CHIA
Chronicles of Health Impact Assessment
Improving community health through health impact assessments

November 2018 VOLUME 3 ISSUE 2

LETTER FROM THE EDITOR

We want to thank Linda Realmuto and Susan Sutherland for working with us as guest editors on this issue. It is a challenge to recruit people working in the HIA field to write about their HIA work on top of their other commitments. Practitioners don't have the same incentives to publish that drives our academic partners, but we appreciate everyone's efforts.

Another continuing challenge is to recruit peer reviewers. Dr. Amber Comer and I included an article in this issue about the need for peer reviewers and how important they are to the publishing process. We continue to work to recruit peer reviewers that can offer comments to critique and strengthen the articles that are submitted.

We had another Undergraduate Service Learning Assistant Josephine Johnson working with CHIA this summer. I want to thank Josie for her contributions on this issue and the IUPUI Center for Service Learning for their financial support of the position.

Sincerely,
Cynthia Stone DrPH, RN
Chronicles of Health Impact Assessment Editor-in-Chief

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LETTER FROM THE SOCIETY OF PRACTITIONERS OF HEALTH IMPACT ASSESSMENT

Growth in the field has shown us that there is certainly a place for HIAs in shaping the built environment and providing input to land use and zoning decisions. However, there is a still a need to better understand the information needs of practitioners across sectors. This issue provides two diverse reads: an HIA that examined increasing active transportation through community connectivity; and the unmet information needs and challenges that practitioners face in accessing and using data.

Many risk factors for chronic diseases can be traced to how communities have been built, including their connectivity patterns, transportation and active living options, access to goods and services, and site plans. In this issue, study authors explore how continuing modifications to the built environment provide opportunities, over time, to institute policies and practices that support the provision of more activity-conducive environments, thereby improving the community's physical and mental health.

A key consideration in the future of HIAs is how to more readily share, across sectors, information needed for HIA research, as well as information contained in HIAs already produced. In another article, study authors explore the information needs of practitioners, recognizing it as essential to maximizing the use of existing and future HIAs.

The Chronicles of Health Impact Assessment provides a valuable resource for highlighting successes and challenges in the field, and sharing novel and innovative methods to advance health and equity. We hope the ideas and recommendations provided through this issue continue to inspire both well-established, as well as fresh approaches to HIA practice.

Prasanthi Persad and Kerry Wyss
Society of Practitioners of Health Impact Assessment

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ABOUT THE JOURNAL

A Health Impact Assessment (HIA) is a systematic process that uses a variety of data sources and analytic methods and input from community stakeholders to determine the potential health effects of a proposed policy, program, or plan. HIAs provide recommendations to decision makers on how to adjust the policy or program to minimize negative health effects and increase potential positive health benefits.

The editorial board and staff of CHIA strive to give expression to health impact assessment research and scholarship while serving the public health profession.

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WHY SHOULD I BE A PEER REVIEWER?

Cynthia Stone, DrPH, RN; Amber Comer, JD, PhD

Why should I be a peer reviewer?

Many SOPHIA members have been invited to be peer reviewers for CHIA and other journals and we appreciate everyone that has agreed to work with us in this role. For those that have not been a peer reviewer you might ask, why should I do this?

What is peer review?

Peer review is defined as a "process that is integral to scholarly research. It is a process of subjecting research methods and findings to the scrutiny of others who are experts in the same field. The process is considered essential, but has also been criticized as "slow, ineffective and misunderstood." (California State University, n.d.)

What is the purpose of peer review?

The peer review process is designed to prevent dissemination of irrelevant findings, unwarranted claims, unacceptable interpretations, and personal views. It relies on colleagues that review one another's work and make an informed decision about whether it is legitimate, and adds to the large dialogue or findings in the field. (The California State University, n.d.)

Why is peer review important?

"Peer review does the same thing for science that the inspected by #7 sticker does for your t-shirt: Provides assurance that someone who knows what they are doing has double checked it" (Berkeley, n.d.)

How does a peer review work?

An article is submitted and reviewed by the editorial staff. Then it is sent to two or more reviewers who work in the same area, and are considered "peers". The reviewers give feedback and make recommendations to the editor whether to include the article or not. The peer reviewers also provide comments to the author to improve the article. Authors use the suggestions to revise their article and resubmit.

This process means that only published articles that meet high scientific standards, that build on previous research, and are based on good evidence are published.

When you read articles you want to check that they are published after a peer review process. You also want to submit your work for publication to journals that use the peer review process. In the past few years many

more online journals are bypassing the peer review process. If the journal tells you it will be published two weeks after your submission it is probably not peer reviewed.

Why is it important to secure more peer reviewers?

We want to publish articles in CHIA that have been through the peer review process. We want to be efficient in getting articles out to the public. If we don't have enough peer reviewers, it slows down our ability to be timely.

How can I be a peer reviewer?

Complete the application to be a peer reviewer found in this issue of CHIA. When you receive a request to be a peer reviewer please be prompt in your reply. If you do not have time within the provided framework please decline the request. If you agree to be a reviewer please set aside time to carefully complete your review and return your recommendations. Your work as a peer reviewer is a critical step in the CHIA publishing process.

Thank you for your consideration to become a peer reviewer.

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THE SIMON/TANGER OUTLET MALL HEALTH IMPACT ASSESSMENT: RESULTING IN ACTIVE TRANSPORTATION THROUGH COMMUNITY CONNECTIVITY

Susan Sutherland, R.S., MPH

Abstract:

Background: One of the goals of the Health Impact Assessment (HIA), was to assess potential health implications in providing opportunities for active transportation to the Simon/Tanger Outlet Mall in Berkshire Township, Delaware County, Ohio by community connectivity.

Methods: This case study was conducted by using the Health Impact Assessment model and incorporated community input through survey methodologies, assessment protocols, best practices, and peer-reviewed literature.

Results: Many of the risk factors for chronic diseases can be traced on how communities have been built. Several pathways have been identified in the research linking built environments with travel patterns, physical activity levels, body mass index, and associated health outcomes. Residential density, land use mix, and neighborhood connectivity have all been consistently associated with multiple outcomes related to good health. By making neighborhoods more walkable, we not only can create converging health benefits, but environmental benefits and more equal access to jobs and opportunities. Emerging research on the presence of sidewalks, cycling infrastructure, street design, and building placement and site design have been linked to various health and health-related travel behavior outcomes (Frank 2008).

Discussion: Continuing modifications to the built environment provide opportunities, over time, to institute policies and practices that support the provision of more activity-conducive environments, which improve the community's health.

Introduction

The purpose of the Health Impact Assessment (HIA) was to assess the potential health impacts to community health of the development of the Simon/Tanger Outlet Mall in Berkshire Township, Delaware County, Ohio. Convened and facilitated by Delaware General Health District, and the Berkshire Township Residents' Advisory Group, the HIA process was supported by the HIA Steering Committee representing 17 organizations whose expertise assisted in providing input on best practices for community planning and design, economic and neighborhood development, open space, green space, active transportation including bicycle, and walking path infrastructure.

The Simon Property Group and Tanger Outlets will develop a 350,000-square-foot outlet center with 90 retail businesses on approximately 50 acres in Berkshire Township, Delaware County, Ohio. Plans also include additional future commercial and office uses on the remaining land.

The analysis of this HIA included the impact that the Simon/Tanger Outlet Mall project could have on the potential of creating opportunities for connectivity of the surrounding neighborhoods, schools, walking/biking trails and to existing or planned parks, restaurants, office buildings and other planned development.

