

Health Impact Assessments HIA

An Overview

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An Overview HIA

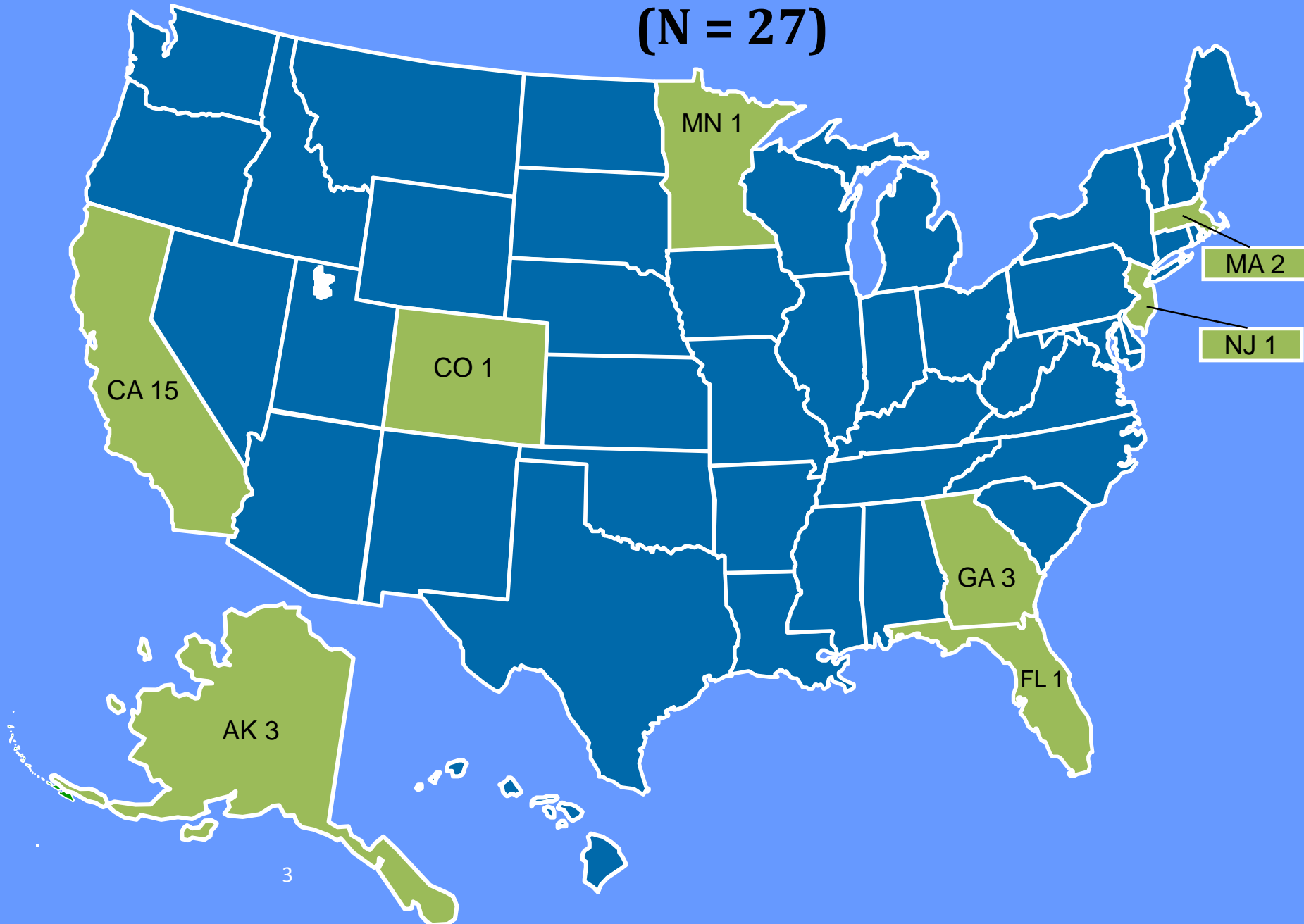
A structured process that uses *scientific data*,
professional expertise, and stakeholder input to
identify and evaluate public health
consequences of proposals and suggests
actions that could be taken to minimize adverse
health impacts and optimize beneficial ones.



Source: "Improving Health in the United States: The Role of Health Impact Assessments" by the National Research Council, September 2011

