

# The Minnesota HIA Webinar will begin shortly

HEALTH **IMPACT**  
PROJECT





# Health Impact Assessments

## HIA 101 and HIA Screening

**February 5, 2013**

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

# Purpose of Today's Webinar

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- Learn about HIA.
- Learn how to select an appropriate topic for HIA.
- Learn how to register to attend a free, 1.5-day training in Minnesota in March.

# Your Presenters

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- **Bethany Rogerson** *Senior Associate, Health Impact Project*
- **Stacey Millett** *Senior Program Officer, Blue Cross and Blue Shield of Minnesota Foundation*
- **Beth Fuller** *Senior Research Associate, Georgia Health Policy Center*
- **Jimmy Dills** *Research Associate II, Georgia Health Policy Center*
- **Michelle Rushing** *Research Associate II, Georgia Health Policy Center*

# Health Impact Project

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## **Who We Are:**

- A collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts

## **Purpose:**

- Promote the use of HIA and build the field in the U.S.
- Make the case for institutionalization of HIA

## **How We Do It:**

- Funding a series of demonstration projects; doing HIA ourselves
- Providing technical assistance to support new HIA practitioners
- Serving as neutral convener – connect people to resources
- Garnering lessons learned to identify potential levers for institutionalizing HIA

# Blue Cross and Blue Shield of Minnesota Foundation

## **Year 1: 2011**

- Minnesota HIA competitive funding opportunity.

## **Year 2: 2012**

- Minnesota HIA competitive funding opportunity.
- Regional trainings

## **Year 3: 2013**

- Will fund up to 3 HIA projects
- HIA technical assistance and mentoring
- HIA National Meeting sponsorship & Minnesota delegation

# TODAY'S WEBINAR WILL COVER



- Health and Healthy Policies
- Overview of Health Impact Assessment
- HIA Examples
- Screening for HIA Topics
- HIA Trends & Resources
- Registration for the March HIA Workshops



# 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.”

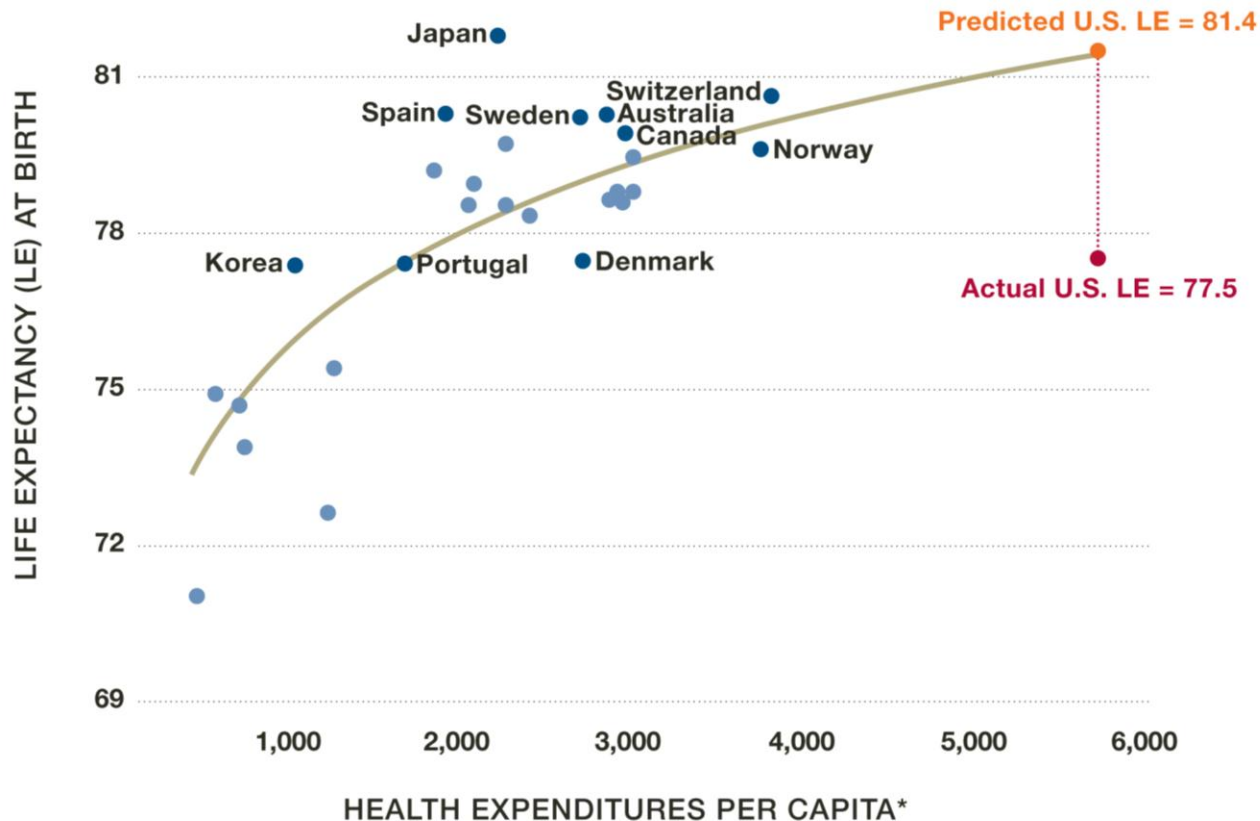
Furthermore, health is the ability of an individual or group “to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment.”



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

# America Is Not Getting Good Value for Its Health Dollar

The U.S. spends more money per person on health than any other country, but our lives are shorter—by nearly four years—than expected based on health expenditures.



Prepared for the Robert Wood Johnson Foundation by the Center on Social Disparities in Health at the University of California, San Francisco.

Sources: OECD Health Data 2007.

