Welcome to the Health Impact Assessment Workshop

Mid-South Regional Greenprint HIA Toolkit Training

January 24, 2014
THE PURPOSE OF TODAY’S WORKSHOP

To have participants leave with the skills needed to apply resources in the Greenprint HIA Toolkit to subplanning or other future projects.
WORKSHOP OVERVIEW

- Introductions
- Overview of Greenprint and HIA
- National Perspectives on HIA
- HIA Step-by-Step
- Potential Application to Future Projects
YOUR FACILITATORS

Jimmy Dills, MUP MPH
Research Associate II

Robyn Bussey, MHA MBA
Research Associate II

Jamila Porter, MPH
DrPH Candidate, University of Georgia

With Special Guest . . .

Kara Blankner, MPH
Health Impact Project
INTRODUCTIONS

What’s on your mind this morning other than HIA?

What is your favorite thing about the Mid-South?
IMAGES OF IMPACTS
GREENPRINT OVERVIEW
A DIFFERENT APPROACH TO HEALTH:
AN INTRODUCTION TO HEALTH IMPACT ASSESSMENT
WHAT IS HEALTH?

Health is “a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.”

Furthermore, health is the ability of an individual or group “to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment.”

1948 World Health Organization Constitution and the 1986 Ottawa Charter for Health Promotion
WHAT IS HEALTH?

Definition of “Health” from CHW: Health is a dynamic process for achieving a state of physical, mental, spiritual and social well-being throughout the lifespan.
“GET MORE EXERCISE...”

“GET MORE EXERCISE...”
“EAT MORE FRUITS AND VEGETABLES…”

CONVENTIONAL HEALTH POLICY

Source: The Bipartisan Policy Center
THE ICEBERG: A METAPHOR FOR THE LEVEL AT WHICH WE INTERACT WITH A SYSTEM

Heart disease, obesity, hypertension

Daily physical activity levels

Access to safe and desirable places to be active

Should all neighborhoods provide an opportunity to be healthy?

Source: Sustainability Institute, adapted from other versions from the organizational learning field
HEALTH DETERMINANTS

General socio-economic, cultural and environmental conditions

Social and community networks

Individual lifestyle factors

Living and working conditions

Work environment

Education

Agriculture and food production

Unemployment

Water and sanitation

Health care services

Housing

Source: Dahlgren and Whitehead, 1991
HEALTH IN ALL POLICIES (HiAP)

A strategy that strengthens the link between health and other policies, creating a supportive environment that enables people to lead healthy lives.
HiAP & HIA

Health impact assessment (HIA) is one of the key strategies for moving toward a health in all policies perspective.
DEFINITION OF HIA

A systematic process that uses an array of data sources and analytic methods and considers input from stakeholders to determine the potential effects of a proposed policy, plan, program, or project on the health of a population and the distribution of those effects within the population. HIA provides recommendations on monitoring and managing those effects.

Source: “Improving Health in the United States: The Role of Health Impact Assessments” by the National Research Council, September 2011
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KEY VALUES OF HIA

• Democracy
• Equity
• Sustainable Development
• Scientific & Robust Practice
• Holistic Approach to Health
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STAGES OF HIA

**Screening**, to determine whether a proposal is likely to have health effects and whether the HIA will provide useful information.

**Scoping**, to establish the scope of health effects that will be included in the HIA, the populations affected, the sources of data and the methods to be used.

**Assessment**, which is a two step process that first describes the baseline health status and then assesses potential impacts.
**STAGES OF HIA**

**Recommendations** suggest design alternatives that could be implemented to improve health or action that could be taken to manage health effects.

