



The Health Impact Project: Advancing Smarter Policies for Healthier Communities

A Progress Report

INTRODUCTION

Over the past two decades, a growing body of evidence has made it clear that numerous economic and social decisions can have a dramatic effect on the public's health. Health impact assessments (HIAs) have emerged as a tool to judge those effects, and to identify opportunities to improve population health in sectors that have not traditionally considered health outcomes—such as planning, transportation, education and housing.

The National Research Council defined health impact assessment this way:

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 those effects within the population. HIA provides recommendations on monitoring and managing those effects.¹

In 2009, the Robert Wood Johnson Foundation (RWJF) authorized a five-year, \$11.15 million program the Health Impact Project (reduced to \$10.75 million in 2012) to promote the wider use of HIAs:

- The National Research Council developed a framework and guidelines for HIAs and published a report in 2011.²
- The *Health Impact Project*, a collaboration of RWJF and the Pew Charitable Trusts in Washington, is advancing the use of HIAs by supporting local and state

¹ National Research Council. *Improving Health in the United States: The Role of Health Impact Assessment*. Washington: National Academies Press, 2011. Available online: http://www.nap.edu/catalog.php?record_id=13229#toc.

² ID # 66737 (\$450,000, October 15, 2009 through October 14, 2011)

demonstration projects, developing and managing technical assistance, convening stakeholders, and building interest and piloting the concept among federal agencies.³

- The [Group Health Cooperative](#) in Seattle is evaluating the project, using case studies to analyze the elements that are critical for a successful HIA.⁴
- When the Health Impact Project began in 2009, 54 HIAs had been completed or were in progress in 15 states. By 2013, that number had grown to 276 HIAs in 35 states.

WHAT PROBLEM IS THE HEALTH IMPACT PROJECT ADDRESSING?

The United States has some of the highest health expenses in the world, but ranks 32nd in terms of life expectancy, a clear indication that “good health depends on more than the amount of money spent on health care,” according to the National Research Council.

Historically, the United States has done little to consider the impact of public policies on health, despite a decade or two of public health evidence about the importance of the built environment, noted Aaron Wernham, MD, MS, director of the *Health Impact Project*. “But what are we supposed to do about that from a public health standpoint?” he asked.

HIAs are intended to answer that question. The field has developed largely outside the United States, through efforts by the World Health Organization, the European Union and Canada, as well as the private sector and international development banks. Until recently, HIAs were relatively rare in the United States. A study published in the *American Journal of Preventive Medicine*, documented only 27 HIAs from 1999 to 2007.⁵

Determining health impacts requires the public health community to work across many sectors, said Jonathan Fielding, MD, MPH, MA, MBA, an intellectual pioneer of the HIA process and a member of the National Research Council’s Health Impact Assessment Committee.⁶ It requires “uncommon acts of collaboration with folks who don’t necessarily speak the same language and who use different vocabulary.” Fielding said the players must agree on desired outcomes and develop common metrics for those outcomes.

³ ID # 66099 (\$82,123, May 1, 2009 through April 30, 2010); ID # 66479 (\$7,247,562, August 1, 2009 through January 31, 2014); ID # 68590 (\$2,570,308, March 1, 2011 through February 28, 2014); ID # 69981 (\$2,499,999, July 1, 2012 through February 28, 2015)

⁴ ID # 69004 (\$399,642, May 1, 2011 through April 30, 2014); ID # 69993 (\$33,526, May 1, 2012 through April 30, 2014)

⁵ Dannenberg AL, Bhatia R, Cole BL, Heaton SK, Feldman JD and Rutt CD. “Use of Health Impact Assessment in the US: 27 Case Studies, 1999–2007.” *American Journal of Preventive Medicine*, 34(3): 241–256, 2008. Available online: http://www.cdc.gov/healthyplaces/publications/AJPM_HIAscasesstudies_March2008.pdf.

⁶ Jonathan Fielding, MD, MPH, MA, MBA, is the director of the Los Angeles County Department of Public Health and Health Officer for Los Angeles County.

RWJF has been engaged with HIAs on an ad hoc basis since the early 2000s, with grants to the Centers for Disease Control and Prevention (CDC) Foundation, the UCLA School of Public Health and others to study the feasibility of the process and advance its use. RWJF also provided funds for specific regional and state projects, including HIAs to evaluate the beltway—a major transportation and land-use project in Atlanta⁷—and to inform decisions on natural resource development through considering the impact on native peoples in Alaska.⁸

WHAT IS THE HEALTH IMPACT PROJECT?

