Considerations for the Selection of Appropriate Policies, Plans, or Projects for Analysis using Health Impact Assessment

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FORWARD

This document is intended to assist people, organizations, or public institutions with selecting a policy, program, plan, or project on which to conduct Health Impact Assessment (HIA). The document assumes the reader has some knowledge of public policy and land-use decision-making processes. Further introductory and advanced information and resources on HIA are available (e.g., at www.humanimpact.org), including training materials, guidebooks, case studies, and consensus practice standards. This document does not comment on or interpret current requirements for health impact analysis in US laws and regulations.

INTRODUCTION

Health Impact Assessment may be defined as a combination of procedures, methods and tools that systematically judges the potential, and sometimes unintended, effects of a policy, plan, program or project on the health of a population and the distribution of those effects within the population. HIA identifies appropriate actions to manage those effects (IAIA 2006). HIA can be used to improve the quality of public policy decision-making by providing evidence-based recommendations that can be used to enhance predicted positive health impacts and minimize or eliminate negative ones. Health Impact Assessment has been practiced in the United States for approximately a decade, but awareness of and interest in the field has grown substantially over the last few years.

HIA can be used to analyze a wide range of policies, plans and projects; many proposals have unrecognized impacts on health. While HIA has already been used in the United States on land use and transportation projects, plans and policies, as well as labor policies, it is applicable to many other policy areas including, for example, farm, immigration, incarceration, and education.

A number of organizations now trained in HIA are interested in applying this process in real world cases. A critical question for these organizations, as well as for funders, decision-makers, and others, is *how to select a policy, plan or project on which to conduct an HIA* in order to have the greatest impact and relevance with their limited resources. Deciding whether or not to conduct an HIA on a particular decision is known as *Screening* and is the first step in the HIA process.

HIA Screening may be challenging because it must take into account many considerations, including different priorities, constraints, regulatory requirements, and theories of change of diverse organizations and stakeholders. Screening is also an iterative process in which questions get answered but also lead to new questions. It is important to note, however, that neither HIA nor the screening process can begin without a proposed policy, project or plan to assess.

This paper provides ten specific criteria for screening for organizations considering conducting an HIA. The first three criteria identify characteristics of policies, plans and projects and decision-making processes that are essential for conducting a successful HIA. The next five criteria gauge the value of the potential influence and impact of a completed HIA. Finally, the last two criteria are practical feasibility considerations important to the successful conduct and communication of an HIA.

While the criteria are ordered in this way for clarity in presentation, *all the criteria are important* (e.g., criterion 9 regarding partners is critical to the success of an HIA, but is a "practical" concern and therefore described near the end). In all, ten screening criteria are described and relevant examples are provided. Several of the examples are related to land-use planning processes, and we assume that readers have some familiarity with those processes. When appropriate, we also describe 'exceptions to the rule' – circumstances in which the criteria could be modified. The ten criteria are:

1. *The project, plan or policy has been proposed, a final decision about whether to adopt the proposal has not been made, and there is sufficient time to conduct an analysis before the decision is made.*

2. *The decision has the potential to affect, positively or negatively, environmental or social determinants of health that impact health outcomes of a population - and those health impacts are not being or likely to be considered without the HIA.*

3. *Evidence, expertise, and/or research methods exist to analyze health impacts associated with the decision being considered.*

4. *The proposal being considered could potentially impact health inequities.*

5. *The proposal's impact on health outcomes is potentially significant. This can be measured in terms of the number of people impacted, the magnitude of impacts, and the breadth of the impacts.*

6. *The connections between the proposal and health outcomes are neither too obvious nor too distant.*

7. *Decision-makers and/or those stakeholders who have the capacity to influence the decision-makers are likely to use the HIA findings and recommendations to inform or influence the decision-making process, whether through regulatory requirements or voluntarily.*

8. *The HIA could help lead to institutional and/or systemic changes that promote better health outcomes for all.*

9. *Partners are available to participate in the HIA process and use the HIA findings and recommendations.*

10. *Resources (including funding, personnel time, technical capacity, and leadership) are available to conduct the HIA.*

ESSENTIAL CHARACTERISTICS

1. ***The project, plan or policy has been proposed, a final decision about whether to adopt the proposal has not been made, and there is sufficient time to conduct an analysis before the decision is made.***

Explanation

HIA is intended to be conducted prospectively to evaluate a proposal, with the goal of using HIA findings to ensure that the final decision reflects a consideration of the potential impacts that the proposal may have on health. A concrete proposal with a pending decision is necessary, as it is difficult and a potential poor use of resources to assess a hypothetical proposal that could easily change or has not been detailed sufficiently. An HIA is not conducted after a final decision on a proposal has been made since it is typically difficult to modify a final decision *(exceptions to this are described below)*. It is also optimal to have a clear sense of the decision-making process and the timeline of that process when screening a potential HIA project.

