Ohio Health Impact Assessment (HIA) Update Teleconference

December 2, 2013
Call: 866.740.1260
Access code: 5450761
Welcome

1. Welcome and overview
2. HIA resources and current HIA landscape
3. Current HIAs around Ohio
4. How can we move HIA forward in Ohio?
An introduction to Health Impact Assessment (HIA)
June 13-14, 2013

Hosted and facilitated by

HUP
HUMAN IMPACT PARTNERS
We know health matters

CITY OF CINCINNATI
HEALTH DEPARTMENT

THE CITY OF COLUMBUS
PUBLIC HEALTH

CUYAHOGA COUNTY
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health policy institute of Ohio

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County Health Rankings
Mobilizing Action Toward Community Health
OHIO HEALTH IMPACT ASSESSMENT (HIA) UPDATE TELECONFERENCE
HIA resources
Wellness and Prevention Network Policy Priorities

- Payment reform and reimbursement for primary prevention
- New financing models
- **Health in All Policies**
- Evidence-based prevention
HIA Update

OH HIA Network
December 2, 2013

Kim Gilhuly
kim@humanimpact.org
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

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

Oregon HIA Network (link through OR Health Authority)
http://public.health.oregon.gov/HealthyEnvironments/TrackingAssessment/HealthImpactAssessment/Pages/index.aspx
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
State of HIA Practice

• United States
  • ~ 275 HIAs completed or in progress
  • More than half on land use/built environment
  • Cutting edge work:
    – Communications strategies and techniques
    – Elevating community participation/working with community organizers
    – Beefing up predictions

• Ohio
  – ~12 HIA completed or in progress
  – NEO HIA-P
  – OH HIA Network
  – SHIP-CD
Funding strategies

• National foundations
• Local foundations
• Public Health Associations
• Fee for service
• Institutionalize HIA/HiAP work within agencies
Eastside Greenway Project

- Initiated to connect the eastside of Cleveland and thirteen eastside suburbs through a unified trail system:
  - connecting neighborhoods to parks, employment and recreation centers
  - to improve quality of life by enhancing the transportation and recreational opportunities in the area
  - catalyzing economic development
Lead HIA Project Contact

Martha Halko
Deputy Director- Prevention and Wellness
Cuyahoga County Board of Health

mhalko@ccbh.net
(216) 201-2001 ext. 1504
Partners and Sectors Involved

Core Stakeholders

Municipalities

Regional Entities

Institutions/Community Groups

HIA Technical Advisory Committee

Cuyahoga County Board of Health
LAND studio
Cuyahoga County Planning
Cleveland State University
Cleveland Metroparks
Cleveland Planning Commission
City of Euclid
St. Luke’s Foundation
Human Impact Partners
National Park Service
Nature Center at Shaker Lakes
ESG HIA Timeline

Scope
Assess
Recommend
Report
Monitor

Baseline Conditions
Findings
Recs
HIA Draft

Oct ‘13
Nov ‘13
Dec ‘13
Jan ‘14
Feb ‘14
Mar ‘14
Apr ‘14
ESG Planning

Stakeholder input
Stakeholder input
ESG HIA Intervention Points

- **Scope**
- **Assess I**
- **Assess II**
- **Recommend**
- **Report**
- **Monitor**

**ESG HIA Timeline**

- **Oct ’13**
- **Nov ’13**
- **Dec ’13**
- **Jan ’14**
- **Feb ’14**
- **Mar ’14**
- **Apr ’14**

- **Stakeholder input**
- **TLCI grant decision**
- **Consultant selected**

**Baseline Conditions**

**Findings**

**Recs**

**HIA Draft**

**Monitor**

ESG Planning
HIA Goals

• Create opportunities for all by influencing plan design, construction and future programming.
• Build capacity for Health Impact Assessment.
• Enhance voice, engagement and empowerment of community residents.
• Influence systems changes that consider health and equity in land use decision making.
• Foster cross municipality collaborations to inform and influence local land use decision making.
• Advance a “Health and Equity in All Policy” approach to decision making.
Indicators at a Glance:

**Safety and Crime:**
- Trail usage, trail quality, maintenance and facilities
- Income, poverty, ethnicity, race, age, gender
- Police &/or park ranger presence
- Violent crime

**Building Community Cohesion:**
- Trail usage
- Ease of access to parks and trails
- Voting rates
- Spiritual and religious centers

**Transportation:**
- # of vehicle miles traveled
- Bike ownership & miles of bike lanes
Funding and Staffing

• A grant from the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and the PEW Charitable Trusts, with funding from the Saint Luke’s Foundation. Grant awarded to the Cleveland City Planning Commission in partnership with the Cuyahoga County Board of Health.

