

Health Impact Assessment Training: Day 1

Wednesday, June 23rd * Waimea, HI

DAY 1 OBJECTIVES:

- Understand the value and purpose of HIA and review examples of a past HIA projects
- Understand the collaborative nature of HIA and roles for diverse stakeholders in the HIA process
- Learn about the Hawaii County Agricultural Development Plan HIA
- Achieve consensus around goals for the HIA
- Learn about the Screening step of HIA and discuss the screening criteria for the HIA
- Learn about the Scoping step of HIA and discuss preliminary scoping categories for the HIA
- Work in small groups to scope out the HIA in greater detail
- Learn about the Assessment step of HIA and discuss approaches to qualitative and quantitative data collection
- Work in small groups to identify data sources and resources for the Hawaii County Agricultural Development Plan HIA

Time	Agenda
8:30	Coffee and Registration
9:00	Welcome and Introductions
9:30	Making the Connection between Agricultural Policy, Land Use and Health
9:45	Introduction to Health Impact Assessment
10:30	BREAK
10:40	HIA Examples and Roles for Stakeholders (con't)
11:00	Overview of the Hawaii County Agricultural Development Plan HIA
11:20	Establishing Goals for the HIA
11:40	Review and Discuss HIA Screening and Screening Criteria
12:30	LUNCH
1:30	Introduction to HIA Scoping and Proposed Scope for HI Ag. Development Plan HIA
2:30	BREAK
2:40	Introduction to HIA Assessment
3:45	Wrap-up, Review Day 2 Agenda, and Evaluation
4:15	Adjourn

Objective

Ensure that health and health disparities are considered in decision-making using an objective and scientific approach, and engage stakeholders in the process.

Essential Tasks

- **Screening:** Determines the need and value of a HIA
- **Scoping:** Determines which health impacts to evaluate, analysis methods, and a workplan
- **Assessment:** Provides 1) a profile of existing health conditions; 2) evaluation of potential health impacts; 3) strategies to manage identified adverse health impacts
- **Reporting:** Includes the development of the HIA report and communication of findings and recommendations
- **Monitoring:** Tracks impacts on decision-making processes and the decision as well as impacts of the decision on health determinants

Key Points

Health Impact Assessment is a combination of procedures, methods and tools that systematically judges the potential, and sometimes unintended, effects of a policy, plan, 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.

HIA is used to assess a defined project, plan, or policy. The purpose of HIA is to inform decision-makers before they make a decision. A HIA is most often carried out before a decision is made or a proposal is implemented.

HIA address social determinants of health. HIA assesses how proposed projects, plans, and policies affect issues – such as housing, employment, transportation, access to public and retail services, social cohesion, education, and incarceration – and how those impacts affect health outcomes and health inequities.

Using a health frame can be persuasive. Health is a value we all share. We experience health personally and collectively. Health is one of the few indicators of quality of life and well-being. Disparities in health outcomes can lead to moral outrage.

The purposes of HIA analysis and reporting are to:

- Judge the health effects of the proposed project, plan or policy
- Make health impacts more explicit
- Highlight health disparities
- Provide recommendations to improve the decision
- Shape public decisions and discourse

The purposes of the HIA process are to:

- Engage and empower communities
- Emphasize everyday experiences in decision-making
- Build consensus around decisions
- Build relationships and collaborations

Key Points (cont'd)

HIA has many benefits. It:

- Provides a comprehensive lens on issues and helps identify trade-offs in decision-making.
- Supports community engagement and legitimizes “unheard” voices.
- Helps to provide input up-front in decision-making and build support for better outcomes.
- Considers historical, cumulative and disparate impacts.
- Targets communities experiencing the most significant policy externalities.

HIAs have been conducted on:

- Land use and transportation plans and projects, including:
 - Comprehensive, general, and area plans
 - Mixed-use and residential development projects
 - Transit-oriented development
 - Port and freeway expansions
- Employment policies
- Natural resource extraction projects

Resources

A Health Impact Assessment Toolkit: A Handbook to Conducting HIA, 2nd Edition. Developed by HIP, this toolkit introduces and defines HIA, describes each step of the HIA process, and discusses other aspects of HIA such as collaboration and when to use HIA. The toolkit also contains practice exercises for the reader.

http://humanimpact.org/HIA_Toolkit_0410.pdf

Practice Standards for Health Impact Assessment. Created by the North American HIA Practice Standards Working Group, these standards were developed to provide practitioners of health impact assessment with a set of benchmarks to guide their own HIA practice, and to stimulate discussion about HIA content and quality in this emerging field.

http://www.sfphes.org/HIA_Practice_Standards.htm

Human Impact Partners HIA training materials

<http://www.humanimpact.org/Tools.html>

HIA Case Studies

Jack London Gateway Rapid HIA

http://www.humanimpact.org/JLG_case_study_draft.pdf

Humboldt County General Plan HIA

http://www.humanimpact.org/HumboldtGPUHIA_CaseStudy.pdf

Other Websites

San Francisco Department of Public Health

www.sfphes.org

Health Impact Project (Pew & RWJF)

www.healthimpactproject.org

UCLA HIA Clearinghouse

www.ph.ucla.edu/hs/hiaclic

World Health Organization

<http://www.who.int/hia/en/>

University of New South Wales

<http://www.hiaconnect.edu.au/>

Health Impact Assessment Training



Waimea, Hawai'i • June 23 & 24, 2010

Introductions



Name

Agency/organization & focus of your work

Experience with and interest in HIA

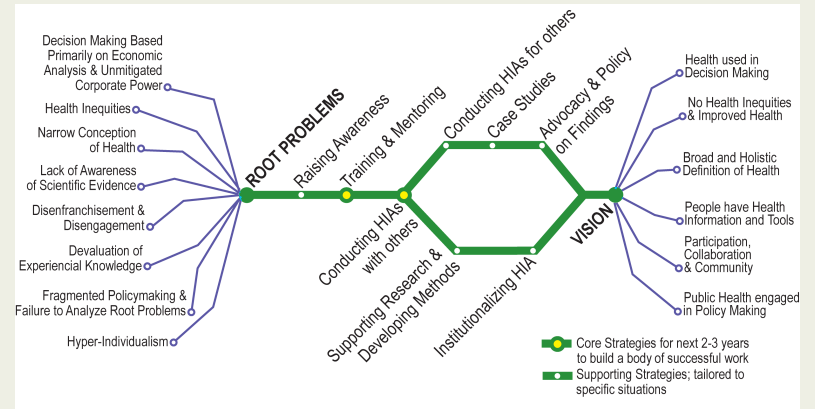


Human Impact Partners - Goals



- Equity and justice
- Democracy and transparency
- Elevation of community voices
- Sustainability
- Improving health
- Reducing health disparities

The "Subway" to Our Vision





Promote and support the use of HIA in public decision-making:

- By funding successful HIAs, build a case for the value and range of applications of HIA
 - Call for Proposals – 200 applications in 43 states
- HIAs of federal legislation or administrative decisions
- Supporting HIA institutionalization in government – legislation, building agency capacity, policy briefs.
- A website with resources, training materials, case studies, policy briefs – www.healthimpactproject.org
- Collaborating with organizations with established expertise, and supporting agencies and organizations new to HIA

Health Impact Project: Funded Projects

1. CA DPH: The state health department is doing an HIA to inform CARB's carbon cap and trade regulation
2. New Hampshire Center for Public Policy: HIA of the 2011 state budget process
3. UCLA:
 - a. Proposed subway line
 - b. Municipal/regional water conservation laws
4. Georgia Tech:
 - a. Large industrial park on a brownfield
 - b. Metropolitan transportation plan
5. Kohala Center: An agricultural plan that will look at the effects of proposals to increase the local food and bioenergy supply in an island setting
6. MA DPH: the state health dept will collaborate with the DEQ on an HIA of a controversial power plant proposal, and through this HIA develop an institutional framework for all major permitting

Health Impact Project Funded (or pending) Projects

6. Medical-Legal Partnerships for Health: with Illinois Citizens Utility Board, they will evaluate proposed automatic power metering in Chicago.
7. Green River KY Health Dept: with the state health dept, they will do an HIA of 3 proposed coal gasification plants
8. Upstream Public Health: a non-profit public health org will do an HIA of proposed Farm to School legislation in OR, with the OR Dept. of Ag. (final funding decision pending)
9. Texas State University: Houston's Urban Corridor Planning project. The city initiative calls for transit-oriented development where light-rail is planned.
10. ISSIAH: A faith-based organization will conduct an HIA of proposed land-use changes related to a new light-rail transit line that will connect the Twin Cities.

Agenda: Day 1



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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.

The world would look different



Development



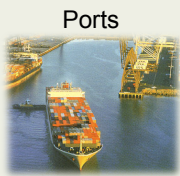
Farm Policy



Incarceration



Immigration



Ports



Education

Limitations to economics-based decision-making

Externalities

Disparities

Money is not the same as happiness



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

HIA Definition



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

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HIA Addresses Determinants of Health



How does the proposed project, plan, policy

affect

Democratic process
Housing
Air quality
Noise
Safety
Social networks
Nutrition
Parks and natural space
Private goods and services
Public services
Transportation
Social equity
Livelihood
Water quality
Education

and lead to health outcomes

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HIA Purpose



Primary

Judge health effects of a proposed project, plan or policy
Highlight health disparities
Provide recommendations
Shape public decisions & discourse
Make health impacts more explicit

Secondary

Engage & empower community
Emphasize everyday experience
Build consensus
Build relationships & collaborations



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A Brief History of HIA



- 1969 National Environmental Policy Act (NEPA) requires study of environmental & health effects (*however, health impacts have not been adequately addressed in EIA*)
- 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 *Gothenburg Consensus Paper on HIA*
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)
- 2010s HIA used around the world and, recently, across the U.S.
North American HIA Practice Standards Released

HIA continues to gain momentum



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Steps of a HIA



Screening	Determines the need and value of a HIA
Scoping	Determines which health impacts to evaluate, methods for analysis, and a workplan
Assessment & Recommendations	Provides: 1) a profile of existing health conditions 2) evaluation of potential health impacts 3) strategies to manage identified adverse health impacts
Reporting	Includes: 1) development of the HIA report 2) communication of findings & recommendations
Monitoring	Tracks: 1) impacts on decision-making processes and the decision 2) impacts of the decision on health determinants

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HIA Topics



HIA can evaluate many types of projects, plans, policies

Land use plans	Housing developments, revitalization plans
Transportation plans	New transit stations, roadway expansions, new rail lines
Comprehensive or specific area plans	Guides for future development
City, state, or national policies	Labor, education, incarceration, immigration

The following are examples of completed HIA projects

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HIP HIA Projects



Comprehensive / Specific / Transit-Oriented Development Plans
Humboldt County General Plan Update
Mountain View General Plan Update
Oakland Estuary Specific Plan
San Pablo Avenue corridor
Pittsburg Avenue Railroad Specific Plan
Concord Naval Weapons Station Reuse Plan

Housing Projects
East Palo Alto redevelopment
Jack London Gateway development
Los Angeles redevelopment
San Francisco public housing redevelopment

State / Local Policies
I-710 expansion in California
Vehicle miles traveled legislation in Oregon
Paid sick days legislation in California, Massachusetts, Maine, New Hampshire

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Project Example 1



A Health Impact Assessment of the Humboldt County General Plan Update

Humboldt Background



Proposal

Update Humboldt County's General Plan, including development scenarios to accommodate future growth in the county



Collaborators

Board of Supervisors
Public Health Branch
County Planning Department
The California Endowment
Human Impact Partners
HumPAL (community organization)

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Proposed Alternatives



Alternative A

"Focused growth"

All new units built in areas with existing infrastructure
6,000 units over 25 years

Alternative B

Build primarily in areas with existing infrastructure
Some expansion to areas outside city centers
12,000 units (6,000 urban/6,000 non-urban)

Alternative C

Requires expansion of infrastructure
Allows new housing in outlying areas
18,000 units (6,000 urban/12,000 non-urban)

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Humboldt Screening



Clearly defined decision to be made
Decision will impact health
Public health involvement invited
Resources available
Variety of stakeholders interested



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Humboldt Scoping



Process

Led by Public Health, HumPAL, and HIP

Conducted three focus groups with ~50 participants

35 community health indicators used to assess 3 alternatives

Healthy housing
Safe and sustainable transportation
Environmental stewardship
Public infrastructure
Public safety/Social cohesion
Healthy economy



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For each of the 35 indicators

- Literature review
- Collection of existing conditions data
- Analysis of how 3 alternatives would impact indicators, including vulnerable populations
- GIS mapping
- Potential mitigations

- | | |
|-----------------------------------------------------|-----------------------------------------------------------------------------|
| Humboldt County Public Works | Humboldt County Association of Governments |
| Humboldt County Community Development Services | Workforce Investment Board |
| California Department of Forestry | California Water Resources Board (North Coast Watershed Assessment Program) |
| Humboldt State University | City of Arcata |
| UC Davis Agricultural Extension Service | Eureka City Schools |
| First Five Commission | Assembly member Patty Berg's office |
| Area 1 Agency on Aging | Humboldt Del Norte County Medical Society |
| Jacoby Creek Land Trust | Northcoast Environmental Center |
| Childcare Planning Council | Fisheries Biologists |
| North Coast Unified Air Quality Management District | Natural Resources Conservation Service Arcata Soil Survey Office |
| North Coast Emergency Medical Services | PG&E |
| Humboldt Partnership for Active Living | Department of Health & Human Services |
| Redwood Community Action Agency | |
| Housing and Homeless Coalition | |

Existing Conditions

In Humboldt County, VMT = 27 miles/person/day (2006)
 California VMT = 24 miles/person/day

VMT affects health

Collisions, walking/biking, proximity to goods and services, social cohesion, global warming

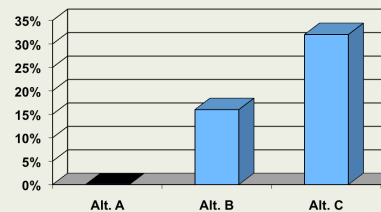
Disparities

Seniors may be unable/unwilling to drive
 Low-income people may not have access to cars or may need to spend large percent of income on driving

VMT: Average vehicle miles traveled per person per day

Alternative A (baseline)

Reduced individual travel expenses and time
 Increased transit, walking, and biking



Alternative B
 200 million more miles driven in the county annually

Alternative C
 400 million miles more

Humboldt Findings



Alternative A

Most positive health impacts overall and requires fewest health-related mitigations

Alternative B

Changes current health outcomes least

Alternative C

Most negative health impacts overall and requires greatest number of health-related mitigations

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Humboldt Recommendations



Examples of Transportation-related Recommendations

Encourage employer-based incentives for transit

Increase public education about public transit

Raise priority of non-motorized modes of transport

Collect data about pedestrian and bicycle use

Establish pedestrian and bicycle routes to schools

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Humboldt Reporting



40 page summary and six detailed analysis reports reviewed by planners before release

Presented to the Board of Supervisors, Planning Commission, City Councils, state health officers, hospital grand rounds, APHA and others

Distributed in newsletter to 22,000 local residents

Three newspaper articles written about the HIA

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Humboldt Outcomes



No decision yet on General Plan Update

Recommendations included in Circulation and Housing Elements

HIA included as appendix to EIS

Built collaboration between planning & public health agencies

Built awareness about health and land use among elected officials, general public, planners, community groups

Other counties interested in using the approach

Proposed Humboldt Port expansion project will include a HIA

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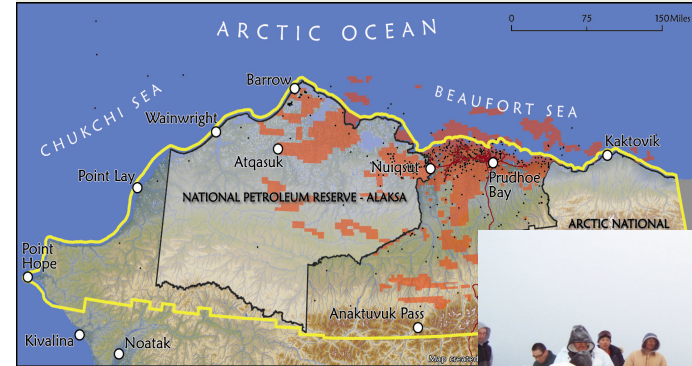
Project Example 2



A Health Impact Assessment of Proposed Oil Leasing Activities on Alaska's North Slope

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Oil Leasing on Alaska's North Slope



Community Health Concerns



A small Inupiat community 7 miles from large oil development.

