Welcome

- Theresa Long – Columbus Public Health
- Amy Rohling McGee – Health Policy Institute of Ohio
  - Betsy Pandora – Columbus Public Health
  - Martha Halko – Cuyahoga County Board of Health
  - LiAnne Howard – Cincinnati Health Department
  - Amy Bush Stevens – Health Policy Institute of Ohio
Ohio Health Impact Assessment Network

Purpose:

• Raise awareness of and demand for HIA in Ohio
• Foster a community of individuals and organizations interested in HIA

• Grew out of partnership between Columbus Public Health, Cuyahoga County Board of Health, and Cincinnati Health Department
• For more information, contact astevens@healthpolicyohio.org
HIP is transforming the policies and places people need to live healthy lives.

We believe that health and equity should be considered in all decision making.

We raise awareness of and collaboratively use innovative data, processes and tools that evaluate health impacts and inequities.

Through training and mentorship we also build the capacity of impacted communities and their advocates, workers, public agencies, and elected officials to conduct health-based analyses and use them to take action.
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:30</td>
<td>Coffee &amp; Registration</td>
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<tr>
<td>9:00</td>
<td>Welcome &amp; Introductions</td>
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<tr>
<td></td>
<td>Making the connection between Land Use, Public Policy and Health</td>
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<td></td>
<td>Introduction to HIA</td>
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<td>Completed HIA Project Examples</td>
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<td>BREAK</td>
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<td>Overview of OH HIA Case Studies</td>
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<td>Screening</td>
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<td>12:30</td>
<td>LUNCH</td>
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<td>Scoping</td>
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<td>Assessment Part 1: Existing Conditions</td>
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<td>Stakeholder Engagement in HIA</td>
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<td>Wrap-up &amp; Evaluation</td>
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<tr>
<td>5:00</td>
<td>Adjourn</td>
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Why Health?

A health lens can augment decision-making processes by highlighting
Externalities, disparities, or benefits to health
Money is not the same as happiness

A health frame can be persuasive
Health is a shared value
Health is an indicator of quality of life
People are surprised and concerned by health inequities
Good health is determined by more than money spent on the health-care system

<table>
<thead>
<tr>
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<th>US Rank in World</th>
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<tbody>
<tr>
<td>Life Expectancy</td>
<td>#51</td>
</tr>
<tr>
<td>Health Care Spending</td>
<td>#1</td>
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</tbody>
</table>

Almost 50% of adults in the US suffer from at least one chronic illness and/or obesity. This has high costs for the health care system and for society.

Poor health is not distributed equally among all populations (SES, age and race/ethnicity)

Those who currently have poor health are “vulnerable” to negative health impacts from future decisions.
Factors Responsible for Population Health

Health status is determined by:

- Genetics: up to 30%
- Clinical Care: ~15%
- Health Behaviors: ~20%
- Environmental Conditions: ~5%
- Social and Economic Factors ~30%

Booske, et. al. 2010. County Health Rankings Weighting Methodology
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

The highest standards of health should be within reach of all, without distinction of race, religion, political belief, economic or social condition

Constitution of the World Health Organization
Planning, policy and program decisions may have unintended consequences, particularly if a limited set of issues are discussed in the decision-making process.
Unintended Positive and Negative Health Impacts

1996 Olympic Games, Atlanta
24 hour public transportation
Addition of public buses
Reduction of auto travel and congestion
Public announcements
Was shown to decrease acute childhood asthma events

Increases in driving and traffic
Lack of physical activity
Air pollution
Traffic injuries

Estimated costs of traffic-related health outcomes in the US could be as great as $400 billion annually
Health Impact Assessment

A systematic process that uses an array of data sources and analytic methods and considers input from stakeholders to determine the potential effects of a proposed policy, plan, program or project on the health of a population and the distribution of those effects within the population. HIA provides recommendations on monitoring and managing those effects.

National Research Council of the National Academies, 2011
HIA Addresses Determinants of Health

How does the proposed project, plan, policy affect lead to health outcomes recommendations
HIA Purpose

Through HIA report and communications
Judge health effects of a proposed project, plan or policy
Highlight health disparities
Provide recommendations
Raise awareness among decision makers and the public
Make health impacts more explicit

Through the HIA process
Engage & empower community
Recognize lived experience
Build relationships & collaborations
Improve the evidence
Improve transparency in decision making
A Brief History of HIA

1969
National Environmental Policy Act (NEPA) requires study of environmental & health effects (however, health impacts have not been adequately addressed in EIA)

1980’s
WHO encourages Health Promotion/Healthy Public Policy in 1986 Ottawa Charter

2000’s
World Bank requires HIA of all large projects
HIA on proposed Alaska North Slope Oil Lease (first integrated HIA into federal EIA)
Large industry increasingly adopts internal standards for HIA as good business practice

1990’s
England, Acheson Report recommends analysis of impacts of policy on health inequities
WHO publishes Gothenburg Consensus Paper on HIA
First HIA in US (SFDPH, Living Wage)

2010’s
North American HIA Practice Standards Released
HIA used around the world and, as of 2012 173 HIAs completed or in progress across the U.S.
HIA in the U.S.

Completed and In Progress HIAs
2013 (N = 224)

Map created through a partnership between Health Impact Project and the Centers for Disease Control and Prevention’s Healthy Community Design Initiative.
<table>
<thead>
<tr>
<th>HIA Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>Screening</td>
<td>Determines the need and value of an HIA</td>
</tr>
<tr>
<td>Scoping</td>
<td>Determines which health impacts to evaluate, methods for analysis, and a workplan</td>
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<tr>
<td>Assessment</td>
<td>Provides:</td>
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<tr>
<td></td>
<td>1) a profile of existing health conditions</td>
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<td>2) evaluation of potential health impacts</td>
</tr>
<tr>
<td>Recommendations</td>
<td>Provide strategies to manage identified adverse health impacts and maximize benefits to health</td>
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<tr>
<td>Reporting</td>
<td>Includes:</td>
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<tr>
<td></td>
<td>1) development of the HIA report</td>
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<td>2) communication of findings &amp; recommendations</td>
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<tr>
<td>Monitoring</td>
<td>Tracks:</td>
</tr>
<tr>
<td></td>
<td>1) impacts on decision-making processes and the decision</td>
</tr>
<tr>
<td></td>
<td>2) impacts of the decision on health determinant</td>
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</table>
## Principles and Values of HIA

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

Equity is a core value within HIA and there are many ways to incorporate it during the process, including:

Select proposals that are likely to have disproportionate positive or negative impacts on vulnerable populations.

Authentically engage, involve, and develop leadership of stakeholders from vulnerable populations at all stages of the HIA process.

Ensure a goal of the HIA is to evaluate outcomes for vulnerable populations.

In scoping, ask and prioritize questions about impacts on vulnerable populations.

Disaggregate data and analysis by geography, race/ethnicity, income, gender, and/or age when possible.

Identify recommendations that maximize the health benefits for those already facing adverse impacts/health disparities.

Communicate the HIA results to vulnerable communities in culturally appropriate ways.

See Equity Strategies document in your binder.
HIA has been used throughout the world in a broad array of decision contexts, in various sectors of government and society.

