

HIA 101 Track: An Overview to HIA

Bethany Rogerson
National HIA Meeting
September 24, 2013
Washington, DC

A collaboration between Robert Wood Johnson Foundation and The Pew Charitable Trusts.



Thank you and introduction.

Will describe the state of HIA practice in the U.S., including comments on the growth of the field; sectors that have been the subject of HIA, with an emphasis of sectors that relate to active living; and the nuts and bolts – what is HIA, why do it, who is doing it, and where is it being done.

Introductions



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Outline

- Introduction to HIA
- Q&A
- Case Studies
- Q&A

What **Makes**
Us Healthy



What We **Spend**
On Being Healthy



Source: *Lots to Lose: How America's Health and Obesity Crisis Threatens our Economic Future* (2012)

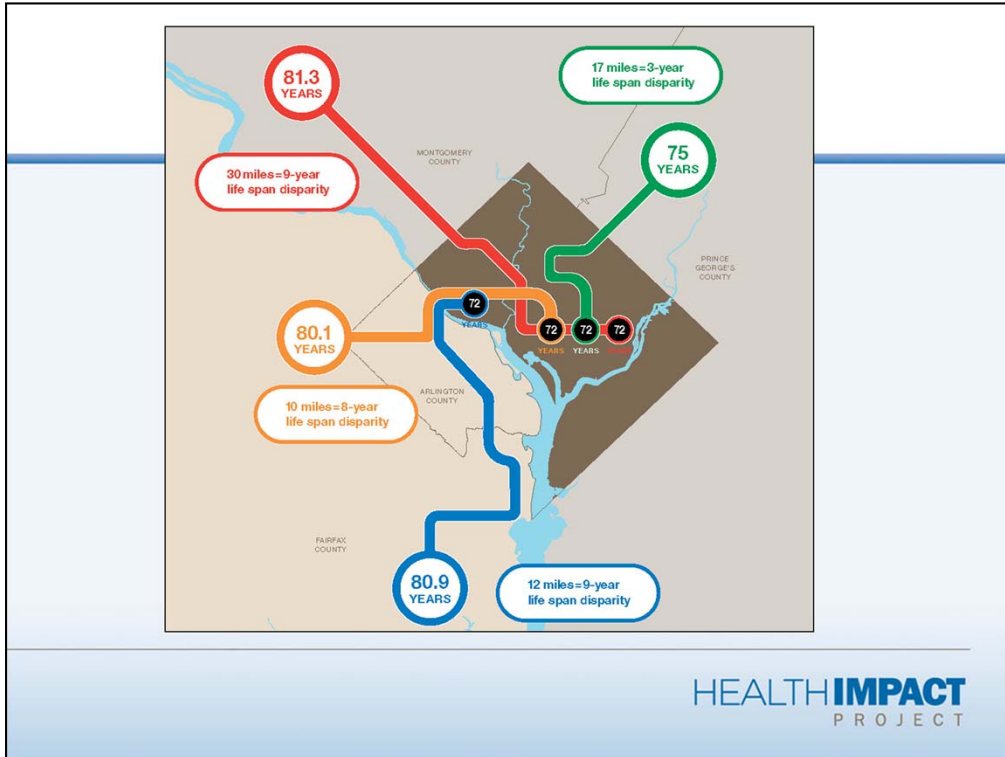


First, we'd like to provide a little bit of context for HIA work. The goal of HIA is to better understand that how decisions made outside the traditional health sector or health care setting—such as transportation, land use, agriculture, or education—can impact communities' health. There is an established and growing body of research that shows that the primary factors that define how healthy we are actually not health care, but actually the environments we live in. In other words, your zip code---and where you live or work---contributes significantly to health. And here are a few images to illustrate that.

You can tell someone to get more exercise, but unless they have a safe place to walk and be physically active, you may be asking them to put themselves in harms way.

And similarly . . . You can teach someone about the right foods to eat until you are blue in the face, but unless the environment around that person is conducive to making the right choice the easier to choose choice, then we are just setting that person up to fail.

Having access to health foods, safe places to get physical activity, and safe housing all contribute to our health. The challenge is that many decisions about the design and planning of where we live and work are made without health concerns in mind. HIA tries to bridge that gap.



Where you live matters! (Equity)

The Problem

So many daily policy decisions made outside of the health sector have significant health implications that go unrecognized.

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Every day decisions makers—you—are making decisions with limited information. HIA is a way to “look both ways before crossing the street.” It provides information to help you make decisions to make your communities healthy places that people want to live.

The Challenges

No common language

Transportation engineers don't understand health data.

Public health professionals don't understand the legal context, constraints and limitations of the decision-making process

Few formalized requirements for collaboration

Priorities don't necessarily match

Public health is one consideration of many; decisions involve many other considerations (funding, technical limitations, local politics, etc)

What is HIA?

