Health Impact Assessment

April 30 - May 1, 2018

Training

Health Impact Assessment Training
Day 1: Agenda
April 30, 2018

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 how HIA can advance equity
- Discuss tools and strategies to achieve meaningful participation from diverse stakeholders in the HIA process
- Provide opportunities to gain hands-on practice with the first two steps of HIA
- Consider newly proposed HIA projects

Time	Agenda Item
8:30	Coffee and Registration
9:00	Welcome and Introductions
	Connecting Environmental, Social, and Political Conditions and Health
	Introduction to Health Impact Assessment
	Completed HIA Project Examples
10:40	BREAK
10:50	Case Studies
	Step 1: Screening
12:30	LUNCH
1:15	Equity in HIA
	Stakeholder Engagement in HIA
2:45	BREAK
3:00	Step 2: Scoping
	Evaluation & Wrap-up
5:00	Adjourn

Health Impact Assessment Training
Day 2: Agenda
May 1, 2018

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
	HIA Resources and Tools
2:30	BREAK
2:45	Moving Forward with Case Study HIA projects
	Wrap-up and Reflections
4:00	Adjourn

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Health Impact Assessment Training
Allegheny County Health Department

Kim Gilhuly, Program Director
Jonathan Heller, Co-Director

HiP
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April 30 & May 1, 2018

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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Allegheny County Health Department

The mission of the Allegheny County Health Department is to protect, promote, and preserve the health and well-being of all Allegheny County residents, particularly the most vulnerable.

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Introductions

Name

Agency/organization

Title/Role

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Agenda: Day 1

8:30	Coffee & Registration
9:00	Welcome & Introductions
	Connecting Environmental, Social, and Political Conditions & Health
	Introduction to Health Impact Assessment
	Example of Completed HIA
10:35	BREAK
10:50	Overview of the Training Case Studies
	Screening
12:30	LUNCH
1:15	Equity in HIA
	Stakeholder Engagement in HIA
	BREAK
	Scoping
	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

Case Studies

HIA Screening

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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

Predicted U.S. LE = 81.4

Actual U.S. LE = 77.5
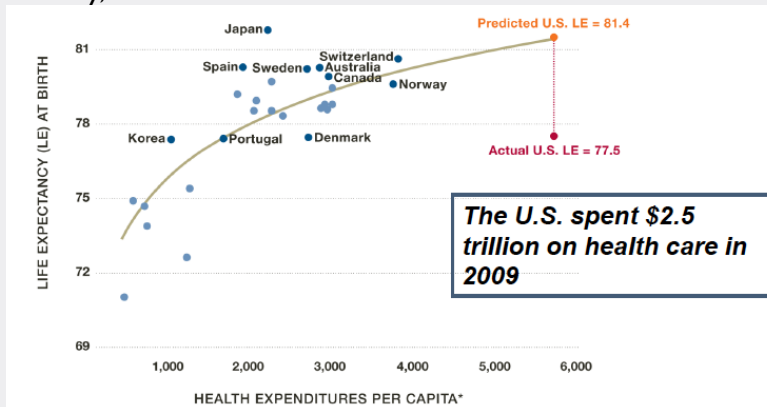
The U.S. spent $2.5 trillion on health care in 2009

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.
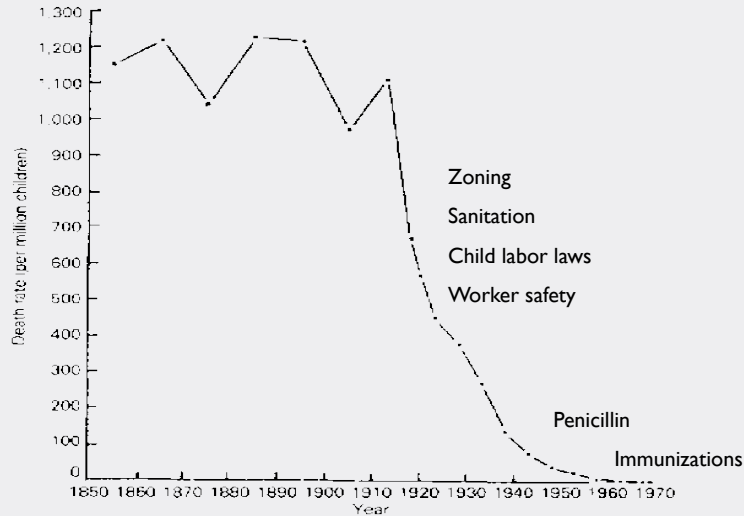
As of 2012, about ½ of all adults—117 million people—had 1 or more chronic health conditions.

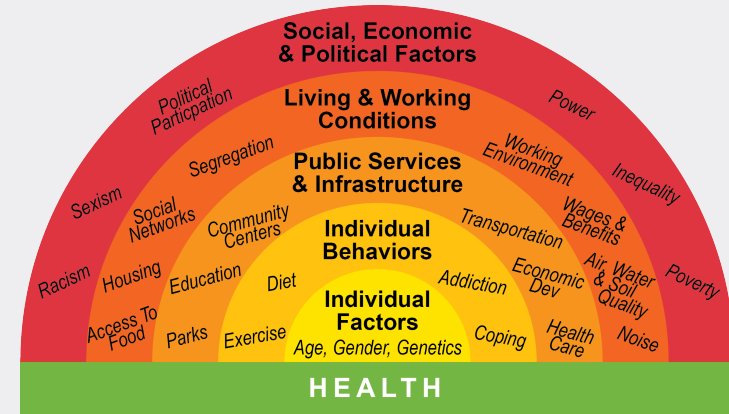7 of the top 10 causes of death in 2010 were chronic diseases.

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What Reduced Child Death Rates?

Zoning

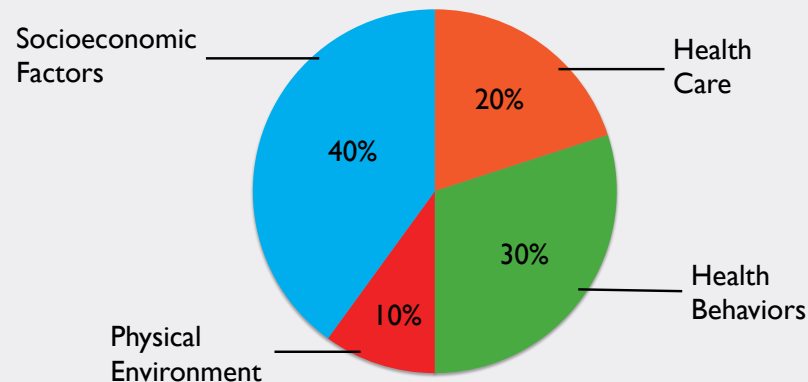Sanitation

Child labor laws

Worker safety

Penicillin

Immunizations

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Factors Responsible for Population Health (1)

Social, Economic & Political Factors

Living & Working Conditions

Public Services & Infrastructure

Individual Behaviors

Individual Factors
Age, Gender, Genetics

HEALTH

Political Participation · Power · Segregation · Working Environment · Inequality · Sexism · Social Networks · Community Centers · Transportation · Wages & Benefits · Racism · Housing · Education · Diet · Addiction · Economic Dev · Air, Water & Soil Quality · Poverty · Access To Food · Parks · Exercise · Coping · Health Care · Noise

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Factors Responsible for Population Health (2)

Socioeconomic Factors — 40%

Health Care — 20%

Health Behaviors — 30%

Physical Environment — 10%

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

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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.
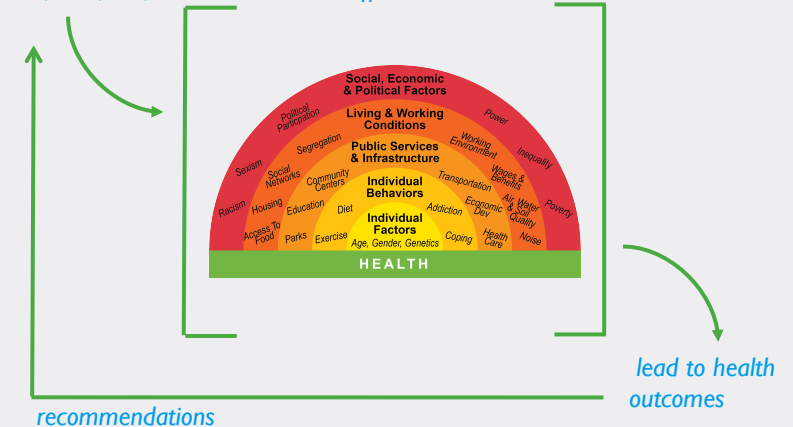
National Research Council of the National Academies, 2011

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HIA Addresses Determinants of Health

How does the proposed project, plan, policy   *affect*

Social, Economic & Political Factors
Living & Working Conditions
Public Services & Infrastructure
Individual Behaviors
Individual Factors
Age, Gender, Genetics

Political Participation, Power, Working Environment, Inequality, Segregation, Sexism, Social Networks, Community Centers, Transportation, Wages & Benefits, Air Water & Soil Quality, Poverty, Racism, Housing, Education, Diet, Addiction, Economic Dev, Coping, Health Care, Noise, Access To Food, Parks, Exercise

HEALTH

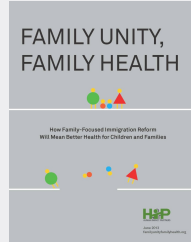*recommendations*   *lead to health outcomes*

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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

FAMILY UNITY, FAMILY HEALTH

How Family-Focused Immigration Reform Will Mean Better Health for Children and Families

H·I·P

Through HIA process

Build relationships & collaborations

Empower communities

Advance equity and democracy

Recognize lived experience

Build consensus

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"

