FROM HERITAGE TO HEALTH

A HEALTH IMPACT ASSESSMENT
APPROACH TO THE
ADAMS COUNTY CIVIL RIGHTS PROJECT

October 2019

People change policies. Policy changes impact communities.

HIA Committee motto

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Abstract

The Adams County Civil Rights Project (ACCRP) is one of several initiatives underway to increase the profile of African-American heritage in the physical, economic, and cultural landscape of the City of Natchez and Adams County, Mississippi. The ACCRP is led by the Historic Natchez Foundation, and it overlaps with elements of the City of Natchez Downtown Master Plan and other community initiatives.

This Health Impact Assessment (HIA) focused on the social, economic, and environmental context of Adams County and health impact for Adams County residents. The report therefore aims to focus on the ACCRP as a snapshot with the understanding that it is part of a larger ongoing conversation, and to support and enable community stakeholders to advance whole population health as the conversation moves forward.

HIA findings suggest opportunities for the ACCRP to advance health and well-being are broad when approached collaboratively at the local level, although data is needed to link initiatives with measurable impact on outcomes and strategies can accelerate progress with decentralized stakeholders. A cross-sector collaboration and strategy for African-American heritage community development through *culture* (collective efficacy, counter-narratives), *health* (acute and chronic historical trauma, historical and contemporary inequities), *economic opportunity* (capital investments, creative place-making, entrepreneurship), and *youth and education* (critical consciousness) may have profound implications for mental health, health-related quality of life, chronic disease, and maternal and child health in Adams County. The HIA recommendations, based on a review of existing literature, community engagement, and an assessment of current conditions, may be feasible since they primarily add an equity lens to the ACCRP and other existing or planned initiatives.

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Disclaimers

The research and recommendations contained in this report and any supplementary materials are not regulatory or binding by the Mississippi State Department of Health. They are offered as a means of advancing community health and well-being through Mississippi State Department of Health support for local strategic planning, coordination, and development efforts.

Dedication

To those who fought for civil rights in Adams County and the Miss-Lou Region in centuries past in any and every way they could. We all stand on the shoulders of tens of thousands of giants.

Images Courtesy of Historic Natchez Foundation

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KEY TERMINOLOGY AND ACRONYMS

Agency: the socioculturally mediated capacity to act[1]

Affordable housing: (1) the terms on which dwellings can be purchased and loans to purchase these assets can be amortized; or (2) the terms for rental contracts and the relationship between these rents and incomes.[2] The Adams County HIA uses the Housing Market Analysis from the 2017 Natchez Downtown Master Plan as a recent benchmark, which determined the median affordable house price as $210,000 and the median affordable rental price as $417 per month.[3]

Built environment: land use patterns, the transportation system, and design features that together provide opportunities for travel and physical activity. Land use patterns refer to the spatial distribution of human activities. The transportation system refers to the physical infrastructure and services that provide the spatial links or connectivity among activities. Design refers to the aesthetic, physical, and functional qualities of the built environment, such as the design of buildings and streetscapes, and relates to both land use patterns and the transportation system.[4]

Collective efficacy: performance capability of a social system as a whole, including collective problem identification and problem solving; associated with the tasks, level of effort, persistence, thoughts, stress levels, and achievement of groups[5,6]

Counter-narrative: a method of telling the stories of those whose stories are not often told[7]

Critical consciousness: reflection and action geared toward the transformation of social systems and conditions… Scholars have identified three core components of the concept: critical reflection, political efficacy (agency), and critical action.[8]

Culture: the way in which groups of people make meaning and share knowledge[9]

Cultural well-being: the degree to which culturally-based actions by organizations and networks impact well-being, and the foundation of inclusion and innovation; measured through an index of trust, hope, and belonging[9]

Gentrification: (1) the process by which working class residential neighborhoods are rehabilitated by middle class homebuyers, landlords, and professional developers; distinguished from redevelopment which involves not rehabilitation of old structures but the construction of new buildings on previously developed land;[10] or (2) a generalized middle-class restructuring of place, encompassing the entire transformation from low-status to upper-middle-class neighborhoods.[11]

Geography of opportunity: objective spatial variations in the operation of markets, institutions, and social systems that constitute vehicles of upward mobility[12]

Health: a state of complete mental, physical, and social well-being and not merely the absence of sickness or frailty[13]

Health equity: when all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance[13]

Health inequality: differences, variations, and disparities in the health achievements of individuals and groups of people[13]

Health inequity: a difference or disparity in health outcomes that is systematic, avoidable, and unjust[13]

Health literacy: whether a person can obtain, process, and understand basic health information and services that are needed to make suitable health decisions…Health literacy is not simply the ability to

read. It requires a complex group of reading, listening, analytical, and decision-making skills and the ability to apply these skills to health situations.[13]

Heritage tourism: traveling to experience the places, artifacts, and activities that authentically represent the stories and people of the past and present[14]

Historic vs. historical: Historic refers to something famous or important in history; a historic site is a famous or important site, for example. Historical refers to history broadly or generally.[15]

Historic preservation: designation of historic sites (includes federally, state, and privately owned properties); documentation (includes written, photographic, and technical documentation, as well as oral histories); and physical preservation (includes rehabilitation, restoration, and reconstruction)[16]

Historical trauma: a complex and collective trauma experienced over time and across generations by a group of people who share an identity, affiliation, or circumstance.[17] Trauma may be acute (short-term, event-based), chronic (long-term, sustained), or a combination of the two.

Historical understanding: an attempt to fully understand significance through a larger context or historical narrative, and not the exercise of memorizing a series of historical lists of dates, names, or events[18]

Learning, formal: in the initial education and training system[19]

Learning, non-formal: organized but outside the formal sector; serves identifiable clientele (youth, etc.) and has learning objectives[19]

Learning, informal: lifelong learning processes, daily experience (family, friends, neighbors)[19]

Narratives: stories that string together events to construct meaning and establish discourse[17,20]

Place-based education: the process of using the local community and environment as a starting point to teach concepts in language arts, mathematics, social studies, science, and other subjects across the curriculum[21]

Public history: the employment of historians and historical methods outside of academia: in government, private corporations, the media, historical societies and museums, and private practice. Incorporating history – the dimension of time – as part of a public process to resolve an issue, form a policy, use a resource, or plan or direct an activity.[22]

Public memory: memory as a collection of practices or material artifacts – including public structures, museums, and cultural practices – and primarily concerned with interrelationships between different versions of history in public.[23, 24] The HIA uses the term public memory since the National Register of Historic Places is national public record and a local trail will be part of public infrastructure, but the terminology overlaps with collective (or social or cultural) memory since all remembering occurs within the social contexts of environment and discourse.[23]

Social capital: consisting of norms of reciprocity, civic participation, trust in others, and the benefits of membership[25]

Social determinants of health (see figure[26]): The complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors. In addition to the more material attributes of "place," the patterns of social engagement and sense of
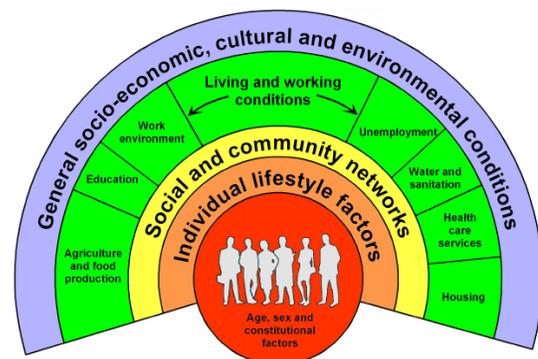
Source: Dahlgren and Whitehead, 1991

security and well-being are also affected by where people live. Resources that enhance the quality of life can have a significant influence on population health outcomes: safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.[13]

Social networks (see figure[26]): informal processes and primary groups that result from formal and informal social groups and support systems, including family, work group, faith-based, neighborhood, and friendship networks.[26,27] Social and community networks represent one of the more immediate influences on health, next to biological and individual lifestyle factors. Greater impact is achieved through addressing the outer level of socioeconomic, cultural, and environmental conditions, which can have wider whole population reach and influence on the subsequent levels.[26]

Structural racism: Involving interconnected institutions, the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice. These historical and contemporary patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources.[28]

Well-being: the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment, and positive functioning. In simple terms, well-being can be described as judging life positively and feeling good. For public health purposes, physical well-being (e.g., feeling very healthy and full of energy) is also critical. Researchers from different disciplines have examined different aspects of well-being that include physical well-being, economic well-being, social well-being, development and activity, emotional well-being, psychological well-being, life satisfaction, domain-specific satisfaction, engaging activities and work.[29]

Acronyms

ACCRP	Adams County Civil Rights Project
CHR	County Health Rankings
CRM	Civil Rights Movement
HEAL	Health, Equity, Art, Learning Community Natchez, with Kentucky-based IDEAS xLab
HIA	Health Impact Assessment
HNF	Historic Natchez Foundation
MDAH	Mississippi Department of Archives and History
MSDH	Mississippi State Department of Health
NAC	Natchez-Adams County
NMAAHC	Natchez Museum of African-American History and Culture
NPS	National Park Service
NRRB	National Register Review Board, under MDAH
NTF	*National Thematic Framework* by the National Park Service
PBE	Place-based education
SES	Socioeconomic status
TCI	Tourism Capital Investments

EXECUTIVE SUMMARY AND RECOMMENDATIONS

Historic preservation incorporates history into places. Local residents know the history and current conditions of places. Public health studies how places affect health.

History and culture ➤ Places ➤ Health and well-being

This fundamental shared interest in places was the focus of a research and planning process for a project being implemented over the next several years in Adams County, Mississippi. The Adams County Civil Rights Project (ACCRP) is one of several initiatives underway to increase the profile of African-American heritage and civil rights history in the local physical, economic, and cultural landscape. Between March 2018 and August 2019, the Adams County-based, community-led Steering Committee and Advisory Committee conducted a comprehensive Health Impact Assessment (HIA) on the ACCRP to examine pathways between a civil rights heritage project and health.

An HIA examines current health, socioeconomic, and environmental conditions and explicitly focuses on health disparities within the population in order to improve health for the whole population. Although many types of disparities exist, low income populations and racial and ethnic minorities bear a disproportionate burden of avoidable inequalities, or inequities, in health outcomes.[58,62,85,151,162,258,271,283] In Adams County, the rate of low birth weight for black infants is 50 percent higher than for white infants,[202] and mortality rates for the three leading causes of death are significantly higher for blacks than whites: heart disease (27.3 percent higher), stroke (50.5 percent higher), and cancer (31.3 percent higher).[150] Among the strongest predictors of health outcomes,[63-67,75-78,211,294] Adams County is worse than state averages: poverty (29 percent higher), children in poverty (44 precent higher), and high school graduation (3.7 percent lower).[202] Nearly one in five Adams County residents over 18 report depressive disorders.[150]

An HIA studies a specific upcoming project, plan, or decision, and in doing so, builds shared understanding of how everyday decisions can reduce, reinforce, or worsen avoidable health inequalities.[45] The findings can support communities in making evidence-based decisions that advance health and reduce disparities. The Adams County HIA focused on three questions relevant to the ACCRP:

1. Telling the story of places (collective identity)	• How does the process of identification and interpretation of civil rights sites for public history impact the health and well-being of Adams County residents?
2. Site preservation & commemoration (contextual changes to the built environment)	• How does transformation of the built environment through historic preservation impact the health and well-being of Adams County residents?
3. Place-based education (interactions between people and places)	• How might place-based educational tools for local civil rights history impact the health and well-being of Adams County residents, particularly youth?

The HIA then used mixed research methods – including community engagement, local and Mississippi case studies, and a review of existing literature – to examine potential effects on Adams County health determinants and outcomes. The HIA used the following projections for each of the above questions:

Project / Policy Decisions (~1-2 years)	Immediate Project Outcomes (~2-5 years)	Intermediate Outcomes (~5-15 years)	Long-Term Health Outcomes (~15+ years)

HIA Recommendations and Findings

HIA findings suggest opportunities for the ACCRP to advance health and well-being are strategically broad, although data is needed to link initiatives with measurable impact on outcomes and strategies can accelerate progress with decentralized stakeholders. A cross-sector collaboration for African-American heritage through *culture* (collective efficacy, counter-narratives), *health* (acute and chronic historical trauma, historical and contemporary inequities), *economic opportunity* (capital investments, creative place-making, entrepreneurship), and *youth and education* (critical consciousness) may have profound implications for mental health, health-related quality of life, chronic disease, and maternal and child health in Adams County. HIA recommendations (below, and detailed on pages 70-71) may be feasible since they primarily add an equity lens to the ACCRP and other existing or planned initiatives.

1. Use a framework approach for building collective efficacy and counter-narratives.

Framework approach develops historical context, counter-narratives	Understanding of influences on contemporary inequities	Agency and collective efficacy	Chronic stress, mental health, cultural well-being

This discussion prompt is extremely simple: instead of asking for civil rights sites, participants were asked about neighborhoods and institutions and how civil rights changed those over time. Place became the dependent variable, shifting civil rights history representation away from a series of independent variables of people and events. Counter-narratives and collective efficacy (problem-identification and problem-solving) connected historical inequities to contemporary issues. An analytical framework added transparency and structured discussions to move beyond major events into deeper issues.[89,91,92]

> *"History depends on who is telling the story, but it also depends on what questions are asked to get the story."*
>
> *- HIA Steering Committee Chair*

This approach may resolve a fundamental paradox in civil rights site identification and interpretation as a public history process. Even when identifying sites of acute historical trauma (e.g., a murder or bombing), participants immediately followed that with "it's not enough." The representation of lived experiences was the priority – including chronic historical trauma (e.g., daily indignities of structural racism and tension), resiliency, and cultural innovation through social networks, intellectualism, and institutions – over and above adding new sites. Capturing lived experiences through places, however, has been a perpetual challenge and goal of historic preservationists generally and the National Register specifically.

By reframing group dialogue with a different question, the process was substantially different and may lead to outcomes that can help reduce chronic stress, promote mental health, and understand cultural well-being. Mental health root causes are a priority area of need and concern in Adams County with its high levels of depressive disorders.[150] Since the dialogue prompt was less effective in individual interviews, the framework can be applied post-interview as a means of supplementary analysis.[91] This component of the ACCRP ran concurrently with the HIA due to timelines for both projects, but the likelihood and magnitude for health impact depend on the process continuing beyond individual projects and champions.

2. Coordinate research on historical social and economic inequities for increasing an understanding of contemporary health inequities.

Framework approach develops historical context, counter-narratives	Documentation of historical inequities	Opportunities for health research	Understanding of and implications for health

Although it is commonly accepted that place (where we live) influences health status,[31] much of the research is cross-sectional and present-focused.[32] Research has called for additional study not only of the "life course of individuals but [also] the social and economic trajectories of the places they inhabit," or a focus on history in linking place and health.[32-35,155,230,231,291,292]

Previous research has shown the importance of understanding the historical *formation* and *transmission* of health inequities.[36-40] And as understanding of place and health has grown, literature from various fields has suggested the historical or cultural context of places could add new information for health research on: neighborhood effects,[32,35,41] social capital and support,[42,43] socioeconomic status,[39,44] and epidemiology.[38,46,47,155,230,231] Although a small number of studies have mapped historical contexts at the neighborhood level, a challenge has been developing methodologies that accurately capture historical context, population changes, and causality.[40-42,44]

3. A comprehensive cross-sector approach to cultural and economic equity through community development, economic diversity, entrepreneurship support, and measuring outcomes is more likely to positively affect health than tourism alone.

Adams County civil rights sites and trail	Income potential or inequality, cultural dis- or emplacement	Social support, neighborhood order, SES	Mental, general, and maternal and child health, chronic disease

Adams County has approached preservation and commemoration of African-American heritage incrementally, primarily due to project-based initiatives and decentralized forces of change. A systematic, comprehensive approach could support a collective vision for cultural equity and measure quality of life and well-being including distribution of impact. This may offer new information to amplify positive impacts on health through cultural emplacement, income potential, and economic diversity.

The absence of social infrastructure for cultural equity risks inadvertently reinforcing dependency on tourism rather than fostering the diverse economic opportunities of cultural heritage. A high dependency on service sector industries, such as tourism, has been shown to increase income inequality which in turn is a strong predictor of homicide rates;[48-51,212,214] both have increased in Adams County in recent years.[261] Tourism in a context of greater economic diversity has been shown to create more uniform gains.[51] Evidence shows that income potential and inequality are direct health determinants on population health (mortality, life expectancy, infant mortality, under five survival rate, and self-rated health), and narrowing the gap improves *overall* population health and wellbeing.[52-54] For added urgency, income inequality has a threshold which, once reached, begins to affect population health more significantly.[55-56] Equity is often addressed through silos, which impedes progress toward health equity, while sharing and understanding data can support the development of shared values, progress, and priorities within and across sectors.[293]

4. Develop a grassroots, interactive People's Civil Rights Trail to build connectivity and creative place-making for people to tell their story in their own way.

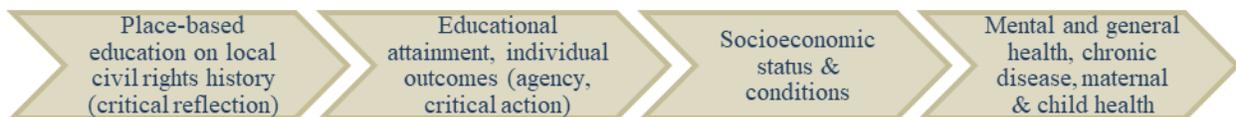| Adams County civil rights sites and trail	→	Income potential or inequality, cultural dis- or emplacement	→	Social support, neighborhood order, SES	→	Mental, general, and maternal and child health, chronic disease

When creating public memory, decisions and tradeoffs arise. The limited physical infrastructure requires innovation: through creative place-making in new sites or building emotional and digital connectivity into existing sites. Recent events and projects suggest positive impacts from building exposure to and awareness of African-American history across geographic and digital boundaries and offer models for organizing and building momentum. Some suggested that the interpretive panels along existing walking trails were initially read by locals but now are used primarily by tourists. Findings suggested coordinated branding, exhibits, guides, digital connectivity, and safe and aesthetic conditions may increase usage and amplify impacts for local social cohesion and well-being. Creative place-making combined with access to transportation or recreational physical activity may also impact civil rights trail usage and physical activity levels.

> *"I think people in the black community are not always interested in or comfortable at events hosted by the white community. Having Harmony in the Park in the midst of a traditionally black neighborhood is one of the things that made it a success."*
>
> *- Harmony in the Park attendee*

> *"Natchez kind of tries - because it does have a bad history with civil rights. From way back, I think it's been trying to cover it up…They did change it - there was no mention of any of that in the past. But I think this city has a whole need to embrace the whole brand because there's so much history here, but it needs to be more visible."*
>
> *- ASU baseline assessment*

5. Support place-based education on local civil rights history with all youth.

Place-based education on local civil rights history (critical reflection)	→	Educational attainment, individual outcomes (agency, critical action)	→	Socioeconomic status & conditions	→	Mental and general health, chronic disease, maternal & child health

Place-based education on civil rights history has been shown to positively influence individual outcomes for educational attainment and well-being. Furthermore, linking place-based education to agency through critical consciousness involves youth in addressing broader local socioeconomic conditions. Most studies on socioeconomic status (SES) and health emphasize the need for an integrated contextual understanding of SES factors – education, income potential, and employment – especially when identifying effective interventions to reduce disparities.[58-61,77]

> *"This would help teach people civil rights history in school when they wouldn't learn about it anywhere else."*
>
> *- HIA forum youth participant*

Overall SES is strongly associated with higher rates of most chronic and infectious diseases and nearly all causes of mortality and morbidity.[62,77,85] A wide array of SES-associated physical, cognitive, and social outcomes affect health before birth (infant and maternal mortality), well into adulthood, and across generations.[39,40,60-67,70-77] In Adams County, educational outcomes have been gradually improving while others have stagnated, worsened, or improved but not at the same rate as the state,[150,261] suggesting a need for a targeted, coordinated effort on socioeconomic conditions, particularly children in poverty, which would likely improve health for the whole population.

Summary Health Impact Characterizations for ACCRP Decisions and Recommendations

History and culture → Current conditions → ACCRP health impact, HIA recommendations → Impact on the population (Appendix A: Are people better off?)

The HIA uses specific terminology to characterize potential Adams County Civil Rights Project health impacts – that is, what is meant by saying that a particular project decision or factor may influence or affect health determinants or outcomes. The table and terminology below are adapted from those developed by Public Health Wales NHS Trust in a 2019 report on the health implications of Brexit.[68] Potential impacts are described through the following characteristics:

- *Type*: Would the health impact be positive (green) or negative (red)?
- *Likelihood*: How likely is any potential health impact to occur?
- *Magnitude*: If impact does occur, how significant would it be?
- *Timeframe*: When would signs of impact be visible after the decision/choice is implemented? Impact may be visible through early indicators of relevant health determinants – e.g., increased social cohesion, school engagement or test scores, capital investments – or health outcomes. These are considered further as part of the HIA Monitoring and Evaluation Plan (Appendix A.5).

Darker shades indicate bigger impact: more likely, higher magnitude, or sooner. Lighter shades indicate a lessor impact: less likely, lower magnitude, or long term.

Type of Impact		
Positive / Opportunity		Negative / Risk
Impacts that may improve health outcomes, or provide an opportunity to do so		Impacts that may negatively affect health outcomes, or involve some risk of negative impact
Likelihood		
Very likely	Strong direct evidence from a wide range of peer-reviewed sources that an impact has happened or will happen.	Very likely
Probable	More likely to happen than not. Direct evidence but from limited sources.	Probable
Possible	May or may not happen. Plausible but with limited evidence to support.	Possible
Magnitude		
Major	Significant in scale (high degree of intensity and/or widespread)	Major
Moderate	Average in scale (medium degree of intensity and/or extent)	Moderate
Minimal	A minimum amount or limited extent	Minimal
Timeframe for Impact		
Short term	Impact seen in 0-5 years	Short
Medium term	Impact seen in 5-15 years	Medium
Long term	Impact seen in > 15 years	Long
Notes		
Distribution	The population expected to be affected by potential changes – for example, Adams County residents or particular subgroups – e.g., business/property owners, youth, or minorities	
Key variables	Significant factors to use for leveraging opportunities or mitigating risks.	

ACCRP decision/HIA recommendation	Type of impact	Likelihood	Magnitude	Timeframe	Distribution Health effects:* determinants or outcomes	Key variables that may influence likelihood or magnitude	Priority to implement
1. Framework approach	Positive	Very likely	Moderate	Short	Adams County residents with likely disparity reduction Chronic stress, mental health, social cohesion	Participation rates, visible shift to structural solutions	High
2. Historic context and health research	Positive	Possible	Major	Long	Understanding of historical neighborhood level inequities on mental, general, maternal, infant health, chronic disease	Development of methodologies, external resources and partnerships	Low
3. Cultural and economic equity strategies and infrastructure	Positive	Very likely	Major	Medium	Adams County residents with likely disparity reduction Chronic stress, mental health, socioeconomic status (SES)	Commitment of resources (funding, staff), local awareness & use	High
4. Interactive People's Civil Rights Trail	Positive	Probable	Moderate	Medium	Adams County residents with possible disparity reduction. Chronic stress, physical activity, neighborhood order	Commitment of resources (funding), local awareness & use	Medium
5. Place-based education on local CR history	Positive	Very likely	Major	Short	All youth Mental health, critical consciousness, SES	Formal (all school curricula) vs. non-formal learning (faith based or youth mentoring)	High
All of the above, based primarily on the risks of inaction	Negative	Very likely	Minimal to Major	Short	Adams County residents Chronic stress, mental health, SES, neighborhood order, social support and cohesion	Verbal dissent from small pockets. If a race-based incident occurs, impact would be major. Mitigate through site security, leadership support, condemnation as needed. Risk of not affecting current trends in income inequality, poverty, or cohesion w/o inclusive strategies, data to inform interventions, collective efficacy, or resources.	

* Listed health effects influence other health determinants and outcomes, including: healthy behaviors and literacy, access to health care, general health (self-reported health, health-related quality of life), mortality, chronic disease risk factors, and maternal and infant health.

INTRODUCTION

Although our behaviors and choices play a significant role in our health outcomes, fifty percent of health outcomes are determined by the social, economic, and environmental conditions where we live (Figure 1).[30] These conditions play an enabling role for healthy behaviors and health literacy,[69,70] contribute to complex influences on mental health,[71-73] and affect physical health independent of behaviors[66,74,75] – all in ways that, persistently and troublesomely, have been associated with health outcomes years later and even in subsequent generations.[64-67] Understanding these conditions, also called social determinants of health, is therefore important for understanding health,[65,76-78] where health is defined as "a state of physical, mental, and social well-being and not merely the absence of sickness or frailty."[13]

In Adams County, history plays a key role in social, economic, and environmental conditions. As the oldest settlement on the Mississippi River, history is an integral part of the sociocultural identity, and historic preservation efforts have cultivated and maintained a physical landscape reflecting that. Heritage tourism capitalizes on both of those as the dominant local industry. In recent years, an interest convergence across public institutions, organizations, businesses, and residents has resulted in local stakeholders increasing efforts to preserve and promote the nationally significant and transformational African-American history. In the current Adams County Civil Rights Project (ACCRP) – the focus of the Health Impact Assessment – plans are underway for a survey of sites that played important roles in the local Civil Rights Movement.

Figure 1. County Health Rankings model

Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2019.

Adams County is not the only stakeholder in Mississippi attempting to understand the role public history can play in documenting and interpreting local Civil Rights Movements. In 2018, a National Park Service (NPS) Civil Rights Special Resource Study in Mississippi – not connected to the Adams County Civil Rights Project or Health Impact Assessment – held a series of public meetings around the state to identify civil rights sites. The input demonstrated the complexity and ambiguity of capturing the Civil Rights Movement through local places, for example: "[The] challenge of public history & civil rights is that NPS is sites/places but the organization happened in small little houses, barber shops, back rooms, etc." and "Study should not be broad bunch of events, but should highlight specific individuals and their stories and efforts" while simultaneously "tell the whole context."[79] The Special Resource Study Scoping Report noted the process of developing public history generates its own challenges:

> **Telling the Story**. Many commenters expressed concern with how the story would be told, who would get to tell it, and who is represented and involved in identifying sites, defining terms, and shaping the interpretation process. Specifically, commenters noted that many aspects of the history that is taught has been misrepresented or glossed over and were concerned about local and state resistance to telling the shameful conditions in Mississippi that propelled the civil rights movement.[80]

Despite recent attention to these issues and concerns (which appear in many communities and throughout the existing literature), limited attention has focused on exploring potential long-term impacts on
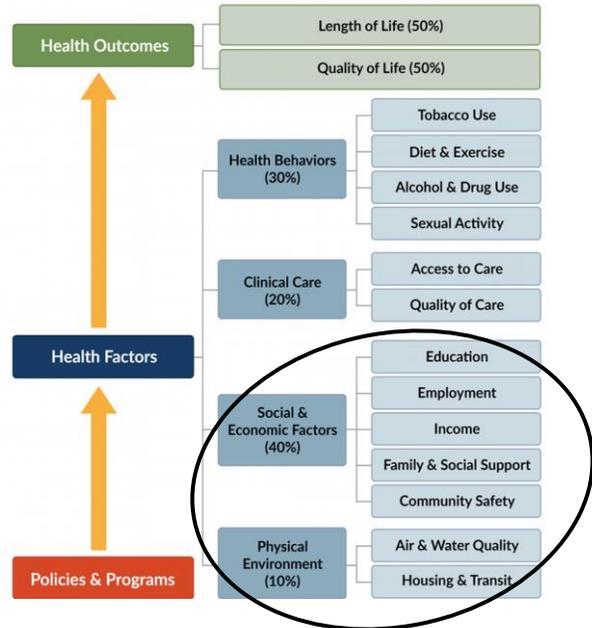
community health and well-being, and what can be done now as part of project planning and implementation to influence those impacts. This is where and how the Adams County Health Impact Assessment began: leveraging the ACCRP for the health and well-being of Adams County residents.

National Register of Historic Places and the Adams County Civil Rights Project

The National Register of Historic Places ("National Register") dates to the enactment of the National Historic Preservation Act of 1966 and is the nation's official list of historically significant properties and "history worth preserving."[81] These properties include buildings, structures, ships, monuments, bridges, archaeological sites, and battlefields determined worthy of preservation. Although the National Register is managed by NPS, the sites themselves are not NPS property. Typically, local historic preservation organizations collaborate with local governments and individual property owners to prepare site nominations, property restorations, and supplementary educational resources.

In 2017, the Historic Natchez Foundation (HNF) first proposed to survey Adams County, Mississippi, to identify buildings and sites that played essential roles in the Natchez Civil Rights Movement (CRM). This will be a thematic listing for the National Register, meaning the individual sites can be non-contiguous and located throughout Adams County, linked only by their significance to the Natchez CRM. Although HNF has extensive experience with eight local historic districts and hundreds of individual listings – the most in Mississippi and among the largest in the country – the thematic listing would be the first of its kind for Adams County.

The survey will be conducted in compliance with the National Register survey guidelines for nominations, which are the standards applied by the Mississippi Department of Archives and History (MDAH) Historic Preservation Division and considered by the MDAH National Register Review Board. The guidelines are detailed extensively in NPS published bulletins.[82] Survey material typically includes documentary evidence, oral histories, architectural descriptions, photographs, site plans, and floor plans. HNF also intends to produce an illustrated guidebook and map based on the survey and nomination and hopes to attain funding for a Civil Rights Trail as a county-wide extension of the Natchez Trails, six miles of sidewalks and trails with interpretive panels in downtown Natchez and along the Mississippi River.

A National Register listing is often considered honorific but also provides preservation resources and incentives through:

- Authoritative documentation for stakeholders – national, state, and local – in research, education, heritage tourism, planning, and community development;
- Tax credits for restoration of income-producing properties: up to 45% of rehabilitation costs reimbursed over time through state (25% in Mississippi) or federal (20%) programs; and
- Grant eligibility from state, federal, and philanthropic sources for restoration of properties owned by non-profits.

Eligibility for the National Register is determined based on two evaluative factors: integrity and significance. Integrity includes seven potential variables: location, design, setting, materials, workmanship, feeling, and association. Significance for the nomination, although supplemented by a couple dozen thematic categories for "areas of significance" that expand on the criteria and incorporate social and ethnic history, must be based on one or more of four criteria (A, B, C, or D) from the National Historic Preservation Act legislation:[83]

A. *Events:* Association with events that have made a significant contribution to the broad patterns of our history; or
B. *People:* Association with the lives of persons significant in our past; or
C. *Architecture:* Embodiment of distinctive characteristics of a type, period, or method of construction, or that represent the work of a master, or that possess high artistic values, or that

represent a significant and distinguishable entity whose components may lack individual distinction; or

    D. *Research:* Sites that have yielded, or may be likely to yield, information important in prehistory or history.

Generally, historic properties must be at least fifty years old to be eligible, or significant events associated with the site need to have occurred at least fifty years ago. Sites not eligible for the National Register listing can often be listed on local or state registers. HNF will submit the completed nomination to MDAH staff for review. The staff will either accept the nomination as written or return it to HNF for revision. Once approved, the nomination will then be presented to the City of Natchez Preservation Commission and to the National Register Review Board, which will approve the nomination, suggest revisions, or reject it. If the Review Board approves the nomination, it will be forwarded to Washington, D.C., for final approval by the National Park Service.

The Adams County Health Impact Assessment

Health Impact Assessment (HIA) is a systematic process involving community engagement and a review of existing evidence to evaluate the impact of a specific policy, plan, or project on health determinants and health outcomes. HIA findings can inform decision makers and public officials in any sector so that choices can be made, plans implemented, and policies developed in ways that capitalize on opportunities for health, mitigate risks of action or inaction, and improve the quality of life for the communities they serve. An HIA is explicitly concerned with the distribution of impact and disproportionate effects *within* the population in order to improve health for the *whole* population.

Social determinants of health and pervasive structural inequities, such as poverty, can feel daunting to any community. An HIA offers an opportunity to focus on a specific decision, and in doing so, build shared understanding of how everyday decisions can reduce, reinforce, or worsen avoidable inequalities. The findings can help communities to make well-informed, evidence-based decisions that advance health and reduce disparities.[45]

Given the centrality of place to the ACCRP, and as a joint topic of interest for the public health and historic preservation fields generally,[16,31] *place* became the HIA's central organizing theme. The three assessment domains – telling the story of places, site preservation and commemoration, and place-based education – represent key challenges and opportunities prioritized early by HIA participants, identified during HIA research, and reaffirmed in the NPS Special Resource Study Scoping Report.[80]

These assessment domains aligned with a typology of geographic (place-based) influences on health: the collective identity of places through sociocultural or historical identity, contextual health influences in the built environment and opportunity structures, and the relationship or interaction between people and places.[33,84] Three questions focused the assessment:

1. Telling the story of places (collective identity)	• How does the process of identification and interpretation of civil rights sites for public history impact the health and well-being of Adams County residents?
2. Site preservation & commemoration (contextual changes to the built environment)	• How does transformation of the built environment through historic preservation impact the health and well-being of Adams County residents?
3. Place-based education (interactions between people and places)	• How might place-based educational tools for local civil rights history impact the health and well-being of Adams County residents, particularly youth?

Mixed research methods (Appendix A.4) were then used to examine potential effects on health determinants and outcomes using the following projections for each of the above questions:

Project / Policy Decisions (~1-2 years)	Immediate Project Outcomes (~2-5 years)	Intermediate Outcomes (~5-15 years)	Long-Term Health Outcomes (~15+ years)

HIA Decision-Making Bodies, Community Participation, and Technical Assistance

The decision-making body was the HIA Steering Committee ("HIA Committee"), which met on a weekly basis to review and coordinate research and stakeholder engagement. The HIA Committee received ongoing feedback from an HIA Advisory Committee ("Advisors") and discussions with decision-makers, residents, and organizational representatives. Many advisors participated in the initial April 2018 HIA workshop, acted as "table captains" or helped with logistics during community forums, and assisted with various aspects of community participatory research and reporting. Both committees reflect majority minority representation in keeping with population demographics of Adams County, equity principles, and the Civil Rights Project under assessment.

Steering Committee (weekly)	*HIA Screening through Monitoring & Evaluation*
Robert Pernell, Chair *Community Organizer*	Ann Grennell Heard *Scent from Natchez*
Madeline England, Project Coordinator *Mississippi State Department of Health*	Jeremy Houston (April 2018-July 2019) *Miss-Lou Heritage Group & Tours*

Advisory Committee (monthly)	*HIA Scoping through Monitoring & Evaluation*
Beverly Adams, MBA *Resident & Citizen Advisor*	Jamal McCullen *Teacher*
Ida Anderson (Steering Committee, July 2019-) *P16 Community Engagement Council & Citizen Advisor*	JoAnne Phipps *Resident & Citizen Advisor*
Elizabeth M. Boggess, PhD *MDAH National Register Review Board*	Virginia Robertson *Teacher*
Jason Jones *Mississippi State Extension 4H, Youth Leadership Natchez*	Frances Wallace *Natchez Museum of African-American History and Culture*
Sadie Jones *Resident & Citizen Advisor*	Verna Wallace *Property & Business Owner*
Nicole Harris *Historic Natchez Foundation*	Darrell White *Visit Natchez*

Researchers & Consultants	*HIA Scoping through Monitoring & Evaluation*
Juanita Graham, DNP-RN, FRSPH *Maryville University, McAuley School of Nursing*	Daniel Sarpong, PhD *Biostatistician / Consultant*

Alyson Doran
Clinton Health Matters Initiative

David Slay
Independent Researcher / Historian

Theo Edmonds, JD, MHA, MFA
Assistant Professor and Director, University of Louisville Center for Creative Placehealing

Community Forums & Events   *HIA Scoping through Recommendations*

HIA Workshop for Stakeholders and Community Representatives, April 2018 (Scoping)

Community Mapping and Planning Activities (Scoping and Assessment)
> *Natchez Farmers' Market 2018*
> *Minorville Jubilee 2018*
> *Natchez High School Career & Health Day 2019*
> *Community Alliance of Natchez-Adams County Bike Trail Route and Concept Plan 2019*

Publicly promoted HIA Community Forums (Assessment and Recommendations)
> *October 8, 2018:* HIA scope review; baseline assessment; input to inform Domain 1
> *November 28, 2018:* Domain 1 preliminary findings and additional community input
> *March 7, 2019:* Community input on Domains 2 and 3
> *May 16, 2019:* Overall findings; input on recommendations, opportunities, challenges

Stakeholder and Community Engagement   *HIA Screening through Monitoring & Evaluation*

The HIA Committee thanks the following organizations, institutions, forums, and businesses. Entities listed below or their representatives answered questions, shared data or documentation, provided a forum for updates, feedback, or an opportunity to hear community concerns, or otherwise supported the project. The HIA Committee particularly appreciates the Historic Natchez Foundation for their consistent communication and resource support throughout the project. Many of the HIA community discussions and recommendations build on the foundational support from Kentucky-based IDEAS xLab, a non-profit collaborating with Natchez since 2015.

> Adams County Board of Supervisors
> Alcorn State University
> Ann Holden Lane youth dance group
> City of Natchez
> Community Alliance of Natchez-Adams County
> Concord Quarters Bed & Breakfast
> Copiah-Lincoln Community College, Natchez campus
> Friends of the Riverfront (FOR) Natchez
> Friday Forum
> Historic Natchez Foundation
> Holy Family Catholic Church
> HUBB Network
> IDEAS xLab (Louisville, KY)
> Mississippi Department of Archives and History (MDAH) Historic Preservation Division
> MDAH Education Division
> MDAH National Register Review Board
> MDAH Two Mississippi Museums
> Miss-Lou Heritage Group & Tours
> Mission Mississippi, Natchez Chapter

Natchez-Adams County Chamber of Commerce Education Committee
Natchez-Adams Economic Development Council
Natchez Adams School District
Natchez Business and Civic League
Natchez Convention Promotion Commission
Natchez Heritage School of Cooking
Natchez Museum of African-American History and Culture
Natchez National Historical Park
National Association for the Advancement of Colored People (NAACP), Natchez Chapter
Stop the Violence Committee
Sustainable Equity, LLC
Visit Natchez
WTYJ Radio Station
Zion Chapel African Methodist Episcopal Church

The HIA Committee interviewed elders and key informants with experience or knowledge of the Natchez CRM for HIA research context. Many stories remain untold, and documentation becomes increasingly critical with the passage of time. The HIA Committee supports other efforts underway and hopes the community continues collecting and promoting oral histories in ways that advance health.

