

# Health Impact Assessment 101 Training

August 7-8, 2016 • Louisville, KY



# Health Impact Assessment 101 Training

## Day 1 Agenda

### September 7, 2016'

#### Day 1 Objectives:

- Demonstrate connections between environmental, social, political conditions and health
- Describe the value and purpose of HIA
- Review examples of completed HIA projects
- Consider a newly proposed HIA project: West Louisville FoodPort
- Provide opportunities to gain hands-on practice with the first two steps of HIA
- Discuss tools and strategies to achieve meaningful participation from diverse stakeholders in the HIA process

Time	Agenda Item
8:30	Coffee and Registration
9:00	Welcome and Introductions
	Connecting Environmental, Social, and Political Conditions & Health
	Introduction to Health Impact Assessment
	Example of Completed HIA
10:30	BREAK
10:45	Overview of the West Louisville FoodPort HIA
	Equity in HIA
12:15	LUNCH
1:00	Step 1: Screening
	BREAK
	Step 2: Scoping
	Stakeholder Engagement in HIA
	Evaluation & Wrap-up
5:00	Adjourn



## Health Impact Assessment Training Evaluation Form - Day 1

Thank you for attending the HIA training. 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. The content presented today deepened my understanding of HIA	1	2	3	4	5	
2. The content presented today deepened my understanding of the connection between minimum wage and health	1	2	3	4	5	
3. The content presented today deepened my understanding of how to address equity through HIA	1	2	3	4	5	
4. The content presented today deepened my understanding of how to engage stakeholders in HIA	1	2	3	4	5	

5. What did you find most useful about today's training?

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6. Are there questions that today's training raised that were not answered?

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Please rate the different sections of the training on a scale of 1-5

(1 = awful to 5 = excellent)

	Your Rating					Comments/Suggestions
7. Connecting environmental, social, and political conditions and health	1	2	3	4	5	
8. Introduction to HIA	1	2	3	4	5	
9. Examples of HIA projects	1	2	3	4	5	
10. Equity in 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. Stakeholder engagement in HIA	1	2	3	4	5	

14. Is there anything about today's training that you would recommend we change in the future?

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Additional Comments:

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# INTRODUCTION TO HIA

## Objective

To ensure that health and health inequities are considered in decision making using a rigorous approach, and to empower stakeholders in the process.

## Essential Tasks

- **Screening:** Determines the need and value of an HIA
- **Scoping:** Determines which health impacts to evaluate, analysis methods, and a workplan
- **Assessment:** Provides 1) a profile of existing health conditions and 2) evaluation of potential health impacts
- **Recommendations:** Identifies strategies to address health impacts identified
- **Reporting:** Includes the development of the HIA report and communication of findings and recommendations
- **Evaluation and monitoring:** Tracks impacts of the HIA 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. An 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. Inequities in health outcomes can lead to moral outrage.

**The goals of HIA analysis and reporting are to:**

- Make the health effects of a proposal more explicit
- Highlight health inequities
- Provide recommendations to improve the decision
- Raise awareness and shape the discourse among decision makers and the public

**The goals of the HIA process are to:**

- Empower communities
- Advance equity and democracy
- Recognize lived experience in decision making
- Build relationships and collaborations
- Build consensus around decisions

## Key Points (continued)

### The values of HIA practice include:

- Democracy
- Equity
- Sustainable development
- Ethical use of evidence
- Comprehensive approach to health

**HIAs have been conducted in many sectors**, including land use, transportation, housing, employment, education, energy, agriculture, and criminal justice.

### HIA outcomes include:

- Local and statewide wins to improve neighborhood, housing, transit, criminal justice, education, and employment conditions for low-income communities and communities of color
- Increased participation in decision making by and empowerment of community members
- Explicit consideration of health inequities in decision making
- Changes in how policies are framed and debated
- Increased media coverage of health and equity implications of decisions
- New collaborations between health professionals, public agencies, community organizations

## Resources

*Available on HIP's Tools and Resources webpage.*

**Human Impact Partners. A Health Impact Assessment Toolkit: A Handbook to Conducting HIA. 3<sup>rd</sup> Edition, February 2011.** 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.

**Minimum Elements and Practice Standards for Health Impact Assessment. Version 3, September 2014.** Created by the North American HIA Practice Standards Working Group, these minimum elements and 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.

SOPHIA Stakeholder Participation Working Group. Guidance and Best Practices for Stakeholder Participation in HIA. *Version 1, March 2012.*

SOPHIA Equity Working Group. Equity Metrics for HIA Practice. *Version 1, November 2014.*

National Research Council. Improving Health in the United States: The Role of Health Impact Assessment. *2011.*

California Department of Public Health. Health in All Policies: A Guide for State and Local Governments. *2013.*

## Websites

Human Impact Partners  
[www.humanimpact.org](http://www.humanimpact.org)

The Society of Practitioners of HIA (SOPHIA)  
[www.hiasociety.org](http://www.hiasociety.org)

Health Impact Project (Pew & RWJF)  
[www.healthimpactproject.org](http://www.healthimpactproject.org)

World Health Organization  
[www.who.int/hia/en](http://www.who.int/hia/en)

March 2016  
[humanimpact.org](http://humanimpact.org)



# HIA SCREENING

## Objective

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

## Essential Tasks

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

## Key Points

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

**Have sufficient information about the decision.** Vague plans or policy statements may provide too little substance for an HIA.

**Establish the value of HIA.** It is not possible or desirable to conduct an HIA on every public decision. In addition to HIA, there are many other approaches to conducting a comprehensive health analysis.

**Assess feasibility.** Decide whether an informative HIA can be conducted within the decision-making time frame and with available resources.

**Avoid redundancy.** A full HIA may be less useful if existing analyses are already available or other impact assessments are underway.

**Understand timing.** Conducting an HIA early in the decision-making process offers the best opportunity for influencing the design of the proposal.

**Evaluate whether there is an opportunity to influence the decision with new information.**

**Screening should be documented.** A summary should include: description of the decision-making process and context; opportunities for the HIA to influence the decision; and the stakeholders included in the Screening process.

## Screening Factors

### **The following factors may be among those weighed in Screening:**

- The potential for the decision to result in substantial effects on public health, particularly those effects which are avoidable, involuntary, adverse, irreversible, or catastrophic
- The potential for unequally distributed impacts
- The potential for impacts on populations with poor health
- Stakeholder concerns about a decision's health effects
- The potential for the HIA to add new information that would be useful to decision-makers
- The potential for the HIA to result in timely changes to a policy, plan, program, or project
- The availability of data, methods, resources, and technical capacity to conduct analyses
- The availability, application, and effectiveness of alternative opportunities or approaches to evaluate and communicate the decision's potential health impacts

## Screening Outputs

Description of the proposal that will be the focus of the HIA, including the decision timeline and points when the HIA will be used.

List of stakeholders involved in the Screening process.

Statement of why the proposal was selected.

## Focus on Equity

Identify potential HIA topics in partnership with members of communities facing inequities.

Partner with community organizing groups that build leadership among vulnerable populations to conduct the HIA. Use the HIA to inform a campaign they are working on.

## Resources

Human Impact Partners. HIA Screening Worksheet.

[www.humanimpact.org](http://www.humanimpact.org)

# HIA SCOPING

## Objective

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

## Essential Tasks

- Determine the individual or team responsible for conducting the HIA and their roles
- Engage diverse stakeholders in setting research priorities
- Establish goals for the HIA
- Develop a formal HIA scope and workplan, including:
  - Pathway diagrams demonstrating how health could be affected by the proposed decision
  - Identification of populations that could be affected by the proposed decision
  - Description of research questions, data sources, methods
  - Summary of how stakeholders were engaged

## Key Points

**During scoping, the range of health issues to be examined in the HIA should be clearly defined:**

- Systematically consider potential pathways that could reasonably link the decision and/or proposed activity to health, whether direct, indirect, or cumulative.
- Consider both individual health outcomes and contextual health determinants.
- Focus on those impacts with the greatest potential significance, with regards to factors including but not limited to magnitude, severity, certainty, stakeholder priorities, and equity.
- Consider the expertise of health professionals, the experience of the affected communities, and the information needs of decision-makers.

**Be inclusive.** Health impacts to be studied in the HIA should be informed by literature as well as stakeholders including community groups and residents, public health and other government agencies, project proponents and decision makers. Broad participation reduces potential bias related to interests of particular groups.

**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 rationale for issues selected in the scope should be documented.

## Key Points (continued)

### Considerations for developing scoping questions:

- What are the existing/baseline conditions related to each health determinant?
- How will the project, plan, or policy impact baseline conditions?
- What indicators can be used to measure baseline conditions and impacts?
- Where will you find data for each indicator?
- What methods will be used to assess baseline conditions and predict impacts?
- How will you prioritize the research questions and/or indicators?

### Resources required for assessment:

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

## Scoping Outputs

### A research plan that includes:

- Decision alternatives to be evaluated
- Potential health and health equity impacts of the decision to be considered in the HIA
- Populations to be evaluated, including vulnerable populations defined by place, income, race, age, gender, sexual orientation, disability, etc.
- Demographic, geographical and temporal boundaries for the analysis
- Research questions, data sources, and analytic methods for analysis
- Timelines
- Draft plans for communicating findings and for external review
- A stakeholder engagement plan and participant roles and responsibilities

## Focus on Equity

The Scope should include equity related goals, research questions, and research methods.

Members of communities facing inequities should be empowered to set goals, help develop research questions, and identify appropriate research methodology.

## Resources

See HIP's Tools & Resources webpage for the following scoping resources:

- HIP's HIA Toolkit
- Examples of completed HIA scoping worksheets
- Examples of pathway diagrams
- HIP's template scoping worksheet

# HIA ASSESSMENT

## Objective

To provide a profile of existing conditions data and an evaluation of potential health impacts.

## Essential Tasks

- **Profile existing conditions:** Include data about health status, determinants of health and vulnerabilities to health effects disaggregated by income, race, gender, age and place when possible
- **Evaluate potential health impacts:** Using the best available evidence, an HIA should present reasoned predictions of the ways in which a proposed decision (and its alternatives) could impact population health and health inequities

## Key Points

**Assessment should be based on a synthesis of the best available evidence:**

- Evidence 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.
- HIA practitioners should consider evidence both supporting and refuting particular health impacts.
- The expertise and experience of affected members of the public, whether obtained via the use of participatory methods, collected via formal qualitative research, or reflected in public testimony, comprise a legitimate source of evidence.
- In summarizing the quality of evidence for each pathway, the HIA should rate the strength of evidence based on best practices for the relevant field (i.e., standards for meta-analysis, epidemiologic studies, qualitative methods, or others as appropriate).
- Practitioners should acknowledge where evidence is insufficient to evaluate health effects identified as priority issues in the scoping stage.

**Characterize health impacts using parameters such as direction, severity, magnitude, likelihood, and distribution within the population.**

- *Direction:* Whether the potential change would be beneficial or adverse
- *Severity:* More severe effects include those that are disabling, life-threatening, and permanent
- *Magnitude:* How widely the effects would be spread within a population or across a geographical area
- *Likelihood:* How likely it is that a given exposure or effect will occur
- *Distribution:* Will the effects be felt differently across sub-populations

**Acknowledge assumptions, strengths, and limitations of data and methods.**

- Identify data gaps that prevent an adequate assessment of impacts
- Describe the uncertainty in predictions
- Make assumptions explicit
- Make justifications for and acknowledge the selection or exclusion of particular methodologies and data sources

## Key Points (continued)

**The lack of formal, scientific, quantitative or published evidence should not preclude reasoned predictions of health 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.

**Different approaches used together can support better judgments.** Use various types of expertise – community as well as subject matter – and various analysis methods – GIS mapping, surveys, etc. – to draw conclusions.

**Use qualitative analysis for issues that do not lend themselves to quantitative forecasting.** Relationships between decisions and health effects are complex and quantification does not mean causal certainty.

**Answer the following questions before pursuing 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?

## Focus on Equity

HIAs should analyze the distribution of health and equity impacts across the population (e.g., impacts on specific populations predicted).

HIAs should use community knowledge and experience as evidence.

Members of communities facing inequities should participate in research (i.e., Community-based Participatory Research)

Members of communities facing inequities should review research findings and participate in drawing conclusions from research.

## Resources

Examples of HIA analyses can be found in HIP's HIA reports. See HIP's Paid Sick Days HIA, for example.

[www.humanimpact.org](http://www.humanimpact.org)

Bhatia R. Health Impact Assessment: A Guide for Practice. Chapter 2. 2011.

# HIA RECOMMENDATIONS

## Objective

To provide evidence-based recommendations to mitigate negative and maximize positive health impacts.

## Essential Tasks

- Propose evidence-based recommendations that manage adverse health and equity impacts and enhance health and equity benefits
- Prioritize recommendations with stakeholder input

## Key Points

**Developing recommendations requires a clear understanding of the proposed project, plan, or policy**, the decision making process, existing policy implementation design practices and mitigations.

**Recommendations can include** alternatives to the decision; modifications to the proposed policy, program, or project; or mitigation measures.

**Recommendations included in the final HIA report should document supporting evidence and stakeholder input.**

**Developing recommendations may require skills and expertise from outside the HIA team**; consider inviting subject-area experts to provide input.

**Recommendations should be relevant to concerns of impacted communities.** Develop stakeholder outreach process to “test” recommendations.

**Recommendations should not introduce negative health impacts.**

**Ideally, each recommendation should be tied to indicators that can be monitored.**

**Ideally, recommendations are supported by evidence of feasibility, efficiency, cost-effectiveness, and political acceptability.** Communication with decision makers and other stakeholders can be used to gauge buy-in or feasibility.

**Recommendations are not always necessary.** If no adverse impacts are identified or if the practitioner is not legally able to take a policy position, recommendations may not be appropriate.

**Recommendations may go beyond the purview of the proposal decision-maker** and target different audiences such as project investors or financiers, implementing agencies, regulating agencies, health care agencies, or researchers.



## Key Points (continued)

**The HIA should prioritize recommendations.** Criteria for prioritization could include relative health benefits, costs, or feasibility. Prioritization should include decision makers, members of communities facing inequities, and other stakeholders to support buy-in and facilitate project implementation.

**Some decisions may have significant adverse health effects even if recommendations are adopted.** In these cases, the HIA should acknowledge that recommendations only offer partial relief from potentially negative health impacts.

### Criteria for recommendations can include:

- Responsive to predicted impacts
- Specific and actionable
- Experience-based and effective
- Enforceable
- Can be monitored and enforced
- Technically feasible
- Politically feasible
- Economically efficient
- Do not introduce additional negative consequences
- Relative to the authority of decision-makers

### When writing recommendations:

- Identify who is responsible for implementing the recommendation
- Specify when the recommendation should be implemented
- Provide evidence from the HIA findings to support the recommendation
- Consider listing recommendations by level of priority

## Focus on Equity

Recommendations should focus on impacts to communities facing inequities and be responsive to community concerns.

Members of communities facing inequities should help develop and prioritize recommendations.

## Resources

Examples of HIA recommendations can be found in HIP's HIA reports.

[www.humanimpact.org](http://www.humanimpact.org)



# HIA 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
- Release the report publicly

### Communicate findings and recommendations:

- Develop a communications plan
- Prepare communication materials to suit the needs of stakeholders
- Use communication materials to inform stakeholders and decision makers

## Key Points

**A final HIA report should be publicly accessible** and include, at minimum, the HIA's purpose, findings, and recommendations.

**The report should be succinct**, focusing on key information, and include a short summary that communicates findings in a way that allows all stakeholders to understand, evaluate, and respond to the findings.

**In its appendices or related content, the report should document:**

- The screening and scoping processes
- The sponsor of the HIA and the funding source
- The team conducting the HIA
- All other participants in the HIA and their roles and contributions
- Any potential conflicts of interest should be acknowledged
- The process involved in arriving at findings and recommendations (e.g., assessment methodology and recommendation setting approach)

**The HIA report should be made available and readily accessible in a format** that is accessible to all stakeholders, taking into consideration factors such as education, language, and digital access.

**For each specific health issue analyzed, the HIA report should:**

- Discuss the available scientific evidence
- Describe the data sources and analytic methods, including their rationale
- Profile existing conditions
- Detail the analytic results
- Characterize the health impacts and their significance
- List corresponding recommendations for policy, program, plan, or project alternatives, design, or mitigations
- Describe the limitations of the HIA

**The HIA reporting process should offer stakeholders and decision-makers a meaningful opportunity to critically review** evidence, methods, findings, conclusions, and recommendations. The HIA practitioners should address substantive criticisms.

## Key Points (continued)

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

**Interest groups and media can support effective translation of results into action and increase visibility of the HIA.**

**HIA practitioners should work directly with stakeholders** to ensure communication reflects the limitations of the HIA.

**Blogs and other forms of social media** may be important ways to communicate findings for some audiences.

Communications consultants offer strategy expertise and media contacts that many HIA practitioners do not have.

**Report and communications formats can include:**

- Formally structured written reports
- Comment letters on environmental impact assessments
- Letters to decision makers
- Report summaries
- Fact sheets
- Infographics
- Websites
- Blogs and social media posts
- Videos
- Press conferences
- Presentations to key audiences
- Public testimony
- Legislative briefings
- Dialogue with decision makers

## Focus on Equity

Findings and recommendations should be disseminated in and by communities facing inequities using a range of culturally and linguistically appropriate media and platforms.

Members of communities facing inequities should develop the communications plan and talking points. They should also communicate the HIA findings and recommendations to decision makers and others.

## Resources

Examples of reports and other communication materials can be found at:  
Human Impact Partners

[www.humanimpact.org](http://www.humanimpact.org)

Health Impact Project (Pew & RWJF)  
[www.healthimpactproject.org](http://www.healthimpactproject.org)

Information on framing and communications:  
The California Endowment's Health Exchange Academy: Communicating for Change series  
[www.calendow.org](http://www.calendow.org)

Berkeley Media Studies Group  
[www.bmsg.org](http://www.bmsg.org)

March 2016  
[humanimpact.org](http://humanimpact.org)

# HIA EVALUATION AND MONITORING

## Objective

To evaluate the:

- Process of conducting the HIA
- Impacts of the HIA on the decision-making process and implementation of the decision
- Impacts of the decision on health outcomes

To monitor the data necessary to inform all levels of evaluation.

## Essential Tasks

- Establish an evaluation plan
- Determine if the evaluation will be internal, external, or both, and who will take the lead
- Identify data sources, tools, methods for analysis, and parties responsible for data monitoring
- Ensure sufficient resources are available
- Conduct the data monitoring and evaluation plans
- Share results with others

## Key Points

**Evaluation is important for the quality of individual HIAs, and to improve the field as a whole.**

**Meaningfully include stakeholders in the evaluation**, including selecting the evaluation questions, providing feedback, and tracking data.

**Process evaluation typically looks at how:**

- The HIA was done compared to the workplan
- Stakeholders participated
- Challenges were addressed
- Resources were used

**For process evaluation, consider how to build monitoring into each step of the HIA process.** Document the decision-making process, resources used, and challenges that were addressed.

**Impact evaluation typically looks at how:**

- Recommendations were received and acted upon
- The HIA influenced decision making

**Outcome evaluation typically looks at the effects of the decision – not the HIA – on:**

- Health determinants
- Health outcomes

**Evaluating outcomes requires an extended timeframe and resources.**

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

**Consider whether useful routine monitoring information is already being collected** by agencies or organizations before proposing new monitoring plans.

**Ongoing data monitoring can:**

- Provide an early warning of unexpected consequences or unmet recommendations that could be addressed
- Test the validity and precision of health impact predictions

**Methods and results from monitoring should be made available to the public**, including the affected community, in a timely fashion.

## Tools

### Example process evaluation questions:

- Screening: What were the reasons for conducting the HIA?
- Scoping: How were health issues identified and prioritized?
- Assessment: How were health impacts assessed and characterized? How were impacts to vulnerable populations assessed?
- Recommendations: How were recommendations prioritized?
- Reporting: How were stakeholders involved in reviewing and communicating findings?
- Overall process: How much time and money was spent on each phase of the HIA?
- Stakeholder engagement: How were affected populations involved? Did the HIA utilize community experience as evidence?

### Example impact evaluation questions:

- How have policy/plan decisions changed as a result of the HIA?
- Were any new collaborations established as a result of the HIA?
- Did decision makers' awareness of health impacts change as a result of the HIA?

### Example outcome evaluation questions:

- How have policies or plans impacted conditions that impact health outcomes?
- Are there any indications that health outcomes have changed as a result of the plan or policy changes?