**State / Local Policies**

**Education**
- School discipline
- School funding

**Labor**
- Paid sick days
- Hiring practices
- Pay equity

**Incarceration alternatives**

**Agriculture**
- Farm to school
- Agricultural plans

**Energy**
- Smart meters
- Cap & Trade

**Land Use and Transportation**

- New housing or mixed-use dvpt
- Public housing redevelopment
- Commercial projects
- Infrastructure projects
- General Plan updates
- Specific and Area Plans
- Zoning plans
- Transit-oriented development
- Transit corridor or station plans
- Highway or arterial plans
- Siting of polluting facilities
- Natural resource extraction
## HIA Project Outcomes

<table>
<thead>
<tr>
<th>Changes to the design, adoption, or implementation</th>
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</thead>
<tbody>
<tr>
<td>Design changes</td>
<td>Jack London Gateway</td>
</tr>
<tr>
<td>Incorporate HIA recommendations into decision alternative</td>
<td>Humboldt County</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Changes to societal understanding of causes of good or poor health</th>
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</thead>
<tbody>
<tr>
<td>Greater understand of health impacts of decision</td>
<td>All HIAs</td>
</tr>
<tr>
<td>Identify new priority health problems</td>
<td>Alaska North Slope</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Changes to institutional decision-making to include health</th>
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</thead>
<tbody>
<tr>
<td>Public health voice considered by decision makers</td>
<td>Paid Sick Days</td>
</tr>
<tr>
<td>Public or institutional support for HIA</td>
<td>Mass Compact</td>
</tr>
<tr>
<td>Adoption of health objectives, indicators, and standards for policy and decision-making</td>
<td>HDMT, NOACA</td>
</tr>
</tbody>
</table>
Panel on HIA Projects

- Holly Holtzen – Strategic Research Coordinator
  - Ohio Housing Finance Agency, Office of Affordable Housing Research
  - Ohio Housing Inspections HIA

- Michele Benko – Program Manager
  - Cuyahoga County Board of Health
  - City of Euclid Transportation for Livable Communities Initiative HIA
School Transportation Plan – Columbus
One-Mile Drop-off Policy - Cincinnati
Hydrofracking Solid Waste Disposal - Statewide
Outlet Mall Development – Delaware County
• Safe Routes to School DTP identifies and prioritizes education, engineering, enforcement for all K-8 schools in Columbus City Schools District.

• Enables them to apply for federal/state money to implement activities and projects.

• Will impact 53,000 students. 1/3 of all 3rd graders are overweight, 74% are not white, and 69% receive free or reduced-price lunch.

• Real possibility that the DTP could be prioritized such that health and access inequities would be exacerbated.
Impacted Populations & Health Determinants

Populations that would be impacted by the Plans

- Children
- Low-income residents
- Ethnic minorities
- Teachers
- Elderly

Health determinants that could be impacted by the Plans

- Physical Activity
- Safety
- Equity
- Community Development
Project Partners and Stakeholders

Project Partners Include:
Columbus Public Health
Columbus Department of Education
OH Department of Transportation
City of Columbus School Board

Additional Stakeholders:
Community residents and leaders
Parent Teacher Organizations
Mid-Ohio Regional Planning Commission
City Council
City Planning Department
Timeline & Decision-Makers

Timeline

Planning process to begin Aug 2013 and last through July 2014

There will be multiple points of decision-making throughout entire planning process

Decision-makers

Safe Routes To Schools Travel Plan Steering Committee
Planning firm
Columbus Board of Education
• Cincinnati Safe Routes to Schools Coalition (SRTS) has proposed to Cincinnati Public Schools a policy to drop children off one-mile from schools to improve physical activity.

• One policy of District-wide School Travel Plan developed by the Coalition and ODOT.
• The majority of the almost 34,000 students at 56 school buildings would be eligible. 34% have excess body weight, 73% are low-income, and 69% are African American.

• SRTS – concerns about cost, implementation, parental apprehension. Requested HIA to address health concerns.
Impacted Populations & Health Determinants

Populations that would be impacted by the Plans

- Children/students
- Low-income students
- Ethnic minorities
- Teachers
- Bus drivers

Health determinants that could be impacted by the Plans

- Physical Activity/Obesity
- Safety
- Equity
- Cost burden to school district
Project Partners and Stakeholders

Project Partners Include:

Cincinnati Health Department
Cincinnati Public Schools
OH Department of Transportation

Additional Stakeholders:

Community residents and leaders
Parent Teacher Organizations
Safe Routes to Schools National Partnership
Cincinnati Board of Education
First Student Bus Company
Cincinnati Regional Planning Agency
City of Cincinnati Departments of police, fire, traffic
Timeline & Decision-Makers

Timeline

Planning process to begin Sept 2013 and last through June 2014

There will be multiple points of decision-making throughout entire planning process

Decision-makers

Safe Routes To Schools Travel Plan Coalition

(CPS administrators, parents, City of Cincinnati CHD, Transportation, Police, and Fire Depts, nonprofit organizations, regional planning organization)
Hydraulic Fracturing or fracking creates drilling wastes (drilling muds, cuttings and brine/fracking fluid)

- **Drilling mud** contains potentially harmful chemicals and may become radioactive during the fracking process.
- **Drill cuttings** contain naturally occurring radioactive materials (NORM) & are classified as solid waste under Ohio EPA. Cuttings are not regulated by the ODH as radioactive material unless the NORM content is “technologically-enhanced” by human activities.
- **Brine or fracking fluid** contains potentially harmful industrial chemicals, salts, hydrocarbons and metals. Brine may be spread on roads in Ohio if municipalities give permission.
- NORM, such as radium and uranium are highly soluble in water and can leach into the landfill’s groundwater collections system.

**Ohio Bill proposes revising regulations for handling solid waste with low level radiation (drilling mud, earthen materials, earthen materials contaminated with oil-based substances) in landfills.**
Impacted Populations & Health Determinants

Populations that would be impacted by the Legislation

- Drillers, Disposal and Landfill workers
- Members of general public who live and/or work within 100 meters of disposal site
- Those residing within a 50 mile radius of the disposal site

Health determinants that could be impacted

- Radiation exposure (direct gamma radiation, radioactive dust inhalation)
- Water table pollution (contaminated well water, groundwater &/or surface runoff)
- Soil Contamination
- Contaminated Equipment
- Equity
Project Partners and Stakeholders

Project Partners Include:
Ohio Department of Health
Environmental Protection Agency
Ohio University
Ohio Environmental Council
Sierra Club

Additional Stakeholders:
Community residents and leaders
Friendly State Legislators
Department of Natural Resources
Environmental Advocates
Timeline & Decision-Makers

Timeline

Original proposal was in Ohio State Budget (HB 59)
House released substitute bill removing drilling waste provisions
Senate must choose to accept, reject, or modify proposal
Senate floor vote June 5
Final compromise budget approved by Gov. by June 30

Decision-makers
Ohio State Legislature
Governor
Ohio Dept. of Natural Resources
• 350,000 square foot outlet mall plan – larger than average!
• 2 proposals, on 2 separate but contiguous 50 acre parcels
• Both proposed in Berkshire Township but potential to be annexed to Village of Sunbury.
• Accessed by I-71, but new road would have to be built
• Rural nature of area and current agriculture land
• History of losing land to other counties
• Concern about precedent-setting
Impacted Populations & Health Determinants

Populations that would be impacted by the Plans

- Rural population
- Low-income residents
- Ethnic minorities
- Elderly

Health determinants that could be impacted by the Plans

- Traffic congestion and safety
- Rural nature of area
- Loss of farmland/ Loss of land
- Potential for jobs/income
- Water/sewage infrastructure
Project Partners Include:

Delaware County General Health District
Delaware Regional Planning Commission
Columbus Public Health

Additional Stakeholders:

Berkshire Township residents and leaders
ODOT
Delaware Regional Planning Commission
OH EPA
Del-co Water
Sustainable Delaware
Parks, School District, Chambers of Commerce
Delaware County Friends of the Trail
Township Trustees
Timeline

Decision Point 1: Rezoning requests from agriculture to commercial to accommodate malls. Multiple points along the rezoning decision process to provide input.