HIAs in the U.S.
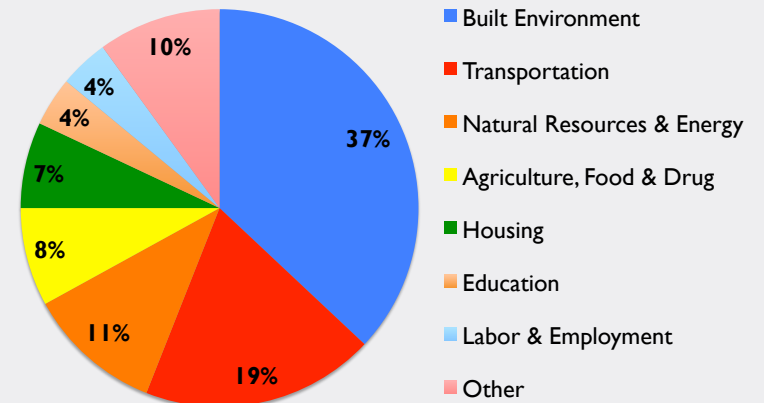
Completed and In Progress HIAs 2017 (N = 422)

WA 15, OR 30, MT 2, MN 22, WI 13, NH 5, VT 4, ME 2, MA 21, NY 4, CT 4, NJ 5, DE 1, MD 7, DC 1, MI 9, PA 4, NE 10, IL 7, IN 4, OH 11, WV 1, VA 2, NV 1, CA 84, CO 17, KS 6, MO 5, KY 4, NC 15, SC 2, AZ 14, NM 10, OK 1, AR 3, TN 6, MS 1, AL 1, GA 15, TX 8, LA 2, FL 11, AK 16, HI 2

Puerto Rico: 1
Republic of Palau: 1
Federal HIAs: 10

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

Updated January 2018

What Topics have HIAs Addressed?

- Built Environment — 37%
- Transportation — 19%
- Natural Resources & Energy — 11%
- Agriculture, Food & Drug — 8%
- Housing — 7%
- Education — 4%
- Labor & Employment — 4%
- Other — 10%

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

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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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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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

FARMERS FIELD

TIME POVERTY

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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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Health considerations in the decision making process

→ How does a prospective decision potentially impact population health?

- HiAP is upstream – the focus is on addressing potential health impacts early in the decision processes

- HiAP is comprehensive – all sectors, all stages of policy processes, all levels of government

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

Tactics for Implementing HiAP

- Convene a cross-sector collaborative or task force

- Consider health in the policy making process – HIA!!

- Establish accountability structures

A Health Impact Assessment of the California Healthy Families, Healthy Workplaces Act of 2008

Background and Context

Paid Sick Days (PSD) Bills

No national requirement to provide PSD

Locally: Guaranteed in SF, policy passed over the last few years in several cities and states (e.g., CT, DC)

Legislation being considered at the federal, state and local level
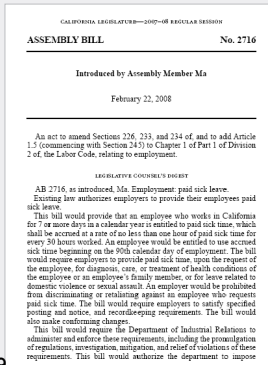
Most bills have similar language

Accrue 1 hour for every 30 hours worked

Used to care for oneself and dependents, for preventive care, to recover from domestic violence, and during school closures

Bills vary in cap on number of days and treatment of small businesses

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HIA Policy Question

In the context of proposed CA legislation, what public health evidence can be brought into the paid sick days debate?

Partners and Contributors

Partners

Human Impact Partners

San Francisco Department of Public Health

Labor Project for Working Families

Contributors

UC Berkeley Labor Center

Work and Family Coalition

Public health experts

Media and communication specialists

PSD Screening

Nationally, 60 million lack paid sick days

Potential benefits to individual, family and community health

Limited legislative analysis of health

Legislative sponsors enthusiastic about framing bill using health

Methods exist to contribute to analysis

CA legislation and HIA as national model

Decision:

Public health impacts are plausible and HIA could add value!

PSD Pathways

Scenario A: Sick worker with PSD takes time off

Worker gets sick → Worker has PSD & takes time off → Worker can rest, recover at home and/or see doctor → Fastest recovery time and fastest return to full productivity

Scenario C: Sick worker does not take time off

Worker gets sick → Worker does not take time off →
- Co-workers/customers infected → More illness and more medical care needed
- Longer recovery time for worker → More treatment (e.g., doctor visits, meds) needed
- Illness may worsen → Unnecessary ER visit and/or hospitalization
- Increased stress → Decreased immune function
- Lower productivity (could lead to loss of job or lack of advancement)

Additional pathways for dependents completed as well

PSD Scoping

What are the effects of PSD on:

Illness recovery

Primary care utilization

Preventable hospitalizations

Emergency room visits

Communicable disease transmission, including influenza and foodborne disease

Economic insecurity (wage loss/risk of job loss)

PSD Assessment Methods

Focus groups with workers

Analysis of health survey data (NHIS, CWHS)

Interviews with public health officials

Surveys of workers

Summary of statistics (e.g., disease outbreaks)

Review of peer-reviewed empirical research
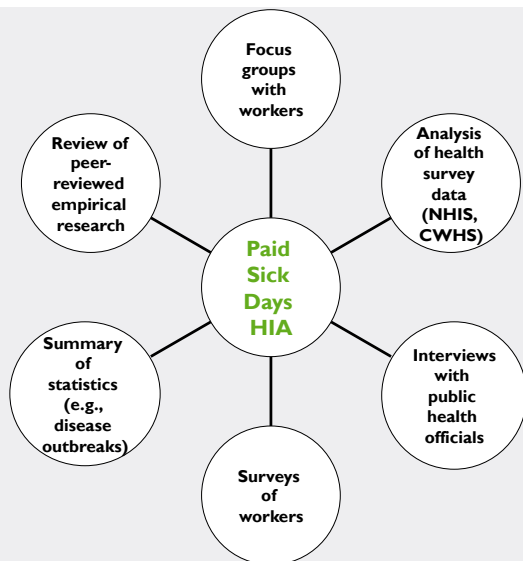
Paid Sick Days HIA

PSD Assessment Findings (1)

Vulnerable populations have less access to paid sick days

79% of the lowest-paid workers do not have PSD

Over 50% of Hispanic workers do not have PSD

85% of food service workers do not have PSD

In a study of mothers, 40% whose children had asthma and 36% whose children had other chronic diseases, did not have PSD

PSD Assessment Findings (2)

A mandatory requirement for PSD would result in:

- More workers would take leave to care for own or dependent's illness
- Reduced unnecessary emergency room visits
- Reduced likelihood of worker-related foodborne disease transmission in restaurants
- Reduced likelihood of worker-related gastrointestinal disease transmission in long-term care facilities
- Reduced spread of pandemic and seasonal flu
- Mitigated income loss and the threat of job loss for low-income workers

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PSD Communication Strategies

Message Frames

"All Californians"

"Common sense"

Disconnect between known best practices and current policies

Communication Strategies

HIA report

Summary of findings

Public health spokespeople

TV, radio and print media
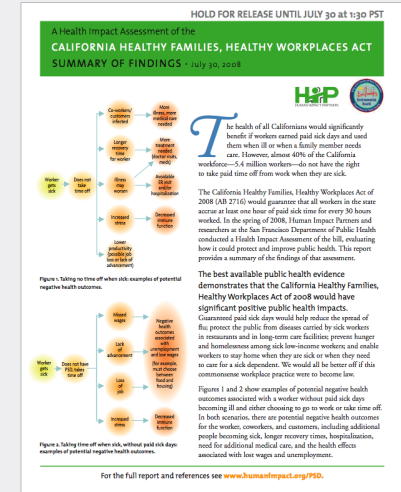
PSD Stakeholders and Roles

Partners	Roles
Work and Family Coalition, Labor Project for Working Families, CA Acorn, CA Labor Federation	Organized legislative campaign; Participated in public hearings; Conducted outreach
Public health experts	Reviewed report; Served as spokespersons for findings
UC Berkeley Labor Center	Conducted research
Communications firms	Developed messaging; Conducted press outreach and events

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PSD HIA Outcomes

CA HIA bills eventually passed

CA HIA led to more paid sick days HIAs across the country (e.g., Federal, ME, MA, NH)

CT passed policy using health arguments

Over two dozen media reports on HIA findings

Public health now part of coalitions to pass PSD policies

Changed the way PSD legislation is discussed

No longer just a labor issue

Elected officials asked opponents if they condone disease outbreaks

HIA authors testified in national hearings

Advocates used H1N1 to make their case

Wisconsin Treatment Alternatives HIA

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?

Case Study HIA #1:
Driver's License Suspensions for Drug Arrests

Richard Drew/AP

Why Is Pennsylvania Still Suspending Driver's Licenses for Drug Offenses?

BRENTIN MOCK   JAN 18, 2018

"*For people already facing the harsh realities of living with a criminal conviction, the ability to find and maintain gainful employment, pursue education, keep medical appointments, and care for dependent family members is essential to a stable post-conviction life. By imposing additional and debilitating measures against people with drug convictions, Defendants make successful post-conviction rehabilitation a near impossibility.*"

HB 163 Amendments ***

Case Study HIA #2:
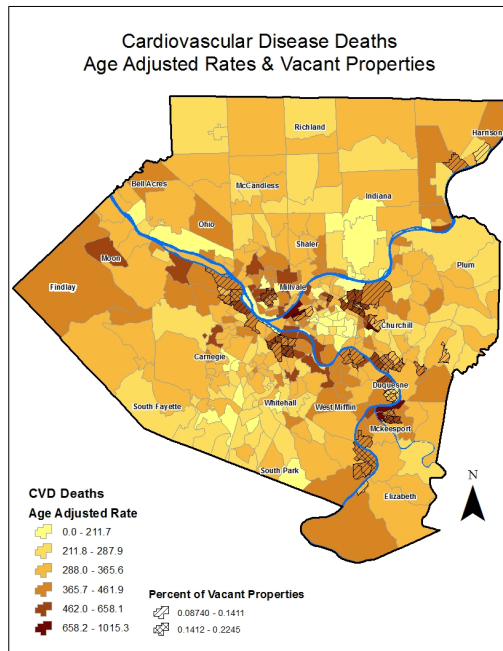Vacant & Blighted Land Maintenance, LandCare Program

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27,000 vacant lots in the City of Pittsburgh alone

"Blight is pervasive, expensive, and has damaging effects on the economic and social fabric of communities. Vacancy results in blighted blocks, high maintenance costs, nuisance issues such as crime and fire, and uncollected taxes. This creates a cycle of disinvestment with the ultimate cost paid by existing community residents."

