



Health Resources in Action  
*Advancing Public Health and Medical Research*

# Health Impact Assessment Training Series

sponsored by

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**[www.hria.org](http://www.hria.org)**

**Conference May 31, 2012**

**Clark University- Worcester, MA**

**For More Information and Registration:**

**[www.tinyurl.com/HIAseries](http://www.tinyurl.com/HIAseries)**

**Questions: [ascherb@hria.org](mailto:ascherb@hria.org)**



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# Health Impact Assessment 101: An Introduction to the Practice

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Brandeis University

April 18, 2012

*Exploring the Promise and Practice of Health Impact  
Assessments: A New England Conference, May 31, 2012*



# Today's Webinar

- What is HIA?
- The link between HIA and the social determinants of health – especially for planning and development
- The HIA Process
- Example of a Massachusetts HIA
- Why perform an HIA?
- How to use an HIA



# HIA: What is it?



# HIA: What is it?

## *A Definition*

Collection of procedures and tools by which projects, policies, and programs can be evaluated based on their potential effects on the health of a population, and the distribution of those effects within the population

*Gothenburg consensus statement, 1999*





# HIA: What is it?

To stem the rising tide of chronic disease and create safe, thriving communities, health needs to be regularly factored into policy and program decisions in sectors that do **not** traditionally focus on health outcomes.



The Health Impact Project  
<http://www.healthimpactproject.org/hia>



# HIA: What is it?

## A tool to:

- evaluate the possible impact
- estimate effects
- assess the potential health impacts



# HIA: What is it?

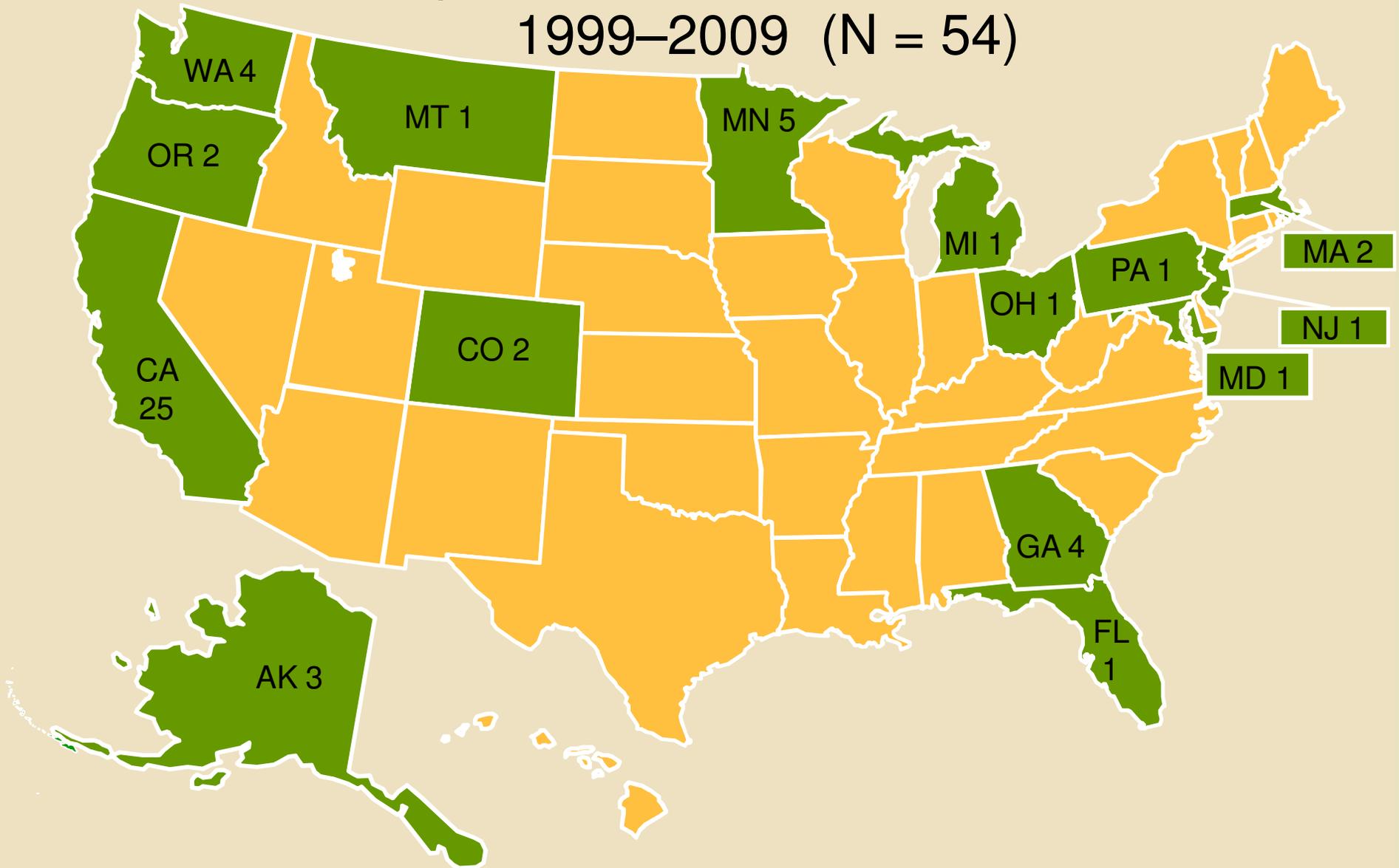
## A tool to:

- increase partnerships and communication
- improve the quality of public policy decision making



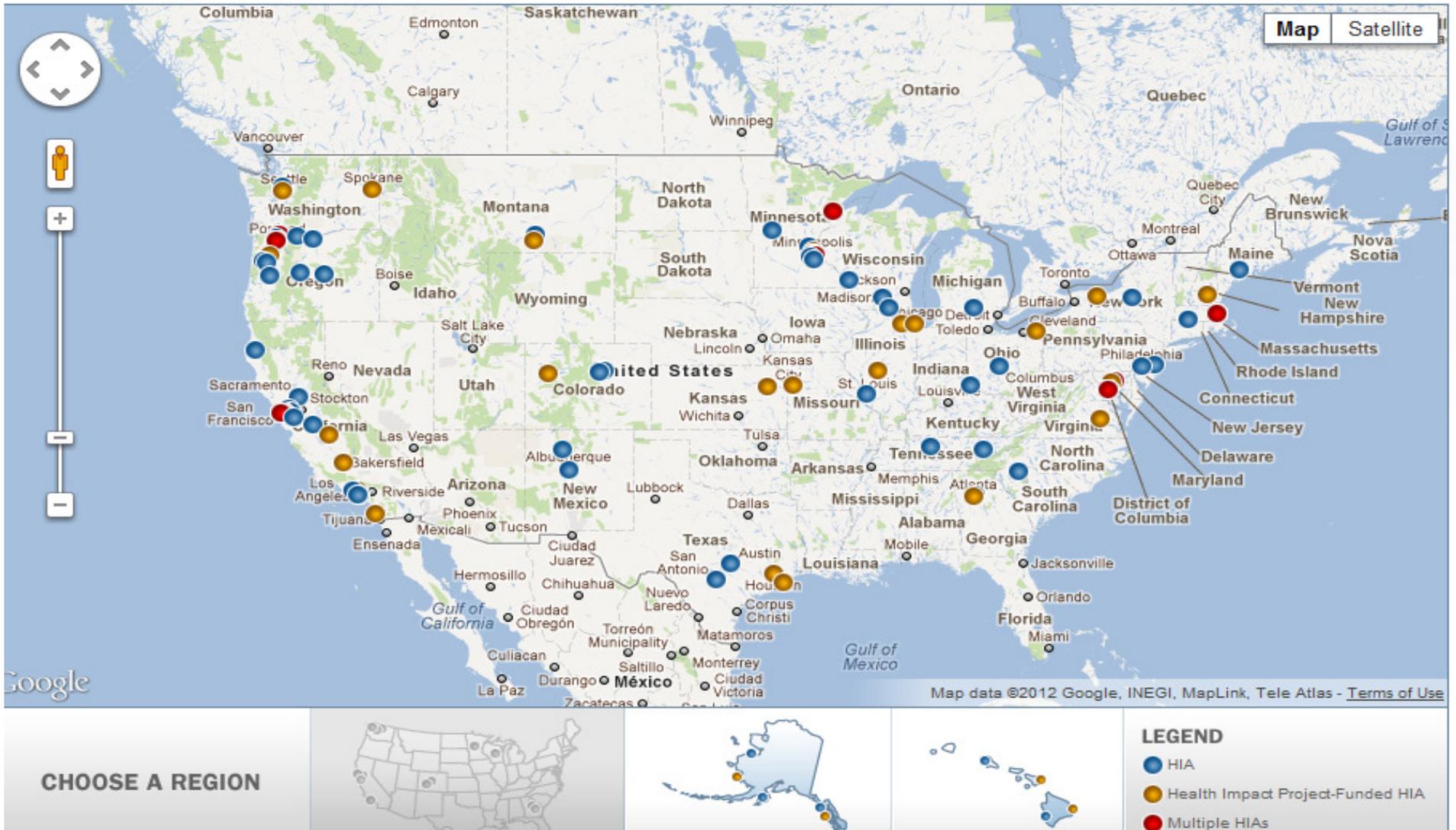


# Completed HIAs in the United States 1999–2009 (N = 54)





# Pew HIA Map – <http://www.healthimpactproject.org/hia/us>





# What is the link between SDOH, HIA, and Planning and Development?



# Social Determinants of Health

## What is it?

A perspective that considers how social factors impact health, e.g. gender, social class, race, geography, sexual orientation, educational status, immigration status

*Example:*

### **Racial Justice $\neq$ Diversity**

(Diversity = Variety, “It is not enough to mix it up, you got to fix it up!”)