Decision Point 2: If rezoning occurs, developer files for subdivision plat with regional planning. Multiple decision-maker agencies must approve.

Decision-makers

Berkshire Township Zoning Commission
Regional Planning Commission
Berkshire Township Trustees
Berkshire Township Residents
Multiple local and regional agencies
The HIA Process

- Screening
- Scoping
- Assessment
- Recommendations
- Reporting
- Monitoring
The HIA Process

- Screening
- Scoping
- Assessment
- Recommendations
- Reporting
- Monitoring
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
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.
Example of Successful Screening

Proposed changes to Chicago’s Vacant Property Ordinance
Broaden definition of property owner to include banks
Facilitate reimbursements to the City for maintenance

✓ Six months until City Council would vote on the proposal
✓ Proposal could impact health and vulnerable pops
✓ Decision is controversial and is of concern to the public
✓ Health impacts would not be considered without the HIA
✓ Decision makers are likely to use HIA findings
✓ Data and literature to conduct the HIA is available
✓ Stakeholders including local agencies, Alderman staff and community groups are interested in participating in the HIA
Why NOT do an HIA? Example 1

Project Idea Being Screened

A school district wants to better understand the health impacts of the recent relocation of its elementary school.

- This HIA would not be informing a proposed decision. In this case there is no decision to influence, as the decision to site the school has already been made.

Applicants should consider upcoming decision-making processes where an HIA could add value. For example, if conducted earlier in the process, an HIA could have informed the proposed decision to relocate the school.
Why NOT do an HIA? Example 2

Project Idea Being Screened

A university would like to gather and share information about the current state of children’s health.

- There is not a specific decision to influence in this case. The university is proposing a study, but not an evaluation of a proposed decision.

The findings of this study about children’s health could be used as data in a future HIA that addresses a proposed decision that could impact children’s health.
Project Idea Being Screened

After a report about food deserts is released, a neighborhood association proposes to start a local farmer’s market in an area that was shown to have lack of access to fresh produce. The city and other stakeholders are very supportive of the proposal.

- Data and information about the health impacts of the proposed market on health are already being considered. Decision makers and stakeholders are already in support of this proposal, so an HIA may not have additional influence.

What do you think? How might you suggest to proceed in this situation?
**Weaving Health into Planning**

HIA is one of many approaches to conducting a comprehensive health analysis.

<table>
<thead>
<tr>
<th>Public Health</th>
<th>Goals</th>
<th>Metrics &amp; Data</th>
<th>Review &amp; Critique or HIA</th>
<th>Data &amp; Methods</th>
<th>Review &amp; Critique or HIA</th>
<th>Advocacy</th>
<th>Guidelines &amp; Tracking</th>
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</thead>
<tbody>
<tr>
<td>Planning</td>
<td>Visioning Goals Priorities</td>
<td>Existing Conditions</td>
<td>Draft Alternatives</td>
<td>Proposed Plan</td>
<td>Approval</td>
<td>Implementation</td>
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<tr>
<td>Environmental Review</td>
<td>Notice of Preparation</td>
<td>Scoping</td>
<td>Analysis</td>
<td>Draft</td>
<td>Final &amp; Approval</td>
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Similarly, there are many ways for health to be woven into planning processes.
Screening – Other HIA Project Ideas?
# HIA Screening Worksheet – Exercise

## Keep in mind:

Poorly selected proposals may result in HIAs that add little new information and consume considerable time and resources.

HIA is not always the best approach.

## HIA Screening Worksheet

<table>
<thead>
<tr>
<th>Screening Questions</th>
<th>Response and Supporting Facts</th>
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</thead>
<tbody>
<tr>
<td><strong>Project and Timing</strong></td>
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<tr>
<td>Has a project, plan or policy been proposed?</td>
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<tr>
<td>Is there sufficient time to conduct an analysis before the final decision is made?</td>
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<tr>
<td><strong>Health Impacts</strong></td>
<td></td>
</tr>
<tr>
<td>Does the decision have the potential to affect environmental or social determinants that impact health outcomes? If so, which determinants and which health outcomes?</td>
<td></td>
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<tr>
<td>Would health inequities be impacted? How? In what ways?</td>
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<tr>
<td>Are the proposal’s impacts to health likely to be significant in terms of the number of people impacted, the magnitude, breadth and/or immediacy of impacts?</td>
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</tr>
<tr>
<td>Do evidence, expertise, and/or research methods exist to analyze health impacts of the decision?</td>
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<tr>
<td><strong>Potential Impact of HIA Findings</strong></td>
<td></td>
</tr>
<tr>
<td>Is health already being considered in the proposal or as part of the decision-making process?</td>
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<tr>
<td>Are the links between the proposal and health or health determinants clear?</td>
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<tr>
<td>Is the decision-making process open to the HIA and/or recommendations for changes to design, mitigations and/or alternatives?</td>
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</tr>
<tr>
<td>If applied, would HIA findings and recommendations potentially improve the impact that the proposal has on health?</td>
<td></td>
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<tr>
<td><strong>Potential Impact of the HIA Process</strong></td>
<td></td>
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<tr>
<td>What are the potential impacts of the HIA process? (e.g., building relationships, empowering community members, demonstrating how health can be used in decision making)</td>
<td></td>
</tr>
<tr>
<td><strong>Stakeholder Interest and Capacity</strong></td>
<td></td>
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<tr>
<td>Have public concerns about the health impacts of the decision been voiced or documented?</td>
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<tr>
<td>Who are the stakeholders and interest groups involved in the decision-making process?</td>
<td></td>
</tr>
<tr>
<td>Do stakeholders have the interest to participate in the HIA?</td>
<td></td>
</tr>
<tr>
<td>Do stakeholders have the capacity (resources, skills, etc.) to participate in the HIA?</td>
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</tr>
<tr>
<td>Would stakeholders use the HIA to inform or influence the decision-making process?</td>
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</table>
Screening Outputs

A description of the proposal that will be the focus of the HIA, including the decision timeline and points when the HIA will be used

List of stakeholders involved in the screening process

A statement of why the proposal was selected, including:
Potential impacts of the proposal on health and health inequities
Expected resources required to conduct the HIA
Description of the decision’s political context and opportunities to influence decision-making

An explanation of how the HIA proposal is screened should also be included in the HIA report
Roadmaps – Resource for Policies

