



BUILDING CAPACITY FOR HEALTH IMPACT ASSESSMENT IN OREGON

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Presentation objectives

- 1) Define Health Impact Assessment (HIA)
- 2) Discuss ongoing efforts in OR, CA, WA
- 3) Discuss a role for state health departments

Health Impact Assessment

“A combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.”

(Gothenburg consensus statement; European Ctr. for Health Policy, WHO Regional Office for Europe, Brussels, '99)

- 1) Screening
- 2) Scoping
- 3) Assessment
- 4) Reporting and Recommendations
- 5) Monitoring and Evaluation

Determinants of Health

Fixed Individual Factors	Individual Health Behaviors	Public Services and Infrastructure	Environmental Conditions	Social, Economic, and Political Factors
Genetic Makeup	Diet	Education	Housing Adequacy	Poverty
Gender	Physical Activity	Public Transportation	Air, Soil and Water Quality	Inequality
Age	Addictions	Health Care	Community Noise	Social Cohesion & Inclusion
Existing Health conditions and Disabilities	Coping	Parks	Disease vectors	Political Participation
	Transportation	Community Centers		
		Economic Development		

Why do HIA?

- Minimize the negative and maximize the positive health impacts of future projects and policies
- Raise the profile of health in decision making in other sectors (transportation, land use, etc)
- Employ a truly preventive approach
- Promote a wholistic definition of health
- Reconnect health with urban planning
- Ensure involvement of the community
- Explicit focus on equity and social justice

HIA in other words....

Similar activities

- Community organizing
- Public participation
- Advocacy
- Policy Analysis
- Precautionary approaches
- CBPR
- Risk Assessment
- Community Assessment

Who does it now?

- Nonprofits and advocacy groups
- Local health department staff
- State epidemiologists and researchers
- Health care sector
- Foundations

HIA around the world

- Routine part of policy decision around the world for the last few decades
- Recent initiatives in United States:
 - ▣ San Francisco Department of Public Health
 - ▣ Human Impact Partners (Oakland, CA)
 - ▣ UCLA HIA Center
 - ▣ Seattle-King County (Legislation, SR 520, EIR Tool)
 - ▣ Alaska Intertribal Council
 - ▣ University of Minnesota



Challenges to HIA institutionalization

- ❑ Money!
- ❑ Dedicated staff
- ❑ Who does it?
- ❑ Roles of different organizations
- ❑ Lack of local data and models to make predictions
- ❑ Need for collaboration among diverse sectors that speak different languages
- ❑ Capacity building needs
- ❑ Decision making timelines



3/07:

Portland HIA
Workgroup

6/08:

Columbia
River
Crossing HIA

12/08-
Present:

Upstream
Public Health
VMT HIA

State
Capacity
Building
Project

Columbia River Crossing

COLUMBIA CROSSING

I-5 bridge proposal ignores big picture

The Oregonian, February 29, 2008

A NEW I-5 BRIDGE

Before building it, tell us who'll pay for it

The Oregonian, March 25, 2008

No light rail would kill the I-5 bridge

If Clark County residents want a new bridge over the Columbia, then they must show support for light rail

The Oregonian, March 20, 2008

- EIS required under the National Environmental Policy Act
 - requires DEIS to *"promote efforts that will prevent or eliminate damage to the environment and biosphere, and stimulate the health and welfare of man"*

