

Health Impact Assessments & Planning: Bridging the Gap to Promote Health Equity

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Public health and planning have been intertwined professions since the 1800s, when a concern over the health and wellness of city dwellers led reformers to demand greater order to the growth of cities and the provision of government services. The connection between the two professions was reinforced again in the 1960s, when air and water pollution legislation swept the nation.¹ Today,

the evidence of the relationship between planning decisions and public health outcomes can be seen in increasing health inequalities throughout the United States. Health Impact Assessment (HIA) can contribute information to the planning process in order to address these unintended health consequences prior to a decision being made.

Planners work to “improve the welfare of people and their communities by creating more convenient, equitable, healthful, efficient, and attractive places for present and future generations.”² A planner’s actions can either contribute to health inequities or promote equity. Language related to the protection of health and enhancing quality of life is commonplace in comprehensive plans and zoning ordinances. However, this language typically concerns only very basic health issues such as clean water, sanitary sewer services, building stability and fire protection.

Today, with obesity, diabetes and cardiovascular disease on the rise, the health profession – both clinical and public health – is becoming more involved in plans, policies, programs and projects that impact the built environment. Health professionals recognize that the planning profession is at the frontlines of determining whether or not healthy communities are built.

What is health and health equity?

Health is not something you purchase from the doctor’s office. Defined as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity,” a person’s level of health is determined by many factors including the environments in which they live, work, play, learn and worship.³ Health inequities are differences in the health status, distribution of disease and illness, and in mortality rates across population groups. These inequities are caused by an unjust distribution of resources, opportunities and authority needed to live a healthy life. Achieving health equity entails focusing societal efforts to address avoidable inequalities by equalizing the conditions and removing barriers to health for all groups so that all people can realize the highest level of health possible.⁴

Health equity also relates to how we expend financial resources on healthcare and initiatives aimed at keeping us healthy. A 2007 study noted that being able to access health care is a critical determinant of health status, but the behaviors of individuals - which can be influenced by planning decisions about the built environment - are a much greater influence on individual health. It noted that 88% of the national health expenditures are devoted to access to care but those expenditures only have a 10% influence on health over a person’s lifetime. Conversely, healthy behaviors, including active living and healthy eating, have a 50% influence on personal health but we spend only 4% of expenditures devoted to healthy behaviors.⁵

Health Impact Assessment (HIA) emerged as a way to more effectively unite the professions of planning and public health to achieve their mutual interests by analyzing and determining how proposed plans, projects, or proposals may impact the health and welfare of the general public.

In some cases, HIA may address the deleterious effects that sedentary lifestyles are having on Americans, health care costs and the economy. HIA allows planners to form partnerships with health officials, engage community members in a discussion around health and the built environment, and promote health equity.

What is Health Impact Assessment?

The National Research Council developed the following technical definition for HIA:

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 proposed policy, plan, program, or project on the health of a population and the distribution of the effects within the population. HIA provides recommendations on monitoring and managing those effects.⁶

The HIA process is broken into six steps: screening, scoping, assessment, recommendations, reporting, and monitoring and evaluation. These steps, which are illustrated in Figure 1, are fluid and tend to influence one another.

HIA uses a combination of sources and methods of analysis, depending on the topic and the sector (e.g. transportation, housing, energy) in which the assessment is being conducted. Each sector is unique, and one of the greatest strengths of the HIA process is its flexibility, which makes it possible to evaluate potential health outcomes of diverse types of decisions. HIA can be applied to the 4 Ps: plans, policies, programs and projects. For example, this process can be used to inform decisions concerning the built environment – such as a comprehensive transportation plan, specific transit projects or local planning ordinances – as well as programs and policies outside of the built environment, such as the Supplemental Nutrition Assistance Program or a minimum wage policy.

Through an HIA, a community can address health inequities by estimating and measuring how the proposed action could impact various populations. One of the main tenets of HIA is that it considers those who, as a result of various circumstances, may be more adversely affected than others by the decision being made. Therefore, community engagement and empowerment are key components of this process.

The Value of HIA

The value of HIA is felt by a broad variety of stakeholders involved in it – from health professionals to community members. For health professionals, HIA is a way to bring health concerns to the attention of decision makers and to form partnerships with professionals in other fields, such as planning, in order to incorporate health considerations into local policies and procedures.

For planners, HIA is another source of information

to strengthen plans, promote an additional means of community engagement and inform the outcomes of a plan either specifically through health-based analysis or with health as one of many factors in the outcomes of the plan. For the community, HIAs can be a form of empowerment and can provide useful information for grassroots community action. For decision makers, HIA can provide additional perspectives on and information about a decision and can also facilitate community buy-in. Ultimately, the value of doing an HIA is to create health-promoting policies and a healthier built environment.

