward

Lowest

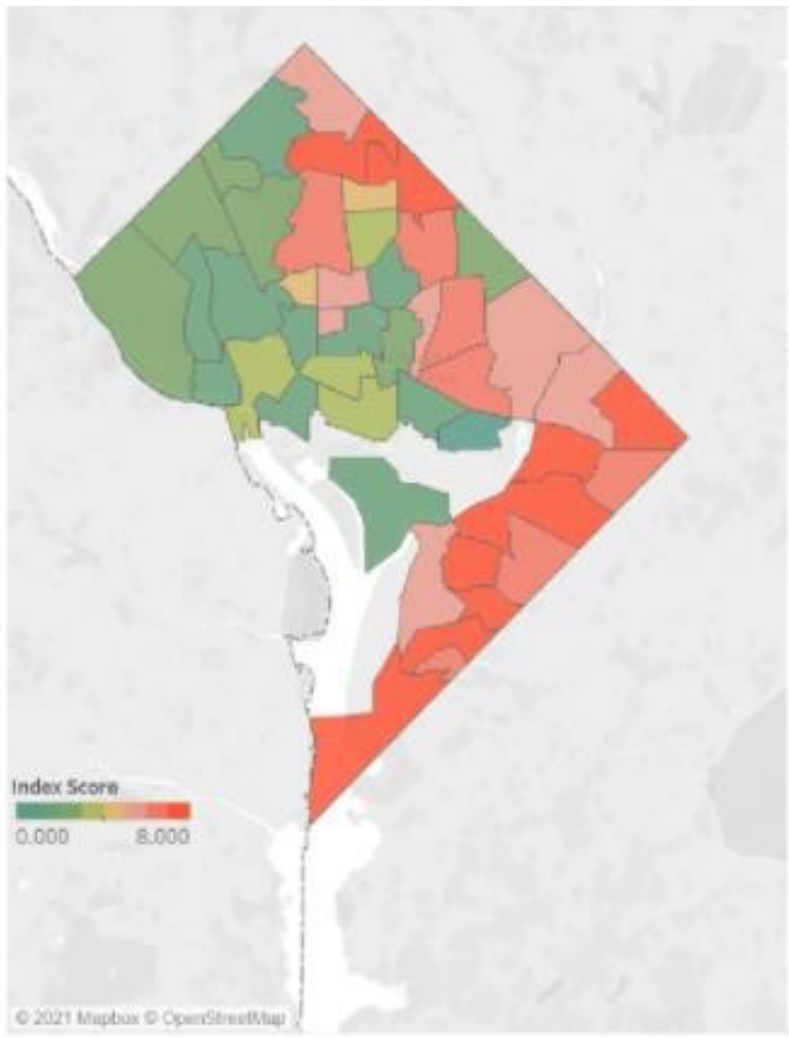
= 15 year Difference – by Race

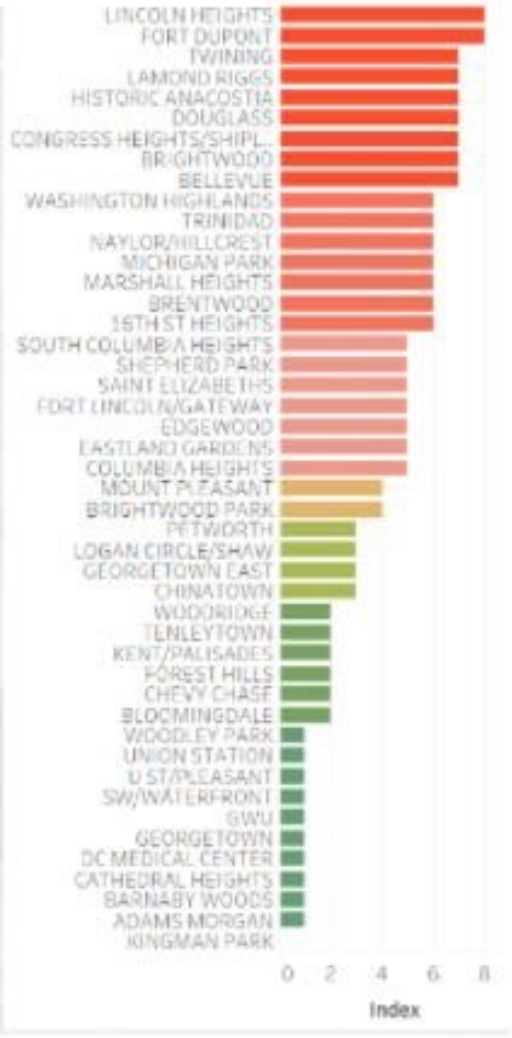
DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Source: DC Health (2015-2019)