Over 10 years, wide range of health concerns raised as proposed development drew nearer to the community



"The benefits of oil development are clear -- I don't deny that for a moment. The negative impacts are more subtle. They're also more widespread and more costly than most people realize. We know the human impacts of development are significant and long-term. So far, we've been left to deal with them on our own. They show up in our health statistics, alcohol treatment programs, emergency service needs, police responses -- you name it."

*George Ahmaogak, Former Mayor of North Slope Borough
Keynote Address, Alaska Forum on the Environment 2004*

HIA Process



The First Federal HIA/EIS

Local government became a "cooperating agency" -- role defined by NEPA through which local governments can formally participate in an EIS

Community health agency drafted an HIA

Lead federal agency (BLM) incorporated HIA into EIS

Public engagement, assessment, etc. occurred through formal EIS processes, such as response to public comments



Scoping and Assessment



Hunting and Diabetes

Baseline:

Type 2 diabetes prevalence low: ~2.5%

Diet: ~50% “wild foods” – caribou, salmon, marine mammals

Impact Assessment:

Pipelines	> Displace caribou		
“Seismic”	> farther from village	> Dietary Change	> Diabetes Risk
Revenue	> Fuel & equipment for hunting		

Recommendations & Outcomes



Health Concern	Mitigation Measure
Need to address health in planning future projects	BLM will consult with relevant health agencies in the development of future proposals in Northeast NPR-A
“Social ills”: alcohol, STIs, etc.	Expand cultural orientation for workers
Air pollution	Additional baseline, modeling, and monitoring above CAA requirements
Contamination of local food sources	Baseline levels and ongoing monitoring

HIA as a Collaborative Process



Why engage others in the HIA process?

The public for relationship building, capacity for advocacy, and empowerment

Public health and other agencies for relationship-building, data, information, and resources

Decision-makers to ensure that recommendations are realistic and account for the practical, economic, and technical limitations on the decision at hand



Identifying Collaborators

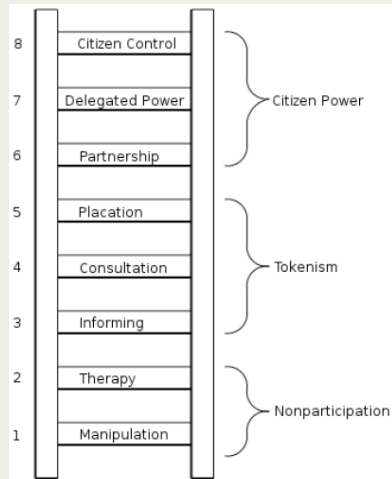


Who are the right stakeholders to engage in the HIA process?

- Public agencies
- Policy-makers / Elected officials
- Community / Advocacy organizations
- Business / Industry
- Residents / Individuals

Any person or organization who has a stake in the decision being assessed is a potential collaborator

Ladder of Participation



Arnstein S. 1969. Ladder of citizen participation. JAIP 35 (4): 216-224

Objective

By meaningfully involving potentially impacted communities, ensure that the HIA process, its results, and subsequent actions are as powerful as possible and engage and empower impacted community residents.

Essential Tasks

- Recruit different stakeholders, including community organizations and individuals, to participate in the HIA.
- Ensure that community partners are prepared and have the capacity to participate. Provide leadership development and skills training necessary to support participation.
- Establish shared goals and objectives among stakeholders early in the process.
- Ensure community input at each stage of the HIA process.

Key Points

Community involvement at every stage can enable individuals and organizations to better contribute to, understand, and use HIA results.

Participation in the HIA by a variety of stakeholders, including strong community organizations, will help ensure that HIA findings are as objective as possible. Community groups bring information that complements the perspectives of other HIA stakeholders. It is perceived by many that community organizations lack objectivity, but all stakeholders have some level of bias and can be viewed by other stakeholders as not objective.

Involving community organizations and impacted individuals in the HIA process along with other diverse stakeholders can foster new relationships.

Community partners can play a unique role in using HIA findings and recommendations for advocacy purposes. Other HIA collaborators may have limited capacity to engage in advocacy, but may have the trust of decision-makers. The ability to advocate for the implementation of HIA recommendations and have the trust of decision-makers is crucial to creating change.

Community involvement in health impact assessment can lead to community empowerment. As the WHO Commission on Social Determinants states, "Any serious effort to reduce health inequities will involve political empowerment." Empowerment enables communities to play a role in shaping their living and working conditions, and helps ensure that the changes needed to improve well-being are implemented. Simply having public meetings to inform community members of policy, plan or project changes, or to gather input, does not lead to empowerment.

Key Points (cont'd)

The health lens is an effective frame that can serve to engage community residents in decisions that impact their lives, and can help make community organizations more effective. Assessing local projects and policies that residents are concerned about is an ideal way to highlight links between planning, policy and health. The HIA process and results are effective tools with which to educate

community members about decision-making, about the systemic causes of disparities, and about how public decisions impact their health. HIA reporting and communication are opportunities to build leadership through public speaking and meetings with decision-makers. HIA findings can be used by community organizations to support the credibility of their efforts.

Examples of Roles for Community Groups and Impacted Individuals

Minimal Role

Screening informed by conditions and needs in the community

Community members inform HIA *scope* (form of input varies: surveys, meetings)

Assessment includes results of community input (surveys, focus groups)

HIA *communication* targets a community audience

Government *monitors* outcomes on behalf of community

More Substantial Role

Community chooses HIA topic or partners with others to choose topic

Community members lead/play substantial role in scoping and prioritizing focus of HIA

Community conducts research, suggests and prioritizes recommendations

Community participates in communicating HIA results (testimony, press conferences)

Community collects/reports monitoring data themselves or in partnership with others

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Tools

The tools page of HIP's website (www.humanimpact.org/Tools.html) has links to the HIA Toolkit, which includes:

- Structured ways to speak with community groups about how land use planning and public policy affects health are described:
 - The health tree
 - Community mapping exercises
- HIA Readiness Questions, which can help organizations evaluate whether they are ready to undertake a HIA.
- Principles of Collaboration, which can be put in place early in the HIA process to ensure that stakeholders understand how they will work together.

HIA Opportunities for Collaboration

HIA Step	Examples of Roles	Potential Collaborators
Process Oversight	<ul style="list-style-type: none"> ▪ Stakeholders and HIA practitioners develop a collaboration agreement for the conduct and oversight of the HIA process ▪ Identify agency or organization to oversee process ▪ Coordinate partners/activities for each step of the HIA 	<ul style="list-style-type: none"> ▪ Community advocates/ organizations ▪ Public agencies: <ul style="list-style-type: none"> ▪ Public health department ▪ Planning department ▪ Regulatory agencies (e.g., EPA) ▪ Universities ▪ School districts ▪ HIA consultant
Screening	<ul style="list-style-type: none"> ▪ Identify criteria for selection and priority projects for HIA ▪ Identify priority health issues needing to be studied through HIA ▪ Understand context of decision-making process ▪ Contact stakeholders and decision-makers 	
Scoping	<ul style="list-style-type: none"> ▪ Conduct issue identification through outreach to impacted communities ▪ Prioritize research questions ▪ Conduct outreach to potential HIA participants to broaden the spectrum of stakeholders involved ▪ Identify sources of data ▪ Establish timeline and boundaries (e.g., geographic, populations) ▪ Consider resources available ▪ Develop workplan 	
Assessment	<ul style="list-style-type: none"> ▪ Gather and organize data ▪ Conduct research and analysis ▪ Lead or participate in field observations and research ▪ Conduct surveys, interviews or focus groups, and interpret or “ground truth” data and analysis 	
Reporting and Communications	<ul style="list-style-type: none"> ▪ Write, review and edit final HIA report ▪ Interpret and prioritize HIA findings and recommendations ▪ Develop presentation of findings ▪ Develop and execute communication, media and advocacy plans ▪ Create demand for public agencies to conduct HIA 	
Monitoring	<ul style="list-style-type: none"> ▪ Monitor decision outcomes and long term results ▪ Hold decision-makers accountable to decision agreements 	

Collaborator Roles in HIA



Scoping	Identify health issues to be studied Prioritize research questions
Assessment	Research existing conditions data Conduct surveys, interviews, focus groups, Interpret and ground truth data Conduct data analysis Prioritize recommendations
Reporting	Write, review and edit final report Develop a communication, media and advocacy plan to report findings to decision-makers
Recommendations	Develop and prioritize alternatives or mitigation strategies Identify strategies to ensure implementation of recommendations (e.g., collaboration with decision-maker to develop feasible measures; advocacy; media)
Monitoring	Continue to hold decision-makers accountable for decision agreements and mitigations

See "Opportunities for Stakeholder Collaboration in HIA" in your binder

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Opportunities for Decision-maker Input



Screening	Participate in early discussion of HIA and HIA training with other stakeholders
Scoping	Share constraints, concerns, practical limitations
Assessment	Develop shared understanding of analysis being conducted
Recommendations	Identify what policymakers can feasibly implement
Reporting	Review and utilize HIA findings and recommendations
Monitoring	Consider ways to require monitoring

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Examples of HIA Collaboration



Humboldt County General Plan HIA

Organization	Roles
Public Health Department	Contributed data and conducted research/analysis Reported HIA findings and recommendations
Community organization (HumPal)	Organized focus groups for scoping and assessment Reported HIA findings and recommendations
Planning Department	Participated in scoping focus groups Provided baseline data Reviewed HIA report and findings
HIP	Coordinated HIA process Conducted HIA assessment Drafted report

HIA in Hawaii



Hawai'i County Agricultural Development Plan HIA



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Agriculture in Hawaii County



Hawai'i County is the site of 63% of farmland and 40% of existing farm employment in the state

effect of agricultural expansion on the island's economy could be significant

State of Hawai'i island imports 85-90% of its food (Hawai'i island imports less)

legacy of former plantation agriculture and result of globalization of food supply



Economic impact of increase in local food production is more often discussed, but health impacts of this plan have not been evaluated

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Hawai'i County Ag. Development Plan



Plan currently being developed by County of Hawai'i Department of Research and Development

Plan currently focuses on enhancing opportunities for expansion of County's agricultural industry

Residents interested in expanding locally produced food supply to address issues of

food security

economic development

environmental conservation

Plan will guide County legislative and regulatory action, as well as decisions about private investment by agricultural business, for five or more years.

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Agricultural Plan HIA



Potential impacts of Ag. Plan

Food security

Economic stability

Worker safety

Environmental impact



HIA used to

Assess risks and benefits of Plan

Highlight issues of social and economic equity

Develop recommendations to promote benefits and mitigate danger to health

Report results to decision-makers and general public

Positively impact community well-being

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HIA Goals



Include health considerations in the Ag. Plan decision-making processes

Succeed in developing a Plan that reflects community priorities

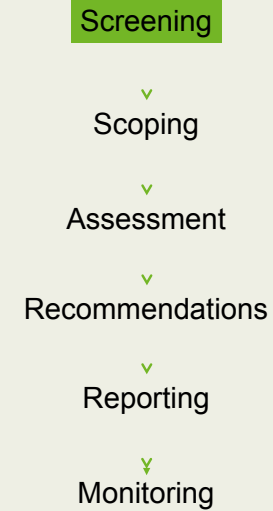
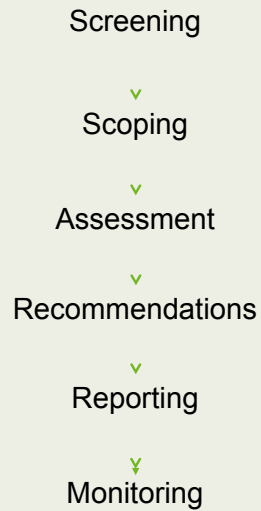
Engage and involve community stakeholders throughout the HIA

Promote alternatives that will maximize health benefits and mitigate negative health impacts

Build capacity of stakeholders to use HIA findings and recommendations to assist in education and awareness building around the health impacts of policy and land use decisions



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Objective

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

- Tasks
- Key points
- Tools
- Resources

STEP 1: SCREENING

Objective

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

Essential Tasks

- Define the decision and its alternatives
- Decide who will be involved in screening
- Determine if potential partners are ready to work on a HIA
- Evaluate the project, plan, or policy based on screening criteria
- Make a decision about whether to conduct a HIA
- Notify stakeholders of your decision

Key Points

HIA is used to assess a defined project, plan, or policy. The purpose of HIA is to inform decision-makers before they make a decision. A HIA is most often carried out before a decision is made or the proposal is implemented.

Have sufficient information about the decision. Conducting a HIA requires sufficient information about the proposed policy or plan to evaluate health impacts. Vague plans or policy statements may provide too little substance for a HIA.