The *Health Impact Project* promotes the use of HIAs at the local, state, tribal and federal levels. In providing funding, RWJF sought to build an emerging field by defining the components of an HIA more rigorously, promoting networking, piloting demonstration projects, and involving additional grantmakers.

“We took as our charge to promote and support the wider use of HIAs as a way to make sure that decisions that wouldn’t normally focus on health are being viewed with a health lens at some point in the decision-making process,” said Wernham.

As part of that process, the National Research Council convened an expert committee to develop a framework, guidance and terminology for conducting HIAs. Committee members were selected for their expertise not only in HIAs, but in public health, community health, epidemiology, urban planning, social sciences, economics, environmental law and other fields. “We really wanted a very balanced look at HIAs and what would be the best guidance going forward,” said Ellen K. Mantus, PhD, senior program officer on the Board of Environmental Studies and Toxicology at the National Research Council.

As the expert committee pursued its work, RWJF funded the Pew Charitable Trusts to plan the program, build the field, and support demonstration sites. A coordinating center, housed at Pew, is “the sticky place for all the different groups that have been involved [in HIAs], bringing them all together,” said Pamela Russo, MD, PhD, senior program officer at RWJF. “People now have a place to go, a place to learn and get resources.”

Through three calls for proposals, issued in 2009, 2011, and 2012, the *Health Impact Project* has supported 30 HIAs with grants of \$25,000 to \$150,000 to health departments and other government agencies, nonprofit organizations, and universities to pilot HIAs. “We wanted ... to support some HIAs around the country that would tell a compelling case about why it is important to look at health impacts and why HIA is a valuable way to

⁷ Grant ID # 53546. See [Program Results](#).

⁸ Grant ID #s 63350 and 64996

do it,” said Wernham. “This is where we spend most of our time, building a stable of successful projects.”

Organizations did not necessarily need HIA experience to receive funds, since a substantial amount of technical assistance was provided. More important, explains Wernham, was a commitment “to building relationships between health and other sectors, to building strong coalitions of public health partners and community stakeholders.”

In an unanticipated development for the project, as of September 2013, six foundations joined RWJF as funding partners, providing a total of \$3.3 million to support HIAs and technical assistance to them. The other funders are: the California Endowment, Kaiser Permanente Colorado, Kansas Health Foundation, Kresge Foundation, the Minnesota Blue Cross Blue Shield Foundation, and St. Luke’s Foundation in Cleveland.

Carolyn Link of the Minnesota Foundation said the RWJF call for proposals crossed her desk at just the right moment. “It spoke to work we wanted to get involved in, but ... we didn’t have the in-house capacity to go it alone.” She introduced herself to Wernham and proposed a strategy to fund HIAs in Minnesota, “using our money and RWJF and Pew expertise.”

That mix of activities, coupled with a broader interest in the field, has contributed to a national growth in HIAs that Wernham calls “stunning”—a growth rate of 800 percent from 2007 to 2013. A continually updated list is available [online](#).

WHAT ARE THE MOST SIGNIFICANT RESULTS TO DATE?

Creating a Framework

The National Research Council’s Health Impact Assessment Committee’s report, *Improving Health in the United States: The Role of Health Impact Assessment*, presented a six-step framework for completing HIAs:

- **Screening** determines whether the HIA is likely to succeed and whether it will add valuable information to the decision-making process.
- **Scoping** defines the populations that might be affected by a proposed policy or project, determines what health effects will be evaluated, and lays out the research strategy.
- **Assessment** describes the baseline health of the affected populations and characterizes the potential health effects of the proposal.
- **Recommendations** identify alternatives or specific actions that could be taken to avoid, minimize or mitigate adverse effects or to take advantage of opportunities to improve health.

- **Reporting** is the communication of findings and recommendations to decision-makers, the public and other stakeholders.
- **Monitoring and evaluation** can include process evaluation, to gauge whether the HIA was conducted as planned; impact evaluation, to determine whether the HIA influenced the decision-making process; and outcome evaluation, to assess changes in health status or health determinants because of the implementation of the project that was assessed.

Demonstration Projects and Program Grants

As of October 2013, almost all of the RWJF-funded demonstration projects from the first and second round of funding had been completed and six new demonstration projects, funded under a third call for proposals (plus two through other funders), were underway. Priority in this third round of grants was given to geographic regions in which few HIAs had been conducted to date, and on topics other than urban land use planning, which has already been an area of emphasis.

In addition to the new demonstration projects, five RWJF-funded HIA program grants (plus two through other funders) of up to \$250,000 were made to organizations that had already conducted at least one HIA. Each of those grantees is expected to conduct two more HIAs and to establish the systems, relationships, and funding mechanisms to implement an HIA program that can be sustained when the grant period ends.