~TriCOG Land Bank www.tricoglandbank.org

- Economic problem
- Legacy pollution
- Hazardous and other waste
- Outshadowing improvement
- Attracting crime
- Depopulating neighborhoods
- Making people fearful

Cardiovascular Disease Deaths
Age Adjusted Rates & Vacant Properties

CVD Deaths
Age Adjusted Rate
- 0.0 - 211.7
- 211.8 - 287.9
- 288.0 - 365.6
- 365.7 - 461.9
- 462.0 - 658.1
- 658.2 - 1015.3

Percent of Vacant Properties
- 0.08740 - 0.1411
- 0.1412 - 0.2245

"We hope it will improve their economic position, so they can move onto something more career-oriented. It's also for the Hill District community. We certainly want to enhance the image."
Lee Walls - on employing 9 residents for maintenance Executive Director of Amani CDC
From GTECH Web Site

LandCare Program
- 7 bundles of vacant lots
- 50-70 lots per bundle
- Local contractor maintenance

Case Study HIA #3:
Paid Family Leave & Medical Leave

https://youtu.be/ZHT8ovvZBZo

90% Said that **having paid sick days** would have a positive impact on their community.

81% Said that **having paid family leave** would have a positive impact on their community.

76% Said that **increasing the minimum wage** would have a positive impact on their community.

Data from WGF Femisphere Report

"My sister had breast cancer at age 31 and had two young kids - she faced long-term economic effects from taking time off work."

Pittsburgh Resident, WGF Femisphere Report

https://www.paidleaveforpa.org/

Paid Family Leave & Medical Leave

"This is a commonsense policy that will benefit millions of Pennsylvanians," said **Heather Arnet, CEO of the Women and Girls Foundation and Co-chair of Paid Leave for PA**. "A statewide paid family and medical leave insurance fund helps level the playing field for small and medium sized companies across Pennsylvania and makes family-friendly policies more affordable and accessible for all Pennsylvanians."

The HIA Process

Screening

↓

Scoping

↓

Assessment

↓

Recommendations

↓

Reporting

↓

Evaluation & Monitoring

Step 1: Screening

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

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

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.

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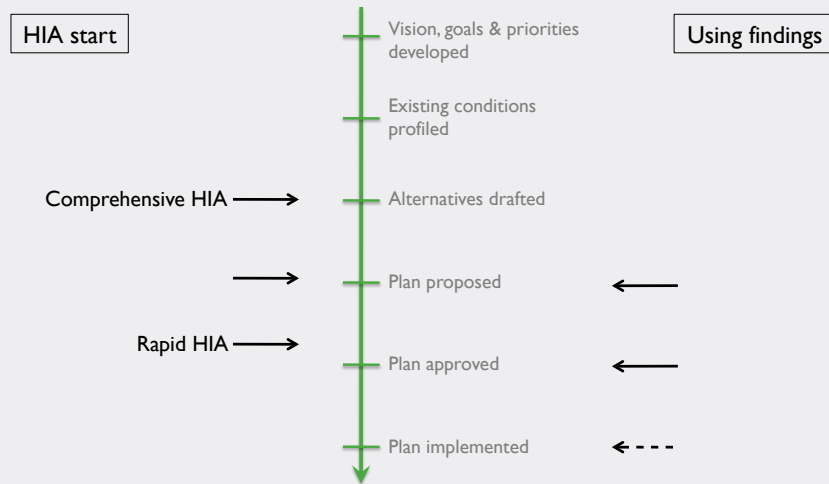
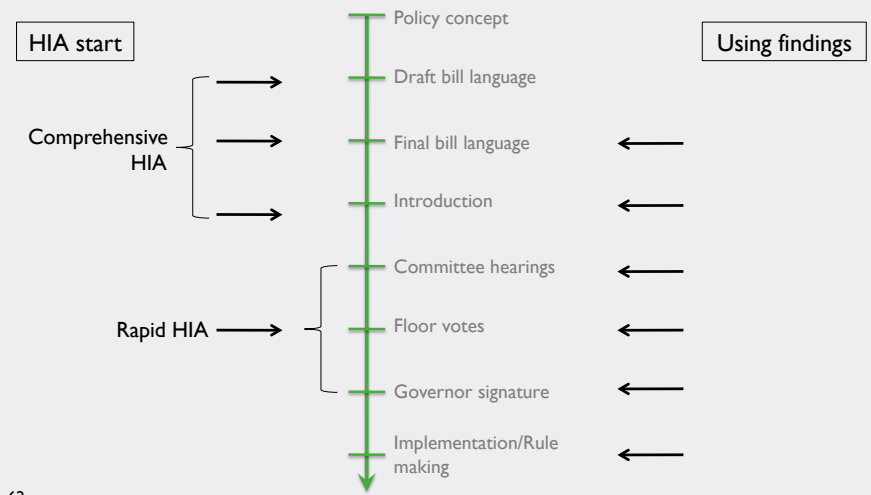What do you think? How might you suggest to proceed in this situation?

Planning Intervention Points

Typical Milestones in a Land Use / Transportation Planning Process

HIA start

Using findings

- Vision, goals & priorities developed
- Existing conditions profiled
- Alternatives drafted ← Comprehensive HIA
- Plan proposed ←
- Plan approved ← Rapid HIA
- Plan implemented ← - - -

Policy Intervention Points

Legislative Timeline

HIA start

Using findings

- Policy concept
- Draft bill language ← Comprehensive HIA
- Final bill language ←
- Introduction ←
- Committee hearings ←
- Floor votes ← Rapid HIA
- Governor signature ←
- Implementation/Rule making ←

Screening Exercise: Small Groups

HIA Screening Worksheet

Screening Question	Response and Supporting Evidence
Project and Timing Has a project, plan or policy been proposed? Is there time to conduct an analysis before the final decision is made?	
Health Impacts Is the decision likely to affect environmental or social determinants that impact health outcomes? If so, which determinants and which health outcomes? Are the proposal's impacts to health likely to be significant?	
Potential Impact of HIA Findings 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?	
Potential Impact of the HIA Process What are the potential impacts of the HIA process? (e.g., building relationships, empowering community members)	
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?	
Equity 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

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 are the case study HIAs proposals or issues of priority to communities facing inequities?

Who are the primary stakeholder groups that should be involved in the case study HIAs? How could they be/were they involved in Screening?

What are the intervention points where the case study HIAs 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?

Equity and Stakeholder Engagement in HIA

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

Your Story

Values and Beliefs

1. What are 2 or 3 core values and beliefs that have shaped you?

2. What is your story about how these value and beliefs were formed?

3. How did your values and beliefs lead you to the work you are doing?

4. In relation to the HIA topic you've chosen, how are your values currently being violated?

February 2018
humanimpact.org

Disparity vs. Inequity

Health disparities: differences in health status and mortality rates across population groups, which can sometimes be expected.
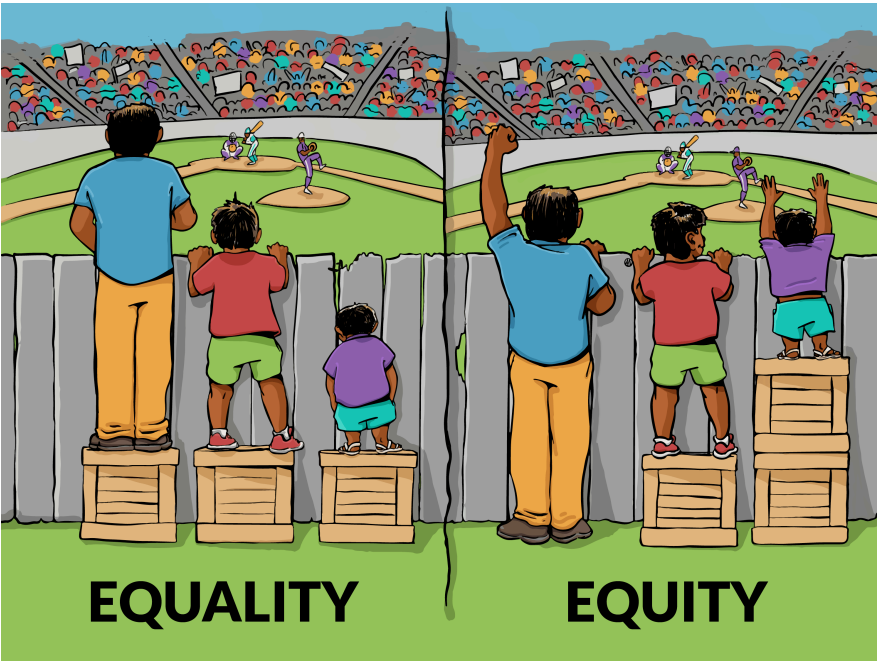
e.g., Cancer rates in the elderly vs children