**Reporting** presents findings and recommendations to decision makers and stakeholders.

**Monitoring and evaluation** includes monitoring the implementation of HIA recommendations. Evaluation can be of process, impact or outcomes.
HIA Stages are fluid
HIA: A NATIONAL PERSPECTIVE & STATE OF THE PRACTICE
Health Impact Assessment: A Collaborative Approach to Good Policy Solutions

Kara Blankner, M.P.H.
Manager
Health Impact Project
www.healthimpactproject.org
## Healthy People 2020:
### New indicators for American’s health

### Economic Stability
- Poverty, employment, housing stability

### Education
- High school graduation; higher education
- School policies supporting health promotion, safety

### Social and Community Context
- Social cohesion, discrimination
- Civic participation
- Incarceration/institutionalization

### Health and Health Care
- Access to health services
- Access to primary care
- Health technology

### Neighborhood and Built Environment
- Quality of housing
- Crime and violence
- Environmental conditions
- Access to healthy foods
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.
What an HIA is not . . .

• 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.
• 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.
What an HIA is . . .

- The Sweet Spot – It’s **proactive** and **predictive**! It’s meant to inform a proposed policy, program or project currently under active consideration by a decision-making body.
Diversity in the Applications of HIA

• Types of decision making
  - **Policy Decisions** (bills by state legislature, city council decision, local school board on district-wide policy)
  - **Policy Implementation** (weigh various implementation options for a policy once it is passed)
  - **Project Specific** (siting, permitting, construction, design)
  - **Comprehensive Plans** (neighborhood plan, regional growth plans, master planning documents)
The Level of Decision Making

HIAIs are used to inform decisions at what levels?

- Local
- County
- Regional
- State
- Federal
- Other, multiple or undetermined
Completed HIAs 2007
(N = 27)

Map Courtesy of A. Dannenberg, A. Wendel, CDC NCEH
Completed HIAs 2009 (N = 54)
Health Impact Project Founded
Completed and In Progress HIAs
2013 (N = 276)
What topics have HIAs addressed?

- Built Environment: 34%
- Transportation: 21%
- Natural Resources & Energy: 14%
- Agriculture & Food: 9%
- Housing: 7%
- Education: 5%
- Labor & Employment: 4%
- Other: 6%
HIA Ex: MA Rental Voucher Program (State-Level, Policy Decision)

Authors: Boston Medical Center, Boston Univ. School of Medicine

Decision: Potential modifications to the MA Rental Voucher Program (MRVP)—rental subsidies for low-income families

Impacts: Looked at influence of housing on childhood asthma, injuries, mental health, access to primary preventive care, developmental/educational attainment.
Findings:

• Time limits for housing subsidies puts children's health at risk due to budget trade-offs between housing expenses and other basic needs.

• Instituting work requirements & increasing frequency of eligibility re-determinations will likely result in dis-enrollments, leading to housing instability and adverse health and developmental effects.

• Increased housing instability and homelessness will result in increased education costs for children in need. ($6,700 – special education; $6,800 – repeating a grade)

Outcome: HIA authors provided testimony at the legislative hearings on the program; the evidence they provided was crucial to the state’s decision to not move forward with the proposed changes to the MRVP.
HIA Ex: Oregon Farm-to-School Bill (State-Level, Policy Decision)

**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
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 which decreases obesity rates and improves academic achievement
Farm-to-School Recommendations

To maximize positive job growth and food security impacts:

- Rec #1 -- Modify language of the bill so that only items “produced” or “processed” in state are eligible for reimbursement

To maximize child nutrition, food security, and student learning benefits:

- Rec #2 -- For education grant recipients – prioritize schools serving:
  - Low income;
  - Ethnically/culturally diverse student populations;
  - Food insecure areas

- Rec #3 -- For education grant recipients – prioritize schools developing multi-component programs (i.e.; procurement, promotion, & education w/community support)
Farm-to-School Key Outcomes

- Two and a half (out of three) HIA recommendations were implemented through legislative amendment.
- In June 2011, a pared-down version of the bill unanimously passed house/senate & was signed into law by governor.
HIA Ex: Jack London Gateway Development (Local-Level, Project-Specific Decision)

**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: Page Avenue Revitalization (Local-Level, Neighborhood Master Plan)

Authors: Washington University in St. Louis

Decision: Addressed a $45-million community redevelopment project in the City of Pagedale, Missouri

Impacts: Employment; access to goods & services, healthy foods, recreation; pedestrian safety; community safety; community identity; housing