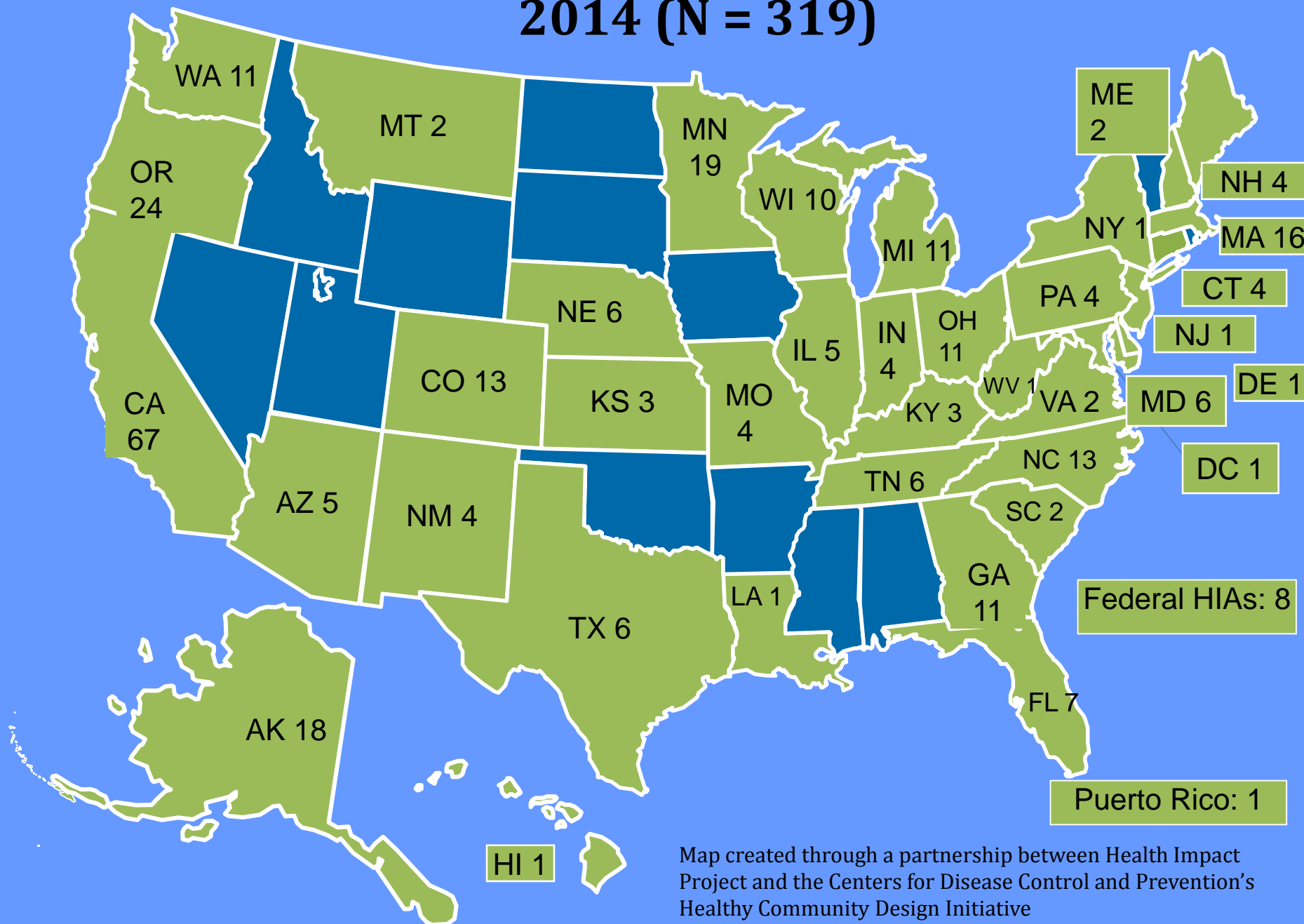
Completed HIAs 2007

(N = 27)



Completed and In Progress HIAs

2014 (N = 319)



Map created through a partnership between Health Impact Project and the Centers for Disease Control and Prevention's Healthy Community Design Initiative

Factors That Make-up Health



Tips for Good Health

TRADITIONAL

- ❑ Don't smoke. If you can, stop. If you can't, cut down.
- ❑ Follow a balanced diet . Keep physically active.
- ❑ Manage stress, e.g., make time to relax.
- ❑ If you drink alcohol, do so in moderation.
- ❑ Cover up in the sun.
- ❑ Practice safer sex.
- ❑ Be safe on the roads.

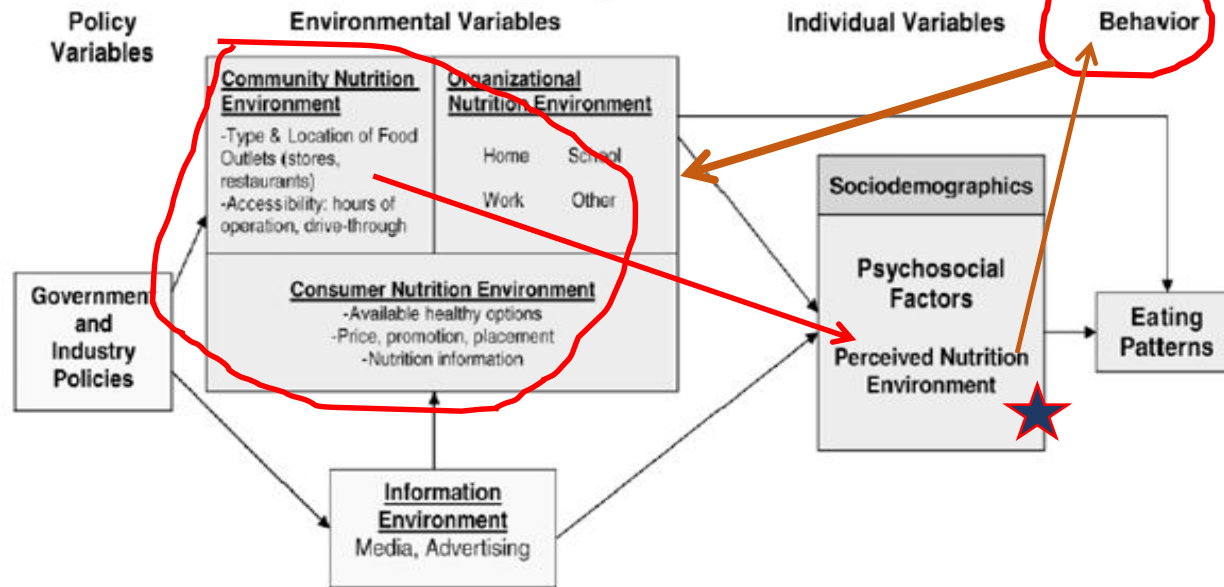
SOCIAL DETERMINANTS TIPS FOR BETTER HEALTH

- ❑ Don't be poor. If you can, stop. If you can't, try not to be poor for long.
- ❑ Don't have poor parents.
- ❑ Own a car.
- ❑ Don't work in a stressful, low paid manual job.
- ❑ Don't live in low quality housing.
- ❑ Afford to go on a vacation.
- ❑ Practice not losing your job and don't become unemployed.
- ❑ Don't live next to a busy major road or near a polluting factory.
- ❑ Attend high quality schools from daycare up to college.



What Causes Obesity?

Figure 1: Model of Community Nutrition Environments¹⁵



No Simple Solutions

- Socially and politically complex
- Multi-causal with many interdependencies
- Not static
- Behavioral Interventions not enough



The Problem

So many daily policy decisions made outside of the health sector have significant health implications that go unrecognized.

