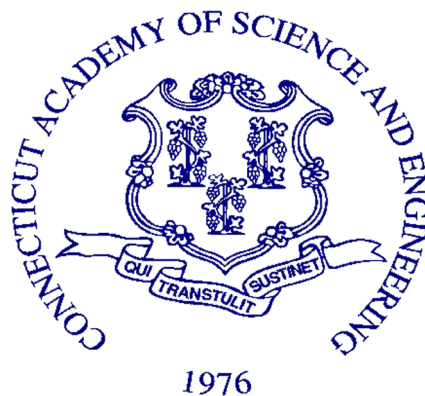


HEALTH IMPACT ASSESSMENTS STUDY

AUGUST 2013

A REPORT BY

**THE CONNECTICUT
ACADEMY OF SCIENCE
AND ENGINEERING**



FOR

THE CONNECTICUT GENERAL ASSEMBLY

HEALTH IMPACT ASSESSMENTS STUDY

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This study was initiated at the request of the Connecticut General Assembly on October 9, 2012. The project was conducted by an Academy Study Committee with the support of David Pines, PhD, Study Manager and Colleen Ann O'Connor, MPH, Associate Study Manager. The content of this report lies within the province of the Academy's Public Health Technical Board. The report has been reviewed by Academy Members Sten A. Caspersson and Paul R. Skolnik, MD. Martha Sherman, the Academy's Managing Editor, edited the report. The report is hereby released with the approval of the Academy Council.

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EXECUTIVE SUMMARY

The use of Health Impact Assessments (HIAs) is a relatively new process in the United States that is designed to ensure that often overlooked or unanticipated health impacts are considered in proposed policies, programs, projects or plans. HIAs offer practical recommendations to minimize negative health risks and maximize health benefits, while addressing differential health impacts on vulnerable groups of people. They have been used by decision makers at the federal, state and local levels in a variety of sectors, including agriculture and food, built environment, education, housing, labor and employment, natural resources and energy, and transportation.

STUDY PURPOSE

The purpose of this study is to provide the Connecticut General Assembly, state agencies, local health departments, regional health districts, and interested parties with information about HIAs for the purpose of assessing their value for use in Connecticut.

BRIEF STATEMENT OF PRIMARY CONCLUSION

Health considerations are often unintentionally overlooked in the development and implementation of policies in non-health sectors such as transportation, education, energy, housing, and labor. Taking health into consideration in the decision-making process for policies, programs, projects and plans will make Connecticut a healthier place to live, promote a healthy workforce for its businesses, potentially avert unnecessary healthcare costs in the future, and contribute to disease prevention. HIAs use a flexible, yet systematic, analytical process to achieve these goals. Additionally, they provide the basis for making changes to ensure health is appropriately considered during the development of policies, program, projects, and plans, when applicable. The Department of Public Health (DPH) should lead this effort by raising awareness of HIAs, creating demand for the appropriate use of HIAs, and promoting the need for capacity development within the state to effectively conduct and participate in HIAs. The end goal is not just to conduct HIAs, but to use HIAs as a catalyst for integrating public health into the decision-making process throughout all sectors and levels of government.

STUDY DESCRIPTION AND RESEARCH METHODOLOGY

The study includes the following elements:

- HIA introduction – general information
- Tools and methods used for conducting HIAs
- Use of evidence in the development of HIAs
- Use of HIAs for public policy development
- Relationship of HIAs to and use in conjunction with environmental impact assessments
- Best practices that can serve as models for Connecticut’s use
- Findings based on the research
- Recommendations of the CASE Study Committee

Study research methodology included:

- A literature review
- Interviews with national experts in the field, state leaders, and others
- Input from Connecticut Regional Planning Agencies (RPAs), Local Health Districts and Departments (LHDDs), and academia through a focus group session and survey
- Guest speaker and forum presentations to the CASE Study Committee

BACKGROUND

The United States is one of the wealthiest countries in the world, yet it ranks 32nd in life expectancy. Approximately half of all US adults live with chronic illness and two-thirds are overweight or obese. Connecticut, the wealthiest state in the nation, has the fourth highest per capita healthcare spending rate in the country, with chronic conditions accounting for an estimated 75% of that spending. Solutions to Connecticut's health challenges involve more than simply improving the healthcare system. Researchers have established that other factors, such as social conditions and environment, are responsible for a much greater proportion of poor health outcomes than previously realized. A proactive approach to healthcare based on a broader view of health that includes these factors could result in significant reductions in the need for particular kinds of healthcare.