Recommendations:
- Improve pedestrian infrastructure
- Recruit businesses that hire locally
- Space for community marketplace
- Adopt healthy food zone ordinance
- Prioritize spaces & programs for youth recreation
- Demolish vacant buildings & plant orchards as interim infill
- Integrate affordable & market rate housing units
- Design buildings for mixed use
HIA Ex: Public Housing Re-Build Post-Hurricane Ike in Galveston, TX (Local-Level Siting & Development)

**Authors:** Georgia Health Policy Center, University of Texas Medical Branch

**Decision:** Siting and development decisions related to scattered site public housing

**Impacts:** infectious disease, obesity & related chronic diseases, respiratory illness, violent crimes, stress, mental health, environmental exposures, injury

**Recommendations:**
- Prioritize sites w/ high scores and/or feasible mitigation strategies.
- Use health factors to inform family placements in specific scattered site units.

**Outcomes:**
- Decision maker agreed to use HIA to inform development
- Secured broad-based support for findings/recs
- Diffused highly contentious issue

[Image of public housing complex]
Who Does HIA?

• Local and state government agencies
  • Public health, transportation, environmental health, planning departments, housing authorities
• Non-profit organizations
• Universities & research institutions
• Community groups affected by a decision
• Industry/business community/private sector
The Value of HIA: Policymaker Reactions

“The HIA revealed gaps in the data we needed to make good decisions”
Stacie McIntosh, U.S. Bureau of Land Management

“The HIA has helped neutralize conflict by bringing different groups and disciplines together.” Janet Miller, Wichita city council member

“HIA is a tool to help us figure out where to … use limited resources to benefit the greatest number of people.” Denise Provost, MA State Rep

“An HIA is a Rosetta Stone…it’s a translator. … we’re asking what people think, we’re saying we care what they have to say and we’re making the effort to do it.”

“HIA helps me win. It does all the work on the front end; nobody is angry, because all the concerns have been addressed.”
Cleveland Councilman Joe Cimperman
Key Points About HIA

• **Conducted to inform a specific decision**: usually decisions that would not otherwise focus on health: proposed legislation, a new land use plan, a new education policy, etc.

• **Broad analytic framework**: social, economic, environmental determinants

• **Collaboration with stakeholders**: strong engagement of community, business, decision-making body throughout.

• **Pragmatic**: focus on providing timely, useful judgments based on available knowledge and public health expertise, rather than elegant quantitative models

• **Focused on solutions**: feasible recommendations that can help minimize risks and maximize benefits.
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
How Do You Define “Success” In HIA?

- **Informed the decision** – “HIA recommendations were 100% adopted into the growth plan”
- **A culture change** – “It brought health concerns into the discussion; decision-makers/planning department now routinely thinking about health”
- **Addressed community concerns**
- **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
THE GREENPRINT HIA TOOLKIT
The Greenprint Health Impact Assessment (HIA) Online Toolkit is a compendium of tools and resources to help inform HIAs that are conducted on proposed programs, projects, and policies in the Mid-South Regional area.

Click the buttons to the left to explore the Toolkit and its various resources.

Technical issues or questions about the Toolkit? Contact name@email.com
Health Impact Assessment (HIA) is a tool that helps stakeholders – including communities, planners, and policymakers – to objectively evaluate the potential health effects of a program, project, or policy before it is implemented.

By bringing public health issues to the attention of decision-makers prior to the implementation of a program, project, or policy, HIAs provide opportunities to enhance potential positive health outcomes and minimize potential health-related risks.

There are five key values of HIA:

1. Democracy
2. Equity
3. Sustainable Development
4. Scientific and Robust Practice
5. Holistic Approach to Health
### General HIA Tools

<table>
<thead>
<tr>
<th>Tool Name &amp; URL</th>
<th>Description</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthy Places: Health Impact Assessment</strong></td>
<td>Website that describes and defines the HIA process and provides additional resources.</td>
<td>U.S. Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td><strong>Health Impact Assessment: A Guide for Practice</strong></td>
<td>Guide that describes the key tasks and activities for HIA, as well as the issues and challenges that arise in the course of practice.</td>
<td>Dr. Rajiv Bhatia, San Francisco Department of Public Health</td>
</tr>
<tr>
<td><strong>UCLA Health Impact Decision Support Tool (DST)</strong></td>
<td>Graphical, spreadsheet-based tool designed to help decision-makers systematically synthesize, weigh, and compare evidence.</td>
<td>University of California, Los Angeles (UCLA)</td>
</tr>
</tbody>
</table>
HIAs are implemented in six (6) stages. Click on the name of each stage below for more information and tools:

1. Screening
2. Scoping
3. Assessment
4. Recommendations
5. Reporting
6. Monitoring and Evaluation
<table>
<thead>
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<tbody>
<tr>
<td>Neighborhood Completeness Indicator</td>
<td>A quantitative spatial assessment tool measuring the proximity of San Francisco residents to daily goods and services in their neighborhoods.</td>
<td>San Francisco Department of Public Health</td>
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<tr>
<td>Retail Food Availability Survey</td>
<td>Survey that assesses the availability of healthy foods within stores and within neighborhoods to determine community food security.</td>
<td>San Francisco Department of Public Health</td>
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</tbody>
</table>
A WORK IN PROGRESS

- Currently 82 different resources
- Some materials will be used today
- Feedback on what would be most useful for you
CASE STUDY:
FRAYSER TOWN CENTER RAPID HIA
SCREENING

SCOPING

ASSESSMENT

RECOMMENDATIONS

REPORTING

MONITORING & EVALUATION
BASIC YES/NO SCREENING QUESTIONS

1. Is there a DECISION regarding a policy, plan, or project, CURRENTLY UNDER CONSIDERATION whose outcomes are likely to impact health?
2. Does the decision-making PROCESS allow for input from an HIA?

3. Are health considerations currently **EXPLICITLY** a part of the discussion?
   
   - Would the HIA bring new information to the decision-making process?
4. Can the HIA be completed within the **TIMELINE** for the decision, and with the **RESOURCES** available?

- Available staff
- Available data
- Time for development of partnerships/stakeholder support
What is the likelihood that the HIA findings and recommendations will receive consideration by decision-makers?
What are the primary health determinants likely to be impacted by the decision?
Are there other stakeholders who are willing and able to participate in the HIA?
Does this HIA have the potential to increase partnerships, visibility, and support for future HIAs and other Health in All Policies efforts in your region?
Is there the potential for different subgroups within the community to be more adversely affected than others?
ADDITIONAL HIA SCREENING CONSIDERATIONS

Has a group or organization requested an HIA on a particular decision?
SCALING OF HIA

Rapid

Intermediate

Comprehensive
SCALING OF HIA

Rapid

Intermediate

Comprehensive
SCALING OF HIA

Rapid

Intermediate

Comprehensive
CASE STUDY:
FRAYSER TOWN CENTER SCREENING
DEFINE THE HIA

- Establish boundaries for the HIA:
  - Geographical
  - Temporal
  - Population

- Define the assessment questions

- Identify needed resources
  - Staff/expertise
  - Budget
  - Data

- Identify additional partners and stakeholders
SCOPING OUTCOMES

1. A statement of the main goals for the HIA

2. Rationale for selecting study geography and time-frame
SCOPING OUTCOMES

3. A description of the impacted population, including vulnerable groups that are likely to be affected

4. A summary of how stakeholders were engaged, the main issues that the stakeholders raised, and how they will be addressed or why they will not be addressed

5. A list of people participating in the HIA, and their respective roles and responsibilities
6. A brief summary and logic model of the pathways through which the population’s health and health determinants could be affected.
Figure 1: The health pathways connecting the proposed East Bay Greenway with improved health that are associated with increased physical activity. Connections in bold are those best documented.
Figure 1. Pathways between a Housing Policy Change and Health

- **Policy Change**
  - Moving to cheaper, substandard housing
  - Rent and housing insecurity

- **Proximal Outcomes**
  - Exposure to:
    - Waste and sewage
    - Mold/mildew
    - Damp and cold
    - Inadequate ventilation
    - Physical hazards

- **Intermediate Outcomes**
  - Respiratory disease, including asthma and allergies
  - Injuries
  - Lead poisoning
  - Fires
  - Stress