DC COVID-19 Structural Vulnerability Index & Map

Health Planning Neighborhood	Age>65 >15% of residents	Public Insurance >40% of adults	Uninsured >25% of adults	Income at 185% of Poverty or Below >35% of Households	Essential Workers> 1/3rd of employed residents	Unemployment Rate >8%	SNAP or Public Assistance >17% of Households	Residential Segregation >80% AA	Limited English Proficiency >2.0% Limited English	Crowding >3.1% of households	Vulnerability Score	COVID-19 Cumulative Incidence Rate per 10,000	Race/Ethnic Minority Population
FORT DUPONT	12.8%	66.6%	5.9%	56.6%	14.3%	15.6%	17.1%	96.1%	0.8%	5.9%	8	675.6	99.5%
LINCOLN HEIGHTS	14.5%	61.2%	3.8%	43.4%	12.8%	16.1%	25.4%	95.9%	0.5%	3.9%	8	839.2	99.4%
DOUGLASS	7.1%	64.5%	6.7%	53.9%	15.2%	15.2%	13.2%	91.7%	0.6%	4.7%	7	755.7	98.6%
LAMOND RIGGS	19.2%	43.7%	6.1%	25.2%	11.5%	12.3%	1.2%	73.1%	3.8%	2.0%	7	727.7	91.1%
BELLEVUE	8.0%	64.7%	4.0%	54.9%	16.1%	18.5%	19.8%	95.9%	0.5%	4.9%	7	635.1	98.7%
CONGRESS HEIGHTS/SHIPLEY	11.2%	67.3%	3.1%	53.9%	14.7%	22.9%	18.8%	93.7%	0.4%	4.1%	7	917.1	98.3%
HISTORIC ANACOSTIA	6.5%	69.7%	2.3%	64.8%	12.4%	15.1%	19.3%	95.0%	0.6%	4.8%	7	815.1	98.4%
TWINING	16.4%	58.6%	3.2%	37.1%	15.8%	13.8%	15.0%	89.4%	0.6%	3.7%	7	697.5	95.6%
BRIGHTWOOD	12.2%	47.5%	7.3%	39.0%	14.6%	5.5%	22.6%	58.5%	9.2%	8.2%	7	867.5	85.9%
NAYLOR/HILLCREST	13.8%	62.5%	4.4%	52.5%	9.9%	14.8%	22.4%	91.4%	0.0%	2.1%	6	708.3	96.5%
MARSHALL HEIGHTS	9.9%	61.6%	3.4%	51.1%	14.7%	16.2%	8.7%	95.0%	1.0%	4.1%	6	721.5	98.7%
TRINIDAD	9.2%	50.6%	9.7%	43.1%	15.7%	11.3%	8.0%	72.8%	1.9%	4.5%	6	760.1	84.0%
BRENTWOOD	13.3%	45.0%	4.6%	33.1%	12.5%	11.1%	5.7%	68.2%	2.1%	2.2%	6	760.9	77.9%
WASHINGTON HIGHLANDS	12.2%	67.2%	7.5%	56.4%	10.9%	25.3%	3.2%	96.8%	1.0%	6.3%	6	751.6	98.9%
MICHIGAN PARK	14.6%	33.7%	5.3%	25.2%	15.2%	6.9%	6.0%	55.8%	4.8%	5.2%	6	717.8	78.1%
16th ST HEIGHTS	13.7%	38.6%	5.7%	25.5%	13.7%	5.2%	9.8%	44.2%	10.1%	6.5%	6	824.1	77.2%
EASTLAND GARDENS	9.4%	65.1%	4.3%	54.6%	13.6%	20.1%	12.3%	93.3%	0.3%	1.3%	5	813.6	98.2%
SAINT ELIZABETHS	11.4%	67.7%	3.9%	60.4%	12.1%	24.9%	7.8%	92.2%	0.7%	2.5%	5	851.6	96.5%
FORT LINCOLN/GATEWAY	23.6%	42.7%	2.1%	28.7%	8.5%	8.4%	14.1%	83.7%	0.6%	1.1%	5	949.1	92.6%
EDGEWOOD	9.2%	34.3%	9.9%	34.3%	12.1%	8.9%	7.4%	57.3%	2.7%	1.8%	5	922.4	72.1%
SOUTH COLUMBIA HEIGHTS	6.6%	34.6%	5.7%	35.5%	11.3%	4.2%	23.3%	33.1%	3.3%	2.8%	5	683.1	63.0%
SHEPHERD PARK	17.5%	34.6%	2.8%	10.1%	12.5%	4.9%	20.4%	55.7%	4.7%	6.5%	5	575.0	77.6%
COLUMBIA HEIGHTS	7.0%	34.3%	8.1%	27.5%	14.0%	6.8%	16.4%	33.2%	10.1%	7.2%	5	819.4	68.1%
BRIGHTWOOD PARK	15.7%	42.0%	7.5%	23.5%	15.2%	7.8%	5.0%	66.9%	5.6%	3.1%	4	957.9	89.4%
MOUNT PLEASANT	6.7%	18.2%	7.1%	25.0%	10.8%	3.6%	17.5%	17.5%	4.3%	7.4%	4	564.0	51.4%
STADIUM ARMORY	3.3%	7.3%	11.1%	4.8%	0.2%	41.5%	0.4%	84.0%	1.1%	0.0%	3	821.4	92.9%
GEORGETOWN EAST	16.1%	16.9%	1.8%	13.6%	6.1%	2.2%	33.7%	4.2%	2.8%	2.0%	3	479.4	24.6%
PETWORTH	11.7%	33.2%	6.5%	21.3%	14.0%	7.2%	6.2%	52.8%	3.9%	2.3%	3	836.0	75.2%
CHINATOWN	9.7%	28.5%	3.2%	27.0%	9.7%	5.9%	15.1%	32.3%	3.1%	3.8%	3	755.3	55.5%
LOGAN CIRCLE/SHAW	7.1%	21.7%	2.7%	20.9%	8.3%	3.0%	26.2%	18.3%	2.3%	5.2%	3	516.8	44.0%
CHEVY CHASE	21.1%	22.6%	2.4%	10.0%	5.0%	3.9%	18.0%	8.4%	1.9%	1.8%	2	339.0	35.4%
KENT/PALISADES	16.2%	18.7%	2.3%	10.6%	6.6%	5.9%	42.3%	7.6%	1.0%	0.8%	2	272.9	30.7%
WOODRIDGE	18.8%	31.6%	2.9%	12.9%	10.4%	7.1%	25.8%	75.8%	0.9%	2.3%	2	690.4	83.2%
TENLEYTOWN	17.2%	19.1%	1.2%	7.6%	4.0%	2.9%	36.4%	5.2%	0.6%	1.0%	2	303.3	24.5%
BLOOMINGDALE	10.3%	26.4%	2.3%	17.7%	10.1%	3.9%	17.2%	49.0%	0.8%	1.0%	2	548.7	62.8%
FOREST HILLS	18.2%	20.2%	4.4%	12.1%	6.7%	4.1%	5.2%	10.3%	2.9%	2.5%	2	279.0	29.1%
ADAMS MORGAN	9.3%	16.6%	3.1%	10.8%	5.7%	2.9%	24.3%	9.0%	2.0%	2.2%	1	391.5	29.7%
BARNABY WOODS	22.7%	19.9%	1.0%	5.9%	2.7%	5.4%	12.5%	5.8%	0.3%	0.0%	1	284.5	19.3%
GEORGETOWN	10.4%	12.7%	2.1%	10.4%	5.6%	3.6%	17.2%	7.8%	0.4%	0.7%	1	488.2	33.5%
HILL EAST	7.6%	28.0%	2.4%	24.1%	4.7%	6.7%	21.6%	37.6%	0.1%	1.2%	1	538.9	48.5%
NAVAL STATION & AIR FORCE	0.7%	5.1%	0.0%	17.8%	4.8%	5.1%	29.5%	28.0%	0.7%	2.0%	1	172.8	48.8%
SW/WATERFRONT	13.3%	29.6%	3.3%	20.3%	9.0%	6.3%	15.8%	36.8%	0.2%	1.6%	1	872.4	50.1%
U ST/PLEASANT	6.8%	17.2%	3.0%	16.9%	8.2%	4.5%	35.7%	43.6%	1.7%	2.8%	1	528.1	58.7%
CATHEDRAL HEIGHTS	14.1%	18.9%	2.0%	22.9%	8.3%	4.6%	15.6%	7.5%	1.1%	2.4%	1	291.4	27.8%
DC MEDICAL CENTER	33.3%	31.4%	3.5%	22.8%	11.0%	5.4%	10.2%	51.0%	0.6%	2.3%	1	880.2	65.4%
UNION STATION	6.9%	14.7%	2.6%	15.7%	7.4%	2.4%	18.2%	23.1%	0.3%	2.0%	1	679.4	35.9%
WOODLEY PARK	18.3%	19.0%	1.3%	7.8%	5.0%	1.8%	9.2%	5.7%	0.5%	1.0%	1	308.7	26.1%
GWU	9.9%	13.2%	3.4%	19.3%	5.7%	5.0%	1.9%	8.4%	1.4%	3.4%	1	328.2	36.1%
KINGMAN PARK	10.2%	25.8%	2.0%	16.9%	8.6%	4.6%	10.3%	38.8%	0.6%	0.9%	0	504.9	49.3%
CAPITOL HILL	13.0%	16.4%	1.7%	8.7%	3.8%	3.6%	10.9%	8.6%	0.4%	0.5%	0	381.2	22.8%