### **Racial Justice $\neq$ Equality**

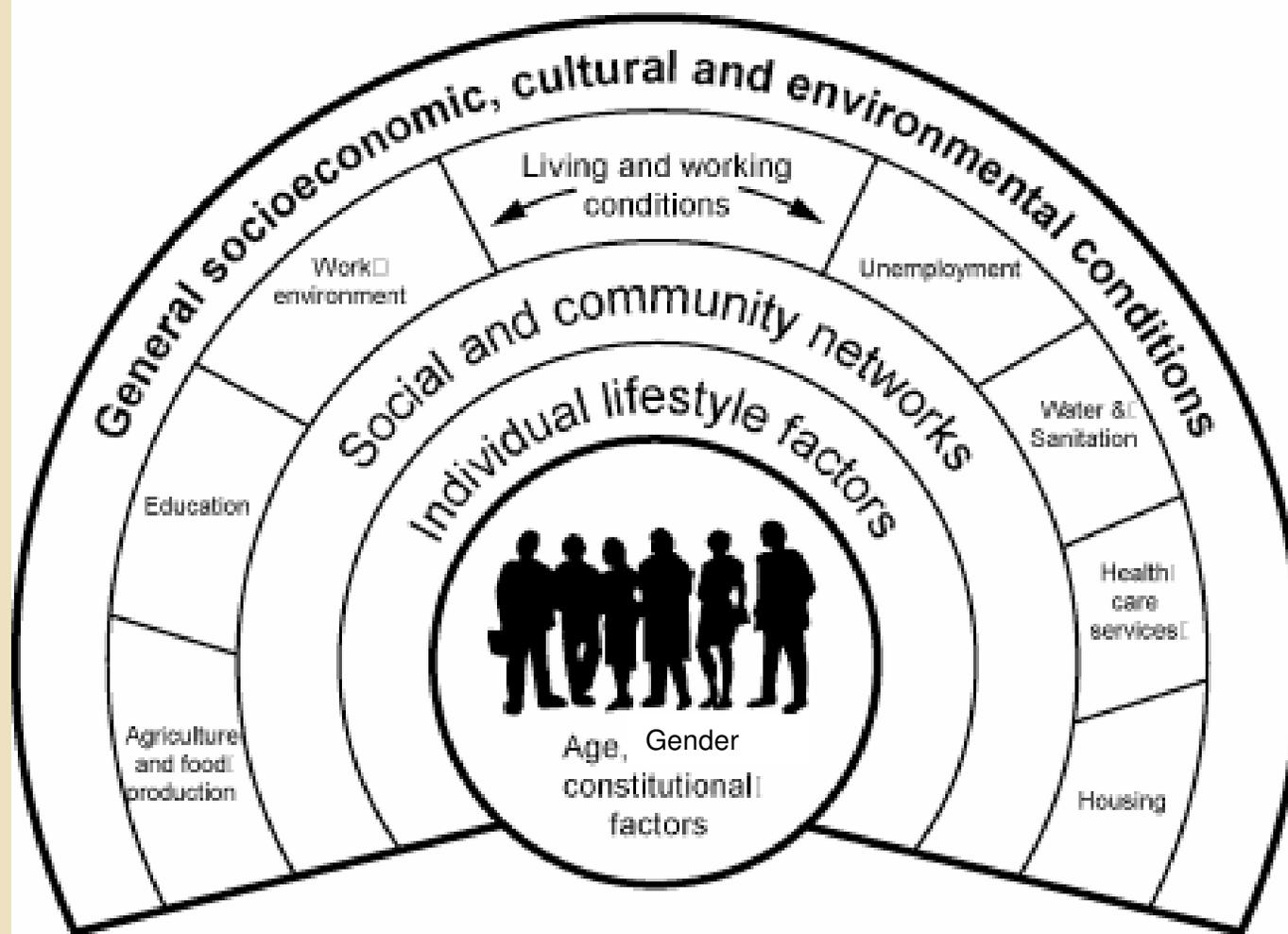
(Equality = Sameness)

### **Racial Justice = Equity**

(Equity = Fairness, Justice)