Methods

Undertaking a HIA followed the step-by-step model process as detailed below (see Table 1).

Table 1. The HIA Step process and methodology

HIA Step	Methodology
Screening	The Health Commissioner and the author attended a Berkshire Township Residents' Advisory Group meeting, and discussed how an HIA might help decision-makers further evaluate and prioritize the residents' concerns about the Simon/Tanger Outlet Mall project and its potential impact on community health and make recommendations to mitigate or minimize negative health impacts. The HIA project team determined that an HIA would provide an opportunity to examine the potential health impacts of the proposed Premium Outlet Mall development and alternatives to help further refine and improve infrastructures and to help the township possibly prioritize funding for projects that provide health as well as environmental and economic benefits.
Scoping	The scoping phase of this HIA was used to gain an understanding of what issues were most important to the community concerning the development of the Premium Outlet Mall. The scoping process was finalized during a meeting where 25 stakeholders and 7 Berkshire Township residents met with the Director of Development for the Simon/Tanger Outlet Mall. The purpose of the meeting was to give the community an opportunity to voice their concerns and to make recommendations to improve the infrastructure that supports active transportation, decreases traffic congestion, and other improvements to the built environment. The scope of this HIA was determined by the entire group based on the discussions held at the meeting.

Assessment	The assessment process was to understand the impact of the development of Simon/ Tanger Outlet Mall on community health. Data was collected that included the amount of minutes per day of physical activity engaged by adults in Delaware County, and adult and child chronic disease rates in Delaware County. This information was obtained from the Delaware County Adult Risk Behavior Factor Surveillance Survey and the Youth Risk Behavior Factor Surveillance Survey. Many literature sources on the built environment and physical activity were reviewed. All sources supported the fact that the built environment impacts community health. In addition, the assessment included a pedestrian and bike infrastructure index scoring. The assessment portion also included prediction models that described the economic benefits of health outcomes by increasing walkability and bikeability through a study conducted by Boarnet, Greenwald and McMillan in 2008.
Recommendations	The Trans Associates Engineering Consultants, Inc. recent Traffic Impact Study prepared for Simon Property Group and Tanger Factory Outlet Centers, Inc., based conclusions and recommendations to improve roadway design and allow for increased safety for motorists, bicyclists, and pedestrians. The recommendations would also increase opportunities for physical activity that will prevent or reduce chronic diseases should the residents choose active transportation options.
Reporting	The findings and recommendations of this HIA were presented and discussed with the community stakeholders, Simon Properties' developer, the District Advisory Council of Delaware County, and the Berkshire Township Residents Advisory Group. An article about the HIA appeared in the Delaware Gazette and the Urban Studies Journal.
Monitoring/ Evaluation	The following evaluations were completed: • A survey of the stakeholders was conducted to determine how useful the HIA information was in their decision-making. • The number of future land-related projects that consider the HIAs in their decision-making process was collected. • A evaluation of the number of recommendations considered and how it influenced physical activity, the baseline community health status, and community connectivity. Monitoring was intended to track the impacts of the HIA on the decision-making process and decision, the implementation of the decision, and impacts of the decision on health determinants.

Results

With the potential creation of a park, trails, green space and providing connectivity surrounding the outlet mall, the number of days residents could engage in physical activity could increase. Increasing connectivity for pedestrians and bicyclists makes walking and bicycling more attractive choices, enabling people to increase their trips by these active modes. This should increase the health benefits associated with greater levels of physical activity and reduce the costs and negative impacts associated with motor vehicle travel. It is also expected that there is improved mental health indicators with improved access to other regional destinations and associated activities.

Health Impact Assessments make evidence-based recommendations to promote positive health outcomes and minimize negative consequences. One of the scopes of this HIA is community connectivity. Since the scope is very broad, these recommendations not only included the area being developed for the Simon/Tanger Outlet Mall, but also included anticipated future development within the surrounding area, and recommendations are multi-jurisdictional. The recommendations, strategies, and evidence are divided into these categories:

- Policy Adoption
- Promotion of Active Transportation
- Increased Connectivity
- Enhanced Walkability/Bikeability

POLICY ADOPTION

To achieve walkable communities, pedestrian considerations and provisions and policies should be fully integrated into ongoing planning activities (comprehensive planning, zoning regulations, site plan ordinances and review, street design standards). The planning process should increase sustainable mobility. Safe and convenient bicycling and walking will be the cornerstone of this mobility. Effective pedestrian-oriented land-use and transportation systems planning will have a significant impact on pedestrian travel, it is recommended that the revised comprehensive plan include options for residents to walk or bike to many of their destinations (connectivity); and, provisions for children to walk or bike to their schools and to nearby parks.

The plan should encourage the adoption of street design standards that give priority to safe, easy access for pedestrians in residential and commercial areas, as well as in areas near schools, parks, dining, shopping, and other public places. Such things as vehicle speed, number of lanes, overall roadway width, location and width of sidewalks, and intersection crosswalks should be designed for safety to encourage walking.

Additional plan and policy recommendations include: 1). A Bike-Transit Integration Study; 2). Improved countywide bike-friendly policies along with marketing and engineering efforts; 3). Adoption of a Complete Streets Policy.

PROMOTE ACTIVE TRANSPORTATION

1. **Accommodate all roadway users with comprehensive street design** measures such as "complete streets," including sidewalks, bicycle lanes, and share-the-road signs that provide safe and convenient travel for all users of the roadway. All new roads entering the outlet mall should have sidewalks installed on both sides of the road and wide enough to accommodate people walking in groups or pushing strollers and individuals with disabilities. A 'furnishing zone" should be added to each sidewalk to provide a buffer between pedestrian and street traffic, which would include pedestrian scale street lighting.
2. **Provide streetscape amenities** such as benches, landscaping, lighting, and public art. Amenities are placed to not block or narrow sidewalks

particularly for the visually impaired, older adults, people pushing strollers, and individuals with disabilities.

3. **Encourage wayfinding with signs, maps, and landscape.** Cues to direct pedestrians and bicyclists to the most direct routes to the outlet mall.
4. **Provide bicycle parking at workplaces and transit stops.** Designate bicycle-specific crossings and signals to organize the movement of pedestrian, cyclists, and motorists at the busy intersection into the entry of the mall. Offer a buffer between bicyclists and cars to increase safety.
5. **Ensure that site design, parking, and fences do not preclude** safe and comfortable pedestrian connections to future development.
6. **Support physical activity among people with disabilities and special needs** such as elderly and handicapped by making all new roads and paths universally accessible.
7. **Provide safe and convenient bicycle and pedestrian connections** such as a trial or easement to dedicated green space and potential public parks and recreation areas.

INCREASE CONNECTIVITY

Connectivity of walking and bicycle infrastructure is associated with both increased walking and increased transportation walking (Berrigan, Pickle, & Dill, 2010). Connectivity refers to, in this context, as the number of blocks and intersections, as well as the presence of walking/biking infrastructure linking different destinations, mostly because they assist in providing more direct routes for accessing locations. Increasing the connectivity of the street network is an important component of this HIA.

