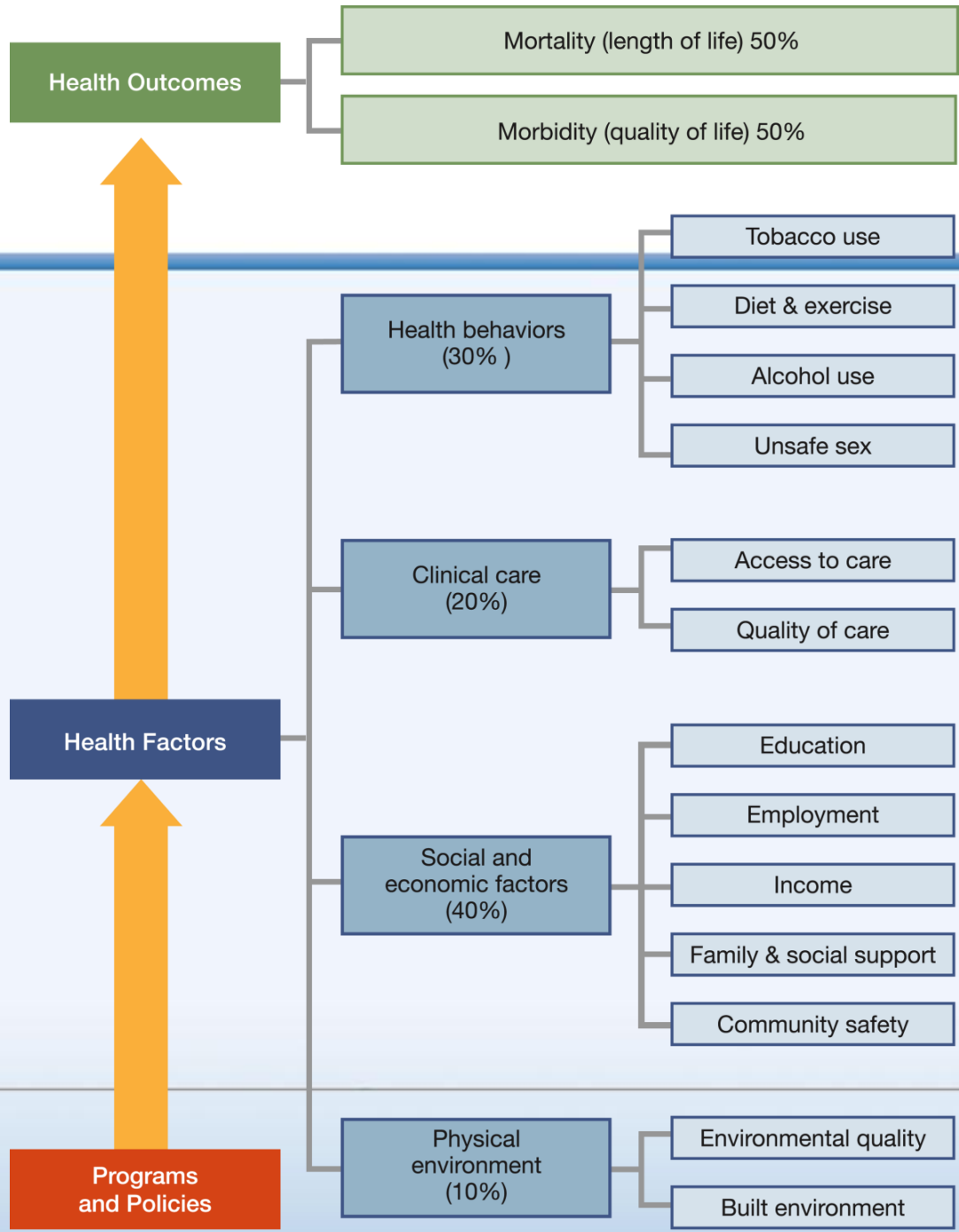


Health Impact Assessment: A Collaborative Approach to Good Policy Solutions

Kara Vonasek, M.P.H.
Project Manager
Health Impact Project
www.healthimpactproject.org

A collaboration between Robert Wood Johnson Foundation and The Pew Charitable Trusts.