Establish the value of HIA. It is not possible or desirable to conduct a HIA on every public decision. Projects that benefit from HIA are those where such an analysis might significantly protect or promote the health of a population and where partners are engaged in the HIA process and will use the results.

Assess feasibility. Feasibility involves being able to conduct an informative HIA within the decision-making time frame and with available resources.

Understand timing. Conducting a HIA early in the design and decision-making process offers the best opportunity for influencing the design of the project, plan, or policy. If the HIA occurs too late in the process, it risks confronting a fixed design or closed positions.

Evaluate decision openness. For HIA to be most valuable, the decision-making process should be open to receiving and acting on new information.

Be inclusive. Have community groups, public agencies and other potential HIA collaborators participate in the screening process. Participation of stakeholders in the HIA process at the earliest possible stage can help to ensure buy-in, constructive dialogue, and openness to HIA findings and recommendations.

Avoid redundancy. A HIA may be less useful if health effects related to the decision are already well established, or if another impact assessment or analysis will serve to comprehensively analyze health impacts.

Tools

Example Screening Criteria

1. The project, plan or policy has been proposed, a final decision about whether to adopt the proposal has not been made, and there is sufficient time to conduct an analysis before the decision is made.
2. The decision has the potential to affect, positively or negatively, environmental or social determinants of health that impact health outcomes of a population - and those health impacts are not being or likely to be considered without the HIA.
3. Evidence, expertise, and/or research methods exist to analyze health impacts associated with the decision being considered.
4. The proposal being considered could potentially impact health inequities.
5. The proposal's impact on health outcomes is potentially significant. This can be measured in terms of the number of people impacted, the magnitude of impacts, and the breadth of the impacts.
6. The connections between the proposal and health outcomes are neither too obvious nor too indirect.
7. Decision-makers and/or those stakeholders who have the capacity to influence decision-makers are likely to use HIA findings and recommendations to inform or influence the decision-making process, whether through regulatory requirements or voluntarily.
8. The HIA could help lead to institutional and/or systemic changes that promote better health outcomes for all.
9. Partners are available to participate in the HIA process and use HIA findings and recommendations.
10. Resources (including funding, personnel, technical capacity, and leadership) are available to conduct the HIA.

Resources

- Human Impact Partners. 2009. Considerations for the Selection of Appropriate Policies, Plans, or Projects for Analysis using Health Impact Assessment. http://www.humanimpact.org/HIA_Screening_WhitePaper.pdf
- Human Impact Partners. 2009. HIA Readiness Questions. http://www.humanimpact.org/HIA_ReadinessQuestions_1109.doc
- Taylor L. *et al.* 2003. Deciding if a Health Impact Assessment Is Required (Screening for HIA). NHS Health Development Agency. http://www.iaia.org/publicdocuments/pubs_ref_material/Screening%20for%20HIA%20pdf.pdf
- Health Impact Assessment: A Screening Tool for the Greater London Authority. 2001. http://www.london.gov.uk/mayor/health_commission/reports/hia_draft_hia_screen.pdf
- Scott-Samuel A. *et al.* 2001. The Merseyside Guidelines for Health Impact Assessment. Second Edition. Published by the International Health Impact Assessment Consortium. http://www.liv.ac.uk/ihia/IMPACT_HIA_Reports.htm

When is a HIA carried out?



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.



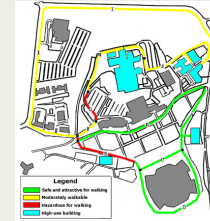
HIA is used to assess a defined project, plan or policy

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Why NOT do a HIA? Example 1



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

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Why NOT do a HIA? Example 2



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

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HIA Screening Worksheet



Screening Questions	Response and Supporting Facts
<i>The project, plan or policy has been proposed, a final decision about whether to adopt the proposal has not been made, and there is sufficient time to conduct an analysis before the decision is made.</i>	
<i>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 health inequities be impacted? In what ways? What are the most important health concerns that could be addressed by a HIA?</i> <i>Would those health impacts be considered without an HIA?</i>	
<i>Is the proposal too closely, or too distantly related to health? If applied, would HIA findings and recommendations potentially improve the impact that the project, plan, or policy has on health?</i>	
<i>Who are the stakeholders and interest groups involved in the decision-making process? Do they seem to have the interest and the capacity to participate in an HIA? Would stakeholders use the HIA to inform or influence the decision-making process? How?</i>	
<i>What are some challenges (and by what stakeholders) to change that you might anticipate?</i>	

See worksheet in binder

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What specific recommendations included in the Plan should be a priority focus for the HIA?

What would be the health effects of:

- a general commercial expansion of FFV production
- an expansion of grass fed beef, dairy, and/or egg production
- an increase in the production of organic FFVP
 - an increase in home food production
 - extensive biofuel production
 - increase in farm workers/being a farm worker
 - an increase in new on-farm housing
 - an increase in institutional buying, particularly by pre-schools and K-12 schools?
- What are the most effective ways to increase demand for/consumption of FFVP?



HIA Screening Worksheet

Screening Questions	Response and Supporting Facts
<p><i>The project, plan or policy <u>has been proposed</u>, a final decision about whether to adopt the proposal <u>has not been made</u>, and there is <u>sufficient time</u> to conduct an analysis before the decision is made.</i></p> <p><i>What <u>specific recommendations</u> included in the Ag. Plan should be a priority focus for the HIA?</i></p>	
<p><i>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 health inequities be impacted? In what ways? What are the most important health concerns that could be addressed by a HIA?</i></p> <p><i>Would those health impacts be considered without an HIA?</i></p>	
<p><i>Is the proposal too closely, or too distantly related to health? If applied, would HIA findings and recommendations potentially improve the impact that the project, plan, or policy has on health?</i></p>	
<p><i>Who are the stakeholders and interest groups involved in the decision-making process? Do they seem to have the interest and the capacity to participate in an HIA? Would stakeholders use the HIA to inform or influence the decision-making process? How?</i></p>	
<p><i>What are some challenges (and by what stakeholders) to change that you might anticipate?</i></p>	

Other screening questions to consider:	
<i>Is the decision-making process open to HIA and/or recommendations for changes to design, mitigations and alternatives?</i>	
<i>Are there decision alternatives that are more or less advantageous to public health? Would one scenario affect vulnerable populations more than another?</i>	
<i>Have public concerns about the health impacts of the decision been documented (even if these concerns have not explicitly been stated as health concerns)?</i>	
<i>Are the proposal's impacts to health significant in terms of the number of people impacted, the magnitude, breadth and immediacy of impacts?</i>	
<i>Do data and research methods exist to analyze health impacts of concern associated with this decision?</i>	
<i>Is it feasible to analyze the health impacts of the decision in the decision-making time frame? What are some barriers to timely completion that you might anticipate?</i>	
<i>Could the HIA help lead to institutional and/or systemic change?</i>	
<i>What additional information do you need to decide on the overall value of an HIA in this context?</i>	

Choosing a Specific focus for the HIA :

linking HIA issues with the County of Hawai'i Agricultural Development Plan

What would be the health effects of:

- a general commercial expansion of FFV production
- an expansion of grass fed beef, dairy, and/or egg production
- an increase in the production of organic FFVP
- an increase in home food production
- extensive biofuel production
- increase in farm workers/being a farm worker
- an increase in new on-farm housing
- an increase in institutional buying, particularly by pre-schools and K-12 schools?

What are the most effective ways to increase demand for/consumption of FFVP?

Expansion of commercial FFV production, Expansion of grass fed beef, dairy, and/or egg production, Increase in home food production, Increase in the production of organic FFVP

- “Recommended goals that reflect the expressed wishes of the agricultural industry and community members Expand Hawaii Island food production so that 30% of its residents demand for food can be supplied by local producers by 2020”. *(Page 2)*
- “Increase the local production of food consumed on Hawaii Island by growing and marketing commercial crops to substitute those being imported and by encouraging island residents to grow some of their own produce.” *(Page 25)*
- “Recommended goals that reflect the expressed wishes of the agricultural industry and community membersProtect local agriculture from the introduction of invasive species and pathogens.” *(Page 2)*
- “One of the best strategies to control invasive species is to increase Hawaii’s agricultural production decrease importation of agricultural products that are a main source of invasive pests.” *(Page 42)*

Increase in institutional buying, particularly by pre-schools and K-12 schools

- “Increase the profitability of Hawaii Island’s agricultural businesses through cost reduction strategies and greater market share for local products. Proposed Action items: (1) Sales to county, state, and federal agencies—lead by example.” *(Page 23)*

Expansion of grass fed beef and/or dairy production, Extensive biofuel production

- “Challenges [to expanded beef production]: Competition for grazing land among other agricultural users, especially planned bioenergy crops, has the potential to be a limiting factor.” *(Page 46)*
- “Challenges [to biofuel production]: There is competition for the large acreages of agricultural land needed for biofuel resource growth. There is a limited amount of economic data available on the profitability of growing, harvesting, and processing biofuels on Hawaii Island.” *(Page 69)*

Increase in new on-farm housing

- County zoning laws related to housing on agricultural land can be an impediment to farming. . . . Clustering of farm labor housing or the use of barrack-type facilities are needed if agriculture is to expand. . . . Similarly there should be legal ways for young family farmers to move on to land with minimal residential infrastructure, allowing for . . . improvements to be built as agricultural activity grows and becomes profitable. Objective: . . .simplify permitting for farm dwellings and farm worker housing. *(Page 32)*

What are the most effective ways to increase demand for/consumption of FFVP? *(Pick a specific strategy such as expanding farmers markets, taking EBT cards at farmers markets, placement of local products in markets, etc.)*

- Objective: Increase awareness and sales of Hawaii Island's crops and value-added products for local consumption . . . with effective marketing strategies. *(Page 27)*

Screening



Scoping



Assessment



Recommendations



Reporting



Monitoring

Objective

To create a plan and timeline for conducting a HIA that defines priority issues, research questions and methods, and participant roles.

Tasks

Key points

Tools

Resources

STEP 2: SCOPING



Objective

To create a plan and timeline for conducting a HIA that defines priority issues, research questions and methods, and participant roles.

Essential Tasks

- Determine who will oversee the HIA process
- Set ground rules or principles of collaboration for working together, including participant roles
- Establish objectives of the HIA
- Develop research questions, workplan, and timeline
- Determine the format for the final HIA report, and how findings and recommendations will be communicated

Key Points

To set the scope, determine:

- Decision alternatives to be evaluated
- Potential health impacts of the decision and health issues to be considered in the HIA
- Populations to be evaluated, including vulnerable populations defined by place, income, race, gender, or age
- Research questions, data sources, and analytic methods
- Timelines
- Draft plans for reporting, monitoring, and evaluation
- Resources available
- Participant roles and responsibilities

Be inclusive. Include all stakeholders in scoping and other steps of the HIA. Stakeholders include community and advocacy groups, public health and other government agencies, project proponents, elected officials, and affected community members.

Use diverse outreach methods to solicit feedback and participation from a variety of stakeholders by hosting a public meeting, receiving public comments, interviewing stakeholders and experts, or inviting input from local health experts.

The scope should reflect resources available. Begin with an understanding of the broad set of health determinants that could be impacted by the decision. Then, consider the resources needed to apply methodologies and tools to define a realistic workplan.

Resource requirements for HIA analysis methods:

Least resources

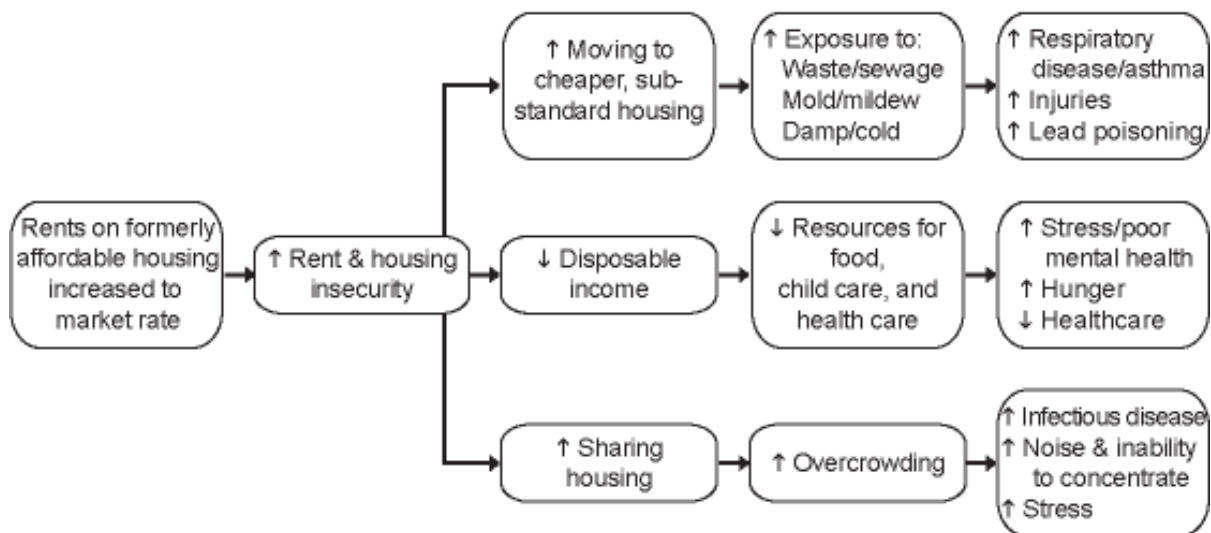
Literature review
Analysis and mapping of existing data
Expert opinion
Application of quantitative forecasting methods
Interviews or focus groups

▼
Most resources

New quantitative data collection and analysis

Key Points (cont'd)

Consider all pathways that link the proposed decision to health. Focus on impacts with greatest significance and greatest public concern. Use pathway diagrams:



Tools

Example Scoping Questions

- What are the goals for this HIA?
- What are potential health impacts of the proposed project or policy? Which of these will be included in the scope?
- What is known about existing health conditions of the populations that could be impacted? What are the specific populations (e.g., age, gender, race, income, place) that will be impacted?
- What research questions will the HIA answer?
- What research methods and data sources will be used?
- Who will oversee the HIA process?
- What roles will stakeholders and collaborators play?
- What is the workplan and timeline?

Resources

The tools page of HIP's website (www.humanimpact.org/Tools.html) has links to HIP's HIA Toolkit, which includes examples of a land use development project scope (Concord, CA Naval Weapons Station) and HIP's Principles of Collaboration.