1. Connect existing neighborhoods and greenways by installing sidewalks, bike lanes, and provide connection paths to existing trails. The Ohio to Erie trail has been partially completed in Galena and will eventually connect to Sunbury. This is a great opportunity to connect this new development with eastern Delaware County.
2. New development and redevelopment should provide pedestrian and bicycle connectivity through walkways, bike lanes, and multi-use paths between individual development sites to provide alternative means of transportation in this area to major destinations such as transit stops, schools, parks, food, and other shopping centers.
3. Recommend policies that maximizing the density of neighborhoods requiring new developments be mixed-use and high density with good connectivity by incorporating active transportation infrastructure in neighborhoods. These kinds of changes to the built environment will make the areas more conducive to active transportation, which will have positive health benefits through increased physical activity, decreased air pollution, and reduced car collision fatalities for drivers, pedestrians, and bicyclists.
4. Ensure that new parks are easily accessible by foot, bike, or public transit from neighborhoods that are currently underserved by parks. Create greenways/pedestrian and bicycle friendly routes and increase transit service, especially on weekends and holidays, from underserved neighborhoods to the site.
5. A needs assessment of existing neighborhoods in Berkshire Township should be conducted prior to updating the Berkshire Township Comprehensive Plan to determine park needs, walkability issues, and other connectivity needs of the residents.

ENHANCE WALKABILITY/BIKEABILITY

The placement and proximity of destinations is one of the most important factors in determining how much people walk for transportation. The presence and convenience of utilitarian destinations has been associated with walking for transportation, especially

destinations such as grocery stores, restaurants, post offices, and banks. A national survey of more than 12,000 adults found that the most common purpose of walking trips (38%) was for personal errands, such as going to the grocery store. Another important factor is the density of housing, which can increase the number of people who can live within a short distance (generally ¼ to ½ mile) of commercial, retail, school, work, or transit-stop destinations. Higher density at the parcel level has been associated with odds of walking frequently for transportation.

1. Follow development and redevelopment practices that support walking, biking and transit use.
2. Consider changing minimum parking requirements. Consider alternative parking provision strategies.
3. Allow zoning/re-zoning that facilitates mixed-use development.
4. Incentivize mixed-use development in Berkshire Township.
5. Provide interconnected streets, pedestrian sidewalks and other pedestrian facilities to increase walking.
6. Linkage to a variety of land use/regional connectivity. Provide pedestrian and cyclists infrastructure to access shopping, transit, schools, parks, offices and other communities in this region of the county.
7. Coordinate between jurisdictions. Close coordination with adjacent jurisdictions to meet future pedestrian and cyclists' connectivity infrastructure.
8. Accessible and appropriately located transit. Provide transit facility close to commercial area to encourage transit usage, and include shelter, benches, and bike racks.
9. Pedestrian-supportive land-use patterns. Use a grid street layout with short blocks in commercial area to enhance pedestrian mobility.

Discussion

Neighborhood design can also significantly impact physical activity and health, especially through features such as land use mix, walkability, bicycling infrastructure, parks, and open space.

The most consistent characteristics positively associated with physical activity were population density, land use mix, and distance to nonresidential destinations. Conversely, a study on the association between time spent in cars, physical activity and obesity found that each additional hour spent in a car per day was associated with a 6% increase in the likelihood of obesity. Street design facilitates or hinders walking and cycling. Other environmental features influencing mode of transport choice include the availability of cycle and pedestrian lanes, preferably separated from other road users and other measures to calm motorized traffic (Lee & Moudon, 2006).

Land use practices that isolate employment locations, shopping and services and housing locations can encourage car use, particularly where public transport options are not available or attractive alternatives (Heath et al., 2006). Where urban development is unplanned or uncontrolled and spreads out into areas adjoining the edge of a city – commonly known as urban sprawl – car dependency is likely to be increased (Heath et al., 2006). Evidence suggests that people living in sprawling communities drive three to four times more than those who live in efficient, well-planned areas. Compared to those living in compact areas, people living in sprawling areas walk less for exercise, have higher weight levels and are more likely to have high blood pressure (Dannenberg et al., 2003).

Walking or biking for utilitarian trips is an opportunity to incorporate routine physical activity into daily living. There are multiple environmental barriers that both children and adults face to achieving recommended

levels of physical activity including: limited discretionary time, barriers to accessing parks and recreational areas, reductions in school physical education programs, and sidewalks, streets, or outdoor spaces that are not or are not perceived as safe to use. Encouraging and facilitating active transportation – walking or cycling as a form of travel for utilitarian trips – is a key strategy for increasing daily physical activity. Built environmental factors that are associated with active transportation via walking and cycling include increased resident and employment density, greater diversity of land use mix (e.g., residential land use near retail land uses), shorter distances destinations, and street design factors (e.g., grid street networks, the presence of sidewalks) (Sustainable Communities Index, 2018).

Evidence that physical activity has multiple health benefits is unequivocal. A comprehensive literature review documents the particularly strong evidence for a causal relationship between activity level and enhanced cardiorespiratory and muscular fitness, cardiovascular and metabolic health biomarkers, bone health, body mass and composition in children and youth. In adults and older adults, strong evidence demonstrates that, compared to less active counterparts, more active men and women have lower rates of all-cause mortality, coronary heart disease, high blood pressure, stroke, type 2 diabetes, metabolic syndrome, colon cancer, breast cancer, and depression. For older adults, strong evidence indicates that being physically active is associated with higher levels of functional health, a lower risk of falling, and better cognitive function. A study conducted in Atlanta, Georgia encourages walking and was associated with a 12% reduction in the likelihood of obesity (City of New York, 2014).

This research reported reasonably consistent findings specifically for the health benefits of walking – showing a consistently lower risk of all-cause mortality for those who walk two or more hours per week. A 2011 report issued by an international group of experts using data from Copenhagen documents similar all-cause mortality benefits from regular cycling for commuting controlling for socio-demographic and leisure time physical activity (World Health Organization, 2011)

In 1996, commissioned as a response to the rising levels of obesity in the U.S., the U.S. Department of Health and Human Services Surgeon General's report on physical activity and obesity was the first to bring to the forefront the positive health outcomes of physical activity. Based on this and a number of other comprehensive reviews of the literature, engaging in physical activity affects a variety of health outcomes including: All causes of mortality; Cardiovascular disease; Diabetes mellitus; Cancer (colon and breast); Hypertension; Bone and joint diseases (Osteoporosis and osteoarthritis); Mental health (Department of Health and Human Services, 1996).

The U.S. Surgeon General issued a report confirming what is generally known: Americans aren't getting enough exercise (U.S. Department of Health and Human Services, 1996). The American Heart Association has listed physical inactivity as the fourth major risk factor associated with chronic disease (Haskell et al., 2007). Of great concern to public health officials in all parts of the United States, the trend of physical inactivity is getting worse: a 2009 summary by the Robert Wood Johnson Active Living Research program revealed that fewer than 50% of children and adolescents and fewer than 10% of adults in the U.S. achieve public health recommendations of 30 to 60 minutes per day of moderate- to vigorous-intensity physical activity on 5 or more days of the week (Designing For Active Living, 2017).

Physical activity is associated with all-cause mortality in an inverse dose-response fashion; increasing levels of physical activity being associated with decreasing levels of mortality. In addition, studies have found that physical activity has reduced caused-specific mortality,

including deaths from cardiovascular disease. In addition, physical activity is associated with lowered risk of colon cancer and breast cancer in women (American Society of Clinical Oncology, 2016).

Reviews of physical activity interventions suggest that people may be more willing and able to adopt moderate physical activities. Once such activities are set in motion they are more inclined to maintain them over time, as compared with other types of vigorous physical activity (HIA Guide, 2014).

Physical activities that are incorporated into daily life or have an inherent meaning, or lifestyle activities, rather than structured exercise regimens, are good strategies for increasing physical activity. Even relatively small changes in physical activity can translate into potentially large changes in weight trends at the population level (University of California, Los Angeles Health Impact Assessment – Clearinghouse Learning & Information Center, n.d.).

