

Healthy Neighborhoods for a Healthy Detroit

**Health Impact Assessment
of the Strategic Framework
to Regenerate Detroit**

EXECUTIVE SUMMARY



D-HIA Steering Committee

Chris M. Coombe	University of Michigan School of Public Health
Margaret Dewar	University of Michigan Urban and Regional Planning Program
Barbara A. Israel	University of Michigan School of Public Health
Kurt Metzger	Data Driven Detroit, Director Emeritus
Alisha Opperman*	Eastside Community Network, LEAP (formerly Warren/Conner Development Coalition)
Angela G. Reyes	Detroit Hispanic Development Corporation
Amy J. Schulz	University of Michigan School of Public Health
Leseliey Welch*	Institute for Population Health
Chinwe Obianwu*	Institute for Population Health
Donele Wilkins	Green Door Initiative
Guy O. Williams	Detroiters Working for Environmental Justice

* Formerly affiliated with the organization listed

Technical Advisor: Ben Cave, Ben Cave Associates Ltd.



Report Authored by: Chris M. Coombe, Danielle Jacobs, Barbara A. Israel, Amy J. Schulz, and Ben Cave

Policy Specialists: Angela G. Reyes, Donele Wilkins

Project Team Technical Contributors: Danielle Jacobs, Arielle Fleisher, Nelson Saldana, Ricardo Felix de Majo, Samantha Kreklau, Megha Shah, Enesha Cobb, Chelsea Harmell, Maren Spolum, Stacey Matlen

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Contact Details: Chris Coombe (734) 763-9236 ccoombe@umich.edu

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Contents

1	Context.....	1
2	Focus of the HIA	2
3	HIA Process and Methodology	3
4	Summary of Key Findings: Potential Impacts	4
4.1	Neighborhood Stability and Integrity Impacts.....	4
4.2	Neighborhood Safety Impacts	4
4.3	Environmental Conditions Impacts.....	5
4.4	Displacement, Relocation, and Gentrification Impacts	5
4.5	Public Lighting Delayed/Limited Renewal Impacts.....	6
4.6	Demolition/Blight Removal Impacts.....	6
5	Implications of the HIA Findings for Future DFC Implementation and Decision Making to Regenerate Detroit	8
6	Recommendations for Regeneration to Promote Health and Equity.....	9
7	Conclusion.....	11
	References	11

List of figures

Figure 1: DFC Framework Zones	2
Figure 2: Conceptual Framework of Health Impacts of DFC City Systems Strategic Renewal in High Vacancy (HV) Neighborhoods	12

List of tables

Table 1: Summary of Findings: Health Impact Analysis of DFC Strategic Renewal in High Vacancy Neighborhoods.....	7
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Healthy Neighborhoods for a Healthy Detroit (D-HIA)

Executive Summary

*Neighborhoods are the fabric that binds our city together.
Detroit will not move forward unless we have strong neighborhoods here that are thriving.*¹

Ken Cockrel, former Mayor and Detroit City Council Member;
former Executive Director of Detroit Future City

1 Context

Detroit has a long, rich history of innovation, hard work, and distinctive neighborhoods. However, like many older cities, Detroit has experienced substantial loss of jobs and population, resulting in widespread vacancy and blight in historically vibrant neighborhoods. To address these challenges, the Detroit Future City (DFC) strategic framework was developed to guide land use planning for the future of Detroit. Released in January, 2013, DFC was intended as a shared vision for Detroit's future over the next 50 years, "providing a path forward to realize the aspirations of an entire city."²

A key strategy of DFC is to focus city systems resources—such as lighting, sewage, streets, blight removal—on stabilizing the most populated areas of the city, while phasing out city service and infrastructure renewal in the least populated residential areas. This is referred to as *Strategic Renewal*. Functioning city systems are an urgent concern for all residents, and essential to the livability of neighborhoods. Decisions about how DFC Strategic Renewal is implemented in its first five years, particularly for the 90,000 people living in the least populated areas of the city, will affect how the vision of a vibrant city for all residents is realized over the long-term.

Health impact assessment (HIA) is a systematic process to evaluate the potential effects – both beneficial and detrimental – of a proposed program, plan, or policy on the health of a population. HIA engages multiple stakeholders, and provides recommendations to manage those effects to maximize health and promote equity.³

Healthy Neighborhoods for a Healthy Detroit (D-HIA) is a collaborative, multidisciplinary partnership that carried out an HIA from 2012-2015 to look at how implementation of DFC Strategic Renewal of infrastructure, street lighting, and blight removal/demolition may affect residents of Detroit's most vacant neighborhoods, and to recommend ways to promote residents' health. D-HIA partners included health and human service organizations, academic researchers, and data specialists (see list of D-HIA Steering Committee members on the inside title page).

