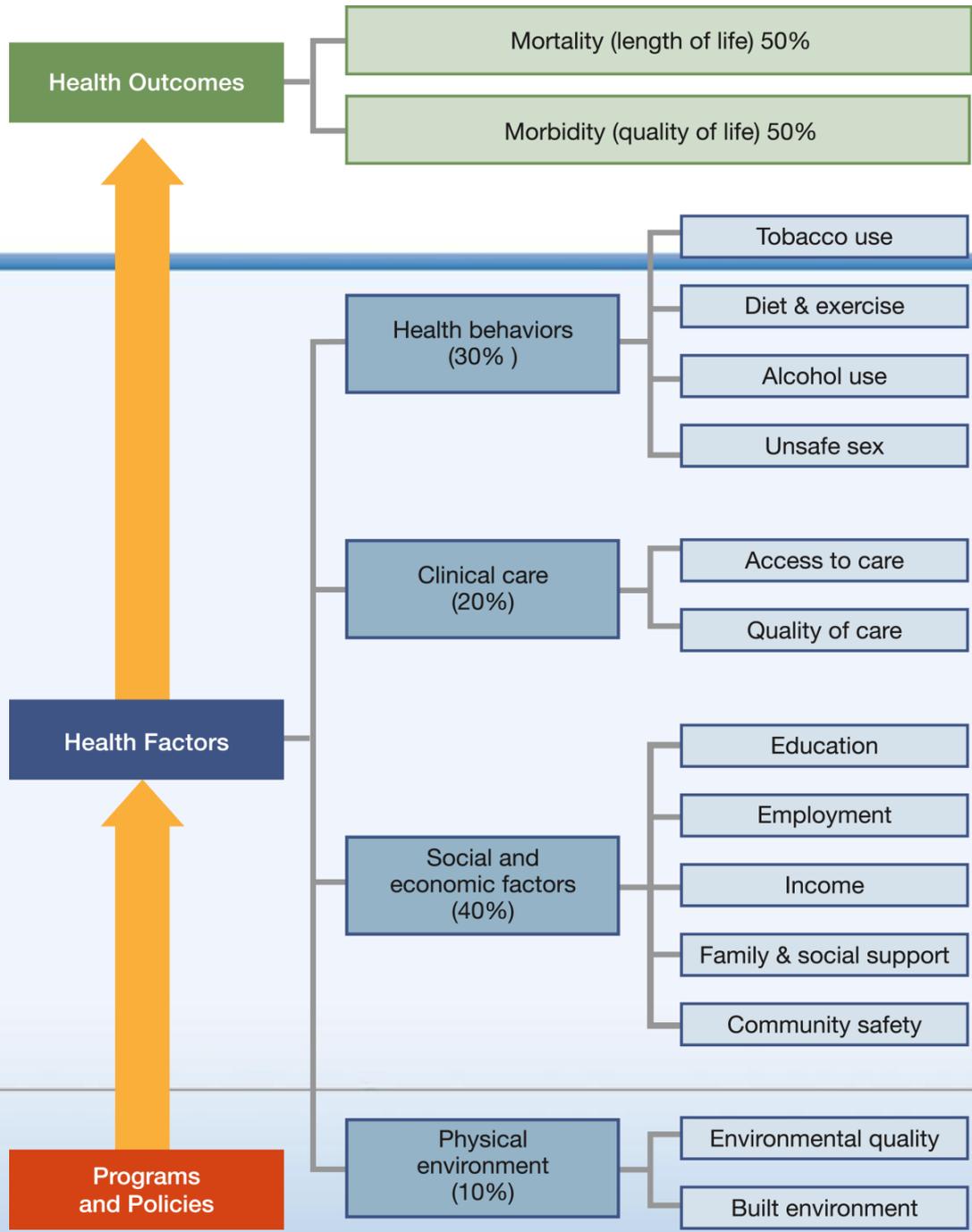


# Health Impact Assessment: A Collaborative Approach to Good Policy Solutions

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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](http://www.countyhealthrankings.org/about-project/background)



“Get more exercise”...



“Eat more fresh fruits and vegetables” . . .