Ser Seshs Ab-Heter Boxley
Jonathon Grennell
Renza Grennell
Theodore Johnson
Bernie Pyron
Freeman Reason
Jessie Bernard Williams
Jesse Winston

HIA Technical Assistance   *HIA Screening through Monitoring and Evaluation*

The HIA Committee received support on HIA methodology and practice throughout the process and participated in peer-learning with other members of the grantee cohort. The feedback and learning opportunities challenged the Committee to grow beyond anything considered possible at the start of the HIA. Technical assistance from key individuals was especially appreciated.

Emily Bever
Health Impact Project

Jimmy Dills
Georgia Health Policy Center

Logan Harris
Human Impact Partners

Jonathan Heller
Human Impact Partners

A Message from the HIA Committees and Reader's Guide

The HIA Committees request that all readers approach the material with the same principles the Committees practiced throughout the HIA process:

- Consider the *whole population* of Adams County, population data, and evidence-based research, moving beyond only personal or friends' experiences and "what we know" as evidence.

- Practice *cultural humility*, knowing that everyone's perspective is based on their own lens and experiences, but that each person who contributed to the process did so with the intention of promoting community health and well-being and moving Adams County forward.

- Despite how they are commonly portrayed by data or media, black and white, low, middle and high income, and city and county populations are *not monolithic entities.* They are categorical descriptors of people, many of them friends, in a small diverse community with diverse experiences, social networks, and opinions within and across groups.

To attempt to capture the above principles, the following visuals are used throughout the report:

Data
Key aspects of the data: qualitative (words) or quantitative (numbers)

"A quote that illustrates or explains the data"

HIA Recommendations
Recommendations based on the data to promote health for the whole population
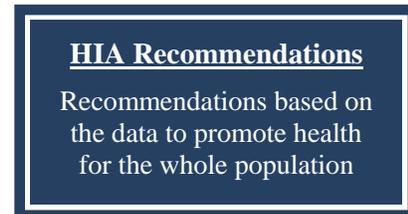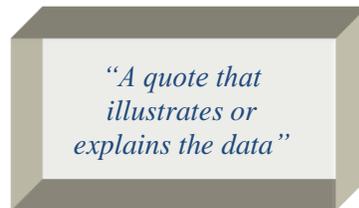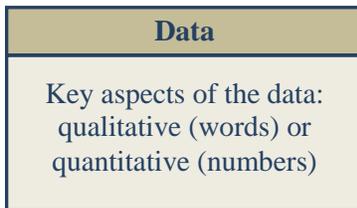
In their preparations and based on the April 2018 stakeholder workshop, the HIA Committee developed two high-level objectives for completing the HIA:

- To bring together diverse voices, build consensus and cohesion, and influence decisions.
- To understand the impact of embedding African-American history and culture into the collective identity of Adams County. This identity transformation is through current community efforts to address the built environment (public spaces), economic opportunity (cultural heritage), and social and community context (historic preservation and documentation).

By preference and agreement of the HIA Committees, the constructs of black and African-American or white and Caucasian are used interchangeably and/or as appropriate to sentence or case study context. Unless stated otherwise as a city or county distinction, references to Adams County include all Natchez and Adams County (NAC) residents.

Readers may want to review the *key terminology* starting on page 4. The HIA covers multiple sectors; readers may be experts in one sector's language but unfamiliar with another. Many terms have multiple, complex, or ambiguous meanings or connotations; the definitions provide a common baseline reference.

The essential core of the report, the analysis of potential health impacts of the ACCRP, is covered through three primary domains: *telling the story of places, site preservation and commemoration,* and *place-based education on local civil rights history*. Each domain includes a review of existing evidence and Adams County community data when available.

But equally important is the next section, *From a Heritage Project to Health*, which includes:

- *Assessment of Current Conditions*: Where are we now for health and health determinants?
- *Health Impact Characterizations*: What impact might the ACCRP have on these conditions? Positive or negative? Affecting a few people in a big way or the entire population minimally?

From these sections come the *HIA Recommendations*: How can opportunities be leveraged and risk minimized for the well-being of Adams County residents? What is feasible, and what are the priorities?

TELLING THE STORY OF PLACES

Assessment focuses on public history as a process: "incorporating history – the dimension of time – as part of a public process to resolve an issue, form a policy, use a resource, or plan or direct an activity."[22] This section addresses the fundamental question of how to engage Adams County residents in ways that capture and represent their voices through civil rights places, and how that process might affect their health. Each step of analysis – project decisions, immediate impacts, intermediate impacts, and long-term impacts – considers both existing evidence and local data to contextualize that evidence.

A framework approach offers analytical structure, transparency, and counter-narratives.

Framework approach develops historical context, counter-narratives	Understanding of influences on contemporary inequities	Agency and collective efficacy	Chronic stress, mental health, cultural well-being

Existing Evidence

The HIA examined the impact of both standard approaches for civil rights site identification and an alternative approach using themes from the National Park Service's *National Thematic Framework* (NTF)[86] and Civil Rights Framework[87] (Figure 2, see also Appendix C.1):

- Standard themes (light blue):
  - Creating Social Institutions and Movements
  - Shaping the Political Landscape
- HIA alternative themes (dark blue):
  - Peopling Places
  - Expressing Cultural Values
  - Developing the American Economy

Recent civil rights site surveys in Mississippi have taken a straightforward approach by asking activists, organizational representatives, or the public for sites significant to a local or state CRM.[79,88] Their reports have demonstrated the process to be challenging, generating concerns about the need for buy-in, trust, ownership, and representation.[80,88] Sites have been included primarily for their associative value with people or events or as part of a geographically-defined historic district.[87,88]

Figure 2. National Thematic Framework of the National Park Service (colors added to reflect the HIA scope)[86]

Thematic frameworks have been noted for adding analytical structure and transparency for multi-disciplinary applied research while maintaining flexibility, with a risk for subjectivity relative to more rigorous methodologies.[89-92] When the NTF was last revised in 1996, a congressionally mandated Lower Mississippi Delta Heritage Study incorporated it immediately as an overall study methodology and for a series of African-American heritage workshops; the framework was helpful for focusing a thematic study covering a large geographic area.[93] The final report stated that the workshops helped "uncover neglected

stories" and "rekindled hope…to achieve historical accuracy and stimulate cultural tolerance."[94] It recommended ongoing support for capacity-building, documentation, resource development, and ownership within affected communities.[94]

This kind of structure and transparency may be relevant for the ACCRP given that studies on oral history in communities have noted the potential for bias, reinforcing misgivings of Mississippi's public history representation of civil rights mentioned earlier in this report. Bias may manifest as a reluctance, especially with community-based projects, to ask difficult or challenging questions and air unsavory aspects of local history that reinforce stereotypes.[95,96] Bias may also emphasize successes, contributions, or prevailing over difficult circumstances at the expense of understanding the impact of the circumstances themselves.[95,96] Scholarly or community interviewers may focus on details and anecdotes that support their understanding of the subject matter but miss subtle differences that inadvertently invalidate the experience of the interviewees.[95]

The ACCRP's particular application of the framework approach (i.e., community-centered action research) aligns local civil rights research with critical theory, including the study of institutions and their transformations, historical struggles, a critique of society, and envisioning new possibilities.[258] Such an application has also served as an effective means of overcoming power dynamics, fostering community self-representation, and supplementing professional history with sociocultural values and lived experiences.[97-100] Positive impacts on well-being have been substantially amplified when cultural heritage preservation is approached through transdisciplinary methodologies and teams, building findings into planning for community design, ecosystem, environmental, and health interventions.[101-105]

Adams County Community Data

HIA community input suggested the ACCRP process would benefit from structure to build trust, identify sites over a large geographic area, and develop counter-narratives. In recent community projects on African-American history and civil rights, some stakeholders noted a reluctance to participate due to a lack of trust. Some potential participants either didn't see a benefit to sharing their stories, photographs, and documents, or they considered social capital insufficient to justify participation.

Additionally, many participants suggested current civil rights narratives are lacking (Figure 3). Initial site identifications during a community forum and public events focused on

Figure 3. Places, Experiences, and Current CR Narratives

"What places or experiences represent your memories, experiences, or knowledge of the Natchez Civil Rights Movement?"

- Wharlest Jackson's murder and bombing site
- Where I was when Wharlest Jackson was murdered. I heard the bomb go off.
- George Metcalfe's attempted murder and bombing site
- Various protests and marches
- Archie Curtis beating
- Cross burning in my neighborhood
- Nossier City bombing (local shopping center)
- Various meetings at family homes, organizational meetings
- I was a young girl and I remember feeling the tension in the car. *(Source: 10/8/18 forum, community mapping)*

Forum participant quotes on current civil rights narratives in Adams County

"It seems as though only one person is talked about."

"There is so much more than we ever imagined, and the impact of Civil Rights in Natchez was powerful and important to many others."

"The Real Struggle during the 1960-era." (Current need)

"Lacking."

"I know more about civil rights in Natchez than the average white person my age which means most white people know nothing."

"As a non-resident for most of the 50's and 60's, I only knew of the murders and bombings which made national news." *(Source: 10/8/18 forum)*

organizational meetings, personal experiences, knowledge passed down from family members, and the sites of several protests or racial violence.

Even as people reiterated the importance of these well-known sites, emphasizing their significance and traumatic impact, they would simultaneously state it wasn't enough to talk only about those events and individuals. These comments about the need for more in depth context of the Civil Rights Movement – e.g., the historical roots or local organizing efforts in outlying county churches – occurred across multiple public events, community forums, and interviews.

Early in the HIA, audience response voting suggested people appeared to prefer a much "broader" narrative (Figure 4), although at the time of asking, several audience questions demonstrated the need for clarity on what that would entail and how it would be represented.

In subsequent discussions based on the votes in Figure 4, participants preferring a broader narrative emphasized structural racism (i.e., chronic historical trauma) over discrete events (i.e., acute historical trauma), while recognizing that the discrete events are more emotionally compelling and receive the most attention. People wanted to incorporate the daily lived experiences of civil rights oppression, cultural innovation, and resiliency – even from centuries preceding and factoring into the 20th century Movement. Participants preferring a focus on social justice thought a broader narrative might dilute the emotional power of the major 20th century events; additional public history or National Register projects are needed to address slavery and Reconstruction rather than conflating them into one nomination.

Fig. 4: Which approach would benefit NAC more for community awareness of AA history? (n=56)

■ Focusing on social justice

■ Focusing on a broader narrative of civil rights

16%

84%

"History depends on who is telling the story, but it also depends on what questions are asked to get the story."

- HIA Steering Committee Chair

At minimum, a framework approach would add analytical structure, and alternative themes suggested they would prompt new counter-narratives simply by asking different questions. It was thought that this might reconcile the dichotomy in Figure 3 between people's memories and what they wanted represented.

In another forum using the alternative themes, for example, the framework approach asked people to pick a neighborhood in Adams County and discuss how the place changed over time and how the Natchez Civil Rights Movement became a part of the change (Appendix D.1, Table 24). Instead of an exclusive focus on acute historical trauma, discussion talked about evolving neighborhoods and spatial boundaries, neighborhood advantages or disadvantages, and policy and environmental changes from before, during, and after the Natchez CRM. Prominent families and their homes, entrepreneurs, restaurateurs, artists, teachers, physicians, pharmacists, and media were highlighted for their roles in promoting civil rights as well as more commonly recognized activists. One discussion addressed how Adams County residents, particularly minorities, were affected by changes in local educational institutions and attempted employment at or patronage of downtown businesses prior to and during the Natchez Civil Rights Movement, in ways that continue to influence contemporary transportation, economic exchange, and entrepreneurial patterns.
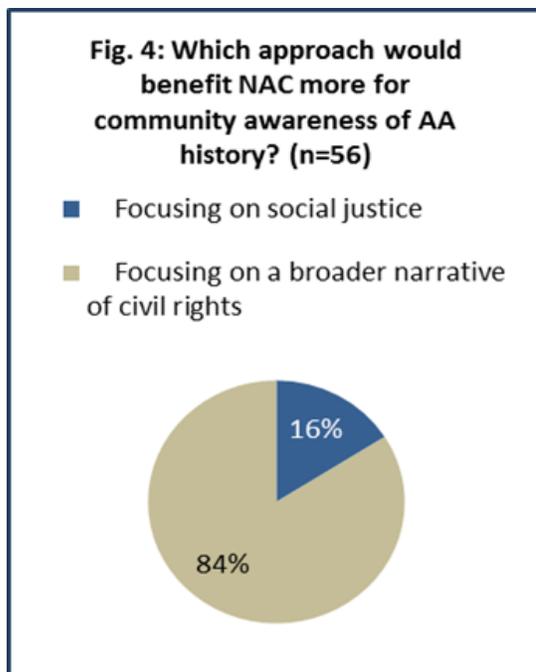
Understanding root causes of inequities links the past to contemporary inequities.

Framework approach develops historical context, counter-narratives	Understanding of influences on contemporary inequities	Agency and collective efficacy	Chronic stress, mental health, cultural well-being

Existing Evidence

The importance of linking historical context to contemporary inequities was supported by existing evidence across the fields of health, historic preservation, and CRM historiography.

First, both chronic and acute historical traumas have been shown to influence mental and physical health of affected communities, both high and low income but with a disproportionate effect on the targeted and/or low income population.[17,40,106-7] More generally, health inequities are "by definition a historical phenomenon" and "any reconceptualization of 'place' in health research must also pay more attention to the significance of time – both historical and biographical."[108] Although it is commonly accepted that place (where we live) influences health status, much of the research is cross-sectional and present-focused.[32] Research has called for additional study not only on the "life course of individuals but the social and economic trajectories of the places they inhabit," or a focus on history in linking place and health, particularly in relation to health disparities.[32,33,155,230,231]

Second, two case studies of African-American historic preservation through public history in Missouri demonstrated the added value of counter-narratives for contemporary community initiatives. In Arrow Rock, Missouri, four themes – education, religion, family and community life, and fraternal organizations – guided archival research, community meetings, and archeological excavations.[109] The discoveries of artifacts and oral histories led to new information on quality of life (e.g., diet, housing) and patterns of social stratification (e.g., ethnicity, class, gender, and race). The new information had a multiplier effect, leading to connections with new organizations and multi-disciplinary opportunities that otherwise wouldn't have been considered.

Preservation efforts at the Scott Joplin House in St. Louis, Missouri (Figure 5), underlined the importance of rooting Joplin's individual achievements "in the flow of neighborhood history and [locating] him at the beginning of a tradition of cultural innovation and political resistance."[96]

Figure 5. Counter-narratives at the Scott Joplin House

Previous interpretations only emphasized Scott Joplin's contributions and achievements in ragtime music in the early 20th century. It was suggested that he died of depression related to an incident in his career.

New interpretations:
- Emphasize that Joplin succeeded in spite of the racism, segregation, poverty, and disadvantage within the surrounding neighborhood. The community input and research findings fed into to neighborhood revitalization plans for affordable housing, community spaces, and cultural entrepreneurship.
- State that Joplin died of syphilis after suffering from its effects, including nerve damage and insanity, over a potentially 10-25 year frame, drastically shortening his life and what else he might have accomplished.

Baumann T, Hurley A, Altizer V, Love V. Interpreting uncomfortable history at the Scott Joplin House State Historic Site in St. Louis, Missouri. *Public Historian*. 2011; 33(2): 37-66. http://www.jstor.org/stable/10.1525/tph.2011.33.2.37

Finally, civil rights historiography has called for greater attention to the intellectual, economic, social, historical, and cultural roots of the CRM over mainstream "heroes and events" narratives.[110-118,242] Scholars are increasingly concerned that reductive national-level narratives limit our understanding and application of collective organizing lessons to contemporary local issues. Scholars have also suggested that cultivating a deeper understanding of both the role of black women in the CRM and the role of faith institutions in cultural innovation beyond politics for the same time period would hold positive benefits in helping communities to develop counter-narratives.[119-121, 290]

An application of alternative NTF themes to a limited literature review of local CRMs suggested that the alternative themes may offer opportunities to build counter-narratives from existing research (Table 1). For example, framework analysis can be applied to literature on the Natchez CRM or violence to understand other structural inequities, innovation, and resiliency from a different perspective. This was only a cursory inductive review and requires more formal research. Approaching and synthesizing ethnic and social research in a similar way has, however, been suggested by at least one expert:[222]

> We're not talking about Chicana/o history, Chicano sociology, Chicano education, Chicano political science, Chicano literature, etc…We are talking about different topical, thematic, problem, situational sets within the studies of Chicana/o studies communities.[123]

Table 1. Key topics identified in select CRM literature narratives

City or State	Key NTF topics in the narrative	NTF themes	CRM or event	Sources ([Appendix E.2](#))
Natchez, MS	• Clubs and organizations • Government institutions • Parties, protests, movements, and self-defense • Educational and intellectual currents • Family and the life cycle • Social capital	• Expressing cultural values • Shaping the political landscape • Creating social institutions and movements • Peopling places	Natchez CRM	Nelson S (2016), Hill L (2004), Umoja A (2002), Dirks A (2007), Span C (2002)
Mississippi	• Extraction and production • Health, nutrition, and disease	• Developing the American economy • Peopling places	Organizing and CRMs	Payne CM (2007)
Mississippi	• Health, nutrition, and disease • Migration from outside and within • Clubs and organizations	• Peopling places • Creating social institutions and movements	Health care and CRMs	deShazo RD, Smith R, Skipworth LB (2014)
Greensboro, NC	• Social impact of busing • Social cohesion • Self-determination, encounters and conflicts • Intellectual currents • Recreational activities • Clubs and organizations	• Peopling places • Expressing cultural values • Shaping the political landscape • Creating social institutions and movements	Greensboro CRM	Chafe W (1980), Reviews of Chafe: Bardolph R (1980), Bermingham J (1980), Grant DL (1980), Stone CN (1982)

Adams County Community Data

The alternative themes generated dialogue that shifted Natchez CRM representation away from a series of events as *independent variables* and toward structural community factors (i.e., neighborhoods, institutions) as *dependent variables*. Many of the same events were discussed, but they were no longer

seen in isolation from the surrounding environment, daily indignities of structural racism, and positive, neutral, or negative changes (Figure 6). The dependent variable came to be understood as something that evolved over time in intentional and unintentional, direct and indirect ways. The framework approach suggested that it can serve as an effective prompt for group discussions involving critical self-reflection, thereby preventing any "glossing over" of deeply embedded inequities and building an understanding of contemporary avoidable inequalities in neighborhoods, health systems, economic infrastructure, and educational institutions. Migration patterns were identified as a particularly important variable that has negatively influenced current social cohesion and neighborhood stratification (i.e., concentrated disadvantage or residential instability).

The alternative thematic prompts tended to be more effective in small groups and forums than one-on-one interviews. In the latter case, interviewees preferred to talk about personal experiences, family stories, and memories of events; approaching civil rights history from alternative framework themes did not resonate. A framework approach helped group discussions, however, move beyond well-known and acknowledged major tragedies into deeper root causes of the Civil Rights Movement, migration patterns, and cultural innovation.

Figure 6. Case Study of the Armstrong Tire Plant

_____

Standard themes: In response to requests for civil rights sites, the Armstrong Tire Plant is commonly cited as a hotbed of KKK activity during the mid-20th century. It was the origin site of two car bombings, the attempted murder of George Metcalfe in 1965 as he was leaving work and the murder of Wharlest Jackson in 1967 on his way home from work. A number of marches, the unlawful incarceration known as the Parchman Ordeal, and a successful economic boycott that achieved numerous concessions followed these murders.

NTF themes (topics): Creating Social Institutions and Movements (parties, protests, and movements)

_____

HIA alternative themes: Discussion centered on the Armstrong Tire plant – today a vacant brownfield – as an institution, *how* it came to be in North Natchez, a minority community, *why* the aforementioned bombings occurred there, and the changes to the working environment following the protests and Parchman Ordeal. At the time of establishment, for example, very little surrounding infrastructure led to the plant location and a low income residential white community. It may have been considered beneficial for well-being since people without vehicle access could walk to work.

Over time, racial composition of the neighborhood changed as blacks moved in and whites moved out. Spatial segregation and integration of the workplace and work culture (e.g., promotions) increased interactions between whites and blacks thereby increasing tension. The bombings, marches, Parchman Ordeal, and boycott affected social cohesion and capital, work culture, transportation patterns, and employment opportunities in ways that continue today. The neighborhood and economic infrastructure was further influenced by deindustrialization, small business closures, and environmental decay, leading to its current state. These contributing factors were considered for their long-term impacts – positive, negative, or neutral – on well-being, a sense of place, neighborhood environment, and health outcomes.

NTF themes (topics): Peopling Places (neighborhood and community, migration from within and outside) and Developing the American Economy (workers and work culture, transportation)

Telling the story through agency and collective efficacy may help address historical trauma.

Framework approach develops historical context, counter-narratives ▸ Understanding of influences on contemporary inequities ▸ Agency and collective efficacy ▸ Chronic stress, mental health, cultural well-being

Existing Evidence

Collective efficacy refers to the performance capability of a social system as a whole, associated with the tasks, level of effort, persistence, thoughts, stress levels, and achievement of groups.[5,6] It often involves collectively identifying problems and solutions and can foster a collective (whole population level) sense of control, choices, and agency. Collective efficacy has been shown to be diminished in communities with a history of social suffering and racialized violence, of which Adams County has been identified as one.[107,124,125]

Several successful interventions suggest lessons learned from engagement between American Indian communities, African-American communities, public health practitioners, archaeologists, and historians. These interventions have emphasized various *process methods* as influencing positive outcomes on agency and collective efficacy:

- *Counter-narratives*: Developing counter-narratives that emphasize cultural resiliency, family identity, and frameworks for narrative "emplotment" (the assembly of historical events into a narrative plot);[126]
- *Relevance*: Linking the past to the present and vice versa through: (1) facilitating awareness of the impact of trauma across the lifespan and generations; and (2) a reattachment to cultural values[127]; or a "physical, cultural, and spiritual linkage" to ancestry offering "new and specific information."[109,128,131]
- *Agency and representation in decision-making*:
  - A culturally-based, systems-wide suicide prevention model, developed in collaboration with American Indian constituencies throughout design, planning, and implementation.[129]
  - Diversity in staff, training, and educational programming with grassroots civic engagement and decision-making authority in African-American archeology programs, particularly those that address counter-narratives and relevance.[109,130,131]

Without these or similar process methods that visibly shift to collective problem identification and influencing decisions, other studies on reconciling historical trauma have shown little impact. Despite the popularity of international Truth and Reconciliation Commissions as a truth-telling and healing mechanism, for example, the available studies showed little evidence of positive or negative effects on mental health and psychological distress.[132] In other words, people were neither re-traumatized as feared, nor did the process significantly alter levels of stress, anger, or willingness to forgive.[133,134] Commissions also have shown mixed evidence on satisfaction with the process itself, which are large scale and sometimes seen as very political and public.[133,134] In the United States, similar efforts have focused on events of acute historical trauma, although no studies of their impact were found.[135,96]

National Register nominations have shown mixed evidence in transitioning from oral history gathering to community decision-making for the nomination. Register listings tend to more closely reflect "professional history" and have faced obstacles incorporating sites that focus on cultural associations, with some successes on intangible cultural heritage with American Indian communities.[136,161] Part of this is the lack of structure inherent to oral history, which is "typically structured around life histories of individual narrators, rather than around critical questions about broad themes of social life that cut across individuals' experience…often [with] little understanding of how the details might add up."[95] Instead, communities supplement nominations with resources in museums, digital media, and memorials.

The impact of change interventions to improve collective efficacy depends, ironically, on the level of cohesiveness at the start. Strong, cohesive communities with the motivation to do so easily endure changes with minimal stress impact.[137] Other communities with innate barriers such as cultural intolerance, generational dysfunction, or varying financial status will experience greater stress, simply because they are already experiencing community conflict.[137,138] An unfinished civil rights-era agenda may account for subtle forms of persistent social or economic segregation or collective inefficacy, stalling efforts to reduce health disparities.[125,138]

The evidence suggests more positive intermediate outcomes are associated not necessarily through truth-telling alone but more so through the process and means by which it happens. Supplementing any National Register with local process methods and solutions would be key to leveraging the National Register nomination for positive impacts.

Adams County Community Data

Although the framework approach may elicit new sites – the White House Restaurant and county sites such as the Anna's Bottom community, for example – the bigger concern was not more sites but authentic representation of cultural innovation and historical trauma. HIA interviews suggested the Natchez CRM still directly affects people's well-being decades later in life. Some residents, both African-American and Caucasian, referred to the Natchez CRM in vague terms as "a difficult time" and would not elaborate. Recent initiatives – various events and meetings, a public apology, and a monument – are beginning to prompt dialogue on issues that people didn't talk about for decades. Interviews also suggested, however, that progress would need to be sustained, moving beyond dialogue toward actionable solutions for existing inequities.

Capturing lived experience is an acknowledged weakness of the National Register, according to several stakeholders. Although community engagement during the Woodlawn Historic District nomination was deemed positive in that multiple meetings incorporated ideas and addressed concerns, the dialogue didn't continue past the project itself. Other groups for dialogue and racial reconciliation, such as the Natchez Chapter for Mission Mississippi, met for a number of years before losing momentum.

Although limited and anecdotal, community data suggests the existing evidence supporting process methods is applicable to Adams County: developing counter-narratives, contemporary relevance, and agency and representation in decision-making, and identifying solutions.

Agency and collective efficacy may have positive effects on cultural well-being and mental health.

Framework approach develops historical context, counter-narratives → Understanding of influences on contemporary inequities → Agency and collective efficacy → Chronic stress, mental health, cultural well-being

Existing Evidence

A number of studies have found collective efficacy to have a significant impact mediating the negative effects of key health determinants, such as crime and neighborhood stratification (i.e., concentrated disadvantage or residential instability).[139] Collective efficacy also has been shown to enhance or condition positive health determinants, such as individual level education.[140]

Community empowerment through decision-making control can influence health literacy, where health literacy goes beyond an understanding of risk factors to develop the skill and capacity for recognizing and influencing social determinants of health.[141] The decision-making process can influence outcomes by creating "receptive social environments" with diverse constituencies, unifying messages, and a simple objective.[141,142] A higher methodological quality study on social inclusion showed *immediate* positive

outcomes for empowerment and decision-making through co-production, and public involvement in decision-making.[143,144] The same study also noted poor examples of process methods, including "tokenisms," "empowerment light," and under-resourcing in terms of training or understanding.[143]

Collective efficacy is considered a type or an indicator of social capital; community members that are afraid or do not trust each other are not likely to step forward and offer information, for example.[139] Measures for collective efficacy and social capital vary, but recent measures have looked at health impact through cultural belonging, inclusiveness, community attachment, and social recognition, all of which are associated with decreased stress or depressive symptoms and positive mental health outcomes and are relevant for the ACCRP.[105,145,146]

These various factors and effects comprising collective efficacy are related to health outcomes. Neighborhoods with high levels of collective efficacy have higher levels of self-reported health.[140] Having a sense of control, choices, and agency is associated with reducing stress and improving mental health and well-being.[147-149] Opportunities to influence perceptions of collective efficacy would be relevant for Adams County, which has high levels of depressive disorders (higher than the state average) and substance abuse (although lower than the state average although still very high).[150]

Mental health can influence other health outcomes. Mental health, particularly chronic stress, is a contributing factor to poorer general health, including health-related quality of life, self-reported health, and chronic disease risk factors, particularly those affecting the cardiovascular, immune, and metabolic systems.[151-152] Prenatal stress holds particular implications for maternal health, fetal development, and birth outcomes, which have also been associated with poorer child and adult health outcomes for the infant.[153-154] Differential exposure to stress is a primary contributor to gender, racial-ethnic, and social class inequalities in health; opportunities to understand and address structural conditions that put people at risk of stressors – a potential result of a framework approach to the ACCRP – therefore are likely to result in direct effects on stress and mental health and indirect effects on other health outcomes.[151]

Adams County Community Data

Initial efforts to study population level cohesion – through strong social bonds and latent social conflict – and collective efficacy were conducted through community questionnaires (Figure 7).

Figure 7. Adams County residents (n=41) through community questionnaires were asked "For the following statements please indicate your response using the following scale."
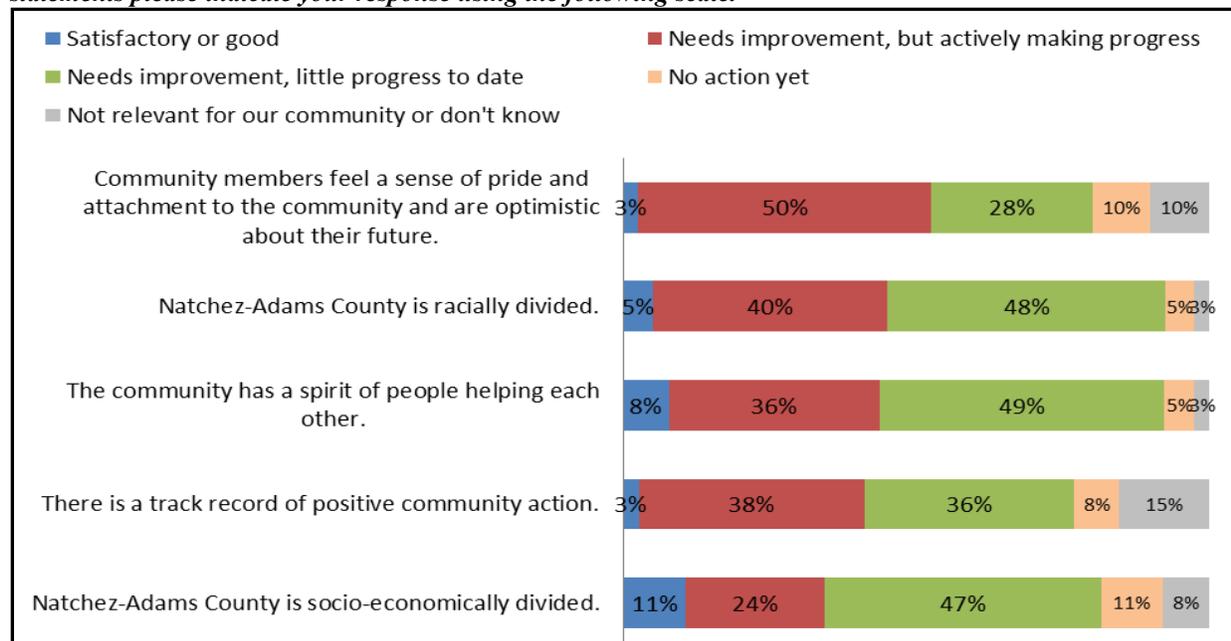
The responses suggest the most progress on a sense of community attachment and optimism and the least amount of progress in socioeconomic divisions. These were only intended to gauge a preliminary baseline; more formal methods and larger participation rates are needed. Opportunities may be available through collaborations with Kentucky-based IDEAS xLab and the University of Louisville's School of Public Health and Information Sciences Center for Creative Placehealing to understand and measure cultural well-being.

The magnitude, or scale, of impact on mental health, however, is contingent upon implementing process methods for the ACCRP and similar cultural heritage projects. Conversations need to reach additional groups of all demographics beyond those who participated in the HIA research. The ACCRP can leverage opportunities for health by building on momentum for inclusivity and public representation in decision-making, offer new and specific information, and facilitate conversations beyond traditional leaders and champions.

HIA Evidence-Based Recommendations
(Health factors and outcomes: Agency and collective efficacy → cultural well-being and mental health)

1. **Adams County Civil Rights Project:**
   - Continue applying (and improving upon) framework approaches to structure and support cultural equity, collective efficacy, linking historical context to contemporary issues.
   - Start a pilot project to continue current momentum and build participation and agency.
   - Develop educational materials (trail, guide, digital resources) that emphasize civil rights successes and injustices in context of systemic discrimination and structural racism.

2. **Develop an Adams County strategy for cultural affairs and community well-being:**
   - Support development of a collective voice and vision for cultural affairs through local government or a coalition.
   - Systematically gather and publicly communicate community input on cultural well-being using evidence-based methods.
   - Use community input, agency, and efficacy to direct strategies and initiatives (evaluation of impact, areas to improve, priority areas).
   - Monitor changes in health outcomes, especially mental health status, through available data sources.

Public history counter-narratives may offer new opportunities for understanding population health.

Framework approach develops historical context, counter-narratives → Documentation of historical inequities → Opportunities for health research → Understanding of and implications for health

Existing Evidence

Previous research has shown the importance of understanding the historical *formation* of health inequities for identifying effective interventions and policy solutions.[36,40] Research has also shown the impact of civil rights era policies and decisions on *reducing* health inequities.[155,156] This type of research has

advanced understanding of and implications for the use of preventive care, chronic disease risk factors and morbidity, maternal health, infant health, and mortality. Research has shown the importance of historical context for understanding *transmission* of health inequities through latency periods and intergenerational impacts of inequities, i.e., the time before health effects manifest or how the effects carry over in subsequent generations.[37,38,155,157,158]

And as understanding of place and health has grown,[41,159] literature from various fields has suggested the historical or cultural context of places could add new information for health research on: neighborhood effects,[32,35,41] social capital and support,[42,43] socioeconomic status,[39,44,155] and epidemiology.[38,46,47,155,230,231] The new information is not pedantic; many neighborhoods hold:

> "traits that are enduring; this 'stickiness' of character may yield intractable resistance to short and medium-term transformation…For example, inadequate attention to historical socio-political factors may function to generate shallow-rooted interventions that are under specified, under dosed and thereby not fit for purpose…a temporal mismatch that may lead to policy failure."[35]

Although a small number of studies have mapped historical context of inequities at the neighborhood level, a challenge has been developing methodologies that accurately capture historical context, population changes, and causality.[40-42,44] Although the HIA didn't have the capacity to develop methodologies, historic preservationists specialize in curating historical context at the neighborhood level, through maps, public records, family histories, land use records, and oral history. Historic preservation, archaeology, planning, and health have combined in specific case studies for developing counter-narratives, health research, and neighborhood or community transformation (Figure 8).[96,109]

Figure 8. Historic Preservation and Health Research at the Scott Joplin House
_____

Previous interpretations provided very little information on health or environmental risk factors, such as lack of sanitation and working conditions of the surrounding neighborhood.

New research:

- Used onsite archeology and historical fire insurance maps to identify drinking water sources and understand which locations had indoor plumbing or not. Since residents did not want Joplin stigmatized as a "poor black man," the lack of plumbing was placed into the context of urban sanitation: that indoor plumbing didn't become standard until later and installation depended more on property owners than renters.
- Emphasizes the environmental and health risk factors of the surrounding neighborhood, including factories and brothels, and poses discussion questions.

Baumann T, Hurley A, Altizer V, Love V. Interpreting uncomfortable history at the Scott Joplin House State Historic Site in St. Louis, Missouri. *Public Historian*. 2011; 33(2): 37-66. http://www.jstor.org/stable/10.1525/tph.2011.33.2.37

Preservationists spend considerable time preparing documentation and narratives pursuant to the relevant National Register Criteria: A or B (associative value for significant people or events), C (design and construction), or D (potential to yield new information from history). Most civil rights sites have been eligible under A or B, the associative value, although the HIA findings suggest framing civil rights through NTF alternative themes would take civil rights historic preservation and research in new directions under Criteria D. Criteria D has focused primarily on the field of archeology, particularly prehistory and American Indian history.[160]

The explicit connections between the site and potential information must be shown through research questions and the presence of adequate data. Table 2 provides general examples of research questions that would need to be refined based on Adams County civil rights sites and historical context.