# HIA: Social Determinants of Health

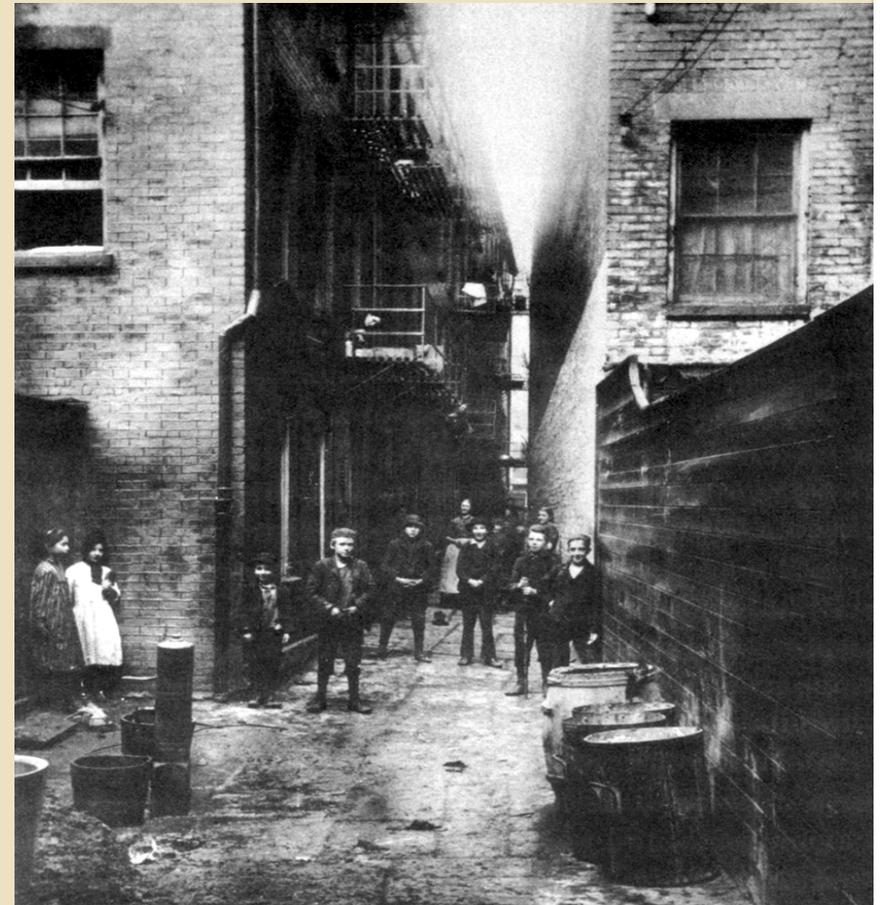


Source: Dahlgren, G., Whitehead, M., & World Health Organization (2006). European strategies for tackling social inequities in health: Levelling up part 2. Copenhagen: WHO Regional Office for Europe.



# Historical Links: Planning and Public Health

Co-evolved in the 19<sup>th</sup> century to deal with sanitation, crowding, and rapid urbanization





# Coming Together Again: Planning and Public Health

## Books:

- The Built Environment and Public Health, Lopez
- Designing Healthy Communities, Jackson

## Articles:

- A Joint Urban Planning and Public Health Framework: Contributions to Health Impact Assessment, Northridge & Sclar
- The Built Environment and Human Activity Patterns: Exploring the Impacts of Urban Form on Public Health, Frank & Engelke

## Active Examples:

- San Francisco, Dept. of Public Health - HIA
- Philadelphia, The Food Trust
- Amherst, MA – “Healthy” Master Plan



# Coming Together Again: Planning and Public Health

- Widely-acknowledged disconnect between fields:  
*“...urban planning practice shows few signs of returning to one of its original missions of addressing the health of the least well off.”*  
J. Corburn
- And, acknowledged strong links between fields:  
*“...heart disease, diabetes, obesity, asthma, and depression are diseases that can be moderated by how we design and build our human environment.”*

Centers for Disease Control and Prevention



# Space and Place and Health

... there are big health inequalities within countries. Let's take the United States, for example. If you catch the metro train in downtown Washington, DC, to suburbs in Maryland, life expectancy is 57 years at beginning of the journey. At the end of the journey, it is 77 years. This means that there is 20-year life expectancy gap in the nation's capital, between the poor and predominantly African American people who live downtown, and the richer and predominantly non-African American people who live in the suburbs.

*Sir Michael Marmot*





# The Challenge

The **challenge** facing those with **responsibility** for assuring the **health** and **quality of life** of Americans is clear. We must **integrate our concepts of 'public health issues' with 'urban planning issues'**. **Urban planners, engineers, and architects** must begin to see that they have a **critical role in public health**. Similarly, public health professionals need to appreciate that the **built environment influences public health as much as vaccines or water quality.**

Jackson & Kochitsky, 2001



# Learning a New Language

## CDC or CDC?

- Centers for Disease Control and Prevention
- Community Development Corporations

## NACCHO glossaries

- Public Health Terms for Planners and Planning Terms for Public Health Professionals  
<http://www.naccho.org/toolbox/jargon.pdf>
- Public Health in Land Use Planning and Community Design  
<http://www.naccho.org/topics/environmental/landuseplanning/upload/Land-Use-Fact-Sheet6-19-03.pdf>

## Flowchart for BE/UP and PH working together

- <http://www.naccho.org/topics/environmental/landuseplanning/upload/LUP-flowchart.pdf>