Health Impact Assessment has been defined in various ways, but essentially it is:

A structured process that uses scientific data, professional expertise, and stakeholder input to identify and evaluate public health consequences of proposals and suggests actions that could be taken to minimize adverse health impacts and optimize beneficial ones

Source: "Improving Health in the United States: The Role of Health Impact Assessments" by the National Research Council, September 2011

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- Predicts anticipated health outcomes of a decision/project
- Translates that information into recommendations for balance, well-informed policies
- Helps you weigh trade-offs and understand the direct and indirect health impacts of your work
- Tracks unintended consequences and mitigate risk

HIA Addresses Determinants of Health

How might the proposed project, plan, policy



affect

Housing
Air quality
Noise
Safety
Social networks
Nutrition
Parks and natural space
Private goods and services
Public services
Transportation
Livelihood
Water quality
Education
Inequities



And potentially lead to predicted health outcomes?

Slide courtesy of Human Impact Partners

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Another way to look at it is how might a proposed project, plan or policy affect these determinants and lead to predicted health outcomes?

What an HIA is not . . .

- It's not used to make the case for why a policy, program or project should be proposed.
- It's not an assessment to understand the impacts of a program or policy once it has been implemented.
- It's not a community assessment tool (i.e., MAPP & CHA), but those are used during assessment stage of HIA.



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What HIA is Not . . . What HIA is

Sometimes there is confusion over what HIA really is and at what stage of the decision making process it is applied. The way that I typically describe is that. . .

HIA is not used to make the case for why a policy, program or project should be proposed

And it is not an assessment that is done to understand the impacts of a program or policy once it has been implemented

People also ask how it relates to the many kinds of community assessments that are out there, such as MAPP, CHIP and CHA.

HIA is very different from these kinds of community assessments meant to gather a baseline data for existing conditions in a community.

HIA is the framework that translates that data into information and uses it to inform the decision making process. The sweet spot of HIA is meant to inform a proposed policy, program or project that is currently under active consideration by a decision-making body and predict potential health outcomes of that proposed policy or project.

Key Points About HIA



Image courtesy of Stuart Miles and FreeDigitalPhotos.net.

- There may be “Health in All Policies,”...but it doesn’t mean that HIA is right for every policy decision.
- HIA is meant to be just one of many tools in the tool box.
- Screening is one of the most important steps.
- HIAs don’t need to be expensive.
- It takes a champion willing to spearhead the effort.

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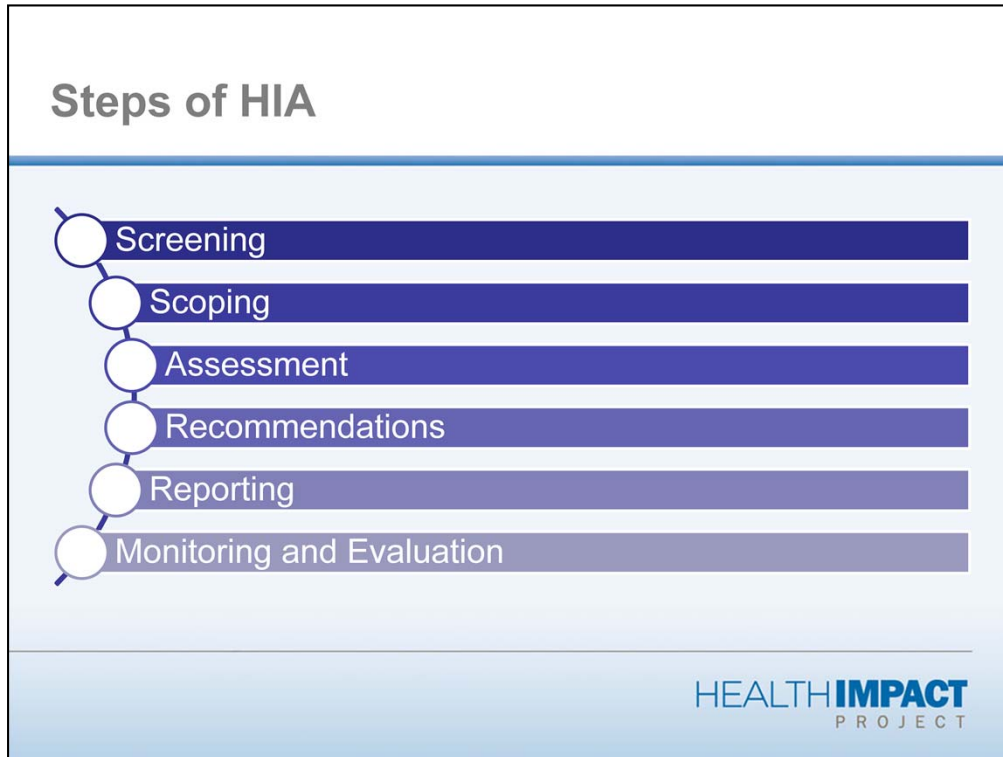
It is important to note that **HIA is not for every decision** – it adds the most value when health is not already part of the discussion. It should only be done if it’s likely to add information that will lead to a better decision. . . And that is why the SCREENING step is so important.

