Health Impact Assessment of the Choice Neighborhood Transformation Plan for a Community in Albany, Georgia

Georgia Tech | Center for Quality Growth and Regional Development
College of Architecture

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Introduction

The Center for Quality Growth and Regional Development (CQGRD) at the Georgia Institute of Technology conducted a rapid-intermediate Health Impact Assessment (HIA) jointly with the Georgia Department of Public Health (GA DPH) to assess the health impacts of the redevelopment of a public housing project, McIntosh Homes, located in Albany, Georgia. The Transformation Plan for McIntosh Homes was developed by the Albany Housing Authority (AHA) through a grant provided by the US Department of Housing and Urban Development (HUD) under the Choice Neighborhood Program.

Although health is specified as one of the components required by HUD for inclusion in the "People" section of the Transformation Plan, the HIA provided the AHA with additional data, resources, stakeholder input, and ultimately recommendations, to consider health in a much more explicit way.

The HIA was particularly valuable as a supplement to the Transformation Plan since the study area population is characterized by a number of health risk factors such as low socioeconomic status, elevated crime rates, and chronic disease. Additionally, the study area includes many vacant and poorly-maintained properties, lacks greenspace, and offers limited healthy food sources.

Health Determinants Analyzed in this HIA

Vulnerable Populations and Associated Health Issues
- Income and Poverty
- Minority Status
- Access to Employment
- Access to Healthcare
- Significant Health Issues:
  - Diabetes
  - Asthma
  - Low Birth Weight Infants
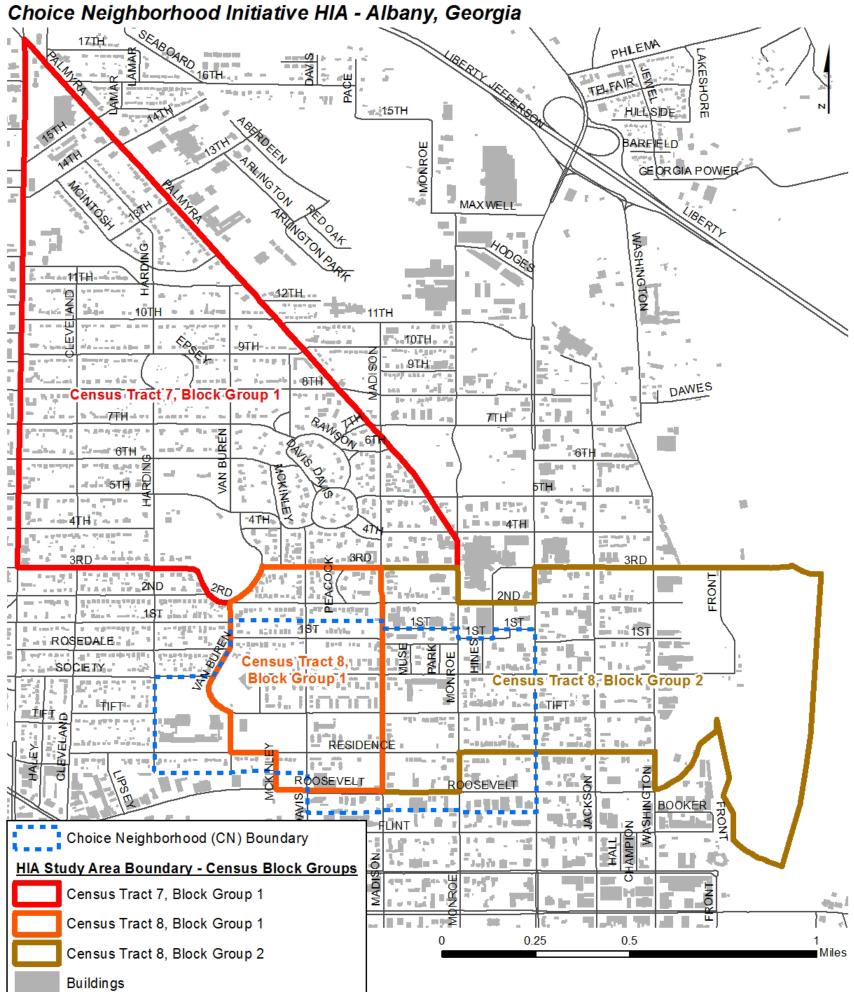- Affordable Housing
- Gentrification and Displacement

