

Active Living Research

Health Impact Assessment Workshop



San Diego, CA • February 22-24, 2011

- Megan Wier – San Francisco Dept. of Public Health
- Kim Gilhuly – Human Impact Partners
- Sean Co – Metropolitan Transportation Commission

3:45 Introduction to HIA

4:00 Case study 1: San Francisco Road Pricing HIA

4:25 Case study 2: Bay Area Metropolitan Transportation Commission – Developing an Active Transportation Performance Target

4:50 How to use results to impact policies

5:00 Screening Exercise

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.

Factors Responsible for Population Health

Health status is determined by: genetics (5%), health care (10%), behavior (30%), Social Conditions (55%) *



The world would look different



Development



Farm Policy



Incarceration

Immigration



Ports



Education



Augmenting current decision-making processes

Externalities

Disparities



A health frame can be persuasive

People understand health personally

Health is an indicator of quality of life and well-being

Health is a shared value

People are morally outraged by health inequities

Health Impact Assessment

A combination of procedures, methods and tools that systematically judges the potential, and sometimes unintended, effects of a policy, plan, program or project on the health of a population and the distribution of those effects within the population. HIA identifies appropriate actions to manage those effects.

International Association for Impact Assessment, 2006

HIA Addresses Determinants of Health

How does the proposed project, plan, policy

affect



and lead to health outcomes

Through HIA reports and communications

Judge health effects of a proposed project, plan or policy

Highlight health disparities

Provide recommendations

Shape public decisions & discourse

Make health impacts more explicit

Through the HIA process

Engage & empower community

Emphasize everyday experience

Build consensus

Build relationships & collaborations

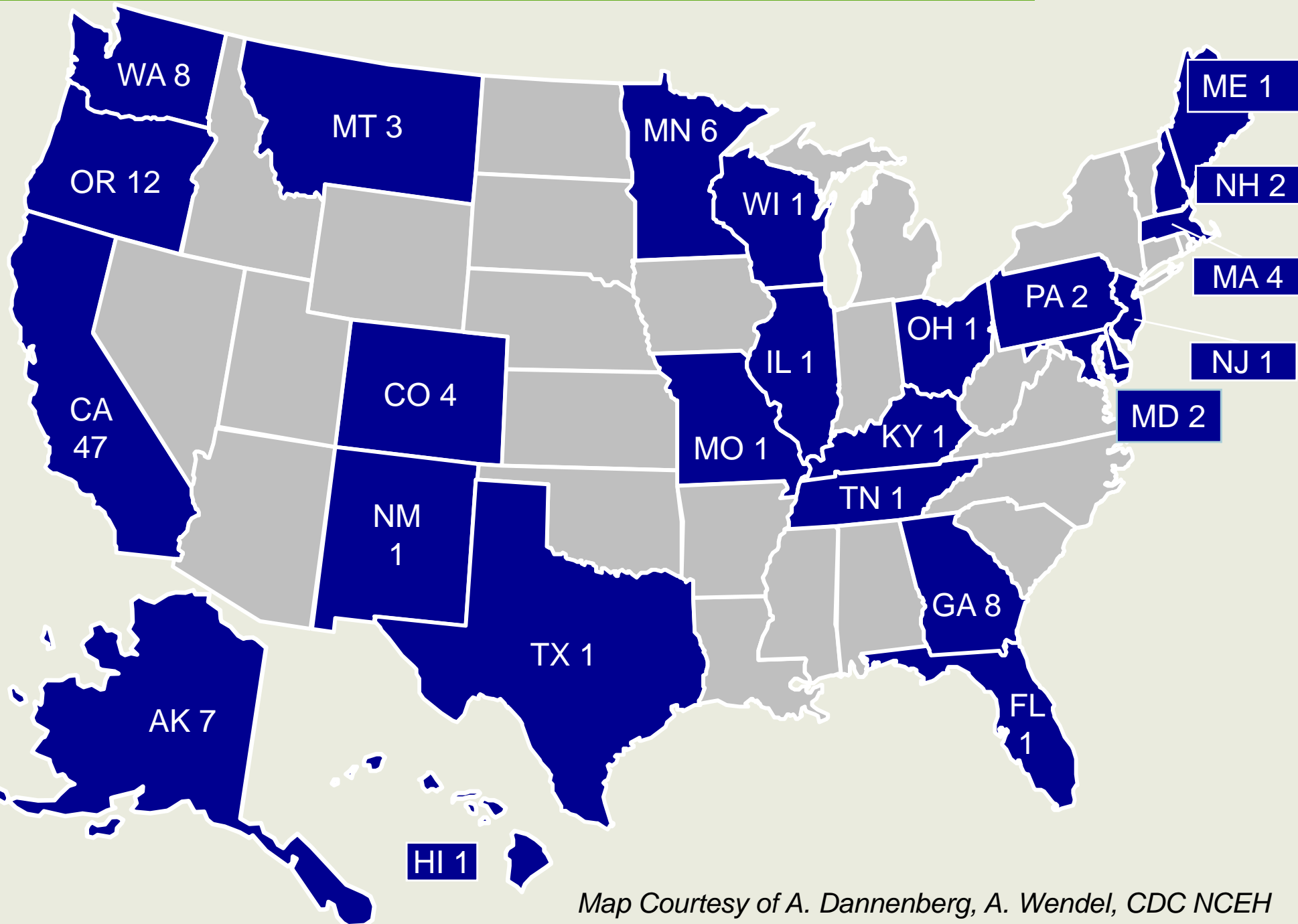


1969	National Environmental Policy Act (NEPA) requires study of environmental & health effects (<i>however, health impacts have not been adequately addressed in EIA</i>)
1980s	WHO encourages Health Promotion/Healthy Public Policy in 1986 Ottawa Charter
1990s	England, Acheson Report recommends analysis of impacts of policy on health inequities WHO publishes <i>Gothenburg Consensus Paper on HIA</i> First HIA in US (SFDPH, Living Wage)
2000s	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
2010s	HIA used around the world and, recently, across the U.S. North American HIA Practice Standards Released