County Health Rankings

RWJF and University of Wisconsin Madison:

www.countyhealthrankings.org/about-project/background



“Get more exercise”...



“Eat more fresh fruits and vegetables” . . .



The Problem

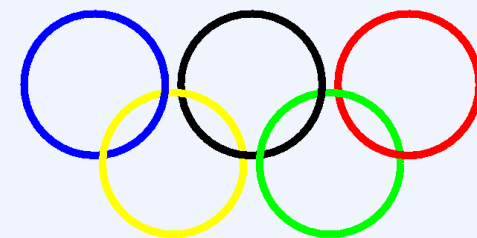
So many daily policy decisions made outside of the health sector have significant health implications that go unrecognized because health is just not on the radar screens of decision makers.

Decisions Have Unintended Health Benefits Too

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



Introduction of EZ Pass, Northeastern U.S.

- Reduced traffic congestion
- Reduced motor vehicle emissions
- Reduce disparities

Resulted in reduction of low birth-weight infants in surrounding neighborhoods

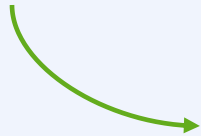


What is HIA?

- A framework or process that predicts anticipated health outcomes of a decision/project
- Translates that information into recommendations for well-informed policies
- Helps folks outside the health field understand the direct health impacts of their work
- HIA's purpose is to improve health, track unintended consequences and mitigate risk

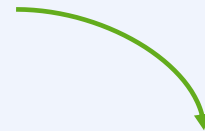
HIA Addresses Determinants of Health

How might the proposed project, plan, policy



affect

And potentially lead to predicted health outcomes?



The HIA Process

- **Screening**: *Is HIA feasible and likely to add value?*
- **Scoping**: *What are the important health effects? Who are the affected populations? What is available evidence?*
- **Assessment**: *What are the baseline conditions and likely health impacts?*
- **Recommendations**: *Develop health-based recommendations and a feasible plan for implementing them*
- **Reporting**: *Disseminate the report to the public, stakeholders*
- **Monitoring and Evaluation**: *Monitors results of HIA, monitors health outcomes; evaluates the HIA process*

What HIA is not . . . What HIA is

- It's not used to make the case for why a policy, program or project should be proposed.
- It's not an assessment to understand the impacts of a program or policy once it has been implemented.
- The Sweet Spot – It's proactive! It's meant to inform a proposed policy, program or project currently under active consideration by a decision-making body.
- It's not a community assessment tool (i.e., MAPP & CHA), but those are used during assessment stage of HIA.
- HIA is the framework that translates that data into well-informed policies.

HIA Ex: Jack London Gateway Development

Authors: Human Impact Partners & SFDPH

Decision: Plan for 61 new senior housing units close to 2 freeways & Port of Oakland

Impacts: Air quality; noise; safety; retail access

Recommendations: Noise-insulating windows; pedestrian protection medians; traffic calming measures; air quality monitoring; installation of ventilation systems; and many others



Outcomes:

- Many recommendations adopted
- Additional HIA projects were funded
- Healthy Development Checklist adopted by the development committee

HIA Ex: Oregon Farm-to-School Bill

Authors: Upstream Public Health, non-profit based in Portland, OR

Decision: To inform the debate around HB 2800: Oregon Farm-to-School and School Garden Legislation. Would reimburse 15 cents for lunch and 7 cents for breakfast to schools that purchased Oregon products; also includes \$\$ for school garden & nutrition education grants



Impacts: Looked at effects of proposed legislation on employment, diet and nutrition, cross-curriculum education opportunities, environmental health, social capital

HIA Ex: Oregon Farm-to-School Bill (Cont.)

Key Findings:

- School reimbursement funds would:
 - Create and maintain up to 800 jobs for Oregonians over 5-10 yrs
 - Increase student participation in school meals program
 - Improve household food security
- Food, garden and agricultural grants would:
 - Increase childhood food preferences for fruits and vegetables
 - Shape long-term healthy diet choices that affect children's learning and academic achievement while preventing obesity

Outcomes: HIA authors provided testimony to the legislature and two key HIA recommendations were implemented through a legislative amendment process. A pared-down version of the bill unanimously passed house/senate and was signed into law by governor in 2011.