• Roadmaps tab of the CHR site
• Find Policies and Programs: http://www.countyhealthrankings.org/policies
• Browse policies and programs
• You can search by topic area
• What works for health
Welcome to the Intensive HIA Workshop

Name

Agency/organization & focus of your work

Reason for coming to the full HIA workshop
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
Tasks for Developing an HIA Scope

- Determine HIA goals
- Identify health determinants and health outcomes the proposal will impact
- Identify geographic and temporal boundaries for the assessment
- Identify vulnerable populations
- Develop pathway diagrams
- Generate research questions
- Identify preliminary data sources and methods
- Develop a plan for stakeholder engagement and identify roles for stakeholders
- Develop a project timeline
- Consider how HIA will be communicated and reported
Setting HIA 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 of stakeholders to use HIA

<table>
<thead>
<tr>
<th>HIA Project</th>
<th>Goals</th>
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<tbody>
<tr>
<td>Long Beach Downtown Plan</td>
<td>Increase capacity of community groups to use HIA</td>
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<tr>
<td></td>
<td>Highlight the impacts of City Planning on Housing and Employment</td>
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<td></td>
<td>Demonstrate the value of HIA to stakeholders and agencies in Long Beach</td>
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<tr>
<td>Kansas Casino Legislation</td>
<td>Introduce HIAs to Kansas policymakers and create demand for HIAs as a decision-making tool</td>
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<tr>
<td></td>
<td>Highlight health evidence as part of the debate using a broad definition of health that includes social and economic factors</td>
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</tbody>
</table>
Health Determinants and Outcomes Included

Casino employment - Health insurance, income, shift work & sleep disturbance, exposure to second hand smoke

Tourism - Crime, traffic, hospitality industry jobs, population growth

Access to gambling - Addictive behaviors, child abuse, divorce, STDs, suicide

Vulnerable Populations

- Low-income
- Elderly
- Shift workers, especially with children
- Individuals with substance use disorders or mental illness
- Individuals who are uninsured
Research questions are based on pathway diagrams and should be used to describe existing conditions and predict future impacts.

Kansas Casino HIA Example Research Questions

What is the effect of a casino on tourism?
What are the effects of tourism on population growth?
What are the effects of population growth on crime?
What are the effects of crime on injury rates?
Group Exercise

1. Discuss 2 goals for your case study HIA
2. Discuss 2 goals for using HIA in your agency/organization
Who is most at-risk of potentially adverse impacts from your case study topic? Who could benefit from your case study topic?

(e.g., children, elderly, those with existing health conditions, business community, etc.)

What is the geographic scope of your HIA? Is there a “study area”? 
Health determinants = Factors that lead to health outcomes

Transportation access
Safe pedestrian environment
Social support
Working conditions
Air quality
Affordable housing

Which health determinants could be impacted by your case study HIAs?

See “Determinants of Health” handout in your binder
During this exercise, you will do the following activities with your small group:

1. Practice drawing a pathway diagram

2. Practice developing research questions using a scoping worksheet
Instructions for Exercise

With your small group, draw a pathway diagram connecting your case study HIA topics to health
Kansas Casino HIA Pathway Diagram Example

See HIP’s Tools & Resources webpage for more examples of pathways
Pathway diagrams

A visual tool for explaining what the HIA will study

Help generate research questions

Help stakeholders and decision-makers understand potential effects of decision making, and their relative importance

Can show how changes to a proposal or other conditions may lead to changes in health outcomes

Identify where there is uncertainty about causes and effects or magnitude of impacts

Help guide the selection of recommendations
Instructions for Exercise

Using the pathways, complete the first 3 columns of the Scoping Worksheet in your binder for your assigned health determinant.
**HIA Scoping Worksheet**

<table>
<thead>
<tr>
<th>Project:</th>
<th>Health Determinant:</th>
<th>Geographic Scope:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**Existing Conditions**

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Impact Research Questions</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Methods</th>
<th>Priority</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Priority**

*See Scoping worksheet in binder*
Health Determinant: Tourism

<table>
<thead>
<tr>
<th>Existing Conditions Research Question</th>
<th>Impact Research Question</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the current unemployment rate in the Southeast Kansas Gaming Zone (SEKGZ)?</td>
<td>What will the impact of the proposed casino be on leisure and hospitality jobs, and the overall unemployment rate?</td>
<td>Average unemployment rate for SEKGZ</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Statewide unemployment rate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unemployment rate trend for SEKGZ</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Statewide unemployment rate trend</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quarterly Census of Employment and Wages, Leisure and Hospitality</td>
</tr>
</tbody>
</table>
Purpose and Use of Scoping Worksheet

Scoping Worksheet

Identify research questions, data sources, and analytic methods for analysis

Help identify where secondary data may exist and primary data collection is needed

Identify participant roles and responsibilities for data collections

Help guide discussion of prioritization for research questions and indicators
Scoping Outputs

Scoping should result in a project plan for the HIA that includes:

Pathways demonstrating how health could be affected by the proposed decision, and a summary of how issues were selected for inclusion

Identification of the population and vulnerable groups that could be affected by the proposed decision

Description of research questions, data sources, methods to be used, and any alternatives to be assessed

Identification of data gaps

Summary of how stakeholders were engaged in scoping, and how issues raised will be addressed in the HIA, or rationale for why not
The HIA Process

- Screening
- Scoping
- Assessment
- Recommendations
- Reporting
- Monitoring
Step 3: Assessment

Objective
To provide a profile of existing conditions data, and an evaluation of potential health impacts.
HIA Assessment Steps

1. Profile existing conditions
   Research baseline conditions (by income, race, gender, age and place when possible)
   Include populations that may be vulnerable to impacts of the proposal
   Describe factors that are responsible for determining vulnerabilities to allow for understanding of how changes may affect health

2. Evaluate potential health impacts
   Describe how existing condition measures could be impacted by the proposed decision
   Address the effects of the proposal on health equity
Step 1: Gather existing data and collect primary data when necessary to profile existing conditions. Sources include:

- Demographic, health, social, economic, and planning statistics
- Environmental measures
- Regulatory criteria, standards and benchmarks
- Community expertise (focus groups, surveys)

*Note: Much of this data is also used to predict impacts!*
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

Behavioral Risk Factor Surveillance System
World’s largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the U.S.