### The monitoring plan should include:

- Goals for short- and long-term monitoring
- Indicators for monitoring
- Triggers or thresholds that may lead to review and adaptation in decision implementation
- The identification of resources required to conduct, complete, and report the monitoring
- A mechanism to report monitoring outcomes to decision-makers and stakeholders

## Focus on Equity

M&E plan includes clear goals to monitor equity impacts over time and an accountability mechanism (i.e., accountability triggers, actions, and responsible parties) to address adverse impacts that may arise.

Members of communities facing inequities help develop the plan and identify who is accountable for overseeing the components of the plan.

Data collected for monitoring is disaggregated by race, income, and other key population characteristics considered in the HIA.

## Resources

HIAs with model monitoring plans:

- The Kohala Center. Hawai'i County Agricultural Development Plan HIA.
- Human Impact Partners. Rental Assistance Demonstration HIA.

Robert Wood Johnson Foundation. Do HIAs Make a Difference: A National Evaluation of HIAs in the US. *April 2014*.

Human Impact Partners & Center for Community Health and Evaluation. Community Participation in HIAs: A National Evaluation. *January 2016*.

# HIA STAKEHOLDER ENGAGEMENT

## Objective

Through the process, actively and genuinely engage stakeholders, especially those currently facing health inequities, in making decisions about the factors that affect their lives, in formulating and implementing policies, and in taking action to achieve change.

## Essential Tasks

- Recruit a diverse group of stakeholders to participate and provide input at each stage of the HIA process
- Ensure that stakeholders have the necessary resources and capacity to meaningfully participate in the HIA
- Establish shared goals and objectives among stakeholders early in the HIA process

## Key Points

**Collaboration among diverse stakeholders in the HIA process can help to foster new relationships and meaningful alliances.**

**Stakeholders include** those who have an interest in the health impacts of the proposal being considered (e.g., those likely to be directly impacted by it), and/or have influence in the decision-making process.

**Examples of stakeholders include:** community residents; community organizations; advocacy organizations; public agencies (e.g., public health, planning, economic development, transportation); academics; elected officials; business, industry and developers; and service providers.

**Impacted populations**, particularly those that are most vulnerable, should have a leadership role in shaping the HIA process.

**Differences in the power brought by stakeholders involved in an HIA should be considered and accounted for when planning HIA activities and process.**

**Stakeholder engagement at every stage of the HIA** can enable stakeholders to better understand, contribute to, and use HIA findings and recommendations.

**Community and advocacy groups** can play an important role in communicating findings and recommendations, complementing the sometimes limited abilities of other stakeholders to engage in advocacy.

**Involvement of public agencies** can assist data collection and analysis, and foster communication between stakeholders and decision makers.

**Participation of a project, plan, or policy proponent** in the HIA process can help to establish buy-in and support for HIA recommendations.

**Decision makers** can weigh in on the scope of the HIA and the feasibility of HIA recommendations.

**Consider the infrastructure of stakeholder engagement early.** A Steering or Advisory Committee can increase legitimacy and offer vital decision-making and technical support.

## Key Points (continued)

**HIA findings** can help to support the credibility of community and advocacy efforts. Communicating the findings of an HIA can help to build leadership and new collaborations.

**Community involvement in HIA can lead to empowerment.** The World Health Organization states, "Any serious effort to reduce health inequities will involve political empowerment."

**Simply having public meetings to inform community members of policy, plan or project changes, or to gather input, does not lead to empowerment.** Communities should play a role in shaping the factors that affect their lives, and ensure that the changes needed to improve well-being are implemented.

### Levels of Participation in HIA:

- **Inform:** Community is informed about HIA process; no other community participation.
- **Consult:** HIA team solicits feedback from community through few opportunities with limited participation; community input may/ may not be incorporated; community's role in HIA not defined.
- **Involve:** HIA team offers opportunities for and gets feedback from community; community input included in the HIA; community's role in the HIA is made clear to all stakeholders.
- **Collaborate:** Community input and participation outlined above in the "involved" choice, PLUS decision-making authority is shared between HIA team and community.
- **Empower:** Community input and participation outlined above in the "involved" choice, PLUS opportunities for feedback and frequent and participatory. Community has final HIA decision-making authority.

## Focus on Equity

HIA should be overseen so that communities facing inequities: acquire knowledge, awareness, and capacity to take action through the HIA process; and have increased influence over a broad range of decisions and systems that affect their lives.

Through the HIA process, government and institutions should become more transparent, inclusive, responsive, and collaborative.

Members of communities facing inequities should be involved in, and potentially control, all major decisions related to an HIA.

## Resources

Human Impact Partners & Center for Community Health and Evaluation. Community Participation in HIAs: A National Evaluation. *January 2016.*

SOPHIA Stakeholder Participation Working Group. Guidance and Best Practices for Stakeholder Participation in HIA. *Version 1, March 2012.*

Human Impact Partners, et al. Promoting Equity Through the Practice of HIA. *2013.*

International Association of for Public Participation. IAP2 Spectrum of Public Participation. *2007.*

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humanimpact.org

# Oppression and Power

Issue: \_\_\_\_\_

Location: \_\_\_\_\_

1. What aspects of our historical and current racial context (at the structural and institutional level) have created the need for this goal?

2. What aspects of our historical and current context with regard to other forms of oppression (class, gender, age, sexual orientation, disability, etc.) have created the need for this goal?

3. How have racism and other forms of oppression been used as political tools to inhibit progress on this goal?

Long-term Health  
Equity Goal for  
HIA

6. What is the current worldview and narrative that surrounds your ability to advance this goal? Does it work in your favor? (3<sup>rd</sup> dimension of power) Explain.

4. Do you have buy-in from decision-makers to advance this goal? (1<sup>st</sup> dimension of power) Explain.

5. Do you have an alliance of organizations and/or individuals strong enough to influence the political agenda and advance this goal? (2<sup>nd</sup> dimension of power) Explain.



# Dimensions of Racism



## INTERNALIZED

Beliefs within individuals  
Stereotype Threat



## INTERPERSONAL

Bigotry between individuals,  
Racial Anxiety



## INSTITUTIONAL

Bias within an agency, school. . .



## STRUCTURAL

Cumulative among institutions,  
durable, multigenerational

# Dimensions of Power

## 1<sup>st</sup> Dimension of Power: Influencing Decisions

Decisions on policies, laws, rulings and regulations made by public officials, administrators, legislators and the executive and judicial branches (short-term focus)

## 2<sup>nd</sup> Dimension of Power: Influencing the Agenda

Which issues are being addressed? Who is at the decision making table? (short-term & long-term)

## 3<sup>rd</sup> Dimension of Power: Influencing Worldview

Our understanding of the world and the institutions that shape and create meaning such as religious institutions, the media, consumer culture (Long-term and deep change that changes what is possible)



# HIA Screening Worksheet

Screening Question	Response and Supporting Evidence
<b>Project and Timing</b> <i>Has a project, plan or policy been proposed?</i> <i>Is there time to conduct an analysis before the final decision is made?</i>	
<b>Health Impacts</b> <i>Is the decision likely to affect environmental or social determinants that impact health outcomes? If so, which determinants and which health outcomes?</i>	
<b>Equity Impacts</b> <i>Is the decision a priority for a community facing inequities? What evidence do you have for this?</i> <i>In what ways would health inequities be impacted?</i>	
<b>Potential Impact of HIA Findings</b> <i>Is the decision-making process open to input from a health perspective?</i> <i>Is health already being considered in the proposal or as part of the decision-making process?</i>	
<b>Potential Impact of the HIA Process</b> <i>What are the potential impacts of the HIA process? (e.g., building relationships, empowering community members)</i>	
<b>Stakeholder Interest and Capacity</b> <i>Which stakeholders are involved in the decision-making process?</i> <i>Do stakeholders have the interest and capacity to participate in the HIA?</i> <i>How would stakeholders use the HIA to influence the decision-making process?</i>	

Should we move forward with this HIA?    Yes / No



# HIA Scoping Worksheet: Pathway Diagram

Health Determinant: \_\_\_\_\_

# HIA Scoping Worksheet

## Developing Research Questions

A. Based on your pathway diagram, list six research questions about health determinants, outcomes, and equity that cover existing conditions and potential impacts.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_

B. What measures / indicators would you use in answering these research questions?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

C. Rank the research questions you came up with in terms of the priority of answering them in order to contribute meaningfully to the decision-making process.

# HIA Assessment Worksheet

- A. Looking back at your priority research questions from Scoping, write down two impacts you want to measure to understand the effects of the proposal. In other words:

If the proposal moves forward.....

---

---

If the proposal moves forward.....

---

---

- B. Making the connections

What literature review search terms would you use to find evidence on these?

---

Where would you look to find this information?

---

- C. Existing conditions

What quantitative data would you look for and where might you find it?

---

---

What two questions would you ask in a focus group or interview? Who would you be collecting this data from?

---

---

- D. Stakeholder engagement

How might you involve stakeholders, including impacted communities, in this research?

---

---



# HIA Recommendations Worksheet

A. Looking back at your your hypotheses in Assessment, and assuming they are correct, list two specific, actionable, and feasible recommendations that are responsive to those findings.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Who is responsible for implementing each recommendation?

1. \_\_\_\_\_

2. \_\_\_\_\_

C. When do you want each recommendation to be implemented?

1. \_\_\_\_\_

2. \_\_\_\_\_

D. What evidence do you have that each recommendation would be effective?

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. What is the priority of each of these recommendations (high, medium, low)?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

F. How do these recommendations respond to impacts you've identified for communities facing inequities and/or how are they responsive to community concerns?

- 1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# HIA Reporting Worksheet

A. Choose an audience that you will be trying to reach through the media.

\_\_\_\_\_

B. Choose a messenger. Who will be effective in talking to the media and reaching your target audience?

\_\_\_\_\_

C. Write three messages that effectively frame and communicate your findings and recommendations

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. How will you engage community members in disseminating the findings and recommendations of the HIA? And how will you ensure the report is accessible to communities facing inequities?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. Choose a spokesperson from your table to be interviewed by one of our reporters.

\_\_\_\_\_



## **HEALTH IMPACT ASSESSMENT OF THE FOODPORT**

### **PROJECT CONTEXT**

The FoodPort was a project proposed to be constructed on a 24-acre campus at 30<sup>th</sup> Street between Muhammed Ali Blvd. and Market Streets in West Louisville. It is the former location of National Tobacco Company, which took ownership of the land in 1905. The property sits at the intersection of three West Louisville neighborhoods: Russell, Shawnee and Portland (1). The FoodPort site is located in a region that was impacted by the Great Ohio River Flood of 1937, one of the worst natural disasters in the nation's history (2). Subsequent development of Louisville focused east and south, out of the floodplain. This contributed to the demographic and income disparities that now exist between West and East Louisville (1). For example:

- The median household salary in West Louisville is \$22,578, which is less than half of that of Louisville as a whole (\$46,701).
- The West Louisville unemployment rate is 23.6%, nearly four times greater than Louisville's unemployment rate of 6.6% (2).
- According to the Network Center for Community Change, the Russell Neighborhood population is 87.9% African American, compared to the Jefferson County African American population of 20.5% (3).
- The Shawnee neighborhood African American population is 87% and in the Portland neighborhood Blacks represent 30.6% of the population (3).

The FoodPort had the potential to be a key player in reconnecting West and East Louisville. The vision for the FoodPort was to promote the economy of a "historic, but under-invested section of the city" (1).

For this training, we identified the FoodPort as a good project on which to apply the steps of Health Impact Assessment. However, after developing training materials, we learned through an article in the Courier-Journal that the FoodPort project was cancelled. A few weeks ago, one of the keystone tenants of the FoodPort, FarmedHere, cited internal financial issues as the reason preventing them from committing, as expected, to being a part of the project. FarmedHere, a vertical farm company based in Chicago, had previously pledged to begin construction on a 60,000 square foot facility in summer 2017. After FarmedHere backed out of the project, there was no clear path forward for Seed Capital KY to build an economically sustainable FoodPort (7). However, because these materials had already been developed and some of the content remains relevant, the training team decided to continue with this project as a case study.

### **FOODPORT DESCRIPTION**

According to the FoodPort website it would have been "a transformative economic and community development project that can set a new standard in Louisville for Responsible Redevelopment" (1) Features of the FoodPort included:

- Space for classes on cooking, nutrition and gardening – both indoors and in the 2-acre demonstration farm
- 2 large public plazas, including
  - Walking paths
  - Play spaces
  - Public space for markets, concerts and other events

- Tenants
  - Farmers – regional farmers can sell their produce to businesses and individuals
  - Educators
  - Food Processors
  - Distributors
  - Retailers – food-related businesses
- Investments in sustainability
  - Solar power
  - Geothermal energy
  - Use of rainwater for irrigation and water needs (1)

The FoodPort would have provided employment both in the construction phase of the project (about 150 new construction jobs) and in the operational stage (about 200 jobs through businesses that will be housed in the FoodPort).

“A key element is incorporating a robust engagement process into redevelopment efforts by involving stakeholders and community-based organizations in planning, design, implementation and evaluation.” (1). The project was a public-private partnership, run by Seed Capital Kentucky, on land purchased from Louisville Metro government. It developed from Mayor Greg Fischer’s Vision Louisville agenda and complements other development efforts in the area, including the Louisville Loop project (which is extending bike paths across the city) and the Portland Investment Initiative (which seeks to revive 80 blocks of warehouses and shotgun homes) (2).

The FoodPort had not been without its share of controversy. Originally, the 24-acre site was to house a biodigester that would convert waste into methane gas for energy usage (4). Through such venues as community meetings, West Louisville residents informed representatives from Seed Capital Kentucky and the owner of the proposed biodigester that they staunchly opposed a natural gas plant in their neighborhood (5). Residents voiced concerns on a range of issues, from odors the biodigester may emit to traffic from trucking food waste into their neighborhoods (5). West Louisville residents have a long history of “things done *to* them...instead of *with* them and *for* them.” (6). For a century, that legacy has resulted in West Louisville being “chosen to place toxic problems where disenfranchised people live...it has created a strong fear of more projects like that. The fact that this is new and different started to look like the long history of poisonous projects that have been inflicted on them rather than a promising new future.” (6). In August, 2015 the methane plant proposal was removed from Seed Capital Kentucky’s plans for the site.

## **PROPOSED HEALTH IMPACT ASSESSMENT (HIA) OF THE FOODPORT PROJECT**

Originally, we proposed performing a Health Impact Assessment (HIA) on the proposed FoodPort to analyze how building the FoodPort would affect the physical, emotional and economic health of West Louisville residents. Our goals were to help maximize the health benefits and minimize the negative health effects of the FoodPort to the local West Louisville community. We also wanted to ensure that a historically marginalized population (i.e. West Louisville residents) was allowed to voice their opinions and to have their concerns heard and addressed.

While the project had many advantages, such as making fresh food and vegetables more accessible to West Louisville residents, there were also drawbacks such as the increase in larger commercial trucks in the vicinity (2). Residents were concerned about the noise and odors that would result from commercial trucks travelling to and from the FoodPort.

The HIA could have examined the following determinants of health:

- Traffic
- Noise
- Jobs
- Food access
- Air, soil and water quality

Given the history of racial and economic disparities, the HIA would also have examined the equity impacts across all of these determinants.

## **PLANNING CHALLENGES**

As stated above, the FoodPort was not without opposition. Fierce objection to the proposed biodigester prevented the methane plant from being placed on the 24-acre FoodPort site. The plans for the biodigester were removed, but there were lingering questions from residents regarding the motive behind placing the FoodPort in the West Louisville community. Through the creation and convening of a 120+ Community Council group, various community members who may not be accustomed to having their voices heard, now had a means of presenting their viewpoints. The Community Council group allowed residents' doubts about the FoodPort to be directly addressed. For instance, there was still some suspicion, on the part of West Louisville residents, of Louisville Metro Government's sale of the 24-acre site to Seed Capital Kentucky for \$1.

## **DECISION MAKING AND TIMELINE**

Ground breaking for the West Louisville FoodPort project was projected for Fall 2016. Key stakeholders (Seed Capital KY and the Community Council group) and decision makers would have had to support commencement of the project, thus the HIA would primarily have been directed to them. Seed Capital KY held primary decision-making authority for site development and work. The HIA analysis and recommendations would have been released in Fall 2016, prior to the start of construction, and the results would be disseminated to the community through the Community Council group as well as to Seed Capital KY.

## **PROGRAM and HIA STAKEHOLDERS**

The following are stakeholders who had an interest in the Louisville FoodPort project and might possibly participate in the HIA:

- Russell neighborhood residents
- Shawnee neighborhood residents
- Portland neighborhood residents
- West Louisville residents
- Louisville residents, at large
- Seed Capital Kentucky
- Community Council – consists of 120+ members
  - Community Council initiated by Seed Capital KY to get community involvement
  - Community Council has subsequently taken more ownership of the Council and Seed Capital is playing a smaller role in the Community Council

## RESOURCES

1. West Louisville FoodPort Website, retrieved on August 4, 2016 from, <http://westlouisvillefoodport.org/what-is-wlfp/location/>
2. Gan, Vicky. *Why Louisville is Betting Big on a Massive Food Wonderland: The city's planned FoodPort is part of a trend toward mixed-use food hubs.* CityLab. Retrieved on August 4, 2016 from, <http://www.citylab.com/design/2015/03/why-louisville-is-betting-big-on-a-massive-food-wonderland/387697/>
3. [Network Center for Community Change Website. West Louisville Neighborhood Data.](http://makechangetogether.org/data/) Retrieved on August 9, 2016 from, <http://makechangetogether.org/data/>
4. Wave3 News. *Food Port designed to transform a West Louisville area.* Retrieved on August 4, 2016 from, <http://www.wave3.com/story/29078635/food-port-designed-to-transform-a-west-louisville-area>
5. Lopez, Ashley. *Developers Back Off Plans For Methane Plant at West Louisville FoodPort.* WFPL.org. Retrieved August 4, 2016 from <http://wfpl.org/developers-back-off-on-plans-for-methane-plant-at-west-louisville-foodport/>
6. Downs, Jere. *FoodPort drops idea for methane gas plant.* The Courier Journal. Retrieved August 4, 2016 from <http://cjkj.it/1NsFQWw>
7. Downs, Jere. *West Louisville FoodPort canceled.* The Courier Journal. Retrieved August 18, 2016 from <http://www.courier-journal.com/story/news/local/centralwest/2016/08/17/west-louisville-foodport-canceled/88906080/>

# Health Impact Assessment Training Louisville, KY

Lili Farhang, Co-Director  
Fabiola Santiago, Research Associate

September 7-8, 2016



## Mission



...to address the unmet health care needs of Kentuckians

by developing and influencing health **policy**, improving **access** to care, reducing health risks and **disparities**, and promoting health **equity**.



## History

- Anthem BC BS
- Conversion of Charitable Assets
- Incorporated May 2001
- \$45M



## Approach

- Grantmaking
- Data/Research
- Convening
- Relationship and Capacity Building



## Foundation for a Healthy Kentucky

Investing in Communities. Informing Health Policy.



[www.facebook.com/FoundationForAHealthyKentucky](http://www.facebook.com/FoundationForAHealthyKentucky)

[www.healthy-ky.org](http://www.healthy-ky.org)



[www.kentuckyhealthfacts.org](http://www.kentuckyhealthfacts.org)



@healthyky



## The Health Impact Project

- **Who:** A collaboration of the **Robert Wood Johnson Foundation** and **The Pew Charitable Trusts**
- **Purpose:** To reduce health inequities and improve the health of all people by ensuring that health is a valued and routine consideration in decisions affecting them.

HEALTH **IMPACT**  
PROJECT

## Our Goals

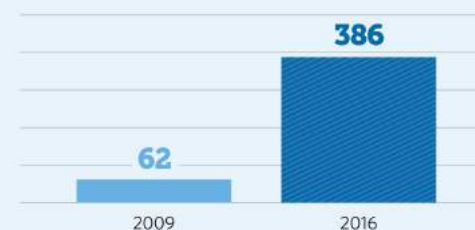
- **Improve determinants of health by 5%** in at least **25 underserved places** by building the capacity of organizations representing them to use HIA and related tools
- **Increase by 50%** the number of organizations in the country that are **routinely considering health equity** in decisions through the use of **HIA and related tools**

HEALTH **IMPACT**  
PROJECT

## A Growing Field

### Growth of Health Impact Assessment

As of 2009, **62 HIAs** were completed or in progress. By January 2016, that figure was **386**.



HEALTH **IMPACT**  
PROJECT



## More info...

Explore an interactive map of HIAs: [www.healthimpactproject.org](http://www.healthimpactproject.org)

Contact: Rebecca Morley, Director, Health Impact Project,  
[rmorley@pewtrusts.org](mailto:rmorley@pewtrusts.org)

Follow: [@RMorleyHIA](https://twitter.com/RMorleyHIA)



HEALTH IMPACT  
PROJECT

## Human Impact Partners

HIP is a national non-profit – based in Oakland, CA – working to transform the policies and places people need to live healthy lives by increasing the consideration of health and equity in decision making.