Additional Examples of HIA

MA Rental Voucher Program: Child Health Impact Assessment

- Found that proposed changes in eligibility would result in disenrollment and increased housing instability
- Which, in turn, leads to higher education cost for vulnerable children (\$6,700 – special education; \$6,800 – repeating a grade)

MA Low Income Home Energy Assistance Program (LIHEAP)

- Found that proposed cuts would lead to use of unsafe heating alternatives and an increase in child ER visits
- Which, in turn, would lead to increased Medicaid reimbursements and higher costs to state in long run

Integrating HIA into EIA

National Academies – National Research Council Committee on HIA Report Findings:

- The U.S. National Environmental Policy Act (NEPA) and some related state laws explicitly require the identification and analysis of health effects when environmental impact assessment (EIA) is conducted.
- Improving the integration of health into EIA practice under NEPA and related state laws is needed and would advance the goal of improving public health.

The Categories of HIA

- HIAs are defined according to effort, complexity and duration. They typically fall into one of three categories:
 - **Rapid** – weeks to months, focused on smaller/less complex decisions, literature review and some qualitative analysis
 - ❖ *Desktop HIA* – refers to a rapid HIA with little/to no stakeholder engagement
 - **Intermediate** – more time (months – one year) and resources, more stakeholder engagement; more detailed analysis, but little collection of new data
 - **Comprehensive** – more time (many months – a year or more), most commonly differentiated from others by scope and new primary data collection

The Categories of HIA (Continued)

- Categories are useful in describing the range of HIA practice
- **BUT** the categories are rarely used consistently
- HIA typically encompasses a combination of procedures, methods and tools
- By nature, HIA is flexible and meant to fit the scale and scope of any timeline and available resources
- **Minimum elements:** informs an active decision; stakeholder input, predicts impacts on health; makes recommendations to mitigate or maximize impacts; transparent, public process

The Benefits of HIA

1. Involves a **broad-range of impacted people**
 - Community capacity building/empowerment
2. It's an effective tool for **meaningful cross-sector collaboration**
 - Relationships/trust is built among partners through HIA process
 - Increases likelihood of routine consideration of health
3. There is a **strong business case** for HIA
 - Corporate social responsibility – address community concerns early in the planning process
 - Lower business costs – can actually help speed approval of a project/decision
 - Know your “Health ROI” – HIA as a form of risk management