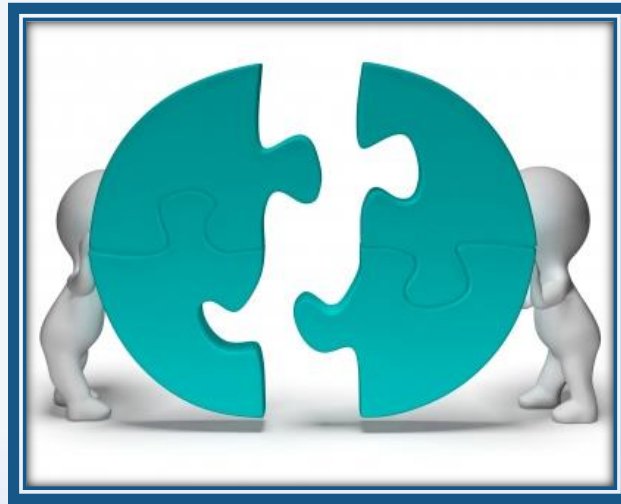
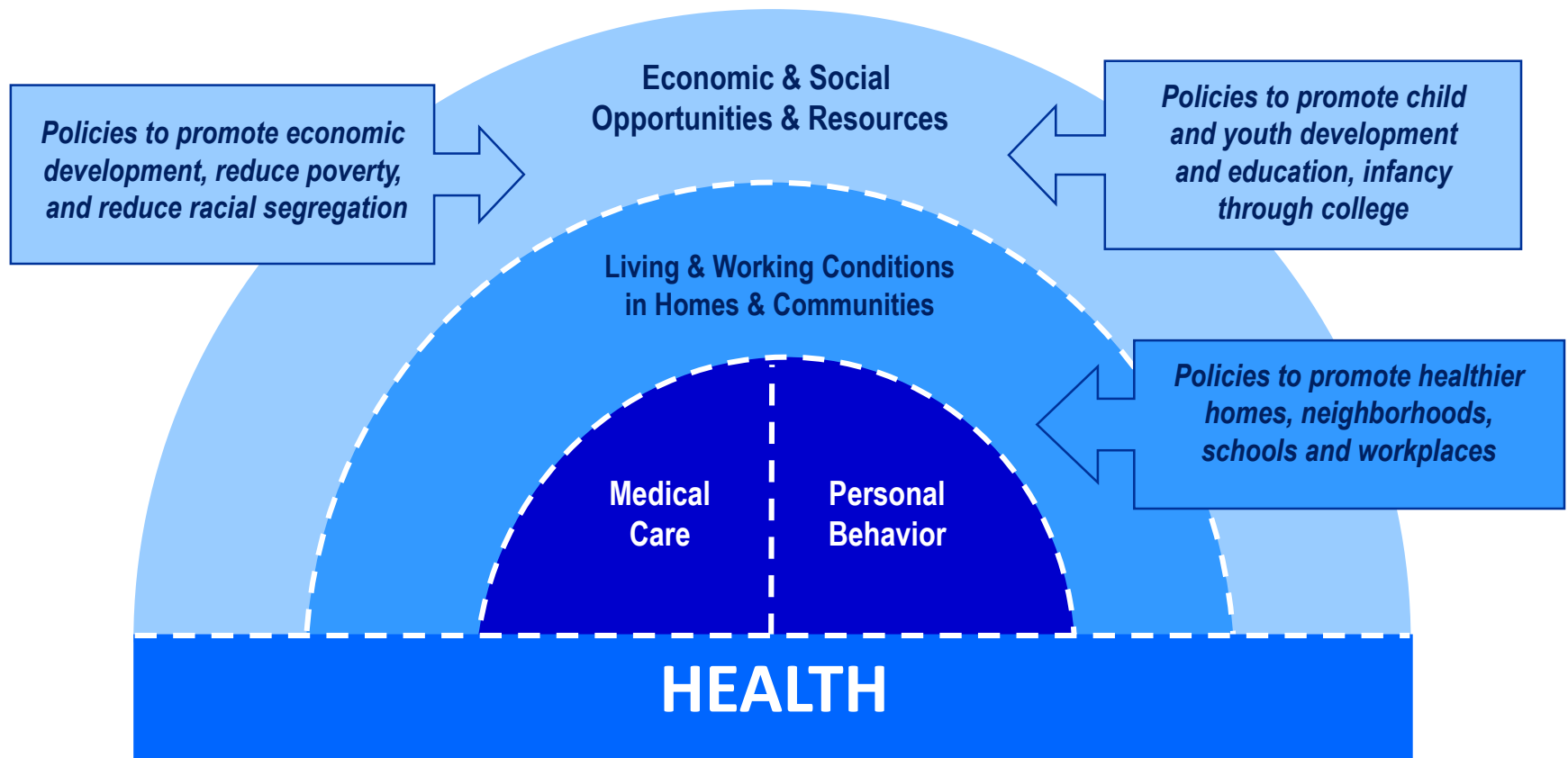


Image courtesy of Jscreationzs and FreeDigitalPhotos.net.

Health In All Policies: Considering the causes of the causes





Key Ideas



The purpose of HIA is to inform decision-makers before they make decisions

A HIA is most often carried out prospectively - before the decision is made or the policy is implemented



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

HIA Addresses Social Determinants of Health

How might the proposed project, plan, policy



and potentially lead to predicted health outcomes?

Social Structure Cultural Toolkit

Cultural Toolkit:

Shared values, language, religion, rituals, norms of behavior, and systems of belief. A set of distinctive spiritual, material, intellectual, and emotional features a society uses to interpret phenomena, data, and experiences.

Institutions & Systems

Policies, Rules, Regulations

- Labor market
- Educational system, policies
- Social welfare state
- Access to productive resources & social goods
- Human and civil rights

- Lack of affordable housing
- Job security
- Hazards
- Community decay
- Poverty – low wages
- Transportation

Inequitable Distribution of the Social Determinants of Health

Psychosocial and
Physiological Stress

Social Status

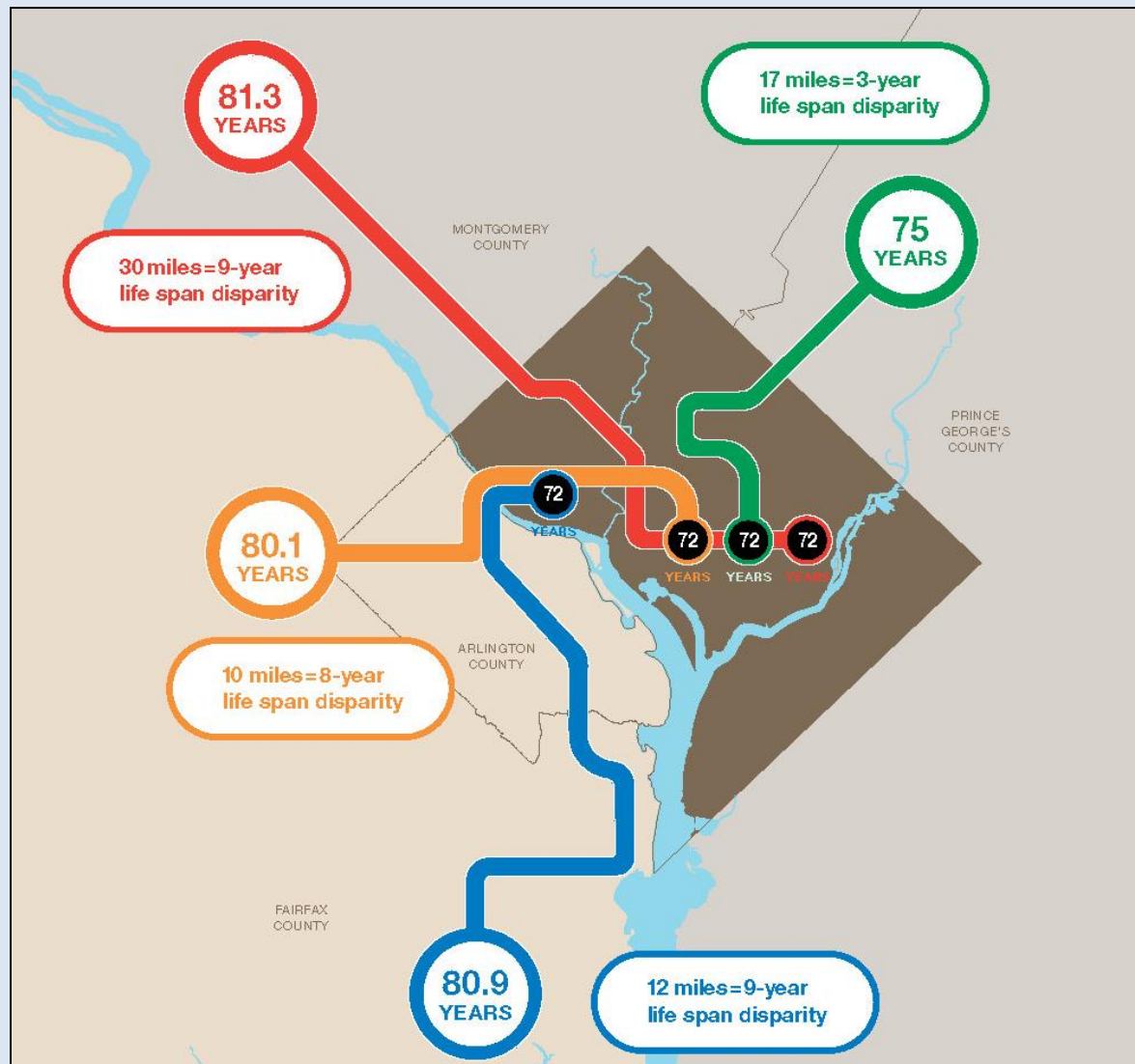
- Gender, racial, class inequalities
- Power and wealth imbalances
- Absence of civic capacity & political influence