- **Health Outcomes**
  - Stress and negative mental health outcomes
  - Hunger
  - Access to health care

- **Market rate rents charged on formerly affordable housing**
  - Disposable income
  - Sharing housing
  - Overcrowding

Figure 11. Potential Health Impacts of Casino Employment

<table>
<thead>
<tr>
<th>Policy</th>
<th>Proximal Impact</th>
<th>First Impact</th>
<th>Second Impact</th>
<th>Long-Term Impact</th>
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<tbody>
<tr>
<td>Reduces minimum investment fee ($225 million to at least $50 million) and reduces privilege fee ($25 million to $5.5 million) required from developers to build and manage a state-owned casino in SEKGZ.</td>
<td>Health insurance</td>
<td>Access to services</td>
<td>Prevent disability and disease</td>
<td>Prevent disability and disease</td>
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<tr>
<td>Casino opens and operates in Crawford or Cherokee county.</td>
<td>Income</td>
<td>Purchasing power</td>
<td>Detect and treat health conditions timely</td>
<td>Detect and treat health conditions timely</td>
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<td></td>
<td>Access to healthy foods</td>
<td>Likely of premature death</td>
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<td></td>
<td>Unemployment rate</td>
<td>Quality of life and life expectancy</td>
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<td></td>
<td>Casino employment</td>
<td>BMI</td>
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<td></td>
<td></td>
<td>Morbidity</td>
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<td>Mortality</td>
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<td></td>
<td>Lung cancer</td>
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<td>Chronic conditions</td>
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<td>Malnutrition</td>
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<td>BMI</td>
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<td></td>
<td></td>
<td>Injury</td>
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**Legend**
- Green color: Likely beneficial effect
- Red color: Likely negative effect
- White: Mixed (both positive and negative or literature/data are inconsistent on the direction)
- Arrow up: Likely increase
- Arrow down: Likely decrease
- No arrow: Unclear or no impact

Decisions and/or actions leading to a **Regional Interconnected Network of Parks, Greenways and Open Spaces**

- **Access through proximity to origin (home)**
- **Safety: actual and perceived**
- **Access through proximity to destinations (goods, services, employment)**
- **Use of facilities for recreation**
- **Use of facilities to access goods and services**

**Proximal Effects**

- **Physical activity**
- **Exposure to nature**
- **Community interaction**
- **Social capital**
- **Consumer behavior**

**Health Determinants**

- **Nutrition**
- **Alcohol use**
- **Access to care**

**Health Outcomes**

- **Chronic diseases: Obesity, Diabetes, Cardiovascular, Stroke, Cancer**
- **Mental health**
- **General health status**
- **Various health outcomes**
Decisions and/or actions leading to a Regional Interconnected Network of Parks, Greenways and Open Spaces

- Access through proximity to origin (home)
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Use of facilities for recreation

- Use of facilities to access goods and services
- Consumer behavior

Proximal Effects

- Physical activity
- Exposure to nature
- Community interaction
- Social capital

Health Determinants

- Health Outcomes

Action

1.2.3

Chronic diseases:
- Obesity
- Diabetes
- Cardiovascular
- Stroke
- Cancer

Mental health

General health status

Various health outcomes

Nutrition

Alcohol use

Access to care
Action 1.2.3: Create, fund and execute a pilot project to address maintenance and safety issues in one or more underused parks
Action 1.2.3: Create, fund and execute a pilot project to address maintenance and safety issues in one or more underused parks.

What constitutes an underused park?

Are there data supporting the assumption that maintenance and safety issues are the reason for low use of certain parks?
Action 1.2.3: Create, fund and execute a pilot project to address maintenance and safety issues in one or more underused parks

How are maintenance and safety issues related to each other?

What strategies are most effective for improving park maintenance and safety?

Where are strategies to improve maintenance and/or safety most effective in increasing use?

