

## Health Impact Assessment Training: Day 1 March 9, 2010

### DAY 1 OBJECTIVES:

- Demonstrate connections between land use/policy planning and community health issues
- Understand the value and purpose of HIA
- Review examples of past and current HIA projects
- Understand the collaborative nature of HIA and roles for diverse stakeholders in the HIA process
- Participants identify projects or policies at the county level that would be appropriate for HIA and use this project as a “case study” to explore throughout the training
- Learn about the “Screening” and “Scoping” steps of HIA and practice using tools for each step
- Gain familiarity with practical HIA tools and methodologies for assessment
- Discuss approaches to both qualitative and quantitative data collection as well as community-based participatory research in HIA
- Provide opportunities for participants to share information about data sources and resources that could be used in HIA

Time	Agenda Item
8:00	Coffee and Registration
8:30	Welcome and Introductions
8:45	Making the Connection between Land Use, Policy and Health
9:00	Introduction to Health Impact Assessment
9:20	BREAK
9:30	HIA Project Examples
10:20	HIA as a Collaborative Process: Stakeholders, Partners and Roles
10:45	Case Study Project Descriptions
11:15	LUNCH
12:15	Step 1: Screening – <i>Participate in facilitated exercises of screening using case study scenarios</i>
1:15	Step 2: Scoping – <i>Participate in facilitated exercises of scoping using the case study scenario</i>
2:30	BREAK
2:45	Step 3: Assessment – <i>Identify data/research needs for issue area identified in screening and scoping</i>
4:10	Wrap-up
4:30	Adjourn

# Health Impact Assessment Training



Milwaukee, Wisconsin • March 9 & 10, 2010

## Introductions



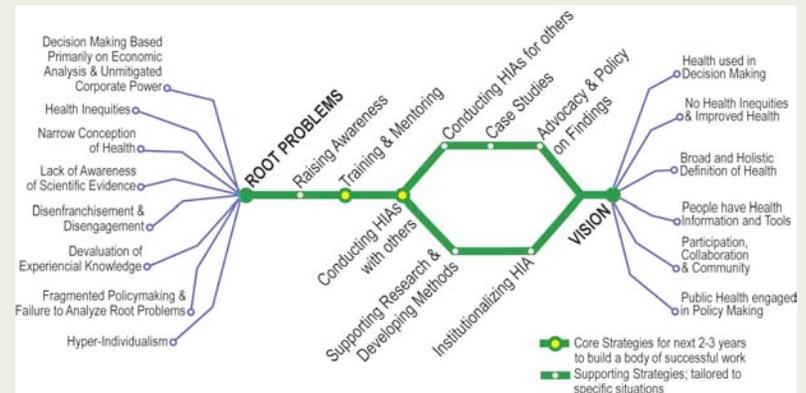
- Name
- Agency/organization & focus of your work
- Experience with and interest in HIA

## Human Impact Partners - Goals



- Equity and justice
- Democracy and transparency
- Elevation of community voices
- Sustainability
- Improving health
- Reducing health disparities

## The “Subway” to Our Vision



## Agenda: Day 1



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9:30	HIA project examples
10:20	HIA as a collaborative process: stakeholders, partners, roles
10:45	Case study project description
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## Factors Responsible for Population Health



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## Introduction to Health Impact Assessment



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

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## Incorporating Health into Decision-Making



The world would look different



Development



Farm Policy



Incarceration



Immigration



Ports



Education

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## Why Health?



### Limitations to economics-based decision-making

Externalities

Disparities

Money is not the same as happiness



### A health frame can be persuasive

People understand health personally

Health is an indicator of quality of life and well-being

Health is a shared value

People are morally outraged by health inequities

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## HIA Definition



### Health Impact Assessment

A combination of procedures, methods and tools that systematically judges the potential, and sometimes unintended, effects of a policy, plan, program or project on the health of a population and the distribution of those effects within the population. HIA identifies appropriate actions to manage those effects.

International Association for Impact Assessment, 2006

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## HIA Addresses Determinants of Health



*How does the proposed project, plan, policy*

*affect*



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## HIA Purpose



### Primary

Judge health effects of a proposed project, plan or policy

Highlight health disparities

Provide recommendations

Shape public decisions & discourse

Make health impacts more explicit



### Secondary

Engage & empower community

Emphasize everyday experience

Build consensus

Build relationships & collaborations

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## A Brief History of HIA



1969	National Environmental Policy Act (NEPA) requires study of environmental & health effects ( <i>however, health impacts have not been adequately addressed in EIA</i> )
1980s	WHO encourages Health Promotion/Healthy Public Policy in 1986 Ottawa Charter
1990s	England, Acheson Report recommends analysis of impacts of policy on health inequities WHO publishes <i>Gothenburg Consensus Paper on HIA</i> First HIA in US (SFDPH, Living Wage)
2000s	World Bank requires HIA of all large projects HIA on proposed Alaska North Slope Oil Lease
2010s	HIA used around the world and, recently, across the U.S. North American HIA Practice Standards Released

HIA continues to gain momentum



## Steps of a HIA



Screening	Determines the need and value of a HIA
Scoping	Determines which health impacts to evaluate, methods for analysis, and a workplan
Assessment	Provides: <ol style="list-style-type: none"> <li>1) a profile of existing health conditions</li> <li>2) evaluation of potential health impacts</li> <li>3) strategies to manage identified adverse health impacts</li> </ol>
Reporting	Includes: <ol style="list-style-type: none"> <li>1) development of the HIA report</li> <li>2) communication of findings &amp; recommendations</li> </ol>
Monitoring	Tracks: <ol style="list-style-type: none"> <li>1) impacts on decision-making processes and the decision</li> <li>2) impacts of the decision on health determinants</li> </ol>

## HIA Topics



HIA can evaluate many types of projects, plans, policies

Land use plans	Housing developments, revitalization plans
Transportation plans	New transit stations, roadway expansions, new rail lines
Comprehensive or specific area plans	Guides for future development
City, state, or national policies	Labor, education, incarceration, immigration

The following are examples of completed HIA projects

## HIP HIA Projects



Comprehensive / Specific / Transit-Oriented Development Plans

- Humboldt County General Plan Update
- Mountain View General Plan Update
- Oakland Estuary Specific Plan
- San Pablo Avenue corridor
- Pittsburg Avenue Railroad Specific Plan
- Concord Naval Weapons Station Reuse Plan

Housing Projects

- East Palo Alto redevelopment
- Jack London Gateway development
- Los Angeles redevelopment
- San Francisco public housing redevelopment

State / Local Policies

- I-710 expansion in California
- Vehicle miles traveled legislation in Oregon
- Paid sick days legislation in California, Massachusetts, Maine, New Hampshire

## Project Example 1



### A Rapid Health Impact Assessment of the Jack London Gateway Development

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## JLG Project Description



### Proposal

Build 55 units of low-income senior housing and retail near JLG shopping mall in West Oakland

### Project sponsor

East Bay Asian Local Development Corporation (EBALDC), a non-profit developer

### Project site

Borders Freeway 980, near Port of Oakland



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## JLG Health Concerns



Residents interested in using the project as a case study for understanding HIA



### Community health-related concerns included

- Air quality - respiratory disease
- Noise - sleep disturbance, social cohesion
- Retail - fresh produce, pharmacy
- Safety - pedestrian, crime

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## JLG HIA Process



In 4 meetings over 3 months, the community

- Selected the project
- Engaged EBALDC in discussions
- Scoped and prioritized concerns about project
- Found supporting evidence for concerns
- Developed suggested mitigations
- Wrote letter to EBALDC and Planning Commission

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## JLG Outcomes



Oakland Planning Commission asked EBALDC to work with community and implement mitigations

### EBALDC made many concessions

Installing filtered air systems in common space and residential units

Placing bay windows instead of balconies on the freeway side of building

Changing main entrance from highway side to neighborhood side

Building opened on September 2nd!

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## Project Example 2



A Health Impact Assessment of the Humboldt County General Plan Update

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## Humboldt Background



1998

Humboldt County starts General Plan Update (GPU)

2007

After a BOS resolution, Public Health Branch (PHB) begins work with county planning division



2008

With grant funded support, PHB initiates a HIA to look at development scenarios under consideration in the GPU

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## Partners and Collaborators



Funded by



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## Proposed Alternatives



### Alternative A

“Focused growth”

All new units built in areas with existing infrastructure  
6,000 units over 25 years

### Alternative B

Build primarily in areas with existing infrastructure  
Some expansion to areas outside city centers  
12,000 units (6,000 urban/6,000 non-urban)

### Alternative C

Requires expansion of infrastructure  
Allows new housing in outlying areas  
18,000 units (6,000 urban/12,000 non-urban)

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## Humboldt Screening



Clearly defined decision to be made

Decision will impact health

Public health involvement invited

Resources available

Variety of stakeholders interested



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## Humboldt Scoping



### Process

Led by Public Health, HumPAL, and HIP

Conducted three focus groups with ~50 participants

35 community health indicators used  
to assess 3 alternatives

Healthy housing

Safe and sustainable  
transportation

Environmental stewardship  
Public infrastructure

Public safety/Social cohesion

Healthy economy



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## Humboldt Assessment



For each of the 35 indicators

Literature review

Collection of existing conditions data

Analysis of how 3 alternatives would impact  
indicators, including vulnerable populations

GIS mapping

Potential mitigations

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## Data Contributors



Humboldt County Public Works	Humboldt County Association of Governments
Humboldt County Community Development Services	Workforce Investment Board
California Department of Forestry	California Water Resources Board (North Coast Watershed Assessment Program)
Humboldt State University	City of Arcata
UC Davis Agricultural Extension Service	Eureka City Schools
First Five Commission	Assembly member Patty Berg's office
Area 1 Agency on Aging	Humboldt Del Norte County Medical Society
Jacoby Creek Land Trust	Northcoast Environmental Center
Childcare Planning Council	Fisheries Biologists
North Coast Unified Air Quality Management District	Natural Resources Conservation Service Arcata Soil Survey Office
North Coast Emergency Medical Services	PG&E
Humboldt Partnership for Active Living	Department of Health & Human Services
Redwood Community Action Agency	
Housing and Homeless Coalition	

## Assessment - VMT Example



### Existing Conditions

In Humboldt County, VMT = 27 miles/person/day (2006)  
 California VMT = 24 miles/person/day

### VMT affects health

Collisions, walking/biking, proximity to goods and services, social cohesion, global warming

### Disparities

Seniors may be unable/unwilling to drive  
 Low-income people may not have access to cars or may need to spend large percent of income on driving

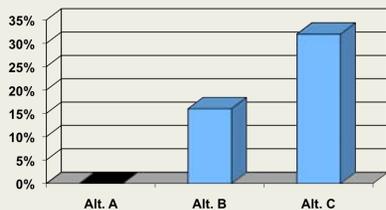
VMT: Average vehicle miles traveled per person per day

## Assessment - VMT Findings



### Alternative A (baseline)

Reduced individual travel expenses and time  
 Increased transit, walking, and biking



### Alternative B

200 million more miles driven in the county annually

### Alternative C

400 million miles more

## Humboldt Findings



### Alternative A

Most positive health impacts overall and requires fewest health-related mitigations

### Alternative B

Changes current health outcomes least

### Alternative C

Most negative health impacts overall and requires greatest number of health-related mitigations

## Humboldt Recommendations



### Examples of Transportation-related Recommendations

- Encourage employer-based incentives for transit
- Increase public education about public transit
- Raise priority of non-motorized modes of transport
- Collect data about pedestrian and bicycle use
- Establish pedestrian and bicycle routes to schools

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## Humboldt Reporting



- 40 page summary and six detailed analysis reports reviewed by planners before release
- Presented to the Board of Supervisors, Planning Commission, City Councils, state health officers, hospital grand rounds, APHA and others
- Distributed in newsletter to 22,000 local residents
- Three newspaper articles written about the HIA

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## Humboldt Outcomes



- No decision yet on General Plan Update
- Recommendations included in Circulation and Housing Elements
- HIA included as appendix to EIS
- Built collaboration between planning & public health agencies
- Built awareness about health and land use among elected officials, general public, planners, community groups
- Other counties interested in using the approach
- Proposed Humboldt Port expansion project will include a HIA

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## Humboldt Reflections



- “Several groups have used the HIA as a launching pad and become very active in the community.”*
- “Eighty people came to the planning commission hearing in support of infill [development/ Alternative A]. They have to move the next hearing to a bigger venue.”*

*“I think it would be accurate to say that the HIA had a profound effect on the GPU . . . It has been instrumental in forming the policy options in the Circulation Element, and in supporting infill policies in the Housing, Land Use and Community Design Elements.”*

*“The HIA has been well read by the public, and it is often brought up during the public comment portion of the meetings, mostly to encourage the decision makers to adopt policy that would have a positive impact on health.”*

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### Project Example 3

A Health Impact Assessment of the California Healthy Families, Healthy Workplaces Act of 2008

### Paid Sick Days Background

#### Paid Sick Days (PSD) Bills

- Guaranteed only in SF
- Milwaukee referendum in court
- DC policy being implemented
- Legislation being considered at the federal, state and local level



Most bills have similar language  
 Accrue 1 hour for every 30 hours worked  
 Used to care for oneself and dependents, for preventive care, to recover from domestic violence, and during school closures  
 Bills vary in cap on number of days and treatment of small businesses

### HIA Policy Question

Does public health evidence support the hypothesized impacts of a mandatory requirement for paid sick days on health?



### Partners and Contributors

- Human Impact Partners
- San Francisco Department of Public Health
- Labor Project for Working Families
- UC Berkeley Labor Center
- Work and Family Coalition
- Report Reviewers
- Media and Communication Specialists

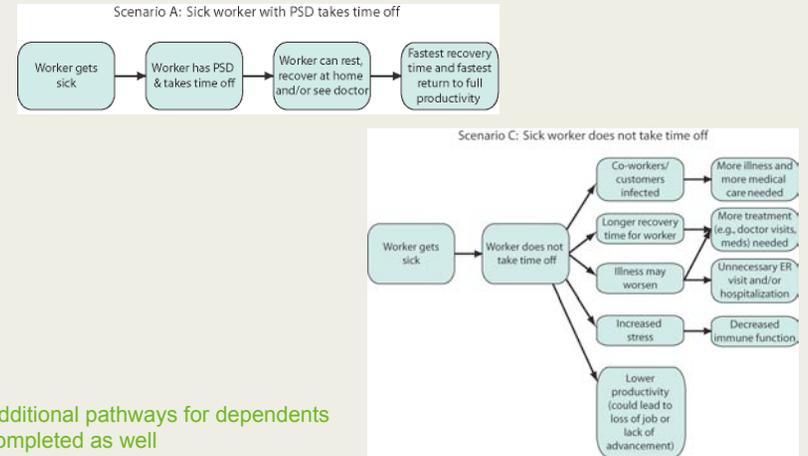
## PSD Screening



- Nationally, 60 million lack paid sick days
- Potential benefits to individual, family and community health
- Limited legislative analysis of health
- Legislative sponsors enthusiastic about framing bill using health
- Methods exist to contribute to analysis
- CA legislation and HIA as national model



## PSD Pathways



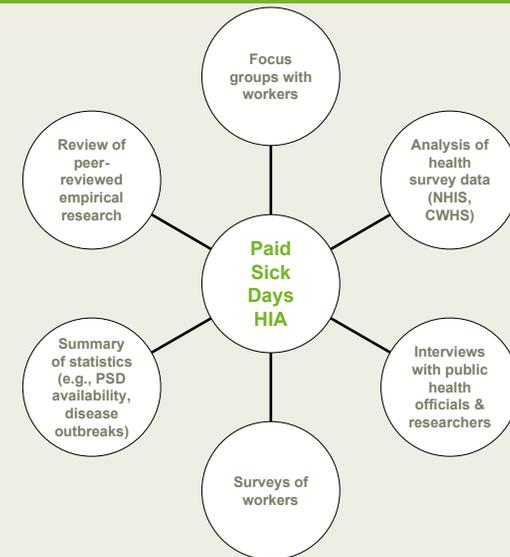
## PSD Scoping



### Sample Research Topics

- Availability of PSD in relationship to need and health
- Effect of PSD on recovery from illness, primary care utilization and preventable hospitalizations
- Effects of PSD on communicable disease transmission
- Effects of PSD on wage loss and risk of job loss

## PSD Assessment



## PSD Existing Conditions



Vulnerable populations in the U.S. have less access to paid sick days

79% of the lowest-paid workers do not have PSD

Over 50% of Hispanic workers do not have PSD

85% of food service workers do not have PSD

In a study of mothers, 40% whose children had asthma and 36% whose children had other chronic diseases, did not have PSD



## PSD Findings



Health Outcome	Judgment of Magnitude of Impact	Quality of Evidence
<i>Impacts on Worker or Dependent Health</i>		
Taking leave for medical need	▲▲▲	Consistent but limited quantitative evidence; supportive qualitative research
Taking leave to care for ill dependents	▲▲▲	Consistent but limited quantitative evidence; supportive qualitative research
Appropriate and timely utilization of primary care	▲▲	Limited supportive evidence
Reduced visits to the emergency room	▲▲	Limited supportive evidence
Reduced avoidable hospitalization	-	Insufficient evidence
<i>Impacts on Community Transmission of Communicable Diseases</i>		
Seasonal or pandemic influenza	▲▲▲	Consistent and adequate indirect quantitative research; established authoritative public health guidance
Foodborne disease in restaurants	▲▲	Consistent sufficient quantitative research; established authoritative public health guidance

## PSD Communication Strategies



### Framing

“All Californians”

“Common sense”

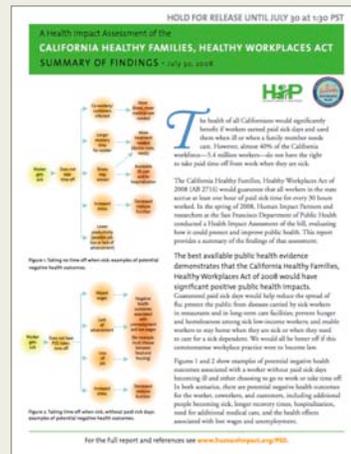
Disconnect between known best practices and current policies

### HIA report

### Summary of findings

### Public health spokespeople

### TV, radio and print media



## PSD Monitoring



### Outcomes

2008 and 2009 CA bill died due to budget issues

CA HIA led to more paid sick days HIAs across the country

Changed the way PSD legislation is discussed

No longer just a labor issue

CA Assembly Labor Committee Chair asked opponents whether they condoned disease outbreaks

Co-author of the HIA was invited to testify in front of the national House Education and Labor Committee

Advocates using H1N1 to make their case

## HIA Project Intervention Points



Development review process	Jack London Gateway
TOD specific plan	Pittsburg BART extension
Housing development plans	Los Angeles redevelopment
General / Comprehensive plans	Humboldt County General Plan Update
Environmental Impact Assessment (EIR/EIS)	I-710 freeway expansion
State legislative process, city council	Paid sick days legislation

## HIA as a Collaborative Process



### Why engage others in the HIA process?

Broad range of people affected

Data, information, resources

Relationship building

Capacity for advocacy

Empowerment



## Roles in HIA



Scoping	Identify health issues to be studied Prioritize research questions
Assessment	Research existing conditions data Conduct surveys, interviews, focus groups, Interpret and ground truth data Conduct data analysis Prioritize recommendations
Reporting	Write, review and edit final report Develop a communication, media and advocacy plan to report findings to decision-makers
Monitoring	Continue to hold decision-makers accountable for decision agreements and mitigations

See "Opportunities for Stakeholder Collaboration in HIA" in your binder

## Objective

By meaningfully involving potentially impacted communities, ensure that the HIA process, its results, and subsequent actions are as powerful as possible and engage and empower impacted community residents.

## Essential Tasks

- Recruit different stakeholders, including community organizations and individuals, to participate in the HIA.
- Ensure that community partners are prepared and have the capacity to participate. Provide leadership development and skills training necessary to support participation.
- Establish shared goals and objectives among stakeholders early in the process.
- Ensure community input at each stage of the HIA process.