# The Problem

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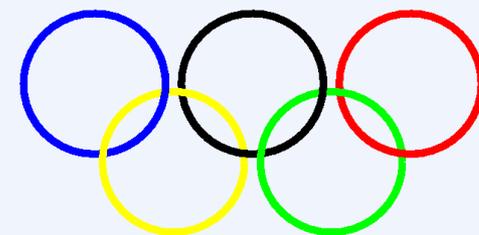
**So many daily policy decisions made outside of the health sector have significant health implications that go unrecognized because health is just not on the radar screens of decision makers.**

# 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



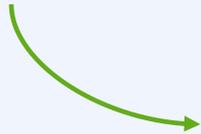
# What is HIA?

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- 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

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- **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

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## 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

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## 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)

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- 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?

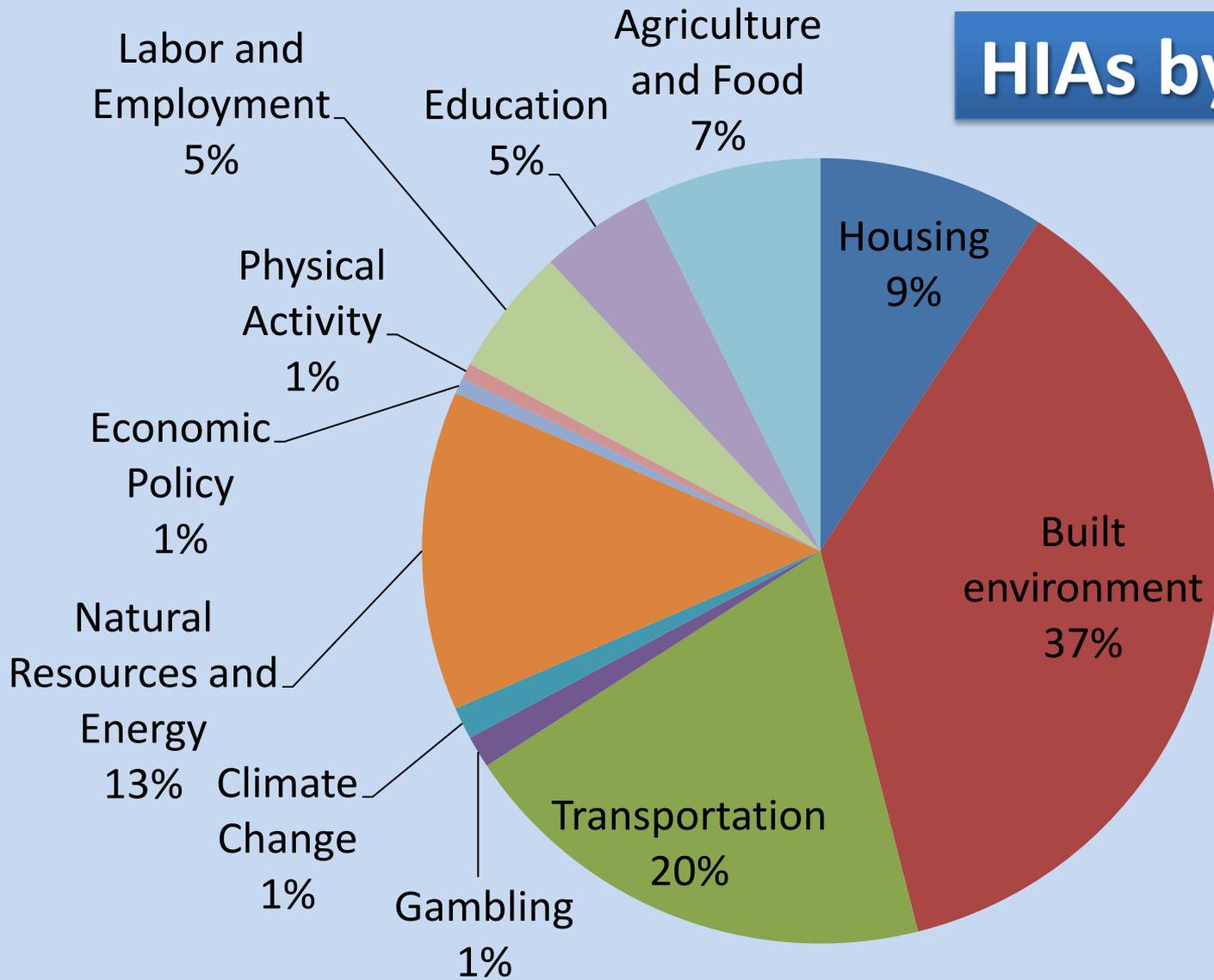
- **A culture change** –“It brought health concerns into the discussion; decision-makers/planning department now routinely thinking about health”
- **“Addressed community concerns”**
- **Influenced the decision** –“HIA recommendations were 100% adopted into the growth plan”
- **“Educated decision-maker** 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?