The *Health Impact Project's* coordinating center provides a two-day introductory training to new demonstration projects. It also offers ongoing training, mentoring, and technical assistance, matching technical assistance providers to grantees on the basis of their respective needs and expertise. As of September 2013, the *Health Impact Project* had supported training for some 1,150 people.

Examples of the RWJF-supported work include:

- Upstream Public Health, a nonprofit in Portland, Ore., conducted an HIA of legislation that would provide incentives to deliver fresh local foods to schools. The HIA concluded that the bill would create at least 800 agricultural jobs within a decade and increase student satisfaction with school meals, both of which can improve health.⁹
- The Kohala Center, on the island of Hawaii, conducted an HIA to guide the creation of the County of Hawaii Agriculture Development Plan, intended to revitalize agriculture as a basis for economic development. Among other findings the HIA reported was that expanding farm-to-school programs, increasing production of fresh

⁹ The full HIA is available [online](#).

food for local markets and promoting home gardening would all improve food security and the nutritional quality of the food people consume.¹⁰

- The Kansas Health Institute conducted an HIA of state legislative proposals to allow casino development. The assessment uncovered potential health benefits—such as increased quality of life and life expectancy associated with new jobs—and health risks—including chronic fatigue and injury associated with pathological gambling—that were not part of previous discussions about gaming. The legislation did not pass in 2012, or in 2013, when it was reintroduced. In 2013, however, for the first time in the long legislative history of this bill, the debate included the health issues raised in the recently released HIA.
- The Arizona Department of Health Services is using a program grant from the third round of funding to build a statewide HIA network, with a special focus on recruiting a diverse membership engaged in issues beyond those related to the built environment and land use. The program team has hosted four trainings since early 2013.

Among the projects supported by other funders:

- Blue Cross Blue Shield of Minnesota supported an HIA conducted by the city of Minneapolis’s Department of Health and Family Support to inform the city’s Above the Falls Master Plan. The master plan will guide redevelopment of an industrial area near low-income neighborhoods along the Mississippi River.
- The California Endowment supported California Rural Legal Assistance to conduct two HIAs to inform the development of land use, transportation and other policies relevant to greenhouse gas emissions; these policies would be required by a proposed state law.
- The Kresge Foundation is supporting a Georgia State University-conducted HIA to make recommendations about the location and design of rebuilt public housing in Galveston, Texas. Existing housing was largely destroyed by Hurricane Ike in 2008.

Building the Field

The *Health Impact Project* supports and promotes the HIA field by building partnerships, making presentations at health policy and public health conferences, conducting media outreach, and building a resource-rich website.

“We have needed each other in order to get this field off the ground,” said Arthur Wendel, MD, MPH, the team lead for the CDC’s Healthy Community Design Initiative.¹¹

¹⁰ The full HIA is available [online](#).

¹¹ The Healthy Community Design Initiative works to improve public health by improving community design decisions and influencing decision-makers about their health impact. More information is available [online](#).

His group has been collaborating with the *Health Impact Project* to evaluate the policy impacts and other outcomes of HIAs completed to date in the United States.

Wendel adds, “It has been incredibly helpful to have the *Health Impact Project* here to lay some foundational work and to be a good communicator about the benefits of HIA, and we hope that we have been able to be a good partner in connecting them with some of our research.”

Field-building activities include:

- **Convening national HIA meetings in Washington.** The first-ever event, convened by the *Health Impact Project* in collaboration with the CDC, the National Network of Public Health Institutes, and the California Endowment in March 2012, brought together policy-makers, public health professionals, HIA practitioners and others. RWJF had anticipated about 200 attendees, but registration had to be closed six weeks early, with 450 registrants. The National Network of Public Health Institutes¹² helped to facilitate the meeting with a CDC conference grant.

“It really takes cross-collaboration among agencies,” said Beatriz Solis, MPH, PhD, program director for the California Endowment’s Healthy Communities program. “All too often we are stuck in our own lane The conference was a place where you had a diversity of groups, agencies, and folks from a variety of sectors coming together.”

A second national meeting, also in Washington, drew more than 350 people representing 40 states in October 2013. Again demand outpaced expectations and the meeting was filled two months before the registration deadline.¹³

- **Involving the public health institutes.** Recognizing public health institutes as a natural home for HIAs, the *Health Impact Project* funded the National Network of Public Health Institutes to:

- Establish regional training centers at the Georgia Health Policy Center in Atlanta and the Oregon Public Health Institute in Portland. “It has been fantastic to see how their provision of technical assistance has exploded in the last year,” said Erin Marziale, MPH, associate director of member services for the network. Two more regional training centers got off the ground in 2013.