According to the Centers for Disease Control and Prevention, a total of 30 minutes of moderate to vigorous physical activity, which can be achieved via brisk walking or cycling on most days of the week, reduces the risk of cardiovascular diseases, diabetes and hypertension, and helps to control blood lipids and body weight. These benefits are conferred even if the activities are done in short ten- to fifteen-minute episodes. Thus, CDC's physical activity recommendations for adults call for at least 30 minutes of moderate to vigorous activity per day for health benefits.

An article in the Springer Journal describes the link between physical activity and health outcomes. An economic study, it revealed that urban design could be significantly associated with some forms of physical activity and with some health outcomes. After controlling for demographic and behavioral covariates, the county sprawl index had small but significant associations with minutes walked. Those living in sprawling counties were likely to walk less, weigh more, and have greater presence of hypertension than those living in compact counties. Although the magnitude of the effects observed in this study was small, they do provide added support for the hypothesis that urban design affects health and health-related behaviors (Frank et al., 2005).

Another report from the peer-reviewed literature, Linking Objectively Measured Physical Activity with Objectively Urban Form, claims that there are now sufficient studies documenting associations between the built environment and physical activity and to consider land-use decisions as a critical public health issue (Humboldt, 2008). The built environment may be contributing to the obesity epidemic, because obesity is more prevalent in areas where land use makes it difficult to walk to destinations and where there are relatively few recreational resources (Frank et al., 2005).

Sufficient evidence was found in the literature that street-scale design and the land use policies to support physical activity in small-scale geographic areas are effective in increasing physical activity such as bicycle and pedestrian infrastructure (Heath et al., 2006).

In conclusion, according to the Centers for Disease Control and Prevention, environments that support walking, biking and transit trips as an alternative to driving have multiple potential positive health impacts. Quality, safe pedestrian and bicycle environments support a decreased risk of motor vehicle collisions and an increase in physical activity and social cohesion with benefits including the prevention of obesity, diabetes, and heart disease as well as stress reduction and mental health improvements that promote individual and community health. Environments that encourage walking and biking while discouraging driving can further reduce traffic-related noise and air pollution – associated with cardiovascular and respiratory

diseases, premature death, and lung function changes, especially in children and people with lung diseases such as asthma (Centers for Disease Control and Prevention, n.d.).

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HEALTH IMPACT ASSESSMENT: AN INFORMATION NEEDS ANALYSIS OF HIA PRACTITIONERS ACROSS SECTORS

Wes Quattrone, MA; Melissa Callahan, MSPH; Stephen Brown, MS; Tatiana Lin, MA; Jamie Pina, PhD, MSPH

Abstract:

Background: Information contained in health impact assessments (HIAs) provides valuable guidance for professionals in many fields and industries, also known as sectors. However, a growing body of evidence suggests that HIA practitioners across sectors have unmet information needs and face challenges accessing health related data, including findings available in HIAs.

Methods: The research team conducted a series of focus groups to explore the information needs of practitioners across sectors and to identify challenges they face accessing this information. Participants were stratified by geographic location, sector affiliation, and HIA expertise.

Results: Findings suggest that practitioners from all sectors can benefit from the integration of health-related information, and the information contained in HIAs, into their work. Reported information needs include baseline data, geocoded socio-demographic information, granular local data, peer reviewed literature on the impacts of social determinants and other factors with health outcomes, and technical assistance and best practices. Participants indicated that they obtain information from their professional network, universities sponsoring research, and online resources. Information challenges include lack of data that match the size and the scope of the target area of interest, proprietary or pay-for-access sources, varying terminology for the same concepts across sectors, inadequate resources and HIA expertise for searching, and limited information on the impact of findings of completed HIAs.

Discussion: Identifying and understanding the information needs of practitioners is essential to maximizing the use of existing and future HIAs. An interactive and comprehensive web-based repository system for HIAs may provide value and assist practitioners in meeting these needs.

Introduction

Health impact assessment (HIA) is a process that determines the potential health effects of a proposed plan, project, or policy before it is created or executed. HIA brings public health impacts and considerations to the forefront of the decision-making process in fields that typically fall outside traditional public health arenas. It emphasizes strategies to enhance health benefits while reducing negative effects, and it weighs the strengths and weaknesses of different options (Centers for Disease Control and Prevention [CDC], 2018; Pew Charitable Trusts, 2018a).

The Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts, contracted with RTI International to conduct a qualitative study of new and current HIA practitioners to explore their information needs, how they seek out that information, and challenges they face with accessing the information included in HIAs. Study participants included a range of professionals, from those who had limited exposure to HIAs, to those who routinely conducted HIAs. These professionals used HIAs for various reasons, such as to locate research and data, complete projects, inform policies, and influence decision makers.

This article outlines the findings from the study and describes the information needs and challenges identified by focus group participants. The article also describes the information that HIA practitioners require to meaningfully incorporate population health and health equity considerations into their work. The research team assessed how often practitioners use HIAs to influence policy, programs, practice, planning, and decision-making. Participants provided recommendations for maximizing access to information included in HIAs, including summaries of findings in peer-reviewed literature, outcome and impact assessments, and more comprehensive web solutions.

Background

Since the first HIA was conducted in the United States in 1999 (Bhatia & Katz, 2001), the adoption of HIAs has steadily increased. In 2008, 27 HIAs were completed (Dannenberg et al., 2008), and more than 400 HIAs are completed or in progress today (Pew Charitable Trusts, 2018b). The Health Impact Project contributed to the growth of HIAs and has supported the field by funding HIA demonstration projects, trainings, and evaluations, and by "serving as a convener for the field" (Morley, Lindberg, Rogerson, Bever, & Pollack, 2016).

HIAs have gained popularity as a means for public health professionals to demonstrate to colleagues in sectors that traditionally do not focus on health, the impact of decisions made in other sectors on population and community health (Dannenberg, 2016a). They also help professionals in positions and sectors outside of the health arena make informed decisions that affect public health (Morley et al., 2016) and advocate for health-related policy changes such as active transformation promotion (Waheed et al., 2018), emission reduction (Likhvar et al., 2015), and green space infrastructure (Fischer et al., 2018). In non-health sectors, professionals must consider several factors when planning their work, such as available resources, stakeholder support, access to relevant data, and others (Bourcier, Charbonneau, Cahill, & Dannenberg, 2015). HIAs have been shown to assist decision makers in quantifying the impact of population and community health issues, which they can then communicate to other stakeholders (National Research Council, 2011).

Despite these advances in the field of HIAs, there is evidence that practitioners still face challenges in acquiring and using information necessary for completing assessments. Practitioners routinely face challenges when seeking relevant data with which to quantify health impacts. In particular, they have difficulty locating specific data at the local level for

their community (Bourcier et al., 2015; Dannenberg, 2016b; Hubbell, Fann, & Levy, 2009), accessing existing data sets (Chart-asa & Gibson, 2015), and finding current evidence to use in predicting health outcomes (National Research Council, 2011). With these considerations in mind, stakeholders may have a need for more readily accessible sector-specific information on HIAs, including tools, lessons learned, and evidence of translation into policy (Morley et al., 2016).

Methods

Research Approach

Between June and November 2016, the research team conducted a series of focus groups to explore the information needs of HIA practitioners across sectors[1] and identify challenges they face accessing this information, with the following research questions:

1. What information do HIA practitioners need to ensure that their work adequately considers health?
2. What challenges do HIA practitioners face when attempting to acquire and use this information?

