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membership of governmental, non-governmental, traditional, and non-traditional public health professionals, can much more easily and effectively take on those roles. In addition, LHDs around the state have already expressed interest in partnering with WCHE and WPHA to advance health equity in Wisconsin.

Like other public health professionals, WCHE believes that the time is right to incorporate a health equity model into public health practice. WCHE is excited about working with LHDs and other traditional and non-traditional partners around the state to achieve its vision: to create a society where all people have an equal chance to be healthy. ☐

For more information, visit
www.city.milwaukee.gov/wche.

References

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Building Local Capacity for Health Impact Assessment: Lessons for Local Public Health

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Health impact assessment (HIA) offers public health practitioners a concrete way to influence the social and environmental determinants of health and health inequities. Applicable to a vast range of public policy decisions, from minimum wage laws to highway funding, and well established internationally, the field of HIA is now advancing rapidly. Since 1999, more than 50 HIAs have been completed in the United States.

Local innovation and experimentation, the leadership of local and state health departments, community advocacy, and the support of philanthropies together have catalyzed the rise and spread of HIA. Resources for HIA now include the North American HIA Practice Standards, HIA classes at schools of public health, and HIA training programs. This article describes the experience of three local health departments (LHDs) in developing capacity to participate in HIA and the role that a California-based non-profit agency, Human Impact Partners (HIP), played in these efforts. The case studies provide lessons and ideas for other LHDs ready to engage in HIA and cross-sector policymaking.

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What is HIA?

The International Association of Impact Assessment (2006) defines HIA as 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.

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Humboldt County, CA

In 2007, the County of Humboldt in rural Northern California was updating its General Plan to guide growth over the next 25 years. The county considered three scenarios: limiting future development to existing urban areas (compact development); allowing a limited amount of development in undeveloped areas; and allowing significant development in currently undeveloped areas (sprawl). Recognizing the health consequences of these policies, the County Board of Supervisors asked the Humboldt County Public Health Branch (HCPHB) to inform this decision. HCPHB, aware of the use of HIA in urban areas, requested and received funding from The California Endowment to conduct an HIA in partnership with a community organization, the Humboldt Partnership for Active Living (HumPAL), and the county planning agency leading the General Plan update process.

With technical support and facilitation provided by HIP, HCPHB led the HIA process; contributed data, GIS maps, and analysis; and organized presentation of the findings. Focus groups coordinated by HumPAL engaged over 50 community members. A total of 37 organizations in the county contributed data to the HIA, which analyzed 35 health-related indicators and specifically examined the most vulnerable populations, such as seniors and low-income residents. Completed in March 2008, the HIA informed the deliberation of the county board of supervisors, city councils, and community groups. The HIA has become part of the General Plan's environmental impact report (EIR).

Although no final decision has yet been made regarding the county's preferred future growth scenario, the planning agency incorporated many of the HIA's recommendations into the policies it drafted for the General Plan. For example, the plan calls for "a transportation system that integrates and balances the needs of motorized vehicles, public transit, bicycles, and pedestrians,"

and the land use policies favor denser, infill development. The county also recently adopted an inclusionary housing policy—another HIA recommendation. The HIA process was particularly attentive to community concerns. Subsequent participation in public meetings regarding the General Plan has increased, with residents speaking about health-related issues and the findings of the HIA. In addition, county port commissioners, who are considering a major port expansion, have asked planning consultants to conduct HIA as part of the required EIR.

Oakland, CA

By 2007, HIAs conducted by university and community groups had fostered an appreciation for how HIA can make visible the health impacts of land use decisions in Oakland. Parts of Oakland experience significant health inequities in the form of high asthma prevalence and high premature mortality rates. With assistance from HIP, the West Oakland Environmental Indicators Project and other community members conducted a rapid HIA on a low-income senior housing development near a major freeway. This led to significant design changes including the inclusion of an air filtration system through the building and the relocation of the building entrance to face the community rather than the highway. Students at University of California (UC) Berkeley conducted two HIAs on major housing development proposals for the Oakland waterfront and adjacent to a commuter rail station. To build on this momentum, the Alameda County Public Health Department (ACPHD) decided to build capacity for HIA through staff participation in the UC Berkeley graduate school course in HIA and through trainings conducted by the San Francisco Department of Public Health and HIP. In addition, community groups and ACPHD held a half-day workshop for the city planning agency and other city officials in Oakland to increase the visibility of health in built-environment policies and to build relationships.

Stimulated by community demand for HIA and the interest of ACPHD, in 2008 and 2009, Oakland's Community and Economic Development Agency (CEDA) included HIA within the scope of two community land use plans, the Central Estuary Specific Plan and the Lake Merritt BART Transit Oriented Development Specific Plan. In one case, the consulting firm Community Design + Architecture, CEDA, ACPHD, and HIP are currently working together to develop a set of health-related indicators, collect existing conditions data, and forecast health impacts of alternative land use proposals for the Central Estuary Plan.

ACPHD and community stakeholders also participated as the clients for an HIA led by students in the HIA class at UC Berkeley on the Port of Oakland. This HIA is examining how maritime port growth affects the health of the adjacent West Oakland community. ACPHD hopes that this information will strengthen the case for the port to mitigate negative health impacts.