Table 2. Sites, historical context, research questions for civil rights history based on alternative **National Thematic Framework** *themes and topics (Sources: [Appendix E.2](#))*

Theme	Topic	Examples from literature and the Adams County community	Sites / historical context	Example research questions, direct or extrapolated from literature
Peopling Places	Health, nutrition, & disease	• Spatial, geographic, architectural added value (Weyeneth, 1995) • Professional segregation (DeShazo et al, 2014) • Sanitation, access to potable water and plumbing, environmental risk factors of residences and workplaces (Baumann et al, 2011)	• Physician offices • Education and HBCU medical schools • Pharmacies • Professional organizations, social support • Houses, businesses, neighborhoods	• How does historical medical segregation - physically or socially - affect access to healthcare today (e.g., use of preventive treatment, medical trust, relative SES of black physicians)? (Weyeneth, 1995) • What are the implications for preventive and culturally responsive healthcare? (Williams et al., 2010) • How did socioeconomic and environmental risk factors affect health? (Williams et al., 2010; Darity et al., 2001)
	Family & the life cycle	• Families that influenced movements and organized meetings (Chafe, 1980) • Relationships across races, and how that was perceived through place (e.g., nicest houses belonged to mistresses) (HIA interviews; Payne et al, 2010)	• Social networks and support • Perceptions of social hierarchies	• How did kinship, social support, and exchange establish neighborhood identity, which in turn influenced future organizing and social movements? (Kaye, 2007; Chafe, 1980; Joos, 2011)
	Communities & neighborhoods	• Zoning laws and ordinances • Neighborhood, community, or economic development • Social identity and networks (HIA interviews; Baumann et al, 2011; Chafe, 1980)	• Gathering spots (White House restaurant) • Neighborhood development	• What are the health effects of neighborhood changes in historical context (political decisions on zoning, land use, relocating institutions)? (Kemp et al., 2011; Popay et al., 2003; Lekkas et al., 2019)
	Migration from within & outside	• Migration leaving and within Natchez during and after civil rights – e.g., north-south, white flight, HBCUs (HIA interviews)	• Loss of services • Neighborhood diversity (Lekkas et al., 2019)	• How have migrations during or resulting from the CRM affected neighborhood social capital, socioeconomic status, and population demographics in ways that affect health? (Albright et al., 2011; Burton et al., 2011)
Developing the American Economy & Expressing Cultural Values	Transportation & commuting	• Black Dot Gang, Deacons for Defense and Justice, self-defense or protection groups • Moving between neighborhoods, transportation routes/patterns (HIA forums)	• Social capital • Social networks/ identity	• How did traffic routes and patterns resulting from neighborhood design result in a feeling of being "cut off" and affect access to services, food, physical activity? (Gordon, 2015; Joos, 2011)
	Economic theory; educational / intellectual currents	• Education, entrepreneurship, and positive or negative economic shocks, e.g., Reconstruction and the Rhythm Night Club Fire (HIA interviews; Joos, 2011)	• Inter-generational social capital • Sites representing economic and cultural rights	• How do proximity, existence, changes/evolution, and externalities on educational institutions and entrepreneurship affect social capital, movements, and upward mobility? (Span, 2002; Joos, 2011) • What is the intergenerational impact on health? (Darity et al., 2001)

Eligibility under Criteria D may include sites or buildings, as long as the potential information is likely to establish:

- An association with human activity, whether through events, processes, institutions, design, construction, settlement, migration, ideals, beliefs, lifeways and other facets of the development and maintenance of cultural systems; and
- A historical context, whether for a particular time period or cultural group.[83]

This type of research would need to be separate from other aspects of the ACCRP to focus on adding new information and research autonomy so as to avoid research bias, or even the perception of bias, with contemporary agendas.[131]

Adams County Community Data

Although it potentially could have a high magnitude of impact, it might not be feasible to accomplish within existing National Register parameters, and recent interviews suggested potential changes or new additions to National Register criteria which may influence the Historic Natchez Foundation's submission. It also remains unclear at the time of publishing the HIA report which Adams County sites would be eligible only this way versus being included under more traditional criteria for civil rights sites, or may already be included in existing historic districts and use existing documentation for research.

The historic archives with the Historic Natchez Foundation and the Natchez Museum of African-American History and Culture offer a wealth of information, but future research would depend heavily on external resources, capacity, and methodologies.

HIA Evidence-Based Recommendations
(Health factors → Health outcomes:
Health research → mental health, general health, chronic disease, maternal and child health)

3. Adams County Civil Rights Project:

   - Document historical neighborhood-level inequities through Sanborn fire insurance maps, community events, oral histories, and other local archival resources (NMAAHC, HNF).

   - Contribute data and research to inform NAC planning and community development.

   - Initiate system for monitoring changes in health outcomes through existing data sources.

   - Prepare a National Register nomination based on importance and relevancy for anthropological or health research (Criteria D) to establish authoritative foundation for ongoing research. (potentially not feasible or necessary)

SITE PRESERVATION AND COMMEMORATION

In this section, assessment shifts to the physical structures, or "public memory" of civil rights history, in the built environment. The assessment considers two types of investments in public memory and the pathways through which they may influence health:

- Decisions by individual property owners to access historic preservation incentives for non-profits and income-producing properties; and
- Decisions by community partners to develop a county-wide Civil Rights Trail.

The former may hold implications for individual property owners and nearby residents, the latter for nearby residents and trail users. African-American heritage has long been underrepresented in historic preservation efforts at national and local levels.[136,161,295-297] While the suggestions for incorporating tangible and intangible cultural associations are many, barriers are structural and require sustained commitments to authentically represent affected communities and history.[122,136,161,167,175,295-297]

Often, all stressors – whether social (financial, relationship) or health (physical, mental) – are tied to an individual's living environment and community; improvements could decrease stressors that impact stress, physical and mental health, and well-being.[41,143,298]

The relationship between income and life expectancy, for example, has been shown to be highly dependent on local area characteristics and education of the population.[78] Specific area characteristics, such as levels of organization and order (aesthetic quality, cultural consonance, safety, crime, violence, drug use and dealing, littering, social support, social capital), may be important contributing factors to the association between low socioeconomic status and mental health (distress, depression), excess mortality, self-reported health, and chronic disease (coronary heart disease, diabetes); these factors may influence health behaviors, access to opportunity structures that enable healthier behaviors, or health outcomes even independent of behaviors.[41-44,70-75,138-140,163-165,272,273]

Meanwhile, a sense of place facilitates social engagement, a sense of security, and well-being, and provides a frame of reference for future development; the loss of place has negative consequences for psychological, social, and economic well-being.[32,143,166,167]

A strategy and voice for African-American heritage can maximize the impact of incremental capital investments.

Adams County civil rights sites and trail ▷ Income potential or inequality, cultural dis- or emplacement ▷ Social support, neighborhood order, SES ▷ Mental, general, and maternal and child health, chronic disease

Existing Evidence

A number of case studies on civil rights public memory in Mississippi – in Tallahatchie County, Neshoba County, Hattiesburg, and the Mississippi Civil Rights Museum – offer lessons and best practices for positive impact and responding to inevitable challenges.[168-170] Most noted that the progress was the result of a convergence of interest groups: long-time champions, various civic, cultural, business, or faith-based organizations, and tourism industry representatives.[168,169,171] Several efforts faced public or stakeholder resistance over financial concerns, racial bias (bidirectional), and a reluctance to delve into a larger, complex, and unpleasant past.[169-170] To reduce the risk of a sanitized version of the past, which would likely limit any positive impacts on well-being and face resistance, success depended on broad support networks, fully engaged constituencies, and public accountability.[168,172]

The large number of stakeholders necessitated a clear purpose and objectives: is African-American heritage for reconciliation, education, or tourism? Each approach or a combination of approaches may

manifest in different public messages, priorities, and implications for well-being and cohesion.[17,169] The case study in Tallahatchie County, focused on the Emmett Till Memorial Commission, asked "whether tourism could expand opportunities for social mobility among the region's African Americans, and provide a sense of healing in race relations" but eventually ended up with "what does reconciliation really mean" and no conclusive findings other than the beginnings of a foundation for moving forward.[170]

Structure and composition of such coalitions are intended to be unifying but in some cases have contributed to divisions and a feeling of marginalization and minority status by African-Americans and limited their willingness to contribute.[170] Stakeholder participation is often suggested as a generic solution and fails just as often for being superficial, "prioritization of *efficiency* over *empowerment*,"[174] a failure to address deeper realities, neglecting the nuances of power dynamics, and a lack of emphasis on access to power, resources, and decisions.[170,175] In a case study in Hamilton County, Florida, African-Americans described their reluctance to participate based on: historical experience, misrepresentation of African-Americans, doubts about equitable distribution of tourism dollars, and creating a participatory environment.[175] The study also suggested that their perceptions of the local tourism industry contributed to their reluctance, including: historical role of African-Americans in tourism, lack of ownership of sites with tourism value and accompanying doubt as a source of economic growth, cultural compatibility concerns and opportunities. The study concluded that history may affect participation as much as current socioeconomic barriers.[175]

Authentically representing interests and responding to concerns is essential, however, to enable impact beyond small scale or incremental acts of preservation, storage, and memorialization.[168] Recent large scale initiatives, such as the Mississippi Civil Rights Museum, likely would have never happened if not for sustained coalition-building that began in the early 2000s.[168] Although many frameworks for effective coalitions exist, most emphasize a high degree of control by the affected community members (Table 3).

Table 3. Community Participation in Local Health and Sustainable Development[176]

Control	Participant action	Examples
High	**Has control**	**Organization asks community to identify the problem and make all key decisions on goals and means. Support for community at each step to accomplish goals.**
↑	Has delegated authority	Organization identifies and presents a problem to community. Defines limits and asks community to make series of decisions which can be embodied in a plan which it will accept.
	Plans jointly	Organization presents tentative plan subject to change from those affected. Expects to change plan at least slightly and perhaps more subsequently.
	Advises	Organization present a plan and invites questions. Prepared to change plan only if absolutely necessary.
	Is consulted	Organization tries to promote a plan. Seeks to develop support to facilitate acceptance or give sufficient sanction to plan to that administrative complains can be expected.
↓	Receives information	Organization makes plan and announces it. Community is convened for informational purposes.
Low	None	Community told nothing.

(Source: World Health Organization Regional Office for Europe, 2002)

One case study of African-American collective memory in Adams County suggested that although people reference incidents of acute historical trauma, they do so as a representation of chronic historical trauma and that chronic historical trauma remains highly relevant.[177] Other studies of the area have reflected

distrust from 20th century events and tourism that demonstrate the need for committed, sustained trust-building and ownership in related decision-making.[178] Many independent acts of heritage preservation have occurred in Adams County with positive long-lasting impacts vastly exceeding the scale and resources, such as Hezekiah Early's model of the Anna's Bottom community, Ser Boxley's commitment to preserve and promote Forks of the Road as a heritage site, and the Southern Road to Freedom gospel performance nearing its 30th anniversary.[177,178] This suggests exponentially greater impacts if civic initiatives can use ownership models to build trust; as an early member of Southern Road to Freedom tentatively responded to the initial concept: "yes, but only if we could tell our own story from our own perspective."[178] Evidence has shown impact when heritage development links places, sites, and performances to emotive power and represents black counter-narratives as an ongoing process and not a clear distinction between past and present.[178-180]

Adams County Community Data

Adams County has approached community-wide preservation and commemoration of African-American heritage incrementally. Depending on the source, this is attributed to:

- Project-based initiatives or funding
- Highly decentralized forces of change: a large number of non-profits and economic decision-makers, limited staffing, and separate county and "strong board, weak mayor" city governments.

The project-based initiatives have been remarkably successful and largely the result of volunteer efforts with civic support: the Tri-centennial Ethnic and Social Committee, the Parchman Ordeal Memorial Committee (Figure 9), and several documentaries.

Figure 9. Proud to Take a Stand Monument Renderings (completion anticipated fall 2019)
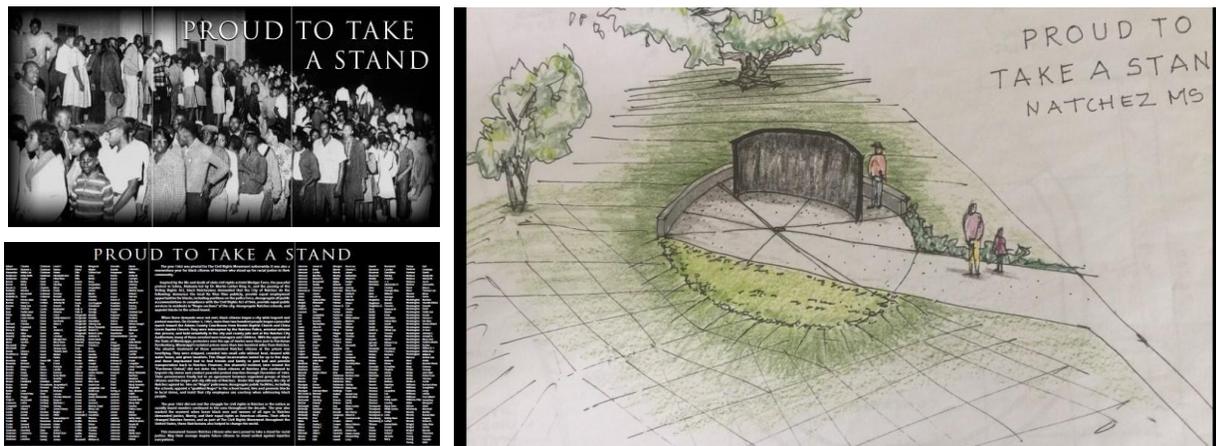
Despite their success and interest in continuing, involved stakeholders also stated that people often burned out after accomplishing the initial objectives. The models were all resident-led in line with Table 3 and offer ideas for structuring engagement as a sustained, long-term effort. Some have suggested the multiple different groups involved also contributed to conflicting priorities, confusion and misunderstandings, and duplication

"Natchez kind of tries - because it does have a bad history with civil rights. From way back, I think it's been trying to cover it up…They did change it - there was no mention of any of that in the past. But I think this city has a whole need to embrace the whole brand because there's so much history here, but it needs to be more visible."

-ASU community health baseline assessment

of efforts. Furthermore, it has generated considerable frustration among local stakeholders and the public alike, due to the chasm between public perceptions and good intentions, further diminishing collective efficacy.

Significant social and ethnic historical associations in Adams County have failed to meet the criteria of eligibility for integrity for National Register. The lack of site integrity is itself a remnant of structural racism: many properties associated with informal organizing – often small back rooms and gathering spots mentioned in the introduction – were not in great condition to begin with and have been lost or torn down. While Adams County previously established two historic districts, Woodlawn and Holy Family, known for their African-American historical significance, the Minorville neighborhood was ineligible based on the lack of architectural integrity.

The absence of a collective vision, strategy, and measurable objectives may unintentionally slow progress simply by not agreeing on community-wide priorities and making resources accessible to decentralized stakeholders. With a few notable exceptions over the past 20 years – Natchez National Historical Park, St. Catherine Street Trail, and the recent restoration to Concord Quarters – limited capital investments have been made in African-American heritage. Although some stakeholders see these incremental investments as part of a larger conversation and movement, most expressed frustration with the pace, which has depended heavily on key individual champions. Despite the establishment of the Woodlawn and Holy Family Historic Districts in the 1990s, no property owners in those areas accessed the grant or tax credit historic preservation resources. In the single known case utilizing non-profit grant opportunities of the National Register, the Historic Natchez Foundation applied for the grant with Holy Family Catholic Church for property restoration.

Figure 10.[181]

The data on tourism capital investments show an overall decline to $1.7 million per year average in the past five years compared to $7.8 million per year average for the previous five years (Figure 10).[181] The decrease in tourism capital investments is not correlated with the increased interest in African-American heritage: investments ebb and flow, and the large investments included a national hotel chain and a casino. But given the lack of supply for African-American heritage relative to the local and visitor interest and demand (Figures 11,12), it suggests the need for a more organized, coordinated community effort to improve cultural equity.
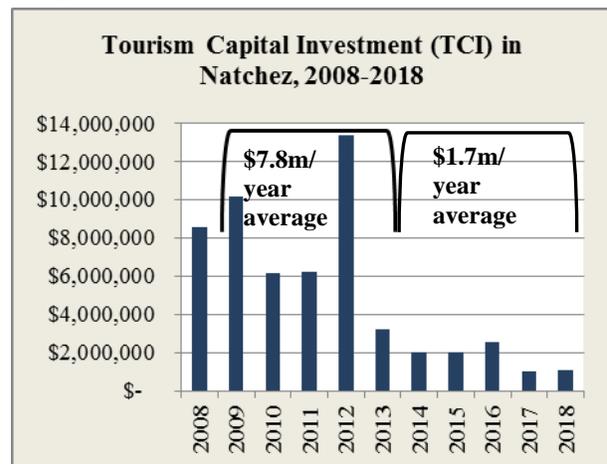
Figure 11. HIA Audience Response Voting on Historic Preservation Resources and African-American Heritage
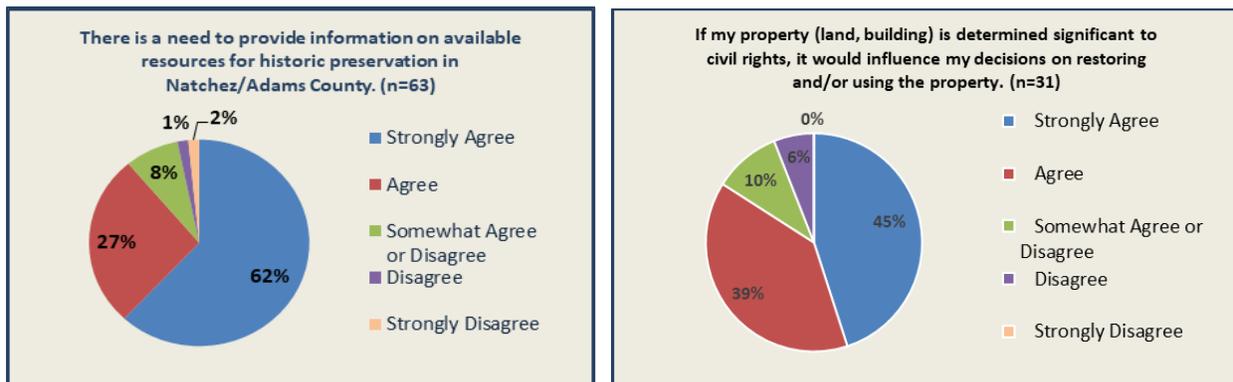
This has already produced negative effects and lack of awareness of local sites. For example, Natchez was recently passed over for a site visit during the National Association of African-American Museums conference in Jackson due to the lack of physical infrastructure and places of emotional significance.

Figure 12. Destination Choice Motivators Ranked by Interest Level[182]
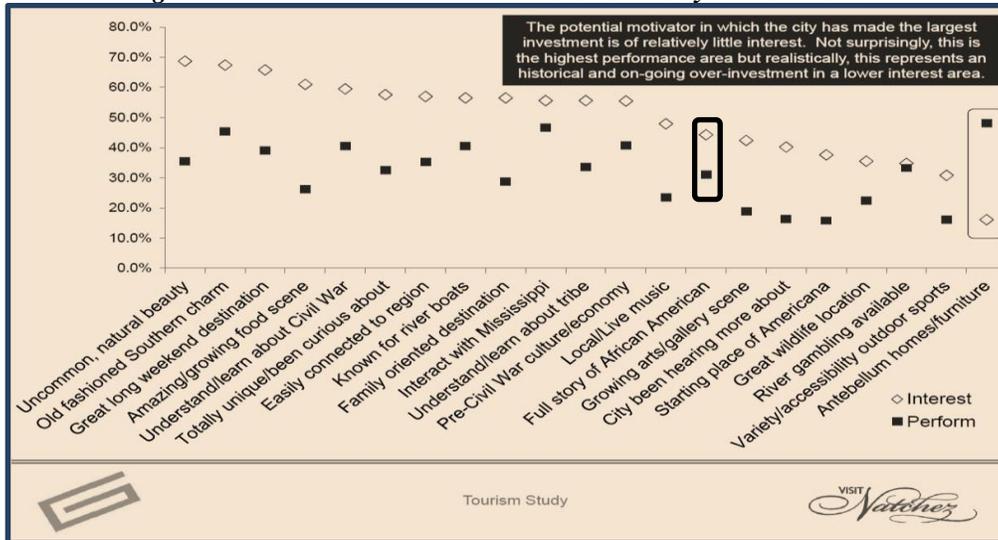
(*Source: Visit Natchez. Goss Agency Report, Tourism Study Deck. 2015*)

Building off the work of recent years, however, constituencies are engaged to carry the conversation forward and advance cultural equity; the conversation is no longer "should we" or "why" but rather "how" and "what are the next steps?"

A collaborative commitment to cultural equity through community development, economic diversity, and entrepreneurship is more likely to positively affect population health than tourism alone.

Adams County civil rights sites and trail	Income potential or inequality, cultural dis- or emplacement	Social support, neighborhood order, SES	Mental, general, and maternal and child health, chronic disease

Existing Evidence

Focusing on African-American heritage for tourism purposes alone is unlikely to promote population health. This has little to do with the popularity and demand for African-American heritage tourism specifically, which local studies have shown are strong and may benefit entrepreneurs that venture into the space, and more to do with the distribution of impact from tourism.

Much of the literature on tourism's worth to a community focus on aggregate impacts, such as total expenditures, economic activity, and employment opportunities.[49,50,183] Rural retail and service businesses have been shown to contribute modestly to local employment, income, and the tax base,[183] and there have been uniform economic benefits with rural tourism development in cases with a well-diversified economic infrastructure.[51]

Studies have suggested incorporating measures of residents' perceptions and assessments of tourism impacts on quality of life, social well-being, and cross-disciplinary research.[185] Population health in

particular involves looking at the distribution of impact within the whole population, and the economic instability of service sector industries historically has been associated with relatively more inequality than other industries.[48-50] In situations with low or decreasing economic diversity, evidence shows the following trends have a statistically significant effect on increased income inequality (Table 4): a decrease in manufacturing-related industry, an increase in recreation dependency, an increase in tourism dependency, high rates of racial dualism (i.e., income disparities by race).[49,50]

Table 4. Economic trends associated with income inequality[48-50,186]
↓ Manufacturing industry (↑ Deindustrialization)
↑ Recreation dependent communities
↑ Tourism dependent communities
↑ Race dualism (Income disparities by race)
High number of single-parent households

Two contributing factors contribute to the association between income inequality and tourism dependent communities. The first is the characteristics of the tourism industry, including inconsistent (unstable or seasonal) hours, often no health insurance, and low wage and unskilled positions more so than other sectors.[49,186] The second is that proprietors with the resources to capitalize on opportunities earn a larger share of tourism dollars, and low income households may earn income from tourism but relatively much less so, contributing to a widening gap between high and low ends of distribution.[49,170,186] Beyond industry specific factors, evidence shows a positive association between the US South as a region and income inequality, and this inequality disproportionately affects low income and African-American populations.[49]

Although studies note economically and environmentally sustainable manufacturing as the most beneficial for economic growth, many communities have turned to entrepreneurship through small and medium sized enterprises for quality of life improvements.[184,188] The effect of micro-entrepreneurship as a tool for poverty alleviation has not been proven successful: one study showed a majority of entrepreneurs who were low income prior to start up remained so.[184] Another study showed inconsistent results with employment: a high degree of volatility in employment for small young entrepreneurships, or overall less job security, lower wages, fewer fringe benefits, and less skill enhancement opportunities.[184] All of these have particularly emphasized the challenges of entrepreneurship in low income rural communities, since those communities are often lacking sufficient human capital, networks, social capital, finance, and other supply inputs, and all emphasize strategically connecting education and human capital.[184,188]

Studies noted the lack of research on concentrated rural poverty,[251,301] and one study focusing on rural poverty in the Southern Black Belt noted that African-American business ownership can be considered a good indicator of well-being and reducing disparities.[251] The most significant determinants that accelerate African-American business ownership were African-American home ownership and the rate of African-American high school completion, while aggregate economic indicators, such as an increase in median household income will not necessarily affect African-American business ownership.[251]

This coincides with a Kellogg Foundation study on Mississippi that established a "business case for racial equity" (Table 5): investing in the human capital of Mississippians and closing the racial income gap would generate an additional $10 billion in earnings today and $23 billion by 2050, and lead to $24 billion in economic growth today – a 22 percent increase – with $1.2 billion in additional state and local revenues by 2050.[189] Studies have recommended improved access to capital for minority

Table 5. Projected economic growth when investing in racial equity in Mississippi
$10 billion in earnings today
$24 billion in economic growth today (22% increase)
$23 billion in earnings by 2050
$1.2 billion in new revenue for state and local levels
Sources: Turner A, Beaudin-Seiler K. The Business Case for Racial Equity Mississippi: A Strategy for Growth. WK Kellogg Foundation. 2018.

entrepreneurs, a finding borne by the evidence that skill improvement programs and technical assistance tends to be less utilized in rural entrepreneurship (since take up rates are low) but firm creation policies are more effective for rural areas.[184]

Social entrepreneurship, which mixes private enterprise with philanthropic causes, may improve well-being and health determinants.[184] A systematic review showed positive impact between comprehensive support (education, training, and entrepreneurship), disparity reduction, and economic growth:

- Raising the overall level of education through high school graduation rates has greater impact on economic growth than raising the level of the best educated.
- The new firm formation rate increases by one standard deviation (from 3.5 per thousand labor force to 4.5 per thousand) → employment growth will increase by one-half standard deviation (from 2.1 percent to 2.85 percent).
- High school graduation rate increases by one standard deviation (from 72 percent to 80 percent) → economic growth increases from 2.1 to 2.85 percent.[184]

Adams County Community Data

Focusing on rural and minority entrepreneurship may be relevant for reducing disparities in Adams County given the highly disproportionate representation in employment. Based on a 2017 report, more than 70 percent of whites work in "office and sales" or "management, business, science, and arts" sectors compared to just over 45 percent of blacks; meanwhile 30 percent of blacks work in the service (non-management) sector compared to under 10 percent of whites.[246]

Recent increases in income inequality and tourism employment dependency are cause for urgency (Figures 13, 14). Although largely a result of deindustrialization and larger economic trends, these trends should be factored into decision-making and shifting to a focus for cultural and economic equity.

Figure 13.[190]
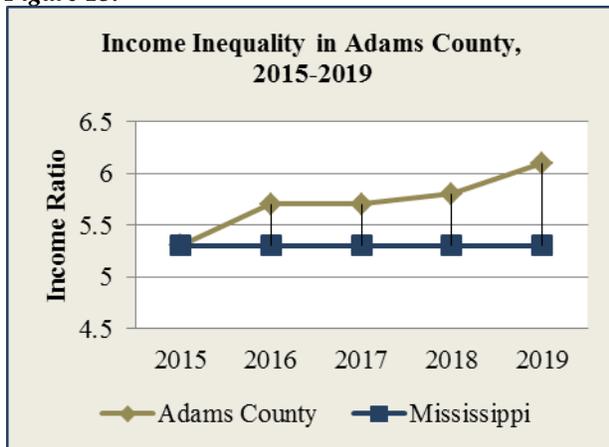
Figure 14.[181]
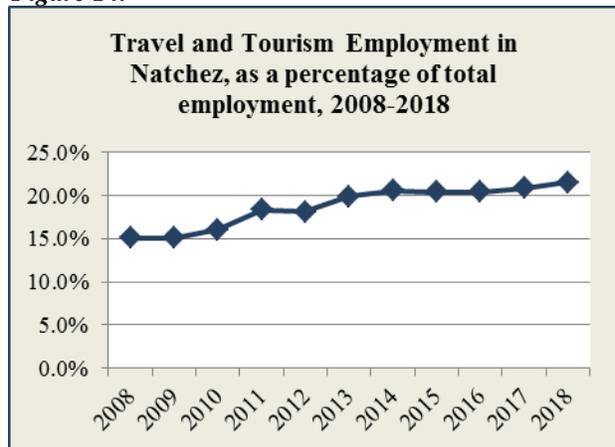
Sources: County Health Rankings, 2015-2019 (income inequality); Visit Mississippi (Travel and Tourism employment)

Income inequality is particularly a concern, since it is deeply embedded in historical root causes and racial disparities. The median household income over 50 years conveys embedded structural racism and the power of compounding (Figure 15): a nearly 1,000 percent increase in median household income for blacks (a considerably larger percentage increase than the 647 percent increase for whites) has limited impact on reducing disparities when starting from a place of historical marginalization. Even as late as 2015, the median household income for blacks in Adams County remained below the federal poverty line (currently $25,100 for a family of four) and was only 50 percent that of whites.[192] Meanwhile, the Kellogg Foundation reported black income to be 57 percent to that of whites statewide in 2017.[189]

Figure 15. [191,192]

Median Household Income by Race, 1965 v. 2015

1965 ▪ 2015

$41,840

$20,921

$1,994

$5,600

African American/Black   Caucasian/White, not Hispanic or Latino
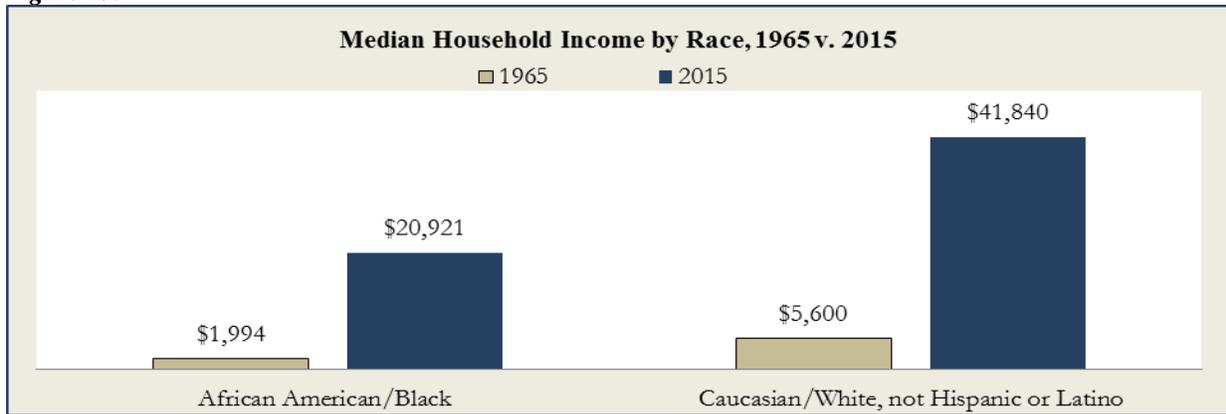
Sources: US Census Bureau, census.gov; Umoja AO. "We will shoot back": The Natchez model and paramilitary organization in the Mississippi Freedom Movement. J Black Stud. 2002; 32(3): 271-294.

Some local stakeholders have incorporated solutions to improve health; at least one local restaurateur has provided insurance for employees, at no additional cost beyond what he would already be paying for his family insurance, through a resource available with the state tourism and hospitality association. This may be an example of an easy strategy that small tourism business owners can incorporate to improve health for their employees.

People also recognize, however, that effective solutions will require addressing root causes that support economic diversity, including a startup work space and assistance in navigating startup in Adams County (Table 6). The assessed need and potential positive impact was called for in the 2017 Downtown Master Plan through an expansion of the current entrepreneurial support services. Approaching these issues collaboratively as a comprehensive civic commitment – whether through the HUBB Network, APEX Center, or another mechanism – would likely positively influence the magnitude of impact. Currently, Visit Natchez has the only civic staff position for cultural heritage, which puts them in the position of marketing something that Adams County hasn't fully developed or cultivated and risks increasing the dependency on tourism rather than increasing economic diversity.

Table 6. What type of support for small business is needed?	
Educational and financial Co-working/start-up space Leadership Community Support Community-wide (working together) Marketing Advertisement & promotion Purchasing power Money assistance *Source: HIA minority business stakeholder questionnaires*	"Alcorn State University already operates the TechCenter, a small business incubator housed in the APEX Center. The APEX Center is a partnership with Natchez Inc. and MDA to connect future and existing business owners with needed training, resources, and support. They should provide more comprehensive services rather than focusing on training. It is recommended that the Center continue their important work with a focus on incubation and development of small entrepreneurs." *Source: City of Natchez, MS Downtown Master Plan 2017*

In a guided discussion with minority business stakeholders (Figure 16), many recognized "people helping each other" and "a sense of pride and attachment." Several people stated that it is frustrating how many people are not aware of the work being done and what has been accomplished. However, areas cited for making little or no progress with the most need included:

- A culture of entrepreneurship
- Economic diversity
- More diverse representation in community or economic development decisions.

As Adams County moves forward, fundamental challenges will be channeling dialogue into (1) measurable progress to move the needle on population health and well-being; and (2) providing a clear, transparent, unifying strategic path for community planning across sectors and decentralized stakeholders to champion and participate.[193]

Figure 16. Adams County minority entrepreneur stakeholders (n=12) through community questionnaires were asked "For the following statements please indicate your response using the following scale."

"I feel like a token member."

"It sometimes feels like the decision has already been made outside the meeting and minds are made up, so what's the point."

"EVERYONE NEEDS TO KNOW. There are so few people that know about what's happening."

"We all need to work together and move the same way."

-HIA interviews, meetings, and stakeholder workshop

Legend: ■ Yes ■ Actively making progress ■ Little progress to date ■ No action yet ■ Not applicable or don't know

Statement	Yes	Actively making progress	Little progress to date	No action yet	Not applicable or don't know
A culture of entrepreneurship exits that recognizes and regards new ideas, innovation, partnerships and collaboration.	0	1		8	2
There is economic diversity (e.g. diversified industries and many smaller businesses providing jobs in the community.)	1	0	3	6	2
Leadership of the community and economic development group refelcts the diverse segments of the community.	1	1	3	4	3
The community and economic development group processs is open and participatory: members are willing to contribute and explore new ideas.	1	1	4	3	3
Citizens are well informed about economic development activities.	2	1	2	3	4
Citizens are given the opportunity to join commmunity and economic development efforts.	2	4	0	3	3
There are training and and educational opportunities for citizens of all ages.	1	2	4	3	2
Local owners of business and industry are committed to work with the community on improvements.	2	1	6	1	0
Community members feel a sense of pride and attachment to the community and are optimistic about their future.	4	1	3	1	1
The community has a spirit of people helping each other.	3	3	6		0

Positive impacts are contingent on awareness, interactivity, connectivity, and conditions.

| Adams County civil rights sites and trail | Income potential or inequality, cultural dis- or emplacement | Social support, neighborhood order, SES | Mental, general, and maternal and child health, chronic disease |

Existing Evidence

Even with progress on counter-narratives, decisions and tradeoffs inevitably arise. Decisions on the locations of memorials, for example, involve tradeoffs between proximity to majority African-American neighborhoods and higher visibility. Proximity to African-American neighborhoods invests capital in those areas and may potentially increase economic traffic,[169] which may influence neighborhood order, mental health, physical activity, and obesity or body mass index – all of which are cardiovascular disease risk factors.[194] Limiting African-American heritage only to these neighborhoods, however, may create a perception of hiding something shameful and negatively affect cohesion progress.[172,173]

Higher visibility, meanwhile, would increase exposure to a wider audience although risks the perception of not investing in African-American neighborhoods.[169] One recommendation has been to continuously cross spatial boundaries in both directions as a means of changing geographic context (and not creating a perception of hiding something shameful), while others advocate creating new civic spheres in African-American neighborhoods or at least consideration for equitable distribution across geographic lines to reduce disparities.[122,169,172,194,195] Site security is also needed from the beginning, as vandalism at other state sites negatively effects cohesion and wastes resources that could go to other efforts.[196]

The lack of infrastructure also suggests a need for creativity in methods – digital, creative place-making, or otherwise – planned with affected communities so as to support social capital and not undermine recent progress. Due to the limited data, the HIA Committees agreed to coordinate a pilot project with HNF for the fall 2019: a youth Photovoice project on identifying and interpreting civil rights places and experiences.[197,198] The intent was to use the HIA Monitoring and Evaluation phase to learn from and involve youth in process methods for the ACCRP and cultural equity.

Among the limited studies that considered the distribution of impact across rural and urban areas, one study showed a greater net economic impact (based on overall GDP and employment effects) of tourism economic development when economic structure was already diversified *and* where natural environment was the main tourist attraction.[51] Studies have found walking in green spaces of both high natural and high heritage value led to statistically significant reduced feelings of anger, depression, tension, and confusion for participants after activities.[143] Two studies of lower quality looked at heritage and general community well-being in areas of various stages of development (enhanced, maintained, or neglected).[143,199] The studies found that people living or working close to "character areas" experienced a wide-range of positive impacts on well-being: increased sense of place, pride, identity, and belonging, increased levels of physical activity, increased levels of social interactions, and reduced stress.

However, actual use of such multi-use trails and sites for physical activity are highly dependent on conditions, with some studies finding no association between multi-use trails and physical activity.[199] Relevant attributes have included immediate proximity, population density, safety (lighting, security, and absence of crime or blight), mixed views (city and natural scenery), and dedicated pedestrian or bicycle only paved paths may be critical factors to influence uptake levels and decrease physical inactivity.[4,199-201,254] Lower usage was associated with litter, noise, and high density of vegetation on the trails.[4] The scale of investment, which can be considerable, requires cost-benefit analysis and equitable distribution to see changes in population health.[4,199-201,254] *Perceived* access to parks and trails has been positively associated with physical activity, with respondents nearly two times more likely to meet physical activity guidelines, and transportation-related physical activity (versus recreational).[199-201]

The benefits of connectivity extend beyond local geography to state and regional connections, such as the Mississippi Freedom Trail. A study on tourism in the Lower Mississippi Delta recommended viewing African-American heritage as a series of hubs throughout the region, with spokes leading to gradually smaller towns and sites since the cultural resources of the whole region are greater than the sum of its parts.[93]

Should visitor activity increase for a major site, such as Forks of the Road, intermediate health may be affected by logistical issues such as parking, trash, noise, public restrooms, and air pollution from busses. The King National Historic Site in Atlanta, for example, went from 350,000 visitors in 1984 to more than 2 million annual visitors by 1991, causing considerable disruption and an unhealthy environment for local residents for years, and local officials only funded agreed changes when pressed in advance of the 1996 Summer Olympics.[122,172] Other significant sites such as the Lorraine Hotel in Memphis attract fewer visitors, 100,000 per year (the current approximate number of annual visitors to Natchez as a whole), but with "catalytic" plans to expand the space as an anchor for area revitalization, connecting it to other tourist attractions.[122,172]

Another intermediate consideration is impact on property values. Perceived benefits or obstacles of historic preservation – depending on one's perspective – have included either 1) positive impacts on health due to increased property values or improved quality of life; or 2) negative impacts on health from gentrification and displacement. Evidence of these impacts have been mixed, primarily due to the difficulty of isolating historic preservation from other aspects of mobility, development, and gentrification.[203-206] Risk can be mitigated and opportunities capitalized through tax abatements, tax increment financing, affordable housing initiatives, and expansion of boundaries of historic significance and creative place-making.[203-206] One study showed gentrification resulted in reduced exposure to poverty, at least in the short-term, by about 3.5 percent for renters with less education, improved quality of life, and an increase in individual house prices for both less educated and more educated "stayers," which was noted as affecting an increase in property taxes offset by net wealth.[206] The Centers for Disease Control and Prevention notes potential connections between gentrification and affordable healthy housing, stress levels, mental health, crime and violence, and physical well-being.[207]

The most direct study of health impact found no association between displacement and poorer self-reported minority health after controlling for socioeconomic factors, social factors, and neighborhood stability.[208] The authors suggested instead the poorer health outcomes on minority health resulted more from "cultural displacement," difficult to quantify but indicative of goods and services geared toward affluence in previously poor neighborhoods.[208] Stress over the "fear of being 'pushed out'" has been found to have adverse effects on mortality and pre-term births.[208]

Adams County Community Data

Much of the existing connectivity depends on the Natchez Trails. Many suggested during the HIA that some residents read the existing Natchez Trails interpretive panels when they were first put in place but that on a regular basis they now are used only by tourists. Community data from recent civil rights projects suggested that awareness, exhibits and guides, and physical or digital connectivity may increase usage and amplify impacts (Figure 17). Aligned with the existing evidence, the Visit Natchez research also suggests linking African-American heritage, such as a Civil Rights Trail, with natural aesthetics and recreational opportunities.[182]

A broader outreach effort involving a digital component or online outreach effort with community input, similar to the Tri-centennial's Natchez History Minute led by Natchez National Historical Park, an enormously positive project among Adams County adults and youth alike with millions of cumulative online views. There may be opportunities to link the Civil Rights Trail with other civil rights documentary projects and trail initiatives, such as the Natchez Trails and potential county-wide bike trail.[3,209] This is dependent on the locations of sites, but any overlap would build connectivity and interactivity for all trails. This may offer opportunities to leverage the ACCRP with access to physical

activity and setting the environmental context for the growth of a creative class and entrepreneurship, also a component of the Downtown Master Plan. [3,299,300]

The Historic Natchez Foundation has already undertaken a website redesign to make historic preservation resources more accessible; this is likely to continue to evolve and can be part of Monitoring and Evaluation efforts.

