

Health Impact Assessment Training



Madison, Wisconsin • January 21 & 22, 2010

Introductions



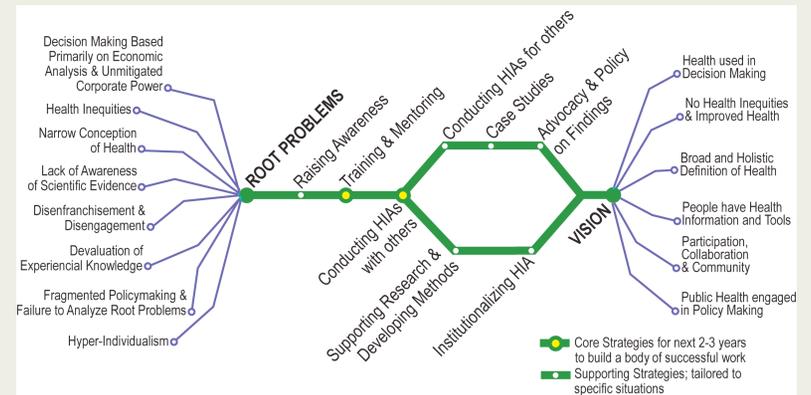
- Name
- Agency/organization & focus of your work
- Experience with and interest in HIA

Human Impact Partners - Goals



- Equity and justice
- Democracy and transparency
- Elevation of community voices
- Sustainability
- Reduction in health disparity
- Improvement in health

The "Subway" to Our Vision



Agenda: Day 1



8:00	Coffee and registration
8:30	Welcome & 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, roles
10:45	Case study project description
11:15	Lunch
12:15	Step 1: Screening
1:15	Step 2: Scoping
2:30	Break
2:45	Step 3: Assessment
4:10	Wrap up
4:30	Adjourn

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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



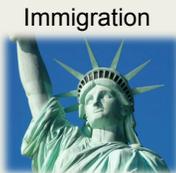
Development



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

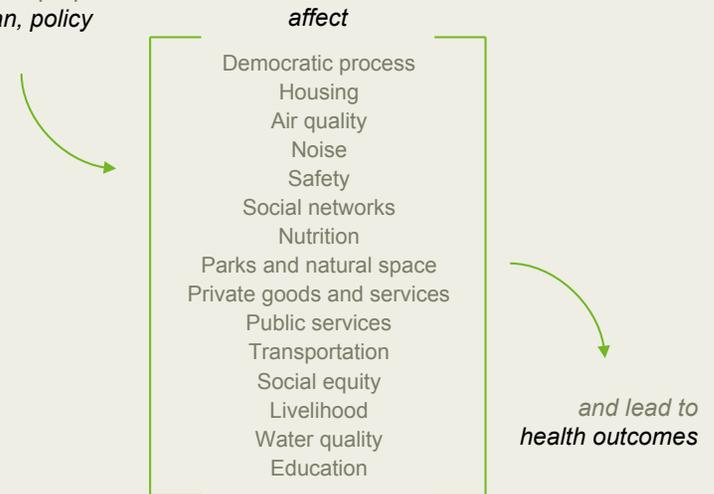
A combination of procedures, methods and tools that systematically judges the potential, and sometimes unintended, effects of a policy, plan, program or project on the health of a population and the distribution of those effects within the population. HIA identifies appropriate actions to manage those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

International Association for Impact Assessment, 2006

HIA Addresses Determinants of Health



How does the proposed project, plan, policy



Factors Responsible for Population Health



HIA Purpose



Primary

- Judge health effects of a proposed project, policy 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



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



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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"> 1) a profile of existing health conditions 2) evaluation of potential health impacts 3) strategies to manage identified adverse health impacts
Reporting	Includes: <ol style="list-style-type: none"> 1) development of the HIA report 2) communication of findings & recommendations
Monitoring	Tracks: <ol style="list-style-type: none"> 1) impacts on decision-making processes and the decision 2) impacts of the decision on health determinants

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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

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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 California Healthy Families, Healthy Workplaces Act of 2008

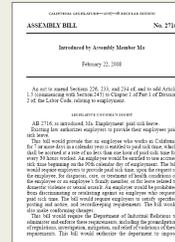
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Paid Sick Days Background



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

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HIA Policy Question



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



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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