Vulnerability Score

(Cumulative 0-8)

DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Data Source: ACS 2014-2018 and DC Health 2021

Health Equity Summit: Background Context

Social & Structural Determinants of Health (SSDH) are: *"...the complex, **integrated**, and overlapping **social structures** and economic systems that include the social environment, physical environment, and health services..." (CDC 2010)*
These structural and societal factors are the root cause of most health inequities. The pandemic has underscored differential impacts from a SSDH lens, affecting not only who was exposed, but also who got sick, and either recovered or died. For communities that lacked the full range of health-promoting resources prior to the pandemic, COVID-19 magnified the impact of SSDH inequities – widening the gap between those with ample opportunities for a healthy life, and those with less.

Impact of COVID-19 in DC

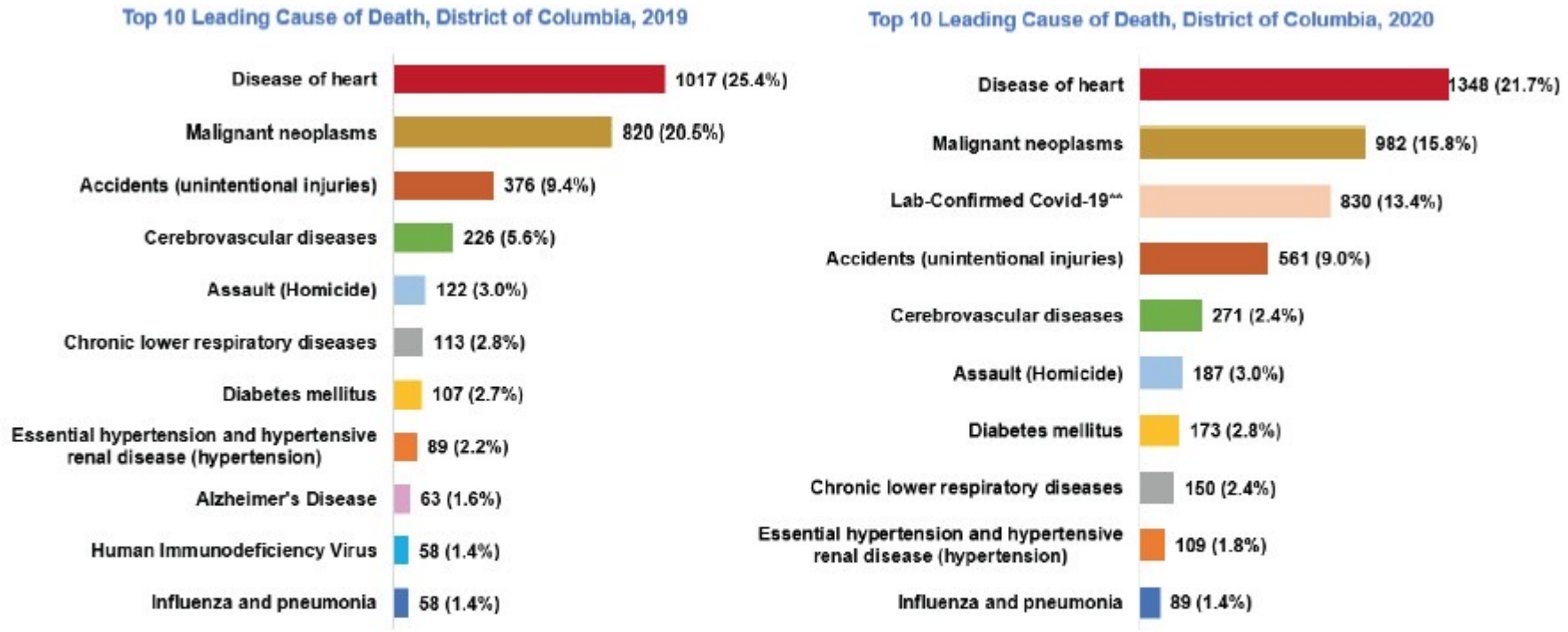
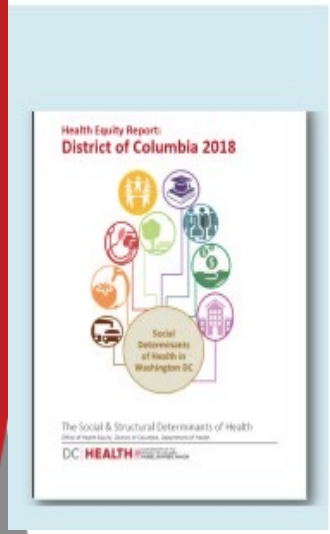