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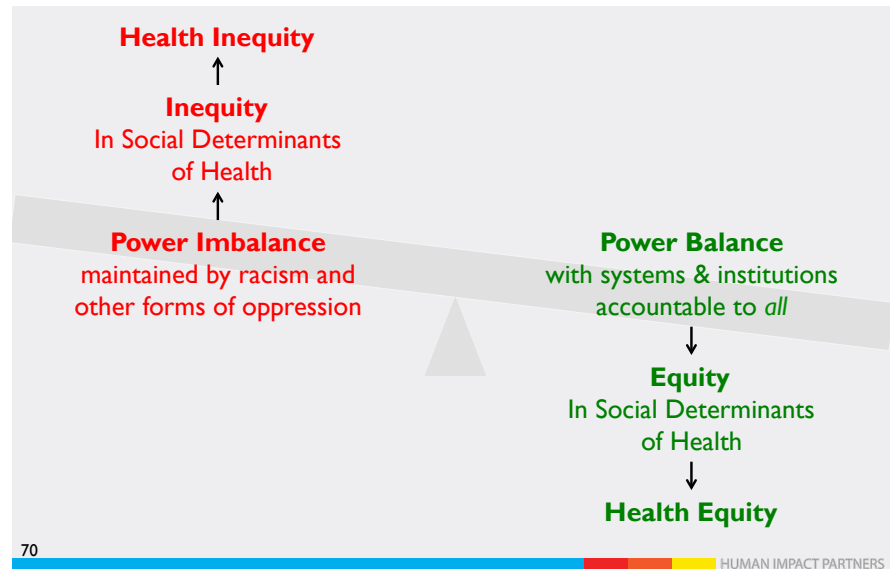
-- Margaret Whitehead

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

EQUALITY **EQUITY**

Confront Racism & Power to Advance Equity

Health Inequity
↑
Inequity
In Social Determinants
of Health
↑
Power Imbalance
maintained by racism and
other forms of oppression

Power Balance
with systems & institutions
accountable to *all*
↓
Equity
In Social Determinants
of Health
↓
Health Equity

Dimensions of Power

"Power is the ability to achieve a purpose. Whether or not it is good or bad depends upon the purpose."

– Dr. Martin Luther King

Power involves influencing:

1. Decisions
2. Political agenda
3. Worldview

Forms of Inequities and Oppression

Racism

Classism

Sexism

Heterosexism

Able-ism
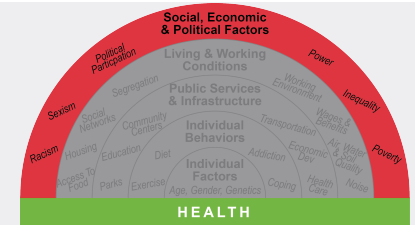
… all contribute to systemic, avoidable, unfair, and unjust health outcomes and are used as political tools.

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

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

Source: projectlinkedfate.org

Structural Racism, Segregation, Equity

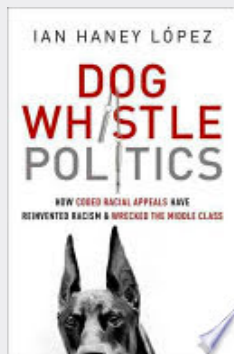How Some Baltimore Neighborhoods Reflect Segregation's Legacy

– NPR interview with Richard Rothstein, Economic Policy Institute

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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.

IAN HANEY LÓPEZ

DOG WHISTLE POLITICS

HOW CODED RACIAL APPEALS HAVE REINVENTED RACISM & WRECKED THE MIDDLE CLASS

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.

Addressing Oppression & Power in HIAs

Screening
- Select HIA projects with greater equity impacts
- Work with community organizers to identify HIA topics

Assessment:
- Ensure the lived experience of community members is reflected throughout and valued as "expert" input
- Include historical context of racism in the report

Communications:
- Don't shy away from difficult conversations
- Explicitly discuss how forms of oppression are creating differential impacts

Community engagement:
- Balance stakeholder representatives in Advisory Committees to ensure that disenfranchised groups have a meaningful role

How to Advance Equity Through HIAs

Developed by the SOPHIA Equity Workgroup in 2016

Planning tool

Evaluation tool

– 4 outcomes

– 12 metrics

For each metric:

Measurement scale

Data collection suggestions

Interview questions

Examples of high scoring activities/results

## 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.

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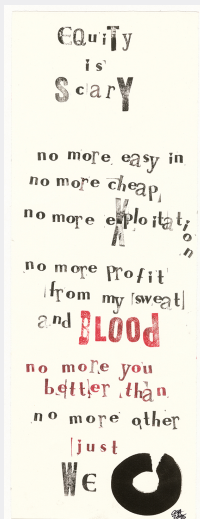
Racism, sexism, discrimination, oppression, and power are difficult to talk about and more difficult to act on.

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.

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

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.

Levels of Participation

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

Allocate funding to ensure that community stakeholders can meaningfully participate in the process

Community Organizers 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.
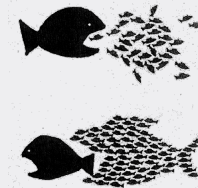
Not every organized community is working to advance equity.

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

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!

Starting Up a Relationship

Many places have active 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, make multiple attempts if needed
- Do a "one on one" to understand their work and interests
- Encourage them to make demands of your DPH to help their work (and yours!)
- Small projects can build trust and lead to larger projects, like an HIA

Community Participation in HIA Evaluation
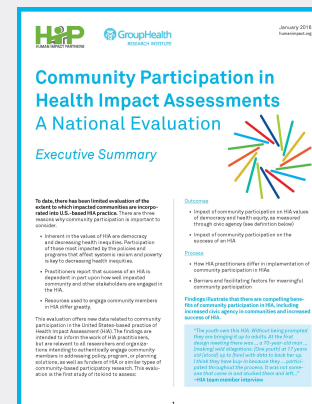
Conclusions

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

Read the Evaluation: http://bit.ly/CommunityHIA

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

89   *Adapted from the International Association of Public Participation's Spectrum of Participation*

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?

How 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)

90   *See "Guidance and Best Practices for Stakeholder Participation in HIAs" at www.humanimpact.org/hips-hia-tools-and-resources*

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?)**

For lots more see *Guidance and Best Practices for Stakeholder Participation in HIAs* at http://bit.ly/StakeholderHIA

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The HIA Process

Screening

↓

Scoping

↓

Assessment

↓

Recommendations

↓

Reporting

↓

Evaluation & Monitoring

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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.

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

Goals for the Case Study HIA

What are some goals for the case study HIAs?

What are some goals for your organization in using HIA?

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

Determinants & Vulnerable Populations

On which health determinants should the case study HIAs focus?
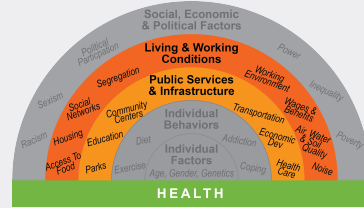
On which populations should the case study HIAs focus?

To what extent can communities facing health inequities be involved in setting the goals, research questions, and methods for the case study HIAs?

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

Example Pathway

Pathway Diagram: Hypotheses of potential impacts resulting from decision

Example: School Discipline
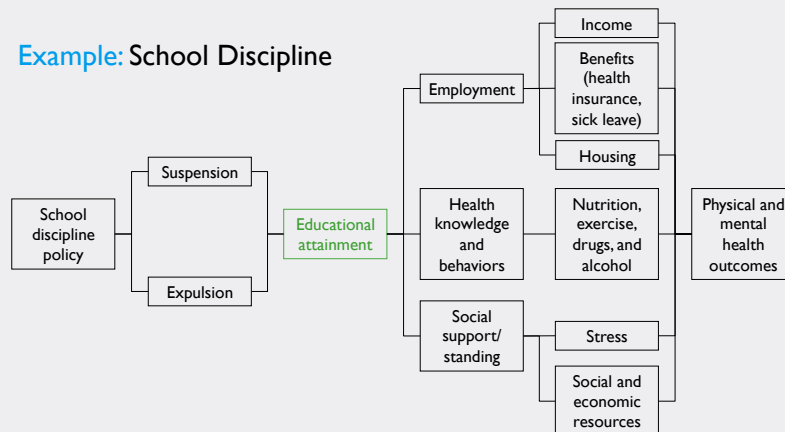
Example Research Questions

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 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. 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.

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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

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

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Review: Day 1

Connecting environmental, social, and political conditions and health

Introduction to HIA

Examples of HIA projects

Equity in HIA

Stakeholder Engagement in HIA

Step 1: Screening

Step 2: Scoping

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Agenda: Day 2

Time	Item
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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HiP
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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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HiP
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What the Critics Say (1)

Criticism	Response
HIA is costly	Not as costly as treatment of health impacts in the long run
	HIA is also less costly than many other types of required assessments (e.g., EIA)
	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
HIA is time-consuming and will slow decision-making processes	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
	HIAs should be screened out if they can't be done in time to inform a decision

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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	Role of HIA is to pull together disparate pieces of available evidence to make a broad statement about likely impacts.
	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.
	More traditional research conducted in controlled environments also has limitations.

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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.