HIA is meant to be just one of the many tools in our tool box.

HIAs do not have to be expensive. A survey of the comprehensive HIAs that we are aware of typically ranged from as little as a few thousand dollars to \$150,000. The primary expense in HIA is staff time.

It requires a champion on the ground who is committed to the cause **and supportive leadership** who is willing to give them the leeway to explore the opportunity for HIA.

Now I’m going to turn it over to Keshia to discuss the HIA process in more detail.



There are six steps to the HIA process . . . I won't go into too many details.

Screening—establishes the need for and value of conducting an HIA. There are many factors to consider when determining whether to conduct an HIA, including resources, capacity, and the decision making timeline as it relates to your potential HIA timeline.

Scoping—helps you identify the affected populations and narrows the scope of health effects that you will evaluate to those of greatest potential importance.

Assessment—describes the baseline health conditions of the affected populations and characterizes the expected health effects of the proposal, as well as alternatives under consideration.

Recommendations—is where you propose alternatives that mitigate any anticipated negative consequences and maximize the benefits. It is important to ensure that your recommendations are practical and match the political realities of the situation.

Reporting—is the actual formal HIA report and your plan for communicating findings to the decision maker and the public.

Monitoring and evaluation—Monitoring tracks the results of the HIA (whether or not the recommendations were adopted) as well as monitors for predicted health outcomes. Evaluation looks at the process, impact, and outcomes of the HIA.

The Value of HIA



1. Involves a **broad-range of impacted people**.
 - Community capacity building/empowerment
2. It's an effective tool for **meaningful cross-sector collaboration**.
3. There is a **strong business case** for HIA.
4. Identifies harms & benefits **before decisions are made**.
5. Identifies **evidence-based strategies** to promote health & prevent disease.
6. Increases **transparency**, support inclusiveness, democracy, and **community engagement** in the policy decision-making process.

Source: Human Impact Partners, HIA Toolkit, 3rd Edition
Image courtesy of Jscreationz and FreeDigitalPhotos.net.

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There are many benefits of HIA.

It involves a **broad range of impacted people** and can be used as a tool for **community capacity building**. It gives communities a **structured way to engage** with decisions makers **where their voice hasn't previously been at the table**.

It's an effective tool for meaningful **cross-sector collaboration**. The relationships and the trust that is built through the process increases the likelihood of routine consideration of health.

There is a **strong business case for HIA** -- business and industry have actually been early adopters . . .

The **World Bank and IFC** have made HIA a part of their standards for evaluating loan requests for large development projects.

And, **large multinational companies** like Shell and Chevron are increasingly implementing their own standards for HIA in planning new projects.

From industry's perspective, it helps them be **more socially responsible corporate citizens** by proactively addressing community concerns when something can still be done about it without exorbitant cost

It can **actually help speed approval** and **lower business costs** – we've even seen examples of HIA helping to avoid litigation.

****Mention EQUITY as an underlying value of HIA****

You can define success in HIA in many ways and it's important to note that it's not JUST about impacting a decision. Some of the other ways that people have defined success is that:

It brought about a **culture change** -- It brought health concerns into the discussion and decision-makers now routinely think about health

It addressed community concerns

It influenced the decision – and recommendations were adopted

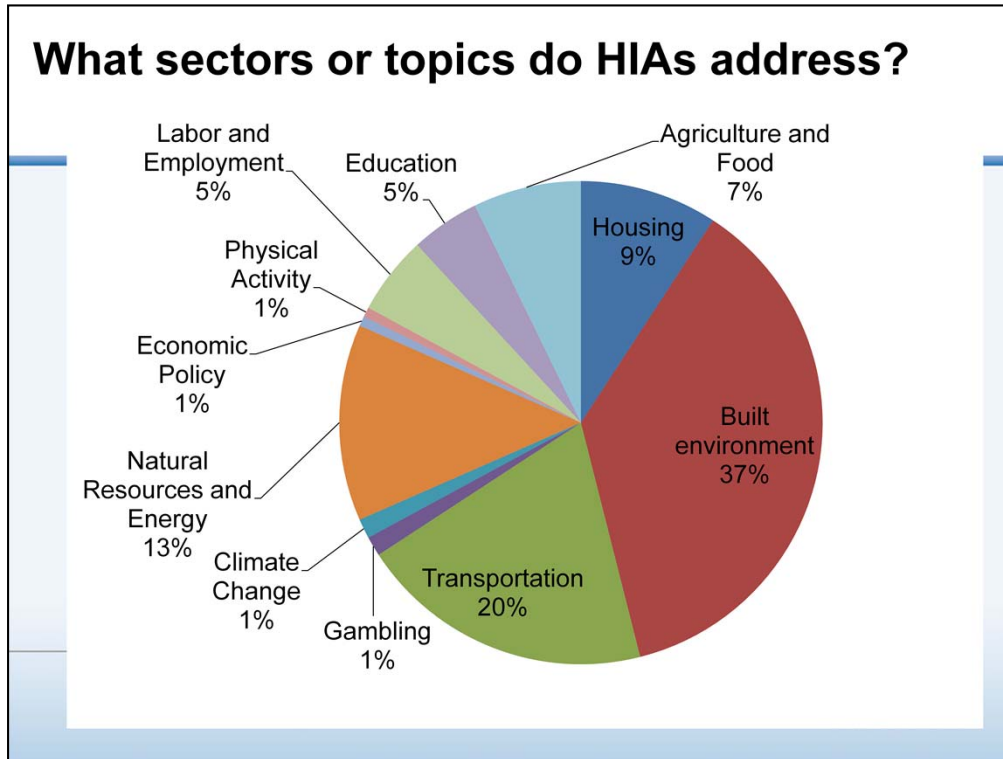
It educated the decision-maker – helped them see the health connections where they didn't before.

