

# Welcome to the Health Impact Assessment Workshop



# TODAY'S WORKSHOP WILL COVER



- Health and Healthy Policies
- Health in All Policies (HiAP)
- Each step of Health Impact Assessment
- An interview with HIA practitioners from Minnesota
- HIA resources
- Preparation for Day 2

# TODAY'S FACILITATORS

- **Bethany Rogerson** *Senior Associate, Health Impact Project*
- **Beth Fuller** *Senior Research Associate, Georgia Health Policy Center*
- **Jimmy Dills** *Research Associate II, Georgia Health Policy Center*

**Amazing**

**Initiative**

**Fashionable**

**Foundation**

**Struggle**

**Hot**

**Snow**

**Bagel**

**Bicycle**

**Smooth**

**Interested**

**Wink**

**Coincidence**

**System**

**Garden**

**Heavy**

**Caution**

**Dream**



**When I think of  
health...**

**To be “healthy”  
means...**



# IMAGES OF IMPACTS











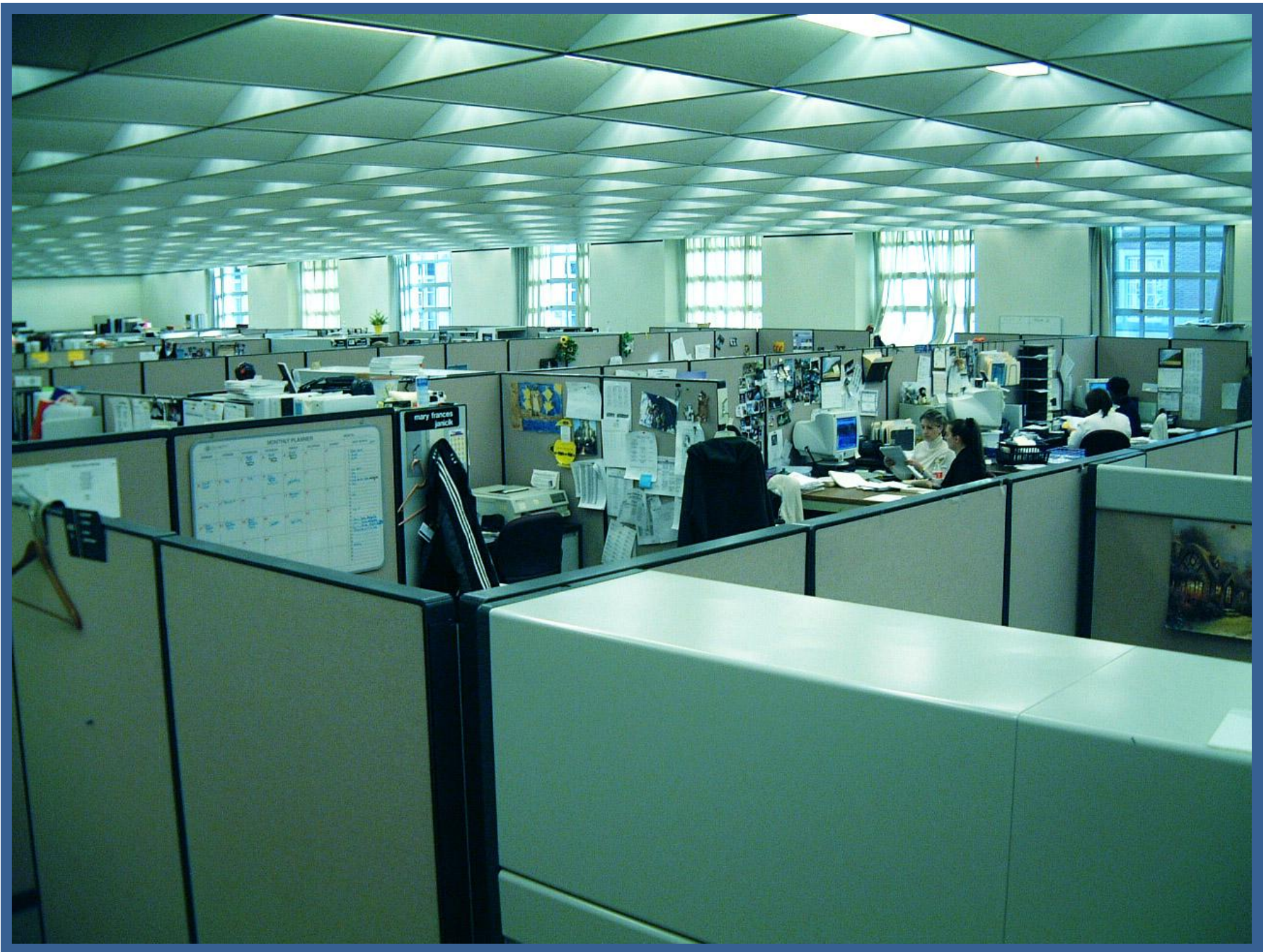


CUCUMBER  
SPINACH  
LETTUCE  
TOMATO













# A DIFFERENT APPROACH TO HEALTH:

AN OVERVIEW OF HEALTH & HEALTHY POLICIES

# WHAT IS HEALTH?

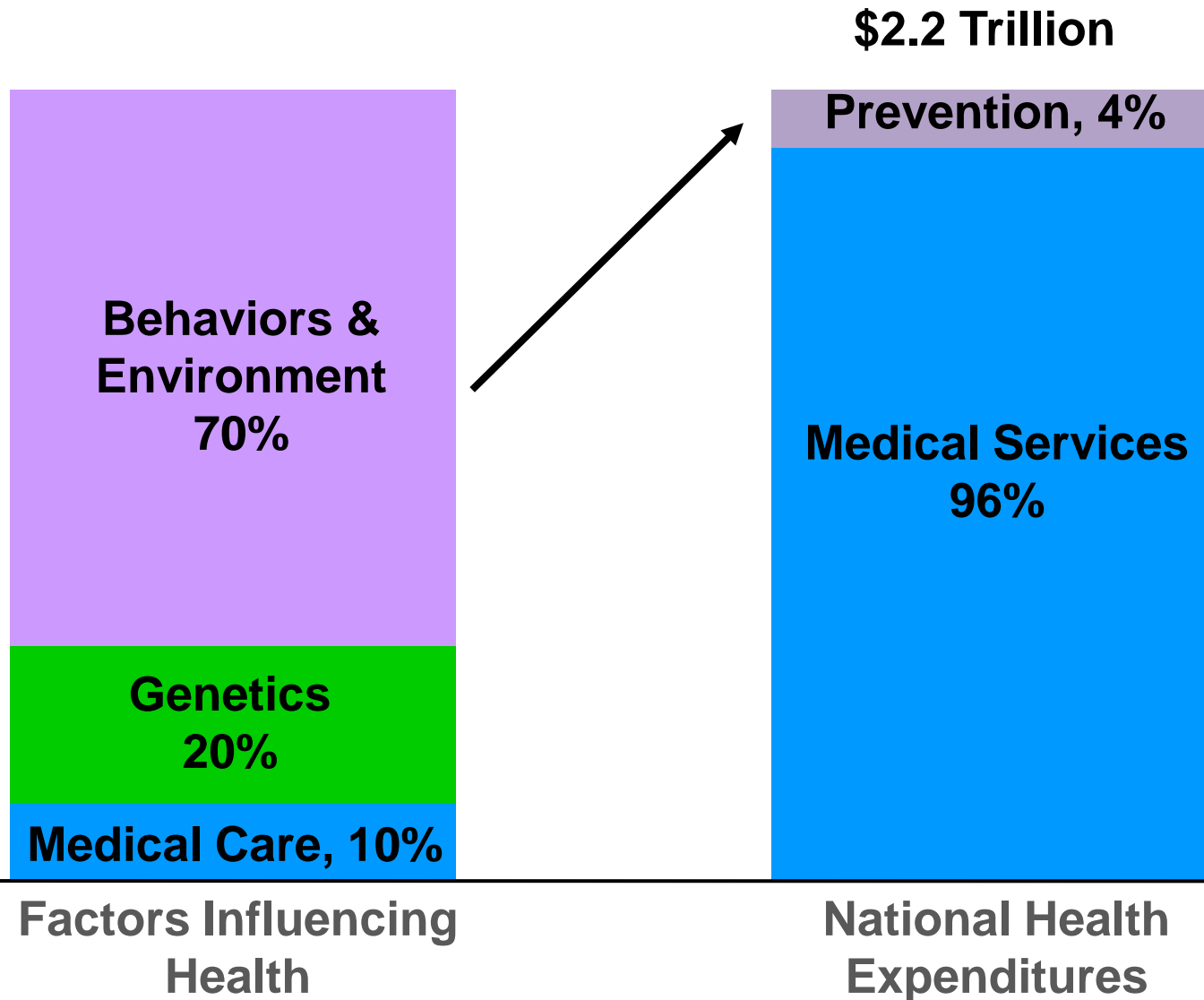
Health is “a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.”

Furthermore, health is the ability of an individual or group “to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment.”



*1948 World Health Organization Constitution and  
the 1986 Ottawa Charter for Health Promotion*

# CONVENTIONAL HEALTH POLICY





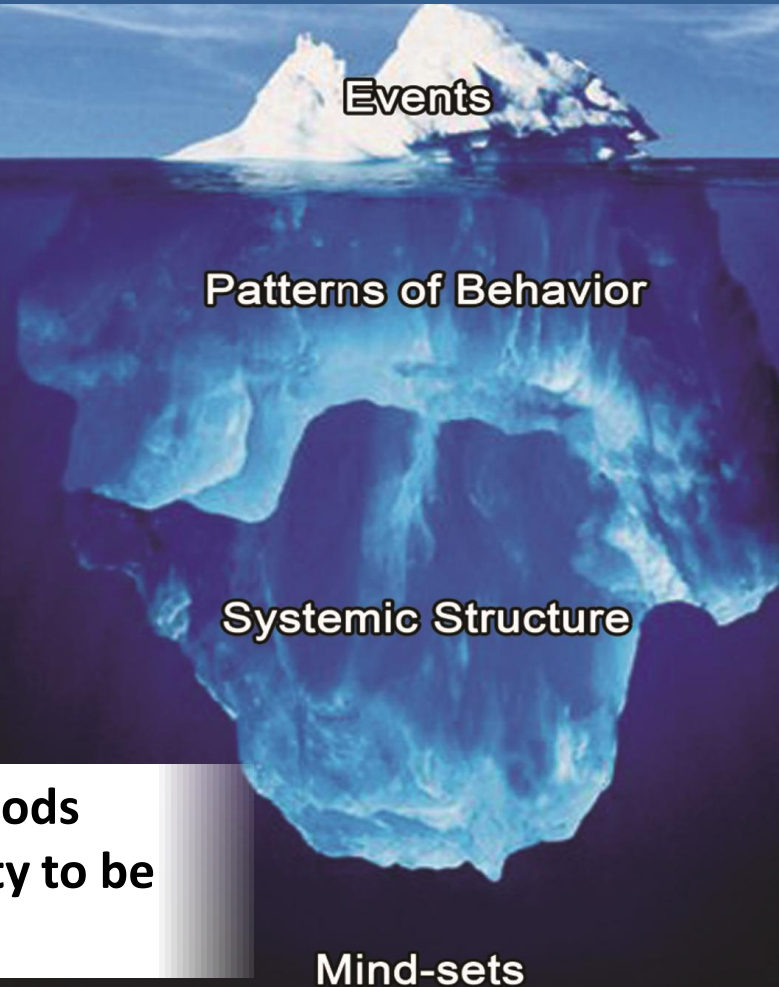
# THE ICEBERG: A METAPHOR FOR THE LEVEL AT WHICH WE INTERACT WITH A SYSTEM

Heart disease,  
obesity,  
hypertension

Fruit and  
vegetable  
consumption

Access to grocery  
stores

Should all neighborhoods  
provide an opportunity to be  
healthy?



Increasing  
Leverage



# U.S. LEADING CAUSES OF DEATH, 2009

Cause:	Number of deaths:
Heart disease	599,413
Cancer	567,628
Chronic lower respiratory diseases	137,353
Stroke (cerebrovascular diseases)	128,842
Accidents (unintentional injuries)	118,021
Alzheimer's disease	79,003
Diabetes	68,705
Influenza and Pneumonia	53,692
Kidney disease (nephritis et al.)	48,935
Intentional self-harm (suicide)	36,909

CDC FASTATS <http://www.cdc.gov/nchs/fastats/lcod.htm>

# BEHAVIORAL RISK FACTORS

## Cause:

Heart disease

Cancer

Chronic lower respiratory diseases

Stroke

Accidents

Alzheimer's disease

Diabetes

Influenza and Pneumonia

Kidney disease

Suicide

- 7 of 10 deaths from chronic diseases
- Caused by four primary risk behaviors
  - lack of physical activity
  - poor nutrition
  - tobacco use
  - excessive alcohol consumption

Source: <http://www.cdc.gov/chronicdisease/overview/index.htm>

# EXPOSURE TO ENVIRONMENTAL POLLUTION

## Cause:

Heart disease

Cancer

Chronic lower respiratory diseases

Stroke

Accidents

Alzheimer's disease

Diabetes

Influenza and Pneumonia

Kidney disease

Suicide



# HAZARDOUS SETTINGS

## Cause:

Heart disease

Cancer

Chronic lower respiratory diseases

Stroke

Accidents

Alzheimer's disease

Diabetes

Influenza and Pneumonia

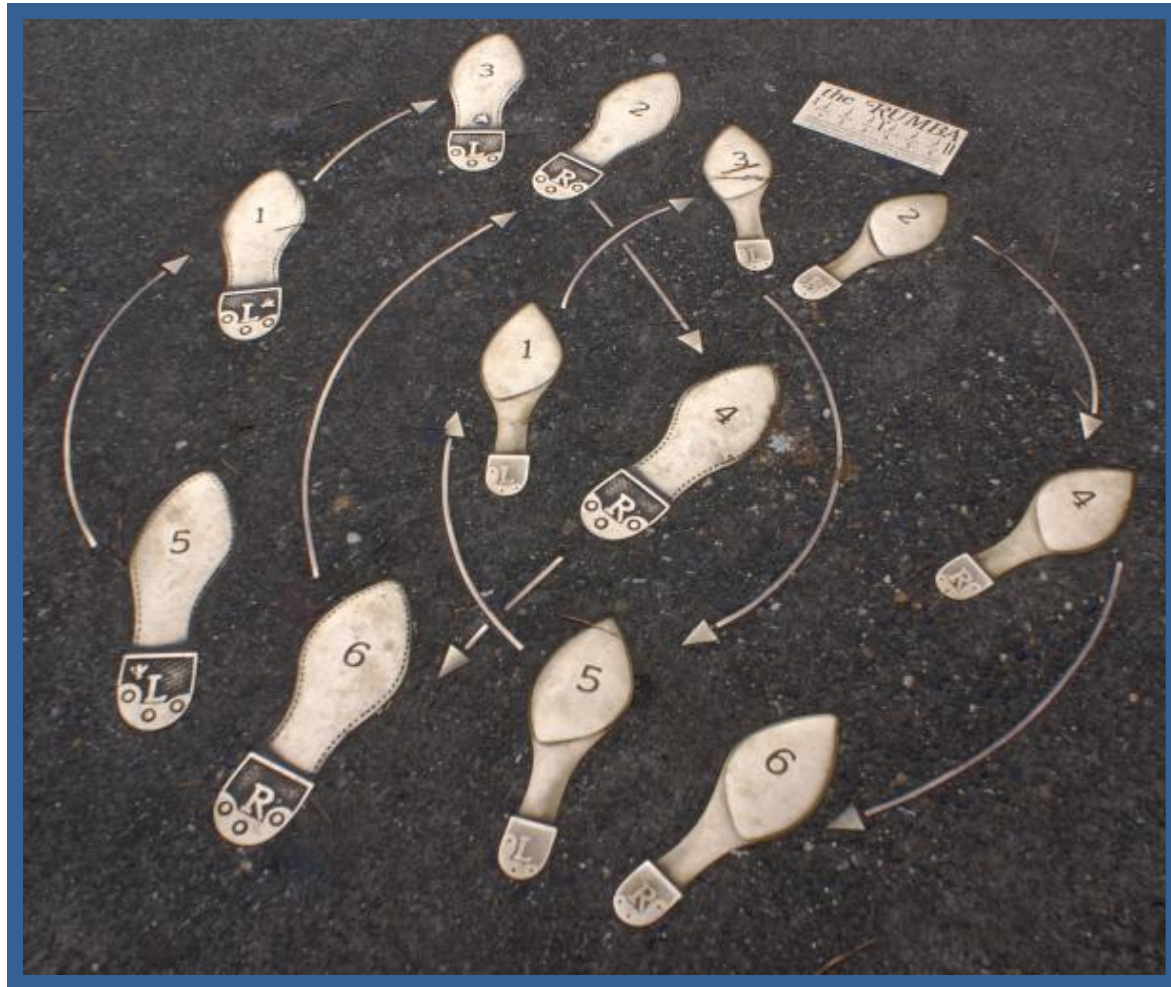
Kidney disease

Suicide





**LET'S ALL STAND UP . . .**



**. . . AND TAKE A FEW STEPS**

**A person's health and chances of becoming sick and dying early are greatly influenced by powerful social factors such as education, income, housing and neighborhoods.**