*Through research, advocacy, and capacity-building, we bring the power of public health science to campaigns and movements for a just society.*



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## Introductions

Name

Agency/organization & focus of your work

Experience with and interest in HIA



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## Agenda: Day I

8:30	Coffee & Registration
9:00	Welcome & Introductions
	Connecting Environmental, Social, and Political Conditions & Health
	Introduction to Health Impact Assessment
	Example of Completed HIA
10:30	BREAK
10:45	Overview of the West Louisville FoodPort HIA
	Equity in HIA
12:15	LUNCH
1:00	Screening
	BREAK
	Scoping
	Stakeholder Engagement in HIA
	Wrap-up & Evaluation
5:00	Adjourn



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## What We'll be Covering Before Lunch

What is Health?

Introduction to HIA

Example of Completed HIA

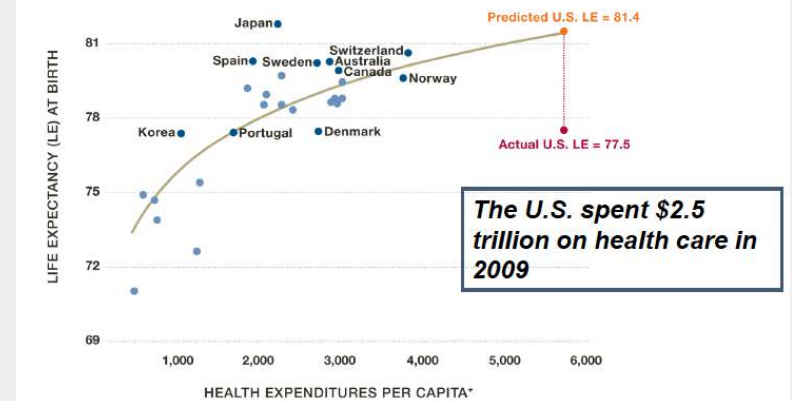
HIA & Equity

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## High Healthcare Spending ≠ Good Outcomes

US spends more money per person on health than any other country, but our lives are shorter



Source: Prepared for the RWJF by the Center for Social Disparities in Health at UCSF

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## Many in the U.S. Have Health Problems

According to the CDC, chronic diseases and conditions—such as heart disease, stroke, cancer, diabetes, and arthritis—are among the most common, costly, and **preventable** of all health problems.

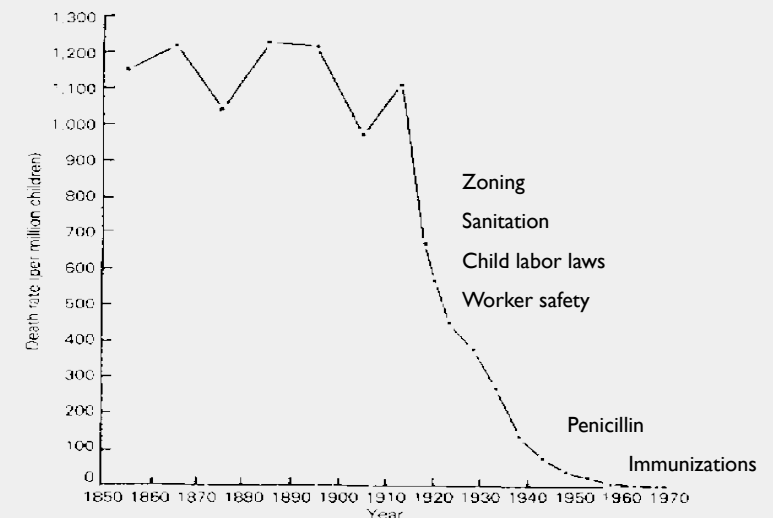
As of 2012, about 1/2 of all adults—117 million people—had 1 or more chronic health conditions.

7 of the top 10 causes of death in 2010 were chronic diseases.

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## What Reduced Child Death Rates?



16

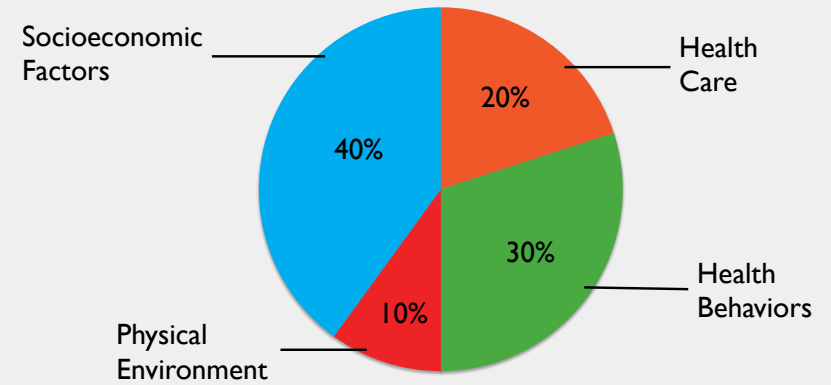


## Factors Responsible for Population Health (1)



17

## Factors Responsible for Population Health (2)



18

Source: Booske, et. al. 2010. County Health Rankings Weighting Methodology

## Our Definition of Health

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

The highest standards of health should be within reach of all, without distinction of race, religion, political belief, economic or social condition.

- World Health Organization

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## Introduction to Health Impact Assessment

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## Unintended Consequences

### Decisions may have unintended consequences

To reduce expected congestion at the 1996 Olympic Games, Atlanta started 24-hour public transit, added buses, and made public announcements about both

→ Results: Decreased acute childhood asthma events



U.S. highway policy was intended to connect the country and facilitate interstate commerce

→ Results: air pollution, injuries, lack of physical activity; costs of traffic-related health outcomes in the US is estimated to be \$400 billion / year



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## Objective: Consider Health in Decision Making

### Health Impact Assessment

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

National Research Council of the National Academies, 2011

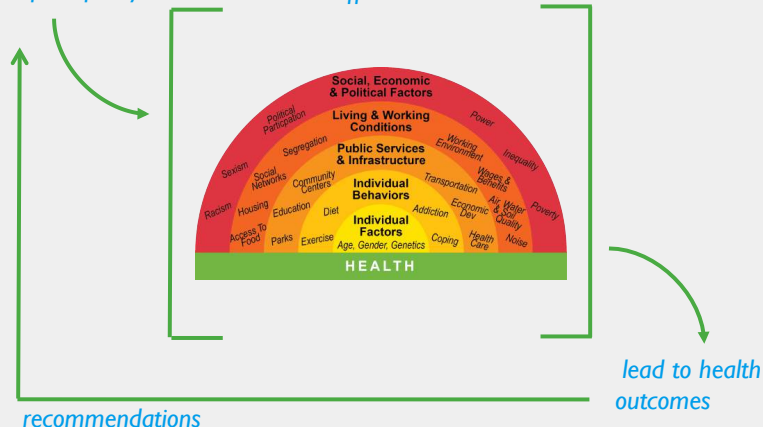


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## HIA Addresses Determinants of Health

How does the proposed project, plan, policy

affect



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## HIA Purpose

### Through HIA report and communications

Make health effects of a proposal more explicit

Highlight health inequities

Provide recommendations

Raise awareness and shape the discourse among decision makers and the public



### Through HIA process

Build relationships & collaborations

Empower communities

Advance equity and democracy

Recognize lived experience

Build consensus

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## Steps of HIA

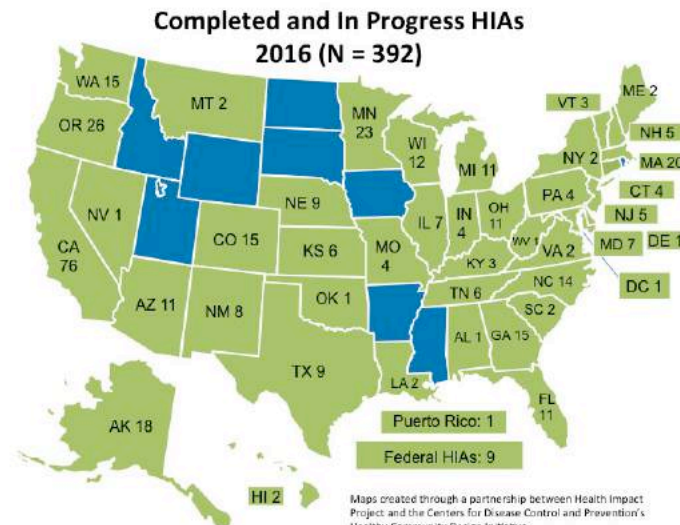
HIA Step	Description
Screening	Determine the need and value of an HIA
Scoping	Identify health impacts to evaluate and methods for analysis
Assessment	Provide: 1) a profile of existing health conditions 2) evaluation of potential health impacts
Recommendations	Provide strategies to manage identified adverse health impacts and maximize benefits to health
Reporting	Include: 1) HIA report 2) communication of findings & recommendations
Evaluation & Monitoring	Track and evaluate: 1) process of conducting the HIA 2) impacts on decision-making 3) impacts of the decision on health outcomes

See "HIA Minimum Elements and Practice Standards"

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HUMAN IMPACT PARTNERS

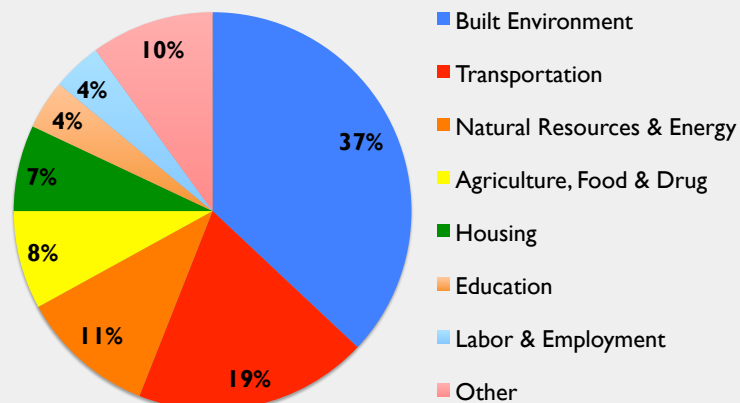
## HIAs in the U.S.



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HUMAN IMPACT PARTNERS

## What Topics have HIAs Addressed?



Source: Health Impact Project. Data as of 8/17/16.

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HUMAN IMPACT PARTNERS

## HIA Project Topics

Health Determinant	Policy Issue
Education	Discipline; Funding; Integration; School siting
Jobs	Wages; Pay equity; Paid sick days; Wage theft; Scheduling
Housing	Mixed-use projects; Public housing redevelopment
Transportation	Freeway expansion; Public transit funding
Land use	Planning and zoning; Facility siting; Transit oriented development
Criminal Justice	Diversion; Sentencing reform; Post-incarceration employment
Agriculture	SNAP; Farm to school; Ag plans
Energy	Natural resource extraction; Wind farms; Cap and trade

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HUMAN IMPACT PARTNERS

## Rapid versus Comprehensive HIAs

In theory, the difference relates to effort, complexity and duration. In practice, these terms overlap and the distinctions are not always clear.

### Rapid HIAs:

Often focused on smaller and less complex proposals or a limited scope  
Involve primarily literature review and descriptive or qualitative analysis  
May be completed in a short time (weeks to months)

*Desktop HIA often refers to a rapid HIA that entails little or no public engagement.*

### Comprehensive HIAs:

More determinants and more complex pathways  
More stakeholder engagement  
More detailed analysis, often including collection of new primary data.  
Can take a year or longer to complete



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## Principles and Values of HIA

HIA Principle	An HIA should ...
Democracy	Involve and engage the public, and inform and influence decision-makers
Equity	Consider distribution of health impacts, pay attention to vulnerable groups and recommend ways to improve proposed decisions for affected groups
Sustainable Development	Judge short- and long-term impacts of a proposal
Ethical Use of Evidence	Use evidence to judge impacts and inform recommendations, not set to support or refute a proposal; be rigorous and transparent
Comprehensive Approach to Health	Be guided by the wider determinants of health



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## HIA Project Outcomes and Successes

Local and statewide improvements in neighborhood, housing, transit, criminal justice, education, and employment conditions for low-income communities and communities of color

Increased participation in decision-making by community residents and empowerment of community organizations

Explicit consideration of health inequities in decision making

Changes in how policies are framed and debated

Increased media coverage of health and equity implications of decisions

New collaborations between health professionals, public agencies, community organizations



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## Health in All Policies

### HIA is conducted within the context of Health in All Policies

A collaborative approach to improving the health of all people by incorporating health considerations into decision making across sectors and policy areas

Recognizes that many determinants of health are not controlled by policies within the health sector

### HiAP Goals

Ensure decision makers are informed about the health, equity, and sustainability consequences of policy options during the policy development process

Bring resources and support of health departments to the work of other agencies and expand the responsibility that other agencies take for health outcomes

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## Nuts and Bolts of HiAP

HiAP initiatives require that people across different sectors work together as a group, but the membership, level of formality, and activities will vary.

### Windows of Opportunity for HiAP in Government

Data	Permitting & Licensing
Direct service provision	Procurement & Contracts
Education & Information	Regulation
Employer	Research & Evaluation
Funding	Legislation & ordinances
Guidance & Best Practices	Taxes & Fees
	Training & TA

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## Health Impact Assessment of the Shawnee Fossil Plant

by Deborah Payne, MPH, Kentucky Environmental Foundation



## Shawnee Fossil Plant HIA Content & Background

**Tennessee Valley Authority's (TVA) Shawnee Fossil Plant was under evaluation to be retrofitted for pollution controls or retired.**

- Many people are employed by the plant. Taxes from the facility contribute to the local economy as well as the local school system.
- The area has higher than average rates of asthma and overall poor health. Air and water quality can affect rates of asthma, heart disease, low birth weight, and cancer.

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## Shawnee Fossil Plant HIA Partners

### HIA Partners

Kentucky Environmental Foundation  
Health Impact Project (Pew Charitable Trusts, Robert Wood Johnson Foundation)  
Georgia Health Policy Center  
Synapse Economics  
Purchase District Health Department

### Advisory Committee

Purchase District Health Department  
Tennessee Valley Authority  
County Judge Executive of McCracken County  
Purchase Area Development District  
McCracken County Public Schools  
McCracken County Citizens

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## Shawnee Fossil Plant HIA: Screening

- The TVA was actively assessing retrofit or retirement scenarios for the Shawnee Fossil Plant. Major swings in energy prices and environmental policies were playing a role in the development of TVA's Integrated Resource Plan, the road map for the power company's plan to keep certain plants operating and retire others.
- Coalition of citizens concerned about the environmental impacts of the power plant gathered to explore retrofit or retirement concerns.
- The Purchase District Health Department had needed to do a community health assessment as part of their certification process. The HIA played a role in the development of the environmental assessment portion of the survey.



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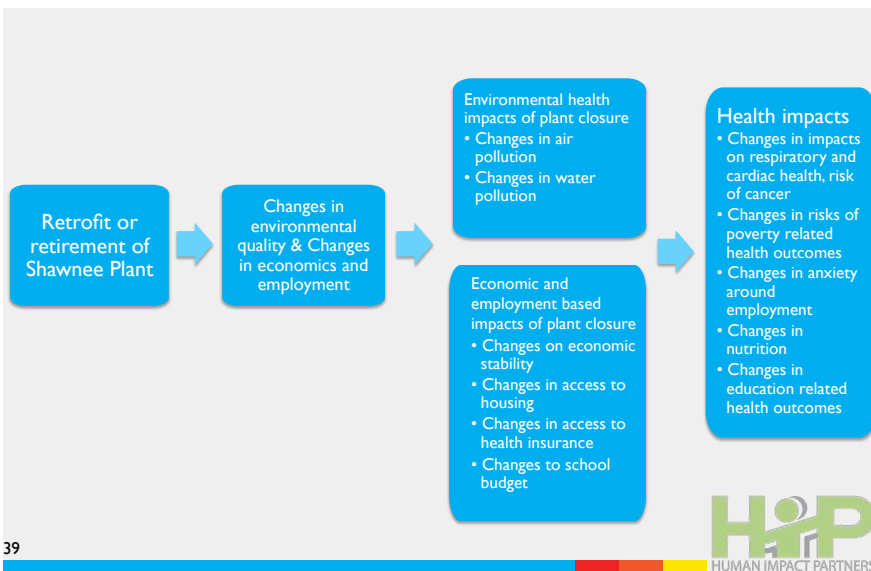
## Shawnee Fossil Plant HIA: Goals

- Conduct economic and environmental health assessments of the TVA's Shawnee fossil plant to determine impacts on the local economy and environment.
- Provide feedback to TVA's Integrated Resource Plan to inform decision making around the plant's future.
- Provide information to key decision makers in the community regarding retrofit or retirement options in order to prepare for economic transitions as well as reduce the environmental health impacts of the facility's operations.
- Engage and empower community members directly affected by decisions associated with retrofit or retirement decisions.



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## Shawnee Fossil Plant HIA: Scoping pathway



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## Assessment Methods

- Conducted a literature review on environmental health impacts and economic impacts of coal fired power plants.
- Held community listening sessions to determine values and concerns of the community.
- Contracted with Synapse Economics to do an Economic and Employment based assessment of retirement and retrofit scenarios.
- Reviewed local health data.
- Conducted a community health survey addressing local factors of health and health outcomes.
- Reviewed Toxics Release Inventory Data on plant emissions and effluent.



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## Assessment Findings: Employment

- The Shawnee Fossil Plant employs approximately 300 individuals.
- Additional retrofits required for the plant might build in as many as 350 additional jobs.
- Maximum potential job loss from retirement: 750 jobs in 2018 and 2019 (\$37.5 million in income).
- Minimum job loss of 440 jobs in 2017 (\$24.1 million in income).



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## Assessment Findings: Local Economics

- Closure of the Shawnee Fossil Plant would reduce the \$1.1 million in payment-in-lieu-of-tax financial contribution provided to the County.
- Shawnee's workers are responsible for \$300,000 in payroll taxes paid to the county leading to potential impact funding for police, fire forces and EMS, critical for public safety.
- TVA contributed \$3,713,739.97 to the McCracken County School budget for the 2014 fiscal year. Such funds play a role in ensuring the quality of education and sustainability of the school.



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## Assessment Findings: Water Quality

Coal plants generate large amounts coal ash.

- Metals commonly found in coal ash: arsenic, manganese, boron, chromium, and selenium.
- Consumption of untreated ground water or fish contaminated by heavy metals can impact public health.
- Aquifers under the Shawnee plant have been contaminated by coal ash.



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## Assessment Findings: Air Quality

- The prevalence of asthma in adults in Ballard County is 16% while it is 15% in McCracken County.
- The prevalence of asthma in the region for children is 15.8%, greater than the Kentucky rate of 10.7% and the national rate of 8.4%.
- The Shawnee plant is the main source of air pollution in the area according to TRI data.



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## Stakeholder Roles

Stakeholders	Roles
<b>HIA Partners:</b> <i>Kentucky Environmental Foundation, Georgia Health Policy Center, Health Impact Project</i>	Facilitated introduction of HIA concepts to the Advisory committee, recommended resources, analyzed data, KEF conducted and other partners reviewed all stages of the HIA report, facilitated communications of the report.
<b>Advisory Committee Members</b>	Identified community leaders and stakeholders, identified data sources, reviewed all stages of the HIA report, reviewed and prioritized findings.
<b>Community Members</b>	Participated in focus groups, reviewed focus group findings, participated in communications activities

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## Shawnee Fossil Plant HIA: Communications

### Products

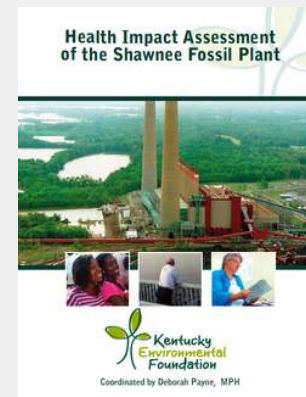
Full report  
Executive Summary  
Website

### Media

Coverage in local and state newspapers  
NPR radio coverage  
Social media

### Events

Discussion held on local news station



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## HIA Recommendations

We found that any changes to the Shawnee Fossil Plant - whether retrofitting or retirement - would have a mix of positive and negative impacts on health and health determinants.

Therefore, our recommendations relate to mitigating the impacts of both scenarios under consideration:

- Communicate with local Area Development District, County Judge Executive, and other local leaders around intentions of plant retirement.
- Create strong transition plans for current employees.
- Implement air quality monitoring system at schools using AQI.
- Replace fish advisory signage at a lake near the plant.