Increased community awareness about HIA – and how the findings can be used to augment their advocacy efforts.

New, lasting partnerships were forged between health and other agencies.

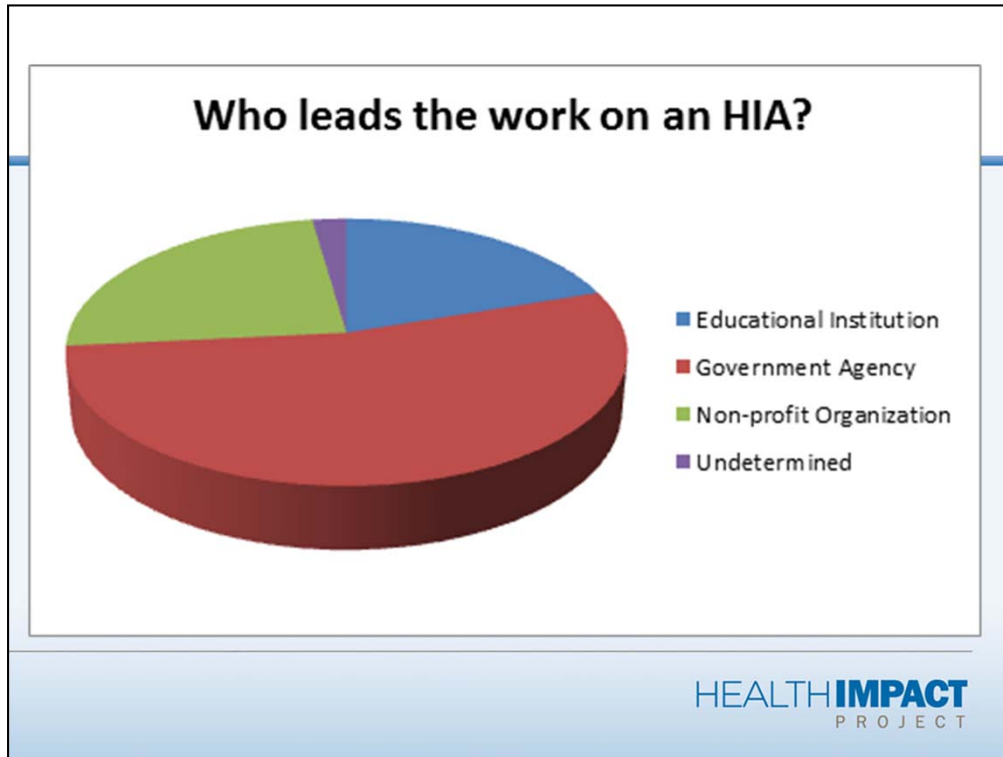
Key Values of HIA

HIA Principle	An HIA should . . .
Democracy	Involve and engage the public, and inform and influence decision-makers
Equity	Consider distribution of health impacts, pay attention to vulnerable groups and recommend ways to improve proposed decisions for affected groups
Sustainable Development	Judge short- and long-term impacts of a proposal
Ethical Use of Evidence	Use evidence to judge impacts and inform recommendations, not set to support or refute a proposal; be rigorous and transparent
Comprehensive Approach to Health	Be guided by the wider determinants of health <i>Slide from Human Impact Partners</i>



Then you can think about it from the level of decision making. Here is a recent breakdown of the level of decision making for the more than 200 HIAs that are completed or in progress in our country.

As you can see in the dark blue, local level decisions make up the majority of the HIAs in the US, then it is county level in red, stat level in purple and about equal parts regional, federal and other, such tribal level or an HIA with multiple decision levels in one.