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

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

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

The HIA Process

Screening
↓
Scoping
↓
Assessment
↓
Recommendations
↓
Reporting
↓
Evaluation & Monitoring

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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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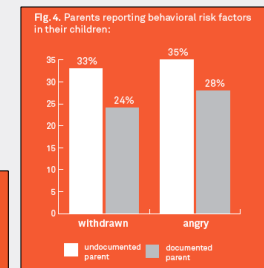## Family Unity, Family Health HIA

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.
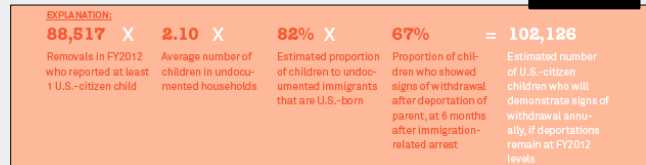
Survey
Fig. 4. Parents reporting behavioral risk factors in their children:

33% · 24% (withdrawn) · 35% · 28% (angry)

□ undocumented parent   ▪ documented parent

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."
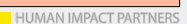
Prediction

EXPLANATION:

88,517	X	2.10	X	82%	X	67%	=	102,126
Removals in FY2012 who reported at least 1 U.S.-citizen child		Average number of children in undocumented households		Estimated proportion of children to undocumented immigrants that are U.S.-born		Proportion of children who showed signs of withdrawal after deportation of parent, at 6 months after immigration-related arrest		Estimated number of U.S.-citizen children who will demonstrate signs of withdrawal annually, if deportations remain at FY2012 levels

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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.
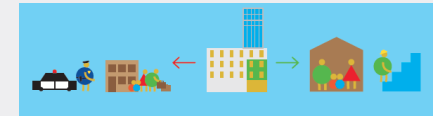

Reef Development HIA

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.

Treatment Instead of Prison HIA

Research Question: If funding for treatment & diversion was increased to $75 million, what would be the affect 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.
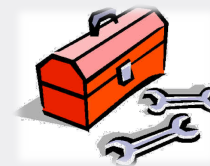

Sources of Evidence

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

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 case study HIAs?

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"

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:

$88,517 \times 93\% \times 2.10 \times 82\% \times 31\% = 43,803$

88,517	93%	2.10	82%	31%	43,803
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					
5A		Odds ratio of 1.15 for every 10 µg/m³ increase of annual average NO_2			Final traffic analyses and air quality modeling were not available at the completion of this HIA; modeling results are not always accurate.
6A	+		High	♦♦♦	
6B					
6C					
Mortality					
1					
5A		Estimates pending $PM_{2.5}$ modeling data			Modeled estimates of mortality attributable to $PM_{2.5}$ were not available for this analysis. Magnitude is not estimated.
6A	+		High	♦♦♦	
6B					
6C					
Cancer risk (from MSATs 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[1]	Quality of Evidence
Impacts on Community Transmission of Communicable Diseases		
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
Worker Economic Impacts		
Loss of income	▲▲▲	High
Job loss	▲	Medium
Impacts on Worker or Dependent Health		
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. In other words: "*If the proposal moves forward…..*"	*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 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.*

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*

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?

The HIA Process

Screening

↓

Scoping

↓

Assessment

↓

Recommendations

↓

Reporting

↓

Evaluation & Monitoring

Step 4: Recommendations

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

Examples of Recommendations

HIA Project	Recommendation
Long Beach Downtown Plan (mixed-use land use plan)	City require that 1) local hiring agreements and 2) 15% affordable housing are incorporated into proposed development projects
Paid Sick Days (employment policy)	State paid sick days legislation should minimize exemptions for small businesses in order to protect public health for all
Pittsburg Station Area Plan (transit-oriented development plan)	Station area plan should require that all new developments 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

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

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

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.

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	+

Recommendations Exercise – Small Groups

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. _____

s the priority of each of these recommendations (high, medium, low)?

B. Who is responsible for implementing each recommendation?
1. _____
2. _____

o these recommendations respond to impacts you've identified for communities inequities and/or how are they responsive to community concerns?

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

Screening

↓

Scoping

↓

Assessment

↓

Recommendations

↓

Reporting

↓

Evaluation & Monitoring

Step 5: Reporting

Objective
To develop the HIA report and communicate findings and recommendations.
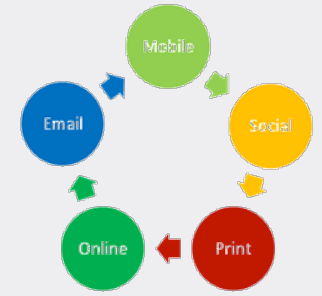
HiP

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.

HiP

Communicating Findings: Executive Summaries

Communicating Findings: Project Websites

Communicating Findings: Infographics

Communicating Findings: Public Events

Communicating Findings: Social Media

Communicating Findings: Letters & Articles

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Communicating about Equity

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

S⊕PHIA   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

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?
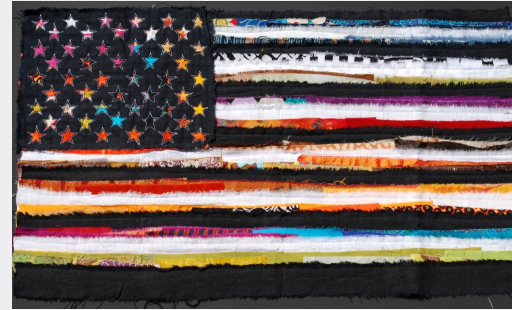
Reporting Exercise: Small Groups

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 inequities?
_____
_____
_____

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

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The HIA Process

Screening

↓

Scoping

↓

Assessment

↓

Recommendations

↓

Reporting

↓

Evaluation & Monitoring

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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.

Timeline: Evaluation & Monitoring

HIA Process Evaluation

HIA Impact Evaluation

Final Decision Informed by HIA

HIA Outcome Evaluation

Monitoring

National HIA Evaluations

HIA Tools and Resources

A Health Impact Assessment Toolkit: A Handbook to Conducting HIA, 3rd Edition
www.humanimpact.org/component/jdownloads/finish/11/81

Human Impact Partners HIA resources
www.humanimpact.org/hips-hia-tools-and-resources

Health Impact Project (Pew & RWJF)
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

North American Practice Standards

Minimum Elements
and
Practice Standards
for
Health Impact Assessment

Version 3
September 2014

SOPHIA

Society of Practitioners of Health Impact Assessment

www.hiasociety.org

Open to all practitioners, experienced or novice, and those interested in learning about HIA

Aims to promote leadership and quality in the field of HIA

Convenes a semi-annual workshop of HIA practitioners

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HIA Case Study: Driver's License Suspensions for Drug Arrests in PA (PA HB 163)

PHA Link: Maternal Child Health and Mental Health and Substance Use Disorders

Background:

A 2016 Prison Policy Initiative report estimated that up to 20,000 Pennsylvanians annually may lose drivers' licenses as a result of drug convictions that are not related to unsafe driving.[1] More recent numbers provided by PennDOT to the ACLU find an average of 24,822 people per year and 26,919 in 2016 lost their driver's licenses due to drug convictions.

These suspensions impact the lives of individuals and their families in a number of ways, including their ability to seek and obtain gainful employment and housing, contributing to higher recidivism. Pennsylvania is one of only 12 states in the US where these suspensions are still occurring, and this policy disproportionately impacts people of color.

Section 1532 of the PA Vehicle Code (Title 75) states that PennDOT will suspend the operating privileges of any person convicted of possession, sale, delivery, offering for sale, holding for sale, or giving away Controlled Substances. This suspension can occur from a conviction in any Pennsylvania court, any federal court[2] or any conviction in any state court within the United States. When PennDOT receives notice of a conviction, they suspend the individual's license for six (6) months if a first-time offender, one (1) year for a second offense, and two (2) years for a third offense or more. There is also a fee for license reinstatement.[3] Depending on the circumstances, this fee could absolutely exceed the official maximum of $500 when added to other costs, like restitution, associated with reinstatement.[4]

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[1] At the time of the report's release, the PA Department of Transportation denied Right to Know requests for specific numbers because they could not produce data in the format requested.

[2] However, it does seem that the federal government has discontinued ordering these suspensions

[3] While some attorneys have challenged the constitutionality of this suspension, Pennsylvania's Commonwealth Court has found it to be constitutional because Pennsylvania has a legitimate interest in deterring or protecting its citizens against the proliferation of drug use.

[4] https://www.licenserestoration.com/restoration-requirements-letter

Pennsylvania courts have found that each conviction can and should result in a suspension - so multiple convictions means multiple suspensions unless the individual's attorney can show that they all came from a single criminal incident.

The American Association of Motor Vehicle Administrators also collected data from its members on the hidden costs of suspending driver's licenses:

- Colorado found that suspending driver's licenses for offenses unrelated to driving consumed 8,566 hours per year of staff time — the equivalent of four full-time employees.
- Washington State in 2015 calculated that state troopers spent 70,848 hours dealing with license suspensions for non-driving offenses.
- Florida estimated that $72,000 a year is spent on paper, envelopes, and postage in order to correspond with people whose licenses were suspended for non-driving reasons.
- Arkansas found that the postage bill for non-driving suspensions amounted to $20,000 a year.
- Georgia expected that reforming its non-driving suspension laws would save $80,000 a year in postage costs alone.

HB 163 would eliminate these suspensions and others, giving thousands of Pennsylvanians the opportunity to obtain gainful employment post-conviction.[5] It would also eliminate significant costs associated with motor vehicle accidents that occur when individuals drive without a license (and therefore without insurance).

From Representative Rick Saccone's Co-Sponsorship Memo:

> *Although it is currently prohibited for a state to not have a license suspension associated with these crimes, a state can pass a resolution notifying the Federal Government of its intention to do away with this overly harsh penalty. If and when such a resolution is passed, it is my hope this legislation will be the final step in allowing individuals who have paid their debt to society to fully make amends for their decisions, and become a productive member of the public.*

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[5] Note that although this case study is focused on HB 163, another bill, HB 1777 would establish a traffic violation amnesty program.

Decision-makers and Decision-Making process:

HB163 was referred to the House Transportation Committee on Jan 23, 2017. After favorable consideration by the committee and some amendments before being voted out, it was laid on the table on March 12th, 2018 and its future is uncertain.