In terms of capital investments, the Downtown Master Plan already suggested a cultural heritage corridor. Recent feedback has suggested expanding incentives to include St. Catherine Street Corridor expanding the reach, building connectivity to downtown and awareness for both initiatives. Since the Proud to Take a Stand Monument for the Parchman Ordeal was placed downtown, efforts to increase the placement of sites

Figure 17. Focus group input from Adams County minority business stakeholders on top three priorities
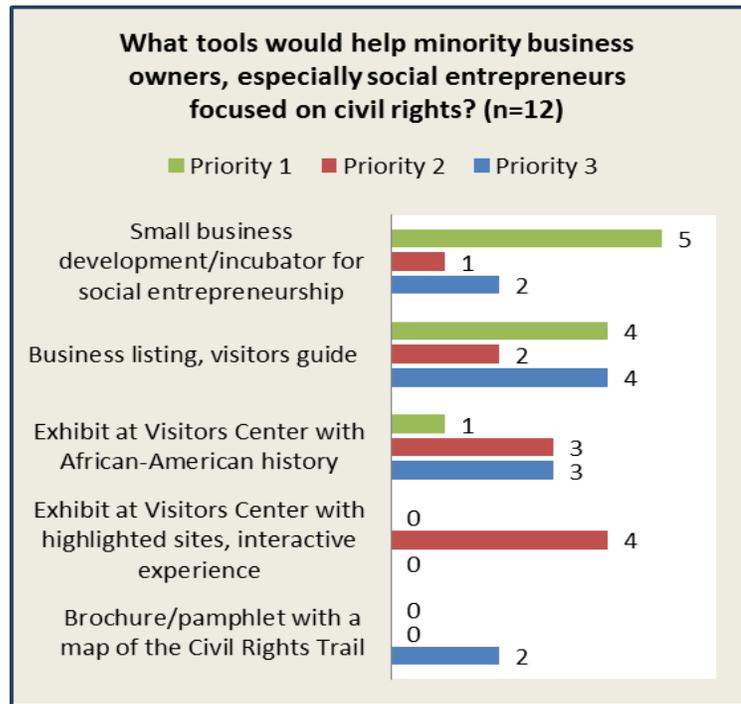
within majority African-American neighborhoods and cross geographic lines would likely help build connectivity of existing sites to the future proposed Civil Rights Trail guide. This is likely where a framework approach may help – generating untold stories of cultural innovation, organizing, and structural racism – since many civil rights sites reflect major events and were located in highly visible downtown areas.

"I think people in the black community are not always interested in or comfortable at events hosted by the white community. Having Harmony in the Park in the midst of a traditionally black neighborhood is one of the things that made it a success."

 - Harmony in the Park attendee

    _____

"You can drop someone off in a minority neighborhood; some people would be fine with that, some not. There are stigmas with whites as well as stigmas with blacks. We need to be pulling people in both directions for exposure and education. Invest in our neighborhoods, yes, but African-American heritage and civil rights history shouldn't be limited to an African-American neighborhood or African-American youth."

 - HIA advisor

Although evidence for intermediate effects on property values and health is mixed, given the lack of affordable housing options in Natchez (Table 7), city initiatives to increase the supply of affordable housing through the Master Plan should be considered a priority. As much as 50 percent of current renters are spending more than 35 percent of their income rent, which the Master Plan states as an already unacceptably high rate.[3]

Table 7. Affordability of Housing vs. Current Prices	
Rentals: Affordable based on median income of current renters: $417/month Current median rental price: $578/month *Source: City of Natchez, MS Downtown Master Plan*	**Owning**: Affordable based on median income of current homeowners: $210,000 Current housing price range: $250,000-$500,000 (Information available only for downtown area) *Source: City of Natchez, MS Downtown Master Plan*

The magnitude of potential positive health impacts is major, as is the likelihood of harm of inaction or perception of inaction.

Adams County civil rights sites and trail → Income potential or inequality, cultural dis- or emplacement → Social support, neighborhood order, SES → Mental, general, and maternal and child health, chronic disease

Existing Evidence

The various ways that changes may affect Adams County residents may have strong long-term implications for health, if a comprehensive strategy anticipates and plans for opportunities to influence economic opportunity, reduce disparities, and mitigate intermediate health risks such as cultural displacement. The health effects assessment focused on income inequality as a key indicator of health inequities in Adams County, although there are many related socioeconomic determinants: poverty, children in poverty, upward mobility, employment, income potential, educational attainment, and quality of housing to name a few, all of which affect chronic stress and health outcomes independent of behaviors.[63-67,74-78,152-155,211,280] The potential effects on educational attainment is discussed further in the next section and baselines for other indicators are in the Assessment on Current Conditions.

Particularly when combined with the already unaffordable housing particularly for renters, the population health risks from increasing a dependency on tourism, however inadvertent it may be, are substantial. A comprehensive approach and concerted effort to support African-American heritage entrepreneurship may have a high magnitude of positive impact: a) creating economic opportunity with additional industries – such as craftsmanship or film, both expressed areas of economic interest for Adams County; and b) community development and creative place-making.

In recent years, strong evidence has shown that income inequality is a direct health determinant affecting population health (mortality, life expectancy, infant mortality, under five survival rate, and self-rated health), and narrowing the gap improves overall population health and wellbeing.[52-54] For added urgency, income inequality has a threshold which, once reached, begins to affect population health more significantly as well as a lag time before seeing impact.[55,56] In smaller areas, the evidence is mixed as the effect on income inequality on health may depend on variables such as the degree of residential segregation and social stratification.[53,210]

Income inequality has also been shown to be the strongest predictor of homicide rates[212,214] and is associated with poorer outcomes for depression, social cohesion, and generalized trust.[53] Income inequality is also related to poorer children's health, including infant mortality, low birth weight, child wellbeing and child mental health problems. The relationship between income inequality and health has been shown to be a direct cause for poorer health outcomes and not reverse causality (i.e., a larger portion of people are unhealthier which causes income inequality). The link between income inequality and homicides and income inequality and poorer health persists even after controlling for race, geography, or culture.[212-214]

Adams County Community Data

Since all of the above issues are health determinants in Adams County, a concerted effort to reduce income inequality and improve investments through education and entrepreneurship support, economic diversity, and community development may result in positive impacts on self-reported health, quality of life, mental health, maternal and infant health, and chronic disease risk factors. Since these determinants are particularly complicated, and given the gravity of the indicators, investment would likely need to be substantial and impacts may be medium-term or early short-term indicators of participation and use of resources. Making the process as publicly transparent, accountable, and measurable as possible with systematic input and data may help with public perceptions.

HIA Evidence-Based Recommendations
(Health factors and outcomes: Built environment → Economic opportunity structures, community development, social support → Mental, general, maternal, child health and chronic disease)

4. **Adams County Civil Rights Project:**

   - Build digital connectivity for the Civil Rights Trail and connections with other transportation or recreation-related physical activity opportunities.

   - Use framework approaches to minimize the risk of sanitizing history and to identify sites in majority African-American neighborhoods.

   - Use creative place-making and the arts to support community development of cultural heritage where sites don't meet historic preservation eligibility requirements.

   - Investigate the costs and process involved with joining the Mississippi Freedom Trail

5. **Develop an Adams County strategy and voice for cultural heritage and equity:**

   - Continue to build accessibility and outreach for historic preservation resources and capital investments in African-American heritage, targeting barriers to use and areas for improved accessibility.

   - Create a cultural coalition, or similar civic social infrastructure, for cultural and economic equity, including strategies, creative place-making, entrepreneurial support (business planning, co-working spaces, signage and wayfinding, and navigating startup), and quality of life measures that include distribution of impact.

     o Resources: Universal Community Planning Tool (UCPT), an open source online planning and data tool developed by Garrett County Health Department in Maryland.

   - Expand Downtown Master Plan incentives to include St. Catherine Street Corridor and other physical infrastructure opportunities for African-American heritage throughout Adams County.

PLACE-BASED EDUCATION ON LOCAL CIVIL RIGHTS HISTORY

Assessment focuses on youth who engage with civil rights historical sites through formal and non-formal learning. While education is an encouraged use for all National Register listings and historic preservation work, the April 2018 HIA stakeholder workshop and subsequent meetings explicitly made youth educational implications a priority for the ACCRP. Adams County residents and the literature expressed concern that many youth graduate from high school knowing little about the CRM beyond the names of Martin Luther King Jr. and Rosa Parks.[215,222,233]

Critical consciousness is a conceptual framework rooted in an awareness of socioeconomic conditions; it is used here to outline the pathway to health impact through its three associated components:[8,216]

> *Critical reflection*, or the ability to analyze inequities and injustices connected to one's social conditions…*Political efficacy* [agency] is the sense that the individual or a collective has the ability and capacity to change their political and social conditions…*Critical action* occurs when individuals actively seek to change their unjust conditions through policy reform, practices, or programs.[8]

Although more defined measures have been tested in recent years,[217,218] critical consciousness has been noted for inconsistent proxy measures for determining impact.[219] Critical consciousness is, however, informed by accepted positive influences on health like cognitive development, agency and empowerment, civic engagement, social networks, and self- and collective efficacy.[8,220]

Place-based civil rights history contextualizes curricula and textbooks.

Place-based education on local civil rights history (critical reflection) → Educational attainment, individual outcomes (agency, critical action) → Socioeconomic status & conditions → Mental and general health, chronic disease, maternal & child health

Existing Evidence

The assessment in Domain 1, Telling the Story of Places, established that framework approaches offer a method to "make the links between disparities between groups and historical and contemporary forms of oppression" in order to understand "causal attributions for disparate conditions," the focus of critical reflection.[8] Focusing specifically on impact for youth well-being, the literature suggests place-based education on local civil rights history can supplement existing civil rights history curricula and foster critical reflection.

Although textbook content has been added, racial representation frequently continues to be over-generalized, "contributions" or "victimization" oriented, and not linked to a framework for understanding structural racism.[221-223] Considerable research has shown positive impacts on critical thinking skills for students of color and white students at every level of education from well-designed and well-taught racial and ethnic studies.[222,224,225] Impact is minimal, however, without explicit discussions of race and structural racism and teacher training to facilitate discussion, especially in diverse settings.[215,222]

Research has also shown the value of context, both in terms of student demographics and subject matter content.[8,222] Studies have shown that well-being may decrease after a single diversity course, as students – particularly white students – grapple with issues for the first time, and tolerance may decrease if students don't complete the first course; well-being increases significantly, however, with the second class and sustained engagement.[222] Civil rights history curricular recommendations are similar to those of civil rights historiography generally, such as historical causes and intellectual roots of the CRM, opposition to its successes, and tactics including differing opinions on tactics.[215]

The HIA examined impact on Adams County youth generally and not within the context of a particular school, whether public or private. However, literature was gathered regarding state public standards for civil rights education due to its availability; no private schools in Mississippi have civil rights curriculum standards for comparison.[226] Using the 2011 state curriculum standards for social studies, the Southern Poverty Law Center (SPLC) graded Mississippi a "C" in its nationwide assessment of states' civil rights education efforts.[215] Although the standards do "an excellent job of sequencing content across grades, as well as linking the Civil Rights Movement" to current efforts, citizenship, and civics, the literature noted substantial obstacles in providing supporting resources for teachers and ensuring accountability.[215,226] In the cities where it was implemented, success depended on local champions and collective commitment.[226]

The impact of place-based context, both historical and contemporary, on critical reflection is easier to understand through example. The recently revised state curriculum 2018 standards for social studies include the following requirement for US History (emphasis added):

> US.11. Civil Rights Movement: Evaluate the impact of the Civil Rights Movement on social and political change in the United States…6. *Describe the accomplishments of the modern civil rights movement*, *including*: the growth of the African American middle class, increased political power, and *declining rates of African American poverty*.[227]

While factually correct in that the Civil Rights Movement reduced poverty when linked with the War on Poverty,[155,228] many civil rights activists and the existing literature consider the lack of progress on poverty as a *failure* of the Civil Rights Movement.[110,111,229,242] This standard would benefit from contextualization to mitigate risk: a study with negative outcomes from racial and ethnic studies theorized that the content (African middle class reform) did not reflect the lived experience and practical concerns of the socioeconomically disadvantaged African-American students.[222,232] The positive impacts from critical reflection on well-being, moreover, come from connecting history to lived experiences and the cognitive tools they develop to understand and navigate toward critical action.[222,233,234]

Context on lived experience and poverty would be highly relevant for Adams County and Mississippi. Mississippi has among the highest poverty rate in the country, tied with three other states as of 2017 at 17 percent for the population and a poverty rate of 29 percent among the African-American population (Figure 18).[235] Adams County has considerably higher poverty rates than the state average with an overall poverty rate of 34.2 percent and African-American poverty rate of 42.5 percent, with some census tracts even higher (Appendix D.2).[236] The US History strand also seems incongruous with another year (emphasis added):

> AAS.9. Debate the issues confronting contemporary African Americans in the continuing struggle for equality…4. *Identify and evaluate major contemporary African American issues confronting society, including* affirmative action, the educational achievement gap, *the wealth gap, poverty,* AIDS, and crime.[227]

Figure 18. Poverty Rate by Race/Ethnicity: Black and Total, 2008-2017[235]
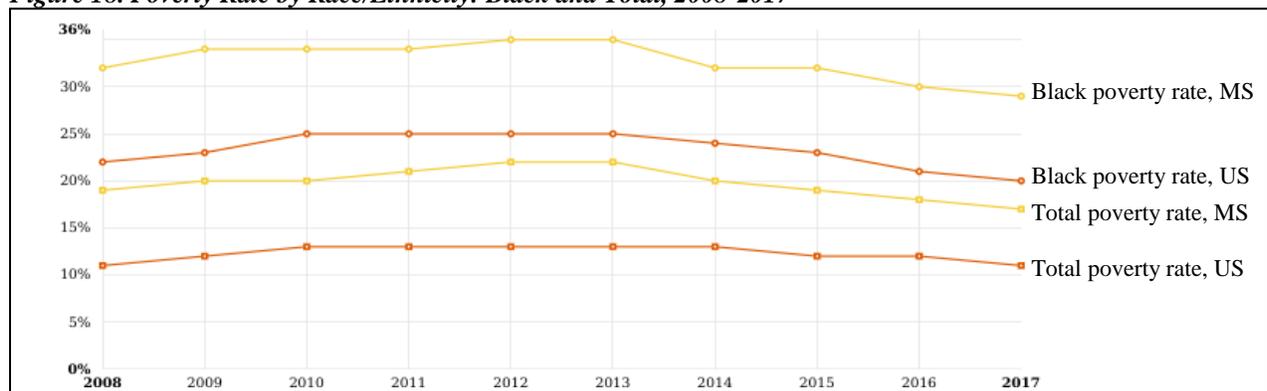
(Source: Kaiser Family Foundation's State Health Facts)

Adams County Community Data

Most youth and community members in Adams County reported that they learn about civil rights history from school (formal learning) or family members (informal learning), but many also wanted to study the issues more in depth through school and community efforts (formal and non-formal learning). For most youth, however, the opportunities to do so are extremely limited. Local educators have stated opportunities and resource support for incorporating local civil rights history is limited; some suggested opportunities for incorporating local civil rights history into service learning projects, the Mississippi Studies course within the public school system, and organizing to develop lesson plans for local history.

Similar to the Telling the Story assessment, audience response voting at events with the question posed in multiple ways suggested people appeared to prefer a much "broader" narrative for youth (Figures 19, 20). Audience questions demonstrated the need for clarity on what that would entail.

Fig 19. Which approach to CR would benefit Natchez-Adams County more in terms of youth education? (n=56)

- Focusing on a broader narrative of civil rights (local stories, arts, and culture, religious institutions, organizing, intellectualism, women, social justice)
- Focusing on political movements

Fig 20. Which approach to CR would benefit Natchez-Adams County more in terms of youth education? (n=28)

- Focusing on social justice
- Focusing on a broader narrative of civil rights
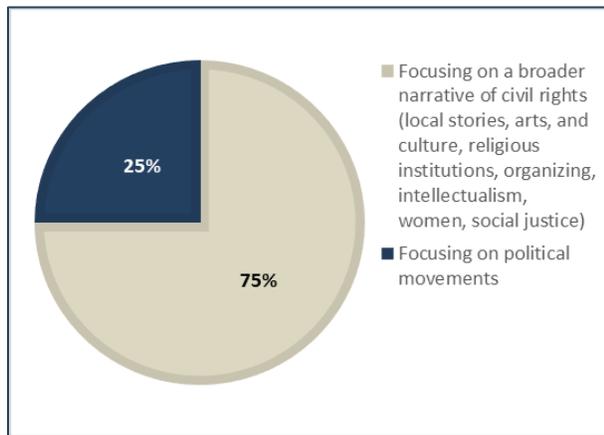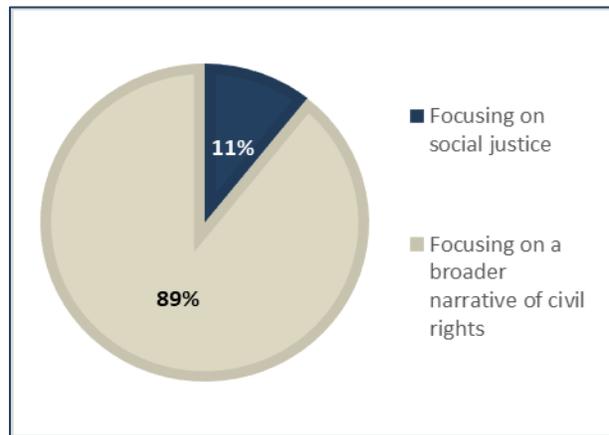
Youth engagement during a community mapping exercise and focus group suggested that they immediately connect civil rights to contemporary issues, particularly crime, racism, neighborhood order, education, and poverty (Table 8). All youth spoken to during the course of the HIA considered more education on civil rights extremely important, as demonstrated by the youth focus group findings (Figure 21). Only a very limited number knew about local civil rights history or even whether their family members played a role in the Natchez CRM.

Table 8. "What is an issue from the Natchez Civil Rights Movement that is still an issue today?"
"Slavery…I mean, racism"
"Less gun violence"
"We want to clean up our neighborhood."
"More things to do for kids."
"Schools, get an education"
(Source: youth focus group)

Fig 21. How important is it to you to learn more about civil rights? (n=20, youth focus group)

- Extremely important
- Somewhat important
- Not very important
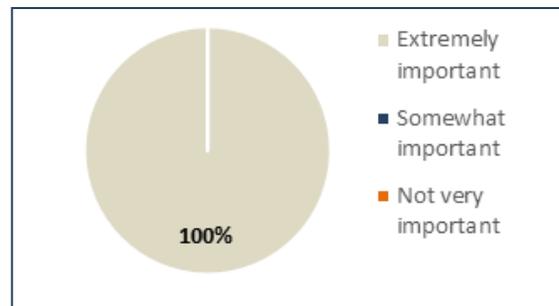
Place-based education may improve individual outcomes for engagement, test scores, and health.

Place-based education on local civil rights history (critical reflection) → Educational attainment, individual outcomes (agency, critical action) → Socioeconomic status & conditions → Mental and general health, chronic disease, maternal & child health

Existing Evidence

Studies on place-based education have shown genuine difficulty in adopting new methods due to school curricular demands, even when place-based educational initiatives are designed to be integrated into current methods.[237] The benefits outweighed learning curves, however, and show considerable impact on individual outcomes for educational attainment and health.

Some immediate positive impacts of initiatives in rural areas on student skills and engagement were noted as predicators for educational attainment:

- Improved student motivation for and engagement in learning."[237]
- Students with special needs performed better;[237]
- Students are likely to work on projects of real value to the community and will develop real world skills;[237,238] and
- Community connections, including access to resources, facilities, and financial support, as well as a diverse base of skills and cross-disciplinary knowledge (such as planning oral social history projects).[222,237,238]

Other studies of critical consciousness and school engagement also found positive impacts on student engagement, self-esteem, and mental health.[8] One study found increases in attendance, on time arrival (decreased tardiness), and reduced suspensions;[239] another study found a greater sense of communalism and individualism, school connectedness, motivation to learn, and overall social change involvement.[240] A majority of studies emphasize the importance of sustained curricular space rather than bringing it out only at certain times, such as Black History Month, in order to convey the worth to students and develop critical consciousness competencies rather than only celebrating contributions.[222,239] One study of high methodological quality on "action heritage" projects with homeless or disadvantaged youth found positive psychosocial impacts, including: increased skills and confidence, hopes for their futures, sense of heritage, empowerment, imagination, and creativity.[143]

Analysis has suggested the need for teacher training on place-based education to build capacity on methodologies and making interdisciplinary connections.[222,233,241] In one Community as Classroom initiative that demonstrated improved standardized test scores (although no changes to grades), students took a similar methodology to a framework approach by studying the effects of political and economic policies on shaping neighborhoods.[239] Standardized test scores for English, math, and science improved – math and science dramatically so – especially for students from the lowest scoring categories and even though the initiative did not directly involve math and science lessons.[239]

Other studies noted demonstrable benefits between action research and school performance for at risk youth. Social justice action research has been shown to curb dropouts among students on the verge of doing so and even promote their continuing education, relevant for Adams County due to indicators on continuing education (see Current Conditions).[243] In another study, a sustained action research writing project contributed to improved gains in local writing assessments and state writing tests.[222]

Furthermore, one study noted potentially *harmful* effects of *not* building critical consciousness for those living in disadvantaged neighborhood contexts, which can produce "self-hatred," limited interest in schooling, and negative psychosocial outcomes.[239]

Adams County Community Data

The cumulative impacts of critical consciousness on individual outcomes, including school engagement, test scores, and psychosocial wellbeing, are likely to be relevant for Adams County youth and particularly at risk youth. Although dropout rates and test scores have improved, local educators remain concerned with improving both.[244,245]

No local data was available on the impact of place-based education, although all local schools have service learning projects or similar opportunities that encourage civic engagement and public service.

The concept of place-based education on local civil rights history was well-received by stakeholders. The discussion focused very little on whether it should happen and much more on barriers to implementation (Table 9).

<table>
<tr><td colspan="1" align="center">Table 9. Natchez-Adams County Chamber of Commerce Education Committee</td></tr>
<tr><td>

- Adapt existing lesson plans and resources to local context; no need to reinvent the wheel to start.
- Should be implemented for all ages, K-20, with age appropriate methods.
- Consider community groups like Youth Leadership Natchez and others (non-formal) for *off-site* methods; people and resources going *into* schools (formal). It's difficult to consistently organize the trips and resources for formal, off-site learning.
- Be cognizant of public and private school curriculum obligations and independence.
- Set up a traveling exhibit to go around to all of the schools. (Youth Photovoice HIA Pilot Project, fall 2019).
- Distribute the photos for lesson plans to support resource development. (Youth Photovoice HIA Pilot Project, fall 2019)
- Alcorn State University may be able to help with CEUs for teacher training, perhaps coordinating with MDAH resources.

(Source: March and August 2019 meetings)
</td></tr>
</table>

Numerous non-formal learning opportunities incorporate place-based education through local youth mentoring groups or associations. Although a limited number of students can participate, Youth Leadership Natchez, run under the Chamber of Commerce, is particularly noted as being one of the few cross-group non-formal learning opportunities, and its success is widely attributed to its diverse representation and systematic links to civic engagement. The quantity of non-formal groups suggests it would be a window of opportunity for local civil rights history and offer positive impacts. It would also likely be inconsistent in implementation, difficult to measure impact, unlikely to reach every student, and self-selective.

The magnitude of positive effects on critical reflection would likely increase if PBE on local civil rights were to be implemented within local schools to reach the most number of students. Due to the disproportionate racial representation in local schools (90 percent African-American in the school district, 75 percent white in private schools),[246] greatest impact would likely come from implementation in all schools.

Critical consciousness involves youth in changing local socioeconomic conditions.

Place-based education on local civil rights history (critical reflection) → Educational attainment, individual outcomes (agency, critical action) → Socioeconomic status & conditions → Mental and general health, chronic disease, maternal & child health
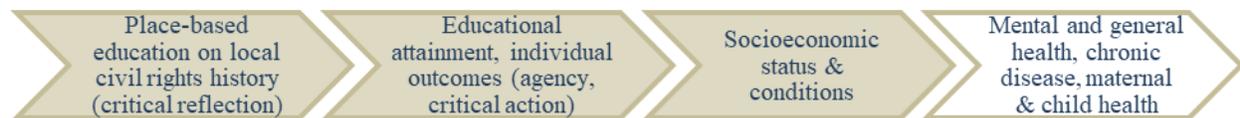
Existing Evidence

Although one study showed positive associations between dialogue and critical action,[247] critical consciousness has also been faulted for too much focus on individual components and insufficient attention on the continuum of translating these cognitive skills into action.[219,248] Recommendations suggest focusing on targets and objectives for critical action from the outset.[248]

Critical consciousness, then, offers not only positive benefits for individual outcomes but opportunities for youth to influence broader population health determinants, such as socioeconomic conditions. These opportunity structures and systems in the local environment – also known as the "geography of opportunity" – have been demonstrated to influence youth decision-making related to education, fertility, work, and crime.[12]

This is where health implications might be able to add substantial value and impact for its understanding of the relationship between social determinants of health and health outcomes. Socioeconomic status (SES) typically consists of a composite understanding of educational attainment, employment, and income potential, all of which influence health outcomes and affect health outcomes independently of each other. Although education has been suggested as the primary factor,[249,250] most studies emphasize the need for an integrated contextual understanding of SES factors especially when identifying effective interventions to reduce disparities.[58-61,77]

Adams County Community Data

Much attention has been focused on education in recent years, but when considering the composite socioeconomic status indicators, educational attainment has been improving while others have stagnated, worsened, or improved but not at the same rate as the state (see Current Conditions). This suggests the increases to educational attainment in the face of other SES indicators is to the credit of all local schools and especially the school district, and that more critical action should be directed toward other SES indicators, such as income potential, income inequality, and poverty.

Socioeconomic status is the most consistent and strongest predictor of health outcomes.

Place-based education on local civil rights history (critical reflection)	Educational attainment, individual outcomes (agency, critical action)	Socioeconomic status & conditions	Mental and general health, chronic disease, maternal & child health
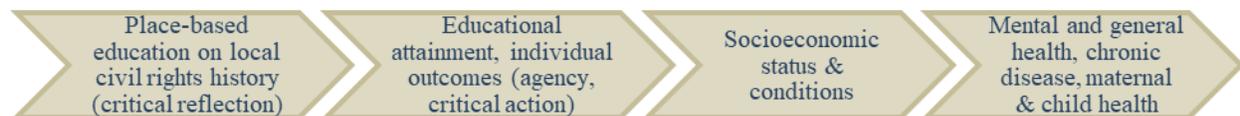
Existing Evidence

Overall SES is directly related to health: SES is strongly associated with health outcomes, including most chronic and infectious diseases and nearly all causes of morbidity and mortality.[52-67,85] SES is associated with a wide array of physical, cognitive, and social outcomes with health effects manifesting before birth (infant and maternal health), well into adulthood, and across generations.[62-67] Lower SES and poorer health outcomes are disproportionately borne by low income and racial and ethnic minority populations, and especially affect the current and future health status of children, throughout the country and particularly in Mississippi.[31,60,62-67,252,258-260]

The various components of SES – educational attainment, income, employment opportunity – each have independent positive associations with improved health outcomes as well as being interdependent.[77,211,249,250] Increased income among disadvantaged populations improves their health, reduces health disparities, and improves the health of the *whole* population.[253] Educational attainment is positively associated with SES and its health effects and has extensive negative (inverse) associations with chronic disease, mortality, and other diseases.[249] Each incremental increase in educational attainment has a positive association with health with the largest impact seen with improvements at the lower levels.[211] Due to the interdependency and complexity of SES, studies suggest the need for strategies that account for understanding and interrelations between indicators.[77,294]

The "geography of opportunity" has been demonstrated to influence youth decision-making related to education, fertility, work, and crime.[12] This is through two pathways, one of materialistic deprivation and one through psychosocial stress, both of which can lead to risky health behaviors.[255] Psychosocial stress also increases the allostatic load (the "wear and tear" on the body and mind from being stressed out)

which contributes to or exacerbates chronic disease and affects the metabolic, immune, and cardiovascular systems,[152,256] and material deprivation is associated with worse self-rated health.[255]

Adams County Community Data

No local data was available from current or previous initiatives to demonstrate potential impact of youth interventions on socioeconomic conditions on health outcomes. The need for data and knowledge-sharing has been discussed extensively at events and strategic planning sessions.

HIA Evidence-Based Recommendations
(Health factors and outcomes: PBE on civil rights history → educational attainment, socioeconomic conditions → mental, general, maternal, child health and chronic disease)

6. **Adams County Civil Rights Project:**

   - Implement and strengthen civil rights education in all local schools and community groups for formal and non-formal learning opportunities. Resources:
     - MDAH Civil Rights Lesson Plans
     - Southern Poverty Law Center, Teaching Tolerance civil rights lesson plans
     - National Park Service civil rights lesson plans

   - Support teacher training for CEUs for facilitating constructive conversations and teaching civil rights history.
     - Resources: Two Mississippi Museums, Teachers for Change, Alcorn State University

   - Incorporate youth in creating local history lesson plans and creative place-making projects for place-based education and critical consciousness.

   - Contextualize any national or state standards for civil rights history with local data and context of lived experiences and contemporary issues.

FROM A HERITAGE PROJECT TO HEALTH: A KNOWLEDGE BASE FOR GROWTH

The ACCRP is one project taking place in the context of numerous community and economic development initiatives in Adams County. Although coordinating mechanisms exist in Adams County, most of them focus on the work of particular sectors or, if cross-sectoral, primarily focus on coordinating events and sharing information non-systematically.[193] That is, information is shared but primarily used for tactical (vs. strategic) planning without systemic resident input or measuring outcomes.

Although any project and decision should be considered for how it impacts the population, one study suggested civil rights remembrance offers a unique opportunity to serve as a catalyst for:

> [Legitimizing] individuals' memories of an era, and personal memories, to in turn, validate, reproduce, and channel a rather seamless, unitary collective memory. This collective memory can be drawn on by individuals of all ages, including those without direct experience of the struggle. The sacredness, effectiveness, and accessibility of the civil rights saga has provided many – elites and rank-and-file alike – with cognitive, emotional, and rhetorical resources…The past thus serves as something we 'think with,' as well as something we think about, and remembrance is 'something we do' rather than something we have. Both 'thinking with' and 'something we do' recast memory from a passive thing people possess to an active force they employ.[257]

Assessment of Current Conditions in Adams County

An "employable active force" can facilitate collective efficacy for community-specific, equity-oriented, collaborative interventions needed to plan and implement health equity for all.[258] Equity is often approached through silos, which impedes progress toward health equity for all, while data sharing can support the development of shared values.[293]

The HIA Committee and Advisors considered measurements of population health for Adams County and recommend the development of a "knowledge base for growth" for measuring equity. Advisory meeting discussions identified as a start four potential pillars for building equity and well-being into goals, strategies, and measurable objectives:

- Culture: trust, belonging, and hope through collective efficacy and cohesion

> *"It's difficult to get people excited about something they know nothing about. We talk about preventive health care and economic opportunity like people will understand if we just say it enough.*
>
> *"But it's precisely because of the oppression of civil rights – which affected education, opportunity, even what we think of as 'our community' – that an understanding of the structural issues never fully developed. What we need is a knowledge base for growth."*
>
> *-HIA Advisor*

- Youth & Education: educational attainment, critical consciousness
- Economic opportunity: capital investments in African-American heritage, minority business ownership for disparity reduction, income inequality, income potential (e.g., entrepreneurship)
- Health: improving access to preventive health and mental health resources, health outcomes

During the April 2018 HIA workshop and subsequent discussions, stakeholders and residents identified particular health determinants as significant local issues. Those determinants included: social divisions between city and county populations, race, and socioeconomic status; educational attainment; lack of economic opportunity; and neighborhood environments including lack of services, healthy foods, and safety. Safety included crime, speeding cars on arterial and residential roads, pedestrian safety features such as sidewalks, and blighted properties.

These issues were categorized into three broad determinant categories (Table 10): social cohesion, socioeconomic status, and neighborhood and environmental features. Research to identify relevant health outcomes were also compiled and grouped into four outcomes: infant and maternal mortality, mental health status, general health status, and chronic disease morbidity. The factors and health determinants discussed in this report should not be considered the only determinants contributing to health outcomes in Adams County.

Table 10. Adams County HIA Identified Key Health Determinants and Outcomes	
Health Determinants	**Health Outcomes**
• Social cohesion (social capital, social support, civic engagement, trust, cultural well-being) • Socioeconomic status (educational attainment, income inequality, employment opportunity or income potential, access to health care) • Neighborhood and environmental factors (crime, access to healthy foods or physical activity, place attachment and cultural identity, neighborhood order)	• Infant and maternal health • Mental health (stress and anxiety, substance abuse, self-harm or suicide) • General health status (self-reported health ranking, healthy days, health-related quality of life) • Chronic disease morbidity (heart disease, stroke, cancer, diabetes, obesity)

Although indicators are mostly described in local and state context for comparison purposes and scale, it is critical to put these in perspective with the rest of the country. Mississippi's health outcomes and determinants, particularly socioeconomic factors such as education and income discussed in this report, are among the poorest in the nation.[259] Mississippi ranks last, or nearly last, for almost every health outcome with a disproportionate disease burden falling on racial and ethnic minorities and the rural and urban poor.[259,260]

Many data compilations involve a time lag for indicators. For example, the County Health Rankings depend on reported violent crimes from previous years: annual reports for 2018 and 2019, years in which violent crime feels on the rise to many in Adams County, use data from 2012-2014 and 2014-2016, respectively.[261] Although helpful for indicating trends and patterns, particularly when compiled and observed over time, readers should be mindful of the lag when interpreting the data.

Population Demographics

Population in Adams County has declined from a peak of 38,180 people in 1980, with a 28 percent decrease in the white population between 1980 and 2010 compared to a 5 percent decrease among blacks.

Many local sources attribute the most significant decreases to court-ordered desegregation of the Natchez-Adams School District in 1989 and closure of several manufacturing plants in the early 2000s.[262-265]

Figure 22.[192]

Adams County Population, 1960-2017

	1960	1970	1980	1990	2000	2010	2017
Other	0	62	57	116	687	1129	1336
White or Caucasian	19054	17865	19639	18028	15701	14122	13449
Black or African American	18676	19366	18484	17212	18228	17538	16798
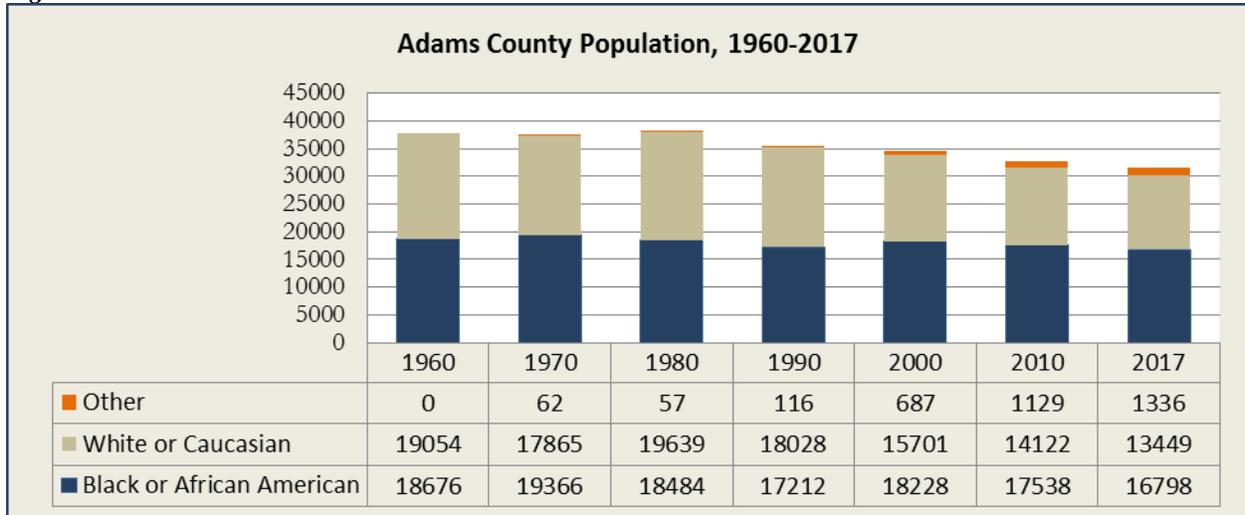
(Source: U.S. Census Bureau. https://www.census.gov)

Key Health Determinants (Social Determinants of Health)

Cultural Well-being, Social Cohesion, Social Capital

Generally, the HIA Committee used the term "community cohesion" in meetings to emphasize the HIA scope focusing on whole population cohesion over individual and social network level interactions (neighborhood, friends, family, or faith-based). The literature more commonly uses social cohesion to represent at multiple levels "the extent of connectedness and solidarity among groups in society" for which there are two main features: the presence of strong social bonds and the absence of latent social conflict.[266]

Based on the County Health Rankings (Table 11), the percentage of people without adequate social support in Adams County is 30 percent compared to 25 percent for the state. Using more recent measurements of social associations, Adams County has 14.5 membership associations per 10,000 compared to 12.3 for the state.[261]

Table 11. Social Cohesion and Capital[261]

Health determinants or factors	Adams County (Mississippi state average)				
	2019	**2017**	**2015**	**2013**	**2011**
Lack of adequate social support (percentage of adults without adequate social/emotional support)	--	--	--	30% (25%)	30% (25%)
Social associations (membership associations per 10,000)	14.7 (12.6)	14.5 (12.3)	14.5 (12.3)	--	--

(Source: County Health Rankings (CHR), 2011-2019)

Some local stakeholders suggested the proliferation of community organizations and associations to be a positive factor as well as a challenge, since decentralized efforts led to at times to duplication, competing priorities, and working at cross purposes. Some suggested that the difficulty is coordinating and keeping the various associations and organizations – many of which do not have full-time or paid staff – "on the same page" so that the "left hand knows what the right hand is doing."