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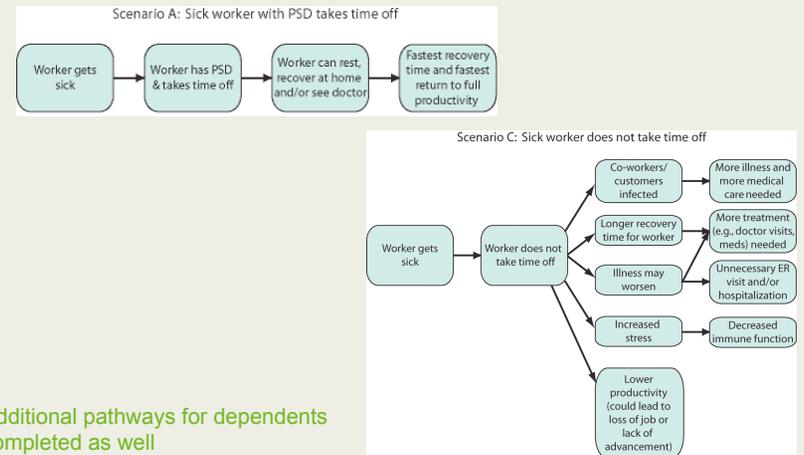
PSD Screening



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

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

Over 50% of Hispanic workers do not have PSD

85% of food service workers do not have PSD



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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

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PSD Communication Strategies



Framing

“All Californians”

“Common sense”

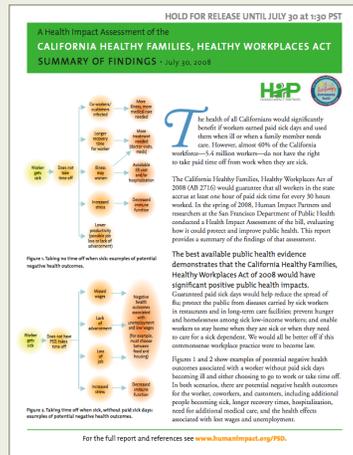
Disconnect between known best practices and current policies

HIA report

Summary of findings

Public health spokespeople

TV, radio and print media



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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

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Project Example 3



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 |
| North Coast Emergency Medical Services | Arcata Soil Survey Office |
| Humboldt Partnership for Active Living | PG&E |
| Redwood Community Action Agency | Department of Health & Human Services |
| Housing and Homeless Coalition | |

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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

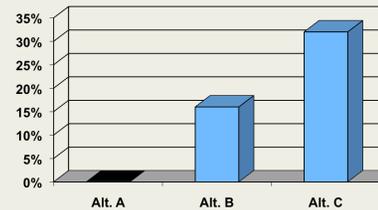
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Assessment - VMT Findings



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

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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

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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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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



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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
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

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HIA Collaboration: Challenges



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



Start-up is important!

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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

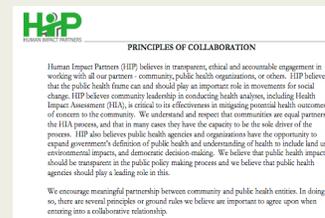
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HIP Principles of Collaboration



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

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Training Case Study 1



Global Warming Policy Recommendation "Fix-it-First"

Would prioritize funding for rehabilitation of existing infrastructure over adding new lane-miles



Developed by the Governor's Global Warming Task Force as a way to reduce GHG's

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Training Case Study 2

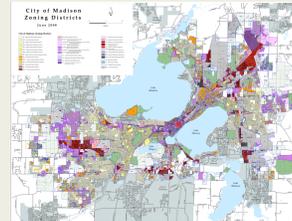


City of Madison's Proposed Zoning Changes

Parking requirements

Accessory dwelling units

Aligns with Madison's Downtown Plan and Madison's Comprehensive Plan



The zoning rewrite is expected to be complete in early 2010

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The HIA Process



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The HIA Process



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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

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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.



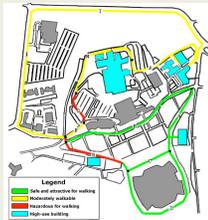
HIA is used to assess a defined project, plan or policy

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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

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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

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HIA Screening Checklist



Screening Question	Response and Supporting Facts or Rationale
Does the decision have the potential to affect, positively or negatively, environmental or social determinants of health? In what ways? What are the most important health concerns that could be addressed by a HIA?	
Is health already being considered by decision-makers in this case? Would HIA findings and recommendations potentially improve the impact that the plan, policy or program 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

The HIA Process



Step 2: Scoping



Objective

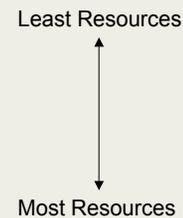
To create a plan and timeline for conducting a HIA that defines priority issues, research questions and methods, and participant roles.

