

Addressing the Determinants of Health using Health Impact Assessment

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

HIP is transforming the policies and places people need to live healthy lives.

We believe that health should be considered in all decision making.

We raise awareness of and collaboratively use innovative data, processes and tools that evaluate health impacts and inequities.

Through training and mentorship we also build the capacity of impacted communities and their advocates, workers, public agencies, and elected officials to conduct health-based analyses and use them to take action.

The world would look different



Development



Farm Policy



Incarceration

Immigration



Ports



Education



Limitations to economics-based decision-making

Externalities

Disparities

Money is not the same as happiness



A health frame can be persuasive

People understand health personally

Health is an indicator of quality of life and well-being

Health is a shared value

People are morally outraged by health inequities

Weaving Health into Planning



HIA is one way to include health in a planning process

Similarly, health can be woven into the policy making process

Health Impact Assessment

A combination of procedures, methods and tools that systematically judges the potential, and sometimes unintended, effects of a policy, plan, program or project on the health of a population and the distribution of those effects within the population. HIA identifies appropriate actions to manage those effects.

International Association for Impact Assessment, 2006



Health status is determined by: genetics 20 – 30%;
health care 10%; social, environmental conditions, and
behavior 60 – 70% *Health Affairs, 2002*

How does the proposed project, plan, policy

affect



and lead to health outcomes

Through Analysis and Reporting:

- Judge health effects of a proposed project, policy or policy
- Provide recommendations
- Shape public decisions & discourse
- Analyze health disparities
- Make health impacts more explicit



Through the HIA Process:

- Build relationships & collaborations
- Build consensus
- Engage & empower community
- Recognize lived experience

Screening	Determines the need and value of a HIA
Scoping	Determines which health impacts to evaluate, methods for analysis, and a workplan
Assessment	Provides: 1) a profile of existing health conditions 2) evaluation of potential health impacts
Recommendations	Provide strategies to manage identified adverse health impacts
Reporting	Includes: 1) development of the HIA report 2) communication of findings & recommendations
Monitoring	Tracks: 1) impacts on decision-making processes and the decision 2) impacts of the decision on health determinants

Why engage others in the HIA process?

- Broad range of people affected
- Data, information, resources
- Relationship building
- Capacity for advocacy
- Empowerment

Who has engaged?

- Community organizations
- Advocacy groups
- Research groups
- Academics
- Public health agencies
- Planning, regulatory, and other agencies
- Elected officials
- Private industry and developers



Screening	Identify and prioritize topics for HIAs
Scoping	Identify health issues to be studied Prioritize research questions
Assessment	Conduct literature reviews Research existing conditions data Conduct surveys, interviews, focus groups Conduct data analysis Interpret and ground truth data
Recommendations	Identify and prioritize recommendations
Reporting	Write, review and edit final report Develop a communication, media and advocacy plan to report findings to decision-makers
Monitoring	Collect data on impacts Hold decision-makers accountable for decision agreements and mitigations