Do improvements to maintenance/safety differentially impact use by different groups (ex: men vs. women; racial/ethnic differences)?
Action 1.2.3

Action 1.2.3: Create, fund and execute a pilot project to address maintenance and safety issues in one or more underused parks

- Improve maintenance and safety
- Perception of safety
- Physical safety
- Park use
- Social benefits
- Physical activity
- Injury Risk
- General health status
- Chronic diseases: Obesity, Diabetes, Cardiovascular, Stroke, Cancer
- Injury, Disability, Death

Are there any local data about injuries occurring in parks?
**Action 1.2.3**

**Action 1.2.3:** Create, fund and execute a pilot project to address maintenance and safety issues in one or more underused parks.

- Improve maintenance and safety
- Perception of safety
- Physical safety
- Injury Risk

**Proximal Effects:**

- Park use
- Physical activity
- Social benefits

**Health Determinants:**

- General health status
- Chronic diseases:
  - Obesity
  - Diabetes
  - Cardiovascular
  - Stroke
  - Cancer

**Health Outcomes:**

- Injury Disability
- Death

**Questions:**

- How does perception of safety affect park use?
- Does maintenance and/or safety impact park/trail use differentially for recreational versus utilitarian use?
Action 1.2.3: Create, fund and execute a pilot project to address maintenance and safety issues in one or more underused parks.

- Improve maintenance and safety
  - Perception of safety
  - Park use
    - Physical safety
    - Physical activity
  - Social benefits
    - Injury Risk
      - Chronic diseases: Obesity, Diabetes, Cardiovascular, Stroke, Cancer
      - General health status
      - Injury Disability Death

- How does park use influence physical activity?
- Are there net gains in physical activity levels (i.e. no substitution)?
- How does park use impact social interactions and are there local data to characterize this relationship?
SCOPING OUTCOMES

7. A description of the assessment questions, data sources, and methods to be used.

8. A description of the health determinants and outcomes that will be assessed in the HIA, as well as the rationale for why they were selected over others.
9. Identification of apparent data gaps and of data collection that could be undertaken to address the gaps or a rationale for not undertaking data collection.

10. A timeline of assessment activities, including who is responsible for completing each activity
CASE STUDY: FRAYSER TOWN CENTER SCOPING
Proposed Causal Pathway: Frayser Town Center & Transportation Hub

**DECISION**

Selection of a site for a new town center and transportation hub in the Frayser community

**DIRECT IMPACTS**

- Community reinvestment
- Economic and employment opportunities
- Transportation options and infrastructure
- Access to goods and services
- Roadway congestion and automobile emissions
- Actual and perceived neighborhood safety

**HEALTH DETERMINANTS**

- Injury Risk
- Physical Activity
- Air Quality
- Equity
- Community Engagement and Social Connectedness

**HEALTH OUTCOMES**

- Intentional and unintentional injuries
- Overall health status
- Chronic diseases
- Mental health
- Asthma and other respiratory diseases
SCREENING
SCOPING
ASSESSMENT
RECOMMENDATIONS
REPORTING
MONITORING & EVALUATION
THREE OUTPUTS OF ASSESSMENT

1. Baseline data of affected populations
2. Characterization of the anticipated health effects of alternative decisions
3. An evaluation of the level of confidence or certainty in the effects prediction
WHO CONDUCTS THE ASSESSMENT?
BASELINE DATA

Information on existing conditions:

- population health status
- health indicators
- vulnerable populations and equity issues
- health determinants (physical and social environment)
Characterizing Anticipated Effects

1. **Direction** – will it have a positive impact on health, or negative?
2. **Likelihood** – what is the level of certainty that the impact will result?
3. **Magnitude**
   - how many people might be impacted?
   - acute, chronic, or permanent effects that might be tolerable, manageable or debilitating
4. **Distribution** – impact on vulnerable populations
Characterizing Anticipated Effects: Example