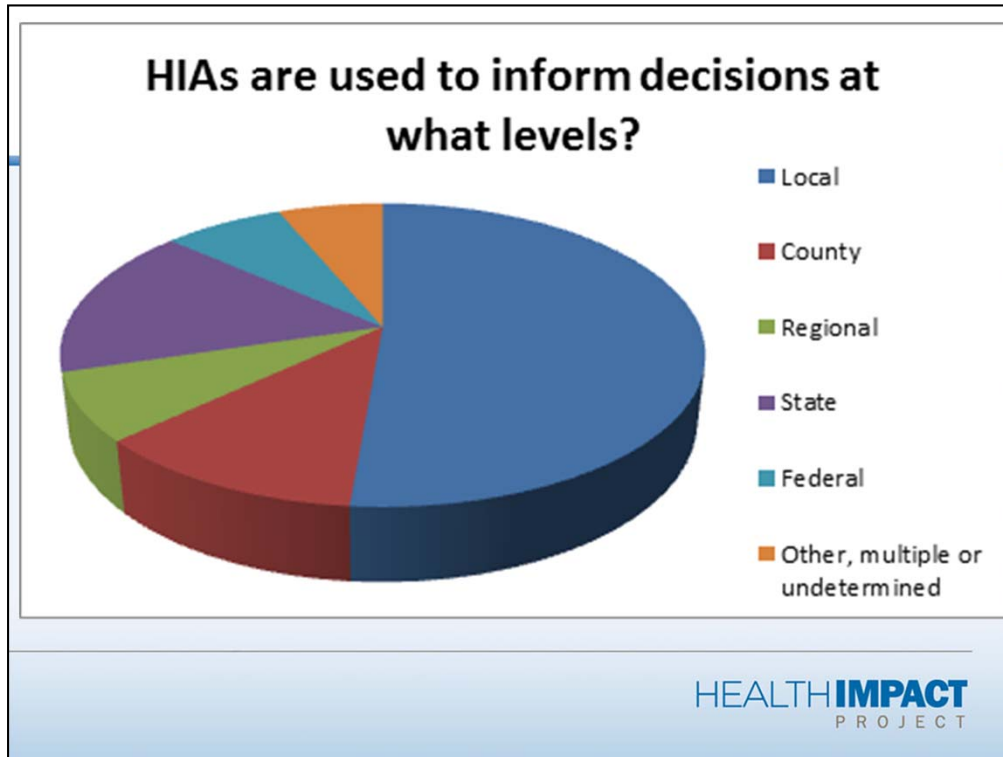


Here is a recent breakdown of the types of organizations who lead HIAs. As you can see, government agencies have done the majority of HIA in the US.

There is a diversity of entities that do HIA . . .

Often times HIA arises from community concerns and is conducted by non profit organizations. HIA is also carried out by local and state government agencies, companies, or universities.

- Non-profit organizations
- Community groups affected by a decision
- Local and state government agencies
 - Public health, transportation, environmental health, planning departments
- Universities & research institutions
- Industry/business community/private sector



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Key Toolkits and Guidelines

Improving Health in the United States: The Role of Health Impact Assessment

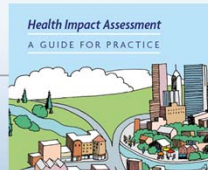
Health Impact Assessment: A Guide for Practice

Minimum Elements and Practice Standards for Health Impact Assessment (Version 2)

A Health Impact Assessment Toolkit: A Handbook on Conducting HIA

Best Practices for Stakeholder Engagement

Promoting Equity through the Use of HIA



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Worksheets, Exercises, Examples

Centers for Disease Control and Prevention (CDC) Healthy Places <http://www.cdc.gov/healthyplaces/hia.htm>



Human Impact Partners <http://www.humanimpact.org/>



Health Impact Assessment Clearinghouse Learning and Information Center (HIA-CLIC) <http://www.hiaguide.org>



World Health Organization (WHO) Health Impact Assessment <http://www.who.int/hia/en/>



HIA Gateway http://www.apho.org.uk/default.aspx?QN=P_HIA



Health Impact Project www.healthimpactproject.org



Questions?



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A Rapid Health Impact Assessment of the
School Integration Strategies in Minnesota



Celia Harris
HIA 101
National HIA Meeting
September 25, 2013

MN School Integration: Context



Racial segregation in school persists and is getting worse in many places despite efforts (e.g., magnet schools); many mixed and strong feelings about integration on the part of all communities.

Minnesota has historically valued and made progress toward integration; current “choice” programs and integration funding however have led to increased segregation.

State Task Force met in 2012 to develop recommendations to improve integration funding mechanisms; pending 2013 legislation introduced (after project started) to implement recommendations.



ISAIAH Education and Health Committees interested in the bill and in co-investigating the issue.