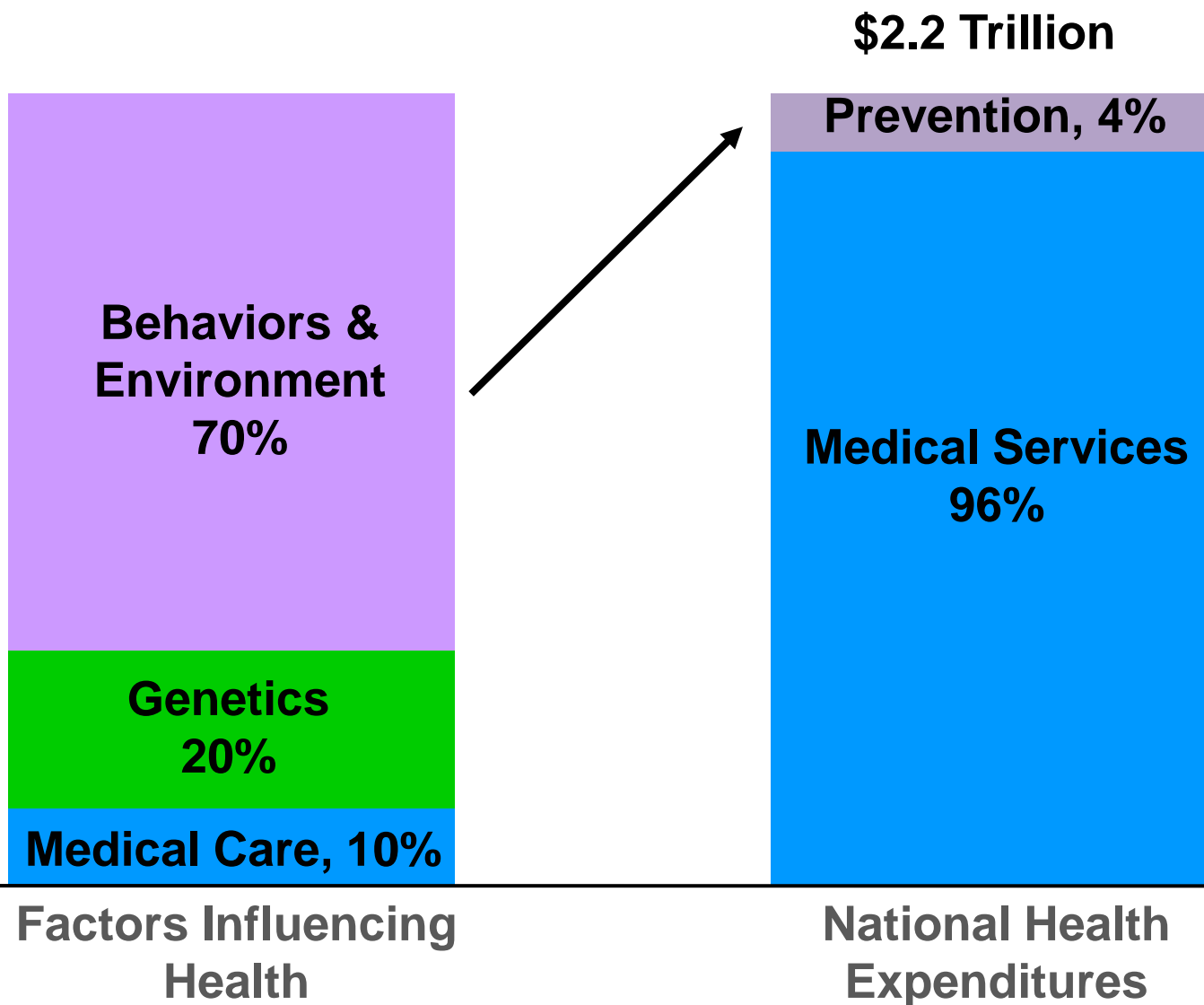
Does not include countries with populations smaller than 500,000. Data are for 2003.

\*Per capita health expenditures in 2003 U.S. dollars, purchasing power parity

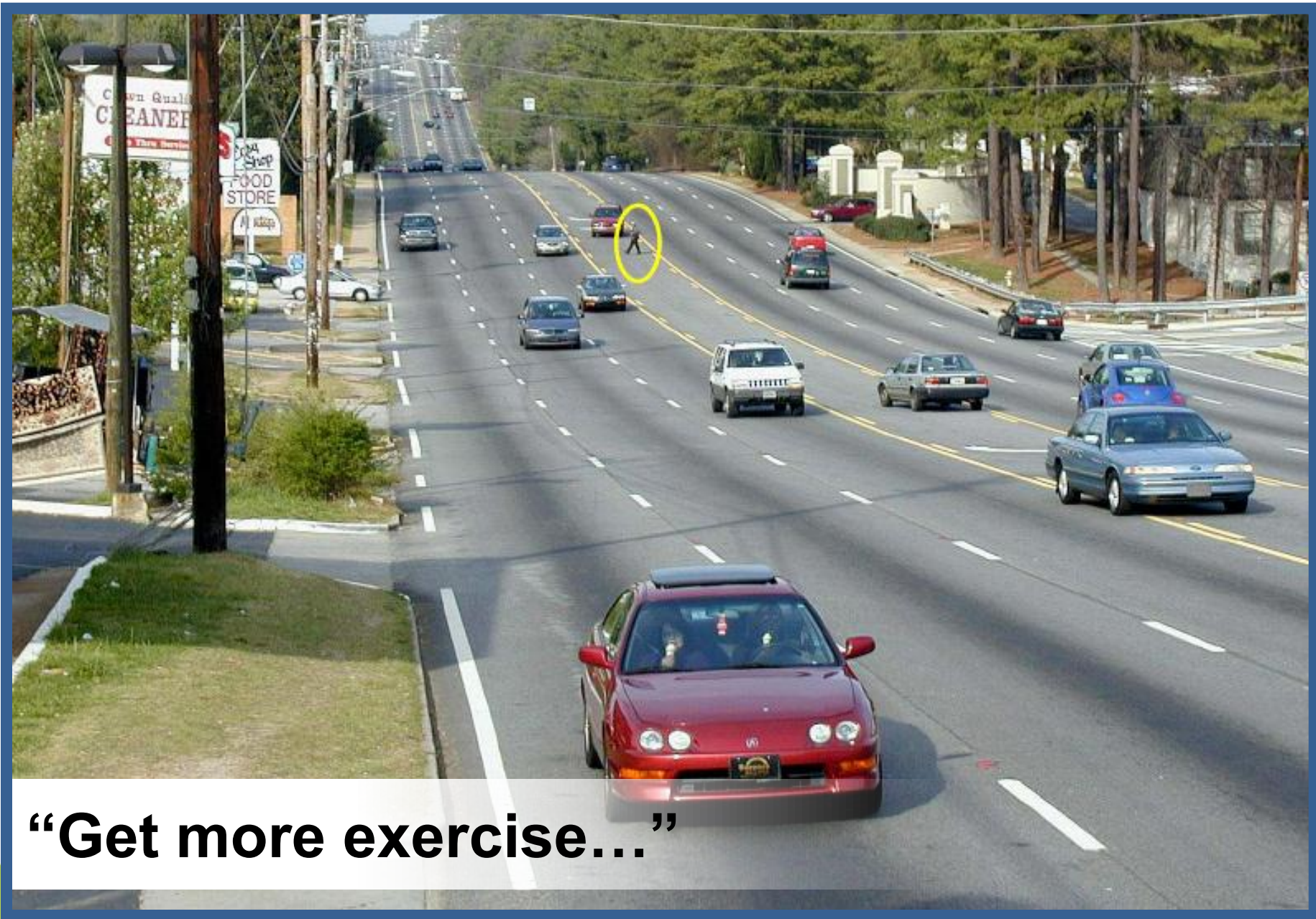
© 2008 Robert Wood Johnson Foundation

[www.commissiononhealth.org](http://www.commissiononhealth.org)