In addition to training public health institute staff, the training centers respond to other requests and serve as one of the *Health Impact Project*’s technical assistance providers.

¹² The National Network of Public Health Institutes was established in 2001 with support from RWJF and CDC. Public health institutes are nonprofit entities that complement the role of government public health activities and foster innovations in the public health system. See the [Progress Report](#) for more information.

¹³ The meeting was organized with assistance from the CDC. It was sponsored by six organizations: the California Endowment, Pew Charitable Trusts, National Network of Public Health Institutes, Minnesota Blue Cross Blue Shield, RWJF and the *Health Impact Project*.

- Provide a two-day HIA training for 10 public health institutes. Participants each brought a case study to the training so that the training had real-world relevance.
- Award \$20,000 to two demonstration projects (the 10 participants in the two-day training were eligible to apply and seven did so):
 - The South Carolina Institute of Medicine and Public Health in Columbia, S.C., is conducting an HIA to assess the potential health effects of adding green space in the city of Greenville, S.C.
 - The University of Wisconsin Population Health Institute in Madison, Wis., is conducting an HIA to inform a state legislative decision on whether to continue or cancel a transitional jobs program.
- **Collaborating with state and local government representatives.** The *Health Impact Project* provided funding to the National Association of County and City Health Officials to allow health departments with HIA experience to provide training and mentoring to others. It is also consulting with the Association of State and Territorial Health Officials (ASTHO) and the National Conference of State Legislators on projects related to HIAs.

“More and more health departments are waking up to the potential of doing” HIAs, said Wernham.

“Suddenly,” says Joe Cimperman, a Cleveland councilman, “we are saying those words we don’t say often enough in government: ‘Are you comfortable with the environmental and health impacts of this decision?’” Cleveland has completed an HIA on the health implications of proposed legislation to expand agriculture into urban areas.

- **Involving federal agencies.** The *Health Impact Project* conducted a workshop and made presentations about HIAs to members of the National Prevention, Health Promotion, and Public Health Council. Subsequently, it collaborated with the CDC to explore opportunities for using HIAs to implement that council’s National Prevention Strategy, which aims to shift public health efforts from treatment to prevention.¹⁴

The *Health Impact Project* contracted with Dinah Bear, JD, former general counsel to the President’s Council on Environmental Quality, to advocate for a federal guidance document on using HIAs in environmental impact statements (EIS), which are required for many federally funded projects. While human health is supposed to be considered as part of an EIS, the analysis of health effects is limited, according to the National Research Council report.

The *Health Impact Project* is “looking to establish a presence” at the federal level, according to Wernham. “The onus is on us to prove that an HIA is valuable, practical, not terribly costly, and really does provide a benefit.” A pilot HIA collaboration with

¹⁴ The National Prevention Strategy is available [online](#).

the federal Department of Housing and Urban Development is underway to consider how public housing authorities should designate housing for disabled or elderly residents.

- **Research to support the field and demonstrate the impacts of HIA.** The *Health Impact Project* partnered with Keshia Pollack, PhD, MPH, and funded one of her graduate students to interview HIA practitioners and develop about a dozen HIA case studies. (Pollack, an associate professor at Johns Hopkins Bloomberg School of Public Health and a Pew consultant, also obtained funding from the Bloomberg School for some 50 additional case studies.)

Based on a series of interviews, her research team proposed several definitions of success, including the extent to which health becomes part of the decision-making process, policy-makers become educated, and HIA recommendations are adopted. The team also identified facilitators to adopting HIA recommendations, such as strong stakeholder and community engagement, and barriers, such as regulatory limits and skepticism about the relevance of health to a decision.

The researchers are preparing a journal article about the impact of HIAs completed in the United States between 1999 and 2010.

In addition, in 2011, the *Health Impact Project* published a systematic review of local, state, tribal, and federal laws and policies in other sectors, such as transportation and agriculture, that contain language that would support the use of HIAs. The report, titled *Legal Review Concerning the Use of Health Impact Assessments in Non-Health Sectors*, was done through a collaboration between the *Health Impact Project* and Arizona State University's Public Health Law program. The report is available [online](#).

WHAT ARE THE CHALLENGES FACING THE FIELD?

Building, refining and sustaining a new field, cultivating numerous public and private partnerships, and factoring health into decisions where it has not been considered before inevitably present a multitude of challenges:

- **Ensuring scientific rigor.** Conducting HIAs objectively and with scientific rigor is an overarching concern, emphasized Jonathan Fielding, who made the keynote speech at the national HIA meeting. “You need to be sure you don’t lose the science in the enthusiasm for the process,” he said. “It is still an evolving field and there is a lot of work to make sure we get this right.”