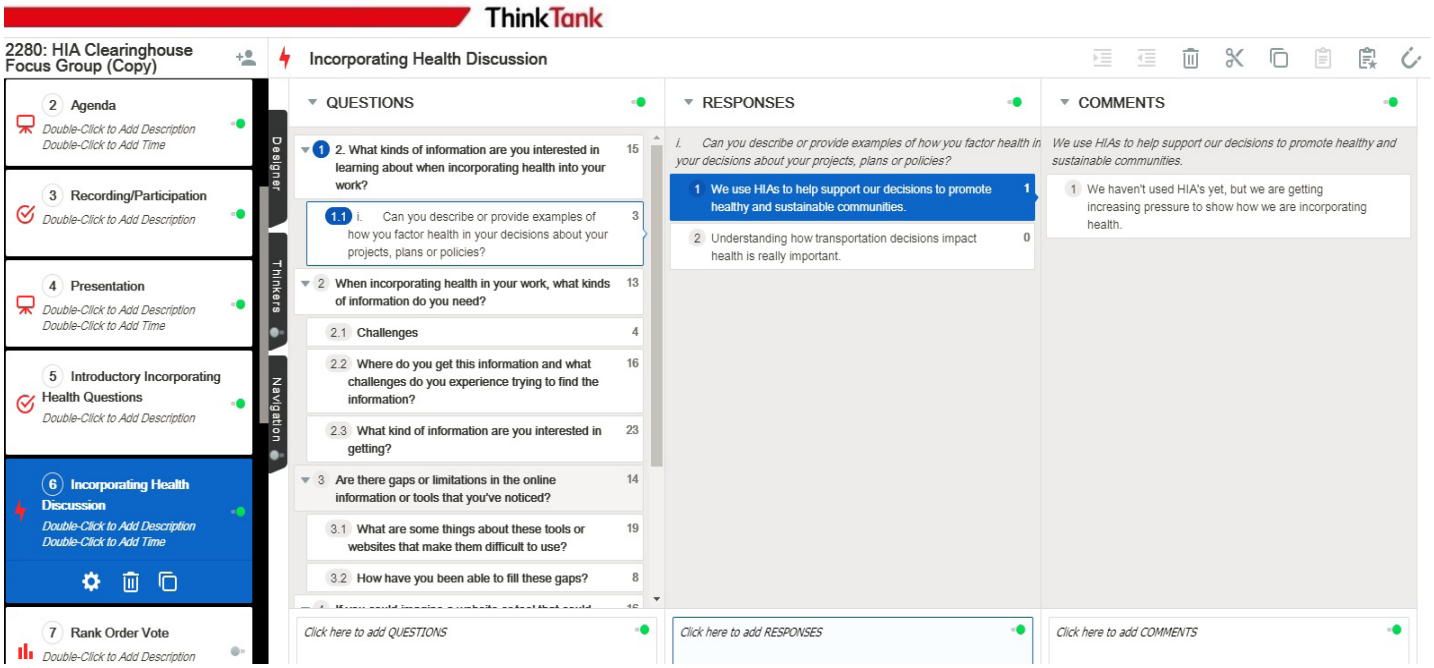
The study included practitioners representing all sectors, with a specific focus on built environment, transportation, disaster/emergency preparedness, and planning. The research team chose these sectors because they each had a history of conducting HIAs to inform their decision making (Pew Charitable Trusts, 2018b), and they can all benefit from the incorporation of health considerations. In this context, the authors define health in the broadest sense, including not just physical and mental health outcomes, but also environmental, political, social, community, and commercial factors. Prior work shows that a narrow definition of health or factors that influence health can limit the scope, application, and value of the assessment (Human Impact Partners, 2011; National Research Council, 2011).

The research team designed the focus groups to understand when and how HIA practitioners' incorporate health into their decision-making processes, their familiarity with HIAs, the tools and websites they use to accomplish these tasks, and the limitations of these tools and websites. When appropriate, the research team prompted participants to describe the features and functionality of an ideal website that could theoretically be designed to meet their needs. For practitioners with a greater level of experience, we inquired into their background in using HIAs to inform stakeholders or to prompt policy makers to incorporate health into their decision-making processes. Each focus group was facilitated by a moderator, who followed a semi-structured interview script. A notetaker/co-moderator also attended each session.

The research team conducted two focus groups in person, while holding four sessions using ThinkTank, a virtual platform. ThinkTank is designed to increase collaboration among geographically dispersed meeting attendees, engage and stimulate participants, and aggregate group feedback in real time. During the focus groups, participants verbally responded to questions from the moderator, while simultaneously typing their feedback into the ThinkTank platform. This approach ensured that all participants could respond to each question in the time allotted. It also allowed participants to respond to questions and comments from other attendees, thereby creating a more in-depth conversation around each question. See Figure 1 for a screenshot of an example ThinkTank session. This screenshot contains mock data and is only included to illustrate the functionality of ThinkTank.

[1]For a full list of sectors, please visit http://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/hia-map.

Figure 1. Screenshot of an Example ThinkTank Session



Outreach and Recruitment

Focus group participants were identified through various communication methods, including newsletter announcements to members or grantees of the organizations such as the Society of Practitioners of Health Impact Assessment (SOPHIA), the National Network of Public Health Institutes (NNPHI), Human Impact Partners, the Association of State and Territorial Health Officials (ASTHO), and the Health Impact Project. The research team members also asked their professional network of HIA colleagues to suggest experts representing sectors of interest. The team sought to include HIA practitioners from all sectors and with all levels of experience.

Participant Stratification

To ensure that a group with a broad background was assembled, the research team classified participants by geographic location, sector affiliation, and level of expertise with HIAs. Classifying information was self-reported by participants and confirmed by the research team when possible.

For geographic location, the research team sought professionals based out of every region of the United States. Regions were assigned based on the U.S. Census Bureau's definition (U.S. Census Bureau, n.d.). Recruitment efforts did lead to the inclusion of a few international representatives, who participated as scheduling would allow.

Participants were primarily affiliated with sectors that incorporated health into their work and had a history of conducting HIAs to inform their decision making. However, to include as many opinions and perspectives as possible, the research team recruited practitioners from all sectors. Participants were asked to choose their affiliation from one of the sectors listed on the Health Impact Project's map of HIAs in the United States (Pew Charitable Trusts, 2018b); however, some provided responses that did not

correspond to these categories, such as "planning" or "disaster/emergency preparedness and response." In addition, some participants initially reported multiple sector affiliations. In these instances, the research team asked participants to identify the sector where they most recently conducted work pertaining to HIAs. Final sector affiliation was categorized by responses received from participants, with the research team clarifying as needed.

The research team attempted to recruit participants of all levels of HIA expertise but was constrained by scheduling availability, the low response rate of people with limited levels of HIA expertise, and prioritizing recruitment based on sector affiliation. Previous HIA expertise was divided into three categories:

- High: Those who had conducted at least one HIA
- Medium: Those who had not worked on an HIA but considered health in other sectors
- Low: Those who had not yet worked on an HIA or considered health in other sectors

Focus Groups

The research team held six focus groups, with 10 to 15 participants attending each group. Sixty total individuals participated. Participants had varying occupations, professional affiliations, and familiarity with HIAs. Every effort was made to evenly recruit participants across the different U.S. regions. Figure 2 provides a full breakdown of participants by region.