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## HIA Outcomes

- HIA report presented to TVA. Face to face conversation held with the VP of Operations addressing the value of strong community engagement in long term planning.
- Purchase District Health Department provided with new tools to address air quality concerns in local schools including the use of AQI website.
- Fish Advisory Sign replaced at local fishing hole near the power plant addressing high levels of mercury in the water.
- Increased dialogue between the County Judge Executive, TVA, and the Purchase Area Development District on economic transitions.
- HIA used to inform other energy based HIAs.

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## Reef Development Project HIA



**Plan:** Proposed ~10 acre development in South Central Los Angeles would include two 30+ story towers with over 500 new residential units in a neighborhood that has the highest levels of overcrowding and homelessness in the nation, and poverty rates ~50%.

**Partners:** SAJE (Strategic Actions for a Just Economy), Esperanza Community Housing Corporation, and the UNIDAD Coalition

**Findings:** Increases in housing costs could cause financial strain and displacement for nearly 44,000 residents living within 2 miles of the development. Negative health impacts are likely to occur through chronic stress, overcrowding, and fragmented social environments.

**Outcomes:**

- The report was submitted as public comment on the draft environmental report. Final environmental report dismissed nearly all the HIA's findings.
- Partners are currently preparing to appeal.
- Partners using the report to build awareness of the project in the community and elevate the community voice with decision-makers.

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## Case Study HIA: The FoodPort



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## The FoodPort: Background & Context

Seed Capital Kentucky proposed the 24-acre FoodPort project in West Louisville at intersection of three West Louisville neighborhoods: Russell, Shawnee and Portland

Site (former National Tobacco Co. site) is in a region impacted by the Great Ohio River Flood of 1937 – subsequent city development focused east and south

Focus on east and south Louisville contributed to income disparities that exist between West and East Louisville

Median household salary in West Louisville = \$22,578 (less than half of Louisville as a whole = \$46,701)

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## The FoodPort: Project Update

**Before we get too far.....**

Training team identified the FoodPort as a good project on which to apply the steps of HIA for this training

After developing training materials we learned through a Courier-Journal article that the proposed FoodPort project was cancelled

A keystone tenant of the FoodPort had backed out, making it impossible to build an economically sustainable FoodPort

However these materials had already been developed and the content remains relevant, so the project team decided to continue with the FoodPort as an HIA case study

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## The FoodPort: Project Components

### What would it have included?

- Space for classes on cooking, nutrition and gardening – both indoors and in the 2-acre demonstration farm
- 2 large public plazas, including walking paths, play spaces, public space for markets, concerts and other events
- Tenants would have included farmers, educators, food processors, distributors and retailers
- Would have invested in sustainability – solar power, geothermal energy, use of rainwater for irrigation and water needs
- Would have provided about 150 construction jobs in addition to 200 jobs through businesses housed in the FoodPort



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## The FoodPort: Project Components

### What did it NOT include?

- Originally, the 24-acre site was to include a biodigester that would convert waste into methane gas for energy usage.
- West Louisville residents voiced concerns on a range of issues – from odors the biodigester may emit to traffic from trucking food waste into their neighborhoods – to get Seed Capital Kentucky and the owner of the proposed biodigester to drop this part of the proposal.
- In August 2015 the biodigester part of the proposal was removed from Seed Capital Kentucky's plans for the site.



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## The FoodPort: Decision-makers & Timelines

### Decision makers

- Seed Capital KY – held primary decision making authority for site development and work
- Community Council group – consists of 120+ members
  - Initiated by Seed Capital KY to garner community involvement
  - Community Council has subsequently taken more ownership of the Council and Seed Capital is playing a smaller role in it

### Timeline & Decision Making Process

- Fall 2016: Would have broken ground for West Louisville FoodPort
- Fall 2016: Prior to and after ground breaking, HIA would have informed stakeholders of health impacts of project



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## The FoodPort: Proposed HIA Goals

- Analyze how building the West Louisville FoodPort would have affected the physical, emotional and economic health of West Louisville residents
- Would have provided recommendations on implementation to decrease any negative health and equity impacts



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## The FoodPort: Proposed HIA Scope

### Impacted Populations

Russell neighborhood residents  
Shawnee neighborhood residents  
Portland neighborhood residents  
West Louisville residents  
Louisville residents, at large

### Topics/Health Determinants of Interest

Traffic  
Noise  
Jobs  
Food Access  
Air, soil and water quality



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## The FoodPort: Potential HIA Partners & Stakeholders

### Potential HIA Partners

Seed Capital Kentucky  
Community Council – consists of 120+ members  
Initiated by Seed Capital KY to garner community involvement  
Community Council has subsequently taken more ownership of the Council and Seed Capital is playing a smaller role in it

### Potential Additional Stakeholders for the HIA

Louisville residents, especially West Louisville residents  
Funders  
Farmers  
Businesses Operating at the FoodPort  
Wholesale Food Distributors



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## Discussion

### Focusing on the big picture

Would this have been an appropriate project for an HIA?  
What do you think about the goals?  
What do you think about the scope?  
What partners and stakeholders should we have considered involving?



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## Equity – Theoretical Underpinnings

### A deeper dive into:

Equity's theoretical underpinnings  
Equity in HIA – Applying the concepts



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## Disparity vs. Inequity

**Health disparities:** differences in health status and mortality rates across population groups, which can sometimes be expected.

e.g., Cancer rates in the elderly vs children

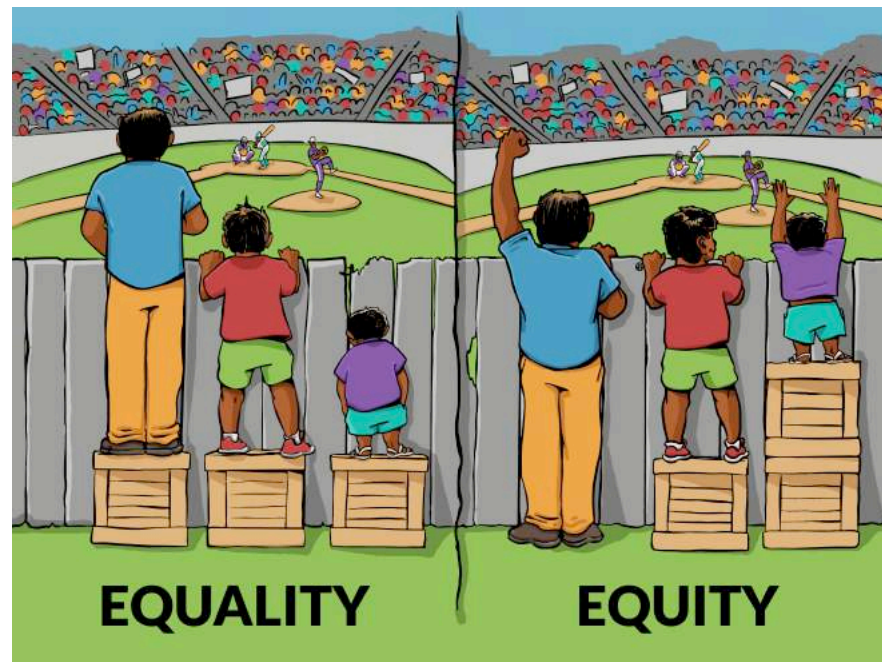
**Health inequities:** differences in health status and mortality rates across population groups that are **systemic, avoidable, unfair, and unjust**.

-- Margaret Whitehead

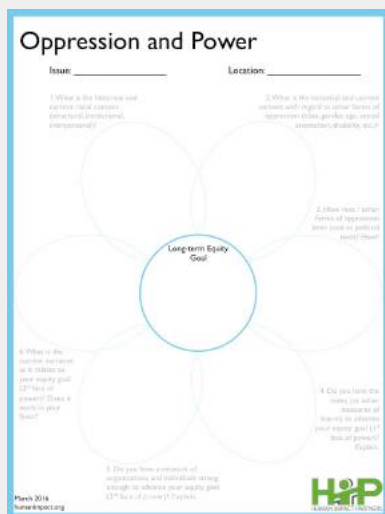
e.g., Breast cancer mortality for black women versus white women



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## Equity Goals



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## Dimensions of Racism



Source: [projectlinkedfate.org](http://projectlinkedfate.org)



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# Structural Racism, Segregation, Equity

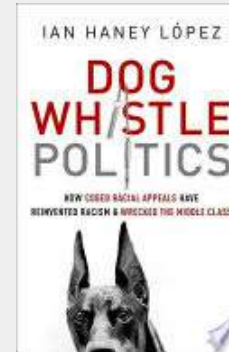
## How Some Baltimore Neighborhoods Reflect Segregation's Legacy

- NPR interview with Richard Rothstein, Economic Policy Institute



## Race as a Political Tool

FDR needed southern Democrats – many of who were segregationist and racist – to pass New Deal legislation. As a result, blacks were left out of policies from which whites benefitted.



Beginning in the 1970s, racial subtexts have been used by politicians to build support among whites, especially poor whites whom they want to split from poor blacks.

Reagan perfected the use of 'dog-whistle politics' with his use of images like 'welfare queens' to shape the public narrative and ideology.



## Other Forms of Inequities and Oppression

## Classism

## Sexism

## Heterosexism

## Able-ism

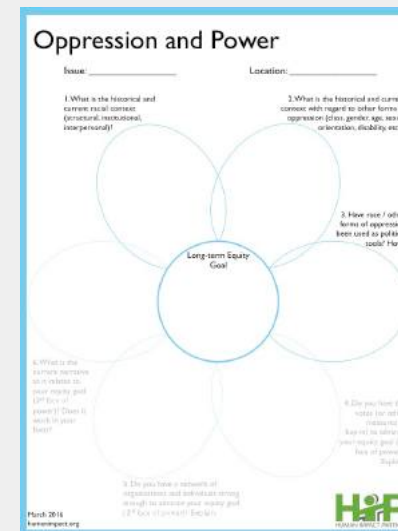
... all contribute to **systemic, avoidable, unfair, and unjust health outcomes** and are used as **political tools**.



In addition, the **intersections** of forms of inequities build on one other and contribute to even greater inequities for particular communities.



## Our Issues and Oppression



# Dimensions of Power

To overcome these forms of oppression, we must think about leveraging and using **power**, which is the potential to shape our lives and the world around us

Power involves influencing:

1. Decisions
2. Political agenda
3. Worldview



69 Source: Grassroots Policy Project


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## 1<sup>st</sup> Dimension of Power: Influencing Decisions

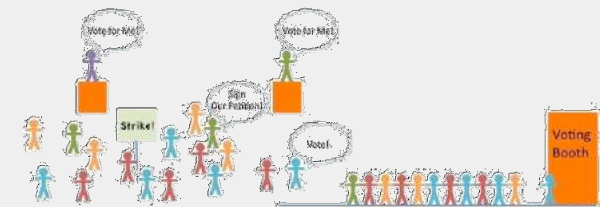
Influencing:

- Decisions on policies, laws, rulings and decisions made by public officials, legislators and the executive and judicial branches
- Elections

Activities: “Organizing people and money”

- Contributing to campaigns
  - Registering voters
  - Lobbying
  - Educating
- 

### Short-term focus



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## 2<sup>nd</sup> Dimension of Power: Influencing Political Agenda

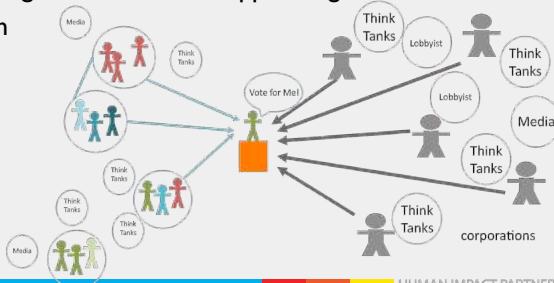
Influencing:

- Which issues are being addressed
- Who is at the decision making table

### Activities:

- Building political infrastructure/networks – integrated, coordinated, strategic
- Together, promoting some ideas and suppressing others

Can support short-term  
and long-term change



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### 3<sup>rd</sup> Dimension of Power: Influencing Worldview

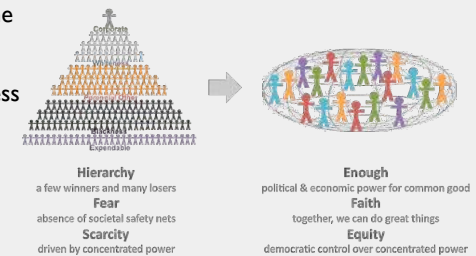
Influencing:

- Conscious and unconscious understanding of the world
- Institutions that shape and create meaning: religious institutions, the media, television, mass consumer culture

Activities:

- Developing and articulating key themes (e.g., that would improve health)
  - Popularizing alternatives to the status quo
  - Fighting sense of powerlessness
- 
- The diagram illustrates a shift from a hierarchical structure to a more egalitarian one. On the left, a pyramid is composed of many small human figures, with a single figure at the apex, representing a top-down hierarchy. An arrow points from this pyramid to a circular arrangement of many diverse human figures on the right, representing a flat, participatory structure where all individuals are equal.

Long-term and deep change that changes what is possible



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## Equity + Democracy = Empowerment

“Any serious effort to reduce health inequities will involve **changing the distribution of power** within society and global regions, **empowering** individuals and groups to represent strongly and effectively their needs and interests and, in so doing, to challenge and change the unfair and steeply graded distribution of social resources (the conditions for health) to which all, as citizens, have claims and rights.”

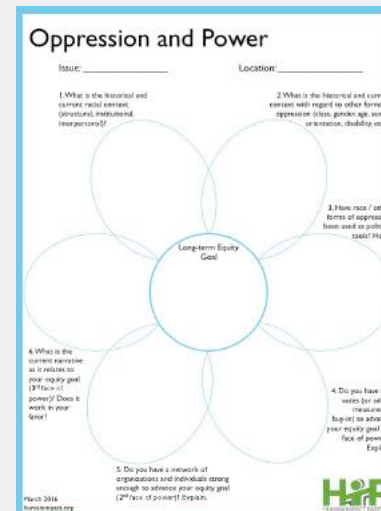
-- Final Report of the WHO Commission on Social Determinants of Health



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## Our Issues and Power



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## Addressing Oppression & Power in HIAs

In HIA practice, there are many opportunities to address oppression and power in how we design and implement our projects

**Screening:** Select HIA projects that will have a greater impact on addressing race and income inequities by partnering with community groups representing disenfranchised populations and having them identify topics of need

**Community engagement:** Balance stakeholder representatives in Advisory Committees to ensure that groups disenfranchised from decision making have a meaningful role

**Assessment:** Ensure the lived experience of community members is reflected throughout our research and valued as “expert” input. Write about historical context of racism in our reports:

- School integration HIA: Discussed history of school segregation
- CO2 Pipeline HIA: Discussed history of colonization & historical trauma

**Communications:** Don’t shy away from difficult conversations. Explicitly discuss how forms of oppression are creating differential impacts.

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## Address Race & Power to Advance Equity



If we want to **improve health in vulnerable communities**, we must address the **social determinants of health**.

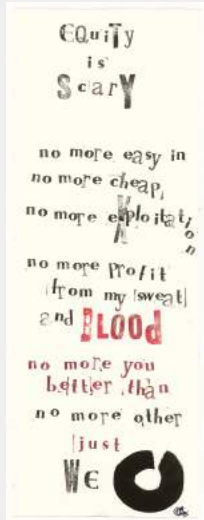
But the existing power structures work to maintain the status quo. So, to change the SDOH, we need to **change the distribution of power**, so people gain control over the factors that affect their lives.

And, because **race, class, gender, etc. are sources of inequity and are used to maintain the existing power structures**, we must address those in our work as well.

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## Advancing Equity is Hard



Racism, sexism, discrimination, oppression, and power are difficult to talk about and more difficult to act on.

Political context matters, and it takes practice and expertise to be effective at advancing equity goals.

Consider this to be the beginning of a discussion – this is a journey.



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## The HIA Process



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## Step 1: Screening

### Objective

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



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## Example of Successful Screening

### Proposed changes to Chicago's Vacant Property Ordinance

Broaden definition of property owner to include banks and facilitate reimbursements to the City for maintenance

- ✓ 6 months until City Council vote
- ✓ Could impact health and vulnerable pops
- ✓ Decision is controversial and of public concern
- ✓ Health impacts would not typically be considered
- ✓ Decision makers are likely to use findings
- ✓ Data and literature to conduct are available
- ✓ Local agencies, Alderman staff, and community groups are interested in participating



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## Conduct an HIA? Example 1

### Project Idea Being Screened

A university would like to gather and share information about the current state of children's health.

→ There is not a specific decision to influence in this case. The university is proposing a study, but not an evaluation of a proposed decision.



But... the findings of this study could be used as data in a future HIA.

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## Conduct an HIA? Example 2

### Project Idea Being Screened

After a report about food deserts is released, a neighborhood association proposes to start a local farmer's market in an area that was shown to have lack of access to fresh produce. The city and other stakeholders are very supportive of the proposal.

→ Data about the health impacts of the proposed market on health are already being considered. Decision makers and stakeholders are already in support of this proposal, so an HIA may not have additional influence.



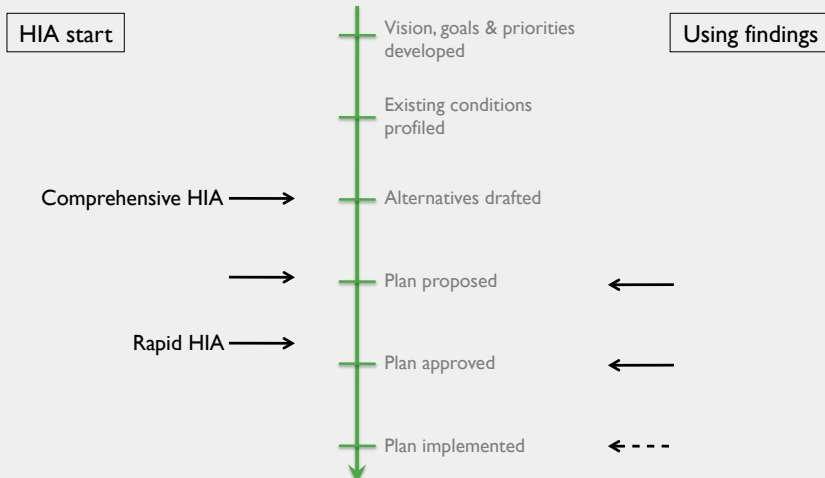
What do you think? How might you suggest to proceed in this situation?

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## Planning Intervention Points

### Typical Milestones in a Land Use / Transportation Planning Process

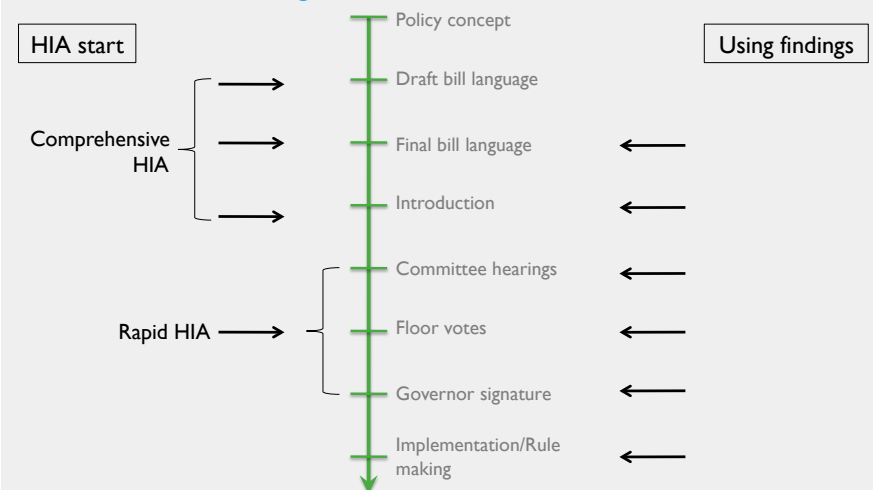


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## Policy Intervention Points

### Legislative Timeline



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## Screening Exercise: Small Groups

### HIA Screening Worksheet

Screening Question	Response and Supporting Evidence
<b>Project and Timing</b> Has a project, plan or policy been proposed? Is there time to conduct an analysis before the final decision is made?	
<b>Health Impacts</b> Is the decision likely to affect environmental or social determinants that impact health outcomes? If so, which determinants and which health outcomes? Are the proposed impacts to health likely to be significant?	
<b>Potential Impact of HIA Findings</b> Is health already being considered in the proposal or as part of the decision-making process? Is the decision-making process open to input from a health perspective?	
<b>Potential Impact of the HIA Process</b> What are the potential impacts of the HIA process? (e.g., building relationships, empowering community residents)	
<b>Stakeholder Interest and Capacity</b> Which stakeholders are involved in the decision-making process? Do stakeholders have the interest and capacity to participate in the HIA? How would stakeholders use the HIA to influence the decision-making process?	
<b>Equity</b> Is the decision a priority for a community facing inequities? Would health inequities be impacted? In what ways?	