Table 1: HIA Analysis Summary of Findings

<table>
<thead>
<tr>
<th>Health Determinant</th>
<th>Direction</th>
<th>Magnitude</th>
<th>Impact</th>
<th>Significance Likelihood</th>
<th>Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traffic Safety</td>
<td>↑</td>
<td>High</td>
<td>High</td>
<td>Very Likely</td>
<td>Affects whole community relatively equally</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>↑</td>
<td>Medium</td>
<td>Medium/High</td>
<td>Very Likely</td>
<td>Impacts neighboring vulnerable community and whole community via expanded access</td>
</tr>
<tr>
<td>Access to Goods and Services</td>
<td>↑</td>
<td>Medium</td>
<td>Medium/High</td>
<td>Very Likely</td>
<td>Disproportional effect on low income, transit-dependent communities around DMA</td>
</tr>
<tr>
<td>Air Quality</td>
<td>↑</td>
<td>Low</td>
<td>Low</td>
<td>Possible</td>
<td>Affects whole community relatively equally</td>
</tr>
</tbody>
</table>

Source: Health Impact Assessment (HIA) of Proposed “Road Diet” and Re-Striping Project on Daniel Morgan Avenue in Spartanburg, South Carolina, March 2011
Characterizing the Strength of Evidence

- How many studies have been conducted?
- Did they all get similar results?
- Did they use appropriate methodology?
- Is the setting or sample population similar to your community?
- If multiple studies were compiled by a third-party, is it thorough and objective or could there be bias?
### Characterizing the Strength of Evidence: Example

<table>
<thead>
<tr>
<th>Health Factor or Outcome</th>
<th>Expected Change Based on Literature</th>
<th>Observed Changes in Kansas (Based on Data)</th>
<th>Stakeholder Projections</th>
<th>Expected Health Impact</th>
<th>Magnitude of Impact</th>
<th>Likelihood of Impact</th>
<th>Distribution</th>
<th>Quality of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casino employment</td>
<td>Increase</td>
<td>Increase</td>
<td>Increase</td>
<td>Mixed</td>
<td>Low</td>
<td>Likely</td>
<td>Casino workers and their families</td>
<td>****</td>
</tr>
<tr>
<td>Unemployment rate</td>
<td>No change</td>
<td>No change</td>
<td>Decrease</td>
<td>No effect</td>
<td>None</td>
<td>None</td>
<td>No change</td>
<td>***</td>
</tr>
<tr>
<td>Health insurance</td>
<td>Increase</td>
<td>N/A</td>
<td>Mixed</td>
<td>Positive</td>
<td>Low</td>
<td>Likely</td>
<td>Casino full-time workers and their families</td>
<td>****</td>
</tr>
<tr>
<td>Income</td>
<td>Increase</td>
<td>N/A</td>
<td>Mixed</td>
<td>Positive</td>
<td>Low</td>
<td>Likely</td>
<td>Casino workers and their families</td>
<td>****</td>
</tr>
<tr>
<td>Shift work and sleep disturbance</td>
<td>Increase</td>
<td>N/A</td>
<td>N/A</td>
<td>Negative</td>
<td>Low</td>
<td>Likely</td>
<td>Casino workers and their families</td>
<td>**</td>
</tr>
<tr>
<td>Secondhand smoke exposure</td>
<td>Increase</td>
<td>N/A</td>
<td>Increase</td>
<td>Negative</td>
<td>Medium</td>
<td>Likely</td>
<td>Casino workers and patrons</td>
<td>****</td>
</tr>
</tbody>
</table>
DIFFERENT TYPES OF DATA

- Public testimony
- Interviews with key informants
- Surveys
- Epidemiological analyses
- Measurement of environmental conditions
- Modeling
- Expert opinion
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CASE STUDY:
FRAYSER TOWN CENTER ASSESSMENT
SCREENING
SCOPING
ASSESSMENT
RECOMMENDATIONS
REPORTING
MONITORING & EVALUATION
RECOMMENDATIONS

- What makes a good recommendation?

- What types of recommendations are often made in an HIA?
GOOD RECOMMENDATIONS ARE...