## Key Points

**Community involvement at every stage can enable individuals and organizations to better contribute to, understand, and use HIA results.**

**Participation in the HIA by a variety of stakeholders, including strong community organizations, will help ensure that HIA findings are as objective as possible.** Community groups bring information that complements the perspectives of other HIA stakeholders. It is perceived by many that community organizations lack objectivity, but all stakeholders have some level of bias and can be viewed by other stakeholders as not objective.

**Involving community organizations and impacted individuals in the HIA process along with other diverse stakeholders can foster new relationships.**

**Community partners can play a unique role in using HIA findings and recommendations for advocacy purposes.** Other HIA collaborators may have limited capacity to engage in advocacy, but may have the trust of decision-makers. The ability to advocate for the implementation of HIA recommendations and have the trust of decision-makers is crucial to creating change.

**Community involvement in health impact assessment can lead to community empowerment.** As the WHO Commission on Social Determinants states, "Any serious effort to reduce health inequities will involve political empowerment." Empowerment enables communities to play a role in shaping their living and working conditions, and helps ensure that the changes needed to improve well-being are implemented. Simply having public meetings to inform community members of policy, plan or project changes, or to gather input, does not lead to empowerment.

## Key Points (cont'd)

**The health lens is an effective frame that can serve to engage community residents in decisions that impact their lives, and can help make community organizations more effective.** Assessing local projects and policies that residents are concerned about is an ideal way to highlight links between planning, policy and health. The HIA process and results are effective tools with which to educate

community members about decision-making, about the systemic causes of disparities, and about how public decisions impact their health. HIA reporting and communication are opportunities to build leadership through public speaking and meetings with decision-makers. HIA findings can be used by community organizations to support the credibility of their efforts.

### Examples of Roles for Community Groups and Impacted Individuals

Minimal Role		More Substantial Role
<i>Screening</i> informed by conditions and needs in the community	<=>	Community chooses HIA topic or partners with others to choose topic
Community members inform HIA <i>scope</i> (form of input varies: surveys, meetings)	<=>	Community members lead/play substantial role in scoping and prioritizing focus of HIA
<i>Assessment</i> includes results of community input (surveys, focus groups)	<=>	Community conducts research, suggests and prioritizes recommendations
HIA <i>communication</i> targets a community audience	<=>	Community participates in communicating HIA results (testimony, press conferences)
Government <i>monitors</i> outcomes on behalf of community	<=>	Community collects/reports monitoring data themselves or in partnership with others

## Tools

The tools page of HIP's website ([www.humanimpact.org/Tools.html](http://www.humanimpact.org/Tools.html)) has links to the HIA Toolkit, which includes:

- Structured ways to speak with community groups about how land use planning and public policy affects health are described:
  - The health tree
  - Community mapping exercises
- HIA Readiness Questions, which can help organizations evaluate whether they are ready to undertake a HIA.
- Principles of Collaboration, which can be put in place early in the HIA process to ensure that stakeholders understand how they will work together.

## HIA Opportunities for Collaboration

HIA Step	Examples of Roles	Potential Collaborators
<b>Process Oversight</b>	<ul style="list-style-type: none"> <li>▪ Stakeholders and HIA practitioners develop a collaboration agreement for the conduct and oversight of the HIA process</li> <li>▪ Identify agency or organization to oversee process</li> <li>▪ Coordinate partners/activities for each step of the HIA</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community advocates/ organizations</li> <li>▪ Public agencies:               <ul style="list-style-type: none"> <li>▪ Public health department</li> <li>▪ Planning department</li> </ul> </li> <li>▪ Regulatory agencies (e.g., EPA)</li> <li>▪ Universities</li> <li>▪ School districts</li> <li>▪ HIA consultant</li> </ul>
<b>Screening</b>	<ul style="list-style-type: none"> <li>▪ Identify criteria for selection and priority projects for HIA</li> <li>▪ Identify priority health issues needing to be studied through HIA</li> <li>▪ Understand context of decision-making process</li> <li>▪ Contact stakeholders and decision-makers</li> </ul>	
<b>Scoping</b>	<ul style="list-style-type: none"> <li>▪ Conduct issue identification through outreach to impacted communities</li> <li>▪ Prioritize research questions</li> <li>▪ Conduct outreach to potential HIA participants to broaden the spectrum of stakeholders involved</li> <li>▪ Identify sources of data</li> <li>▪ Establish timeline and boundaries (e.g., geographic, populations)</li> <li>▪ Consider resources available</li> <li>▪ Develop workplan</li> </ul>	
<b>Assessment</b>	<ul style="list-style-type: none"> <li>▪ Gather and organize data</li> <li>▪ Conduct research and analysis</li> <li>▪ Lead or participate in field observations and research</li> <li>▪ Conduct surveys, interviews or focus groups, and interpret or “ground truth” data and analysis</li> </ul>	
<b>Reporting and Communications</b>	<ul style="list-style-type: none"> <li>▪ Write, review and edit final HIA report</li> <li>▪ Interpret and prioritize HIA findings and recommendations</li> <li>▪ Develop presentation of findings</li> <li>▪ Develop and execute communication, media and advocacy plans</li> <li>▪ Create demand for public agencies to conduct HIA</li> </ul>	
<b>Monitoring</b>	<ul style="list-style-type: none"> <li>▪ Monitor decision outcomes and long term results</li> <li>▪ Hold decision-makers accountable to decision agreements</li> </ul>	

## Examples of HIA Collaboration



### Humboldt County General Plan HIA

Organization	Roles
Pubic Health Department	Contributed data and conducted research/analysis Reported HIA findings and recommendations
Community organization (HumPal)	Organized focus groups for scoping and assessment Reported HIA findings and recommendations
Planning Department	Participated in scoping focus groups Provided baseline data Reviewed HIA report and findings
HIP	Coordinated HIA process Conducted HIA assessment Drafted report

## Examples of HIA Collaboration



### California Paid Sick Days HIA

Organization	Roles
HIP	Coordinated HIA process Conducted HIA scoping and developed pathway diagrams Developed communications messages
SF Department of Public Health	Conducted assessment, including literature review, data analysis and focus groups Drafted report Testified at public hearing
Work and Family Coalition	Coordinated media outreach Used findings in legislative process
UC Berkeley	Reviewed report Provided nursing home research

## HIA Collaboration: Challenges



- Developing and maintaining relationships
- Establishing common goals, expectations, ground rules
- Ensuring partner involvement



Start-up is important!

## HIA Readiness Questions



### Ensure partners are clear about

#### The target

- project, plan, policy
- who are the decision-makers
- timeline of decision

#### Health issues of concern to the community

#### Priority of the HIA for the partners

#### Capacity of partners to participate in the HIA

#### How would partners use the HIA

See "HIA Readiness Questions" in your binder

## **HIA Readiness Questions**

Note: These questions are intended as a step in the process of evaluating an organization's readiness to conduct a HIA. We intend these questions to be answered as part of a dialogue, not as a test.

### **A. What is the decision target?**

1. What is the problem your organization is trying to address that involves the use of HIA?
2. Is there currently a defined project, plan, or policy proposal that is suitable for health impact assessment? Or is one very likely to be proposed in the immediate future? Please describe the proposal.

### **What are the health issues?**

3. Have neighborhood health issues (defined broadly) been identified as high priorities for community residents or organizations potentially involved in the HIA? If so, which ones?
4. List the most important research questions about the health impacts of the decision that an HIA could answer.
  - a.
  - b.
  - c.
  - d.
  - e.

### **B. Why is an HIA warranted?**

5. Describe the goal that your organization would set for the health impact assessment.
  - a. Are there known or suspected health or environmental health impacts of the project, plan, or policy being proposed?
  - b. What established community health needs could potentially be addressed by doing an HIA on the project, plan or policy?
  - c. Could identification or quantification of health impacts affect public or political support for the plan, its alternatives, or the policy that is being proposed?
6. Will health questions be considered in other parts of the decision making process (e.g., through other regulatory processes such as environmental impact assessment)?

### **C. Who are decision-makers?**

7. Who are the decision makers that you would want to influence with the HIA findings and recommendations?
8. Should public health agencies or other health constituencies be more engaged in the decision-making processes? If so, do you have contacts yet at your county public health department?

**Who will be involved in the HIA?**

9. Which stakeholders and community members are engaged in or expect to be engaged in the decision-making process? How many community members are likely to engage? How high a priority is this project for them or for the community organization?
- What is most needed to achieve community readiness to conduct the HIA?
    - Education about what HIA is?
    - Examples of past HIAs so we know what to expect?
    - Training about how to frame health issues when advocating for our project, plan or policy?
    - Other?
10. Do stakeholders or engaged community members currently have the capacity to participate in the HIA?
- Are community members or your organization able to participate in scoping sessions (2 – 3 one to two-hour meetings) to better define research questions?
  - Are community members or organizations able to participate in a steering committee to provide oversight and direction for the HIA?
  - Are community organizations able to organize and bring residents to a focus group or are they able to conduct a survey?
  - Are community members or organizations able to use or communicate the results of a HIA?
11. Who put forward the idea of considering a HIA for this project? How will they be involved in the process or communication of the HIA, if at all?
12. Who would be likely to use the results of the HIA?

**D. When will the decision be made?**

13. What is the timing of the decision you will use your HIA to influence? How much time would be available for conducting an HIA?

**E. How will the HIA be used?**

14. How might the results of the HIA be used to impact the decision-making process by any of the stakeholders involved?

**How would your organization use the HIA, based on its specific strengths?**

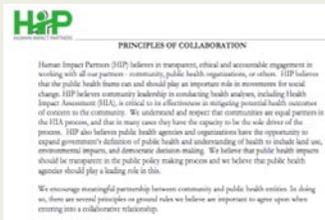
15. On a day-to-day basis, how does your organization prioritize the issues that you work on and/or the strategies you use to work on them? (please select all that apply)
- We go to our membership for guidance
  - Staff decides and gets input from committees/ board
  - We take direction from our national organization
  - Other – please describe:
16. Would you describe your organization as primarily providing services, training others to advocate for themselves, or advocating for policy change? Or a combination of all three? Please elaborate.

# HIP Principles of Collaboration



## Components

- Relevant values of each organization
- Each organization’s interest in the HIA
- Decision-making process
- Roles and Responsibilities for each organization



Available at [www.humanimpact.org](http://www.humanimpact.org)

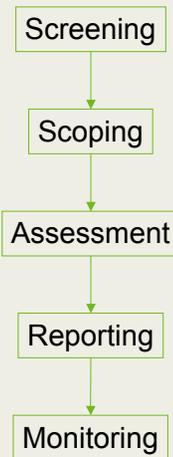
# Training Case Studies



- Milwaukee Street Car
- “Ice-age” Trail
- Fond Du Lac County



# The HIA Process



# The HIA Process



## Step 1: Screening



### Objective

To decide whether a HIA is feasible, timely, and would add value to the decision-making process.

Tasks

Key points

Tools

Resources

# STEP 1: SCREENING

## Objective

To decide whether a HIA is feasible, timely, and would add value to the decision-making process.

## Essential Tasks

- Define the decision and its alternatives
- Decide who will be involved in screening
- Determine if potential partners are ready to work on a HIA
- Evaluate the project, plan, or policy based on screening criteria
- Make a decision about whether to conduct a HIA
- Notify stakeholders of your decision

## Key Points

**HIA is used to assess a defined project, plan, or policy.** The purpose of HIA is to inform decision-makers before they make a decision. A HIA is most often carried out before a decision is made or the proposal is implemented.

**Have sufficient information about the decision.** Conducting a HIA requires sufficient information about the proposed policy or plan to evaluate health impacts. Vague plans or policy statements may provide too little substance for a HIA.

**Establish the value of HIA.** It is not possible or desirable to conduct a HIA on every public decision. Projects that benefit from HIA are those where such an analysis might significantly protect or promote the health of a population and where partners are engaged in the HIA process and will use the results.

**Assess feasibility.** Feasibility involves being able to conduct an informative HIA within the decision-making time frame and with available resources.

**Understand timing.** Conducting a HIA early in the design and decision-making process offers the best opportunity for influencing the design of the project, plan, or policy. If the HIA occurs too late in the process, it risks confronting a fixed design or closed positions.

**Evaluate decision openness.** For HIA to be most valuable, the decision-making process should be open to receiving and acting on new information.

**Be inclusive.** Have community groups, public agencies and other potential HIA collaborators participate in the screening process. Participation of stakeholders in the HIA process at the earliest possible stage can help to ensure buy-in, constructive dialogue, and openness to HIA findings and recommendations.

**Avoid redundancy.** A HIA may be less useful if health effects related to the decision are already well established, or if another impact assessment or analysis will serve to comprehensively analyze health impacts.

## Tools

### Example Screening Criteria

1. The project, plan or policy has been proposed, a final decision about whether to adopt the proposal has not been made, and there is sufficient time to conduct an analysis before the decision is made.
2. The decision has the potential to affect, positively or negatively, environmental or social determinants of health that impact health outcomes of a population - and those health impacts are not being or likely to be considered without the HIA.
3. Evidence, expertise, and/or research methods exist to analyze health impacts associated with the decision being considered.
4. The proposal being considered could potentially impact health inequities.
5. The proposal's impact on health outcomes is potentially significant. This can be measured in terms of the number of people impacted, the magnitude of impacts, and the breadth of the impacts.
6. The connections between the proposal and health outcomes are neither too obvious nor too indirect.
7. Decision-makers and/or those stakeholders who have the capacity to influence decision-makers are likely to use HIA findings and recommendations to inform or influence the decision-making process, whether through regulatory requirements or voluntarily.
8. The HIA could help lead to institutional and/or systemic changes that promote better health outcomes for all.
9. Partners are available to participate in the HIA process and use HIA findings and recommendations.
10. Resources (including funding, personnel, technical capacity, and leadership) are available to conduct the HIA.

## Resources

- Human Impact Partners. 2009. Considerations for the Selection of Appropriate Policies, Plans, or Projects for Analysis using Health Impact Assessment. [http://www.humanimpact.org/HIA\\_Screening\\_White\\_Paper.pdf](http://www.humanimpact.org/HIA_Screening_White_Paper.pdf)
- Human Impact Partners. 2009. HIA Readiness Questions. [http://www.humanimpact.org/HIA\\_ReadinessQuestions\\_1109.doc](http://www.humanimpact.org/HIA_ReadinessQuestions_1109.doc)
- Taylor L. *et al.* 2003. Deciding if a Health Impact Assessment Is Required (Screening for HIA). NHS Health Development Agency. [http://www.iaia.org/publicdocuments/pubs\\_ref\\_material/Screening%20for%20HIA%20pdf.pdf](http://www.iaia.org/publicdocuments/pubs_ref_material/Screening%20for%20HIA%20pdf.pdf)
- Health Impact Assessment: A Screening Tool for the Greater London Authority. 2001. [http://www.london.gov.uk/mayor/health\\_commission/reports/hia\\_draft\\_hia\\_screen.pdf](http://www.london.gov.uk/mayor/health_commission/reports/hia_draft_hia_screen.pdf)
- Scott-Samuel A. *et al.* 2001. The Merseyside Guidelines for Health Impact Assessment. Second Edition. Published by the International Health Impact Assessment Consortium. [http://www.liv.ac.uk/ihia/IMPACT\\_HIA\\_Reports.htm](http://www.liv.ac.uk/ihia/IMPACT_HIA_Reports.htm)

## When is a HIA carried out?

The purpose of HIA is to inform decision-makers before they make decisions.

A HIA is most often carried out prospectively - before the decision is made or the policy is implemented.



HIA is used to assess a defined project, plan or policy

## Why NOT do a HIA? Example 1

A plan to improve walkability in Chula Vista, CA



Plan was already considering health

Little opportunity to develop useful recommendations

Health advocates involved in design

Resources better focused elsewhere

## Why NOT do a HIA? Example 2

Proposed WalMart distribution center, Merced, CA



Idea for the HIA came just before final EIA was released

Elected officials not open to considering health

Health advocates recommendations were being ignored

Resources better used to explore legal options and support the election of more health focused officials

## HIA Screening Worksheet

Screening Questions	Response and Supporting Facts
The project, plan or policy has been proposed, a final decision about whether to adopt the proposal has not been made, and there is sufficient time to conduct an analysis before the decision is made.	
Does the decision have the potential to affect, positively or negatively, environmental or social determinants of health that impact health outcomes of a population? Would health inequities be impacted? In what ways? What are the most important health concerns that could be addressed by a HIA?	
Would those health impacts be considered without an HIA?	
Is the proposal too closely, or too distantly related to health? If applied, would risk findings and recommendations potentially improve the impact that the project, plan, or policy has on health?	
Who are the stakeholders and interest groups involved in the decision-making process? Do they seem to have the interest and the capacity to participate in an HIA? Would stakeholders use the HIA to inform or influence the decision-making process? How?	
What are some challenges (and by what stakeholders) to change that you might anticipate?	

See worksheet in binder

## HIA Screening Worksheet

Screening Questions	Response and Supporting Facts
<p><i>The project, plan or policy <u>has been proposed</u>, a final decision about whether to adopt the proposal <u>has not been made</u>, and there is <u>sufficient time</u> to conduct an analysis before the decision is made.</i></p>	
<p><i>Does the decision have the potential to affect, positively or negatively, environmental or social determinants of health that impact health outcomes of a population? Would health inequities be impacted? In what ways? What are the most important health concerns that could be addressed by a HIA?</i></p> <p><i>Would those health impacts be considered without an HIA?</i></p>	
<p><i>Is the proposal too closely, or too distantly related to health? If applied, would HIA findings and recommendations potentially improve the impact that the project, plan, or policy has on health?</i></p>	
<p><i>Who are the stakeholders and interest groups involved in the decision-making process? Do they seem to have the interest and the capacity to participate in an HIA? Would stakeholders use the HIA to inform or influence the decision-making process? How?</i></p>	
<p><i>What are some challenges (and by what stakeholders) to change that you might anticipate?</i></p>	

<b>Other screening questions to consider:</b>	
<i>Is the decision-making process open to HIA and/or recommendations for changes to design, mitigations and alternatives?</i>	
<i>Are there decision alternatives that are more or less advantageous to public health? Would one scenario affect vulnerable populations more than another?</i>	
<i>Have public concerns about the health impacts of the decision been documented (even if these concerns have not explicitly been stated as health concerns)?</i>	
<i>Are the proposal's impacts to health significant in terms of the number of people impacted, the magnitude, breadth and immediacy of impacts?</i>	
<i>Do data and research methods exist to analyze health impacts of concern associated with this decision?</i>	
<i>Is it feasible to analyze the health impacts of the decision in the decision-making time frame? What are some barriers to timely completion that you might anticipate?</i>	
<i>Could the HIA help lead to institutional and/or systemic change?</i>	
<i>What additional information do you need to decide on the overall value of an HIA in this context?</i>	



## Objective

To create a plan and timeline for conducting a HIA that defines priority issues, research questions and methods, and participant roles.

- Tasks
- Key points
- Tools
- Resources

# STEP 2: SCOPING

## Objective

To create a plan and timeline for conducting a HIA that defines priority issues, research questions and methods, and participant roles.

## Essential Tasks

- Determine who will oversee the HIA process
- Set ground rules or principles of collaboration for working together, including participant roles
- Establish objectives of the HIA
- Develop research questions, workplan, and timeline
- Determine the format for the final HIA report, and how findings and recommendations will be communicated

## Key Points

### To set the scope, determine:

- Decision alternatives to be evaluated
- Potential health impacts of the decision and health issues to be considered in the HIA
- Populations to be evaluated, including vulnerable populations defined by place, income, race, gender, or age
- Research questions, data sources, and analytic methods
- Timelines
- Draft plans for reporting, monitoring, and evaluation
- Resources available
- Participant roles and responsibilities

**Be inclusive.** Include all stakeholders in scoping and other steps of the HIA. Stakeholders include community and advocacy groups, public health and other government agencies, project proponents, elected officials, and affected community members.

**Use diverse outreach methods** to solicit feedback and participation from a variety of stakeholders by hosting a public meeting, receiving public comments, interviewing stakeholders and experts, or inviting input from local health experts.

### The scope should reflect resources

**available.** Begin with an understanding of the broad set of health determinants that could be impacted by the decision. Then, consider the resources needed to apply methodologies and tools to define a realistic workplan.