While the overall benefit of renewing infrastructure in low vacancy neighborhoods was evident, of particular interest to the D-HIA Steering Committee was the potential impact of the strategy on the *high vacancy* neighborhoods and the people who live there. Thus, D-HIA focused on the 90,000 people living in high vacancy neighborhoods, of whom 30% are children, 36% live alone, and 57% have a household income of less than \$25,000. D-HIA looked closely at potential positive and negative impacts of DFC implementation on four key health determinants: neighborhood stability

¹ Lawrence 2014.

² Detroit Future City 2013.

³ National Research Council (US) Committee on Health Impact Assessment 2011.

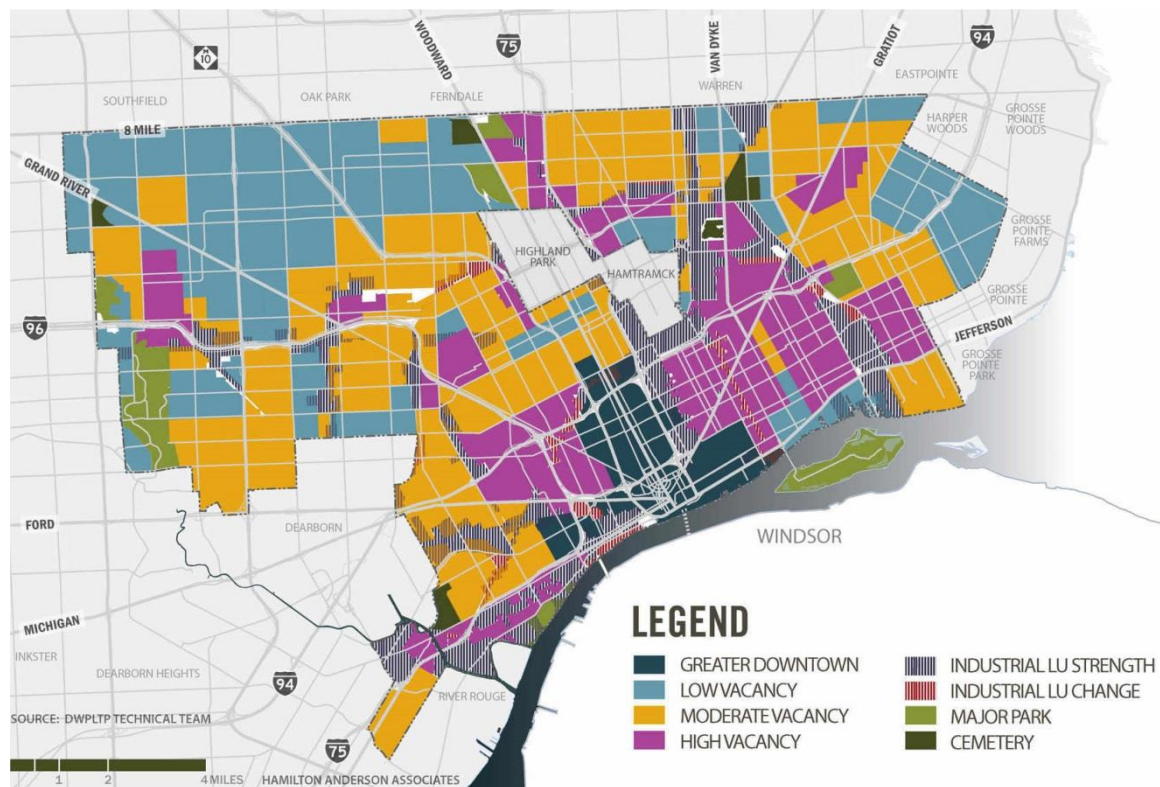
and integrity; neighborhood safety; environmental conditions; and displacement, relocation, and gentrification. Potential health impacts include heart disease, violence, asthma, lead poisoning, cancer, and mental health. The full report describes the objectives and methods used to carry out the HIA, key findings, and recommendations for protecting health of neighborhoods and the people who live there. It also considers lessons learned for integrating health and equity into planning for revitalizing shrinking cities.