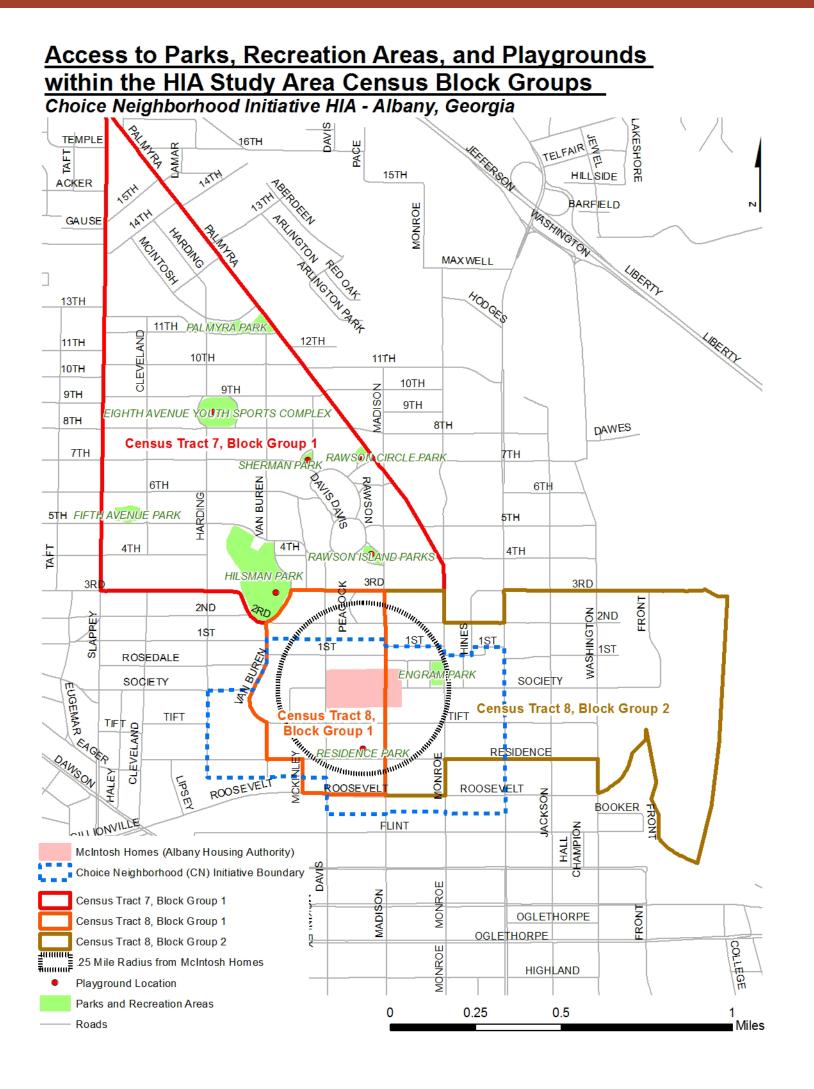**Health Effects of Housing Redevelopment**
- Social Capital
- Property Values

Community Facilities
- Design Elements Influencing Housing Health
- Parks and Greenspace
- Trail Access
- Access to Healthy Food
- Urban Agriculture
- School Facilities

Safety and Security
- Intentional Injury and the Built Environment
- Transportation
- Neighborhood Impact of One-way Streets
- Enhanced Pedestrian Facilities

Selected Chronic Disease Rates in Study Area

Measures	Census Tract 7 Hospital Discharges	Census Tract 7 Percent Hospital Discharge Visits by Cause	Census Tract 7 Emergency Room Visits	Census Tract 7 Percent Emergency Room Visits by Cause	Census Tract 8 Hospital Discharges	Census Tract 8 Percent Hospital Discharge Visits by Cause	Census Tract 8 Emergency Room Visits	Census Tract 8 Percent Emergency Room Visits by Cause	"Factor of Increase from Tract 7 to 8"
ALL EVENTS	1,363		5,223		2,242		11,135		
Neoplasms	39	2.9	0	0.0	41	1.8	6	0.1	
Diabetes Mellitus	21	1.5	30	0.6	96	4.3	106	1.0	3.5
Diseases of the Circulatory System	150	11.0	103	2.0	224	10.0	226	2.0	2.2
Diseases of the Respiratory System	131	9.6	703	13.5	214	9.5	1683	15.1	2.4
Pneumonia	50	3.7	41	0.8	60	2.7	93	0.8	2.3
Emphysema	0	0.0	4	*	1	*	6	0.1	1.5
Asthma	26	1.9	56	1.1	59	2.6	214	1.9	3.8
All other Diseases of the Respiratory System	36	2.6	492	9.4	58	2.6	1120	10.1	2.3
Motor Vehicle Accidents	6	0.4	126	2.4	7	0.3	161	1.4	1.3