Figure 2.11. Top 10 Leading Causes of Death Among District Residents (Deaths Occurring in the District), 2019 and 2020[4]

Health Equity in DC: Pre, During & Post Pandemic Contexts



In February of 2019, DC Health released the inaugural Health Equity Report for the District of Columbia (DC HER 2018) [2]. The document includes a baseline assessment of social and structural determinants of health in the District, highlighting stubbornly unequal outcomes among residents by income, place, and race across Nine Key Drivers of Opportunity for Health.

Patterns of differential health opportunities were illustrated through use of a 51-statistical neighborhood method of analysis, providing greater granularity and understanding of how these drivers impact community health at the hyper-local, sub-Ward level.

DC Health confirmed the first coronavirus case in Washington, DC, on March 7, 2020. The city's public health workforce has been relentless in efforts to develop, implement, and provide timely guidance and resources to help mitigate the spread of the virus as well as the pandemic's far-reaching impact.

DC Health's COVID-19 Health and Health Care Pandemic Recovery Report [3] (May 2021) outlines the District's current and emergent health needs and presents a framework for post-pandemic health and healthcare system recovery . By design, the report's recommendations to improve the District's health system across five domains—workforce, healthcare facilities, health information technology, health planning, and community health services—are intentionally rooted in health equity.

Framing & Focus: Post Pandemic 3-Legged Equity Stool

> In order to eliminate disparities in health outcomes, our collective actions must be intentional in three key areas:
> - access to quality health care;
> - social and structural determinants of health; and,
> - structural and institutional racism.[1]
>
> -Dr. LaQuandra S. Nesbitt, Director, DC Health

