Using health impact assessment to translate active living research for more informed public policy decision-making

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#### Health Impact Assessment is

... a tool for systematically evaluating, synthesizing, and communicating information about potential health impacts for more informed decisionmaking.







#### Health impact assessment is

Focused on public policy decisions and population health outcomes;
Is a multidisciplinary process;
Considers a wide range of evidence;
Uses a structured framework;
Based on a broad model of health.

## The impetus for HIA: Many kinds of policies affect the public's health



# Different disciplinary roots and needs shape variants of HIA



## HIA Lineage and Timeline



# What does a health impact assessment look like?

#### An HIA could be:

- ♦ A comprehensive 200 page report
- ♦ A 2-page policy brief
- A "logic framework" and supporting discussion showing causal pathways;
- ♦ A checklist completed by an agency or policy-makers;
- A spreadsheet or "calculator" allowing users to estimate health impacts for different scenarios;
- A process for guided community engagement, resulting in testimony given to a policy-making body.

## **Common elements in HIAs**

Focus on a specific policy proposal (*typically inter-sectoral*)

#### Prescribed sequence of steps

- 1. Screening
- 2. Scoping
- 3. Analysis
- 4. Review and reporting
- Analysis of health implications
  - Potential benefits
  - Potential harms
  - Opportunities for maximizing benefits/minimizing harm
  - Potential to affect policy process and outcome

• Fills an information gap for policy-makers or stakeholders

## HIA aims to affect policy-making

- Tip the scales: add evidence in favor or against a certain course of action;
- **Put new issues on the table:** raise awareness of un-/under-recognized health effects;
- Change the terms of debate: encourage open, transparent decision-making and consideration of best available evidence;
- **Tweak plans:** suggest measures to modify implementation in ways that minimize potential harm and maximize potential benefits;
- **Bring new parties to the table:** give voice to concerns of affected stakeholders whose concerns have historically been unrecognized or under-valued;
- Change institutional missions and responsibilities: encourage formulation of policies that anticipate potential health effects.

## What an HIA might ask...

- 1. What are the *potential* health effects?
- 2. Will the proposal result in *significant* health *benefits* or *harm*?
- 3. Are the health benefits and risks *distributed equitably* or in a way that minimizes current *disparities* in health risks and conditions?
- 4. What are the health consequences of the *status quo*?
- 5. Are there design elements that can be incorporated to produce health benefits in a more *cost-effective* manner?

#### *HIAs in the United States, 1999-2008* **Common health pathways (determinants)**

- Physical activity and obesity
- Housing adequacy and affordability
- Pedestrian injuries
- Air quality, asthma, other respiratory diseases
- Parks and greenspace
- Income adequacy; social equity
- Diet, nutrition, food safety, food insecurity
- Adolescent risk behaviors alcohol, drugs, sex
- Noise
- Mental health
- Social capital, community severance/cohesion
- Access to jobs, stores, schools, recreation

#### *HIAs in the United States, 1999-2008* **Physical activity related impacts**

- Minutes of walking associated with redevelopment and changes in pedestrian infrastructure;
- Minutes of walking associated with walk-to-school promotion;
- Minutes of moderate-to-vigorous physical activity associated with changes in state P.E. policies;
- Duration of physical activity associated with expanded transit availability and utilization;
- Availability, utilization and geographic inequalities in the distribution of recreational facilities;
- The impact of joint-use agreements on the availability of opportunities for physical activity.

## Some policy issues affecting physical activity Sprawl



## Some policy issues affecting physical activity Park access and park policies



French Park, Santa Ana. Photo courtesy of Latino Health Access (http://www.latinohealthaccess.org)

#### Some policy issues affecting physical activity Pedestrian/Bicycle Infrastructure and Safety



Photo courtesy of the Kern County Dept. of Public Health, 2008

## Some policy issues affecting physical activity Joint use agreements



Photo courtesy of Latino Health Access (*http://www.latinohealthaccess.org*)

## Some policy issues affecting physical activity School siting





Photos from U.S. EPA Smart Growth Office website

## Some policy issues affecting physical activity Alternative Land Uses





Photo from California Department of Conservation, DOGGR

## Some policy issues affecting physical activity Complete streets



Photo by Kevin Krizek. Used by permission. Accessed from healthbydesign.net

## Some policy issues affecting physical activity Mass Transit...or not



Photo by North County Transit District (San Diego, CA)



Photo by Tatianes via Flickr

## Steps in HIA

#### Screening

» Should an HIA should be conducted ?

#### Scoping

» *How will it be done? What will be looked at?* 

#### Impact assessment

» What are the impacts, their magnitude and significance? Who is impacted?