• HIA project staff include:
  • Martha Halko – Deputy Director and HIA Project Director
  • Michele Benko – Program Manager and HIA lead staff
  • Ann Stahlheber – Dietitian and HIA staff
  • Richard Stacklin – Researcher and HIA Evaluation/Data lead
  • Domenica McClintock – Supervisor Environmental Health & HIA staff
  • Nichelle Shaw – Supervisor & HIA staff
HIA Outcomes to Date

• Enhance existing and established new partnerships through the ESG TAC

• Gained interest and support for focusing on health equity among TAC and stakeholders

• Process and lessons learned from this HIA are shared with our HIA program team – Northeast Ohio Health Impact Assessment Partnership (NEO HIA-P)
Delaware General Health District
Delaware, Ohio
Simon/Tanger Outlet Mall
HIA update

December 2013
Contacts

• Nancy Shapiro, RN, MS, Assistant Health Commissioner, nshapiro@delawarehealth.org

• Susan Sutherland, RS, MPH, Public Health Planner; ssutherland@delawarehealth.org
Geographic Area
Status

• In September, the Health District was awarded a NACCHO HIA mentorship grant

• Mentor: Brendon Haggarty, Oregon Health Authority
  – Attended National HIA conference in September
  – Attended 1-day NACCHO sponsored HIA training
  – Submitted a one-year HIA work plan to NACCHO
  – Attend quarterly conference calls and webinars with NACCHO staff and PEW Trusts staff
Status

• Referendum placed on ballot to overturn zoning approval
  – Referendum vote on Nov. 5 was approved
  – Recount of ballots on Nov. 25, and reaffirmed the vote
  – Residents are concerned about traffic congestion and stress

• Berkshire Township Residents Advisory Group established
  – Attended 2 meetings where we met with the developer to discuss the residents concerns
  – A preliminary traffic study was presented by the developers’ contractor
Status

• We are in the scoping step of the process.
  – We will be attending another Resident’s Advisory Group meeting in December and inviting community stakeholders, introducing the HIA philosophies, reviewing potential pathways.
  – In February, we anticipate holding our 3rd Build Environment Forum to discuss this HIA in detail with county stakeholders, elected officials, planners and others.
  – Develop preliminary pathway diagram.
Decision: outlet mall

Direct Impacts:
- Traffic
- Economic conditions
- Sustaina
- Community resources
- Multi-mode transportation

Intermediate Impacts:
- Air, water, and noise quality
- Physical activity
- Social capital
- Injuries and fatalities
- Crashes
- Employment

Health Outcomes:
- Respiratory
- Morbidity
- Asthma
- CVD
- Cancer
- Diabetes
- Depression
- Injury
One Mile Drop Off Policy Health Impact Assessment (HIA)

Ohio HIA Network Call
LiAnne Howard, MCP, MEd.
December 2, 2013
Background

- Cincinnati Health Department (CHD)
  - Services and databases include:
    - Community Health & Environmental Services: vital records, food safety, healthy housing, lead poisoning prevention and control, litter and weed patrol program, pool safety, communicable diseases, rabies, west Nile virus and Health Impact Assessment (HIA) committee.
    - 5 full service health centers serving 10% of city population and 1 sexually transmitted disease clinic.
    - School and Adolescent Health
The Health Commissioner, Dr. Maseru, formed a CHD HIA Committee out of concern for the health impacts from zoning, transportation, and the built environment.

The CHD HIA Committee Members are:

- Mohammad Alam, Ph.D., Director of Environmental Health Services, CHD
- Carmen Burks, Coordinator, Safe Routes to School, Cincinnati Public Schools
- Ron Clemens, Public Health Consultant, CHD
- Tevis Foreman, MA, Urban Farming Coordinator, CHD
- Florence Fulk, BS, MS, Environmental Protection Agency
- Marilyn Goldfeder, RN, MPH, Public Health Nurse, CHD
- LiAnne Howard, MCP, MEd, Senior Administrative Specialist, CHD
- Camille Jones, MD, MPH, Assistant Health Commissioner, CHD
- Tunu Kinebrew, MPA, Vital Statistics Coordinator, CHD
- Denisha Porter, MPH, RS, HHS, LRA, Public Health Educator, CHD
- Ashley Roberts, AmeriCorps Volunteer
- Laura Till, Public Health Associate, CDC
One Mile Drop Off HIA Timeline