*Emergency room visits were considered to be a proxy indicator for disease prevalence. Crude rates were calculated to highlight the differences in disease rates between census tracts 7 and 8. Rates in tract 8 are more than twice that of tract 7. The disparity between asthma and diabetes rates are even higher.

Source: 2010 US Census

Screening Checklist

Proposal	AHA Choice Neighborhood Initiative
Is there a decision?	Yes
Is the decision likely to substantially affect health or health determinants?	Yes
Is the timeframe for the decision-making process appropriate?	Yes—Planning process will conclude Fall 2012, the project is in data collection and community partnership stage
Is there enough evidence and data for the analysis?	Yes
Is there potential to disproportionately affect vulnerable populations?	Yes—public housing demolition will possibly displace some residents, positive impacts also possible
Does the current decision-making process fail to adequately address health?	Health outcomes and baseline conditions will be included in the planning process.
Does the legal framework allow for health to be factored into the decision?	Yes
Are available staff and resources adequate to complete a successful HIA?	Yes
Is there major public controversy about the decision?	No
Is an HIA likely to produce new findings or recommendations?	Yes
Is there a risk for major catastrophic health consequences?	No

Age and Gender Characteristics of the Albany CNI HIA Study Area

Census Tract	7	8	8
Block Group	1	1	2
Total population	1783	967	640
Age			
% Total Population: Under 18 years	21.9	36.8	24.5
% Total Population: 18 to 34 years	27.8	26.2	24.4
% Total Population: 35 to 64 years	39.3	29.5	45.3
% Total Population: 65 and over	11.0	7.6	5.8
Gender			
% Total Population: Male	49.8	41.6	52.3
% Total Population: Female	50.2	58.4	47.7
Children under 18 by Gender			
% Total population male: under 18	12.4	17.7	13.4
% total population female: under 18	11.9	19.1	11.1

Source: 2010 US Census

Racial Characteristics of the Albany CNI HIA Study Area

Census Tract	7	8	8
Block Group	1	1	2
Total population	1783	967	640
Race			
% Total population: White alone	57.0	11.2	20.0
% Total population: Black or African- American alone	39.4	86.9	78.6
% Total population: Hispanic or Latino	1.0	1.2	1.3
% Total population: Asian alone	0.6	0.0	0.3
% Total population: other	2.0	0.7	0.0

Source: 2010 US Census

Housing Characteristics of the Albany CNI HIA Study Area

Census Tract	7		8		8	
Block Group	1		1		2	
Housing		%		%		%
Housing Unit Count (100%)	917	100.0	463	100.0	315	100.0
Occupied housing units: Owner Occupied	376	45.9	46	11.3	39	16.5
Occupied housing units: Renter occupied	444	54.2	363	88.8	198	83.5
Housing units: Vacant	97	10.6	54	11.7	78	24.8
Renter-Occupied Paying Cash Rent						
Median Gross Rent, $	636		333		390	
As % of Household Income in 2010	27.3		38.7		30.6	

