



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

Health Impact Assessment Training

Allegheny County Health Department

Kim Gilhuly, Program Director
Jonathan Heller, Co-Director

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 I

8:30	Coffee & Registration
9:00	Welcome & Introductions
	Connecting Environmental, Social, and Political Conditions & Health
	Introduction to Health Impact Assessment
	Example of Completed HIA
10:35	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

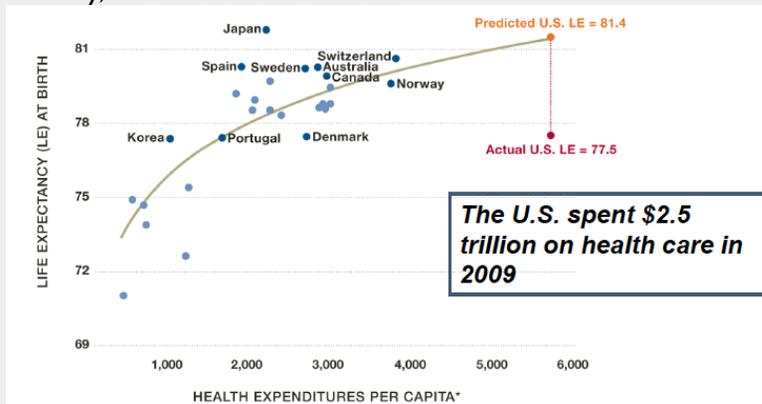
What is Health?
 Introduction to HIA
 Example of Completed HIA
 Case Studies
 HIA Screening



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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



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



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Many in the U.S. Have Health Problems

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

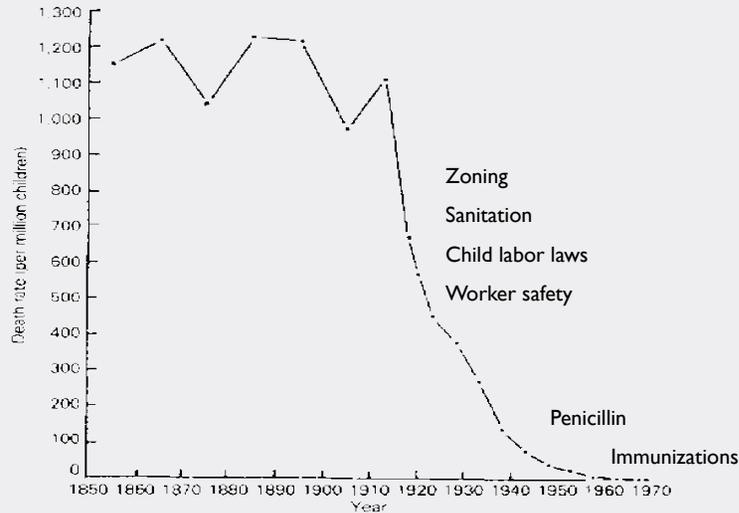
As of 2012, about 1/2 of all adults—17 million people—had 1 or more chronic health conditions.

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



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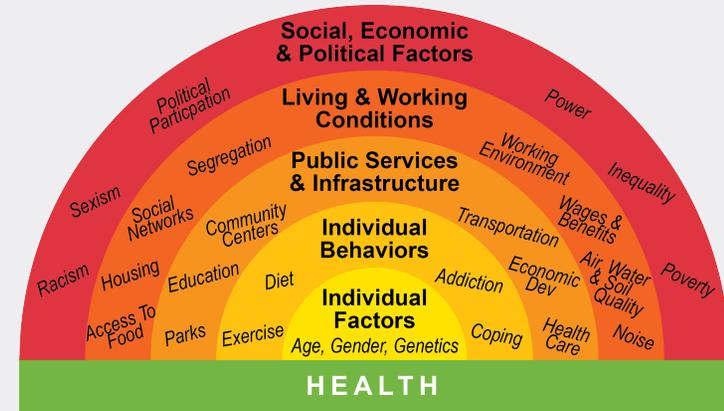
What Reduced Child Death Rates?