# CONVENTIONAL HEALTH POLICY







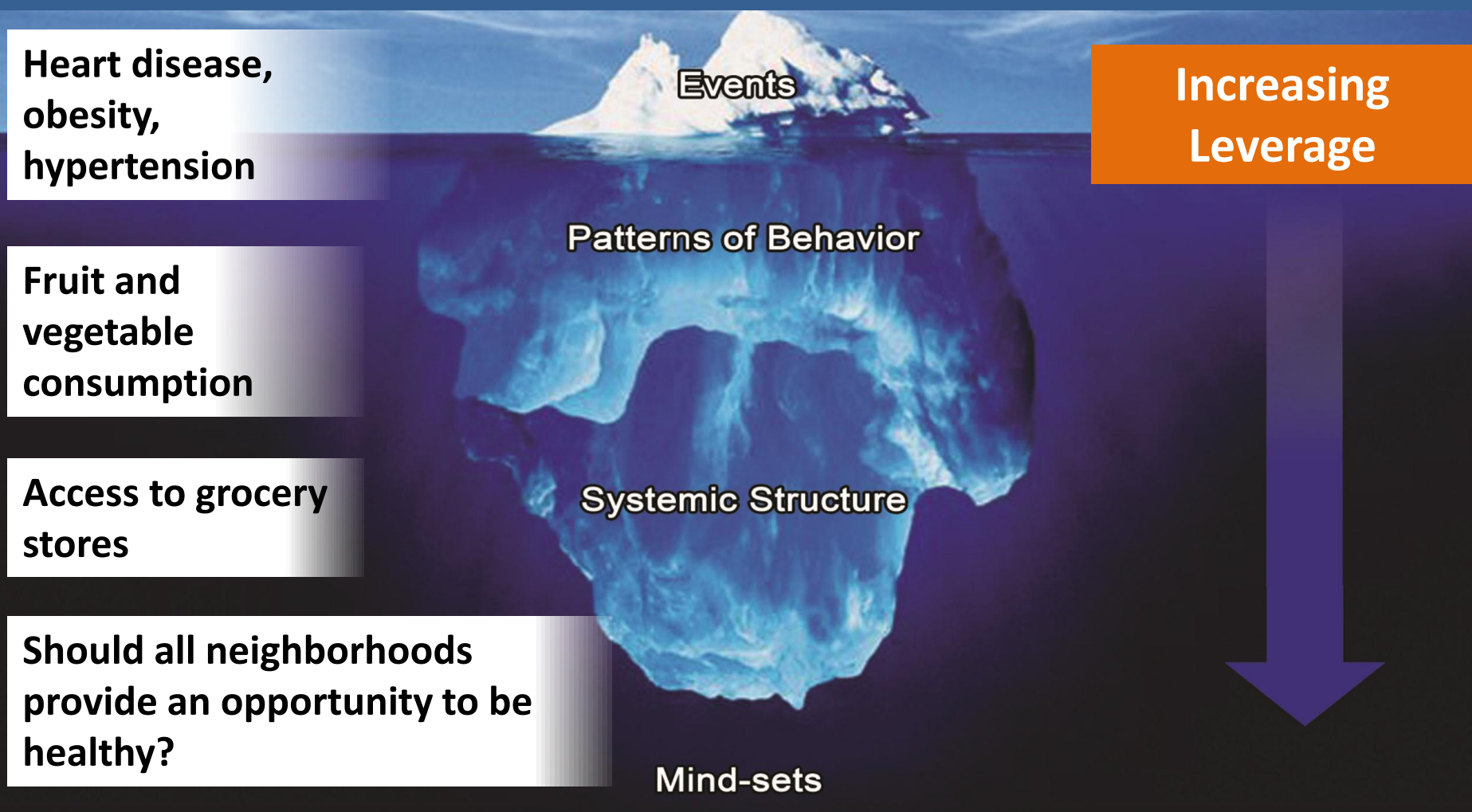
**“Get more exercise...”**





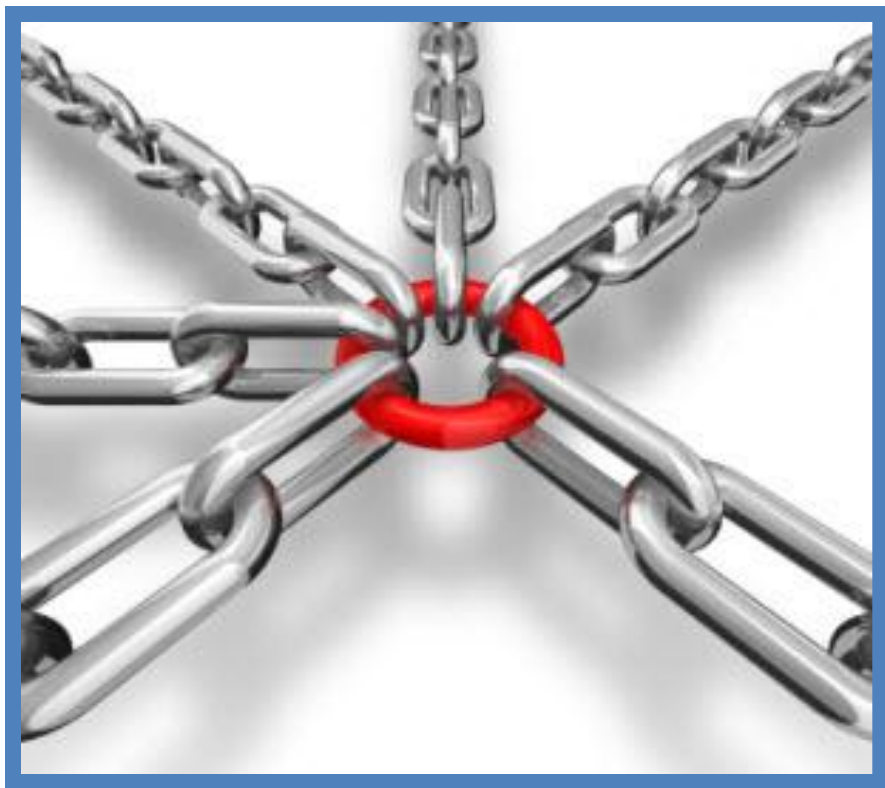
**“Eat more fruits and vegetables...”**

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



Source: Sustainability Institute, adapted from other versions from the organizational learning field

# HEALTH IN ALL POLICIES

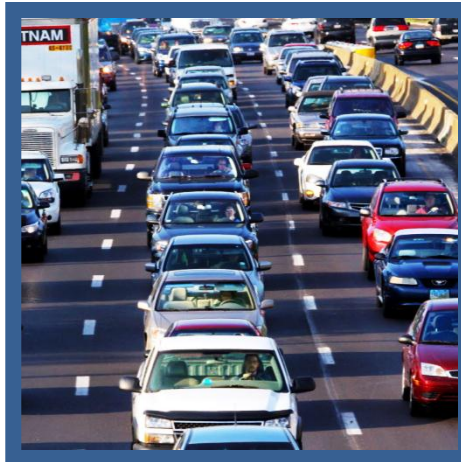


A strategy that strengthens the link between health and other policies, creating a supportive environment that enables people to lead healthy lives.