2 Focus of the HIA

In 2012, D-HIA formally began carrying out a strategic health impact assessment of an overarching plan to regenerate Detroit, which evolved over several years from the Detroit Works Project (DWP) to DWP Long Range Planning to the Detroit Future City Strategic Framework (DFC) which was released in January 2013. Because DFC is not a specific plan but rather a guiding framework, the HIA of the overall DFC approach is strategic. A strategic HIA differs from a standard HIA in that it informs a broad approach or proposal rather than a specific decision. A strategic HIA helps stakeholders understand and respond to health-related questions regarding a proposal or policy, and provides a framework to guide assessments and decisions for specific projects.

This HIA examined the potential health impacts of the overarching DFC strategy to renew infrastructure and city services differently by framework zones, that is, the current vacancy conditions of neighborhoods defined as high, moderate, and low (Figure 1). Under Strategic Renewal, infrastructure and services in high vacancy (HV) neighborhoods would be maintained at the current level, reduced, or decommissioned over time.

Figure 1: DFC Framework Zones



SOURCE: DWPLTP Technical Team. Detroit Future City, p. 22.

The D-HIA Steering Committee also focused closely on two elements of city systems – public lighting and blight removal/demolition – that were high priority for residents and for which plans were being rapidly developed. When the DFC was released in January 2013, there was not an implementation plan, funding, or authority for those two areas. That changed during the three years in which this HIA was conducted, and the assessment was adapted accordingly. A subsequent citywide lighting plan was developed for implementation through the end of 2016, while demolition planning and implementation is ongoing. This HIA provides a snapshot of the potential impact of the proposals and plans being carried out when the report was prepared, and provides an opportunity to inform decisions about how and where the DFC is implemented, particularly in the first five years.

3 HIA Process and Methodology

The HIA was conducted from 2012 through 2015 D-HIA, an affiliated partnership of the Detroit Urban Research Center. The D-HIA Steering Committee (SC), composed of ten community and academic partners and guided by an expert HIA consultant, provided in-depth direction and expert consultation (see title page for list of partners). D-HIA SC members are leaders in their fields and have been engaged in citywide and neighborhood-based planning initiatives for years. A core team of project staff carried out the literature review, collected and analyzed data, and wrote the report with guidance from SC members and other experts.

Screening and Scoping: Based on an initial literature review, D-HIA developed a conceptual framework of the health impacts of city services and infrastructure to guide the HIA. The resulting pathway diagram was refined based on an extensive literature review, and initially focused on three broad determinants of health: neighborhood stability and integrity; neighborhood safety; and environmental conditions. The HIA further looked at the potential impacts of a fourth determinant—displacement, relocation, and gentrification—on residents who stay and those who leave.

Assessment: To understand how DFC Strategic Renewal would impact the key neighborhood determinants of health and thus the health of residents of the high vacancy zone, the project carried out the following activities as part of the Assessment phase.

- Analyzed relevant DFC elements and how and where they were being implemented.
- Created a profile of existing conditions in the HV zone and other areas of Detroit for comparison.
- Gathered information through a more in-depth literature review and consultation with a wide range of community experts.
- Analyzed on a strategic level what impacts might be expected based on the evidence available.

Monitoring and Evaluation: The HIA recommended a number of strategies to be used by existing entities (e.g., DFC, city government, the local health department, community-based organizations and planning initiatives) to monitor and evaluate the potential impacts of DFC implementation. D-HIA SC members are involved in these entities and will continue to integrate the HIA in their work.

Recommendations: Throughout the process, the D-HIA Steering Committee gathered information about strategies being explored by community initiatives in Detroit and elsewhere, as well as from the literature. Best practices in equitable development, regeneration, and demolition were

evaluated to generate priority recommendations to address potential health impacts of Strategic Renewal, public lighting, and blight removal/demolition implementation.

Appendix B in the separate *Appendices* report provides a more detailed description of D-HIA process and methods, including the role of the D-HIA Steering Committee, community engagement, and how the HIA was carried out at each step of the HIA process.

4 Summary of Key Findings: Potential Impacts

Under DFC Strategic Renewal, infrastructure and services in the HV zone would be maintained at the current level, reduced, or decommissioned over time. This assessment was strategic and qualitative, representing D-HIA's best estimate of what impacts to expect based on the available evidence from the literature, overall characteristics of the HV zone, consultation with local experts, and the deep and long-term knowledge of Detroit among the SC members.