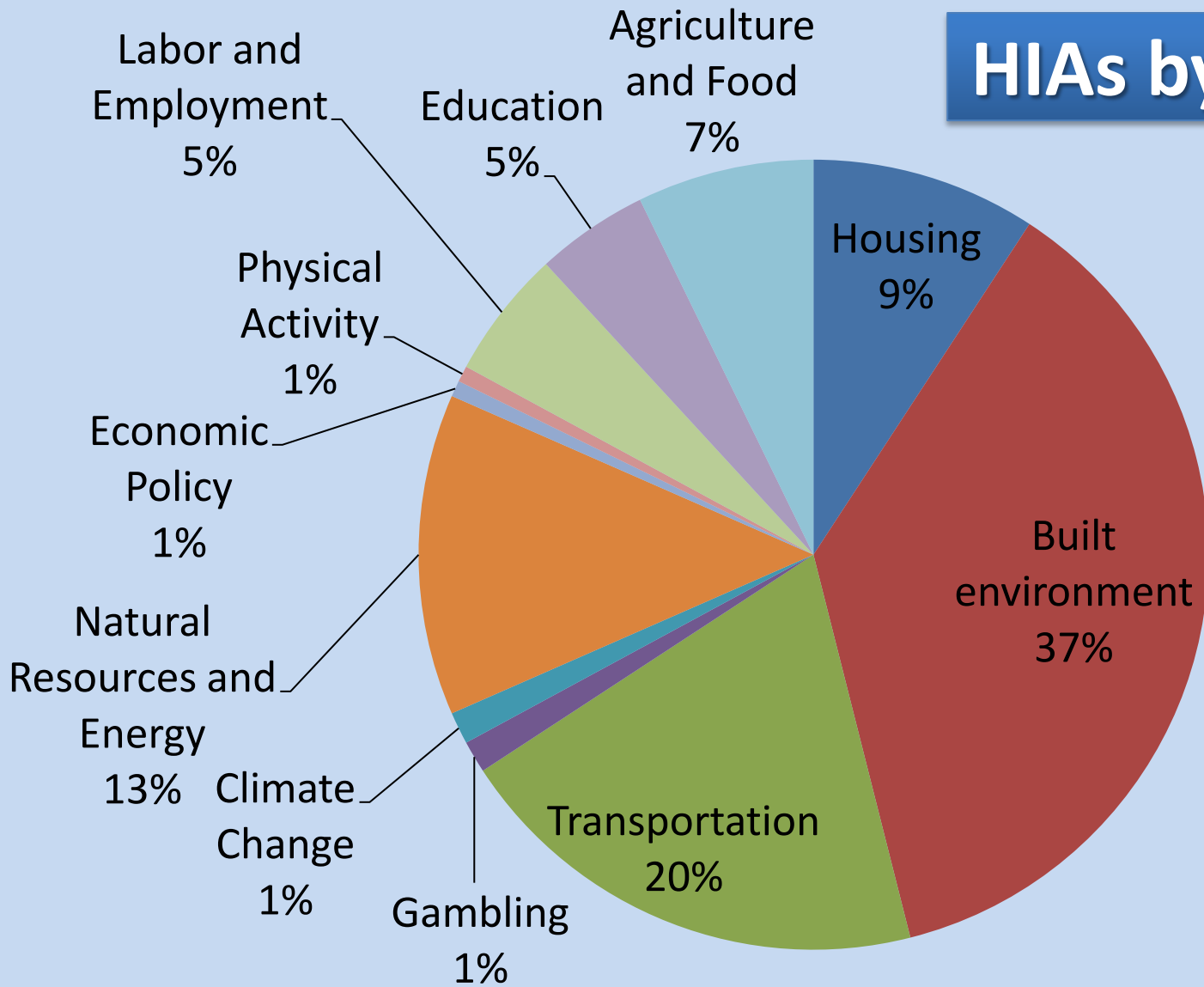
How Do You Define “Success” In HIA?

- **A culture change** –“It brought health concerns into the discussion; decision-makers/planning department now routinely thinking about health”
- **“Addressed community concerns”**
- **Influenced the decision** –“HIA recommendations were 100% adopted into the growth plan”
- **“Educated decision-maker** about how a policy that seemed to have nothing to do with health, actually has health consequences”
- **Increasing community awareness about HIA** and about how to use the results in their advocacy efforts”
- **“New partnerships** between health and other agencies”

Who Does HIA?