# 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

- 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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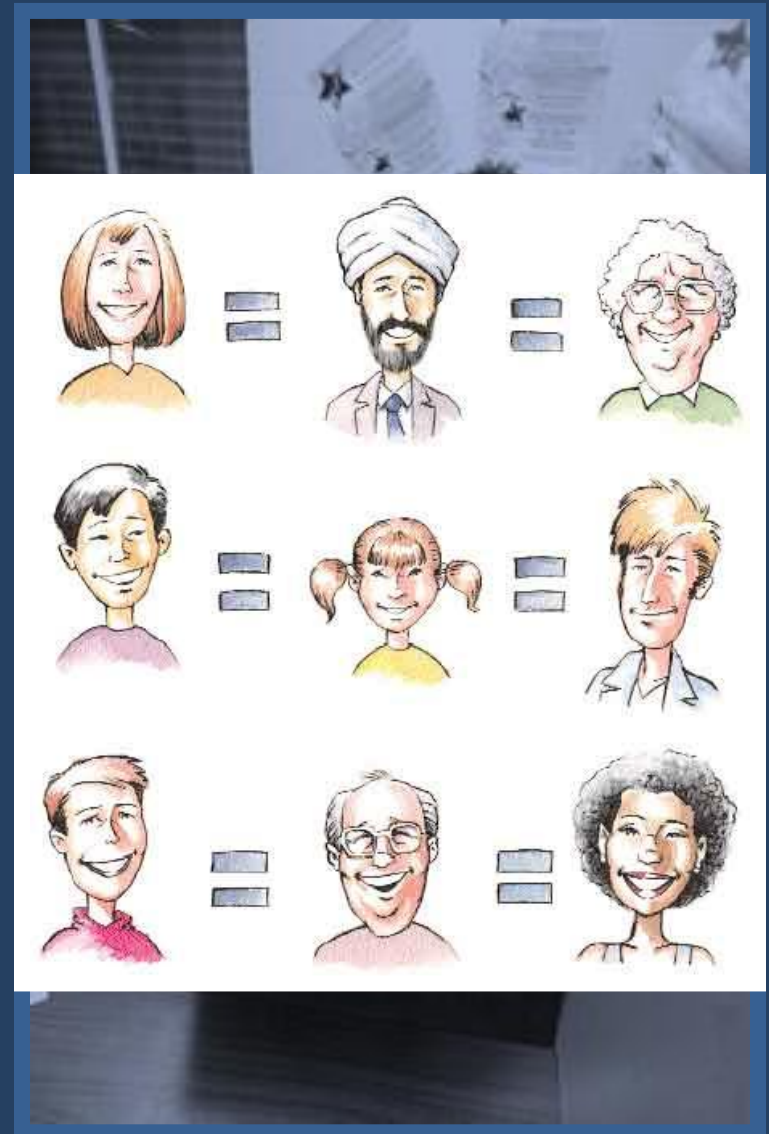
# KEY VALUES OF HIA

- **Democracy**
- **Equity**
- **Sustainable Development**
- **Ethical Use of Evidence**
- **Holistic Approach to Health**



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- **Equity**
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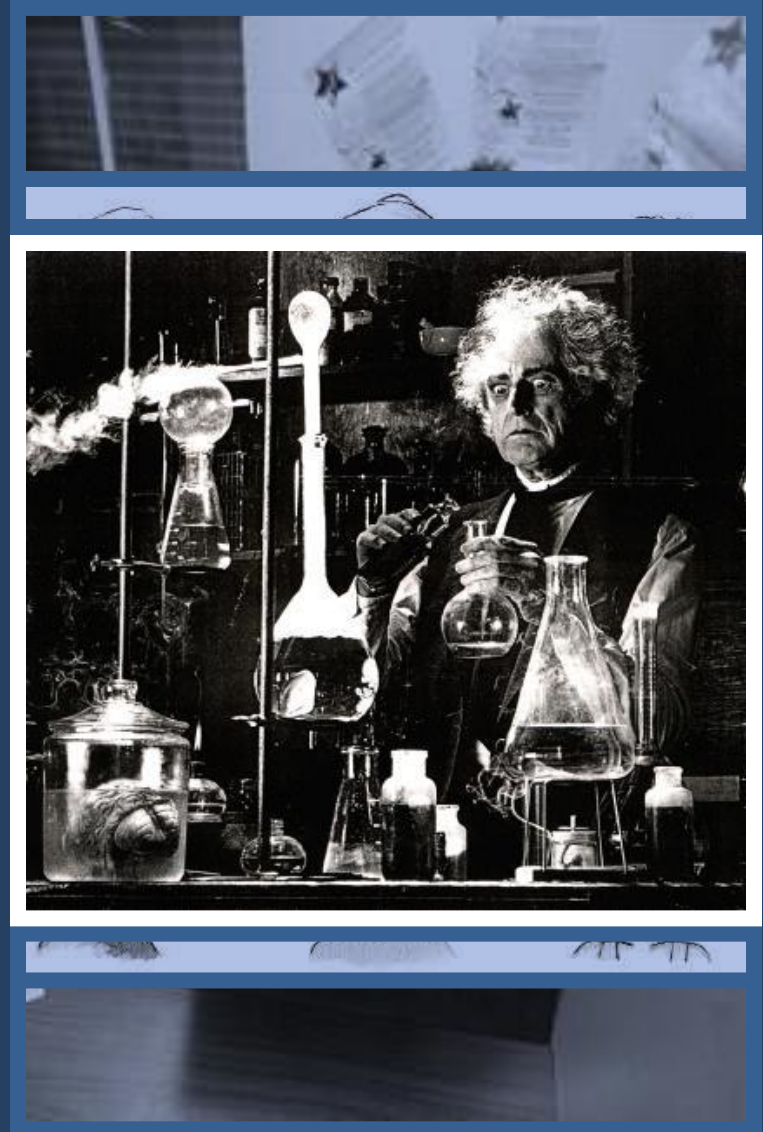
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# STAGES OF HIA



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

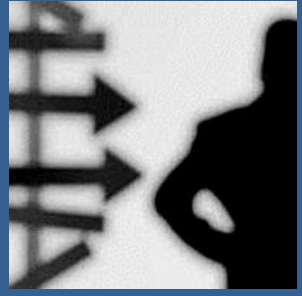


**Scoping**, to establish the scope of health effects that will be included in the HIA, the populations affected, the sources of data and the methods to be used



**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

# 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!



# HIA PRACTITIONERS: WHAT IS “SUCCESS?”



# HIA PRACTITIONERS: WHAT IS “SUCCESS?”

“Brought health concerns into the discussion;  
decision-makers now routinely thinking about  
health”

“Addressed community concerns”

“HIA recommendations were 100% adopted into  
the growth plan”

“Influenced the final design of the project”

“Educated decision-maker about how a policy  
that seemed to have nothing to do with health,  
actually has health consequences”

# HIA PRACTITIONERS: WHAT IS “SUCCESS?”

“Health is now a part of the EIS process”

“Culture change: planning department is now routinely considering health”

“New partnerships between health and other agencies”

“Built a strong coalition of stakeholders who are now active in the planning process”



# HIA EXAMPLES



# HIA EXAMPLE: FORT McPHERSON ZONING PLAN (2010)

- **Authors:** Georgia Health Policy Center
- **Decision:** Zoning plan for 488-acre Army installation in metro Atlanta that will be closed and redeveloped; assessed zoning decisions related to permitted uses, green space, and transportation
- **Impact:** Nutrition , Physical activity , Alcohol consumption, Tobacco use, Social connections



## Recommendations:

- Allow community gardens, farmer's markets, urban farming, access to green space, and access to existing buildings for community use
- Limit fast food restaurants, establishments that sell alcohol, and outdoor and store-front advertising
- **Outcomes:** Portion of recommendations reflected in master plan

# HIA EXAMPLE: KANSAS CASINO DEVELOPMENT (2012)

- **Authors:** Kansas Health Institute/Kansas HIA Project
- **Decision:** Pending House and Senate bills proposing to reduce investment requirement to build a casino in the Southeast Kansas Gaming Zone.
- **Impact:** Exposure to secondhand smoke, traffic accidents, gambling addiction, divorce, suicide, job creation, tourism, state and local revenue increases.