### Resource requirements for HIA analysis methods:

Least resources

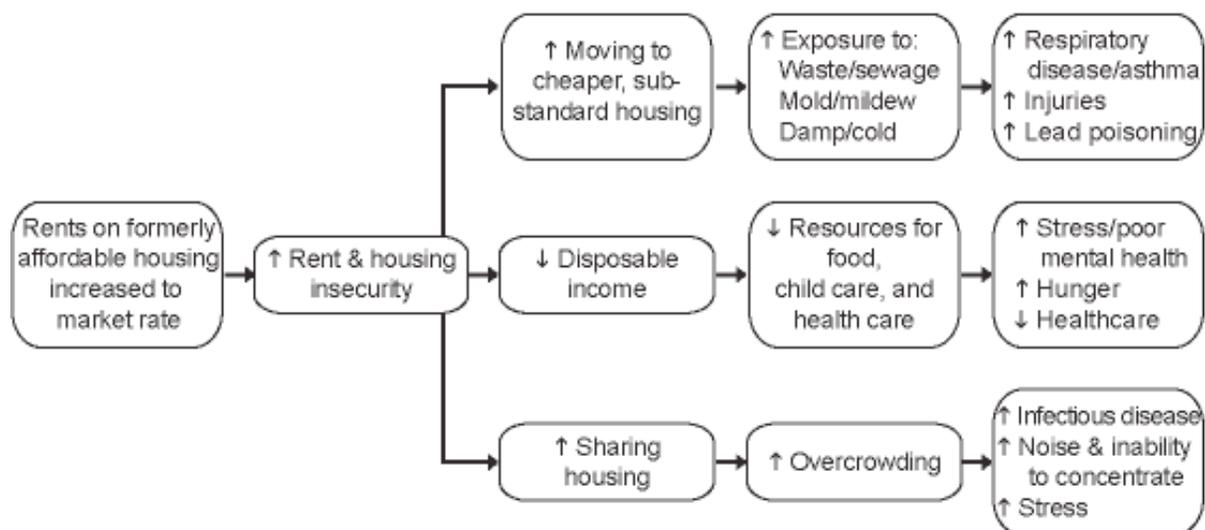


Most resources

- Literature review
- Analysis and mapping of existing data
- Expert opinion
- Application of quantitative forecasting methods
- Interviews or focus groups
- New quantitative data collection and analysis

## Key Points (cont'd)

Consider all pathways that link the proposed decision to health. Focus on impacts with greatest significance and greatest public concern. Use pathway diagrams:



## Tools

### Example Scoping Questions

- What are the goals for this HIA?
- What are potential health impacts of the proposed project or policy? Which of these will be included in the scope?
- What is known about existing health conditions of the populations that could be impacted? What are the specific populations (e.g., age, gender, race, income, place) that will be impacted?
- What research questions will the HIA answer?
- What research methods and data sources will be used?
- Who will oversee the HIA process?
- What roles will stakeholders and collaborators play?
- What is the workplan and timeline?

## Resources

The tools page of HIP's website ([www.humanimpact.org/Tools.html](http://www.humanimpact.org/Tools.html)) has links to HIP's HIA Toolkit, which includes examples of a land use development project scope (Concord, CA Naval Weapons Station) and HIP's Principles of Collaboration.

## Scoping: Goals

### Common HIA Goals:

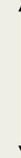
- Improve decision to account for health impacts
- Include health in the decision-making process
- Involve diverse stakeholders, including community members
- Build the capacity stakeholders to use HIA

Jack London Gateway HIA	<ul style="list-style-type: none"> <li>Reduce the risk of pedestrian injuries and air pollution</li> <li>Increase capacity of community groups to use HIA</li> <li>Demonstrate the value of HIA to the City of Oakland</li> <li>Involve developers in a HIA</li> </ul>
Paid Sick Days HIA	<ul style="list-style-type: none"> <li>Conduct a policy-level HIA</li> <li>Highlight health evidence as part of the debate</li> <li>Draw public health practitioners into a new policy arena</li> </ul>

## Scoping: Resources

HIA's can vary greatly in scope. How will available resources impact the scope?

Least Resources

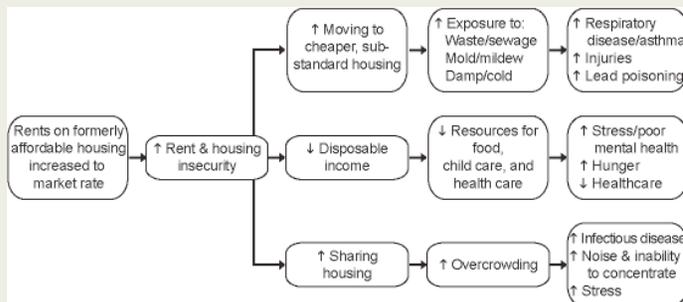


Most Resources

- Review of available reports
- Literature review
- Analysis and mapping of existing data from the census, public agencies, etc.
- Expert opinion
- Application of quantitative forecasting methods using existing studies
- Interviews or focus groups
- New quantitative data collection and analysis

## Causal Pathways

A Pathway Diagram demonstrates the links between health determinants and outcomes.



## Example Scoping Questions

For each health issue of concern:

Existing Conditions	What do we know about existing conditions, potential health impacts, and vulnerable populations?
Populations	What are specific populations (age, gender, race, income, place) that will be impacted by this project/policy proposal?
Research Questions	What research questions do we want to answer?

What are your goals for this HIA?

## Completing the Scoping Worksheet

### Health Issue

Safe and affordable housing (overcrowding and insufficient household budgets)

### Existing Conditions

Insufficient supply of affordable housing

20% of households overcrowded

Affordable housing = less than 30% of income on housing

### Potential Impacts

Respiratory disease, stress, child abuse & neglect, and other physical & mental health issues, including premature mortality

## Completing the Scoping Worksheet (cont'd)

### Vulnerable Populations

Low-income and minority populations in area

Families with children living in overcrowded conditions

### Research Questions

How many renter/owners of various income categories are paying more than 30% of their income for housing?

How do housing conditions for those who pay more than 30% of their income for housing compare with conditions where people pay less?

## HIA Scoping Worksheet

Health issue of concern	What do we already know about existing conditions, potential health impacts and vulnerable populations?	What are the specific populations (e.g., age, gender, race and income) that will be impacted by this project/policy proposal?	What are our research questions?	What methods or data sources could help answer the research questions? What agencies might provide access to this data?

What is your goal for this HIA?

See worksheet in binder

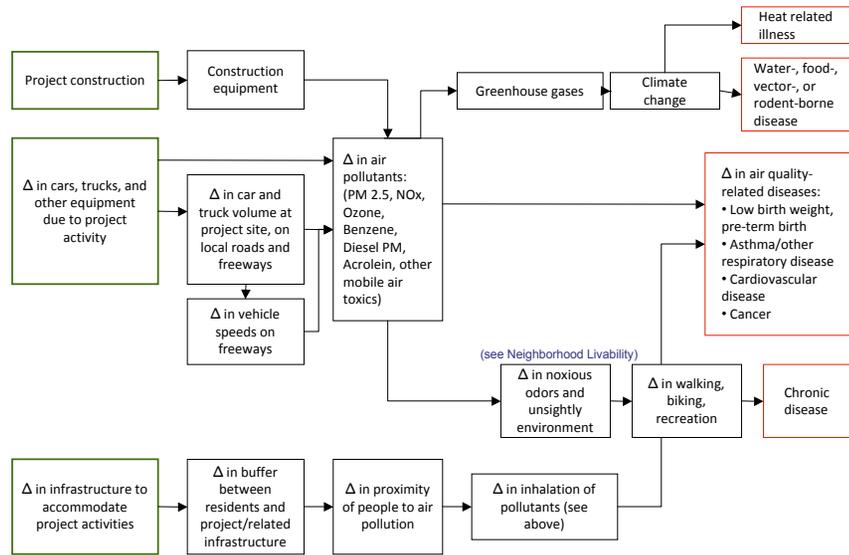
## HIA Scoping: Table Exercise

Choose one health issue of concern related to your HIA project topic, and develop a **Pathway Diagram**

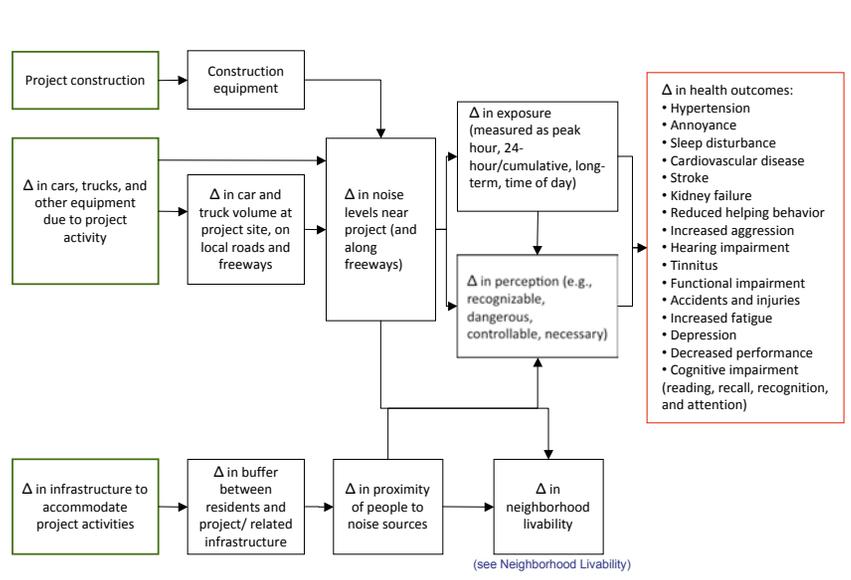
Using the same health issue, complete the **Scoping Worksheet** (first 4 columns)

Determine a **goal** for your HIA

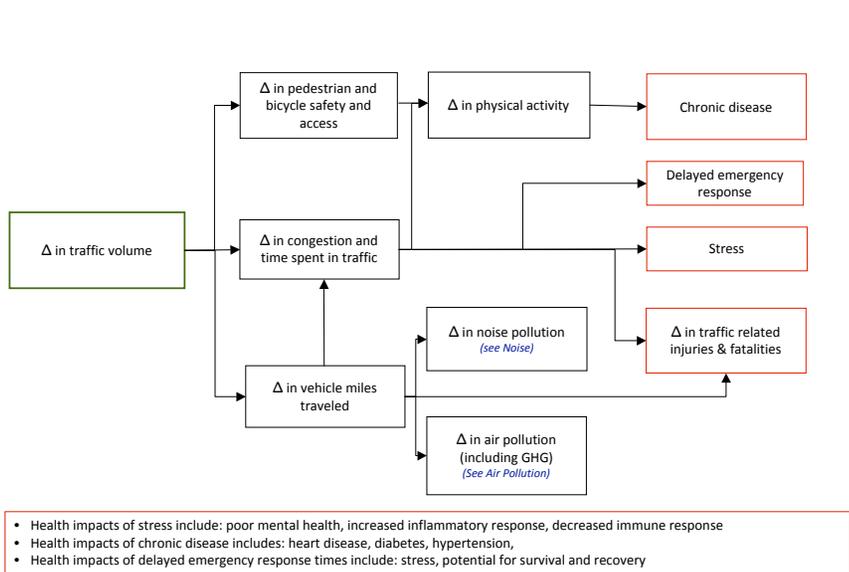
### 1. Air Pollutant Effects



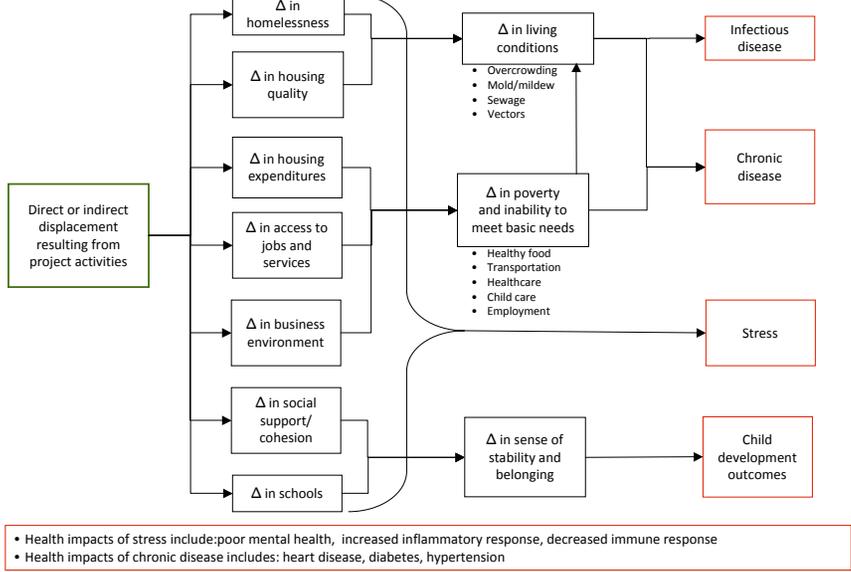
### 2. Noise Effects



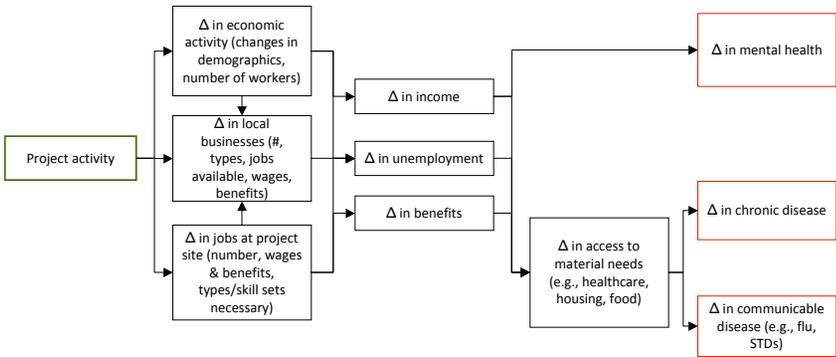
### 3. Traffic Volume Effects



### 4. Displacement Effects

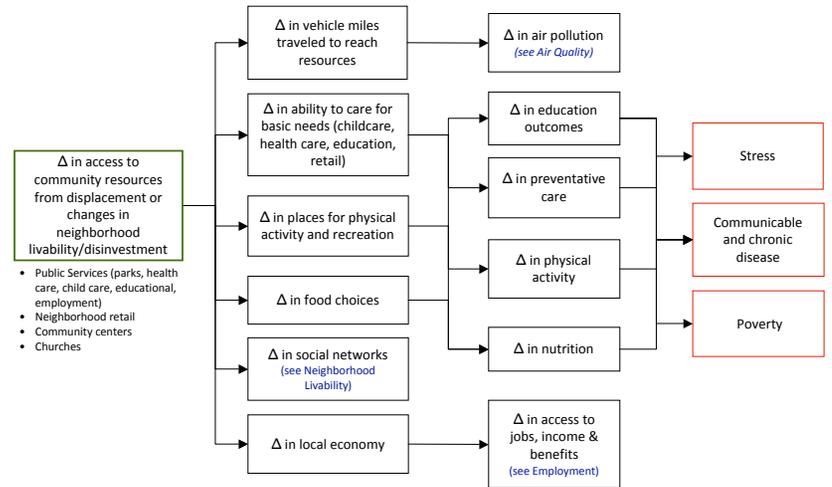


### 5. Employment Effects



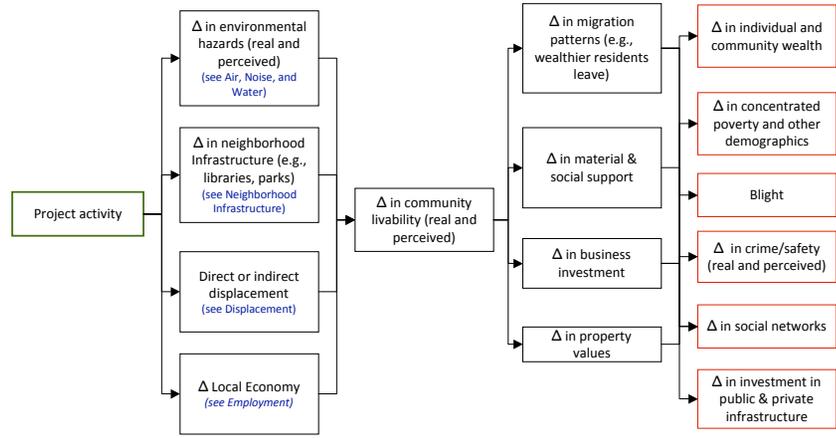
- Health impacts of mental health include: stress-related illness, substance abuse, decrease in lifespan
- Health impacts of chronic disease includes: heart disease, diabetes, hypertension,

### 6. Neighborhood Infrastructure Effects



- Public Services (parks, health care, child care, educational, employment)
- Neighborhood retail
- Community centers
- Churches
- Health impacts of stress include: poor mental health, increased inflammatory response, decreased immune response
- Health impacts of chronic disease includes: heart disease, diabetes, hypertension,
- Living in poverty is associated with a number of poor health outcomes

### 7. Effects from Changes in Neighborhood Livability



- Health outcomes include injury and morbidity from crime; stress-related illness; effects from lack of social cohesion; effects from lower incomes (e.g., from lack of access to jobs, education, etc.); increased risk of injury/death from lack of police and fire protection and others

## **HIA Training Scoping Exercise**

1. Review the Scoping worksheet below.
2. Within the context of your case study scenario, consider one health issue that would be prioritized in a HIA for this proposed project, plan or policy.
3. Describe potential pathways from the proposed project, plan or policy to changes in social and environmental conditions that lead to the health issue(s) you've selected (*draw a "pathway diagram"*).
4. For each health issue, write down some of what you already know about existing conditions and evidence related to potential health impacts. Identify vulnerable or sensitive populations that might be impacted by the proposed project, plan or policy.
5. For each health issue, define important research questions that will need to be answered in the HIA.

The following are common themes that come up for communities with regard to health and land use. Feel free to investigate other topics not listed here as well.

<p><b>Secure employment</b></p> <p><b>Job quality &amp; safety</b></p> <p><b>Quality and accessibility of housing</b></p> <p><b>Quality of nutrition</b></p> <p><b>Access to goods &amp; services</b></p> <p><b>Education &amp; child development</b></p>	<p><b>Air pollution</b></p> <p><b>Environmental noise</b></p> <p><b>Access to parks</b></p> <p><b>Preservation of open space</b></p> <p><b>Traffic safety</b></p> <p><b>Community violence</b></p> <p><b>Protection of community cohesion</b></p>
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## **Pathway Diagram**

## HIA Scoping Worksheet – Example

Health issue of concern	What do we already know about existing conditions, potential health impacts and vulnerable populations?	What are the specific populations (e.g., age, gender, race and income) that will be impacted by this project/policy proposal?	What are our research questions?	What methods or data sources could help answer the research questions? What agencies might provide access to this data?
<p>Will the development furnish sufficient <b>affordable and safe housing</b>?</p> <p>If not, will the absence of this housing contribute to:</p> <ul style="list-style-type: none"> <li>• Overcrowding?</li> <li>• Housing cost burden?</li> <li>• Homelessness?</li> </ul>	<p><b>Existing conditions:</b></p> <p>There is insufficient supply and production of low to moderate income housing in the area.</p> <p>20% of households live in overcrowded conditions.</p> <p><b>Potential impacts:</b></p> <p>Public health evidence links overcrowding, financial strain, and displacement to respiratory disease, stress, child abuse and neglect, and a multitude of physical and mental health issues including premature mortality.</p>	<p><b>Vulnerable populations:</b></p> <p>Existing low-income and minority populations living in the development area.</p> <p>Many families with children are living in overcrowded conditions.</p>	<p>How many renters/owners, by income category, spend greater than 30% of their income on housing? <i>According to federal guidelines, housing is considered to be affordable when residents spend less than 30% of their income on housing.</i></p> <p>How does housing cost and income relate to housing conditions? How do these housing conditions impact health?</p>	<p>Data on housing availability by housing cost from city planning agencies.</p> <p>Data on housing quality in development area from health and building authorities.</p> <p>Data on housing-related illnesses and injuries from health department.</p> <p>Research linking housing conditions with specific health outcomes.</p> <p>Interviews with area residents on housing conditions.</p>

## HIA Scoping Worksheet

<b>Health issue of concern</b>	<b>What do we already know about existing conditions, potential health impacts and vulnerable populations?</b>	<b>What are the specific populations (e.g., age, gender, race and income) that will be impacted by this project/policy proposal?</b>	<b>What are our research questions?</b>	<b>What methods or data sources could help answer the research questions? What agencies might provide access to this data?</b>



## Objective

To provide a profile of existing conditions data, an evaluation of potential health impacts, and evidence-based recommendations to mitigate negative and maximize positive health impacts.