Administrative/Public Agencies/Academia
Health, transportation, environment, planning

County Health Rankings
Morbidity, mortality, health behaviors, social and economic indicators - reported out at the county levels

When data for specific conditions are unavailable, HIAs may rely on proxy measures (e.g., voting rates as a proxy for social cohesion)

See “HIA Data Sources” document in your binder
Regulatory Criteria, Standards, Benchmarks

Healthy People 2020 - Centers for Disease Control and Prevention (CDC)

County Health Rankings – has benchmarks in their data tables

City or County General Plans

Local Ordinances or benchmarks that set goals for health

EPA regulatory standards
Community Expertise

Knowledge or perceptions about conditions, vulnerabilities, day-to-day experiences of those potentially impacted by a decision

Residents
Neighborhood organizations
Medical practitioners
Public officials
Health agencies
Business

“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
Presenting Existing Conditions Data

Maps are a useful for displaying data

Identify spatial relationships between places, populations, and environmental conditions

Show “hot spots” or differences in the intensity of hazards
Overall Ohio health rankings

Lighter colors =

Better overall health as measured by mortality and morbidity

http://www.countyhealthrankings.org/
Health Behaviors – County Health Rankings

Smoking
Diet & Exercise
Alcohol Use
Sexual activity

http://www.countyhealthrankings.org/
Combining Data from Multiple Sources

Paid Sick Days HIA

<table>
<thead>
<tr>
<th>Method</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data from existing literature</td>
<td>70% of CA food service workers do not have PSD</td>
</tr>
<tr>
<td>Indicator data newly collected</td>
<td>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.</td>
</tr>
<tr>
<td>Focus group findings</td>
<td>“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.”</td>
</tr>
<tr>
<td>Existing regulatory standard</td>
<td>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</td>
</tr>
</tbody>
</table>
Local Data Resources

- Health Policy Institute of Ohio – Guide to state health rankings and scorecards
- Ohio Department of Health
- Ohio Department of Transportation
- Ohio Development Services Agency
- Local level agencies
- Policy and research institutes
- Academic partners
On Day 2 we will follow-up to discuss the next stage of assessment: predicting impacts
Stakeholder Participation in HIA

A diverse group of stakeholders should be involved in the HIA process

HIAs are inherently multidisciplinary

Some stakeholder groups, like public health agencies, may be responsible for taking more of a lead on the HIA project than others

Other stakeholders to involve include: community residents/organizations, public agencies, policy makers, businesses

Populations likely to be impacted by a decision should be involved and have an oversight role in the HIA process
Groups with HIA capacity and training often partner to lead the oversight and coordination of an HIA process

- Health department staff
- Nonprofit or community organization
- University staff

There are many ways to engage additional stakeholders in HIA

- Advisory committees (technical or community focused)
- Within specific steps of HIA
- Making decisions and getting input on HIA process and products

There are a variety of opportunities for stakeholders to be involved in the HIA process

See “HIA Committee Roles and Functions” document in your binder
# Example of Roles for HIA Partners

## California Paid Sick Days HIA

<table>
<thead>
<tr>
<th>Organization</th>
<th>Roles</th>
</tr>
</thead>
</table>
| 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 |
## Stakeholder Roles in HIA

<table>
<thead>
<tr>
<th>HIA Step</th>
<th>Stakeholder Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scoping</td>
<td>Identify priority health issues to be studied in the HIA</td>
</tr>
<tr>
<td></td>
<td>Prioritize research questions</td>
</tr>
<tr>
<td>Assessment</td>
<td>Gather and organize data</td>
</tr>
<tr>
<td></td>
<td>Conduct surveys, interviews, and focus groups</td>
</tr>
<tr>
<td></td>
<td>Interpret and ground truth data</td>
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<td></td>
<td>Conduct research and analysis</td>
</tr>
<tr>
<td>Recommendations</td>
<td>Develop and prioritize alternatives or mitigation strategies</td>
</tr>
<tr>
<td>Reporting</td>
<td>Write, review and edit final report</td>
</tr>
<tr>
<td></td>
<td>Develop a communication, media and advocacy plan to report findings to decision-makers</td>
</tr>
<tr>
<td>Monitoring</td>
<td>Continue to hold decision-makers accountable for decision agreements and mitigations</td>
</tr>
</tbody>
</table>

See “Opportunities for Stakeholder Engagement” document in your binder
Goals for stakeholder participation in your HIA should be reflected in your HIA workplan.
Stakeholder Engagement Brainstorm

For consideration:

Which groups will take the lead role in coordinating the HIA process for your case study project?

Who are the stakeholders that you will engage in your case study HIA?

At which steps of the HIA will these groups or agencies be involved and how?

Should any committees be established to oversee the HIA process?

See “Guidance and Best Practices for Stakeholder Participation in HIAs” at www.humanimpact.org/hips-hia-tools-and-resources
Stakeholder Engagement: Challenges

Developing and maintaining relationships

Establishing common goals, expectations, ground rules

Managing conflicting interests and perspectives

Ensuring meaningful involvement that leads to empowerment

Start-up is important!
Power Analysis
Helps to build understanding of how (and by who) power is used to maintain conditions that groups may seek to change. Can be useful for identifying stakeholders and HIA “targets”.

More info. about Power Analysis at www.scopela.org
Stakeholder Analysis
Provides a strategic view of relationships, influence and resources stakeholders can bring to the HIA process

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Representative (Contact Info)</th>
<th>Information Held / Expertise</th>
<th>Role in HIA or Project</th>
<th>Interest or concerns about HIA or Project</th>
<th>Power to Influence Policy/Development</th>
<th>Opportunities to Communicate (When, where?)</th>
</tr>
</thead>
<tbody>
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</table>

Included in the “Guidance and Best Practices for Stakeholder Participation in HIAs” at www.humanimpact.org/hips-hia-tools-and-resources
HIA Readiness Discussion Guide
To avoid unnecessary challenges, ensure partners have considered the following

- The target
  - Project, plan, policy
  - Decision-makers
  - Decision timeline
- Potential issues of concern to constituencies
- Their stake / interest in the HIA
- Capacity to participate in/ conduct the HIA
- How the HIA would be used

See “HIA Readiness Questions” in your binder
HIA Project Management Tools

Goals, values and participation commitments
For agreement among project partners

HIA work plan template
Shows responsibility and timeline for tasks among HIA partners, and relates each responsibility to a specific goal

HIA practitioner team roles and responsibilities plan
For each task in the HIA process, identifies which of the project partners is accountable, expected to participate in, is required to review and sign-off, or is required to provide input

See sample templates of these tools in your binder
Tools for Stakeholder Engagement (5)

Community meetings
Scoping
Sharing HIA findings

Advisory Committee(s)
Informing the HIA throughout the process
Communicating HIA findings & recommendations
Tools for Stakeholder Engagement (6)

Data collection
Surveys
Focus groups
Walkability surveys
Communication to reach diverse audiences
Translation
Fact sheets
Popular education tools
Other Stakeholder Engagement Tools?
Connections between social determinants and health