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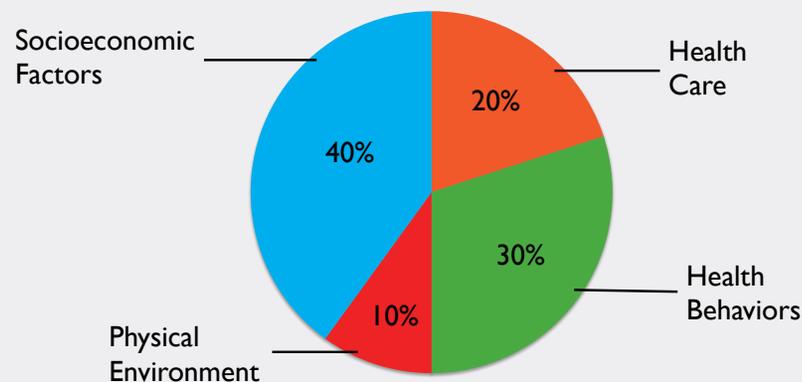
Factors Responsible for Population Health (I)



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Factors Responsible for Population Health (2)



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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

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

Objective: Consider Health in Decision Making

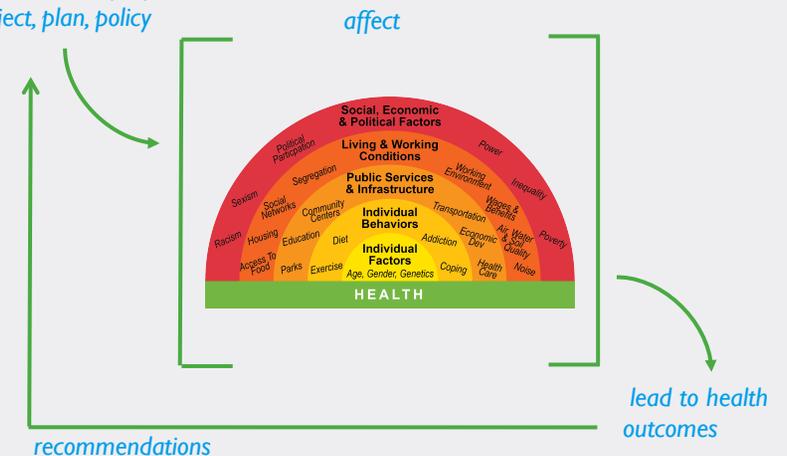
Health Impact Assessment

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

HIA Addresses Determinants of Health

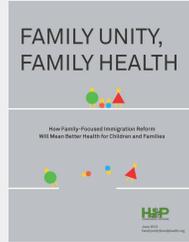
How does the proposed project, plan, policy



HIA Purpose

Through HIA report and communications

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



- ## Through HIA process
- Build relationships & collaborations
 - Empower communities
 - Advance equity and democracy
 - Recognize lived experience
 - Build consensus

