

The CQGRD has had extensive experience in conducting HIAs since 2007. Similar to national trends, these HIAs tend to focus on project-level appraisals. However, a more recent push to expand the scope of HIA to the regional level is imminent. This trend is apparent with endorsements from governmental agencies such as the FHWA to integrate health into regional transportation planning.

Health Impact Assessment (HIA) of PLAN 2040

About: A prospective and comprehensive HIA on
ARC's PLAN 2040

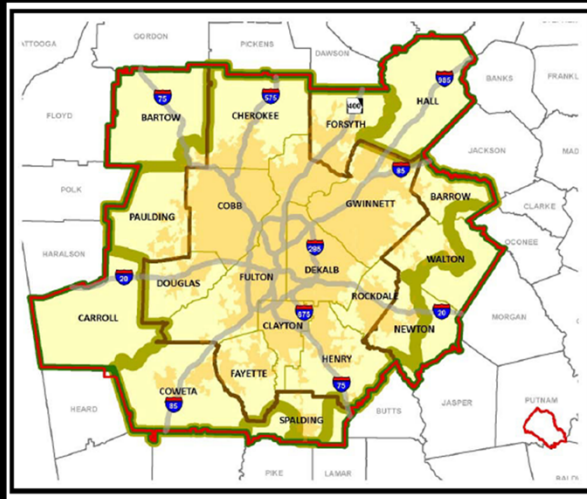
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Short-term: HIA

Long-term: Spatial and Organizational
Integration

The CQGRD has had extensive experience in conducting HIA since 2005. Prominent examples include the Atlanta Beltline HIA and more recently the HIA of the PLAN 2040.



Color	Regional Commission (RC)	Metropolitan Planning Organization (MPO)	Ozone Non-Attainment Area (8 hour standard)	Particulate Matter (PM 2.5) Non-Attainment Area
Boundary Name	Regional Commission (RC)	Metropolitan Planning Organization (MPO)	Ozone Non-Attainment Area (8 hour standard)	Particulate Matter (PM 2.5) Non-Attainment Area
Number of Counties	10 counties	All of 13 counties; parts of 5 counties	20 counties	All of 20 counties; parts of 2 counties

3



The Atlanta Regional Commission plays the dual roles of being a Regional Commission and Metropolitan Planning Organization entrusted with regional development as well as regional transportation planning. The map characterizes four different jurisdictional boundaries based on the different functions that the agency is responsible for. This dual-role provides a great opportunity to create an integrated approach to health.

Increasing trends in regional planning as influenced by

Why is the region important: imp actor in vitality and health

Be systematic in dealing with health but challenging to planning process

Potential to change planning processes

PLAN 2040 Process and Components

Process	Documents	Contents
Regional Vision	PLAN 2040 Framework	<ul style="list-style-type: none"> • Fifty Forward findings • PLAN 2040 Purposes, Values, Objectives and Principles • Regional Issues and Opportunities • PLAN 2040 Evaluation and Monitoring
Regional Development	Regional Development Guide	<ul style="list-style-type: none"> • Defining Narratives • Unified Growth Policy Map • Matrix of Land Uses • Matrix of Quality Community Objectives • Implementation Priorities
Implementation	ARC Implementation Program	<ul style="list-style-type: none"> • Sustainable 5-year work program • Timeframes, responsible parties, estimated costs, funding sources
	Local Government Plan Implementation	<ul style="list-style-type: none"> • Performance Standards and Measures
	Regional Implementation Partners	<ul style="list-style-type: none"> • Activities of Regional Partners

4

The PLAN 2040 process was initiated in Feb 2009 and completed in July 2011. It is a unique effort that combines land use and transportation planning, particularly in its potential to impact health. The Georgia Department of Community Affairs determines a series of requirements for the ARC with regard to regional development. These requirements and their corresponding PLAN 2040 documentation are outlined in the table. These requirements include creating a vision, providing a framework for future land use as well as a strategy for implementation.

