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## Built to heal by Sara Stroud - 11.2.09

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With a steeper poverty rate, lower life expectancy, and higher rates of cancer, heart disease, diabetes and asthma than the rest of the county that surrounds it, West Oakland probably isn't the first place that comes to mind when thinking about healthy places to live.

But the area is one of several locations in the San

Francisco Bay Area where community groups, city officials and project developers are pioneering the use of Health Impact Assessment as a way to calculate the health effects of land-use decisions, with the goal of promoting health and mitigating negative impacts.

More a combination of processes and methods than a simple tool, Health Impact Assessment (HIA) measures potential health effects that a project or policy—such as a housing development or traffic ordinance—might have on a population. Ideally, such assessments, which can vary widely in scope from quick to extensive, are performed before a project is built or a policy is implemented, allowing decision makers to incorporate recommendations that would minimize negative health effects.

“They’re catalytic in getting involvement of health professionals in land-use policies,” says Rajiv Bhatia, director of occupational and environmental health for San Francisco Department of Public Health, which has led the way on HIA in the United States. Its Healthy Development Measurement Tool is the nation’s first evaluation metric for the health impacts of building projects.

Focusing on a range of health outcomes including physical activity, obesity, air quality and safety, HIAs cover some of same



The I-5 bridge spans between Oregon and Washington.

ground as mandated Environmental Impact Assessments. But very few environmental assessments contain comprehensive health analyses, Bhatia says. HIAs go further into linking health impacts to land use, building and policy decisions.

Besides the obvious quality-of-life issues, combating health problems could save government, business and individuals billions of dollars each year. Heart disease costs the United States \$475 billion annually, according to the Centers for Disease Control. A 2009 report from the California Center for Public Health Advocacy found that physical inactivity and obesity costs the state \$41 billion per year in healthcare costs and loss of productivity. The same report found that decreasing weight and boosting physical activity by 5 percent over five years could save about \$12 billion, and that improving community environments is a way to start.

Connecting health and the built environment during the design and planning process is becoming more common, says Erin Christensen, an urban designer at Seattle-based [Mithun](#) architecture firm. As an indicator, the Congress for New Urbanism in 2010 is teaming with the Centers for Disease Control to focus its annual conference on creating healthy places to live. For its part, Mithun works with a public health consultant on some projects to incorporate health concerns into its designs, Christensen says. One current project, a master plan for the South Lincoln Redevelopment, a mixed-income, mixed-use community in downtown Denver, is being designed to maximize walkability through street and sidewalk planning. The client, the Denver Housing Authority, looked to the Healthy Development Measurement Tool as a way to create a project that would be “holistically sustainable,” with features such as a community garden and an initiative to bring fruits and vegetables into the neighborhood through existing markets, new stores or farmers’ markets, and access to community amenities.

### **Non-toxic investments**

While health advocates and some public developers are optimistic about what HIAs can do for improving the health of residents, private developers are optimistic about how such assessments can be used as



a tool to attract financiers and potential tenants to their buildings. The transit village's HIA recommended farmers' markets.

For the South Lincoln project, for which the Denver Housing Authority plans to soon seek funding, being able to tout the healthiness of the project could offer a leg up in the competition for dollars, Christensen says.

Such a shift in thinking is logical to some, who note the vast majority of tenants in green buildings cite improved air quality and other health factors as their biggest attraction to the building. "If there's a perception that features can lead to health benefits, I think it will have a demand by occupiers," says Scott Muldavin, executive director of Bay Area-based [Green Building Finance Consortium](#).

In the past, health concerns have been addressed through building codes and liability issues, and therefore have not been a factor in real estate finance.

However, he also cautions about making too many claims about health, as they can increase liability and may also send unintended messages about existing buildings. "You have to be careful about making claims about health," Muldavin says. "People need to be careful about how much they actually sell it."

### Early stages

As a practice, HIA has been employed since the mid-1980s in other countries and by the World Bank. It's just beginning to gain traction in the United States, where about 50 HIAs have been conducted since around 2003, Bhatia of the San Francisco Department of Public Health says. The San Francisco Bay Area has been a proving ground for HIAs in the United States, beginning with the efforts of the San Francisco Department of Public Health. People were coming to San Francisco's health department to solve problems that were outcomes of land-use decisions, Bhatia says.