Examples of HIA projects

Step 1: Screening

Step 2: Scoping

Step 3: Assessment Part 1: Existing Conditions

Opportunities for stakeholder engagement in HIA
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00</td>
<td>Introduction to Day 2</td>
</tr>
<tr>
<td></td>
<td>Discussion of Day 1 Questions &amp; Common “Sticking Points” in HIA</td>
</tr>
<tr>
<td></td>
<td>Assessment Part 2: Predicting Impacts</td>
</tr>
<tr>
<td></td>
<td><strong>BREAK</strong></td>
</tr>
<tr>
<td></td>
<td>Recommendations</td>
</tr>
<tr>
<td></td>
<td>Context and Intervention Points for HIA</td>
</tr>
<tr>
<td>12:00</td>
<td><strong>LUNCH</strong></td>
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<tr>
<td>1:00</td>
<td>Reporting</td>
</tr>
<tr>
<td></td>
<td>Monitoring &amp; Evaluation</td>
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<tr>
<td></td>
<td>HIA Capacity Building Exercise</td>
</tr>
<tr>
<td></td>
<td><strong>BREAK</strong></td>
</tr>
<tr>
<td></td>
<td>Opportunities, Challenges and Barriers to Engaging in HIA</td>
</tr>
<tr>
<td></td>
<td>Preparing to Move Forward with the Healthy Vinton HIA</td>
</tr>
<tr>
<td></td>
<td><strong>Wrap-Up and Reflections</strong></td>
</tr>
<tr>
<td>4:30</td>
<td><strong>Adjourn</strong></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Criticism</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIA is costly</td>
<td>Not as costly as treatment of health impacts in the long run</td>
</tr>
<tr>
<td></td>
<td>HIA is also less costly than many other types of required assessments (e.g. EIA)</td>
</tr>
<tr>
<td>HIA is time-consuming and will slow decision-making processes</td>
<td>Conducting an HIA early will bring issues to the front of the decision-making process, potentially speeding approval processes and preventing costly litigation that delays projects</td>
</tr>
<tr>
<td>HIA will stop economic development</td>
<td>The role of HIA is to identify mitigations and recommendations, not to say “don’t do that”</td>
</tr>
<tr>
<td>HIA is not scientific</td>
<td>Role of HIA is to pull together disparate pieces of available evidence to make a broad statement about likely impacts</td>
</tr>
</tbody>
</table>
### Barriers and Solutions

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Example solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>No funding for HIA</td>
<td>Use funding sources creatively</td>
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<tr>
<td></td>
<td>Need a champion decision-maker</td>
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<td></td>
<td>Need examples from other places</td>
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<tr>
<td></td>
<td>Need successful case study</td>
</tr>
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<td>Elected officials – our bosses - will be upset by our agency’s HIA work</td>
<td>Role of public health agency is to protect the public health</td>
</tr>
<tr>
<td></td>
<td>Staff do not have to take an advocacy position, but can weigh in with evidence and data; other partners can advocate</td>
</tr>
<tr>
<td></td>
<td>Certain issues are not thought of as “advocacy” (e.g., tobacco and breastfeeding)</td>
</tr>
<tr>
<td>Not enough evidence to demonstrate health impacts</td>
<td>Disparate, single-issue focused evidence exists in public health literature, especially built environment-related</td>
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<tr>
<td></td>
<td>Role of HIA is pull this together and make a holistic statement about health and health inequities</td>
</tr>
<tr>
<td></td>
<td>Areas where there is a lack of any available evidence to predict impacts should be highlighted in the HIA</td>
</tr>
</tbody>
</table>
Funding Resources for HIA

The Health Impact Project
(Pew Charitable Trusts and the RWJ Foundation)

Robert Wood Johnson Foundation

St. Luke’s Foundation

Association of State and Territorial Health Officials (ASTHO)

The Centers for Disease Control and Prevention

The Kellogg Foundation

Annie E. Casey Foundation
Predicting impacts with absolute certainty is not possible; however, using the best available evidence, an HIA should present reasoned predictions of health impacts.

It is usually not possible to quantify health impacts, use qualitative analysis in most cases.

When possible, use tools and methods that already exist to assess health conditions and potential impacts.

For more discussion on the use of quantitative analysis in HIA, see Chapter 4 of “Improving Health In the United States: The Role of Health Impact Assessment”, by the National Research Council, National Academies Press.
### Steps for Making Impact Predictions

<table>
<thead>
<tr>
<th>Task</th>
<th>Action Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate and weigh evidence of causal effects</td>
<td>Use literature or primary data to understand relationships between the decision, health determinants, and health effects</td>
</tr>
<tr>
<td>Collect and synthesize data on baseline conditions</td>
<td>Characterize the affected population</td>
</tr>
<tr>
<td>Forecast health effects quantitatively where feasible</td>
<td>Identify models for making predictions about health impacts of the proposed decision (and its alternatives)</td>
</tr>
<tr>
<td>Characterize expected health effects</td>
<td>Characterize likelihood, severity, magnitude, and distribution of health effects using empirical evidence, baseline conditions and forecasting tools</td>
</tr>
<tr>
<td>Evaluate level of confidence or certainty of predictions</td>
<td>Consider data limitations and assumptions</td>
</tr>
</tbody>
</table>

*Adapted from Bhatia, R. “Health Impact Assessment: A Guide for Practice”*
Prioritize Types of Data

Helps determine type of useful information given available resources and positions of decision-makers

Prioritize type of information and communications materials to reach your HIA audience

Consideration of the type of data is useful during Assessment and Reporting

See www.humanimpact.org for example of data table ranked by audience
Empirical Literature

Peer-reviewed and empirical research
Pubmed

Systematic reviews
Campbell Collection

Grey literature
Non-peer reviewed reports

Roadmaps to Health Take Action Center
What Works for Health
can support your lit review

Those earning $15,000 /yr are 3x more likely to die prematurely that those earning $70,000

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

31% of children that live within one mile of school walk, compared to only 2% of children living within two miles of school

See CHR’s “Searching the Evidence” in your binder
Compare Data to Standards

Regulatory Criteria, Standards, and Benchmarking Tools

Useful tools when available
Can simplify analysis

Standards reflect health and other considerations
  May not be health protective
  May not be agreement on criteria

Healthy People 2020: Reduce annual pedestrian deaths to 1.3/100,000

SF Inclusionary Zoning Ordinance: 15% set aside for affordable housing
Impact Assessment Examples

See Impact Assessment Examples handout in your binder

Quantitatively answering impact prediction questions is very challenging and rarely done in HIAs

Considerations for Making Predictive Judgments
  Generalizability (e.g., populations, geography, timeframes)
  Dose response
  Cause and effect
**HIA Findings Summary Table**

Describe impacts on health outcomes and determinants

Describe:
- Direction, magnitude, and severity of impact
- Strength of causal evidence
- Any uncertainties

See HIP’s HIA Report Guide in your binder
Specialized Assessment Tools

- Sustainable Communities Index
- Pedestrian Environmental Quality Index
- Air Quality Modeling
- Noise Modeling
- Pedestrian Injury Collision Modeling
### Assessment Exercise

Based on the work you did during Scoping, identify one impact research question for which a quantitative analysis could be conducted

- **How would the analysis be conducted**
- **What would be the sources of existing conditions data/inputs**
- **What would be the methods for analysis (simple calculation or modeling, etc.)**
- **Discuss ideas about what findings might show, and to what level of specificity**

Or, identify methods you might use for predicting an impact using qualitative data

<table>
<thead>
<tr>
<th>Data Sources</th>
<th>Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Assessment Outputs

Assessment of baseline (existing) conditions that could be impacted by the proposed decision, including:

- Health status
- Health determinants
- Vulnerabilities to health effects

Characterization of the anticipated health effects of the decision (and decision alternatives), including stakeholder input into the analysis of effects

Evaluation of the level of confidence or certainty in the characterization of health effects
The HIA Process

- Screening
- Scoping
- Assessment
- Recommendations
- Reporting
- Monitoring
Step 4: Recommendations

Objective
To provide evidence-based recommendations to mitigate negative and maximize positive health impacts.