However, it is more exciting for me to discuss what opportunities this provides by way of integrating health into Regional Planning:

1. The Regional Transportation and Land Use planning by an MPO is a federally mandated process. This provides a great opportunity in institutionalizing HIA within the regional planning process.
2. The Plan components themselves offer great opportunities for health:

Vision, Regional Issues and Opportunities- Screening, Scoping and Assessment of health

Implementation- Provide a roadmap of collaboration for federal, state and local partners. How do we get public health agencies more involved?

Health in PLAN 2040

Goals:

1. Lead as the global gateway to the South.
2. Encourage healthy communities.
3. Expand access to community resources.

Objectives:

1. Increase mobility options for people and goods.
2. Foster a healthy, educated, well-trained, safe and secure population.
3. Promote residential choices in locations that are accessible to jobs and services.
4. Improve energy and resource efficiency, while preserving the region's environment and critical assets.
5. Identify innovative approaches to economic recovery and long-term prosperity.

The Atlanta Regional Commission has already embraced health as an essential element of a thriving and productive region in several important ways. Specifically many of ARC's activities deal with the social determinants of health in indirect ways. Planning and visioning efforts that consider sustainability, equity, aging, housing, transportation, land development, energy, and many other topics also touch on the elements of a complete, healthful community.

However. Health not effectively operationalized it.

Cause	Type	Regional Rate (1999-2007)	Regional Min.	Regional Max.	Regional Disparity	National Rate (2007)
Ischemic Heart Disease	Death	116.6	92.7	188.7	X 2.0	126.0
Hypertensive Heart Disease	Death	13.7	2.2	23.5	X 10.5	9.5
Stroke	Death	55.1	47.5	81.8	X 1.5	42.2
Diabetes	Death	19.4	13.8	25.6	X 2.0	22.5
Chronic Lower Respiratory Disease	Death	33.5	22.9	56.8	X 2.0	35.3
Asthma	ER Visits	539.6	252.7	859.8	X 3.5	573*
Breast Cancer	Death	14.5	10.6	17.9	X 2.0	12.9
Motor Vehicle Crash	Death	13.9	11.7	27.7	X 2.5	14.4
HIV	Death	8.8	0.9	22.6	X 25.0	3.7
Homicide	Death	7.8	1.7	14.2	X 8.5	6.1
Infant Mortality**	Death	9.1	5.1	12.5	X 2.5	6.75
All Causes	Death	852	737	1082	X 1.5	760.2

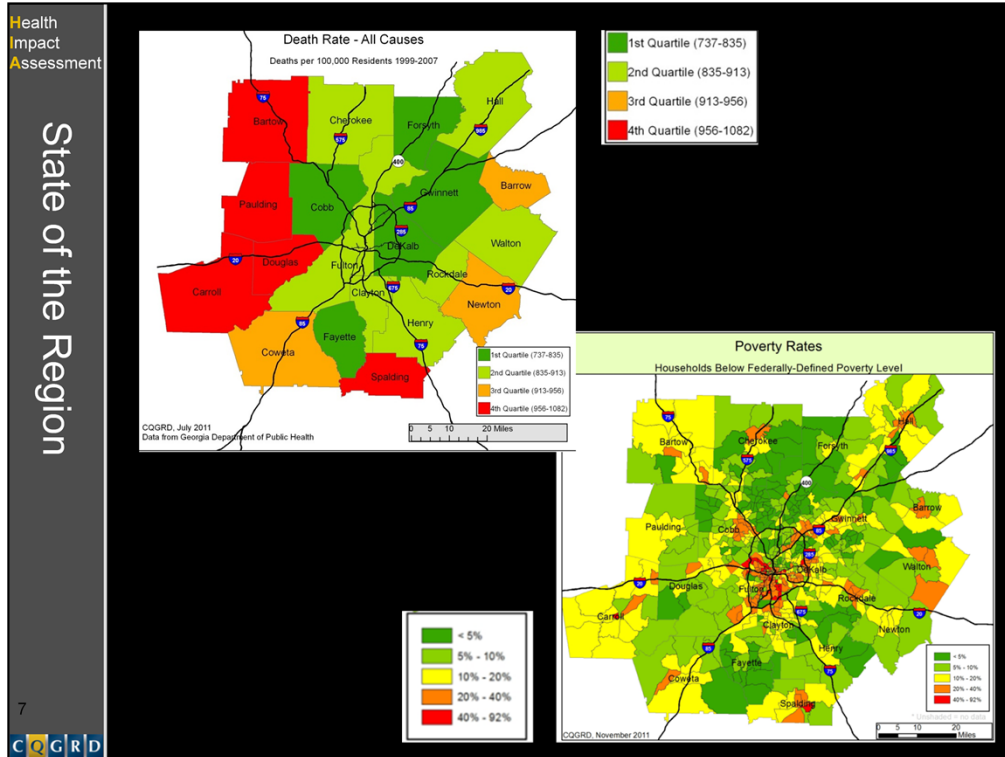
Rates are age-adjusted, per 100,000 residents.