- Tasks
- Key points
- Tools
- Resources

Scoping: Resources



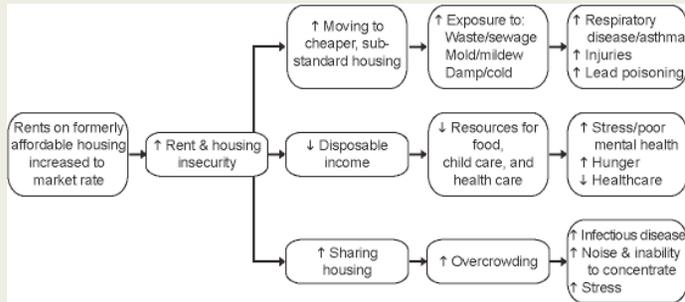
HIA's can vary greatly in scope. How will available resources impact the scope?



- 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 & 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 (with regard to age, gender, race and income) that will be impacted by this project/policy proposal?	What questions do we want to answer (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

The HIA Process



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.

- Tasks
- Key points
- Tools
- Resources

Analysis: Predictions Based on Literature



Considerations for Making Predictive Judgments

Are empirical results adequate to make valid conclusions about cause and effect?

Can you generalize all or part of the empirical findings to your particular decision context?

Can you apply observed relationships to predictive judgments?

Will secular trends or anticipated changes affect outcomes?

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Existing Data: 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

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Collecting Data: 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

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Collecting Data: 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?

April 17, 2008 12:52 PM
ENVIRONMENTAL ISSUES
Are you concerned about air quality in your community?
 Yes No I don't know
If yes, what is the main source of your concern? (e.g., exhaust from local trucks or from the freeway, industrial pollution)

2. Are you concerned about water quality in your community?
 Yes No I don't know
If yes, what is the main source of your concern? (e.g., pollution from industry)

3. Are you concerned about noise in your community?
 Yes No I don't know
If yes, what is the main source of your concern? (e.g., traffic, industry)

4. Are you concerned about the condition of your housing?
 Yes No I don't know
If yes, what is the main source of your concern? (e.g., lead paint, mold, air quality, physical condition, insects)

5. Is your neighborhood "walkable and/or bikeable"?
 Yes No I don't know
If not, why not? (e.g., too much traffic, inadequate sidewalks, streets too hard to cross, too much crime)

6. Do you have other concerns about the environmental quality in your neighborhood? If so, please list them.

An example of a community survey is in the folder at your table

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Collecting Data: Community Expertise



Data Sources

- 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."

Methods

- Qualitative
- Quantitative
- Participatory research
- Public testimony

Analysis: PEQI



Pedestrian Environmental Quality Index

A tool to assess existing environmental factors that support or prevent safe walking



- Traffic
- Street design
- Intersection safety
- Land use

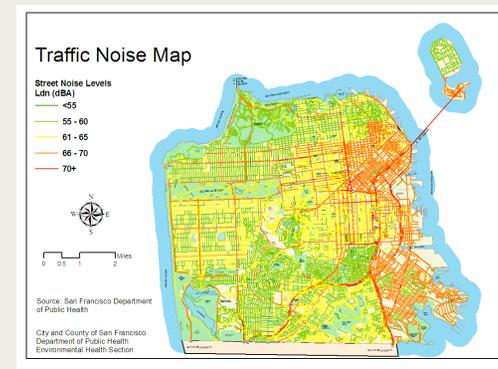
Analysis: Exposure Measurement



Analysis: Spatial Assessments



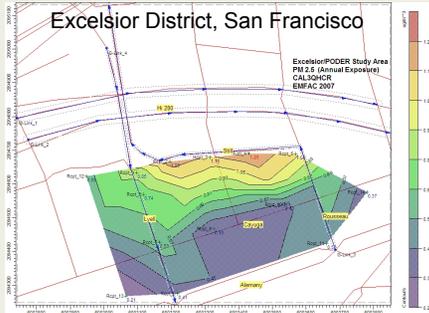
Maps of environmental conditions can illustrate hot spots, cumulative impacts, and inequities



Air Quality Modeling

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

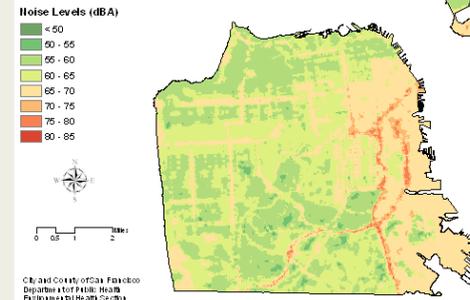
A 1 µg/m³ change in PM_{2.5} predicts a 1.4% change in non-injury mortality!