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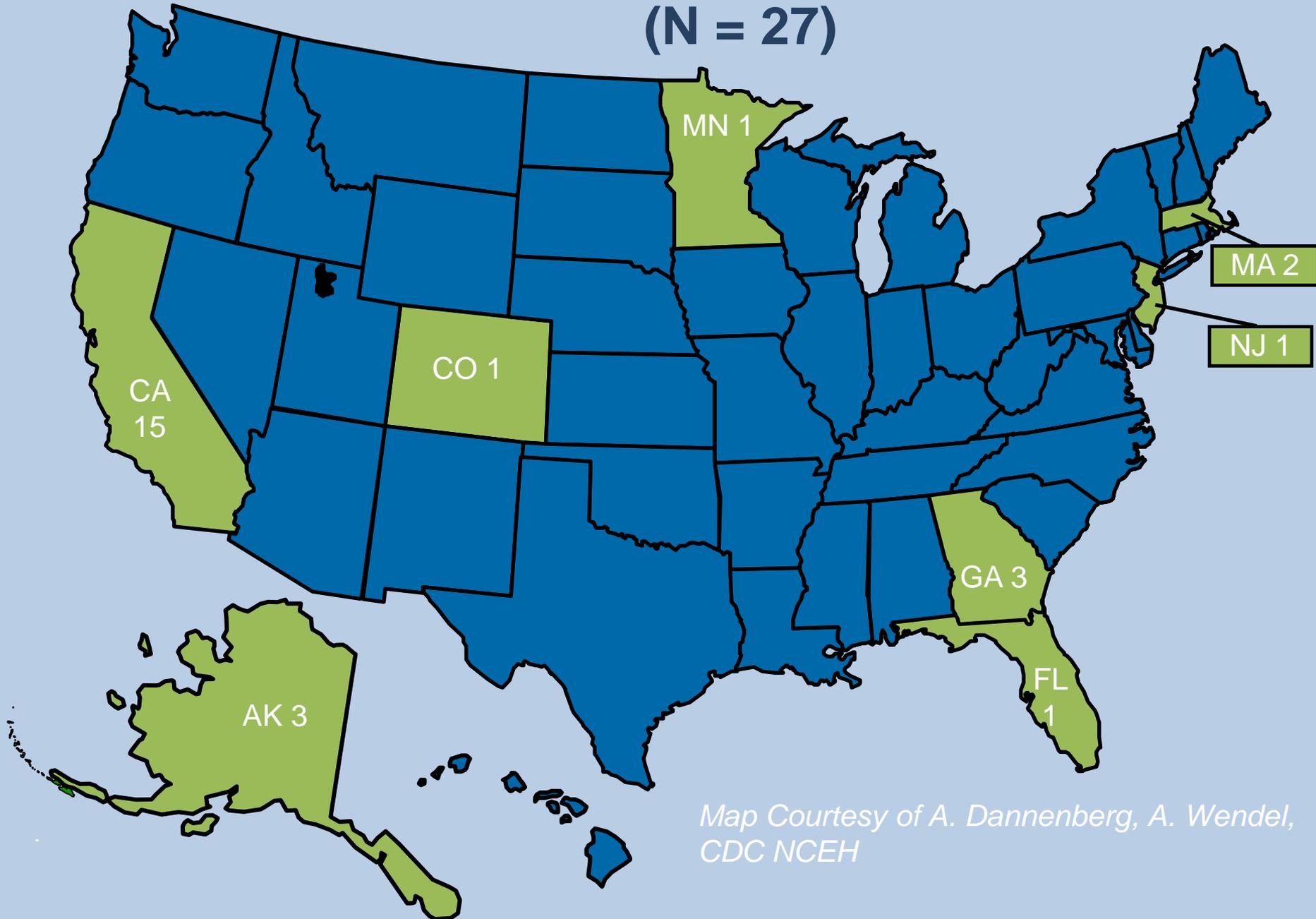
- Non-profit organizations
- Community groups affected by a decision
- Local and State government agencies
  - Public Health, Environmental Health, Planning Departments
- Universities & research institutions
- Industry/business community

