Pre-Planning Phase

On November 13th, 2015, the Regional Planning Commission of Greater Birmingham (RPC), in collaboration with researchers at the University of Birmingham, responded to a call for proposals (CFP) from Pew Charitable Trusts and the Robert Wood Johnson Foundation. The CFP solicited applications from Southern States in the Appalachian region to conduct a health impact assessment (HIA). According to the World Health Organization, a health impact assessment "is a means of assessing health impact policies, plans and projects in diverse economic sectors using quantitative, qualitative and [community based] participatory techniques." Furthermore, health impact assessments inform "communities, decision makers, and practitioners to make choices that improve public health through community design." In our application, we proposed to include a HIA in the City of Birmingham's comprehensive framework plans, and by developing a health report card for each neighborhood in the Birmingham city limits. The implementation of health impact assessments, in future framework plans, aims to integrate health in the early stages of city planning to promote population health and health equity. By February 2016, program officers at PEW informed RPC that we were awarded a $45,000 grant to conduct the first two of the six core stages of the health impact assessment: screening and scoping, which are pertinent to the planning phase of the HIA project. A month later, our HIA team attended a workshop at the PEW headquarters in Washington, D.C., where we received training, technical assistance, and peer learning to launch a HIA. The technical training consisted of a curriculum, which included topics such as leading and managing teams and cross-team collaborations, understanding the social determinants of health, and developing outcomes-based initiatives. The technical assistance, which we received throughout the eight-month planning phase, included tailored support and guidance to refine our HIA plan, and to build coalitions across key organizations. In addition, the technical training inherently involved peer learning and networking to share knowledge across other HIA grantees in the South.

Planning Phase

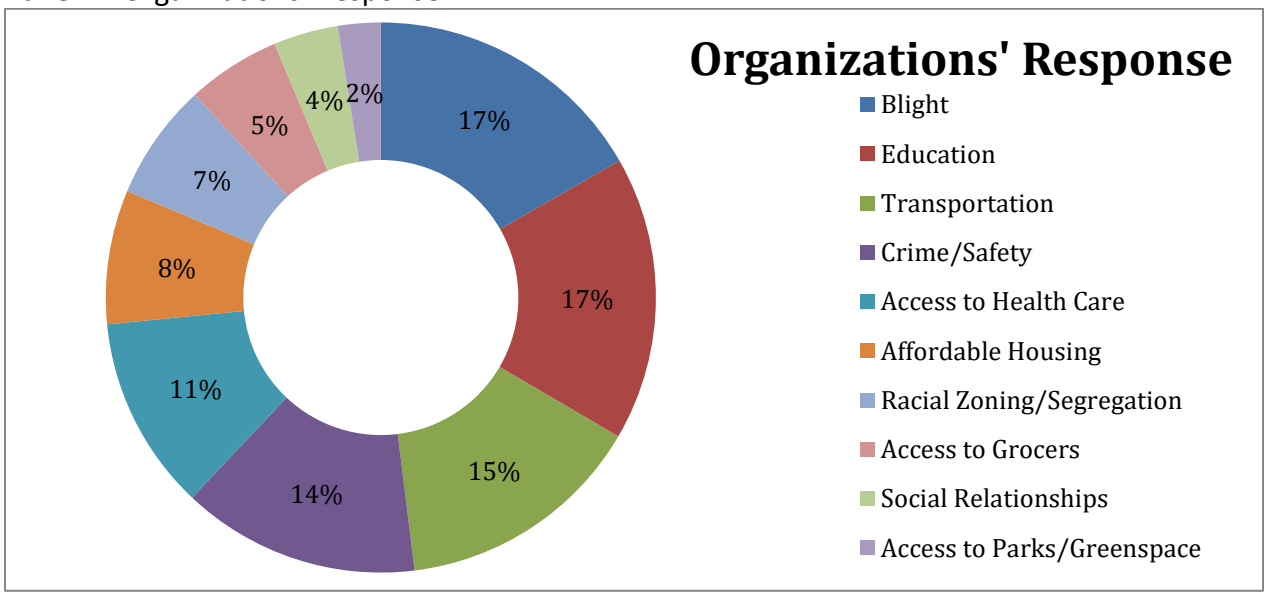
During the planning phase of the health impact assessment, we took a series of imperative steps to solicit input from stakeholders—including leaders of influential organizations and residents of Birmingham—to identify both the assets and barriers, in the community, that affected the quality of life for local residents. In an effort to solicit input from key stakeholders, we organized two meetings in August 2016 at the Edge of Chaos: one for leaders from non-profits and one for residents. We emailed invitations to recruit representatives from key non-profits and city government, and approximately 40 organizational stakeholders attended the meeting. However, the recruitment of local residents took more effort and community engagement. These efforts included attending 16 neighborhood association meetings during July and August 2016. We spoke to over 120 residents during these meetings, and we collected their contact information to invite them to a more formal stakeholder meeting. Before our meeting with residents, we called and mailed letters to all residents on our contact list to remind them about the meeting, and to assure them that their insights were imperative to our project. The meeting was critical for identifying and prioritizing pressing health equity challenges at the neighborhood-level, and to create a space to promote health as a shared value and building collaboration across stakeholders and to build a greater sense of community among residents.