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

Modeling Vehicle Traffic Noise

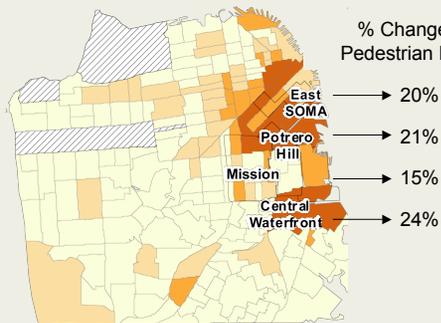
Traffic Noise Map



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

- Developing a Noise Model**
- GIS map
 - 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

Modeling Pedestrian-Vehicle Collisions



Injury collision rates resulting from Eastern Neighborhoods Rezoning

- % Change in Pedestrian Injury**
- East SOMA → 20%
 - Potrero Hill → 21%
 - Mission → 15%
 - Central Waterfront → 24%
- 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

Community Health Indicators

A measure of a determinant of health or a health outcome

Describe existing conditions

Can be used to make predictions about impacts of projects, plans, or policies

Can be used in Scoping to prioritize research questions

The Healthy Development Measurement Tool



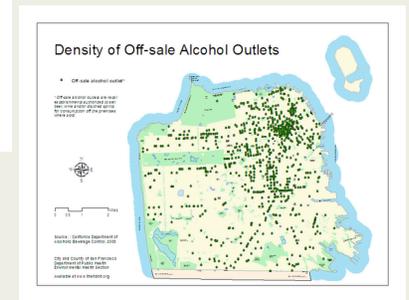
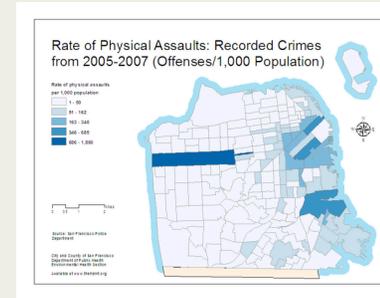
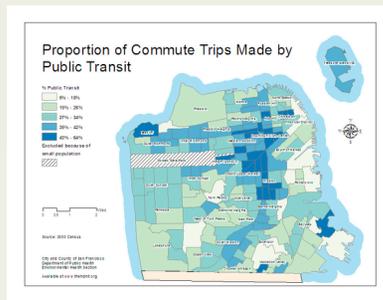
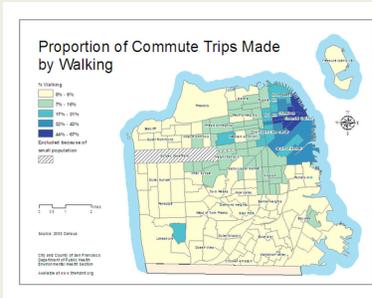
www.thehdmt.org

Used to support comprehensive and health responsive planning

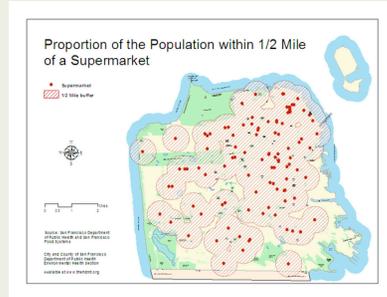
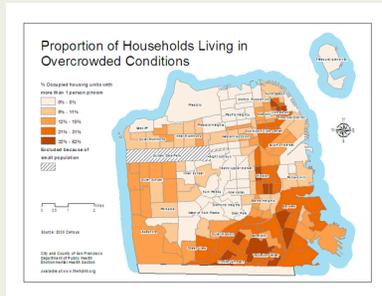
Incorporates measurable community health indicators and development targets

HDMT Components

- Element
- Objective
- Indicator
- Development target
- Policy and design strategy
- Health-based rationale



Overcrowding and Supermarket Access



HDMT Development Checklist

Adequate and Healthy Housing		Yes	No	Insufficient Info	N/A/ to Project	Relevant data
Objective HH.1 Preserve and construct housing in proportion to demand with regards to size, affordability, and tenure						
HH.1.a	<i>Benchmark:</i> Does the project set aside 20% of units for affordable housing to contribute to affordable housing need?					
HH.1.b						
HH.1.c						
HH.1.g						
HH.1.i						
Regulatory Minimum: SF Planning Code Section 315 mandates that 15% of units constructed on all projects of 5 units or more be affordable. Should the developer opt to construct its affordable units off-site, the construction requirement jumps to 20%. Lastly, developers can opt to pay an in-lieu fee instead of constructing units.						
HH.1.d	<i>Benchmark #1:</i> Does the project distribute unit size with at least 25% of units being 2- bedrooms? AND <i>Benchmark #2:</i> Does the project distribute unit size with at least 25% of units being 3-bedrooms?					