Lack of access to
material resources

Unhealthy Behaviors

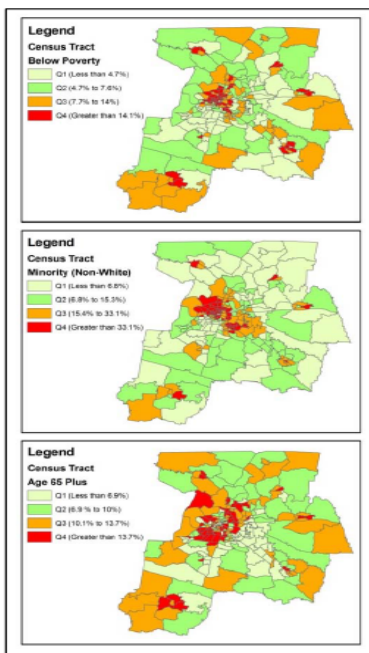
HEALTH INEQUITIES

HIA Addresses Health Equity



Source: Robert Wood Johnson Foundation, Commission to Build a Healthier America, www.rwjf.org

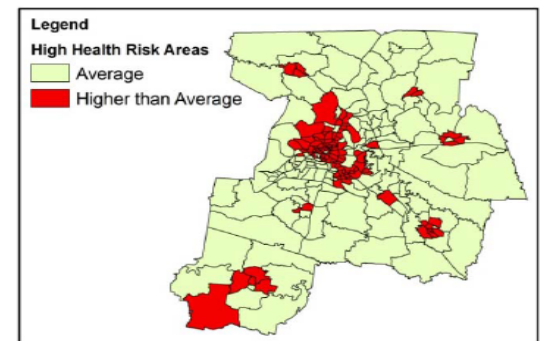
Prioritizing Projects— Health Analysis



There is a strong link between the lack of physical activity and health (e.g. heart disease, obesity, and other chronic conditions).

Research has also shown certain population groups have a higher disparity. These groups include:

- Low Income
- Minority
- Older Adults (over 65)



nashvillempo.org



INCORPORATING EQUITY INTO HIA



HIA and Democracy

Community Expertise



Knowledge or perceptions about conditions, vulnerabilities, day-to-day experiences of those potentially impacted by a decision

Residents

Neighborhood organizations

Medical practitioners

Public officials

Health agencies



“It affects my community, making residents sick. We need to stop the diesel trucks from passing through residential areas, also diesel buses, and if possible make it the law or policy.”

Focus groups

Surveys

Interviews

A diverse group of stakeholders should be involved in the HIA process

HIAs are inherently multidisciplinary

Some stakeholder groups, like public health agencies, may be responsible for taking more of a lead on the HIA project than others

Other stakeholders to involve include: community residents/organizations, public agencies, policy makers, businesses



Populations likely to be impacted by a decision should be involved and have an oversight role in the HIA process

Pathway diagrams

A visual tool for explaining what the HIA will study

Help generate research questions

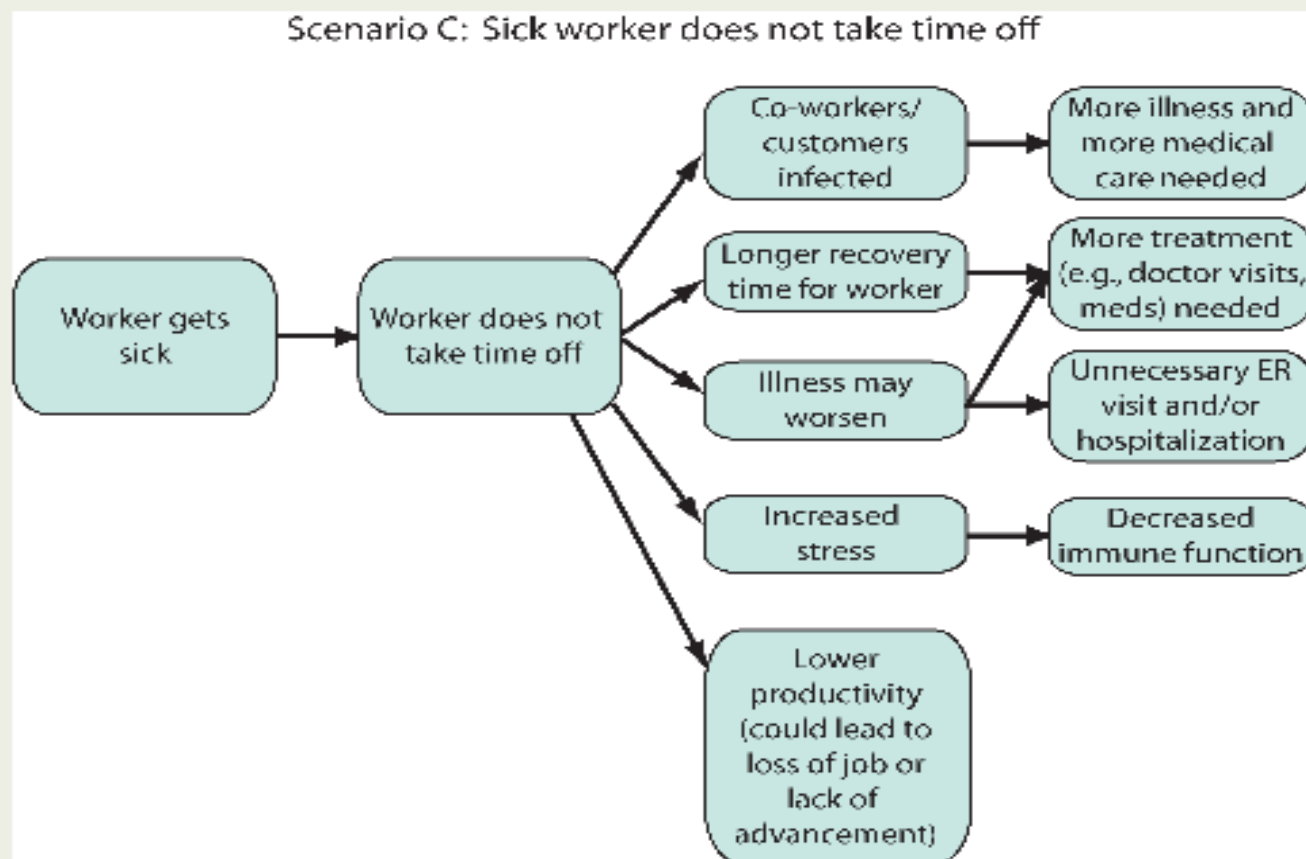
Help stakeholders and decision-makers understand potential effects of decision making, and their relative importance