It is often challenging to meet these criteria because decision-making processes are not always transparent and open. Specifically:

- Stakeholders are not always aware that decisions are being made;
- It can be difficult to identify the actual decision-maker;
- The time between when a policy, plan or project is proposed and when the final decision is made can be very short; and
- Timelines for decisions can shift dramatically.

The time required to conduct an HIA can vary from several weeks to ideally no more than a year. In some cases there may be sufficient information and data available for a "rapid HIA" that can be completed in less time and from which findings and recommendations can be summarized quickly. Such projects often have limited scope in terms of the research questions that are addressed, and may not be comprehensive in terms of the breadth of data considered. Because the scope of the HIA must conform to the decision timeline, the question for Screening is whether a rapid HIA that risks incompleteness would be worthwhile.

With more time, an HIA can address a broader scope of issues, present a wider variety of data and information, involve more stakeholders, and propose recommendations and mitigations that reflect a more diverse array of perspectives.

Example 1 – State Policies

A legislative bill is a good example of a fairly concrete proposal that has a defined decision-making timeline. State legislatures have timelines for making decisions on proposed legislation. In California, for example, proposals for new bills are submitted each year at the end of January. There are multiple decision points for each bill: Committees in the Assembly and/or Senate, and the full Assembly and/or Senate, review and vote on the bills between March and August. The Governor ultimately decides whether to sign a bill into law in the late Summer or early Fall. An HIA could be conducted after a bill has been submitted, and must be completed by the time the

decision that the HIA is intended to influence is being made (e.g., a committee hearing or the Governor's signature). Typically, it is best for health findings to be available as early as possible to be used: a) to inform a legislative analysis of the bill; b) to amend the bill; or c) by advocates to support or oppose the bill's passage.

However, some legislative decisions do not follow such a straightforward timeline. For example, budget decisions are often made through negotiations in which not all proposals are clearly defined or made public and whose timelines are extremely rapid. Prospectively analyzing a budget decision may be difficult because there may not be a concrete proposal to assess or enough time to complete an HIA. In addition, often many bills get stuck in the legislative process described above and never make it out of committee. Some bills are deferred to the following legislative session if there is not enough momentum to advance a bill in the year it is introduced.

Example 2 – Local Land Use Decisions

Significant land use decisions regarding General or Comprehensive Plans, Specific Plans, or major projects are made at a local level, often by a city or county government. General plans lay out the future of a city, county or neighborhood's development in broad terms through a set of adopted objectives and policies. Some states require the development of General Plans at the local level. For example, the State California requires each city and county to adopt "a comprehensive, long-term general plan for the physical development" of the land within its present and likely future boundaries.

Local planning decisions often concern concrete proposals for development, however, the specifics of the actual *plan* may not be available until well into the planning process. In some states, most land use plans must go through an environmental review process before final decisions are made. The entire planning process can take months, if not years. Decision-makers in these multi-step processes include: planning agencies and commissions, city councils, and/or mayors. HIA can fit well in the decision-making timeline, assuming it is started early enough. Information collected by others (e.g., planners and environmental reviewers) is often useful in an HIA, so concurrent analysis can be efficient. Similarly, information collected for the HIA could and should be used in the environmental review process. Again, it is best for health findings to be available as early as possible to better ensure that they are considered up front, and used to influence the design of the final land use plans.

If an HIA is attempted too early in the planning process, however, the proposal may not be well developed or may evolve significantly from its starting point and the HIA findings could be less relevant to the final decision. On the other hand, if a decision or environmental review is in its final phases, there may not be time, ability or willingness among decision-makers to integrate HIA findings and recommendations into the final plan or project design.

Exceptions

In some circumstances conducting an HIA after a decision has been made can be beneficial, but it is important to keep in mind that one of the main values of HIA is its ability to make recommendations that improve the way that decisions ultimately impact health outcomes.