During the HIA community questionnaires and discussions, questions emerged about whether social cohesion meant social networks and neighborhoods or the whole county. The discrepancy between social support and the number of associations and organizations in Table 11 as well as the high degree of variability in the community questionnaire responses (Figure 23) suggest a need for a more sophisticated and sustained effort to understand data patterns over time.

Figure 23. Adams County residents (n=41) through community questionnaires were asked "For the following statements please indicate your response using the following scale." (Includes all questions)
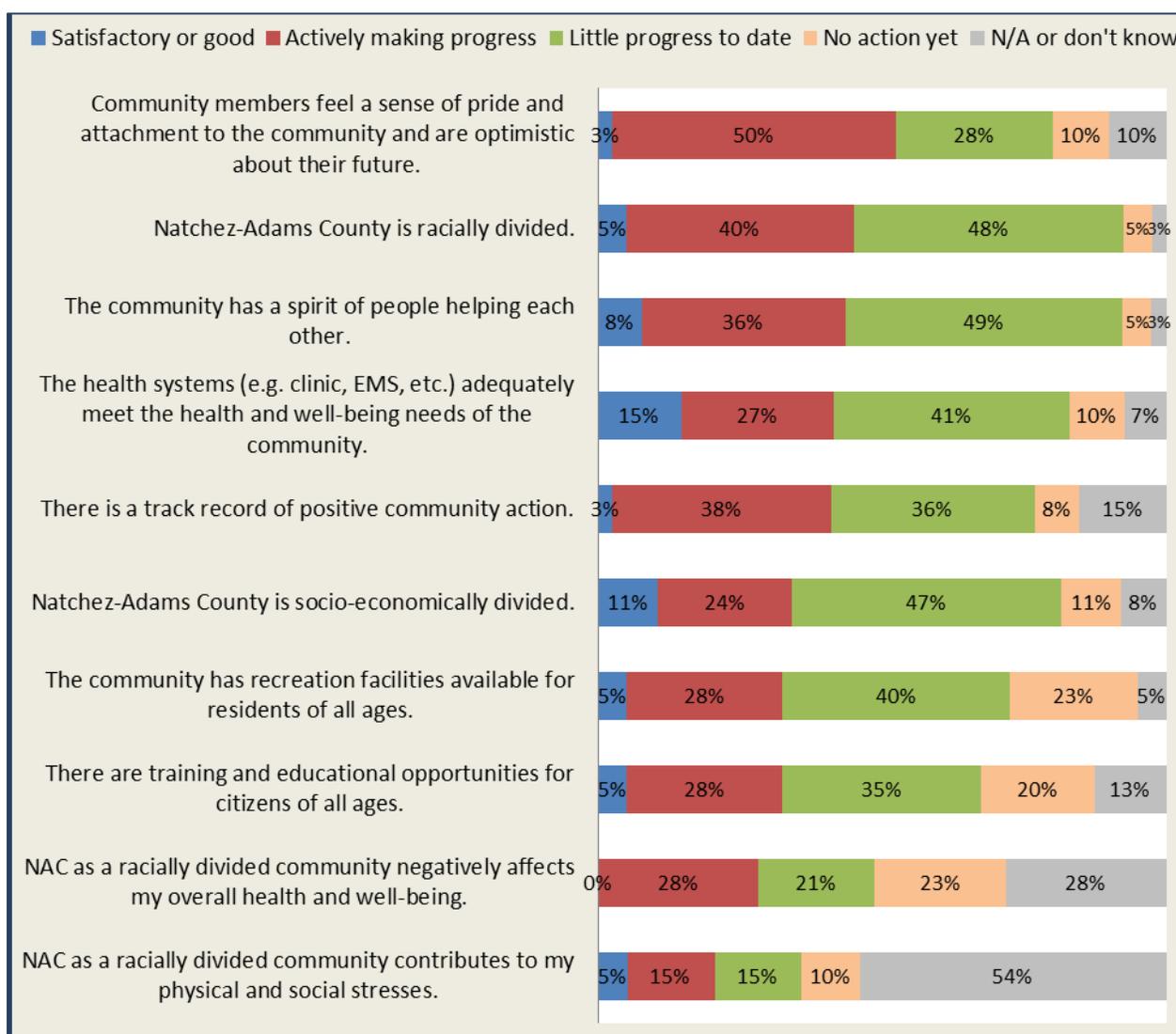
(Source: questionnaires distributed by HIA Committees)

Opportunities to influence cultural well-being and mental health are relevant, since historical trauma is often associated with mental health impacts. Historical trauma is associated with psychological distress, predisposition to PTSD, anxiety and depressive symptoms, disruptions to family and parent-child relationships, and as an explanatory framework for health disparities and resiliency.[17,40,106,107,126,127]

Specifically focusing on narrative salience of trauma and resilience in the local African-American community, one study suggested that place attachment is strong, but many memories are fragmented and important sites are now vacant lots where buildings or houses have been lost.[177] Memories are often not chronological but instead associated thematically with families and kinship, economic or social violence, and communal spaces. The attachment to places was rarely about a "precise or enclosed" location.[177] Although intended to focus on one event and place, the 1940 Rhythm Night Club fire, the oral history interviews prompted "discussions of the production of spaces," meaning that memories were not about just the one event or place but how the entire St. Catherine Street neighborhood came into existence and evolved over time.[177]

Other literature has faulted historical trauma and contemporary health inequities assessments, not as irrelevant but as insufficient and impossible to measure since a historic trauma cannot be isolated from "daily indignities" over the life course that have a cumulative impact on marginalized groups.[267] This approach recommends using the actual biological pathways that measure chronic stress, such as cortisol and allostatic load, which have been significantly high in children in low SES environments and in African-Americans.[267]

Neighborhood Environmental and Social Factors

Accurate, public, and transparent local data for crime are needed that can provide a comprehensive and consistent view of progress and areas for improvement. Many consider the local paper the primary source of information for crime. Blighted properties are a common concern.[268,269] Some HIA participants believed the number of blighted properties has increased in recent years, citing a lack of pride and ownership in homes. Many homes in low income neighborhoods have been vacant for years with both the structures and lawns in poor condition. Residents have cited health risks such as snakes, squatters and drug dealing, fires, and the rundown appearance of the neighborhood. Residents' communications with property owners have been rebuffed and unsuccessful. One resident died overnight in his home during a winter freeze,[270] and many occupied homes are of poor construction quality or have deteriorated over time. Some also cited the departure of owners from the houses and the increased rental factor, and the homes are less maintained overall as a result.

A baseline neighborhood assessment windshield survey, conducted by Alcorn State University (ASU) Community Health Nursing students noted key neighborhood environmental and social factors in NAC neighborhoods: Broadmoor, St. Catherine Street Corridor, Woodlawn, and Minorville. (Table 12)

Table 12. ASU Community Health Nursing Students Windshield Survey	
Goods and services	"That's appalling to me that living in this town, I hadn't had a clue about [six months with no water] and that stuff like that is still happening. A white neighborhood, honest to God, that would have never happened. That's terrible."
	"I didn't notice any grocery stores around the neighborhoods. We've seen Family Dollars but if you don't have a vehicle, if you don't have transportation how can you even get to Family Dollars and they don't even have [healthy] food."

Safety, neighborhood order	"Some houses had toys in the yard near the vacant houses."
	"A lot of the streets that didn't have any sidewalks, you have multiple cars parked on the side of the road. So, that's dangerous for anybody walking, much less a kid who might be out playing in the yard."
	"A lot of broken windows."
	"A lot of vacant buildings…overgrown lawns"
	"Every time we pass by a church, the lawns were really nice."
	"Some people were trying to keep up their homes, but paying and fixing [bigger problems] takes money."
Cultural visibility, social recognition	"History built our city and it's definitely something that people come to see, and if they knew about the civil rights that would give people a reason to see other parts of town."
	"Natchez kind of tries - because it does have a bad history with civil rights. From way back, I think it's been trying to cover it up. With the pageant for years. They did change it - there was no mention of any of that in the past. But I think this city has a whole need to embrace the whole brand because there's so much history here but, but it needs to be more visible…"
	"If you could make it more accessible and easily noticeable? I feel like the area that it's in is tucked away, I wish there were more ways to just get to it.
	"The trail would be good, but even implement signs that will lead towards that way. There's nothing else right there connecting the Forks site."

Although the strength of the association varies across studies, neighborhood social and environmental factors, such as poor housing conditions, crime, racial residential segregation, and socioeconomic disadvantage have been empirically linked to poorer health outcomes, such as greater mortality, poorer self-reported health, depression, chronic stress, chronic disease risk factors, chronic diseases including cardiovascular disease, diabetes, and asthma for youth and adults, and contributing to adverse childhood outcomes.[41,271-273]

These issues were consistently highlighted as priorities over the course of the HIA research at every phase in multiple conversations and data sources. Some believe more attention is given to "positive" community priorities (such as community development, historic preservation) at the expense of consistent, long-term commitment to the negative determinants (such as crime, drugs, violence, poverty, or poor housing conditions).[274] Several people noted that crime had been an issue in their neighborhoods for years, but crime only started receiving public attention recently.

There is an expectation among community leaders – elected, appointed, organizational, and volunteers – though apparently not effectively conveyed to the public at large, that "positive" growth will inversely influence the "negative" social factors such as crime. To the degree that the ACCRP – and any community development projects – can consider the implications for a sense of safety and address root causes, it should do so as a means of building collective action and cohesion. Recent indicators for violent crimes, homicides, and injury deaths are provided in Figures 24-26.

Figure 24.[261]

Violent Crimes

Number of violent crimes per 100,000
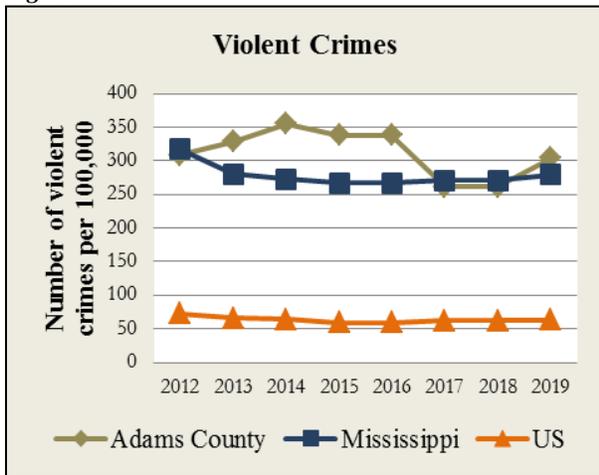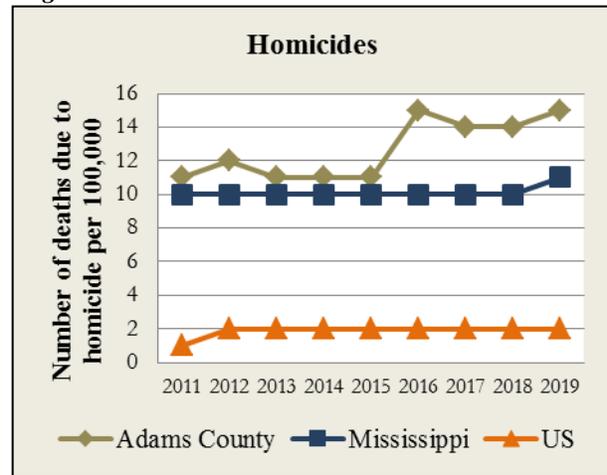
(Source: CHR, 2011-19)

Figure 25.[261]

Homicides

Number of deaths due to homicide per 100,000

Figure 26.[261]

Injury Deaths

Number of deaths due to injury per 100,000
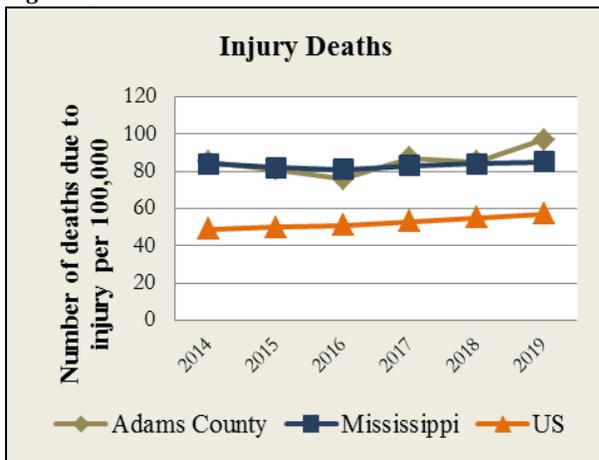
(Source: CHR, 2011-19)

Socioeconomic Status

Socioeconomic status (SES) is measured by determining education, income, occupation, or a composite of these determinants. Higher income levels and occupation increase access to insurance, which leads to better health status both directly through increased use of preventive health care and through SES as a determinant due to lower health care costs.

Local context can add understanding to the cross-sectional snapshot, beginning with the current decade and then in the context of trends this century and since the civil rights era. In the 2010s, social and economic factors present a few positive indicators, but the trend is primarily negative.

On a positive note, high school graduation rates have improved (Figure 27) – attributed by stakeholders to a new, locally led school administration and consistency[275] – and teen births have decreased. Four year dropout rates for Natchez-Adams School District over the past six school years have improved (Figure 28).[276,277] State testing scores and district accountability grades have incrementally improved or steadied.[278]

Overall, however, improvements in educational attainment need corresponding improvements in other SES indicators to impact health outcomes, and Adams County has fallen behind state averages on key socioeconomic status indicators (Figures 29-32). Adams County's statewide ranking for social and economic factors has declined from the 50s at the start of the decade to its current ranking of 70 out of 82 counties (Appendix D.2). Among the strongest predictors of health outcomes,[63-67,75-78,211,294] Adams County is worse than state averages: poverty (29 percent higher), children in poverty (44 percent higher), and high school graduation (3.7 percent lower).[202]

Where the state average has improved slightly or at least not worsened for key indicators – some college, children living in poverty, and income inequality – Adams County indicators have stayed the same or worsened. Where Adams County kept pace with the state average, such as uninsured adults, the rate remains three times higher than the national average of 6 percent due to the state's non-expansion of Medicaid as part of the Affordable Care Act.[192]

Figure 27.[261]
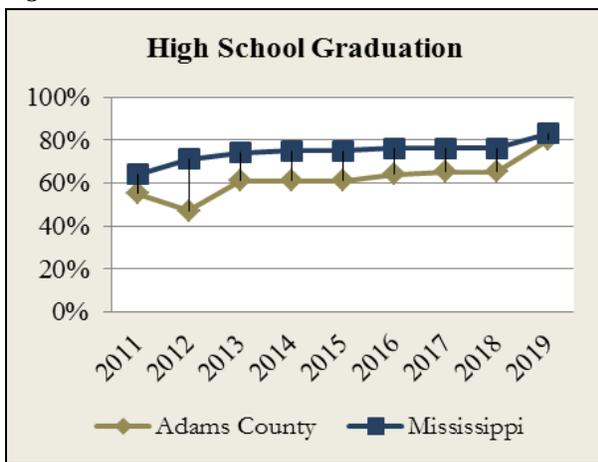
Figure 28.[277]
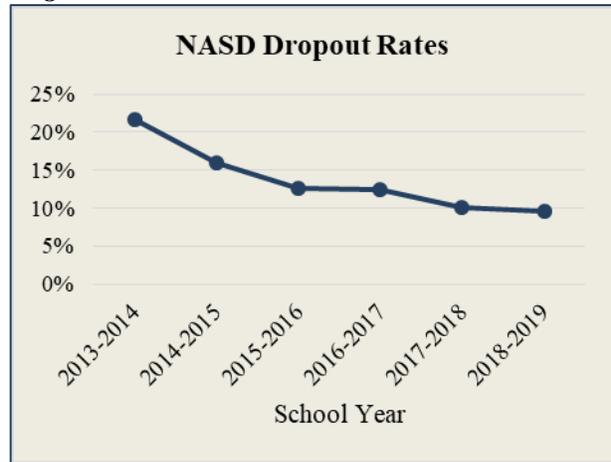
Percentage of ninth-grade cohort that graduates in four years. (Source: CHR, 2011-19)

Natchez-Adams School District (NASD) Dropout Rates. (Source: Mississippi Department of Education, District Accountability Reports, 2013-2019)

Figure 29.[261]
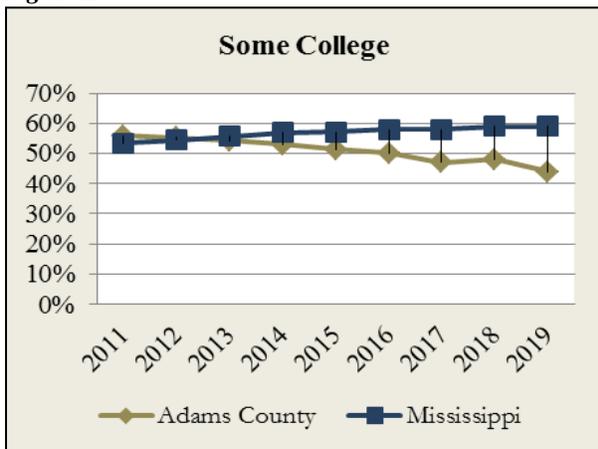
Figure 30.[261]
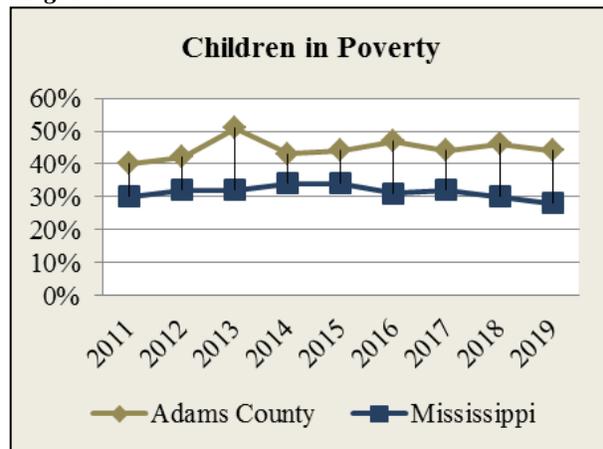
Percentage of adults ages 25-44 with some post-secondary education. (CHR, 2011-2019)

Percentage of people under age 18 in poverty. (CHR, 2011-2019)

Unemployment

Income Inequality
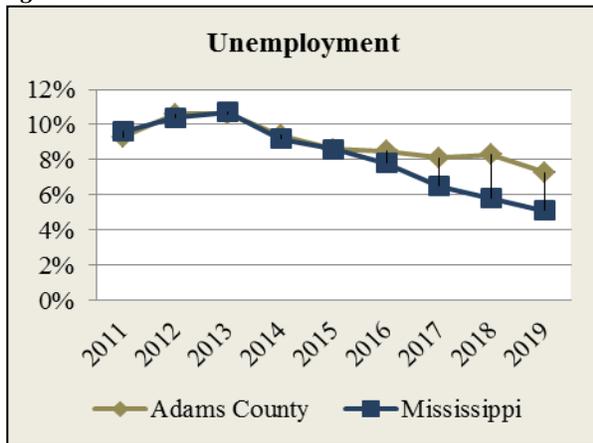
Percentage of population ages 16 and older unemployed but seeking work. (CHR, 2011-2019)
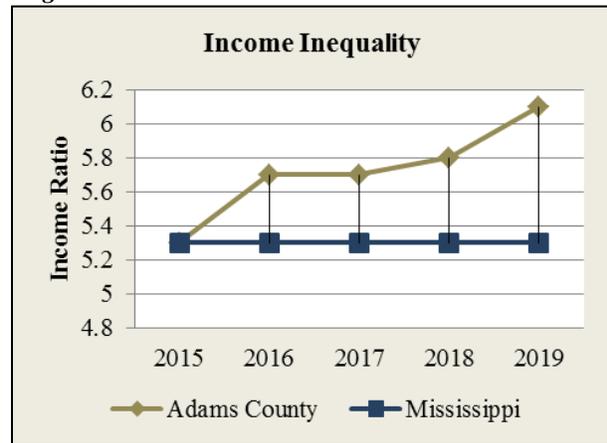
Ratio of household income at the 80th percentile to income at the 20th percentile. (CHR, 2015-2019)

Key Health Outcomes: general health, chronic disease, maternal and infant health, mental health

General Health Status

General health status may be determined by self-reported health status or health-related quality of life. In both public and private medicine, the health-related quality of life concept refers to the physical and mental health perceived by a person or a group. Health care professionals use health-related quality of life to measure chronic illness effects on patients and to better understand how an illness interferes with an individual's day-to-day life activities.[279]

Self-reported health status in Adams County is slightly lower than Mississippi as a whole, with fewer adults reporting excellent status, more adults reporting good, and similar percentages reporting fair or poor (Figure 33).[150] These findings are supplemented with more recent data from the County Health Rankings that shows continued variability in those reporting poor or fair health and poor physical health days (Table 13).[261]

Figure 33. [150]

Percent of Adults (18 years or older) By Self-Reported Health Status, 2011-2015
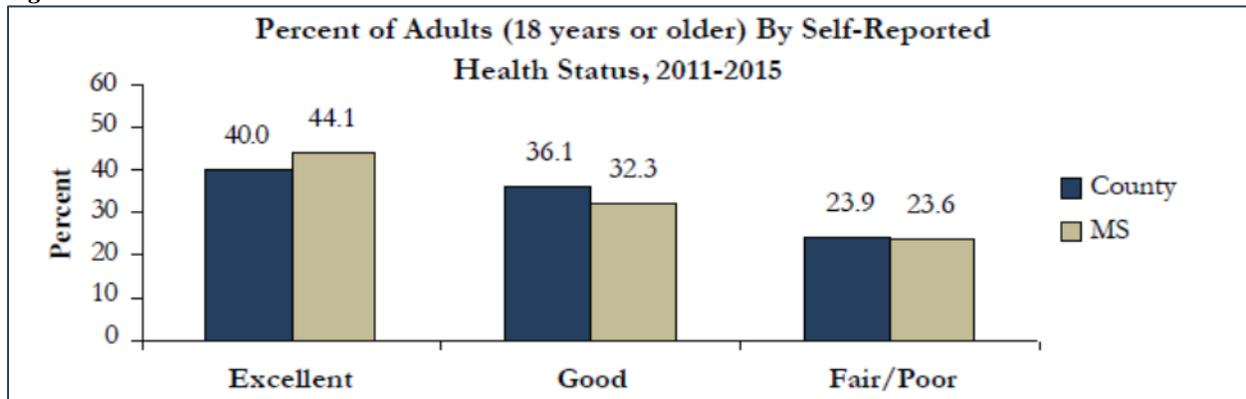
(Source: Adams County Health Profile 2018, Mississippi State Department of Health)

Table 13.[261]

Health determinants or factors	Adams County (Mississippi state average)				
	2019	**2017**	**2015**	**2013**	**2011**
Poor or fair health (percentage of adults reporting fair or poor health, age adjusted)	25% (22%)	26% (22%)	23% (22%)	26% (22%)	25% (22%)
Poor physical health days (average number of physically unhealthy days reported in past 30 days, age adjusted)	4.3 (4.4)	5.1 (4.4)	4.2 (4.0)	4.9 (4.1)	4.7 (4.1)

(Source: CHR 2011-2019)

Chronic Disease

The prevalence rates of common chronic diseases are listed below for Adams County and Mississippi (Table 14). The three leading causes of death in Adams County are heart disease, cancer, and stroke, with both heart disease and cancer higher than national averages with differences in deaths per 100,000 people at 109.61 and 54.26, respectively.[280] In the figures that follow (Figure 34-36), the leading causes of death in Adams County are broken down by race to demonstrate the disproportionate effects, which are significantly higher for blacks than whites: heart disease (27.3 percent higher), stroke (50.5 percent higher), and cancer (31.3 percent higher).[150]

Table 14.[150]

Self-reported prevalence of physical health indicators (2011-2015)	Adams County	Mississippi
Adults (18+years) reporting high cholesterol	43.9%	40.5%
Adults (18+years) reporting high blood pressure	44.2%	41.3%
Adults (18+years) reporting current asthma	9.9%	7.9%
Adults (18+years) reporting heart attack	5.5%	5.3%
Adults (18+years) reporting stroke	7.0%	4.3%
Adults (18+years) reporting Type 2 diabetes	13.5%	13.0%

(Source: Adams County Profile Report 2018, Mississippi State Department of Health)

Figure 34.[150]
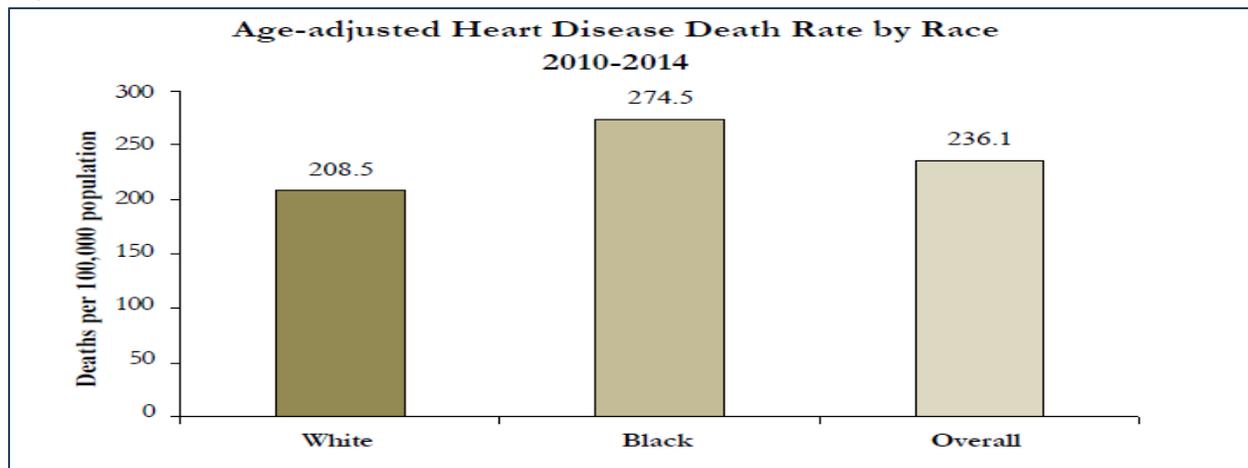
(Source: Adams County Health Profile 2018, Mississippi State Department of Health)

Figure 35.[150]

Age-Adjusted Cancer Incidence and Death Rate by Gender and Race, 2010-2014

(Source: Adams County Health Profile 2018, Mississippi State Department of Health)

Figure 36.[150]

Age-adjusted Stroke Death Rate by Race 2010-2014
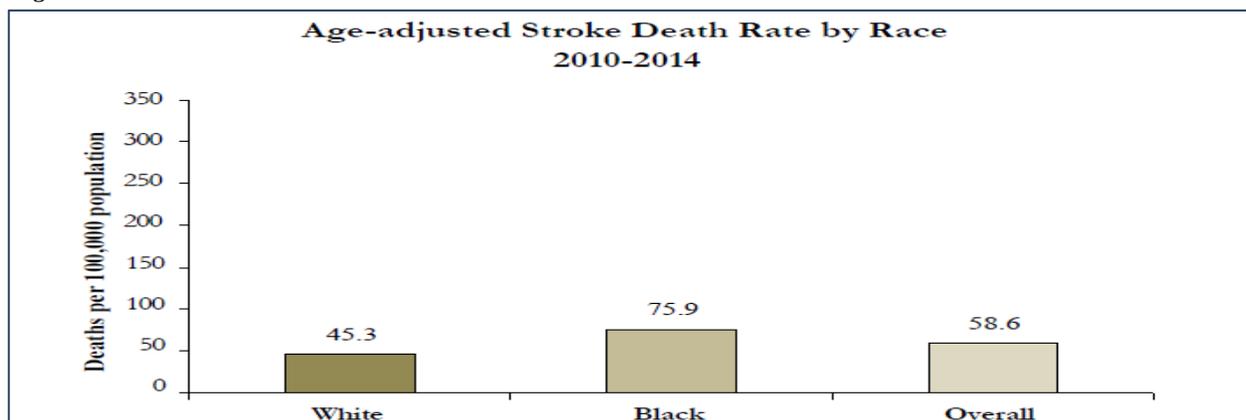
(Source: Adams County Health Profile 2018, Mississippi State Department of Health)

Maternal and Infant Health

Although county level data is not available for maternal and infant mortality, this burden is reflected in state maternal mortality rates and disparities. The pregnancy-related mortality ratio for black women, for example, is nearly three times the rate for white women in Mississippi.[281]

Maternal health also affects other chronic conditions. From 2013 to 2016, for example, the leading likely pregnancy-related causes of maternal death (i.e., death within one year of giving birth) in Mississippi were cardiovascular conditions, hypertension and preeclampsia-related conditions, thrombotic embolism, and stroke.[281]

In addition to implications for maternal health, stress during pregnancy affects fetal development and leads to poorer birth outcomes.[67,153] The HIA used low birth weight to shed light on maternal and infant health status for Adams County residents (Table 15). Although the low birth weights have been trending down, they remain higher than the state and are still extremely high. Using 2011-2017 data, the 2019

County Health Rankings broke down low birth weight by race to be 15 percent for blacks and 9 percent for whites, or 50 percent higher for blacks.[261]

Table 15.[261]

Health determinants or factors	Adams County (Mississippi state average)				
	2019	2017	2015	2013	2011
Low birth weight (percentage of live births with low birth weight (<2500 grams))	13% (12%)	13% (12%)	14.7% (12.1%)	14.8% (12%)	15.8% (11.6%)

(Source: CHR 2011-2019)

Maternal health and infant health are particularly important course since early childhood is so critical for healthy child development. Relevant developmental factors include emotional health, cognitive and educational development, and the formation of health behaviors.[67,153] Children born into socioeconomic disadvantage are less prepared for learning initially which can affect subsequent educational attainment.[66]

Maternal and infant health also influences mental and physical health over the life course.[282] Low birth weight is more prevalent in minorities and children from socioeconomically disadvantaged backgrounds, and it increases the risk of various chronic diseases much later in adulthood and likely contributes to racial disparities in: cardiovascular disease, diabetes, high blood pressure, lung conditions, high cholesterol, and renal damage.[66,154,283] Children growing up in socioeconomic disadvantage are more likely to suffer from depression or stress and to be overweight or obese, which is associated with other risk factors and mortality for chronic conditions such as asthma, diabetes, hypertension, and cardiovascular disease.[62,66,71,72]

The health effects are further compounded by a cyclical impact: Initial low social and educational capital can lead to low literacy rates, higher rates of school dropouts, or early parenthood, all of which influence educational attainment and employment opportunities.[66,67]

Mental Health

Mental health factors may include acute or chronic stress, anxiety, or depression, or activities that lead to those conditions. Evidence has consistently demonstrated that chronic stress, anxiety, or depression are associated with other mental health outcomes such as alcohol or substance abuse or suicide.[151] Chronic stress impairs various physiological functions, including immune, endocrine, and metabolic systems, increased incidence of cardiovascular disease, and cognitive functions, where impaired cognitive functioning includes lower baseline functioning, spatial recognition, language, and memory.[152] Education levels and poverty also interact very closely with chronic stress, and stress exposure accounts for some racial disparities.[66,67,152,162]

The County Health Rankings indicate poor mental health days have improved slightly for Adams County but remain extremely high (Table 16). Additionally, there has been a decrease in the provider ratio in recent years, although it is still higher than the state average, due to it being a rural area. Although substance abuse disorders are lower than the state, adults reporting depressive disorders is higher (Figures 37,38).[150] Similarly, among the leading causes of death compared to national benchmarks, substance abuse is less whereas self-harm and violence were higher, contributing to 30.09 deaths per 100,000 people.[280]

Table 16.[261]

Health determinants or factors	Adams County (Mississippi state average)				
	2019	**2017**	**2015**	**2013**	**2011**
Poor mental health days (average number of mentally unhealthy days reported in the past 30 days, age-adjusted)	4.3 (4.4)	4.6 (4.6)	4.6 (4.1)	5.0 (4.1)	4.8 (4.2)
Mental health providers (ratio of mental health providers to the population)	1,410:1 (700:1)	2,840 (820:1)	2,917:1 (952:1)	10,754:1 (5,988:1)	10,394:1 (14,273:1)

(Source: CHR 2011-2019)

Figure 37.[150]
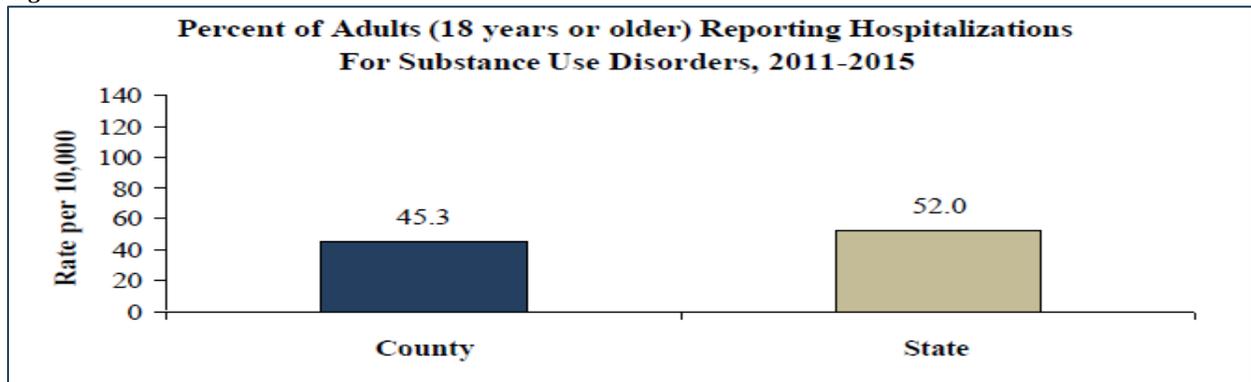
(Source: Adams County Profile Report 2018, Mississippi State Department of Health)

Figure 38.[150]
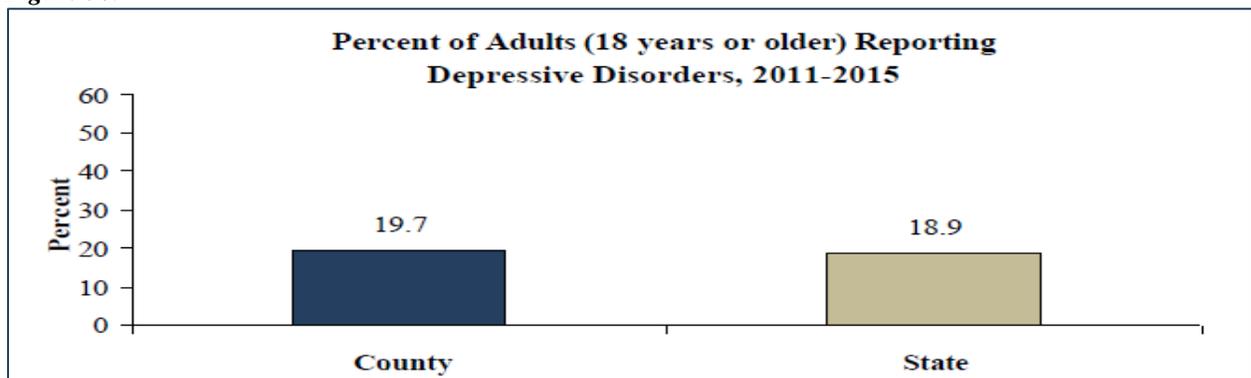
(Source: Adams County Profile Report 2018, Mississippi State Department of Health)

Summary Health Impact Characterizations for the Adams County Civil Rights Project

History and culture	→	Current conditions	→	ACCRP health impact, HIA recommendations	→	Impact on the population (Appendix A: Are people better off?)