Source: 2005-2009 American Community Survey

Educational Characteristics of the Albany CNI HIA Study Area

Census Tract	7	8	8	Census Tract	7	8	8
Block Group	1	1	2	Block Group	1	1	2
Educational Attainment, Population 25 Years and Over							
Total male population	446	272	529	Total female population	807	252	233
Less Than High School	31	145	121	Less Than High School	57	87	64
High School or Equivalent	84	90	136	High School or Equivalent	147	100	104
Some college	156	27	272	Some college	346	65	65
Bachelor's degree	142	10	0	Bachelor's degree	120	0	0
Master's degree	21	0	0	Master's degree	118	0	0
Professional school degree	12	0	0	Professional school degree	9	0	0
Doctoral degree	0	0	0	Doctoral degree	9	10	0
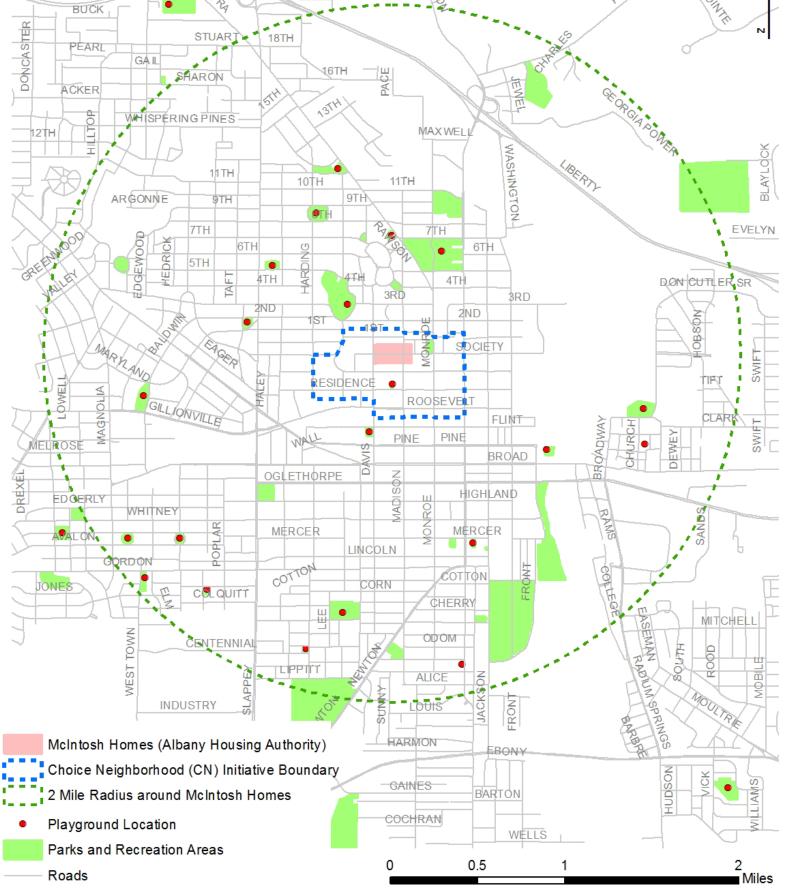
Source: 2005-2009 American Community Survey

Household Income Characteristics of the Albany CNI HIA Study Area

Census Tract	7		8		8	
Block Group	1		1		2	
Median household income (In 2010 inflation-adjusted dollars)	40000		10873		18730	
Household Income		%		%		%
Total Households	856	100.0	387	100.0	345	100.0
Less than $10,000	50	5.8	175	45.2	75	21.7
$10,000 to $19,999	153	17.9	119	30.7	130	37.7
$20,000 to $29,999	173	20.2	48	12.4	66	19.1
$30,000 to $39,999	52	6.1	34	8.8	12	3.5
$40,000 to $49,999	51	6.0	11	2.8	44	12.8
$50,000 to $59,999	199	23.2	0	0.0	12	3.5
$60,000 to $99,999	84	9.8	0	0.0	6	1.7
$100,000 or More	94	11.0	0	0.0	0	0.0
Household Income Sources		%		%		%
Total Households	856	100.0	387	100.0	345	100.0
With wage or salary income	699	81.7	103	26.6	217	62.9
No wage or salary income	157	18.3	284	73.4	128	37.1
With Social Security income	161	18.8	237	61.2	77	22.3
Families living in poverty		%		%		%
Families	380	100.0	173	100.0	155	100.0
Income in 2010 below poverty level	47	12.4	120	69.4	42	27.1
Female Householder, no husband present:						
With related children under 18 Years	14	3.7	75	43.4	27	17.4

