Health Impact Assessment

A Primer on Giving Health a Seat at the Decision-making Table

Healthcare Georgia Foundation
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We at Healthcare Georgia Foundation invite you to explore an important tool and analytic process designed to inform policy decisions. *Health Impact Assesment: A Primer on Giving Health a Seat at the Decision-making Table* was commissioned by the Foundation for the benefit of health nonprofit organizations.

Scenario

Let's say you are part of an advocacy organization that has been working for years to convince state legislators to make an unprecedented (but long overdue) policy shift—one attached to significant health and economic impacts. It could be a change in how transportation dollars are allocated, moving from an exclusive focus on cars (and the roads and highways they require) to more varied investments in making walking, cycling and public transportation safer and more accessible. Or it could be legislation that supports your state's farmers and creates a new, reliable market for their fresh produce: public schools and the children who are fed breakfast and lunch in school cafeterias. Or... any one of a number of other policies associated with the social determinants of health.

Gradually, you and your partners have succeeded in convincing legislators that it would be worthwhile for the state to invest in these shifts, using the leverage of state funds as an incentive for healthier policies. Despite your success in making the case, though, you worry that as the legislation moves through the state legislative chambers, it might be tweaked or watered down in ways that reduce its potential to affect health outcomes.

This is a scenario in which a Health Impact Assessment (HIA) can make a real difference. In this example, an advocacy organization might be the one to seek grant funding for an HIA—but it could also be in partnership with a health department, a university, a think tank or with legislators themselves.

Following the steps outlined in this guide, you assemble an HIA team that includes varied stakeholders and experts (including representatives from the state agencies most affected by the draft legislation), determine through screening that it would be appropriate and feasible, and proceed with a detailed scope for your HIA. When your draft recommendations are vetted through briefings with decision-makers and a series of community forums, you move forward with reporting and publicly disseminating three priority recommendations.

Two of your recommendations are adopted completely in the new legislation, and a third is partially adopted. All in all, you consider your HIA debut to be a success. It has modified and fine-tuned the legislation in specific, practical ways that you believe will support future health outcomes. (That's why you now have to seek additional support and funding to monitor the recommendations and their impact, once they are implemented.) It has brought new partners into the fold—whether they are transportation or agriculture or education officials—and helped them view health as part of their purview. And it has introduced legislators, agency leaders, community stakeholders and fellow advocates to a new and useful tool that can be applied in the future to improve complex decisions.

In fact, you tell your new partners, that new zoning initiative might be an excellent follow-up, now that you've all worked through your first successful HIA...

The notion that the places where we live, work and play affect our health is not a new one. It makes intuitive sense that living next to a major freeway —and inhaling more car emissions—might be connected to higher asthma rates among a neighborhood's children. The presence or absence of safe, accessible walking trails or paths might affect daily physical activity levels. Poverty, education, access to health care, substandard housing, crime-ridden neighborhoods— all of these can and do interact to shorten lives and undermine health and well-being.

But when that freeway was being built, when a city council backed off a requirement for developers to incorporate walking trails and when a host of other decisions like these were made, the health implications were probably not a factor. It's not that health concerns were dismissed—more likely, they weren't even discussed.

What is a Health Impact Assessment?

Health Impact Assessment, or HIA, refers to a specific tool and analytic process that is designed to help policy- and decision-makers consider the health effects of their decisions about transportation systems, the environment, land use, wage policies, social programs, education and other sectors not traditionally considered to be directly related to health. HIA attempts to correct this imbalance by bringing health and equity issues to the decision-making table, with the goal of improving and informing the decision-making process. As Rajiv Bhatia notes in his comprehensive guide to conducting an HIA, "HIA aims to prevent uninformed decision-making."[1]

HIA is much more commonly used outside the United States, although it has gained ground in this country more recently, sparked by public health's attention to a broader definition of health that takes into account the "social determinants" of health. Unlike its environmental counterpart, Environmental Impact Assessment (EIA), HIA remains a voluntary process—although six states have introduced legislation requiring or supporting HIA.[2] (Under the provisions of the National Environmental Policy Act, federal agencies are required to conduct EIA.) The U.S. Department of Health and Human Services does recommend HIA's use as a planning tool for reaching the objectives in Healthy People 2020.