Fielding underscored the importance of providing more technical assistance and training in the art of conducting HIAs, and publishing information about successful HIAs and obstacles encountered.

- **Building effective partnerships.** Wernham said that a consistent commitment is needed to cultivate strong relationships—and respect the decision-making priorities

of each partner. Citing transportation projects as an example, he said, “The main thing a transportation department has to do is move people. Whatever else we want them to do in terms of understanding health, we need to understand their economic and political constraints and develop a set of shared metrics and ways of working together ... that will allow transportation folks to move ahead efficiently with what they need to do, and benefit health at the same time.”

- **Sustaining financial support.** With public resources in such short supply, funding mechanisms for HIAs are inevitably a continuing concern. Wernham points to work he did in Alaska, where HIAs for oil, mining and other resource development projects are now funded through the permitting process, making them entirely self-supporting. Another strategy used by some of the public health institutes is to fund HIAs with a mix of local foundation funding and support from local and state health departments.

Stacey Millett, MBA, MS, senior program officer at Blue Cross and Blue Shield of Minnesota, underscored the need for a track record of effective HIAs in order to bring in new funders.

- **Demonstrating results.** Getting the data to demonstrate a link between a policy or program and a health effect is another key challenge. Establishing those links is “critical to getting people to accept this,” according to Mantus of the National Research Council. To integrate HIAs into policy-making, she said, “You also have to show people that this is an efficient way to use time and resources that are very much in short supply. You will have to show that this is the best approach.”

For a broader discussion of the challenges facing the field, see chapter four of the National Research Council’s report, *Improving Health in the United States: The Role of Health Impact Assessment*.

WHAT DOES THE FUTURE HOLD?

Moving forward, the broad goal of the *Health Impact Project* is to have health routinely considered as significant policies and programs are developed, and to identify strategies to sustain that emphasis.

Among the National Research Council’s key recommendations for advancing the use of HIAs:

- Increase societal awareness of the many factors that affect health and the importance of considering them in decision-making.
- Promote interagency collaboration at the local, state and federal levels, implement existing legal requirements to consider health in decision-making, and adopt additional policies and legal mandates as necessary.
- Conduct research that documents the effectiveness of HIAs in influencing the decision-making process and promoting public health.

Making HIAs Commonplace

As the *Health Impact Project* and its partners continue to track the outcomes of HIAs, they are also promoting wider use of these assessments. Media coverage—including stories in the *New York Times* and the *Boston Globe* and on MSNBC, and Bloomberg News have helped to raise awareness of their value.

Legislation that mandates, requires, or creates incentives for HIAs is one way to broaden their adoption. Massachusetts, for example, has a law requiring all major transportation projects to have an HIA. The *Health Impact Project* is collaborating with the National Conference of State Legislatures to undertake a review of proposed HIA legislation and develop a guide to legislative best practices.

Beyond legislation, less formal approaches may hold even greater promise. RWJF's Russo notes that after conducting an HIA together, agencies sometimes develop enduring new relationships where collaboration becomes the norm. "In some communities, like San Francisco, there is enough of a history that often times they don't need to do an HIA.... An agency doing a housing project will automatically start to include the health actors in the design."

Similarly, the HIA project in Alaska funded by RWJF before the *Health Impact Project* started led to the implementation of a stable, interagency HIA program, funded entirely through the state's permit fee structure. Building on the potential shown in these examples, in its third national call for proposals, the *Health Impact Project* plans to issue grants to promising HIA leaders to develop the systems, partnerships, and funding strategies to implement a self-sustaining, successful HIA program.

The *Health Impact Project* is continuing its efforts to generate interest at the federal level, with an eye towards gaining a commitment from one or more federal agencies to conduct a pilot test. "Our goal is to do [HIAs] with one or two of the agencies on the National Prevention Council, and use those experiences to help generate interest and demand among the other members," Wernham explained.

Incorporating HIAs into the federal environmental impact assessment process is another policy goal being explored. "Improving health is an effective way to connect environmental issues—concerns like the impact on landscape, plants, and endangered species—to the real hopes and fears that human communities face," said Wernham. Because of this, he believes HIAs offer an opportunity to streamline the environmental impact assessment process, not add to government red tape. "We have already seen at least one example in which an HIA helped achieve a better final decision in an environmental impact statement, avert the threat of litigation, and allow a proposal to move forward," said Wernham.

Evaluation

The Group Health Cooperative's evaluation of the project began in May 2011 and will continue until 2014. Its ultimate goal is to help interested communities understand the elements necessary to execute a successful HIA and to improve the way HIAs are implemented.

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APPENDIX

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