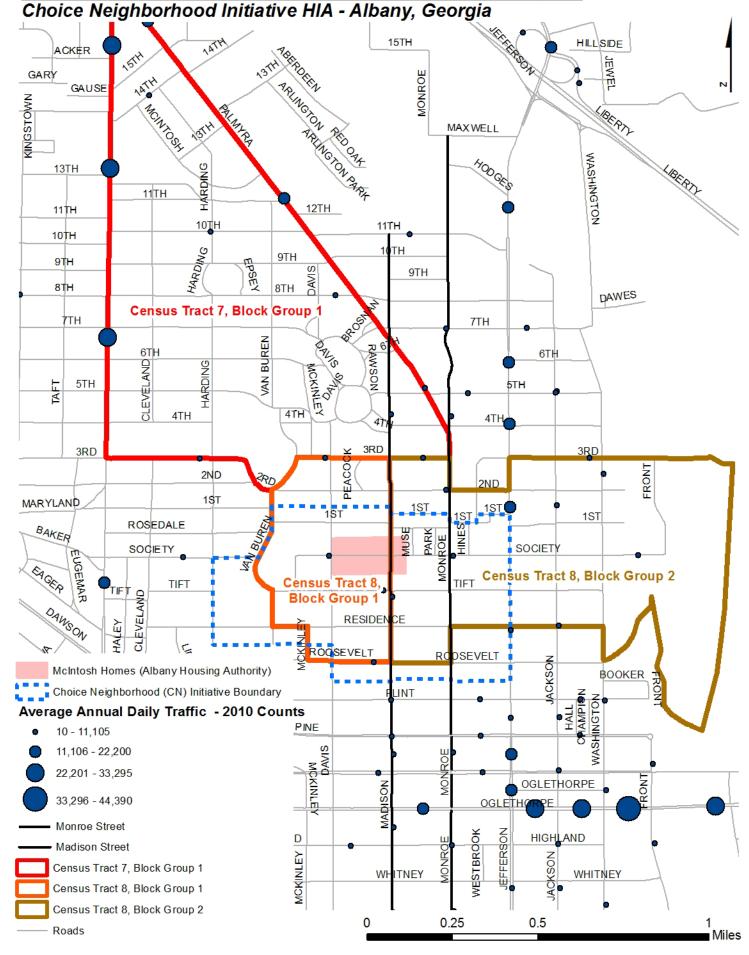Source: 2005-2009 American Community Survey

Note: For the above tables, percentages may not add up to 100% due to rounding. Yellow highlighting indicates underperformance in census tract 8 as compared to census tract 7.

EXISTING OPPORTUNITY FOR INTERVENTION

Higher risk and occurrence of diabetes

DETERMINANTS
- Lack of healthy food options
- Lack of physical activity

RECOMMENDATIONS
- Incorporate a neighborhood community garden space in Plan
- Encourage mixed-use development including grocery stores
- Development of additional non-profit community health facilities
- The Transformation Plan should include a mix of land uses to create walkable destinations which will encourage both utilitarian and recreational physical activity for neighborhood residents
- Create greater connectivity to existing trail system through pedestrian facilities and route signage
- Expand available greenspace, encourage pro-social places
- Include active and passive recreation typologies in design of greenspace and pocket parks
- Initiate joint use agreements with existing neighborhood facilities (i.e. schools) to encourage physical activity

POTENTIAL OUTCOME
- Improved access to healthy foods can aid in diabetes prevention and management
- Increased physical activity can reduce obesity and other conditions associated with diabetes risk.

Higher risk and occurrence of Asthma

DETERMINANTS
- Low SES
- Poor housing conditions

RECOMMENDATIONS
- Albany Housing Authority (AHA) should consider a smoke-free policy for their properties and restrict smoking in common areas, such as porches
- Demolition of the older AHA properties, including McIntosh Homes (and potentially the Golden Age development)
- Construction of additional healthy housing stock
- Installation of moisture barriers and adequate ventilation
- Reduce the exposure of children and adults to environmental tobacco smoke from neighbors.
- Insulation, sound dampening and natural light in new housing design

POTENTIAL OUTCOME
- Decreased asthma rates among residents due to improved building conditions, and removal or avoidance of asthma triggers.
- Reduction of indoor dampness or mold through construction techniques
- Reduction of environmental toxins by avoiding the use of cheap building materials such as low-formaldehyde plywood and vinyl wallpaper
- Multiallergen reduction through good control to reduce cockroaches and dust mites
- Improvement of building conditions

Traffic related injuries and fatalities

DETERMINANTS
- Speeding vehicles
- Lack of cohesive system of pedestrian facilities

RECOMMENDATIONS
- Consider one-way to two-way street conversion
- Consider implementation of traffic calming measures
- Encourage improvement of pedestrian facilities
- Bicycle and pedestrian infrastructure