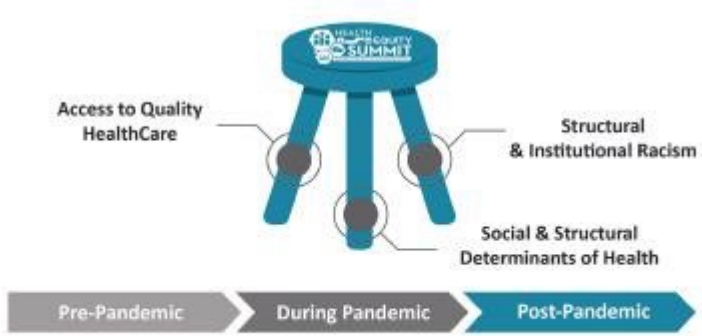
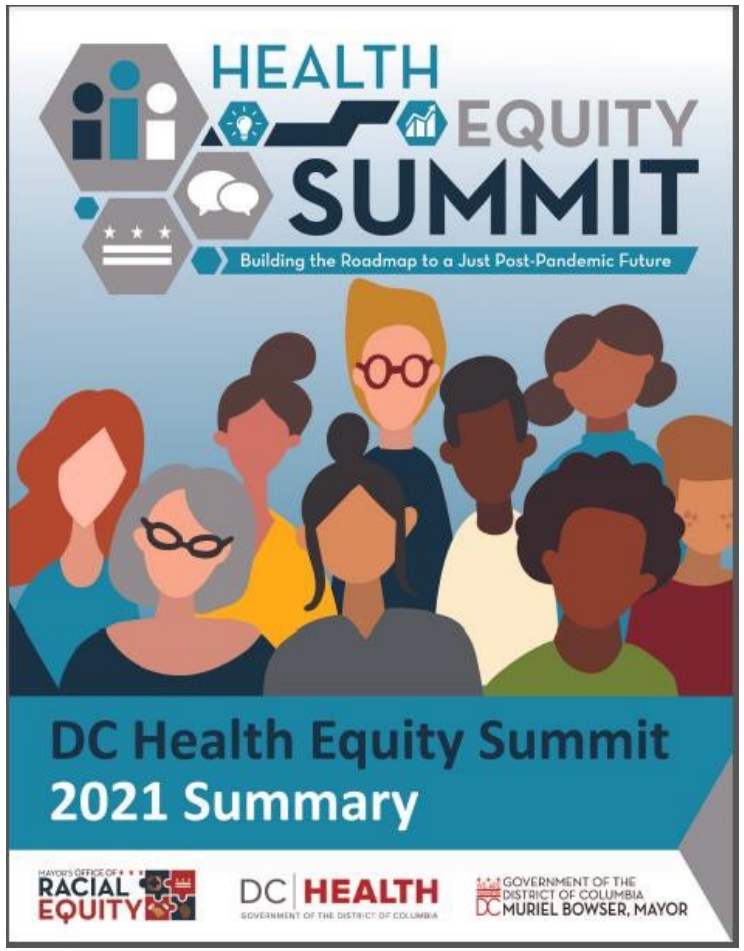
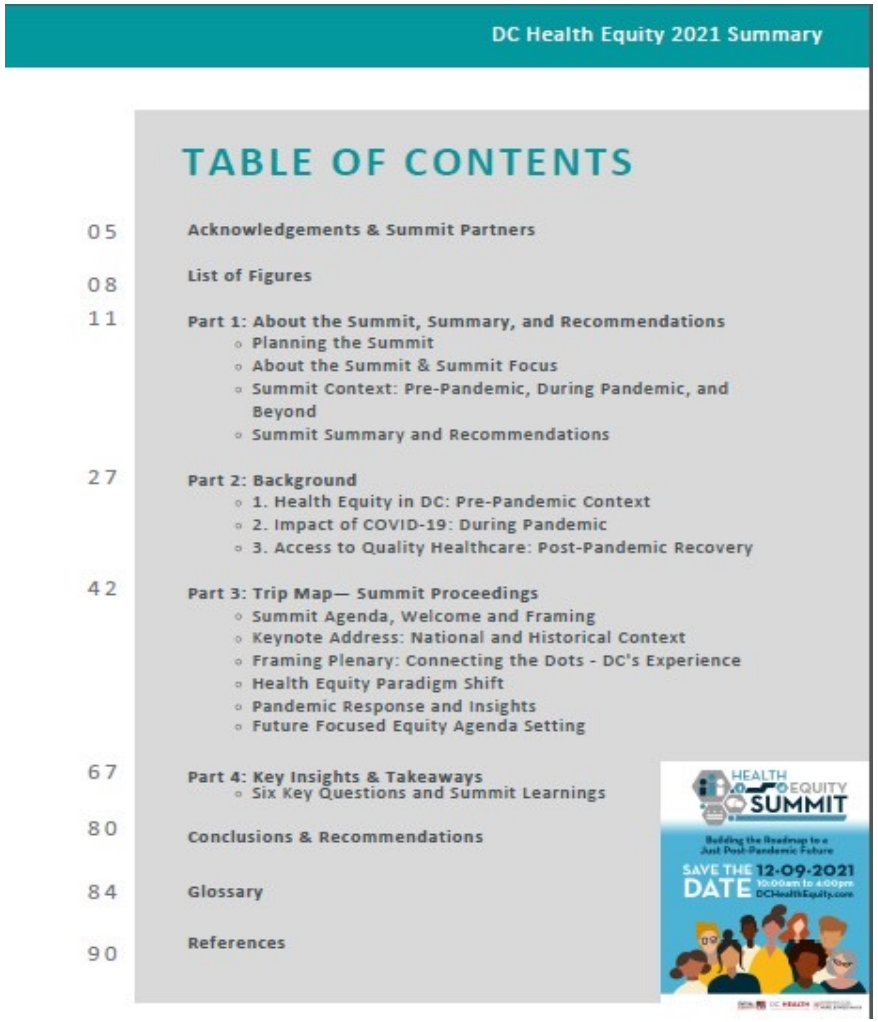


Figure 1.1. Post Pandemic 3-Legged Equity Stool

Figure 1.2. DC Health Equity Summit Focus

Health Equity Summit 2021: Summary Report & Recommendations





DC Health Equity 2021 Summary

TABLE OF CONTENTS

Health Equity Summit: Key Questions & Takeaways

Key Question 1 (KQ1):

- How has COVID-19 underscored the connection between structural racism and health in every aspect of society?

Key Question 2 (KQ2):

- What have we learned from the response to the pandemic, and how do these lessons inform and drive practice change going forward?

Key Question 3 (KQ3):

- How have non-health sectors engaged their role as drivers of health equity in the District?

Key Question 4 (KQ4):

- How will we engage an equity-informed disruption of the status quo through policy and practice change?

Key Question 5 (KQ5):

- How will we move beyond models limited to compensating for the impact of structural racism?

Key Question 6 (KQ6):

- How can the lessons of the pandemic drive a strategic reimagining of the response to achieving health equity?

Health Equity Summit 2021: Recommendations

All-Sector Roles (HiAP)