**The early years of life set us on paths leading toward – or away from – good health.**

**Our zip code may be more important to our health than our genetic code.  
There are substantial shortfalls in the health of children based on their families' income and education.**

**Some Americans will die 20 years earlier than others who live just a short distance away because of differences in education, income, race, ethnicity and where and how they live.**

**At all income levels, our health falls short of what it could be.**

**While America has seen great gains in improving health overall, some Americans face much poorer prospects for good health and long life than others.**

# POLICIES AND DECISIONS IN YOUR LIFE



**What was the most recent decision you participated in professionally?**

# POLICIES AND DECISIONS IN YOUR LIFE

What recent decisions have affected you personally – think of your home, travel, finances, meals, family life, social/civic life?





# HEALTH IN ALL POLICIES



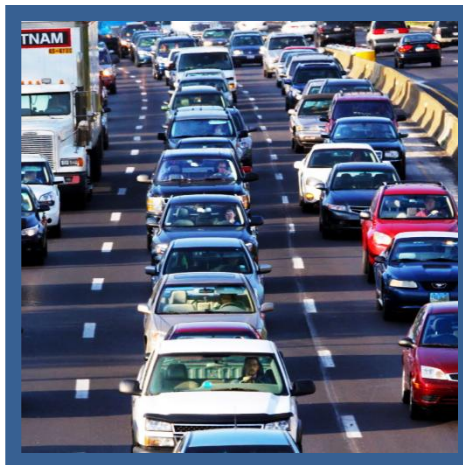
# WHAT IS HEALTH IN ALL POLICIES? (HiAP)



A strategy that strengthens the link between health and other policies, creating a supportive environment that enables people to lead healthy lives.

# HEALTH IN ALL POLICIES

- Considers the intentional or unintentional impact of non-health policies on individual or population health
- Non-health sectors can include Education, Housing, Transportation, Economics, etc.



# HiAP EXAMPLE: HUD

## **Subgoal 3B: Utilize HUD assistance to improve health outcomes**

Stable, healthy housing is inextricably tied to individual health. Improving health outcomes starts by increasing knowledge of health and access to health services. HUD aims to accomplish this by building formal and informal relationships with public and private healthcare providers and with health education organizations to provide access to healthcare information and services for recipients of HUD assistance. HUD will also encourage management practices that enhance the health of housing residents, and, where possible, HUD will provide physical space to provide healthcare services.

### **Strategies:**

1. Increase information about and access to health services, including veterans' health benefits, through partnerships with health organizations and healthcare delivery systems.
2. Increase coordination of HUD programs with healthcare resources administered by other federal, state, and local programs.
3. Provide physical space to colocate healthcare and wellness services with housing (for example, onsite health clinics).
4. Promote housing management practices that protect the health of residents (for example, smoking cessation, pest management, and green cleaning).



# HEALTH IN ALL POLICIES CAN OCCUR AT DIFFERENT LEVELS

Information-sharing.....meet



Collaboration.....date



Integration.....marry



# INFORMATION-SHARING FOR HiAP

## Meet

- Making connections
- One-way relationship
- Relevance
- Common language



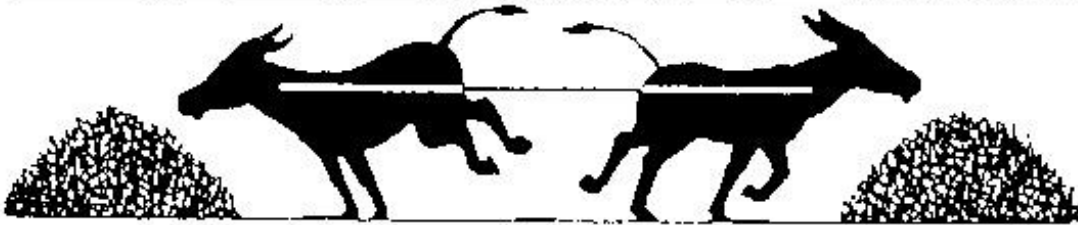
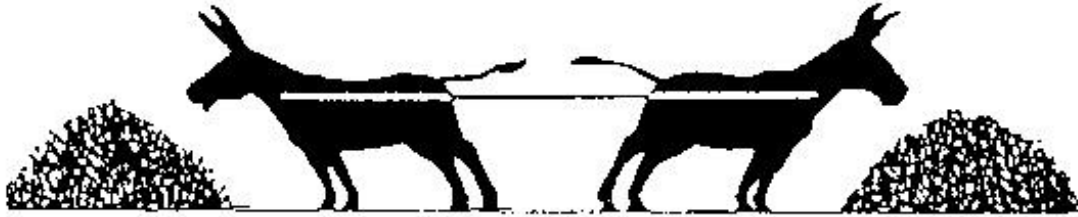
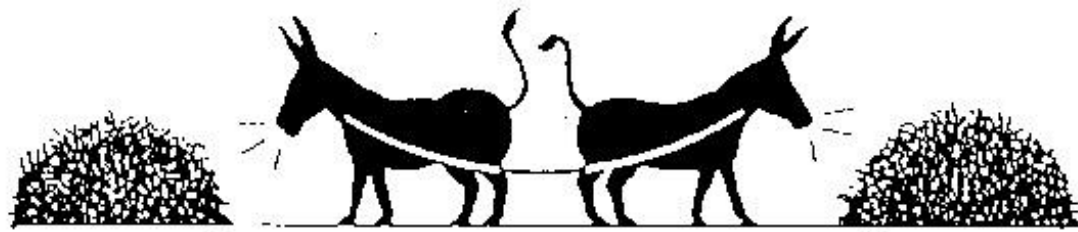
# COLLABORATION FOR HiAP

Date

- **Sharing resources**
- **Win-win opportunities**
- **Formal agreements**







# INTEGRATION FOR HiAP

## Marry

- When sectors work together to define a policy or program
- Conceptual integration of objectives
- When an aspect of one sector becomes part of another sector's primary mission or goals





# An HiAP Example: Healthy Community Design in Nashville, TN



# Healthy Community Design

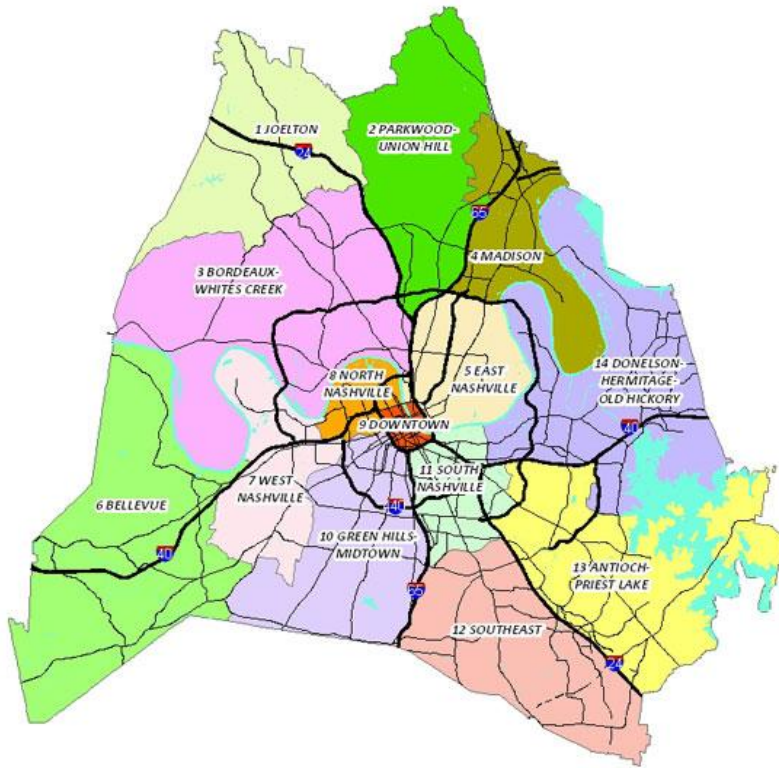
## Background



- Laying groundwork for future HIA
- Two Community Plan Updates
- Community Character Manual
- Health in All Policies Framework

# Healthy Community Design

## Community Plans



- Update process
- North Nashville
- Bellevue
- Development review

# The North Nashville Community Plan: 2010 Update

Adopted January 27, 2011

Planning Department  
Metropolitan Nashville  
Davidson County, TN



## North Nashville Community Plan 2010 Update Chapter I - Planning Fundamentals



Increase in the number of people living within them), the community should still be prepared to absorb additional housing and residents during the next ten years. The North Nashville Plan encourages still in specified still areas, strategic still throughout the community and still within neighborhoods identified as evolving areas and along prominent corridors and centers.

### North Nashville – Sustainable Development and Healthy Living

As discussed in the previous section, encouraging development in North Nashville relieves some pressure from other parts of the region and promotes a sustainable community. Existing infrastructure and services in North Nashville are readily available to serve new infill development. Placing additional residents in three proximity to transit and within walkable distances to services, open space, and employment contributes to reducing traffic congestion and associated air quality issues across the region. Yet, while these practices help support sustainable development patterns and protect the environment, the North Nashville community like others, may still struggle with the health of its individual residents.

Within Davidson County prevalence of conditions such as obesity/overweight, hypertension, and diabetes are disproportionately high in the North Nashville area. While personal behavior choices and responsibility are important, they exist within a larger social and environmental context that can often make choosing healthy options especially difficult. For example, lack of access to healthy foods or negative perceptions of safety within a neighborhood can prevent people from maintaining a healthy diet or taking a leisurely evening stroll. Two behaviors that are fundamental building blocks for healthy lifestyles. North Nashville stakeholders are aware that their community struggles with these types of public health issues and want the community plan to address the relationships between development patterns and community health.

The causes of poor health are as interrelated and complex as the human body itself. Understanding how chronic diseases arise from and affect the human body is the cornerstone of disease treatment. However, holistic perspectives of health that take into account the many social and environmental influences on the distribution of chronic illness within a population allow for increased attention on disease prevention. These influences are called health determinants and include the design and structure of the community itself – the very aspects of community that are the focus of this Update. To follow from the examples above, increasing access to healthy food increases the likelihood that residents will maintain a healthy diet. Creating safe and attractive places for walking and bicycling increases the likelihood that residents will incorporate physical activity into their daily lives. Healthy eating and active living can help prevent (and treat) many of the chronic diseases of concern in North Nashville.

## North Nashville Community Plan: 2010 Update Chapter I - Planning Fundamentals

The land use, transportation, and urban design policies found within the North Nashville Plan play a role in developing the community as a center for healthy lifestyles. By reducing barriers to healthy behavior choices and increasing access to healthy places, the Community Plan Update will help address public health issues in North Nashville. The policies of this Plan however, cannot guarantee better health outcomes: social and economic factors that exist beyond the scope of this document also have bearing on the individual behaviors that ultimately lead to a community's health status. Keeping this fact in mind, the following sections address stakeholders' concerns about the connections between this Plan and their community's health through the lens of work currently underway through the Metro Public Health Department's Community Putting Prevention to Work grant.

**Metro Public Health Department – Community Putting Prevention to Work In 2010**, the Metro Public Health Department (MPHD) was a highly cooperative Community Putting Prevention to Work (CPPW) grant administered by the U.S. Department of Health and Human Services. CPPW Nashville aims to increase the likelihood of people eating healthy foods and getting enough physical activity, leading to better overall health. A primary focus is to collaborate with city and community partners to lessen the effects of our built environment on high-risk communities, creating equitable opportunities to live healthy lives, regardless of income, race or ethnic background. Under the CPPW grant MPHD has developed specific strategies to create policy, systems, and environmental changes needed to achieve its goals. The North Nashville Plan and its community character policies align with several of these CPPW strategies, which is discussed below. For a full understanding of the CPPW Grant and its proposed initiatives, stakeholders are encouraged to visit the Metro Public Health Department's website at [www.health.nashville.gov](http://www.health.nashville.gov).

**CPPW Strategy: Encouraging Access to Healthy Food** - The CPPW strategy addresses access to healthy food through creating healthy corner stores, creation of programs and policies that lead to better food environments (including healthy food for youth) and supporting community gardens.

The North Nashville Plan addresses access to healthy food through its mixed use center and corridor policies, transportation guidelines, and open space plan components. Providing a new grocery store is a priority for North Nashville stakeholders; a portion of North Nashville has been identified as a food desert - areas where the primary food options are convenience stores and fast food restaurants, and where many residents do not have their own means of transportation. (See the Appendix D for a Map of Food Deserts and Food Court map.) Research and stakeholder interviews revealed that a big-box / chain grocery store is most likely to locate on highly traveled arteries and on a large acreage site with ample visibility. This type of site is most frequently found on the periphery of the study area. A grocery store within the interior of the study area that may be more accessible by foot than by car, would most likely require adaptive reuse of an existing commercial building or new construction on a smaller site suited for a corner market. The North Nashville center and corridor policies provide opportunities for both large grocery stores and corner markets.



## North Nashville Community Plan 2010 Update Chapter I - Planning Fundamentals



On corridors interior to the community, such as Jefferson Street and Buchanan Street, community character policies encourage a mixture of land uses while making accommodations for development on constrained sites. Reduced setbacks and parking reductions give developers more flexibility for developing these locations. While these streets may accommodate smaller corner stores or neighborhood markets, community center policies on Charlotte Pike and Rosa L. Parks Boulevard provide opportunities for potential larger chain grocery stores.