Can show how changes to a proposal or other conditions may lead to changes in health outcomes

Identify where there is uncertainty about causes and- effects or magnitude of impacts

Help guide the selection of recommendations

Pathway Diagram: Hypothesis of potential impacts resulting from decision



Informs a decision-making process

Considers potential impacts on health outcomes as well as on social, environmental, and economic health determinants

Solicits and utilizes input from stakeholders

Establishes baseline conditions for health, describing health outcomes, health determinants, affected populations, and vulnerable sub-populations

Judges the magnitude, likelihood, distribution, and permanence of potential impacts on human health or health determinants

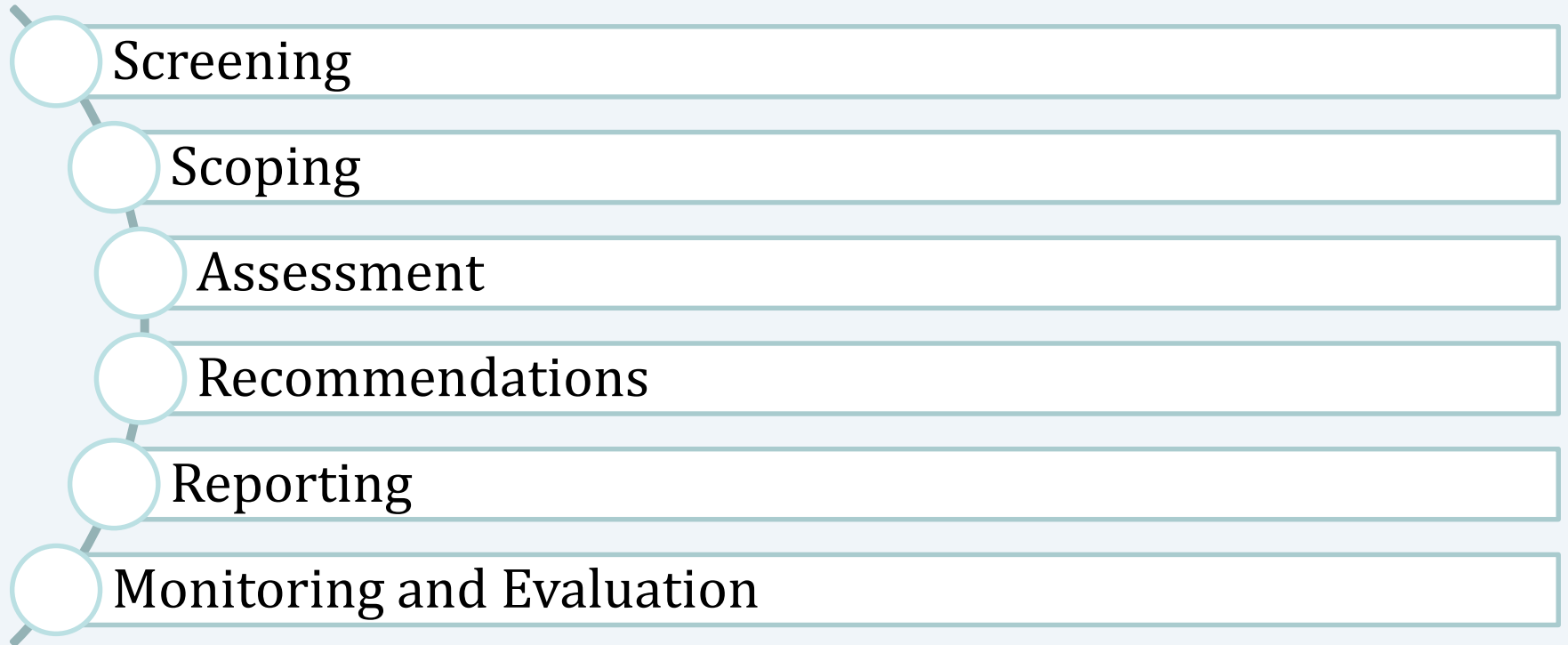
Findings are based on synthesis of best available evidence

Identifies appropriate recommendations, mitigations and/or design alternatives to protect and promote health