- Tasks
- Key points
- Tools
- Resources



# STEP 3: ASSESSMENT

## Objective

To provide a profile of existing conditions data, an evaluation of potential health impacts, and evidence-based recommendations to mitigate negative and maximize positive health impacts.

## Essential Tasks

- **Profile Existing Conditions**  
Research baseline conditions, including health outcomes and determinants of health disaggregated by income, race, gender, age, and place.
- **Evaluate Potential Health Impacts**  
Use theory, baseline conditions, and population concerns. Consider evidence that supports and refutes health impacts. Assess affects by income, race, gender, age, and place. Include assessments of the certainty, significance, and equity of impacts. Justify the selection or exclusion of data/methods. Identify data gaps, uncertainties, and limitations. Allow stakeholders to critique findings.
- **Propose Evidence-based Recommendations**  
gathered from experts and prioritized by HIA stakeholders.

## Key Points

**Gather existing data and collect primary data when necessary.** Data sources include:

- empirical literature
- community expertise
- available social, economic, environmental, and health measures and surveys, often available from public health and planning agencies
- regulatory criteria, standards, checklists and benchmarks
- focus groups and community surveys
- neighborhood assessment tools

**It is necessary to profile baseline conditions in order to predict future conditions if a project, plan, or policy is enacted.**

**Conduct a literature review.** Clarify the question of interest and data needs, develop criteria for included studies, identify literature databases, identify studies and reviews, evaluate studies, and document your findings.

**Include direction, magnitude and quality of evidence in impact predictions.**

**Don't start from scratch.** Use tools and methods that already exist to assess health conditions and potential impacts.

**Predicting health impacts with absolute certainty is not possible.** Make informed judgments of effects based on available information, analysis, expertise, and experience. Be cautious with generalizations. Acknowledge assumptions and limitations.

**It is not always necessary to quantify health impacts.** Pathways between decisions and health effects are complex and quantification does not mean causal certainty. Assess a health impact by evaluating how a decision would affect environmental conditions known to be important to health.

**Use qualitative analysis for issues that don't lend themselves to quantitative forecasting.**

**Different approaches used together can support better judgments.** Use lay and expert knowledge and analysis using different methods (such as GIS mapping and surveys) collectively to draw conclusions.

## Key Points (cont'd)

### Answer the following questions for quantitative forecasting:

- Is there a causal relationship?
- Does data allow for quantitative predictions?
- Would prospective predictions be valid?
- Is there available time and resources?
- Would quantification support the needs of the decision-making process?

### Methods for collecting new data include:

- Environmental measures (e.g., pedestrian quality, retail access)
- Modeling (e.g., air quality, noise)
- Surveys
- Forecasting tools (e.g., pedestrian injuries)
- Epidemiological studies

**Recommendations include alternative ways to design a project, plan, or policy or management strategies** to lessen adverse health effects.

**Recommendations are not always appropriate.** A HIA of a policy may simply state the potential benefits or harms without recommending changes.

**Recommendations should be supported by evidence of feasibility, efficiency, cost-effectiveness, and political acceptability.** Communication with stakeholders can be used to gauge buy-in or feasibility.

**Recommended mitigation measures may require skills and expertise from outside the HIA team,** underscoring the need for interdisciplinary collaboration.

**Potential impacts of recommendations and mitigation measures could also be assessed as part of the HIA.**

**Consider the following criteria for recommendations.** They should be:

- Responsive to predicted impacts
- Specific and actionable
- Experience-based and effective
- Enforceable
- Can be monitored
- Technically feasible
- Politically feasible
- Economically efficient
- Do not introduce additional negative consequences

## Resources

San Francisco Department of Public Health. Program on Health, Equity and Sustainability. Health Impact Assessment Tools. [http://www.sfphes.org/HIA\\_Tools.htm](http://www.sfphes.org/HIA_Tools.htm)

San Francisco Department of Public Health. Program on Health, Equity and Sustainability. The Healthy Development Measurement Tool: Recommendations and Mitigations. Available at: [www.thehdm.org](http://www.thehdm.org)

Human Impact Partners. A Review of the Evidence Base for Planning Projects. <http://www.humanimpact.org/EvidenceBase/com.psychrod.eb.EvidenceBase/EvidenceBase.html>

HIP's Toolkit has a list of HIA Data Sources for Baseline Profiles of Health

# HIA Assessment



## Profile existing conditions

Can you use existing data or do you need to collect data?  
What methods will you use to collect data?

## Judge the impacts of the decision on selected indicators

What methods will you use to predict impacts?

Use results to develop recommendations and mitigations to address any negative health impacts

# HIA Assessment Methods



- Conduct an empirical literature review
- Gather existing data or conduct new analysis on health, environmental and social indicators
- Compare data to existing regulatory criteria, standards, & benchmarks
- Utilize community expertise - e.g., focus groups, surveys
- Apply specialized data collection tools for observational data, forecasting, and modeling



# Empirical Literature Review



Peer-reviewed research  
Pubmed

Systematic reviews  
Campbell Collection

Grey literature  
non-peer reviewed reports

**Traffic Noise and Cardiovascular Disease: Epidemiological Review and Synthesis**

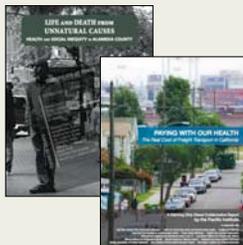
Wolfgang Rabl

**Effect of exposure to traffic on lung development from 10 to 18 years of age: a cohort study**

**Summary**

Background: Whether fetal exposure to major roadways adversely affects lung-function growth during the period of rapid lung development that takes place between 10 and 18 years of age is unknown. This study investigated the association between residential exposure to traffic and 3-year lung-function growth.

**Methods:** In this prospective study, 2077 children (ages age 10 years-18.0-18.5) participated from 12 southern California communities that represent a wide range in regional air quality. Children were followed up for 3 years, with yearly lung-function measurements recorded. For each child, we identified several indicators of residential exposure to traffic, from large roads. Regression analysis was used to establish whether 3-year growth in lung function



Children living within 500 ft of a freeway have reduced lung capacity

Noise above 60dB increases the risk of heart attack

Those earning \$15,000 annually are 3x more likely to die prematurely than those earning \$70,000

# Predictions Based on Literature



## Considerations for Making Predictive Judgments

- Generalizability - populations, geography, timeframes
- Dose response
- Cause and effect

## Indicator Data Sources



### United States Census Bureau, American Fact Finder

Population data on demographics, social and economic characteristics, at state, county, city, zip code, census tract, block group, and block level

### Centers for Disease Control, Behavioral Risk Factor Surveillance System

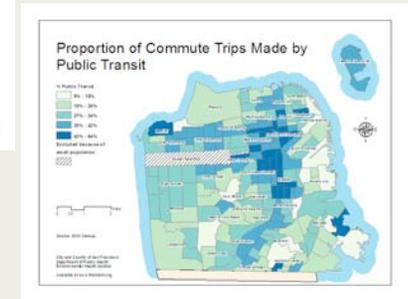
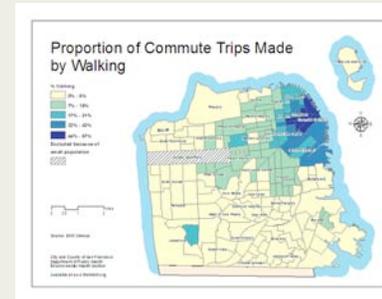
The world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the U.S.; data are collected monthly

### Public Agencies

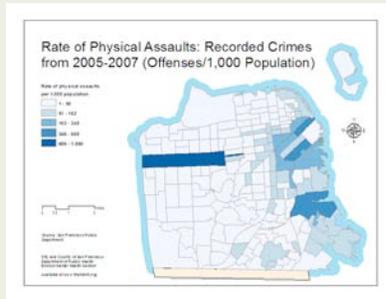
Health, transportation, environment, planning

See "HIA Data Sources" link on HIP's website

## Transportation Commuting



## Aggravated Assaults and Alcohol Outlets



## Compare Data to Standards

### Regulatory Criteria, Standards, and Benchmarking Tools

- Useful tools when available
- Can simplify analysis
- Reflects health analysis and other considerations
- May not be health protective
- May not be agreement on criteria

Healthy People 2010: Reduce annual pedestrian deaths to <1/100,000  
 National Parks & Rec Assn: 10 acres of open space p/1,000 population in cities  
 SF Inclusionary Zoning Ordinance: 15% set aside for affordable housing

## Community Expertise

- Residents
- Neighborhood organizations
- Medical practitioners
- Public officials
- Health agencies



*"It affects my community, making residents sick. We need to stop the diesel trucks from passing through residential areas, also diesel buses, and if possible make it the law or policy."*

- Focus groups
- Surveys
- Interviews

## Focus Groups

Focus groups provide personal experiences to accompany statistics

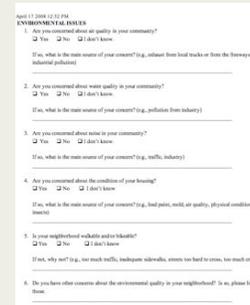
*"Working in a hospital, let alone in a hospital kitchen, you'd think they wouldn't want us to come in. Oh, no. If you try to call out, they give you a hard time. You come in sick and the next day, three more people are sick."*



85% of food service workers do not have paid sick days  
 586 food-borne disease outbreaks in institutional settings from '03 - '07 involved infected food-handlers

## Surveys

Surveys can help provide information that cannot be found in other data sources



For example

- What is the health status of the community?
- What are residents perceptions of environmental conditions and community needs?
- What is the likely effect of a change in policy?

## Specialized Assessment Tools



- Pedestrian Environmental Quality Index
- Air Quality Modeling
- Noise Modeling
- Pedestrian Injury Collision Modeling
- Healthy Development Measurement Tool

## Pedestrian Environmental Quality Index



**PEQI:** A spatial assessment tool to assess environmental factors that support or prevent safe walking



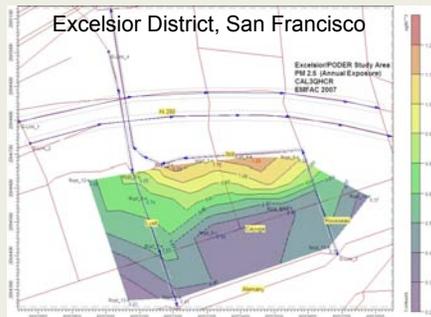
- Traffic
- Street design
- Intersection safety
- Land use

## Air Quality Modeling



Modeling vehicle source  $PM_{2.5}$   
CAL3QHCR Line Source Dispersion Model

A  $1 \mu g/m^3$  change in  $PM_{2.5}$  predicts a 1.4% change in non-injury mortality!

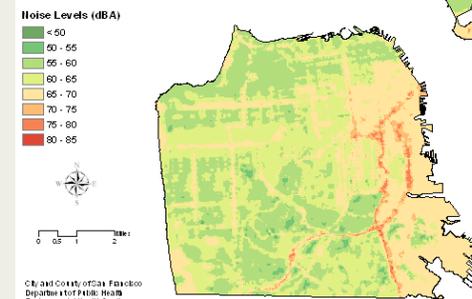


- Air Quality Model Inputs**
- Traffic data
  - Vehicle emissions rates
  - Traffic speed
  - Temperature and humidity
  - Surface meteorology
  - Number of receptors

## Noise Modeling



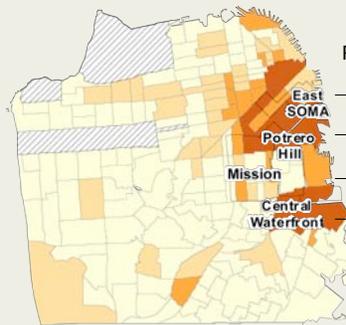
### Traffic Noise Map



The exposure threshold for increased incidence of heart disease is 65 dBA

- Noise Model Inputs**
- Vehicle types and volumes
  - Temporal distribution of traffic
  - Use traffic noise model to find exposure as function of distance
  - Add topography and building sizes
  - Add stationary sources

## Pedestrian Injury Collision Modeling



Injury collision rates resulting from Eastern Neighborhoods Rezoning

% Change in Pedestrian Injury

Citywide Target Rate Comparison: 104/100,000 Population

- Exceeds or Meets (<= 104/100,000)
- 1 - 2 Times (105 - 208/100,000)
- 2 - 5 Times (209 - 520/100,000)
- > 5 Times (>= 521/100,000)
- Excluded because of Small Population

### Developing a Collision Model

- Traffic volume
- Arterial streets (% without transit)
- Land area
- Percent car ownership
- Percent commuting via walking or transit
- Number of residents

## Healthy Development Measurement Tool



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

Used to support comprehensive and health responsive planning

Incorporates over 120 measurable community health indicators and development targets

## Example #1: Paid Sick Days HIA (CA)



Assessment Method	Sample Finding
Empirical Literature	70% of CA food service workers do not have PSD
Indicator	Between '03-'07, there were 67 foodborne disease outbreaks and 1,955 related cases of illness where food-handling by an infected person or carrier of a pathogen was identified as a contributing cause
Focus group	"The staff of the restaurant is pretty big... People get sick all the time... It gets passed from one person to the next... but there isn't such a thing as sick leave."
Standard	Article 3, Section 113950 of the CA Retail Food Code: A food worker may be excluded from a food facility if diagnosed with a communicable disease transmissible through food

## Example #2: Pittsburg HIA



Assessment Method	Sample Finding
Indicator	17.5 asthma hospitalizations per 100,000 8.4% of residents commute to work via public transportation
Empirical literature	In a recent survey of County residents, 45% felt that transportation issues are the most pressing issue in County.
Specialized tool	PEQI: 42 intersections and 47 street segments assessed; Scores ranged from 0 (unsuitable pedestrian environment) to 75 (nearly ideal pedestrian conditions).
Specialized tool	Air Quality Modeling: Substantial local air pollution exposures for the future plan area attributed to the project location. However, comparing traffic generated from a low-density residential alternative to this high-density TOD project, the health impacts of premature deaths, asthma hospitalizations, and lower respiratory symptoms were 41% higher than in the eBART scenario.

### Example #3: Humboldt County GPU HIA

Assessment Method	Sample Finding
Empirical Literature	In CA, per capita VMT is 2.7 times higher in rural areas when compared with urban areas.
Indicator	In 2006, Humboldt residents traveled 27 vehicle miles per capita per day.
Focus group	Raised the issue of walkability many times, and desire to analyze and minimize VMT.
Original analysis	Using Alternative A as a baseline, Alternative B would generate 16% (over 200 million miles) more VMT annually in the county, and Plan Alternative C would generate 32% (over 400 million miles) more VMT annually.

### Assessment Exercise: Scoping Worksheet

What methods or data sources could help answer the research questions?

What agencies might provide access to these data?

- For the affordable housing example
  - Data on housing availability by housing cost, from the city planning agency
  - Data on housing quality in various areas from health and building authorities
  - Interviews with area residents about housing conditions

### Assessment Exercise

#### Answering your research questions

##### Identify sources of existing data

- Existing health conditions data relevant to decision
- Map health conditions disaggregated by age, race, etc.

##### Identify primary data that could be collected

- Focus group or survey questions

##### Identify analysis tools that could be used

- Air quality modeling
- HDMT
- PEQI
- GIS

What methods or data sources could help answer the research questions? What agencies might provide access to this data?

Complete last column on Scoping worksheet

### Review: Day 1

Connections between social determinants and health

Case studies of HIA

Opportunities for collaboration in HIA

Step 1: Screening

Step 2: Scoping

Step 3: Assessment

## Addressing HIA “Sticking Points”



What do the critics say about HIA?

What are some of the barriers and solutions to implementing a HIA practice?

How do HIA and advocacy fit together?

## What the Critics Say



HIA is costly

HIA is time-consuming and will slow decision-making processes

HIA will stop economic development

HIA is not scientific

## Barriers and Solutions



Barrier	Example solution
No funding for HIA	Use funding sources creatively (e.g., SFDPH) Need a champion decision-maker Need examples from other places Need successful case study
Board of Supervisors will be upset by Public Health Department's HIA work	Role of public health agency is to protect the public health Staff do not have to take an advocacy position, but can weigh in with evidence and data Certain issues are not thought of as “advocacy” ( e.g., tobacco and breastfeeding)
There is not enough evidence to demonstrate health impacts	Disparate, single-issue focused evidence exists in public health literature, especially built environment-related Role of HIA is to pull together to make a broad and definitive statement about impacts

## HIA and Advocacy



### Transit-Oriented Development HIA

**Community group:** Held meeting with public agencies and city and provided community education

**Health Department:** Testified about health impacts

**Human Impact Partners:** Presented to community about HIA

### Redevelopment HIA

**Community group:** Wrote and distributed press release organized residents to come to city council meetings

**Health Department:** Wrote letter to City Council about health impacts

**Human Impact Partners:** Held meetings with redevelopment and advocated for health analysis in EIS



**Health Impact Assessment Training  
Evaluation Form - Day 1  
Tuesday, March 9, 2010  
Milwaukee, WI**

Thank you for attending the HIA training presented by Human Impact Partners and the Wisconsin Department of Health Services. Please take a moment to answer the questions below. Your comments and suggestions are very valuable to us.

Please rate the following statements listed below by circling the appropriate rating  
(1-strongly disagree; 2-disagree; 3-neutral; 4-agree; 5-strongly agree)

	<i>Your Rating</i>					<i>Comments/Suggestions</i>
	1	2	3	4	5	
1. The content presented today deepened my understanding of the subject and HIA	1	2	3	4	5	
2. I will use the knowledge/skills gained from today's session in my future work	1	2	3	4	5	

3. What did you particularly like or dislike about the content of today's training?

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4. Are there things that we should have covered today but did not?

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5. Are there things that we should have spent less time on today?

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Please rate the different sections of the training on a scale of 1-5  
(1 = awful to 5 = excellent)

	<i>Your Rating</i>					<i>Comments/Suggestions</i>
	1	2	3	4	5	
6. Tree Exercise (making the connection between land-use, policy and health)	1	2	3	4	5	
7. Introduction to HIA	1	2	3	4	5	
8. HIA Project Examples	1	2	3	4	5	
9. HIA as a Collaborative Process	1	2	3	4	5	
10. Step 1: Screening	1	2	3	4	5	
11. Step 2: Scoping	1	2	3	4	5	
12. Step 3: Assessment	1	2	3	4	5	

Additional Comments:

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## Health Impact Assessment Training: Day 2 March 10, 2010

### DAY 2 OBJECTIVES:

- Discuss strategies and resources to help inform development of recommendations/mitigation measures in HIA
- Examine types of HIA reporting and strategies for communicating HIA results to target audiences
- Discuss how and when monitoring and evaluation has been used in HIA
- Discuss intervention points in land use planning and policy-making processes where HIA can be used to bring health to the forefront of decision-making
- Explore ways for the Wisconsin Department of Health Services to initiate HIA projects and build capacity for local health departments to conduct HIAs or consider health in decision-making
- Discuss strategies to use HIA to influence decision-makers and decision-making processes
- Understand how all of the steps of HIA fit together and how to collaborate with partners

Time	Agenda Item
<b>8:00</b>	Coffee
<b>8:30</b>	Check-in/Introduction to Day 2
<b>8:45</b>	Developing Recommendations/Mitigation Measures for HIA
<b>9:05</b>	Step 4: Reporting
<b>9:30</b>	Step 5: Monitoring
<b>9:50</b>	BREAK
<b>10:00</b>	Evaluation
<b>10:20</b>	Intervention Points in Land Use Planning and Regulatory Processes
<b>11:00</b>	Preparing to Move Forward with HIA Projects
<b>11:45</b>	LUNCH
<b>12:45</b>	Next Steps: Creating a HIA Workplan
<b>1:45</b>	BREAK
<b>1:55</b>	Groups Report Back and Discussion
<b>2:15</b>	Opportunities, Challenges and Barriers to engaging in HIA
<b>3:00</b>	Wrap-up and Reflections
<b>3:30</b>	Adjourn

## Agenda: Day 2



8:00	Coffee
8:30	Check-in/Introduction to day 2
8:45	Developing recommendations/mitigation measures for HIA
9:05	Step 4: Reporting
9:30	Step 5: Monitoring
9:50	Break
10:00	Evaluation
10:20	Intervention points in land use planning and regulatory processes
11:00	Preparing to move local HIA projects forward
11:45	Lunch
12:45	Next steps: creating a HIA workplan
1:45	Break
1:55	Groups report back and discussion
2:15	Opportunities, challenges and barriers to engaging in HIA
3:00	Wrap-up and reflections
3:30	Adjourn

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## The HIA Process



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## Recommendations & Mitigations



A key function of HIA is to identify opportunities for public decisions to promote health

HIA may suggest

**Recommendations:** alternative ways to design a project, plan, or policy its location, or timing to benefit health

**Mitigations:** strategies to lessen anticipated adverse health effects of a decision

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## Recommendations & Mitigations



**Paid Sick Days:** Minimize exemptions for small businesses; Pass the policy

**Pittsburg HIA:** Install HVAC systems; Locate air intake systems for HVAC as far away from roadway air pollution sources as possible; Develop an ongoing HVAC maintenance plan

**Humboldt HIA:** Encourage large employers to adopt TDM programs; Design multi-modal transit hub with co-located businesses and housing; Re: VMT: Alternative A = best for health, Alternative C = most negative for health



## Objective

To develop the HIA report and communicate findings and recommendations.