The North Nashville Open Space Plan component also promotes community gardens as a way to provide healthy food within individual North Nashville neighborhoods where grocery store development is not possible due to land constraints or poor visibility. While the North Nashville Plan community character policies do provide opportunity for grocery retailers, other factors such as the retail market (which may consider number of households and discretionary income), access and visibility, available land, and development incentives are considered by grocery retailers before any decision to construct a new store is made.

The North Nashville Plan also directly addresses access to these areas and potential grocery store sites by promoting coordinated bike, pedestrian and transit facilities in three areas as well as housing, open space, and employment centers. The transportation plan also discusses transit and makes recommendations for regional light rail corridor, bus service and routes, and localized shuttle service in order to provide transportation options for all North Nashville residents.

**CPPW Strategy: Encouraging Bicycles, Open Space and Public Transportation** - The CPPW strategy address bicycles as a method of transportation, creating safe access to open space through directional signage, as well as promoting public transportation as a viable option for transit.

During the North Nashville Plan Update, stakeholders expressed that while there is a well connected system of sidewalks, bikeways, and greenways, that sometimes a missed connection, sidewalk or bikeway discontinuity, or lack of signage makes using these systems difficult. Therefore, the North Nashville Plan in its Transportation and Open Space Plan components encourage the maintenance and repair of existing sidewalks as well as recommendations for new sidewalks. Bikeways in the form of bike lanes and bike routes are recommended along major streets throughout the community. Bikeway connections and signage promote utilization of bike lanes and routes as an alternative method of traveling to and from North Nashville neighborhoods, parks, and retail and employment centers.

North Nashville is fortunate to have a greenway trail that travels from North Nashville to Downtown Nashville. The Cumberland River – MetroCenter Levee Greenway extends from MetroCenter, through Germantown and Salmonville,

## North Nashville Community Plan 2010 Update Chapter I - Planning Fundamentals



to Downtown Nashville. North Nashville stakeholders, however, did not know where to access the greenway and requested better signage and connections, via sidewalks or bikeways, to get to the greenway. The North Nashville Plan makes recommendations for directional signage locations and recommendations for sidewalk connections that may provide direct access to the greenway.

Stakeholders also mentioned the lack of safe routes through their neighborhoods. The GreenConnector concept from the 2002 North Nashville Plan was incorporated into the 2010 update. Green Connectors are safe alternative routes to and from civic uses, open space, and within the neighborhoods. These connectors are also ideal locations to prioritize sidewalk improvements, re-striping street trees, benches, landscaping, and infill housing. Turning in-between neighborhoods is also accommodated by public transit. The North Nashville Plan and its community character policies also considered the Metro Transit Authority's long range plan for transit by encouraging coordination between transit and bike and pedestrian systems, as well as transit oriented development in strategic locations.

**Additional CPPW Strategy** - The CPPW strategy also address safety issues that may prohibit physical activity such as stray dogs and parkland. Other strategies also aim to make kids-friendly bicycling and walking.

MPHD is also working to address other issues regarding safe and healthy communities mentioned by many stakeholders during the North Nashville Plan update. These issues include stray dogs and parkland as a deterrent to active street life and concerns about infant mortality. Stray dogs along the MetroCenter Levee were mentioned as a barrier to safe recreation along the greenway, while parkland and littering discourage some stakeholders from walking along major corridors. Infant mortality, a food, network, and international issue among low - income and minority populations, was mentioned throughout the process as it relates to access to public health facilities and healthy food options.

The policies of the North Nashville Plan are only part of the solution to these public health problems and should not be interpreted as a cure-all for those in poor health. The plan does however, empower and equip the community to take action on these types of issues. The Implementation chapter lists resources ranging from the Metro Police Department and the Health Department to the Community Food Advocate and the MetroHealth Comprehensive Health Clinic, all of which are examples of agencies that may be able to most directly address specific concerns about health and safety. The Implementation chapter also provides ideas that may encourage successful collaboration.

## North Nashville Community Plan 2010 Update Appendix D

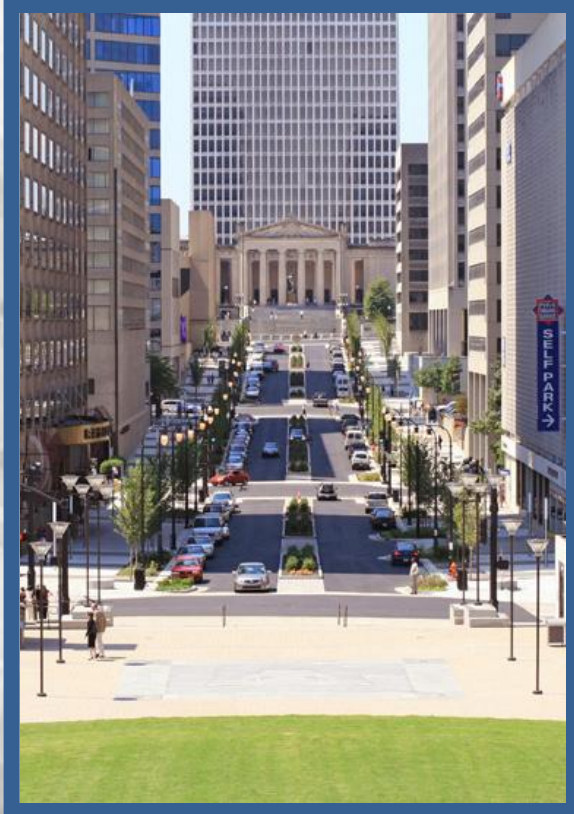
FIGURE D-17  
COMMUNITIES PUTTING PREVENTION TO WORK - FOOD DESERTS



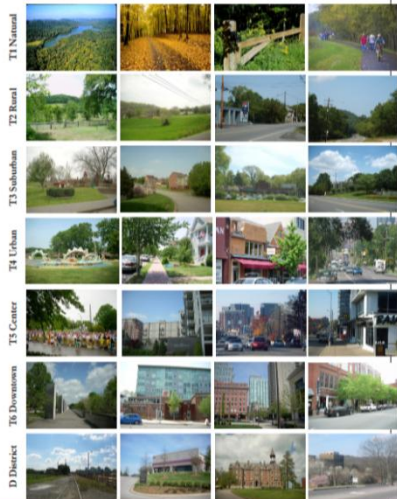


# Healthy Community Design

## Community Character Manual



- Policy document
- Incorporation of HCD as a general principle, alongside:
  - Sustainability
  - Complete Communities
  - Housing and Neighborhoods
  - Historical Resources
  - Natural Resources
  - Infill Development
  - Mixed Use Centers and Economic Development
  - Transportation
  - Stormwater and the Transect



Adopted August 14, 2008 as amended through March 22, 2012 Metropolitan Nashville / Davidson County Planning Department

General Principles



Engage all stakeholders – residents, business owners, institutional representatives, elected officials and Metro agencies – in meaningful dialogue throughout the process of design, entitlement and construction. Respond to input either by altering plans or explaining why plans cannot be altered.

**Building Design**  
Building design impacts the health of the site, its occupants and the larger community now and in the future.

Actions to Address Building Design:

- Reuse existing buildings;
- Reuse historic buildings;
- Construct Leadership in Energy and Environmental Design (LEED) certified buildings. (While other sustainability evaluation standards exist, LEED has been adopted by Metro as the standard to which future Metro-built buildings will be measured.)
- Reduce the impact of construction by using best management practices to limit construction pollution, minimize site disturbance during construction, and implement a plan for construction waste management;
- Encourage energy and resource efficiency in buildings and the development by considering best practices in energy efficiency of buildings and infrastructure (light, water treatment, etc.), solar orientation, on-site energy generation, district heating and cooling, and reduced water usage;
- Reduce the impact of the development on surrounding infrastructure and community through use of best practices in stormwater management, wastewater management, and reduction best island effect and light pollution.

Healthy Community Design

The layout and design of our communities influence the physical and mental health of the people who live, work, and play in them. Similar to the sustainable communities principle, healthy community design is rooted in the commitment of the General Plan to enhancing “quality of life” for all Nashvilleans. Healthy community design improves quality of life by making it easier for people to make healthy choices and live healthier lives.



Acknowledging and addressing the health implications of development decisions during the Community Planning process contributes to the prevention of negative health outcomes at a population level. From a public health perspective, working to encourage healthy living for the entire community is an efficient strategy. For example, a doctor may encourage his patients to walk regularly as a way to prevent weight gain and associated conditions like diabetes and heart disease. If his patients live in neighborhoods that lack safe and comfortable places to walk, then

General Principles

his counseling is much less likely to be effective due to barriers in the built environment that make the healthy behavior choice a difficult option. However, his patients living in environments supportive of walking, with features like well-maintained sidewalks, well-lit streets, and accessible green space, will be better equipped to follow his advice and be more likely to avoid poor health. If more neighborhoods and communities are designed to be supportive of healthy choices, then more people are likely to make healthy choices. Over time, the result of these choices is improved public health across Nashville-Davidson County.

Healthy community design helps to address the following public health challenges:

- **Obesity prevalence:** National obesity rates have been rising dramatically for the past thirty years, with Southern states becoming heavier than the rest of the nation. In 1995 Tennessee’s obesity rate was less than 10 percent; by 2010 it had risen more than three-fold to nearly 30 percent, making Tennessee one of the five most obese states in the nation. In Davidson County, the numbers are only slightly better than the state as a whole, with roughly 30 percent of adults classified as obese and another nearly 40 percent classified as overweight. Nationally the medical care costs associated with obesity were over \$147 billion per year.
- **Physical inactivity:** Lack of physical activity is related to the obesity epidemic, but increasing daily levels of physical activity has health benefits in addition to losing weight. Unfortunately, in Davidson County, 27.9 percent of adults reported no leisure-time physical activity.
- **Injuries prevalence:** Davidson County had the highest injury death rate of any county in Tennessee from 2008-2010, with an average rate of 54 crashes per 1,000 licensed drivers. Tennessee’s 2007 Strategic Highway Safety Plan identified deaths and injuries caused by traffic crashes as a serious public health concern for the state. A study of 2005 data showed that the total cost of crashes in the Nashville region was 5.5 times greater than the cost of congestion. That same study also ranked Nashville as the costliest mid-size region in the country for crashes, both in terms of total cost (\$2.2 billion) and cost per person (\$1,574). In Davidson County there were 6,369 crashes and 73 deaths due to motor vehicle crashes in 2010.
- **Food access and poor nutrition:** In Davidson County, almost 70 percent of adults do not consume the recommended daily intake of fruits and vegetables. Nearly one hundred thousand people live in Nashville’s four defined “food deserts,” where accessing healthy foods is particularly difficult.



General Principles



The Community Planning process and implementation of the Community Plans can create built environments that encourage healthy behaviors. Healthy community design helps to achieve this goal by:

- Encouraging higher densities and mixed land use where appropriate, which shortens distances between homes, workplaces, schools and recreation, making it easier for people to walk or bike to and from destinations, which works in daily physical activity;
- Providing quality alternatives for viable transportation alternatives including mass transit, walking, and bicycling;
- Ensuring a mix of housing types that include affordable options for people of all income levels;
- Creating activity centers where people can gather and interact with other members of the community as part of their daily activities;
- Offering access to parks and green space;
- Allowing for school-based and community gardens along with other components of a robust local food system that allow all residents access to healthy food options;
- Minimizing the impact of development on the natural environment, especially air and water quality; and
- Encouraging public participation and education in the decision making processes that determine where and how development takes place.



Implementing healthy community design principles can lead to improved health outcomes over time:

- **Increased physical activity:** regular physical activity is associated with numerous health benefits, including reduced risk of overweight/obesity, cardiovascular diseases (high blood pressure, heart attacks, and stroke), type 2 diabetes, some cancers (e.g. colon and breast), osteoporosis, and depression.
- **Improved air quality:** exposure to air pollution can lead to exacerbation of asthma symptoms, diminished lung function, adverse birth outcomes, and childhood cancer.
- **Reduced risk of injury:** injuries are the third leading cause of death in the US and are the leading cause for children and teenage adults (ages 1-34). Non-fatal injuries are also a source of short and long term disability.
- **Increases in social connectedness and sense of community:** assessing the interaction between measures of “social capital” and health is difficult, but existing evidence suggests people with more social connections and a sense of community have reduced mortality and these people report better general health.
- **Improved access to healthy foods:** with access to healthy foods comes the opportunity for improved nutrition, which can reduce obesity and its associated diseases, cardiovascular disease, cancer, and diabetes.



General Principles

Using the built environment as a means for improving health is a long-term strategy. As noted elsewhere in this document, the land use and transportation patterns created through development will impact how people live, work, and play for many years. The negative health effects of sprawling development patterns have taken decades to become evident, and instituting healthy community design is not a quick solution. If we can however, along with concepts tied to sustainability and other principles laid out in the CCM, shift development patterns toward built environments that are more supportive of health and provide a foundation for current and future generations to live healthy and productive lives.

Complete Communities

Complete communities feature a mixture of housing types to meet the needs of community members regardless of their needs at any particular point in life. Complete communities’ housing is convenient to centers for employment and to meet daily convenience needs and open space to provide recreational opportunities. Finally, complete communities provide real transportation options for vehicles, transit, pedestrians and bicycles.

The CCM provides guidance on the design and development of the Community Element – open space, neighborhoods, centers and corridors – which make a complete community. When each of these elements is present and properly designed to fit the Transit Category, the result is a complete community. Open Space, neighborhoods, centers and corridors, should all be included, carefully arranged and thoughtfully designed to create a complete community.

A complete community will not look the same in each Transit Category. A rural community will look different than an urban neighborhood. Instead, development should follow the Design Principles contained within each Community Character Policy to preserve, enhance or create a character that is representative of a particular location within the Transit – rural, suburban, urban or Downtown. Linking design and development guidelines to the Transit Category preserves the unique diversity of character of development in Nashville / Davidson County.

Housing and Neighborhoods

Neighborhoods are the fabric of a community. The housing within a neighborhood – its type, style, design, and historical quality – defines the character of a neighborhood. A neighborhood is more than housing, however. The residents also define the character of neighborhood. Residents at various stages of life have different housing needs, requiring a diverse mix of housing types in the neighborhood. The General Plan for Nashville / Davidson County calls for the creation of affordable housing.