History of Concerns in the impacted community:

From a recent news article, "**Close to 150,000 people** have lost driving privileges in Pennsylvania between 2011 and 2016 because of that policy. This is "irrational," argues the legal non-profit Equal Justice Under Law, which is suing the state of Pennsylvania on behalf of Russell Harold and another man, Sean Williams, whose employment and family responsibilities are also jammed up due to a driver's license suspension from a drug crime conviction. The state has not responded to the lawsuit yet, and declined comment to CityLab about it." Pennsylvania mandates at least a 6-month license suspension, and then requires a minimum $70 fee to reinstate one's license.

Anna Hollis of Amachi Pittsburgh, which assists children of incarcerated parents, said this bill would "end the costly, destructive and ineffective practice of suspending driver's licenses for individuals whose crimes were unrelated to the unsafe operation of a vehicle. They have already paid their debt to society and need gainful employment to care for their children."

The executive director of the Builder's Guild of Western Pennsylvania testified at a legislative recent hearing on the bill that "the biggest issue we face is recruiting people into the construction trades. One of the barriers we face is the lack of a driver's license."

In a recent Post-Gazette article, Steve Shelton, the Executive Director of the Trade Institute of Pittsburgh said: "With a driver's license in their pocket… career possibilities expand tremendously."

Stakeholders:
- Individuals and families impacted, concerned citizens
- Legislators who are co-sponsoring the bill
- PA House and Senate Members who will vote on its passage
- PA House and Senate leaders
- PA DMV
- PA Attorney General

- Pennsylvania courts
- Allegheny County Jail Collaborative
- Driven to Work Campaign members
- Allegheny County District Attorney
- Probation officers
- Allegheny County Public Defenders' Office
- Amachi Pittsburgh - http://www.amachipgh.org/
- ACHD and DHS
- Treatment and recovery community
- Builder's Guild of Western PA
- Trade Institute of Western PA
- ACLU
- NAACP
- Equal Justice Under Law
- Wesley Family Services

Resources for looking further into the policy/project:

- Text of HB 163: http://www.legis.state.pa.us/cfdocs/billInfo/billInfo.cfm?sYear=2017&sInd=0&body=H&type=B&bn=163
- Governor's memo accompanying the bill:
- http://www.legis.state.pa.us//cfdocs/Legis/CSM/showMemoPublic.cfm?chamber=H&SPick=20170&cosponId=21971
- Article in CityLab about the policy: https://www.citylab.com/equity/2018/01/taking-the-high-road-on-drivers-license-suspensions/550688/
- http://www.post-gazette.com/news/state/2016/12/23/Report-questions-driver-s-licenses-suspensions-in-PA-for-drug-crimes/stories/201612210009
- http://www.post-gazette.com/news/politics-state/2017/11/06/Pennsylvania-drivers-license-convictions-suspension-State-Rep-Rick-Saccone/stories/201711060003
- Prison Policy Initiative Report: https://www.prisonpolicy.org/driving/national.html
- Rep. Jake Wheatley co-sponsor memo on HB 1777 (amnesty program): http://www.legis.state.pa.us//cfdocs/Legis/CSM/showMemoPublic.cfm?chamber=H&SPick=20170&cosponId=21126

HIA Case Study Title: Vacant & Blighted Land Maintenance, LandCare Program

PHA Link: Environment, Chronic Disease Risk Behaviors and Access

Background:

"Blight is pervasive, expensive, and has damaging effects on the economic and social fabric of communities. Vacancy results in blighted blocks, high maintenance costs, nuisance issues such as crime and fire, and uncollected taxes. This creates a cycle of disinvestment with the ultimate cost paid by existing community residents."
~TriCOG Land Bank www.tricoglandbank.org

With over 27,000 vacant lots in just the city alone, it takes a coordinated effort to care for this vast amount of vacant land. The City of Pittsburgh owns approximately 26% of Pittsburgh's vacant lots and the Urban Redevelopment Authority (URA) owns another 5.2%, or around 1,400 vacant lots[1]. If you haven't really noticed a vacant lot in your community, chances are that it is being well-maintained by someone. When vacant lots are routinely cared for, they can significantly improve the quality of life for the residents in that neighborhood. In fact, recent research suggests that maintaining vacant lots in urban communities can decrease crime[2] and reduce gun violence[3]. These benefits, among others, helped to inspire a new program to maintain URA-owned vacant lots.

In 2016, GTECH began working with the Urban Redevelopment Authority of Pittsburgh to improve the vacant lot maintenance process to create opportunity for community benefit. After making recommendations for a new process, GTECH worked with the URA to establish a 2-tiered program, called LandCare, that separates a portion of the URA portfolio into 7 property bundles of roughly equal size (roughly 50-70 lots) and condition. The bundles are in Homewood, Larimer, Manchester, Hazelwood, and the Hill District. Two RFPs were posted in June-July

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[1] http://apps.pittsburghpa.gov/redtail/images/1760_VLTK_FINAL_10-28-15.pdf
[2] https://www.sciencedirect.com/science/article/pii/S0143622816305707?via%3Dihub
[3] http://www.philly.com/philly/health/reduce-gun-violence-shooting-clean-cities-vacant-lots-penn-columbia-study-20180226.html

2016 and contractors were selected in August to begin work in September 2016. Prior to this system, one large contractor maintained all URA-owned properties.

The LandCare contractors visit their assigned parcels every month to provide maintenance including basic mowing, clearing, removal of invasive species and dumping materials, then document that work on a mobile device. With the launch of this program, LandCare enabled seven small businesses and nonprofits to participate in local land maintenance. Contracts are also responsible for increasing accountability and transparency in the communities where they work. They are required to attend two community meetings or events per month to promote their services and share information about their schedules and assigned lots.

The LandCare program is a model for vacant lot maintenance and is a strong option for the City of Pittsburgh to adopt for its own property maintenance program.

Decision-makers and Decision-Making process:
According to early reporting on this project, if the pilot was successful the City of Pittsburgh and the Urban Redevelopment Authority planned to expand this project to include 5,400 vacant lots owned by the city. To date that has not happened. The partners are looking for opportunities to prove the benefit of this program to build a case for expansion.
- City of Pittsburgh
- Department of Public Works
- Permits, Licenses, and Inspections
- Urban Redevelopment Authority of Pittsburgh

Timeline for the decision-making:
We can propose that the City consider expanding the LandCare program to city-owned properties within the next 12 months.

History of Concerns in the impacted community:
There are more than 27,000 vacant lots in the City of Pittsburgh. Each one affects a community differently. Concerns related to vacant lots include:

- Dumping

- Crime and vandalism

- Decrease in property value

- Loss of neighborhood cohesion

- Overall quality of life, including wellbeing and health impacts

Stakeholders:

City of Pittsburgh residents

Maintenance contractors

Mayor's Office

Department of Public Works

Permits, Licenses and Inspections

Urban Redevelopment Authority

Community-Based Organizations

Resources for looking further into the policy/project:

http://triblive.com/news/allegheny/10928080-74/ura-lots-vacant

https://nextcity.org/daily/entry/pittsburgh-outsource-care-vacant-lots-blight

https://gtechstrategies.org/projects/ura-landcare/

HIA Case Study Title: Paid Family Leave and Medical Leave

PHA Link: Access, Maternal and Child Health and Mental Health and Substance Use Disorders

Paid Family Leave Makes It Possible for Families to Help Each Other.

"The birth of a child. A cancer diagnosis or hip replacement. A parent, spouse, or child with a serious illness. Each requires a worker to take an extended period of time off from work. And while almost everyone will experience this type of event in their work life, the United States is one of few developed nations in the world that does not provide any guarantee of paid parental or medical leave."

Background:

In August 2016, the Pennsylvania Department of Labor was awarded a $250,000 grant from the U.S. Department of Labor to support research and analysis on the implementation of a state paid family and medical-leave program, Paid Family and Medical Leave Insurance Fund (PFMLI)[1]. Currently, in states without paid family and medical leave programs, the costs associated with taking time off from work for a serious own-health condition, to bond with a new child, or to care for an ill relative are born by the individuals that take those leaves and their employers. A moment like those described above may result in the loss of a job and a family's slide into poverty, which can be economically devastating for workers, employers, and the commonwealth.

What is a Paid Family and Medical Leave (PFML) insurance fund?

A paid family and medical leave insurance (PFML) fund provides **all eligible** workers with the ability to continue to earn a portion of their pay while they take time off work for up to a certain number of weeks to:

- Care for a family member with a serious health condition (including but not limited to parents, children, spouses, domestic partners, and siblings in need of care);
- Care for a newborn, newly-adopted child, or newly-placed foster child; or
- Address the worker's own serious health condition.

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[1] https://wgfpa.org/press-release-new-state-study-reports-majority-of-pennsylvania-employers-support-creating-statewide-paid-family-leave-program/

The proposal for Pennsylvania's Paid Family and Medical Leave Insurance Funds does not require employers to bear all expenses for their employees' family and medical leave. Instead, existing **PFMLI programs are financed primarily through employee payroll deductions of less than one percent of employee wages.**

Pennsylvania benefits from other states' (California, Washington, New York, New Jersey, Rhode Island and Washington, D.C.) previous experiences developing these programs. Pennsylvania's PFML insurance fund proposal presents a distinctly new model for how to provide access to paid leave to employees and employers throughout a state that can sustain families and businesses. These state funds help to ensure that small businesses who may not be able to afford to offer this benefit on their own can compete with large companies to recruit and retain top tier talent. Many companies located in Pennsylvania also conduct business and have corporate locations (and employees) in the other Northeast states that now have PFML. Because of this, it makes financial and competitive sense for our state to explore the possibility of developing a similar state-level paid family and medical leave insurance fund in order for to remain competitive.

Reflecting modern realities, a Paid Family and Medical Leave Insurance Fund can provide broad coverage for employees, utilize an inclusive definition of family members, recognize diverse family structures, and provide flexibility in leave usage for workers and employers. This model also can help decrease income inequality by increasing access to paid leave to women, people of color, and low-income individuals and decrease the competitive gap between businesses as this model especially benefits small and mid-size businesses. There have been positive reports from businesses in states that have had PFMLI in practice and the majority of employers in our own state favor the establishment of a statewide paid family leave program.