The 2011 National Research Council report defines HIA as: "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."[3]

> "HIA aims to prevent uninformed decision-making." RAJIV BHATIA

What are the benefits of Health Impact Assessment?

Since health and equity issues are not traditionally considered in major decisions outside the health sector, one major benefit of HIA is the opportunity to bring these issues to the fore. Often, members of the public and decision-makers alike are not aware of how health is affected by decisions outside the health arena. HIA is an opportunity to learn about the health and equity implications of major policy decisions—especially when these are hidden or unexpected. The basic HIA framework, described in greater detail below, can be adapted and applied to a wide variety of policies, plans and projects, making it useful in many different realms and situations.

Because HIA calls for a thorough analysis of both the potential harm and the potential benefit of various alternatives, it can improve overall understanding of various options. By recommending specific ways to mitigate harm or design alternative options, HIA also can improve the quality of the options themselves and offer practical, specific scenarios that a decision-making group can consider.

The engagement of diverse stakeholders is another benefit of HIA. Diversity may involve diversity of expertise, bringing together experts from different perspectives and sectors. It may involve diversity of income levels and race/ethnicity, as stakeholders from communities and neighborhoods have an opportunity to weigh in on decisions that affect them and their families. By engaging diverse stakeholders, HIA promotes transparency and accountability and builds credibility for its data, analyses and conclusions.

What are the steps involved in conducting a Health Impact Assessment?

Although each HIA will vary in its scope and level of detail, emerging HIA standards call for completion of six basic steps. Whether these are completed relatively quickly for a rapid HIA or intensively for a more comprehensive effort, each requires careful attention. In order to influence a particular decision, the HIA must be completed before the decision is made, which can place onerous time constraints on the HIA team. Factoring in the available time and resources available is a key consideration in deciding whether an HIA should be undertaken, and if so, how comprehensive it can and should be.

Six steps to HIA completion: 1. Screening > 2. Scoping > 3. Assessment of Health Effects

1 Screening

Not every decision lends itself to an intensive HIA, so an appropriate first step is to explore whether—and how—an HIA would add value to the decision-making process.

Once a specific decision, policy, plan or proposal has been identified, the screening step addresses several factors, including:

- **The decision's potential effects on population health.** Are these potential effects significant? Avoidable? Unequally distributed? Irreversible? Possibly catastrophic?
- **The degree of concern or controversy about the decision and its effects.** If so, where is the concern/controversy generated—among the public, decision-makers, other stakeholders? Note that an HIA may be particularly useful when levels of controversy or uncertainty are high, because the process can shed light on or help resolve areas of concern with credible data and conclusions.
- **The alternatives to an HIA.** If an HIA were not conducted, would the health effects of the decision still be considered through another mechanism?
- **The legal requirements.** Is an HIA required or mandated?
- **The potential to influence the decision.** Is an HIA likely to lead to changes in the proposed decision, plan, policy or project?
- **Feasibility.** Are the resources (e.g., technical expertise, data) in place to conduct an HIA?
- **Timing.** Can the HIA be completed in time to inform the decision?

It's possible that the screening process may lead to a conclusion that HIA is not the appropriate approach. Either way, the findings from this step should be documented and shared with key stakeholders.

2 Scoping

Scoping builds on the screening step by generating a detailed plan that specifies the issues to be addressed by the HIA and the methods that will be used—as well as the roles and responsibilities of those who will conduct and/or oversee the HIA process. Questions answered during the scoping step include:[4]

- **Who will conduct the HIA?** Often, public health expertise is required for accessing and analyzing relevant data sets, but so are other perspectives. As the National Research Council noted in its recent report on HIA, "HIA is inherently multi-disciplinary." The composition of the HIA team will be driven by the type of decision or policy (e.g., concerning the built environment, transportation, or other sectors) and the catalyst for conducting an HIA. In some cases, an HIA might be required or mandated (although most are voluntary). While the HIA team should be diverse and multi-disciplinary, the data collection and analyses required for a full HIA will rely upon advanced expertise in the relevant field(s). To date, most HIA completed in the United States have involved foundation funding and/or academic partnerships between health departments and university researchers.
- **What is the time frame?** This can range from a few months to a few years, depending on the urgency of the decision and the resources available in the months or years leading up to the decision, policy or project.
- **Which specific decision alternatives and health impacts will be evaluated?** Given the many possible effects and alternative scenarios, some priorities will have to be chosen for analysis. HIA practitioners recommend using a causal/logic model (or pathway diagram) as the basis for research and analysis, laying out plausible scenarios for different effects on population health under various alternatives.
- **What are the boundaries** (in terms of geography as well as time horizons) for the HIA analyses?
- **Who are the most vulnerable populations** likely to be affected by the decision, plan, or policy?
- **What data, methods and analytic tools will be used?** What/where are gaps in existing data?
- **How will specific health effects be characterized?**
- **Which experts and key informants will be engaged**—and how?
- **How will stakeholders be engaged,** including public review of the HIA?
- **How and by whom will the HIA be communicated and reported?**
- **How will the HIA be evaluated?**