Tasks

Key points

Tools

Resources
## Examples of HIA Recommendations

<table>
<thead>
<tr>
<th>HIA Project</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long Beach Downtown Plan</td>
<td>Local hiring agreements (permanent jobs, job training)</td>
</tr>
<tr>
<td></td>
<td>Inclusionary housing (rental and ownership units)</td>
</tr>
<tr>
<td></td>
<td>Commercial linkage fees</td>
</tr>
<tr>
<td>Kansas Casino</td>
<td>Law enforcement, judicial and social services should consider collaborating to monitor and respond to any potential increases in crime</td>
</tr>
<tr>
<td>Paid Sick Days</td>
<td>Delete the amendment that excludes small businesses from providing Paid Sick Days</td>
</tr>
</tbody>
</table>
Recommendations are often developed throughout the HIA process. Recommendations may be considered:
- during scoping
- refined as impacts are characterized in assessment
- made final during the recommendations phase

Proposed recommendations should be shared with, discussed amongst and prioritized by HIA stakeholders

Make your recommendations ACTIONABLE
In Take Action Model – What Works For Health

Programs and policies could become your HIA recommendations
Has evidence to support that they work
Includes what you need to successfully implement it
Has examples of where a similar policy has been implemented
Has ideas for funding these programs that can be included in your recommendations
Consider 2 potential recommendations that may be developed as part of your case study HIAs.

Use the worksheet in your binder to help craft these recommendations.

### HIA Recommendations Worksheet

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Agency or organization responsible for implementation?</th>
<th>When should the rec. be implemented?</th>
<th>Is there evidence that this works? What is the source of the evidence or where has it worked before?*</th>
<th>How would you prioritize the rec.? (High, Medium, or Low)</th>
<th>EXTRA CREDIT: Are there funding sources beyond the responsible agency to support implementation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example from Marin Code Enforcement HIA: Track and publish online aforementioned policies relevant to property-owners and tenants, timeframes required for different categories of repairs, process for inspections, and fees charged, if any, to complete all inspections</td>
<td>Marin County Code Enforcement • San Rafael Code Enforcement • Novato Code Enforcement</td>
<td>2nd quarter 2013</td>
<td>Making policies and fees transparent helps tenants understand their rights, and other localities have done this (e.g., City of Veneta, Oregon)</td>
<td>High</td>
<td>No</td>
</tr>
</tbody>
</table>
Context and Intervention Points for HIA

Screening

Scoping

Assessment

Recommendations

Reporting

Monitoring
Typical Contexts for HIA

Voluntary
Initiated by public health practitioner, policy advocate, affected stakeholders, public agency, or decision maker

Regulatory
Required by project specific legislation, to comply with EIA requirements, or other regulation
Examples of Voluntary and Regulatory HIAs

Voluntary HIAs

General/Comprehensive Plans: Humboldt County
Zoning: Baltimore zoning code
Infrastructure Plans: I-710 Freeway expansion
Public Lands Management: Alaska oil exploration

Regulatory HIAs

Area Plans/Specific Plans: Somerville Grounding McGrath
Legal review of HIAs in non-health sectors

Sample of 36 U.S. jurisdictions: 20 states, 10 localities, 5 tribal nations, federal government

To see where HIA is:
Legally required/facilitated
Legally viable
Legally prohibited

Focus on 4 non-health sectors:
Environment and energy
Transportation
Agriculture
Waste disposal and recycling
Assessed laws, policies, regulations, and judicial cases

Research found:

Few jurisdictions specifically require HIAs

Considerable legal support for HIAs through laws that open the door for their use

In the absence of explicit requirements to use HIA, government officials increasingly use results from their own HIAs or those done by others to inform decisions

*Findings highlight opportunities to use existing laws and regulations to advocate for more robust consideration of health by using HIAs*
Regulatory Support

The following laws, regulations and guidance are examples of support for the inclusion of comprehensive health analysis:

National Environmental Policy Act (NEPA)
State level “mini-NEPA’s” (e.g. CEQA)
Council on Environmental Quality regulations
Executive Orders 12898 and 13045
CEQ guidance on Executive order 12898
## HIA & Environmental Impact Assessment

<table>
<thead>
<tr>
<th>EIA Category</th>
<th>Environmental Indicators</th>
<th>Extension to Health Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>Vehicle trips</td>
<td>Access to retail</td>
</tr>
<tr>
<td></td>
<td>Vehicle volume</td>
<td>Traffic injuries</td>
</tr>
<tr>
<td></td>
<td>Auto level of service</td>
<td>Walkability/bikeability</td>
</tr>
<tr>
<td>Air Quality</td>
<td>Air quality standards</td>
<td>Air pollution exposure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Respiratory disease</td>
</tr>
<tr>
<td>Noise</td>
<td>Noise levels</td>
<td>Annoyance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sleep disturbance</td>
</tr>
<tr>
<td>Housing</td>
<td>Need to construct new housing</td>
<td>Quality of housing</td>
</tr>
<tr>
<td></td>
<td>Displacement</td>
<td>Crowding/affordability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Homelessness</td>
</tr>
<tr>
<td>Culture and Community</td>
<td>Physical division of a community</td>
<td>Social isolation</td>
</tr>
<tr>
<td></td>
<td>Loss of cultural and historical resources</td>
<td></td>
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</tbody>
</table>

*See “FAQ about Integrating HIA into EIA” in your binder*
Planning Intervention Points

Typical Points in a Planning Process

Starting an HIA

Vision for goals & priorities developed

Using HIA findings /recommendations

Existing conditions profiled

(Comprehensive HIA) →

Alternatives drafted

(Rapid HIA) →

Plan proposed

Plan approved

Plan implemented
Policy Intervention Points

Legislative Timeline

Starting an HIA

Policy concept
Draft bill language
Final bill language
Introduction
Committee hearings
Floor votes
Governor signature
Implementation/Rule making

(Comprehensive HIA)

(Comprehensive HIA)

(Rapid HIA)

(Rapid HIA)

Using HIA findings /recommendations
<table>
<thead>
<tr>
<th>HIA Project</th>
<th>Intervention Point for HIA Findings &amp; Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kansas Casino HIA</td>
<td>HIA findings were shared with the authors of the bill before the House and Senate Federal and State Affairs Committee met to vote on the legislation</td>
</tr>
<tr>
<td>Oakland BRT HIA</td>
<td>A letter summarizing the HIA findings was sent to City Council members prior to when they met to vote on a BRT proposal</td>
</tr>
<tr>
<td>RAD HIA</td>
<td>HIA was used to influence HUD rule making/implementations process around public housing</td>
</tr>
<tr>
<td>Farmers Field HIA</td>
<td>HIA was submitted as a comment on a Draft EIR, and used to inform City Council members before they voted on stadium proposal</td>
</tr>
</tbody>
</table>
The Ohio HIA case studies aims to inform which decision making points?
The HIA Process

Screening → Scoping → Assessment → Recommendations → Reporting → Monitoring
Objective
To develop the HIA report and communicate findings and recommendations.
Transparency in HIA Reporting

Practice Standards call for the public release of an HIA and a transparent accounting of the process and findings

Allows findings to be reviewed and improved
Informs affected communities of possible health impacts
Informs agencies of potential changes in demand for services (emergency response, etc)
Warns those potentially responsible for impacts
Allows people to take voluntary actions to avoid risk

Few HIAs in the private sector are made public, and/or disclosure may be incomplete
HIA Reporting Formats