Screening

Health Impact Project grant RFP

Rapid timeline for HIA

Stakeholder Panel

ISAIAH and HIP convened a 12-member panel to guide the HIA

- ISAIAH members
- Teachers
- School district administrator
- School board member
- Parents
- Academic researchers
- Racial justice advocates
- Member of the Integration Revenue Replacement Task Force

Introduced Rapid HIA process

Developed goals for the project together

Presented initial literature review findings

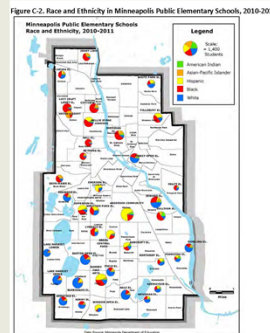
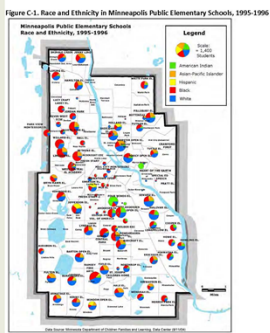
Discussed potential pathways between bill and health outcomes

Determined research questions

HIP completed literature review

Collected existing conditions info and data

Compiled findings in Existing Conditions Report



Reviewed information from scoping meeting

Heard presentations from subject matter experts about school integration and discussed data and findings with them

Reviewed existing conditions data and research literature

Collaboratively developed conclusions about health impacts and recommendations

Developed reporting strategy

School Integration HIA: Impacts Summary



SUMMARY		
THE IMPACTS OF SCHOOL INTEGRATION FUNDING ON HEALTH (HF0247/SF0711)*		
	THROUGH EDUCATIONAL ACHIEVEMENT	THROUGH CROSS-RACE CONNECTION
HEALTH OUTCOMES	<ul style="list-style-type: none"> Improved life-expectancy and mortality Improved health behaviors (e.g., exercise, nutrition, timeliness of health care check-ups) Increased job income and access to benefits, which have many health impacts (e.g., lifespan) Decreased overweight and obesity Decreased stress Improved housing, which has many health impacts (e.g., reduced asthma) 	<ul style="list-style-type: none"> Improved mental health (e.g., reduced anxiety, depression, stress) Decreased trauma (physical and mental) Improved health behaviors (e.g., smoking) Improved physical health (e.g., high blood pressure, low birth weight births) Improved social health (e.g., sharing, cooperation, comfort in multiracial settings)
MAGNITUDE OF IMPACTS	High (220,000 children)	High (840,000 children)
SEVERITY OF IMPACTS	Affects lifespan and daily function	Affects lifespan and daily function
DIRECTION OF IMPACTS:		
HF0247/SF0711 does not pass	-	-
HF0247/SF0711 as introduced is passed	~	~
HF0247/SF0711 is amended and passed	~ +	~ +
HF0247/SF0711 is amended and passed and other policies supporting educational equity are also passed	+	+

* See full report for details.

- = positive health outcomes not realized
~ = some positive health outcomes realized and some positive health outcomes not realized
+ = positive health outcomes realized

I write today to express my support for ISAIAH's health impact assessment. ISAIAH's work and recommendations on the Integration Taskforce help me as a legislator and author of H.F. 247. As a legislator I constantly work to create holistic public policy frameworks when approaching difficult policy decisions. Creating a holistic public policy framework calls for legislators to draw on different policy subject areas with the goal of producing an overall healthier and stronger society. In that spirit, I enthusiastically embrace the approach offered by ISAIAH's health impact assessment because it ties together policy objectives and knowledge from different areas of public life.

Sincerely,
Representative Carlos Mariani Chairman of the Education Policy Committee



MINNPOST
HOME POLITICS & POLICY HEALTH EDUCATION ENVIRONMENT ARTS & CULTURE BUSINESS

Learning Curve
School integration's health impacts are significant and lifelong, study finds
By Beth Hawkins | 04/16/13



Children who attend integrated schools are more likely to graduate from high school, earn better incomes and raise their own children in circumstances that position them for school success, according to the report released by Isaiah.

School integration in Minnesota is closely tied to individuals' lifelong health on several levels, according to a study released Monday by a coalition of Twin Cities congregations [PDF].

Children who attend integrated schools are more likely to graduate from high school, earn better incomes and raise their own children in circumstances that position them for school success, according to the report released by Isaiah, a group of 100-plus faith communities focused on social equity.

- Minnesota Achievement and Integration program passed as part of 2013 budget package
- Final Education policy language mostly followed, or even exceeded, the HIA Recommendations:
 - Accountability mechanism even stronger than HIA Recommendations (recommendation 1.B)
 - Made significant progress in equity goals beyond AIM program, as HIA recommended (recommendation 1.A.i)
 - Making definition of “integration” more holistic was *not* accomplished. (recommendation 1.A.ii)
- Commissioners of Education and Health are beginning a discussion of starting a Health In All Policies initiative
- Meeting with Commissioners of Education and Health being scheduled

Case Study: Baltimore-Washington Rail Intermodal Facility HIA



Ruth Lindberg
Intro to HIA
September 24, 2013
Washington, DC

A collaboration between Robert Wood Johnson Foundation and The Pew Charitable Trusts.