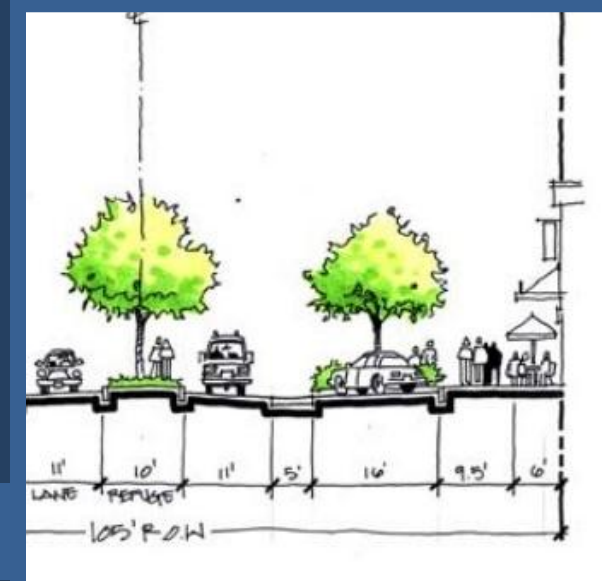


## Recommendations:

- Provide training programs to prepare local residents for jobs
- Use local hiring practices
- Provide health insurance to employees
- Coordinate law enforcement, judicial and social services to monitor and respond to crime
- Implement a tracking and exclusion program for gambling addicts
- Strengthen local addiction services
- Enhance DUI enforcement and provide safe ride home program
- Establish a fund for health initiatives with small amount of casino revenues
- **Outcomes:** Legislation to encourage development of casinos did not pass in 2012 but may be reintroduced in 2013

# HIA EXAMPLE: SIXTH AVENUE EAST DULUTH HIA (2011)

- **Authors:** St. Louis County Public Health & Human Services; Arrowhead Regional Development Commission; Public Solutions Inc.; Northpoint Geographic Solutions; Minnesota Department of Health
- **Decision:** Duluth, Minnesota's Complete Streets Resolution, Mobility in the Hillside Neighborhood and The Sixth Avenue East Schematic Redesign Study
- **Impact:** Accessibility and safety, physical activity, livability



## Recommendations:

- Restore bus stops
  - Implement traffic controls and calming
  - Provide bike routes and SRTS
  - Implement snow removal plan
  - Encourage walkable land uses
  - Complete sidewalk network
  - Ensure access to jobs and services
  - Connect with community organizations
  - Manage parking and greenspace
  - Implement pedestrian amenities
- **Outcomes:** Community support, city seeking implementation funds and supporting legislation

# SCREENING

SCOPING

ASSESSMENT

RECOMMENDATIONS

REPORTING

MONITORING &

EVALUATION





# HIA SCREENING OVERVIEW

- **Screening tools: NNPHI Worksheet**
- **Basic yes/no screening questions**
- **Additional HIA screening considerations**
- **Strategies for identifying potential projects and partnerships**
- **Screening outputs**
- **HIA screening examples**

# SCREENING TOOLS: NNPHI WORKSHEET

## HIA Screening Worksheet

Screening determines whether the HIA is likely to provide useful information for decision-makers and improve the health impacts of the outcome. This worksheet contains basic issues that should be considered when screening potential subjects for HIA. Brief answers to these questions will help organizations determine whether to proceed with an HIA on a particular subject, and also help inform the scoping phase of the HIA. This form should take approximately 30-60 minutes to complete.

1. What proposed policy, program or project currently under active consideration by a decision-making body--such as a local, state, regional or tribal agency or legislature--will your HIA inform?
2. Describe the decision-making process and timeline. What opportunities exist for including HIA findings and recommendations in this process? Who are the key decision makers?
3. Are health considerations currently part of the discussion? Can the HIA provide new and important information or insight to improve decision making?
4. What resources are currently available to conduct the HIA (staff time, existing data and assessment tools, etc.)
5. Briefly describe the political and practical context of the decision. What is your assessment of the likelihood that the HIA findings and recommendations will receive consideration by decision-makers?
6. What are the primary health determinants likely to be impacted by the decision?
7. What stakeholders, if any, have already expressed interest in participating in the HIA?
8. Briefly describe the potential for this HIA to increase partnerships, visibility, and support for future HIAs in your region.
9. Briefly describe the community (or communities) who will be affected by the decision to be made. Is there the potential for different sub-groups within the community to be more adversely affected than others?