Resident Centered

Collective Impact

DC HEALTH EQUITY SUMMIT 2021 RECOMMENDATIONS		
Actions	**Themes & Takeaways**	**Insights**
Based on the insights, themes, and takeaways from the DC Health Equity Summit 2021: ***"Building A Roadmap to A Just Post-Pandemic Future,"*** DC Health will lead the development of a ***shared roadmap,*** which will engage public, private and non-profit partners, leveraging an equity-informed whole-of-community approach to drive collaborative actions for change. The structure and process envisioned will be informed by the following **six Recommended Actions:**		
1. Sustain Whole-of-Community Response	*DC Pandemic Motto: All in this Together & All Part of the Solution* • Broad collaboration proved critical to addressing pandemic challenges • We must sustain and build on this momentum to advance equity	Multi-sectoral collaboration is key. We must not return to siloes across sectors, organizations, and institutions, as was typical prior to the pandemic.
2. Promote Culture of Wellness & DC HOPE	*DC HOPE refers to Health, Opportunity, Prosperity & Equity* • A culture of wellness is one in which good health and well-being flourish across geographic, demographic, and social sectors • Center District residents – maintain focus on Health, Wellbeing and Equity across the entire economy • Leverage the role of non-governmental institutions, in support of community health and equity both within and beyond the 9 Key-drivers	Prioritizing the needs of District residents is key to building a more equitable community. Promoting individual wellbeing and community health across all 8 wards is essential to a healthy, safe and vibrant city, where efforts are made to improve outcomes for our most vulnerable and create opportunities for all residents to thrive.
3. Repair Past to Transform Future	*Pandemic impacts show 'history' is not past, but persists today. Transformational change efforts must consider historical analyses, with a racial equity lens.* • Apply this critical filter in policy, practice, and outcome measures • Engage intersectional analyses; collect and disaggregate data to effectively identify and address issues	Persistent inequities stem from historic and contemporary roots and impacts. Equity-informed strategies and solutions require the unpacking of our contemporary context through the lens of historical analysis and racial equity.
4. Prioritize Community-Engaged Practice	*Engage residents & stakeholders; valuing lived experience as critical input & lens* • Practice Meaningful Community Engagement • Invest in Effective Community Listening	Intentionally engaging residents and community stakeholders is critical to identifying issues and designing responsive solutions.
5. Leverage Policy & Practice Change Momentum	*Use pandemic insights & innovation to change practice, assumptions & norms* • Maintain action-oriented 'can do' posture, applying principles of Targeted Universalism • Take evidence-based and evidence-informed risks, consider and test alternate solutions; implement strategies and iterate equitable change • Forecast potential adverse impacts or unintended consequences, and develop mitigation strategies	Innovation has been one of the hallmarks of the pandemic. We learned that we CAN make changes – even within legacy systems – in response to crisis and need. Advancing equity requires proactive policy change, practice innovation, and budgetary commitment to disrupt the structural root causes of inequity.
6. Anchor Collaborative Action & Impact	*Informed by Shared Vision & Accountability, Develop & Measure Collective Impact* • As form follows function, we must organize ourselves to execute on multi-sectoral collaborative actions that are aligned for change • Collaborative multi-sectoral actions should include targets and measure key outcomes	Summit showcased progress with equity-informed practice across the full spectrum. Future measures of progress and success must be informed by an equity lens and reflect desired outcomes as well as achievement of results.

Figure 4.1. DC Health Equity Summit 2021 Recommendations

Part 5: Beyond COVID – What Next?

DC's Experience

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Background: Congress Heights Small Area Plan (CHSAP)

Process: Summer 2020 – Fall 2022

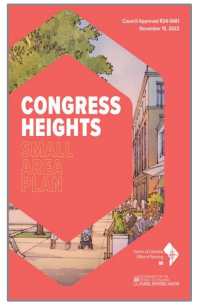
Health Equity Impact Review (HEIR) Pilot

Pilot Purpose & Focus:

Track Process & Evaluate CHSAP Plan Recommendations

- ✓Consider the potential health outcomes of Proposed Recommendations on individuals and communities;
- ✓Identify opportunities to reduce negative or disparate health effects;
- ✓Support healthy communities, healthy community design, and development; and
- ✓Inform decision makers about the potential health impacts of proposed policies, programs, or projects

Congress Heights Small Area Plan (CHSAP)



CHSAP 6 Focus Areas & Recommendations

1. Housing Diversity & Affordability
2. Civic Facilities
3. Economic Development & Opportunity
4. Historic & Cultural Preservation
5. Parks & Public Realm
6. Transportation & Access

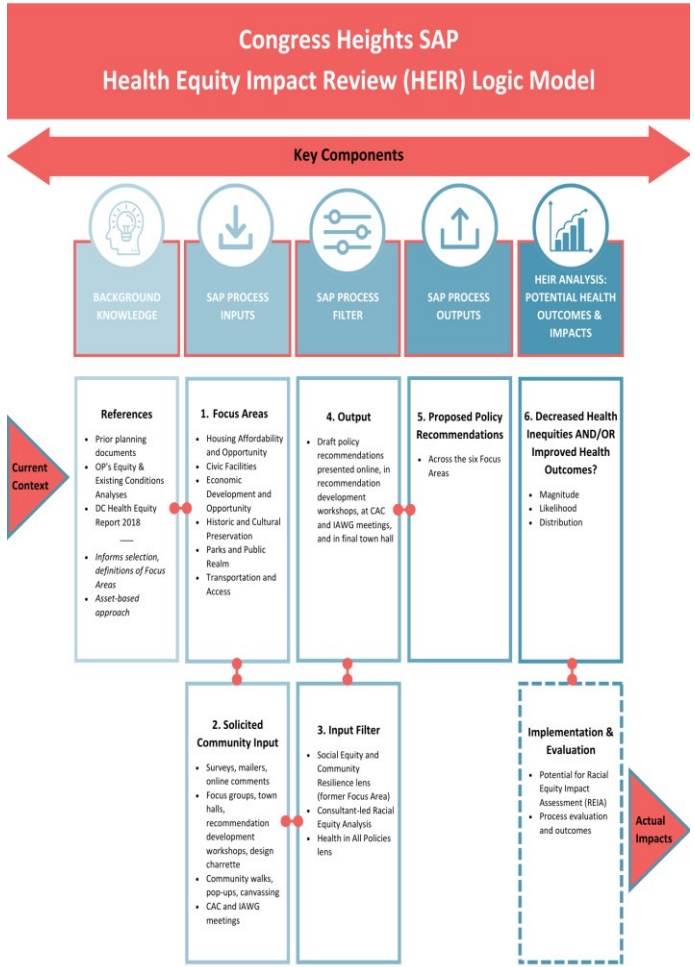
Community Concerns & Opportunities

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Health Equity Impact Review (HEIR) Pilot Process

HEIR Pilot Methodology

Logic Model



HER Data Filter

Research & Analysis

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)

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Health Equity Impact Review (HEIR) Pilot: Process Outcomes