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Steps of HIA

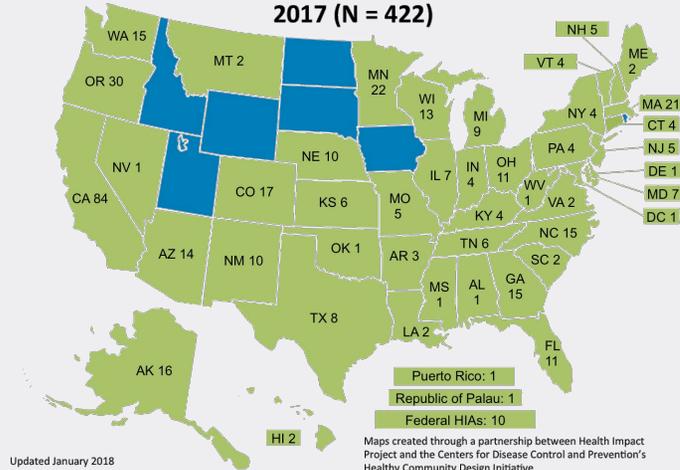
HIA Step	Description
Screening	Determine the need and value of an HIA
Scoping	Identify health impacts to evaluate and methods for analysis
Assessment	Provide: <ol style="list-style-type: none"> 1) a profile of existing health conditions 2) evaluation of potential health impacts
Recommendations	Provide strategies to manage identified adverse health impacts and maximize benefits to health
Reporting	Include: <ol style="list-style-type: none"> 1) HIA report 2) communication of findings & recommendations
Evaluation & Monitoring	Track and evaluate: <ol style="list-style-type: none"> 1) process of conducting the HIA 2) impacts on decision-making 3) impacts of the decision on health outcomes

See "HIA Minimum Elements and Practice Standards"

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HIAs in the U.S.

Completed and In Progress HIAs
2017 (N = 422)



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



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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

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Nuts and Bolts of HiAP

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

Windows of Opportunity for HiAP in Government

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

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Tactics for Implementing HiAP

- Convene a cross-sector collaborative or task force
- Consider health in the policy making process – HIA!!
- Establish accountability structures

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



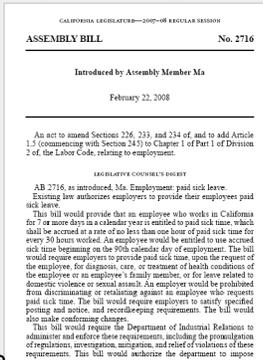
Background and Context

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



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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

HIA Policy Question

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



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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

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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

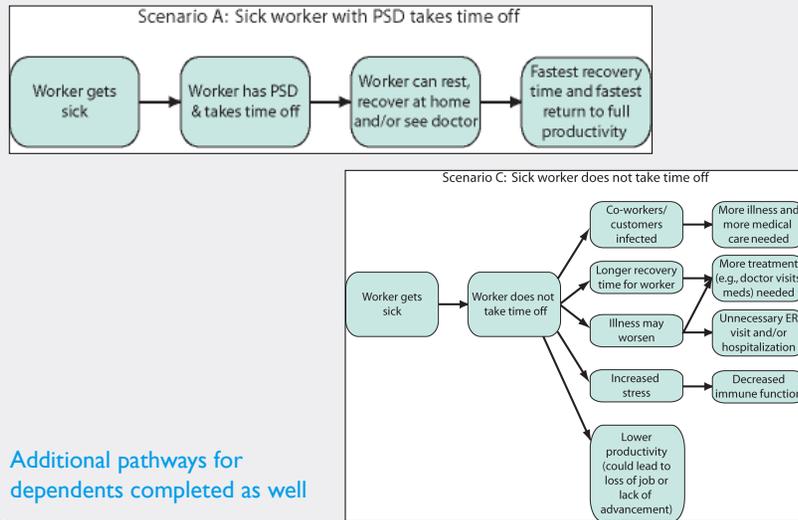


Decision:

Public health impacts are plausible and HIA could add value!

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PSD Pathways



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



PSD Assessment Findings (I)

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 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 Communication Strategies

Message Frames

“All Californians”

“Common sense”

Disconnect between known best practices and current policies

Communication Strategies

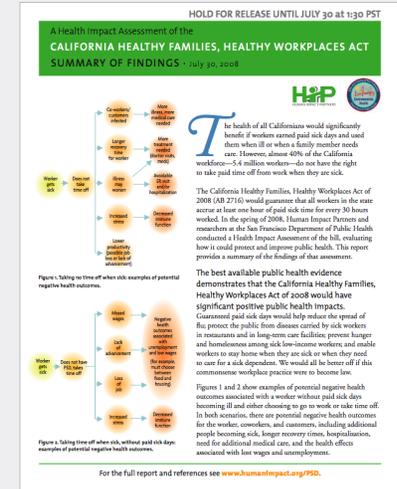
HIA report

Summary of findings

Public health spokespeople

TV, radio and print media

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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 HINI to make their case

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Wisconsin Treatment Alternatives HIA



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Discussion

Focusing on the big picture

Would this have been an appropriate project for an HIA?