The research from PFML implementation in other states on health outcomes and impacts is especially promising. Over the last decade a body of research has been able to correlate decreases in infant and maternal mortality rates and post-partum depression with extended and increased access to paid family and medical leave. Our region and our state have some of the highest rates of infant and maternal mortality rates in this country. Elder care is of critical concern to our state as is the growing opioid epidemic. If the development of a state Paid Family and Medical Leave Insurance Fund can help families remain economically stable and

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independent while providing them the time they need to heal from a new birth, or to take care of an elder or other family member in need of a few weeks of at home post-hospital rehabilitation, the savings to the state could be in the billions of dollars over time. But the impact will be in the lives saved and improved by this policy that can impact many lives and many businesses.

While research exists articulating the health impacts that have been demonstrated nationally and internationally by increased access to paid family and medical leave, specific data has not been collected which quantifies the potential health impacts a Paid Family and Medical Leave Fund could have on Allegheny County and the State of Pennsylvania. There is a strong need for a health impact study which could analyze and quantify the health impacts and benefits to human health and well-being to the citizens and families who live in our county and commonwealth, as well as the potential financial benefits and impacts a PFML might result in for the county and the state as a result of improved health outcomes for newborns, mothers, elders, and other patients; in-home care and rehabilitation; decreases in post-rehab opioid fatalities; as well as the potential cost savings to the state that would result from individuals being able to remain employed and remaining on their employers' health insurance and not becoming unemployed and needing to rely on the state for sustained income and health benefits.

Below are some statistics to help understand the scope of the problem in Pennsylvania:

- Workers in Pennsylvania invest 1.4 billion hours of unpaid time caring for the elderly each year. Pennsylvania has one of the oldest populations in the nation, and the state's aging population is expected to continue growing.
- Fewer than half of working adults in Pennsylvania – 40.9% – are both eligible for and can afford to take unpaid leave under the Family and Medical Leave Act (FMLA). [ix]
- Twenty-one percent of Pennsylvanians do not have the resources to survive up to three months of sustained loss of income.
- Pennsylvania is one of the 10 worst states for pregnancy discrimination.

In Pennsylvania, workplace policies that provide support to those who care for aging family members is especially important because the Commonwealth has the fourth oldest population and the fifth most residents over age 65. We know that elders have improved health outcomes when a family member can provide them with post-op care, yet our workplace policies have yet to catch up with this critical public health need.

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The Commonwealth's concerns about the growing opioid epidemic also intersect with this issue. When a worker enters into rehabilitation services for their own addiction, without paid leave, they might lose their job or at the least have to take unpaid time off from work during their weeks of rehabilitation and recovery. This can make the individual economically fragile when they leave rehabilitation services. Additionally, with increased access to paid family leave, more family members would have the ability to care for family members during their recovery time after being released from rehabilitation services.

Unfortunately, only 14% of all U.S. workers have access to paid family leave from their employers, 38% have access to short-term disability leave, and 68% have access to paid sick leave. Low-wage, poor, black, Latino, and young workers, and those at small employers, are the most disadvantaged by the lack of a universal paid leave program because they are the least likely to currently be covered by these forms of wage replacement.

Decision-makers and Decision-Making process:

- U.S. Department of Labor
- Pennsylvania Department of Labor and Industries
- Pennsylvania Department of Health and Human Services
- Advisory Board which included Community Legal Services of Philadelphia, Keystone Research Center, PathWays PA, PA AFL-CIO, PA Chamber of Business and Industry, PA Department of Aging, PA Department of Health, PA Department of Human Services, PA Office of the First Lady, PA Commission for Women, Women and Girls Foundation, Women's Law Project.
- PA State Legislature
- PA State Legislature – House & Senate Committees on Labor & Industry
- PA State Legislature – House & Senate Committees on Aging
- PA State Legislature – House & Senate Committees on Health
- PA State Legislature – House and Senate Appropriations Committee
- Pennsylvania Governor
- Paid Leave for PA – A statewide non-partisan coalition chaired by Women and Girls Foundation and PathWays PA, comprised of over ninety organizations across Pennsylvania. It is a non-partisan coalition advocating for a state program to be established in Pennsylvania to make Paid Family and Medical Leave accessible to all Pennsylvanians and all employers. Paid Leave for PA, led by the Women and Girls Foundation, is currently holding town halls across Pennsylvania with stakeholders,

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nonprofits, and community groups to discuss the need for a statewide paid leave program for Pennsylvania[2].

History of Concerns in the impacted community:

From the recent press release launching the report:

> *"This is a commonsense policy that will benefit millions of Pennsylvanians," said Heather Arnet, CEO of the Women and Girls Foundation and Co-chair of Paid Leave for PA. "A statewide paid family and medical leave insurance fund helps level the playing field for small and medium sized companies across Pennsylvania and makes family-friendly policies more affordable and accessible for all Pennsylvanians."*

> *With neighboring states implementing family-friendly workplace policies, it makes financial and competitive sense for Pennsylvania to explore the possibility of developing a similar state-level paid family and medical leave insurance fund.*

> *"Paid family and medical leave programs enable small businesses to compete on a level playing field with larger employers, reduce turnover costs, provide an important safety net for business owners themselves, and support the local economy," said Amanda Ballantyne, National Director of Main Street Alliance. "This new study again highlights the need for a comprehensive legislative solution to address the lack of PFML coverage for small business owners and their employees."*

Resources for looking further into the policy/project:

https://www.dol.gov/wb/media/Pennsylvania_Final_Report.pdf
http://wgfpa.org/paid-leave-for-pennsylvania/
https://www.dol.gov/wb/media/Pennsylvania_Final_Report.pdf
https://www.paidleaveforpa.org
https://static1.squarespace.com/static/59a8406c8fd4d227956abaa1/t/5a5f9d8a24a6940b31e52ca5/1516215697582/UPDATED+PA+DOL+Study+Executive+Summary+FINAL.pdf

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[2] https://wgfpa.org/press-release-new-state-study-reports-majority-of-pennsylvania-employers-support-creating-statewide-paid-family-leave-program/

5

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. *3rd 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

The Society of Practitioners of HIA (SOPHIA)
www.hiasociety.org

Health Impact Project (Pew & RWJF)
www.healthimpactproject.org

World Health Organization
www.who.int/hia/en

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

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.

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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

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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

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 financers, 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

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.

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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

Health Impact Project (Pew & RWJF)
www.healthimpactproject.org

Information on framing and communications:
The California Endowment's Health Exchange Academy: Communicating for Change series
www.calendow.org

Berkeley Media Studies Group
www.bmsg.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; limited opportunities for 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 are 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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HIA Screening Worksheet

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

Should we move forward with this HIA?   Yes / No
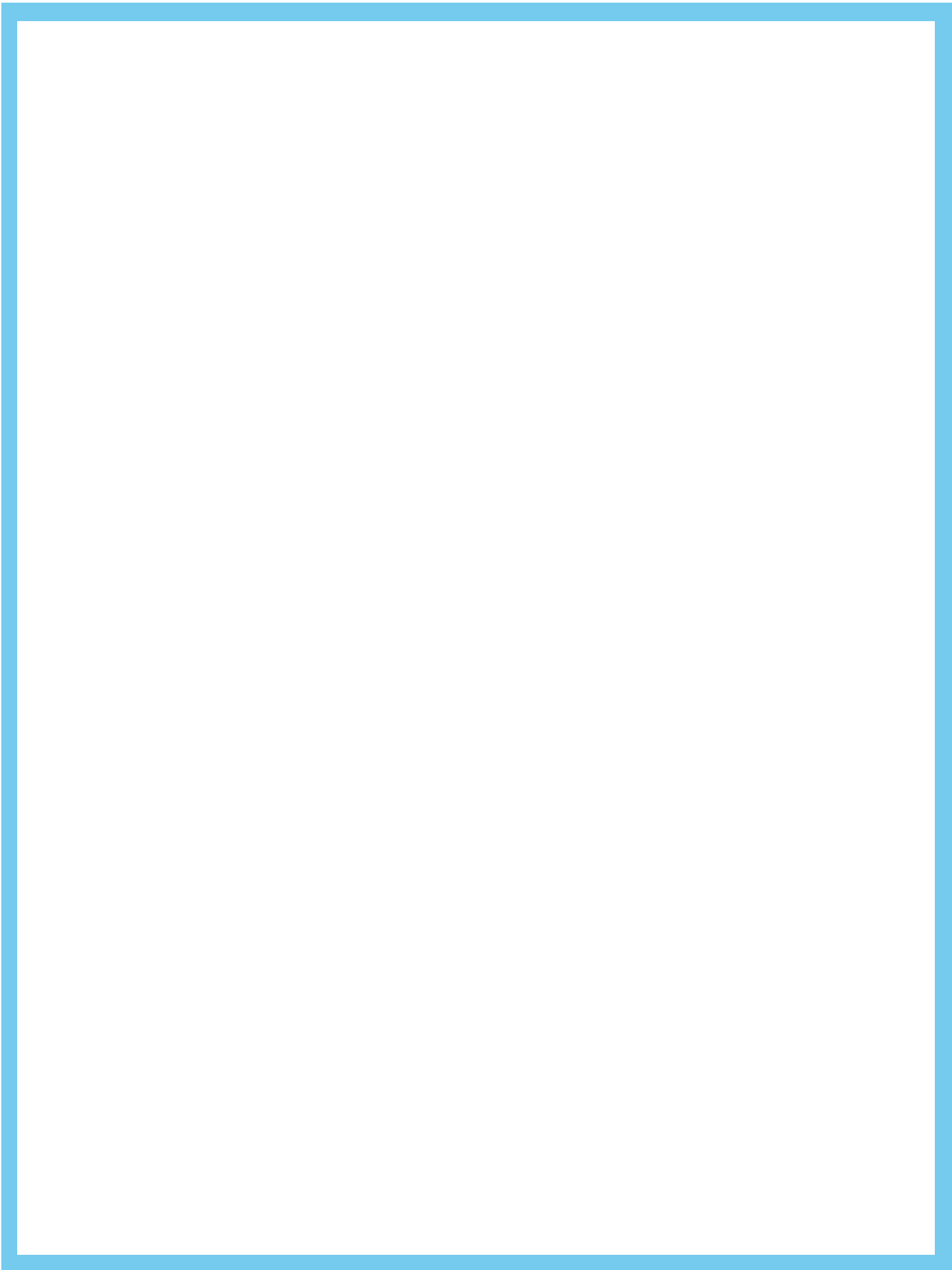
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Values and Beliefs

1. What are 2 or 3 core values and beliefs that have shaped you?

2. What is your story about how these value and beliefs were formed?

3. How did your values and beliefs lead you to the work you are doing?

4. In relation to the HIA topic you've chosen, how are your values currently being violated?

Advancing Equity Through HIA

How might you use your HIA process and/or report to advance equity by:

- Confronting racism?

