

# **Use of Health Impact Assessment in the United States: 27 Case Studies, 1999-2007**

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# **Health Impact Assessment (HIA)**

**A combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population** (Gothenburg consensus statement, 1999)

# Goal of HIA

To focus the attention of decision-makers on the health consequences of the projects and policies they are considering. An HIA should lead to a better informed decision with respect to health.



# Steps in Conducting a Health Impact Assessment

- Screening
- Scoping
- Risk assessment
- Reporting
- Evaluation



# Shades of HIA

- Scope
  - Rapid, intermediate, or comprehensive
  - Type of assessment
- Projects vs. policies
  - Difficulty, population affected, scope of health outcomes affected
- Voluntary vs. regulatory



# Relationship to Environmental Impact Assessments

- EIA required in 1969 by the National Environmental Policy Act (NEPA)
  - The purpose of NEPA is to protect the “human environment” and “stimulate the health and welfare of man” (NEPA, 1979, sec. 2)
- Health in EIA
  - Develop health-related sections as a “Cooperating Agency”
  - Participating in public review of an EIA during scoping and review of draft EIAs
  - Providing technical support to other agencies and stakeholder groups

# HIA efforts outside the U.S.

- Extensive work for several decades
- Usually focused on local projects
- Often linked to EIA or focused on facilitating community participation
- Increasing interest in U.S.