Health Determinants



Potential health impacts to focus on in the HIA

- Nutrition
- Family Income
- Economic Development and Job Creation
- Transportation (for residents, for ag. products)
- Housing
- Social Capital



HIA Scoping: Table Exercise



Considering your Ag. Plan policy rec. and one health ideterminant of concern, develop a **Pathway Diagram**

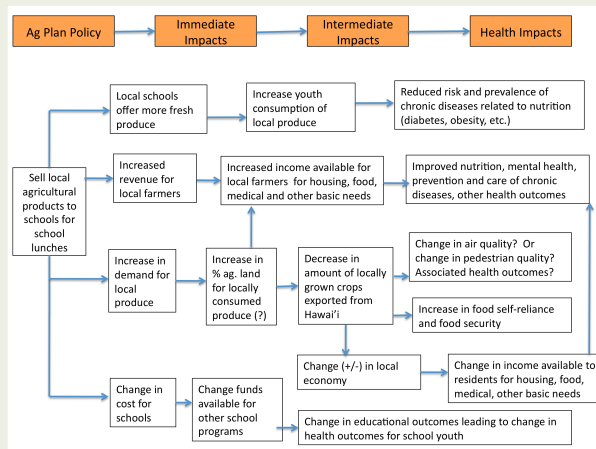
Using the same recommendation and health determinant, complete the **Scoping Worksheet** (first 4 columns)

Consider a **goal** for your HIA related to this issue area

Causal Pathways



A Pathway Diagram demonstrates the links between health determinants and outcomes.



HIA Scoping Worksheet



Health determinant	What do we already know about existing conditions, potential health impacts and vulnerable populations?	What are the specific populations (e.g., age, gender, race and income) that will be impacted by this project/policy proposal?	What are our research questions?

See worksheet in binder

Completing the Scoping Worksheet



Health Determinant

Access to fresh produce

Existing Conditions

% of adults and % of children who eat recommended daily servings of fresh fruits and vegetables

Proportion of population in varying distances (.5 miles, 1 mile etc.) from fresh produce retail

Cost of available fresh produce

Potential Impacts

Obesity, other chronic conditions, economic (including \$ available for other needs)

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Completing the Scoping Worksheet (cont'd)



Vulnerable Populations

low socioeconomic status, families with children, those with lack of access to transportation

Research Questions

How many Farmer's Markets currently exist on Hawai'i?

How would the Ag. Plan proposal potentially increase number of Farmer's Markets and how would that impact residents' access to fresh food?

How would FM impact social capital? What are the economic impacts of FMs?

How many servings of fruits and vegetables (and protein?) does the average Hawaii Island resident eat?

How would the Ag Plan impact intake of fresh produce and protein?

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Small Group Scoping Assignments



Table 1

Ag. Plan Recommendation:

Health Issue:

Table 2

Ag. Plan Recommendation:

Health Issue:

Table 3

Ag. Plan Recommendation:

Health Issue:

Table 4

Ag. Plan Recommendation:

Health Issue:

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HIA Training **Scoping Exercise**

1. Review the Scoping worksheet below.
2. Within the context of your case study scenario, consider one health determinant that would be prioritized in a HIA for this proposed project, plan or policy.
3. Describe potential pathways from the proposed project, plan or policy to changes in social and environmental conditions that lead to the health issues you've selected (*draw a "pathway diagram"*).
4. For each health determinant, write down some of what you already know about existing conditions and evidence related to potential health impacts. Identify vulnerable or sensitive populations that might be impacted by the proposed project, plan or policy.
5. For each health determinant, define important research questions that will need to be answered in the HIA.

The following are common themes that come up for communities with regard to health and policy proposals. Feel free to investigate other topics not listed here as well.

Secure employment	Air pollution
Job quality & safety	Environmental noise
Quality and accessibility of housing	Access to parks
Quality of nutrition	Preservation of open space
Access to goods & services	Traffic safety
Education & child development	Community violence
	Protection of community cohesion

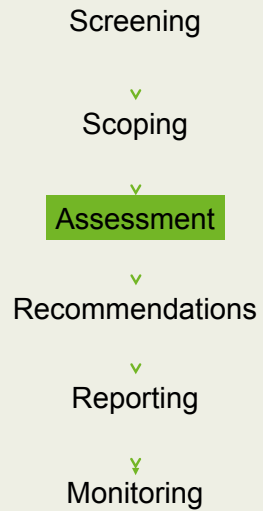
Pathway Diagram

HIA Scoping Worksheet – Example

Health determinant	What do we already know about existing conditions, potential health impacts and vulnerable populations?	What are the specific populations (e.g., age, gender, race and income) that will be impacted by this project/policy proposal?	What are our research questions?	What methods or data sources could help answer the research questions? What agencies might provide access to this data?
<p>Will the development furnish sufficient affordable and safe housing?</p> <p>If not, will the absence of this housing contribute to:</p> <ul style="list-style-type: none"> • Overcrowding? • Housing cost burden? • Homelessness? 	<p>Existing conditions:</p> <p>There is insufficient supply and production of low to moderate income housing in the area.</p> <p>20% of households live in overcrowded conditions.</p> <p>Potential impacts:</p> <p>Public health evidence links overcrowding, financial strain, and displacement to respiratory disease, stress, child abuse and neglect, and a multitude of physical and mental health issues including premature mortality.</p>	<p>Vulnerable populations:</p> <p>Existing low-income and minority populations living in the development area.</p> <p>Many families with children are living in overcrowded conditions.</p>	<p>How many renters/owners, by income category, spend greater than 30% of their income on housing? <i>According to federal guidelines, housing is considered to be affordable when residents spend less than 30% of their income on housing.</i></p> <p>How does housing cost and income relate to housing conditions? How do these housing conditions impact health?</p>	<p>Data on housing availability by housing cost from city planning agencies.</p> <p>Data on housing quality in development area from health and building authorities.</p> <p>Data on housing-related illnesses and injuries from health department.</p> <p>Research linking housing conditions with specific health outcomes.</p> <p>Interviews with area residents on housing conditions.</p>

HIA Scoping Worksheet

Health determinant	What do we already know about existing conditions, potential health impacts and vulnerable populations?	What are the specific populations (e.g., age, gender, race and income) that will be impacted by this project/policy proposal?	What are our research questions?	What methods or data sources could help answer the research questions? What agencies might provide access to this data?



Objective

To provide a profile of existing conditions data, an evaluation of potential health impacts, and evidence-based recommendations to mitigate negative and maximize positive health impacts.

Tasks
Key points
Tools
Resources

STEP 3: ASSESSMENT & RECOMMENDATIONS

Objective

To provide a profile of existing conditions data, an evaluation of potential health impacts, and evidence-based recommendations to mitigate negative and maximize positive health impacts.

Essential Tasks

- **Profile Existing Conditions**
Research baseline conditions, including health outcomes and determinants of health disaggregated by income, race, gender, age, and place.
- **Evaluate Potential Health Impacts**
Use theory, baseline conditions, and population concerns. Consider evidence that supports and refutes health impacts. Assess affects by income, race, gender, age, and place. Include assessments of the certainty, significance, and equity of impacts. Justify the selection or exclusion of data/methods. Identify data gaps, uncertainties, and limitations. Allow stakeholders to critique findings.
- **Propose Evidence-based Recommendations** gathered from experts and prioritized by HIA stakeholders.

Key Points

Gather existing data and collect primary data when necessary. Data sources include:

- empirical literature
- community expertise
- available social, economic, environmental, and health measures and surveys, often available from public health and planning agencies
- regulatory criteria, standards, checklists and benchmarks
- focus groups and community surveys
- neighborhood assessment tools

It is necessary to profile baseline conditions in order to predict future conditions if a project, plan, or policy is enacted.

Conduct a literature review. Clarify the question of interest and data needs, develop criteria for included studies, identify literature databases, identify studies and reviews, evaluate studies, and document your findings.

Include direction, magnitude and quality of evidence in impact predictions.

Don't start from scratch. Use tools and methods that already exist to assess health conditions and potential impacts.

Predicting health impacts with absolute certainty is not possible. Make informed judgments of effects based on available information, analysis, expertise, and experience. Be cautious with generalizations. Acknowledge assumptions and limitations.

It is not always necessary to quantify health impacts. Pathways between decisions and health effects are complex and quantification does not mean causal certainty. Assess a health impact by evaluating how a decision would affect environmental conditions known to be important to health.

Use qualitative analysis for issues that don't lend themselves to quantitative forecasting.

Different approaches used together can support better judgments. Use lay and expert knowledge and analysis using different methods (such as GIS mapping and surveys) collectively to draw conclusions.

Key Points (cont'd)

Answer the following questions for quantitative forecasting:

- Is there a causal relationship?
- Does data allow for quantitative predictions?
- Would prospective predictions be valid?
- Is there available time and resources?
- Would quantification support the needs of the decision-making process?

Methods for collecting new data include:

- Environmental measures (e.g., pedestrian quality, retail access)
- Modeling (e.g., air quality, noise)
- Surveys
- Forecasting tools (e.g., pedestrian injuries)
- Epidemiological studies

Recommendations include alternative ways to design a project, plan, or policy or management strategies to lessen adverse health effects.

Recommendations are not always appropriate. A HIA of a policy may simply state the potential benefits or harms without recommending changes.

Recommendations should be supported by evidence of feasibility, efficiency, cost-effectiveness, and political acceptability. Communication with stakeholders can be used to gauge buy-in or feasibility.

Recommended mitigation measures may require skills and expertise from outside the HIA team, underscoring the need for interdisciplinary collaboration.

Potential impacts of recommendations and mitigation measures could also be assessed as part of the HIA.

Ideally, every recommendation should be tied to indicators that can be monitored. This is also a great way to ensure that planning for monitoring is included throughout the process.

Consider the following criteria for recommendations. They should be:

- Responsive to predicted impacts
- Specific and actionable
- Experience-based and effective
- Enforceable
- Can be monitored
- Technically feasible
- Politically feasible
- Economically efficient
- Do not introduce additional negative consequences

Resources

San Francisco Department of Public Health. Program on Health, Equity and Sustainability. Health Impact Assessment Tools. http://www.sfphes.org/HIA_Tools.htm

San Francisco Department of Public Health. Program on Health, Equity and Sustainability. The Healthy Development Measurement Tool: Recommendations and Mitigations. Available at: www.thehdmt.org

Human Impact Partners. A Review of the Evidence Base for Planning Projects. <http://www.humanimpact.org/EvidenceBase/com.psychrod.eb.EvidenceBase/EvidenceBase.html>

HIP's Toolkit has a list of HIA Data Sources for Baseline Profiles of Health

HIA Assessment



Profile existing conditions: what do health conditions look like right now?

Through existing data or collecting new data

Judging impacts: how are current health conditions going to change for better or for worse?

What methods can be used to predict impacts?

Developing recommendations: how can we avoid negative health impacts and ensure that the Plan benefits health?

HIA Assessment Methods



Conduct an empirical literature review

Gather existing data or conduct new analysis on health, environmental and social indicators

Compare data to existing regulatory criteria, standards, & benchmarks

Utilize community expertise - e.g., focus groups, surveys

Apply specialized data collection tools for observational data, forecasting, and modeling



Empirical Literature Review

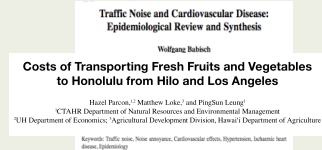


Peer-reviewed research
Pubmed

Systematic reviews
Campbell Collection

Grey literature
non-peer reviewed reports

Based on the Official USDA Thrifty Food Plans in 2009, the weekly food budget at home for a family of four in Hawai'i was \$217.70, which is higher by about 63% than the national average of \$133.40



Residents of low-income neighborhoods disproportionately suffer from problems of food insecurity. Limited access to healthy foods can result in problems of under- and over-nutrition; a deficiency of vital nutrients and calories can lead to underweight and an increased risk of illness, while an excess of poor quality energy sources can result in problems associated with being overweight and obese.

Indicator Data Sources



United States Census Bureau, American Fact Finder
Population data on demographics, social and economic characteristics, at state, county, city, zip code, census tract, block group, and block level

Centers for Disease Control, Behavioral Risk Factor Surveillance System

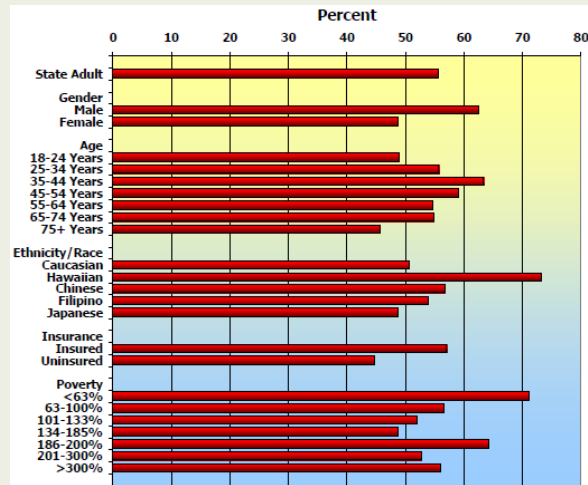
The world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the U.S.; data are collected monthly

Public Agencies

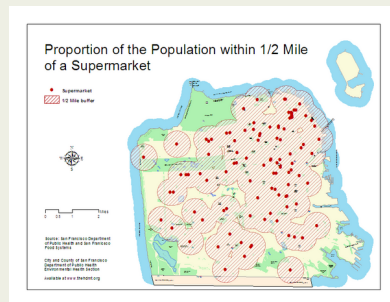
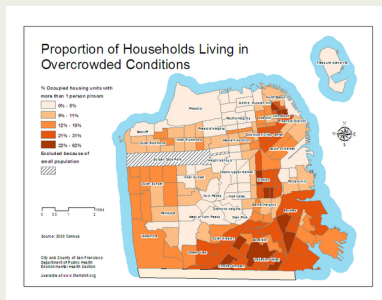
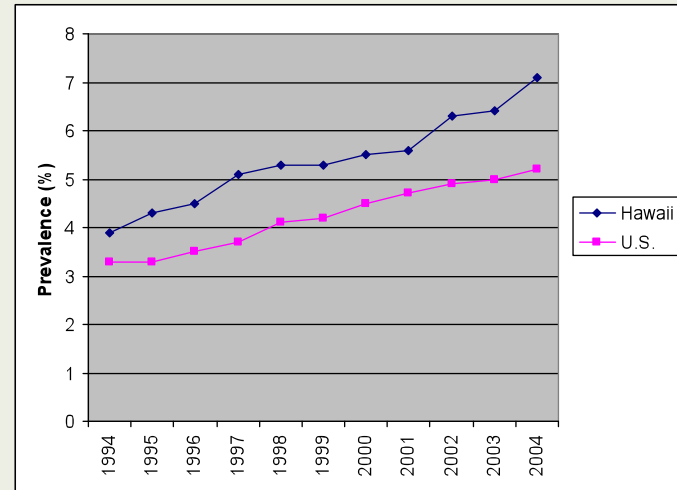
Hawai'i Dept. of Health, County Dept. of Research & Development, Hawai'i Dept. of Agriculture, Planning, Transportation

See HI Specific Data Sources in the "HIA Data Sources" doc.