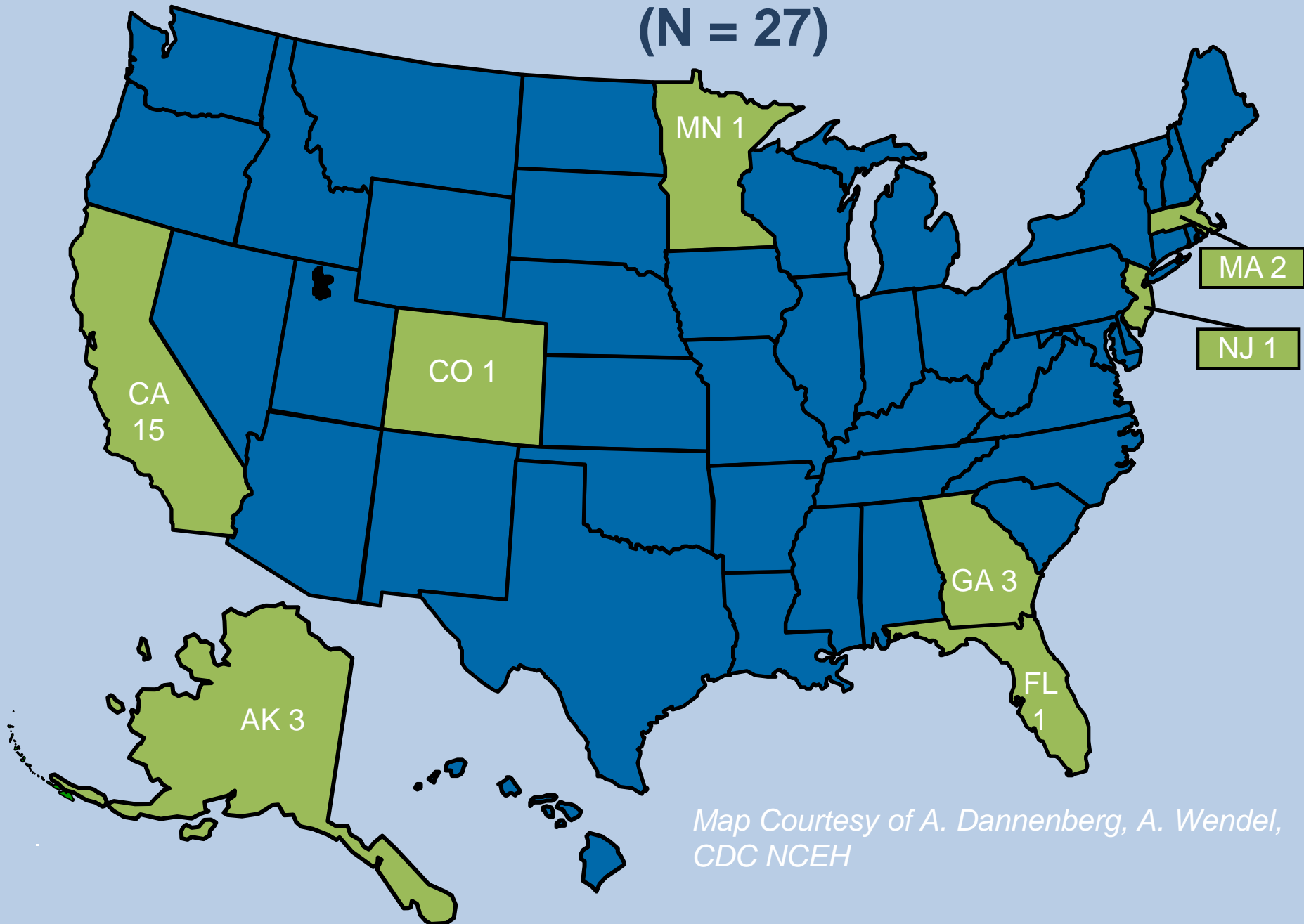
- Non-profit organizations
- Community groups affected by a decision
- Local and State government agencies
 - Public Health, Environmental Health, Planning Departments
- Universities & research institutions
- Industry/business community