What do you think about the goals?

What do you think about the scope?

What partners and stakeholders should we have considered involving?

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Case Study HIA #1:

Driver's License Suspensions for Drug Arrests

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Richard Drew/AP

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

BRENTIN MOCK JAN 10, 2018

Jobs
Near Pennsylvania

Driver Past 3 days Full-time Delivery driver Truck driver Cdl driver Merchandise

 **Driver CDL A, B or Permit (Bonus included)**
ABARTA Coca-Cola Beverages
Pittsburgh, PA
via ZipRecruiter
17 hours ago Full-time

 **Project Superintendent - PennDOT**
Glenn O. Hawbaker, Inc.
State College, PA
via Glassdoor
29 days ago Full-time

 **School Bus Driver- CDL Required**
Children of America
Collegeville, PA
via ZipRecruiter
2 days ago Full-time

[56 more jobs](#)

Case 2:18-cv-00115-RK Document 1 Filed 01/10/18 Page 1 of 36

THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

RUSSELL HAROLD and SEAN WILLIAMS,
on behalf of themselves and others similarly
situated,

Plaintiffs,

v.

LESLIE RICHARDS, in her official capacity as
Secretary of Transportation of the
Pennsylvania Department of Transportation;
LEO BAGLEY, in his official capacity as
Executive Deputy Secretary of the
Pennsylvania Department of Transportation;
KURT MYERS, in his official capacity as
Deputy Secretary for Driver and Vehicle Services
of the Pennsylvania Department of Transportation,
TOM WOLF, in his official capacity as
Governor of Pennsylvania;

Defendants.

Case No.
CLASS ACTION
JURY DEMANDED

CLASS ACTION COMPLAINT

“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.”

Bill Information - History

[Previous](#) [Next](#)

House Bill 163; Regular Session 2017-2018

[Text](#) [\[History\]](#) [\[Votes\]](#)

Sponsors: SACCONI, J., HARRIS, ROTHMAN, RAPP, DOWLING, V. BROWN, KORTZ, ZIMMERMAN, GAINEV, HELM and ROZZI

Printer's No.(PN): 3123* , 127

Short Title: An Act amending Titles 4 (Amusements), 18 (Crimes and Offenses), 23 (Domestic Relations) and 75 (Vehicles) of the Pennsylvania Consolidated Statutes, further providing for suspension of operating privileges of licensed drivers.

Actions:

- [PN 0127](#) Referred to [TRANSPORTATION](#), Jan. 23, 2017
- [PN 3123](#) Reported as amended, [March 12, 2018](#)
 - First consideration, March 12, 2018
 - Laid on the table, March 12, 2018

HB 163 Amendments ***

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

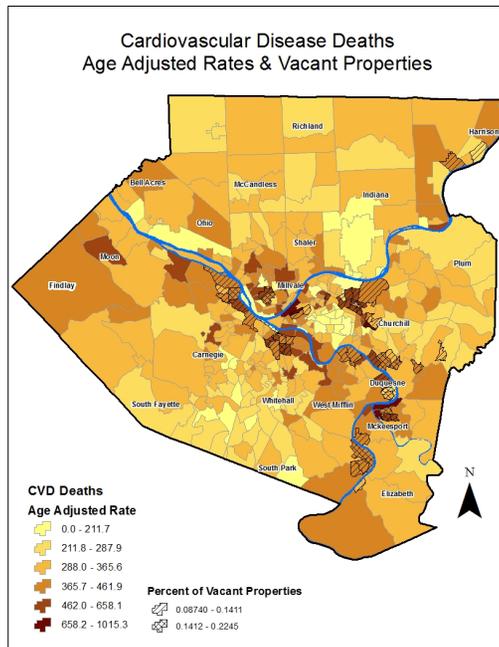
27,000 vacant lots in the City of Pittsburgh alone

“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



“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>

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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.”