Formal report
Letter to proponents & decision-makers
Comment letter on draft EIAs
Public testimony
Presentation
Fact sheet
Peer-reviewed publication

Media Outreach
Press release
Article
Interview
Op-ed
Tools for HIA Reporting

HIA Findings Summary Table
Describe impacts on health outcomes and determinants

Describe:
- Direction, magnitude, and severity of impact
- Strength of causal evidence
- Any uncertainties

See HIP’s HIA Report Guide in your binder
Communicating Findings: Examples

Long Beach Downtown Plan HIA
HIA report submitted as comment to on DEIS
Findings used as talking points in 1:1 meetings with City Council

Humboldt County General Plan Update HIA
Newspaper articles, and press conference talking points
Presentations to community groups and Board of Supervisors

Paid Sick Days HIA
Public testimony to legislative committees
TV, radio, and print media
Lobby visits with legislators and staff

2nd Street HIA, Bernalillo County, NM
HIA website, in Spanish and English
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
Communications tools to:

- Keep partners engaged
- Build partnerships and support
- Create a communications strategy
- Use media to communicate to the public
- Tell your story
- Make presentations

See County Health Rankings “Communicate” at:
http://www.countyhealthrankings.org/roadmaps/action-center/communicate#activity-1916
Communicating HIA Findings

Develop a Communications Plan:

- Establish communication goals
- Decide on your target audience
- Develop a frame
- Develop your messages

Which audiences are you trying to reach with the HIA?
Metaphors that serve to structure our experience and understanding of the complex world around us help people make sense of what they hear and see by triggering concepts that already exist in their minds. Example: “Tax burden”

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?
Effective frames go beyond facts to communicate values

Start with shared values

How do these values help you define the problem?

Why would these values lead people to support your solution?
How could your issue be framed to include health?

Consider the decision-makers that you are trying to influence with HIA findings, recognizing the frames that they currently using.

What are some of the messages that might come from your HIA findings?

**Exercise**

Create messages to present to a local reporter about your HIA findings and recommendations.
Step 6: Evaluation

Objective

To evaluate:
1) the process of conducting the HIA
2) impacts on the decision-making process and implementation of the decision
3) impacts of the decision on health outcomes
Process evaluation seeks to understand how the HIA was conducted

It typically looks at:

- How the HIA was actually done compared to the workplan and applicable standards
- How stakeholders and decision makers participated
- How challenges were addressed
- How resources were used
Impact evaluation seeks to understand the impact of the HIA itself on the decision and the decision-making process.

It typically looks at:

How HIA recommendations were/were not considered or incorporated in the decision.

How the HIA process influenced the decision-making process through building new collaborations and increasing awareness of previously unrecognized health impacts.
Outcome evaluation focuses on the change in health determinants and outcomes resulting from implementation of the proposal.

Outcome evaluation requires:

- Ongoing monitoring of health determinants and health outcomes data
- Long-term research commitment

Outcome evaluation considers the effects of the decision as a whole, thus it is generally not possible to attribute outcomes to HIA recommendations.
Self or External Evaluation?

Self evaluation
- Performed by the HIA team
- Form of quality assurance
- Can provide valuable insights for the team as well as the broader HIA field

External evaluation
- Can provide valuable insights from stakeholders and decision makers
- Can contribute to external peer review
- Often limited by time and funding constraints

The National Research Council Committee on Health Impact Assessments considers both to be essential for moving the HIA field ahead.
Benefits of Evaluation

Improve the HIA process

Modify future methods and models

Determine the accuracy of predictions made during assessment

Support future HIAs and Health in all Policies
Evaluation resources on the Roadmaps site

- toolkits
- checklists
- scorecards

For

- advocacy
- accountability
- monitoring

There are also evaluation tools available

See County Health Rankings Tools and Resources re: “Evaluating Actions’ at:
http://www.countyhealthrankings.org/resources?f[0]=field_global_action_steps%3A18393
Step 6: Monitoring

Objective
To monitor or track the data necessary to inform all levels of evaluation.

Tasks

Key points

Tools

Resources
Timeline: Evaluation & Monitoring

- HIA Process Evaluation
- Final decision informed by HIA
- HIA Impact Evaluation
- HIA Outcome Evaluation

Monitoring
For two of the recommendations that you developed for your case study HIA project, identify:

- Indicators to be monitored
- Who will be responsible for monitoring these indicators

See example of a monitoring plan from the Hawai'i County Agricultural Development Plan HIA in your binder.
Explore the existing capacity and resources that local organizations and agencies have to conduct HIA

<table>
<thead>
<tr>
<th>Process Oversight</th>
<th>Check the boxes to indicate which of the committees your organization or agency might serve on in an HIA process:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Leadership Team</td>
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<tr>
<td></td>
<td>☐ Steering Committee</td>
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<tr>
<td></td>
<td>☐ Technical Advisory Committee</td>
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<td>☐ Community Advisory Committee</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Stage of HIA</th>
<th>Capacity Building Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screen</td>
<td>In the table below, identify how the capacity building resources that you listed above will be used in the various steps of the HIA process.</td>
</tr>
</tbody>
</table>

See Capacity Building Worksheet in your binder
HIA Tools and Resources

www.humanimpact.org/component/jdownloads/finish/11/81

www.nap.edu/catalog.php?record_id=13229

Human Impact Partners HIA resources
www.humanimpact.org/hips-hia-tools-and-resources

San Francisco Department of Public Health
www.sfphes.org

Wisconsin DHS HIA Toolkit
www.dhs.wisconsin.gov/hia/

Health Impact Project (Pew & RWJF)
www.healthimpactproject.org

See also list of books and articles about HIA with US authors in your binder
North American Practice Standards

Minimum Elements

Practice Standards

http://www.humanimpact.org/component/jdownloads/finish/11/9
The Society of Practitioners of HIA

Open to all practitioners, experienced or novice, and those interested in learning about HIA

Aims to promote leadership and quality in the field of HIA
Develop health and equity indicators
Integrate into land use, housing, transportation planning

Analyze existing conditions
Use health/equity indicators to guide collection of data on current health conditions

Scope plan and proposal impacts
Identify health impacts and opportunities to incorporate health-promoting strategies into draft policies and plans. This could be used when the plan or policy is in the very early stages of development.

Write comment letters
About proposed scope of analysis for an Environmental Impact Assessment (EIA), on a draft EIA, or on draft land use or transportation plans and proposals
Institutionalization of HIA

Conducting high quality HIAs and building capacity for HIA is an existing priority

Incorporation of comprehensive health analysis into government practice

Must ensure HIA regulation is not premature and legislation highlights equity and community engagement

Proposed legislation requiring or promoting us of HIA

Healthy Places Act (CA, MD, federal)

MN Healthy Communities Act

Board of Health Regulation for HIA on major road projects (MD)

Washington requirement for HIA on 520 Bridge

Transportation Reform Legislation

White House Task Force on Childhood Obesity Report

California’s Health In All Policies

State-level HIA legislation (Washington, NM, Mass.)
What are the next steps for moving forward with the case study HIAs?

Are there stakeholders that should be engaged in the process that have not been?

Which organizations or agencies will take a lead in coordinating the HIA process?