HIA Case Studies in North Carolina

All of these value-added elements have been realized in HIAs conducted in North Carolina over the past two years. In a planning context, HIAs have been applied to: an amendment to state law that would limit municipal authority to influence urban design if passed; active transportation plans (e.g. pedestrian, bicycle, greenways); corridor studies for highway and commuter rail investments; and local street design standards.⁷

The degree to which overall health equity has been considered in each has varied based on the context of the HIA. For example, the HIA performed for the Haywood County Comprehensive Bicycle Plan found that students at an elementary school in a traditional, small town neighborhood had experienced alarming rates of increases in Body Mass Index (BMI) over a five-year period of time. The neighborhood had other key indicators of poor health, such as low income and higher-than-average rates of rental housing. Using the HIA method, the Bicycle Plan identified engineering, education and encouragement recommendations along the bicycle route that bisected this neighborhood.⁸

In the Town of Davidson, promoting health equity has been a specific goal of two HIAs: Davidson's Street Design Standards HIA and the Red Line Commuter Rail HIA.^{9, 10} Providing multiple modes of transportation increases mobility options for low-income individuals who cannot afford a car, youth and the elderly who may not be legally able to drive or may choose not to drive, and



Figure 1: Health Impact Assessment process. *Image courtesy of authors.*

those with a disability that prevents them from driving. Increased mobility can lead to additional employment opportunities; increased autonomy, social cohesion and mental health; and improved physical health as activity levels increase. Recommendations included within the HIAs aim to increase the safety of all mode users and provide additional transit options and active transportation facilities.

In Buncombe County (Asheville area), an HIA for a countywide greenways and trails plan pinpoints which of the eight priority corridors identified in the plan have the highest

potential for positive impacts on the health of those residents who reside within one mile of the planned greenway investment. Some pockets have higher proportions of older adults, while others are near minority neighborhood or areas where there is a higher density/number of residents for whom English is a second language. This has led to preliminary recommendations on how the county should prioritize investments and how those investments should strongly consider the needs of nearby residents (e.g. larger typeface on wayfinding signs or icon-based signs for those with limited English).¹¹

In Robbinsville, a mountain community that has been hit hard by the economic downturn and is historically isolated from other areas of western North Carolina, the HIA for the town's Pedestrian Connectivity Plan is synthesizing the results of numerous past planning, economic and health efforts to position the community to maximize health outcomes for its residents through investments in sidewalks and greenways. The town has conducted, in partnership with universities and health foundations, numerous studies and investments related to diabetes management and prevention, access to health care, tobacco free living, and school-based health centers. The results of these efforts are being assessed in relation to prioritized pedestrian facility improvement to link community facilities to nearby neighborhoods.

The Future of HIA

HIA is still a relatively new practice in the United States, but is much more formalized in many European countries. As the practice continues to grow, the model by

which HIAs are conducted will evolve in the same way that the methods planners use to develop plans has evolved over the past several decades.

In North Carolina, HIA is applied in diverse ways: To inform a municipal plan; as an integrated element of active transportation plans; and to inform decision makers on how proposed legislation by the North Carolina General Assembly could impact a community's design. The common thread is that these HIAs have all used the topic of health to engage stakeholders and inform outcomes of the plan or policy decision.

While some communities may not be able to fully engage in the entire HIA process due to funding, time or staff limitations, leaders and officials need to consider health as an integrated element of every plan. In the same manner in which we include vision and goals, demographics analysis, land use forecasting, transportation evaluation, economic analysis, provision of water and sewer services, and zoning, we should consider the overall health impacts to the community—it is and continues to be the foundation on which the planning profession was established.

Endnotes

¹ Kelly, Eric Damien. *Community Planning: An Introduction to the Comprehensive Plan*. Island Press; 2010: 23.

² American Planning Association. What is Planning? <https://www.planning.org/aboutplanning/whatisplanning.htm>

³ World Health Organization. WHO Definition of Health. <http://www.who.int/about/definition/en/print.html>

⁴ American Medical Student Association. What is Health Equity. http://www.amsa.org/AMSA/Libraries/Initiative_Docs/2011_Health_Equity_Background.sflb.ashx

⁵ New England Healthcare Institute. The Boston Paradox: Lots of Health Care, Not Enough Health. The Boston Foundation. 2007.

⁶ National Research Council of the National Academies. *Improving Health in the United States: The Role of Health Impact Assessment*. Washington, DC: National Academies Press; 2011:46. Free PDF access to this book is available at http://www.nap.edu/openbook.php?record_id=13229. Accessed May 10, 2012.

⁷ Health Impact Project. HIA in the United States. <http://www.healthimpactproject.org/hia/us>. Accessed October 30, 2012.

⁸ Haywood County Comprehensive Bicycle Plan – Health Impact Assessment. http://bicyclehaywoodnc.org/Files/20111111_HaywoodBikePlan_HealthImpactAssessment.pdf. Accessed on October 30, 2012.

⁹ Health Impact Assessment: Town of Davidson Street Design Standards. <http://www.healthimpactnc.com/wp-content/uploads/2012/11/SDS-HIA-Report-2.pdf>. Accessed February 20, 2013.

¹⁰ Health Impact Assessment: Red Line Regional Rail. <http://www.healthimpactnc.com/wp-content/uploads/2012/11/Red-Line-HIA-11-28-2012.pdf>. Accessed February 20, 2013.

¹¹ Draft Findings – Buncombe County Greenways & Trails Plan Health Impact Assessment. http://www.kostelecplanning.com/wp-content/uploads/2012/10/20120701_BuncombeGreenwaysHIA_Kickoff1.pdf. Accessed on November 19, 2012.

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