"Health in All Policies" refers to the practice of integrating the public's health, well-being, and equity considerations into the development and implementation of policies in non-health sectors such as transportation, energy, housing, and labor.¹ The rationale is that, "The full spectrum of health considerations are often unintentionally overlooked in decision making. And their omission can lead to policies and practices that are unnecessarily harmful to people, and costly to society."² The use of HIAs has emerged as a "critical tool" to assist decision makers, particularly those in non-health sectors, with implementing a "Health in All Policies" approach and for the purpose of specifically providing guidance for evaluating the health impacts of proposed decisions.

An HIA includes the following essential elements:^{3,4}

- Informs decision making on a specific proposed action
- Should be conducted prospectively, i.e., in advance of a policy decision
- Engages stakeholders in the process
- Utilizes a systematic analytic process for assessment of potential health impacts
- Ensures that health disparities are considered in decision making

1. Human Impact Partners. "Health in All Policies: An Upstream Approach to Advance Health and Equity." www.humanimpact.org/component/jdownloads/finish/20/182/0

2. American Public Health Association. Health Impact Assessment (HIA): A Tool to Benefit Health in all Policies. (n.d.) www.apha.org

3. Minimum Elements and Practice Standards for Health Impact Assessment. North American HIA Practice Standards Working Group. Version 2. 2010

4. Aaron Wernham, MD, MS, Director, The Health Impact Project, The Pew Charitable Trusts; Presentation to CASE Study Committee, 11/15/12)

- Emphasizes inter-agency collaboration
- Considers a broad view of health including the social determinants
- Offers strategies to mitigate negative health effects and maximize positive health effects
- Uses best available scientific evidence to inform the process
- Establishes baseline conditions for health, describing health outcomes, health determinants, affected populations, and vulnerable sub-populations

An HIA can be scaled to fit the available time and resources of a decision-making process. The various HIA approaches are most often defined as rapid, intermediate, or comprehensive. While these terms are not consistently applied across all HIA practice, they are useful in describing the spectrum of HIA activity, which typically differs in the complexity, duration, level of stakeholder engagement, resources required and methods used.

It is important to emphasize that HIAs are a “pragmatic decision-support tool” and that in order to successfully influence policy, HIAs must operate in the real-world policy-making setting, providing timely information without delaying important decisions and offering analysis based on best-available evidence. In addition, HIA recommendations should be feasible and actionable within the legal purview and policy frameworks of other sectors.

SUMMARY OF FINDINGS AND RECOMMENDATIONS

Findings

HIAs are a useful emerging methodology in the United States for considering health impacts on a wide range of policy decisions, from social policies to the built environment to transportation. HIAs utilize a systematic analytical process for assessing potential health impacts, ensuring health disparities are considered, establishing baseline health conditions of a community, and offering strategies to mitigate negative and maximize positive health effects. Social and environmental determinants have a strong influence on health outcomes and in order to truly impact the health of the state, these need to be considered in policy and decision making. Presently the state’s approach is designed to react after decisions have been made rather than to proactively seek strategies to maximize health benefits and mitigate negative health effects. More effort is needed to prevent disease and keep people healthy. The added benefit of a proactive health approach to decision making is the potential to reduce the cost of the healthcare system over the long term.

This study found that there is support for adding a broad health perspective into the decision-making process for policies, programs, projects and plans in a broad array of non-health sectors. The study also found that HIAs are a useful tool to ensure health impacts are considered when applied according to practice standards and when recommendations are incorporated into decision making. On the state level there is interest across agencies to incorporate health considerations into decision making in non-health sectors.

A successful HIA program needs the following elements to support the integration of public health into the decision-making process:

- An agency or agencies to provide leadership and support for the use of HIAs.
- HIA programs for training, technical assistance, and mentoring for those that are interested in conducting HIAs.
- Creation of demand for HIAs by raising awareness and educating stakeholders and policy makers about the value of using HIAs.
- Integration of considering health impacts into the culture of organizations and agencies that normally do not consider how their policies, programs, projects, and plans affect health.