- Physical activity
- Air quality
- Injuries
- Social connections
- Food systems

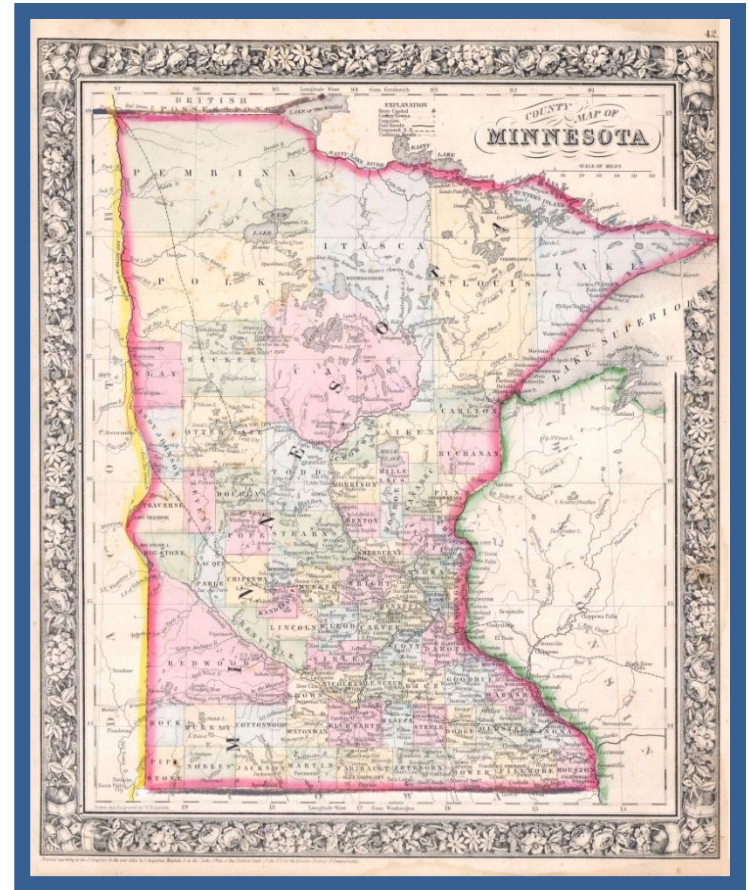
# HiAP & HIA

- Health impact assessment (HIA) is one of the key strategies for moving toward a health in all policies perspective.





# OVERVIEW OF HEALTH IMPACT ASSESSMENT



# DEFINITION OF HIA



**A systematic process that uses an array of data sources and analytic methods and considers input from stakeholders to determine the potential effects of a proposed policy, plan, program, or project on the health of a population and the distribution of those effects within the population. HIA provides recommendations on monitoring and managing those effects.**

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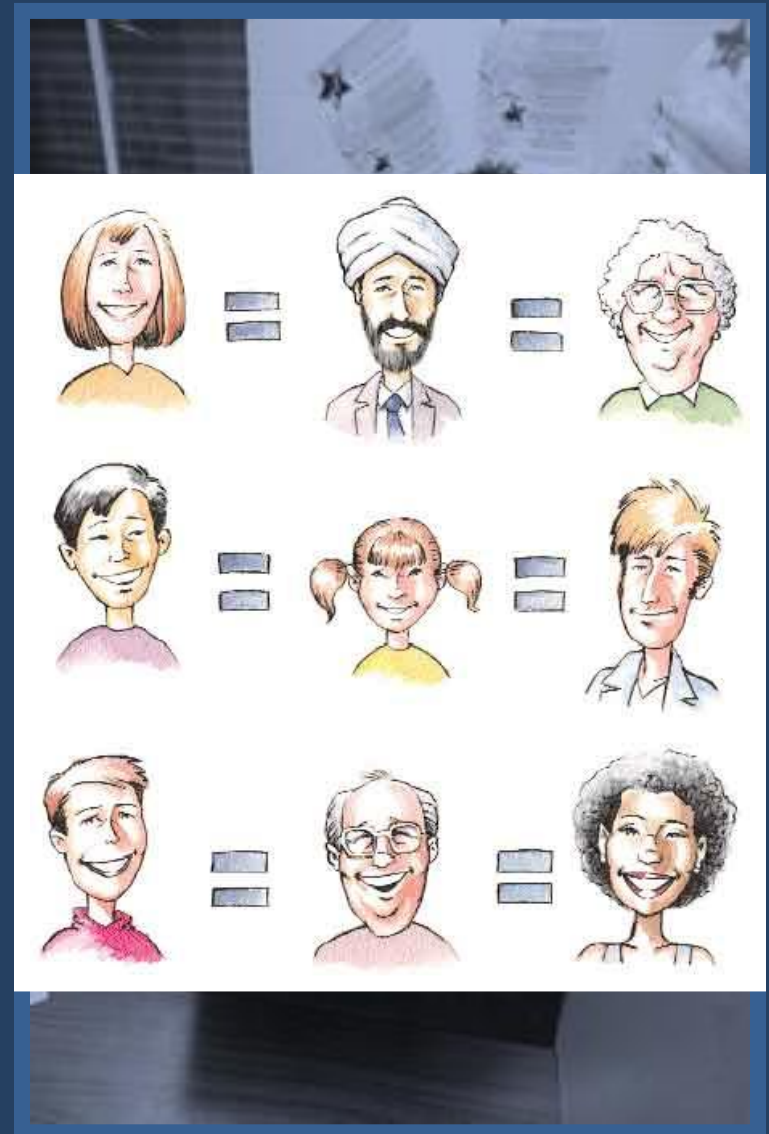
# KEY VALUES OF HIA

- **Democracy**
- **Equity**
- **Sustainable Development**
- **Scientific & Robust Practice**
- **Holistic Approach to Health**



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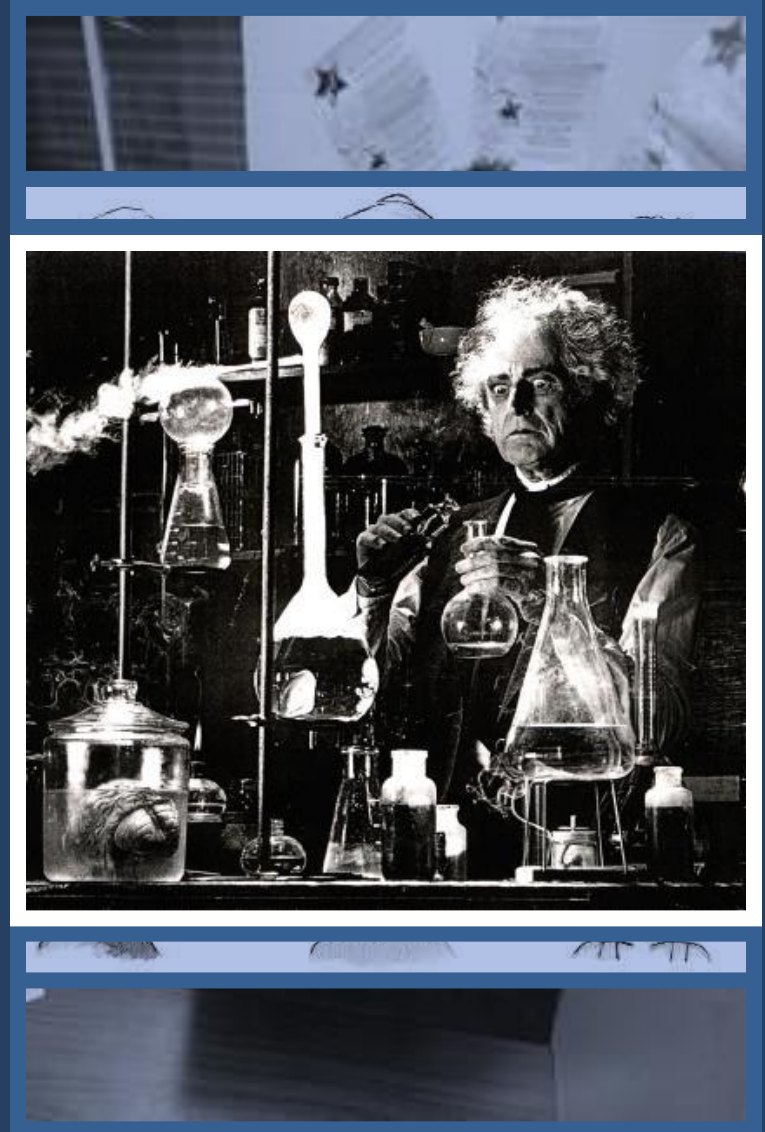
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# KEY VALUES OF HIA

- Democracy
- Equity
- Sustainable Development
- Scientific & Robust Practice
- **Holistic Approach to Health**



# STAGES OF HIA



**Screening**, to determine whether a proposal is likely to have health effects and whether the HIA will provide useful information



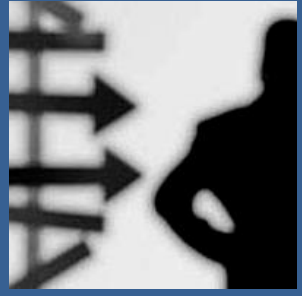
**Scoping**, to establish the scope of health effects that will be included in the HIA, the populations affected, the sources of data and the methods to be used



**Assessment**, which is a two step process that first describes the baseline health status and then assesses potential impacts



# STAGES OF HIA



**Recommendations** suggest design alternatives that could be implemented to improve health or action that could be taken to manage health effects

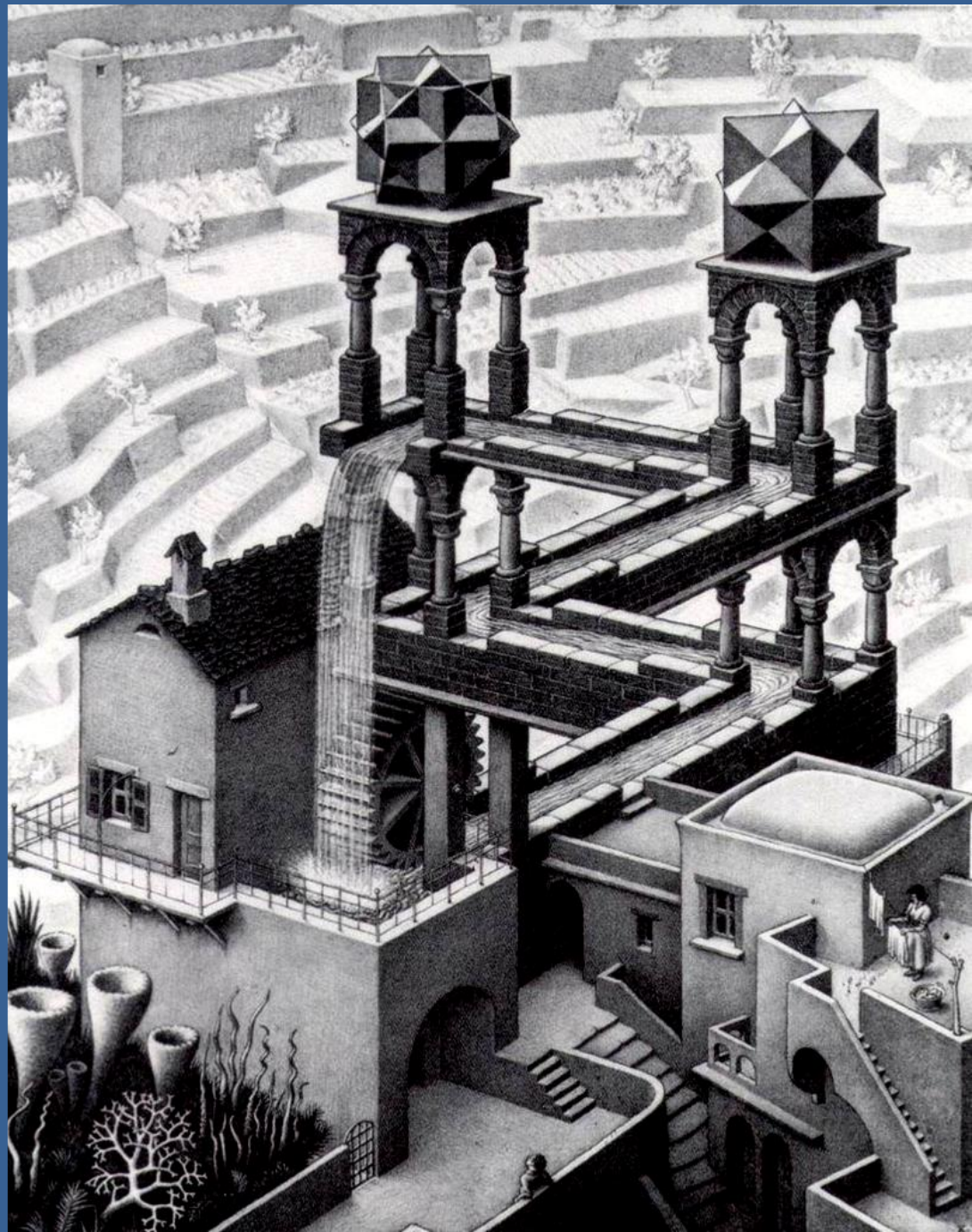


**Reporting** presents findings and recommendations to decision makers and stakeholders



**Monitoring and evaluation** includes monitoring the implementation of HIA recommendations. Evaluation can be of process, impact or outcomes

# HIA Stages are fluid



# WHAT HIA IS NOT . . . WHAT HIA IS

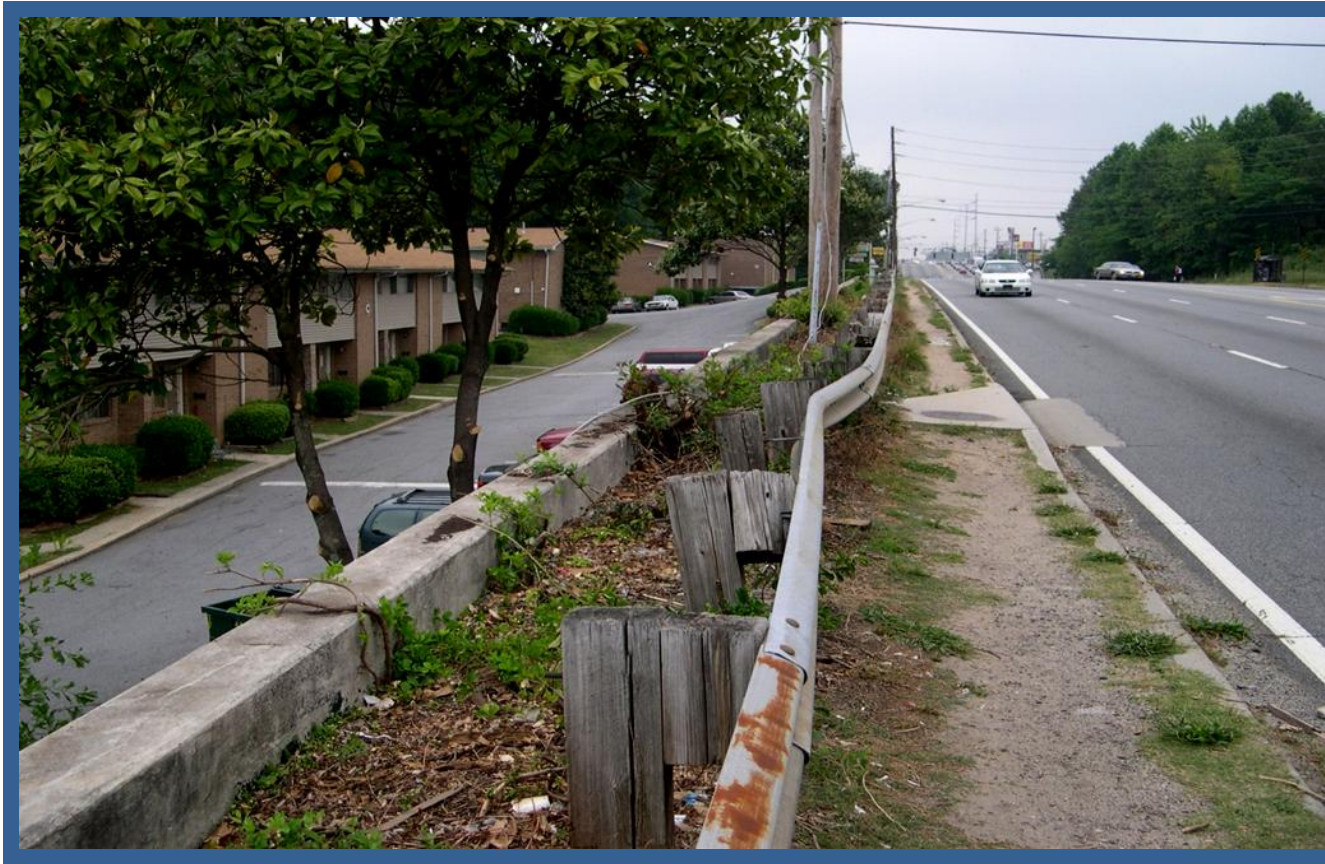
- HIA is not used before a policy, program, or project has even been considered.
  - It's not used to make the case for why a policy, program or project should be proposed.
- HIA is not used after a policy, program, or project has been completed.
  - It's not an assessment to understand the impacts of a program or policy once it has been implemented.