POTENTIAL OUTCOME
- Traffic calming
- Pedestrian facilities
- Increased opportunities for physical activity

Low socioeconomic status

DETERMINANTS
- Low socioeconomic status
- Unemployment
- High crime rates in neighborhood
- Decreased mental health for population due to neighborhood change (such as gentrification and displacement)

DETERMINANTS
- Low educational attainment
- Unemployment
- Poor access to goods and services
- Poor access to healthcare
- Poor social support

RECOMMENDATIONS
- Include a provision in the Transformation Plan for as many of the jobs created by the new land uses and services (as feasible) to be filled by neighborhood residents
- The resident population should be encouraged and supported in efforts to seek/complete higher levels of education
- Regular maintenance of neighborhood conditions to avoid symbols of neglect and abandonment
- Incorporate urban design elements to reduce crime (lighting, neighborhood maintenance, etc.)
- Monitoring of displacement to mitigate gentrification impacts.
- Clear communication to existing residents describing potential housing changes
- Rehabilitation programs for displaced populations
- Community participatory models for health intervention are particularly effective because they help to customize scientific knowledge to local cultural requirements, increasing their credibility and acceptability
- Development of additional non-profit community health facilities

POTENTIAL OUTCOME
- Higher socioeconomic status population, higher educational attainment
- Reduced rates of health conditions associated with lower socioeconomic status such as poor maternal health and birth outcomes
- Reduced disease burden
- Reduced environmental stressors, mitigate risky behaviors that have negative health impacts.
- Reduced crime victimization
- Reduced signs of disinvestment and perception of crime or danger
- Reduced negative mental health and stress due to neighborhood change
- Increased or maintained social capital and mental health benefits

HIA Evaluation

How was the HIA undertaken with regard to time, place and population?
- Screening process was effective in identifying project

Timing and Extent of HIAs
- The HIA was conducted over a three month period
- Officials preferred that the HIAs occur earlier in their planning processes to better integrate findings of the HIA into the planning process.

Role of Local Partners in the HIA
- The planning team and public officials were very actively involved and were highly enthusiastic about the HIA process. Additional partnerships built between the HIA team, local stakeholders, and local Department of Health officials.
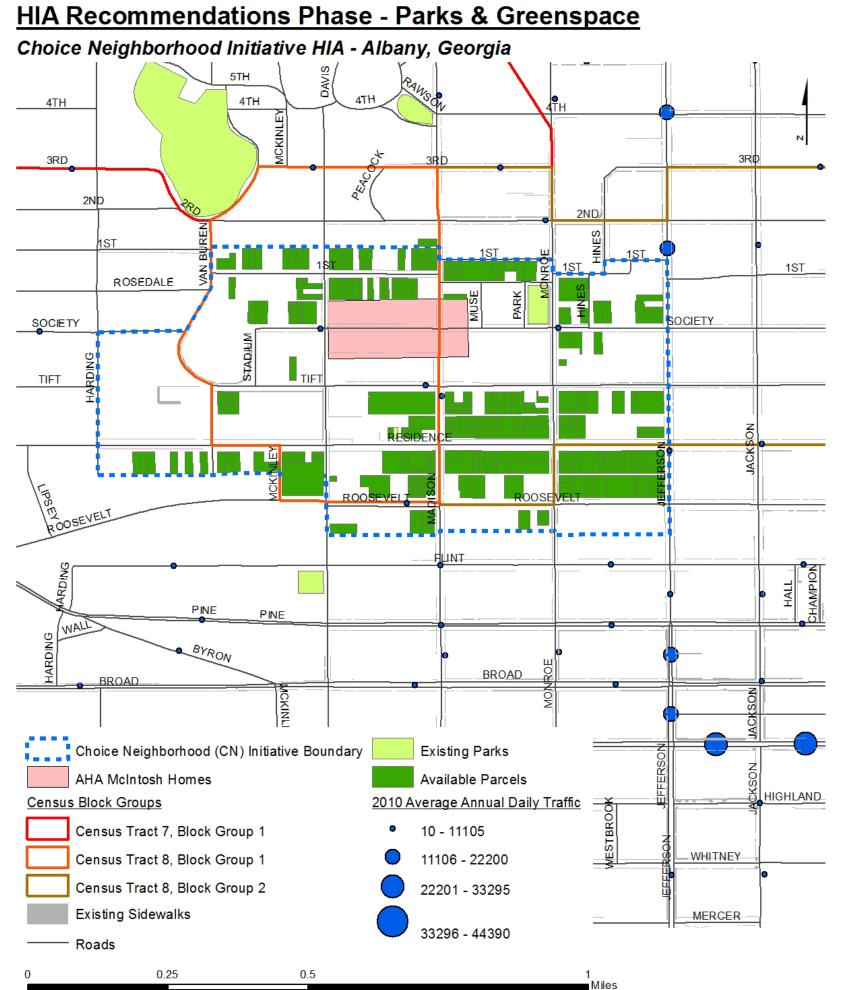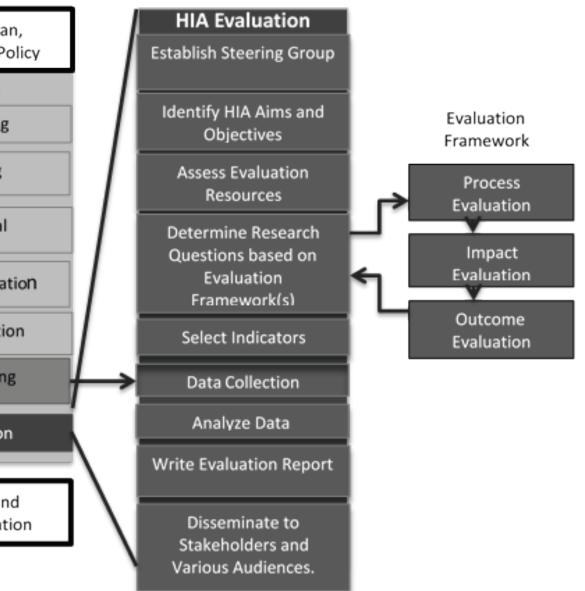
Timing of Report
- The review process needs to be streamlined so that ongoing communication with the local project officials can continue, especially around discussions of recommendations

