

Humboldt County becomes the first to make health impact assessment part of planning

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With obesity rates on the increase, chronic disease costs skyrocketing and the general plan update a decade in the making, Humboldt County's chief public health officer decided it was time to pay attention to more than the environmental impacts of development.

Funded by the California Endowment and a year in the making, the rural health impact assessment Dr. Ann Lindsay presented to the Humboldt County Planning Commission last month was the first of its kind in the nation and the first to be used as part of a general plan update.

"My vision was to create a healthy development tool for prospectively getting community input and a feel ahead of time for mitigations that might promote community acceptance," Lindsay said last week. "I had no idea when I started the study what it was going to show."

The Public Health Branch, the Humboldt Partnership for Active Living and a variety of health impact partners across the county didn't start the project from scratch. The World Health Organization recommends health impact assessments to provide decision makers with information about "how any policy, program or project may affect the health of the people."

San Francisco had created an urban HIA model that Lindsay's group adapted.

By the time the four focus groups from three cities and 37 data contributors were done, they'd identified 65 indicators and the health trade-offs required of each of the three plan alternatives under consideration for the general plan update Humboldt County began in 1998.

The group focused on 35 indicators — ways to measure effects on health — in six areas: housing, transportation, infrastructure, economy, environmental stewardship, and safety and social cohesion. Indicators were then paired to each general plan alternative.

Under environmental stewardship, for example, the primary indicators were: residential electricity use per capita; acres of public open space per 1,000 population in urban areas; proportions of county land retained for active farming and timber production; percent of food consumption from local food sources; impervious area in the county (such as asphalt); and percent of households using a municipal water system.

The group effort defined health “as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” and approached development and each indicator with four focal points in mind:

- + Preserving the rural character of the county.
- + Finding alternatives to single-occupancy motor vehicles.
- + Considering climate change and physical activity options.
- + Assuring the vitality of local business.

“Imagine my surprise,” Lindsay told the commission, as the group found Plan A to have a positive effect on 23 of the 35 indicators, a negligible effect on five indicators and a negative effect on two. The impact on five indicators has yet to be determined.

Plan A calls for focused growth over the next 25 years of 6,000 units in existing areas already supported by public sewage and utilities. It encourages higher density and restoration or rehabilitation of existing structures.

The HIA found no positive impacts, eight negligible impacts, 22 negative impacts and five impacts still to be determined for Plan B, which provides for 12,000 new units equally split between urban and non-urban areas.

Plan C allows for 18,000 additional units over 25 years, two-thirds of which are non-urban. The HIA found one positive impact for the plan and 30 negative impacts.

“I found it fascinating,” said Lindsay, who noted that the plan with the fewest impacts was also the least likely to address housing shortages. “Plan A is particularly favorable for seniors, which is a growing part of our community.”

“In Humboldt, seniors, children, Native Americans, and those living close to the poverty line are vulnerable populations that currently often have more significant health issues,” the March 20 report noted. It found Plan A would reduce that disparity the most.

“For example, the poor, seniors and children have less access to private motor vehicle travel. By placing future development in urban areas, (Plan A) would make non-motorized forms of transit a more viable alternative for accessing parks, medical center(s), senior centers and grocery stores.”

Lindsay cautioned against focusing on the assessments of the plan alternatives. Instead, she believes the statistics paint a compelling picture of how life in Humboldt County is impacted by development or the lack of development. The mitigations and breadth of indicators for health are the meat of the project.

“San Francisco had nothing on water quality,” Lindsay said. “It’s an obvious issue for rural areas. I’d never considered it’s much healthier to live on municipal water systems than it is small water systems because they have higher bacterial and contamination possibilities.”

Similarly, Lindsay said she learned something about total impervious area, the impact of runoff on area watersheds and mitigation to improve water quality. Mitigation examples included setting limits on the total impervious area in each watershed and incentivizing the use of porous materials for new roads and parking lots.

Vehicle miles traveled was one of the transportation indicators and served as an example for how the group determined impacts and mitigations.

“VMT correlates with obesity,” the report stated. It cited an Atlanta study showing car-friendly communities with almost twice the rate of obesity as pedestrian-friendly communities (22 percent to 12 percent) and a California study where counties with the highest average vehicle miles traveled were significantly associated with the highest average obesity incidence rankings.

VMT is “directly proportional to air pollution and greenhouse gas emissions” and has a “direct relation to amount of physical activity” in that the choice to drive is a choice not to walk or bike, the report continued.

Humboldt County residents averaged 27 VMT per capita in 2006 compared to the statewide average of 24. By putting a higher percentage of the county population in urban areas, the group concludes, VMT will decline as public transit and the inconvenience of driving and owning a car follows.

Plan B would add 200 million VMT in the county – about 16 percent more than Plan A.

Plan C would add 400 million VMT in the county – about 32 percent more than Plan A.

Lindsay said VMT impacts safety for all modes of transportation; commute length and transportation costs; access to goods and services; and social connections and greenhouse gas emissions.

To mitigate VMT, the report recommended increased funding, coordination and education for public transit; promoting routes to employment locations; designing multimodal transit hubs with co-located businesses and housing, with priority given to transportation disadvantaged; and encouraging retail, business and industry to grow within urban boundaries by offering incentives to locate in central business districts.

The 200-page summary report is available in its complete version online at **www.humanimpact.org**. Go to “Projects,” then on left-hand side click on “Humboldt General Plan updates.” Scroll down to HIA. Everything from the number of child care centers to area parks to distances from fast-food establishments and grocery stores is part of the county snapshot.

“I can’t even begin to estimate the countless hours of the data contributors,” Lindsay said. “It felt like a thesis.”

Lindsay said Mendocino County has already expressed interest in making use of the rural HIA in its planning.

“Enlightening” is how Planning Commissioner Scott Kelly put it. He made Lindsay’s day when he asked about the HIA availability for “large projects as a voluntary measure.”

“That’s my vision,” Lindsay said last week. “There are always trade-offs to development. If we can consider health in all of our development decisions, that will be a success.”