Post-decision HIAs may be useful, for example, if:

- a policy has been passed, but not implemented. The HIA could be used to augment or amend the implementation process to address a recognized health issue; or
- similar proposals are likely to be considered in the future. For example: an HIA on budget cuts might be useful if similar cuts are likely to be considered the following year; or an HIA on an affordable housing renovation project that has been completed could inform funding for future such projects.

Similarly, HIAs can sometimes be started before a concrete plan is in place. For example, existing conditions data can be collected during the development of a land use plan and that information can be useful in the planning process. Once alternative plans have been proposed, the health impacts of the proposed plans can be evaluated.

2. ***The decision has the potential to affect, positively or negatively, environmental or social determinants of health that impact health outcomes of a population - and those health impacts are not being or likely to be considered without the HIA.***

Explanation

Since the aim of Health Impact Assessment is to judge the effects of a proposal on health, only proposals that affect health should be targets. HIA uses a broad definition of health that includes physical, mental and social health, and since environmental and social determinants of physical, mental and social health (including environmental quality, noise, nutrition, housing, livelihood, access to goods, parks, and services, and other determinants) are considered in HIAs, many proposed policies, plans and projects are considered to affect health. For example, proposals that impact jobs and employment may have impacts on life-span and mental health, and proposals that impact public transit may have impacts on physical activity, on access to goods, services and parks, on air quality, and ultimately on health outcomes related to those impacts. Before choosing to do an HIA, researchers should have hypotheses regarding the connections between the proposal and health outcomes.

Currently, health is most often considered in decisions regarding health care (e.g., access to health care, insurance, government health programs). Decisions also routinely consider effects on environmental exposures, but regulatory compliance is often used to imply the absence of health effects even when regulations are not fully health protective. Health is also increasingly being discussed with regard to nutrition policy and policies that impact physical activity. Few other decisions regularly take health into account.

Examples

In the U.S., HIAs have been conducted on a broad range of proposals regarding land use (e.g., housing projects and transit oriented development plans), transportation (e.g., freeway expansion and bridges) and worker rights (e.g., minimum wage and paid sick days). Many other issue areas impact health including, for example, education, incarceration, and climate change.

Health is already considered in several policy settings (e.g. health care, food and drug regulation, environmental quality regulation, consumer product safety). Decisions in these policy settings may not be optimal targets for HIA (see also Criterion 6, below). Other decisions, for example those on small technical changes to existing laws, may also be inappropriate targets.

3. Evidence, expertise, and/or research methods exist to analyze health impacts associated with the decision being considered.

Explanation

HIA is evidence-based; data is a necessary component of the assessment phase of HIA and guides recommendations. Data can be quantitative (e.g., mortality statistics) and qualitative (e.g., experiential knowledge contributed by community members in focus groups), and HIA can use existing available data (e.g., from the peer-reviewed literature or environmental reviews) or primary data collected as part of the HIA process.

HIAs both evaluate existing conditions related to health and make predictions about the likely direction and magnitude of the health effects of a proposed decision. Both assessments of conditions and prospective predictions must be based on evidence, which may include facts, expert opinion, data and applied research. A wide variety of research methods are available including literature reviews, quantitative predictive tools (e.g., air quality modeling), and interviews with health experts.

Example 1 – HIAs on Land Use

In HIAs that have been completed on land use projects and plans, a vast array of data sources have been used, including:

- peer-reviewed literature;
- census data;
- traffic injury data;
- agency public health reports;
- housing need predictions;
- labor statistics;
- air quality measurements;
- noise measurements;
- lists of local businesses and community resources;
- land use maps;
- transportation patterns;

- observed physical characteristics of the street and pedestrian environment;
- survey results of residents; and
- focus group results.

Similarly, a wide range of research methods have been used, including:

- literature reviews;
- air quality modeling;
- noise modeling;
- Geographical Information Systems (GIS);
- field observation;
- statistical analyses;
- surveys;
- focus groups; and
- stakeholder interviews.

Example 2 – HIA on Paid Sick Days Policy

HIAs on paid sick days policies have used the following research methods:

- analysis of government surveys (e.g., the National Health Interview Survey conducted by the CDC) that collected data on whether respondents received paid sick days;
- review of peer-reviewed public health empirical research;
- summary of reports (e.g., cost-benefit analyses) on the availability of paid sick days and other statistics;
- interviews with public health officials and researchers;
- surveys of workers without paid sick days benefits; and
- focus groups with particular populations (e.g., restaurant workers).