Should we move forward with this HIA? Yes / No

January 2016  
humanimpact.org

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### Keep in mind

HIA project should be carried out prospectively so findings and recommendations can inform an active decision making process.

HIA tools are used to assess a defined project, plan or policy.

Poorly selected proposals may result in projects that add little new information and consume considerable time and resources.

HIA is not always the best approach.

## Screening Discussion

To what extent is the FoodPort HIA a proposal or issue that is a priority to communities facing inequities?

Who are the primary stakeholder groups that should be involved in the FoodPort HIA? How could they be/were they involved in Screening?

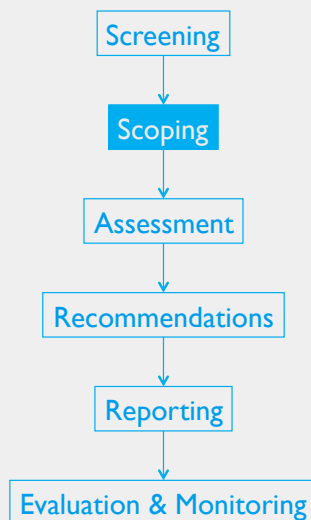
What are the intervention points where the FoodPort HIA will be used? Who are the decision makers and what is the timeline?

What are other project, plan, program, or policy proposals that would make good HIA topics?

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## The HIA Process



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## 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.

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## Setting HIA Goals

### Common HIA Goals

- Educate decision makers about health impacts
- Involve diverse stakeholders, including community members
- Improve health outcomes for the entire population
- Reduce health inequities related to the policy area
- Build the capacity of stakeholders to use HIA
- Build the power of those facing inequities in decision making



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## Goals for the Case Study HIA

What are some goals for the FoodPort HIA?

What are some goals for your organization in using HIA?



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## Tasks for Developing an HIA Scope

- ☒ Determine HIA goals
- ☐ Identify health determinants and outcomes the proposal may impact
- ☐ Identify geographic and temporal boundaries for the assessment
- ☐ Identify vulnerable populations
- ☐ Develop pathway diagrams
- ☐ Generate research questions
- ☐ Prioritize pathways and research questions
- ☐ Identify preliminary data sources and methods
- ☐ Develop a plan for stakeholder engagement and identify roles for stakeholders
- ☐ Develop a project timeline
- ☐ Consider how HIA findings will be communicated



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## Determinants & Vulnerable Populations

On which health determinants should the FoodPort HIA focus?



On which vulnerable populations should the FoodPort HIA focus?

To what extent can communities facing health inequities be involved in setting the FoodPort HIA goals, research questions, and methods?



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## Preview of Scoping Exercise

During this exercise, you will do the following activities with your team:

### 1. Practice drawing a pathway diagram

**Instructions:** With your team, draw a pathway diagram connecting the proposed decision to your assigned health determinant

### 2. Practice developing research questions and indicators

**Instructions:** Using the pathway your team developed, complete the other side of the Scoping Worksheet

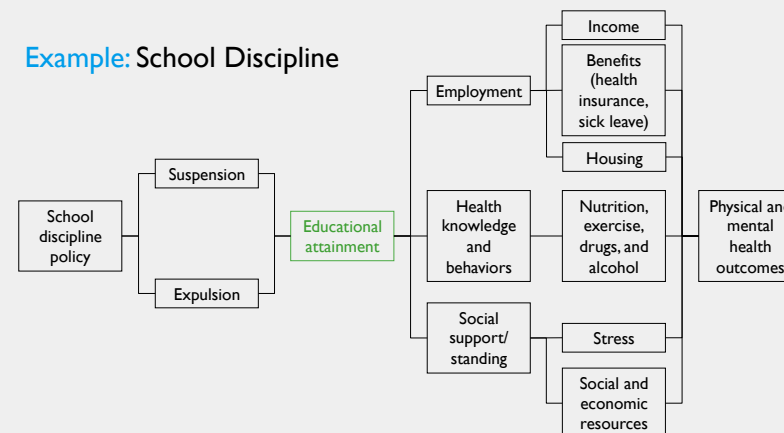
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## Example Pathway

**Pathway Diagram:** Hypotheses of potential impacts resulting from decision

**Example:** School Discipline



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## Example Research Questions

Research questions are based on pathway diagrams and should be used to describe existing conditions and predict future impacts.

### School Discipline Example Research Questions

What are current discipline practices? How many students are affected by these?

What are the effects of school discipline practices on educational attainment?

What are the effects of educational attainment on employment?

What are the effects of employment on physical and mental health outcomes?

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## Scoping Exercise – Small Groups

### HIA Scoping Worksheet: Pathway Diagram

Health Determinant: \_\_\_\_\_

### HIA Scoping Worksheet

Developing Research Questions

A. Based on your pathway diagram, list six research questions about health determinants, outcomes, and equity that describe existing conditions and potential impacts.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

B. What measures / indicators would you use in answering these research questions?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

C. Place an asterisk by the three highest priority research questions that must be answered for your HIA to contribute meaningfully to the decision-making process.

**Report-back:**

1-2 prioritized research questions

1-2 indicators to measure research questions

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## Project Management Tools

### Goals, values and participation commitments

For agreement among project partners

### HIA work plan template

Shows responsibility and timeline for tasks among HIA partners, and relates each responsibility to a specific goal

### HIA practitioner team roles and responsibilities plan

For each task in the HIA process, identifies which of the project partners is accountable, expected to participate in, is required to review and sign-off, or is required to provide input

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See HIP's "Project Management Tool" in your binder



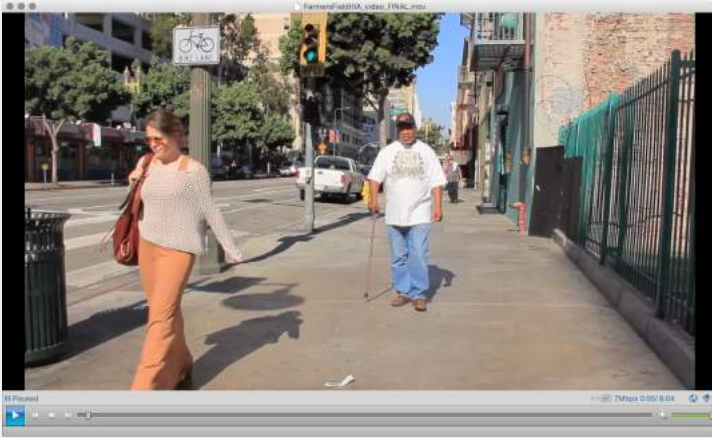
## The HIA Process & Stakeholder Engagement



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## Farmers Field HIA



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[https://www.youtube.com/watch?time\\_continue=2&v=VpDtxObTVH4](https://www.youtube.com/watch?time_continue=2&v=VpDtxObTVH4)



## Stakeholder Engagement

### Objective

Through the HIA process, actively and genuinely involve stakeholders, especially those currently facing health inequities, in making decisions about the factors that affect their lives, in formulating and implementing policies, and in taking action to achieve change.

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## Roles & Considerations in Conducting HIAs

Groups with HIA capacity and training often partner to lead the oversight and coordination of an HIA process

- Health department staff
- Nonprofit or community organization
- University staff

Many ways to engage additional stakeholders in HIA

- Advisory committees (technical or community focused)
- Within specific steps of HIA (data collection, communications)
- Making decisions and getting input on process and products

Groups involved in conducting HIA should be given roles that best match their skills and capacity

Resources should be allocated to ensure that community stakeholders can meaningfully participate in the process

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See "HIA Workplan Template" in your binders



## Community Organizers in HIA

Stakeholders reflect a broad set of interests

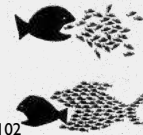
Partnership with community organizing groups is a powerful approach to actively involved impacted communities in HIA.

A **community organizing** group is an organization that:

- Helps a community identify common problems or change targets, mobilize resources, and develop and implement strategies to reach their collective goals;

- Brings people who identify as being part of the community together to solve problems that they themselves identify; and

- Works to develop civic agency among individuals and communities to take control over their lives and environments.



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Most NIMBY groups are not community organizing groups.



## What Do Community Organizers Bring?

An **engaged community** that is typically facing inequities

- People with stories to share
- People who can help collect qualitative data
- Constituents of elected officials

A focus on **equity and power**

A set of **issues** which the community has prioritized

A **policy reform** orientation

**Readiness to use data** and public health framing

**Communications** capacity

An **ability to say things** that public agencies cannot and to conduct advocacy



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## But Community Organizations May...

Be under-resourced and busy

Not speak your language

Not understand how to use data or public health framing

Be viewed as 'biased' (though all stakeholders are)

Be wary of partnering with a government agency

May not play well with other community organizations

May not be focused on your issues

Navigating these issues is challenging but worthwhile!

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## Starting Up a Relationship

Many places have community organizing groups. Some are independent, others are affiliated with national networks:

(e.g., PICO, People's Action, Center for Community Change, Center for Popular Democracy)

Identify them

Reach out, though it may take multiple attempts

Do a "one on one" to understand their work and interests

Develop the relationship over time to build trust

Encourage them to make demands of your DPH to help their work (and yours!)

Small projects (e.g., getting them some data) can build trust and lead to larger projects, like an HIA



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## Community Participation in HIA Evaluation



### Conclusions

Higher levels of community participation led to higher levels of civic agency

Higher levels of civic agency led to greater odds of impacting decision making

Strongest facilitator of community participation is activating established relationships with community organizations that represent impacted communities



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## Positive Impacts of Community Participation

Question	Response
Positive effects on success of HIA	83%
Provided a unique perspective that would have been missed	73%
Decision-makers more receptive to community participation as a result of the HIA	49%
<i>Team Members</i>	
Increased team member knowledge and/or skills	85%
Established new ongoing partnerships	69%
<i>Community Members</i>	
Community member feedback incorporated in HIA	77%
Learned how an HIA could affect a decision	65%



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## Civic Agency

Because of the HIA, the community ...	Response
Took action to influence the decision	85%
Reported its individual voices were heard	80%
Acquired an increased awareness of the decision-making process	78%
Had increased contact with decision makers	75%
Acquired or strengthened skills that could help them influence future decisions	68%
Got better at organizing to advocate for its interests	43%

"We are now called upon by decision makers to capture community engagement. Also, our community is now receiving much more attention from city agencies."



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## Spectrum of Community Participation in HIA

Inform	Consult	Involve	Collaborate	Empower
Community is informed about the HIA	Community input is solicited – may or may not be incorporated	Community input is solicited, obtained & included	Community input is solicited, obtained & included	Community input is solicited, obtained & included
	Community role is not defined	Community role is made clear	Community role is made clear	Community role is made clear
	Participation is limited		Decision-making authority is shared	Opportunities for feedback are frequent & participatory
				Community has final decision-making authority

109 Adapted from the International Association of Public Participation's Spectrum of Participation  
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## Stakeholder Engagement Brainstorm

Who has a stake in the decision the HIA will consider? What are their interests?

What level of stakeholder participation do you hope to achieve with your HIA, and how will you achieve this?

To what extent will communities facing inequities be involved in and play an oversight role in your HIA? (think about how your HIA will address oppression and building power in communities)

See "Guidance and Best Practices for Stakeholder Participation in HIAs" at [www.humanimpact.org/hips-hia-tools-and-resources](http://www.humanimpact.org/hips-hia-tools-and-resources)

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## Stakeholder Analysis

Provides a strategic view of relationships, influence and resources stakeholders can bring to the HIA process

Stakeholder Analysis						
Project:					Date:	
Project Manager:						
Project Sponsor:						
Stakeholder Group	Representative (Contact Info)	Information Held / Expertise	Role in HIA or Project	Interest or concerns about HIA or Project	Power to Influence Policy/ Development	Opportunities to Communicate (When, where?)

See "Guidance and Best Practices for Stakeholder Participation in HIAs" at [www.humanimpact.org/hips-hia-tools-and-resources](http://www.humanimpact.org/hips-hia-tools-and-resources)

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## Review: Day 1

Connecting environmental, social, and political conditions and health

Examples of HIA projects

Equity in HIA

Step 1: Screening

Step 2: Scoping

Stakeholder Engagement in HIA

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# Health Impact Assessment 101 Training

## Day 2 Agenda

### September 8, 2016'

#### Day 2 Objectives:

- Address common responses to challenges and criticisms of HIA
- Provide opportunities to gain hands-on practice with the latter four steps of HIA
- Outline next steps for HIA teams to engage in the HIA project
- Provide time to reflect on learnings

Time	Agenda Item
8:30	Coffee
9:00	Introduction to Day 2 / Check-in / Discussion of Day 1
	Questions & Common HIA "Sticking Points" in HIA
	Step 3: Assessment
11:00	BREAK
11:15	Assessment Report Back
	Step 4: Recommendations
12:15	LUNCH
12:45	Recommendations Report Back
	Step 5: Reporting
	Step 6: Evaluation and Monitoring
	Wrap-up and Reflections
2:30	Adjourn



## Health Impact Assessment Training Evaluation Form - Day 2

Thank you for attending the HIA training. 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. The content presented today deepened my understanding of HIA	1	2	3	4	5	
2. I will use the knowledge/skills gained from this training in my future work	1	2	3	4	5	

3. What did you find most useful about today's training?

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

	Your Rating					Comments/Suggestions
4. Common HIA "Sticking Points"	1	2	3	4	5	
5. Assessment	1	2	3	4	5	
6. Step 4: Recommendations	1	2	3	4	5	
7. Step 5: Reporting	1	2	3	4	5	
8. Step 6: Evaluation and Monitoring	1	2	3	4	5	
9. HIA Resources and Tools	1	2	3	4	5	

10. Is there anything about today's training that you would recommend we change in the future?

11. On a scale of 1 to 10 (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

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

1      2      3      4      5      6      7      8      9      10

Additional Comments:

---

## Agenda: Day 2

9:00	Introduction to Day 2
	Check-in/Discussion of Day 1
	Questions & Common “Sticking Points” in HIA
	Assessment
11:00	BREAK
11:15	Assessment Report Back
	Recommendations
12:15	LUNCH
12:45	Recommendations Report Back
	Reporting
	Evaluation & Monitoring
	HIA Resources and Tools
	Wrap-Up and Reflections
2:30	Adjourn

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## Addressing HIA “Sticking Points”

What will critics say about HIA?

How do HIA and advocacy fit together?

What are some of the barriers and solutions to implementing a HIA practice?



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## What the Critics Say (1)

Criticism	Response
HIA is costly	<p>Not as costly as treatment of health impacts in the long run</p> <p>HIA is also less costly than many other types of required assessments (e.g., EIA)</p> <p>Most of the cost of conducting an HIA is staff time; organizations can be creative about how to fund them (e.g., by designating HIAs as part of their mission) and can share staffing costs across multiple organizations</p>
HIA is time-consuming and will slow decision-making processes	<p>Conducting an HIA early will bring issues to the front of the decision-making process, potentially speeding approval processes and preventing costly litigation that delays projects</p> <p>HIAs should be screened out if they can't be done in time to inform a decision</p>

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## What the Critics Say (2)

Criticism	Response
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	<p>Role of HIA is to pull together disparate pieces of available evidence to make a broad statement about likely impacts.</p> <p>HIAs are often use a community-based, applied research model that can be carried out in a rigorous manner. They also offer the additional benefit over more traditional research of being very specific to the area and decision in question.</p> <p>More traditional research conducted in controlled environments also has limitations.</p>

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## HIA and Advocacy (1)

**Concern:** Doing advocacy – or working with people perceived to be community advocates – undermines the objectivity and credibility of the HIA process, findings, and recommendations and may also reflect the biases of researchers

### In reality:

In conducting an HIA, practitioners are choosing to advocate for health and health equity. We, too, are a stakeholder.

Data by itself is often not effective in achieving policy change that advances equity. Practitioners must use strategies to communicate evidence to audiences, including deliberate tactics with community organizations, decision makers, and others that can aid in addressing power imbalances.



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## HIA and Advocacy (2)

**Work jointly with an diverse Advisory Committee to select and assess research topics**

Use community expertise as well as more traditional expertise  
Don't cherry pick; peer review to ensure you're staying honest

**Gauge the power and policy context in determining the best strategy for taking a position**

Some AC members will be able to take a position, others won't

**Think broadly about the best tactics to effectively communicate findings**

Assist stakeholders in accurately using findings  
Not all advocacy is lobbying  
Consider what you offer in taking a position and speaking publicly



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## Barriers and Solutions

Barrier	Example solution
No funding for HIA	Use funding sources creatively Need a champion decision-maker Need examples from other places Need successful case study, often a small project
Board of Supervisors will be upset by public health department's HIA work	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; built environment in many places)
Not enough evidence to demonstrate health impacts	Disparate, single-issue focused evidence exists in public health literature, especially built environment-related Role of HIA is pull this together and make a holistic statement about health and health inequities Areas where there is a lack of any available evidence to predict impacts should be highlighted in the HIA

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## HIA Budgets and Staffing

### Typical costs

\$80K to \$175K, depending on: scope, timeline, experience of the practitioner; funding for community partners.

### Typical staffing

Project lead: ~25% for ~1 month; then ~60% time for ~7 months; and then ~25% for ~2 months

Researchers: ~50% time for ~5 months



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## The HIA Process



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## Step 3: Assessment

### Objective

To provide a profile of existing conditions data, and an evaluation of potential health impacts.

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## Assessment Steps

### 1) Profile existing conditions

Include data about health status, determinants of health and vulnerabilities to health effects disaggregated by income, race, gender, age and place when possible.

### 2) Evaluate potential health impacts

Using the best available evidence, an HIA should present reasoned predictions of the ways in which a proposed decision (and its alternatives) could impact population health.

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## Family Unity, Family Health HIA

**Research Question:** What are the effects of immigration reform on child mental health?

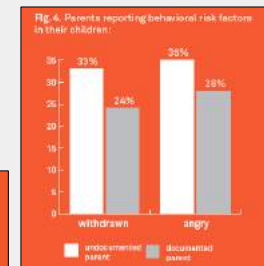
### Literature

More than two-thirds of children ages 12-17 in the Urban Institute study showed signs of withdrawal or detachment from others six months after their parent's immigration-related arrest.

### Focus group

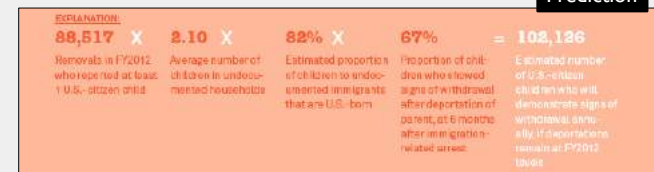


"She is 'gone' for the reason that her father is gone. ... She was very happy, very attached to her father and now, she is not the same, no longer attached."



### Survey

### Prediction



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## Paid Sick Days HIA

**Research Question:** What are the effects of paid sick days on communicable disease transmission?

### Literature

70% of accommodation and food service workers in the state do not have paid sick days.

### Administrative data

67 foodborne disease outbreaks and 1,955 related cases of illness where food-handling by an infected person or carrier of a pathogen was identified as a contributing cause.

### Focus group

*"The staff of the restaurant is pretty big... People get sick all the time... It gets passed from one person to the next... but there isn't such a thing as sick leave."*

### Regulatory standard

Article 3, Section 113950 of the CA Retail Food Code: A food worker may be excluded from a food facility if diagnosed with a communicable disease transmissible through food.



### Prediction

Foodborne disease outbreaks and cases of illness due to food-handling would decrease with passage of paid sick days.

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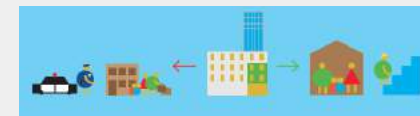
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## Reef Development HIA

**Research Question:** How many people are affected by high housing costs and at risk of displacement?

### Literature

Property values have been shown to increase in areas within up to 2 miles of a redevelopment.



### Focus group

*"In our apartments we're piled on top of each other—imagine, two families have to live under one roof and split the rent. With my 5 children, I put them in the bedroom and their dad and I sleep in the living room."*

### Analysis of Census data

43,756 people living within 2 miles of a proposed redevelopment project in South Los Angeles are rent burdened.

### Prediction

Overall, 52% of the nearly 84,000 residents living within 2 miles of the proposed project could be at risk of financial strain or displacement as a result of the proposed project.