The format of the organizational stakeholder meeting and resident meeting were similar. First, we hosted keynote speakers from prominent offices in the state and city. Then, we educated the community about the social determinants of health, and we also conducted a workshop, in

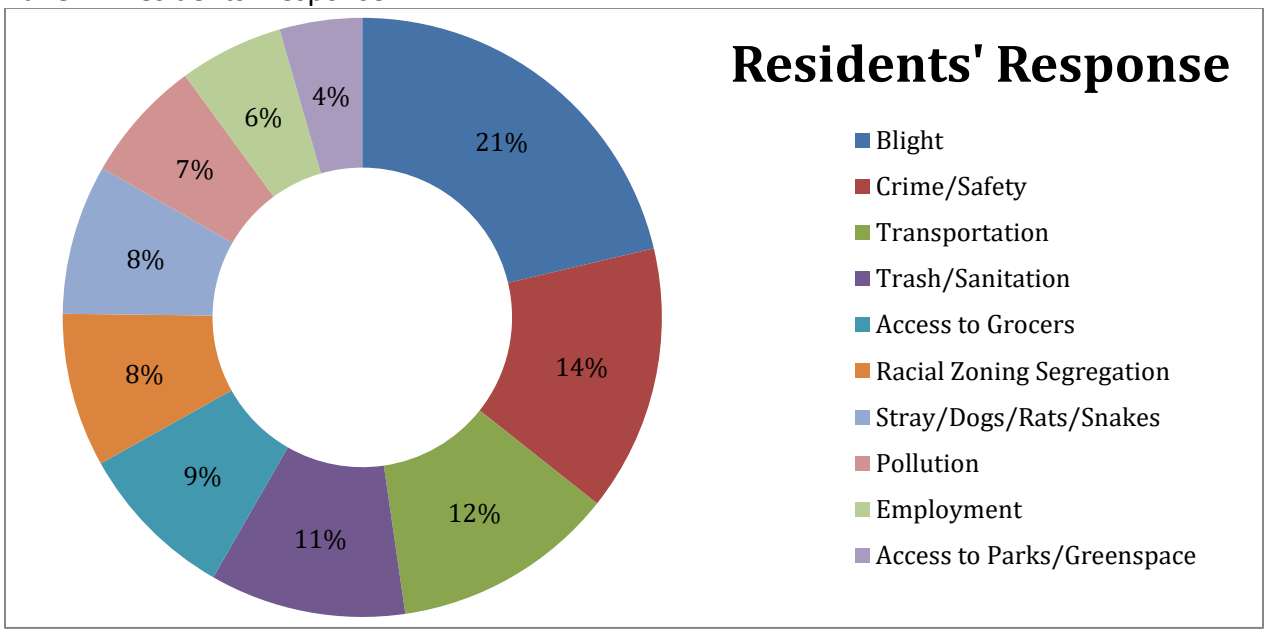
which participants identified the assets and barriers in Birmingham (i.e., organization stakeholders), and their neighborhoods (i.e., community residents) that had the most impact on health and quality of life. We were able to gain community buy-in for our work, identify important resources that organizations have agreed to share with our HIA team (please see social map for more information), and establish the social determinants of health that should be included as metrics in the health report card. The figure below illustrates the social determinants of health that were identified by stakeholders.