IMPACT-RELATED CRITERIA

4. The proposal being considered could potentially impact health inequities.

Explanation

Equity is a guiding principle for HIA. Conducting HIAs on policies, plans and projects that affect populations that face social, environmental or health inequities, such as low-income populations or people of color, can lead to significant changes that reduce those inequities. If one's goal in conducting HIA is social change, analyses of proposals that impact inequities are necessary.

This criterion builds off of criterion 2 above, with the goal of understanding the distribution of impacts on different communities. Screening for inequities should examine how policies impact all populations, including those defined by income, race/ethnicity, gender, age, and place of residence/work.

Example 1 – HIAs on Transportation Projects

Transportation projects often have a large impact on populations that live near the proposed project. As a result of the history of freeway construction in the United States, freeways often are located in (and often bisect) low-income communities and communities of color. These communities therefore bear a disproportionate burden of the poor air quality near freeways and have higher rates of respiratory and cardiovascular disease. Proposed freeway expansions therefore impact these vulnerable communities significantly.

Urban public transit projects affect the residents living in close proximity, and can be designed to improve access for local residents or for those living in suburban areas that are commuting into urban areas. Depending on the city, and patterns of residential segregation, these populations can be quite different from one another. Depending on how the transit project is designed and implemented, it may serve to exacerbate different health burdens for urban and suburban communities. An HIA could be used to highlight disparate health impacts for these populations.

Example 2 – HIAs on Climate Change Policies

Climate change is often considered an environmental issue, but global warming has many health implications (e.g., reducing impacts of natural disasters). There are also many potential health benefits of policies that impact climate change (e.g., reducing the amount of driving). While an HIA on a proposed climate change mitigation policy (e.g. expanding forests, reducing fuel consumption) may be generally useful in limiting climate change, the scope of the analysis should also include equity impacts – policies that reduce global warming will likely have significant impacts on vulnerable populations.

For example, a reduction of pollution from vehicles through reduced driving (i.e., vehicle miles traveled) will lead to less global warming, which will have positive health outcomes on a global level, such as limiting the spread of disease vectors and reducing natural disasters such as hurricanes. In addition, a reduction in driving may also improve local air quality, and as a result, lead to fewer respiratory conditions among those living near freeways (typically vulnerable populations). However, there are several ways to reduce driving – increasing the cost of driving, improving public transit, or changing land use patterns – and these options have the potential to impact some populations differently than others. Given these equity issues, climate change policy could be a good target for an HIA.

5. The proposal's impact on health outcomes is potentially significant. This can be measured in terms of the number of people impacted, the magnitude of impacts, and the breadth of the impacts.

Explanation

The number of decisions that impact health is daunting, while the number of HIAs that can be completed is limited by time and funding. It may be wise to first target policies, plans or projects

that impact more people, impact some people very significantly, or have a wide range of health impacts. Proposals that impact more people, more significantly, and in more ways are the best targets for HIA. If few people are impacted only a small amount, other decisions are likely more pressing. There is a large grey area between these extremes and other criteria described in this paper are useful in prioritizing such proposals.

The number of people who are likely to be affected by the decision directly or indirectly can often be gauged quantitatively (e.g., by tabulating the number of people living or working in an area or the number of people who fall into the categories that the proposal impacts).

Quickly judging (during Screening) the potential magnitude of the effect on health can be difficult in most circumstances – for example, it is difficult to estimate years of life lost without extensive analysis – and a qualitative assessment of the size of the impact (e.g., large, medium, small) is therefore often more appropriate. Public concern may be a surrogate for potential magnitude of the health impact.

A qualitative judgment of the potential breadth of impacts can be guided by using a list of the social and environmental determinants of health (e.g., those contained in the World Health Organization's Solid Facts at http://www.euro.who.int/DOCUMENT/E81384.PDF) for conceptualizing the ways in which a proposal will impact health.

Examples

Issues like a state budget, a major urban freeway expansion, and a minimum wage law can impact hundreds of thousands, if not millions, of people. The impacts on health can be large, the decisions may impact many determinants of health, and health outcomes can be affected through multiple pathways. Policies on incarceration (e.g., parole) will likely impact fewer people, but impact each person very significantly. Education policies will impact a large number of people. A proposed project for a single family home in an urban area will likely impact few people and, unless there are other reasons to analyze the project, would probably not be the best HIA target. (However, some organizations or community groups interested in HIA may wish to do their first HIA on a project such as this because there are good HIA models available and it is manageable given resources.)