Obesity Prevalence Hawaii Island



Age-Adjusted Prevalence of Diabetes, 1994-2004



Regulatory Criteria, Standards, and Benchmarking Tools

- Useful tools when available
- Can simplify analysis
- Reflects health analysis and other considerations
- May not be health protective
- May not be agreement on criteria

Healthy People 2010: Increase the proportion of persons aged 2 years and older who consume at least two daily servings of fruit

Hawaii County General Plan (2005): Development should be reviewed on the basis of total impact on the residents of the County, not only in terms of immediate short run economic benefits.

Community Expertise



- Residents
- Neighborhood organizations
- Medical practitioners
- Public officials
- Health agencies



"We need an Ag. Plan that includes an emphasis on self-reliance and sustainability. The County should have ways to stimulate agriculture with properly designed policy that is alignment with state and federal policies."

- Focus groups
- Listening sessions
- Surveys
- Interviews

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Focus Groups



Focus groups provide personal experiences to accompany statistics

"Working in a hospital, let alone in a hospital kitchen, you'd think they wouldn't want us to come in. Oh, no. If you try to call out, they give you a hard time. You come in sick and the next day, three more people are sick."



85% of U.S. private sector food service workers do not have paid sick days
586 food-borne disease outbreaks in institutional settings from '03 - '07 involved infected food-handlers

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Surveys



Surveys can help provide information that cannot be found in other data sources

April 17, 2008 12:52 PM
ENVIRONMENTAL ISSUES

1. Are you concerned about air quality in your community?
 Yes No I don't know
If yes, what is the main source of your concern? (e.g., exhaust from local trucks or from the freeway, industrial pollution)

2. Are you concerned about water quality in your community?
 Yes No I don't know
If yes, what is the main source of your concern? (e.g., pollution from industry)

3. Are you concerned about noise in your community?
 Yes No I don't know
If yes, what is the main source of your concern? (e.g., traffic, industry)

4. Are you concerned about the condition of your housing?
 Yes No I don't know
If yes, what is the main source of your concern? (e.g., lead paint, mold, air quality, physical condition, insects)

5. Is your neighborhood walkable and/or bikeable?
 Yes No I don't know
If not, why not? (e.g., too much traffic, inadequate sidewalks, streets too hard to cross, too much crime)

6. Do you have other concerns about the environmental quality in your neighborhood? If so, please list them.

For example

What is the health status of the community?

What are residents perceptions of environmental conditions and community needs?

What is the likely effect of a change in policy?

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Specialized Assessment Tools



Pedestrian Environmental Quality Index

Air Quality Modeling

Noise Modeling

Pedestrian Injury Collision Modeling

Healthy Development Measurement Tool

RFEI

Retail Food Availability Survey

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Healthy Development Measurement Tool



www.thehdm.org

Used to support comprehensive and health responsive planning

Incorporates over 120 measurable community health indicators and development targets

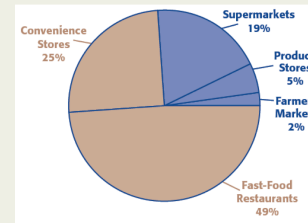
Retail Food Environment Index



RFEI =

fast food restaurants +
convenience stores

supermarkets +
produce stores +
farmer's markets



Average RFEI, and Obesity and Diabetes Prevalence for CHHS Respondents in Most Populated Counties*

County	Population	RFEI	Obesity Prevalence* (%)	Diabetes Prevalence* (%)
San Bernardino	1,950,806	5.60	27.2	7.7
Stanislaus	505,352	5.48	31.5	9.8
Kern	757,882	5.23	28.2	10.2
Salerno	420,307	5.11	23.9	8.1
Placer	363,600	5.01	23.0	8.4
Orange	3,047,054	4.99	37.3	5.8
Tulare	411,701	4.85	29.4	10.1
Los Angeles	10,166,417	4.85	20.7	7.2
San Diego	3,039,277	4.76	18.4	5.7
Contra Costa	1,019,101	4.67	24.9	5.1
Sacramento	1,366,937	4.56	21.8	5.8
San Joaquin	655,319	4.53	28.8	9.1
San Francisco	792,952	4.47	14.8	5.7
Ventura	810,763	4.42	19.5	6.3
Alameda	1,500,228	4.24	16.5	6.5
Riverside	1,868,311	4.23	29.5	7.5
Placer	308,431	4.16	18.7	4.1
Santa Barbara	417,988	3.90	22.2	8.0
Santa Clara	1,752,653	3.54	18.2	7.8
Sonoma	477,697	3.29	24.2	4.7
San Luis Obispo	261,310	2.85	17.2	4.2
San Mateo	719,655	2.80	17.1	5.5
Santa Cruz	260,339	2.24	12.1	3.4
Marin	251,820	2.06	11.4	3.0
California	33,665,950	4.48	21.2	6.8

Retail Food Availability Survey

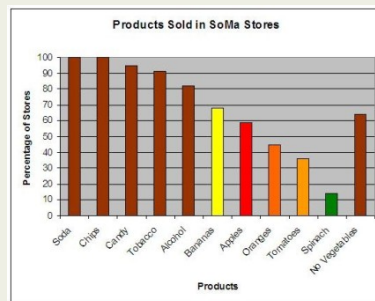


Assesses availability of healthy foods within stores, and therefore within neighborhoods, to determine community food security

Survey consists of store- and food-related measures such as

- store type
- price
- availability and variety
- quality
- organic produce
- store characteristics (e.g., cleanliness), and
- demographic information

Available at sfphes.org/HIA_Tools_Retail_Food_Availability.htm



Example: Pittsburg HIA



Assessment Method	Sample Finding
Indicator	17.5 asthma hospitalizations per 100,000 8.4% of residents commute to work via public transportation
Empirical literature	In a recent survey of County residents, 45% felt that transportation issues are the most pressing issue in County.
Specialized tool	PEQI: 42 intersections and 47 street segments assessed; Scores ranged from 0 (unsuitable pedestrian environment) to 75 (nearly ideal pedestrian conditions).
Specialized tool	Air Quality Modeling: Substantial <u>local</u> air pollution exposures for the future plan area attributed to the project location. However, comparing traffic generated from a low-density residential alternative to this high-density TOD project, the health impacts of premature deaths, asthma hospitalizations, and lower respiratory symptoms were 41% higher than in the eBART scenario.

What methods or data sources could help answer the research questions?

What agencies might provide access to these data?

What methods or data sources could help answer the research questions? What agencies might provide access to this data?

For the access to fresh produce example

Data on consumption of fresh produce from national or locally based surveys

Data on location of farmers markets, populations in surrounding areas, transportation access to markets

Interviews with area residents about access to fresh produce

Health Impact Assessment Training Evaluation Form - Day 1

*June 23, 2010
Waimea, Hawaii*

Thank you for attending the HIA training presented by Human Impact Partners, The Health Impact Project and The Kohala Center. Please take a moment to answer the questions below. Your comments and suggestions are very valuable to us.

Please rate the following statements listed below by circling the appropriate rating
(1-strongly disagree; 2-disagree; 3-neutral; 4-agree; 5-strongly agree)

	<i>Your Rating</i>					<i>Comments/Suggestions</i>
	1	2	3	4	5	
1. The content presented today deepened my understanding of the subject and HIA	1	2	3	4	5	
2. I will use the knowledge/skills gained from today's session in my future work	1	2	3	4	5	

3. What did you particularly like or dislike about the content of today's training?

4. Are there things that we should have covered today but did not?

5. Are there things that we should have spent less time on today?

Please rate the different sections of the training on a scale of 1-5
 (1 = awful to 5 = excellent)

	<i>Your Rating</i>					<i>Comments/Suggestions</i>
6. Tree Exercise (making the connection between land-use, policy and health)	1	2	3	4	5	
7. Introduction to HIA	1	2	3	4	5	
8. HIA Project Examples	1	2	3	4	5	
9. HIA as a Collaborative Process	1	2	3	4	5	
10. Goals for the Ag. Plan HIA	1	2	3	4	5	
11. Step 1: Screening	1	2	3	4	5	
12. Step 2: Scoping	1	2	3	4	5	
13. Step 3: Assessment	1	2	3	4	5	

Additional Comments:

Health Impact Assessment Training: Day 2

Thursday, June 24th * Waimea, HI

DAY 2 OBJECTIVES:

- Discuss the process of developing HIA Recommendations and Mitigations
- Learn about the Reporting step in HIA and types of reporting and communication strategies to target different audiences
- Discuss how and when monitoring and evaluation has been used in HIA
- Discuss intervention points in decision making processes for the Hawaii County Agricultural Development Plan where HIA findings and recommendations can be used
- Develop messages to communicate about the Hawaii County Agricultural Development Plan HIA to key stakeholders and decision-makers
- Plan for next steps to move forward with the HIA

Time	Agenda Item
8:30	Coffee
9:00	Welcome and Introduction to Day 2
9:15	Open Discussion With Any Questions from Day 1, "Sticking Points" in HIA, and Strategies to Address These
9:45	HIA Recommendations
10:15	Considering How the HIA Can be Used to Influence the Ag. Plan
11:00	BREAK
11:10	Reporting in HIA
11:40	Communicating with Key Stakeholders about the HIA
12:30	LUNCH
1:30	Monitoring in HIA
2:00	HIA Evaluation
2:30	BREAK
2:40	Next Steps and Plan for Moving Forward with the HIA
3:15	Wrap-up
3:30	Reflections and Training Evaluation
3:45	Adjourn

Review: Day 1



Connections between ag policy, land use and health

Examples of completed HIAs

Opportunities for collaboration in HIA

HIA Goals

Step 1: Screening

Step 2: Scoping

Step 3: Assessment

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Agenda: Day 2



- 8:30 Coffee
- 9:00 Welcome and introduction to day 2
- 9:15 Questions from day 1 & "HIA Sticking Points"
- 9:45 HIA Recommendations
- 10:15 Considering ways the HIA can be used to influence the Ag. Plan
- 11:00 Break
- 11:10 HIA reporting
- 11:40 Communicating with key stakeholders about the HIA
- 12:30 Lunch
- 1:30 HIA Monitoring
- 2:00 HIA Evaluation
- 2:30 Break
- 2:40 Next steps and plan for moving forward with the HIA
- 3:15 Wrap-up
- 3:30 Reflections and training evaluation
- 3:45 Adjourn

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Addressing HIA "Sticking Points"



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?



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What the Critics Say



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

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Barriers and Solutions



Barrier

No funding for HIA

Example solution

Use funding sources creatively (e.g., SFDPH)
 Need a champion decision-maker
 Need examples from other places
 Need successful case study
 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)
 Disparate, single-issue focused evidence exists in public health literature, especially built environment-related
 Role of HIA is to pull together to make a broad and definitive statement about impacts

Board of Supervisors will be upset by Public Health Department's HIA work

There is not enough evidence to demonstrate health impacts

HIA and Advocacy



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

Health Department: Testified about health impacts

Human Impact Partners: 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

Human Impact Partners: Held meetings with redevelopment and advocated for health analysis in EIS

The HIA Process



Screening



Scoping



Assessment



Recommendations



Reporting



Monitoring

Recommendations & Mitigations



A key function of HIA is to identify opportunities for public decisions to promote health

HIA may suggest

Recommendations: alternative ways to design a project, plan, or policy its location, or timing to benefit health

Mitigations: strategies to lessen anticipated adverse health effects of a decision

Recommendations & Mitigations



Key Points

Recommendations should be tied to indicators that can be monitored

Recommendations should be supported by evidence

Recommended mitigation measures may require skills and expertise from outside the HIA team

Potential impacts of recommendations and mitigation measures could also be assessed as part of the HIA

All stakeholders do not need to be advancing identified recommendations

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Recommendations & Mitigations



Consider the following criteria in developing recommendations:

Responsive to predicted impacts

Specific and actionable

Experience-based and effective

Enforceable

Can be monitored

Technically feasible

Politically feasible

Economically efficient

Do not introduce additional negative consequences

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Recommendations & Mitigations: Examples



Humboldt HIA: Encourage large employers to adopt TDM programs; Design multi-modal transit hub with co-located businesses and housing; Re: VMT: Alternative A = best for health, Alternative C = most negative for health

South LA Housing: Establish transportation for residents to healthy food retail; Establish farmer's market at local housing or school site; Offer incentives for healthy food retail to fill commercial site at housing development

Alaska: BLM will consult with relevant health agencies in the development of future proposals in Northeast NPR-A; Expand cultural orientation for workers; Additional baseline, modeling, and monitoring above CAA requirements; Baseline levels and ongoing monitoring

Recommendations & Mitigations



Challenges in Developing Recommendations

Validation of proposed recommendations and impacts on health

Limited knowledge of potential recommendations

Cost element to implement recommendations

Coming to consensus on recommendations

Responses

Use best available evidence

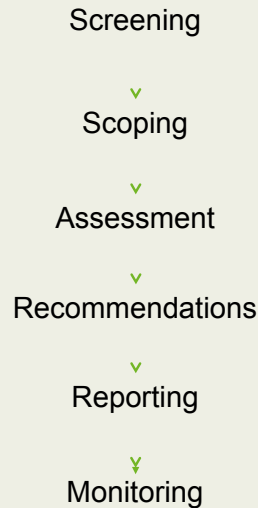
Invite subject-area expert input

Cost of not implementing in terms of health outcomes and associated expenses

Develop stakeholder outreach process to "test" recommendations

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HIA Intervention Points



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Typical Contexts for HIA



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 EIA requirements, or other HIA regulation

NEPA is the only legal 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.