Figure 1: Social Determinants of Health Identified by Stakeholders

Panel A: Organizations' Response



Panel B: Residents' Response



The panels in **Figure 1** document the key health equity issues reported by organization stakeholders (Panel A) and residential stakeholders (Panel B). The structure of the meetings built consensus among attendees, strengthened knowledge and networks among organizations that were doing similar work, and aimed to increase community ownership and involvement in the process of creating a decision-making tool for city planners and policymakers. The top five determinants identified by organizations were: (1) blight, (2) education, (3) transportation, (4) crime safety, and (5) access to health care. The social determinants of health identified by residents were similar, but there are some notable variations. For example, both residential stakeholders, like organizational stakeholders, reported that blight was the most pressing issue affecting neighborhood-level health. Additionally, residents did not rank education as a top five issues. As a matter of fact, education did not rank at all among residents. This may be due to selection effects, since most residents, who were in attendance, were older, or not in childbearing age, and thus, were not likely to have children in the public school system. Residents ranked crime as the second most pressing issue, and like organizational stakeholders, they ranked transportation as the third most pressing issue. Trash and sanitation and access to grocers rounded out the top five, respectfully. Many of the pressing issues identified by stakeholder are not mutually exclusive. For example, residents who reported a host of stray dogs, rats, and snakes in their neighborhoods, also reported that these issues were more rampant in the blighted areas of their neighborhoods, which in turn affected their security or comfort in utilizing parks and greenspaces.

The responses that were received from stakeholders were converted to quantitative data. However, we also employed qualitative data techniques to add more context and richness to the quantitative data that we collected. During the residential meeting, we distributed disposable cameras to selected residents, and asked them to take pictures of the features of their neighborhoods that positively or negatively affected their health or their quality of life. Residents were given a pre-stamped envelope to return the photos. We, then, developed the photos, and held a focus group on October 20th, 2016. We enumerated each photo, and asked the participants to select five images, and discuss how the physical factors captured in the photos represented a health or unhealthy neighborhood. Resident clearly and articulately provided a rich narrative with each photo, and highlighted physical factors such as, but not limited to, blighted properties, abandoned lots, trash and sanitation, and places where there was high crime activity. The open dialogue raised the residents' awareness that the issues they were facing in their neighborhoods were not unique to their specific area of the city, but that the issues that they were facing were ubiquitous throughout the city. This prompted further dialogue about a need to share governance and accountability among neighbors, and between neighborhoods.

In all, we believe that during the planning phase, we effectively engaged various stakeholders in the planning process of the health impact assessment. We were able to glean information about the physical, economic, and social conditions of neighborhoods that is not apparent sans a grass-roots approach. Now, we are prepared to use the quantitative and qualitative information that we collected to start the latter four stages of the health impact assessment: assessment, developing recommendations, reporting, and monitoring and evaluating. As we implement the HIA, we are committed to meaningfully impacting the communities that we serve; sustaining the relationships that we have built among both organizational and residential stakeholders, while also building new partnerships; and to build an accessible and adaptable tool that measures the baseline conditions of the social determinants identified by the community, and evaluate and monitor the equitable distribution of resources to needed communities.

Implementation Phase

We are currently in the implementation phase to the project, which started in February 2017 and will conclude by the end of November 2017. We have secured $75,000 from Pew Charitable Trusts to complete the implementation phase. The combination of residents' and stakeholders' feedback, and PEW's technical assistance led us to an existing tool, called the Healthy Community Assessment Tool, which has been employed by several municipalities throughout the country. During the implementation phase, we will work diligently to translate the expertise shared by local residents and stakeholders into a policy tool that will be used to create a Healthy Community Assessment Tool (HCAT) that will serve as a reporting tool for Birmingham's residents and other pertinent stakeholders, to (1) assess the state of Birmingham neighborhoods, (2) track the progress in these neighborhood as the city implements its Comprehensive Plan and complete its Framework Plans, and (3) respond proactively and constructively with recommendations throughout the framework planning process.

First, will complete an existing conditions analysis, which will include a demographic analysis, housing analysis, blight analysis, crime analysis, etc. Second, we will appoint a steering committee to receive feedback on the neighborhood social analysis, and develop a draft of the report card that will be distributed the residents. We will also hold additional public meetings with residents to gain additional feedback on the format and usefulness of the drafted report card. We will then compile the feedback, and make necessary revisions. One the report card and the HCAT system has been revised, we will conduct a training sessions with city administrators so that their personnel can also utilize and update the tool throughout the comprehensive framework timeline. Throughout the implementation phase, we will maintain and update a website and social media platform to ensure that the public can access needed information about the project.