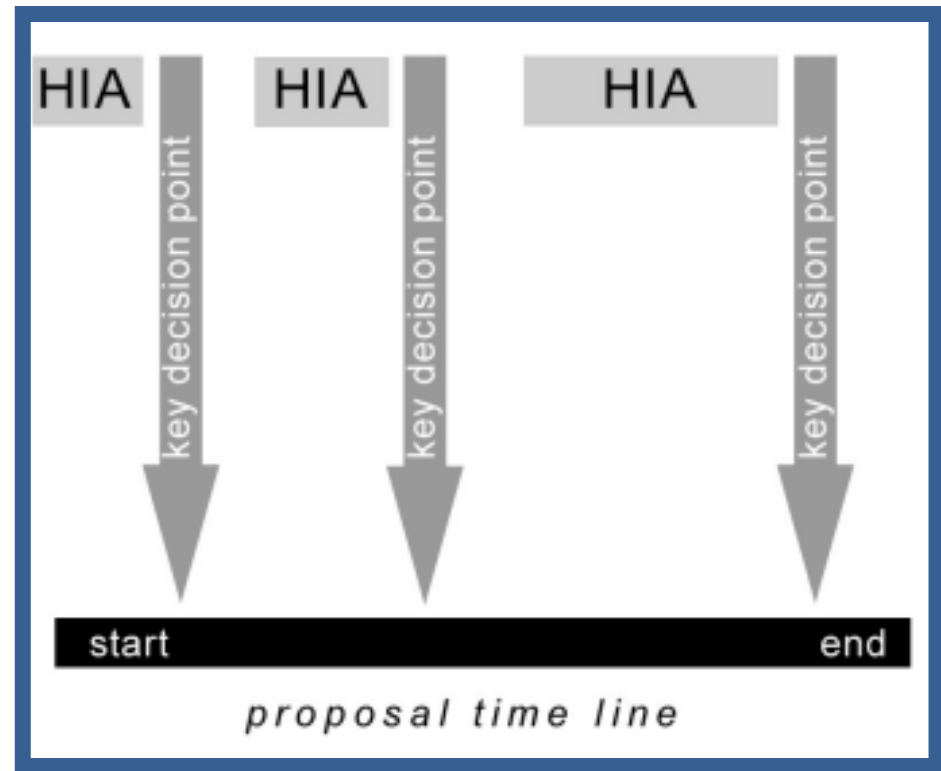
# BASIC YES/NO SCREENING QUESTIONS

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



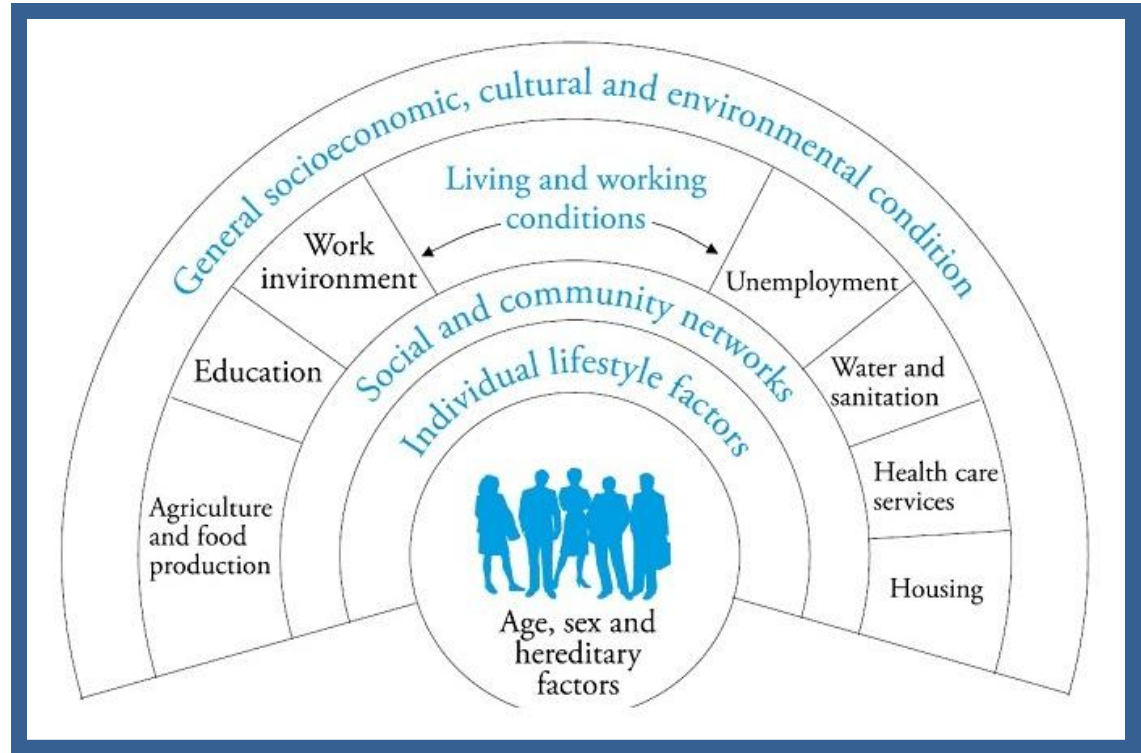
# ADDITIONAL HIA SCREENING CONSIDERATIONS



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?



# IDENTIFYING POTENTIAL PROJECTS AND PARTNERSHIPS



- **Local media**
- **Policy scans based on upcoming agendas, community input, or known health issues**
- **Meetings with multi-sectoral partners**
- **Identify and cultivate champions in different sector**
- **Local or regional conferences**
- **HIA workgroup or networks**

# SCREENING OUTPUTS

- **Description of the proposed action**
  - Timeline
  - Intervention points
  - Decision makers and key stakeholders
- **Why the proposal was selected**
- **Potential importance to health**
- **Expected resource requirements**
- **Political and policy context**
- **Screening recommendation**





# EXAMPLE 1: DOES THE HIA INFORM A PROPOSED DECISION?

- **Scenario:** A school district wants to better understand the health impacts of the *recent re-siting* of its elementary school.
- **Why *not* do an HIA?** This HIA would not inform a *proposed* decision. In this case there is no decision to influence, as the decision to site the school has already been made.





# EXAMPLE 2: IS HEALTH “ALREADY AT THE TABLE?”



- **Scenario:** A hospital is considering a new policy to serve healthier foods.
- **Why *not* do an HIA?** Decision-makers will likely already be considering how these proposals will impact health. Therefore, it is less likely that the HIA will provide new or important information/ insight on previously unrecognized health issues.

# EXAMPLE 3: WILL THE HIA LOOK AT HEALTH FROM A BROAD PERSPECTIVE?

- **Scenario:** A county health department will use an HIA to assess the impact on obesity rates from a proposed bike lane.
- HIA adds the greatest value when it provides the decision maker with a systematic assessment of the important risks and benefits, rather than focusing on a single issue of concern to the group conducting the HIA.



# EXAMPLE 4: IS THE PROPOSED IDEA A COMMUNITY RISK ASSESSMENT, A NEEDS ASSESSMENT, EVALUATION, OR BASELINE HEALTH ASSESSMENT?



- **Scenario:** A local housing agency will evaluate which of its programs have the greatest benefits for health.
- **HIA is not the same as evaluation.**



# EXAMPLE 5: IS THE HIA FEASIBLE IN TERMS OF TIMING AND RESOURCES?

- **Scenario:** A local health advocacy organization wants to conduct an HIA on next month's decision to locate a proposed WalMart distribution center in their county. Over the past two years that this decision has been debated, they have not had any luck getting decision makers to pay attention to concerns about health impacts.
- There may not be enough time to conduct an HIA before the final decision about this proposal will be made. Additionally, decision makers may be less open to considering HIA findings and recommendations so late in the process.