HIAs by Sector



Completed HIAs 2007

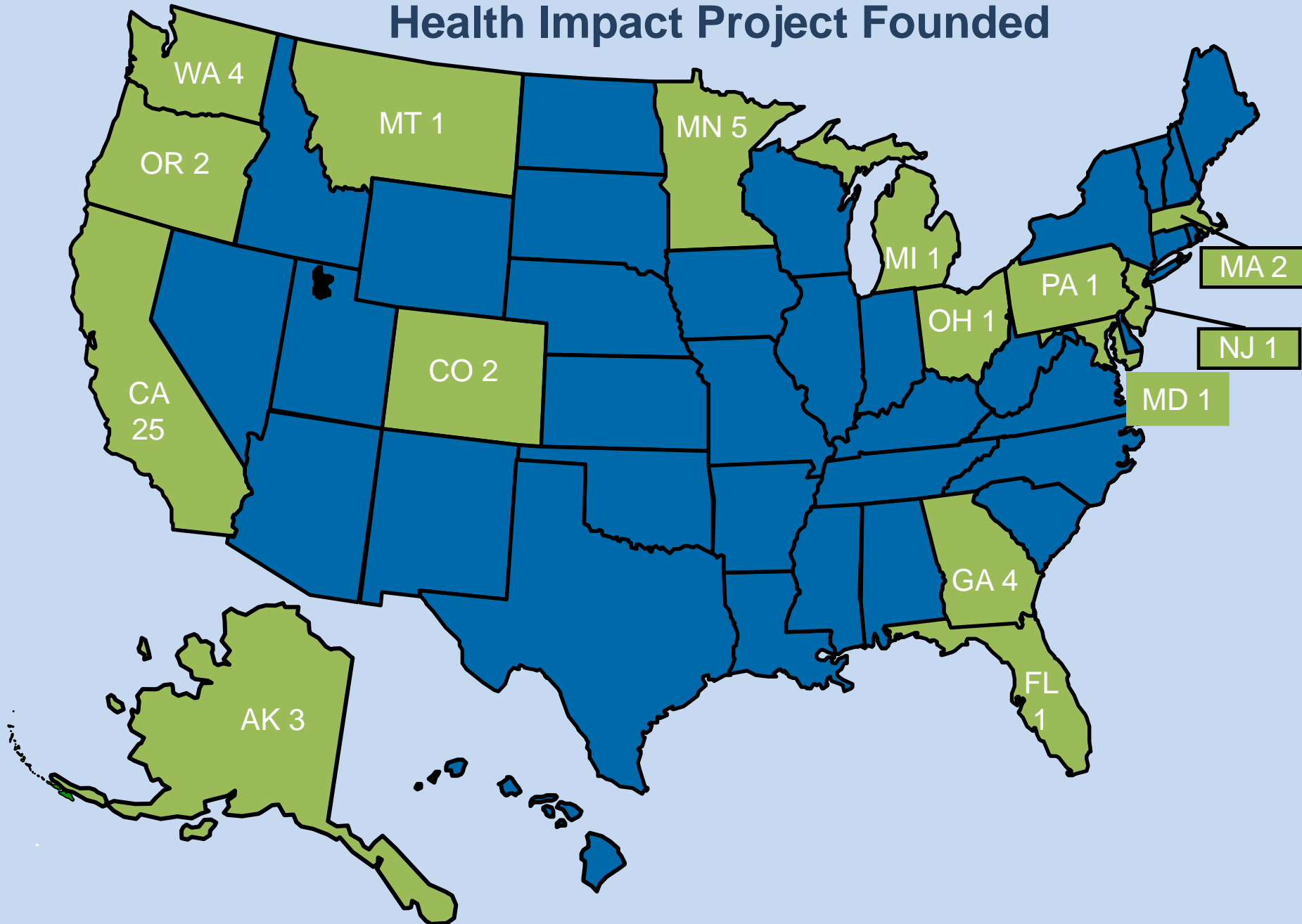
(N = 27)