6. The connections between the proposal and health outcomes are neither too obvious nor too distant.

Explanation

Conducting an HIA should offer an opportunity to inform decision-makers about the health effects of the proposals they are considering in situations when public health-related information is not typically part of the decision-making process. When a policy, plan or project is already considered to be health-related and health data is already informing decision-making, there may be little added value in conducting an HIA. Conversely, if the proposal only impacts health

through indirect pathways over long time periods, the connection to health and health data provided in an HIA may not be convincing, or the impact may not be clearly discernable or describable. There is a middle ground – cases in which health impacts are significant and proximal but not being considered – and this middle ground is ideal for HIA.

Examples

Decisions about health insurance coverage, access to health care services, and communicable disease transmission already include health-related data and an HIA may be of little value. Although not generally perceived to be quite as obviously related to health, decisions that affect nutrition (e.g., opening of a farmers' market) and physical activity (developing a plan to improve walkability in a neighborhood) may already be valued because of understood health outcomes.

Campaign finance reform (policies that change who can donate to political campaigns) may have significant health implications (e.g., health insurance companies could be disallowed from donating, and this could make it easier for elected officials to vote in favor of a form of universal health coverage). However, the health outcomes associated with such reforms may be too distantly linked and difficult to interpret for an HIA to be useful to such a topic. In such cases, other frames and types of arguments are likely to be more convincing.

Exceptions

In cases when health is already being considered in decision-making, such as the opening of a farmers' market, an HIA could be helpful if it plays the role of consolidating and summarizing data *when this has not already been done or when the scope of issues being considered is incomplete* (e.g., location of the farmer's market in relation to transit or traffic hazards).

7. Decision-makers and/or those stakeholders who have the capacity to influence the decision-makers are likely to use the HIA findings and recommendations to inform or influence the decision-making process, whether through regulatory requirements or voluntarily.

Explanation

In order for an HIA to achieve the goal of informing a process to improve the health outcomes of a proposal, decision-makers and the decision-making process must be open to input. Decisions that are extremely political, highly partisan, or secretive in nature may not be open to influence. Decisions that are controversial, though, have a high degree of public involvement and new ideas and knowledge offered by an HIA may be effective. Having a decision-maker ask for an analysis of health impacts is an ideal way to have the HIA findings considered as part of the decision-making process. In some cases, using existing regulatory processes (e.g., Environmental Impact Assessment), that already require the consideration of health outcomes, can create a "window" with decision-makers.

In addition, some stakeholders (e.g., advocacy organizations and community organizations) may be able to raise awareness of health impacts because of their relationships with decision-makers, the media or the public. Such groups may be able to exert their influence to increase the consideration of health in a decision that is not inherently open. Such groups may make good partners in the HIA process provided they share a common interest in healthy decision-making and do not have over-riding interests or positions on the decision.

In some cases, while the decision-making process may be open to input, other considerations or frames are dominant, and thus health impacts would be much less convincing. These other arguments may need to play out or be addressed before decision-makers will consider health.

Examples

Recently, several elected officials have asked their local public health agencies to weigh in on land use planning proposals. For example, the County Board of Supervisors in Humboldt County, CA asked the Public Health Branch to comment on proposals being considered in the county General Plan update. HIA has been used to evaluate such proposals. Similarly, some government agencies (e.g., the Community and Economic Development Agency in Oakland) have recently included consideration of health impacts as part of the Requests for Proposals for planning firms bidding to work on large plans or projects (e.g., the Specific Plan being developed for the Estuary area in Oakland). Being invited to the table is an ideal way to ensure that the HIA will be used.

Environmental Impact Assessment, which is required for many decisions in many jurisdictions, is a public process. An HIA can be used during or within the EIA process to evaluate the health impacts of the proposal and to inform the decision-makers about those impacts. This can happen either if the EIA officials include the health analysis as part of the required EIA process or if the HIA is conducted outside the process and submitted as a comment on the draft EIA and in public testimony. Such public decisions are open to input.