The HIA uses specific terminology to characterize potential Adams County Civil Rights Project health impacts – that is, what is meant by saying that a particular project decision or facto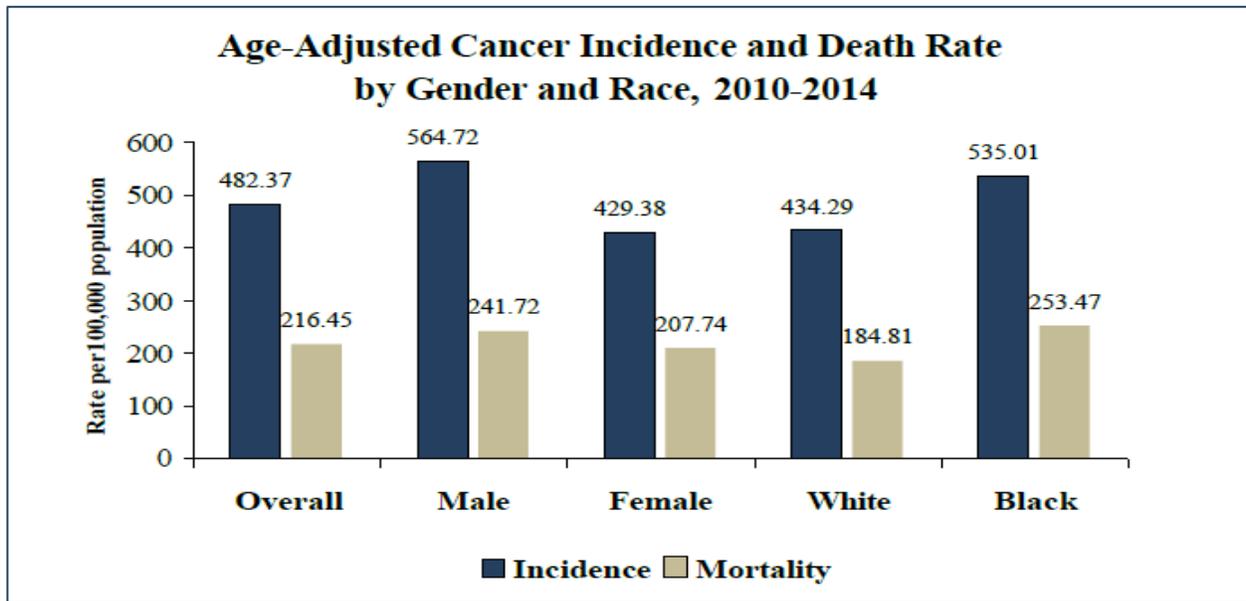r may influence or affect health determinants or outcomes. The characterization table and terminology below are adapted from those developed by Public Health Wales NHS Trust in a 2019 report on health implications of Brexit.[68] Potential impacts are described through the following analysis:

- *Type*: Would the health impact be positive (green) or negative (red)?
- *Likelihood*: How likely is any potential health impact to occur?
- *Magnitude*: If impact does occur, how significant would it be?
- *Timeframe*: When would signs of impact be visible after the decision/choice is implemented? Impact may be visible through early indicators of relevant health determinants – e.g., increased social cohesion or decreased school dropout rates – or health outcomes. These are considered further as part of the HIA Monitoring and Evaluation Plan (Appendix A.5).

Darker shades indicate bigger impact: more likely, higher magnitude, or sooner. Lighter shades indicate a lessor impact: less likely, lower magnitude, or long term. Detailed characterizations are in Appendix B.2.

Type of Impact		
Positive / Opportunity		**Negative / Risk**
Impacts that may improve health outcomes, or provide an opportunity to do so		Impacts that may negatively affect health outcomes, or carry some risk to do so
Likelihood		
Very likely	Strong direct evidence from a wide range of peer-reviewed sources that an impact has happened or will happen.	Very likely
Probable	More likely to happen than not. Direct evidence but from limited sources.	Probable
Possible	May or may not happen. Plausible but with limited evidence to support.	Possible
Magnitude		
Major	Significant in scale (high degree of intensity and/or widespread)	Major
Moderate	Average in scale (medium degree of intensity and/or extent)	Moderate
Minimal	A minimum amount or limited extent	Minimal
Timeframe for Impact		
Short term	Impact seen in 0-5 years	Short
Medium term	Impact seen in 5-15 years	Medium
Long term	Impact seen in > 15 years	Long
Notes		
Distribution	The population expected to be affected by potential changes – for example, Adams County residents or particular subgroups – e.g., business/property owners, youth, or minorities	
Key variables	Significant factors to use for leveraging opportunities or mitigating risks.	

ACCRP decision/HIA recommendation	Type of impact	Likelihood	Magnitude	Timeframe	Distribution Health effects:* determinants or outcomes	Key variables that may influence likelihood or magnitude	Priority to implement
1. Framework approach	Positive	Very likely	Moderate	Short	Adams County residents with likely disparity reduction Chronic stress, mental health, social cohesion	Participation rates, visible shift to structural solutions	High
2. Historic context and health research	Positive	Possible	Major	Long	Understanding of historical neighborhood level inequities on mental, general, maternal, infant health, chronic disease	Development of methodologies, external resources and partnerships	Low
3. Cultural and economic equity strategies and infrastructure	Positive	Very likely	Major	Medium	Adams County residents with likely disparity reduction Chronic stress, mental health, socioeconomic status (SES)	Commitment of resources (funding, staff), local awareness & use	High
4. Interactive People's Civil Rights Trail	Positive	Probable	Moderate	Medium	Adams County residents with possible disparity reduction. Chronic stress, physical activity, neighborhood order	Commitment of resources (funding), local awareness & use	Medium
5. Place-based education on local CR history	Positive	Very likely	Major	Short	All youth Mental health, critical consciousness, SES	Formal (all school curricula) vs. non-formal learning (faith based or youth mentoring)	High
All of the above, based primarily on the risks of inaction	Negative	Very likely	Minimal to Major	Short	Adams County residents Chronic stress, mental health, SES, neighborhood order, social support and cohesion	Verbal dissent from small pockets. If a race-based incident occurs, impact would be major. Mitigate through site security, leadership support, condemnation as needed. Risk of not affecting current trends in income inequality, poverty, or cohesion w/o inclusive strategies, data to inform interventions, collective efficacy, or resources.	

* Listed health effects influence other health determinants or outcomes, including: healthy behaviors and literacy, access to health care, general health (self-reported health, health-related quality of life), mortality, chronic disease risk factors, and maternal and infant health.

HIA RECOMMENDATIONS

Recommendations	Potential Collaborators or Leads
1. *Support place-based education on local civil rights history with all youth in all schools and faith-based or civic youth groups. (High priority)*	*NMAAC, historic property and education stakeholders*

- Implement and strengthen civil rights education in all local schools and community groups for formal and non-formal learning opportunities. Available resources include:
  - MDAH Civil Rights Lesson Plans
  - Southern Poverty Law Center, Teaching Tolerance civil rights lesson plans
  - National Park Service civil rights lesson plans

- Support teacher training for CEUs for facilitating constructive conversations. Available resources: Two Mississippi Museums, Teachers for Change, Alcorn State University.

- Incorporate youth in creating local history lesson plans and creative place-making projects for place-based education and critical consciousness.

- Contextualize any national or state standards for local civil rights history with local data and context of lived experiences and contemporary issues.

2. *Develop a comprehensive, cross-sector strategy and social infrastructure for cultural equity for community development, economic diversity, entrepreneurship, and measuring outcomes. (High priority)*	*Adams County, Natchez, economic, community, organizational, and health stakeholders*

- Continue to build accessibility and outreach for historic preservation resources and capital investments in African-American heritage, targeting barriers to use and areas for improved accessibility.

- Create a cultural coalition, or similar civic social infrastructure, for cultural and economic equity, including strategies, creative place-making, entrepreneurial support (business planning, co-working spaces, signage and wayfinding, and navigating startup), and quality of life measures that include distribution of impact.
  - Resources: Universal Community Planning Tool (UCPT), an open source online planning and data tool developed by Garrett County Health Department in Maryland

- Expand Downtown Master Plan incentives to include St. Catherine Street Corridor and other physical infrastructure opportunities for African-American heritage throughout Natchez and Adams County.

3. *Use a framework approach to build collective efficacy and counter-narratives around civil rights history. (High priority)*	*NMAAC, HNF, any Adams County historic private or public properties*

- Use framework approaches to minimize the risk of sanitizing history, identify sites in majority African-American neighborhoods, and build counter-narratives beyond major events to a more

complex story of structural racism, cultural innovation, resiliency, and informal organizing efforts. Avoid narratives limited to successes, contributions, victimization, or stigmatization.

- Plan for additional preservation – National Register nominations or other public history processes – of other aspects of African-American history, such as Reconstruction or enslavement.

- Develop educational or promotional materials (trail guide, digital resources) that emphasize civil rights successes and events in context of systemic discrimination and structural racism.

4. ***Develop an interactive People's Civil Rights Trail – people tell their story in their way – to build connectivity and creative place-making. (Medium priority)***	*HNF, cultural coalition, or other interested stakeholders*

- Build digital connectivity for the Civil Rights Trail and connections to other transportation or recreation-related physical activity opportunities, with cost-benefit analysis to prioritize trails relative to other needs.

- Use framework approaches to minimize the risk of sanitizing history, identify sites in majority African-American neighborhoods, and build counter-narratives beyond major events to a more complex story of structural racism, cultural innovation, resiliency, and informal organizing efforts.

- Use creative place-making and the arts to support community development of cultural heritage where sites don't meet historic preservation eligibility requirements.

- Investigate the costs, benefits, and process involved with joining the Mississippi Freedom Trail.

5. ***Coordinate research on historical inequities at the neighborhood level for increasing understanding of contemporary health inequities. (Low priority)***	*NMAAC, HNF, Adams County historic private or public properties, health stakeholders*

- Document historical neighborhood-level inequities through Sanborn fire insurance maps, community events, oral histories, and other local archival resources.

- Conduct neighborhood mappings to measure structural or policy changes representing the momentum for health equity or social change in time.[*]

- Contribute data and research to inform Adams County planning and community development.

- Prepare the ACCRP National Register nomination based on importance and relevancy for anthropological or health research (Criteria D) to establish authoritative foundation for ongoing research (potentially not feasible or necessary).

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[*] A simple historical contextual measurement for equity impacts could be represented (a) aspirationally through Dr. Martin Luther King, Jr: "The arc of the moral universe is long, but it bends toward justice;" or (b) mathematically through Newton's second law of motion in differential form: the change of momentum [change in mass (population) x velocity (health impact)] with the change of time. Momentum and velocity are vector quantities with both magnitude and direction for positive or negative health impacts. Detailed measures for historical trauma or social change have also been suggested; see for example: (a) Walters KL, Mohammed SA, Evans-Campbell T, Beltrán RE, Chae DH, Duran B. Bodies don't just tell stories, they tell histories: Embodiment of historical trauma among American Indians and Alaska Natives. *Du Bois Rev*. 2011; 8(1): 179–189. doi:10.1017/S1742058X1100018X; and (b) Lacayo V, Obregón R, Singhal A. Approaching social change as a complex problem in a world that treats it as a complicated one: The case of Puntos de Encuentro, Nicaragua. *Investigación y Desarollo*. 2008; 16(2): 126-159. https://www.redalyc.org/pdf/268/26816205.pdf. Accessed September 15, 2019.

APPENDICES

A. HIA Phases: Screening, Scoping, Research Methods, and Monitoring and Evaluation

    A.1. Screening for HIA Decisions
    A.2. Determining a Scope for Assessment
    A.3. Research Questions
    A.4. Research Methods
    A.5. Monitoring and Evaluation Plan

B. HIA Outputs: Recommendations Criteria, Characterizations (detailed)

    B.1. Recommendations Criteria
    B.2. Health Impact Characterizations (detailed)

C. Historical Context: NTF Excerpts, Adams County Historic Districts, Adams County history

    C.1. National Park Service's *National Thematic Framework* (key excerpts)
    C.2. Adams County Historic Districts and Historic Districts Map
    C.3. History of Natchez and Adams County

D. Supporting Data: Community Participatory and Compiled Existing Indices

    D.1. Community Participatory Research: Audience Response and Questionnaires
    D.2. Compiled Existing Data Indices

E. Citations

    E.1. General Citations
    E.2. Citations from Tables

Appendix A. HIA Phases: Screening, Scoping, Research Methods, and Monitoring and Evaluation

Health Impact Assessment (HIA) is a systematic process to evaluate the impact of specific policies or plans on health determinants and health outcomes over a six phase process. An HIA is explicitly concerned with the distribution of impact on vulnerable groups: understanding conditions and impact within the population in order to improve health for the whole population of Adams County (referenced below as Natchez-Adams County (NAC)).

Screening	• Determine whether an HIA is needed and likely to be useful for any upcoming community plans, projects, or decisions in NAC.
Scoping	• In consultation with stakeholders, develop a scope to be studied in the assessment, including identification of potential health risks and benefits.
Assessment	• Describe the baseline health conditions of NAC and assess the potential impacts of the decision on the NAC population.
Recommendations	• Develop practical solutions that can be implemented within the political, economic, or technical limitations of the project or policy being assessed.
Reporting	• Disseminate the findings to decision makers, NAC community, and other stakeholders.
Monitoring & Evaluation	• Monitor the changes in health or health risk factors and evaluate the efficacy of the HIA process and any implemented measures.

A.1. Screening for HIA Decisions

The process of screening for an HIA topic considers whether the HIA analysis is needed and likely to be useful, an essential step since HIA is a substantial time commitment. The HIA Committee incorporated the following in its decision:

- HIA Screening Matrix
- Weekly meetings of the HIA Project Steering Committee
- Individual meetings with key decision-makers
- Public feedback in an HIA introductory meeting

The HIA Committee considered both feasibility and potential added value of the various decisions under consideration through the following questions:

Feasibility of conducting an HIA and incorporating recommendations:

- Is there a decision?
- Is the timeframe for decision-making process appropriate?
- Is there enough evidence and data for the analysis?
- Does the legal framework allow for health to be factored into the decision?
- Are available staff and resources adequate to complete a successful HIA?
- Is there major public controversy about the decision?

Potential Added Value of an HIA:

- Is the decision likely to substantially affect health or health determinants?
- Is there potential to disproportionately affect vulnerable populations?

- Does the current decision-making process fail to adequately address health?
- Is an HIA likely to produce new findings or recommendations?

The HIA Committee coded each potential decision on a scale of -1, -0.5, 0, 0.5, or 1 for each question. The codes added up to a possible 6 points for feasibility and 4 points for potential added value (Table 17) and a scatter plot (Figure 38) was created from the totals. The Civil Rights Project scored highest on both feasibility and added value, confirming the discussions and vote during HIA Committee meetings. Other projects scored lower due to a lack of sufficient information or decision available at the time of the HIA Screening, staffing, or the process would or already had included community engagement.

In terms of feasibility, the Civil Rights Project had enough information available for study with sufficient flexibility to incorporate recommendations resulting from the HIA. The HNF project timeframe – tight for the nomination itself but not prohibitive – was able to accommodate the HIA with considerable flexibility for the follow-up implementation. The HIA Committee also considered that understanding health implications might add value to the Civil Rights Project decisions – since the county-wide coverage would have the widest reach – and decision context – since the thematic nature could lead to findings that could be leveraged onto other plans and projects. Health equity is receiving more attention in the field of historic preservation, although an HIA has never been conducted on this type of project. The Historic Natchez Foundation was a willing partner to explore questions of equity through the HIA.

Table 17. HIA Screening and Matrix Scores	Feasibility of Incorporating HIA (-6 to +6)	Potential to Add Value to Decision (-4 to +4)
Civil Rights project, National Register nomination	5.5	4
African-American heritage tourism strategy	2.5	0.5
Downtown Master Plan - MLK Sub-focus area (Hiram Revels Plaza)	4.5	2.5
Downtown Master Plan - MLK Sub-focus area (Building Preservation)	2.5	-1
Community Alliance Bike Trail	0	-1
National Park Service Forks of Road Heritage Site	-1.5	1.5

Figure 38. HIA Screening, plotted
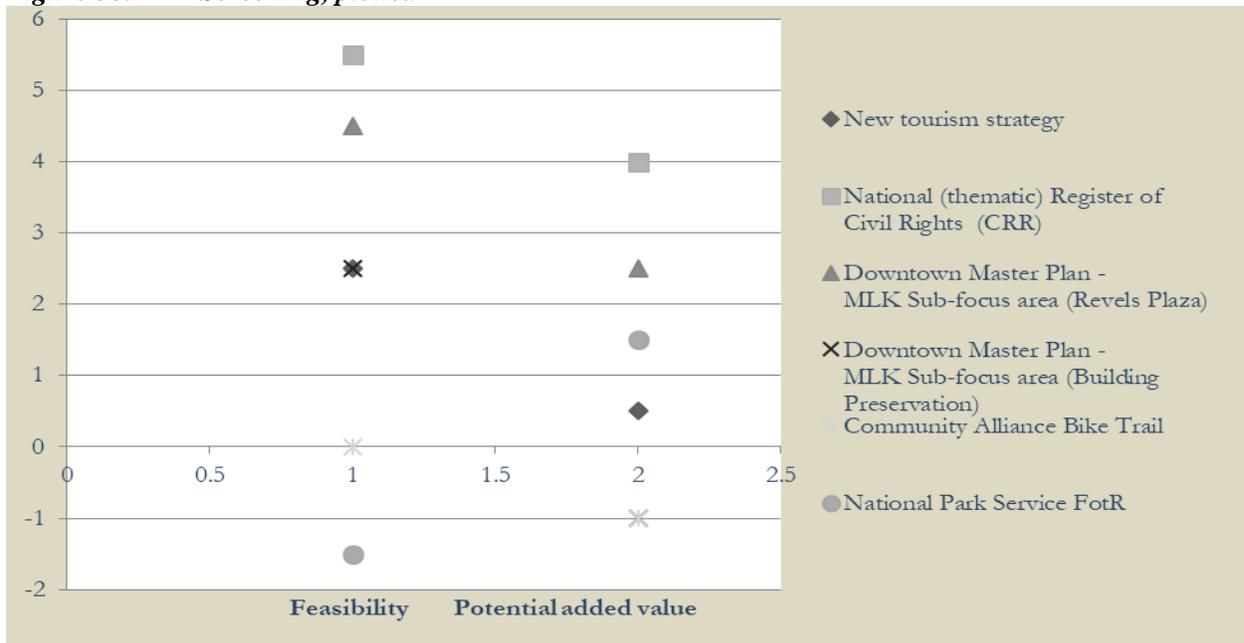
A.2. Determining a Scope for Assessment

Immediately following the HIA Stakeholder Workshop in April 2018, the HIA Committee met to develop HIA goals to guide the scoping and assessment processes. Three goals addressed the process of preparing the National Register nomination, while the remaining four addressed community use and implementation once the nomination and, hopefully successful, listing are complete. These include property incentives for restoration and the anticipated Civil Rights Trail with community outreach and education.

HIA Goals for the National Register nomination process	• **Goal 1. Additional Documentation:** Document the day-to-day lived experience of civil rights in the Civil Rights National Register nomination and reflect that experience in its implementation. • **Goal 2. Additional Sites:** Identify and include additional sites new and unknown from those currently in the existing Civil Rights National Register nomination materials. • **Goal 3. Enhance Community Buy-in:** Engage and empower to bring additional voices to Civil Rights National Register nomination.
HIA Goals for local implementation, including: - Civil Rights Trail - Property/site restorations - Outreach and education	• **Goal 4. Education:** Propose a strategy for use of the Civil Rights Project to address community and youth formal and informal education for critical consciousness and as the basis for a possible curriculum. • **Goal 5. Economic Development:** Explore opportunities and challenges related to potential effects on tourism offerings for expanded demographics (race, ethnicity, nationality, US visitors, and other) and on related services and businesses, especially locally owned; and to consider implications for competitiveness economically for non-tourism industries and businesses. • **Goal 6. At Risk Youth:** Examine implications of the Civil Rights Project for at risk youth and their families, in terms of health, engagement and future opportunity. • **Goal 7. Monitoring with Community Well-Being Index:** Support the development of a community well-being index strategy as part of HIA evaluation and monitoring.

In focusing the scope of the assessment, the HIA Committee thought through several scenarios for potential linkages between the Civil Rights Project and health. It first considered specific sites and the detailed survey criteria, initially thought to be the most direct health impact (Scope A). Specific sites may hold implications for property owners, for example, and those owners may be interested/able or uninterested/unable to restore or preserve the property for civil rights history, which holds implications for community well-being in terms of development and addressing or not addressing civil rights injustices.

SCOPE A: Specific historic sites	→	Decisions by property owners to develop or preserve sites	→	Health impact through: a) neighborhood development; and b) story/truth-telling and reconciliation through sites
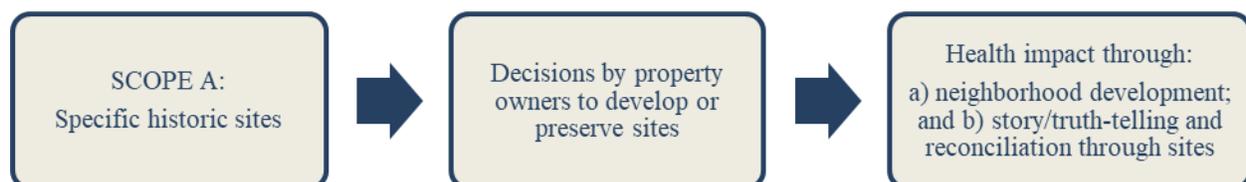
Discussions with stakeholders and community groups suggested this line of inquiry likely would be too specific, in that a list of specific individual sites was not yet available for the Civil Rights Project, and too limiting, in that studying the minutiae of criteria applied to specific sites might take the Committee's focus from the HIA goals. Additionally, any restrictions on property changes – or in historic preservation parlance, "subject to local review" and considered a potential conflict with property rights – are independent of the National Register designation and would not be affected by any decisions of the Civil Rights Project. Decisions surrounding specific sites and their incentives determined to be a component of the research but not the core focus.

The HIA Committee considered then a different aspect of the nomination application: the historic contextual narrative for the Natchez CRM (Scope B). HIA Committee conversations, community meetings, and meetings with stakeholders suggested this addressed key issues of previous local civil rights projects, which were concerns over who controls the story, who tells the story, what the story is, and how it is told. Specifically, community discussions suggested an incongruity with well-known civil rights events, on one hand, and a more comprehensive story of the structural issues and lived social experience of civil rights in Adams County. Understanding the implications of this incongruity for the narrative for health may offer ways to proceed with local interpretation and truth-telling, which holds implications for local cultural identity and racial reconciliation.

SCOPE B: Public history and narrative of the Natchez CRM	→	Decisions on who (or who doesn't) controls the narrative, who tells the narrative, what the narrative is, how it is told.	→	Health impact through: a) shared historical identity and b) story/truth-telling
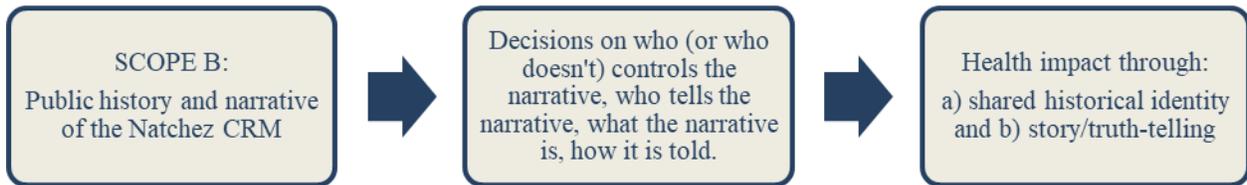
Health implications within Scope B, or what the HIA Committee came to think of as "public history and the narrative," addressed HIA goals addressing the nature of the Civil Rights Project and the HIA process. This scope also could provide a framework for site selection in Scope A and other project implementation-associated components once the listing is complete, from the Civil Rights Trail and educational outreach opportunities (Scopes C and D). The anticipated Civil Rights Trail would extend the current Natchez Trails, a network of six miles of sidewalks and walking trails, to new areas in the city and the county. Education is often cited as a use for National Register listings, and education is seen locally as a significant health determinant.

SCOPE C: Civil Rights Trail	→	Decisions on planning & implementation of a county-wide trail	→	Health impact through: a) neighborhood development; and b) physical activity
SCOPE D: Education on local civil rights history	→	Decisions on development and implementation of educational resources for community and youth	→	Health impact through: a) educational outcomes; b) civic engagement; and c) upward mobility

In meetings of the HIA Committee, Advisors, and community groups, all guided scoping discussions followed a four step process using individual worksheets and flip chart paper:

1. Pick an HIA goal for discussion.
2. Identify a Civil Rights Project or related policy decision (scope A, B, C, or D) that may be associated with that goal.

3. Identify social determinants of health that may be associated with or influenced by the project decision or policy.
4. Discuss potential pathways from the Project Decision to Immediate Project Outcomes to Intermediate Project Outcomes to Long-Term Outcomes (Health Determinants and Health Outcomes).

Project /Policy Decisions (~1-2 years)	Immediate Project Outcomes (~2-5 years)	Intermediate Outcomes (~5-15 years)	Long-Term Health Outcomes (~15+ years)

While the HIA Committee developed many draft "scoping pathways" from these discussions, key themes and questions began to emerge. Some were largely intangible: with the current interest-convergence around African-American heritage tourism, many stakeholders wanted to proceed carefully in ways that would build social cohesion and trust rather than undermining it. Capturing lived social experiences and structural inequities through historic places was seen simultaneously as a key challenge and opportunity for tangible progress on social cohesion. Others were practical: Restoring properties presents an immediate barrier since many African-American sites are lost and upfront costs are typically prohibitive, particularly so for those with low incomes. And others reflect the need for tackling complex topics: many thought local youth do not know about or appreciate local civil rights history. Many thought any educational resources, whether formal or informal, would need to reach population subgroups, e.g., whites and blacks, to be effective.

Given the centrality of place to the Civil Rights Project, and as a joint topic of interest for public health and historic preservation fields, place became the central organizing theme for the assessment. While the historic preservation field undergoes a fundamental shift to support equitable transformations of place, the public health field increasingly is interested in historical context of structural inequities (Table 18). Residents and stakeholders from small towns to national levels are simultaneously grappling with and discovering ways to work collectively to improve places. This shift in Adams County offers an opportunity for understanding shared history and the value of health as tools for cultural transformation.

TABLE 18. ALIGNING PERSPECTIVES AND STRATEGIES ON PLACE
_____

From the historic preservation literature on place and history:

"While it is good to know the construction chronology of each house in a historic district … it is even better to understand how the relationships between people and places have evolved … its power as an organizing tool has hardly begun to be explored. The history of communities in place, of the habitation of places, can be the foundation for preservation as a movement aimed at broad social change. It offers a robust intellectual lever for lifting up an inclusive humane concept of place and heritage." *
_____

From the public health literature on place and health:

"In order to operationalize these 'relational' conceptions of place it will be necessary to move away from empirical research designed to distinguish *between* contextual and compositional effects and instead concentrate on the *processes* and *interactions* occurring between people and places over time which may be important for health."**

Kaufman, N. (2009). Place, race, and story: Essays on the past and future of historic preservation. New York, NY: Routledge.
**Cummins, S. Curtis, S., Diez-Roux, A.V., & Macintyre, S. (2007). Understanding and representing 'place' in health research: A relational approach. Social Science & Medicine, 65(9), 1825-38. DOI: 10.1016/j.socscimed.2007.05.036*

Three types of explanations for geographical variations in health – collective, contextual, and relational[33,84] – explore the pathways between historic preservation and health in Adams County. Collective explanations focus on socio-cultural or historical identities. Contextual explanations focus on opportunity structures in the physical and social environment. Relational explanations focus on the composition of individuals within places and the interactions between people and places over time. This typology is explored through three research domains, each looking at a particular aspect of the Civil Rights Project:

- Domain 1: Health through **telling the history of places** of the Natchez Civil Rights Movement (collective identity)
- Domain 2: Health through **historic site preservation** of civil rights in the built environment, including changes from incentives and a Civil Rights Trail (contextual)
- Domain 3: Health through **place-based education** of local civil rights history (relational)
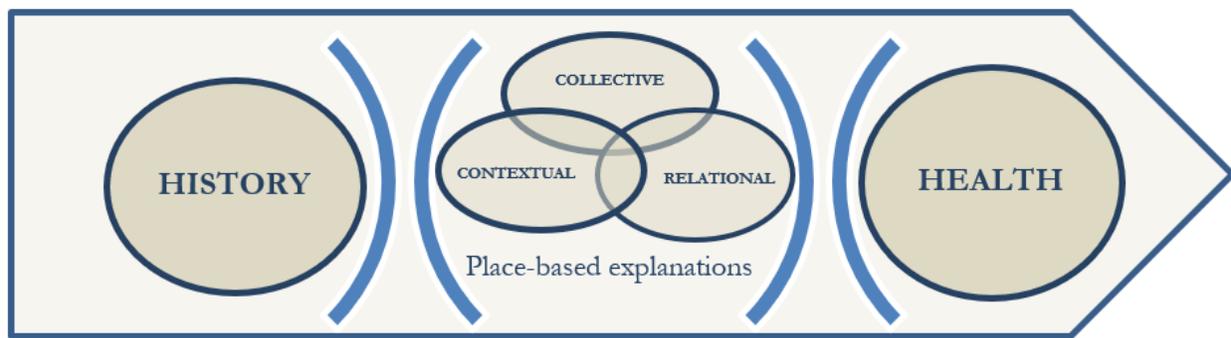
These research domains led to the HIA questions and pathways detailed in the next section. As the scoping pathways evolved substantially over the course of the scoping and assessment phases, only the most complete versions are shown for each domain along with a "global" scoping pathway.

A.3. Research Questions and Methods

A.3.1. How does the process of identification and interpretation of civil rights sites for public history impact health?

Collective explanations for population health and place focus on socio-cultural and historical features of communities, especially the importance of shared norms, traditions, values, and interests. This includes many factors of "collective, shared, social functioning" that are associated with both place and health, including the often discussed social cohesion, social capital, and perceived position in social or economic hierarchies but also ethnic, regional, or national identity, religious affiliation, political ideologies and practices, legal and fiscal systems, shared histories, kinship systems, domestic division of labor, gender, age and caste appropriate roles, among others.

In the context of the Civil Rights Project, a collective explanation focuses specifically on the process of local site identification and interpretation as part of public history. Initial HIA scoping discussions and mapping activities created an impasse: even as people reiterated well-known significant sites, they also felt those sites alone did not sufficiently represent the lived social experience or a comprehensive story. The collective identity assessment explores whether a thematic framework can prompt new discussion for developing shared history and examines the potential health impact of this alternative approach.

Examples reviewed during the scoping process showed many have approached civil rights site identification and interpretation with straightforward questions. A site survey in Biloxi involved a driving tour with a local activist and historian to map known sites,[88] and a preliminary effort from MDAH has included outreach to local activists and leaders for a list of known sites. In a series of public open house

meetings in Mississippi, the National Park Service Special Resource Study on Civil Rights in Mississippi asked audiences the following questions:[79]

- What are the most important stories and people associated with the civil rights movement in the state of Mississippi?
- Do you have any ideas or concerns about preserving and interpreting civil rights sites in Mississippi? What are they?
- What sites or places related to civil rights history would you suggest for consideration as part of this study? Why?
- What ideas or comments would you like to share with us?

Figure 39. National Thematic Framework of the National Park Service (colors added to reflect the HIA Project focus)
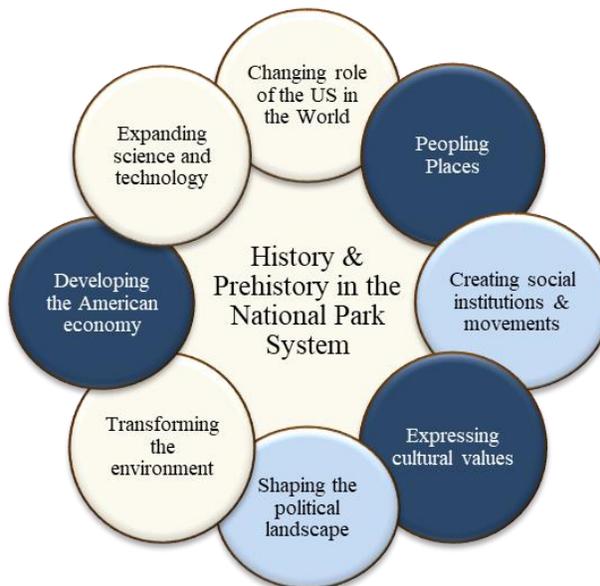
The HIA Committee wanted to explore alternative approaches for site identification and interpretation to study whether different questions would help in telling a more complex story reflecting the lived social experience and ultimately influence health and well-being.

The National Park Service (NPS) takes its role as national historical narrator seriously and has put considerable thought into how to frame history so as to be culturally responsive and inclusive. In its National Thematic Framework (Figure 39),[86] most recently revised in 1996, the National Park Service categorizes history and prehistory into eight themes, each with a description and covering subtopics (Appendix C.1). The Framework notes that many of the areas overlap, and a single experience from history might cross multiple themes.

An NPS Civil Rights Framework focuses on two themes – "Creating social institutions and movements" and "Shaping the political landscape" – which will "assist park planners and historians in identifying sites that may be considered for preservation."[87] An underlying fundamental issue of the National Thematic Framework has always been the difficulty illustrated by the Special Resource Study and HIA discussions: "a system of identification and evaluation to ensure that 'sites reflecting the complexity of the American experience' are preserved and interpreted for the benefit of the American people."[160]

The HIA Committee considered whether approaching civil rights discussions and site identification from alternative themes – taking a broader perspective on civil rights – might generate a different impact from the current standard of "what are your civil rights sites" type questions. The alternative themes were initially "Expressing cultural values" and "Peopling places," although "Developing the American economy" was later added.

These options, the standard civil rights site identification and the framework alternatives, were developed into a pathway and research questions to explore the pathway (Figure 40). The pathway illustrates the potential linkages between the Civil Rights Project on one end and health determinants and health outcomes at the other. Based on meetings of the HIA Committee, advisors, stakeholders, and community meetings, the HIA anticipated the various ways civil rights narratives, and ways of developing those narratives, might affect social cohesion, social capital, and long-term health outcomes in Adams County.

Domain 1. Telling the Story of Places research questions

Research Question 1: How does the process of identification and interpretation of civil rights sites for public history impact health determinants and outcomes for Adams County residents?

Research Question 1(a): Does the focus on Creating Social Institutions and Movements and Shaping the Political Landscape lead to or reinforce a "heroes and events" mindset?

Research Question 1(b): Would the expansion to include framework themes of Peopling Places, Expressing Cultural Values, and Developing the American Economy result in different sites or a new local civil rights narrative?

Research Question 1(c): Which framework approach has a greater impact on community cohesion? Would the expanded themes for the Civil Rights nomination impact community awareness of African American Culture, history and contributions to Adams County? What is the potential impact on minority sub-groups of seeing their voices reflected in an Adams County Civil Rights Trail?

Research Question 1(d): What is the potential impact (positive or negative) of changes to social cohesion on health determinants and disparities (social cohesion, general health status, chronic disease, mental health/stress)?

Community scoping pathway examples

Figure 40. HIA DOMAIN 1: TELLING THE STORY OF PLACES (public history, collective identity)

How does the process of identification and interpretation of civil rights sites for public history impact health determinants and outcomes for Adams County residents?

Decision/Policy → Immediate Outcomes → Intermediate Outcomes (Health Determinants) → Long-Term Outcomes (Health Outcomes)

Site Survey and National Register Nomination with historical context narrative

Unstructured community input on CRM

Framework approach

Δ "Heroes and Events" narrative sites based on "creating social institutions and movements" and "shaping the political landscape" themes

Examples: marches, political meeting spaces, sites of explicit displays of white supremacy (bombings, murders, violence)

Δ "Structural historic context" sites: systemic discrimination, changes, and lived experience sites represented through "peopling places, expressing cultural values, or developing the American economy"

Examples: North Natchez institutional and economic development, churches as safe spaces for innovation in many sectors, family names and houses, traditional cultural properties or intangible cultural heritage

Δ Promotion of existing, known events and people significant for Natchez CRM

Δ Structural narrative of institutionalized racism, resiliency, cultural innovation; CRM lessons as a vehicle of social change

Δ Feelings or perceptions of invisibility, acknowledgement, reconciliation

Δ Social cohesion, capital, trust, collective efficacy

Δ Historical understanding (community awareness of history, struggle, achievements, cultural humility, reduced bias)

Δ Research implications for historic context and health

Δ Tools for social change

See Domains 2 & 3

Δ Stress/mental health status:
- Depression
- Self-harm, suicide

Δ General health status:
- Healthy days
- Self-rated health status
- Health-related quality of life

Δ Chronic disease:
- Obesity
- Diabetes
- Heart disease
- Stroke
- Cancer

Δ Maternal and child health
- Pregnancy-related maternal mortality
- Infant mortality

A.3.2. How does transformation of the built environment through historic preservation for tourism purposes impact health?

Contextual explanations for health look to the opportunity structures in the physical and social environment. Once developed, civil rights *public history* – that is, the official record – is transformed into local *public memory*.

In the Civil Rights Project, two mechanisms offer an opportunity for contextual transformations: a public trail and private property restoration incentives. The Historic Natchez Foundation would like to build a civil rights trail, expanding on the current Natchez Trails to reach into new neighborhoods and parts of Adams County. The restoration incentives afforded by a National Register listing offer opportunities for private property restoration: income-producing properties through tax incentives or non-profit organizations through grant eligibility. The HIA Committee theorized that this might influence a number of health determinants in neighborhoods and through economic opportunities that may influence socioeconomic status, particularly income potential and employment (Figure 41).

Domain 2. Site Preservation and Commemoration research questions

Research question 2: How does transformation of the built environment through historic preservation for tourism purposes impact health?

Research question 2(a): What is the level of community awareness of incentives, and how have other communities promoted increased access to historic preservation incentives in cases where upfront costs are prohibitively expensive and use of local historic trails?

Research Question 2(b): What is the potential impact (positive or negative) of increased access, assistance, and awareness of historic preservation incentives for income-producing properties, including a) small business entrepreneurship in which upfront costs may be prohibitive and b) investor opportunities in underserved communities?

Research Question 2(c): What is the potential health impact (positive or negative) of increased activity via income-producing properties, non-profits, and trail users (visitors or locals)? How do changes for non-profits and income-producing properties impact health-related neighborhood and environmental factors?