> "HIA is inherently multi-disciplinary."
>
> NATIONAL RESEARCH COUNCIL, COMMITTEE ON HEALTH IMPACT ASSESSMENT

3 Assessment of Health Effects

The assessment step is often iterative with the preceding scoping step, as features of the assessment or scope are modified in response to new information and insights. Through the assessment step, the HIA team determines the baseline or existing health status of the population to be affected by the plan, project, or decision and characterizes the specific health effects that can be reasonably anticipated as a result of the decision. Health effects might be described in terms of the nature of the effect, its likelihood, how intensive or severe it might be, its magnitude and its distribution among the population (especially if it has implications for exacerbating health disparities).

A variety of tools and sources may be applied in this step, including literature reviews, combinations of quantitative and qualitative methods (including focus groups, surveys and interviews), Geographic Information System (GIS) mapping work, cost-benefit analyses and epidemiologic studies and analyses. Note that cost-benefit analyses, in particular, require sophisticated data analyses drawing on expertise in health economics and finance. Cost and saving projections may involve a high degree of uncertainty, which should be noted in any presentation of these data. If cost data are not available, a logic model or causal pathway diagram may serve as an alternative for depicting assumptions about mitigations and their plausible effects on future health outcomes.

Whether or not cost data are part of the HIA, the characterization of health effects should include a specific evaluation of the degree of certainty (or uncertainty) associated with all estimates. Candor about the certainty associated with evidence and conclusions is an important element of HIA best practice, supporting the HIA's credibility and recommendations later in the process.

4 Recommendations

The results of the analyses conducted during the assessment step are compiled into a set of recommendations that decision-makers can weigh as they consider different policy options. The recommendations should be specific to the health effects being considered through the HIA. In addition to a written report and summary version of the recommendations, there should be meaningful opportunities for different stakeholders to critique the recommendations and the rationale behind them.

5 Reporting and Communication

Once the recommendations are completed, the HIA team should seek opportunities to communicate them to various audiences, including the key decision-makers who are the main audience, broadly defined stakeholders, media audiences and the general public. Since HIA is an emerging tool and field, other HIA practitioners (and potential practitioners) also constitute an important audience.

Dissemination can occur through many different mechanisms, depending on the situation and timing: briefings for key decision-makers, public meetings or hearings, media placements, professional journals and newsletters, among many others. To make reporting and communication as effective as possible, the HIA recommendations and methods should be distilled into different formats (e.g., a full technical report accompanied by a more accessible summary), with participants in the process prepared to speak publicly and explain the reasoning and research underlying the HIA's recommendations.

6 Monitoring and Evaluation

Monitoring and evaluation of an HIA's ultimate effects can be complicated by long lag times between the recommended actions (for example, incorporating walking trails into a development) and health outcomes. However, both the HIA process and its outcomes can be tracked as recommendations are implemented. As with other aspects of HIA, the monitoring and evaluation piece may encounter resource constraints. However, the investment in monitoring and evaluation not only helps answer questions about an individual HIA, but adds to the overall evidence base about the links between environmental and social interventions and health outcomes.

What makes a Health Impact Assessment unique?

Some of the tools of HIA—such as assessing data, projecting changes in health status compared to baseline indicators or comparing various scenarios and alternatives—are already incorporated into the type of planning that takes place every day, especially in health departments. What sets HIA apart from these applications of health planning?

Bhatia and colleagues have proposed a set of minimum standards that distinguish HIA from other processes and methods.