# HIA: Social Determinants of Health, specifically planning and development

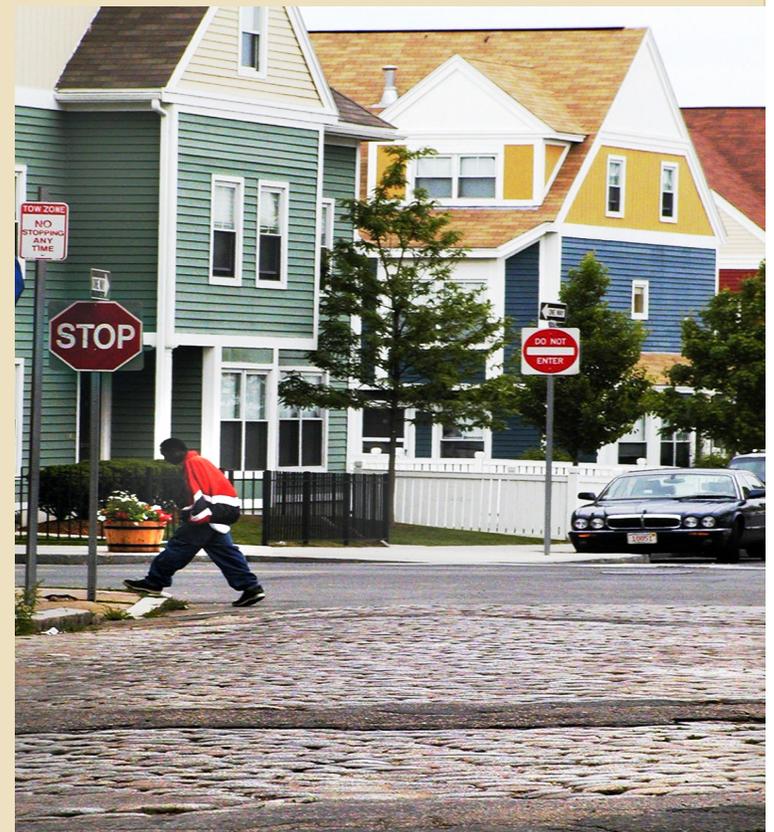
- Education
- Housing, community and economic development
- Environmental policy and programs: brownfields, facility siting, air pollution, toxic and hazardous waste, green space
- Architecture: building design, green design, LEED, hospital design
- City design and development
- International Development
- Housing (poor quality housing): crowding, mold, allergens
- Transportation: ambient air quality, social/job/educational networking opportunities
- Neighborhoods (disadvantaged): poor community resources, exposure to crime, violent behavior
- Racism
- Racial Residential Segregation
  - Education
  - Housing type
  - Resources (early childhood education, parks, safe streets)
- ...





# HIA: Health considerations

- Physical activity, obesity, cardiovascular disease
- Air quality, asthma, other respiratory diseases
- Water quality, waterborne diseases
- Food quality, foodborne diseases, nutrition
- Motor vehicle, pedestrian and other injuries
- Accessibility for persons with disabilities
- Social capital, community severance
- Access to jobs, stores, schools, recreation
- Social equity, environmental justice
- Mental health
- Noise





# HIA: Social Determinants of Health

## *HIA and Health in All Policies*

A fundamental tenet of Health in All Policies is that it is possible to predict the health consequences of policies... Health impact assessment (HIA) could be a tool that helps policy-makers foresee how different options will affect health and so take the health consequences into account when choosing between options.



# HIA: Social Determinants of Health

## *Health in All Policies*

- addresses the effects on health across all policies
- seeks to improve health and at the same time contribute to the well-being and the wealth of the nations
- it is not confined to the health sector and to the public health community, but is a complementary strategy

[http://ec.europa.eu/health/archive/ph\\_information/documents/health\\_in\\_all\\_policies.pdf](http://ec.europa.eu/health/archive/ph_information/documents/health_in_all_policies.pdf)



# SDOH/HIA perspective example: Meeting Action Plan Goals

HHS Action Plan to Reduce Racial and Ethnic Health Disparities, National Partnership for Action to End Health Disparities

<http://www.minorityhealth.hhs.gov/npa/>

National Prevention Strategy: America's Plan for Better Health and Wellness

<http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf>

Healthy People 2020

<http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>

National Action Plan to Improve Health Literacy

[http://www.health.gov/communication/hlactionplan/pdf/Health\\_Literacy\\_Action\\_Plan.pdf](http://www.health.gov/communication/hlactionplan/pdf/Health_Literacy_Action_Plan.pdf)

National Action Plan for Cancer Survivorship

[http://www.cdc.gov/cancer/survivorship/what\\_cdc\\_is\\_doing/action\\_plan.htm](http://www.cdc.gov/cancer/survivorship/what_cdc_is_doing/action_plan.htm)

National HIV/AIDS Strategy

<http://www.whitehouse.gov/administration/eop/onap/nhas>

Public Health Preparedness Capabilities: National Standards for State and Local Planning

<http://www.cdc.gov/phpr/capabilities/index.htm>



# SDOH/HIA perspective example: Meeting Action Plan Goals

HHS Action Plan to Reduce Racial and Ethnic Health Disparities, National Partnership for Action to End Health Disparities

Goal III.A.3: Develop, implement, and evaluate culturally and linguistically appropriate evidence-based initiatives to prevent and reduce obesity in racial and ethnic minorities



# SDOH/HIA perspective example: Meeting Action Plan Goals

“Usual” public health lens: nutrition services, regular medical care, medical home, support groups, cooking classes, grocery shopping trips, exercise programs, exercise groups

*Added to public health lens:*

BE/UP lens: walkable streets and neighborhoods, access to transportation for clinic visits, places to buy healthy, affordable food, safe environment to walk to store/clinic or exercise outside, create walking paths with destinations, design welcoming, safe sidewalks and crosswalks – and bike paths, clear rules of road that are enforced, bike share program, remove advertising for junk food, signage in neighborhood and clinic, racial residential segregation lens

- *Partners*: CDCs, multiservice organizations, city departments: planning, parks/recreation, crime, education, transportation, emergency preparedness...