Community scoping pathway examples
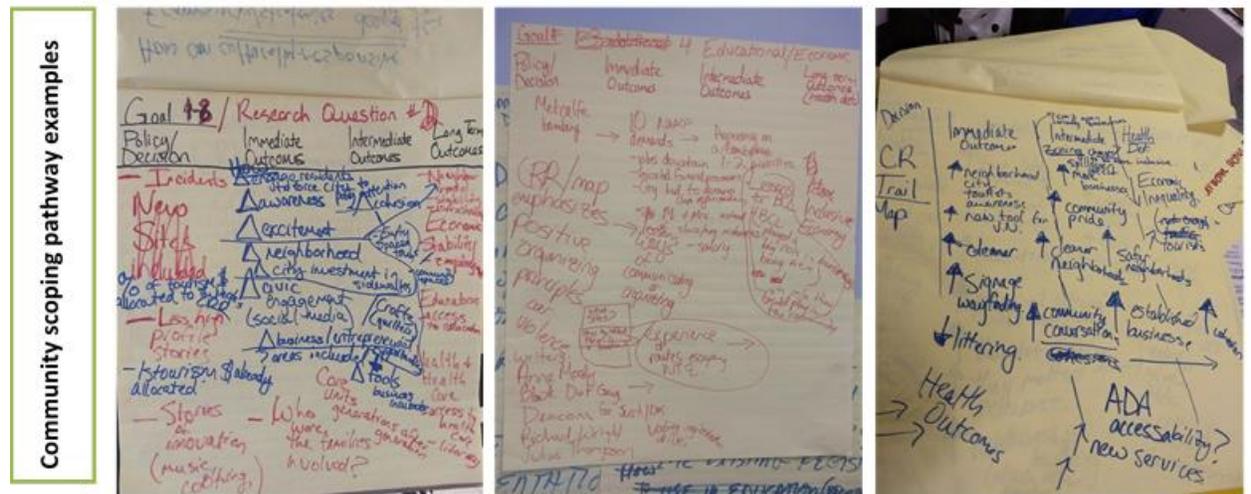
Fig. 41. DOMAIN 2: SITE PRESERVATION AND COMMEMORATION (contextual opportunity structures, built environment)
How does transformation of the built environment through historic preservation for tourism purposes impact health?

Decision/Policy → Immediate Outcomes → Intermediate Outcomes (Health Determinants) → Long-Term Outcomes (Health Outcomes)

HNF NRHP Site Survey and Nomination decision on what to include and how the story is told (themes, historic context, temporal boundaries)

Δ Resources documenting, preserving & diversifying African-American historical narrative

Δ Resources for community development and contextual changes: Civil Rights Trail (public good), historic preservation incentives (private properties)

Δ Grant eligibility (non-profits) or historic preservation tax credits (income-producing properties)

Δ Connectivity with other trails and community infrastructure

Δ Employment opportunities for social entrepreneurs

Δ Neighborhood infrastructure (property restored, trail sites)

Δ Income level

Δ Neighborhood context (crime, sense of safety, property values, displacement/ composition)

Δ Economic inequality

Δ Access to health care

Δ Access to healthy foods

Δ Access to physical activity

Δ Stress / mental health status

Δ General health status:
• Healthy days
• Personal health status
• Health-related quality of life

Δ Chronic disease incidence rates:
• Obesity
• Diabetes
• Hypertension
• Heart disease
• Stroke
• Cancer

A.3.3. How might place-based educational resources for local civil rights history impact health?

National Register listings are suggested for educational use, civic engagement, and community outreach. The potential impact on education as a health determinant was identified as a priority by community participants early in the process during the HIA stakeholder workshop in April 2018. Local civil rights trails and documentation may offer informal or formal educational opportunities for community and youth.

This section transitions from the focus in domain two – the direct health effects on people who develop and live near heritage sites – to health effects on the people who visit them. The potential pathway considered civil rights as a place-based educational opportunity for local youth to learn from local history as a means of encouraging civic engagement and influencing their environment. Therefore, health impact may emerge from either improved understanding of avoidable structural inequalities or how to act on them constructively, as well as the impact on educational attainment of individuals.

Therefore, relational was used instead of compositional here to focus on the "processes and interactions between places and over time."[33] This way of thinking aligns with the research question focusing on civil rights as a place-based educational opportunity for local youth to learn from local history as a means of encouraging civic engagement and influencing their environment, their individual health outcomes, and socioeconomic conditions (Figure 42).

Domain 3. Place-based education on local civil rights history – research questions
Research Question 3: How might place-based educational resources for local civil rights history impact the health of Adams County residents?
Research Question 3(a): How are existing Natchez Trails currently used by the community and schools for educational purposes?
Research Question 3(b): What are examples of other communities' civil rights trails and public history and how they promote community and youth formal and non-formal learning?
Research Question 3(c): How would an Adams County Civil Rights National Register listing and Trail impact educational attainment (retention, graduation) in secondary educational institutions?

Community scoping pathway examples

Fig. 43. DOMAIN 3: PLACE-BASED EDUCATION ON LOCAL CR HISTORY (interaction between people and places)
How might place-based educational tools for local civil rights history impact the health of Adams County residents through educational attainment and upward mobility?

Decision/Policy → Immediate Outcomes → Intermediate Outcomes (Health Determinants) → Long-Term Outcomes (Health Outcomes)

Δ Decisions on development and implementation of tools for informal and formal community and youth education on local civil rights history and African-American heritage

Δ Individual and community well-being, sense of belonging, sense of place

Δ Historical understanding of structural context on African-American history, struggle, resiliency, innovation

Δ Critical consciousness (self-reflection, agency, and critical action)

Δ Entrepreneurship and civic engagement

Δ Social cohesion and capital, collective efficacy

Δ Educational attainment

Δ Income level

Δ Economic inequality

Δ Access to health care, health literacy

Δ Access to healthy foods

Δ Access to physical activity

Δ Stress/mental health status

Δ General health status:
- Health-related quality of life
- Healthy days
- Personal health status ranking

Δ Chronic diseases or risk factors:
- Obesity
- Diabetes
- Heart disease
- Hypertension
- Stroke
- Cancer

Figure 44. Global Scoping Pathway: Adams County Civil Rights (CR) Project Health Impact Assessment

| Decision/Policy → | Immediate Outcomes → | Intermediate Outcomes (Health Determinants) → | Long-Term Outcomes (Health Outcomes) |

Would additional themes provoke new thinking/identification of different sites? Would the local narrative on civil rights change?

What is the likelihood and magnitude of impact on community cohesion and health for different themes?

Domain 1: Public history, CR
Domain 2: Historic preservation, built environment
Domain 3: Education, upward

Nomination decision on what to include, how it is interpreted and represented

Decisions leading to a thematic nomination for civil rights sites in Adams County

Δ Resources documenting & diversifying African-American historic narrative

Δ Infrastructure & resources for education, community and economic development

Δ "Heroes and events" sites: through "creating social institutions and movements, shaping the political landscape"

Examples: marches, court cases, political meetings, bombing sites, murders, violence of 1940s-60s

Δ "Structural historical context" sites: through "peopling places, expressing cultural values, & developing the American economy"

Examples: North Natchez institutional and econ development, churches as safe spaces for innovation, inter-generational capital, traditional or intangible culture, lived experiences

Δ Educational tools for community and youth

Δ Tourism industry resources of lived social experience (Trail + "The People's Civil Rights Register")

Δ Grant eligibility (nonprofits) or historic preservation tax credits (income-producing properties)

Δ Social change narrative: anti-discrimination and oppression

Δ Broad social change narrative: innovation, creativity, entrepreneurship

Δ Historical understanding, perceptions of social hierarchy through public

Δ Hope (goals, agency, pathways)

Δ Entrepreneurial opportunities / job creation

Δ Neighborhood infrastructure (property restored, trail site markers)

Δ Feelings or perceptions of invisibility (truth-telling)

Δ Critical consciousness, self-reflection

Δ Critical (youth) consciousness (Δ Civic engagement, Δ Crime)

Δ Educational attainment

Δ Income level

Δ Neighborhood changes (property values, composition)

Δ Social cohesion: (Δ mutual respect)

Δ Stress and anxiety

Δ Social cohesion: (Δ income equality, sense of safety)

Δ Access to health care

Δ Access to healthy foods

Δ Access to physical activity

Δ Medical trust (eliminated for time)

Δ Infant, maternal mortality

Δ General health status: Quality of life, healthy days, self-reported health

Δ Mental health status

Δ Chronic disease incidence rates:
• Diabetes
• High blood pressure
• Heart disease
• Obesity
• Cancer

Has NR designation led to increased use of resources for underserved communities?

How do these benefit marginalized populations/ neighborhoods/new businesses vs. established ones?

What is a tipping point for community transformation? How can the Civil Rights Project amplify current local efforts?

A.4. Research Methods

The Adams County Civil Rights Project was a community participatory research project incorporating the following mixed research methods:

- Literature review of existing evidence;
- Extraction and analysis of qualitative or quantitative data from local, state, or national sources. Key local data sources included the 2017 Downtown Master Plan with a Market and Retail Assessment and the 2015 Visit Natchez assessment and plans for tourism.
- New qualitative analysis with stakeholders and Adams County residents during the Scoping, Assessment, Recommendations, and Reporting phases, including:
  - Semi-structured one-on-one interviews and guided discussions with key informants, decision makers, and representative stakeholder/resident groups, conducted by the HIA Committee;
  - Community mapping exercises, where participants were invited to pin significant sites and provide input on themes, sites, and topics;
  - Community forums and public meetings with small group exercises and audience response voting, with publicity through "HIA Q&As" hosted on a local radio station and newspaper articles authored by project partners at the Historic Natchez Foundation;
  - Ethnographic case studies based on information gathered during the interviews, discussions, activities, and events;
  - Community questionnaires to seek additional input for baseline and assessment data, organized and conducted by HIA Advisors; and
  - Informal input from Q & A sessions during public events, unstructured interviews following meetings or events, and follow up emails from interested stakeholders.

The particular decision context in which the Adams County HIA occurred was unique and not fully understood at the time of screening, with implications for (unintentional) methodology as well as process evaluation. The HIA was a research project on another research project – since the ACCRP involves research decisions for the nomination as much as historic preservation and community development decisions on implementation – while using lessons from the study topic (the local Civil Rights Movement) to understand the multiple levels of health influences to develop recommendations for ongoing structural inequities.

Due to the timelines for both projects, HIA research Domain 1 on ran concurrently with the Historic Natchez Foundation's nomination process. Therefore, the community forums were conducted in partnership with the Historic Natchez Foundation, and regular meetings with the HIA Steering Committee and the Foundation kept each other updated on research findings.

A.4.1. Literature review

The search terms, as outlined below for each domain, were combined in different ways. Included studies were those addressing the HIA overall scope as well as discrete components and linkages in the scoping pathway. Database searches encompassed *PubMed*, *JSTOR*, *CINAHL*, *Readex African American Periodicals 1825-1995*, *Wiley Online Periodicals*, *Cochrane Database of Systematic Reviews*, the *Mississippi Digital Library*, and *Google Scholar.*

During the literature review, titles, keywords, and abstracts were reviewed for relevancy. If initial review suggested the study was relevant, the article's full text was reviewed for final selection. Systematic reviews were prioritized when available. Varying sample sizes, study designs, and terminology afforded a less than optimal collection of literature for direct impact for the entirety of the pathway and copious amounts of literature on discrete sections of the pathway.

Domain 1: Public History & Civil Rights Narratives	Domain 2: Historic Preservation & the Built Environment	Domain 3: Place-Based Education & Upward Mobility	All Domains: Health Determinants & Health Outcomes
• "Historiography" AND "civil rights" • "Narratives" AND "civil rights movement" • "Social memory" OR "collective memory" AND health • Invisibility AND race AND health • "Civil rights history" AND "social cohesion" • "National Register of Historic Places" AND "civil rights" • "Public history" AND "wellbeing" AND "civil rights"	• "Civil rights trails" Heritage tourism AND social justice • "Public memory" AND "civil rights" • "Heritage tourism" AND Health • "Heritage tourism" AND equity • "Race" OR "Racial" AND "Historic Preservation" • Tourism AND health • Health, economic, or social impact of rural tourism • "Historic preservation" AND "African-American history" AND "health"	• Education AND "Economic Opportunity" OR "Health" OR "Upward mobility" • Education AND Race AND Natchez • Civil rights history AND hope theory • "Civil rights history" AND "education" OR "curriculum" • "Place-based education" AND "health" • "Civil rights education" AND "youth" OR "health" • Measuring sense of agency • "Cultural socialization" AND "health"	• "Social cohesion" AND "public health" • "Social cohesion" AND "population health" • Stress AND Chronic Disease OR General Health Status • "Socioeconomic status" AND Health • "Income inequality" AND Health • "Public health" AND "measuring impact" AND "Civil Rights Movement"

A.4.2. Limitations

The Adams County HIA faced several limitations. As discovered during the project's assessment phase, each research domain and the available literature could serve as source materials for multiple doctoral dissertations. Given community enthusiasm and emphasis that all three domains were important and connected, the HIA Committee attempted to address the priority areas in the HIA report.

More impact studies and evidence are needed on much of the pathway, especially when considering distribution of impact. Although the current research volume is considerable for many discrete aspects of the pathway, literature is less substantial when attempting to establish links in the pathways. For example, the literature on civil rights history does not explicitly connect to the literature on place-based education and neighborhood effects. While literature is available on the geography of opportunity, cultural socialization, or historic preservation, much of it is focused on metropolitan areas. The literature on the historical structural context of civil rights and its importance for health research is primarily suggestive.

Much of the community participatory research relied on either self-selection through community forum participation or small sample sizes through questionnaires and mapping activities.

Early in the assessment phase, the HIA Committee and Advisors developed questions to ask Adams County residents as part of engaging the community to establish baseline conditions. Questionnaires were developed for community residents, youth, and current or potential entrepreneurs (Appendix D.1). The Committee and Advisors distributed the questionnaires and explained the HIA in the environment of their choice (e.g., neighbors, faith-based groups, business networks). Responses are included as relevant both throughout the assessment sections. Even after preparation with Advisors, each Advisor's explanations, environment, and process when distributing the questionnaires likely differed, and some respondents did not answer every question. The iterative nature of the HIA has led Committee members, Advisors, and Researchers/Consultants to believe more informed questions can be developed moving forward. The high degree of variability in the responses suggests sustained efforts for community input are needed.

Turnover in the HIA research, as well as the highly qualitative nature of this particular HIA, may have resulted in discrepancies and observational or subjectivity bias in interpreting both the qualitative data from the community and the literature review. To the degree possible within the available timeframe, findings and recommendations were discussed and contextualized with researchers and consultants, the HIA Committee, and HIA Advisors.

A.5. Monitoring and Evaluation Plan (Fall 2019 and ongoing)

History and culture → Current conditions → ACCRP health impact, HIA recommendations → Impact on the population (Appendix A: Are people better off?)

The HIA monitoring and evaluation plan is intended to measure both the HIA *process* and the *impact* of the HIA on decisions, decision contexts, and long-term health outcomes. The plan uses Results Based Accountability (RBA) framework questions for HIA process and impact evaluations: how much did we do, how well did we do it (HIA process evaluation), and is anyone better off (HIA impact evaluation).

Objectives and benchmarks for the RBA questions come from existing HIA publications and materials, adapted for context:

- *Minimum Elements and Practice Standards for Health Impact Assessment*[284]
- *How to Advance Equity through Health Impact Assessment: A Planning and Evaluation Framework by the SOPHIA Equity Working Group*[285]

A.5.1. HIA Process: How much did we do?

Goal 1: Complete a comprehensive HIA in accordance with accepted HIA practice standards.

Objective 1.1: The HIA completed the standard six phases of the *Minimum Elements and Practice Standards for Health Impact Assessment*.

Sources: Review of documentation will be completed with HIA Steering Committee between September and December 2019.

Benchmarks:

1.1.1 The first five essential phases are complete and the sixth is started: Screening, Scoping, Assessment, Recommendations, Reporting, and Monitoring and Evaluation.

1.1.2 The HIA included stakeholder and resident input at each phase.

A.5.2. HIA Process: How well did we do it?

Goal 2: Leverage the HIA process to build an understanding of and capacity to address health equity.

Sources: Interviews, surveys, and review of documentation will be completed with HIA Committees, decision-makers, and participants between September and December 2019.

Objective 2.1: The HIA process and product focused on equity.

Benchmarks:

2.1.1. Proposal analyzed in the HIA was identified and/or relevant to communities facing inequities.

2.1.2. The HIA scope— including goals, research questions, and methods — clearly addresses equity.

2.1.3. Distribution of health and equity impacts across the population were analyzed (e.g., existing conditions, impacts on specific populations predicted) to address inequities.

2.1.4. The HIA utilized community knowledge and experience as evidence.

2.1.5. Recommendations focus on impacts to communities facing inequities and are responsive to community concerns.

2.1.6. Findings and recommendations were disseminated in and by communities facing inequities using a range of culturally appropriate media and platforms.

Objective 2.2: The HIA process built the capacity and ability of communities facing health inequities to engage in future HIAs and decision-making more generally.

Benchmarks:

2.2.1. Monitoring and evaluation plan included clear goals to monitor equity impacts over time and an accountability mechanism (i.e., accountability triggers, actions, and responsible parties) to address adverse impacts that may arise.

2.2.2. As a result of the HIA, communities facing inequities have increased understanding, knowledge, and awareness of decision-making processes related to health, and attained greater capacity to influence decision-making processes, including ability to plan, organize, and take action within the decision-making context.

A.5.3. HIA Impact on Decisions and Health Outcomes: Is anyone better off?

Goal 3: The HIA Committees will use the findings to influence decisions and decision contexts and establish systems for measuring long-term health outcomes.

Sources: Interviews with continued refinement and monitoring of relevant indicators will be planned for the next five year period, primarily focusing on immediate and intermediate benchmarks.

Objective 3.1: The HIA resulted in a shift in power benefitting communities facing inequities.

3.1.1. Communities that face inequities have increased influence over decisions, policies, partnerships, institutions and systems that affect their lives.

3.1.2. Relevant institutions develop cultural strategy and measures for cultural equity.

Objective 3.2: The HIA contributed to changes that reduced health inequities and inequities in the social, economic, and environmental determinants of health, as relevant to the Adams County HIA.

3.2.1. Health Determinants:

- Social cohesion and capital: social support and/or social associations, depending on available data; further measures to be developed through cultural well-being with IDEAS xLab as a HEAL Community
- Socioeconomic status: employment by sector, minority business ownership, unemployment, income inequality, poverty, children in poverty, educational attainment (graduation rates, dropout rates)
- Neighborhood and contextual factors: Tourism Capital Investment, property restorations and historic preservation incentives accessed, planning and implementation of the Civil Rights Trail; violent crime rates, homicide rates, impact of creative place-making projects

3.2.2 Health Outcomes, with a particular focus on disparities within the population:

- Chronic disease prevalence
- Mental health status outcomes (depression or depressive symptoms, self-harm, suicide)
- General health status (self-reported health, poor or fair health days)

Appendix B. HIA Outputs: Recommendations Criteria, Characterizations (detail)

B.1. Developing HIA Recommendations

B.1.1. Decision Support Tool and Criteria

Recommendations were developed by the HIA Committee and vetted with Advisors and Stakeholders. Prioritization of recommendations was facilitated by a Decision Support Tool developed by the University of California-Los Angeles School of Public Health,[288] the criteria for which were shortened and adapted the criteria to fit the context. The HIA Committee and Advisors used audience response voting to rank importance of each criterion during the February 2019 Advisory Committee meeting; the votes then were assigned an importance rank of high, medium, or low (Table 19), which were entered into the Decision Support Tool spreadsheet and considered for all recommendations.

Table 19. Decision Support Tool (DST) prioritization for recommendations

	Criteria	DST Importance Rank	Category	n	High Importance n (%)	Medium Importance n (%)	Low Importance n (%)	No Importance n (%)
1	Likelihood of sustainability	High	Feasibility	11	10 (90.9)	1 (9.1)	0 90.0)	0 (0.0)
2	Effectiveness in the target population	High	Population impact	11	10 (90.9)	1 (9.1)	0 (0.0)	0 (0.0)
3	Long-term benefits on health determinants (for example, education, income inequality, social cohesion)	High	Population impact	11	9 (81.8)	1 (9.1)	1 (9.1)	0 (0.0)
4	Direct health benefits/outcomes (increased access to physical activity, nutrition, or health care)	High	Population impact	11	9 (81.8)	1 (9.1)	1 (9.1)	0 (0.0)
5	Magnitude of aggregate health effects (benefits) in high-risk or target populations	High	Disparities reduction	11	8 (72.7)	3 (27.3)	0 (0.0)	0 (0.0)
6	Quality and quantity of scientific evidence	High	Evidence	11	8 (72.7)	3 (27.3)	0 (0.0)	0 (0.0)
7	Short-term efficacy (see improvements quickly)	Medium	Population impact	11	7 (63.7)	4 (36.4)	0 (.0)	0 (0.0)
8	Political will/community receptivity	Medium	Feasibility	10	7 (70.0)	3 (0.0)	0 (0.0)	0 (0.0)
9	Reductions in existing disparities due to differential utilization or uptake	Medium	Disparities reduction	11	7 (63.6)	2 (18.2)	2 (18.2)	0 (0.0)
10	Quickly implementable	Medium	Feasibility	11	6 (54.5)	4 (36.4)	1 (9.1)	0 (0.0)
11	Low start-up costs	Medium	Feasibility	11	6 (54.5)	3 (27.3)	1 (9.1)	1 (9.1)
12	Reliability/consistency of implementation	Medium	Feasibility	10	6 (60.0)	3 (30.0)	1 (10.0)	0 (0.0)
13	Reinforces other community projects (existing or upcoming)	Low	Feasibility	11	5 (45.5)	5 (45.5)	1 (9.1)	0 (0.0)
14	Effectiveness in the general population (all of Adams County)	Low	Population impact	11	4 (36.4)	6 (54.5)	1 (9.1)	0 (0.0)

(Source: Audience response voting by the HIA Steering and Advisory Committees, ranked by importance)

B.1.2. Accepting HIA Recommendations

Once the recommendations were drafted by the HIA Committee, the HIA Committee and Advisors discussed each intervention/policy ranking as good, fair, or poor for the respective criteria and revised as needed with stakeholder input. An early draft of the findings, recommendations, and their prioritization order received public input during the May 16, 2019, community forum.

HIA Steering Committee

On September 11, 2019 at the HIA Steering Committee meeting a motion was made and seconded to accept the recommendations of the Adams County Health Impact Assessment report *From Heritage to Health*.

Motion by: Ann Heard

Seconded by: Ida Anderson

Motion passed: Unanimously

Submitted by: Robert Pernell, HIA Chair

HIA Advisory Committee

At the September 18, 2019 meeting of the Adams County HIA Advisory Committee a motion was made and seconded to accept the recommendations contained in the report *From Heritage to Health*.

Motion by: Darrell White

Seconded by: Beth Boggess

Motion passed: Unanimously

Submitted by: Robert Pernell, HIA Chair

B.2. Detailed Health Impact Characterizations for ACCRP Decisions and Recommendations

Telling the Story of Places: the process of public history, site identification, and site interpretation								
Decision	**Health Outcomes**	**Positive / opportunity**			**Negative / Risk**			**Notes (Distribution. Summary assessment.)**
		Likelihood	Magnitude	Timeframe	Likelihood	Magnitude	Timeframe	
		Very likely	Major	Short	Very likely	Major	Short	
		Probable	Moderate	Medium	Probable	Moderate	Medium	
		Possible	Minimal	Long	Possible	Minimal	Long	
Civil Rights Project Decisions/Choices and Expected Health Outcomes								
Nomination process: **Site identification, interpretation, counter-narratives**	Mental health status (chronic stress, anxiety, depressive symptoms)	Very likely	Moderate	Short	Very likely	Minimal	Short	Adams County residents, particularly minorities and youth (disparity reduction). *Positive*: Cultural well-being may improve through community ownership of the process, historical understanding of avoidable inequalities and root causes. *Negative:* Verbal resistance from small pockets. If a racially motivated crime were to occur, the magnitude of impact would be major. *Variables to influence magnitude:* • Participation rates, trust-building, acknowledgement of root causes • Visible shift beyond dialogue toward structural solutions (Hope and Spencer, 2017)
	General health status (health related quality of life, self-reported health)	Probable	Moderate	Medium to Long	Very likely	Minimal	Medium to long	
	Chronic disease, esp. cardiovascular disease	Probable	Moderate	Medium to Long	Very likely	Minimal	Medium to long	
	Infant and maternal mortality	Probable	Moderate	Medium to Long	Very likely	Minimal	Medium to long	

Telling the Story of Places: the process of public history, site identification, and site interpretation								
Decision	**Health Outcomes**	**Positive / opportunity**			**Negative / Risk**			**Notes (Distribution. Summary assessment.)**
		Likelihood	**Magnitude**	**Timeframe**	**Likelihood**	**Magnitude**	**Timeframe**	
		Very likely	Major	Short	Very likely	Major	Short	
		Probable	Moderate	Medium	Probable	Moderate	Medium	
		Possible	Minimal	Long	Possible	Minimal	Long	
Nomination process: **Criteria for eligibility / research opportunities**	Mental health status	Possible	Major	Long				Adams County residents, particularly minorities and youth (disparity reduction) *Positive:* Implications for intergenerational or latent health effects. Evidence is consistent but primarily proscriptive. *Variables to influence likelihood:* • Development of methodologies (Diez Roux and Mair, 2010; Darity et al, 2001; Link, 2008; Gadella et al, 2008; Miech, 2008; Williams et al, 2010; Gee and Ford, 2011; Baumann et al, 2011) • Local, state, national partnerships and resources
	General health status	Possible	Major	Long				
	Chronic disease	Possible	Major	Long				
	Infant and maternal mortality	Possible	Major	Long				

Site Preservation (Property Incentives) and the Built Environment

Decision(s)	Health Outcomes	Positive / opportunity			Negative / Risk			Notes (Distribution. Summary assessment. Variables.)
		Likelihood	Magnitude	Timeframe	Likelihood	Magnitude	Timeframe	
		Confirmed	Major	Short	Confirmed	Major	Short	
		Probable	Moderate	Medium	Probable	Moderate	Medium	
		Possible	Minimal	Long	Possible	Minimal	Long	
Civil Rights Project Decisions/Choices and Expected Health Outcomes								
Neighborhood context: **Property restorations** *(income producing or non-profit only)*	Mental health status (cultural well-being, economic well-being, social cohesion, social capital, depression or depressive symptoms, chronic stress)	Probable	Minimal	Medium	Confirmed	Major	Short	Likely to only affect property owners or nearby properties. Unclear where new sites will be located. *Positive*: Positive influence on cultural well-being, neighborhood identity. Likelihood/magnitude is variable based on the number of sites, locations (prominence, visibility, significance). *Negative*: Focus on tourism alone may reinforce current trends on income inequality (and therefore crime). Service sector employment suggests more economic instability relative to other industries. Medium-term potential for cultural (loss of identity due to growth) or physical displacement (rental prices). *Variables to mitigate risk:* • Incentivize and support access to capital investment opportunities (entrepreneurial support services, expand boundaries for incentives to include more sites). • Mitigating risk factors for displacement through affordable housing. • Support programs that provide employee insurance.
	General health status (health-related quality of life, self-reported health)	Probable	Minimal	Medium	Confirmed	Major	Short	
	Chronic disease Physical health implications through chronic stress (allostatic load), incl. cardiovascular disease	Probable	Minimal	Medium	Confirmed	Major	Short	
	Infant and maternal mortality (infant mortality, birth weight)	Probable	Minimal	Medium	Confirmed	Major	Short	

Site Commemoration (Civil Rights Trail) and the Built Environment

Decision(s)	Health Outcomes	Positive / opportunity			Negative / Risk			Notes (Distribution. Summary assessment. Variables.)
		Likelihood	Magnitude	Timeframe	Likelihood	Magnitude	Timeframe	
		Confirmed	Major	Short	Confirmed	Major	Short	
		Probable	Moderate	Medium	Probable	Moderate	Medium	
		Possible	Minimal	Long	Possible	Minimal	Long	
Civil Rights Project Decisions/Choices and Expected Health Outcomes								
Neighborhood context: **Civil Rights Trail**	Mental health status *Positive*: increased health literacy, physical activity, cultural sense of place, belonging, and pride	Probable	Moderate	Medium	Possible	Moderate	Long	Residents of neighborhoods with Civil Rights Trail sites. *Positive*: Increased physical activity levels and sense of place, benefiting cultural, community, and social well-being. *Negative*: Social support disruption through increased traffic, visitors, cultural displacement. Vandalism of sites. If a racially motivated crime (e.g., vandalism) were to occur, the likelihood/ magnitude of impact would be confirmed / major. Opportunities to leverage positive impact (likelihood and magnitude):
	General health status *Positive*: increased physical activity, cultural sense of place, belonging, pride	Probable	Moderate	Medium	Possible	Moderate	Long	
	Chronic disease *Positive*: reduced stress; increased health literacy, physical activity	Probable	Moderate	Medium	Possible	Moderate	Long	• Quantity and location of civil rights sites; signage, wayfinding, and promotion • Security cameras for sites • Aesthetics and connectivity of trail with other attractions • Safety and security for pedestrians and bicyclists in infrastructure/trail design • Community involvement in trail design and decision-making process.

Place-Based Education on Local Civil Rights History

Decision(s)	Health Outcomes	Positive / opportunity			Negative / Risk			Notes (Distribution. Summary assessment.)
		Likelihood	Magnitude	Timeframe	Likelihood	Magnitude	Timeframe	
		Confirmed	Major	Short	Confirmed	Major	Short	
		Probable	Moderate	Medium	Probable	Moderate	Medium	
		Possible	Minimal	Long	Possible	Minimal	Long	
Civil Rights Project Decisions/Choices and Expected Health Impact								
Learning, non-formal: **Community, youth, faith-based groups**	Mental health status (self-esteem)	Confirmed	Moderate	Short				Adams County youth residents, with likely disparity reduction. *Variables to influence magnitude:* • Attention to structural issues, link to critical action • Participation rates. • Youth participatory action research.
	General health status	Confirmed	Moderate	Medium				
	Chronic disease	Confirmed	Moderate	Medium				
	Teenage pregnancy. Maternal and infant mortality.	Confirmed	Moderate	Short				
Learning, formal: **Incorporated into curriculum**	Mental health status, mental well-being	Confirmed	Major	Short	Possible	Moderate	Short	Adams County youth residents, with likely disparity reduction. *Negative:* Potential in short-term when confronting issues for the first time. Mitigate through ongoing education/sustainability. *Variables to influence magnitude:* • Attention to structural issues, link to critical action • Comprehensive formal school implementation vs. non-formal approach (youth mentoring/faith-based groups). • Teacher training/comfort.
	General health status	Confirmed	Major	Medium				
	Chronic disease	Confirmed	Major	Medium				
	Teenage pregnancy. Maternal and infant mortality.	Confirmed	Major	Short				

Appendix C. Historical Context: NTF excerpts, Adams County Historic Districts and History

## C.1. Excerpts from the National Park Service's National Thematic Framework[86]

Theme	Description	Topics that help describe the theme
Creating Social Institutions and Movements (Current standard)	This theme focuses upon the diverse formal and informal structures such as schools or voluntary associations through which people express values and live their lives. Americans generate temporary movements and create enduring institutions in order to define, sustain, or reform these values. Why people organize to transform their institutions is as important to understand as how they choose to do so. Both the diverse motivations people act on and the strategies they employ are critical concerns of social history.	• Clubs and organizations • Reform movements • Religious institutions • Recreational activities
Shaping the Political Landscape (Current standard)	This theme encompasses tribal, local, state, and federal political and governmental institutions that create public policy and those groups that seek to shape policies and institutions. Sites associated with political leaders, theorists, organizations, movements, campaigns, and grassroots political activities illustrate aspects of the political environment. The political landscape has been shaped by military events and decisions, transitory movements and protests, and political parties.	• Parties, protests, and movements • Political ideas, cultures, and theories • Governmental institutions • Military institutions and activities
Peopling Places (HIA decision alternative)	This theme examines human population movement and change. While patterns of daily life, birth, marriage, childrearing are often taken for granted, they have a profound influence on public life. Communities, too, have evolved according to cultural norms, historical circumstances, and environmental contingencies.	• Community and neighborhood • Family and the life cycle • Health, nutrition, and disease • Migration from outside & within • Ethnic homelands • Encounters, conflicts, colonization
Expressing Cultural Values (HIA decision alternative)	This theme covers expressions of culture – people's beliefs about themselves and the world they inhabit. This theme also encompasses the ways that people communicate their moral and aesthetic values.	• Educational, intellectual currents • Popular and traditional culture • Visual and performing arts, literature, mass media • Architecture, landscape architecture, urban design
Developing the American Economy (HIA decision alternative)	This theme reflects the ways Americans have worked, including slavery, servitude, and non-wage as well as paid labor. It also reflects the ways they have materially sustained themselves by the processes of extraction, agriculture, production, distribution, and consumption of goods and services. In examining the diverse working experiences of the American people, this theme encompasses the activities of farmers, workers, entrepreneurs, and managers, as well as the technology around them. It also considers the historical "layering" of economic society, including class formation and changing standards of living in diverse sectors of the nation.	• Workers and work culture • Transportation and communication • Exchange and trade • Labor organizations and protests • Extraction and production • Distribution and consumption • Governmental policies and practices • Economic theory

C.2. Adams County Historic Districts[289] and Historic Districts map (next page)

Name	List Year	Period of significance	Areas of Significance	Architectural Classification(s)	Architect or builder
Cemetery Bluff District	1980	1800-1899; 1900-	Architecture; Conservation; Landscape Architecture; Military; Sculpture	Late Victorian	
Clifton Heights Historic District	1982	1800-1899; 1900-	Architecture	Queen Anne; Colonial Revival; Bungalow; Shingle; Tudor	
Upriver Residential District	1983	1700-1799; 1800-1899; 1900- Significant dates: 1790-1940	Architecture; Industry	Greek Revival; Italianate; Gothic Revival; Queen Anne; Colonial Revival; Spanish Colonial Revival; Bungalow	
Woodlawn Historic District	1995	1867-1945 Significant dates: 1885, 1913	Architecture; Community Planning and Development; Ethnic Heritage: Black	Italianate; Gothic; Greek Revival; Colonial Revival; Queen Anne; Bungalow; Craftsman	
Natchez Bluffs and Under-the-Hill Historic District	1972	1700-1799; 1800-1899; 1900-	Aboriginal: Historic; Agriculture; Commerce; Literature; Military; Political; Transportation; Urban Planning	Italianate	Jean Baptiste Lemoyne Bienville
Natchez On-Top-of-the-Hill Historic District	1979	1700-1799; 1800-1899; 1900-	Architecture; Commerce; Community Planning; Exploration/Settlement; Landscape Architecture; Military; Politics/Government; Transportation	Greek Revival; Swiss Chalet; French Second Empire; Federal	
Holy Family Catholic Church Historic District	1995	circa 1835-1945 Significant dates: 1886, 1894, 1940	Architecture; Ethnic Heritage: Black	Greek Revival; Italianate; Eastlake; Gothic; Colonial Revival; Queen Anne; Bungalow; Craftsman	William K. Ketteringham
Downriver Residential Historic District	1999	1835-1947 Significant dates: 1883	Architecture; Community Planning and Development	Greek Revival; Italianate; Stick; Eastlake; Queen Anne; Colonial Revival; Bungalow; Craftsman; Post-Modern	Bost, Robert; Neibert and Gemmell

(Source: National Park Service. National Register of Historic Places.)

Natchez Historic Districts Map
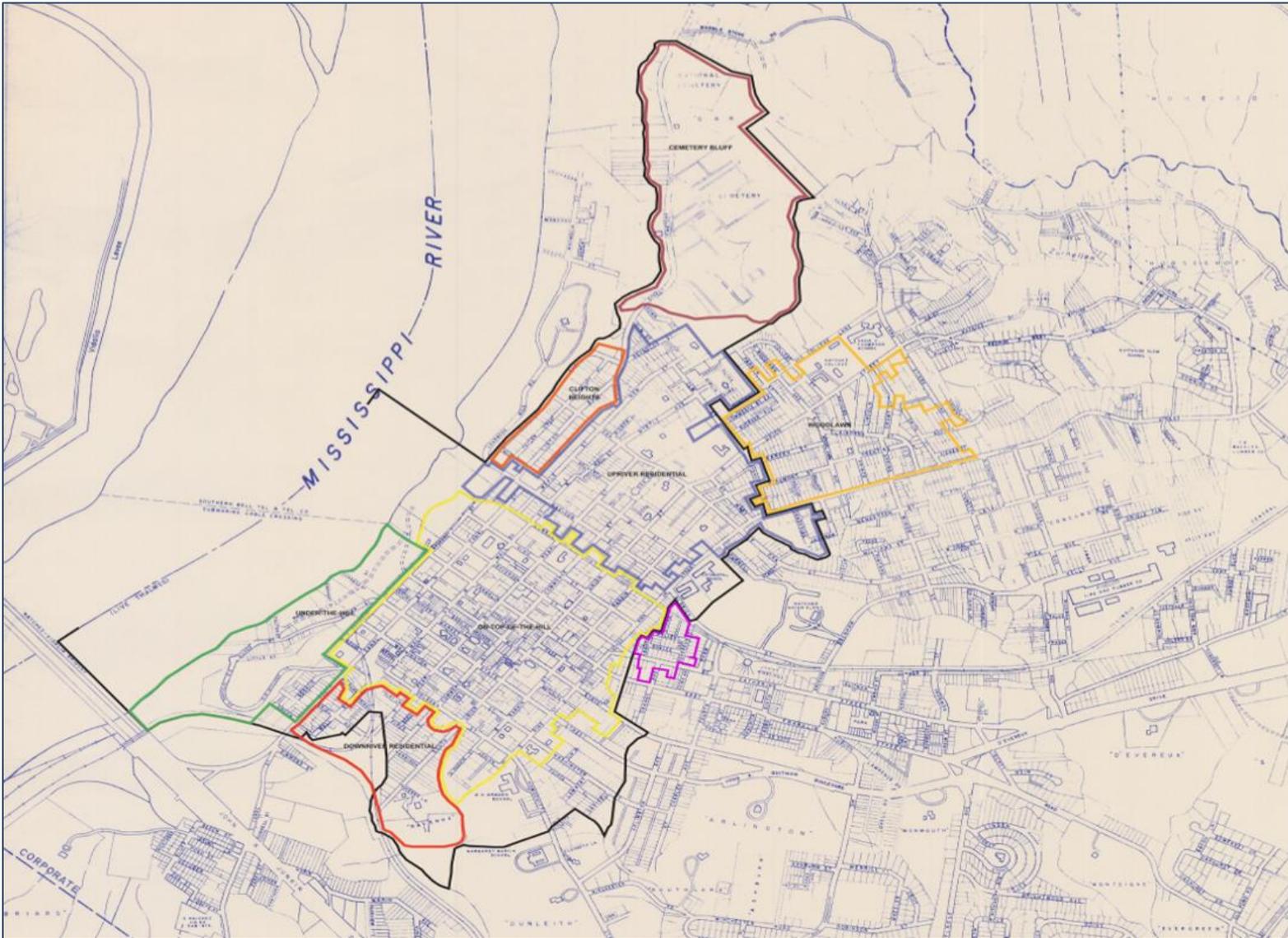
(Source: Historic Natchez Foundation)

C.3. History of Natchez and Adams County

The City of Natchez, the only incorporated municipality in Adams County, is named for the Natchez Indians, who settled and resided in the area circa 700-1730 and whose ancestors arrived in Mississippi much earlier.[286] Beginning with the French in 1716, making it the oldest European settlement on the Mississippi River, Natchez would fall successively under French, Spanish, British, and eventually American authority. Because of its Mississippi River location, slave-trading history, and past generations' wealth, Adams County is a confluence of Native American, French, African, African-American, Spanish, British, American, and Jewish history, which collectively forms its physical, cultural, and economic identity of today.