Key Driver/ Opportunity for Health	Decreased Health Inequities	Improved Health Outcomes	Magnitude	Likelihood	Distribution

Summary of Potential Multi-Sectoral Impacts x6

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
Income	Yes	Yes	High	Likely	
Housing	Yes	Yes	High	Likely	
Transportation	Neutral/ no change	Neutral/ no change	Uncertain	Uncertain	
Food Environment	Yes	Yes	Medium	Possible	
Medical Care	Yes	Yes	High	Likely	
Outdoor Environment	Neutral/ no change	Neutral/ no change	Uncertain	Uncertain	
Community Safety	Yes	Yes	Uncertain	Possible	

Key

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

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

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
Employment	Yes	Yes	Medium	Possi	
Income	Yes	Yes	Medium	Possi	
Housing	Yes	Yes	Medium	Like	
Transportation	Neutral/ no change	Neutral/ no change	Uncertain	Uncer	
Food Environment	Yes	Yes	Medium	Possi	
Medical Care	Yes	Yes	High	Like	
Outdoor Environment	Yes	Yes	High	Like	
Community Safety	Yes	Yes	High	Like	

Key

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

Matrix adapted from "Gary-New Duluth Small Area Plan Health Impact Assessment", Minnesota Departm
(https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/hia-map/state/minnesota

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
Employment	Yes	Yes	Medium	Possible	
Income	Yes	Yes	Medium	Possible	
Housing	Neutral/ no change	Neutral/ no change	Uncertain	Uncertain	
Transportation	Neutral/ no change	Neutral/ no change	Uncertain	Uncertain	
Food Environment	Yes	Yes	High	Likely	
Medical Care	Yes	Yes	High	Likely	
Outdoor Environment	Yes	Yes	High	Likely	
Community Safety	Yes	Yes	Uncertain	Uncertain	

Key

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

Matrix adapted from "Gary-New Duluth Small Area Plan Health Impact Assessment", Minnesota Department
(https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/hia-map/state/minnesota/city-

Focus Area 4: Historic and Cultural Pres

Key Driver/ Opportunity for Health	Decreased Health Inequities	Improved Health Outcomes	Magnitude	Likelihood	
Education	Yes	Yes	Medium	Possible	
Employment	Yes	Yes	Medium	Likely	Ef
Income	Yes	Yes	Medium	Likely	Ef
Housing	Yes	Yes	Uncertain	Uncertain	Ef
Transportation	Yes	Yes	Uncertain	Uncertain	
Food Environment	Neutral/ no change	Neutral/ no change	Uncertain	Uncertain	
Medical Care	Yes	Yes	Medium	Possible	
Outdoor Environment	Yes	Yes	High	Likely	
Community Safety	Yes	Yes	Medium	Likely	

proposed efforts

Key

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

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

Focus Area 5: Parks and Public R

Key Driver/ Opportunity for Health	Decreased Health Inequities	Improved Health Outcomes	Magnitude	Likelihood
Education	Yes	Neutral/ no change	High	Likely
Employment	Neutral/ no change	Neutral/ no change	Uncertain	Uncertain
Income	Neutral/ no change	Neutral/ no change	Uncertain	Uncertain
Housing	Neutral/ no change	Neutral/ no change	Uncertain	Uncertain
Transportation	Yes	Yes	Medium	Possible
Food Environment	Neutral/ no change	Neutral/ no change	Uncertain	Uncertain
Medical Care	Yes	Yes	Medium	Likely
Outdoor Environment	Yes	Yes	High	Likely
Community Safety	Yes	Yes	High	Likely

Key

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

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

Focus Area 6: Transportation and Access

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

Key

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

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

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Health Equity Impact Review (HEIR) Pilot: Process Outcomes

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

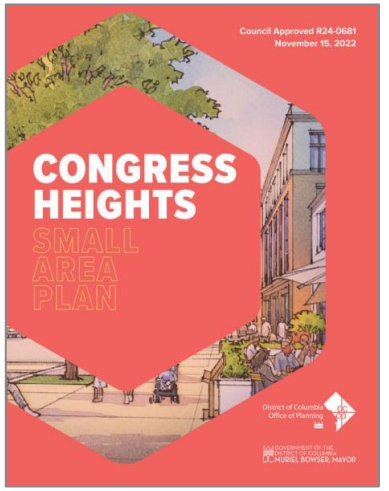
Matrix adapted from "Gary-New Duluth Small Area Plan Health Impact Assessment", Minnesota Department of Health and The City of Duluth Planning Division (https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/hia-map/state/minnesota/city-of-duluth-small-area-plan)

Conclusions & Recommendations

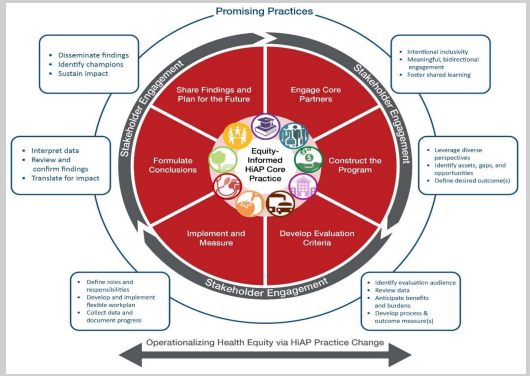
Overall, based on this HEIR applied methodology, the CHSAP Recommendations proposed across the six focus areas—both individually and collectively:

- Appear to have the potential to decrease health inequities in the Congress Heights neighborhood
- Likely to lead to improved health outcomes.
- Plan implementation fidelity to the overarching themes of Social Equity and Community Resilience is critical to achieving these goals.
- Prioritizing improved housing variety, affordability, and equitable economic access are essential to enable longtime Black residents to remain in Congress Heights and benefit from anticipated growth.

OHE RECOMMENDATION: Develop 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.