- Tasks
- Key points
- Tools
- Resources



# STEP 4: REPORTING

## Objective

To develop the HIA report and communicate findings and recommendations.

## Essential Tasks

### Develop the HIA Report

- Develop a consensus among stakeholders regarding key findings and recommendations
- Determine the format and structure of the report
- Write the report

### Communicate HIA Findings and Recommendations

- Develop a communication plan
- Prepare communication materials to suit the needs of all stakeholders in the decision-making process
- Send communication materials to stakeholders and decision-makers

## Key Points

**A HIA report** summarizes key health issues the proposal could impact and provides recommendations to improve health outcomes and determinants.

**When available, regulatory processes (e.g., Environmental Impact Assessment)** can be used to report findings and recommendations.

The HIA report:

- **Identifies all HIA participants** and their contributions
- **Documents the process** for each of the HIA steps, including criteria for prioritizing recommendations
- **Details for health issues analyzed:** available scientific evidence, data sources and analytic methods and rationale, existing conditions, results, predicted health impacts and their significance, and corresponding recommendations for improving health
- **Should be made readily accessible for public review and comment**

**Report formats** include: formal structured written reports, comment letters on environmental impact reports, and presentations.

**Summarize the full report into clear, succinct messages** that allow all stakeholders to understand, evaluate, and respond to findings and recommendations.

**Frame messages to help people relate to the information.** Frames help people make sense of information by triggering familiar concepts.

**Develop messages regarding** overall magnitude of health benefits, benefits to vulnerable populations, feasibility of solutions, and public concerns.

**Interest groups and media can support effective translation of results into action.**

**Methods of communication include:**

- Letters to decision-makers
- Fact sheets
- Public testimony
- Presentations to key audiences
- Panel discussions
- Press conferences

## Examples

Health Impact Assessment	Method of Communication
Humboldt County General Plan Update Health Impact Assessment <a href="http://www.humanimpact.org/HumboldtGPU.html">http://www.humanimpact.org/HumboldtGPU.html</a>	Newsletter; Powerpoint presentation to Supervisors
Concord Naval Weapons Station Reuse HIA, Executive & Chapter Summaries <a href="http://www.humanimpact.org/CNWS/">http://www.humanimpact.org/CNWS/</a>	Briefing Paper
SFDPH Comment on the Scope of the Trinity Plaza Redevelopment Draft Environmental Impact Report <a href="http://www.sfphes.org/publications/comments/Comment_on_Trinity_DEIR_scope.pdf">http://www.sfphes.org/publications/comments/Comment_on_Trinity_DEIR_scope.pdf</a>	Comment Letter
Bhatia R, Katz M. 2001. Estimation of Health Benefits from a Local Living Wage Ordinance. <i>American Journal of Public Health</i> . 91(9)1398-1402.	Peer-Reviewed Journal Article
Oregon Transportation Policy HIA <a href="http://www.upstreampublichealth.org/HIA_FactSheet_Trans_OR.pdf">http://www.upstreampublichealth.org/HIA_FactSheet_Trans_OR.pdf</a>	Fact Sheet

## Resources

For examples of reports and other communication materials, see HIP's website:

<http://www.humanimpact.org/Projects.html>

For information on framing and media see:

The California Endowment's Health Exchange Academy: Communicating for Change series

<http://www.calendow.org/Article.aspx?id=3904>

The Praxis Project:

<http://www.thepraxisproject.org/irc/media.html>

Berkeley Media Studies Group:

<http://www.bmsg.org>

The Frameworks Institute:

<http://www.frameworksinstitute.org/>

## University of CA, Berkeley, Health Impact Group – Report Format

<b>Chapter</b> <i>Each contains the following sections regarding a selected land use relationship to health</i>	<b>Description of Content</b>
Summary	An abstract of the major conclusions, findings, and recommendations about the element under consideration in this section.
Evidence on the relationships between the project and human health	Scientific background on the relationship between the land use planning element and health. Explanation of the causal pathway.
Relevant established standards and health objectives	Any standards that exist nationally, statewide, and locally. Demonstrating that standards are not being met can support action on findings.
A description of the setting, context, or existing conditions	Current state of affairs in the locality with regard to the land use element and health concern. Profile of the potentially affected population.
Key health assessment questions and synthesis of research findings	Analysis of how the project will impact the health of the area and region, both beneficially and adversely. Description of analytic methodology used, including limitations.
Recommendations for design improvement and mitigations	Specific recommendations for the project to mitigate adverse health impacts.

\*Note: This is only one format, among many, for communicating the results of a HIA. For other examples of completed HIA project reports, see <http://ehs.sph.berkeley.edu/hia/> or <http://www.humanimpact.org/Projects.html>

## HIA Reporting Formats

Letters to proponents & decision-makers

Comment letters on draft EIAs

Formal report

Presentations

Peer-reviewed publications



See UCB HIA Group's reporting format in binder

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## HIA Reporting: Examples

Oregon Transportation Policy HIA. Fact Sheet. 2009.

Humboldt County General Plan Update Health Impact Assessment. March 2008.

Concord Naval Weapons Station Reuse Project HIA. Executive Summary & Chapter Summaries.

Summary of Findings from HIA of the California Healthy Families, Healthy Workplaces Act (Paid Sick Days).

Comment on the EIR Scope of the Trinity Plaza Development by SF Department of Public Health.

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## HIA Reporting: Communicating Findings

Frames help people make sense of what they hear and see by triggering concepts that already exist in their minds.

Developing a message frame:

What's wrong?

Why does it matter?

What should be done?

What is the current frame around the proposal on which you are conducting a HIA?

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## Communicating Findings (cont'd)

Effective frames go beyond facts to communicate values.

How could your issue be framed to include health?

Start with shared values:

What are the core values behind the change that you want to see?

How do these values help you define the problem?

Why would these values lead people to support your solution?

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## Communicating Findings: Examples



### Humboldt County General Plan Update HIA

- Newspaper articles
- Press conference talking points
- Presentations to community groups and Board of Supervisors

### California Healthy Families, Healthy Workplaces Act (Paid Sick Days) HIA

- Public testimony to legislative committees
- TV, radio, and print media
- Lobby visits with legislators and staff

### Concord Naval Weapons Station Reuse Plan HIA

- Meeting with redevelopment staff
- Letters using HIA findings from county public health department

## Communication Strategies: Paid Sick Days



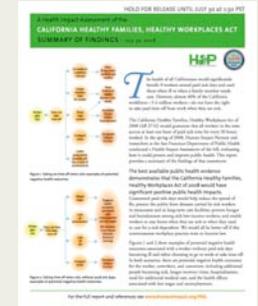
### Framing

- “All Californians”
- “Common sense”
- “Disconnect between known best practices and current policies”

### Summary of Findings

### Public health spokespeople

### Print, radio, TV, and online media



## Communicating Findings



Consider the decision-makers that you are trying to influence with HIA findings.

What are some of the ways that you could effectively communicate your HIA findings to these and other stakeholders?

### Exercise

Create a 1- to 2- sentence media headline for your HIA issue

## The HIA Process



## Step 5: Monitoring



### Objective

To track the impacts of the HIA on the decision-making process and the decision, the implementation of the decision, and the impacts of the decision on health determinants.

Tasks

Key points

Tools

Resources

# STEP 5: MONITORING

## Objective

To track the impacts of the HIA on the decision-making process and the decision, the implementation of the decision, and the impacts of the decision on health determinants.

## Essential Tasks

- **Track** recommendation adoption, discussion of findings in the decision-making process, and how the decision-making climate for health considerations, and HIA institutionalization, changed as a result of the HIA.
- **Monitor decision implementation** to track whether the policy was carried out in accordance with HIA recommendations or if the project was built with HIA mitigations.
- **Monitor health determinants and outcomes** to evaluate HIA predictions.

## Key Points

### The purposes of monitoring are to:

- Ensure the project, plan, or policy is implemented as designed
- Establish accountability by tracking how recommendations were received and acted upon
- Track and support compliance with implementation agreements, rules, and standards
- Build a better understanding of the value of HIA and demonstrate how HIA influenced decision-making
- Provide early warning of unexpected consequences
- Test the validity and precision of health impact predictions

### Monitoring decision impacts on health outcomes is challenging.

### Data sources for monitoring include:

- Media reports about the HIA or the decision-making process
- Accounts from public agencies on changes
- Planning department reports on a project
- Interviews with decision-makers and stakeholders

**Consider whether useful routine monitoring information is already being collected by agencies or organizations.**

### Essential elements of a monitoring plan, include:

- Goals
- Resources to conduct, complete, and report monitoring activities
- Identification of the outcomes, impacts and indicators to monitor
- Process for collection of meaningful and relevant information (baseline, long-term)
- Defined roles for individuals or organizations
- Criteria or triggers for action, if agreed-upon mitigations or recommendations are not met
- Process for reporting monitoring methods and results and making them publicly available
- Process for learning, adaptation, and response to monitoring results
- Commitment to monitoring to encourage policy makers and planners to be more conscious of health

## Key Points (cont'd)

**Indicators that could be monitored include** health outcomes (consider latency and specificity), behaviors, health determinants, and compliance process measures.

**Monitoring evaluates the impact of the HIA on the decision-making process and the results of the decision on health determinants.** HIA Evaluation is focused on the HIA *process*.

## Tools

### Examples of monitoring questions

Did the HIA influence the project/policy decision?

- Did the HIA inform a discussion of the trade-offs involved with a project/policy?
- Did the final project/policy decision change in a way that was consistent with the recommendations of the HIA?
- Did the HIA aid in securing funds for project mitigations?

Outcomes of HIA on decision-making processes and institutional practices:

- Did the HIA help to build consensus and buy-in for policy decisions and implementation?
- Were HIA findings and recommendations useful or influential to policy-makers?
- Were discussions of connections between the decision and health evident in the media, statements by public officials or stakeholders, public testimony, public documents, or policy statements?

- Did the HIA lead to interest from previously uninvolved groups?
- Did the HIA encourage public health agencies to participate in new roles in policy and planning efforts?
- Have requests for the study of health impacts on additional projects, plans, or policies in the same jurisdiction followed? Are there new efforts to institutionalize HIA or other forms of health analysis of public policy?
- Did the HIA lead to greater institutional support for consideration of health in formal decision-making processes?
- Has the HIA led to the development of new partnerships and coalitions focused on ensuring that health is considered in decision-making? Are stakeholders who participated in the HIA continuing to work together on other health-related initiatives?

## Resources

**Examples of monitoring from other fields:**

- National Ambient Air Quality Standards monitoring and planning under the Clean Air Act
- Mitigation monitoring under the California Environmental Quality Act
- Inspection procedures for compliance of building standards
- Notification requirements for compliance of labor laws

## HIA Monitoring – Sample Questions

Evaluation of HIA Impact on Decision-making	
<p><b>Did the HIA influence the project, plan, or policy decision that was the subject of HIA?</b></p>	<ul style="list-style-type: none"> <li>▪ Did the HIA inform a discussion of the trade-offs involved with a project, plan, or policy?</li> <li>▪ Did the final project, plan or policy decision change in a way that was consistent with the recommendations of the HIA?</li> <li>▪ Did the HIA prevent project delays by anticipating stakeholder concerns?</li> <li>▪ Did the HIA aid in securing funds for project mitigations?</li> </ul>
<p><b>Outcomes of HIA on decision-making processes and institutional practices</b></p>	<ul style="list-style-type: none"> <li>▪ Did the HIA help to build consensus and buy-in for decisions and their implementation?</li> <li>▪ Were HIA findings and recommendations useful or influential to policy-makers?</li> <li>▪ Were discussions of connections between the decision and health evident in the media, statements by public officials or stakeholders, public testimony, public documents, or policy statements?</li> <li>▪ Did the HIA lead to interest from previously uninvolved groups (e.g., public health advocates), either in supporting or opposing the decision?</li> <li>▪ Did the HIA encourage public health agencies to participate in new roles in policy and planning efforts?</li> <li>▪ Since the HIA was conducted have there been requests for the study of health impacts on additional projects, plans, or policies in the same jurisdiction? Are there any new efforts to institutionalize HIA or other forms of health analysis of public policy?</li> <li>▪ Did the HIA lead to support for development of policies that were not the subject of the HIA?</li> <li>▪ Did the HIA lead to greater institutional support for consideration of health in formal decision-making processes?</li> <li>▪ Are there efforts to institutionalize HIA or consideration of health criteria in policy and decision-making processes?</li> <li>▪ Has the HIA led to the development of new partnerships and coalitions focused on ensuring that health is considered in policy or decision-making processes? Are stakeholders who participated in the HIA continuing to work together on other health-related initiatives?</li> </ul>

### Sample Monitoring Plan Elements

<i>Monitoring Plan Elements</i>	<i>Responsible Party</i>	<i>Indicator Examples</i>
<p><b>Background</b> State the plan, project or policy evaluated by the HIA</p> <p>Process and outcome recommendations made to decision-makers - if prioritized, list in that order</p> <p>Decision-makers</p> <p>2-3 goals for the monitoring process</p> <p>Resources to conduct, complete, and report monitoring activities, including data collection</p> <p>Define roles for individuals or organizations</p>		<p>A County Comprehensive/General Plan Update: Safe and Sustainable Transportation Element</p> <p>Transportation indicators analyzed:</p> <ul style="list-style-type: none"> <li>• Vehicle miles traveled (VMT)</li> <li>• Commute time</li> <li>• Trips made by public transit</li> <li>• Proportion of households within ¼-mile of bus</li> <li>• Proportion of income spent on transportation</li> <li>• Ratio of bike lanes and miles / pedestrian facilities to roads</li> <li>• Proportion of commute and school trips made by walking/biking</li> <li>• Pedestrian and bicycle injuries</li> </ul> <ol style="list-style-type: none"> <li>1. Transportation Demand Management (TDM) strategies by large employers</li> <li>2. Increase public education about public transit</li> <li>3. Increase public transit options and frequency (e.g., bus, paratransit)</li> <li>4. Encourage retail, business, and industry to grow within urban boundaries</li> <li>5. Reduce speed limits on smaller roads</li> <li>6. Have a seat on HCOAG representing human-powered transport</li> <li>7. Prioritize non-motorized transportation in land use and construction plans</li> <li>8. Collect data about pedestrian and bike facilities</li> </ol> <p>Board of Supervisors</p> <ol style="list-style-type: none"> <li>1. Ten recommendations of 15 incorporated into Transportation Element</li> <li>2. At least 4 recommendations included in Area or Specific Plans</li> <li>3. Reduction in VMT (comparing 2007 to 2014)</li> </ol> <ul style="list-style-type: none"> <li>• Ongoing data collection by Public Health Department epi staff</li> <li>• Ongoing data collection by Planning Dept staff</li> <li>• On-the-ground monitoring of built environment and policies by HumPAL and Healthy Humboldt</li> </ul> <p>Include which indicators each partner should monitor</p>

<p><b>Decision Outcome:</b></p> <ul style="list-style-type: none"> <li>• Overall, did the final plan change in a way that was consistent with the recommendations of the HIA?</li> <li>• Were recommendations implemented after the decision?</li> </ul>		<p>Create tracking chart to note (for example, on a quarterly basis):</p> <ul style="list-style-type: none"> <li>• Whether decision was made</li> <li>• Which recommendations were incorporated into the plan, project, or policy</li> <li>• Whether each accepted recommendation was implemented as agreed to</li> </ul> <p>Assign responsibility for collecting this data to one partner organization</p>
<p><b>Decision Process:</b></p> <ul style="list-style-type: none"> <li>• Stakeholders use of HIA findings</li> <li>• Did the HIA inform a discussion of the trade-offs involved with a project/policy?</li> <li>• Were discussions of connections between the decision and health evident?</li> <li>• Did the HIA help to build consensus and buy-in for policy decisions and their implementation?</li> <li>• Did the HIA lead to interest from previously uninvolved groups?</li> <li>• Did the HIA encourage public health agencies to participate in new roles in policy and planning efforts?</li> </ul>		<p>Create tracking chart to note (on a bimonthly basis, for example) if findings were communicated via: mass media; public testimony; letters to stakeholders; other communications materials; or referencing of health evidence in public documents</p> <p>Six months after HIA is completed, conduct phone interviews with pertinent participants and stakeholders to answer these and other questions</p>
<p><b>Health Determinants:</b></p> <ul style="list-style-type: none"> <li>• Which health determinants will be assessed?</li> </ul>		<p>Decide on priority indicators to track. For example, VMT, pedestrian injury, use of public transit.</p> <p>Create a tracking chart to note (for example, on an annual basis):</p> <ul style="list-style-type: none"> <li>• Whether any change in the determinant has been observed</li> <li>• Direction of change</li> </ul>

## Examples of HIA Monitoring Questions

Did the HIA lead to changes in the design of the proposed project, plan, or policy?

Did the project, plan, or policy change in a way that was consistent with recommendations?

Did the HIA help to build consensus?

Did the HIA aid in securing funds for project mitigations?

Did the HIA lead to other policy changes?

*See HIP's HIA Monitoring Questions in your binder*

## Evaluation

### Objective

To evaluate the process of conducting the HIA.

Tasks  
Key points  
Tools  
Resources

## Examples of HIA Evaluation Questions

How were issues identified during scoping?

Was the completed HIA consistent with the scope?

What kinds of evidence were used in the HIA?

What methods were used to communicate and translate findings? Were those methods effective?

Was the HIA process transparent among partners and beyond?

How many hours were spent on each step of the HIA and by whom?

*See HIP's HIA Evaluation Questions in your binder*

## Objective

To evaluate the process of conducting the HIA.

## Essential Tasks

- Establish an evaluation plan.
- Delineate information that will be required for evaluation. Identify data sources and tools and methods for analysis.
- Ensure resources are available to conduct, complete and report evaluation results.
- Identify the individual or team that will be in charge of leading the evaluation. Assign responsibility for gathering data.
- Conduct the evaluation.
- Share evaluation results with others involved in the HIA

## Key Points

**Be clear about the focus of the evaluation.**

**During HIA scoping consider how to build evaluation into the HIA process.**

**Meaningfully include stakeholders in planning the evaluation**, including selecting the evaluation questions.

**Ways to gather evaluation data include:**

- Surveys:
  - Before/after focus group or other data collection process with HIA participants
  - Before/after HIA process with all stakeholders
- Key informant interviews with HIA partners/stakeholders
- Document review
- Meeting minutes and agendas
- Scoping worksheets and workplans
- Grant proposal narratives
- Email exchanges

**Evaluation of the HIA process is an important way to develop and improve HIA methods, approaches and techniques**, even though it is not included as one of the five steps of HIA. Evaluation can help:

- Provide feedback on successes and challenges, showing how HIA practice could be improved
- Assess whether the HIA met HIA practice standards
- HIA evaluation differs from HIA monitoring as monitoring is focused on outcomes of the decision that the HIA intended to influence, and the impacts of the decision's implementation on health determinants and health outcomes

## Tools

### Example Evaluation Questions

#### Screening

- Who was involved in screening the HIA and why? Were there others who should have been involved?
- What were the reasons for deciding to conduct the HIA?
- Were there arguments against conducting the HIA?