- Screening, December, 2012
- Statewide HIA Training in Columbus, June, 2013
- Stakeholder engagement plan document completed, September, 2013
- Community engagement plan document completed, September, 2013
- Evaluation plan document completed, September, 2013
- Begin recruitment of parents to serve on community panel, January, 2014
- Scoping summary and first parent and stakeholder meetings, February, 2014
Timeline (Continued)

- Assessment summary and stakeholder meeting, May, 2014
- Recommendations and stakeholder and parent meetings, August, 2014
- Draft HIA Report, October, 2014
- Obtain parent and stakeholder feedback on the drafted HIA, Oct. – Nov., 2014
- Reporting final assessment beginning December, 2014
- Process Evaluation and Report, Jan-Dec, 2014
The One Mile Drop Off Policy HIA will be a case study for the Human Impact Partners National Survey of community engagement in HIAs: state of the practice.

Thank You

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513-357-7472

Safe Routes to School – Health Impact Assessment

Brian Butler, MPH
Office of Epidemiology
Project Overview

- Safe Routes to School program
- Columbus City School district
- Focus on Health Equity
6 Steps

• **Screening** – Complete

• **Scoping** – Complete, but continues to be refined and revisited

• **Assessment** – Continue to collect data on existing conditions, conducting lit review, about to begin walk audits and stakeholder survey
6 Steps

• **Recommendations** – Have had preliminary discussions

• **Reporting** – Discussed draft report, possible methods of distribution

• **Monitoring** – Looking to evaluate both the HIA process and potential outcomes
Research Questions

- There are many

- Center around the E’s of SRTS
  - Engineering
  - Education
  - Encouragement
  - Enforcement
Staff and Partners

- CPH HIA work group
  - Epidemiologist, SRTS Coordinator, EH, CDC PHAP, Healthy Places staff, Office of Health Equity
- Kim Gilhuly
- Safe Routes to School National Partnership
- SRTS Engineer Contractor
- Kent State University, Department of Geography
- Advisory Committee
Outcomes to Date

• Brought together diverse partners

• SRTS Steering Committee is on board

• Level 1 analysis and mapping

• Focused on engaging stakeholders in schools and neighborhoods
Contact

Brian Butler, MPH
Office of Epidemiology
Columbus Public Health
614.645.6583
brbutler@columbus.gov
Alignment of Affordable Housing Physical Inspection Policies in Ohio

HIA TEAM

- **Project Principals:**
  - Office of Affordable Housing Research and Strategic Planning, Ohio Housing Finance Agency – Project Lead
  - The Ohio State University, College of Public Health

- **Stakeholder Advisory Group:**
  - White House Domestic Policy Council, Federal Rental Policy Working Group
  - Ohio Housing Finance Agency
  - U.S. Department of Housing and Urban Development
  - USDA Rural Development
  - Coalition on Homelessness and Housing in Ohio
  - Ohio Department of Aging
  - Ohio Department of Mental Health and Addiction Services
  - Ohio Department of Health

Funding

- This Health Impact Assessment is supported by a grant from the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts. The views expressed are those of the author(s) and do not necessarily reflect the views of The Pew Charitable Trusts or the Robert Wood Johnson Foundation.
## Project Status

<table>
<thead>
<tr>
<th><strong>Screening</strong></th>
<th><strong>Completed</strong></th>
<th>Identify and describe the policy, program, plan, or project, including a timeline for the policy decision, the importance of the decision, and expected resource requirements for the HIA.</th>
</tr>
</thead>
</table>
| **Scoping**   | **Completed** | 1) Identify health effects to be addressed, affected populations and vulnerable groups, research questions, data sources, analytic plan, and data gaps.  
2) Engage stakeholders in the HIA process and respond to issues raised by stakeholders. |
| **Assessment**| **Completed** | Collect and analyze data to describe baseline health status of affected populations, beneficial and adverse health effects of the proposal and alternative proposals, and engage stakeholders. |
| **Recommendations** | **Completed** | 1) Identify proposals or actions that could be taken to avoid, minimize, or mitigate adverse health effects and maximize beneficial effects.  
2) Propose a plan to identify stakeholders who could implement recommendations and to monitor and verify implementation. |
| **Reporting** | **In-progress** | Clearly document the activities and results of the previous steps in the process and communicate to decision-makers, the public, and other stakeholders. |
| **Monitoring and evaluation** | **In-progress** | 1) Evaluate whether the HIA was conducted according to its plan and applicable standards.  
2) Track changes in health indicators or implementation of HIA recommendations. |
Research Questions

1. Are there differences between different types of housing inspections and what proportion of inspections finds quality problems? Do the rates of problems differ depending on the agency doing the inspection?