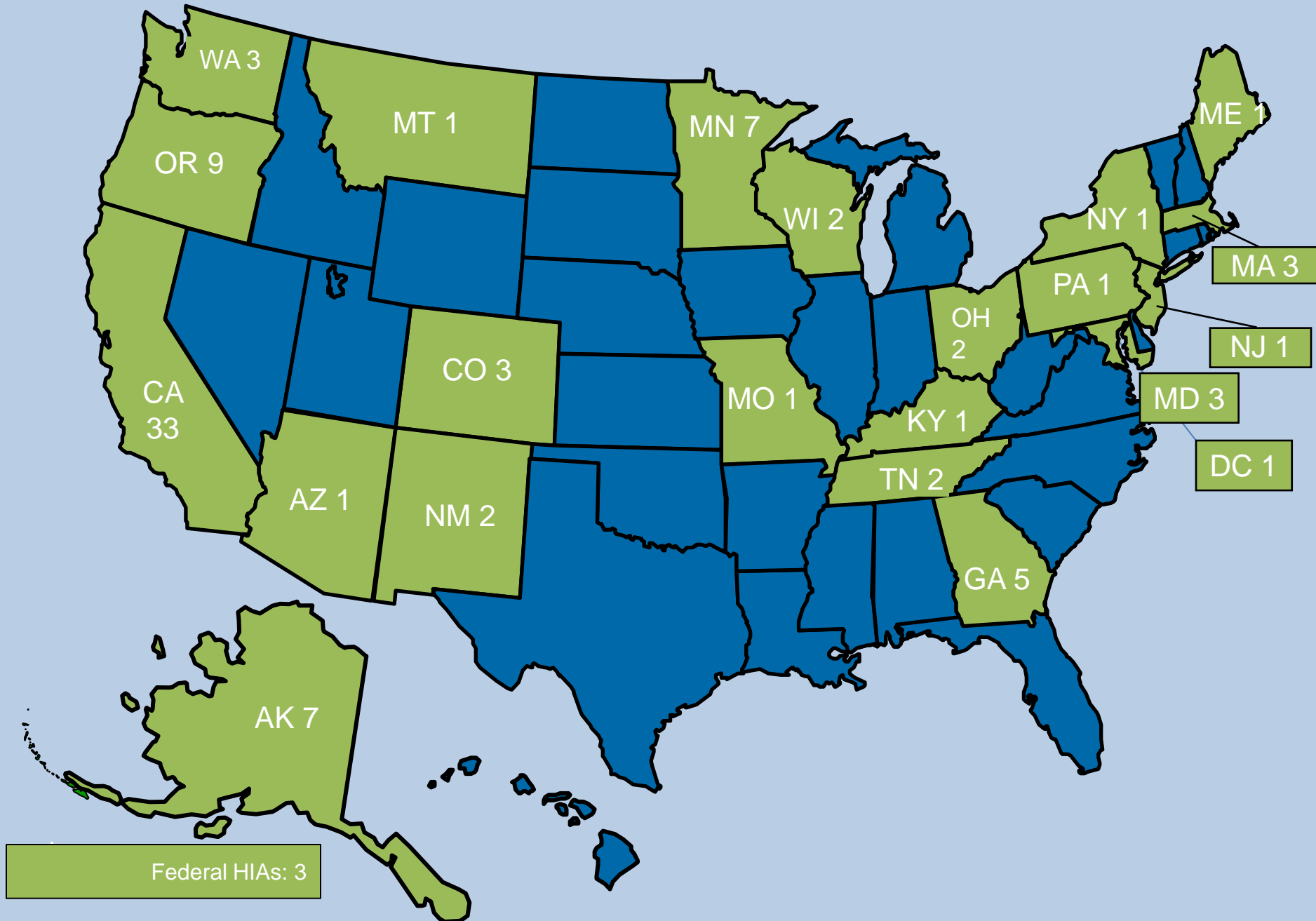
Map Courtesy of A. Dannenberg, A. Wendel,
CDC NCEH

Completed HIAs 2009 (N = 54)