More recently, ACPHD initiated preliminary research for an HIA on the home foreclosure crisis with a community group in Oakland. In this ongoing project, ACPHD developed a survey that the community organization uses to collect data from households in neighborhoods with high foreclosure rates. In addition, ACPHD collected related literature and baseline data.

ACPHD's approach has been to support community, academic, and private-sector efforts to conduct and translate HIA by providing public health data and facilitating and brokering relationships between community interests and project proponents. Cumulatively, the outcomes of this community-academic-local public health initiative include increased recognition of the health and equity impacts of land use decisions among community groups, government agencies, and elected officials; increased "buy-

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in” from planners and city officials for considering those impacts in the planning process; changes to specific land use projects and plans that benefit public health; and an increase in the capacity of ACPHD to conduct this work. Going forward, the LHD intends to continue to use HIA in Oakland, with both government agencies and community organizations.

Oregon

In 2008, the Multnomah County Health Department, with support from the Portland Health Impact Assessment Workgroup, finished an HIA on the Columbia River Crossing and submitted the entire analysis to the Oregon and Washington Departments of Transportation as a comment letter on the project’s *Draft Environmental Impact Statement*. The idea was to use regulatory requirements for impact assessment and stimulate the project’s proponents to identify and mitigate health impacts of a major bridge expansion.

Building on this effort, in 2009, Upstream Public Health (Upstream), a non-profit agency, along with researchers at Oregon Health & Sciences University (OHSU), conducted an HIA on statewide legislation that set targets for the reduction of vehicle miles traveled (VMT). As HIA was new to Upstream and OHSU, these organizations asked HIP to provide technical assistance. The HIA helped the passage of VMT reduction targets for the Portland Metro region. HIP also provided HIA training for interested community organizations and non-profit agencies.

Based on the promise of these efforts, the Oregon Department of Human Services (ODHS) began investing in statewide capacity for HIA. It has already coordinated two additional trainings that brought together state and local health departments, decision-makers, and land use and transportation planners. These trainings consider HIA in the context of contemporary policy challenges and decisions. ODHS recently awarded several mini-grants to counties that proposed specific HIA projects; those projects are currently underway. The HIA Network, a diverse group of partners from multiple agencies and organizations around the state, has been prioritizing needs for HIA practice statewide, and the Multnomah County Health Department and Community Health Partnership recently created positions dedicated to conducting HIA.

Lessons Learned

- A vast amount of untapped interest in HIA stems from its utility as a common sense practice that supports not only health but also related underlying societal values including equity, transparency, and democracy.
- There is a demand for capacity to conduct HIAs. Stakeholders have expressed desire to learn more about the most strategic uses of this practice, steps in the HIA process, and data and tools available for analysis.
- With capacity and support, movements supporting HIA practice take root and expand rapidly in many localities.
- Direct outcomes of HIA include changes to projects, plans, and policies, such as increasing amounts of affordable housing and ensuring indoor air quality. Indirect outcomes include building new relationships among organizations and elevating public health’s role in decision-making outside of the formal health policy sector.
- Existing regulations and public processes, such as environmental impact assessment and land use planning, are common and strategic entry points for LHDs interested in conducting HIAs.
- Organizations external to LHDs, such as community organizations and other non-profits, are critical to building demand and capacity at the outset of HIA

endeavors. These organizations have many roles, including demanding political accountability to the needs of health, facilitating and conducting HIAs, communicating results, and advocating for recommendations.

- LHDs play a vital role in providing data and evidence about priority health issues. Other likely roles include convening organizations to conduct HIAs, brokering relationships between health interests and policy and project proponents, and communicating HIA findings to key decision-makers and other agencies.

Identifying and addressing the health impacts of public decisions are powerful and common-sense objectives, consistent with societal values of health and fairness and the underlying purpose of government institutions. For LHDs, HIA provides a concrete way to engage in decision-making outside of historical mandates and to work with community movements addressing social inequities. LHDs’ use of HIA can take many forms: leading HIA applications, supporting HIAs conducted by public- or private-sector institutions, or working towards formal institutional requirements for HIA. Training and resources for LHDs ready to take on this task are growing (see page 11), as are funding opportunities (e.g., The California Endowment has funded HIA for several years, and the Robert Wood Johnson Foundation and Pew Charitable Trusts recently announced a call for proposals to fund up to 15 HIA demonstration projects.) HIA is a shared responsibility, but continued engagement in HIA by LHDs can be critical to the success of formative efforts, can build institutional power to advance health equity, and can advance widely shared goals for transparency and democracy. ■

More Information on HIA, Applications, Tools, and Trainings

- The San Francisco Bay Area Collaborative Web site (www.hiacollaborative.org).
Members of the collaborative are Human Impact Partners (www.humanimpact.org), the San Francisco Department of Public Health (www.sfpbes.org), and the UC Berkeley Health Impact Group (<http://sites.google.com/site/ucbhia/>).

- UCLA's HIA Clearinghouse, Learning and Information Center (www.ph.ucla.edu/hs/hiaclhc/).

- World Health Organization's HIA Web site (www.who.int/hia/en/)

- HIA Connect (Australia) (www.hiaconnect.edu.au/)