The HIA analyzed potential impacts of Strategic Renewal in HV areas at three levels – neighborhood, intermediate (individual, household), and health outcomes. Potential positive and negative impacts were identified. Potential impacts depend on existing conditions in a neighborhood, whether individuals remain or relocate, and whether they move to improved or worse circumstances. The following is a summary of key findings in each impact area.

4.1 Neighborhood Stability and Integrity Impacts

DFC Strategic Renewal will change the social fabric of Detroit's neighborhoods and the related built environment. These currently support and sustain communities to different extents in different neighborhoods, and are fundamental to the functioning of a community. Factors such as the length of time people have lived in a neighborhood, the density and proximity of neighbors, social networks and support, social cohesion, and the collective ability to get things done – important determinants of neighborhood stability and health – will be impacted by further decline of infrastructure.

Potential adverse impacts: disruption of social ties and depletion of resources as needs increase, population declines, and neighbors relocate outside the neighborhood; increased financial stress; further loss of population. Potential health impacts include increased mortality, heart disease, and violence, and declines in mental health.

Potential beneficial impacts: mobilization of residents to improve conditions and provide mutual support; strengthened social ties, reduced isolation, and increased social cohesion due to community organization; and individuals who are detrimental to social fabric may leave the neighborhood. Potential health impacts include the same as well as improved physical and mental health, neighborhood safety.

4.2 Neighborhood Safety Impacts

The physical and social conditions of Detroit's neighborhoods are important for the safety of all residents. Given the current conditions in Detroit's most distressed neighborhoods, the HIA focused on the ways in which DFC Strategic Renewal will change unsafe conditions, such as vacancy, blight, and crime.

Potential adverse impacts: increased stress, fear of crime, crime, population loss; decreased social cohesion, physical activity, school attendance, and financial security. Potential health impacts

include increased violence (including homicides), mortality, injuries, and heart disease, and decreased child well-being and mental health.

Potential beneficial impacts: increased social cohesion and physical activity if residents organize for self-protection.

4.3 Environmental Conditions Impacts

DFC Strategic Renewal will change the quality of the physical environment, such as air, water, and soil, that impact health. Basic infrastructure and environmental conditions in HV neighborhoods are now highly compromised. SR will also change environmental conditions related to the built environment that impact health, such as condition of the housing stock as it relates to environmental exposures.

Potential adverse impacts: exposure to infrastructure-related contaminants in air, soil and water, including carcinogens, lead, bacteria, and other pathogens (from sewage overflows); uninhabitable housing from flooding, lack of electricity, and fires; resultant displacement, homelessness, and reduced financial resources; reduced property values. Potential health impacts include: increased risk of mortality, heart disease, asthma, injuries, mental health disorders, and cancer; adverse birth (low birthweight) and child outcomes (e.g., poorer mental development, school performance).

Potential beneficial impacts: None identified (also see Demolition 4.6).

4.4 Displacement, Relocation, and Gentrification Impacts

DFC Strategic Renewal implementation will impact three interrelated effects and processes of neighborhood change—displacement, relocation, and gentrification. Displacement and relocation refer to the movement or removal of residents or businesses from a home or neighborhood. Gentrification is the process by which higher income households and businesses replace lower income residents and local small businesses of an area, changing the character of the neighborhood over time.

For those who relocate, the impacts on health depend on whether relocation is voluntary or involuntary, and whether individuals move to housing and neighborhood conditions that are better, worse, or the same, or become homeless.

Potential adverse impacts of displacement and relocation: loss of supportive social networks; stress and cost of relocation; increased housing and living costs; school and job impacts; increased risk for homelessness, substandard housing, and overcrowding. Potential health impacts include: increased stress, mortality, chronic disease, youth suicide, and infant mortality; poorer child and youth well-being, mental health; impacts of homelessness including exacerbation of existing poor physical and mental health conditions and increased hospitalizations. Health effects for all groups are more adverse when the relocation is forced or involuntary (e.g., foreclosure, eviction, inhabitability).

Potential impact of relocation to same or worsened circumstances: same as above or magnified.

Potential beneficial impacts of relocation to improved circumstances: expanded social ties or ties with improved resources and fewer demands; improved safety and environmental conditions; access to resources and amenities; reduced exposure to damaging physical and social environments.

Gentrification impacts on longtime residents include the adverse and beneficial impacts of displacement and relocation described above. Below are additional impacts.

Potential adverse impacts of gentrification: financial stress due to increased costs; neighborhood instability and risk of eviction and displacement; isolation, tension, and discrimination related to racial and economic differences between newcomers and longtime residents; inequitable benefits of regeneration.