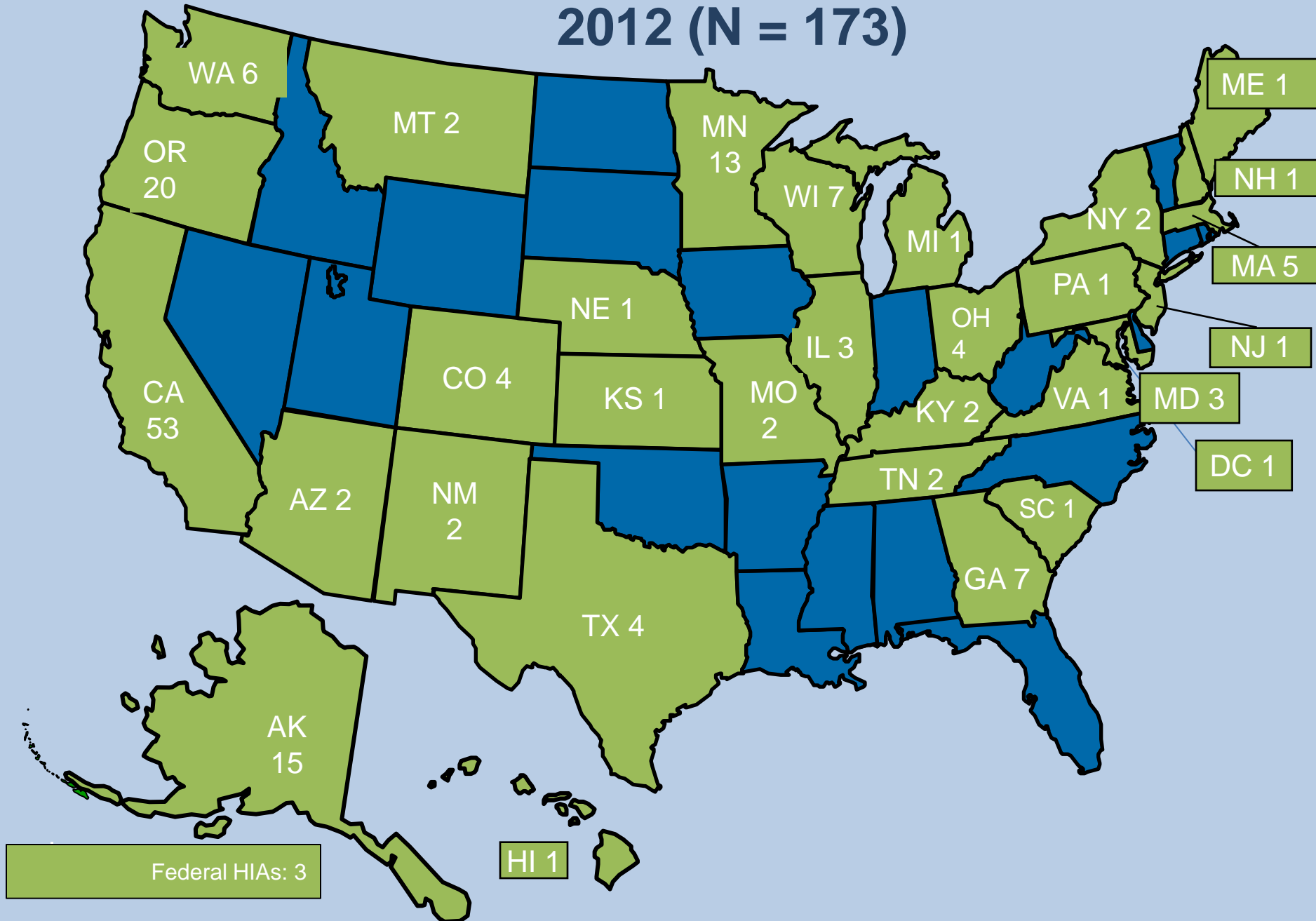
Health Impact Project Founded



Completed HIAs 2012 (N = 91)



Completed HIA and In Progress HIAs 2012 (N = 173)



How do you Make HIA Stick?

The field is exploring different avenues for the ideal “home” for HIA capacity in states and communities

- CDC-ASTHO explored HIA through state health departments
- CDC-NACCHO-Pew exploring HIA through local health departments
- NNPHI-Pew exploring HIA through the PHI Network

What other existing networks are out there that can be tapped to build lasting HIA capacity?

Key Points About HIA

1. The best way to learn HIA is just to do one!

Legacy of HIA:

- Relationships/trust is built among partners
- Increased stakeholder understanding of value of HIA
- Increases likelihood of doing another HIA in future or routine consideration of health in decision making

2. Most HIAs aren't all that expensive—primarily staff time

3. Takes a champion willing to spearhead effort

Key Points About HIA (Continued)

- There may be “Health in All Policies” . . .
 - But it doesn’t mean that HIA is right for every policy decision
- HIA is meant to be just one of many tools in the tool box
- Screening is one of the most important steps
- Take time to do proper screening

Questions?

Kara Vonasek

kvonasek@pewtrusts.org

Phone: 202.540.6379

www.healthimpactproject.org