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Land Use & Decision-Making Processes



General/Comprehensive Plans: Humboldt County

Area Plans/Specific Plans: Pittsburg TOD

Zoning: Baltimore zoning code

Infrastructure Plans: I-170 Freeway expansion

Public Lands Management: Alaska oil exploration

Development Project Review Process: Jack London Gateway

Environmental Impact Assessment: Alaska, Humboldt

Request for Proposals: Oakland Estuary



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Ag. Plan Decision-Makers



Hawai'i County Department of Research and Development (R&D)
charged with creating the Plan

Hawai'i County Council
will vote on adoption of the Plan and consider legislative and regulatory action on Plan recommendations

Hawai'i County administration
will implement laws and regulations in consultation with a **County Agricultural Plan Policy Advisory Committee**
made up of local residents from the islands' agricultural sector

Agricultural stakeholders
make decisions about private investment

Opinion leaders and media
can advocate for public policy changes and public investments

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Decision-Making in Hawaii County



Mayor

County Council

Departments:

Research and Development

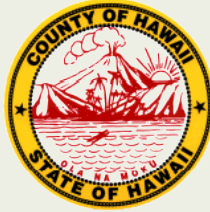
Planning Department

Public Works

Office of Housing and Community
Development

Mass Transit Agency

Parks and Recreation



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Intervention Points, Timeline for Ag Plan HIA



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The HIA Process



Screening



Scoping



Assessment



Recommendations



Reporting



Monitoring

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Step 4: Reporting



Objective

To develop the HIA report and communicate findings and recommendations.

Tasks

Key points

Tools

Resources

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STEP 4: REPORTING

Objective

To develop the HIA report and communicate findings and recommendations.

Essential Tasks

Develop the HIA Report

- Develop a consensus among stakeholders regarding key findings and recommendations
- Determine the format and structure of the report
- Write the report

Communicate HIA Findings and Recommendations

- Develop a communication plan
- Prepare communication materials to suit the needs of all stakeholders in the decision-making process
- Send communication materials to stakeholders and decision-makers

Key Points

A HIA report summarizes key health issues the proposal could impact and provides recommendations to improve health outcomes and determinants.

When available, regulatory processes (e.g., Environmental Impact Assessment) can be used to report findings and recommendations.

The HIA report:

- **Identifies all HIA participants** and their contributions
- **Documents the process** for each of the HIA steps, including criteria for prioritizing recommendations
- **Details for health issues analyzed:** available scientific evidence, data sources and analytic methods and rationale, existing conditions, results, predicted health impacts and their significance, and corresponding recommendations for improving health
- **Should be made readily accessible for public review and comment**

Report formats include: formal structured written reports, comment letters on environmental impact reports, and presentations.

Summarize the full report into clear, succinct messages that allow all stakeholders to understand, evaluate, and respond to findings and recommendations.

Frame messages to help people relate to the information. Frames help people make sense of information by triggering familiar concepts.

Develop messages regarding overall magnitude of health benefits, benefits to vulnerable populations, feasibility of solutions, and public concerns.

Interest groups and media can support effective translation of results into action.

Methods of communication include:

- Letters to decision-makers
- Fact sheets
- Public testimony
- Presentations to key audiences
- Panel discussions
- Press conferences

Good communication throughout the HIA process can engage stakeholders and lead to greater acceptance of findings and recommendations.

Examples

Health Impact Assessment	Method of Communication
<p>Humboldt County General Plan Update Health Impact Assessment http://www.humanimpact.org/HumboldtGPU.html</p>	<p>Newsletter; Powerpoint presentation to Supervisors</p>
<p>Concord Naval Weapons Station Reuse HIA, Executive & Chapter Summaries http://www.humanimpact.org/CNWS/</p>	<p>Briefing Paper</p>
<p>SFDPH Comment on the Scope of the Trinity Plaza Redevelopment Draft Environmental Impact Report http://www.sfphes.org/publications/comments/Comment_on_Trinity_DEIR_scope.pdf</p>	<p>Comment Letter</p>
<p>Bhatia R, Katz M. 2001. Estimation of Health Benefits from a Local Living Wage Ordinance. <i>American Journal of Public Health</i>. 91(9) 1398-1402.</p>	<p>Peer-Reviewed Journal Article</p>
<p>Oregon Transportation Policy HIA http://www.upstreampublichealth.org/HIA_FactSheet_Trans_OR.pdf</p>	<p>Fact Sheet</p>

Resources

For examples of reports and other communication materials, see HIP's website: <http://www.humanimpact.org/Projects.html>

For information on framing and media see:

The California Endowment's Health Exchange Academy: Communicating for Change series <http://www.calendow.org/Article.aspx?id=3904>

The Praxis Project: <http://www.thepraxisproject.org/irc/media.html>

Berkeley Media Studies Group: <http://www.bmsg.org>

The Frameworks Institute: <http://www.frameworksinstitute.org/>

HIA Reporting Formats



- Letters to proponents & decision-makers
- Comment letters on draft EIAs
- Formal report
- Presentations
- Peer-reviewed publications



Reporting strategies for Hawaii HIA

policy brief to accompany the Plan

individual and group briefings for County officials and other key stakeholders

press releases, local media (articles, radio shows, blogs)

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HIA Reporting: Getting Feedback



Before HIA is “finalized”, develop a process to get feedback on findings. Consider:

Sharing your findings and proposed recommendations with the stakeholders you informed about your HIA

Getting input into how to prioritize the proposed recommendations

Posting the draft HIA report on a website before finalizing, and providing some mechanism for the public to get more information or provide feedback

Responding to specific public comments in some formal way

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Communicating Findings: Examples



Humboldt County General Plan Update HIA

- Newspaper articles
- Press conference talking points
- Presentations to community groups and Board of Supervisors

California Healthy Families, Healthy Workplaces Act (Paid Sick Days) HIA

- Public testimony to legislative committees
- TV, radio, and print media
- Lobby visits with legislators and staff

Concord Naval Weapons Station Reuse Plan HIA

- Meeting with redevelopment staff
- Letters using HIA findings from county public health department

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HIA Reporting: Communicating Findings



Frames help people make sense of what they hear and see by triggering concepts that already exist in their minds.

Developing a message frame:

- What's wrong?
- Why does it matter?
- What should be done?

What is the current frame around the Agricultural Plan?

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Effective frames go beyond facts to communicate values

How could your issue be framed to include health?

Start with shared values:

What are the core values behind the change that you want to see?

How do these values help you define the problem?

Why would these values lead people to support your solution?

Framing

“All Californians”

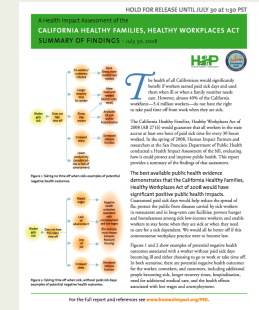
“Common sense”

“Disconnect between known best practices and current policies”

Summary of Findings

Public health spokespeople

Print, radio, TV, and online media



Consider the decision-makers that you are trying to influence with HIA findings.

What are some of the ways that you could effectively communicate your HIA findings to these and other stakeholders?

Exercise

Create a 1- to 2- sentence media headline for your HIA issue

Who are some of the key stakeholders (including decision-makers) who are not in the room?

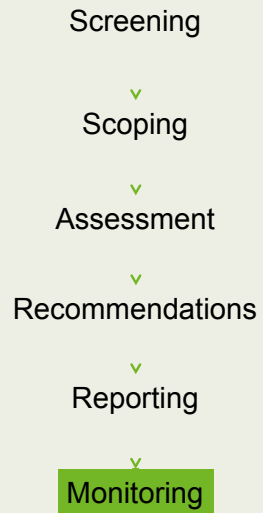
What are some of the important messages about the recommendations in the Ag. Plan HIA that should be communicated to these stakeholders?

How will these messages be communicated?

What are some important questions for key stakeholders about how to effectively proceed with the HIA process? For example:

- best methods for communication
- opportunities for participation
- other questions or issues regarding HIA focus

Who will move forward with communication to various stakeholders



Objective

To track the impacts of the HIA on the decision-making process and the decision, the implementation of the decision, and the impacts of the decision on health determinants.

Tasks
Key points
Tools
Resources

STEP 5: MONITORING

Objective

To track the impacts of the HIA on the decision-making process and the decision, the implementation of the decision, and the impacts of the decision on health determinants.

Essential Tasks

- **Track** recommendation adoption, discussion of findings in the decision-making process, and how the decision-making climate for health considerations, and HIA institutionalization, changed as a result of the HIA.
- **Monitor decision implementation** to track whether the policy was carried out in accordance with HIA recommendations or if the project was built with HIA mitigations.
- **Monitor health determinants and outcomes** to evaluate HIA predictions.

Key Points

The purposes of monitoring are to:

- Ensure the project, plan, or policy is implemented as designed
- Establish accountability by tracking how recommendations were received and acted upon
- Track and support compliance with implementation agreements, rules, and standards
- Build a better understanding of the value of HIA and demonstrate how HIA influenced decision-making
- Provide early warning of unexpected consequences
- Test the validity and precision of health impact predictions

Monitoring decision impacts on health outcomes is challenging.

Data sources for monitoring include:

- Media reports about the HIA or the decision-making process
- Accounts from public agencies on changes
- Planning department reports on a project
- Interviews with decision-makers and stakeholders

Consider whether useful routine monitoring information is already being collected by agencies or organizations.

Essential elements of a monitoring plan, include:

- Goals
- Resources to conduct, complete, and report monitoring activities
- Identification of the outcomes, impacts and indicators to monitor
- Process for collection of meaningful and relevant information (baseline, long-term)
- Defined roles for individuals or organizations
- Criteria or triggers for action, if agreed-upon mitigations or recommendations are not met
- Process for reporting monitoring methods and results and making them publicly available
- Process for learning, adaptation, and response to monitoring results
- Commitment to monitoring to encourage policy makers and planners to be more conscious of health

Key Points (cont'd)

Indicators that could be monitored include health outcomes (consider latency and specificity), behaviors, health determinants, and compliance process measures.

Tools

Examples of monitoring questions

Did the HIA influence the project/policy decision?

- Did the HIA inform a discussion of the trade-offs involved with a project/policy?
- Did the final project/policy decision change in a way that was consistent with the recommendations of the HIA?
- Did the HIA aid in securing funds for project mitigations?

Outcomes of HIA on decision-making processes and institutional practices:

- Did the HIA help to build consensus and buy-in for policy decisions and implementation?
- Were HIA findings and recommendations useful or influential to policy-makers?
- Were discussions of connections between the decision and health evident in the media, statements by public officials or stakeholders, public testimony, public documents, or policy statements?

Monitoring evaluates the impact of the HIA on the decision-making process and the results of the decision on health determinants. HIA Evaluation is focused on the HIA process.

- Did the HIA lead to interest from previously uninvolved groups?
- Did the HIA encourage public health agencies to participate in new roles in policy and planning efforts?
- Have requests for the study of health impacts on additional projects, plans, or policies in the same jurisdiction followed? Are there new efforts to institutionalize HIA or other forms of health analysis of public policy?
- Did the HIA lead to greater institutional support for consideration of health in formal decision-making processes?
- Has the HIA led to the development of new partnerships and coalitions focused on ensuring that health is considered in decision-making? Are stakeholders who participated in the HIA continuing to work together on other health-related initiatives?

Resources

Examples of monitoring from other fields:

- National Ambient Air Quality Standards monitoring and planning under the Clean Air Act
- Mitigation monitoring under the California Environmental Quality Act
- Inspection procedures for compliance of building standards
- Notification requirements for compliance of labor laws

Examples of HIA Monitoring Questions



Did the HIA lead to changes in the design of the proposed project, plan, or policy?

Did the project, plan, or policy change in a way that was consistent with recommendations?

Did the HIA lead to any changes in health determinants?

Were negative health impacts prevented or positive health improvements observed because recommendations were implemented?

See HIP's HIA Monitoring Questions in your binder

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Monitoring – The Big Picture



Goal = To establish accountability. Recommendations are only the first step.

How do we measure if we're meeting our goals?
How do we respond if we're not achieving our goals?
How do hold decision-makers accountable?

Community organizations can't do monitoring alone. Need to build relationships with collaborators to support this.

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Monitoring Plan Elements



Develop a Monitoring Plan

Goals

Resources to conduct, complete, and report monitoring activities

Identification of the outcomes, impacts and indicators to monitor

Process for collection of meaningful and relevant information

Defined roles for individuals or organizations

Criteria or triggers for action, if agreed upon mitigations or recommendations are not met

Process for reporting monitoring methods and results and making them publicly available

Process for learning, adaptation, and response to monitoring results

Commitment to monitoring to encourage policy makers and planners to be more conscious of health

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Examples of HIA Monitoring Questions



Did the HIA lead to changes in the design of the proposed project, plan, or policy?

Did the project, plan, or policy change in a way that was consistent with recommendations?

Did the HIA help to build consensus?

Is there buy-in from stakeholders, decision-makers and the general public around HIA findings and recommendations?

Did the HIA lead to other policy changes?

Did the HIA lead to any behavioral changes?

See HIP's HIA Monitoring Questions in your binder

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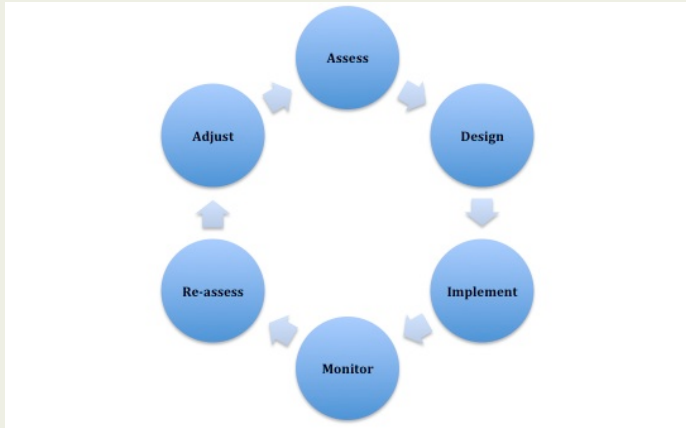


Figure adapted from: "The adaptive management framework. Nyberg 1999, copyright Queen's Printer for Ontario, 1999."

HIA Monitoring – Sample Questions

Evaluation of HIA Impact on Decision-making	
<p>Did the HIA influence the project, plan, or policy decision that was the subject of HIA?</p>	<ul style="list-style-type: none"> ▪ Did the HIA inform a discussion of the trade-offs involved with a project, plan, or policy? ▪ Did the final project, plan or policy decision change in a way that was consistent with the recommendations of the HIA? ▪ Did the HIA prevent project delays by anticipating stakeholder concerns? ▪ Did the HIA aid in securing funds for project mitigations?
<p>Outcomes of HIA on decision-making processes and institutional practices</p>	<ul style="list-style-type: none"> ▪ Did the HIA help to build consensus and buy-in for decisions and their implementation? ▪ Were HIA findings and recommendations useful or influential to policy-makers? ▪ Were discussions of connections between the decision and health evident in the media, statements by public officials or stakeholders, public testimony, public documents, or policy statements? ▪ Did the HIA lead to interest from previously uninvolved groups (e.g., public health advocates), either in supporting or opposing the decision? ▪ Did the HIA encourage public health agencies to participate in new roles in policy and planning efforts? ▪ Since the HIA was conducted have there been requests for the study of health impacts on additional projects, plans, or policies in the same jurisdiction? Are there any new efforts to institutionalize HIA or other forms of health analysis of public policy? ▪ Did the HIA lead to support for development of policies that were not the subject of the HIA? ▪ Did the HIA lead to greater institutional support for consideration of health in formal decision-making processes? ▪ Are there efforts to institutionalize HIA or consideration of health criteria in policy and decision-making processes? ▪ Has the HIA led to the development of new partnerships and coalitions focused on ensuring that health is considered in policy or decision-making processes? Are stakeholders who participated in the HIA continuing to work together on other health-related initiatives?