HIA is used during a time when a proposed policy, program, or project is under active consideration.

- It's the sweet spot – it's proactive!





# CASE STUDY: BUFORD HIGHWAY

<http://www.youtube.com/watch?v=rqIVBI-QJek>

# SCREENING

SCOPING

ASSESSMENT

RECOMMENDATIONS

REPORTING

MONITORING &

EVALUATION



# BASIC YES/NO SCREENING QUESTIONS

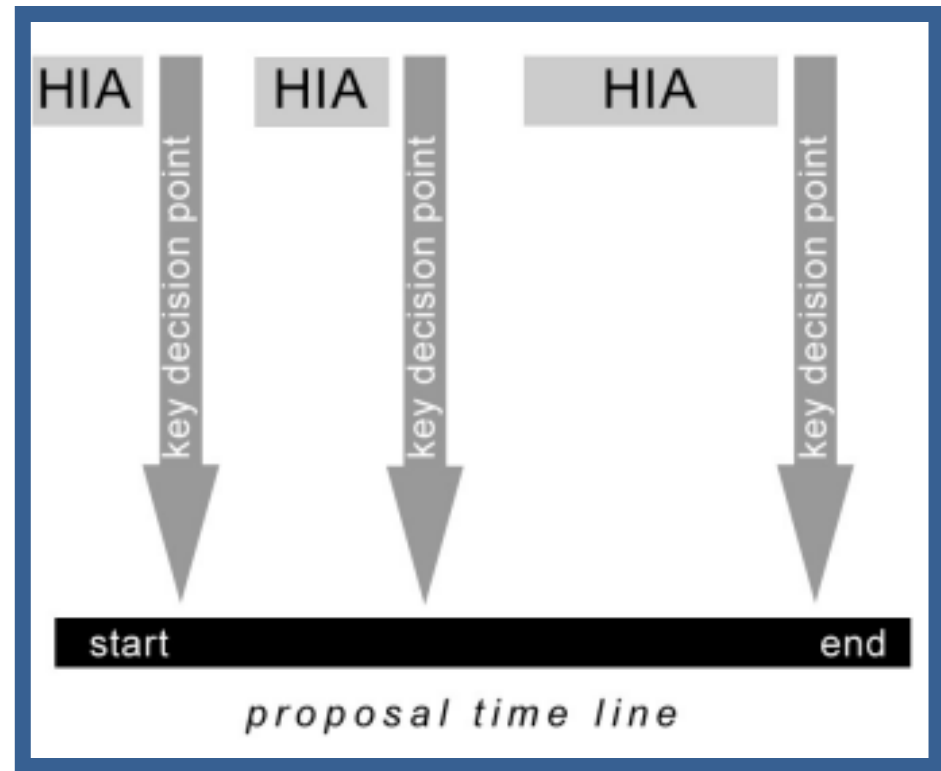
1. Is there a DECISION regarding a policy, plan, or project, CURRENTLY UNDER CONSIDERATION whose outcomes are likely to impact health?





# BASIC YES/NO SCREENING QUESTIONS

2. Does the decision-making PROCESS allow for input from an HIA?



# BASIC YES/NO SCREENING QUESTIONS

3. Are health considerations currently EXPLICITLY a part of the discussion?

- Would the HIA bring new information to the decision-making process?



# BASIC YES/NO SCREENING QUESTIONS

4. Can the HIA be completed within the TIMELINE for the decision, and with the RESOURCES available?

- Available staff
- Available data
- Time for development of partnerships/stakeholder support





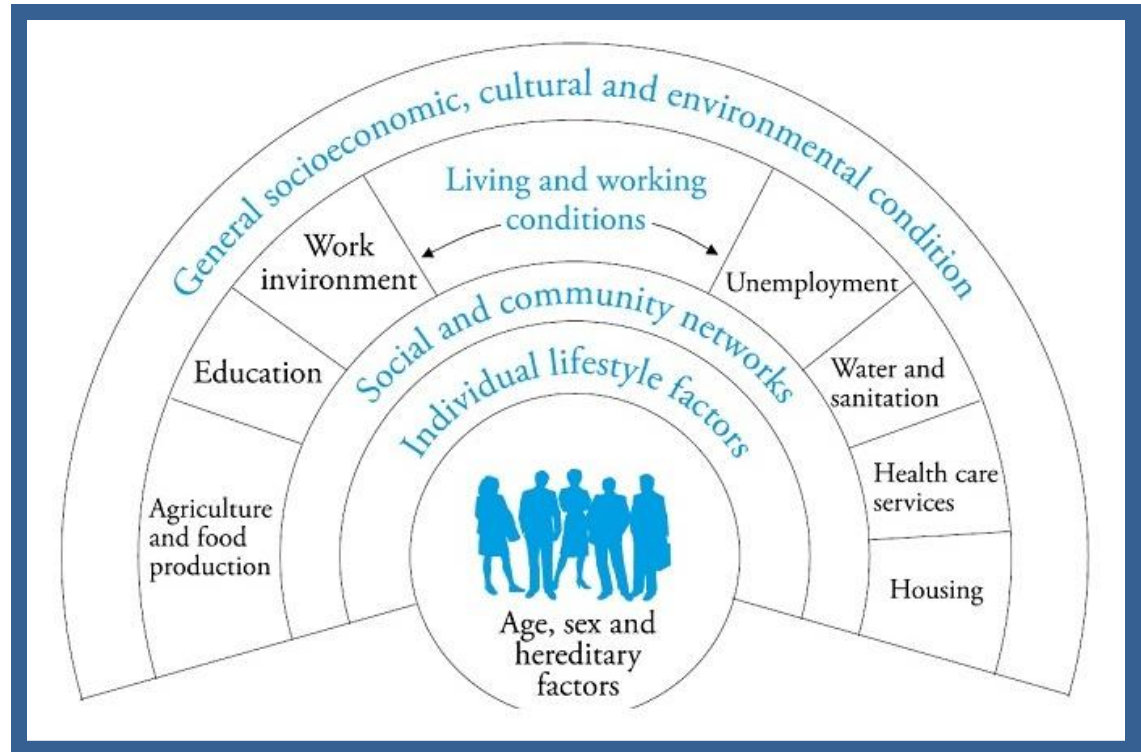
# ADDITIONAL HIA SCREENING CONSIDERATIONS



What is the likelihood that the HIA findings and recommendations will receive consideration by decision-makers?

# ADDITIONAL HIA SCREENING CONSIDERATIONS

What are the primary health determinants likely to be impacted by the decision?



# ADDITIONAL HIA SCREENING CONSIDERATIONS



**Are there other stakeholders who are willing and able to participate in the HIA?**



# ADDITIONAL HIA SCREENING CONSIDERATIONS

Does this HIA have the potential to increase partnerships, visibility, and support for future HIAs and other Health in All Policies efforts in your region?



# ADDITIONAL HIA SCREENING CONSIDERATIONS



Is there the potential for different sub-groups within the community to be more adversely affected than others?

# ADDITIONAL HIA SCREENING CONSIDERATIONS

Has a group or organization requested an HIA on a particular decision?



# SCALING OF HIA



**Rapid**

Intermediate

Comprehensive



# SCALING OF HIA



Rapid

**Intermediate**

Comprehensive

# SCALING OF HIA



Rapid

Intermediate

**Comprehensive**

# SCREENING ACTIVITY

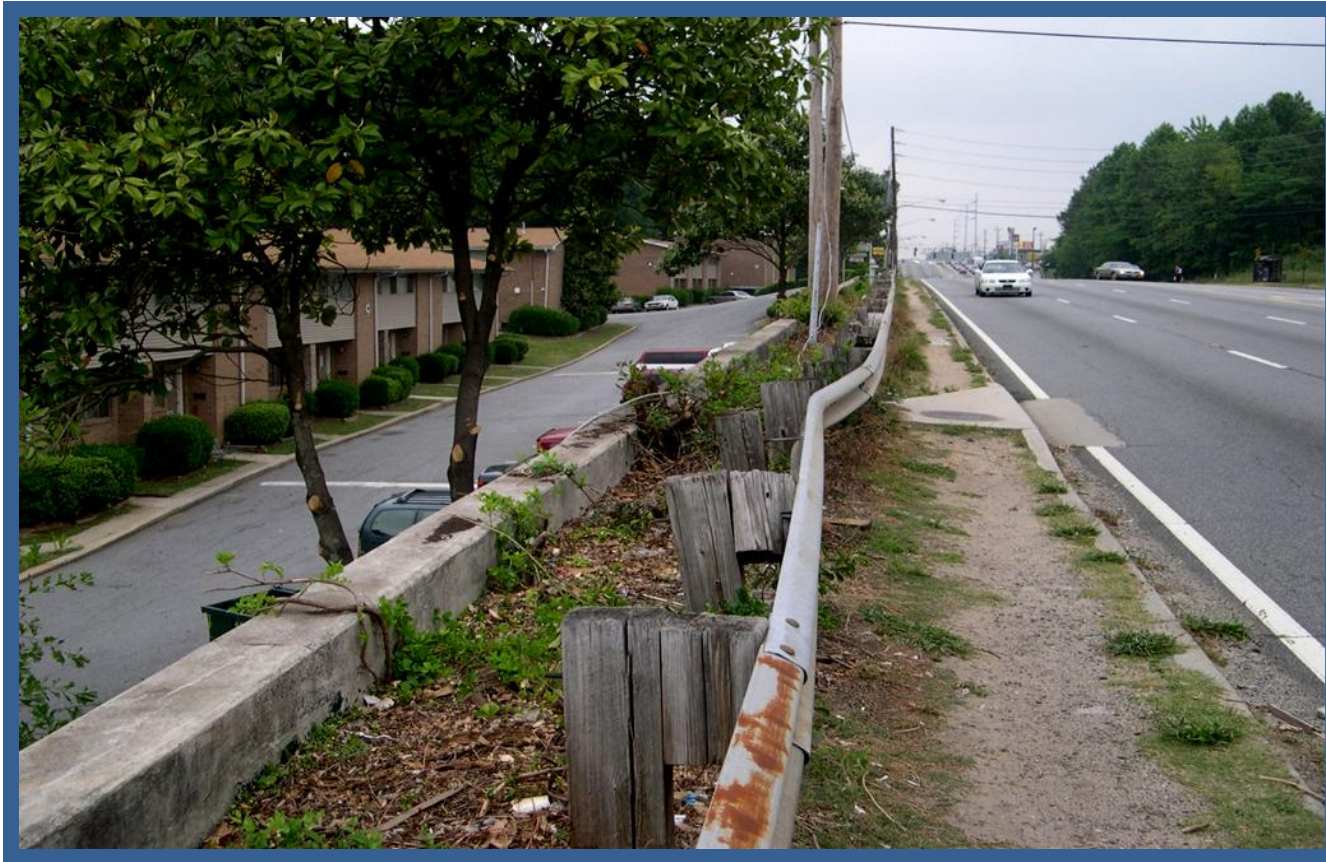


# SCREENING ACTIVITY: IS THIS A GOOD HIA?

- Proposed plan to expand Children's Health Insurance Program criteria
- Proposed initiative by the mayor's office to utilize unused green space for community gardens
- Community development plan to recruit biodiesel industry to the area
- Policy to fund scholarships to state universities through lottery funds







# CASE STUDY: BUFORD HIGHWAY SCREENING



# WHAT ABOUT YOUR SCREENING?

SCREENING  
**SCOPING**

ASSESSMENT  
RECOMMENDATIONS  
REPORTING  
MONITORING &  
EVALUATION



# DEFINE THE HIA

- **Establish boundaries for the HIA:**

- Geographical
- Temporal
- Population



- **Identify needed resources**
- **Identify additional partners**
- **Describe the expected impacts**



# SCOPING OUTCOMES

1. A statement of the main goals for the HIA
2. A description of the impacted population, including vulnerable groups that are likely to be affected
3. A summary of how stakeholders were engaged, the main issues that the stakeholders raised, and how they will be addressed or why they will not be addressed

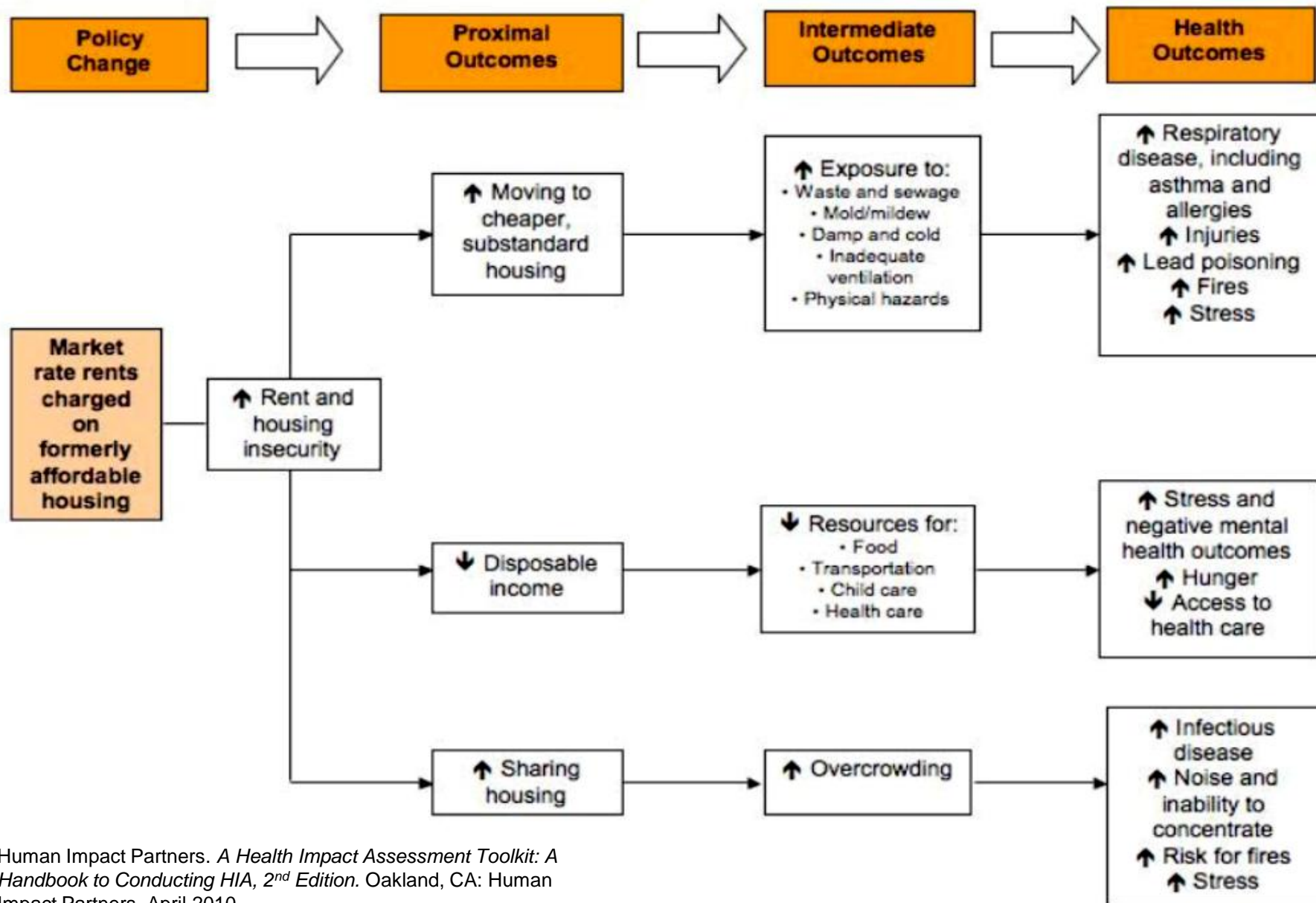


# SCOPING OUTCOMES

4. A list of people participating in the HIA, and their respective roles and responsibilities
5. A brief summary and logic model of the pathways through which the population's health and health determinants could be affected.