HDMT Application

Use HDMT indicator data to assess baseline conditions

Review plan or project documents to assess the extent to which they meet HDMT development targets

Identify specific recommendations for plan or project improvements

Caveats

- Does not regulate actions or force compliance
- Does not provide for in-depth forecasting of impacts
- Oriented to urban mixed-use development

Humboldt Example: HIA Indicators

How was the HDMT used in Humboldt? What indicators were identified?

Started with HDMT indicators and converted them to rural context

- Focus groups were used to
 - identify issues missed in preliminary scoping
 - prioritize indicators
 - assist with data collection
 - build awareness and engage community

35 indicators selected



Humboldt Example: HDMT Summary Table



Safe and Sustainable Transportation

Indicator	Health Impacts		
	Alt A	Alt B	Alt C
Average VMT per resident	+	-	-
Average minutes traveled to work	+	~	-
Portion of commute trips made by public transit	+	~	-
Proportion of households within 1/4 mile of local bus	+	~	-
Number and rate of ped/bike injury collisions	TBD	TBD	-

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Humboldt Example: VMT



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

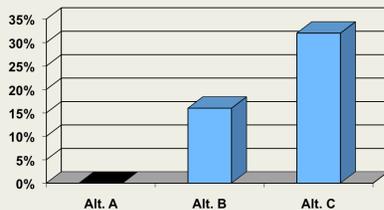
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Humboldt Example: VMT Findings



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

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Humboldt Example: Medical Facilities



Existing conditions

People within 2 miles of a non-private medical facility (2008)

Area	% of population
Humboldt County	72%
Areas w/ urban zip codes	83%
Areas w/ non-urban zip codes	54%

Proximity to medical care affects health

Use of preventive services
Time necessary to get services in emergency
Preventable hospitalizations

Disparities

Seniors may be unable/unwilling to drive

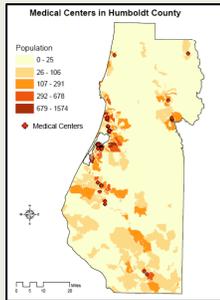
Low income people may not have access to cars or may need to spend large percent of income on driving

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Alternative A

14,400 new people – all in urban areas where most medical facilities exist

Increased percent within 2 miles of a facility to 73% (1% = 1,265 people)



Alternative B

Decreases percentage of population with medical facility access to 72%

Alternative C

Decreases to 70%

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

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 land use and health

Opportunities for collaboration in HIA

Step 1: Screening

Step 2: Scoping

Step 3: Assessment

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Agenda: Day 2



8:00	Coffee
8:30	Check-in/introduction to day 2
8:45	Tools for assessment (con't)
9:00	Developing recommendations/mitigation measures for HIA
9:20	Step 4: Reporting
9:50	Break
10:10	Step 5: Monitoring
10:30	Evaluation
10:50	Intervention points in land use planning and regulatory processes
11:20	Preparing to move local HIA projects forward
11:45	Lunch
12:45	Next steps: thinking through local HIA projects
1:45	Break
1:55	Groups report back
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

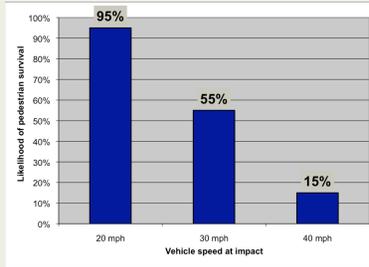
Mitigations: strategies to lessen anticipated adverse health effects of a decision

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Recommendations: Ped Safety Examples



Policy/design strategies for new residential development



- Traffic calming treatments
- Traffic safety enforcement
- Design for pedestrians with disabilities
- Intersection and roadway design
- Improved signage, signals and lighting
- Transportation demand management

The HIA Process



Step 4: Reporting



Objective

To develop the HIA report and communicate findings and recommendations.