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## Treatment Instead of Prison HIA

**Research Question:** If funding for treatment & diversion was increased to \$75 million, what would be the effect on crime?

### Literature

In Wisconsin, 46% of offenders return to prison within 3 years. Of program participants, 19% of those who completed the program returned to prison in under two years. Incarceration has been found to increase recidivism when compared to recidivism-reduction programs.



### Focus group

*"We come out the (prison) door with no job, no opportunities, and nothing to look forward to. So (ex-prisoners) go back to the only thing they know how to do."*

### Prediction

18,000 problem-solving court slots created. There would be a 20% reduction in new crimes committed in populations participating in treatment and diversion programs. Over five years, this would mean about 1,100 fewer crimes committed in Wisconsin.

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## Sources of Evidence

Assessment should be based on a synthesis of the **best available evidence**, including:

- Existing data
- Empirical research/literature
- Original research
- Community/local expertise
- Professional expertise



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## Common Data Sources

Can be used for profiling existing conditions and making impact predictions

**Census:** demographics, social and economic characteristics, at state, county, city, zip code, tract/block level

**Administrative/Public agencies:** Health, transportation, environment, planning, and economic data and reports

**Large national surveys:** Behavioral Risk Factor Surveillance System, National Health Interview Survey

**Literature** from PubMed and other databases

**Studies** from other sources (e.g., non-profit research groups)

**Original surveys**

**Focus groups**

**Interviews**

What local data sources that would be helpful for the FoodPort HIA?

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## Steps for Making Predictions

Task	Action Items
Evaluate and weigh evidence of causal effects	Use literature or primary data to understand relationships between the decision, health determinants, and health effects
Collect and synthesize data on baseline conditions	Characterize the affected population
Forecast health effects quantitatively where feasible	Identify models for making predictions about health impacts of the proposed decision (and its alternatives)
Characterize expected health effects	Characterize likelihood, severity, magnitude, and distribution of health effects using empirical evidence, baseline conditions and forecasting tools
Evaluate level of confidence or certainty of predictions	Consider data limitations and assumptions

Source: Adapted from Bhatia, R. "Health Impact Assessment: A Guide for Practice"

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## Back of the Envelope Calculations

Quick, simple, and approximate calculation based on existing conditions data and an epidemiological finding

For overarching estimates or specific health determinants or outcomes

### Child Health Status

EXPLANATION:

88,517 X 93% X 3.10 X 82% X 51% = 43,805

Removals in FY2012 who reported at least 1 U.S.-citizen child	Estimated proportion of removals who are male (and these households will lose their primary earner, which impacts household income)	Average number of children in undocumented households	Estimated proportion of children to undocumented immigrants that are U.S.-born	Proportion of kids who report health status not excellent or very good with income <100% federal poverty line	Estimated number of U.S.-citizen children in FY 2012 with health status that is not excellent or very good after change in household income associated with absence of primary earner
Federal agency data	Research report	Research report	Research report	Journal article	

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## 710 HIA: Summary of Impacts Table

### Air Quality Impacts of a Proposed Freeway Expansion

Health Impact/ Alternative	Impacts of Alternatives		Health Outcome		Uncertainties
	Impact	Magnitude	Severity	Strength of Causal Evidence	
Asthma					
1	+	Odds ratio of 1.15 for every 10 µg/m <sup>3</sup> increase of annual average NO <sub>2</sub>	High	◆◆◆	Final traffic analyses and air quality modeling were not available at the completion of this HIA; modeling results are not always accurate.
5A					
6A					
6B					
6C					
Mortality					
1	+	Estimates pending PM <sub>2.5</sub> modeling data	High	◆◆◆	Modeled estimates of mortality attributable to PM <sub>2.5</sub> were not available for this analysis. Magnitude is not estimated.
5A					
6A					
6B					
6C					

Cancer risk from MS&Ts from the I-710 Corridor

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## Paid Sick Days HIA: Summary of Impacts Table

AB 2716 Health Impact Assessment—Summary of Health Outcomes and Impacts

Health Outcome	Judgment of Magnitude of Impact <sup>1</sup>	Quality of Evidence
<b>Impacts on Community Transmission of Communicable Diseases</b>		
Influenza, seasonal or pandemic	▲▲▲	High
Foodborne disease in restaurants	▲▲	High
Gastrointestinal infections in health care facility disease transmission	▲▲	Medium
Communicable diseases in child care facilities	▲	Low
<b>Worker Economic Impacts</b>		
Loss of income	▲▲▲	High
Job loss	▲	Medium
<b>Impacts on Worker or Dependent Health</b>		
Taking time off for medical need	▲▲▲	Medium
Taking time off to care for ill dependents	▲▲▲	Medium
Appropriate and timely utilization of primary care	▲	Medium
Avoidable hospitalization	▲	Low

1. This column provides a scale of significance ranging from 1–3, where 1 = low impact and 3 = a significant impact. An effect is considered significant if it would affect a large number of people in California and has the potential to create a serious adverse or potentially life-threatening health outcome.



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## Assessment Exercise – Small Groups

### HIA Assessment Worksheet

A. Looking back at your priority research questions from Scoping, write down two impacts you want to measure to understand the effects of the proposal. In other words:

If the proposal moves forward....

If the proposal moves forward....

B. Making the connections

What literature review search terms would you use to find evidence on these?

Where would you look to find this information?

C. Existing conditions

What quantitative data would you look for and where might you find it?

What two questions would you ask in a focus group or interview? Who would you be collecting this data from?

D. Stakeholder engagement

How might you involve stakeholders, including impacted communities, in this research?

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## Preparing for the Assessment Exercise (A)

### Reef Development HIA: Measuring Impacts

Looking back at your priority research questions from Scoping, write down two impacts you want to measure to understand the effects of the proposal.

*If the Reef Development project goes forward as planned, a large number of people will be at risk of displacement because of increased financial instability.*

*If the Reef Development project goes forward as planned, mental health would be harmed among currently rent-burdened residents as a result of the risk of displacement.*



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## Preparing for the Assessment Exercise (B)

### Reef Development HIA: Making the Connections

What literature review search terms would you use to find evidence that supports or refutes your hypotheses?

*Gentrification, displacement, affordable housing*

Where would you look to find this information?

*Google Scholar; PubMed; Local housing agency*



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## Preparing for the Assessment Exercise (C)

### Reef Development HIA: Existing Conditions

What quantitative data would you look for and where might you find it?

*Census data on housing affordability; Local data from housing/planning/economic development agency on affordable units*

What two questions would you ask in a focus group or interview? Who would you be collecting this data from?

*How does the threat of displacement affect your health? What supports do you have in place to respond to these threat? Would collect this information from residents who live close to the proposed development and fit the profile of people at risk of displacement.*

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## Preparing for the Assessment Exercise (D)

### Reef Development HIA: Stakeholder Engagement

How might you involve stakeholders, including communities facing inequities, in this research?

*Identifying data sources; Validating data; Reviewing focus group and interview questions; Participating in focus groups and interviews; training community members to run focus groups*

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## Assessment Exercise – Small Groups

### HIA Assessment Worksheet

A. Looking back at your priority research questions from Scoping, write down two impacts you want to measure to understand the effects of the proposal. In other words:

If the proposal moves forward...  
If the proposal moves forward...

B. Making the connections

What literature review search terms would you use to find evidence on these?

Where would you look to find this information?

C. Existing conditions

What quantitative data would you look for and where might you find it?

What two questions would you ask in a focus group or interview? Who would you be collecting this data from?

D. Stakeholder engagement

How might you involve stakeholders, including impacted communities, in this research?

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### Discussion

What were some of the predictions you made?

How would you involve stakeholders in the assessment phase?

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## The HIA Process



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## Step 4: Recommendations

### Objective

To provide evidence-based recommendations to mitigate negative and maximize positive health impacts.



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## Examples of Recommendations

HIA Project	Recommendation
Long Beach Downtown Plan (mixed-use land use plan)	Include local hiring agreements in developments Require affordable housing to be built as part of projects Establish commercial linkage fees to fund services and infrastructure
Paid Sick Days (employment policy)	Legislation should minimize exemptions for small businesses in order to protect public health for all
Pittsburg Station Area Plan (transit-oriented development plan)	Install heating, ventilation and air conditioning (HVAC) systems in buildings as far from roadway air pollution sources as possible, and develop ongoing HVAC maintenance plans

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## Factors that Help Implement Recommendations

- Co-create recommendations with HIA partners
- Gather feedback on feasibility of recommendations
- Engage decision-makers and stakeholders throughout the HIA
- Identify decision-making champions
- Engage impacted community members to help with monitoring
- Identify low cost recommendations or funding sources



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## Factors Making it Hard to Implement Recommendations

- Policymakers who receive HIA recommendations are not the ones responsible to implement them
- Agency responsible for implementing the recommendations was not a part of the HIA process
- Recommendations were not written in the language of implementing agencies/policymakers
- State-level recommendations can be more challenging to implement than local recommendations
- Can take a long time between decision and implementation
- Partners can have different goals and may only advance their prioritized recommendations



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## Recommendations – Other Considerations

Recommendations are often developed throughout the HIA process

Recommendations may be considered during scoping, refined as impacts are characterized in assessment, and made final during the recommendations phase

Proposed recommendations should be shared with, discussed amongst, and prioritized by HIA stakeholders

Decision-makers must be able to **translate recommendations into actionable measures** (e.g., modifying legislation, drafting regulations). **Communication** between the HIA team and decision-makers can help generate recommendations that are feasible and appropriate.



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## A Tale of Two Recommendations

### Wisconsin Treatment Instead of Prison HIA Finding

Treatment and Diversion programs are superior to prison for health outcomes, but the programs concentrate heavily on substance abuse to the exclusion of other needed ancillary services to ensure better outcomes.

Allocate additional funds for complementary services that will enhance the success of TAD programs.		Legislature should fund an additional \$20 million for case management, mental health services, participation in the Transitional Jobs Program, WI DCF involvement, and increased medication therapy for substance abuse.
+	Responsive to predicted impacts	+
-	Specific and actionable	+
-	Evidence-based and effective	+
-	Enforceable	+
-	Able to be monitored	+

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## Recommendations Exercise – Small Groups

### HIA Recommendations Worksheet

A. Looking back at your hypotheses in Assessment, and assuming they are correct, list two specific, actionable, and feasible recommendations that are responsive to those findings.

1. \_\_\_\_\_  
2. \_\_\_\_\_

B. Who is responsible for implementing each recommendation?

1. \_\_\_\_\_  
2. \_\_\_\_\_

C. When do you want each recommendation to be implemented?

1. \_\_\_\_\_  
2. \_\_\_\_\_

D. What evidence do you have that each recommendation would be effective?

1. \_\_\_\_\_  
2. \_\_\_\_\_

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## The HIA Process



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## Step 5: Reporting

### Objective

To develop the HIA report and communicate findings and recommendations.



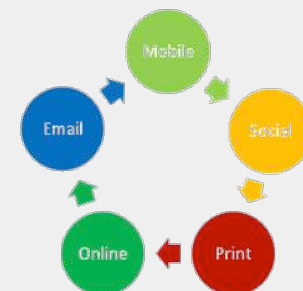
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## Communications Plan

Draft early in the HIA process and discuss among stakeholders!!

### Communications Plan Elements:

- Communications goals
- Target audiences
- Message frame and messages
- Communications strategies/activities to engage target audiences
- Lists stakeholders and identifies communications roles
- Timeline for activities



Spitfire's SmartChart 3.0 is a helpful communications planning tool.



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## Communicating Findings: Executive Summaries



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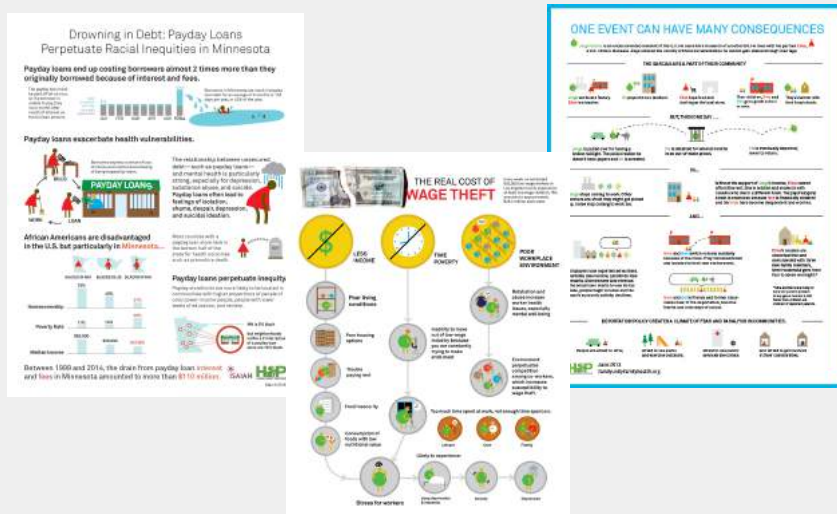
## Communicating Findings: Project Websites



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## Communicating Findings: Infographics



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## Communicating Findings: Public Events



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## Communicating Findings: Social Media



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## Communicating Findings: Letters & Articles



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## Communicating Findings: Findings Summary Table

### I-710 HIA

Health Impact/ Alternative	Impacts of Alternatives		Health Outcome		Uncertainties
	Impact	Magnitude	Severity	Strength of Causal Evidence	
Asthma					
1	+	Odds ratio of 1.15 for every 10 µg/m <sup>3</sup> increase of annual average NO <sub>2</sub>	High	♦ ♦ ♦	Final traffic analyses and air quality modeling were not available at the completion of this HIA; modeling results are not always accurate.
5A					
6A					
6B					
6C					
Mortality					
1	+	Estimates pending PM <sub>2.5</sub> modeling data	High	♦ ♦ ♦	Modeled estimates of mortality attributable to PM <sub>2.5</sub> were not available for this analysis. Magnitude is not estimated.
5A					
6A					
6B					
6C					
Cancer risk (from MSATs from the I-710 Corridor)					

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## Communicating about Equity

### Communicating About Equity in Health Impact Assessment: A Guide for Practitioners



SOPHIA March 2016

1. Know your communication objectives
2. Choose your audience(s) and understand what motivates them
3. Describe the problem
4. Describe your values
5. Focus on solutions, not just problems
6. Illustrate the impact through stories, supported by strategic use of data
7. Use simple terms or phrases to describe the issues - Avoid jargon!
8. Make the case that it is within our ability to make change
9. Choose your messenger strategically

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## Weaving Together A New Narrative

What are the **elements of a new narrative** that you want to lift up through your research process and report?



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## Reporting Exercise: Small Groups

### HIA Reporting Worksheet

A. Choose an audience that you will be trying to reach through the media: \_\_\_\_\_

B. Choose a messenger. Who will be effective in talking to the media and reaching your target audience? \_\_\_\_\_

C. Write three messages that effectively frame and communicate your findings and recommendations.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

D. How will you engage community members in disseminating the findings and recommendations of the HIA? And how will you ensure the report is accessible to communities facing inequalities? \_\_\_\_\_

E. Choose a spokesperson from your table to be interviewed by one of our reporters: \_\_\_\_\_

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## The HIA Process



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## Step 6: Evaluation and Monitoring

### Objectives

To **evaluate**:

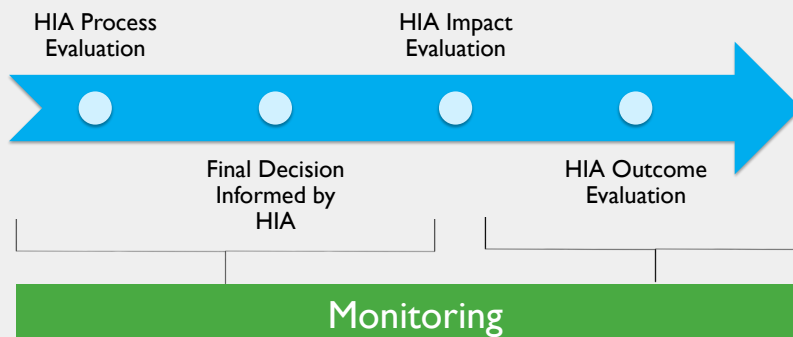
- 1) the process of conducting the HIA
- 2) impacts on the decision-making process and implementation of the decision
- 3) impacts of the decision on health outcomes

To **monitor** or track the data necessary to inform all levels of evaluation.

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## Timeline: Evaluation & Monitoring



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## National HIA Evaluations



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## HIA Tools and Resources

A Health Impact Assessment Toolkit: A Handbook to Conducting HIA, 3<sup>rd</sup> Edition

[www.humanimpact.org/component/jdownloads/finish/11/81](http://www.humanimpact.org/component/jdownloads/finish/11/81)

Human Impact Partners HIA resources

[www.humanimpact.org/hips-hia-tools-and-resources](http://www.humanimpact.org/hips-hia-tools-and-resources)

Health Impact Project (Pew & RWJF)

[www.healthimpactproject.org](http://www.healthimpactproject.org)

National Research Council Report. Improving Health in the United States: The Role of Health Impact Assessment.

[www.nap.edu/catalog.php?record\\_id=13229](http://www.nap.edu/catalog.php?record_id=13229)



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## North American Practice Standards



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## Equity Metrics For HIA Practice

Developed by the SOPHIA Equity Workgroup in 2014

4 outcomes

12 metrics

For each metric:

Measurement scale

Data collection suggestions

Interview questions

Examples of high scoring activities/results

<div> </div> <div>Equity Metrics for Health Impact Assessment Practice, Version 1 SOPHIA Equity Workgroup</div>			
<b>Outcome 1: The HIA process and product focus on equity.</b> Proposal evaluated in the HIA was identified by and/or released to communities having inequalities	<b>Measurement scale:</b> 0 = No 1 = Proposal identified by HIA practitioner as being relevant to communities having inequalities 2 = Proposal prepared by communities having inequalities as being important for their needs		
<b>Data Collection:</b> How many with HIA practitioner and community participants? → Who was involved in identifying the proposal submitted to the HIA? → Were members of the community that would be impacted by the proposal involved in identifying this as a potential HIA topic? → If not, did the community have concerns about issues that were relevant to this proposal? → If not, how was this HIA relevant to communities having inequalities? How was this data used? → Was the proposal of relevance to the local HIA practitioner(s) and not of interest or relevant to the community? → Was an analysis conducted to understand how the decision being evaluated by this HIA fits into the larger policy-making context and how the HIA could be used to advance equity more broadly? → Did the HIA assess and produce input on understanding of the process, policy, and material context of the decision?	<b>Interview Questions:</b> The HIA practitioner and community participants? → Who was involved in identifying the proposal submitted to the HIA? → Were members of the community that would be impacted by the proposal involved in identifying this as a potential HIA topic? → If not, did the community have concerns about issues that were relevant to this proposal? → If not, how was this HIA relevant to communities having inequalities? How was this data used? → Was the proposal of relevance to the local HIA practitioner(s) and not of interest or relevant to the community? → Was an analysis conducted to understand how the decision being evaluated by this HIA fits into the larger policy-making context and how the HIA could be used to advance equity more broadly? → Did the HIA assess and produce input on understanding of the process, policy, and material context of the decision?	<b>Examples of high scoring activities/results:</b> The practitioner asked community having inequality what policy or plan they thought would have an impact on their health and provided that as the HIA topic. Practitioner asked community having inequality what their most health concerns were, identified an HIA topic based on that, and general community support for moving forward with the HIA. HIA practitioner explored the process, policy, and material context of the decision to understand how to advance equity.	
<b>The HIA scope – including goals, research questions, and methods – clearly addresses equity.</b>	<b>Measurement scale:</b> 0 = No 1 = Scope includes equity-related goals, questions, or methods 2 = Scope includes equity-related goals, questions, and methods		

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## SOPHIA



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Convenes a semi-annual workshop of HIA practitioners

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## Wisconsin Treatment Alternatives HIA



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HUMAN IMPACT PARTNERS





# Minimum Elements and Practice Standards for Health Impact Assessment

Version 3  
September 2014

## **Authorship**

This document represents a revision of the *Minimum Elements and Practice Standards for Health Impact Assessment*, originally published by the North American HIA Practice Standards Working Group in April 2009 and revised in November, 2010.

This review and revision was conducted by a working group comprised of the following individuals: Rajiv Bhatia,<sup>1</sup> Lili Farhang,<sup>2</sup> Jonathan Heller,<sup>2</sup> Murray Lee,<sup>3</sup> Marla Orenstein,<sup>3</sup> Maxwell Richardson,<sup>4</sup> and Aaron Wernham.<sup>5</sup> In producing this document, the working group solicited review and comment from both HIA practitioners and any other parties who were interested in providing feedback.