Potential beneficial impacts of gentrification: improved physical and social environments, increased amenities and services, job opportunities, and greater economic and racial mix in the area as a whole.

4.5 Public Lighting Delayed/Limited Renewal Impacts

DFC Strategic Renewal changes to public lighting were considered in the context of the Public Lighting Authority 2014-16 public lighting plan. The following are the potential impacts of limited or delayed renewal of public lighting in HV areas, while lighting is being renewed in surrounding areas.

Potential impacts: the same impacts as those due to overall Strategic Renewal, described above. In addition, HV areas with delayed or no lighting improvements may experience crime migration from areas that are now lighted.

4.6 Demolition/Blight Removal Impacts

DFC Strategic Renewal changes if, where, and how demolition is used to remove blight in HV areas. SR impacts were further considered in the context of the 2014 Blight Removal Task Force Plan focused primarily on demolition. The following are the potential impacts of two types of implementation proposed when the HIA was conducted: minimal or no demolition in HV neighborhoods, and unprotected demolition in HV areas.

Potential adverse impacts: Proposed minimal or no demolition is predicted to have the same impacts described above for the overall plan. Unprotected demolition may result in increase in asthma and possible increase in illnesses associated with other environmental contaminants (e.g., lead, asbestos), including lead poisoning and cancer.

Potential beneficial impacts: None identified for no blight removal. Benefits of demolition without protections include: reduced hazardous buildings, injuries, fear of crime, and some types of crime; increased availability of land for other uses (with potential positive and negative impacts).

Summary of Impacts

The findings of the health impact assessment are summarized in Table 1 below. Each health outcome is followed by determinants of health for that outcome; potential impacts of Strategic Renewal, public lighting, and demolition proposals; whether the effect on health is negative or positive and the extent of the impact; the likelihood of the health effect; how strong the evidence is; and particularly vulnerable groups (see Key at the bottom of the table for criteria).

Table 1: Summary of Findings: Health Impact Analysis of DFC Strategic Renewal in High Vacancy Neighborhoods

Health Outcomes	Determinants/Intermediate Impacts	DFC Proposal ⁴	Health Impact ⁵	Likelihood ⁶	Evidence ⁷	Vulnerable Groups
Mortality (various)	Crime, stress, social and physical environment exposures	1, 2, 3	▲▲	Likely	●●●	Youth
Chronic diseases	Stress, air pollution, financial status Social support	1, 2, 3	▲▲	Likely	●●●	
Heart disease	Stress, air pollution, lead, maternal lifetime exposures Existing social support and social networks	1, 2, 3	▲▲ =	Likely	●●●	Elderly
Asthma, other Respiratory diseases	Air quality Housing condition Demolition dust fall	1, 3	= ▲	Possible	●●	
Cancers (Lung, colorectal, breast, prostate)	Environmental exposures Food access	1, 3	=	Uncertain	?	
Injuries	Lighting Environmental conditions	1, 2, 3	= ▲	Possible	●	Elderly, women and girls
Mental health	Stress, crime, stability + poverty, vacancy, blight, financial insecurity, low social support	1, 2, 3	▲▲	Likely	●●●	
Homelessness	Financial stress Foreclosure Fire and blight	1, 2, 3	▲	Possible	●	
Homicides	Crime, blight	1, 2, 3	▲	Likely	●●●	Youth, young men of color
Youth death rate	Crime, stress, social and physical environments, employment	1, 2, 3	▲▲	Likely	●●●	Young men of color
Lead poisoning	Unprotected demolition Old housing in poor condition removed	1, 3	= ▲ ▼	Likely, Uncertain	●●	Children, fetus (low birthweight)
Low birth weight (infant mortality)	Stress, air pollution, lead, maternal lifetime social/economic/environmental factors, social support	1, 2, 3	▲	Possible	●●●	African Americans

⁴ 1 – Overall Strategic Renewal Implementation in HV Neighborhoods; 2 – Public Lighting Installation in HV zone as Last Priority; 3 – Demolition in HV zone No/Low priority, and Unprotected demolition

⁵ Direction: ▲ Increase health outcome; ▼ Decrease health outcome Extent of Health Impact: ▲▲▲ Severe impact; ▲▲ Moderate impact; ▲ Small impact; ? Uncertain; = No impact

⁶ Likelihood of Impact: Likely; Possible; Unlikely; Uncertain

⁷ Strength/Quality of Evidence: ●●● many strong studies; ●● 1-2 good studies; ● no studies but generally consistent with principles of public health