Some HIAs have been conducted with community organizations, advocacy groups, or other interested parties who have strong interests in the outcome of the proposal or are already advocating for particular decisions. (It is important that any HIA process be transparent, that the assessment phase consider all evidence – supporting or not – and that the communication report all major findings so that the HIA is not viewed as biased. Any organization or group of organizations conducting an HIA may be viewed by other stakeholders as biased.) While the decision may not be completely open to input, such organizations may have the ability to ask elected officials to consider health and to consider the HIA findings and recommendations. Such 'asks' can take place in private meetings, in public meetings, or through the media.

There are decisions, however, that are not as open to public input or health analyses. A project proposed by a developer with strong connections to elected officials (e.g., through campaign contributions) may not be open to influence. Budget negotiations often take place behind closed doors. And rational debate may be precluded by circumstances, such as in post-September 11th legislation in which fear of terrorism dominated and was what elected officials considered above all else. Less extreme examples of this include debates about affirmative action, gay marriage or

the three-strikes laws, in which other frames dominate and even a strong analysis of health would be unlikely to be considered.

Exceptions

If a decision is not open to input, an HIA might still be useful if the goal is to sway public opinion for future decisions that are similar. For example, while the budget cuts in California in 2009 were not open to health input, an HIA of the budget cuts may be useful to inform the public. A more informed public may be more in favor of increased revenue generation through taxes and may then be more likely to elect public officials who hold a similar view.

Additionally, an HIA could sometimes be used to help expose hidden drivers of and participants in a decision-making process, even if the health-related findings are not likely to be used due to the politics involved.

8. The HIA could help lead to institutional and/or systemic changes that promote better health outcomes for all.

Explanation

Outcomes from an HIA are often project-, plan- or policy-specific, but they can also lead to broader policy changes and changes in how decisions are made. Such HIAs can bring about larger shifts that can more effectively lead to improved health and reduced disparities, and can reduce the need for future HIAs in the subject area. Resources used on such HIAs are well spent. Thinking through the possible larger scale impacts that may result from an HIA project can be a helpful guide in choosing an HIA topic.

Some possible institutional and systemic changes include:

- Building collaboration among government agencies, such as public health and planning departments or among government agencies and constituencies. This can also be an opening for public health agencies or stakeholders to be invited to the planning or decision-making table;
- Changing the way agencies conduct their work. For example:
    - a planning department may begin to ask that health impacts be considered by planners consulting to them on specific or comprehensive plans;
    - an agency may ask that health impacts be considered more thoroughly in environmental impact assessments; and
- Passing of legislation by local, state or federal government to address the concerns raised in an HIA.

In addition, an HIA conducted on a policy in one jurisdiction may be useful for similar policies in other jurisdictions, and its usefulness would thereby be increased.

Examples

- Prior HIAs on proposed developments in Oakland, along with pressure by the county health agency, led to the planning agency's inclusion of a health impacts analysis in a Request for Proposals' scope of work for developing a specific plan. The addition of health to a scope of work for a Specific Plan may be repeated in future Requests for Proposals.
- HIAs in San Francisco that analyzed air quality hazards for residences near roadways have led to new regulations pertaining to the siting of new housing and air quality mitigations required when housing is near air pollution hot spots.
- An HIA on a large proposed highway expansion could set a precedent and lead state transportation agencies or the Federal Highway Administration to include a broad consideration of health in their proposals and their environmental review processes;
- By raising the health concerns regarding the lack of affordable housing in a proposed development project, a city council could be motivated to pass citywide inclusionary housing requirements;
- An HIA on paid sick days policies in California was the starting point for HIAs on similar policies at the federal level and in other states. In addition, labor organizations and legislative labor committees considered how their proposals would impact health and may continue to do so for other pieces of legislation.

Exceptions

While striving for such change may be ideal for organizations more experienced with HIA, groups conducting their first HIA may choose to focus on a small proposal with a more limited scope. After gaining HIA experience, goals could be broadened to include the institutional and systemic changes discussed above.

PRACTICAL CONCERNS

9. Partners must be available to participate in the HIA process and use the HIA findings and recommendations.

Explanation

HIA is often best conducted as a collaborative effort and offers organizations that have not previously worked together the opportunity to do so. It is vital that at least one of the partners has a fairly clear vision for how they plan to use the HIA, and intends to use the HIA results (see below for more on leadership required). Without this, the HIA is less likely to be used to make change. Organizations with more experience conducting and using HIAs (such as Human Impact Partners and the San Francisco Department of Public Health) can serve as mentors to help others envision their own applications of HIA.