Figure 2. Geographic Representation of Focus Group Attendees, by

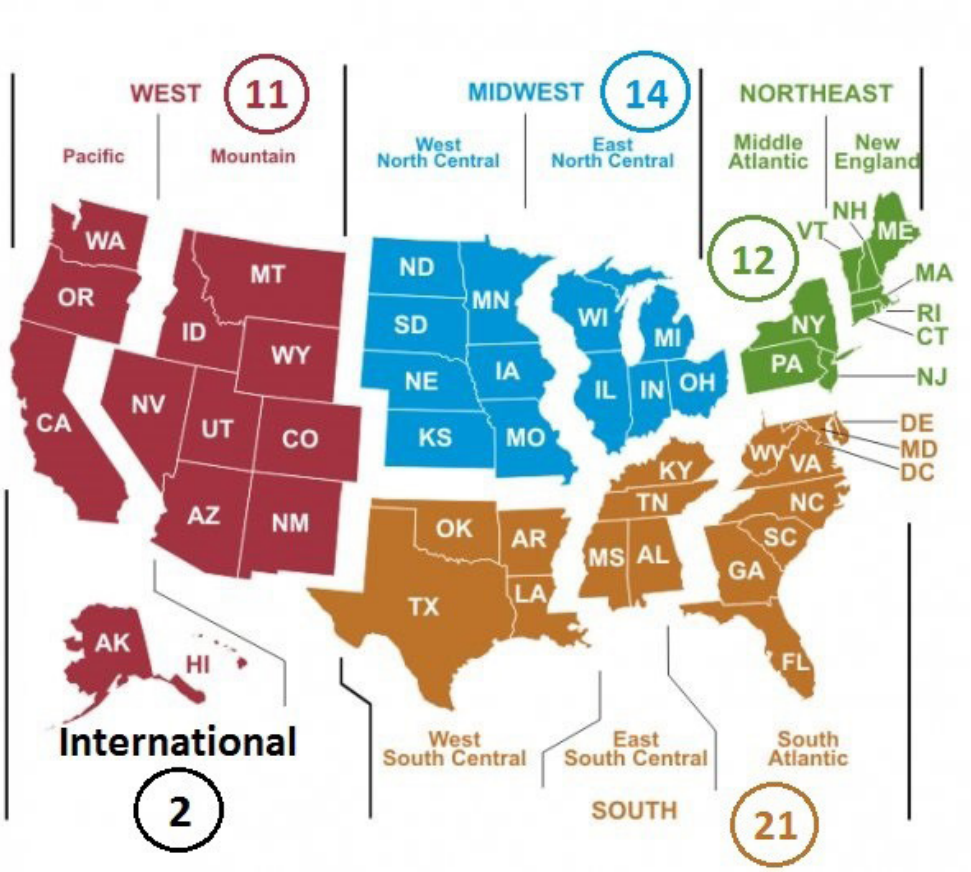
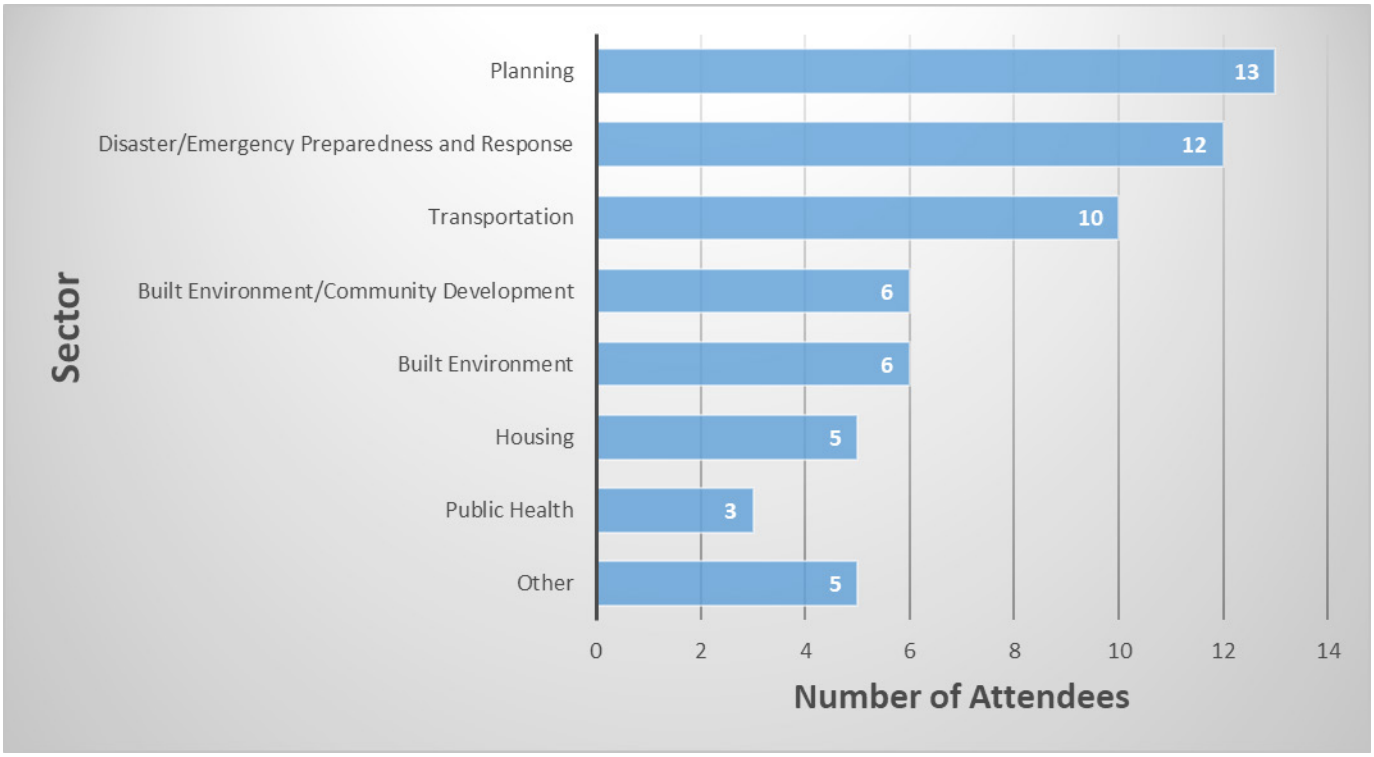


Figure 3. Sector Representation of Focus Group Attendees



Participants mainly comprised people from the planning, disaster/emergency preparedness and response, built environment, and transportation sectors. However, people from other sectors, such as housing, public health, and community development, also attended. See Figure 3 for a breakdown of participant sector affiliation.

Most participants classified themselves as having a "medium" (28 individuals) or "high" (24 individuals) level of HIA expertise. Only six of the focus group participants considered themselves as having a "low" level of experience, and two people did not provide any information on their experience level.

Results

Each group expressed diverse information needs, and each indicated different challenges and barriers they face when accessing information. Findings suggest that HIA practitioners from all sectors can benefit by integrating into their work health-related information and the information contained in HIAs.

Information Needs

Focus group participants described their prior experience incorporating health considerations into their work and noted their information needs. Key information needs are as follows.

Type of Information Needed

Focus group participants expressed a need for several different types of information when incorporating health into their programs, policies, projects, and plans. Many sought baseline data related to a broad range of determinants of health. These data are often used to assess and demonstrate the effect of a completed intervention or to track changes in indicator status over time, which may establish the need to initiate an

intervention. Participants also expressed a need for more granular local population data, including census tract and block-level information. Some mentioned the importance of geocoded socio-demographic information to test for associations with variables of interest. Participants also sought access to reputable peer-reviewed sources that provide evidence-based information about the impact of social determinants and other factors with health outcomes. Last, specific information on technical assistance and best practices was frequently of interest to focus group participants.