Resources, including those related to capacity, funding, staff, and access to data and support for data analysis, are needed to effectively conduct HIAs. Connecticut has unique resources that provide a strong foundation for the use of HIAs. However, shortcomings in these areas need to be addressed to effectively incorporate health considerations into the decision-making process for policies, programs, projects and plans on a sustained and institutionalized basis. These resources and areas of need include the following:

Capacity:

Only three HIAs have been completed in Connecticut to date, and DPH and CADH have limited HIA experience. Thus, the following are the essential needs that must be addressed for developing capacity for a sustained HIA program within the state:

- Expertise to conduct HIAs
- Knowledge to manage and/or participate in the HIA process
- Ability to screen proposed decisions as to the appropriateness and need for conducting an HIA
- Ability to conduct HIA training and to develop a network of mentors and technical advisors that are available to assist others interested in or conducting HIAs

Funding:

Ongoing state budget constraints provide a challenging environment for state agencies to expand services into new areas, such as for funding HIA projects

Staff:

Staff at the state, regional, and local agency levels (i.e., health and human service agencies, as well as non-health based agencies) may need a variety of skill sets and levels of effort depending on their involvement with the HIA process (e.g., conducting, screening, managing, or participating). The following is an overview of resources that may be necessary to support the use of HIAs:

- Legislative: Proposed legislation is currently screened for direct health impacts by the General Assembly's Public Health Committee and DPH, with such legislation then reviewed and commented on during the legislative process, if and when appropriate. Additional staff resources and training may be needed if proposed legislation typically not considered health related is also reviewed to determine if an HIA would be beneficial.

- Health and Human Service Agencies: Agency staff may be involved in screening, conducting, managing, and providing technical assistance. HIA activities align well with the skills of some of the staff, though additional staff time and HIA training would be needed.
- Regional Planning Agencies and Other Agencies: These agencies may be managing programs, projects or plans in which an HIA would be beneficial. Staff need to be aware of the value of using an HIA, trained to incorporate health impacts into the planning and design process, and provided with time to engage in the HIA process.
- LHDDs: There is a wide range of staff resources and skills at the local level, with larger departments and districts likely to be in a better position to support HIA activities, such as data collection and analysis, and to provide expertise on health impacts and health equity issues. However, most LHDDs are not in a position to be the lead on an HIA. Therefore, training would mostly involve raising awareness, knowing the health-related questions to ask, helping to identify policies, programs, projects or plans that would benefit from an HIA, and being familiar with the technical resources in the state that are available to assist with conducting an HIA. It is noted that due to small staff size and limited resources, part-time local health departments may find it more challenging to participate in or support an HIA.

Data:

Many data resources are available for use in conducting HIAs, including CADH's Health Equity Index, the DPH Environmental Public Health Tracking (EPHT) data portal, as well as some publicly available Department of Social Services (DSS)/Medicaid Data. Some focus group session participants and individuals interviewed expressed concern about access to data, particularly for data on the census tract/block level, which is helpful for establishing baseline conditions of a community. Additional data support from appropriate state agencies may be necessary. When used appropriately, these data will support health informed decision making. Furthermore, qualitative data can be used when quantitative data is not available.

At the state level, there are already mechanisms in place in Connecticut for the potential implementation of HIAs. For example, proposed legislation is currently reviewed by a variety of legislative committees, state agencies, and stakeholders for numerous reasons. Generally, the Public Health Committee (PHC) of the General Assembly and DPH screen proposed legislation that has the potential for direct health impacts, but do not necessarily screen proposed legislation for its broad effect on health. The National Environmental Protection Act (NEPA) and Connecticut Environmental Protection Act (CEPA) include protection of public health, but the Environmental Impact Statements (EISs) and Environmental Impact Evaluations (EIEs) based on these regulations only include a narrow view of health. Broadening the view of health considered in EISs and EIEs to include social determinants of health would better meet the original intent of the existing legislation.