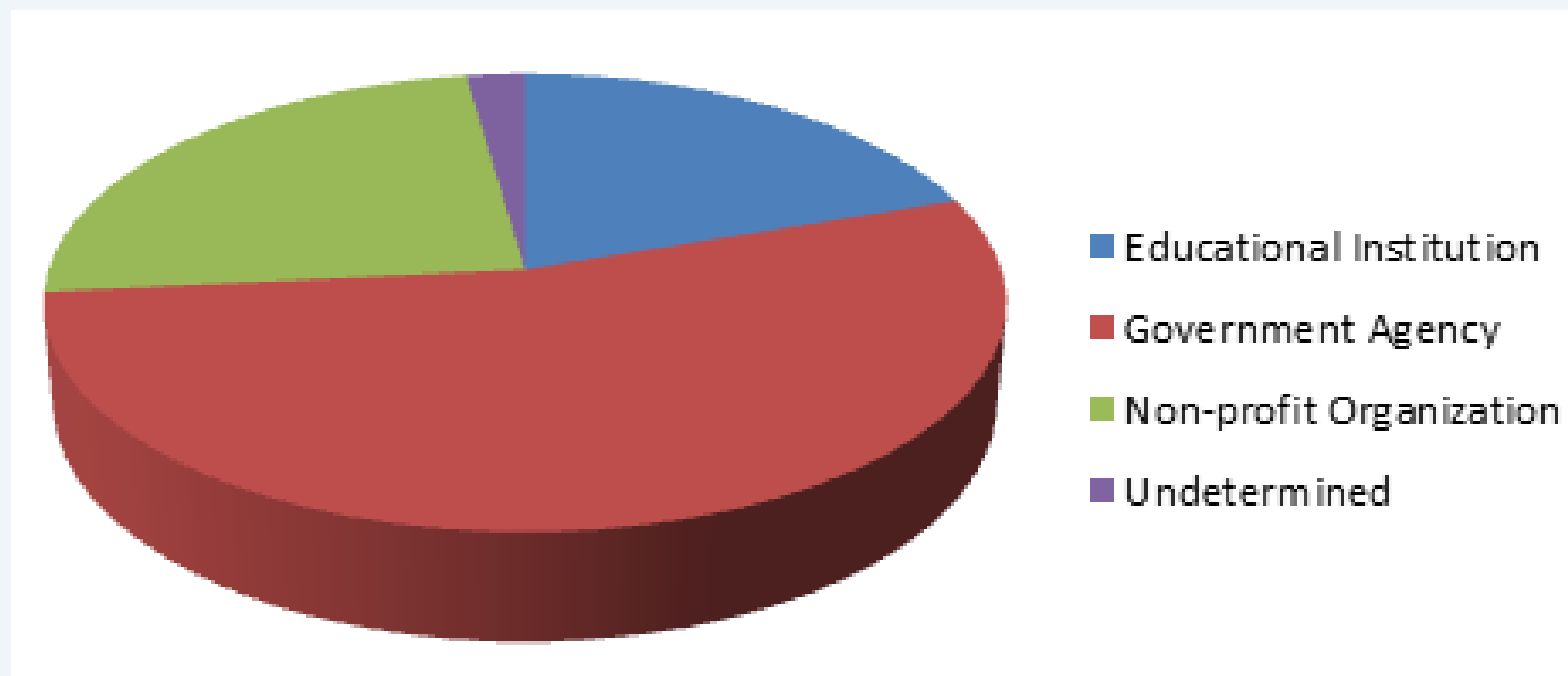
Proposes a monitoring plan

Includes transparent, publicly-accessible documentation of the process, methods, findings, sponsors, funding sources, participants and their respective roles

Steps of HIA



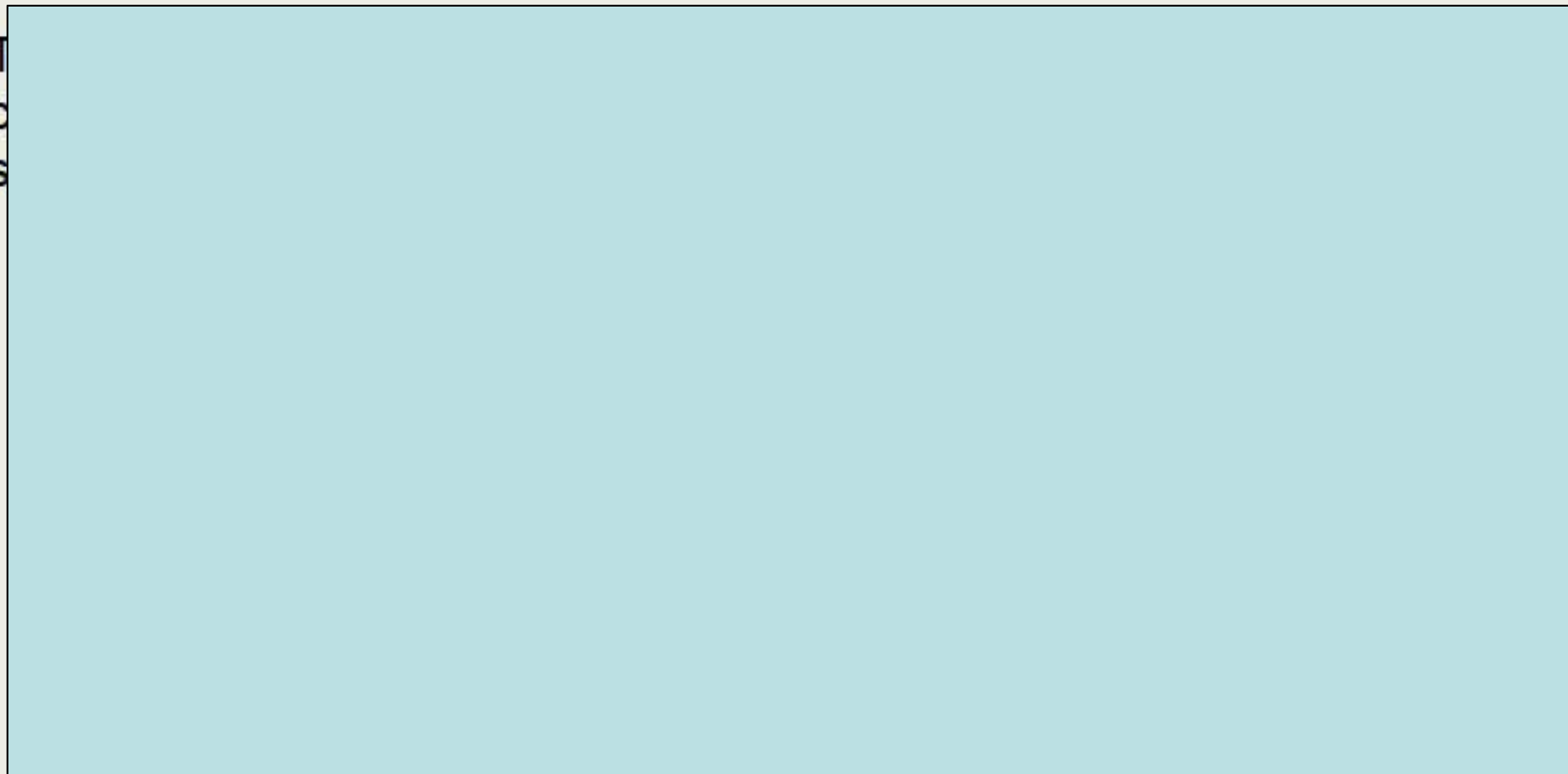
Who typically leads an HIA?



Project Idea Being Screened

A school district wants to better understand the health impacts of the recent relocation of its elementary school.