- Tasks
- Key points
- Tools
- Resources

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

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 (cont'd)



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

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Communicating Findings: Examples

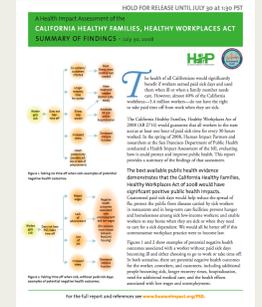


- Humboldt County General Plan Update HIA
 - Newspaper articles
 - Press conference talking points
 - Presentations to community groups and Board of Supervisors
- California Healthy Families, Healthy Workplaces Act (Paid Sick Days) HIA
 - Public testimony to legislative committees
 - TV, radio, and print 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

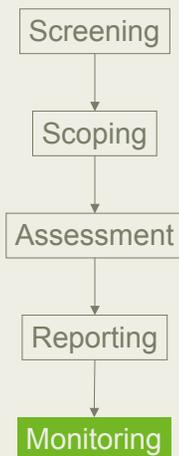
Communication Strategies: Paid Sick Days



- 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



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

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

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Evaluation



Objective

To evaluate the process of conducting the HIA.

Tasks
Key points
Tools
Resources

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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

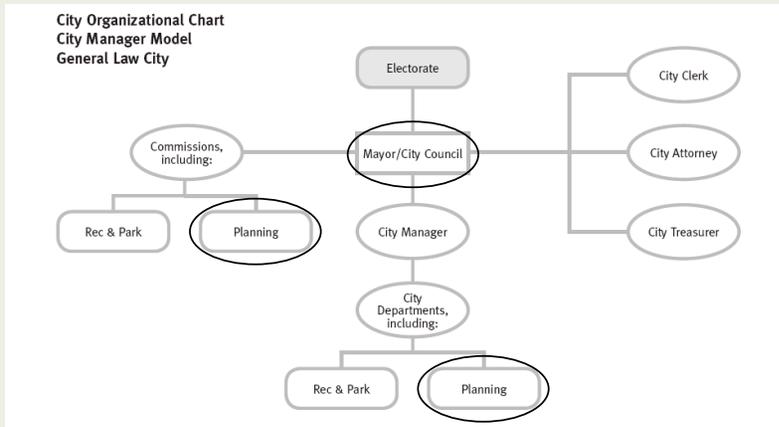
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The HIA Process: Intervention Points



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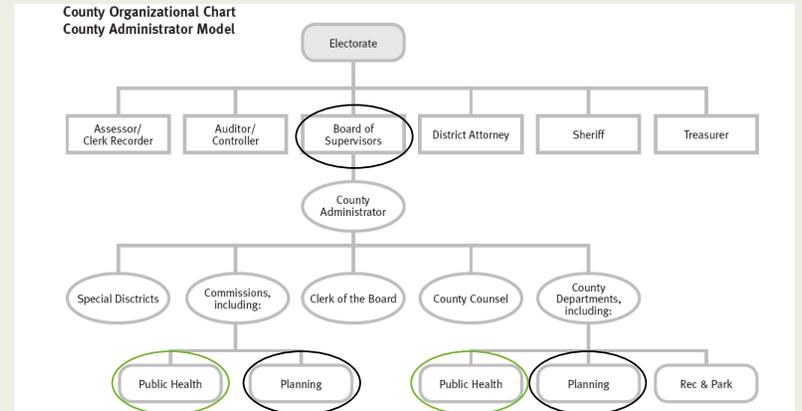
Land Use Decision-Makers in a City



(Image courtesy PHLP)

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Land Use Decision-Makers in a County



(Image courtesy PHLP)

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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.

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Land Use & Decision-Making Processes



General/Comprehensive Plans: Humboldt County

Area Plans/Specific Plans: Pittsburg CA 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



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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

Comprehensive planning

Transportation planning

Projects that require EIS

Zoning updates and other local city and county planning processes

Proposed statewide policy recommendations

Legislation analyzed by the Department of Health Services

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National Environmental Policy Act (1969)



The purposes of this Act are: To declare a national policy which will encourage productive and enjoyable harmony between man and his environment; to promote efforts which will prevent or eliminate damage to the environment and biosphere and stimulate the health and welfare of man; to enrich the understanding of the ecological systems and natural resources important to the Nation; and to establish a Council on Environmental Quality (42 USC 4321).

The first law of the environmental movement.

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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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Integrating HIA into EIA



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 Workplan



Define the project, plan or policy

Define the decision the HIA will influence

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

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Discussion Topic Ideas



Large Group

Identifying potential HIA projects

State health department 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

Small Group

Health departments and advocacy

Use of qualitative data

Objectivity in HIA assessment

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