- Confronting other forms of oppression?

- Increasing support for an equity-promoting proposal and/or decreasing support for an equity-harming proposal?

- Building or strengthening alliances that support equity-promoting proposals?

- Changing the narrative about what creates health inequities?

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HIA Scoping Worksheet: Pathway Diagram

Health Determinant: _____

HIA Scoping Worksheet

Developing Research Questions

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

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

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

1. _____

_____

2. _____

_____

3. _____

_____

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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?
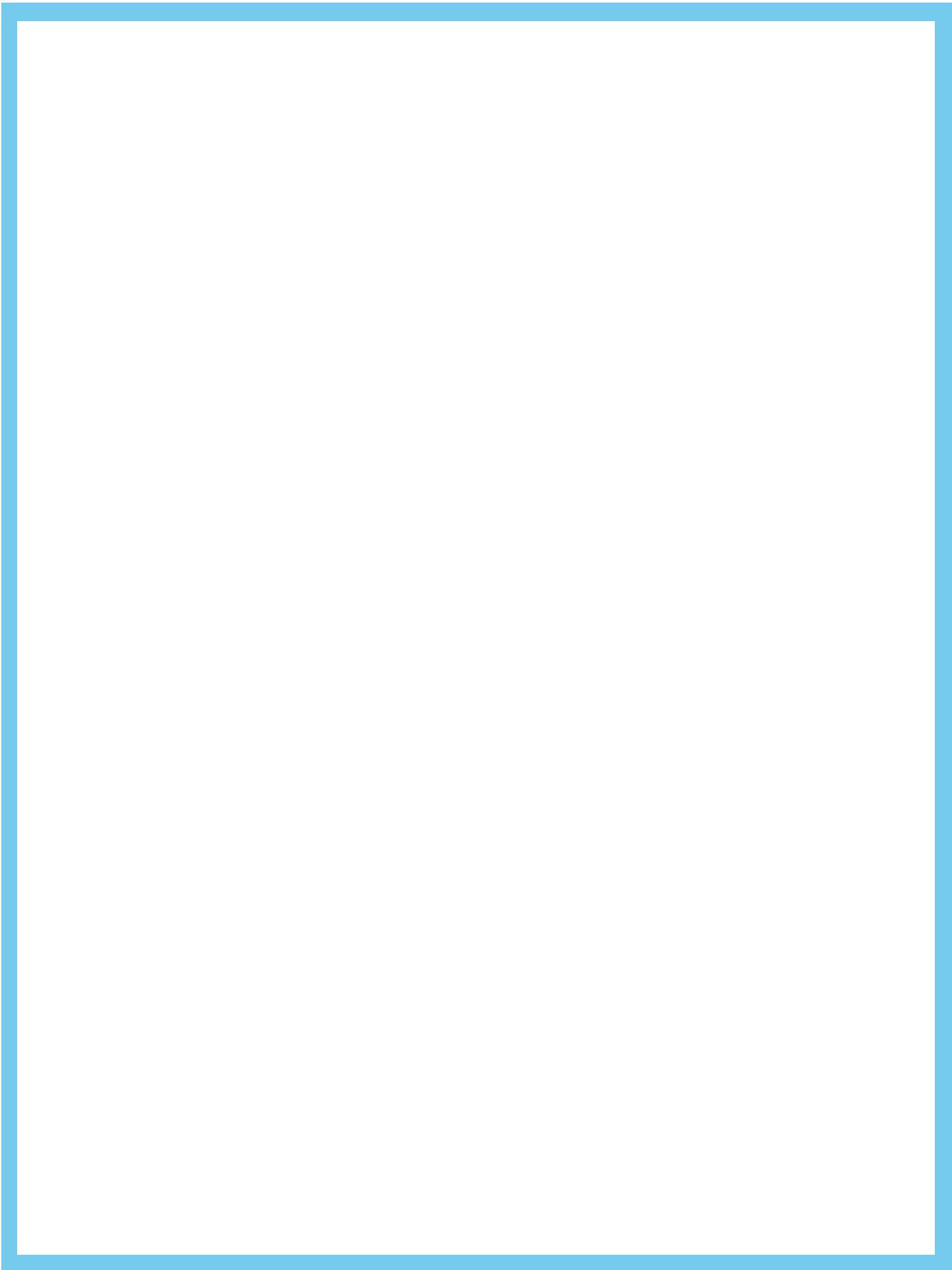
_____

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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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. _____
_____
_____

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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. _____

_____

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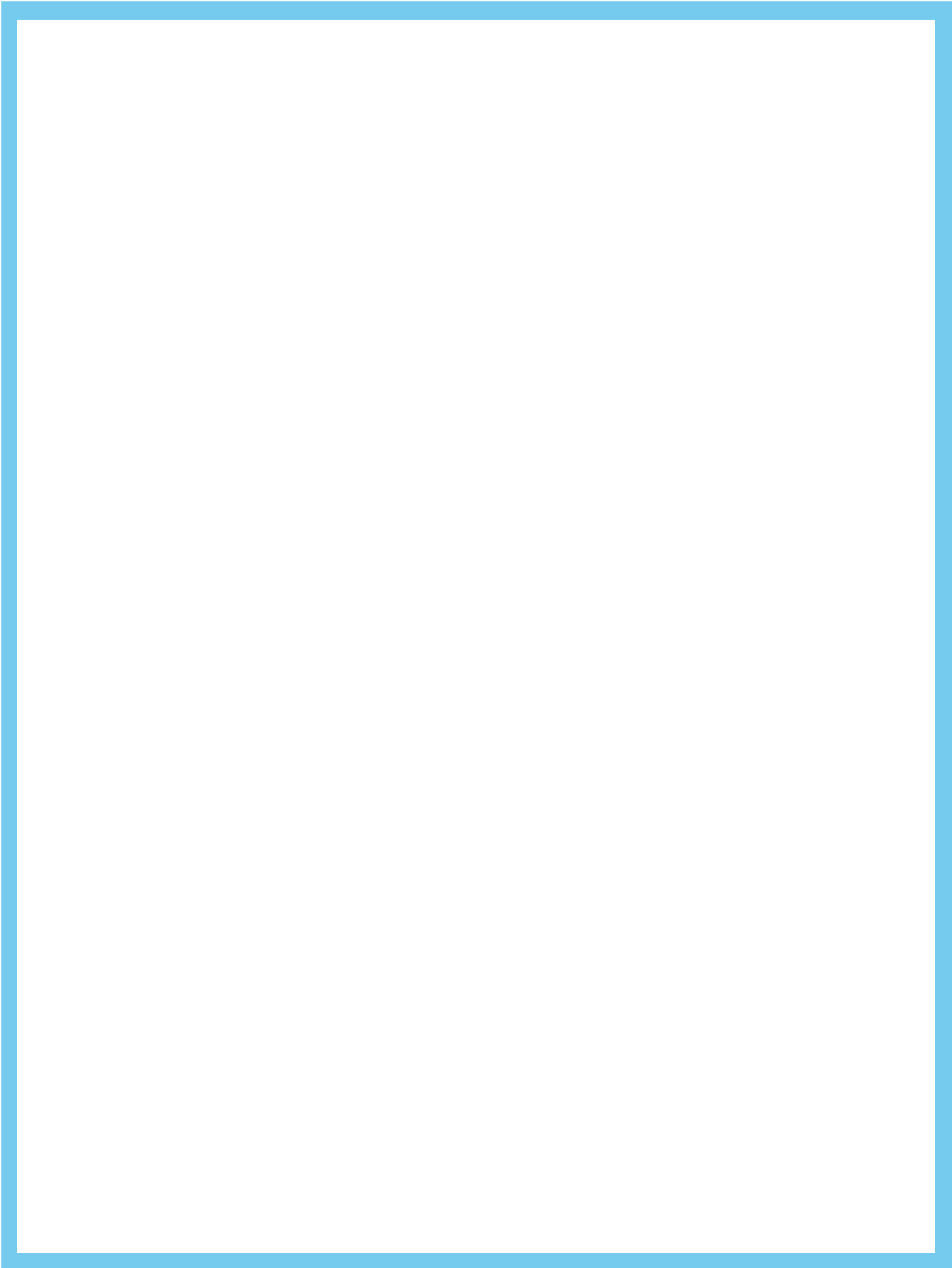
D. How will you engage community members in disseminating the findings and recommendations of the HIA? And how will you ensure the report is accessible to communities facing inequities?

_____

_____

_____

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

_____

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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?

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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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.

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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?

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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*
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?

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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:

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