# HIA: What is the Process?



# HIA: What is the Process?

## 1) Screening

Identify projects/policies for which HIA useful  
Identify whether desktop or comprehensive

## 2) Scoping

Identify which health impacts to include

## 3) Risk assessment

Identify how many and which people may be affected  
Assess how they may be affected

## 4) Recommendations

Identify changes to promote health or mitigate harm

## 5) Reporting of results to decision-makers

## 6) Monitoring & Evaluation of impact of HIA on decision process





# HIA: What is the Process?

## *Step 1: Screening*

Determines whether the HIA is likely to succeed and add value.

<http://www.healthimpactproject.org/hia/process>



# HIA: What is the Process?

## *Step 2: Scoping*

Creates objectives for the HIA, and an outline for the steps of the HIA process



# HIA: What is the Process?

## *Step 3: (Risk) Assessment*

Involves two steps:

- 1) describing baseline health, and
- 2) then predicting the potential health effects.



# HIA: What is the Process?

## *Step 3: (Risk) Assessment, cont'd*

The assessment stage can involve:

*literature review, qualitative analysis  
and/or quantitative modeling*



# HIA: What is the Process?

## *Step 4: Recommendations*

The HIA should point the way to decisions that protect and promote health.



# HIA: What is the Process?

## *Step 5: Reporting*

- findings are disseminated to decision makers
- success of an HIA depends on effective dissemination

### *Implement:*

- apply recommendations
- media outreach and engagement



# HIA: What is the Process?

## *Step 6: Monitoring and Evaluation*

Three types of evaluation in HIA:

- 1) process evaluation
- 2) impact evaluation
- 3) outcome evaluation



# HIA: What is the Process?

## *Use of Evidence*

- Screening: establish health relevance of policy/program
- Scoping: identifies key health issues; exclusion criteria; public concerns
- Assessment: establish baseline, prediction, significance, mitigation, review of evidence
- Recommendations: communication of HIA findings and suggestions
- Evaluation and monitoring: can produce further evidence



# HIAs in New England

## Maine

- Paid Sick Days Legislation

## Massachusetts

- Child Health Impact Assessments:
  - MRVP
  - LIHEAP
- Paid Sick Days Legislation:
  - MA-specific data, part of a larger HIA
- MA DOT (legislative language)
- Massachusetts Department of Public (BioMass Plant)

## New Hampshire

- State Budget



# Commonwealth Conversations Transportation



Sharing ideas and working together to enhance transportation planning and implementation

[« MBTA Crime Lowest in 30 Years | Main | Wakefield-Lynnfield Trail Moves Forward »](#)

January 25, 2010

## MassDOT Priority: Healthy Transportation



Posted by Catherine Cagle, MassDOT Manager, Sustainable Transportation

This month we had a terrific kick-off meeting the Healthy Transportation Compact!

MassDOT Secretary & CEO Jeff Mullan and Health & Human Services Secretary Dr. JudyAnn Bigby provided inspiration in leading the first meeting of the Compact, left.

The MassDOT transportation vision includes a strong commitment to pedestrian and bicycle access. Walking and bicycling move people out of single-occupant vehicles, reduce traffic congestion, and promote healthy lifestyles and a cleaner environment.

MassDOT will be 'Leading by Example' by supporting and promoting Bike Week 2010, in addition to establishing measures/incentives to promote healthy transportation commuter options among Commonwealth employees.

We are looking forward to a very strong collaboration that will increase efficiency to achieve positive health outcomes through the coordination of land use, transportation and public health policy. In the coming weeks we will be assembling agency staff level team and our advisory committee.

At the kick-off meeting participants agreed to:



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# Centers for Disease Control & Prevention



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## Health Impact Assessment to Foster Healthy Community Design



**Synopsis**

Full Announcement

Application

The synopsis for this grant opportunity is detailed below, following this paragraph. This synopsis contains all of the updates to this document that have been posted as of **01/25/2011**. If updates have been made to the opportunity synopsis, update information is provided below the synopsis.

If you would like to receive notifications of changes to the grant opportunity click [send me change notification emails](#). The only thing you need to provide for this service is your email address. No other information is requested.

*Any inconsistency between the original printed document and the disk or electronic document shall be resolved by giving precedence to the printed document.*

Document Type:	Grants Notice
Funding Opportunity Number:	CDC-RFA-EH11-1104
Opportunity Category:	Discretionary
Posted Date:	Jan 25, 2011
Creation Date:	Jan 25, 2011
Original Closing Date for Applications:	Mar 28, 2011 Letter of Intent Deadline: February 25, 2011 Application Deadline Date: March 28, 2011
Current Closing Date for Applications:	Mar 28, 2011 Letter of Intent Deadline: February 25, 2011 Application Deadline Date: March 28, 2011
Archive Date:	Apr 27, 2011
Funding Instrument Type:	Cooperative Agreement
Category of Funding Activity:	Health
Category Explanation:	



# HIA: United States

- Housing redevelopment
- Highway corridor redevelopment
- Pedestrian/bicycle trail development
- Highway bridge replacement
- Transit line
- Community transportation plan
- Local area and comprehensive plans
- After-school programs
- Living wage ordinance
- Paid sick leave policy
- Coal-fired power plant
- Low income home energy subsidies
- Oil and gas leasing policies