#### Scoping

- Who was involved in scoping? Were there others who would have been helpful to have participate in scoping?
- What methods were used to identify and prioritize health issues during scoping?
- Which health issues did the HIA address, which were left out, and how were those decisions made?

#### Assessment

- Did the HIA make judgments about positive and negative health effects of the decision under review?
- Did the HIA assess disproportionate harms or benefits to vulnerable populations?
- Was evidence used in the HIA supported by findings in the literature?
- Did the HIA document assumptions and limitations of the assessment?

#### Recommendations

- Did the HIA identify evidence-based health-promoting design solutions, mitigations, or alternatives? Did the HIA provide analysis of the effectiveness and feasibility of these recommendations?
- Did efforts to mitigate the potentially negative effects of the proposal focus on impacts of the largest magnitude?
- Were recommendations prioritized by the HIA steering committee? What process was used?

#### Reporting

- Did the HIA include comprehensive documentation of the process, analysis, and findings?
- Were stakeholders given an opportunity to review the findings and provide comment?
- How and when were recommendations delivered to the relevant decision-makers?
- Were stakeholders able to use HIA findings to develop or communicate their positions on policies/projects?

#### Monitoring

- Was a monitoring plan developed?

#### HIA Governance

- Was the HIA decision-making process transparent?
- How much time was spent on each phase of the HIA? What was the cost of conducting the HIA?
- What did those involved think about the process used?

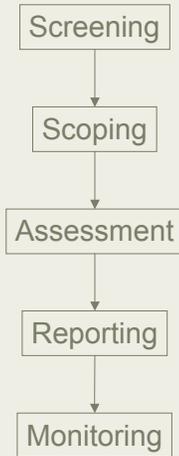
#### Public Engagement

- What efforts were undertaken to involve affected populations in the process? How were these efforts successful?
- Do stakeholders feel that the HIA was responsive to their interests/concerns?
- Did the HIA utilize community experience as evidence?

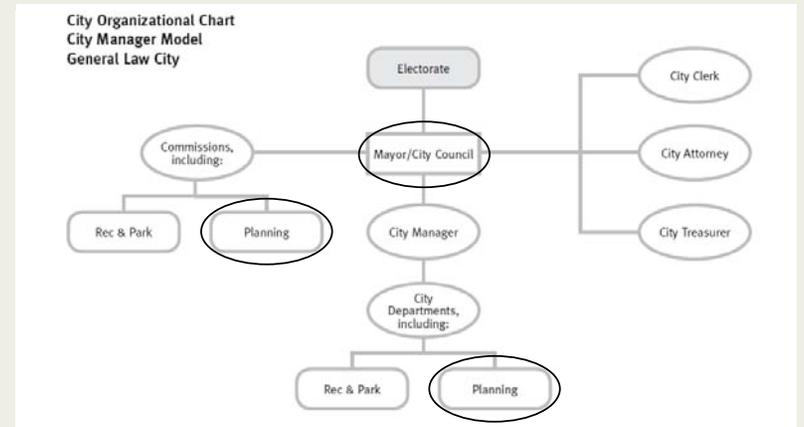
## Resources

- Taylor L, Gowman N, Lethbridge J, Quigley R. 2003. Deciding if a Health Impact Assessment Is Required. NHS Health Development Agency. [http://www.iaia.org/publicdocuments/pubs\\_ref\\_material/Screening%20for%20HIA%20pdf.pdf](http://www.iaia.org/publicdocuments/pubs_ref_material/Screening%20for%20HIA%20pdf.pdf)
- Parry JM, Kemm J. 2005. Criteria for use in the evaluation of health impact assessments. *Public Health*. 119:1122-9.
- Wismar M. 2004. The effectiveness of health impact assessment. *Eurohealth*. 10(3-4):41-3.

## The HIA Process: Intervention Points

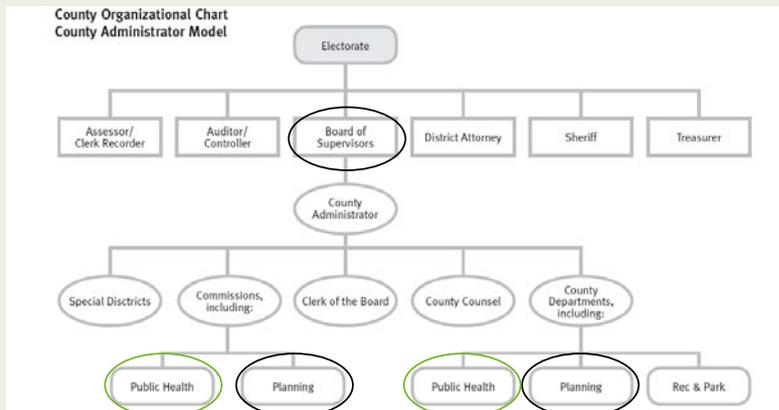


## Land Use Decision-Makers in a City



(Image courtesy PHLP)

## Land Use Decision-Makers in a County



(Image courtesy PHLP)

## Typical Contexts for HIA



### Voluntary

Initiated by public health practitioner, policy advocate, affected stakeholders, responsible public agency, or policy-maker

### Regulatory

Required by project specific legislation, to comply with EIA requirements, or other HIA regulation

NEPA is the only regulatory requirement for conducting health analyses in public decisions. Historically, EIAs have not done this well.

HIA is used to influence decision-making processes within or outside of the EIA process.

## Land Use & Decision-Making Processes

General/Comprehensive Plans: Humboldt County  
 Area Plans/Specific Plans: Pittsburg TOD  
 Zoning: Baltimore zoning code  
 Infrastructure Plans: I-170 Freeway expansion  
 Public Lands Management: Alaska oil exploration  
 Development Project Review Process: Jack London Gateway  
 Environmental Impact Assessment: Alaska, Humboldt  
 Request for Proposals: Oakland Estuary



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## Intervention Points: Examples

### I-710 expansion

HIA scope discussed in public meetings by community and health experts

Recommendation to include HIA in EIR/EIS

### Pittsburg TOD plan

HIA findings and recommendations used by Planning Department

Community advocates used health findings to influence City Council

## Examples of Policy-Making Settings

National legislation: Immigration reform  
 Statewide legislation: Paid sick days  
 Local city and county policy-making: SF living wage  
 Local school district policies: Zero tolerance

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## Land Use & Policy Intervention Points

### Wisconsin

Wisconsin Environmental Policy Act (WEPA)

Comprehensive planning

Transportation planning

Other local or state planning or policy processes?

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## NEPA and Comprehensive Health Analysis

HIA is one approach to conducting a comprehensive health analysis

Language in the following laws, regulations and guidance supports the inclusion of comprehensive health analysis in EIA:

National Environmental Policy Act

Council on Environmental Quality regulations

Executive Orders 12898 and 13045

CEQ guidance on Executive Order 12898

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## HIA & Environmental Impact Assessment

Both HIA and EIA inform the planning process

### EIA

Known and established regulatory tool

Applies to many federal land use and transportation projects, plans, and policies

Requires health effects analysis of environmental change

### An integrated approach to HIA / EIA

Builds on existing data and analysis

Avoids duplication and redundancy

Avoids fragmenting analysis

Fosters cross-sector ownership of public health objectives

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## NEPA's Procedural Requirements

Under NEPA, a federal agency must:

Evaluate potential environmental effects of federal agency proposals, including direct and indirect effects

Analyze cumulative effects resulting "from the incremental impact of the action when added to other past, present, and reasonably foreseeable future actions"

Document methods for the analysis of effects

Identify mitigations for adverse effects and consider alternatives

Respond to public comment on the analysis prior to proposal implementation

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## EIA Extension to Health

EIA Category	Environmental Indicators	Extension to Health Indicators
Transportation	Vehicle trips Vehicle volume Auto level of service	Access to retail Traffic injuries Physical activity Noise exposure
Air Quality	Air quality standards	Air pollution exposure Respiratory disease
Housing	Need to construct new housing Displacement	Quality of housing Crowding Homelessness Social isolation
Culture and Community	Physical division of a community Loss of cultural and historical resources	Social support Cultural practices Community violence

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## Developing a HIA Workplan



- Define the project, plan or policy
- Define the decision the HIA will influence
- State the goal for the HIA
- Identify partners and their roles in each HIA step
- Potential issues for the HIA scope
- Data needs
- Support needed to move forward
- Potential resources for the HIA
- Project timeline
- Concrete next steps

## HIA Evaluation – Sample Questions

<b>Screening</b>	<ul style="list-style-type: none"> <li>▪ Who was involved in screening the HIA and why? Were there others who should have been involved and why?</li> <li>▪ What were the reasons that the steering committee ultimately decided to conduct the HIA?</li> <li>▪ Were there arguments against conducting the HIA? What were some of the reasons why it may not have been beneficial to conduct a HIA?</li> </ul>
<b>Scoping</b>	<ul style="list-style-type: none"> <li>▪ Who was involved in scoping? Were there others who would have been helpful to participate in scoping? Why?</li> <li>▪ Was the completed HIA consistent with the scoping plan?</li> <li>▪ What methods were used to identify and prioritize health issues during scoping? Were reasons for inclusion/exclusion documented?</li> <li>▪ Which health issues did the HIA address, which were left out, and how were those decisions made?</li> </ul>
<b>Assessment</b>	<ul style="list-style-type: none"> <li>▪ Did the HIA make judgments about positive and negative health effects of the project, plan, or policy?</li> <li>▪ Did the HIA assess long-term effects or disproportionate harms or benefits to vulnerable populations?</li> <li>▪ Was evidence used in the HIA supported by findings in the literature?</li> <li>▪ Were the potential health impacts of project, plan, or policy alternatives explored in the HIA?</li> <li>▪ Did the HIA document methodology and data sources as well as assumptions and limitations of the assessment?</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>▪ Did the HIA identify evidence-based health-promoting design solutions, mitigations, or alternatives? Did the HIA provide analysis of the effectiveness and feasibility of these recommendations?</li> <li>▪ Were efforts to mitigate potentially negative effects of the proposed project, plan, or policy concentrated on the impacts of the largest magnitude? If not, why?</li> <li>▪ Were recommendations prioritized by the HIA steering committee? If not, why? What process was used?</li> </ul>
<b>HIA Steering Committee</b>	<ul style="list-style-type: none"> <li>▪ Was the HIA decision-making process transparent? How so? If not, what do you recommend to ensure transparency?</li> <li>▪ How much time was spent on the HIA? By whom (not just those who conducted HIA)?</li> <li>▪ What were the associated financial costs (e.g., salaries, travel, expenses)?</li> <li>▪ What did those involved think about the process and what changes would they make if they were to do it again?</li> <li>▪ To what extent was the goal of the HIA achieved?</li> </ul>

<b>Public Engagement</b>	<ul style="list-style-type: none"> <li>▪ What efforts were taken to involve affected populations in the HIA process? Were these efforts successful?</li> <li>▪ Do stakeholders feel that the HIA was responsive to their interests or concerns regarding the project, plan or policy?</li> <li>▪ Did the HIA utilize community knowledge and experience as evidence? In what ways?</li> </ul>
<b>Reporting</b>	<ul style="list-style-type: none"> <li>▪ Did the HIA include comprehensive documentation of the HIA process, analysis, and findings?</li> <li>▪ Were stakeholders given an opportunity to review the findings and comment?</li> <li>▪ How and when were recommendations delivered to the relevant decision-makers?</li> <li>▪ Were stakeholders able to use HIA findings to develop or communicate their positions on policies/projects?</li> </ul>
<b>Monitoring</b>	<ul style="list-style-type: none"> <li>▪ Was a monitoring plan developed?</li> </ul>

## HIA Opportunities for Collaboration

HIA Step	Examples of Roles	Potential Collaborators
Process Oversight		
Screening		
Scoping		
Assessment		
Reporting and Communications		
Monitoring		

## Small / Large Group Discussion Topics



Identifying potential HIA projects  
 Support for local health departments to engage in HIA  
 Resources, skills of participants for future HIA work  
 Opportunities, barriers to HIA for different stakeholders  
 Capacity for HIA

Health departments and advocacy  
 Use of qualitative data  
 Objectivity in HIA assessment  
 Engaging stakeholders in HIA

## Community and Stakeholder Engagement

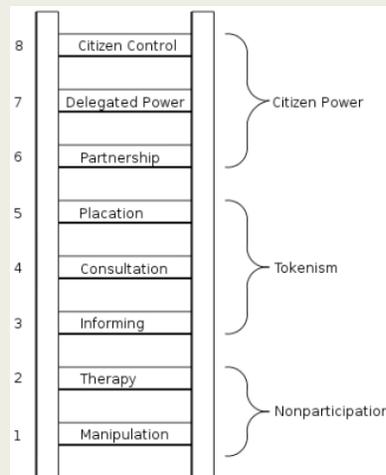


What does community engagement look like? What about engagement of other stakeholders?

How have you engaged communities in your work?  
 How have you engaged other stakeholders?

Based on your experience, what types of decisions do you see that communities make? How about other stakeholders?

## Ladder of Participation



Arnstein S. 1969. Ladder of citizen participation. JAIP 35 (4): 216-224

**Health Impact Assessment Training  
Evaluation Form - Day 2  
Wednesday, March 10, 2010  
Milwaukee, WI**

Thank you for attending the HIA training presented by Human Impact Partners and The Wisconsin Department of Health Services. Please take a moment to answer the questions below. Your comments and suggestions are very valuable to us.

Please rate the following statements listed below by circling the appropriate rating  
(1-strongly disagree; 2-disagree; 3-neutral; 4-agree; 5-strongly agree)

	Your Rating					Comments/Suggestions
	1	2	3	4	5	
1. The content presented today deepened my understanding of the subject and HIA	1	2	3	4	5	
2. I will use the knowledge/skills gained from today's session in my future work	1	2	3	4	5	

3. What did you particularly like or dislike about the content of today's training?

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4. Are there things that we should have covered today but did not?

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5. Are there things that we should have spent less time on today?

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6. What are some of the specific things that you think you would need in order to begin HIA work at your agency/organization?

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Please rate the different sections of the training on a scale of 1-5 (1 = awful to 5 = excellent)

	Your Rating					Comments/Suggestions
	1	2	3	4	5	
7. Recommendations and Mitigations	1	2	3	4	5	
8. Step 4: Reporting	1	2	3	4	5	
9. Step 5: Monitoring	1	2	3	4	5	
10. HIA Evaluation	1	2	3	4	5	
11. Intervention points in land use planning and regulatory processes	1	2	3	4	5	
12. Preparing to move local HIA projects forward	1	2	3	4	5	
13. Next Steps: creating a workplan/ screening new projects	1	2	3	4	5	
14. Opportunities, challenges and barriers	1	2	3	4	5	

Additional Comments:

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15. On a scale of 1 to 10 (where 1=none and 10=expert) what was your level of knowledge of HIA prior to this training? (please circle one)

1    2    3    4    5    6    7    8    9    10

16. On a scale of 1 to 10 (where 1=none and 10=expert) what would you rate your level of knowledge about HIA now that you have participated in this training? (please circle one)

1    2    3    4    5    6    7    8    9    10

17. Did this training provide sufficient information and practice for you to start conducting HIA?

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**Considerations for the Selection of Appropriate Policies, Plans, or  
Projects for Analysis using Health Impact Assessment**



For more information see [www.humanimpact.org/](http://www.humanimpact.org/) or call 510 740 0143.

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## FORWARD

This document is intended to assist people, organizations, or public institutions with selecting a policy, program, plan, or project on which to conduct Health Impact Assessment (HIA). The document assumes the reader has some knowledge of public policy and land-use decision-making processes. Further introductory and advanced information and resources on HIA are available (e.g., at [www.humanimpact.org](http://www.humanimpact.org)), including training materials, guidebooks, case studies, and consensus practice standards. This document does not comment on or interpret current requirements for health impact analysis in US laws and regulations.

## INTRODUCTION

Health Impact Assessment may be defined as a combination of procedures, methods and tools that systematically judges the potential, and sometimes unintended, effects of a policy, plan, program or project on the health of a population and the distribution of those effects within the population. HIA identifies appropriate actions to manage those effects (IAIA 2006). HIA can be used to improve the quality of public policy decision-making by providing evidence-based recommendations that can be used to enhance predicted positive health impacts and minimize or eliminate negative ones. Health Impact Assessment has been practiced in the United States for approximately a decade, but awareness of and interest in the field has grown substantially over the last few years.

HIA can be used to analyze a wide range of policies, plans and projects; many proposals have unrecognized impacts on health. While HIA has already been used in the United States on land use and transportation projects, plans and policies, as well as labor policies, it is applicable to many other policy areas including, for example, farm, immigration, incarceration, and education.

A number of organizations now trained in HIA are interested in applying this process in real world cases. A critical question for these organizations, as well as for funders, decision-makers, and others, is *how to select a policy, plan or project on which to conduct an HIA* in order to have the greatest impact and relevance with their limited resources. Deciding whether or not to conduct an HIA on a particular decision is known as *Screening* and is the first step in the HIA process.

HIA Screening may be challenging because it must take into account many considerations, including different priorities, constraints, regulatory requirements, and theories of change of diverse organizations and stakeholders. Screening is also an iterative process in which questions get answered but also lead to new questions. It is important to note, however, that neither HIA nor the screening process can begin without a proposed policy, project or plan to assess.

This paper provides ten specific criteria for screening for organizations considering conducting an HIA. The first three criteria identify characteristics of policies, plans and projects and decision-making processes that are essential for conducting a successful HIA. The next five criteria gauge the value of the potential influence and impact of a completed HIA. Finally, the last two criteria are practical feasibility considerations important to the successful conduct and communication of an HIA.

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While the criteria are ordered in this way for clarity in presentation, *all the criteria are important* (e.g., criterion 9 regarding partners is critical to the success of an HIA, but is a “practical” concern and therefore described near the end). In all, ten screening criteria are described and relevant examples are provided. Several of the examples are related to land-use planning processes, and we assume that readers have some familiarity with those processes. When appropriate, we also describe ‘exceptions to the rule’ – circumstances in which the criteria could be modified. The ten criteria are:

1. *The project, plan or policy has been proposed, a final decision about whether to adopt the proposal has not been made, and there is sufficient time to conduct an analysis before the decision is made.*
2. *The decision has the potential to affect, positively or negatively, environmental or social determinants of health that impact health outcomes of a population - and those health impacts are not being or likely to be considered without the HIA.*
3. *Evidence, expertise, and/or research methods exist to analyze health impacts associated with the decision being considered.*
4. *The proposal being considered could potentially impact health inequities.*
5. *The proposal’s impact on health outcomes is potentially significant. This can be measured in terms of the number of people impacted, the magnitude of impacts, and the breadth of the impacts.*
6. *The connections between the proposal and health outcomes are neither too obvious nor too distant.*
7. *Decision-makers and/or those stakeholders who have the capacity to influence the decision-makers are likely to use the HIA findings and recommendations to inform or influence the decision-making process, whether through regulatory requirements or voluntarily.*
8. *The HIA could help lead to institutional and/or systemic changes that promote better health outcomes for all.*
9. *Partners are available to participate in the HIA process and use the HIA findings and recommendations.*
10. *Resources (including funding, personnel time, technical capacity, and leadership) are available to conduct the HIA.*

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## ESSENTIAL CHARACTERISTICS

1. *The project, plan or policy has been proposed, a final decision about whether to adopt the proposal has not been made, and there is sufficient time to conduct an analysis before the decision is made.*

### *Explanation*

HIA is intended to be conducted prospectively to evaluate a proposal, with the goal of using HIA findings to ensure that the final decision reflects a consideration of the potential impacts that the proposal may have on health. A concrete proposal with a pending decision is necessary, as it is difficult and a potential poor use of resources to assess a hypothetical proposal that could easily change or has not been detailed sufficiently. An HIA is not conducted after a final decision on a proposal has been made since it is typically difficult to modify a final decision (*exceptions to this are described below*). It is also optimal to have a clear sense of the decision-making process and the timeline of that process when screening a potential HIA project.