HIA continues to gain momentum



119 HIAs Completed or In Progress



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

Why engage others in the HIA process?

- Broad range of people affected
- Data, information, resources
- Relationship building
- Capacity for advocacy
- Empowerment

Who has engaged?

- Community organizations
- Advocacy groups
- Research groups
- Academics
- Public health agencies
- Planning, regulatory, and other agencies
- Elected officials
- Private industry and developers



Screening	Identify and prioritize topics for HIAs
Scoping	Identify health issues to be studied Prioritize research questions
Assessment	Conduct literature reviews Research existing conditions data Conduct surveys, interviews, focus groups Conduct data analysis Interpret and ground truth data
Recommendations	Identify and prioritize recommendations
Reporting	Write, review and edit final report Develop a communication, media and advocacy plan to report findings to decision-makers
Monitoring	Collect data on impacts Hold decision-makers accountable for decision agreements and mitigations

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?

Criticism	Response
HIA is costly	Not as costly as treatment of health impacts in the long run
HIA is time-consuming and will slow decision-making processes	Conducting the HIA early will bring issues to the front of the decision-making process, potentially speeding approval processes and preventing costly litigation that delays projects
HIA will stop economic development	The role of HIA is to identify mitigations and recommendations, not to say “don’t do that”
HIA is not scientific	Role of HIA is to pull together disparate pieces of evidence to make a broad statement about impacts

Barrier	Example solution
No funding for HIA	Use funding sources creatively Need a champion decision-maker Need examples from other places Need successful case study
Board of Supervisors will be upset by public health department's HIA work	Role of public health agency is to protect the public health Staff do not have to take an advocacy position, but can weigh in with evidence and data Certain issues are not thought of as “advocacy” (e.g., tobacco and breastfeeding)
There is not enough evidence to demonstrate health impacts	Disparate, single-issue focused evidence exists in public health literature, especially built environment-related Role of HIA is pull this together and make a holistic statement about health and health inequities

There are different roles in HIA and not all partners must do all aspects of the HIA.