# HIA: Impact of U.S. HIA on Subsequent Decisions

- Documentable impacts were evident for some HIAs
  - Plan improvements to increase pedestrian safety
  - Change in redevelopment plans to provide 1:1 housing replacement for affected families
  - Noise mitigation measures required
  - Living wage ordinance adopted
  - Urban road corridor plans improved
- Most HIAs raised awareness of health issues for some audiences



# HIA: Massachusetts Example





# HIA: Massachusetts Example

## *A Child Health Impact Assessment of Affordable Housing and Child Health, 2006*

### MRVP as it was in 2005 (proposal pending)

- Rental assistance program funded and administered by the state
- Created in Nov., 1992
- One of few rental assistance program open to non-elderly, non-disabled poor individuals and families
- Administered centrally by MA Dept. of Housing and Community Development
- Authorized to assist 7483 but only assisted 4715 households due to funding shortages

### Two types of assistance:

Project based vouchers (3171)

Tenant-based/mobile vouchers (1544)



# HIA: Massachusetts Example

## Guiding Questions for CHIA:

- What is the impact of MRVP on child health?
- What would be the impact on child health of the Governor, Senate, House budget proposals for MRVP?





# HIA: Massachusetts Example

Parts of the CHIA:

Executive Summary with chart of potential impacts (4 pages)

Introduction to HIA

Section 1: Influence of Housing on Child Health

Section 2: MRVP and Affordable Housing in Massachusetts

Section 3: Implications of Current and Proposed MRVP  
Components for Child Health and Well-Being

Section 4: Summary

Appendices: (e.g. description of HIA, comparison charts, survey methods)



# HIA: MA example Step-by-Step

## Massachusetts Rental Voucher Program

- ① Screening: Is HIA is best?
- ② Scoping: How to do HIA in context?
- ③ Appraisal: Evidence for impacts on health & equity
- ④ Developing Recommendations
- ⑤ Reporting



# HIA: Massachusetts Example

## Areas of Proposed Change:

**Governor's Proposal:** time limits, work requirements, increased frequency of eligibility redetermination, tenant mobility, administration

**Senate Proposal:** tenant rent contribution cap, tenant mobility, funding, administration

**House Proposal:** tenant mobility, funding





# HIA: Massachusetts Example

## *Evidence Base*

- Extensive literature review
- For each proposal change – determined
  - 1) direction of effect
  - 2) extent of impact
  - 3) effect of proposal decision (*if “unclear” – stated*)
- Structure of MRVP
- Consultation with diverse group of stakeholders
- Primary data collection & analysis
- Comparison Tables/Analyses
- Cost-effectiveness analyses
- Detailed modeling of trends was beyond scope



# HIA: Massachusetts Example

## *Results*

- Pathways exposed in literature review include: air quality (indoor), mental health, mobility/access to services (health, education), noise pollution, physical activity, traffic safety
- Step-by-Step Analysis of proposal changes
  - based on literature review and basic modeling / analyses of available data
  - likely implications of proposal changes



# A Child Health Impact Assessment of Affordable Housing and Child Health, 2006

## Recommendations/Impacts:

Summary of Potential Impact of Proposed MRVP Program Changes on Child Health		
Program Component	Program Component or Proposal	Direction, Type, Extent of Impact *
Time Limits	Impose time limits on assistance: 36-month limit on continuous use of benefits 60-month limit on lifetime use of benefits <i>(Governor's Budget)</i>	Direction - Negative for disenrolled families Extent – Significant Proposal will: 1. Create difficulty finding safe, affordable housing. 2. Increase proportion of income spent on rent. <i>Impact:</i> ↑ Food insecurity for those who reach limit by 50% ↑ Environmental exposures to known hazards
Work Requirements	Require non-elderly, non-disabled household members to work or participate in approved alternative activities: 20 hours/week if youngest child is age 1-6 years 24 hours/week if youngest child is age 6-8 30 hours/week if youngest child is age 9 or older <i>(Governor's Budget)</i>	Direction - Negative for disenrolled families Extent -Unclear. Depends on proportion not already working or subject to TAFDC work requirements. Proposal will: 1. Require families new to work force to find child care 2. Not provide increase in affordable child care <i>Impact:</i> Families disenrolled for noncompliance will be at risk of housing instability and food insecurity will increase 50% Children may be placed in substandard child care.



# A Child Health Impact Assessment of Affordable Housing and Child Health, 2006

## Recommendations/Impacts:

Increased Frequency of Eligibility Redetermination	Re-determine eligibility semiannually rather than annually. <i>(Governor's Budget)</i>	Direction - Negative for disenrolled families Extent - Moderate Proposal will: Result in disenrollments of families Increase proportion of income spent on rent for disenrolled families <i>Impact:</i> <i>Families disenrolled will be at risk of housing instability and food insecurity, with associated adverse child health effects.</i>
Tenant Rent Contribution Cap	Subsidize households with mobile vouchers so that they pay no more than 40% of income on rent <i>(Senate Budget)</i>	Direction - Positive Extent - Significant Proposal will: 1. Decrease the proportion of income spent on rent 2. Increase ability to meet other basic needs <i>Impact:</i> <i>∩ Food insecurity and ∩ Housing instability with associated positive child health effects</i>
Tenant Mobility	Gradually increase the number of mobile vouchers actually in use.*  Require DHCD to re-issue mobile vouchers (within 90 days) that are ceded when households exit the program <i>(Senate and House Budgets)</i> No language regarding reissuing mobile vouchers <i>(Governor's Budget)</i>	Direction - Unclear. Depends on whether families with mobile vouchers are able to move out of high poverty areas. Extent - Unclear Proposal may: 1. Increase tenant mobility out of high poverty areas <i>Impact:</i> <i>Girls: ∩ Risky behaviors, ∩ School performance</i> <i>Boys: ? effect on behavior problems</i>