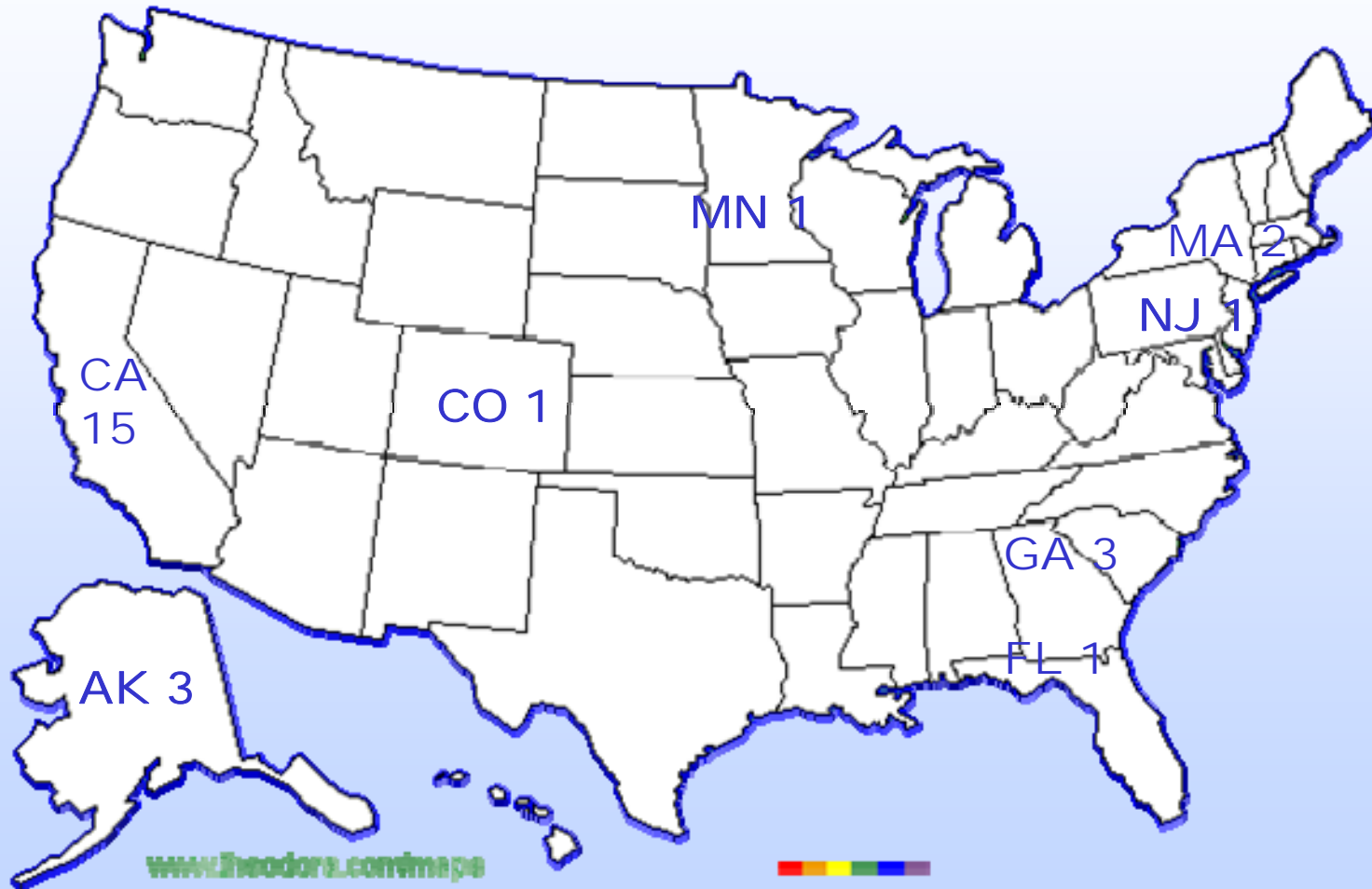


# Methods for Identifying Completed HIAs in the U.S.

- Networking among small group of HIA investigators who have been involved in most HIAs done in United States
- Requested completed HIAs on HIA-USA listserve; updated September 2007
- Literature search on Medline, Google Scholar, and other databases
- List of HIAs identified may be incomplete



# Location of 27 Completed HIAs in United States, 1999-2007



# HIAs of Projects (N=13)

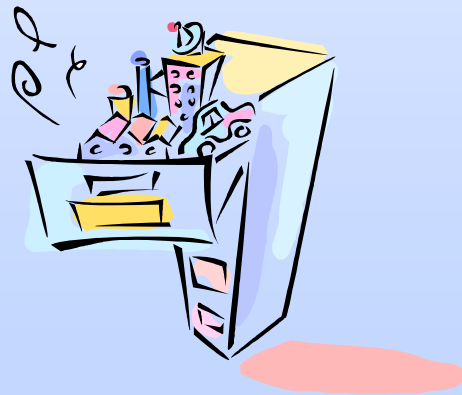
1. Housing redevelopment: Trinity Plaza CA
2. Housing redevelopment: Rincon Hill CA
3. Mixed-use redevelopment: Executive Park CA
4. Senior housing: Jack London Gateway CA
5. Transit Village: MacArthur BART station CA
6. Transit-related greenway: Alameda County CA
7. Urban redevelopment: Oak to Ninth CA
8. Urban redevelopment: Commerce City CO
9. Corridor redevelopment: Buford Highway GA
10. Corridor redevelopment: Lowry Avenue MN
11. Transit, parks and trails: Atlanta Beltline GA
12. Coal-fired power plant: Taylor County FL
13. Farmers market revitalization: Trenton NJ

# HIAs of Policies (N=14)

1. Local planning: Eastern neighborhoods CA
2. Area plan and rezoning: Eastern neighborhoods CA
3. After-school programs: Statewide CA
4. Walk-to-school programs: Sacramento CA
5. Public housing flooring policy: San Francisco CA
6. Living wage ordinance: San Francisco CA
7. Living wage ordinance: Los Angeles CA
8. Community transportation plan: Decatur GA
9. Low income rent subsidies: Statewide MA
10. Low income home energy subsidies: Statewide MA
11. Oil and gas leasing: Outer continental shelf AK
12. Oil and gas leasing: Chukchi Sea AK
13. Oil and gas leasing: National Petroleum Reserve AK
14. Federal farm bill: National

# Organizations that Conducted HIA

Academic group; CDC	N = 12
Local health department	N = 9
Private consultants	N = 3
Tribal council	N = 3



# Decision-Making Organization for Project or Policy

City council; planning commission	N=17
State legislature	N= 3
US federal agency	N= 3
US Congress	N= 1
Non-profit organization	N= 1
Local cooperative	N= 1
State Dept. of Transportation	N= 1

# Population Affected by Project or Policy in 27 HIAs in U.S.

Small area within city	N = 13
City or county-wide	N = 7
Statewide	N = 6
National	N = 1

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## Primary impact on:

Persons with low income	N = 17
Children/adolescents	N = 2
Whole population	N = 6

# Community Involvement

- Community input involved in 20 out of 27 HIAs
- Barriers to community involvement in HIAs include lack of time or resources, human subjects research, or federal management restrictions