Sources of Information

When focus group participants were asked how they accessed the information they needed to incorporate health into their work, a few themes emerged. Many of the focus group participants rely on their professional network of colleagues for suggestions or help when information is needed. Participants also sought information from universities, which are often working on research projects, have data, and are interested in collaborating with people in the field.

Participants also noted online resources as one way they access information to incorporate health into their work. Although they did not come to a consensus on which specific online sources were most often used, some participants noted that publicly available sites, such as the U.S. Census Bureau's data page or the CDC Behavioral Risk Factor Surveillance System, are useful. Other participants felt that the current tools available to search for and within existing HIAs were not sufficient to meet their information needs. They indicated that a public online resource containing the following information from or about HIAs would be useful:

- Target population
- Determinants of health addressed
- Community type
- Keywords
- Methods
- Data sources
- Evaluation of outcomes

Conversely, participants sometimes accessed privately available or proprietary information. In these situations, access to these resources is usually restricted to those who requested data, posing barriers to others who might have an interest in that same information.

Challenges to Acquisition and Use of Information

Focus group participants indicated several challenges that they encounter when trying to obtain useful information for incorporating health into their work, including using and accessing HIAs. Key challenges are as follows.

Lack of Data at Desired Level of Granularity

As focus group participants seek to incorporate health impacts into HIA and their work, they often cannot find data that match the size and scope of their target area of interest. For larger communities, data are usually available by ZIP code or census tract; however, they might not be aggregated by school districts, neighborhoods, or subdivisions. Participants indicated that applying data from another comparable area was an ineffective solution, because HIA practitioners from that area often faced the same challenges when attempting to acquire data. As a result, seeking information from comparable areas seldom led to any meaningful data acquisition. Last, participants mentioned that when they could find data to assess a health impact, the data quality was often a concern. This was because data collection methods were often not adequately described, or analytical approaches had too many limitations.

Inaccessible Information

Participants noted that, although scientific journals and literature reviews can be especially useful for

incorporating health into decision making, many are not available without a paid subscription, which not all organizations can afford. Even if cost is not a problem, some information sources are proprietary. Institutions that own data, such as certain federal and state agencies, provider associations, third-party payers, private businesses, and so on, may be unwilling to share their data with external parties. Further, these institutions may keep their data records private, meaning that HIA practitioners might never be fully aware of all possible information sources.

Variations in Technology

Many participants noted that the terminology used in the data sources they find can be difficult to comprehend and to translate to their colleagues. In particular, they indicated that health data can be a challenge to fully understand and to explain to colleagues in other sectors. Also, focus group participants encountered difficulties when the same term was used in multiple sectors but had different meanings.

Limited Resources and HIA Expertise

A common issue among participants was having limited resources, such as staff availability or organizational funding, to devote to seeking out HIA-related information. The HIA process implicitly requires a level of expertise and a time frame that organizations do not always have, so the thought of searching for this information may deter some groups from even conducting an HIA. Focus group participants also felt that they did not always have enough time to collect data that are most relevant to stakeholders, which can lead to lack of buy-in from key leaders and decision makers. Likewise, if they could obtain the desired data, they often could not fully understand the data or effectively translate their impact to another sector.

Limited Information Regarding HIA Evaluation and Impacts

Although outcome evaluations have been conducted at a national level to broadly assess the impact of HIAs on decision making (Bourcier et al., 2015), focus group participants also sought information on the evaluation of individual HIAs. Participants confirmed that results and recommendations from completed HIAs were useful, but they also wanted to know whether and how these findings were used. For example, has a particular HIA been used to sway a stakeholder or inform a policy? Information showing the impact of previous HIAs could help HIA champions in an organization make the case to their leadership for conducting subsequent HIAs. Participants also felt that HIA recommendations that have produced positive impacts in comparable communities or other sectors could be leveraged by those currently conducting an HIA. This impact information could also demonstrate the role of HIAs in shaping determinants of health and associated health outcomes. Feedback indicated that there currently is no location where practitioners can go to find outcomes related to specific HIAs and that such an online resource would be useful.

Limitations

This study had several limitations. First, insights were gathered through a small convenience sample using focus groups. Participation across sectors was uneven and included few participants with limited HIA expertise. As a result, it is likely that not all sectors have not been adequately represented in this process, and the findings of this study may not reflect the views of entire sectors. Future research can further investigate challenges identified in this study by engaging HIA practitioners from a wide range of sectors and a variety of experience levels. Furthermore, future studies should also focus on potential users of HIAs, including decision makers, policy makers, stakeholders, and others. Getting a clearer understanding of health-related information needs of these groups can inform the structure and design of HIAs.

In addition, the authors categorized focus group

participants by their sector. However, the authors could not always conclusively identify the sector of every focus group participant. Some participants were unsure about their primary sector or felt that their work spanned multiple sectors. Similar analysis in the future should establish firmer definitions of each sector, especially if identifying sector-specific findings.

Finally, the list of challenges included in this article is not meant to be exhaustive or complete, but merely to contain the challenges identified by the focus group participants. Focus group questions were open ended, and participants noted a variety of information needs, but did not discuss their experiences performing primary data collection (i.e., surveys and interviews with potentially affected populations). Success or barriers with gathering this type of data could be further investigated in future studies. Additional information about potential challenges experienced by HIA practitioners while conducting HIAs can be found in the HIA Handbook for Practitioners (Lin, Houchen, Hartsig, & Smith, 2017).

Discussion

The study was an assessment of the information needs of new and current HIA practitioners. Through focus group discussions, the authors sought to learn how these practitioners obtain relevant information, and how information included in HIAs can be more accessible to people across sectors. Identifying and understanding these needs is essential to maximizing the use of existing and future HIAs. Furthermore, improving access to this information can enable stakeholders to more effectively incorporate health considerations in their decisions.

Feedback from the focus groups identified the information needs of HIA practitioners and challenges accessing this information from a variety of sources, including HIAs themselves. Challenges include limited data about the effectiveness of findings and recommendations included in HIAs, lack of access to some data sets used in HIAs because of their proprietary nature, and others. Focus group participants expressed difficulty accessing information included in HIAs because of the limited search capabilities of the existing HIA data sources. Addressing these challenges will require a multi-pronged approach including HIA trainings and open access policies at universities.

Another potential strategy for overcoming these challenges would be the development of a web-based repository system for the more than 400 HIAs that have been completed as of October 2018. Such a repository could provide resources to help future HIA contributors develop their content and avoid common challenges, while enabling experienced HIA practitioners to determine unmet needs and assess the impact of prior work. Access to this information could help address some of the issues associated with a lack of free access to scientific journals. A web-based repository could also help HIA practitioners understand sector-specific terminology and expedite searching for health-related information.

Prior research supports this recommendation. A study by Dannenberg (2016a) argued that the community would benefit from pilot tests of existing methods and tools, with the findings of the impacts of projects and policies uploaded to a database for others to learn from. In addition, those conducting or using HIAs are inherently tasked with justifying the time and funds spent on the HIA and expressing their health impact findings in the form of monetary value. This monetary value helps stakeholders (decision makers, HIA practitioners, and policy makers) to understand the potential health impacts in the proper context for a given sector (National Research Council, 2011). Consolidating this information in an easily accessible and comprehensive format online could help inform and educate stakeholders. Furthermore, a repository

would be an excellent location to house various resources and educational materials. As the Committee on Health Impact Assessment noted, "A key barrier to the use of HIA is the availability of resources for communities and groups interested in undertaking it. Resources are also essential for continued education and training of professionals in the field, and the lack of resources affects the quality of HIA. Furthermore, resources are needed for monitoring and conducting evaluations" (National Research Council, 2011).