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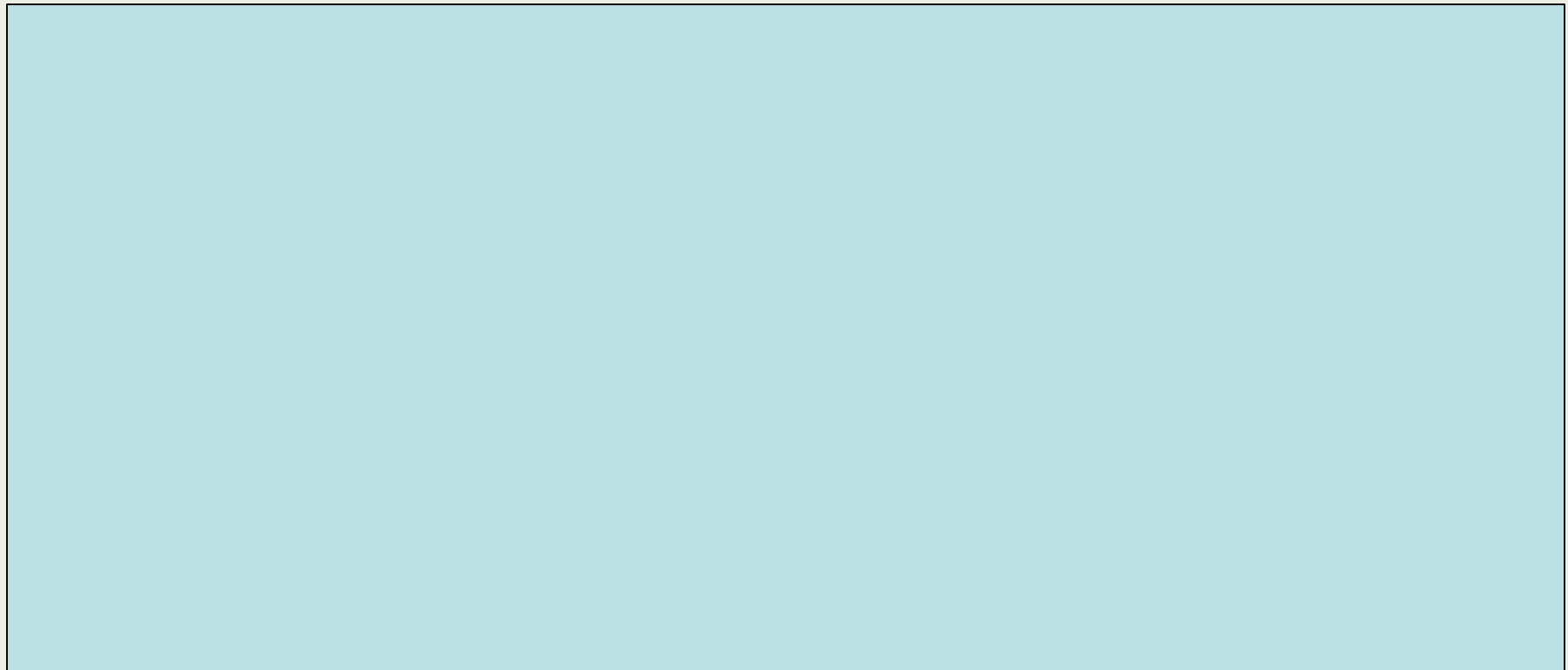
- This HIA would not be informing a *proposed* decision. In this case there is no decision to influence, as the decision to site the school has already been made.



Applicants should consider upcoming decision-making processes where an HIA could add value. For example, if conducted earlier in the process, an HIA could have informed the proposed decision to relocate the school.

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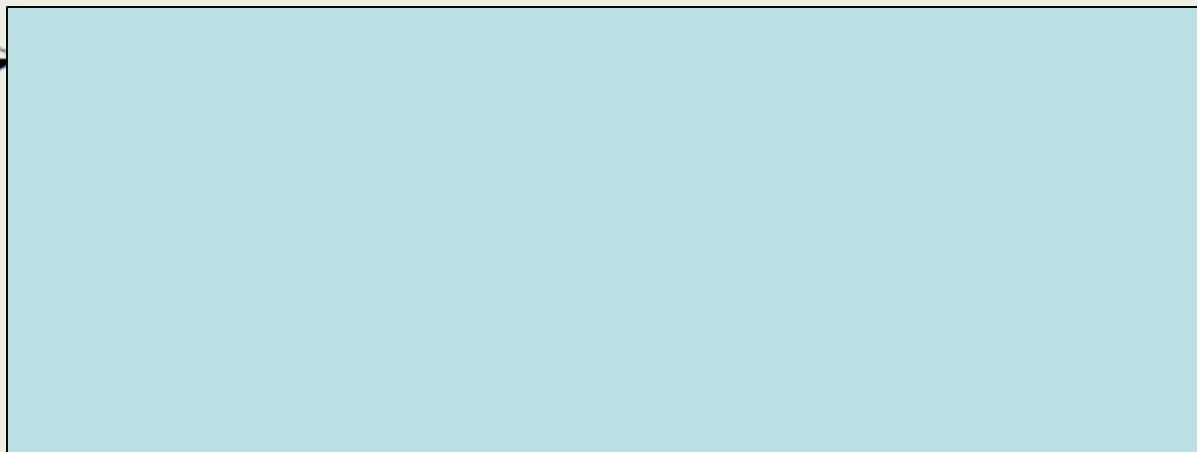
- There is not a specific decision to influence in this case. The university is proposing a study, but not an evaluation of a proposed decision.



The findings of this study about children's health could be used as data in a future HIA that addresses a proposed decision that could impact children's health.

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.



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

Project Idea Being Screened

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- Data and information 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.