Heritage tourism began in the 1930s with historic property owners opening their doors for ticketed tours to capitalize on what they saw, and continues to be seen, as the community's primary asset – the iconic houses and mansions. Moonlight, magnolias, and hoop-skirted women became the city's primary branding.[178,179] This well-coordinated network of privately owned small businesses, but with informal and formal support from local government, preserved and revitalized the city in some ways. The benefits did not accrue to the whole population, however, and the narrative ignored the nationally significant African and African-American history and whitewashed egregious human rights violations.[178,179]

Too extensive to be addressed adequately in this report, local African and African-American history spans centuries. It begins with systematic enslavement of people, including African royalty and thousands of other individuals, and an extensive network of public and private institutions that profited directly and indirectly from enslavement and systematic oppression. One of many local historic sites is Forks of the Road (FotR, also known locally as "Forks"), the second largest market of enslaved people in the South until its dismantling in 1863 by U.S. Colored Troops during the Union occupation of Natchez. Significant local history continued during Reconstruction with an intellectual, educational, and entrepreneurial movement that led to substantial local African-American representation in state and national politics and the establishment of alternative spaces, including minority-owned or led businesses and business districts, schools, churches, health systems, cemeteries, and residential neighborhoods.

The mainstream conception of the mid-20th-century civil rights movement began in 1938 – six years after the first official Natchez Garden Club Pilgrimage – with the first attempt to establish a local NAACP chapter, a goal successfully realized two years later in 1940. That same year, a fire at the Rhythm Night Club killed 209 Black Natchezians and injured hundreds of others. The fire is thought to have been caused by a cigarette or food grease fire and its damage exacerbated by flammable mosquito repellant sprayed on the ceiling, one door that opened inwards, and boarded up windows. Many of those killed were young, prominent, educated, and able to afford the 50¢ admission charge. In other words, as is commonly thought, those killed likely would have been charismatic leaders of what was to come.[177] Despite the tragedy, over the next three decades, a locally organized and led Natchez Civil Rights Movement ("Natchez CRM"), rooted in the alternative spaces, kinship, and neighborhoods established in previous centuries, would become a model for other Mississippi towns based on its approach to a well-organized economic boycott combined with self-defense and enforcement measures.

From the mid-20th century, manufacturing companies established local operations and generated new wealth in the African-American community, lessening (though never near eliminating) the income gap.[265] But key large employers closed their manufacturing plants in the early 2000s initiating a domino effect that has yet to end. An accurate comprehensive portrayal of local history serves as a reminder that progress has been slow and uneven, barriers are structural and ongoing, and negative externalities hit marginalized populations first and hardest.

Tourism and historical narrative priorities have expanded over the years to include outdoor recreation, music, archeology, wildlife, Native American history, and African-American history. Early efforts in the 1990s to include African-American history depended heavily on a tiny cadre of champions. Since 2015, significant anniversaries have prompted a public apology for a 1965 mass arrest during a peaceful protest

– known locally as the Parchman Ordeal – and dialogue on what kind of community Natchez would like to be in the future. Many long-time champions, though still frustrated, say that conversations have started in the past few years that have never happened. Documentaries and exhibits on African-American history and injustices, locally produced and directed, have been publicly launched. Events are crossing unofficial spatial boundaries, such as Harmony in the Park in Jack Waite Park and the Soul Food Fusion Festival in downtown Natchez. Local diverse leadership is committed to change, and new minority owned businesses or non-profits have received support from the Convention Promotion Commission. An emerging narrative bridges restorative justice, cross-racial dialogue, and African-American heritage tourism.

Dialogue and benefits are slow, however, in reaching beyond champions to the whole population and reducing disparities. Communication is a challenge. Misperceptions and mistrust are high. The large number of community-based organizations and economic decision makers, separate county and "strong board, weak mayor" city governments, and limited staffing mean the forces of change are highly decentralized with all that entails (conflicting priorities, duplication of efforts). Questions have emerged on how to find and organize ownership, consolidate visions, and capitalize on limited resources. As Adams County moves forward, fundamental challenges will be channeling dialogue into (1) measurable progress to move the needle on population health and well-being; and (2) providing a clear, transparent, unifying strategic path for decentralized stakeholders to champion and participate.[193]

Appendix D. Supporting Data: Community Participatory and Compiled Indices

D.1. Community Participatory

Below are summary statistics of data collected at various community meetings and HIA forums. The data is a combination of various data collection efforts. Certain information was collected at multiple community gatherings, whereas some were collected at only a single forum or gathering. The variation in the sample sizes of the data elements (variables) is reflective of how often a given survey was administered; if a meeting only allowed 15 minutes, for example, only a few questions were asked. Not every respondent answered every question.

Table 20. Characteristics of Community Meeting Participants

Characteristics	n (%)
Gender (n=63)	
Male	28 (44.4)
Female	35 (55.6)
Age Group (n=64)	
21 – 24 years	1 (1.6)
25 – 40 years	14 (21.9)
41 – 50 years	5 (7.8)
51 – 64 years	21 (32.8)
65+ years	23 (35.9)
Race (n=64)	
Black/African American	30 (46.9)
White/Caucasian	33 (51.6)
Hispanic/Latino	0 (0.0)
Other Race	1 (1.6)

Table 21. Distribution of Responses to HIA Indicators and Outcome Measures

Civil Rights Input Outcome Measure/Indicator	n (%)
When did civil rights start in Natchez-Adams County? (n=31)	
Before the Civil War (1776 – 1865)	9 (29.0)
Reconstruction era and after the Civil War (1865 – 1900)	10 (32.3)
Early 20th century (1900 – 1939)	3 (9.7)
1940 – 1970s	8 (25.8)
1950s-1960s only	1 (3.2)
When did civil rights start in Natchez-Adams County? (n=30)	
Before the Civil War (1776 – 1865)	10 (33.3)
Reconstruction era and after the Civil War (1865 – 1900)	12 (40.0)
Early 20th century (1900 – 1939)	0 (0.0)
1940 – 1970s	6 (20.0)
1950s-1960s only	2 (6.7)
Which approach would benefit Natchez-Adams County more in terms of community awareness of African-American history? (n=28)	
Focusing on social justice	7 (25.0)
Focusing on a broader narrative of civil rights	21 (75.0)
Which approach would benefit Natchez-Adams County more in terms of youth education? (n=56)	
Focusing on political movements	14 (25.0)
Focusing on a broader narrative of civil rights (local stories, arts, and culture, religious institutions, organizing, intellectualism, women, social justice)	42 (75.0)
Which approach would benefit Natchez-Adams County more in terms of community awareness of African-American history? (n=28)	
Focusing on social justice	2 (7.1)
Focusing on a broader narrative of civil rights	26 (92.9)
Which approach would benefit Natchez-Adams County more in terms of youth education? (n=28)	
Focusing on social justice	3 (10.7)
Focusing on a broader narrative of civil rights	25 (89.3)
In Natchez-Adams County, there is an acceptance of diversity among residents. (n=63)	
Strongly Agree	8 (12.7)
Agree	19 (30.2)
Somewhat Agree or Disagree	24 (38.1)
Disagree	5 (7.9)
Strongly Disagree	7 (11.1)
In the Natchez-Adams County, residents express mutual respect for one another. (n=65)	
Strongly Agree	1 (1.5)
Agree	20 (30.8)
Somewhat Agree or Disagree	35 (53.8)
Disagree	7 (10.8)
Strongly Disagree	2 (3.1)

In the Natchez-Adams County, social ties and trust within the community are weak due to socio-economic exclusion or disadvantage. (n=62)	
Strongly Agree	16 (25.8)
Agree	21 (33.9)
Somewhat Agree or Disagree	15 (24.2)
Disagree	7 (11.3)
Strongly Disagree	3 (4.8)
In the Natchez-Adams County, in general, our communities are safe. (n=63)	
Strongly Agree	1 (1.6)
Agree	13 (20.6)
Somewhat Agree or Disagree	24 (38.1)
Disagree	20 (31.7)
Strongly Disagree	5 (7.9)
There is a need to provide information on available resources for historic preservation in Natchez-Adams County. (n=63)	
Strongly Agree	39 (61.9)
Agree	17 (27.0)
Somewhat Agree or Disagree	5 (7.9)
Disagree	1 (1.6)
Strongly Disagree	1 (1.6)
If my property (land, building, house) is determined significant to civil rights, it would influence my decisions on restoring and/or using the property. (n=31)	
Strongly Agree	14 (45.2)
Agree	12 (38.7)
Somewhat Agree or Disagree	3 (9.7)
Disagree	2 (6.5)
Strongly Disagree	0 (0.0)
In the Natchez/Adams County, the promotion of civil rights education will significantly increase the pride of the youth. (n=31)	
Strongly Agree	15 (48.4)
Agree	10 (32.3)
Somewhat Agree or Disagree	6 (19.4)
Disagree	0 (0.0)
Strongly Disagree	0 (0.0)

Table 22: Characteristics of Youth Questionnaires

Characteristics	n (%)
Gender (n=33)	
Male	12 (36.4)
Female	21 (63.6)
Age Group (n=33)	
10 – 12 years	1 (3.0)
13 – 15 years	2 (6.1)
16 – 18 years	19 (57.6)
19 – 24 years	4 (12.1)
≥ 25 years	7 (21.2)
Race (n=32)	
Black/African American	29 (90.6)
White/Caucasian	1 (3.1)
Hispanic/Latino	1 (3.1)
Other Race	1 (3.1)
When did the civil rights era in Natchez-Adams County start? (n=30)	
Before the Civil War (1776 – 1865)	9 (30.0)
Reconstruction era and after the Civil War (1865 – 1900)	5 (16.7)
After Reconstruction to beginning of World war II (1900 – 1939)	1 (3.3)
After World War II 1940 – 1970s	13 (43.3)
1950s-1960s only	2 (6.7)
Where did you learn about civil rights? [Not mutually exclusive], (n=33)	
Home	13 (39.4)
School	30 (90.9)
Friend	4 (12.1)
Church	8 (24.2)
Family Member	11 (33.3)
Other	2 (6.1)
How many Civil Rights Sites do you know in Natchez-Adams county (n=32)	
0	7 (21.9)
1	4 (12.5)
2	7 (21.9)
3-4	9 (21.9)
5+	5 (15.6)
Do you live by a Civil Rights site in Natchez-Adams County? (n=32)	
No	9 (28.1)
Not Sure	16 (50.0)
Yes	7 (21.9)
How do you feel when you think of Civil Rights in Natchez-Adams County? (n=32)	
Extremely Positive	8 (25.0)
More Positive than Negative	9 (28.1)
Neutral	11 (34.4)
More Negative than Positive	2 (6.3)
Extremely Negative	2 (6.3)

Table 23. Responses (questionnaires or 10/8/2018 forum) to baseline questions on CR knowledge

If you had to express your knowledge of civil rights in Natchez-Adams County in one sentence, what would it be?				
Discrimination, oppression, challenges	**Relevance to contemporary issues, progress or chronology**	**Local individuals and events**	**Achievements/ empowerment**	**Knowledge**
Economic questionnaire				
We had to use different water fountains.	In the 50s & 60s we were more together. (Blacks)		Keep Praying. Free at last.	Too young but have heard a whole lot.
Very young, my parents reminds me of hard times.	Civil rights challenges are still a part of the stigma.		GOOD	Hearing people talk about it.
Civil rights was a challenge for our citizens.	It remains as a true struggle on the present community.		We got our rights	
Color/white thing even schools (Parents)	Now it's better. I wasn't here during the 60's			
Community questionnaire				
Blacks being unlawfully prosecuted.	Better than in the late 60s	Meeting held by Phillip West	Fairness for all	Well informed
It was a very bad time to me.	Has come a distance but there is lots more need to be done.		Integration	I know very little.
	I wish they were more progressive like other states.			I don't know too much about it for the Natchez region.
	Moving in a positive direction. We are all equal.			Vague
	Ntz is not as progressive as larger cities with being racially integrated.			I am not familiar with much about this time because I wasn't affected by it.
	There is an undercurrent of racism in every aspect of Nat/Adams life.			As a teenager in Natchez in the 60s I was oblivious I'm sorry to say. As a young college student I learned much more about what had happened in my own community!
	It was rough and remains the same.			Excellent
	Civil rights still plays a big part in our city today.			My knowledge Is unfounded and requires my study.
	There is much work to be done.			I wish I knew more.
	Thank you, It's about time			Racial destruction

Discrimination, oppression, challenges	Relevance to contemporary issues, progress or chronology	Local individuals and events*	Achievements/empowerment	Knowledge
	African Americans have made gains in some areas, but a lot still has to be done			Since I did not grow up in the area, I'm not familiar with the historical aspects of Natchez

Discrimination, oppression, challenges	Relevance to contemporary issues, progress or chronology	Local individuals and events*	Achievements/ empowerment	Knowledge
Community forum				
I was a young girl and I remember feeling the tension in the car.	Living throughout the 60's and 70's and beyond	The civil rights movement meetings held at my aunt Maria Mazique's house and the marches we attended as a child.	There's so much more than we ever imagined, and the impact of Civil Rights in Natchez was powerful and important to many others.	Through my first handed experiences which were shared with family I acquired a significant and truthful understanding of the true meaning of Civil Rights "through the movement" here in Natchez Adams County
The struggle was very difficult and harsh for blacks during this time.	In the 60's, it had an impact but after that seemed to slow down.	Activism by African Americans to right a wrong of citizens imprisoned at Parchman Prison.		I know more about civil rights in Natchez than the average white person my age which means most white people know nothing.
The Real Struggle during the 1960 - era.		My family was involved in the marches in Natchez.		Hands on Knowledge is power.
Segregation		I lived through it I was involved as much as possible.		I am gradually learning more.
As a non-resident for most of the 50's & 60's I only knew of the murders & bombings that made national news.		It seemed as though only one person is heard about.		I grew up hearing stories about Civil Rights Movement in Natchez.
The mistreatment of people because of the color of their skin.		*In the group exercises during the forum, people wrote about numerous individuals and events not listed here.*		I am familiar with the civil rights movement activities in Natchez.
				a small amount of acquired in last few years
				Lacking
				Limited
				I learn more each time the subject is broached.
				Extensive
				The Miss Lou Heritage Tours are very informative.
Adolescent (ages 15-25)				
There were hard times.	Needs continuous improvement			My knowledge of civil rights is there.
There was a lot of racism and rioting.	We've come a long way but still have a long way to go.			Expanding the knowledge not just to Natchez but statewide, nationwide.
A lot of things were unfair and not right.				Limited but I do know a few riveting tales.

				not enough information
				I want to learn more.
				Not as informed as I should be
				I'm not sure

Graphical Display of One-word Descriptor of Civil Rights in Natchez-Adams County – Youth/Adolescent (ages 15-25) responses

Graphical Display of One-word Descriptor of Civil Rights in Natchez-Adams County – Community responses

Table 24. Alternative Themes in a Framework Approach

Sources: From an Advisory meeting (2/13/2019) and third community forum (3/7/2019) [based on flip chart notes from different groups, using the ones that the HIA Committee could read]

| Neighborhoods, Institutions, and Civil Rights			
Neighborhood	**NTF Themes (Topics)**	**Sites / Experiences**	**Civil rights changes**
Anna's Bottom Community **(Robertson Bottom)**	**Developing the American Economy**		Migration <u>erased</u> the community Church still does cemetery cleanings
	Extraction and production, exchange and trade	• Sharecropping • Cotton gin • Fair's store	
	Creating Social Institutions and Movements		
	Religious institutions	• Zion Flower Church • 2nd Union Church	
	Recreation activities	• Baseball • Family entertainment	
	Expressing Cultural Values		
	Intellectual currents	• Painter's school	
	Visual and performing arts	• Juke joint	
	Peopling Places		
	Family and the life cycle	• Cemeteries	
	Health, nutrition, and disease	• Midwives	
	Migration, ethnic homelands, communities and neighborhoods	• Pine Mount • Sedgefield • Broadmoor	
Woodlawn	**Before**		• Law and policy changes • Closing of schools • Economics (nature of businesses changed)
	• Private community, and people with high status • Sustainable community • Community businesses: cleaners, etc. • Educational community: Prince St School, Educators, Natchez College, day care, Sadie V Thompson		
	After		
	• Downfall and demise		
St. Catherine Street / Black Business District	**Creating Social Institutions and Movements; Expressing Cultural Values**		
	Religious institutions, Reform movements, Parties, protests and movements	• Holy Family Church • Triangle Area • Brumfield School – public education	

	Educational, intellectual currents	• Center of meeting place for NAACP activity (intellectual movements)	
	Peopling Places		
	Family and the life cycle, migration from within and outside, community and neighborhood	• Working and middle class mix of residents • Lengthy family history from this area of Ntz	
St. Catherine Street / MLK Triangle	**Peopling Places (family and the life cycle, migration)** • Diverse ethnicity: African American, Italian American, Irish American **Creating Social Institutions and Movements** • Religious institutions segregated **Developing the American economy** • Economic/work experiences provided for group **Expressing cultural values** • Educational institutions segregated		
Linwood	**Peopling Places (family and the life cycle, migration), Developing the American Economy** • Used to be professionals (International Paper, entrepreneurs). When businesses closed, the diversity decreased. Economically driven migration. **What do we do about it?** • Include local history in school curricula • More books, resources, lesson plans • Access to newspapers, people, dedicated library sections to African-American history – public library, Co-Lin, Alcorn • Posters/copies of information distributed about local personalities and historic figures (e.g., Ibrahima) • Entrepreneurial startup support		
Downtown Natchez	**Peopling Places (community and the neighborhood)** • Black shoppers won't come downtown, seen as majority white from MLK -> bluff **Expressing cultural values (culture, arts)** • Dives, joints, cafes, and churches **Developing the American economy** • Lack of black-owned businesses makes AA feel excluded. How to increase participation?		• Black people have been excluded from downtown. • Compounded by other changes, big box stores (Wal-Mart) with one stop shopping.

D.2. Compiled Existing Data Indices

Policy Map Opportunity Index Scores (2017) and Data by Adams County Census Tract

The disproportionate effects of health determinants become apparent when comparing data across census tracts. Enterprise Community Partners has developed a series of indices, called an "Opportunity Index," that describe key health determinants.[287] The three lowest performing Adams County census tracts for each indicator are shaded in grey. The map below is provided as a general reference to orient readers; a more detailed map is available with the US Census Bureau.[192]

Census tracts 3 and 4 – encompassing the historically African-American neighborhoods in north Natchez – have disproportionately low indicators particularly for economic security and health and well-being. However, some of these data points as indicated (*) have a relatively high margin of error, within 10 percent of the total value, and should be used with care. They are not included to formulate assessment findings or recommendations but are included here as a resource.
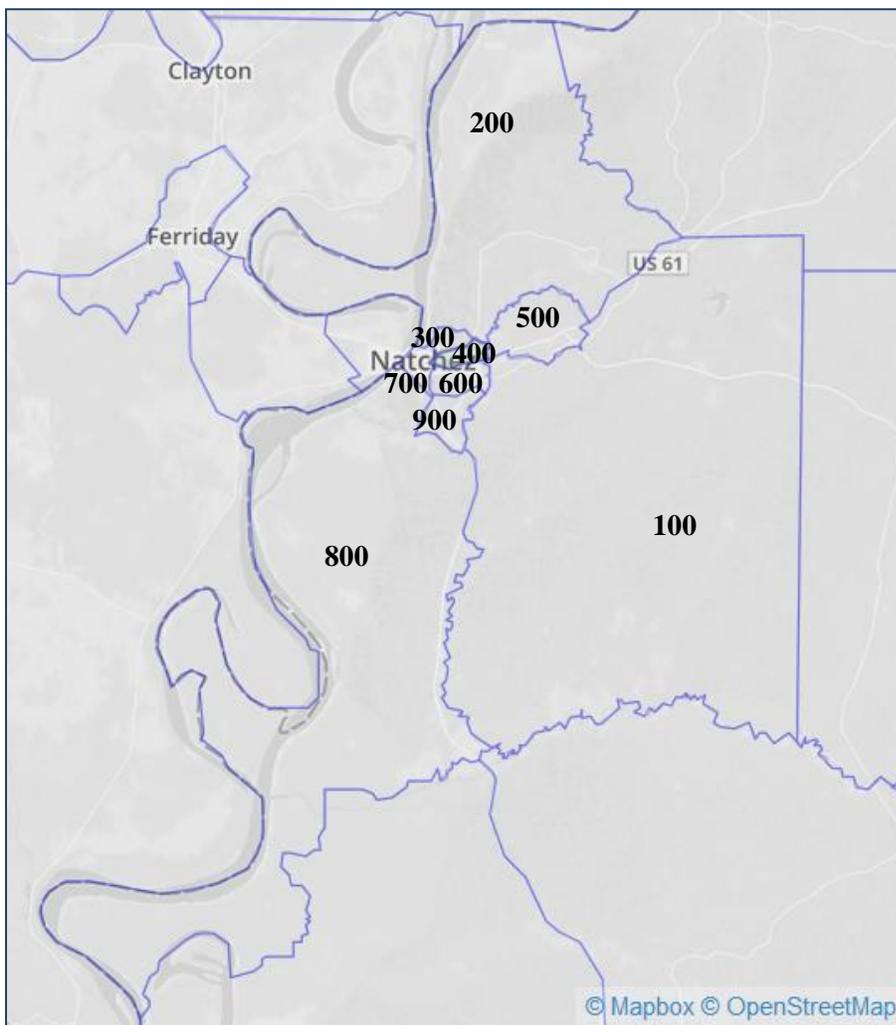
Adams County, Mississippi census tracts:

28001000100 (100)

28001000200 (200)

28001000300 (300)

28001000400 (400)

28001000500 (500)

28001000600 (600)

28001000700 (700)

28001000800 (800)

28001000900 (900)

Table 25. Adams County Census Tracts with Policy Map Opportunity Index Scores[287]										
	Reg. average (CBSA)	100	200	300	400	500	600	700	800	900
Opportunity Index Score: Housing stability (housing affordability and the ability of residents to live in their home as long as they choose)										
National percentile		75	96	67	98	87	82	70	61	65
Regional percentile		53	87	27	93	73	67	47	13	20
State percentile		58	93	48	97	94	69	51	42	45
Housing ownership	0.63	0.75	0.77	0.59	0.40	0.60	0.67	0.63	0.59	0.62
Low income and severely cost-burdened	0.23	0.24	0.18	0.29	0.16	0.28	0.30	0.40	0.23	0.34
Crowded or over-crowded units	0.03	0.05	0.02	0.04	0.07	0.01	0.02	n/a	0.05	n/a
Opportunity Index Score: Education (level of education achieved by residents)										
National percentile		10	26	17	19	24	46	83	22	58
Regional percentile		20	73	40	47	60	80	93	53	87
State percentile		9	48	27	33	43	72	94	39	80
Adults with a high school diploma	0.79	0.75	0.81	0.76	0.78	0.76	0.83	0.95	0.82	0.92
Adults with a bachelor's degree or higher	0.16	0.11	0.17	0.19	0.16	0.12	0.24	0.47	0.15	0.27
Opportunity Index Score: Health and well-being (residents' health status and ability to access care)										
National percentile		4	1	0	0	3	9	5	1	21
Regional percentile		47	27	7	7	40	67	53	33	87
State percentile		27	8	0	0	22	47	31	13	77
Diabetes rate	0.20	0.19	0.24	0.29	0.27	0.19	0.15	0.17	0.21	0.14
Adults with fair or poor reported health	0.34	0.31	0.36	0.44	0.47	0.32	0.28	0.32	0.35	0.24
Adults with a health care provider	0.78	0.82	0.81	0.79	0.76	0.80	0.77	0.78	0.81	0.82
Opportunity Index Score: Economic security (residents' ability to afford a good standard of living)										
National percentile		21	11	7	2	23	35	28	12	59
Regional percentile		53	27	20	7	67	87	73	33	93
State percentile		43	25	17	4	47	65	54	27	87
People in poverty*	0.31	0.25	0.28	0.38	0.55	0.38	0.28	0.23	0.33	0.14
Children under 18 in poverty*	0.56	0.35	0.47	0.44	0.87	0.49	0.39	0.62	0.68	0.38
Unemployment rate	0.10	0.11	0.13	0.14	0.19	0.07	0.14	0.07	0.08	0.03
Median household income*	30,431	34,509	26,538	22,917	15,138	28,211	32,031	38,958	29,740	47,815
Opportunity Index Score: Mobility (residents' ability to access transportation to meet basic needs)										
National percentile		13	43	16	88	58	87	96	58	95
Regional percentile		13	33	20	80	53	73	93	60	87
State percentile		12	40	16	90	56	89	98	57	96
Households with no vehicles	0.09	0.01	0.08	0.18	0.24	0.04	0.08	0.10	0.13	0.05
Workers who commute over an hour	0.05	0.08	0.06	0.01	0	0.09	0.03	0	0.04	0.03
Workers who commute via public transit	0	0	0	0	0	0	0.01	0	0.01	0

Table 26. Trend of Health Outcomes and Determinants of Adams County & Mississippi, 2011-2019

Health Outcomes and Factors - Indicators	Adams County					Mississippi				
	2019 Statistic (ER)	2017 Statistic (ER)	2015 Statistic (ER)	2013 Statistic (ER)	2011 Statistic (ER)	2019 Statistic (ER)	2017 Statistic (ER)	2015 Statistic (ER)	2013 Statistic (ER)	2011 Statistic (ER)
HEALTH OUTCOMES										
Adams County ranking out of 82 counties	*49*	*53*	*59*	*66*	*70*					
Length of Life	*38*	*41*	*56*	*53*	*58*					
Premature death	11,100 (9,700-12,500)	11,000 (9,700-12,300)	11,659 (10,249-13,068)	11,907 (10,495-13,319)	12,293 (10,882-13,705)	10,400	10,100	10,031	10,214	11,030
QUALITY OF LIFE										
Adams County ranking out of 82 counties	*58*	*62*	*63*	*73*	*78*					
Poor or fair health	25% (25-26%)	26% (25-26%)	23% (20-27%)	26% (22-30%)	26% (22-30%)	22%	22%	22%	22%	22%
Poor physical health days	4.3 (4.1-4.4)	5.1 (4.9-5.3)	4.2 (3.5-4.9)	4.9 (4.0-5.8)	4.7	4.4	4.4	4.1	4.1	4.1
Poor mental health days	4.3 (4.2-4.5)	4.6 (4.5-4.8)	4.6 (3.8-5.5)	5.0 (4.1-5.9)	4.8	4.4	4.6	4.1	4.1	4.2
Low birthweight	13% (12-14%)	13% (12-14%)	14.7% (13.4-16%)	14.8% (13.5-16%)	15.8%	12%	12%	12.1%	12%	11.6%
Infant mortality	9	12 (8-16)	12.8	12.9	--	9	10	10.2	10.4	--
HEALTH FACTORS										
Adams County ranking out of 82 counties	*57*	*59*	*39*	*49*	*37*					
HEALTH BEHAVIORS										
Adams County ranking out of 82 counties	*62*	*63*	*52*	*50*	*48*					
Adult smoking	23% (22-24%)	24% (23-24%)	23% (19-27%)	24% (20-28%)	24% (20-29%)	23%	23%	23%	24%	24%
Adult obesity	38% (33-43%)	38% (33-43%)	37% (33-41%)	37% (33-41%)	37% (33-42%)	37%	35%	35%	36%	34%
Food environment index	5.1	4.0	4.2	--	--	3.8	5.5	5.6	--	--
Food insecurity	25%	26%	24%	--	--	20%	22%	22%	--	--
Limited access to healthy foods	13%	16%	16%	16%	--	11%	10%	10%	10%	--
Physical inactivity	31% (27-35%)	29% (26-34%)	33% (29-37%)	40% (36-44%)	37% (33-42%)	31%	32%	32%	33%	32%
Access to exercise opportunities	69%	77%	80%	--	--	55%	57%	59%	--	--
Teen births[†]	51 (45-57)	64 (58-70)	66 (60-72)	72 (66-78)	64 (59-70)	39	52	59	62	65
CLINICAL CARE										
Adams County ranking out of 82 counties	*12*	*22*	*14*	*21*	*15*					
Uninsured	14% (12-16%)	18% (15-20%)	20% (18-22%)	22% (20-24%)	--	14%	17%	20%	21%	--
Uninsured adults	18% (15-21%)	22% (19-25%)	26% (23-28%)	27% (24-30%)	23% (20-24%)	18%	22%	25%	26%	24%

Primary care physicians (ratio)	1,200:1	1,180:1	1,235:1	1,344:1	1,114:1	1,900:1	1,900:1	1,901:1	1,920:1	1,563:1
Mental health providers (ratio)	1,410:1	2,840:1	2,917:1	--	--	700:1	820:1	952:1	5,988:1	14,273:1
Preventable hospital stays (days) χ	6,164	82 (74-89)	86 (78-94)	98 (90-106)	115 (109-121)	6,135	68	78	91	100
SOCIOECONOMIC FACTORS										
SOCIOECONOMIC FACTORS: Adams County ranking out of 82 counties	**70**	**68**	**56**	**59**	**52**					
High school graduation	80%	65%	61%	61%	55%	83%	76%	75%	74%	64%
Some college	44% (38-50%)	47%	51.3%	54.3%	55.9%	59%	58%	57.2%	55.6%	53.3%
Unemployment	7.3%	8.1%	8.6%	10.6%	9.3%	5.1%	6.5%	8.6%	10.7%	9.6%
Children in poverty	44% (34-55%)	44% (35-53%)	44% (34-54%)	51% (43-59%)	40% (31-49%)	28%	32%	34%	32%	30%
Income inequality‡	6.1 (5.1-7.1)	5.7 (4.7-6.8)	5.3 (4.5-6.2)	--	--	5.3	5.3	5.3	--	--
Disconnected youth	14% (6-22%)	22%	--	--	--	9%	19%	--	--	--
Social associations	14.7	14.5	13.7	--	--	12.6	12.3	12.3	--	--
Inadequate social support	--	--	--	30% (25-36%)	30% (25-36%)	--	--	--	25%	25%
Residential segregation – black/white	46	44	--	--	--	49	49	--	--	--
Residential segregation – non-white/white	44	44	--	--	--	47	47	--	--	--
Violent crime△	304	261	338	328	--	279	271	267	280	--
Injury deaths	97 (81-112)	87 (73-102)	81 (67-95)	--	--	85	83	82	--	--
PHYSICAL ENVIRONMENT										
PHYSICAL ENVIRONMENT: Adams County ranking out of 82 counties	**4**	**30**	**4**	**12**	**8**					
Severe housing problems	14% (12-17%)	16% (13-18%)	18% (15-21%)	--	--	16%	17%	17%	--	--
Severe housing cost burden	15% (12-19%)	--	--	--	--	14%	--	--	--	--

Legend: *MS=Mississippi; ER= Error Margin; Ranking relative 81 (total number of counties in MS); †: per 1,000 female population ages 15-19; ‡: Ratio of household income at the 80th percentile to income at the 20th percentile; △: violent crime offenses per 100,000 population; and *: Average daily density of PM 2.5. x:* Rate of hospital stays for ambulatory-care-sensitive conditions per 100,000 Medicare enrollees

Source: County Health Rankings – countyhealthrankings.org

Table 27. Socioeconomic status trends of Adams County and Mississippi, 2011-2019

	High School Graduation Rates								
	2011	2012	2013	2014	2015	2016	2017	2018	2019
Adams County	55%	47%	61%	61%	61%	64%	65%	65%	80%
Mississippi	64%	71%	74%	75%	75%	76%	76%	76%	83%
	Some College								
	2011	2012	2013	2014	2015	2016	2017	2018	2019
Adams County	55.9%	55.2%	54.3%	52.9%	51.3%	50.0%	47%	48%	44%
Mississippi	53.3%	54.4%	55.6%	56.9%	57.2%	58.0%	58%	59%	59%
	Unemployment								
	2011	2012	2013	2014	2015	2016	2017	2018	2019
Adams County	9.3%	10.6%	10.6%	9.4%	8.6%	8.5%	8.1%	8.3%	7.3%
Mississippi	9.6%	10.4%	10.7%	9.2%	8.6%	7.8%	6.5%	5.8%	5.1%
	Children in Poverty								
	2011	2012	2013	2014	2015	2016	2017	2018	2019
Adams County	40%	42%	51%	43%	44%	47%	44%	46%	44%
Mississippi	30%	32%	32%	34%	34%	31%	32%	30%	28%
	Income Inequality								
	2015	2016	2017	2018	2019				
Adams County	5.3	5.7	5.7	5.8	6.1				
Mississippi	5.3	5.3	5.3	5.3	5.3				
	Violent Crime								
	2012	2013	2014	2015	2016	2017	2018	2019	
Adams County	309	328	355	338	338	261	261	304	
Mississippi	317	280	273	267	267	271	271	279	
	Uninsured Adults								
	2011	2012	2013	2014	2015	2016	2017	2018	2019
Adams County	23%	25%	27%	27.0%	26%	26%	22%	20%	18%
Mississippi	24%	25%	26%	26%	25%	25%	22%	19%	18%

Source: http://www.countyhealthrankings.org/app/mississippi/2018/rankings/adams/county/outcomes/overall/snapshot

Table 28. Median household income, 1965-2015.

Year	African American/ Black alone			Caucasian/White alone, not Hispanic or Latino			Ratio of Black to White Median Household Income	Total Adams County population
	Median household /(% relative to that of Whites)	% change since 1965	% of total pop'n	Median household income	% change since 1965	% of total pop'n		
1965	$1,994 / (35.6%)	---	50.0%	$5,600	---	50.0%	1:2.8	37,730
2000	$16,555 / (46.2%)	730%	52.8%	$35,810	539%	46.0%	1:2.2	34,340
2010	$18,901 / (49.1%)	848%	58.8%	$38,459	587%	39.7%	1:2.0	32,659
2015	$20,921 / (50.0%)	949%	55.2%	$41,840	647%	37.9%	1:2.0	31,979

(Source: *1965*: Umoja, A.O. (2002), p. 273. *2000*: http://censusviewer.com/county/MS/Adams. *2010-2015*: U.S. Census Bureau. American Community Survey (ACS). Median Household Income in the past 12 months, ACS 5-year estimates, 2015 inflation adjusted dollars. https://factfinder.census.gov/faces/tableservices.)

Table 29. Natchez Travel and Tourism Economic Contribution, 2008-2018

Year	Travel and Tourism Expenditures by Visitors	Direct Travel and Tourism Employment	Travel and Tourism Employment Percentage	State/Local Taxes/Fees Attributed to Tourism	Tourism Capital Investment (TCI)	TCI expenditures based on survey
2018	$110,823,306	2275	21.5%	$11,227,279	$1,095,736	Park, restaurant and retail renovations.
2017	$110,283,299	2275	20.8%	$10,753,434	$1,000,959	Antique store, retail and restaurant renovations.
2016	$110,807,342	2275	20.4%	$11,424,161	$2,572,253	Infrastructure, train depot renovation, bed and breakfast and restaurant renovations.
2015	$114,660,317	2300	20.4%	$11,884,763	$2,027,813	Infrastructure, train depot renovation, bed and breakfast and restaurant renovations.
2014	$107,977,297	2275	20.5%	$10,917,138	$2,013,260	Infrastructure, two new restaurants, and other projects.
2013	$106,686,106	2260	19.9%	$10,881,932	$3,218,152	New infrastructure, regional transit facility, a new convenience store
2012	$94,227,218	2100	18.1%	$8,429,752	$13,391,027	A new hotel, estimated brick and mortar costs associated with a new casino.
2011	$90,080,196	2040	18.3%	$8,129,524	$6,222,829	Infrastructure, restaurant renovations, a new walking/bike trail and other projects.
2010	$83,043,949	2000	16.0%	$7,551,528	$6,159,706	Infrastructure (Natchez Trace Parkway), restaurant and hotel renovations.
2009	$86,341,138	2005	15.1%	$7,807,165	$10,166,671	New hotel, casino-related infrastructure, plus some restaurant and B & B improvements
2008	$85,762,711	2000	15.1%	$7,518,452	$8,552,745	A new hotel, casino-related renovations, plus some restaurant improvements, road maintenance/infrastructure.

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Appendix E. Citations

E.1. General Citations

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