# HIAs by Sector



# Completed HIAs 2007

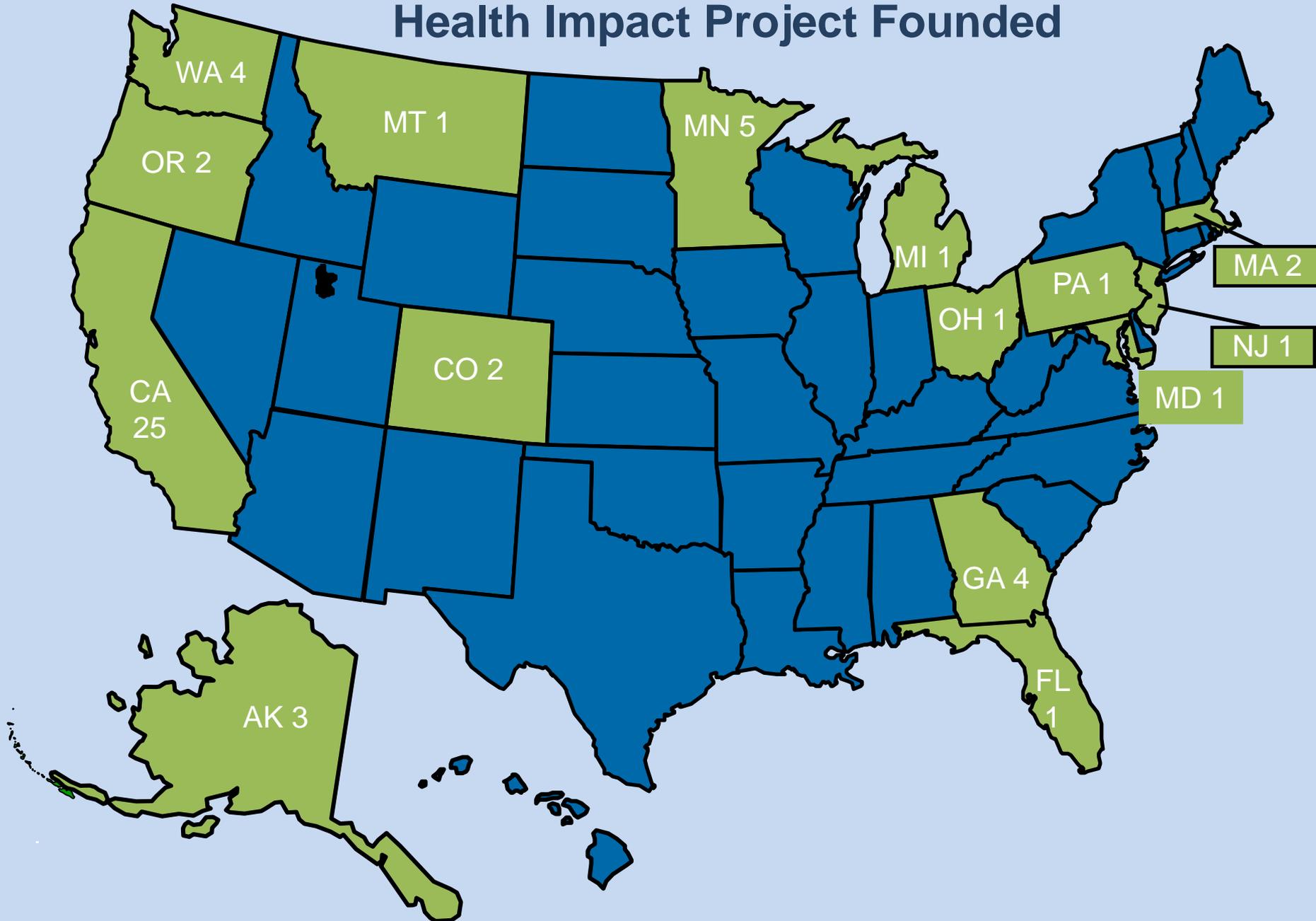
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