**Figure 1. Pathways between a Housing Policy Change and Health**



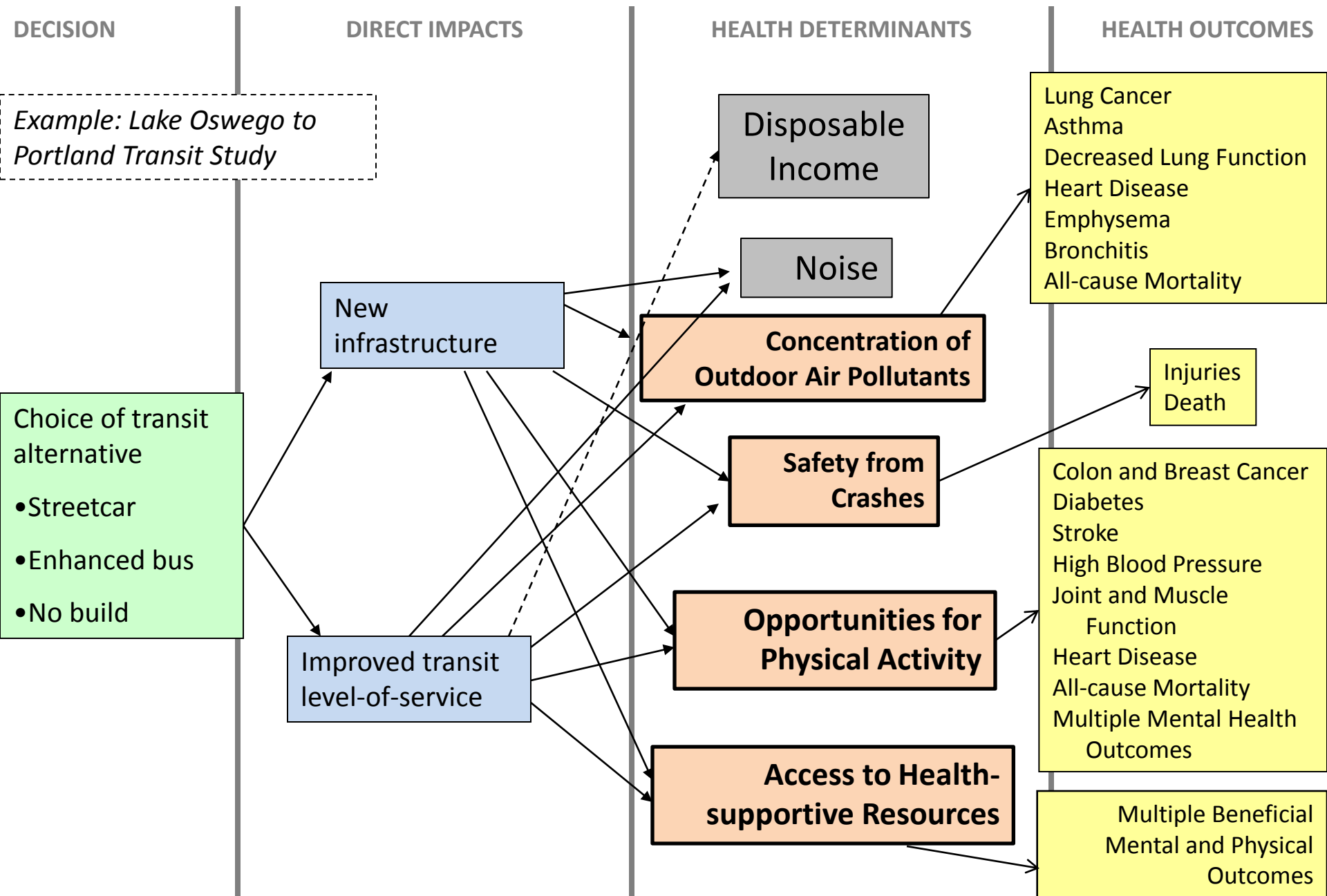
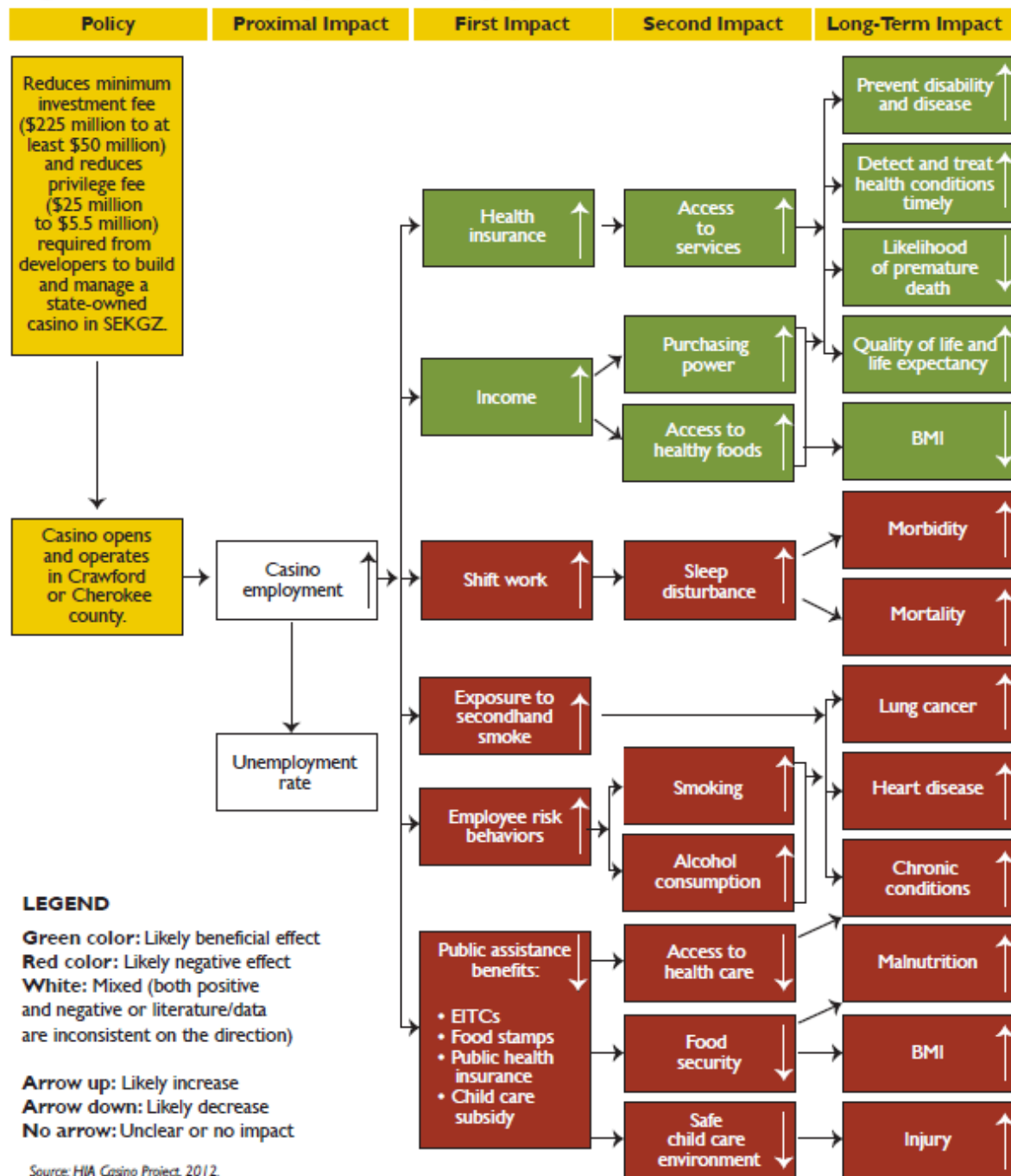




Figure 11. Potential Health Impacts of Casino Employment



**LEGEND**

**Green color:** Likely beneficial effect

**Red color:** Likely negative effect

**White:** Mixed (both positive and negative or literature/data are inconsistent on the direction)

**Arrow up:** Likely increase

**Arrow down:** Likely decrease

**No arrow:** Unclear or no impact

Source: HIA Casino Project, 2012.

# SCOPING OUTCOMES

6. A description of the health determinants and outcomes that will be assessed in the HIA, as well as the rationale for why they were selected over others
7. A description of the research questions, data sources, and methods to be used.



# SCOPING OUTCOMES

8. Identification of apparent data gaps and of data collection that could be undertaken to address the gaps or a rationale for not undertaking data collection.
9. A timeline of assessment activities, including who is responsible for completing each activity



# SCOPING ACTIVITY





# SCOPING ACTIVITY: COMPLETE A PATHWAY DIAGRAM

- Complete the pathway from decision to outcome using the sticky notes provided
- This example is from an HIA of a “road diet” in South Carolina





# CASE STUDY: BUFORD HIGHWAY SCOPING



# FISHBOWL INTERVIEW



SCREENING  
SCOPING

# ASSESSMENT

RECOMMENDATIONS

REPORTING

MONITORING &

EVALUATION





# STRETCH BREAK



# BRAIN TEASER

# THREE OUTPUTS OF ASSESSMENT



1. **Baseline data of affected populations**
2. **Characterization of the anticipated health effects of alternative decisions**
3. **An evaluation of the level of confidence or certainty in the effects prediction**

# WHO CONDUCTS THE ASSESSMENT?





# BASELINE DATA



Information on existing conditions:

- population health status
- health indicators
- vulnerable populations and equity issues
- health determinants (physical and social environment)



# Characterizing Anticipated Effects



1. Direction – will it have a positive impact on health, or negative?
2. Likelihood – what is the level of certainty that the impact will result?
3. Magnitude
  - how many people might be impacted?
  - acute, chronic, or permanent effects that might be tolerable, manageable or debilitating
4. Distribution – impact on vulnerable populations

# Characterizing Anticipated Effects: Example

**Table 1: HIA Analysis Summary of Findings**

Health Determinant	Direction	Magnitude	Impact	Significance Likelihood	Distribution
Traffic Safety	↑	High	High	Very Likely	Affects whole community relatively equally
Physical Activity	↑	Medium	Medium/High	Very Likely	Impacts neighboring vulnerable community and whole community via expanded access
Access to Goods and Services	↑	Medium	Medium/High	Very Likely	Disproportional effect on low income, transit-dependent communities around DMA
Air Quality	↑	Low	Low	Possible	Affects whole community relatively equally

Source: Health Impact Assessment (HIA) of Proposed “Road Diet” and Re-Striping Project on Daniel Morgan Avenue in Spartanburg, South Carolina, March 2011

# Characterizing the Strength of Evidence



- How many studies have been conducted?
- Did they all get similar results?
- Did they use appropriate methodology?
- Is the setting or sample population similar to your community?
- If multiple studies were compiled by a third-party, is it thorough and objective or could there be bias?

# CHARACTERIZING THE STRENGTH OF EVIDENCE: EXAMPLE

Health Factor or Outcome	Expected Change Based on Literature	Observed Changes in Kansas (Based on Data)	Stakeholder Projections	Based Primarily on Evidence From Literature				Quality of Evidence
				Expected Health Impact	Magnitude of Impact	Likelihood of Impact	Distribution	
<b>CASINO EMPLOYMENT</b>								
Casino employment	Increase	Increase	Increase	Mixed	Low	Likely	Casino workers and their families	****
Unemployment rate	No change	No change	Decrease	No effect	None	None	No change	***
Health insurance	Increase	N/A	Mixed	Positive	Low	Likely	Casino full-time workers and their families	****
Income	Increase	N/A	Mixed	Positive	Low	Likely	Casino workers and their families	****
Shift work and sleep disturbance	Increase	N/A	N/A	Negative	Low	Likely	Casino workers and their families	**
Secondhand smoke exposure	Increase	N/A	Increase	Negative	Medium	Likely	Casino workers and patrons	****



# DIFFERENT TYPES OF EVIDENCE

- **Public testimony**
- Interviews with key informants
- Surveys
- Epidemiological analyses
- Measurement of environmental conditions
- Modeling
- Expert opinion