# HIA: How can it be used?



# HIA: How can it be used?

- **Communication of HIA findings and recommendations**

- Grey literature
- Peer reviewed
- Political process
- Hearings
- Press conferences





# HIA: How can it be used?

- Funding
- Advocacy
- Costs/Benefits
- Regulatory?
- EIA
- Community Participation tool
- Justify
- Steer development of policy or project
- Educate and lobby key stakeholders
- Educate and raise awareness
- Contribute to learning by decision-makers



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*Knowledge Advancing Social Justice*



# HIA: Why use it?



## HIA: Why use it?

“HIA is a means to find balance between evidence-based solutions and politics – the need to negotiate among competing interests to find acceptable solutions. In every case, those responsible for the HIA need to decide on the evidence needed and its sources. Some HIAs require only research-derived evidence that has been through peer review and publication; others require a much heavier emphasis on evidence gathered, directly, from affected populations/communities/stakeholders – evidence derived from experience and from thought. The HIA process makes this decision (about which evidence to use) transparent and negotiable.”



## HIA: Why use it?

- Focus on complex interventions/policies
- Includes multiple research questions
- Overview of health effects through multiple pathways
- Involves diversity of evidence



## HIA: Why use it?

- Involves a broad range of stakeholders
- Can be used in various time frames
- Directs an open inquiry





# HIA: Why use it?

## *Challenges*

- Time
- Data Available
- Diversity of Evidence/Data
- Expertise
- Finances
- Definition of Health (Health Outcomes or broader)
- Underlying Assumptions Influence Results
- Stakeholder input on all levels





# HIA: Why use it?

## *Benefits*

- Located within real policy and practice
- Uses evidence from all sectors/stakeholder interests
- Open to the participation of all those who have a stake



# HIA: Why use it?

## *Benefits*

- Public transparency
- Opportunities to work upstream
- Complex social problems and solutions
- Contributes to public policy



# HIA: New Resource

NATIONAL ACADEMY OF SCIENCES  
NATIONAL ACADEMY OF ENGINEERING  
INSTITUTE OF MEDICINE  
NATIONAL RESEARCH COUNCIL

REPORT

IN BRIEF

## Improving Health in the United States The Role of Health Impact Assessment

Significant improvements in Americans' health will only occur if health impacts are considered when developing policies, programs, plans, and projects, particularly in sectors that historically have been viewed as unrelated to health, such as transportation, education, agriculture, and housing. Health impact assessment has arisen as an especially promising way to factor health considerations into the decision-making process. It is essentially a structured process that uses scientific data, professional expertise, and stakeholder input to identify and evaluate the public-health consequences of proposals and suggests actions that could be taken to minimize adverse health effects and optimize beneficial ones. This report discusses the need for health-informed decision-making, reviews the current practice of health impact assessment, and provides a framework, terminology, and guidance for improving the assessment of health impacts in the United States.

**W**ith the United States ranked third in the world in total expenditures on health care and 32nd in life expectancy, it is becoming increasingly clear that good health depends on more than



the availability of public transportation, and to economic-development policies that affect the location of businesses and industry.

That research highlights the importance of



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# HIA: U.S. Meetings/Trainings

# SAVE THE DATE!

*Inaugural*

## National Health Impact Assessment Meeting

APRIL 3-4, 2012 | WASHINGTON D.C.



ABOUT US

HIA

OUR IMPACT

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HIA POLICY

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Health should be considered in all decision-making



Include Health in SB375

Thursday, 20 October 2011

Human Impact Partners releases indicators for inclusion in California's landmark climate adaptation planning within the Sustainable Communities Strategy Regional Transportation ... Read More >>

National Research Council Provides on Use of Health Impact Assessment Friday, 9 September 2011

"The National Research Council (NRC) releases today offering concrete guidance for decision-makers ways to identify and address ... Read More >>



Health Resources in Action  
*Advancing Public Health and Medical Research*

# Health Impact Assessment Training Series

**Conference:**

May 31<sup>st</sup> Worcester, MA

**Webinars:**

**Screening**

May 9<sup>th</sup> (10-11am)

**Reporting/Evaluation**

June 13<sup>th</sup> (10:30am-noon)

**For more Information and Registration:**

**[www.tinyurl.com/HIAseries](http://www.tinyurl.com/HIAseries)**

**Questions: [ascherb@hria.org](mailto:ascherb@hria.org)**



# Questions??



Thank you!

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