Participation of Community Stakeholders
- Residents participated extensively around issues of health.
- Interviewees felt that the participation process design was well organized given the three month time horizon.

- Interviewees felt that the process educated the community
- Phoebe Putney Hospital's involvement increased significantly because of HIA.

What resources were used and what was the cost?
- Interviewees agreed that resources were efficiently used and the recommendations were very good.

How were recommendations formulated and prioritized?
- More interaction between the HIA team and the local planners and officials would have strengthened the process.

How and when were the recommendations delivered to decision makers?
- Results and recommendations delivered to decision-makers through discussions, presentations and formal reports.
- HIA training course conducted by CQGRD prior to the initiation of the HIAs was seen as very valuable.

Did the HIA provide useful information to the policy-making process?
- The HIA was seen by Albany officials as a significant learning opportunity for the interconnections between health and built environment.
- The HIA process also raised awareness within the local Department of Health as to the importance of the Choice Neighborhood project and its potential implications for health.
- Recommendations could have been more fully developed to include both short term goals (often with a more social intervention perspective) and long term goals (often with a more physical intervention perspective).
- The HIA had significant synergy with the US Department of Housing and Urban Development's programmatic focus and helped leverage federal funds.
- The HIA helped reinforce understanding of the negative impact of one-way streets on health and well-being, and on community cohesiveness.
- The HIA helped introduce a ban on smoking in public housing.

SCOPING

HIA Scoping Phase - Geographic Extents
Choice Neighborhood Initiative HIA - Albany, Georgia

ASSESSMENT

Access to Parks, Recreation Areas, and Playgrounds within the HIA Study Area Census Block Groups
Choice Neighborhood Initiative HIA - Albany, Georgia

ASSESSMENT

Distribution of Parks, Recreation Areas, and Playgrounds within an Approximate Two Mile Radius of McIntosh Homes
Choice Neighborhood Initiative HIA - Albany, Georgia

ASSESSMENT

Distribution of Traffic Activity within the HIA Study Area Census Block Groups
Choice Neighborhood Initiative HIA - Albany, Georgia

RECOMMENDATIONS

HIA Recommendations Phase - Parks & Greenspace
Choice Neighborhood Initiative HIA - Albany, Georgia

RECOMMENDATIONS

HIA Recommendations Phase - Parks & Greenspace
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