At the local level, Connecticut's fragmented local health infrastructure will make it more challenging to incorporate HIAs into the decision-making process on a sustained basis. There are 74 separate LHDDs covering the 169 towns in the state. Also, catchment areas for RPAs do not

coincide with LHDD catchment areas. These differences present challenges for the use of HIAs at the local level in Connecticut as compared with other states with county-level government. Findings from the focus group session and interviews indicated that there are misconceptions about the practice of HIA that lead to concerns that HIAs will be used to inhibit implementation of “good” projects or the HIA process will become so burdensome that overall benefits will be negated. However, the findings indicate that these concerns are unfounded, as HIAs when used according to practice standards (including robust screening and scoping procedures) do not result in delaying or stopping projects. The goal of an HIA is not to determine whether a proposed project is good or bad overall, nor whether or not a project should continue. Instead, the focus of an HIA is on maximizing potential health benefits and mitigating potential risks as needed by making appropriate changes in the design or planning of a policies, programs, projects and plans.

An unexpected finding of this study is overall support for incorporating health into decision making by state and regional/local agency leaders beyond just using HIAs. There is interest in changing the culture of agencies through staff training and by engaging public health professionals for the development policies, programs, projects, and plans.

Recommendations

HIA methodology utilizes a systematic analytical process for assessing potential impacts, uses the best available scientific evidence to inform the process, and offers strategies to mitigate negative health effects and maximize positive health effects. Based on numerous best practice case studies that show the benefit of HIAs, the CASE study committee recommends that HIAs be used in Connecticut, when appropriate. Appropriate use means to apply this decision-support tool only when an HIA will add new information to a deliberation, and when the connections to health are not directly obvious. It also means using the tool only when the assessment can be completed in a timely manner so that the recommendations can be integrated into the decision-making process. The goal is not just to conduct HIAs, but to use HIAs as a catalyst for including health considerations at the decision-making level for policies, programs, projects, and plans.

The specific recommendations of the CASE study committee are as follows:

1. PHC and DPH should assume a leadership role, with the support of the governor’s office, in having health be a consideration in the decision-making process regarding policies, programs, projects, and plans.
2. Establish a multi-agency Health Review Team to develop and oversee utilization of a pre-screening protocol that outlines the appropriate use of HIAs in policies, programs, projects and plans at all levels and for all sectors that would benefit most from the HIA process.
3. Develop pathways for considering health impacts in policies, programs, projects, and plans. When possible, HIAs should be incorporated into existing regulations, mechanisms, and processes. For example, the public health requirement of the EIE process should be broadened to include HIAs as a best practice to meet the requirements of health analysis in NEPA and CEPA. DPH should expand its involvement in the EIE process by not only commenting on health risks from water

supply and specific contaminant issues, but also including a broader view of health impacts. This review should be conducted in consultation with DPH's Environmental Health Section.

4. Develop capacity to carry out HIAs effectively by creating an HIA Resource Center comprising organizations willing to provide support and guidance for those interested in conducting HIAs.
5. Increase state HIA capacity by raising awareness for HIAs, creating demand for the appropriate use of HIAs in decision-making processes, and developing capacity to effectively carry out HIAs. Use of consultants to conduct and lead an HIA should be considered where staff resources and capacity to conduct HIAs is limited.
6. Training is necessary at the state, regional and local levels to create awareness of the HIA process and the ways in which it adds value for decision makers.
7. Initiate a demonstration HIA program (HIA Housing Program and HIA EIE Program) to strengthen the HIA infrastructure and determine the best sustainable approach for the use of HIAs in Connecticut
8. Develop a mechanism to ensure evaluation and monitoring of HIAs completed in the state. Evaluations should provide guidance for the improvement and implementation of an HIA program in Connecticut and an expansion of the demonstration HIA programs into other sectors.

CONCLUDING REMARKS

Policies, programs, projects and plans that maximize positive health effects and mitigate negative health effects will make Connecticut a healthier place to live for its residents, promote a healthy workforce for its businesses, potentially avert unnecessary healthcare costs in the future, and contribute to disease prevention. HIAs use a flexible, yet systematic, analytical process to achieve these goals and to ensure health is considered during the development of policies, programs, projects, and plans, when applicable.