It is often challenging to meet these criteria because decision-making processes are not always transparent and open. Specifically:

- Stakeholders are not always aware that decisions are being made;
- It can be difficult to identify the actual decision-maker;
- The time between when a policy, plan or project is proposed and when the final decision is made can be very short; and
- Timelines for decisions can shift dramatically.

The time required to conduct an HIA can vary from several weeks to ideally no more than a year. In some cases there may be sufficient information and data available for a “rapid HIA” that can be completed in less time and from which findings and recommendations can be summarized quickly. Such projects often have limited scope in terms of the research questions that are addressed, and may not be comprehensive in terms of the breadth of data considered. Because the scope of the HIA must conform to the decision timeline, the question for Screening is whether a rapid HIA that risks incompleteness would be worthwhile.

With more time, an HIA can address a broader scope of issues, present a wider variety of data and information, involve more stakeholders, and propose recommendations and mitigations that reflect a more diverse array of perspectives.

### *Example 1 – State Policies*

A legislative bill is a good example of a fairly concrete proposal that has a defined decision-making timeline. State legislatures have timelines for making decisions on proposed legislation. In California, for example, proposals for new bills are submitted each year at the end of January. There are multiple decision points for each bill: Committees in the Assembly and/or Senate, and the full Assembly and/or Senate, review and vote on the bills between March and August. The Governor ultimately decides whether to sign a bill into law in the late Summer or early Fall. An HIA could be conducted after a bill has been submitted, and must be completed by the time the

decision that the HIA is intended to influence is being made (e.g., a committee hearing or the Governor's signature). Typically, it is best for health findings to be available as early as possible to be used: a) to inform a legislative analysis of the bill; b) to amend the bill; or c) by advocates to support or oppose the bill's passage.

However, some legislative decisions do not follow such a straightforward timeline. For example, budget decisions are often made through negotiations in which not all proposals are clearly defined or made public and whose timelines are extremely rapid. Prospectively analyzing a budget decision may be difficult because there may not be a concrete proposal to assess or enough time to complete an HIA. In addition, often many bills get stuck in the legislative process described above and never make it out of committee. Some bills are deferred to the following legislative session if there is not enough momentum to advance a bill in the year it is introduced.

### *Example 2 – Local Land Use Decisions*

Significant land use decisions regarding General or Comprehensive Plans, Specific Plans, or major projects are made at a local level, often by a city or county government. General plans lay out the future of a city, county or neighborhood's development in broad terms through a set of adopted objectives and policies. Some states require the development of General Plans at the local level. For example, the State California requires each city and county to adopt "a comprehensive, long-term general plan for the physical development" of the land within its present and likely future boundaries.

Local planning decisions often concern concrete proposals for development, however, the specifics of the actual *plan* may not be available until well into the planning process. In some states, most land use plans must go through an environmental review process before final decisions are made. The entire planning process can take months, if not years. Decision-makers in these multi-step processes include: planning agencies and commissions, city councils, and/or mayors. HIA can fit well in the decision-making timeline, assuming it is started early enough. Information collected by others (e.g., planners and environmental reviewers) is often useful in an HIA, so concurrent analysis can be efficient. Similarly, information collected for the HIA could and should be used in the environmental review process. Again, it is best for health findings to be available as early as possible to better ensure that they are considered up front, and used to influence the design of the final land use plans.

If an HIA is attempted too early in the planning process, however, the proposal may not be well developed or may evolve significantly from its starting point and the HIA findings could be less relevant to the final decision. On the other hand, if a decision or environmental review is in its final phases, there may not be time, ability or willingness among decision-makers to integrate HIA findings and recommendations into the final plan or project design.

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### *Exceptions*

In some circumstances conducting an HIA after a decision has been made can be beneficial, but it is important to keep in mind that one of the main values of HIA is its ability to make recommendations that improve the way that decisions ultimately impact health outcomes.

Post-decision HIAs may be useful, for example, if:

- a policy has been passed, but not implemented. The HIA could be used to augment or amend the implementation process to address a recognized health issue; or
- similar proposals are likely to be considered in the future. For example: an HIA on budget cuts might be useful if similar cuts are likely to be considered the following year; or an HIA on an affordable housing renovation project that has been completed could inform funding for future such projects.

Similarly, HIAs can sometimes be started before a concrete plan is in place. For example, existing conditions data can be collected during the development of a land use plan and that information can be useful in the planning process. Once alternative plans have been proposed, the health impacts of the proposed plans can be evaluated.

- 2. The decision has the potential to affect, positively or negatively, environmental or social determinants of health that impact health outcomes of a population - and those health impacts are not being or likely to be considered without the HIA.*

### *Explanation*

Since the aim of Health Impact Assessment is to judge the effects of a proposal on health, only proposals that affect health should be targets. HIA uses a broad definition of health that includes physical, mental and social health, and since environmental and social determinants of physical, mental and social health (including environmental quality, noise, nutrition, housing, livelihood, access to goods, parks, and services, and other determinants) are considered in HIAs, many proposed policies, plans and projects are considered to affect health. For example, proposals that impact jobs and employment may have impacts on life-span and mental health, and proposals that impact public transit may have impacts on physical activity, on access to goods, services and parks, on air quality, and ultimately on health outcomes related to those impacts. Before choosing to do an HIA, researchers should have hypotheses regarding the connections between the proposal and health outcomes.

Currently, health is most often considered in decisions regarding health care (e.g., access to health care, insurance, government health programs). Decisions also routinely consider effects on environmental exposures, but regulatory compliance is often used to imply the absence of health effects even when regulations are not fully health protective. Health is also increasingly being discussed with regard to nutrition policy and policies that impact physical activity. Few other decisions regularly take health into account.

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### *Examples*

In the U.S., HIAs have been conducted on a broad range of proposals regarding land use (e.g., housing projects and transit oriented development plans), transportation (e.g., freeway expansion and bridges) and worker rights (e.g., minimum wage and paid sick days). Many other issue areas impact health including, for example, education, incarceration, and climate change.

Health is already considered in several policy settings (e.g. health care, food and drug regulation, environmental quality regulation, consumer product safety). Decisions in these policy settings may not be optimal targets for HIA (see also Criterion 6, below). Other decisions, for example those on small technical changes to existing laws, may also be inappropriate targets.

### *3. Evidence, expertise, and/or research methods exist to analyze health impacts associated with the decision being considered.*

#### *Explanation*

HIA is evidence-based; data is a necessary component of the assessment phase of HIA and guides recommendations. Data can be quantitative (e.g., mortality statistics) and qualitative (e.g., experiential knowledge contributed by community members in focus groups), and HIA can use existing available data (e.g., from the peer-reviewed literature or environmental reviews) or primary data collected as part of the HIA process.

HIAs both evaluate existing conditions related to health and make predictions about the likely direction and magnitude of the health effects of a proposed decision. Both assessments of conditions and prospective predictions must be based on evidence, which may include facts, expert opinion, data and applied research. A wide variety of research methods are available including literature reviews, quantitative predictive tools (e.g., air quality modeling), and interviews with health experts.

#### *Example 1 – HIAs on Land Use*

In HIAs that have been completed on land use projects and plans, a vast array of data sources have been used, including:

- peer-reviewed literature;
- census data;
- traffic injury data;
- agency public health reports;
- housing need predictions;
- labor statistics;
- air quality measurements;
- noise measurements;
- lists of local businesses and community resources;
- land use maps;
- transportation patterns;

- observed physical characteristics of the street and pedestrian environment;
- survey results of residents; and
- focus group results.

Similarly, a wide range of research methods have been used, including:

- literature reviews;
- air quality modeling;
- noise modeling;
- Geographical Information Systems (GIS);
- field observation;
- statistical analyses;
- surveys;
- focus groups; and
- stakeholder interviews.

### *Example 2 – HIA on Paid Sick Days Policy*

HIAs on paid sick days policies have used the following research methods:

- analysis of government surveys (e.g., the National Health Interview Survey conducted by the CDC) that collected data on whether respondents received paid sick days;
- review of peer-reviewed public health empirical research;
- summary of reports (e.g., cost-benefit analyses) on the availability of paid sick days and other statistics;
- interviews with public health officials and researchers;
- surveys of workers without paid sick days benefits; and
- focus groups with particular populations (e.g., restaurant workers).

## **IMPACT-RELATED CRITERIA**

### *4. The proposal being considered could potentially impact health inequities.*

#### *Explanation*

Equity is a guiding principle for HIA. Conducting HIAs on policies, plans and projects that affect populations that face social, environmental or health inequities, such as low-income populations or people of color, can lead to significant changes that reduce those inequities. If one's goal in conducting HIA is social change, analyses of proposals that impact inequities are necessary.

This criterion builds off of criterion 2 above, with the goal of understanding the distribution of impacts on different communities. Screening for inequities should examine how policies impact all populations, including those defined by income, race/ethnicity, gender, age, and place of residence/work.

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***Example 1 – HIAs on Transportation Projects***

Transportation projects often have a large impact on populations that live near the proposed project. As a result of the history of freeway construction in the United States, freeways often are located in (and often bisect) low-income communities and communities of color. These communities therefore bear a disproportionate burden of the poor air quality near freeways and have higher rates of respiratory and cardiovascular disease. Proposed freeway expansions therefore impact these vulnerable communities significantly.

Urban public transit projects affect the residents living in close proximity, and can be designed to improve access for local residents or for those living in suburban areas that are commuting into urban areas. Depending on the city, and patterns of residential segregation, these populations can be quite different from one another. Depending on how the transit project is designed and implemented, it may serve to exacerbate different health burdens for urban and suburban communities. An HIA could be used to highlight disparate health impacts for these populations.

***Example 2 – HIAs on Climate Change Policies***

Climate change is often considered an environmental issue, but global warming has many health implications (e.g., reducing impacts of natural disasters). There are also many potential health benefits of policies that impact climate change (e.g., reducing the amount of driving). While an HIA on a proposed climate change mitigation policy (e.g. expanding forests, reducing fuel consumption) may be generally useful in limiting climate change, the scope of the analysis should also include equity impacts – policies that reduce global warming will likely have significant impacts on vulnerable populations.

For example, a reduction of pollution from vehicles through reduced driving (i.e., vehicle miles traveled) will lead to less global warming, which will have positive health outcomes on a global level, such as limiting the spread of disease vectors and reducing natural disasters such as hurricanes. In addition, a reduction in driving may also improve local air quality, and as a result, lead to fewer respiratory conditions among those living near freeways (typically vulnerable populations). However, there are several ways to reduce driving – increasing the cost of driving, improving public transit, or changing land use patterns – and these options have the potential to impact some populations differently than others. Given these equity issues, climate change policy could be a good target for an HIA.

- 5. The proposal's impact on health outcomes is potentially significant. This can be measured in terms of the number of people impacted, the magnitude of impacts, and the breadth of the impacts.***

***Explanation***

The number of decisions that impact health is daunting, while the number of HIAs that can be completed is limited by time and funding. It may be wise to first target policies, plans or projects

that impact more people, impact some people very significantly, or have a wide range of health impacts. Proposals that impact more people, more significantly, and in more ways are the best targets for HIA. If few people are impacted only a small amount, other decisions are likely more pressing. There is a large grey area between these extremes and other criteria described in this paper are useful in prioritizing such proposals.

The number of people who are likely to be affected by the decision directly or indirectly can often be gauged quantitatively (e.g., by tabulating the number of people living or working in an area or the number of people who fall into the categories that the proposal impacts).

Quickly judging (during Screening) the potential magnitude of the effect on health can be difficult in most circumstances – for example, it is difficult to estimate years of life lost without extensive analysis – and a qualitative assessment of the size of the impact (e.g., large, medium, small) is therefore often more appropriate. Public concern may be a surrogate for potential magnitude of the health impact.

A qualitative judgment of the potential breadth of impacts can be guided by using a list of the social and environmental determinants of health (e.g., those contained in the World Health Organization's Solid Facts at <http://www.euro.who.int/DOCUMENT/E81384.PDF>) for conceptualizing the ways in which a proposal will impact health.

### *Examples*

Issues like a state budget, a major urban freeway expansion, and a minimum wage law can impact hundreds of thousands, if not millions, of people. The impacts on health can be large, the decisions may impact many determinants of health, and health outcomes can be affected through multiple pathways. Policies on incarceration (e.g., parole) will likely impact fewer people, but impact each person very significantly. Education policies will impact a large number of people. A proposed project for a single family home in an urban area will likely impact few people and, unless there are other reasons to analyze the project, would probably not be the best HIA target. (However, some organizations or community groups interested in HIA may wish to do their first HIA on a project such as this because there are good HIA models available and it is manageable given resources.)

### *6. The connections between the proposal and health outcomes are neither too obvious nor too distant.*

### *Explanation*

Conducting an HIA should offer an opportunity to inform decision-makers about the health effects of the proposals they are considering in situations when public health-related information is not typically part of the decision-making process. When a policy, plan or project is already considered to be health-related and health data is already informing decision-making, there may be little added value in conducting an HIA. Conversely, if the proposal only impacts health

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through indirect pathways over long time periods, the connection to health and health data provided in an HIA may not be convincing, or the impact may not be clearly discernable or describable. There is a middle ground – cases in which health impacts are significant and proximal but not being considered – and this middle ground is ideal for HIA.

### *Examples*

Decisions about health insurance coverage, access to health care services, and communicable disease transmission already include health-related data and an HIA may be of little value. Although not generally perceived to be quite as obviously related to health, decisions that affect nutrition (e.g., opening of a farmers' market) and physical activity (developing a plan to improve walkability in a neighborhood) may already be valued because of understood health outcomes.

Campaign finance reform (policies that change who can donate to political campaigns) may have significant health implications (e.g., health insurance companies could be disallowed from donating, and this could make it easier for elected officials to vote in favor of a form of universal health coverage). However, the health outcomes associated with such reforms may be too distantly linked and difficult to interpret for an HIA to be useful to such a topic. In such cases, other frames and types of arguments are likely to be more convincing.

### *Exceptions*

In cases when health is already being considered in decision-making, such as the opening of a farmers' market, an HIA could be helpful if it plays the role of consolidating and summarizing data *when this has not already been done or when the scope of issues being considered is incomplete* (e.g., location of the farmer's market in relation to transit or traffic hazards).

- 7. Decision-makers and/or those stakeholders who have the capacity to influence the decision-makers are likely to use the HIA findings and recommendations to inform or influence the decision-making process, whether through regulatory requirements or voluntarily.***

### *Explanation*

In order for an HIA to achieve the goal of informing a process to improve the health outcomes of a proposal, decision-makers and the decision-making process must be open to input. Decisions that are extremely political, highly partisan, or secretive in nature may not be open to influence. Decisions that are controversial, though, have a high degree of public involvement and new ideas and knowledge offered by an HIA may be effective. Having a decision-maker ask for an analysis of health impacts is an ideal way to have the HIA findings considered as part of the decision-making process. In some cases, using existing regulatory processes (e.g., Environmental Impact Assessment), that already require the consideration of health outcomes, can create a "window" with decision-makers.

In addition, some stakeholders (e.g., advocacy organizations and community organizations) may be able to raise awareness of health impacts because of their relationships with decision-makers, the media or the public. Such groups may be able to exert their influence to increase the consideration of health in a decision that is not inherently open. Such groups may make good partners in the HIA process provided they share a common interest in healthy decision-making and do not have over-riding interests or positions on the decision.

In some cases, while the decision-making process may be open to input, other considerations or frames are dominant, and thus health impacts would be much less convincing. These other arguments may need to play out or be addressed before decision-makers will consider health.

### *Examples*

Recently, several elected officials have asked their local public health agencies to weigh in on land use planning proposals. For example, the County Board of Supervisors in Humboldt County, CA asked the Public Health Branch to comment on proposals being considered in the county General Plan update. HIA has been used to evaluate such proposals. Similarly, some government agencies (e.g., the Community and Economic Development Agency in Oakland) have recently included consideration of health impacts as part of the Requests for Proposals for planning firms bidding to work on large plans or projects (e.g., the Specific Plan being developed for the Estuary area in Oakland). Being invited to the table is an ideal way to ensure that the HIA will be used.

Environmental Impact Assessment, which is required for many decisions in many jurisdictions, is a public process. An HIA can be used during or within the EIA process to evaluate the health impacts of the proposal and to inform the decision-makers about those impacts. This can happen either if the EIA officials include the health analysis as part of the required EIA process or if the HIA is conducted outside the process and submitted as a comment on the draft EIA and in public testimony. Such public decisions are open to input.

Some HIAs have been conducted with community organizations, advocacy groups, or other interested parties who have strong interests in the outcome of the proposal or are already advocating for particular decisions. (It is important that any HIA process be transparent, that the assessment phase consider all evidence – supporting or not – and that the communication report all major findings so that the HIA is not viewed as biased. Any organization or group of organizations conducting an HIA may be viewed by other stakeholders as biased.) While the decision may not be completely open to input, such organizations may have the ability to ask elected officials to consider health and to consider the HIA findings and recommendations. Such ‘asks’ can take place in private meetings, in public meetings, or through the media.

There are decisions, however, that are not as open to public input or health analyses. A project proposed by a developer with strong connections to elected officials (e.g., through campaign contributions) may not be open to influence. Budget negotiations often take place behind closed doors. And rational debate may be precluded by circumstances, such as in post-September 11<sup>th</sup> legislation in which fear of terrorism dominated and was what elected officials considered above all else. Less extreme examples of this include debates about affirmative action, gay marriage or

the three-strikes laws, in which other frames dominate and even a strong analysis of health would be unlikely to be considered.

### *Exceptions*

If a decision is not open to input, an HIA might still be useful if the goal is to sway public opinion for future decisions that are similar. For example, while the budget cuts in California in 2009 were not open to health input, an HIA of the budget cuts may be useful to inform the public. A more informed public may be more in favor of increased revenue generation through taxes and may then be more likely to elect public officials who hold a similar view.

Additionally, an HIA could sometimes be used to help expose hidden drivers of and participants in a decision-making process, even if the health-related findings are not likely to be used due to the politics involved.

### *8. The HIA could help lead to institutional and/or systemic changes that promote better health outcomes for all.*

### *Explanation*

Outcomes from an HIA are often project-, plan- or policy-specific, but they can also lead to broader policy changes and changes in how decisions are made. Such HIAs can bring about larger shifts that can more effectively lead to improved health and reduced disparities, and can reduce the need for future HIAs in the subject area. Resources used on such HIAs are well spent. Thinking through the possible larger scale impacts that may result from an HIA project can be a helpful guide in choosing an HIA topic.

Some possible institutional and systemic changes include:

- Building collaboration among government agencies, such as public health and planning departments or among government agencies and constituencies. This can also be an opening for public health agencies or stakeholders to be invited to the planning or decision-making table;
- Changing the way agencies conduct their work. For example:
  - a planning department may begin to ask that health impacts be considered by planners consulting to them on specific or comprehensive plans;
  - an agency may ask that health impacts be considered more thoroughly in environmental impact assessments; and
- Passing of legislation by local, state or federal government to address the concerns raised in an HIA.

In addition, an HIA conducted on a policy in one jurisdiction may be useful for similar policies in other jurisdictions, and its usefulness would thereby be increased.

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### *Examples*

- Prior HIAs on proposed developments in Oakland, along with pressure by the county health agency, led to the planning agency's inclusion of a health impacts analysis in a Request for Proposals' scope of work for developing a specific plan. The addition of health to a scope of work for a Specific Plan may be repeated in future Requests for Proposals.
- HIAs in San Francisco that analyzed air quality hazards for residences near roadways have led to new regulations pertaining to the siting of new housing and air quality mitigations required when housing is near air pollution hot spots.
- An HIA on a large proposed highway expansion could set a precedent and lead state transportation agencies or the Federal Highway Administration to include a broad consideration of health in their proposals and their environmental review processes;
- By raising the health concerns regarding the lack of affordable housing in a proposed development project, a city council could be motivated to pass citywide inclusionary housing requirements;
- An HIA on paid sick days policies in California was the starting point for HIAs on similar policies at the federal level and in other states. In addition, labor organizations and legislative labor committees considered how their proposals would impact health and may continue to do so for other pieces of legislation.