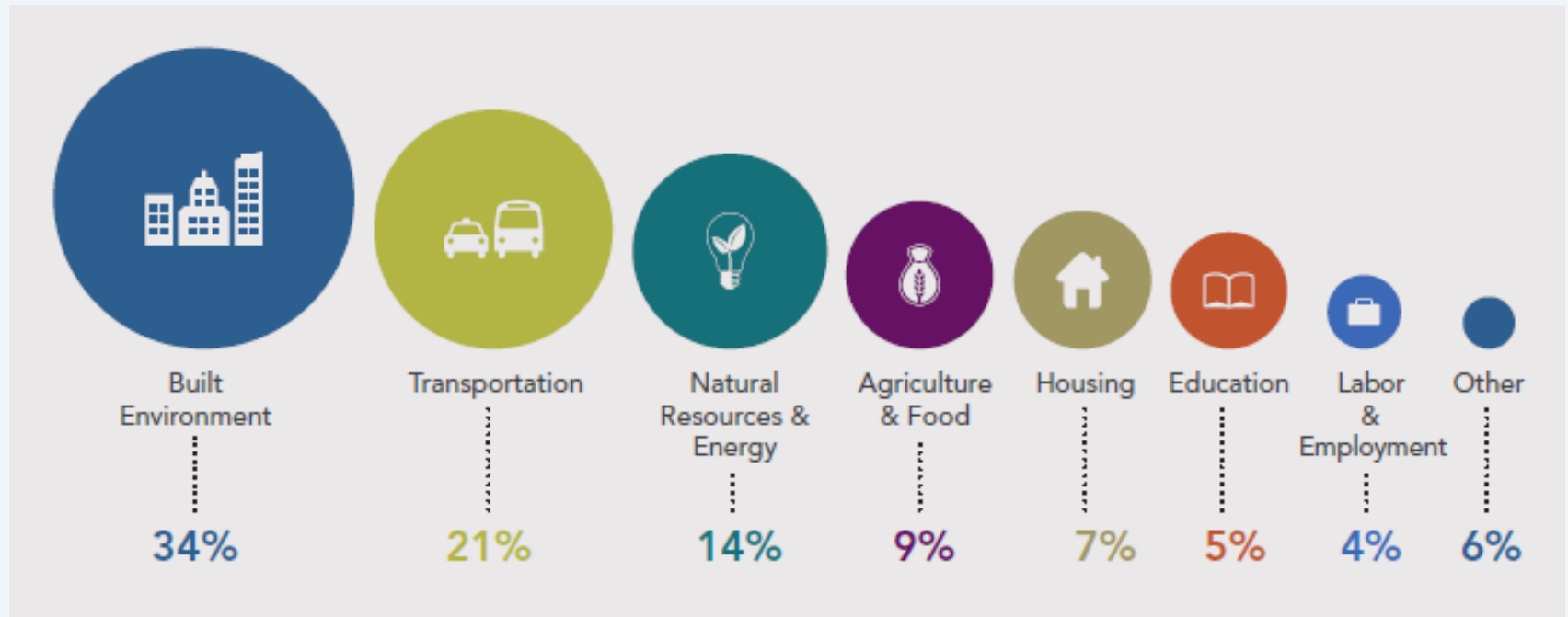


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Examples



HIA can be applied to a range of sectors



Example : Farm-to-School Policies, Oregon 2011



Farm-to-School Policies, Oregon

Oregon House Bill (HB) 2800

Provided state funds to purchase locally-grown foods for schools.

http://www.upstreampublichealth.org/sites/default/files/F2SHIA_FINALlow-res_0.pdf

Set up school teaching gardens, and conduct nutrition education.

School districts purchase Oregon produced, processed, packed and packaged foods receive 15 cents for lunch and 7 cents for breakfast in reimbursement funds.

Ensured students learn how to choose healthy, local food options in their cafeteria through grants that support school gardens, agriculture and nutrition education.



Farm-to-School Policies, Oregon

- **Key Findings**
- **Farm to school reimbursement would**
- Create maintain jobs for Oregonians
- Increase student participation in school meal programs
- Strengthen connections with states' food economy.
- **Food Garden & Agriculture grants would**
- Increase childhood preferences for fruits/veggies
- Shape long-term healthy diet choices that affect children's learning and academic achievement while preventing obesity.



Recommendations

1. The current policy allows food produced or processed in other states or countries to qualify for a reimbursement.

Amend HB 2800 to specify that schools can only get reimbursed for foods produced or processed in Oregon to increase economic activity in our state.

2. To improve health outcomes for vulnerable populations, specify that while grants are open to all school districts, Food, Agriculture and Garden education grants will be preferentially given to school districts serving:

Low income populations 40% are eligible for free/reduced meals or

Schools with racial/ethnic diversity defined as 20% are more non white or

Schools in rural or urban areas with limited food access defined as 12% or more of residents are low income and live 10 miles from a grocery store.

To improve child health outcomes, specify funding criteria for Food, Agriculture and Garden education grants to support schools developing multiple component programs that increase child health benefits.

Garden grants should be preferentially awarded to programs working toward having at least one element in each of the following categories:

Education, Promotion, Procurement and Community Involvement.

HEALTH IMPACT
PROJECT

POTENTIAL IMPACTS OF AMENDED HB 2

| Health Outcome or Health Determinant | Impact w/ HIA rec's | Impact w/o HIA rec's | Distribution | Quality of Evidence |
|---|---------------------|----------------------|---|---------------------|
| Employment Impacts | | | | |
| Health & life expectancy | ▲▲▲▲ | same | Farm sector and related jobs | **** |
| Job creation | ▲▲▲ | ▲▲ | ~270 new jobs | **** |
| Oregon product demand | ▲▲▲▲ | same | 100—197 School Districts ⁴ | **** |
| Workers' ability to pay bills | ▲▲▲ | same | ~270 new jobs | **** |
| Economic activity | ▲▲▲▲ | ▲▲▲ | 3.16 economic multiplier | **** |
| Impacts on Child Diet and Nutrition | | | | |
| Meal program participation | ▲▲▲ | ▲▲ | 561,698 public school children ¹ | ** |
| Child learning & academic attainment | ▲▲▲ | same | 561,698 public school children ¹ | **** |
| Household food security | ▲▲ | same | 210,446 households ² | *** |
| School meal nutrition | ▲▲ ⁺ | same | 561,698 public school children ¹ | * |
| Child overweight & obesity | ▲▲ ⁺ | same | 1 in 4 children | ** |
| Farm to School and School Garden Education Impacts | | | | |
| Gardening education | ▲▲▲▲ | same | ~15,000 new children ³ | **** |
| Child fruit & vegetable consumption | ▲▲▲ ⁺ | same | 561,698 school children ¹ | **** |
| Agriculture & nutrition education | ▲▲ ⁺ | same | ~15,000 new children ³ | *** |
| Child nutrition knowledge | ▲▲ ⁺ | same | ~15,000 new children ³ | *** |
| Nutrition staff knowledge | ▲▲ | same | 100—197 School Districts | ** |
| Child achievement | ▲▲ | same | ~15,000 new children ³ | * |
| Child self-efficacy | ▲▲ | same | ~15,000 new children ³ | * |
| Child physical activity | ▲▲ | same | ~15,000 new children ³ | * |
| Impacts on Environmental Health | | | | |
| Oregon fruit & vegetable crops maintained | ▲▲ | same | \$756,000 — \$15,120,000 in school purchases ⁶ | *** |
| Demand for food grown with sustainable practices | ▲ | same | Oregon food sectors | * |
| Greenhouse gas emissions from food transport | None | same | 3,844,195 Oregonians ⁵ | ** |

LEGEND

- ▲▲▲▲ Strong impact on many
- ▲▲▲ Strong impact for few or small impact on many
- ▲▲ Moderate impact on medium number or strong impact on few
- ▲ Small impact on few
- None No effect
- **** 10+ strong studies
- *** 5 -10 strong studies or data analysis
- ** 5 or more studies of weak and moderate quality, or studies have mixed results

QUESTIONS?

Thank You!