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# Purpose and Scope of this document

## What is Health Impact Assessment?

Health Impact Assessment (HIA) is a practice that aims to protect and promote health and to reduce inequities in health during a decision-making process. The International Association of Impact Assessment 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.*** With roots in the practice of Environmental Impact Assessment (EIA), HIA aims to inform the public and decision-makers when decisions about policies, plans, programs, and projects have the potential to significantly impact human health.

There exists considerable diversity in the practice and products of HIA due to the variety of policies, plans, programs, and projects assessed; the diverse settings in which decisions take place; and the evolution of the field. A number of available guidance documents for HIA describe the procedural steps and outputs of the HIA process. This document, in contrast, is intended to provide guidance on what is required for a study to be considered an HIA (Minimum Elements) and some benchmarks for effective practice (Practice Standards).

These standards are aligned with the central concepts and suggested approaches described in the World Health Organization's 1999 *Gothenburg Consensus Paper on HIA*, which first laid out the values that underpin HIA: democracy, equity, sustainable development, the ethical use of evidence, and a comprehensive approach to health.

Overall, we hope that these standards, now in their third iteration, will be viewed as relevant, instructive, and motivating for advancing HIA quality.

## What are *Minimum Elements*?

In this document, Minimum Elements answer the question of “what essential elements constitute an HIA?”. Minimum Elements distinguish HIA from other practices and methods that also aim to ensure the consideration of and action on health interests in public policy.

These Minimum Elements apply to HIA whether conducted independently or integrated within an environmental, social or strategic impact assessment.

## What are *Practice Standards*?

Practice Standards answer the question “how should an HIA best be conducted?”. A practitioner may use the Practice Standards as benchmarks for their own HIA practice and to stimulate discussion about HIA content and quality.

## How Should the *Minimum Elements and Practice Standards* Be Used?

The *Minimum Elements and Practice Standards* can serve HIA practitioners as well as those who request, fund, and evaluate HIA practice, for example:

- a practitioner may use the *Minimum Elements and Practice Standards* as a benchmark to plan, implement, or evaluate an individual HIA;
- educators may use the *Minimum Elements and Practice Standards* to organize trainings and stimulate dialogue regarding the practice of HIA;
- funders or regulators may use or adapt the *Minimum Elements and Practice Standards* to create standards for HIA practice or to screen HIA proposals;
- evaluators of the field of HIA may use the *Minimum Elements and Practice Standards* to identify HIAs (*i.e.*, to distinguish them from other practices) and to examine how various practice benchmarks relate to the effectiveness of the HIA process;
- policy-makers may use the *Minimum Elements and Practice Standards* in designing institutional or regulatory requirements, supports, or incentives for HIA.

## Caveats and Cautions

The *Practice Standards* are not rigid criteria for acceptability but represent the authors’ perspective on best practices. Each HIA will vary along a continuum to meet the requirements of the scope, timeline, decision context, available resources, and expertise. Real-world constraints and varying levels of capacity and experience will result in appropriate and ongoing diversity of HIA practice. Every practice standard in this document may not be achievable in every HIA.

Many of the *Practice Standards* describe aspects of HIA process that are not always apparent in the final HIA product (e.g., an HIA report). Evaluation of an individual HIA or the field of practice using the *Minimum Elements and Practice Standards* should recognize that published HIA reports might not include documentation sufficient to gauge the performance of HIAs against these standards. Any evaluation of HIAs against these standards should therefore incorporate discussion with HIA authors in order to fully understand the extent to which the standards have been achieved.

# Minimum Elements of HIA

**Comprehensive Health Impact Assessments (HIA) should include the following minimum elements, which together distinguish HIA from other processes used to assess and inform decisions:**

1. HIA is conducted to assess the potential health consequences of a proposed program, policy, project, or plan under consideration by decision-makers, and is conducted in advance of the decision in question.
2. HIA involves and engages stakeholders affected by the proposal, particularly vulnerable populations.
3. HIA systematically considers the full range of potential impacts of the proposal on health determinants, health status, and health equity.
4. HIA provides a profile of existing conditions for the populations affected by the proposal, including their health outcomes, health determinants, and vulnerable sub-groups within the population, relevant to the health issues examined in the HIA.
5. HIA characterizes the proposal's impacts on health, health determinants, and health equity, while documenting data sources and analytic methods, quality of evidence used, methodological assumptions, and limitations.
6. HIA provides recommendations, as needed, on feasible and effective actions to promote the positive health impacts and mitigate the negative health impacts of the decision, identifying, where appropriate, alternatives or modifications to the proposal.
7. HIA produces a publicly accessible report that includes, at minimum, documentation of the HIA's purpose, findings, and recommendations, and either documentation of the processes and methods involved, or reference to an external source of documentation for these processes and methods. The report should be shared with decision-makers and other stakeholders.
8. HIA proposes indicators, actions, and responsible parties, where indicated, for a plan to monitor the implementation of recommendations, as well as health effects and outcomes of the proposal.

# HIA

# Practice Standards

**Adherence to the following standards is recommended to advance effective HIA practice:**

## **1. GENERAL STANDARDS FOR THE HIA PROCESS**

- 1.1 HIA is a forward-looking activity intended to inform a proposed program, policy, project, or plan under consideration by decision-makers; however, an HIA may evaluate an existing program, policy, project, or plan in order to inform a prospective decision or discussion.
- 1.2 An HIA should include the steps of screening, scoping, assessment, recommendations, reporting, and evaluation.
- 1.3 Each HIA process should begin with explicit written goals that can be used to evaluate the success and impacts of an HIA process.
- 1.4 The HIA should be responsive to the needs and timing of the decision-making process.
- 1.5 HIA requires integration of knowledge from many disciplines as well as from affected communities. The practitioner or practitioner team must take reasonable steps to identify, solicit, and utilize this expertise to both identify and answer questions about potentially significant health impacts.
- 1.6 Meaningful and inclusive stakeholder (e.g., affected community, public agency, decision-maker) participation in each step of the HIA supports HIA quality and effectiveness. Each HIA should have a specific engagement and participation approach that utilizes participatory or deliberative methods suitable to the needs of stakeholders and context.
- 1.7 Monitoring is an important follow-up activity in the HIA process. The HIA should propose a monitoring plan to track the health-related outcomes of a decision and its implementation.
- 1.8 HIA integrated within another impact assessment process should adhere to these practice standards to the greatest extent possible.

## 2. STANDARDS FOR THE SCREENING STEP

While screening may be part of a linear HIA process, it may also occur apart from and prior to an HIA, without negative effects on practice quality. The impetus or decision to conduct an HIA may result from forces including political decisions or regulatory requirements and may be conducted by individuals or organizations other than HIA practitioners. Because of these alternative drivers for HIA, a process for screening is not considered an essential element.

- 2.1 Screening should clearly identify all the decision alternatives under consideration by decision-makers at the time the HIA is considered.
- 2.2 Screening should determine whether an HIA would add value to the decision-making process. The following factors may be among those weighed in the screening process:
  - a) the potential for the decision to result in substantial effects on public health, particularly those effects which are avoidable, involuntary, adverse, irreversible, or catastrophic;
  - b) the potential for unequally distributed impacts;
  - c) the potential for impacts on populations with poor health;
  - d) stakeholder concerns about a decision's health effects;
  - e) the potential for the HIA to add new information that would be useful to decision-makers;
  - f) the potential for the HIA to result in timely changes to a policy, plan, program, or project;
  - g) the availability of data, methods, resources, and technical capacity to conduct analyses;
  - h) the availability, application, and effectiveness of alternative opportunities or approaches to evaluate and communicate the decision's potential health impacts.
- 2.3 Sponsors of the HIA should notify, to the extent feasible, decision-makers, stakeholders, affected individuals and organizations, and responsible public agencies on their decision to conduct an HIA.

## 3. STANDARDS FOR THE SCOPING STEP

- 3.1 The scoping process should establish the individual or team responsible for conducting the HIA and should define roles for the HIA team, funders, technical advisors, stakeholders, and other partners.
- 3.2 During scoping, the goals and anticipated outcomes of the HIA should be clearly established and documented.
- 3.3 A plan for conducting the HIA should be established that includes identification of:
  - a) the decision and decision alternatives that will be studied;
  - b) potential significant health and health equity impacts that will be studied;
  - c) demographic, geographical, and temporal boundaries for impact analysis;

- d) research questions for impact analysis;
  - e) evidence sources and research methods expected for each research question in impact analysis;
  - f) an approach to the evaluation and characterization of impacts and their distribution;
  - g) roles for experts and key informants;
  - h) the standards or process, if any, that will be used for determining the significance of health impacts;
  - i) a plan for external and public review; and
  - j) a plan for disseminating findings and recommendations.
- 3.4 A stakeholder engagement plan should be developed that establishes not only which stakeholders should be invited to participate in the process, but also the level of engagement to be solicited, and the methods that will be utilized to promote stakeholder participation throughout the HIA process.
- 3.5 During scoping, the range of health issues to be examined in the HIA should be clearly defined.
- 3.5.1 Scoping should include a systematic consideration of potential pathways that could reasonably link the decision and/or proposed activity to health, whether direct, indirect, or cumulative.
  - 3.5.2 Scoping should consider both individual health outcomes and contextual health determinants.
  - 3.5.3 The final scope should focus on those impacts with the greatest potential significance, with regards to factors including but not limited to magnitude, severity, certainty, stakeholder priorities, and equity.
  - 3.5.4 In identifying and evaluating priority health issues, practitioners should consider the expertise of health professionals, the experience of the affected communities, and the information needs of decision-makers.
- 3.6 The scope should include an approach to evaluate any potential inequities in impacts based on population characteristics, including but not limited to age, gender, income, place (disadvantaged locations), and race or ethnicity.

## 4. STANDARDS FOR THE ASSESSMENT STEP

- 4.1 Assessment should include, at a minimum, a summary of existing (baseline) conditions and a assessment of health impacts.
- 4.2 Existing conditions should present a profile of relevant health status and health determinants among the affected communities. The existing conditions should also document known

population health vulnerabilities including evidence of poor health status among affected communities.

- 4.3 Assessment of health impacts should be based on a synthesis of the best available evidence. This means:
- 4.3.1 Evidence considered may include existing data, empirical research, professional expertise and local knowledge, and the products of original investigations.
  - 4.3.2 When available, practitioners should utilize evidence from well-designed and peer-reviewed systematic reviews.
  - 4.3.3 HIA practitioners should consider evidence both supporting and refuting particular health impacts.
  - 4.3.4 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, comprise a legitimate source of evidence.
  - 4.3.5 In summarizing the quality of evidence for each pathway, the HIA should rate the strength of evidence based on best practices for the relevant field (i.e., standards for meta-analysis, epidemiologic studies, qualitative methods, or others as appropriate).
  - 4.3.6 Practitioners should acknowledge where evidence is insufficient to evaluate or judge health effects identified as priority issues in the screening and scoping stage of HIA.
- 4.4 To support determinations of impact significance, the HIA should characterize health impacts using parameters such as (but not limited to) direction, severity, magnitude, likelihood, and distribution within the population. These can be understood as follows:
- Direction: Whether the potential change would be beneficial or adverse
  - Severity: More severe effects include those that are disabling, life-threatening, and permanent
  - Magnitude: How widely the effects would be spread within a population or across a geographical area
  - Likelihood: How likely it is that a given exposure or effect will occur.
- 4.5 Assessment of health impacts should explicitly acknowledge methodological assumptions as well as the strengths and limitations of all data and methods used.
- 4.5.1 The HIA should identify data gaps that prevent an adequate or complete assessment of potential impacts.
  - 4.5.2 Assessors should describe the uncertainty in predictions.

- 4.5.3 Assumptions or inferences made in the context of modeling or predictions should be made explicit.
- 4.5.4 Justification for the selection or exclusion of particular methodologies and data sources should be made explicit (e.g., resource constraints).
- 4.5.5 The HIA should acknowledge when available methods were not utilized and why (e.g., resource constraints).
- 4.6 The lack of formal, scientific, quantitative, or published evidence should not preclude reasoned evaluation of health impacts.

## 5. STANDARDS FOR THE RECOMMENDATIONS STEP

- 5.1 The HIA should include specific recommendations to manage the health and equity impacts identified, including recommendations supporting a specific decision alternative; modifications to the proposed policy, program, plan, or project; or mitigation/enhancement measures.
- 5.2 Recommendations should consider not only the mitigation of adverse effects, but also the potential to enhance health benefits.
- 5.3 Recommendations may not be indicated in all cases: for example, if there are no identified adverse impacts or if an HIA practitioner is not legally able to take a policy position.
- 5.4 The following criteria may be considered in developing recommendations and mitigation measures: responsiveness to predicted impacts, specificity, technical feasibility, enforceability, and authority of decision-makers.
- 5.5 Input from the affected population(s) should be solicited and considered during development of recommendations to ensure that the recommendations are responsive to community needs and address community concerns in an acceptable manner.
- 5.6 The criteria used for any prioritization of recommendations should be explicitly documented.
- 5.7 Recommendations are effective only if they are adopted and implemented; therefore, input should be solicited from decision-makers on the developed recommendations and considered to ensure that the recommendations can be translated into actionable measures.
- 5.8 Where needed, expert guidance should be utilized to ensure recommendations reflect current effective practices.
- 5.9 Where possible, recommended mitigations should be further developed and integrated into a Health Management Plan that clearly outlines how each mitigation measure will be implemented. Management plans commonly include information on: deadlines, responsibilities, management



structure, potential partnerships, engagement activities, and monitoring related to the implementation of the HIA mitigations.

- 5.10 An HIA may include recommendations that go beyond the purview of the proposal decision-maker and that target different audiences such as project investors or financiers, implementing agencies, regulating agencies, health care agencies, or researchers.

## 6. STANDARDS FOR THE REPORTING STEP

- 6.1 The parties conducting the HIA should provide a publicly accessible final report that includes, at minimum, the HIA's purpose, findings, and recommendations. The report should also document the process involved in arriving at findings and recommendations (e.g., assessment methodology and recommendation setting approach) or alternatively provide separate documentation of these processes.
- 6.2 To support effective, inclusive communication of the principal HIA findings and recommendations, a succinct summary should be created that communicates findings in a way that allows all stakeholders to understand, evaluate, and respond to the findings.
- 6.3 The full HIA report should document the screening and scoping processes and identify the sponsor of the HIA and the funding source, the team conducting the HIA, and all other participants in the HIA and their roles and contributions. Any potential conflicts of interest should be acknowledged.
- 6.4 The full HIA report should, for each specific health issue analyzed:
- a) discuss the available scientific evidence;
  - b) describe the data sources and analytic methods used for the HIA including their rationale;
  - c) profile existing conditions;
  - d) detail the analytic results;
  - e) characterize the health impacts and their significance;
  - f) list corresponding recommendations for policy, program, plan, or project alternatives, design, or mitigations; and
  - g) describe the limitations of the HIA.
- 6.5 The HIA reporting process should offer stakeholders and decision-makers a meaningful opportunity to critically review evidence, methods, findings, conclusions, and recommendations. The HIA practitioners should address substantive criticisms.
- 6.6 The HIA report should be made available and readily accessible in a format that is accessible to all stakeholders, taking into consideration factors such as education, language, and digital access.

## 7. STANDARDS FOR EVALUATION

Evaluation of the HIA process, impacts, and outcomes is necessary for field development and practice improvement. While evaluation thus plays an important role, it is not an essential element of HIA and in practice is often not conducted. When evaluation is conducted, the following should be considered:

- 7.1 The HIA may be evaluated in terms of process. *Process evaluation* attempts to determine the effectiveness of how the HIA was designed and undertaken, including preparation, research, reporting, participation, and follow-up. Process evaluation may be conducted either after the completion of the HIA, or during the course of the HIA to facilitate adaptations that will improve HIA process.
- 7.2 The HIA may also be evaluated in terms of its impact. *Impact evaluation* seeks to understand the impact of the HIA itself on the decision and the decision-making process. Impact evaluation assesses the extent to which the HIA influenced various stakeholders and the extent to which the HIA recommendations were accepted and implemented.

## 8. STANDARDS FOR MONITORING

Monitoring (sometimes termed *outcome evaluation*) tracks the effect of the proposed policy, project, or program on health outcomes and/or determinants of concern.

Monitoring the implementation and outcomes of a decision is properly the responsibility of the project proponent or an authorizing, funding, or implementing public agency. Comprehensive monitoring is not the responsibility of, and usually not within the capacity of, HIA practitioners. Nonetheless, the HIA should, where possible, propose a monitoring plan.

- 8.1 The monitoring plan should include:
  - a) goals for short- and long-term monitoring;
  - b) indicators for monitoring;
  - c) triggers or thresholds that may lead to review and adaptation in decision implementation;
  - d) the identification of resources required to conduct, complete, and report the monitoring;  
and
  - e) a mechanism to report monitoring outcomes to decision-makers and stakeholders.
- 8.2 When monitoring is conducted, methods and results from monitoring should be made available to the public, including the affected community, in a timely fashion.

# Key References

This document is not intended to comprise a guidebook on how to conduct HIA, but rather a guidance document on what elements are essential or desirable to include. Many useful guides and toolkits exist that can help practitioners with operationalizing HIA and with following best practices in doing so. Some key references that will help HIA practitioners and those wishing to better understand HIA are listed below.

Ross C, Orenstein M, Botchwey N. **Health Impact Assessment in the United States** (textbook) (2014). New York: Springer Publishers. Available through Amazon.com.

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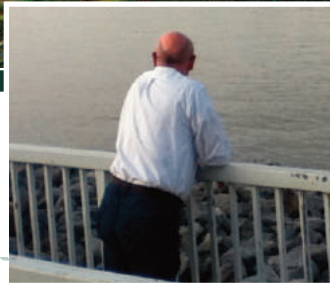
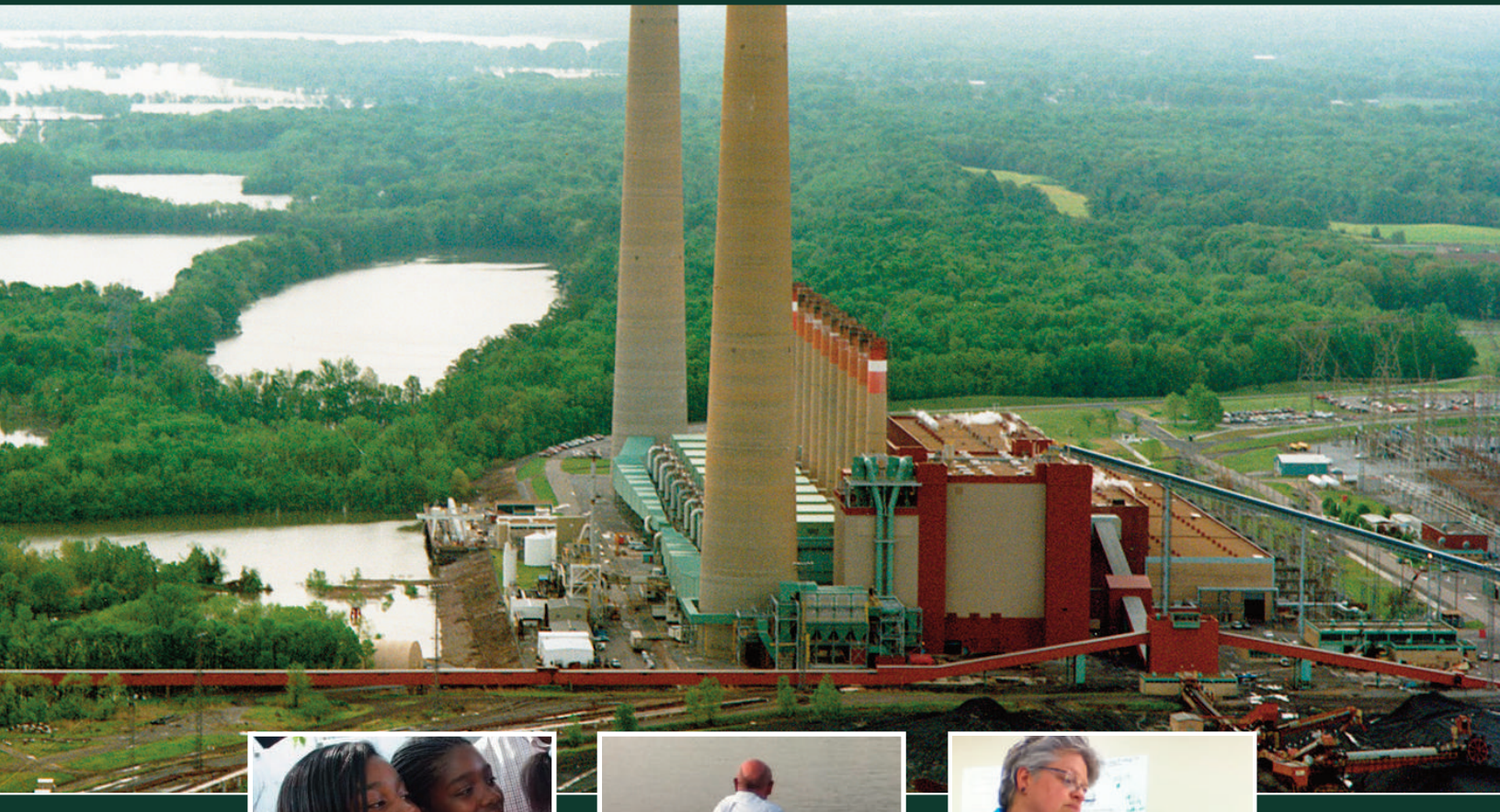
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**Society for Practitioners of HIA (SOPHIA) website.** <http://hiasociety.org/>



# Health Impact Assessment of the Shawnee Fossil Plant



Coordinated by Deborah Payne, MPH

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## Acronyms

ACI - Activated Carbon Injection

BRFSS – Behavioral Risk Factor Surveillance System

CCR – Coal Combustion Residuals

CDC – Center for Disease Control

CO<sub>2</sub> – Carbon dioxide

COPD - chronic obstructive pulmonary disease

DSI – Dry Sorbent Injection

EIP – Environmental Integrity Project

EPA – Environmental Protection Agency

ELG – Effluent Limitation Guidelines

HIA – Health Impact Assessment

KDEP – Kentucky Department of Environmental Protection

KDOW – Kentucky Division of Water

KEF – Kentucky Environmental Foundation

IRP – Integrated Resource Plan

MATS - Mercury and Air Toxics Standards

MCL – Maximum Contaminant Level

PM<sub>2.5</sub> – Particulate Matter 2.5 microns or smaller

PADD – Purchase Area Development District

PDHD – Purchase District Health Department

PILOT – Payment In Lieu of Tax

PPS – Paducah Power Systems

SCR - Selective Catalytic Reduction

SNCR - Selective Non-Catalytic Reduction

SO<sub>2</sub> – Sulfur Dioxide

TRI – Toxics Release Inventory

TVA – Tennessee Valley Authority

USEC – United States Energy Corporation

WKWIB - West Kentucky Workforce Investment Board

## Acknowledgements

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## Readers Guide

This summary of the Shawnee Fossil Plant HIA follows the basic six-step process of health impact assessment methodology. Steps include screening, scoping, assessment, recommendations, reporting, and monitoring and evaluation. For ease of reading, after general summaries of the scoping and assessment process, subject matter is divided into four categories where health may be impacted. These include employment, economics, air quality, and water quality. Elements of scoping, assessment and recommendations are addressed in each subject area. The reader is therefore afforded the opportunity to review material according to area of interest.