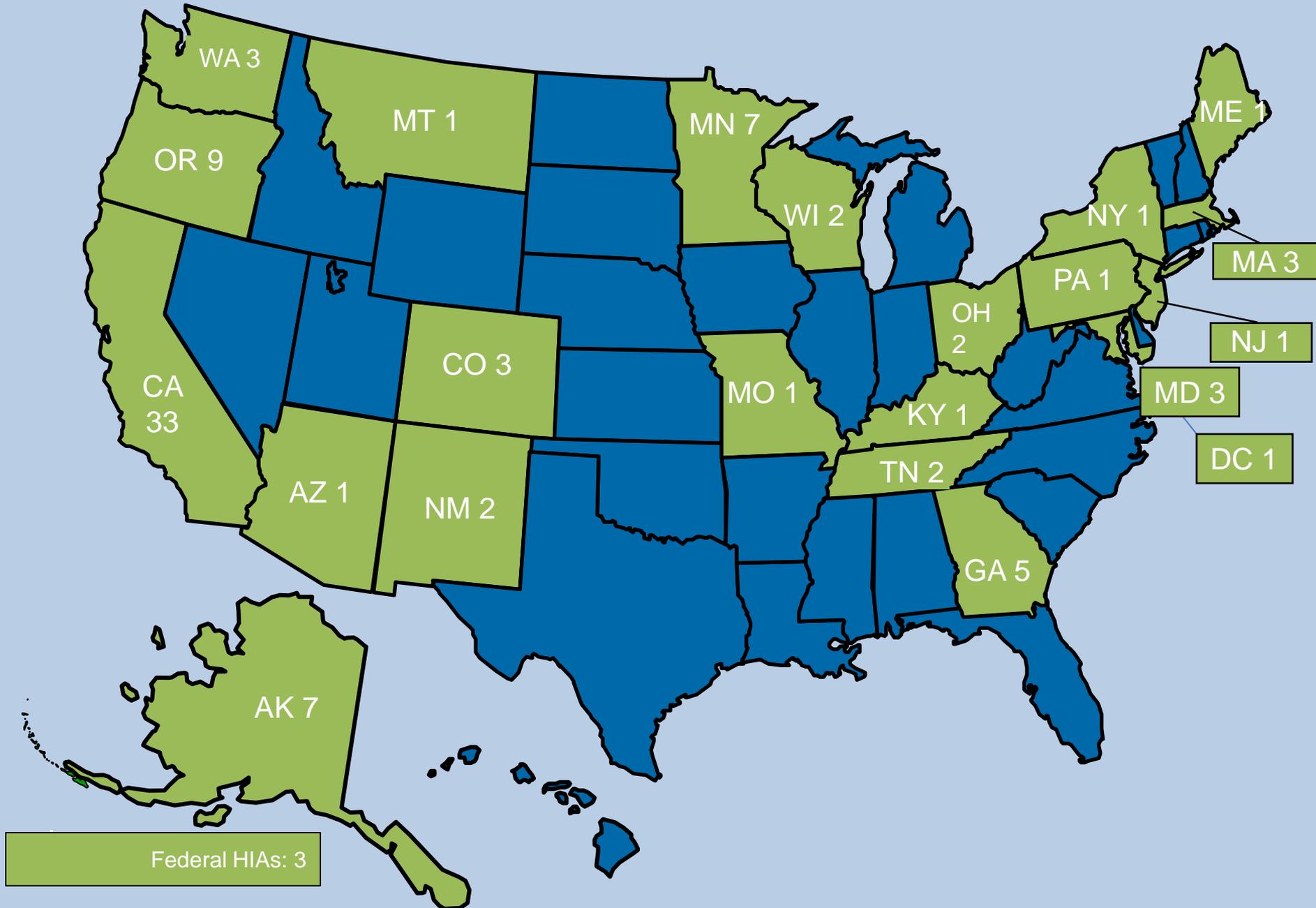
Map Courtesy of A. Dannenberg, A. Wendel,  
CDC NCEH