2. How many units have more than one inspection? If the number of physical inspections will actually decrease under the proposed policy, how much would disease rates change?

3. Which of the current types of inspections used is the most health protective based on available literature?

4. What evidence is there that physical inspections identify housing condition problems that would not be addressed by managers/owners in the absence of an inspection?

5. How disruptive are physical inspections for tenants?
Methods

- The nature and differential impacts of housing-related health issues were assessed through a review of the existing literature, collection of Ohio physical inspection data from three agencies and secondary data sources, and key informant interviews with affordable housing property managers and tenants in Ohio.
Results

- **Research Question #1: Housing inspection formats and quality problems**
  - 85.1% of physical inspections found at least one health-related quality issue.
  - Frequency of housing quality issues varied by funding agency, project size, and project age.
  - The most frequent housing quality issues were related to appliance and plumbing findings.

- **Research Question #2: Physical inspection frequency and disease rates**
  - Though there is limited evidence that remediating housing quality issues improves health outcomes, the strongest evidence that prolonged exposure to certain housing conditions will result in increased disease relates to asthma, lead and pesticide exposure, and some types of injuries.
  - Properties inspected by more than one funding agency frequently found the same housing quality issues.

- **Research Question #3: Most health protective format**
  - Prevalence of specific health-related violations (e.g., fire, pests, mold, appliances, air quality, ground fault circuit interrupter, accessibility, plumbing, and trip hazard) varied by funding agency, project size, and project age.

- **Research Question #4: Physical inspections and maintenance issue resolution**
  - Property managers’ property maintenance practices appear to vary and impact their ability to identify health-related housing quality issues in the absence of inspections.
  - During qualitative interviews, property managers and tenants identified physical inspections as an impetus for reporting housing maintenance issues.
  - Inconsistency exists among inspectors within and across agencies, complicating the extent to which housing condition problems would remain unidentified with fewer inspections.

- **Research Question #5: Disruptiveness of physical inspections**
  - Physical inspections have varying effects on tenants according to how they maintain their unit and prepare for inspections, their physical abilities, and their attitude toward inspections.
  - Tenants with disabilities had the greatest difficulty preparing for physical inspections.
  - Tenants held differing and sometimes conflicting perspectives about physical inspections.
## Impact Table

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Focus population estimates in Ohio</th>
<th>Significance (magnitude X likelihood)</th>
<th>Quality of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing stability</td>
<td>2.1 million low income renters</td>
<td>▶️</td>
<td>*</td>
</tr>
<tr>
<td>Quality affordable housing units</td>
<td></td>
<td>▶️</td>
<td>*</td>
</tr>
<tr>
<td>Mortality (e.g., fires)</td>
<td>345,912 adults aged 55 and older</td>
<td>▶️</td>
<td>*</td>
</tr>
<tr>
<td>Social Isolation</td>
<td></td>
<td>▶️</td>
<td>*</td>
</tr>
<tr>
<td>Chronic disease (excluding asthma)</td>
<td></td>
<td>▶️</td>
<td>**</td>
</tr>
<tr>
<td>Injuries (e.g., falls)</td>
<td></td>
<td>▶️</td>
<td>****</td>
</tr>
<tr>
<td>Asthma or respiratory symptoms (related to moisture, pests, etc.)</td>
<td>242,961 young children ≤ 5 years of age</td>
<td>▶️▶️▶️▶️</td>
<td>****</td>
</tr>
<tr>
<td>Lead exposure</td>
<td></td>
<td>▶️▶️▶️▶️</td>
<td>****</td>
</tr>
<tr>
<td>Mental health</td>
<td>294,000 low income renters</td>
<td>▶️▶️▶️▶️</td>
<td>****</td>
</tr>
</tbody>
</table>
Recommendations

- Implement a single standard across agencies that is most likely to find health related quality and safety problems to optimize health. A standardized physical inspection tool will increase consistency in reporting and non-compliance remediation which will improve health.

- Establish ongoing training to increase the quality of physical inspection reports and to raise awareness of housing-related health issues among inspectors.

- Develop and implement a risk-based inspection agenda that focuses resources, streamlines inspection schedules based on housing and tenant characteristics, and is protective of adverse exposures and health.
Kim Gilhuly
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Human Impact Partners
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HIA resources

www.ohioprevention.org/hia.html