5 Implications of the HIA Findings for Future DFC Implementation and Decision Making to Regenerate Detroit

Basic infrastructure and city services are now highly compromised and will continue to be detrimental to health without improvements. Overall current conditions in the High Vacancy (HV) zone include deteriorated infrastructure and reduced city services that are compromising residents' physical and mental health. Rates of poor health in the HV area are the highest in the city and substantially higher than state and national rates. The proposal to maintain basic living conditions as they are is likely to have detrimental health impacts on HV residents. This may have an adverse impact on the city as a whole because of the number of people affected and the magnitude of the effects. It has adverse effects on vulnerable groups and further implications for increasing economic and racial inequities.

Existing communities have strengths and resources that buffer the impacts of challenging conditions. Resources among people living in the HV zone include long term relationships to the city and their neighborhood, social ties and networks, strong community institutions, cultural identity, and a history of activism to improve neighborhoods and resist unfairness. This may be particularly important for immigrant communities, and African Americans who experience the legacy of race-based residential segregation and other types of structural discrimination.

Individual neighborhoods within the HV zone differ substantially, indicating a need for customized strategies and resident involvement in decision-making. There is a great deal of variation among HV neighborhoods, both in regards to specific neighborhood environments and the people who live there. The application of assessment findings to the specific circumstances of different areas will maximize potential health benefits and minimize the adverse effects of the Strategic Renewal proposal. Detroit's people and communities have important information relevant to the neighborhoods they live in that is not available from other data sources. Further, Detroiters' strengths and ingenuity are essential resources to build a vibrant and distinctive future.

Current decisions on infrastructure and services and how they are implemented in the short term will impact the future trajectory of neighborhoods, and the health of all Detroit residents.

Currently, there are at least three types of neighborhood change taking place in areas within the HV zone— continued disinvestment, community-based planning, and gentrification. The HIA looked at potential health impacts under each these neighborhood conditions over the first five years of Detroit Future City implementation (2013 – 2018) and the potential impacts on the trajectory of the neighborhood.

1 - Continued Vacancy and Population Loss. Some HV residential areas that have experienced extreme levels of disinvestment, poor infrastructure and services, population loss, and vacancy may not currently have the conditions or resources needed to influence the future of the area. Without basic protections and increased investments, residents may be unable to relocate or may want to stay in their homes, yet have little influence over the trajectory of the neighborhood. Potential impacts include: declining property values and worsening of housing conditions for both renters and homeowners; increased stress, fear, and desire to leave the neighborhood; decreased stability and

sense of community; and further disruption of social networks. Potential health impacts include detrimental effects on a range of physical and mental health conditions.

2 - Community-Based Planning and Investment. Some HV areas are engaged in community-driven planning. Evidence suggests that resident involvement in planning and redevelopment can benefit health, build community control, and move regeneration forward. Potential beneficial impacts to the community include: improvements in the social fabric such as community cohesion, pride, collective efficacy, and strengthened social networks; change in economic investment, stabilization of property values, and increased amenities; and increased community capacity, control, and equity. Potential detrimental impacts include increased commitment of time and resources, stress, and burden from residents carrying the load of planning, development, and fundraising to improve basic conditions of their city. Potential beneficial health impacts include stabilized or improved physical and mental health.

3 - Gentrification and Displacement. Some areas may be experiencing gentrification currently or in the near future. Gentrification is the influx of higher income residents and businesses into an area with consequent displacement of existing longtime residents and businesses. Displacement can be active or passive over short or longer periods of time, and is substantially influenced by development policies and practices. Potential beneficial impacts on existing residents include improved physical and social environments, increased amenities and services, and increased economic and racial mix in the area as a whole in the short term. These impacts may result in related physical and mental health improvements. Potential detrimental effects on existing residents include: financial stress from higher costs such as housing, services, and amenities; increase in evictions; displacement or relocation of local, affordable, culturally-based services and businesses; increased tension and discrimination related to differences between newcomers and longtime residents; loss of protective community cultural, ethnic, and racial identity and social fabric; increased racial and economic segregation in the long term; and inequitable distribution of the benefits of regeneration.

These three types of neighborhood change are neither mutually exclusive nor inevitable. How DFC is implemented in its first five years will determine the extent to which the inclusive long-term vision of improved quality of life in Detroit will include those who live in neighborhoods most heavily impacted by historical disinvestment and current-day challenges.