*National asthma ER visit rate is from 1992-2004

**Infant mortality rates are per 1,000 live births.

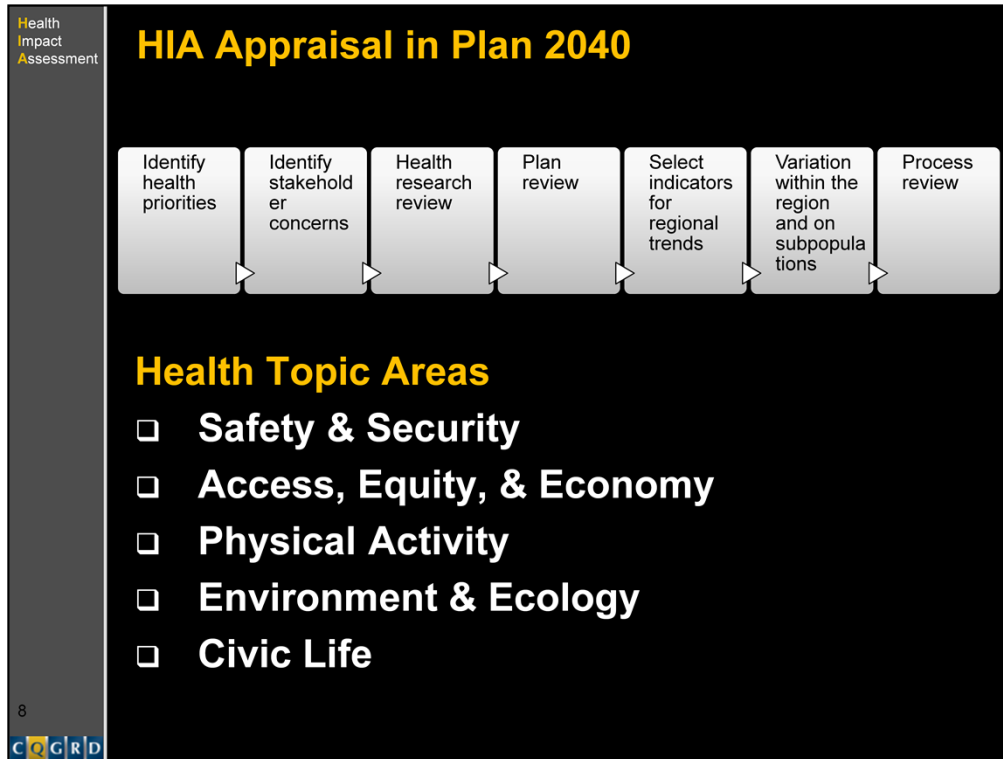
Sources: Online Analytical Statistical Information System, Office of Health Indicators for Planning (OHIP), Georgia Department of Public Health; Freymann, G. R., Attaway, R. M., Butler, S. B., Rogers, M. Y. (2008). 2007 Georgia Vital Statistics Report. Georgia Department of Public Health; Hall, M. J., DeFrances, C. J., Williams, S. N., Golosinskiy, A., and Schwartzman, A. (2010). National Hospital Discharge Survey: 2007 Summary. National Health Statistics Report, 29; Xu, J., Kochanek, K. D., Murphy, S. L., and Tejada-Vera, B. (2010). Deaths: Final Data for 2007. National Vital Statistics Reports 58:19; CDC. (2007b). National Surveillance for Asthma - United States, 1980-2004. Table 23..