# Completed HIAs 2009 (N = 54)

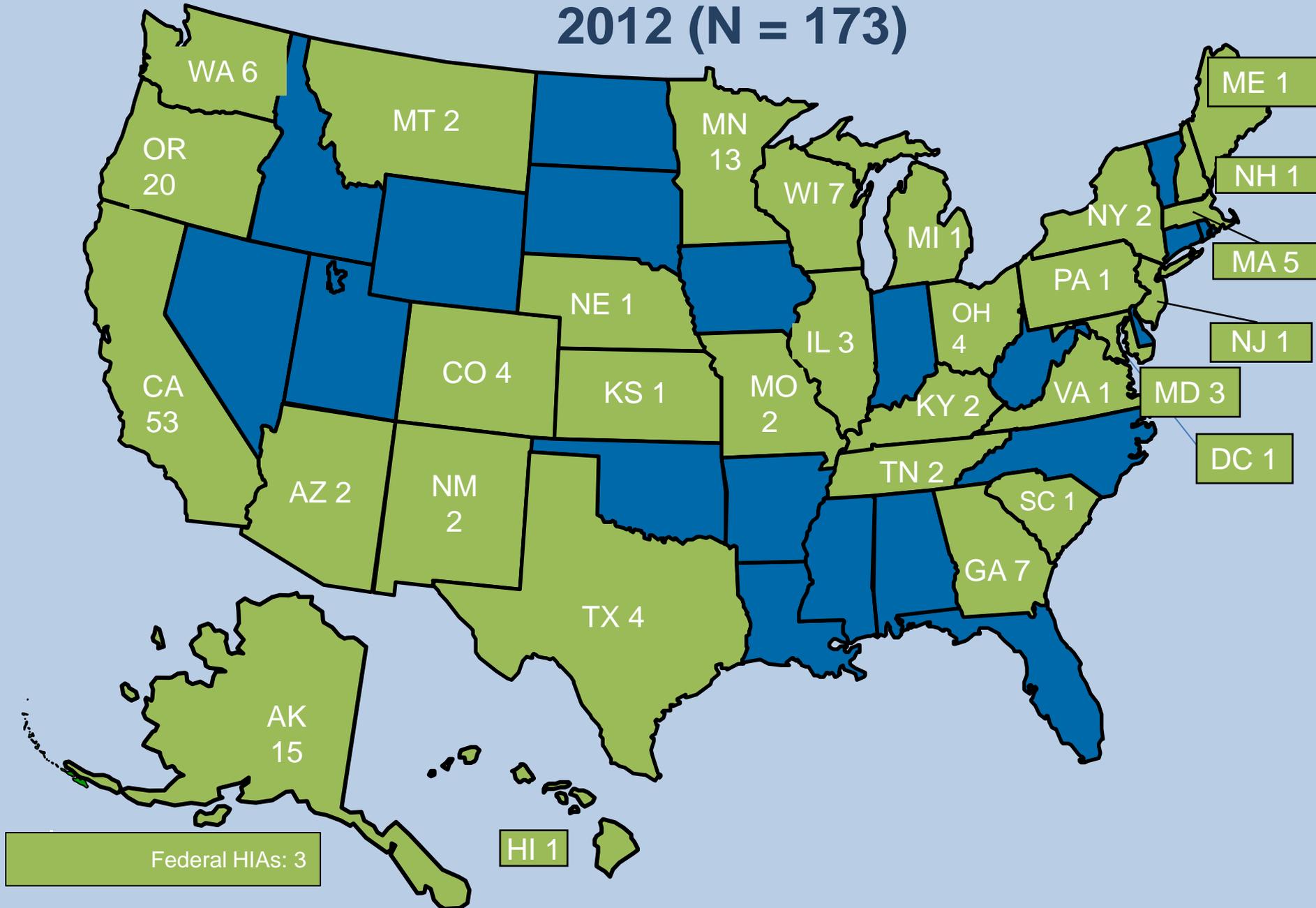
## Health Impact Project Founded



# Completed HIAs 2012 (N = 91)



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



# How do you Make HIA Stick?

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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?***

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# Key Points About HIA

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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)

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- 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?

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