Health Impact Assessment: 
A Potential Tool for State Legislatures

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Influences on Health: Broadening the Focus

Health is shaped by many influences, including age, sex, genetic make-up, medical care, individual behaviors and other factors not shown in this diagram. Behaviors, as well as receipt of medical care, are shaped by living and working conditions, which in turn are shaped by economic and social opportunities and resources.
Putting This Idea Into Practice

• No common language
  – For example: transportation engineers don’t understand health data and public health professionals don’t understand the constraints and limitations of the planning process

• Limited routine interaction between health and other sectors

• Competing priorities: policy and planning are governed by many other considerations: politics, economics, technology, deadlines, etc.
• Report provides a framework and guidance for using HIA as a practical way to factor health into decisions

• NRC Committee Key Findings:
  – HIA is applicable to a broad array of decisions
  – It considers adverse and beneficial effects
  – Can incorporate qualitative and quantitative data as well as stakeholder input
  – Effective way to engage stakeholders in a constructive discussion
  – Can help improve the consideration of health in the NEPA/EIS process, when needed
HIA: Definition

• “HIA is 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 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, 2011
HIA: Key Points

• Many approaches to health-informed decision-making; HIA is only one

• Systematic stepwise analysis that is impartial, science-based, and uses the best available data

• Informs decision-making on a specific program – a new policy, project, plan, or program that has a potential for health risks or benefits

• Solutions focused: develops practical recommendations, informed by both public health priorities AND the economic, technical or political constraints on the decision
HIA: Key Points

• Provides structured forum for collaboration
• Health broadly defined
• Consider whether there are subgroups within an affected population that may be more vulnerable to a given impact (equity and disparities)
• HIA is intended to be concluded and communicated in advance of a decision so that the information that it yields can be used to shape a final proposal in such a way that the adverse effects are minimized and beneficial ones are optimized
HIA: International Context

- Europe, Canada, Australia, etc.
- World Health Organization Commission on Social Determinants of Health: “non health” public policy
- Integrated with EIA, urban planning, part of HiAP (health in all policies)
- World Bank and IFC; assess health impacts as part of evaluation for large development loans
- Multinational Corporations: oil, gas, mining
The HIA Process

1. **Screening** – do we need to conduct a HIA
2. **Scoping** – determine the important health effects, affected populations, available evidence, etc
3. **Assessment** – analyze baseline conditions and likely health effects
4. **Recommendations** – develop health-based recommendation and a feasible plan for implementing them
5. **Reporting** – disseminate the report to the public, stakeholders, solicit input
6. **Monitoring** – track outcomes of a decision and its implementation
7. **Evaluation**: of the process and impacts
Example for Policy #1: Massachusetts Low Income Housing Energy Assistance (LIHEAP)

- **Policy Question:** energy prices spiked after Katrina, increasing the financial burden for families. Should LIHEAP funds be increased?

- **Health Effects:**
  - Pneumonia
  - Burns
  - CO poisoning
  - Hunger and poor nutrition

- **Recommendations and Outcomes:**
  - Increased funding for LIHEAP—state controller noted the importance of the bill to public health in his evaluation of fiscal impacts
  - New evaluation parameters added for monitoring

*Medicaid Expenditures*
State Legislative Action

• U.S. proposed or adopted several bills that include certain elements of HIA
• Topics: health care quality, environmental policy or project, vulnerable populations, efficacy of policies, transportation policy or project, comprehensive
• A few examples
  – Maryland H.B. 1034 (2007): Healthy Places Act
  – Maryland H.B. 341 (2010): Minority HIA

http://www.ncsl.org/Portals/1/documents/environ/HIA.pdf
Example for Policy #2:
State Route 520 Bridge Replacement HIA Project

- Complex highway rebuild in Seattle: 12.8 mile corridor
- Highly controversial
- HIA mandate by legislature as part of the conflict resolution process
- Assess project's impact on "air quality, carbon emissions and other public health issues."
- HIA recommends elements for creating healthy communities in the SR 520 corridor: including enhancing transit, bicycling, and walking facilities; providing landscaped lids and green spaces; and employing noise reduction strategies
Example for Policy #3
Rapid HIA Maryland Senate Bill 222

• Maryland General Assembly
• Rapid HIA during 2011 Session
• 90-day legislature
• Screening process
• S.B. 222: Procurement – Living Wage - Repeal
• 2.5 weeks to “complete” the HIA
• Testified at the bill hearing – Senate Finance Committee
What are the Impacts of HIA?

• Limited evaluation research in U.S.; international case studies
• Partnership between JHSPH, Pew Health Impact Project, and CDC
• 76 self-identified HIAs (we did not screen to decide if it was an HIA); interviews completed on 49
• Semi-structured interview: outcome of recommendations, other notable impacts, challenges, public participation
How do Authors Define Success in their HIAs?

• Brought health concerns into the discussion; decision-makers now routinely thinking about health

• HIA recommendations were 100% adopted into the growth plan

• Influenced the final design of the project

• Educated decision-maker about how a policy that seemed to have nothing to do with health, actually has health consequences

• Culture change
Reasons HIA Recommendations Not Adopted

• Skepticism: health connections aren’t obvious, and to non-health agencies, seem unlikely, distal, incredible.
• Regulatory limits: agency lacks authority to implement recommendations
• Timing: HIA results delivered after decision was made
• Political controversy around the target of the HIA – “drowning out” the HIA results
• Recommendations not written in statutory/regulatory language
Implementing HIA for Policymaking: Practical Considerations

- Who would do a HIA?
- Who would pay for it?
- Need to provide timely, valid information
- Need to engage stakeholders upfront, especially policymakers
- Respecting the policymaking process
Pew Health Impact Project and National Network of Public Health Institutes (HIA Training 11/29-11/30)

- Institute for Public Health Innovation (DC metropolitan region)
- Florida Public Health Institute
- Illinois Public Health Institute
- Kansas Health Institute
- Health Resources in Action (MA)
- Michigan Public Health Institute
- North Carolina Institute of Public Health
- Public Health Management Corporation (PA)
- South Carolina Institute for Medicine and Public Health
- University of Wisconsin Population Health Institute
CDC Grants: Building Infrastructure

• HIA capacity-building pilot programs local and state levels (2010 and 2011); 3-year grant

• Oregon Public Health Division; California Active Communities (UCSF/CDP); Minnesota Department of Health; Wisconsin Department of Health Services; Davidson Design for Life, (North Carolina); San Francisco Department of Public Health; Massachusetts Department of Public Health; the Oregon Department of Public Human Services; Douglas County (Nebraska) Health Department and the Baltimore City (Maryland) Health Department
How to Pay for It?

• It doesn’t have to be a long, costly process
• Health is now the top budget item for states
  – Leveraging other public investments to improve health presents an important opportunity to reduce costs, both in the short term (e.g., injury, asthma) and the long term (e.g., obesity, diabetes)
• Does not have to be a new blanket requirement
  – Well-done screening dictates that HIA is used selectively, when the time and resources exist and when it will clearly add valuable new information that leads to a better decision
In Summary

• HIA promising way to factor health considerations into the decision-making process

• Moving forward, for state legislatures:
  – Need to increase awareness of connections between non-health public policy and health, and HIA – how best to do this?
  – Is an HIA the right tool to promote health public policies?
  – Determine if and how this tool can be used
  – How best to convey HIA findings? Testimony? Briefs? Include a ‘Health Impacts’ section of the Fiscal and Policy Note?
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