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Project Background and Context



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- The Maryland Department of Transportation and CSX are working to relocate an existing intermodal facility
- Is part of Maryland's efforts to leverage the Panama Canal expansion for economic growth
- Will allow Maryland to ship and receive double-stack containers
- National Center for Healthy Housing secured funding to conduct an HIA on the proposed facility

HIA Goals

1. Ensure potential health impacts are evaluated, considered, and mitigated
2. Increase community engagement in the decision-making process
3. Bring methods for identifying and analyzing community concerns related to health
4. Build capacity for and interest in HIA in Maryland
5. Provide a case study for improving practice to coordinate HIAs with environmental review processes

Shifting Targets and Complex Politics



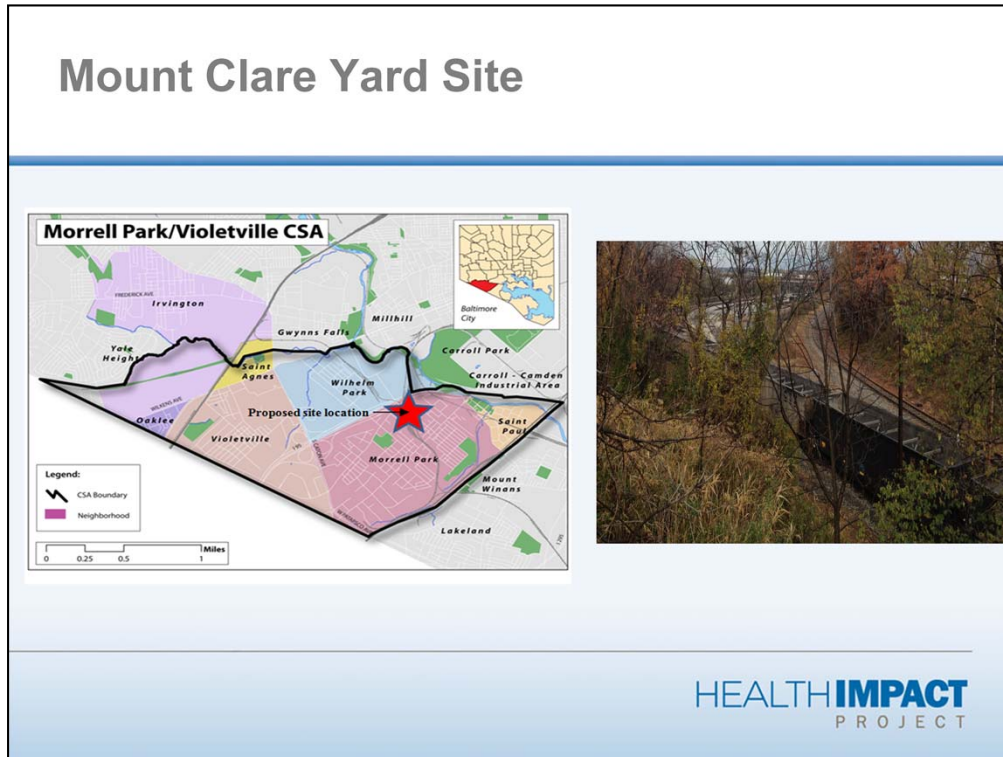
The collage features several news snippets from The Baltimore Sun and a photograph of a young man in a red t-shirt. The t-shirt has the text "No Elkridge Intermodal" printed on it. The news snippets are:

- THE BALTIMORE SUN** LIGHT FOR ALL
- Federal Process for Evaluating Impact of Train-Truck Facility Unclear to Citizens, Politicians, Environmental Officials
- Politicians Pledge to Stop Freight Transfer Facility in Hanover
- BALTIMORE SUN OP ED**
To boost Baltimore and the region, support the port
- City train yard tentatively selected as site of port transfer station**
Scaled-back facility at Mount Clare would let CSX double-stack trains

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Discuss the major shift in project location, timeline, and termination of Federal EIS process here

Mount Clare Yard Site



Hit the major highlights on the Morrell Park community here – how it differs from the 4 original proposed site communities