One project to proactively address potential health concerns by employing an HIA was the [Jack London Gateway Senior Housing](#) development in West Oakland. The \$16-million



project, developed by the nonprofit East Bay Asian Local Development Corp. and completed in 2009, is a 61-unit low-income senior housing development and retail space. Located barely a football-field length from a freeway and close to the traffic-heavy Port of Oakland, air and noise pollution and safety emerged as key concerns.

DHA is developing a “holistically sustainable” community.

The steps of an HIA typically include identifying the scope of the assessment, such as which health effects should be looked at; assessing who would be affected by the project or policy and what those effects would likely be; making recommendations about how to mitigate health risks; reporting the results to decision makers; and evaluating how the HIA impacted the process. In the case of the senior housing project, the HIA led the developer to include air filtration systems and a modified entryway to minimize noise, among other things. While the mitigation measures resulting from the HIA were modest by many standards, the experience served to engage community members and familiarize city officials and developers with the HIAs, with the goal of increasing their use.

“[HIAs] are picking up a huge amount of steam right now,” says Jonathan Heller, director of Human Impact Partners, an Oakland-based nonprofit that both performs and advocates for HIAs, and led the HIA process for the West Oakland senior housing project.

So far, most of the HIAs that have been performed have been initiated and funded by community organizations, nonprofits and public health agencies. But planners are starting to ask for such assessments, as well, Heller says.

“It feels like it’s a burgeoning practice,” says Lydia Tan, interim president and CEO of Oakland-based BRIDGE Housing, a development partner of Oakland’s MacArthur BART transit village, a mixed-use development that had an assessment performed in 2006 and is slated for groundbreaking in 2010.

As designed, the \$340-million project, which is also participating in the U.S. Green Building Council’s Leadership in Energy and Environmental Design for Neighborhood Development (LEED-ND) pilot program, will have about 600 housing units—about 100 of which will be affordable housing—a parking garage and retail space. The project’s HIA was performed by the

University of California at Berkeley (UC-Berkeley) Health Impact Group and included recommendations such as including a farmers' market and child care on the site, enhancing pedestrian safety and encouraging walking, cycling and transit, and locating buildings' air intake systems as far as possible from nearby freeways. "We looked at it as a way of informing voluntary things we could do," Tan says.

On the downside, there was no prioritization of the HIA recommendations, which would have allowed the developers to figure out how to make the biggest impact with limited funding. It also would have been helpful to coordinate with the project's Environmental Impact Report (EIR), to make clear what additional steps could be taken beyond the EIR's requirements, Tan says.

Beyond the Bay Area, HIAs are gaining awareness in the Pacific Northwest, where a group of public health professionals and community groups jumped into HIAs with one of the region's biggest in-the-works transportation projects: the \$4 billion Columbia River Crossing bridge connecting Vancouver, Wash., and Portland.

The bridge's HIA was funded and performed by Multnomah County Health Department with the cooperation of community groups. For the bridge, the HIA recommends maximizing light rail use, promoting safety on roads and interchanges, creating bike and pedestrian access and using tolls to discourage single-occupancy-vehicle use. The county health department says it hasn't yet received a written response to its recommendations. In the meantime, armed with the skills gained from the bridge HIA, the county plans to undertake more HIAs, says Sandy Johnson, the department's director of health and social justice.

### **Infiltrating the system**

While those involved in Health Impact Assessments agree that they're gaining in popularity as a practice, the goal for practitioners isn't necessarily to have an assessment performed for every sizable project being planned. Instead, the hope is that principles for health will be integrated into every project's planning process. In that case, HIAs would best be used as an accountability tool where uncertainties or controversies exist, such as building a new type of project or building in a new location, Bhatia says.

In San Francisco, for example, the city isn't really using HIAs in the land-use arena anymore, Bhatia says, and is instead focusing on city policies including congestion pricing for traffic and a

paid-sick-days ordinance. Human Impact Partners says it plans to continue to focus on land use and transportation while moving into climate change-related HIAs. Meanwhile, the state of California has begun adopting HIAs, Bhatia says, including a move by the California Air Resource Board to include an assessment of the state's greenhouse gas emission mitigation measures, as health impacts of climate change could burden the state with up to \$24 billion annually, according to a UC-Berkeley study.

The ultimate measure of HIAs effectiveness is twofold: whether they enact real positive health outcomes and whether they start to get planners and developers to begin thinking about health, both of which are happening, according to Heller.

And it's important to remember that incorporating health considerations into building projects can translate into an improved quality of life for the people who inhabit them, HIA advocates say—whether it's a downtown Denver resident who can walk down the street to buy groceries, or a West Oakland senior who can breathe easier in her own home.

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