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/>

The HIA Process



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Step I: Screening

Objective

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



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Example of Successful Screening

Proposed changes to Chicago's Vacant Property Ordinance

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

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



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Conduct an HIA? Example 1

Project Idea Being Screened

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

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



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

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Conduct an HIA? Example 2

Project Idea Being Screened

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

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



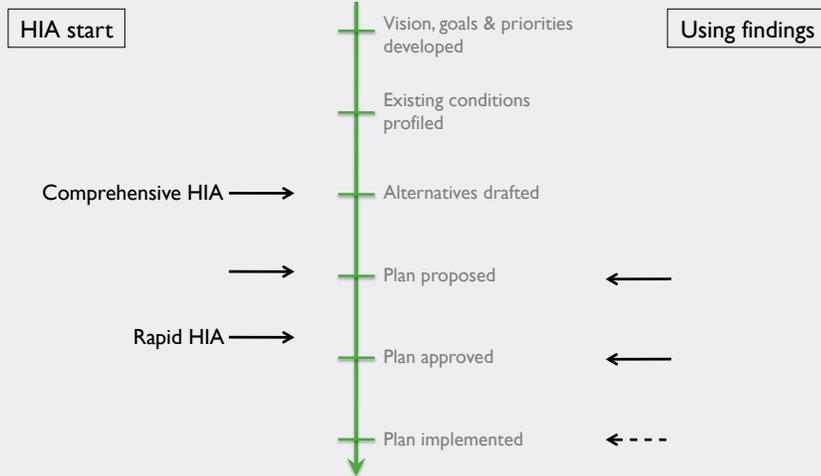
What do you think? How might you suggest to proceed in this situation?

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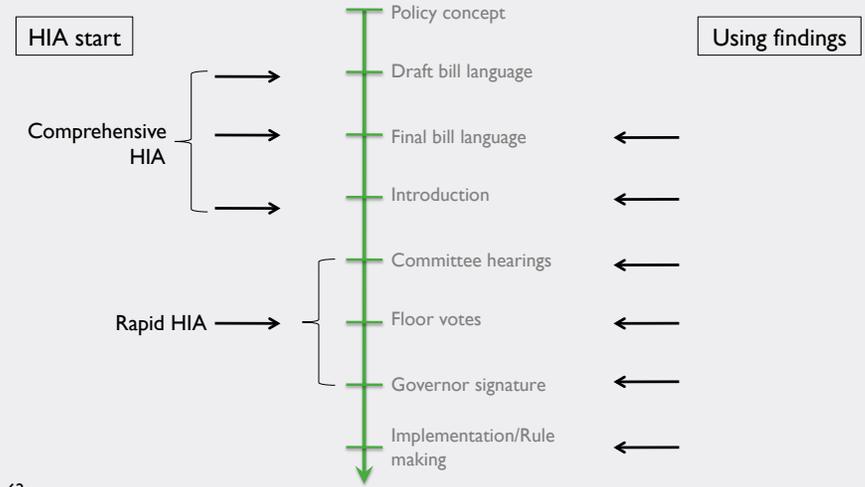
Planning Intervention Points

Typical Milestones in a Land Use / Transportation Planning Process



Policy Intervention Points

Legislative Timeline



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



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?

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 court² 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

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.

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 lots¹. 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 crime² and reduce gun violence³. 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

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/allegheeny/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.

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

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.

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,

nonprofits, and community groups to discuss the need for a statewide paid leave program for Pennsylvania².

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>

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

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 Screening Worksheet

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

Should we move forward with this HIA? Yes / No