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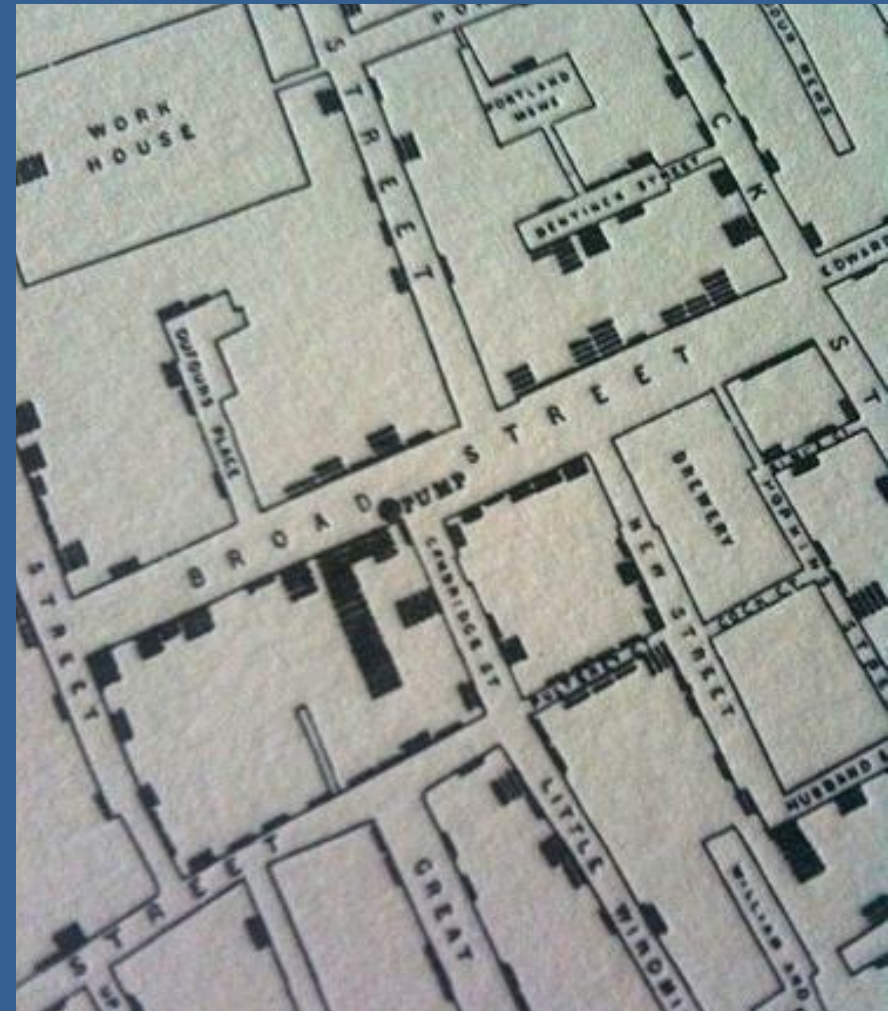
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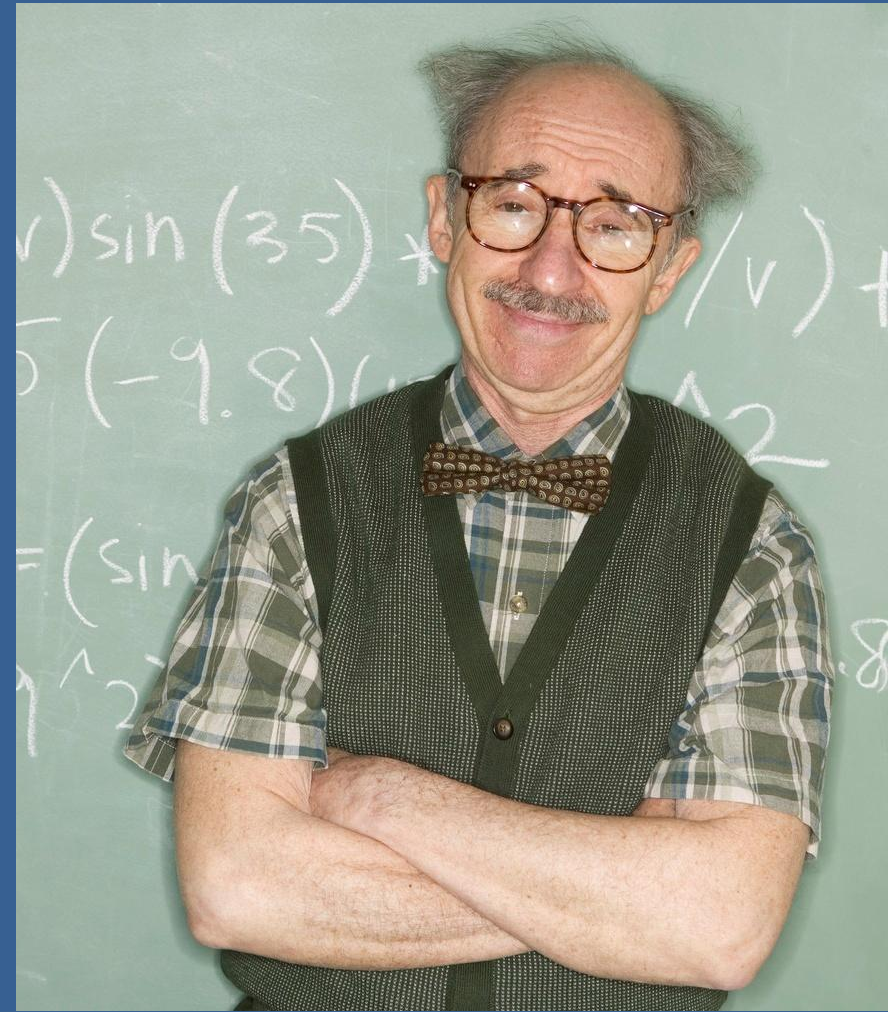
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- **Expert opinion**







# CASE STUDY: BUFORD HIGHWAY ASSESSMENT



SCREENING  
SCOPING  
ASSESSMENT  
**RECOMMENDATIONS**  
REPORTING  
MONITORING & EVALUATION



# RECOMMENDATIONS

- What makes a good recommendation?
- What types of recommendations are often made in an HIA?
- Recommendations outcomes



# GOOD RECOMMENDATIONS ARE...

1. Responsive to predicted impacts
2. Specific and actionable
3. Experience-based and effective
4. Enforceable
5. Able to be monitored
6. Technically feasible
7. Politically feasible
8. Cost-effective
9. Unaccompanied by additional negative consequences
10. Implementable within the regulatory, administrative, or legislative framework of the proposal being considered

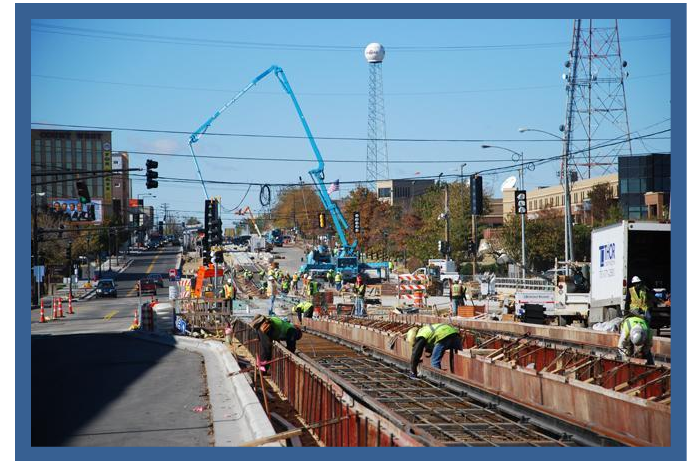


# A TALE OF TWO RECOMMENDATIONS...

## Lake Oswego to Portland Transit HIA

### Findings:

- Construction activities related to infrastructure development would result in temporarily elevated levels of certain hazardous air pollutants.
- Amounts of air toxics produced during construction can vary greatly depending on the age and condition of the construction equipment.





# A TALE OF TWO RECOMMENDATIONS...

## The Recommendations

Metro (the planning agency) should encourage contractors to use better equipment.

TriMet (the contracting agency) should work with the State DEQ Clean Diesel program to develop more stringent emissions-based equipment fleet requirements or incentives for contractors and sub-contractors working on the project.



**Responsive to predicted impacts**



**Specific and actionable**



**Experience-based and effective**



**Enforceable**



**Able to be monitored**



# A TALE OF TWO RECOMMENDATIONS...

## The Recommendations

Metro (the planning agency) should encourage contractors to use better equipment

TriMet (the contracting agency) should work with the State DEQ Clean Diesel program to develop more stringent emissions-based equipment fleet requirements or incentives for contractors and sub-contractors working on the project



**Technically feasible**



**Politically feasible**



**Cost-effective**



**Do not introduce additional negative consequences**



**Implementable within the regulatory, administrative, or legislative framework of the proposal being considered**





# CASE STUDY: BUFORD HIGHWAY RECOMMENDATIONS

SCREENING  
SCOPING  
ASSESSMENT  
RECOMMENDATIONS  
**REPORTING**  
MONITORING &  
EVALUATION





# What Makes a Good Report?

- Documents the process for each step
- Provides succinct summary
- Discusses evidence, data sources and methods used for each health issue analyzed
- Provides specific recommendations for decision alternatives, policy recommendations, mitigations
- Includes input from stakeholders
- Is accessible to multiple audiences





# CASE STUDY: BUFORD HIGHWAY REPORTING

SCREENING  
SCOPING  
ASSESSMENT  
RECOMMENDATIONS  
REPORTING

# MONITORING & EVALUATION





# PROCESS EVALUATION



Process evaluation in HIAs typically include descriptions of:

- Methods for engaging stakeholders,
- Methods for interacting with decision makers
- Approaches to addressing analytic challenges



# IMPACT EVALUATION

Impact evaluation assesses whether the HIA had effects such as:

- Building new collaborations
- Increasing awareness of previously unrecognized health impacts
- Identifying data gaps and questions for further research
- Establishing a foundation for future monitoring
- Ensuring the public has information about health effects



# OUTCOME EVALUATION



Outcome evaluation requires:

- Suitable research design
- Ideally, an appropriate comparison group
- Data from the monitoring of health outcomes of changes in health status

# OUTCOME EVALUATION

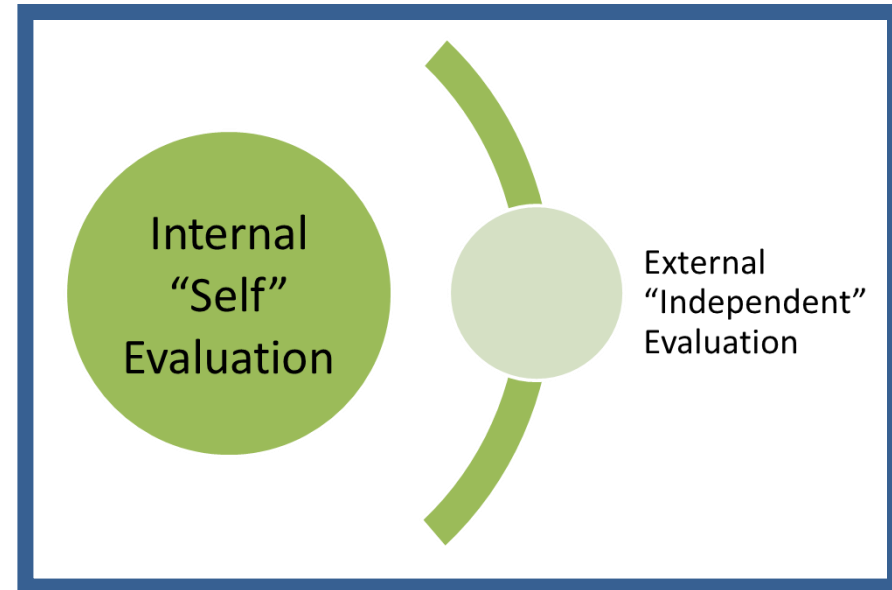
**Outcome evaluation considers the effects of the decision as a whole, thus it is generally not possible to attribute outcomes directly to HIA recommendations.**

**Outcome evaluation requires:**

- **Suitable research design**
- **Ideally, an appropriate comparison group**
- **Data from the monitoring of health outcomes of changes in health status**

# SELF OR EXTERNAL EVALUATION?

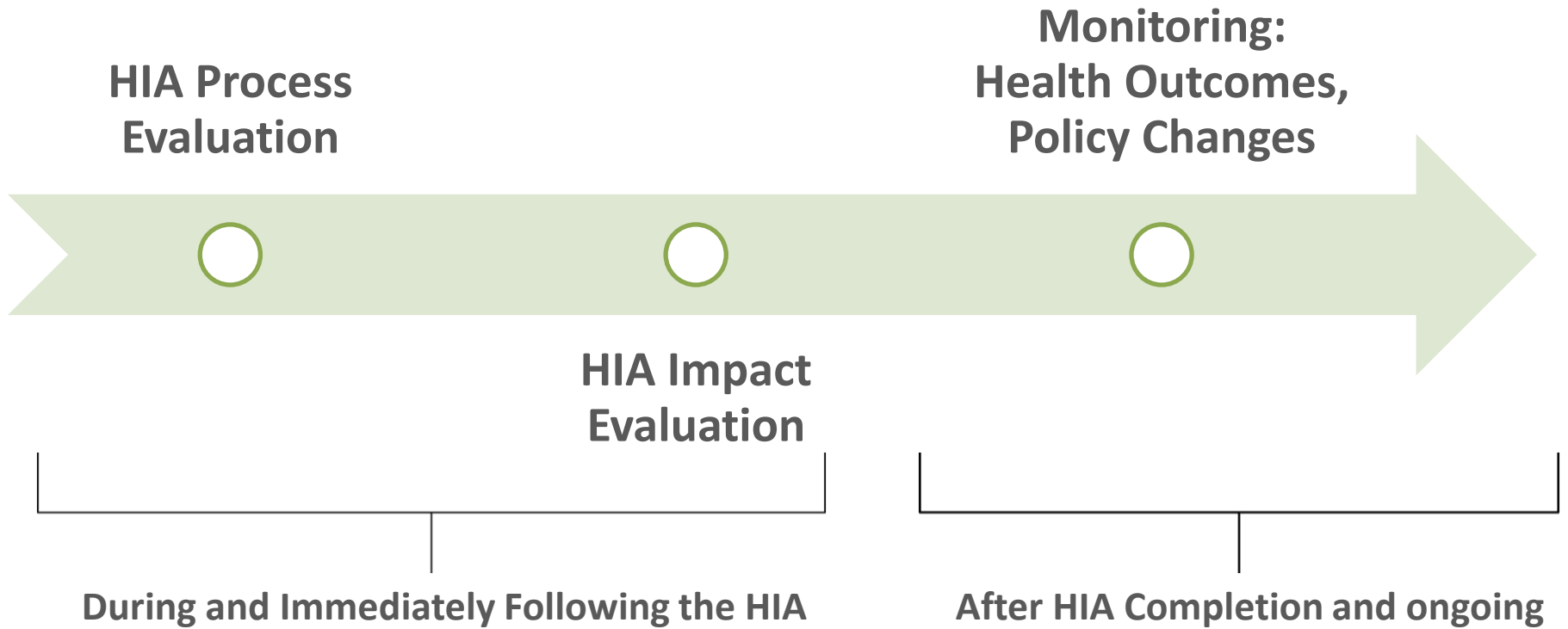
- Self evaluation performed by the HIA team serves quality assurance aims and can provide valuable insights that help improve the field. Self evaluation is a valuable step in the HIA process; however, it may lack rigor or objectivity.
- External evaluation can yield unbiased insights about an HIA from the perspectives of stakeholders and decision makers, can contribute more robust external peer review.



The National Research Council Committee on Health Impact Assessments considers self evaluation and independent evaluation to be essential for moving the HIA field ahead.