# HIA TRENDS, RESOURCES, AND NEXT STEPS

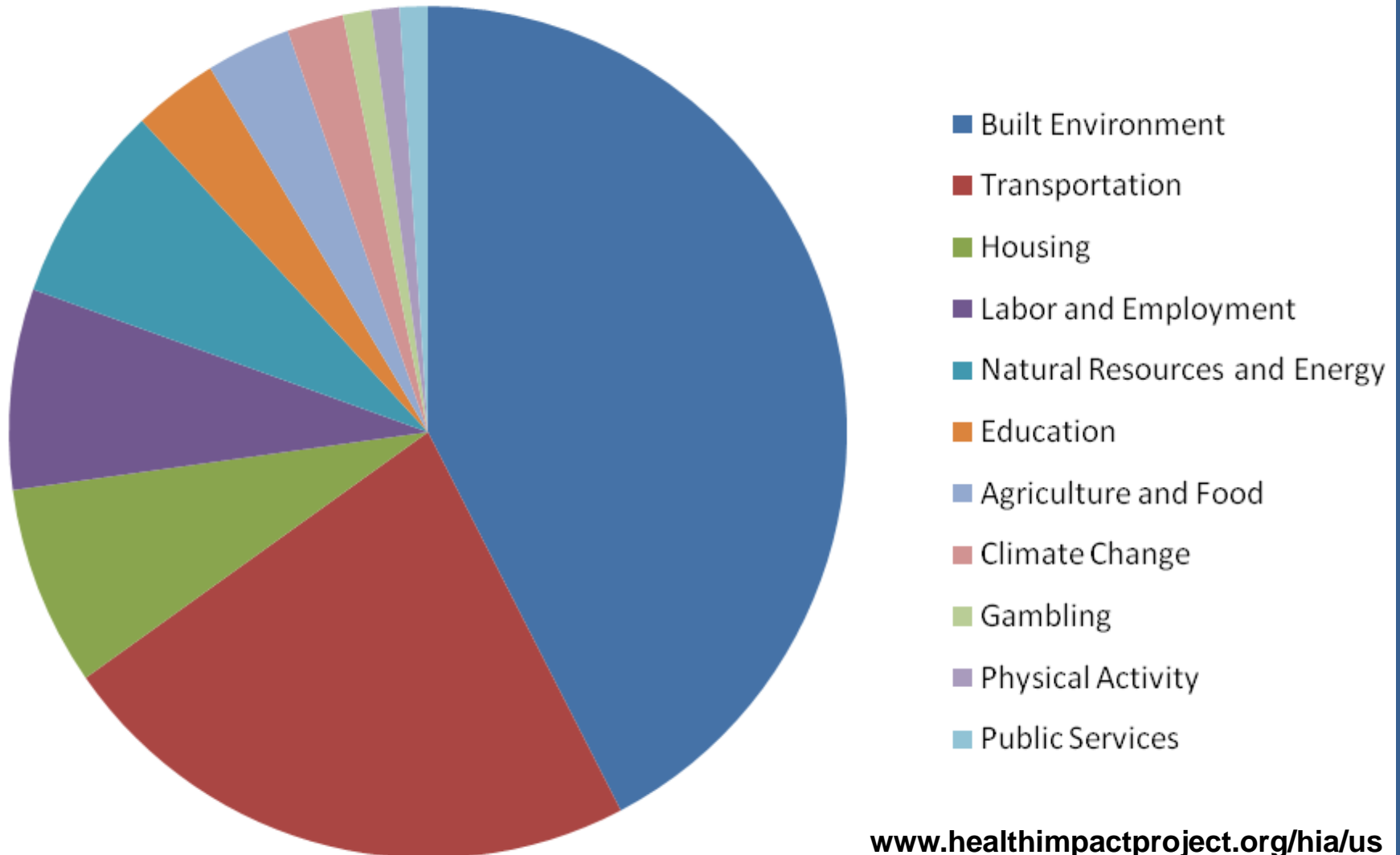


# NATIONAL TRENDS IN HIA

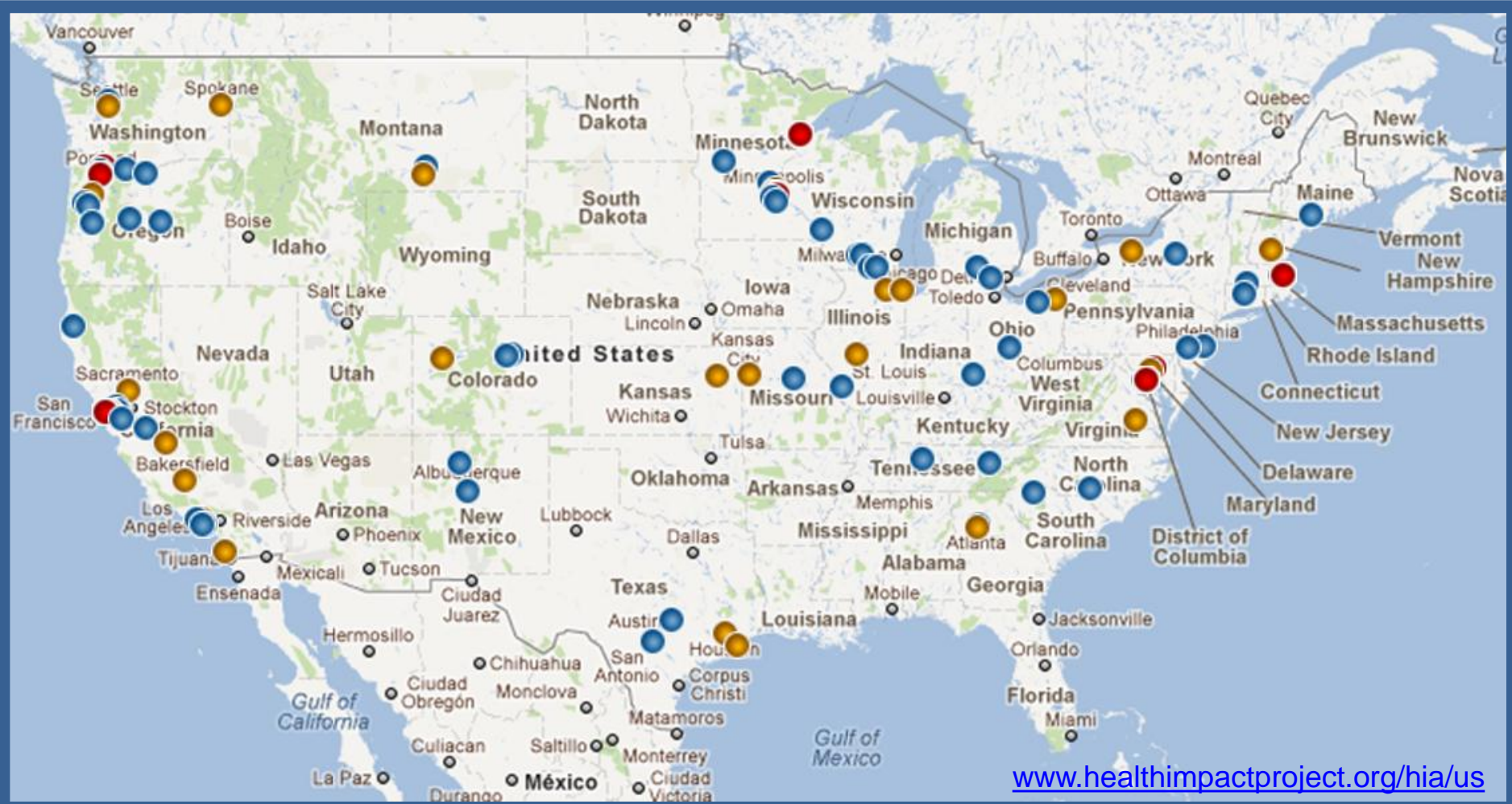


- The field of HIA is growing exponentially
  - In 2008 there were 27 completed HIAs
  - In 2013 there are over 200 completed or in-progress HIAs
- HIA can, and has been, applied to a wide range of topics