## Executive Summary

The US energy sector is experiencing a rapid transition. For decades, coal was the nation's primary source of energy. In recent years, however, our use of coal has declined. According to the U.S. Energy Information Agency, in 2013, coal comprised only 39% of our nation's energy mix. Record-low natural gas prices, enforcement of air quality policies, and an increase in energy efficiency and renewable energy policies have led many electric utilities to reassess the role of coal in generating electricity, and have moved toward the retirement of coal plants.

Kentucky is also experiencing these energy transitions. In urban and rural communities all over Kentucky, the question of whether to retrofit or retire coal plants stirs heated debates among residents who are concerned with the economic impacts of a retirement, and the health impacts of coal plants that would continue to operate. In the past few years, Kentucky utilities have already decided to retire units at no less than six coal plants, based on changes in customer demand for electricity or the economic benefits of retirement rather than more costly retrofit of the plants. Given our state's high reliance on coal for electricity, tough decisions around the economy, health, and our environment are inevitable.

Health Impact Assessment (HIA) is a tool used to help inform policy or project decisions that frequently fall outside the health arena, and can cover areas such as energy, the economy and the environment. The Shawnee Fossil Plant HIA and its recommendations assess the potential health outcomes associated with retrofits to the Shawnee plant to continue its operations while meeting air quality standards, or retirement of the plant. In this HIA, each element of a decision is considered in relationship to others, ensuring that health remains both a visible element and a priority in decision-making.

The HIA process includes six primary elements: screening, scoping, assessment, recommendations, reporting, and monitoring and evaluation. Through these steps we examined some of the direct health effects associated with potential or expected changes in air and water emissions at the Shawnee plant, as well as indirect effects on health through social determinants such as employment and community economics. One of the most critical aspects of the HIA was the ways in which a diverse range of local stakeholders – including health professionals, industry leaders and organized labor, economic development leaders, the faith community, environmental and conservation groups, and many other community members – shaped the process. In this way the HIA was reflective of its community and stayed relevant to the community.

## Key Findings

Findings of the Shawnee Fossil Plant HIA cover a wide range of concerns from economic to environmental health. This HIA is broken into four categories of investigation, addressing health as it relates to employment, the local economy, air quality, and water quality. Just as decision-making is complex, each scenario must be considered in relationship to other scenarios. Taking into account all potential impacts resulting from a particular scenario can help decision-makers alleviate health concerns regardless of the action.

**Employment and Health:** According to TVA's 2014 draft Integrated Resource Plan, the Shawnee Fossil Plant is listed within the group of power generators that is under evaluation for plant retirement.<sup>i</sup> Closure of the plant could impact social determinants of health including those associated with unemployment. For example, research has observed connections between the cumulative effects of unemployment and risk for heart attack,<sup>ii</sup> reduced physical activity,<sup>iii</sup> poor mental health,<sup>iv</sup> and alcoholism.<sup>v</sup>

The Shawnee Fossil Plant currently employs approximately 300 individuals. An assessment by Synapse Economics estimated that additional retrofits required for the plant might build in as many as 350 additional jobs. The maximum potential job loss from retiring the plant would therefore be approximately 750 jobs (a figure that includes both actual and potential jobs) in 2018 and 2019 (\$37.5 million in income) with a minimum job loss of 440 jobs in 2017 (\$24.1 million in income).

**Local Economy and Health:** Closure of an industrial facility can impact community-wide health outcomes by way of reductions in tax base for local services. Closure of the Shawnee Fossil Plant would reduce the \$1.1 million in payment-in-lieu-of-tax financial contribution provided to the County. Shawnee's workers are also responsible for \$300,000 in payroll taxes paid to the county.<sup>1</sup> This could potentially impact funding for police, fire forces and EMS, critical for public safety. Money is also required to ensure quality education. TVA contributed \$3,713,739.97 to the McCracken County School budget for the 2014 fiscal year. Such funds play a role in ensuring the quality of education and sustainability of the school.

For a plant retirement scenario, secondary impacts may result if parents must move away from the area in search of employment resulting in a reduction of income from school enrollment. McCracken (pop. 65,864) and Ballard (pop. 8,253) counties may feel the impacts of increased unemployment the most; unemployment in these counties is at 7.3% and 8.4% respectively.<sup>vi</sup>

**Air Quality:** Coal fired power plants release harmful air emissions that can impact health. Emissions resulting from coal combustion are comprised of a range of substances

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<sup>1</sup> PILOT payments from TVA are based on all of its assets in McCracken County, which includes the Shawnee plant, transmission wires, and other infrastructure. We cannot disentangle how much of these payments are due to Shawnee alone. Therefore, in the absence of the plant, PILOT payments to the county would still exist but would be significantly smaller.

including sulfur dioxide (SO<sub>2</sub>), Nitrogen oxides (NO<sub>x</sub>), soot, particulate matter (PM<sub>2.5</sub>) and heavy metals. Ozone, a by-product of NO<sub>x</sub> and volatile organic compounds (VOCs), is another harmful compound formed when emissions are exposed to sunlight.<sup>vii</sup> Significant research is available around the impacts of fossil fuel based emissions on health. Along with respiratory concerns such as asthma,<sup>viii</sup> and decreased lung function,<sup>ix</sup> air pollution has also been linked to heart attacks,<sup>x</sup> atherosclerosis (thickening of the vascular wall)<sup>xi</sup> stroke,<sup>xii</sup> Alzheimer's disease,<sup>xiii</sup> and increased rates of hospitalizations particularly in the elderly.<sup>xiv</sup> While new regulations are anticipated to reduce these rates, not all poor health outcomes will be eliminated.

Poor air quality can impact heart and lung health. According to Kentucky Health Facts, heart disease death rates in Ballard and McCracken counties were 274 and 267 per 100,000, higher than the Kentucky average of 224 and the national average of 113 per 100,000.<sup>xv</sup> Kentucky experiences high levels of both child and adult asthma. The prevalence of asthma in adults in Ballard County is 16% while it is 15% in McCracken County. The prevalence of asthma in the region for children is 15.8%, greater than the Kentucky rate of 10.7% and the national rate of 8.4%.<sup>xvi</sup>

**Water Quality:** Coal plants generate large amounts of combustion waste, also called coal ash. This ash can contain varying levels of heavy metals influenced by the concentration of metal deposits within the coal itself. Metals commonly found in coal ash include arsenic, manganese, boron, chromium, and selenium. Environmental conditions such as acidity can affect the ability of metals to leach out of ash into surrounding ground and surface waters. Depending on the level of exposure, consumption of untreated ground water or fish contaminated by heavy metals can impact public health.

With the addition of Dry Sorbent Injection (DSI) technology commonly used to prevent sulfur dioxide emissions, the process could contribute up to an additional 3% to the existing ash load, depending on the sulfur content in the coal. However if a DSI system uses sodium-based sorbent, heavy metals such as arsenic can become mobile, increasing the risk of leaching and the threat to public health water systems.<sup>xvii</sup>

According to a review of EPA documents, coal ash has contaminated groundwater in three aquifers under and around the Shawnee Fossil Plant.<sup>xviii</sup> The level of risk to public health may be considered low, however, due to utilization of public water systems installed to address previous groundwater contamination.

## Recommendations

The HIA recommendations cover three main decision-making opportunities with the Shawnee Fossil Plant: retrofit technology; the TVA Integrated Resource Plan pertaining to future energy production scenarios, and; community economic transitions planning associated with economic development and industry. Decisions in each area are assessed for both environmental and social determinants of health. The purpose of the HIA recommendations is to provide decision makers at TVA with health based information as it determines future activities at the Shawnee plant and to provide local governments,

economic development and health agencies with data to best inform decisions for the protection of public health.

Recommendations to promote best health outcomes within retrofit and retirement scenarios covered four areas: 1.) employment 2.) community economic development, 3.) air, and 4.) water quality. Key social determinants of health focused on transition planning for any change in employment or operations at the plant that might affect community economics while environmental recommendations addressed mitigation and management of environmental pollutants. The recommendations ultimately serve as a measure to inform decisions so that health is a priority within the decision making process.

Economic transitions are perceived to be a significant challenge for the communities surrounding the Shawnee Fossil Plant. Plant retirement will create the greatest reduction in environmental sources of disease while having the greatest impact on social elements of disease. A decision to retrofit the plant for continued operations could lessen the negative environmental health impacts but would also allow both TVA and the community time to make long term planning to mitigate any major economic changes.

### **Recommendations within the context of a retrofit scenario include:**

#### **Economic development agents (PADD, County Judge Executive, Paducah Economic Development)**

- City and County Planners should encourage private sector developers to locate new industrial developments in places that minimize emission based health impacts on communities.
- Local community economic development agencies and institutions including Paducah Economic Development, McCracken County Judge Executive and Fiscal Court, Paducah Mayor and City Commission, Purchase Area Development District, and the West Kentucky Workforce Investment Board should remain aware of the impacts that new standards might play in the longevity of plant operations. As the Shawnee Fossil Plant is an older facility it will eventually face retirement. Investments in long term planning now are critical for the smoothest transition possible.
- The County Judge Executive should actively address planning for lost Payment in Lieu of Tax (PILOT) funds in the event of plant retirement.
- Economic Development Agents should consider the range of tax incentives available from the State of Kentucky for the development of industries that produce lower levels of emissions.

**Schools**

- Schools should track air quality daily through the use of the Air Quality Index and limit children's outdoor activity on bad air days.

**TVA:**

- TVA should do additional remediation on coal ash to retain metals potentially leached by the DSI process.

**Recommendations within the context of a retirement scenario include:****TVA**

- TVA should address in the Low Carbon Future Scenario of its Integrated Resource Plan in ways in which energy demand no longer met by the Shawnee Fossil plant can be offset through energy efficiency. Such measures can employ local workers while reducing the impact of emissions on public health.
- TVA should ensure that if the plant is decommissioned, the property is restored to that required of commercial and industrial standards.
- TVA should hire as many of its current employees as possible to work the decommissioning process. If TVA contracts with an outside firm it is recommended that TVA connect as many of its employees as possible with the decommissioning firm for employment.
- TVA should provide retraining opportunities in renewable energy and energy efficiency work for Shawnee employees in order to help offset potential unemployment.
- TVA should provide various agencies dependent on TVA funds including McCracken County Schools and the McCracken County Government sufficient time (at least one year if possible) to plan for economic transition.
- TVA should provide agencies working with local re-employment endeavors including the Paducah Economic Development Corporation, Purchase Area Development District (PADD), and the West Kentucky Workforce Investment Board (WKWIB), sufficient time (at least one year, if possible) to seek funding to help facilitate reemployment and retraining transitions for dislocated workers.
- TVA should provide Paducah Economic Development, PADD, and WKWIB a full workforce census at the earliest point possible.

**Recommendations within the context of both retrofit and retirement scenarios include:**

**TVA:**

- TVA should remediate existing ground water contamination.
- TVA should seek ways to prevent leaching of coal ash into ground water through the lining or relocation of coal ash disposal units.
- TVA should fully disclose levels of contamination to ground water to ensure that current and future local residents do not dig wells to provide water for human consumption.
- TVA should do additional water testing further from the plant property in order to determine the distance that contamination may have traveled.
- TVA should also increase the surface water monitoring in Little Bayou Creek, which has already shown elevated boron concentrations, in order to better characterize the threat to that water body.
- TVA should assess drainage pipe integrity and continue diligence with the assessment of the coal ash dam.

**Public Health Department and the Kentucky State Nature Preserves:**

- Signage for Fish Advisories should be located in common fishing areas near the Shawnee Fossil Plant including Metropolis Lake and along public spaces of the Ohio River.

[REDACTED]

[REDACTED]

[REDACTED]



### HIA Work Plan Template

Tasks/Activities	Responsibility	Timeline	Notes	Goal
<b>Screening</b>				
○ Meet with primary partner to discuss project	<i>e.g. HIP &amp; Community partner</i>	<i>e.g. January &amp; February</i>	<i>e.g. Complete</i>	<i>e.g. 1a on goals doc.</i>
○ HIP staff assess resources and feasibility to do work				
○ Map out decision timeline, decision openness, and prospective targets of the HIA. Based on the above, determine value of HIA				
○ Obtain funding for the HIA (HIP and partners)				
○ Reach out to potential partners, inform them of project, and discuss collaboration				
○ Develop and have all partners approve workplan and collaboration agreement (Product: workplan and collaboration agreement)				
<b>Scoping</b>				
○ Conduct one scoping meeting with partners, community members and other key stakeholders; create pathways and identify key health determinants				
○ Develop detailed scope including research questions, methods, and data sources				
○ Partners review, provide feedback, and approve scope (Product: scope)				
<b>Assessment</b>				
○ Conduct existing conditions analysis using identified methods and data sources				
○ Conduct impact analysis using identified methods and				

<b>Tasks/Activities</b>	<b>Responsibility</b>	<b>Timeline</b>	<b>Notes</b>	<b>Goal</b>
data sources				
○ Write up results (Product: report on findings)				
<b>Recommendations</b>				
○ Brainstorm recommendations based on current research, assessment findings and community priorities				
○ Hold community meeting to get feedback on findings and recommendations				
○ Draft set of recommendations				
○ Review, revise and prioritize recommendations (Product: recommendations)				
<b>Reporting</b>				
○ Draft HIA report summarizing HIA process, assessment methods, findings and recommendations				
○ Review draft report				
○ Incorporate feedback and finalize report (Product: final report)				
○ Develop targeted communications messages for decision-makers and other stakeholders based on HIA				
○ Develop communications materials (e.g., fact sheets, summaries, etc.) for stakeholders to advance recommendations and larger advocacy efforts (Product: communications materials)				
○ Present findings and recommendations to allies				
○ Present findings & recommendations at public hearings				
<b>Monitoring</b>				
○ Develop a monitoring plan to track the impact of the HIA on the decision and health determinants (Product: monitoring plan)				
○ Collect data on those indicators				
<b>Evaluation</b>				
○ Internal HIA process evaluation				



## **HIA Screening Worksheet: West Louisville Food Port**

*Note: this worksheet was completed BEFORE the FoodPort project was cancelled.*

### **Project and Timing**

*Has a project, plan or policy been proposed?*

- Yes – FoodPort project was proposed in West Louisville.

*Is there time to conduct an analysis before the final decision is made?*

- At the time we decided to do the HIA, the FoodPort project was still active. So, yes – though note that the HIA was happening later than ideally given that the project had been designed to some extent. However there were still opportunities to influence implementation after construction begins.

### **Health Impacts**

*Is the decision likely to affect environmental or social determinants that impact health outcomes? If so, which determinants and which health outcomes?*

Yes, the project may affect the following social and environmental determinants of health (and health outcomes):

- Traffic (injuries, air quality, respiratory health)
- Noise (stress, annoyance)
- Jobs (life expectancy, chronic health conditions, quality of life)
- Food access (nutrition)
- Air, soil and water quality (toxics, cancers, chronic health conditions)

### **Equity Impacts**

*Is the decision a priority for a community facing inequities? What evidence do you have for this?*

- Yes. West Louisville communities have been engaged in the FoodPort project and have challenged the biodigester component of the project, which was dropped as a result. West Louisville residents are still voicing concerns with noise and traffic.

*In what ways would health inequities be impacted?*

- Given the history of racial and economic disparities in West Louisville (across social, economic and health indicators), the project has the potential to reduce or exacerbate these disparities based on how it is implemented.

### **Potential Impact of HIA Findings**

*Is the decision-making process open to input from a health perspective?*

- Yes, Seed Capital KY – the non-profit spearheading the FoodPort – was open to the health information. They had primary decision-making authority over how the project would move forward.

*Is health already being considered in the proposal or as part of the decision-making process?*

- To some extent. Seed Capital KY was trying to provide healthy food access because they know the area is a food desert. They were also thinking about soil

contamination and how to remediate brownfield issues. Seed Capital KY intended to increase jobs available in West Louisville and promote local hiring. This increased employment would have a positive effect on life expectancy, chronic health conditions, quality of life. Seed Capital KY was also intentional in placing walking paths and play spaces on the site, in an effort to promote physical activity among residents of West Louisville and visitors to the FoodPort. The FoodPort was designed with space for classes pertaining to cooking, nutrition and gardening as a means of promoting healthier diet and food choices.

### **Potential Impact of the HIA Process**

*What are the potential impacts of the HIA process? (e.g., building relationships, empowering community members)*

- Work with Seed Capital to identify ways to mitigate negative health impacts and inequities that might result from the project.
- Taking action, through performing an HIA, on concerns over the FoodPort expressed by the Community Council.
- Empowerment of West Louisville residents through their involvement in the Community Council's participation of the HIA.

### **Stakeholder Interest and Capacity**

*Which stakeholders are involved in the decision-making process?*

*Do stakeholders have the interest and capacity to participate in the HIA?*

*How would stakeholders use the HIA to influence the decision-making process?*

- Seed Capital KY held primary decision-making authority for site development and implementation.
- The West Louisville FoodPort Community Council was also involved in the decision-making process, as indicated by core values upon which West Louisville FoodPort project operates. These tenets were outlined by the Seed Capital KY internal project team and the Community Council and are as follows: transparency, honesty, inclusiveness, collaboration and sustainability
- West Louisville FoodPort Community Council – consists of 120+ members. It was initiated by Seed Capital KY to garner community involvement in the project.
- Subsequently, the Community Council has taken more ownership of the Council and Seed Capital KY is playing a smaller role.
- Thus, both Seed Capital KY and the West Louisville FoodPort Community Council were well-positioned to participate in the HIA – particularly through the community engagement aspect of the HIA whereby stakeholders express their concerns. However, we have yet to receive full confirmation of their willingness to participate in the HIA.
- As made clear through the core values of West Louisville FoodPort outlined above, it was possible that the Seed Capital KY team would tailor the FoodPort project to yield the best possible health outcomes, as per the HIA recommendations.