# TIMELINE: EVALUATION & MONITORING



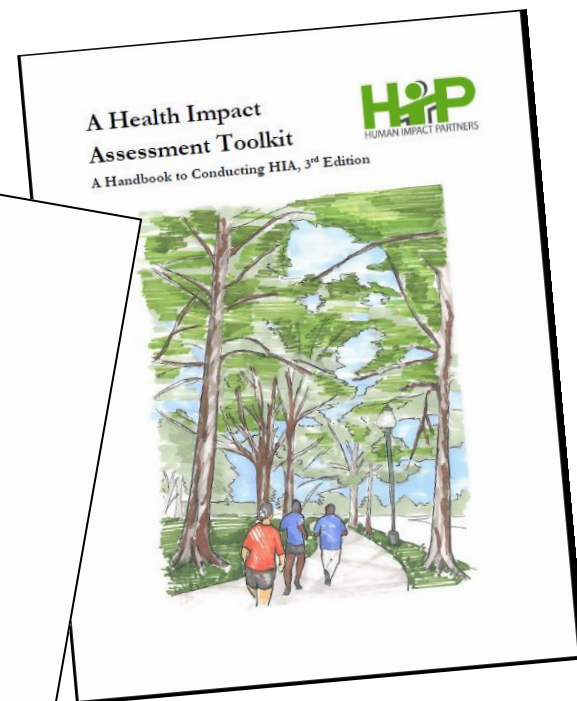
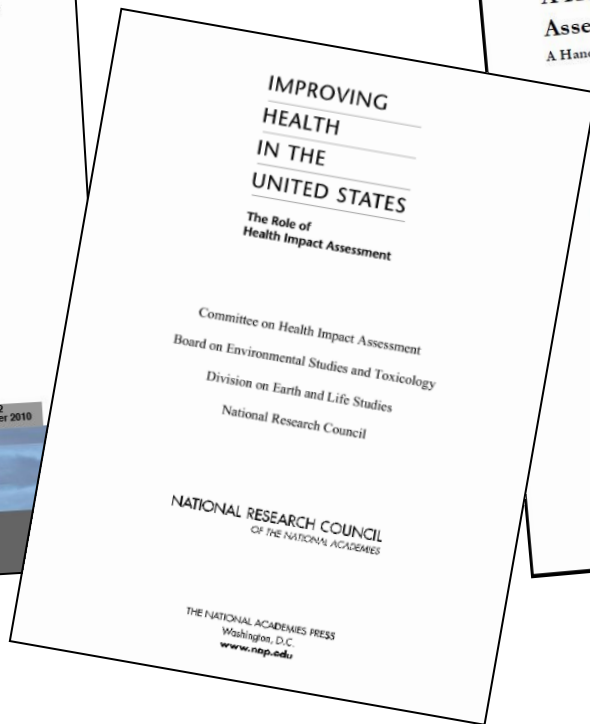
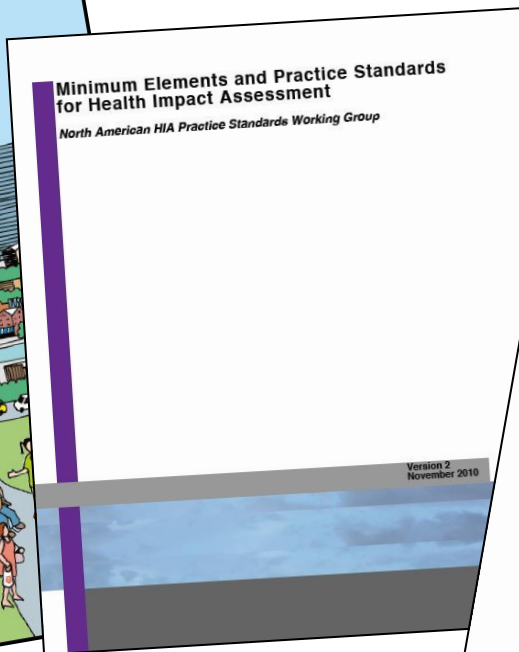
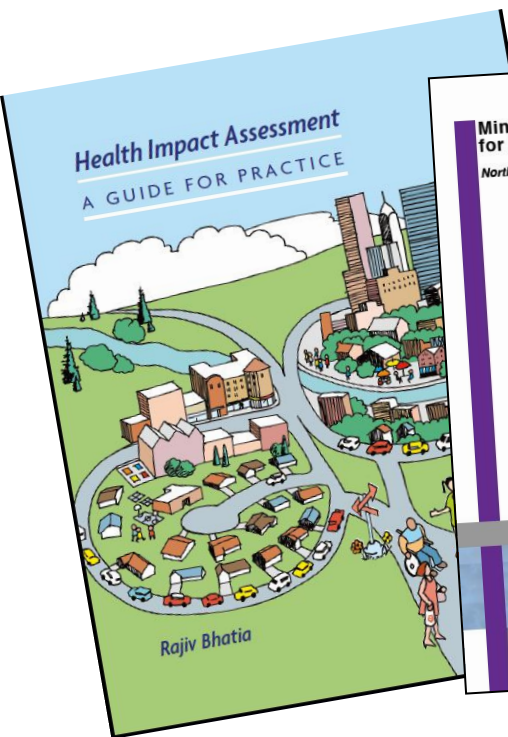


# CASE STUDY: BUFORD HIGHWAY EVALUATION



# RESOURCES

# HIA GUIDES



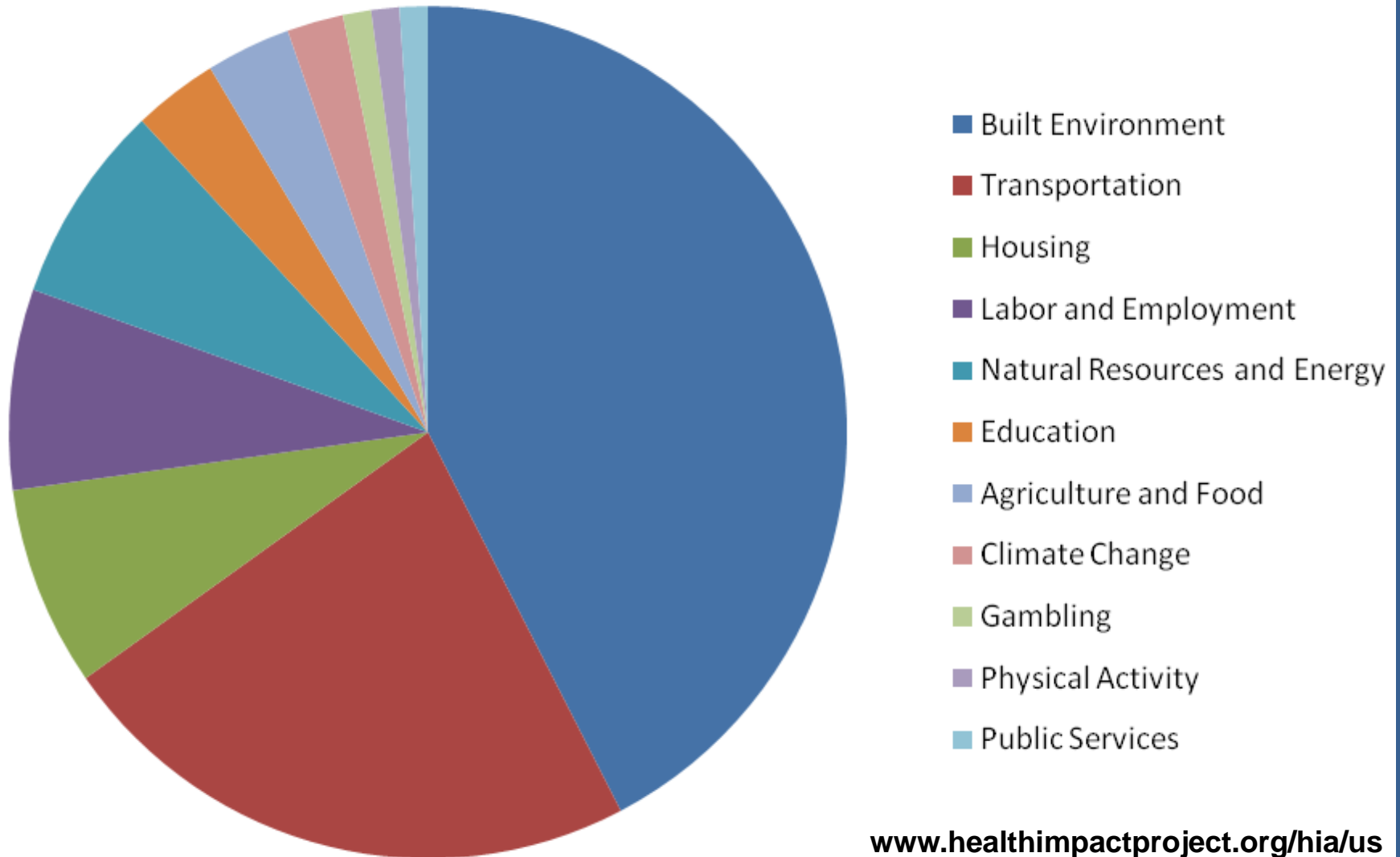


# NATIONAL TRENDS IN HIA



- The field of HIA is growing exponentially
  - In 2008 there were 27 completed HIAs
  - In 2013 there are over 200 completed or in-progress HIAs
- HIA can, and has been, applied to a wide range of topics

# HIA IN THE UNITED STATES: SECTORS AND TOPICS



# COMPLETED AND ONGOING HIA

www.healthimpactproject.org/hia/us

**HEALTH IMPACT**  
PROJECT

ADVANCING SMARTER POLICIES FOR HEALTHIER COMMUNITIES

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## HIA in the United States

Supporting healthier communities in all regions of the country

Decision makers at all levels are using the fast-growing field of HIA to take health into account when making decisions in a broad range of sectors, including agriculture, education, energy and budgeting, in all types of locations—rural, suburban, and urban, local, regional or statewide. -Learn more about the information sources that were used to develop this page.

MAP VIEW | LIST VIEW



MAP VIEW | LIST VIEW

CUSTOMIZE THE TABLE | Make changes below to find the information that interests you

Search Map Database GO

<b>Status</b> <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	<b>Organization Type</b> All Educational Institution Government Agency Non-profit Organization	<b>Decision-Making Level</b> All County Federal Local	<b>Sector</b> All About HIA in General Agriculture and Food Built Environment	<b>State</b> All Federal Alabama Alaska
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To make multiple selections, hold the Control key

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Health Impact Assessments	City/County	State	Status	Sector	Decision-Making Level	Organization(s)
<b>Wichita Transit System HIA</b> An HIA to assess how proposed changes to Wichita's transit system might affect the well-being of area residents. The assessment will inform a city council vote in June 2013.	Wichita	Kansas	In Progress	Transportation	Local	The Kansas Health Institute, the University of Kansas School of Medicine - Wichita
<b>6th Avenue East Duluth HIA</b> An HIA on Duluth, Minnesota's Complete Streets Resolution, Mobility in the Hillside Neighborhood and The Sixth Avenue East Schematic Redesign Study	Duluth	Minnesota	Complete	Built Environment	Local	St. Louis County Public Health & Human Services; Arrowhead Regional Development Commission; Public Solutions Inc.; Minnesota Department of Health; NorthpointGIS

- Aerotropolis Atlanta
- Atlanta Beltline
- Atlanta Regional Plan 2040
- Buford Highway and NE Plaza Redevelopment
- Fort McPherson Interim Zoning
- Piedmont Hospital: Hospitals and Community Health

Google

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# THE SOCIETY OF PRACTITIONERS OF HIA (SOPHIA)

www.hiasociety.org

## THE SOCIETY OF PRACTITIONERS OF HEALTH IMPACT ASSESSMENT SOPHIA

Summer 2012



### Introducing the Newsletter

We're excited to unveil the first SOPHIA newsletter, a brand-new way to learn about what's happening in the field of HIA. SOPHIA is an organization serving the needs of Health Impact Assessment (HIA) practitioners in North America and worldwide. Developed by a working group from the 2010 HIA of the Americas Workshop, SOPHIA aims to provide leadership and promote excellence in the practice of HIA. By promoting and practicing a thorough and systematic consideration of health in decision-making, SOPHIA will help achieve better

### In This Issue

- Introducing the Newsletter
- Members' Web Portal
- Call for Committee Volunteers
- Mentoring Opportunities
- Upcoming Events
- Funding Announcement
- Random Tidbit
- Twitter Account

### Find us on the Web

Please visit our website to join SOPHIA and learn more about HIA at [hiasociety.org](http://hiasociety.org).

### Keep Up With Us



## THE SOCIETY OF PRACTITIONERS OF HEALTH IMPACT ASSESSMENT SOPHIA

Fall 2012



### International HIA Conference in Quebec

Presentations and videos of plenary sessions from the 12th International Conference on HIA are available online. To access these resources [click](#)

### In This Issue

- International HIA Conference in Quebec
- SOPHIA Members: Time to Get Involved!
- Upcoming Events
- Highlighted Resources
- Recently Completed HIAs
- Items for the Newsletter

### Find us on the Web

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### Keep Up With Us







# MANAGING THE PROCESS

# START NOW

- Build relationships
- Identify data sources
- Do some background reading
- Try to prevent surprises or missed opportunities



# WHEN TO DO IT

- Study phase
- Planning/design phase
- Review period
- Project selection
- Strategic or long term planning
- Updates and amendments
- Legislation in committee
- *[Need assessment/ purpose statement/ visioning]*



# WHEN NOT TO DO IT

- Engineering phase
- Project implementation
- Final public hearing
- Final vote





# FISCAL REALITY

- Annual program budget
- RFP deliverable
- Grant application deliverable
- Expanded job description
- Internship or studio
- Set-aside
- Standalone HIA





# WRAP-UP

# A Brief History of HIA

1969

National Environmental Policy Act (NEPA) requires study of environmental & health effects (*however, health impacts have not been adequately addressed in EIA*)

1980's

WHO encourages Health Promotion/Healthy Public Policy in 1986 Ottawa Charter

1990's

England, Acheson Report recommends analysis of impacts of policy on health inequities

2000's

WHO publishes *Gothenburg Consensus Paper on HIA*

First HIA in US (SFDPH, Living Wage)

World Bank requires HIA of all large projects

HIA on proposed Alaska North Slope Oil Lease (first integrated HIA into federal EIA)

Large industry increasingly adopts internal standards for HIA as good business practice

2010's

North American HIA Practice Standards Released

HIA used around the world and, as of 2012 173 HIAs completed or in progress across the U.S.

# HOW DO YOU DEFINE “SUCCESS” IN HIA?

- **A culture change** –“It brought health concerns into the discussion; decision-makers/planning department now routinely thinking about health”
- **“Addressed community concerns”**
- **Influenced the decision** –“HIA recommendations were 100% adopted into the growth plan”
- **“Educated decision-maker** about how a policy that seemed to have nothing to do with health, actually has health consequences”
- **Increasing community awareness about HIA** and about how to use the results in their advocacy efforts”
- **“New partnerships** between health and other agencies”



# WHAT HAPPENED AS A RESULT OF HIA RECOMMENDATIONS?

HIA Topic	Recommendations Implemented
Replace 300 low income housing units with 1200 market rate units	“no displacement alternative” adopted by developer: permanent affordable housing
Sub-area plan redevelopment	<ul style="list-style-type: none"><li>-major traffic calming CIP</li><li>-bike and ped master plan</li><li>-promote affordable and safe housing</li></ul>
Living wage ordinance	-contributed to passage; reframed debate
Oil and Gas leasing	<ul style="list-style-type: none"><li>-new air and water quality mitigation</li><li>-contributed to compromise leasing plan</li></ul>
Senior housing near highway	<ul style="list-style-type: none"><li>-redesign entry: noise-buffered courtyard</li><li>-central air filtration</li></ul>
LIHEAP	-increased funding for energy assistance