Source: https://planning.dc.gov/congress-heights-small-area-plan



Part 6: Beyond COVID – What Next?

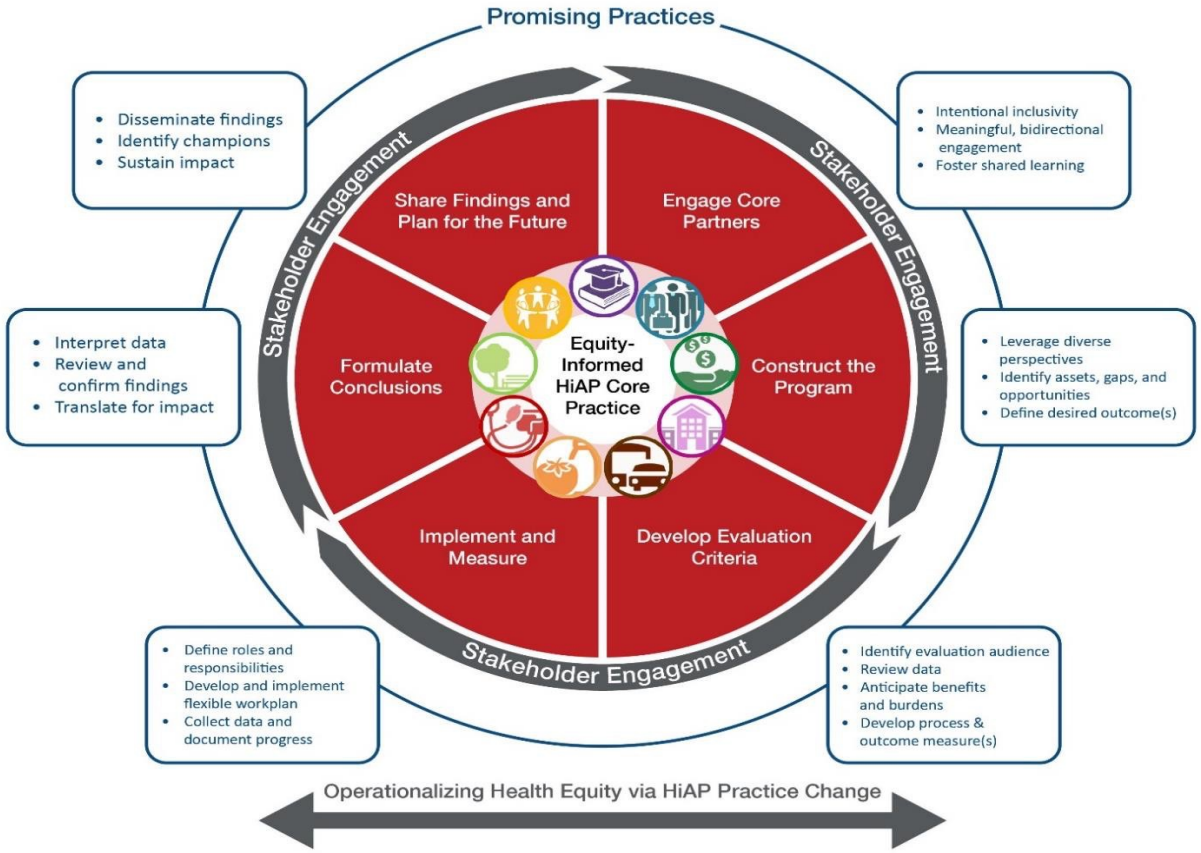
Collaborative Model *FOR* Practice Change

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

DC Calling All Sectors Initiative

Collaborative Model *FOR* Practice Change

DC CASI: Model Elements & Promising Practices



1. **Engage Core Partners**
   - Intentional inclusivity
   - Meaningful, bidirectional engagement
   - Foster shared learning
2. **Construct Program**
   - Leverage diverse perspectives
   - Identify assets, gaps, and opportunities
   - Define desired outcomes
3. **Develop Evaluation Criteria**
   - Intentionally evaluate audience
   - Review data
   - Anticipate benefits and burdens
   - Develop process & outcome measures
4. **Implement & Measure**
   - Define roles and responsibilities
   - Develop & implement flexible workplan
   - Collect data and document progress
5. **Formulate Conclusions**
   - Interpret data
   - Review & confirm Findings
   - Translate for Impact
6. **Share Findings & Plan for Future**
   - Disseminate findings
   - Identify champions
   - Sustain impact

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Source: DC CASI Evaluation & Framework Reports 2023 *(*DC Health OHE - Forthcoming)*

Health Equity In All Policies *(HEiAP):* Guiding Principles

✓ **Speaks To:** *Importance and necessity of a commitment to practicing* ***professional humility*** *across all forms of engagement – including collaborations with other sectors and professions, as well as community.*

1. Practice Cultural & Professional Humility
2. Proactively Engage Stakeholders
3. Cocreate Shared Purpose
4. Leverage Collaborative Learning
5. Seek Data Alignment Opportunities
6. Collaborate on Policy & Practice Change Strategy

✓ **Bottom Line:** *Emphasizes collaborative, mutually beneficial, and peer-to-peer approaches for solving shared challenges together*

DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

899 North Capitol Street NE, 5th Fl, Washington, DC 20002

dchealth.dc.gov

@_DCHealth dchealth DC Health

For more information on the District's COVID-19 response, visit **coronavirus.dc.gov**

Urban Land Institute

DC Office of Health Equity: *Engaging a Collaborative Model for Practice Change* & Fireside Chat

Wednesday, March 29th | ULI Health Leaders Network Introductory Forum

C. Anneta Arno | Rachel Clark

Urban Land Institute

Audience Q&A

Wednesday, March 29th | ULI Health Leaders Network Introductory Forum

C. Anneta Arno | Rachel Clark