In a comparison of disease rates, the Atlanta Region appears to have higher mortality rates for hypertension, HIV and infant mortality compared to the nation.



These maps provide a quick overview of existing health conditions in the region and potential relationships with other social determinants, particularly poverty. Two important points:

1. Data available in incompatible scales. More granular health data required to detect health disparities between neighborhoods at the regional scale. Need coordination between planning and public health agencies.
2. Spatial mapping of several socioeconomic indicators show greater disparities in the southern part of the Atlanta region.



Discuss how each Topic impacts health at the regional scale.

Safety & Security:

Death & disability caused by traffic crashes and violent crime;

Impact of perceived risk on healthful behaviors

Access, Equity, & Economy

Equitable access to jobs, housing, services, and goods

Interrelationship between economic status and health through productivity and opportunity, cost of healthy food and housing, cost of transportation access to health care, mental health, and crime

Regional economic impact of health and economic disparities

Physical Activity

Role of physical activity in various diseases/leading causes of death;

Role of environment in utilitarian versus intentional physical activity;

Actual physical activity rates

Environment & Ecology

Exposure to nature

Air, noise, water and soil pollution

Urban climate and global climate change

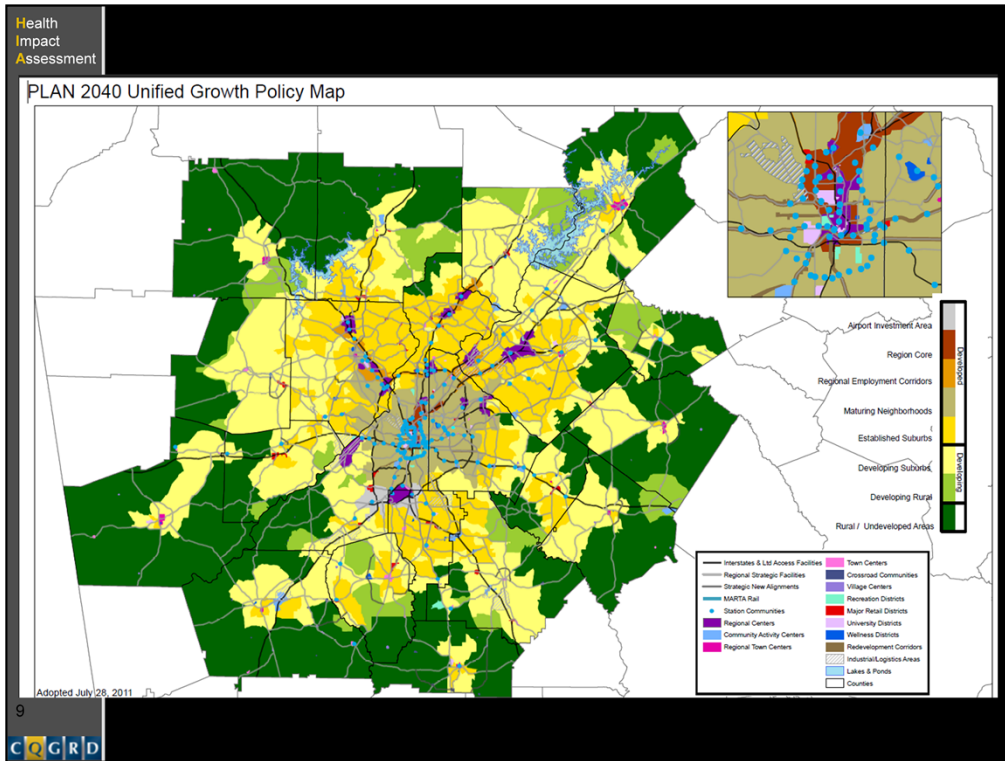
Environmental justice

Contribution of environmental hazards to disease

Civic Life

Public life & social connection

Definition of health includes emotional well-being and ability to cope with environment



It should be clear how I use this map.