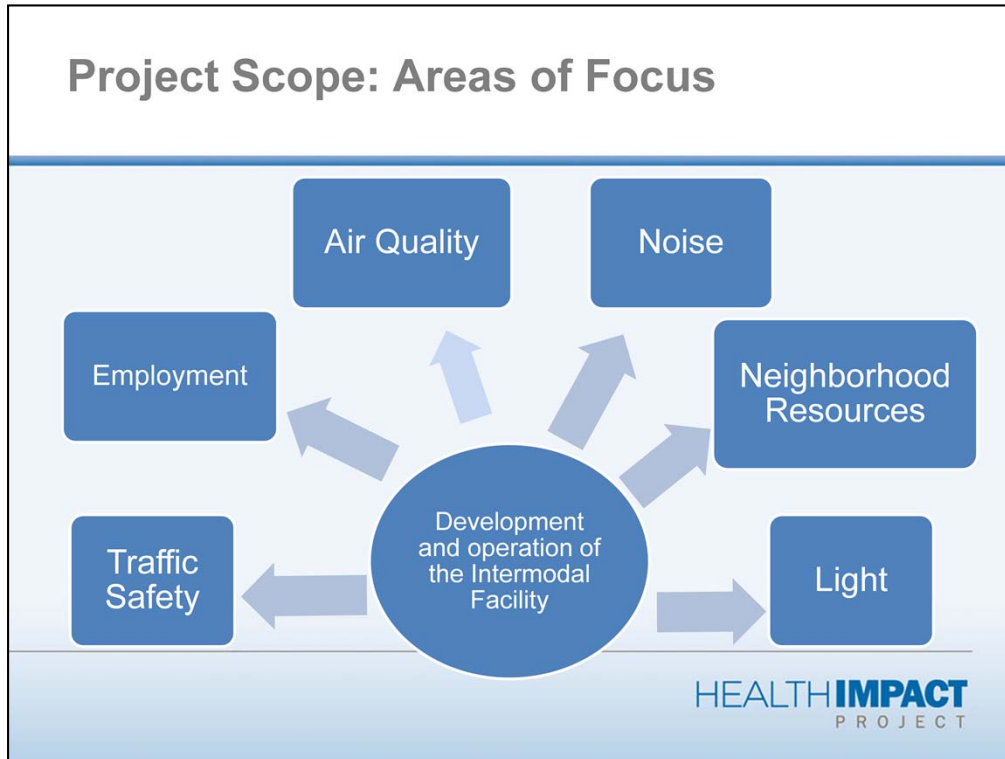
The CSX site plan for the 65 acres of land includes:

- Rail tracks
- Paved areas to accommodate 180 wheeled parking units and 360 stacked containers
- Areas for employee parking, operations and maintenance buildings, lighting, and security
- Areas for storm water management

At maximum operating capacity, the proposed facility will have:

- 350 truck trips per day.
- 5 trains entering and exiting the facility per day.
- 85,000 container lifts per year.

Site constraints will not allow operations to exceed this traffic volume or to increase over time



Note the attention to community engagement and transparency in decision making that became a side part of the scope

Methods



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Decision-Maker and Stakeholder Engagement



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Key Findings

1. Residents near proposed facility have current health conditions that put them at risk
2. Air quality likely to worsen due to increased truck traffic
3. High unemployment rates in census tracts surrounding the proposed facility
4. Facility will produce indirect and induced jobs, as well as tax revenue, but those benefits are likely to be statewide
5. Potential impacts on residential mobility and neighborhood cohesion

Priority Recommendations

Design/Planning

- Infrastructure fee, complete air quality models, truck route enforcement plan

Construction

- Upgrade pedestrian infrastructure, rodent control program during construction

Operations

- Pursue opportunities to encourage new truck fleets and low-emitting machinery

Communications

- Clear and transparent procedures for raising concerns, improving transparency and timeliness of information

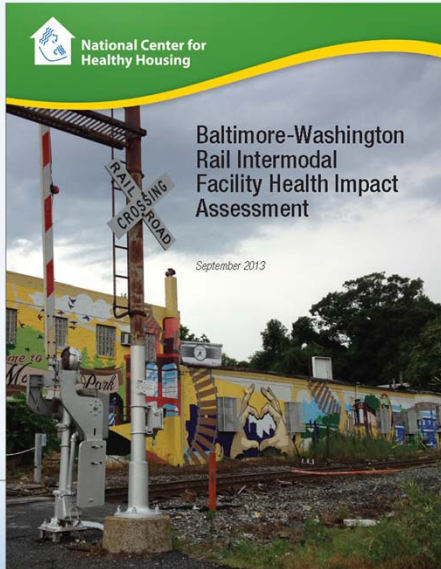
Monitoring

- Install air quality monitors

Policy

- Create neighborhood revitalization plan to target investment and economic development

Reporting and Communications



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Outcomes To Date: Building Networks for Action



“The majority of the people that live in this community are either middle or low income. They're not going to be able to get anywhere. I mean they're going to have to put up with whatever they get and so I think it's very important that somebody care to look into what's going to happen...”

- *Focus group participant*

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Outcomes To Date (Continued)

1. Built strong relationships among various community groups
2. Brought new frame to the conversation
3. Resulted in press coverage
4. HIA used by community members in meetings and dialogue with city, state, and private sector decision-makers
5. Increased capacity for HIA among city and state agency staff and residents

Questions?



Image accessed from the Maryland Department of Transportation

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