#### Reporting and review

» Producing a coherent, usable synthesis of findings for target audiences (e.g. policy-makers)

#### Evaluation and monitoring

- *» Has the HIA influenced the decision making process (and the subsequent proposal)?*
- » Monitoring to ensure that the policy is implemented as recommended

#### Scoping: What and how? Pathways in a "greyfield" redevelopment HIA

- 1. Physical activity
- 2. Injury prevention
- 3. Social capital
- 4. Community economic conditions
- 5. Noise
- 6. Air pollution

#### Scoping: What and how? Elaborating causal pathways

Policy/ Project e.g. transitoriented development

#### Proximate effects

→ Patterns of land-use, → transit use, homework proximity

#### Intermediate outcomes on determinants of health

Physical activity, disposable income, discretionary time, social capital, community economic development.

#### Health outcomes

Mortality, injury/disease rates, years of healthy life, etc. (directly affected by PA and effects mediated by body fat/BMI)

#### Scoping: What and how? Creating a logic framework



#### Impact assessment

## General paradigm from risk analysis



#### Impact assessment

## Data needs for risk analysis in HIA

- 1. Clearly defined policy
- 2. Definition of the population of interest
- 3. Baseline distribution of risk factors (i.e. exposures) in the affected population
- 4. How the proposed policy will affect prevalence and distribution of risk factors
- 5. How the proposed policy will change who is in the affected population
- 6. Dose-response relationship

## The perils of extrapolating from a few data points to different locales and types of policies





#### Collaborative Analysis with

- Centers for Disease Control
- Georgia Tech, School of Architecture & Planning
- UCLA School of Public Health

<u>*Aim*</u>: Redevelop a "greyfield" into an economically vibrant, pedestrian-friendly environment



#### <u>Project Elements</u>

- Improve pedestrian infrastructure;
- Rebuild shopping center parcel based on Smart Growth principles;
- Increase density, connectivity and land uses in adjacent areas.

#### Problems estimating changes in physical activity

- 1. Many studies describe the association between walking and walkability, but little data on the dose-response.
- 2. Little agreement on how to measure walkability.
- 3. No data on baseline physical activity specific to the project area.

Part 1 of a solution: A tool to assess walkability – "Pedestrian level-of service"

- Directness: Does the pedestrian network provide the shortest possible route?
- **<u>Continuity</u>**: Is the network free from gaps and barriers?
- **<u>Street Crossings</u>**: Can the pedestrian safely cross streets?
- Visual Interest and Amenity: Is the environment attractive and comfortable, offering protection from harsh conditions?
- Security: Is the environment secure, well lighted with good line of sight to see the pedestrian, and far away enough from vehicular traffic to provide a feeling of safety?

See http://www.kcmo.org/planning.nsf/plnpres/walkability

#### Part 2 of a solution: Extrapolation from existing research

Cross-sectional comparison between two San Diego neighborhoods



Neighborhood



Neighborhood 2

Pre-/Post- Changes in NE Plaza, Atlanta



**Before** 

After

Neighborhood 1 Walkability = 2.0 (B)\* Walking= 65 min/wk\*\*  $\Delta$ Minutes Walking =  $\beta * \Delta$ walkability + a

Before Walkability = 4.1 (D)\* Walking= 51 min/wk\*\*\* After Walkability = 2.4 (B-)\* Walking = ??

Estimated increase of 11-75 min.

Neighborhood 2 Walkabilty= 1.4 (A-)\* Walking = 138 min/wk\*\*

> \*Ped-LOS (collected by HIA project team) \*\*Saelens et al (2003) \*\*\*estimated avg for Atlanta MSA, NHTSA, 2001

#### Using the results

- Building the case that design influences walkability and walking
- Providing a model to allow examination of alternative scenarios and broadening understanding of cost/health trade-offs
  - Supporting opportunities for community input

## Advancing physical activity analysis in HIA Best prospects for an HIA



#### Advancing physical activity analysis in HIA Added Value



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Advancing physical activity analysis in HIA Technical Feasibility - Building on the most useful, adapting the marginal



- Days of at least 30 minutes of light-to-vigorous PA
- Self-reported minutes of PE
- Self-reported percent of PE class engaged in MVPA
- Perceived environment

Trips by mode and destination

#### Happiness

 Daily minutes of observed MVPA by activity

#### Advancing physical activity analysis in HIA Assess and report dose-response information

Dose-response relationship: Income and Mortality(*from Backlund et al, 1999*)



#### Advancing physical activity analysis in HIA Potentially Significant Health Effects

Choosing health "endpoints"
Balance statistical, biological and political relevance
Physical activity analysis in HIA
Stopping at ΔPA...or venturing into BMI and health outcomes



#### Advancing physical activity analysis in HIA Using Maps – Proceed with Caution

- Presenting data on maps can be informative
- Maps may also be misleading
- Geographic correlation ≠ Causal association

#### Fast food in African-American neighborhoods?



Race/ethnicity map from Healthy City Project (<u>http://www.healthycity.org</u>) Fast food map from <u>http://fastfoodmaps.com</u>

#### Collaborate, borrow and share



#### Health Impact Assessment Clearinghouse Learning and Information Center

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#### In the United States, a public market has been usually defined as a venue where vendors sell fresh food from open stalls. Public markets must have public goals which give a defined civic purpose to the activity