Findings

- RDG effectively captures a wide-spectrum of higher-density centers
- LCI and LLC programs have positive health impacts
- LCI program can correspond better with high-density “Places”

Recommendations

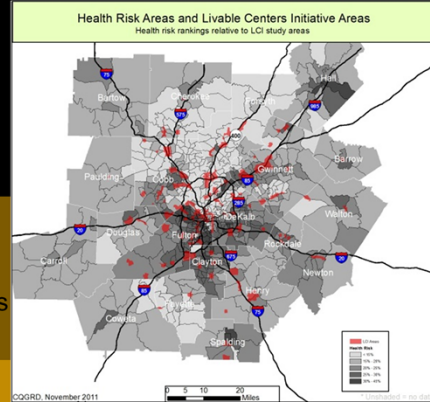
- Encourage density and infill development in appropriate activity centers
- Expand mixed-use development and mix of housing type
- Discourage development outside of LCI locations
- Prioritize demand management wherever feasible
- Encourage local jurisdictions to develop land conservation programs

Findings

- Activity centers associated with many positive health determinants
- CQGRD LCI and Health report

Recommendations

- Incorporate HIA and healthy community design in LCI studies
- Work towards “center” planning at all naturally-occurring nodes and activity centers
- Ensure that all determinants of healthy mode share, access, and safety are present
- Coordinate transportation projects with land use
- Work with communities to create nodes in underserved areas
- Develop strategies to conserve areas outside of centers



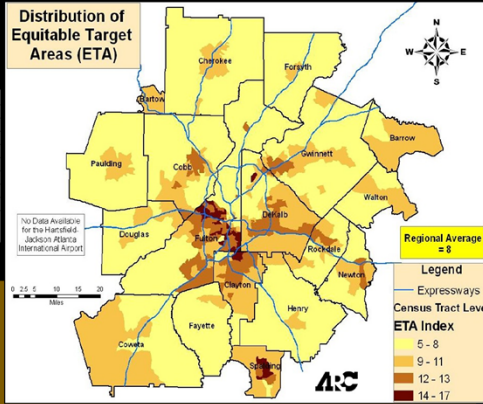
LCI gives individual communities the opportunity to apply for the resources necessary to create and implement plans that link transportation improvements with land use development strategies, and thus improve the quality of life for residents.

PLAN 2040 Supports Social Sustainability Objectives

PLAN 2040 provides an equitable strategy to address regional needs, with per capita investment in Equitable Target Areas (ETA) being higher than those in other areas. ETAs are locations in the region that are the most likely to have transportation disadvantaged residents.



Distribution of Equitable Target Areas (ETA)



Findings

- Considers:
 - Age
 - Education
 - Median Housing Value
 - Poverty
 - Race
- Used as an evaluatory tool post-planning (impact evaluation)

Recommendations

- In future, repeat assessment with health vulnerability measures
- Integrate into plan-making to prioritize development and investment

- Goals and Objectives specifically include health considerations
- Operationalization of health determinants is narrow (safety and physical activity)
- Existing plans and programs provide a good foundation for integrating health
- HIA not concurrent with planning process
- Significant challenges
 - Data availability and integration
 - Spatial integration
 - Intra and inter-organizational integration

Spatial integration: health needs to be a preemptive practice, understanding of health determinants needs to be widened, development of corresponding metrics

Thank you.

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Never overwhelm audience with too much info.