Partners could include public health agencies, the government agency responsible for the decision, elected officials, community organizations, advocacy groups, academic researchers and others. Each of these types of organizations can have a role in the HIA, although not all are required to be part of every step of the process. Some organizations may have access to data or

tools or connections with community members or elected officials that could be useful. Some organizations may be able to use the HIA findings for advocacy, while others may not be able to do so. Some organizations may have a history of voicing health-related concerns regarding the proposal or similar proposals and may be natural allies with strong track records. No matter which organizations eventually collaborate on an HIA project, it is important for all of them to have an understanding of the HIA process and what their roles and commitments might be.

Example 1 – Land Use Planning

HIAs on land use plans have been conducted through collaborations between:

A. The public health agency, the planning agency, and community groups

- The public health agency brought data, tools (such as GIS and air quality modeling), and knowledge of the available public health literature;
- The planning agency provided details on the proposals being considered and data available from previous planning processes;
- The community group organized focus groups, otherwise engaged community residents in the process and used the findings in advocacy.

B. The public health agency, the planning agency, and a planning consultant and sub-consultants, including an HIA-focused sub-consultant

- The consultant organized the process and asked each sub-consultant to provide data relevant to the HIA (e.g., on transportation and economic outcomes);
- One sub-consultant led community outreach efforts;
- The planning agency provided guidance regarding the political situation and realities;
- The public health department provided data;
- The HIA-focused sub-consultant helped guide the process and provided input about health outcomes.

Example 2 – Paid Sick Days Policies

Policy HIAs may include different sets of partners. An HIA on paid sick days included:

- A public health department that conducted a literature review and secondary data analysis;
- A non-profit focused on HIA that coordinated the process and conducted research;
- A labor-studies group at a university that provided data;
- A labor advocacy non-profit that found funding for the project and used the findings to generate media attention and lobby elected officials; and
- Worker organizations that organized focus groups and collected surveys from workers that were used in the HIA assessment phase.

10. Resources (including funding, personnel time, technical capacity, and leadership) must be available to conduct the HIA.

Explanation

Funding, personnel time (paid or in-kind), technical capacity, leadership and other resources must be available and match the scope of the proposed HIA project. A number of sources of funding are available for conducting HIA. Funding can often be found for projects that meet the screening criteria presented in this paper. Funding sources will differ based on the subject and location of the project. The people involved in the HIA must play a number of roles and bring a range of skills. At least one organization must take the leadership role that includes coordinating the effort and implementing a vision for the conduct and use of the HIA. Agencies such as public health departments may be able to provide data, analysis, and other technical expertise to others free of charge and other in-kind resources may be available as well.

Examples

Foundations, government contracts, government grants, and developers are among the potential funding sources for an HIA. An HIA can cost as little as $5,000 for a rapid assessment and as much as $250,000 for a large, complex project. Compared to other government processes, such as environmental impact assessment, such costs are relatively low. A fairly in-depth HIA typically costs between $40,000 and $70,000.

CONCLUSION

The ten screening criteria presented here are intended to help organizations new to HIA begin the process of choosing appropriate HIA projects. Potential HIA targets could be entered into a spreadsheet and evaluated (e.g., as a checklist) or rated (e.g., using numerical ratings) against the criteria in order to rank them. This exercise could be carried out by an individual, a team of people at an organization, or, ideally, by a group of organizations interested in working together. At a minimum, a realistic discussion among stakeholders about the potential use of the HIA and their capacity to participate in the HIA should be part of the Screening process.

It is important to note that this process is difficult and imperfect. There is no 'right answer' to the question of what are the best HIA topics. Different organizations and coalitions may have different priorities and realities. They may use these criteria as a starting point.

However, this difficulty and imperfection should not be a barrier to starting an HIA. We encourage interested parties to dive in and get started; since the field is so young, we all learn a great deal from each HIA that is completed.

Screening is a very important, but sometimes overlooked, stage in HIA. In our experience, screening that is well done and well thought out leads to HIAs that are more successful at making change. Taking time up-front to consider the issues raised in this paper can save time and increase the impact of your work.

ADDITIONAL RESOURCES

For more information about Screening, contact Human Impact Partners (www.humanimpact.org).

For more information about the variety of HIA projects that HIP and our partner organizations have completed, please visit http://www.humanimpact.org/projects.

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