1. Responsive to predicted impacts
2. Specific and actionable
3. Experience-based and effective
4. Enforceable
5. Able to be monitored
6. Technically feasible
7. Politically feasible
8. Cost-effective
9. Unaccompanied by additional negative consequences
10. Implementable within the regulatory, administrative, or legislative framework of the proposal being considered
PRIORITIZING RECOMMENDATIONS

Anticipated Health Impact vs. Feasibility/Cost

- Easy & cheap – high impact
  “Priority list”

- Difficult/expensive – high impact
  “Aspirations list”

- Easy & cheap – minimal impact
  “Show results, build capital”

- Difficult/expensive – minimal impact
  “Why bother?”
SAMPLE RECOMMENDATIONS

- Baltimore Zoning Update:
  *Prevent concentration of off-premise alcohol sales outlets in districts that currently allow retail alcohol sales by right, particularly in transit oriented development and industrial mixed use zones*

  - The following changes are likely necessary to facilitate the above recommendations:
    - Create a separate use definition for liquor stores/off-premise alcohol sales outlets that aligns with liquor license board classes and track the location of proposed and existing off-premise alcohol sales outlets (from evidence and expert opinion)
SAMPLE RECOMMENDATIONS

Kansas Casino Legislation
The presence of a casino in Cherokee or Crawford County could increase local employment levels, specifically for the leisure and hospitality sector. To maximize benefit of Casino jobs:

- Casino manager should consider:
  - Using local hiring practices.
  - Partnering with local schools to create workforce development programs and educational opportunities.
  - Providing health insurance to all full-time employees and cost-sharing arrangements to provide insurance to part-time workers.
CASE STUDY: FRAYSER TOWN CENTER RECOMMENDATIONS
SCREENING
SCOPING
ASSESSMENT
RECOMMENDATIONS
REPORTING
MONITORING & EVALUATION
DISSEMINATING AN HIA

- Who is the audience?
- What are the barriers for that audience?
- What is the bias of the audience?
REPORTS FOR DIFFERENT AUDIENCES

- A technical manual for other HIA specialists
- A manuscript for academics (sometimes)
- A brief summary for the public, stakeholders and the media
What Makes a Good Report?

- Documents the process for each step
- Provides succinct summary
- Discusses evidence, data sources and methods used for each health issue analyzed
- Provides specific recommendations for decision alternatives, policy recommendations, mitigations
- Includes input from stakeholders
- Is accessible to multiple audiences
OTHER FORMS OF REPORTING

- Formal comprehensive report of HIA process and findings
- Comment letter on a plan or project
- Testimony at a public hearing
- Presentations to stakeholders
- Posting reports on a website for wide distribution
- As part of other assessments (EIS)
Involving the Community

- Present findings to community residents and stakeholders
- Have community stakeholders jointly interpret and prioritize findings and recommendations
- Have community stakeholders jointly present results to public officials
CASE STUDY:
FRAYSER TOWN CENTER REPORTING
SCREENING
SCOPING
ASSESSMENT
RECOMMENDATIONS
REPORTING
MONITORING
& EVALUATION
TIMELINE: EVALUATION & MONITORING

- Evaluation & Monitoring Plan
- HIA Process Evaluation
- HIA Impact Evaluation
- Monitoring: Health Outcomes, Policy Changes

During and Immediately Following the HIA

After HIA Completion and ongoing
PROCESS EVALUATION

Process evaluation in HIAs typically include descriptions of:

- Methods for engaging stakeholders,
- Methods for interacting with decision makers
- Approaches to addressing analytic challenges
IMPACT EVALUATION

Impact evaluation assesses whether the HIA had effects such as:

- Building new collaborations
- Increasing awareness of previously unrecognized health impacts
- Identifying data gaps and questions for further research
- Establishing a foundation for future monitoring
- Ensuring the public has information about health effects
OUTCOME EVALUATION

Outcome evaluation requires:

- Suitable research design
- Ideally, an appropriate comparison group
- Data from the monitoring of health outcomes of changes in health status
OUTCOME EVALUATION

Outcome evaluation considers the effects of the decision as a whole, thus it is generally not possible to attribute outcomes directly to HIA recommendations.

Outcome evaluation requires:

- Suitable research design
- Ideally, an appropriate comparison group
- Data from the monitoring of health outcomes of changes in health status
CASE STUDY: FRAYSER TOWN CENTER EVALUATION
WRAP-UP & NEXT STEPS
THANK YOU!

PLEASE REMEMBER TO COMPLETE YOUR EVALUATION FORMS