### *Exceptions*

While striving for such change may be ideal for organizations more experienced with HIA, groups conducting their first HIA may choose to focus on a small proposal with a more limited scope. After gaining HIA experience, goals could be broadened to include the institutional and systemic changes discussed above.

## **PRACTICAL CONCERNS**

### *9. Partners must be available to participate in the HIA process and use the HIA findings and recommendations.*

#### *Explanation*

HIA is often best conducted as a collaborative effort and offers organizations that have not previously worked together the opportunity to do so. It is vital that at least one of the partners has a fairly clear vision for how they plan to use the HIA, and intends to use the HIA results (see below for more on leadership required). Without this, the HIA is less likely to be used to make change. Organizations with more experience conducting and using HIAs (such as Human Impact Partners and the San Francisco Department of Public Health) can serve as mentors to help others envision their own applications of HIA.

Partners could include public health agencies, the government agency responsible for the decision, elected officials, community organizations, advocacy groups, academic researchers and others. Each of these types of organizations can have a role in the HIA, although not all are required to be part of every step of the process. Some organizations may have access to data or

tools or connections with community members or elected officials that could be useful. Some organizations may be able to use the HIA findings for advocacy, while others may not be able to do so. Some organizations may have a history of voicing health-related concerns regarding the proposal or similar proposals and may be natural allies with strong track records. No matter which organizations eventually collaborate on an HIA project, it is important for all of them to have an understanding of the HIA process and what their roles and commitments might be.

### *Example 1 – Land Use Planning*

HIAs on land use plans have been conducted through collaborations between:

- A. The public health agency, the planning agency, and community groups
  - The public health agency brought data, tools (such as GIS and air quality modeling), and knowledge of the available public health literature;
  - The planning agency provided details on the proposals being considered and data available from previous planning processes;
  - The community group organized focus groups, otherwise engaged community residents in the process and used the findings in advocacy.
- B. The public health agency, the planning agency, and a planning consultant and sub-consultants, including an HIA-focused sub-consultant
  - The consultant organized the process and asked each sub-consultant to provide data relevant to the HIA (e.g., on transportation and economic outcomes);
  - One sub-consultant led community outreach efforts;
  - The planning agency provided guidance regarding the political situation and realities;
  - The public health department provided data;
  - The HIA-focused sub-consultant helped guide the process and provided input about health outcomes.

### *Example 2 – Paid Sick Days Policies*

Policy HIAs may include different sets of partners. An HIA on paid sick days included:

- A public health department that conducted a literature review and secondary data analysis;
- A non-profit focused on HIA that coordinated the process and conducted research;
- A labor-studies group at a university that provided data;
- A labor advocacy non-profit that found funding for the project and used the findings to generate media attention and lobby elected officials; and
- Worker organizations that organized focus groups and collected surveys from workers that were used in the HIA assessment phase.

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*10. Resources (including funding, personnel time, technical capacity, and leadership) must be available to conduct the HIA.*

*Explanation*

Funding, personnel time (paid or in-kind), technical capacity, leadership and other resources must be available and match the scope of the proposed HIA project. A number of sources of funding are available for conducting HIA. Funding can often be found for projects that meet the screening criteria presented in this paper. Funding sources will differ based on the subject and location of the project. The people involved in the HIA must play a number of roles and bring a range of skills. At least one organization must take the leadership role that includes coordinating the effort and implementing a vision for the conduct and use of the HIA. Agencies such as public health departments may be able to provide data, analysis, and other technical expertise to others free of charge and other in-kind resources may be available as well.

*Examples*

Foundations, government contracts, government grants, and developers are among the potential funding sources for an HIA. An HIA can cost as little as \$5,000 for a rapid assessment and as much as \$250,000 for a large, complex project. Compared to other government processes, such as environmental impact assessment, such costs are relatively low. A fairly in-depth HIA typically costs between \$40,000 and \$70,000.

**CONCLUSION**

The ten screening criteria presented here are intended to help organizations new to HIA begin the process of choosing appropriate HIA projects. Potential HIA targets could be entered into a spreadsheet and evaluated (e.g., as a checklist) or rated (e.g., using numerical ratings) against the criteria in order to rank them. This exercise could be carried out by an individual, a team of people at an organization, or, ideally, by a group of organizations interested in working together. At a minimum, a realistic discussion among stakeholders about the potential use of the HIA and their capacity to participate in the HIA should be part of the Screening process.

It is important to note that this process is difficult and imperfect. There is no ‘right answer’ to the question of what are the best HIA topics. Different organizations and coalitions may have different priorities and realities. They may use these criteria as a starting point.

However, this difficulty and imperfection should not be a barrier to starting an HIA. We encourage interested parties to dive in and get started; since the field is so young, we all learn a great deal from each HIA that is completed.

Screening is a very important, but sometimes overlooked, stage in HIA. In our experience, screening that is well done and well thought out leads to HIAs that are more successful at making change. Taking time up-front to consider the issues raised in this paper can save time and increase the impact of your work.

### **ADDITIONAL RESOURCES**

For more information about Screening, contact Human Impact Partners ([www.humanimpact.org](http://www.humanimpact.org)).

For more information about the variety of HIA projects that HIP and our partner organizations have completed, please visit <http://www.humanimpact.org/Projects.html>.

# Practice Standards for Health Impact Assessment (HIA)

*North American HIA Practice Standards Working Group*

Version 1  
April 7, 2009



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A number of Working Group participant organizations have committed to utilizing these working practice standards, to the greatest extent possible, in their health impact assessment practice. These organizations, whose logos are included on the title page, include: Environmental Resources Management, Habitat Health Impact Consulting Corp., Human Impact Partners, San Francisco Department of Public Health, and the University of California Berkeley Health Impact Group.

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## **I. Introduction**

Health Impact Assessment (HIA) describes a systematic process used to make evidence-based judgments on the health impacts of public and private decisions and to identify and recommend strategies, including alternatives, design changes, and mitigation measures, to protect and promote health. With roots in the practice of Environmental Impact Assessment (EIA), HIA aims to inform the public and decision-makers when decisions about policies, programs, plans, and projects have the potential to significantly impact human health, and to advance values including democracy, equity, sustainable development, the ethical use of evidence and a comprehensive approach to health (International Association of Impact Assessment, 2006).

Although HIA is in use in a number of settings internationally, the practice is just emerging as a field in many parts of the world including the United States. While available guidance documents for HIA describe the typical procedural steps and products of each stage of the HIA process, there exists considerable diversity in the practices and products of HIA due to the variety of decisions assessed and practice settings, and the nascent evolution of the field.

Both for practice quality and for HIA development and institutionalization, HIAs should aim to adhere to some minimum standards of good practice. At present, there is a lack of specific standards or benchmarks to clearly distinguish HIA as a practice or to promote or establish HIA quality. Without practice standards, we believe the term HIA may become ambiguous and the practice may be misused or vulnerable to criticism.

This document is the collective product of HIA practitioners working in the North American context to translate the values underlying HIA and key lessons from conducting HIA into specific "standards for practice" for each of the five typical stages of the HIA process. The development of these standards was one of several objectives agreed upon by participants at the first *North American Conference on Health Impact Assessment* held in Oakland, California in September 2008. These standards may be used by practitioners as benchmarks for their own HIA practice or to stimulate discussion about HIA content and quality in this emerging field.

The members of the North American HIA Practice Standards Working Group do not claim to have achieved all of these standards in our work to date. We also recognize that real-world constraints and varying levels of capacity and experience will result in an appropriate and ongoing degree of diversity of HIA practice. Overall, we hope that these standards will be viewed as relevant, instructive and motivating for advancing HIA quality rather than rigorous criteria for acceptable or adequate HIA.

## **II. HIA of the Americas Convening Participants**

**September 24–26, 2008  
Oakland, California, USA**

<i>Josi Auger</i>	<i>Habitat Health Impact Consulting Corp.</i>
<i>Tania Barron</i>	<i>Environmental Resources Management</i>
<i>Rajiv Bhatia</i>	<i>San Francisco Department of Public Health</i>
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<i>Lili Farhang</i>	<i>San Francisco Department of Public Health</i>
<i>Kim Gilhuly</i>	<i>Alameda County Public Health Department</i>
<i>Ben Harris-Roxas</i>	<i>UNSW Research Centre for Primary Health Care and Equity</i>
<i>Jonathan Heller</i>	<i>Human Impact Partners</i>
<i>Nicole Iroz-Elardo</i>	<i>Portland State University</i>
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<i>Murray Lee</i>	<i>Habitat Health Impact Consulting</i>
<i>Jennifer Lucky</i>	<i>Human Impact Partners</i>
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<i>Edmund Seto</i>	<i>University of California at Berkeley</i>
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### III. Proposed HIA Practice Standards

#### **HIA STAGE    PRACTICE STANDARD**

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<b><i>General</i></b>	<ul style="list-style-type: none"><li>• The HIA process should include at minimum the stages of <b>screening</b> to determine value and purpose; <b>scoping</b> to identify health issues and research methods; <b>assessment</b> of baseline conditions, impacts, alternatives and mitigations; and <b>reporting</b> of findings and recommendations. <b>Monitoring</b> is an important follow-up activity in the HIA process to track the outcomes of a decision and its implementation.</li><li>• <b>Evaluation</b> of the HIA process and impacts is necessary for field development and practice improvement. Each HIA process should begin with explicit, written goals that can be evaluated as to their success at the end of the process.</li><li>• To the greatest extent feasible, HIA should be conducted in a manner that respects the needs and timing of the decision-making process it evaluates.</li><li>• Meaningful and inclusive stakeholder participation in each stage of the HIA supports HIA quality.</li><li>• Ideally, HIA is a prospective activity; however, the concurrent or retrospective application of HIA to decisions may be useful to demonstrate HIA utility in new contexts and to inform subsequent decision-making.</li><li>• When feasible, HIA should be part of an integrated impact assessment process (e.g., Environmental Impact Assessment) to avoid redundancy and to maximize the potential for inter-disciplinary analysis and health promoting mitigations or improvements, when applicable. While regulatory impact assessment processes may have specific procedural rules, HIA integrated within another impact assessment process should adhere to those procedural rules to the greatest extent feasible.</li></ul>
<b><i>Screening</i></b>	<ul style="list-style-type: none"><li>• Screening should clearly identify all the decision alternatives under consideration by decision-makers at the time the HIA is conducted.</li><li>• Screening should clearly identify how an HIA would add value to the decision-making process.</li></ul>

- After deciding to conduct an HIA, sponsors of the HIA should document the explicit goals of the HIA and should notify, to the extent feasible, decision-makers, identified stakeholders, affected individuals and organizations, and responsible public agencies.
- The sponsors for and funding of the HIA should be transparent.

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**Scoping**

- Scoping of health issues and public concerns related to the decision should include identification of: 1) the decision and decision alternatives that will be studied; 2) potential significant health impacts and their pathways; 3) demographic, geographical and temporal boundaries for impact analysis; 4) research (e.g., data, methods, and tools) expected to be used for impacts analysis; 5) gaps in the data available for the HIA, and potential studies or other methods to ensure adequate data; 6) roles for experts and key informants; 7) the standards or process, if any, that will be used for determining the significance of health impacts; 8) a plan for external and public review; and 9) a plan for dissemination of findings and recommendations.
- Scoping should include consideration of all potential pathways that could reasonably link the decision and/or proposed activity to health, whether direct, indirect, or cumulative, as opposed to limiting consideration only to those impacts that are of interest to the researcher, project proponent or community. The final scope should necessarily focus on those impacts with the greatest likelihood of occurrence and significance and those that are the subject of the greatest public concern.
- The scope should include data and methods to reveal inequities in conditions or impacts based on population characteristics, including but not limited to age, gender, income, place (disadvantaged locations), and ethnicity.
- Community stakeholders, decision-makers, and other individuals and organizations knowledgeable about and responsible for the health of a community (e.g., public health agencies, health care providers, local government) should have an opportunity to identify and prioritize potential health impacts and contribute to or critique the scope of the HIA. Hosting a public meeting to receive feedback during the scoping process, receiving public comments on the scoping findings, interviewing stakeholders and experts, or inviting local health officials to participate in

the scoping process are all potential means of soliciting such input. HIA practitioners should consider and apply diverse outreach methods to gain input from different stakeholder populations.

- The scoping process should establish the individual or team responsible for conducting the HIA. Participation by municipal, state, and tribal health officials should be encouraged, to ensure adequate representation by the entities responsible for and knowledgeable about local health conditions.
- The HIA scoping process should incorporate new, relevant information and evidence as it becomes available, including through expert or stakeholder feedback.

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**Assessment**

- Assessment should include at minimum: 1) a profile of baseline conditions (e.g., baseline health status and factors known or suspected to influence health); 2) an evaluation of potential health impacts (e.g., qualitative and/or quantitative analyses) including a qualitative or quantitative judgment of their certainty and significance and evaluation of any inequitable impacts; and 3) management strategies for any identified adverse health impacts – in the form of decision alternatives, mitigation of specific impacts, or other related policy recommendations.
- Documentation of baseline conditions should include documentation of both population health vulnerabilities (based on the population characteristics described above) and inequalities in health outcomes among subpopulations or places.
- HIA findings and conclusions should rely on the best available evidence. This means:
  - Evidence considered may include existing data, empirical research, professional expertise and local knowledge, and the products of original investigations.
  - When available, practitioners should utilize evidence from well-designed and peer-reviewed systematic reviews.
  - When available, HIA practitioners should consider published evidence, both supporting and refuting particular health impacts.
  - The expertise and experience of affected members of the public (local knowledge), whether obtained via the use of participatory methods, collected via formal qualitative research methods, or reflected in public testimony, is potential evidence.
  - Justification for the selection or exclusion of particular methodologies and data sources should be made explicit (e.g., resource constraints).
  - The HIA should identify data gaps that prevent an adequate or

complete assessment of potential impacts.

- An HIA should acknowledge limitations of data and methods.
  - Assessors should describe the uncertainty in predictions.
  - Assumptions or inferences made in the context of predictions should be made explicit.
  - Affected members of the public should have the opportunity to comment on the validity of evidence and findings.
  - The HIA should acknowledge when available methods were not utilized and why (e.g., resource constraints).
- The lack of formal, scientific, quantitative or published evidence should not preclude reasoned predictions of health impacts.
- The assessment of significance of impacts or the establishment of thresholds of significance, when applicable, should reflect evidence as well as community values, and should occur through a transparent, inclusive, and documented public process.
- The HIA should include specific recommendations to address the health impacts identified, including decision alternatives, modifications to the proposed policy, program, or project, or mitigation measures.
- HIA practitioners should seek expert guidance regarding potential decision or design alternatives and mitigations to ensure they reflect current available and effective practices.
- Recommendations should account for uncertainty in HIA predictions through providing suggestions for monitoring, reassessment, and potential future measures to mitigate any identified effects (e.g., adaptive management).

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**Reporting**

- The responsible parties should complete a report of the HIA findings and recommendations.
- To support effective, inclusive communication of the principle HIA findings and recommendations, a succinct summary should be created that communicates findings at a level that allows all stakeholders to understand, evaluate, and respond to the findings.
- The full HIA report should document the screening and scoping process and identify all the participants in the HIA and their contributions.
- The full HIA report should, for each specific health issue analyzed, discuss the available scientific evidence, describe the data sources and

analytic methods used for the HIA including their rationale, profile existing conditions, detail the analytic results, characterize the health impacts and their significance, and list corresponding recommendations for policy, program, or project alternatives, design or mitigations.

- Recommendations for decision alternatives, policy recommendations, or mitigations should be specific and justified. The criteria used for prioritization of recommendations should be explicitly stated and based on scientific evidence and, ideally, informed by an inclusive process that accounts for stakeholder values.
- The HIA reporting process should offer stakeholders and decision-makers a meaningful opportunity to critically review evidence, methods, findings, conclusions, and recommendations. Ideally, a draft report should be made available and readily accessible for public review and comment. The HIA practitioners should address substantive criticisms either through a formal written response or HIA report revisions before finalizing the HIA report.
- The final HIA report should be made publicly accessible.

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***Monitoring***

- Monitoring impacts of an HIA on decision-making and impacts of the decision on health determinants and outcomes is encouraged to the greatest extent feasible.
- A monitoring plan for an HIA, if created and implemented, should include: 1) goals for long-term monitoring; 2) outcomes and indicators for monitoring; 3) lead individuals or organizations to conduct monitoring; 4) a mechanism to report monitoring outcomes to decision-makers and HIA stakeholders; and 5) resources to conduct, complete, and report the monitoring.
- Methods and results from monitoring should be made available to the public.

#### **IV. Guiding Principles for HIA**

*Adapted from: Quigley R, den Broeder L, Furu P, Bond A, Cave B, Bos R. Health Impact Assessment International Best Practice Principles. Fargo, USA: International Association of Impact Assessment, 2006.*

**Democracy** – *emphasizing the right of people to participate in the formulation and decisions of proposals that affect their life, both directly and through elected decision makers. In adhering to this value, the HIA method should involve and engage the public, and inform and influence decision makers. A distinction should be made between those who take risks voluntarily and those who are exposed to risks involuntarily (World Health Organization, 2001).*

**Equity** – *emphasizing the desire to reduce inequity that results from avoidable differences in the health determinants and/or health status within and between different population groups. In adhering to this value, HIA should consider the distribution of health impacts across populations, paying specific attention to vulnerable groups and recommend ways to improve the proposed development for affected groups.*

**Sustainable development** – *emphasizing that development meets the needs of the present generation without compromising the ability of future generations to meet their own needs. In adhering to this value, the HIA method should judge short- and long-term impacts of a proposal and provide those judgments within a time frame to inform decision makers. Good health is the basis of resilience in the human communities that support development.*

**Ethical use of evidence** – *emphasizing that transparent and rigorous processes are used to synthesize and interpret the evidence, that the best available evidence from different disciplines and methodologies is utilized, that all evidence is valued, and that recommendations are developed impartially. In adhering to this value, the HIA method should use evidence to judge impacts and inform recommendations; it should not set out to support or refute any proposal, and it should be rigorous and transparent.*

**Comprehensive approach to health** – *emphasizing that physical, mental and social well-being is determined by a broad range of factors from all sectors of society (known as the wider determinants of health). In adhering to this value, the HIA method should be guided by the wider determinants of health.*

## HIA Web Resources

- San Francisco Bay Area Health Impact Assessment Collaborative - <http://www.hiacollaborative.org/>
- Human Impact Partners, Connections between Health and Place: Review of the Evidence Base for Health Impacts of Planning Projects - <http://www.humanimpact.org/EvidenceBase/com.psychrod.eb.EvidenceBase/EvidenceBase.html>
- Centers for Disease Control and Prevention – <http://www.cdc.gov/healthyplaces/hia.htm>
- San Francisco Department of Public Health, Program on Health, Equity and Sustainability – [www.sfpbes.org](http://www.sfpbes.org)
- The Healthy Development Measurement Tool – [www.thehdmtool.org](http://www.thehdmtool.org)
- University of California, Los Angeles, HIA Clearinghouse Learning and Information Center (HIA-CLIC) – <http://www.ph.ucla.edu/hs/hiaclic/archive.htm>
- University of California, Berkeley, Health Impact Group and Health Impact Assessment Course – <http://ehs.sph.berkeley.edu/hia>
- World Health Organization, HIA website – <http://www.who.int/hia/en/>
- Health Impact Assessment Gateway – [http://www.nice.org.uk/aboutnice/howweare/aboutthehad/hiagateway/hia\\_gateway.jsp](http://www.nice.org.uk/aboutnice/howweare/aboutthehad/hiagateway/hia_gateway.jsp)
- Health Impact Assessment Community Wiki – [http://www.seedwiki.com/wiki/health\\_impact\\_assessment\\_hia\\_community\\_wiki/](http://www.seedwiki.com/wiki/health_impact_assessment_hia_community_wiki/)
- National Association of City and County Health Officials, Community Design/Land Use Planning – <http://www.naccho.org/topics/HPDP/landuseplanning/index.cfm>

*See also “Health Impact Assessment Data Sources for Baseline Profiles of Health” on HIP’s website: [http://www.humanimpact.org/HIP\\_HIA\\_DataSources.pdf](http://www.humanimpact.org/HIP_HIA_DataSources.pdf)*