# Health Outcomes Examined

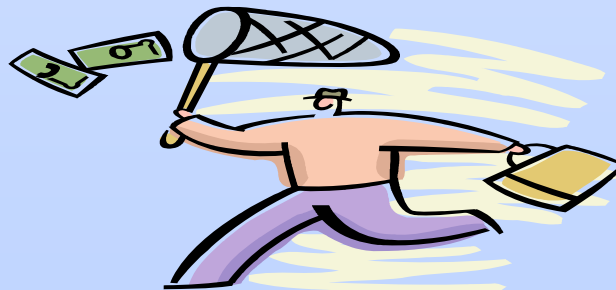
- Quantitative
  - Physical activity
  - Pedestrian injuries
  - Mortality
  - Impact of particulate matter in air
  - Crime
  - Parks and greenspace
- Qualitative
  - Social equity
  - Diet, nutrition, food safety, food insecurity
  - Noise
  - Mental health
  - Social capital
  - Housing adequacy and affordability





# Funder of HIA

Robert Wood Johnson Foundation	N = 7
Health department - internal staff	N = 7
Volunteer; multiple sources	N = 5
University fellowship	N = 3
Centers for Disease Control	N = 2
Health department - external contract	N = 2
The California Endowment	N = 1



# Key Results in 27 HIAs in U.S.

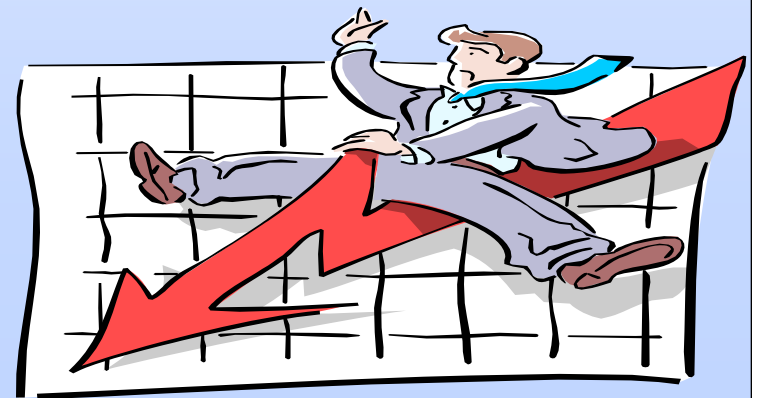
- Most identified improvements needed to mitigate adverse health impacts
  - Redevelopment projects that lacked affordable housing; pedestrian improvements along a dangerous highway
- A few encouraged projects or policies that would be health-promoting
  - Walk-to-school program; Beltline transit and park project
- One concluded that proposed program would fail to reach its intended target population
  - After-school programs

# Impact of HIA on Subsequent Decisions in 27 HIAs in U.S.

- Documentable impacts were evident for some HIAs
  - Change in redevelopment plans to add affordable housing
  - Living wage ordinance adopted
  - Urban road corridor plans improved
  - Incorporation of health into EIA
- Most HIAs raised awareness of health issues for some audiences

# Key Challenges of HIA

- Uncertainties (data, models, policy)
- Timeliness
- Relevance to stakeholders and decision makers
  - Political context
  - Importance relevant to other factors
- Capacity to conduct HIAs
  - Training and funding



# Next Steps for HIA

- Methods to determine which projects and policies are most suitable for HIA
- Standardizing and streamlining impact estimation
  - UCLA clearinghouse
- Determine feasibility of different types of tools in various settings
- Training
  - RWJF funded CDC to create U.S. based HIA course and conduct trainings around the U.S.

# Summary

- HIA is a new and evolving science in the U.S., however it is a promising new approach to quantify health impacts of a wide variety of policies and projects
- HIA provides only one piece of information (health) in complex decisions and stakeholders may have different priorities
- HIA provides an outlet for health to be appropriately factored into complex decisions

# Additional Information

- Dannenberg, A., Bhatia, R., Cole, B., Heaton, S., Feldman, J., Rutt, C.D. (2008). Use of Health Impact Assessment in the United States: 27 Case Studies, 1999-2007. *American Journal of Preventive Medicine*, 34(3), 241-256.
- [www.ph.ucla.edu/hs/health-impact/](http://www.ph.ucla.edu/hs/health-impact/)
- [www.cdc.gov/healthyplaces](http://www.cdc.gov/healthyplaces)
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