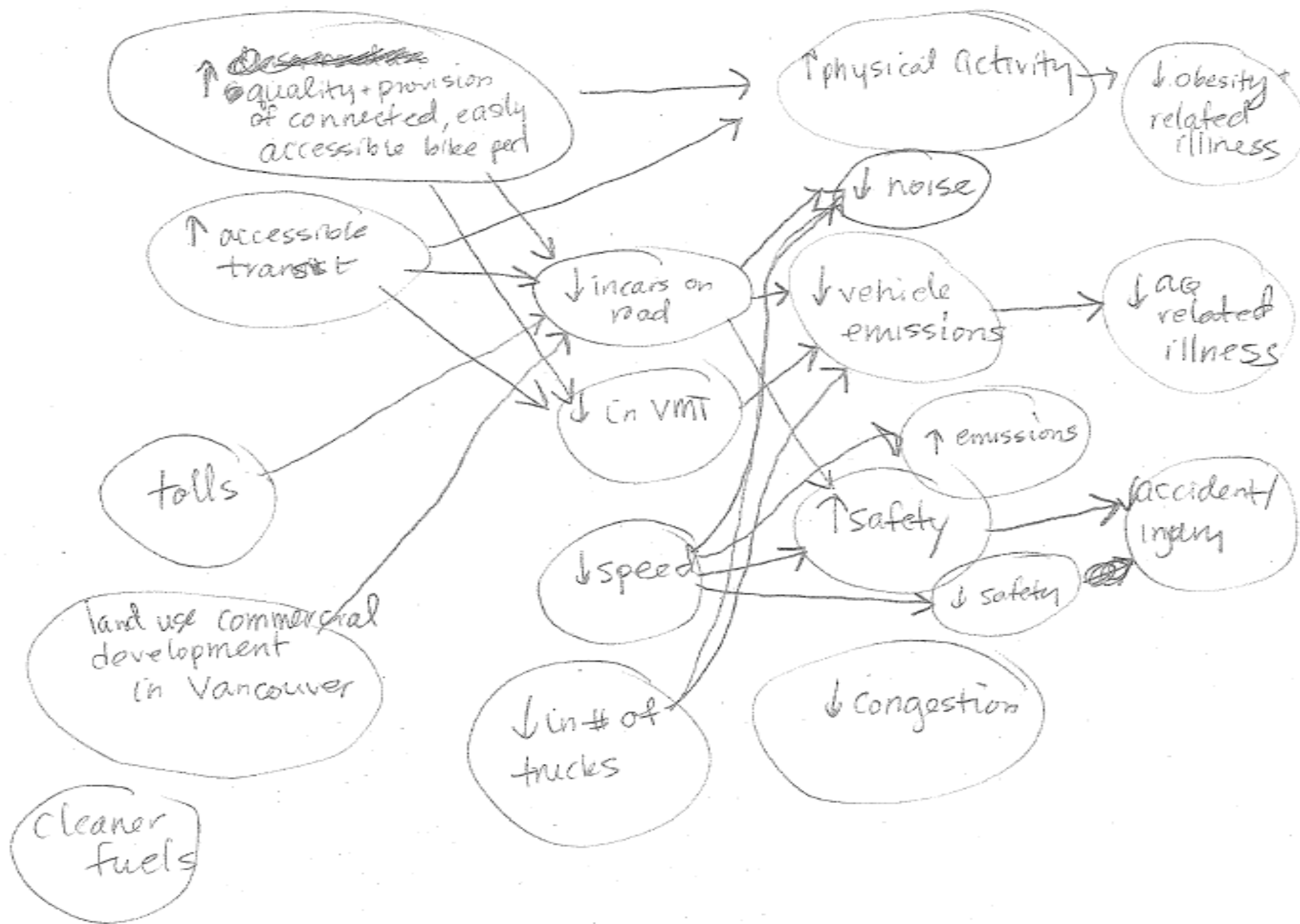
Goals for CRC

- ▣ Increase understanding and capacity to conduct HIA for use as a tool to advocate for health in our region.
- ▣ Encourage the use and consideration of information about health impacts, determinants and outcomes in public projects and policies.
- ▣ Inform public decision makers about the importance of considering health impacts in public project and policy planning.
- ▣ Provide expertise in the use of health impact measures and data for federal EIS processes such as the CRC.

Health Impacts :CRC

- ❑ Increases in traffic
- ❑ Unsafe speeds
- ❑ Air pollution
- ❑ Noise
- ❑ Environmental Justice
- ❑ Adequate pedestrian and bike facilities
- ❑ Increased reliance on cars vs. public transportation

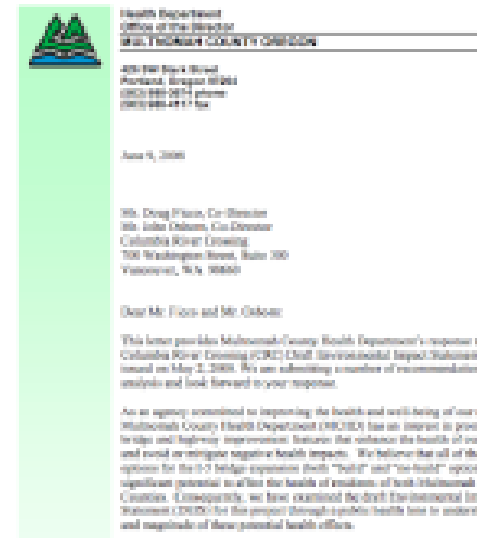




Recommendations: CRC

HIA findings and recommendations were reported in a DEIS comment letter to the CRC

- Maximize use of Light Rail Transit
- Roadway and interchange improvements that increase safety
- Safe and accessible bike and pedestrian facilities
- Tolling to discourage motor vehicle use, particularly single occupancy motor vehicle use
- Alternatives that do not increase SOV capacity on the roadway
- Requested additional analyses that consider vulnerable populations (including for air quality and noise)
- Encouraged adoption of health based standards



Oregon HIA Capacity Building Initiative

- Funded by ASTHO
- January-December 2009
- Joint effort between OEPH/HPCDP
- Focuses on:
 - ▣ Capacity building
 - ▣ Resources
 - ▣ Assessment of State and partner roles
 - ▣ Creating a model for implementation in other States



Capacity building at the State

- State:
 - ▣ Two-day training with Human Impact Partners
 - ▣ Completion of a state level HIA
 - ▣ Training-of-trainers
 - ▣ Brown bag series

Capacity building at LHDs



- Local health departments:
 - ▣ Pre-training assessment workshop
 - ▣ Two-day hands on training
 - ▣ Ongoing technical assistance from a mentor
 - ▣ Links to resources
 - ▣ Outreach to transportation decision makers

Resources and Roles

- Inventory, compile and disseminate *existing* resources
- Provide access to information on website
- Raise awareness with state agencies
- Form partnerships
- Assess roles and resource contributions of partners:
 - ▣ Environmental Health Assessment Program
 - ▣ Environmental Public Health Tracking Program
 - ▣ Healthy Communities Initiative
 - ▣ DEQ Air Toxics Modeling
 - ▣ Transportation data (Metro regional government, OTREC)
 - ▣ Portland HIA workgroup partners

Preliminary Findings

- Local health departments have knowledge and skills for HIA, but lack resources
- Need for building trust between government and communities
- State has significant existing resources for HIA that need to be organized and disseminated
- Community organizations play a critical role
- HIA is a collaborative process

Potential roles in HIA

Organization	Potential contribution
State governments	HIA training Research, data analysis Epidemiology Connect local health departments with decision makers
Local health departments	Convene and engage community Screen and initiate projects Conduct assessments Disseminate results to advocates
Community advocates Nonprofits Neighborhood groups	Present results to decision makers Testify Ground-truth results

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