Health Impact Assesment Minimum Elements

An HIA:

- Is initiated to inform a decision-making process and conducted in advance of a policy, plan, program or project decision;
- Utilizes a systematic analytic process with the following characteristics:
  i. Includes a scoping phase that comprehensively considers potential impacts on health outcomes as well as on social, environmental and economic health determinants, and selects potentially significant issues for impact analysis;
  ii. Solicits and utilizes input from stakeholders;
  iii. Establishes baseline conditions for health, describing health outcomes, health determinants, affected populations and vulnerable sub-populations;
  iv. Uses the best available evidence to judge the magnitude, likelihood, distribution and permanence of potential impacts on human health or health determinants;
  v. Rests conclusions and recommendations on a transparent and context-specific synthesis of evidence, acknowledging sources of data, methodological assumptions, strengths and limitations of evidence and uncertainties;
- Identifies appropriate recommendations, mitigations and/or design alternatives to protect and promote health;
- Proposes a monitoring plan for tracking the decision's implementation on health impacts/determinants of concern;
- Includes transparent, publicly accessible documentation of the process, methods, findings, sponsors, funding sources, participants and their respective roles.

Source: Rajiv Bhatia. *Health Impact Assessment: A Guide for Practice*. Oakland, CA: Human Impact Partners, 2011.

Resources and Examples

Atlanta BeltLine is a multibillion-dollar transit, trails, parks and redevelopment project that covers 6,500 acres and aims to connect neighborhoods around Atlanta's core. A thorough HIA was conducted between 2005–2007 to consider how the project would affect health—and how health benefits could be maximized, while negative effects could be minimized. The HIA recommendations included making trails and greenspace a priority (over proposed residential and retail construction), specifying public health expertise on decision-making boards and requiring more affordable housing units as part of the redevelopment.

Human Impact Partners' Web site includes many HIA resources, including case studies and examples of completed HIAs, large and small.
www.humanimpact.org

Health Impact Project's Web site provides resources for both experienced and new HIA practitioners, including toolkits, presentations, funding opportunities, case studies and news.
www.healthimpactproject.org

The **Centers for Disease Control and Prevention (CDC)** has compiled a number of HIA-related resources, including links to online courses and specific public health research and analysis tools for use during the assessment phase.
www.cdc.gov/healthyplaces/hia.htm

Atlanta's Fort McPherson's Base Closure is one of the area's largest redevelopment opportunities. A rapid HIA was conducted in 2010 to gauge the health effects of zoning provisions on the nearby residents' nutrition, physical activity and social cohesion during the interim-use phase and new land use plan. The HIA provided City Planners, the McPherson Local Redevelopment Authority and the design team with a set of evidence-informed zoning recommendations, which included allowing community gardens in green space and areas within ¼ mile of schools, senior housing and transit stations; allowing use of selected existing buildings for community meetings and limiting fast food restaurants. Although the zoning plan has not yet been finalized, it is anticipated that it will be closely aligned with the final research park master plan, which now includes plans for a community grocery store, a community center for neighborhood meetings, connectivity to green space and integration of urban farming and community gardens.

Notes

1. Bhatia, R. Health *Impact Assessment: A Guide for Practice*. Oakland, CA: Human Impact Partners, 2011. http://www.healthimpactproject.org/resources/document/Bhatia-2011_HIA-Guide-for-Practice.pdf

2. Gottlieb, L., Egerter, S., Braverman, P. *Health Impact Assessment: A Tool for Promoting Health in All Policies*. Issue Brief Series: Exploring the Social Determinants of Health. Robert Wood Johnson Foundation: May, 2011. http://www.rwjf.org/files/research/sdohseries2011hia.pdf

3. Committee on Health Impact Assessment, Board on Environmental Studies and Toxicology, Division on Earth and Life Studies, National Research Council. *Improving Health in the United States: The Role of Health Impact Assessment.* Washington, DC: The National Academies Press, 2011. http://www.nap.edu/catalog.php?record_id=13229

4. Adapted from Bhatia R., *op. cit.*

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About the Center for Community Health and Evaluation

The Center for Community Health and Evaluation (CCHE) designs and provides evaluation services for health-related programs and initiatives throughout the United States. CCHE is part of Group Health Research Institute, in Seattle, Washington.

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