Transit-Oriented Development HIA

Community group: Held meeting with public agencies and city and provided community education; Advocated passage of recommendations using HIA findings

Health Department: Testified about health impacts

HIP: Presented to community about HIA

Redevelopment HIA

Community group: Wrote and distributed press release organized residents to come to city council meetings

Health Department: Wrote letter to City Council about health impacts

HIP: Held meetings with redevelopment and advocated for health analysis in EIS

Case Studies

Voluntary

Initiated by public health practitioner, policy advocate, affected stakeholders, responsible public agency, or policy-maker

Regulatory

Required by project specific legislation, to comply with Environmental Impact Assessment (EIA) requirements, or other HIA regulation

The National Environmental Policy Act (NEPA) is the only regulatory requirement for conducting health analyses in public decisions. Historically, EIAs have not done this well.

HIA is used to influence decision-making processes within or outside of the EIA process.

- Within policy processes
 - When drafting policies
 - During committee hearings/votes
 - During main votes
- Within Environmental Impact Reports or Statements
 - Ask for health or an HIA to be part of the EIR/EIS (included in RFP)
 - When EIR/EIS public scoping is taking place
 - During public comment on Draft EIR/EIS

Letters to proponents & decision-makers

Comment letters on draft EIAs

Formal report

Presentations

Peer-reviewed publications

September 1, 2006

Karoleen Feng
Project Manager
East Bay Asian Local Development Corporation
310 8th Street, Suite 200
Oakland, CA 94607

RE: Jack London Gateway Phase 2

Dear Karoleen,

First, we wanted to thank you for your participation in our Health Impact Assessment (HIA) of the Jack London Gateway. Considering the diverse ways that land-use affects health, including supportive design and mitigation strategies into new development, avoidable disease and illness among Oakland's most vulnerable populations.

Growth and development currently happening in Oakland present an opportunity to address long standing disparities in health, and we hope that the tool for achieving this goal. Health evidence can support environmental resource-efficient land use strategies such as mixed-use development, transit-oriented development, and high traffic areas.

Estimation of Health Benefits From a Local Living Wage Ordinance

| Rajiv Sharma, MD, MPH, and Mitchell Katz, MD

The inverse relationship between socioeconomic status (SES) and health, which has been extensively documented, "may be mediated by material, behavioral, psychosocial, or physiologic pathways."¹ Income is a widely used dimension of SES that at lower levels predicts poor health and premature death, whether measured at the individual or at the aggregate level.² Increasing the federal minimum wage is one means of limiting income poverty in the United States. Indeed, many municipalities in the United States have increased the minimum wage for certain sectors of the local labor force by establishing local "living wage" laws. In contrast to the national...

Objectives. This study estimated the magnitude of health improvements resulting from a proposed living wage ordinance in San Francisco.

Methods. Published observational models of the relationship of income to health were applied to predict improvements in health outcomes associated with proposed wage increases in San Francisco.

Results. With adoption of a living wage of \$11.00 per hour, we predict decreases in premature death from all causes for adults aged 24 to 44 years working full-time in families whose current annual income is \$20,000 (for men, relative hazard [RH]=0.94, 95% confidence interval [CI]=0.92, 0.97; for women, RH=0.95, 95% CI=0.93, 0.98). Improvements in subjective mental health and reductions in the number of days sick in bed, in limitations of work and activities of daily living, and in depressive symptoms were also predicted, as were increases in daily alcohol consumption. For the offspring of full-time workers currently earning \$20,000, a living wage predicts an increase of 0.25 years (95% CI=0.20, 0.30) of completed education, increased odds of completing high school (odds ratio=1.34, 95% CI=1.20, 1.46), and a reduced risk of early childbirth (RH=0.78, 95% CI=0.69, 0.88).

Conclusions. A living wage in San Francisco is associated with a beneficial health impact. (Am...

FACTS ABOUT THE HEALTH IMPACTS OF THE RAILROAD AVE. eBART HOUSING PLAN

How does housing impact health?