# HIA IN THE UNITED STATES: SECTORS AND TOPICS

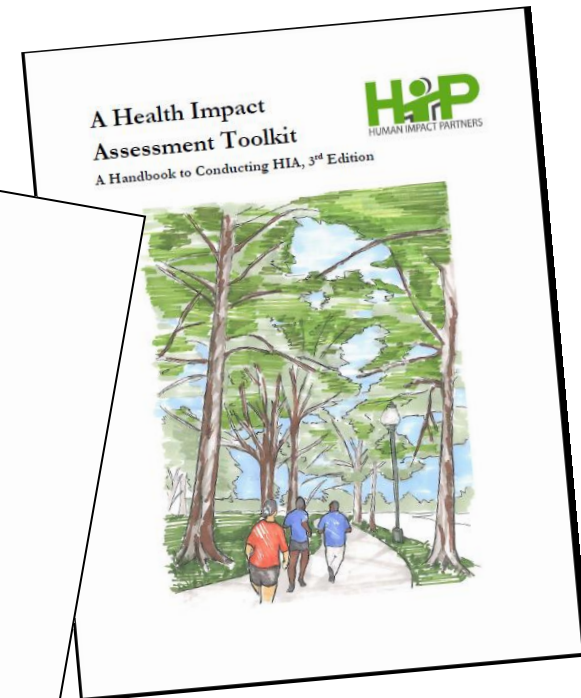
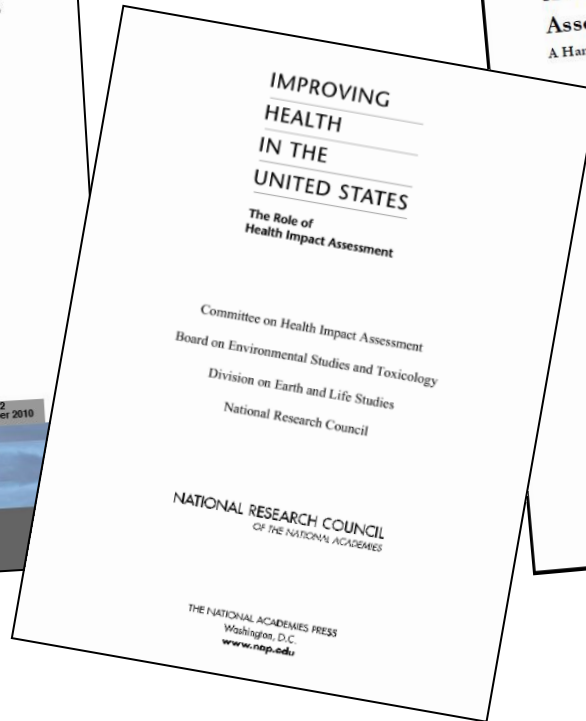
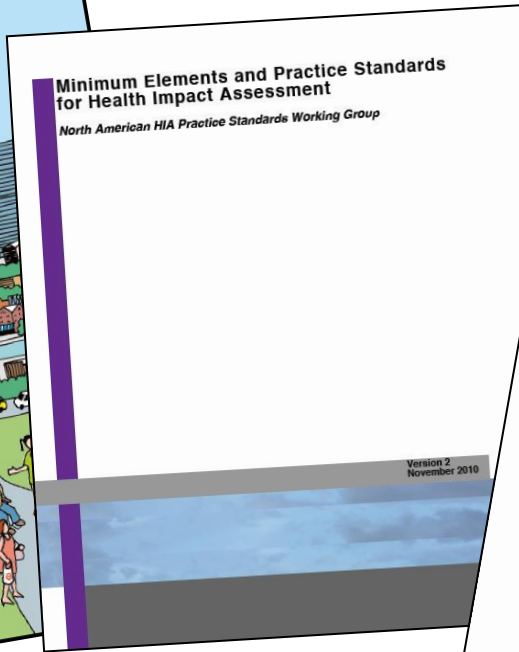
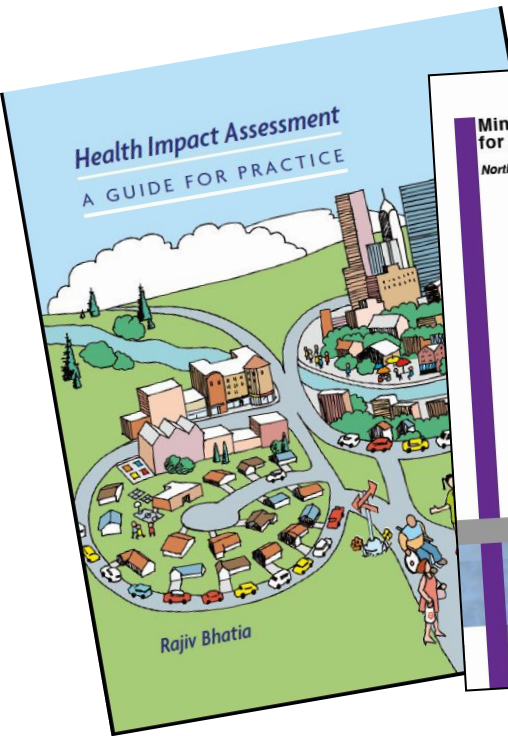


# HIA IN THE UNITED STATES: INTERACTIVE MAP



[www.healthimpactproject.org/hia/us](http://www.healthimpactproject.org/hia/us)

# HIA GUIDES





# COMPLETED AND ONGOING HIA

www.healthimpactproject.org/hia/us

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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

<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

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

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

### Keep Up With Us



# HIA Trainings: Details

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- No registration fee
- Travel support available upon request
- 1.5 days
- Provided by the Georgia Health Policy Center
- Dates and locations:
  - **March 4-5: Hutchinson, MN**
  - **March 19-20: Little Falls, MN**

# HIA Trainings: Registration

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- Registration form, including screening questions, due February 19, 2013 to [healthimpactproject@pewtrusts.org](mailto:healthimpactproject@pewtrusts.org).
- Registration form available on the “Project News” section of our website: [www.healthimpactproject.org](http://www.healthimpactproject.org).
- Up to 20 people to attend each training: We encourage you to attend with either a colleague from your organization or someone from a partner organization in another sector.

# Next Steps

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- Brainstorm ideas for HIA topics with colleagues and partner organizations.
- Complete and submit registration form—including screening questions—by February 19, 2013 by sending it to [healthimpactproject@pewtrusts.org](mailto:healthimpactproject@pewtrusts.org).
- If you are selected to attend the training, we will follow up to schedule a 1-on-1 technical assistance call prior to the training.
- Stay tuned for details about funding opportunities in March! Sign up for our mailing list by entering your e-mail address into the “Stay Informed” box on our homepage.

# Questions?

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Bethany Rogerson

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E-mail: [brogerson@pewtrusts.org](mailto:brogerson@pewtrusts.org)