Health Impact Assessments and Community Engagement

Health Impact Assessment (HIA) is a practical approach for collaborating with other sectors and translating public health research into predictions and reasonable recommendations that policy makers can use to ensure that new public decisions contribute to healthier communities. Central to HIA is the engagement of community groups. This webinar explored the benefits and challenges of HIAs as applied to emerging environmental public health issues. In addition, it provided several case studies where HIAs have been used to address community concerns. This webinar featured presentations by Aaron Wernham and Arthur Wendel.

Aaron Wernham, M.D., is the director of the Health Impact Project, a collaborative effort of the Robert Wood Johnson Foundation and The Pew Charitable Trusts. His work focuses on promoting and supporting the use of HIAs to inform decisions in other sectors, such as transportation, urban planning, agriculture, or education. Dr. Wernham opened his presentation by discussing major health problems in the United States, many of which are driven by the physical environment and social and economic conditions in communities. Wernham believes that HIAs are an effective way to bring innovative policy approaches to the clinical problems patients face around the country. Public health is at a turning point where it needs to be multidisciplinary and cross-sectorial. The National Prevention Council, a cross-agency effort of the federal government to build healthier communities and eliminate health disparities, reflects this approach. However, many barriers to implementation still exist, such as a lack of understanding and competing priorities. HIAs are well suited to helping overcome these barriers because they build collaborations with other fields — such as transportation, housing, land use planning, and energy — and ensure that communities have a strong voice in decisions that affect them. Wernham provided an overview of the HIA process and several case examples of how HIAs have informed decisions made by other sectors and ensured that community concerns and priorities were factored into these decisions. He noted that the Health Impact Project (http://www.healthimpactproject.org/) is a good resource for anyone who is interested in conducting an HIA and that a call for proposals is currently out.

Arthur M. Wendel, M.D., is the team lead for the Healthy Community Design Initiative at the Centers for Disease Control and Prevention (CDC). His research focuses on understanding and improving the relationship between the built environment and public health, using HIAs as an integrated tool for informing other sectors of community planning and engagement about health impacts. HIA fits within the National Prevention Strategy and can be used to identify solutions to infrastructure problems that provide multiple health benefits. Because health care costs are rising,
finding approaches to improve health is especially important. Based on the successes of an HIA pilot program, CDC is engaged in a three-year cooperative agreement with six state and local entities to build HIA programs within their regions. CDC also develops HIA training and toolkits to facilitate HIA practice. Wendel provided several case examples to illustrate strategies for effective HIA use. These include building a network of partners, screening and scoping HIA projects appropriately, developing feasible recommendations, and tracking results. Wendel closed by saying that continued efforts and partnerships are needed to implement the National Research Council’s recommendations for advancing HIA and building on successes in the field.

During the question and answer session, participants focused on the following themes.

For Wernham:

**HIA incorporation into the environmental impact statement (EIS) process.** Wernham said that the work he described in Alaska has changed the way EIS in Alaska are done. This precedent is beginning to have an impact on EIS practice nationally. Federal agencies lead EISs, and all federal agencies must use EISs to make decisions that have the potential for any significant environmental impact. In Alaska, it is now expected that an HIA will be done for any major EIS in the state. This includes federal decisions such as whether gas or oil should be leased, lands for oil or gas development or mining, and project permitting. In Alaska, the Department of Health and Social Services has joined the state’s longstanding Large Project Permit Team, which includes Departments of Environmental Conservation, Fish and Game, and Natural Resources among others. At the start of every EIS, the Health Department decides if an HIA is needed, and screens it. If the Health Department determines an HIA is warranted, the federal agency builds the HIA work into the EIS contract, and the Health Department can recoup its or its contractor’s costs for doing that preliminary work. This is a self-sustaining, freestanding way to include HIAs. The HIA then becomes another chapter in the EIS report (which can be more than 3,000 pages long), but it can lead to substantive changes. It’s where the rubber meets the road when talking about mitigation measures, and who, among the responsible state and federal agencies as well as the private sector has the ability to implement mitigation. The EIS leads ultimately to a decision, which includes the specific actions that will be allowed and required mitigation measures. Now that the Health Department is involved, health measures that never would have been brought up before are being considered, adopted, and implemented, providing an exciting new way to improve public health.