- High housing costs = less \$5 for health care services, nutritious food, and transportation to get to work.
- According to the US Dept of Agriculture, as housing costs increase, so does the likelihood that a family cannot feed itself.
- High housing costs = overcrowding, homelessness, and displacement.
- Moving 2 or more times by the age of 7 can result in a 30% increased risk of developing depression.
- Location of housing = access to services, retail, public transit options, rates of pedestrian injury, and exposure to toxic emissions from industry.
- People who live within 1/4 mile of public transit are 4 times more likely to use it, and get more exercise.
- Location of housing can impact social cohesion and residential segregation.

How will the Railroad Ave. eBART housing plan impact health?

This plan includes 1,590 units of housing.

The East Bay Greenway HIA

Supporting beneficial planning projects.

- Multi-use path for pedestrians and bicyclists under BART tracks, proposed by Urban Ecology, funded by TCE

•Through:

- community meetings
- input from planners, public health officials, elected officials, and others
- literature reviews and
- secondary data analysis

health concerns were prioritized, researched and feasible mitigations were suggested.

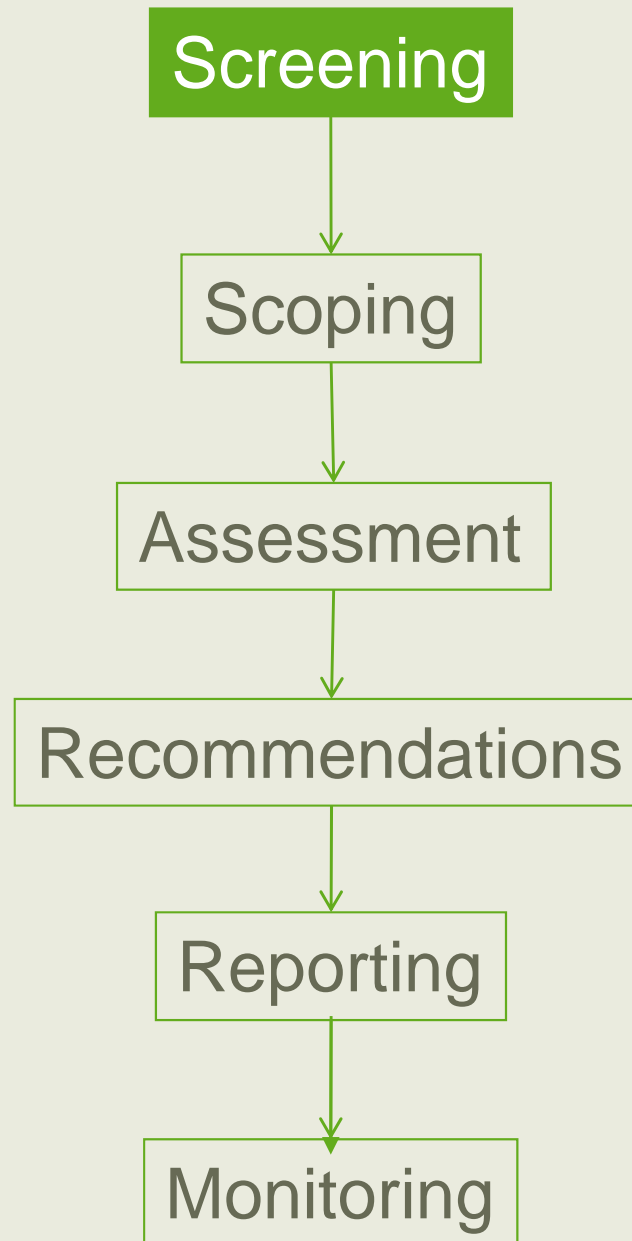
•Assessed:

- physical activity
- motor vehicle use
- social cohesion
- proximity to green space
- safety

How can this plan do a better job for our health?

- Designate at least 40% of the units as affordable. This could mean 636 units would be affordable to those earning \$14,000/year.

- Examples:
 - Pittsburg CA TOD HIA
 - Trinity Plaza HIA
 - Paid Sick Days HIA



Objective

To decide whether a HIA is feasible, timely, and would add value to the decision-making process.