Sample Monitoring Plan Elements

<i>Monitoring Plan Elements</i>	<i>Responsible Party</i>	<i>Indicator Examples</i>
<p>Background State the plan, project or policy evaluated by the HIA</p> <p>Process and outcome recommendations made to decision-makers - if prioritized, list in that order</p> <p>Decision-makers</p> <p>2-3 goals for the monitoring process</p> <p>Resources to conduct, complete, and report monitoring activities, including data collection</p> <p>Define roles for individuals or organizations</p>		<p>A County Comprehensive/General Plan Update: Safe and Sustainable Transportation Element</p> <p>Transportation indicators analyzed:</p> <ul style="list-style-type: none"> • Vehicle miles traveled (VMT) • Commute time • Trips made by public transit • Proportion of households within ¼-mile of bus • Proportion of income spent on transportation • Ratio of bike lanes and miles / pedestrian facilities to roads • Proportion of commute and school trips made by walking/biking • Pedestrian and bicycle injuries <ol style="list-style-type: none"> 1. Transportation Demand Management (TDM) strategies by large employers 2. Increase public education about public transit 3. Increase public transit options and frequency (e.g., bus, paratransit) 4. Encourage retail, business, and industry to grow within urban boundaries 5. Reduce speed limits on smaller roads 6. Have a seat on HCOAG representing human-powered transport 7. Prioritize non-motorized transportation in land use and construction plans 8. Collect data about pedestrian and bike facilities <p>Board of Supervisors</p> <ol style="list-style-type: none"> 1. Ten recommendations of 15 incorporated into Transportation Element 2. At least 4 recommendations included in Area or Specific Plans 3. Reduction in VMT (comparing 2007 to 2014) <ul style="list-style-type: none"> • Ongoing data collection by Public Health Department epi staff • Ongoing data collection by Planning Dept staff • On-the-ground monitoring of built environment and policies by HumPAL and Healthy Humboldt <p>Include which indicators each partner should monitor</p>

<p>Decision Outcome:</p> <ul style="list-style-type: none"> • Overall, did the final plan change in a way that was consistent with the recommendations of the HIA? • Were recommendations implemented after the decision? 		<p>Create tracking chart to note (for example, on a quarterly basis):</p> <ul style="list-style-type: none"> • Whether decision was made • Which recommendations were incorporated into the plan, project, or policy • Whether each accepted recommendation was implemented as agreed to <p>Assign responsibility for collecting this data to one partner organization</p>
<p>Decision Process:</p> <ul style="list-style-type: none"> • Stakeholders use of HIA findings • Did the HIA inform a discussion of the trade-offs involved with a project/policy? • Were discussions of connections between the decision and health evident? • Did the HIA help to build consensus and buy-in for policy decisions and their implementation? • Did the HIA lead to interest from previously uninvolved groups? • Did the HIA encourage public health agencies to participate in new roles in policy and planning efforts? 		<p>Create tracking chart to note (on a bimonthly basis, for example) if findings were communicated via: mass media; public testimony; letters to stakeholders; other communications materials; or referencing of health evidence in public documents</p> <p>Six months after HIA is completed, conduct phone interviews with pertinent participants and stakeholders to answer these and other questions</p>
<p>Health Determinants:</p> <ul style="list-style-type: none"> • Which health determinants will be assessed? 		<p>Decide on priority indicators to track. For example, VMT, pedestrian injury, use of public transit.</p> <p>Create a tracking chart to note (for example, on an annual basis):</p> <ul style="list-style-type: none"> • Whether any change in the determinant has been observed • Direction of change

Objective

To evaluate the process of conducting the HIA.

Tasks

Key points

Tools

Resources

How were issues identified during scoping?

Was the completed HIA consistent with the scope?

What kinds of evidence were used in the HIA?

What methods were used to communicate and translate findings? Were those methods effective?

Were stakeholders meaningfully engaged in the HIA process?

Was the HIA process transparent among partners and beyond?

How many hours were spent on each step of the HIA and by whom?

See HIP's HIA Evaluation Questions in your binder

Objective

To evaluate the process of conducting the HIA.

Essential Tasks

- Establish an evaluation plan.
- Delineate information that will be required for evaluation. Identify data sources and tools and methods for analysis.
- Ensure resources are available to conduct, complete and report evaluation results.
- Identify the individual or team that will be in charge of leading the evaluation. Assign responsibility for gathering data.
- Conduct the evaluation.
- Share evaluation results with others involved in the HIA

Key Points

Be clear about the focus of the evaluation.

During HIA scoping consider how to build evaluation into the HIA process.

Meaningfully include stakeholders in planning the evaluation, including selecting the evaluation questions.

Ways to gather evaluation data include:

- Surveys:
 - Before/after focus group or other data collection process with HIA participants
 - Before/after HIA process with all stakeholders
- Key informant interviews with HIA partners/stakeholders
- Document review
- Meeting minutes and agendas
- Scoping worksheets and workplans
- Grant proposal narratives
- Email exchanges

Evaluation of the HIA process is an important way to develop and improve HIA methods, approaches and techniques, even though it is not included as one of the five steps of HIA. Evaluation can help:

- Provide feedback on successes and challenges, showing how HIA practice could be improved
- Assess whether the HIA met HIA practice standards
- HIA evaluation differs from HIA monitoring as monitoring is focused on outcomes of the decision that the HIA intended to influence, and the impacts of the decision's implementation on health determinants and health outcomes

Tools

Example Evaluation Questions

Screening

- Who was involved in screening the HIA and why? Were there others who should have been involved?
- What were the reasons for deciding to conduct the HIA?
- Were there arguments against conducting the HIA?

Scoping

- Who was involved in scoping? Were there others who would have been helpful to have participate in scoping?
- What methods were used to identify and prioritize health issues during scoping?
- Which health issues did the HIA address, which were left out, and how were those decisions made?

Assessment

- Did the HIA make judgments about positive and negative health effects of the decision under review?
- Did the HIA assess disproportionate harms or benefits to vulnerable populations?
- Was evidence used in the HIA supported by findings in the literature?
- Did the HIA document assumptions and limitations of the assessment?

Recommendations

- Did the HIA identify evidence-based health-promoting design solutions, mitigations, or alternatives? Did the HIA provide analysis of the effectiveness and feasibility of these recommendations?
- Did efforts to mitigate the potentially negative effects of the proposal focus on impacts of the largest magnitude?
- Were recommendations prioritized by the HIA steering committee? What process was used?

Reporting

- Did the HIA include comprehensive documentation of the process, analysis, and findings?
- Were stakeholders given an opportunity to review the findings and provide comment?
- How and when were recommendations delivered to the relevant decision-makers?
- Were stakeholders able to use HIA findings to develop or communicate their positions on policies/projects?

Monitoring

- Was a monitoring plan developed?

HIA Governance

- Was the HIA decision-making process transparent?
- How much time was spent on each phase of the HIA? What was the cost of conducting the HIA?
- What did those involved think about the process used?

Public Engagement

- What efforts were undertaken to involve affected populations in the process? How were these efforts successful?
- Do stakeholders feel that the HIA was responsive to their interests/concerns?
- Did the HIA utilize community experience as evidence?

Resources

- Taylor L, Gowman N, Lethbridge J, Quigley R. 2003. Deciding if a Health Impact Assessment Is Required. NHS Health Development Agency. http://www.iaia.org/publicdocuments/pubs_ref_material/Screening%20for%20HIA%20pdf.pdf
- Parry JM, Kemm J. 2005. Criteria for use in the evaluation of health impact assessments. *Public Health*. 119:1122-9.
- Wismar M. 2004. The effectiveness of health impact assessment. *Eurohealth*. 10(3-4):41-3.

HIA Evaluation – Sample Questions

Screening	<ul style="list-style-type: none"> ▪ Who was involved in screening the HIA and why? Were there others who should have been involved and why? ▪ What were the reasons that the steering committee ultimately decided to conduct the HIA? ▪ Were there arguments against conducting the HIA? What were some of the reasons why it may not have been beneficial to conduct a HIA?
Scoping	<ul style="list-style-type: none"> ▪ Who was involved in scoping? Were there others who would have been helpful to participate in scoping? Why? ▪ Was the completed HIA consistent with the scoping plan? ▪ What methods were used to identify and prioritize health issues during scoping? Were reasons for inclusion/exclusion documented? ▪ Which health issues did the HIA address, which were left out, and how were those decisions made?
Assessment	<ul style="list-style-type: none"> ▪ Did the HIA make judgments about positive and negative health effects of the project, plan, or policy? ▪ Did the HIA assess long-term effects or disproportionate harms or benefits to vulnerable populations? ▪ Was evidence used in the HIA supported by findings in the literature? ▪ Were the potential health impacts of project, plan, or policy alternatives explored in the HIA? ▪ Did the HIA document methodology and data sources as well as assumptions and limitations of the assessment?
Recommendations	<ul style="list-style-type: none"> ▪ Did the HIA identify evidence-based health-promoting design solutions, mitigations, or alternatives? Did the HIA provide analysis of the effectiveness and feasibility of these recommendations? ▪ Were efforts to mitigate potentially negative effects of the proposed project, plan, or policy concentrated on the impacts of the largest magnitude? If not, why? ▪ Were recommendations prioritized by the HIA steering committee? If not, why? What process was used?
HIA Steering Committee	<ul style="list-style-type: none"> ▪ Was the HIA decision-making process transparent? How so? If not, what do you recommend to ensure transparency? ▪ How much time was spent on the HIA? By whom (not just those who conducted HIA)? ▪ What were the associated financial costs (e.g., salaries, travel, expenses)? ▪ What did those involved think about the process and what changes would they make if they were to do it again? ▪ To what extent was the goal of the HIA achieved?

Public Engagement	<ul style="list-style-type: none"> ▪ What efforts were taken to involve affected populations in the HIA process? Were these efforts successful? ▪ Do stakeholders feel that the HIA was responsive to their interests or concerns regarding the project, plan or policy? ▪ Did the HIA utilize community knowledge and experience as evidence? In what ways?
Reporting	<ul style="list-style-type: none"> ▪ Did the HIA include comprehensive documentation of the HIA process, analysis, and findings? ▪ Were stakeholders given an opportunity to review the findings and comment? ▪ How and when were recommendations delivered to the relevant decision-makers? ▪ Were stakeholders able to use HIA findings to develop or communicate their positions on policies/projects?
Monitoring	<ul style="list-style-type: none"> ▪ Was a monitoring plan developed?

What is the role that training participants see themselves/ their organizations and agencies playing in the HIA process?

Health Impact Assessment Training Evaluation Form - Day 2

*June 24, 2010
Waimea, HI*

Thank you for attending the HIA training presented by Human Impact Partners and The Kohala Center. Please take a moment to answer the questions below. Your comments and suggestions are very valuable to us.

Please rate the following statements listed below by circling the appropriate rating
(1-strongly disagree; 2-disagree; 3-neutral; 4-agree; 5-strongly agree)

	Your Rating					Comments/Suggestions
	1	2	3	4	5	
1. The content presented today deepened my understanding of the subject and HIA	1	2	3	4	5	
2. I will use the knowledge/skills gained from today's session in my future work	1	2	3	4	5	

3. What did you particularly like or dislike about the content of today's training?

4. Are there things that we should have covered today but did not?

5. Are there things that we should have spent less time on today?

6. What are some of the specific things that you think you would need in order to begin HIA work at your agency/organization?

Please rate the different sections of the training on a scale of 1-5 (1 = awful to 5 = excellent)

	Your Rating					Comments/Suggestions
	1	2	3	4	5	
7. HIA Sticking Points	1	2	3	4	5	
8. Recommendations and Mitigations	1	2	3	4	5	
9. Considering How the HIA Can be Used to Influence the Ag. Plan	1	2	3	4	5	
10. Reporting in HIA	1	2	3	4	5	
11. Communication with Key Stakeholders about the HIA	1	2	3	4	5	
12. Monitoring in HIA	1	2	3	4	5	
13. HIA Evaluation	1	2	3	4	5	
14. Next Steps and Plan for Moving Forward with the HIA	1	2	3	4	5	

Additional Comments:

15. On a scale of 1 to 10 (where 1=none and 10=expert) what was your level of knowledge of HIA prior to this training? (please circle one)

1 2 3 4 5 6 7 8 9 10

16. On a scale of 1 to 10 (where 1=none and 10=expert) what would you rate your level of knowledge about HIA now that you have participated in this training? (please circle one)

1 2 3 4 5 6 7 8 9 10

17. Did this training provide sufficient information and practice for you to start conducting HIA?

Practice Standards for Health Impact Assessment (HIA)

North American HIA Practice Standards Working Group

Version 1
April 7, 2009



This document was authored by the North American HIA Practice Standards Working Group. Members include: Rajiv Bhatia,¹ Lili Farhang,¹ Megan Gaydos,¹ Kim Gilhuly,² Ben Harris-Roxas,³ Jonathan Heller,² Murray Lee,⁴ Jennifer McLaughlin,¹ Marla Orenstein,⁴ Edmund Seto,⁵ Louise St-Pierre,⁶ Ame-Lia Tamburrini,⁴ Aaron Wernham,⁵ Megan Wier.¹

A number of Working Group participant organizations have committed to utilizing these working practice standards, to the greatest extent possible, in their health impact assessment practice. These organizations, whose logos are included on the title page, include: Environmental Resources Management, Habitat Health Impact Consulting Corp., Human Impact Partners, San Francisco Department of Public Health, and the University of California Berkeley Health Impact Group.

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For more information, to provide feedback, or be listed as an endorser, contact:

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I. Introduction

Health Impact Assessment (HIA) describes a systematic process used to make evidence-based judgments on the health impacts of public and private decisions and to identify and recommend strategies, including alternatives, design changes, and mitigation measures, to protect and promote health. With roots in the practice of Environmental Impact Assessment (EIA), HIA aims to inform the public and decision-makers when decisions about policies, programs, plans, and projects have the potential to significantly impact human health, and to advance values including democracy, equity, sustainable development, the ethical use of evidence and a comprehensive approach to health (International Association of Impact Assessment, 2006).