**HIAs allow benefits from smart growth without the detriments.** Wernham responded by pointing out that his group’s perspective is that HIAs can certainly be community-led and driven. They should also be balanced and address all sides of this issue. Without that balance, there is the risk that the results will not be viewed as credible, and the HIA’s recommendations may not carry as much weight. Both risks and benefits are involved in development or gentrification that happens around a new light rail station. So, the idea is to examine both pros and cons from an evidence-based perspective and then to propose mitigations that maximize benefit while minimizing harm. Wernham’s group has seen this as an interesting, early, and very robust part of HIA practice – many HIAs have been conducted on transit-oriented development. These HIAs are helping to ensure that people get the benefits of living near light rails, that good pedestrian infrastructure is in place so people can walk or bike to the light rail, and that some percentage of all new housing is affordable. More information about transit-oriented development is on the website, along with navigable maps: [www.healthimpactproject.org](http://www.healthimpactproject.org)

For Wendel:

**Ensure equitable representation of community engagement through electronic media or other platforms.** Wendel responded that equitable representation is always difficult with community engagement. If a project is in a particular geographic region, then surveys of that area may be available to assess the community’s needs or obtain a gestalt of the community in terms of the project or their overall concerns on health. Electronic media can be used to help with communication or surveys in some circumstances. It’s another way of getting the word out where appropriate.
CDC National Environmental Public Health Tracking Network as a dissemination venue. Wendel said that the Environmental Public Health Tracking Network fits in the assessment category of the 10 essential public health services he described. It contains nationally represented data about multiple outcomes in one location. Ideally in the future, people who are engaging in HIAs to determine what is going on with their communities right now could use their state’s tracking network’s website or the national Tracking Network to pull existing data to form a baseline assessment of their community. This network puts information in the hands of people who are making decisions, and HIA is a tool to facilitate that process.

For either presenter:

**HIA projects having unforeseen or unpleasant impacts on political or economic decisions.** Wendel said that although it is possible, this doesn’t occur often. Sometimes people conducting HIAs are asked about the economic ramifications of their recommendations. In situations such as adding bike lanes or pedestrian walkways to a road that has been planned but for which these items weren’t budgeted, those types of questions are reasonable and have to be addressed. A well done HIA will consider those questions when developing recommendations. HIAs have varying levels of advocacy. They can run into problems when they only look at one side of an issue. For example, if a community based organization were leading an HIA about the addition of a big box store, had a strong stance against it, and only looked at the negatives, then there could be a credibility problem that would make decision-makers skeptical about the validity of the science. Wendel said that if HIA practitioners don’t take a strong, rigorous, even-handed stance at looking at all sides of a question, they run the risk of discrediting HIAs. Thus far, there hasn’t been major controversy over the HIAs that have been done.

**Tools allowing NEPA practitioners to decide if an HIA should be done.** Wernham explained that National Environmental Policy Act (NEPA) is the law that creates requirements for an EIS. When the Council on Environmental Quality was putting forward regulations on implementing NEPA, it indicated that the disciplines of the preparers should match the anticipated impacts. This is seen in the Alaska example where the public health experts are now involved early in the conversations about the scope of an EIS, and that has been very effective. Practically speaking, this type of involvement isn’t always possible due to a lack of resources or expertise in HIA. Many of the contractors who do EIS work internationally, and they usually have health experts on staff trained in HIA. Also, many state and local health departments and public health institutes have experience in HIA and are good resources. Thus, the first tool would be to consult with public health experts, explain to them the proposed action and the alternatives and think through important health impacts with them. The second tool would be the National Research Council HIA Guide, which has a chapter that goes through each step of an HIA. It’s fairly general and high level, but it provides guidance and helps people think about health.

**Agency evaluation of or involvement in auditing mitigating Findings of No Significant Impact (FONSI).** Wendel said the CDC legally is allowed to be a cooperating agency on environmental impact assessments. Local and state health departments also could be involved. Wernham added that a mitigated FONSI is a way that an agency can decide that if it takes/requires certain actions, then it has mitigated any significant impact and therefore doesn’t need to do an EIS. The mitigated FONSI is a tool that’s used frequently. CDC often provides overarching support for the many different public health resources in the United States. Thus, an agency working in one locality determining if it should do an EIS and consulting with local or state health experts or a public health institute familiar with HIA could, in theory, be a reasonable way to determine what sorts of health mitigations could be included to find no significant impact.

**HIAs as part of government purchasing so projects such as energy conservation could be justified on the basis of reduced health impacts.** Wendel said that HIAs (or health criteria) could be integrated into the selection criteria of a process through government purchasing, grant making, or other avenues. Another component is whether we have the tools to analyze these conservation issues for the purchase to make health related statements. The third part is whether
HIA is the correct tool to promote conservation through purchasing or whether we potentially need to look at the criteria being used to judge what is purchased. So, you can consider the evidence, determine the best ways to achieve conservation goals, and promote health.

**Project examples with bistate, binational issues (such as the U.S./Mexico border).** Wernham said there’s an HIA of the Columbia River crossing – the I-5 corridor that crosses from Oregon to Washington. There are obviously different laws in place, but when you’re analyzing issues from a health standpoint, you have to consider what is and is not realistic and have perspective on the different legal frameworks that are employed. Ultimately, you’re looking at the impact of a project on populations. Trying to determine, through the HIA process, what will best help the health measurements/outcomes was the framework of the Columbia River crossing.