HIA is used to assess a defined project, plan, or policy

Have sufficient info about decision

Understand timing

Evaluate decision openness

Assess feasibility

Be inclusive

Avoid redundance

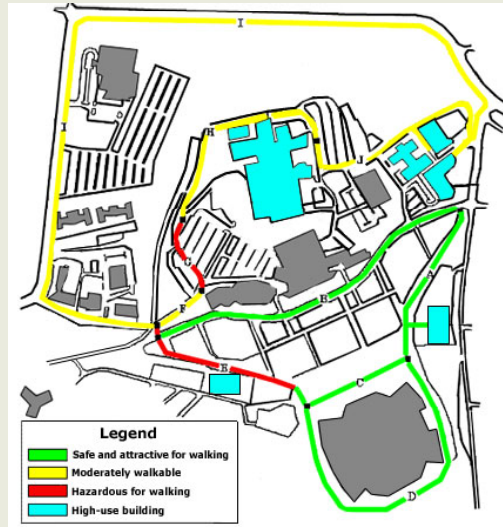
The purpose of HIA is to inform decision-makers before they make decisions.

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

A plan to improve walkability in Chula Vista, CA



Plan was already considering health

Little opportunity to develop useful recommendations

Health advocates involved in design

Resources better focused elsewhere

Proposed WalMart distribution center, Merced, CA



Idea for the HIA came just before final EIA was released

Elected officials not open to considering health

Health advocates recommendations were being ignored

Resources better used to explore legal options and support the election of more health focused officials

HIA Screening Worksheet

	Screening Questions	Response and Supporting Facts
1.	<u>Has the policy been proposed, or is it likely to be proposed (in the next two years)? Has a final decision about whether to adopt the proposal not been made and is there sufficient time to conduct an analysis before the decision is made?</u>	
2.	Does the decision have the potential to affect, positively or negatively, environmental or social determinants of health that impact health outcomes of a population? Would those health impacts be considered without an HIA?	
3.	Are decision-makers and/or those stakeholders who have the capacity to influence decision-makers likely to use HIA findings and recommendations to inform or influence the decision? Is the debate around the policy highly polarized?	
4.	Could the proposal being considered potentially impact health inequities? Would one scenario affect vulnerable populations more than another?	
5.	Do evidence, expertise, data and research methods exist to analyze health impacts associated with the policy decision?	
6.	Are the proposal's impacts on health outcomes potentially significant in terms of the number of people impacted, the magnitude of impacts, and the breadth and immediacy of impacts?	
7.	Are the connections between the proposal and health outcomes neither too obvious nor too indirect?	
8.	If applied, would HIA findings and recommendations potentially improve the impact that the policy has on health?	
9.	Would the information produced in the HIA of the policy be applied to future policy development in the same area? Would the HIA serve as an appropriate model for improving the health outcomes related to budget policies?	
11.	What are some barriers to timely completion of the HIA on the policy that you might anticipate?	

- HIA trainings
 - **SFDPH**: July 24-28, 2011 in Oakland, CA
 - http://www.sfphes.org/HIA_Training.htm
 - Contact: hiacourse.dph@sfdph.org or call 415-252-3919
 - **HIP Action Trainings** – 2 day HIA trainings at your site; contact HIP at 510-452-9442 ext. 102.
 - **On-line resources** – see final slide
- HIA Screening resources
 - Screening White Paper
 - Screening Worksheet
- 2 page summaries of steps of HIA:
<http://www.humanimpact.org/capacity-building>

A Health Impact Assessment Toolkit: A Handbook to Conducting HIA, 2nd Edition

<http://www.humanimpact.org/component/jdownloads/finish/11/81>

Human Impact Partners HIA resources

<http://www.humanimpact.org/hips-hia-tools-and-resources>

San Francisco Department of Public Health

www.sfphes.org

Wisconsin DHS HIA Toolkit

<http://www.dhs.wisconsin.gov/hia/survey/index.htm>

Health Impact Project (Pew & RWJF)

www.healthimpactproject.org

UCLA HIA Clearinghouse

<http://www.hiaguide.org>