Monitoring neighborhood change and evaluating the health impacts on residents is essential to ensure that regeneration strategies are beneficial to residents of neighborhoods with high vacancy.

6 Recommendations for Regeneration to Promote Health and Equity

The extent to which Strategic Renewal is detrimental or beneficial to health depends on the extent to which: basic city systems conditions are restored or maintained; financial, health and social supports are put in place for remaining residents; resources are available to assist those who are displaced or who choose to relocate; the community is engaged in redevelopment planning and decision making; and policies are put in place to prevent and mitigate the effects of involuntary displacement and gentrification.

Based on findings from the HIA and best practices used elsewhere, the D-HIA Steering Committee developed the following recommendations to address the potential health impacts of the Strategic

Renewal approach to regeneration. The aim of these recommendations is to inform decision-making in order to maximize the potential health benefits and minimize or mitigate the adverse health effects of plans to address infrastructure and city systems in Detroit's highest vacancy neighborhoods, and to promote equity. The full HIA report contains a more detailed description of recommendations, including specific policies and proposals for each.

1. **Establish community-driven neighborhood planning (CDP)** in decision-making by the City, by foundations, and by private investors, to ensure that high vacancy neighborhoods with strong community organizations have opportunities to retain and regenerate residential areas.
2. **Ensure that all neighborhoods have a basic service level of infrastructure and city systems.** Define core service level for all high vacancy neighborhoods and target services by "hot spots" or vulnerability - crime, lighting, environmental, health, demographic data, and vulnerable groups - rather than by zone or ZIP code, to reduce immediate health risks.
3. **Provide targeted safety, financial, and social service interventions to support residents** of HV neighborhoods that continue to experience substantial decline.
4. **Ensure that current residents and businesses in or serving HV areas benefit from regeneration opportunities,** to reduce economic insecurity and ensure that potential benefits and burdens of revitalization are equitably distributed.
5. **Adopt, implement, monitor, and enforce "responsible demolition" standards** for both public and private demolition, including HV neighborhoods where people live.
6. **Ensure that temporary and future vacant land use post-demolition contributes to community health and safety.**
7. **Require that large scale land purchases and development proposals include plans and resources that promote healthy neighborhoods and equity** for existing and future residents.
8. **Establish protections that consider the value of neighborhood legacy and community identity** in decisions that affect the future of communities.
9. **Anticipate gentrification, prevent involuntary displacement, mitigate negative impacts, and ensure benefits** to existing neighborhoods from revitalization.
10. **Preserve, restore, and produce affordable housing, and enact protections for both homeowners and renters.**
11. **Use public assets for public good,** and ensure that the value of previous public investment is factored into land disposition.
12. **Secure ongoing revenue sources** to support sustainable and health promoting local ownership and development.
13. Establish regional agreements to **ensure access to local area health data** at no cost for assessment and monitoring purposes.

While it is imperative that the current crisis of deteriorated infrastructure, abandoned buildings and unlit streets be addressed, the approach to regeneration that concentrates investments in stable areas alone will not address the deeply rooted structural issues that have caused many historically vibrant Detroit neighborhoods to become a “high vacancy zone.” With focused attention to the potential health and equity impacts of renewal strategies, decisions in the current period may help to achieve the longer-term goals of a sustainable vibrant city that benefits all residents. Engaging the strengths and knowledge of all Detroiters and ensuring that they are part of decision-making are essential to achieve DFC’s long-term vision.