Although HIA is in use in a number of settings internationally, the practice is just emerging as a field in many parts of the world including the United States. While available guidance documents for HIA describe the typical procedural steps and products of each stage of the HIA process, there exists considerable diversity in the practices and products of HIA due to the variety of decisions assessed and practice settings, and the nascent evolution of the field.

Both for practice quality and for HIA development and institutionalization, HIAs should aim to adhere to some minimum standards of good practice. At present, there is a lack of specific standards or benchmarks to clearly distinguish HIA as a practice or to promote or establish HIA quality. Without practice standards, we believe the term HIA may become ambiguous and the practice may be misused or vulnerable to criticism.

This document is the collective product of HIA practitioners working in the North American context to translate the values underlying HIA and key lessons from conducting HIA into specific "standards for practice" for each of the five typical stages of the HIA process. The development of these standards was one of several objectives agreed upon by participants at the first *North American Conference on Health Impact Assessment* held in Oakland, California in September 2008. These standards may be used by practitioners as benchmarks for their own HIA practice or to stimulate discussion about HIA content and quality in this emerging field.

The members of the North American HIA Practice Standards Working Group do not claim to have achieved all of these standards in our work to date. We also recognize that real-world constraints and varying levels of capacity and experience will result in an appropriate and ongoing degree of diversity of HIA practice. Overall, we hope that these standards will be viewed as relevant, instructive and motivating for advancing HIA quality rather than rigorous criteria for acceptable or adequate HIA.

II. HIA of the Americas Convening Participants

**September 24–26, 2008
Oakland, California, USA**

<i>Josi Auger</i>	<i>Habitat Health Impact Consulting Corp.</i>
<i>Tania Barron</i>	<i>Environmental Resources Management</i>
<i>Rajiv Bhatia</i>	<i>San Francisco Department of Public Health</i>
<i>Brian Cole</i>	<i>University of California at Los Angeles</i>
<i>Lili Farhang</i>	<i>San Francisco Department of Public Health</i>
<i>Kim Gilhuly</i>	<i>Alameda County Public Health Department</i>
<i>Ben Harris-Roxas</i>	<i>UNSW Research Centre for Primary Health Care and Equity</i>
<i>Jonathan Heller</i>	<i>Human Impact Partners</i>
<i>Nicole Iroz-Elardo</i>	<i>Portland State University</i>
<i>Won Kim Cook</i>	<i>Human Impact Partners</i>
<i>Murray Lee</i>	<i>Habitat Health Impact Consulting</i>
<i>Jennifer Lucky</i>	<i>Human Impact Partners</i>
<i>Colette Myrie</i>	<i>Tropical Medicine Research Institute</i>
<i>Marla Orenstein</i>	<i>Habitat Health Impact Consulting</i>
<i>Candace Rutt</i>	<i>Centers for Disease Control and Prevention</i>
<i>Edmund Seto</i>	<i>University of California at Berkeley</i>
<i>Louise St-Pierre</i>	<i>National Collaborating Centre for Healthy Public Policy</i>
<i>Ame-Lia Tamburrini</i>	<i>Habitat Health Impact Consulting</i>
<i>Arthur Wendel</i>	<i>Centers for Disease Control and Prevention</i>
<i>Aaron Wernham</i>	<i>Alaska Native Tribal Health Consortium</i>

III. Proposed HIA Practice Standards

HIA STAGE PRACTICE STANDARD

<i>General</i>	<ul style="list-style-type: none">• The HIA process should include at minimum the stages of screening to determine value and purpose; scoping to identify health issues and research methods; assessment of baseline conditions, impacts, alternatives and mitigations; and reporting of findings and recommendations. Monitoring is an important follow-up activity in the HIA process to track the outcomes of a decision and its implementation.• Evaluation of the HIA process and impacts is necessary for field development and practice improvement. Each HIA process should begin with explicit, written goals that can be evaluated as to their success at the end of the process.• To the greatest extent feasible, HIA should be conducted in a manner that respects the needs and timing of the decision-making process it evaluates.• Meaningful and inclusive stakeholder participation in each stage of the HIA supports HIA quality.• Ideally, HIA is a prospective activity; however, the concurrent or retrospective application of HIA to decisions may be useful to demonstrate HIA utility in new contexts and to inform subsequent decision-making.• When feasible, HIA should be part of an integrated impact assessment process (e.g., Environmental Impact Assessment) to avoid redundancy and to maximize the potential for inter-disciplinary analysis and health promoting mitigations or improvements, when applicable. While regulatory impact assessment processes may have specific procedural rules, HIA integrated within another impact assessment process should adhere to those procedural rules to the greatest extent feasible.
<i>Screening</i>	<ul style="list-style-type: none">• Screening should clearly identify all the decision alternatives under consideration by decision-makers at the time the HIA is conducted.• Screening should clearly identify how an HIA would add value to the decision-making process.

- After deciding to conduct an HIA, sponsors of the HIA should document the explicit goals of the HIA and should notify, to the extent feasible, decision-makers, identified stakeholders, affected individuals and organizations, and responsible public agencies.
- The sponsors for and funding of the HIA should be transparent.

Scoping

- Scoping of health issues and public concerns related to the decision should include identification of: 1) the decision and decision alternatives that will be studied; 2) potential significant health impacts and their pathways; 3) demographic, geographical and temporal boundaries for impact analysis; 4) research (e.g., data, methods, and tools) expected to be used for impacts analysis; 5) gaps in the data available for the HIA, and potential studies or other methods to ensure adequate data; 6) roles for experts and key informants; 7) the standards or process, if any, that will be used for determining the significance of health impacts; 8) a plan for external and public review; and 9) a plan for dissemination of findings and recommendations.
- Scoping should include consideration of all potential pathways that could reasonably link the decision and/or proposed activity to health, whether direct, indirect, or cumulative, as opposed to limiting consideration only to those impacts that are of interest to the researcher, project proponent or community. The final scope should necessarily focus on those impacts with the greatest likelihood of occurrence and significance and those that are the subject of the greatest public concern.
- The scope should include data and methods to reveal inequities in conditions or impacts based on population characteristics, including but not limited to age, gender, income, place (disadvantaged locations), and ethnicity.
- Community stakeholders, decision-makers, and other individuals and organizations knowledgeable about and responsible for the health of a community (e.g., public health agencies, health care providers, local government) should have an opportunity to identify and prioritize potential health impacts and contribute to or critique the scope of the HIA. Hosting a public meeting to receive feedback during the scoping process, receiving public comments on the scoping findings, interviewing stakeholders and experts, or inviting local health officials to participate in

the scoping process are all potential means of soliciting such input. HIA practitioners should consider and apply diverse outreach methods to gain input from different stakeholder populations.

- The scoping process should establish the individual or team responsible for conducting the HIA. Participation by municipal, state, and tribal health officials should be encouraged, to ensure adequate representation by the entities responsible for and knowledgeable about local health conditions.
- The HIA scoping process should incorporate new, relevant information and evidence as it becomes available, including through expert or stakeholder feedback.

-
- Assessment**
- Assessment should include at minimum: 1) a profile of baseline conditions (e.g., baseline health status and factors known or suspected to influence health); 2) an evaluation of potential health impacts (e.g., qualitative and/or quantitative analyses) including a qualitative or quantitative judgment of their certainty and significance and evaluation of any inequitable impacts; and 3) management strategies for any identified adverse health impacts – in the form of decision alternatives, mitigation of specific impacts, or other related policy recommendations.
 - Documentation of baseline conditions should include documentation of both population health vulnerabilities (based on the population characteristics described above) and inequalities in health outcomes among subpopulations or places.
 - HIA findings and conclusions should rely on the best available evidence. This means:
 - Evidence considered may include existing data, empirical research, professional expertise and local knowledge, and the products of original investigations.
 - When available, practitioners should utilize evidence from well-designed and peer-reviewed systematic reviews.
 - When available, HIA practitioners should consider published evidence, both supporting and refuting particular health impacts.
 - The expertise and experience of affected members of the public (local knowledge), whether obtained via the use of participatory methods, collected via formal qualitative research methods, or reflected in public testimony, is potential evidence.
 - Justification for the selection or exclusion of particular methodologies and data sources should be made explicit (e.g., resource constraints).
 - The HIA should identify data gaps that prevent an adequate or

complete assessment of potential impacts.

- An HIA should acknowledge limitations of data and methods.
 - Assessors should describe the uncertainty in predictions.
 - Assumptions or inferences made in the context of predictions should be made explicit.
 - Affected members of the public should have the opportunity to comment on the validity of evidence and findings.
 - The HIA should acknowledge when available methods were not utilized and why (e.g., resource constraints).
- The lack of formal, scientific, quantitative or published evidence should not preclude reasoned predictions of health impacts.
- The assessment of significance of impacts or the establishment of thresholds of significance, when applicable, should reflect evidence as well as community values, and should occur through a transparent, inclusive, and documented public process.
- The HIA should include specific recommendations to address the health impacts identified, including decision alternatives, modifications to the proposed policy, program, or project, or mitigation measures.
- HIA practitioners should seek expert guidance regarding potential decision or design alternatives and mitigations to ensure they reflect current available and effective practices.
- Recommendations should account for uncertainty in HIA predictions through providing suggestions for monitoring, reassessment, and potential future measures to mitigate any identified effects (e.g., adaptive management).

Reporting

- The responsible parties should complete a report of the HIA findings and recommendations.
- To support effective, inclusive communication of the principle HIA findings and recommendations, a succinct summary should be created that communicates findings at a level that allows all stakeholders to understand, evaluate, and respond to the findings.
- The full HIA report should document the screening and scoping process and identify all the participants in the HIA and their contributions.
- The full HIA report should, for each specific health issue analyzed, discuss the available scientific evidence, describe the data sources and

analytic methods used for the HIA including their rationale, profile existing conditions, detail the analytic results, characterize the health impacts and their significance, and list corresponding recommendations for policy, program, or project alternatives, design or mitigations.

- Recommendations for decision alternatives, policy recommendations, or mitigations should be specific and justified. The criteria used for prioritization of recommendations should be explicitly stated and based on scientific evidence and, ideally, informed by an inclusive process that accounts for stakeholder values.
- The HIA reporting process should offer stakeholders and decision-makers a meaningful opportunity to critically review evidence, methods, findings, conclusions, and recommendations. Ideally, a draft report should be made available and readily accessible for public review and comment. The HIA practitioners should address substantive criticisms either through a formal written response or HIA report revisions before finalizing the HIA report.
- The final HIA report should be made publicly accessible.

Monitoring

- Monitoring impacts of an HIA on decision-making and impacts of the decision on health determinants and outcomes is encouraged to the greatest extent feasible.
- A monitoring plan for an HIA, if created and implemented, should include: 1) goals for long-term monitoring; 2) outcomes and indicators for monitoring; 3) lead individuals or organizations to conduct monitoring; 4) a mechanism to report monitoring outcomes to decision-makers and HIA stakeholders; and 5) resources to conduct, complete, and report the monitoring.
- Methods and results from monitoring should be made available to the public.

IV. Guiding Principles for HIA

Adapted from: Quigley R, den Broeder L, Furu P, Bond A, Cave B, Bos R. Health Impact Assessment International Best Practice Principles. Fargo, USA: International Association of Impact Assessment, 2006.

Democracy – *emphasizing the right of people to participate in the formulation and decisions of proposals that affect their life, both directly and through elected decision makers. In adhering to this value, the HIA method should involve and engage the public, and inform and influence decision makers. A distinction should be made between those who take risks voluntarily and those who are exposed to risks involuntarily (World Health Organization, 2001).*

Equity – *emphasizing the desire to reduce inequity that results from avoidable differences in the health determinants and/or health status within and between different population groups. In adhering to this value, HIA should consider the distribution of health impacts across populations, paying specific attention to vulnerable groups and recommend ways to improve the proposed development for affected groups.*

Sustainable development – *emphasizing that development meets the needs of the present generation without compromising the ability of future generations to meet their own needs. In adhering to this value, the HIA method should judge short- and long-term impacts of a proposal and provide those judgments within a time frame to inform decision makers. Good health is the basis of resilience in the human communities that support development.*

Ethical use of evidence – *emphasizing that transparent and rigorous processes are used to synthesize and interpret the evidence, that the best available evidence from different disciplines and methodologies is utilized, that all evidence is valued, and that recommendations are developed impartially. In adhering to this value, the HIA method should use evidence to judge impacts and inform recommendations; it should not set out to support or refute any proposal, and it should be rigorous and transparent.*

Comprehensive approach to health – *emphasizing that physical, mental and social well-being is determined by a broad range of factors from all sectors of society (known as the wider determinants of health). In adhering to this value, the HIA method should be guided by the wider determinants of health.*

HIA Web Resources

- Human Impact Partners HIA Toolkit – www.humanimpact.org
- Health Impact Project – www.healthimpactproject.org
- San Francisco Bay Area Health Impact Assessment Collaborative - <http://www.hiacollaborative.org/>
- Human Impact Partners, Connections between Health and Place: Review of the Evidence Base for Health Impacts of Planning Projects - <http://www.humanimpact.org/EvidenceBase/com.psychrod.eb.EvidenceBase/EvidenceBase.html>
- Centers for Disease Control and Prevention – <http://www.cdc.gov/healthyplaces/hia.htm>
- San Francisco Department of Public Health, Program on Health, Equity and Sustainability – www.sfpbes.org
- The Healthy Development Measurement Tool – www.thehdmtool.org
- University of California, Los Angeles, HIA Clearinghouse Learning and Information Center (HIA-CLIC) – <http://www.ph.ucla.edu/hs/hiaclic/archive.htm>
- University of California, Berkeley, Health Impact Group and Health Impact Assessment Course – <http://ehs.sph.berkeley.edu/hia>
- World Health Organization, HIA website – <http://www.who.int/hia/en/>
- Health Impact Assessment Gateway – http://www.nice.org.uk/aboutnice/howweare/aboutthead/hiagateway/hia_gateway.jsp
- Health Impact Assessment Community Wiki – http://www.seedwiki.com/wiki/health_impact_assessment_hia_community_wiki/
- National Association of City and County Health Officials, Community Design/Land Use Planning – <http://www.naccho.org/topics/HPDP/landuseplanning/index.cfm>

See also “Health Impact Assessment Data Sources for Baseline Profiles of Health” on HIP’s website: http://www.humanimpact.org/HIP_HIA_DataSources.pdf