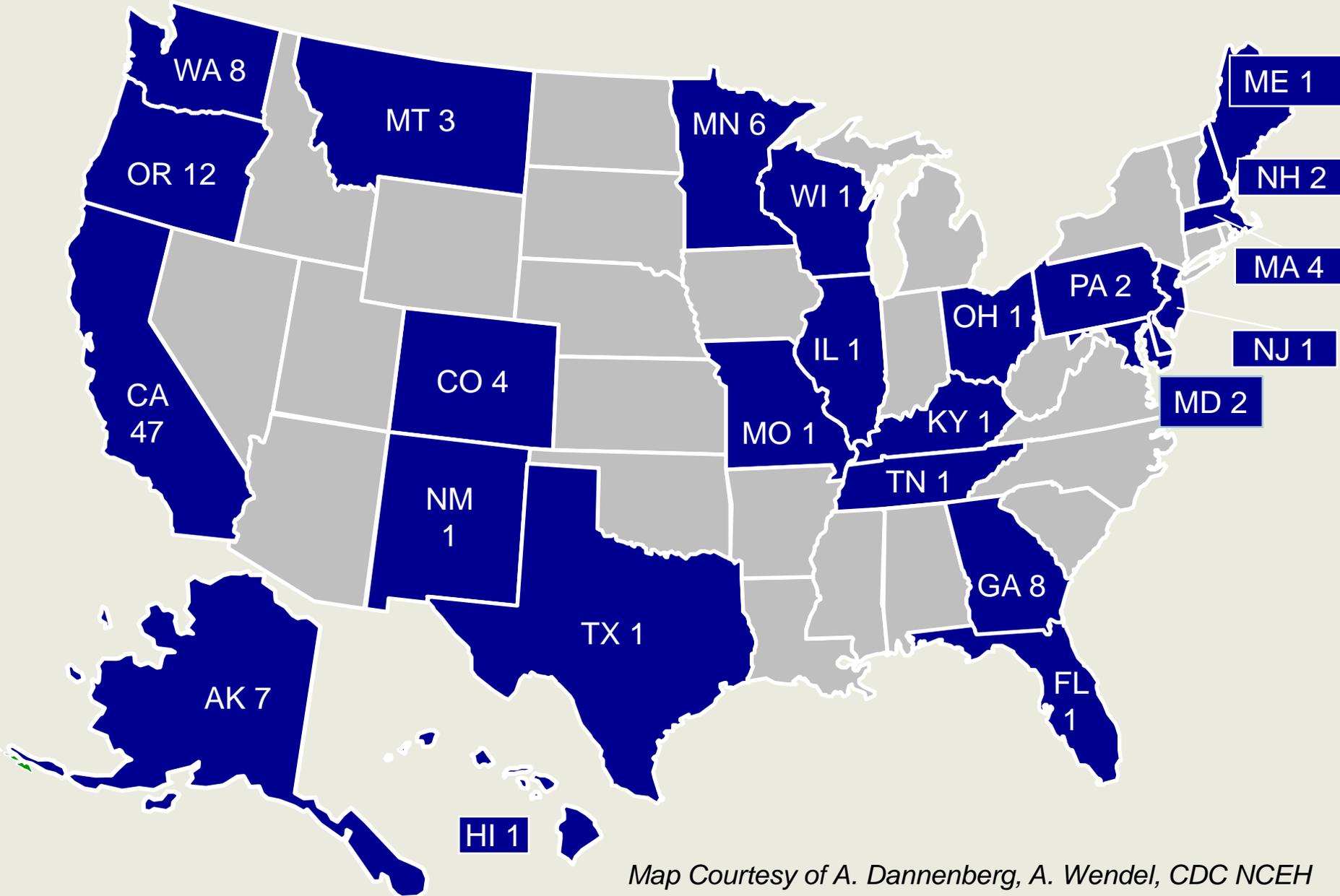
A Brief History of HIA

1969	National Environmental Policy Act (NEPA) requires study of environmental & health effects (<i>however, health impacts have not been adequately addressed in EIA</i>)
1980s	WHO encourages Health Promotion/Healthy Public Policy in 1986 Ottawa Charter
1990s	England, Acheson Report recommends analysis of impacts of policy on health inequities WHO publishes <i>Gothenburg Consensus Paper on HIA</i> First HIA in US (SFDPH, Living Wage)
2000s	World Bank requires HIA of all large projects HIA on proposed Alaska North Slope Oil Lease
2010s	HIA used around the world and, recently, across the U.S. North American HIA Practice Standards Released

HIA continues to gain momentum, often driven by demand from impacted communities



119 HIAs Completed or In Progress



Map Courtesy of A. Dannenberg, A. Wendel, CDC NCEH

HIAs

Built Environment

The Crossings at 29th St in LA
Humboldt County General Plan
Jack London Gateway development
Long Beach Downtown Plan
Oakland Estuary Specific Plan
Pittsburg Railroad Ave Specific Plan
I-710 Freeway Expansion in LA

Federal / State / Local Policies

Paid sick days legislation in CA,
nationally and elsewhere
School discipline policies in CA
Alternatives to incarceration in WI

Training & Technical Assistance

Health Impact Project (RWJ/Pew)

Cap & Trade – California
State budget – New Hampshire
County agricultural plan – Hawaii
Smart metering – Illinois
Coal gasification plant – Kentucky
Farm-to-School – Oregon
Light rail transit line – Minnesota

Place Matters Sites (Kellogg)

School funding policy – Oakland
Recycling facility permit – Albuquerque
Gender pay equity legislation – Detroit