7 Conclusion

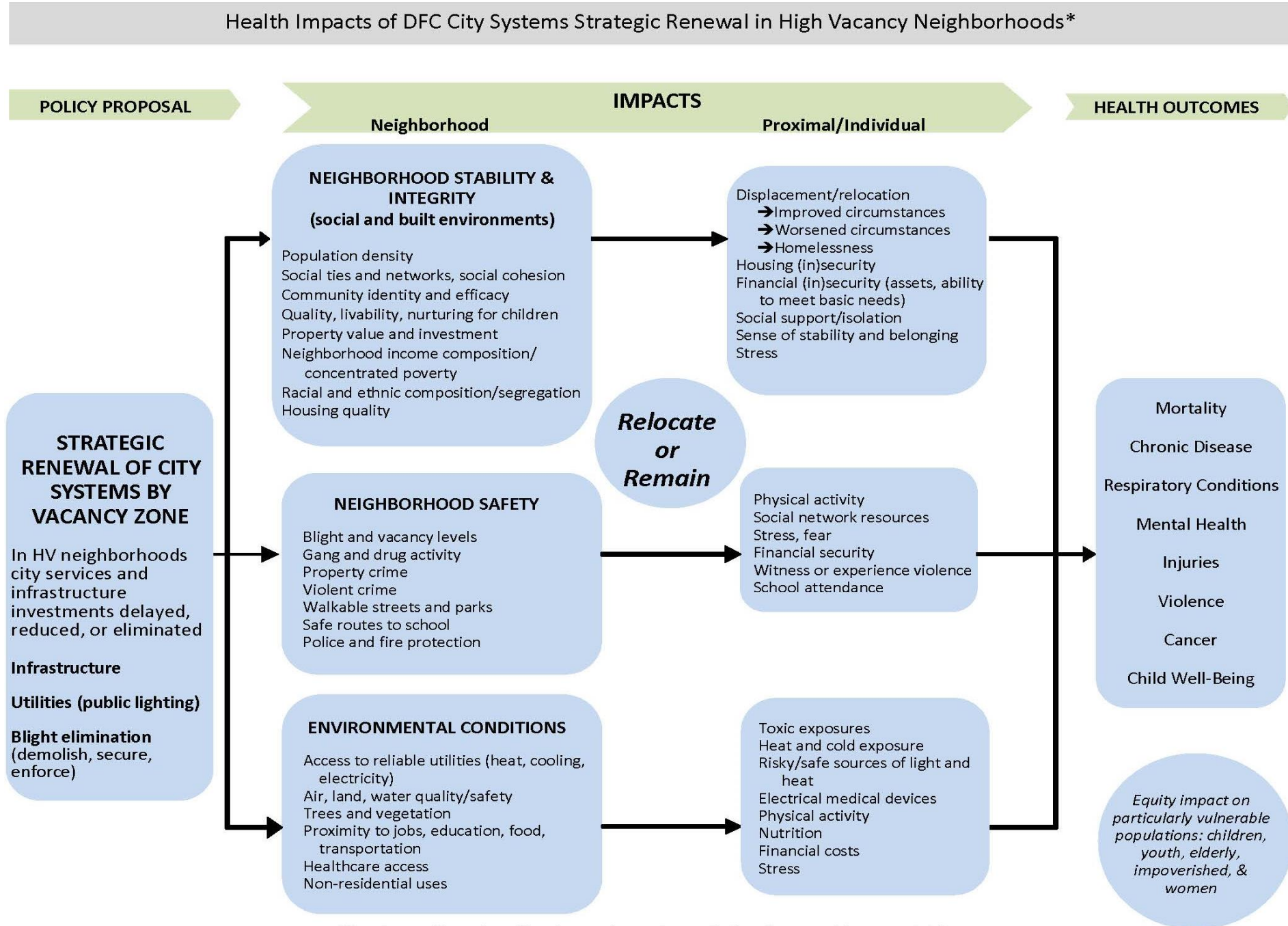
This health impact assessment was carried out during a time of tremendous change in Detroit. Economic and political environments have shifted dramatically – as Detroit went through bankruptcy, change in political leadership and the structure of city government, and sudden attention (including funding and investment) at state, federal, and international levels. However, while some aspects of Detroit neighborhoods are changing rapidly, the underlying conditions are ongoing and persistent. Even as new demolition policies and practices have been developed and funded, tens of thousands of homes have become vacant due to tax and mortgage foreclosure. Some of the recommendations developed earlier in the process have already been incorporated into different aspects of planning in Detroit. Most, however, will remain timely and relevant moving into the future.

The information in this HIA is for community residents, city government, planners, funders, developers, researchers, policy-makers, community-based organizations, and advocates. The HIA is intended to inform further implementation of DFC and application of the DFC framework to regeneration planning in Detroit, including infrastructure renewal, basic services, public lighting restoration, and blight removal and demolition. While Detroit Future City may be replaced by other plans, proposals, and frameworks, the findings of this HIA will remain relevant to ensure that regeneration contributes to health and equity for all Detroiters.

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Figure 2: Conceptual Framework of Health Impacts of DFC City Systems Strategic Renewal in High Vacancy (HV) Neighborhoods



*Based on evidence from literature review and consultation. See report for more details.

D-HIA is a project of the Detroit Urban Research Center.

*The full report can be found in the
Affiliated Partners section of the Detroit URC website at
www.detroiturc.org/affiliated-partners/hia-detroit.html*