As more sectors recognize the need to address social determinants more systemically or consider health impacts in decision making, this tool would play an increasingly important role in connecting HIA practitioners to the information of interest. We hope that this study will serve as a catalyst for developing this resource.

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PERSPECTIVES FROM THE FIELD

HIA TRAINING FOR PROFESSIONALS: HOW A UNIVERSITY-BASED CENTER CAN HELP TO BUILD AWARENESS AND CAPACITY

Karen W. Lowrie, PhD; Leigh Ann Von Hagen, AICP/PP

Introduction

When a group of faculty and research staff from various subfields of planning at the Edward J. Bloustein School of Planning and Public Policy at Rutgers University in New Jersey got together in 2012 around their common interest in fostering healthy communities, they realized there were gaps in connections and information-sharing between planners, public health professionals and policy-makers to understand health outcomes in non-health policy and project decisions. From initial discussions and research, the Planning Healthy Communities Initiative (PHCI) was born. PHCI is a multidisciplinary team at the Rutgers Bloustein School with expertise in active transportation and infrastructure, green buildings, environmental analysis, advancing health equity, and supporting community-based efforts. One of the pillars of the PHCI is capacity-building. Quick research revealed that by 2012, only one Health Impact Assessment (HIA) had been performed in New Jersey and that no other institution in the state was conducting or actively promoting HIA. Therefore organizations and governments had little awareness of them or capacity to perform them. PHCI stepped in to fill this gap in a number of ways, but perhaps the most in-depth and most direct was the creation of a new one-day HIA training course that would be the first ever in New Jersey.

HIA Class Specifics

One of the PHCI goals is to educate as many decision-makers and administrators in New Jersey as possible about the purpose and goals of HIA and Health in all Policies (HIAP). In spring of 2015, the first training course was offered. The course is one of many in varied fields listed with the Rutgers Office of Continuing Professional Education (CPE). Offering the class through CPE has many advantages including their lead role in advertising, classroom facility and catering setup, fee collection and online and onsite registration. CPE staff also assist with securing CEU's (see table below) from various professional associations, and issue participation certificates. With Rutgers CPE staff handling much of the class logistics, the facilitators from PHCI are responsible for instructing on the content, leading group exercises and discussions, and preparing PowerPoint slides and participant packets. PHCI also advertises the class through its website and that of the Bloustein School, and through e-mail blasts to other associations in the planning, development and public health fields.

The one-day class runs from mid-morning through mid-afternoon, with breakfast and lunch provided. The instructional material covers the six steps of HIA through a mix of lecture and group exercises

Some selected CEU's offered to HIA training participants:	
Rutgers University	0.5 CEUs
NJ Site Remediation Professional Licensing Board (NJSRPB)	4.5 Regulatory credits
Certified Health Education Specialists (CHES)	4 Category 1 CE Credits
Rutgers Planning and Zoning Certificate	3 Technical Credits
American Planners Association (APA)	5 CEUs
NJ Continuing Legal Education (CLE)	3.4 CLEs
NJ Health Officers and Registered Environmental Health Specialists (REHS)	5 NJ Public Health Continuing Education Contact Hours (CEs)
NJ Professional Engineers	5 Continuing Professional Competency (CPC) credits

with report-outs. Exercises on screening, scoping, assessment and recommendations are conducted in groups of 4-8 participants. The class ends with discussion of the application of HIA in job settings, and brainstorming about resources needed to help participants to implement it in their workplaces. The facilitators draw on real-life examples from HIAs that PHCI has conducted in New Jersey over the past five years.

Participant Evaluations

As of fall of 2018, about 150 people have attended the six sessions that have been conducted. Participants attend mostly from local and regional governments, non-profits and private consultants from the fields of planning, public and environmental health, community development and engineering. Recently, hospital employees have attended because hospitals are getting more involved with policy and with community health initiatives.

Many attend the training sessions for the credits, and some also for points awarded by Sustainable Jersey, a program that rewards NJ municipalities for taking actions to become more sustainable and improve quality of life. Others noted that they took the class because it sounded "interesting" and they wanted to learn more about this new screening tool to help with decision-making. The class is open to anyone, and several attendees have also come from outside New Jersey.

In post-class evaluation, a vast majority rated the class as "Excellent" or "Very Good" on program objectives, content, usefulness and stimulating interest in the topic. The most popular elements of the class are the group exercises and discussions, the breakdown of the six steps, and networking that occurred in the room as people from across different sectors and different parts of the state meet each other and work together.

Participants were asked for the most valuable parts of the class and to describe what they learned. Answers demonstrate the value of the class in raising awareness and building some capacity for HIA in New Jersey.

Selected comments by HIA class participants on the learning value and benefits of the class:

- I learned how to incorporate an HIA into a project.
- I learned the importance of identifying and engaging subgroups to include in the process.
- I learned performing a health pathway.
- I really appreciated the sourced information in the presentation.
- Overall, course was an excellent introduction to the topic of HIA.
- Excellent program, I hope to implement HIA with township committee, planning board and Green Team.
- The information was very practical; the team work at tables was great.
- I learned that almost every decision has an impact on the health of the community and individuals.
- I am better equipped to promote role of health when working with counties and municipalities.
- HIA is really new to me-so I learned a lot of relevant vocabulary, concepts and case study applications.
- It broadened my perspective on health impacts.
- Class should be mandated for municipal government.

Extensions and follow-up suggested by attendees include the creation of a sharing distribution to continue collaboration and discussion among program attendees, and the offering of additional training that focuses more on the role of regulation and government and/or that goes into more detail on HIA or HIA 2.0 applications.

Key Takeaways

For the PHCI facilitators, the HIA training class has been a fun, worthwhile, and interesting experience. We feel that it is an ideal role for a University because we can offer training at a less expensive price, utilize/ leverage in-house expertise and resources, and we are perceived as a "neutral" organization and site without any political or financial motive or connection with advocacy.

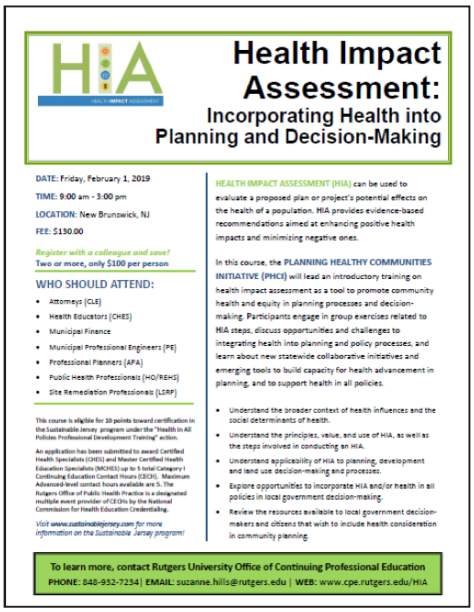
After almost four years, we have developed a set of take-away messages – some in the form of general observations and some in the form of wishes for the future of the program:

- The language of health is different from the language of other professional fields…Thinking through a health lens is sometimes a difficult exercise for those in non-health fields. Teaching about health pathways and logic models therefore can create "lightbulb moments" in attendees from non-health sectors.
- Many class participants see the value of HIA, but wonder how to get it done. The most common concern usually centers on questions about resources and capacities to conduct HIA and justifying the time to do it given the lack of mandates.
- Many attendees lack the confidence that they will be able to sift through data sources and to analyze, understand and trust data without expert help.
- Connecting people across disciplines around health impacts can forge new relationships around common goals. People meeting other people from different sectors and different types of organizations, and hearing each other's perspectives is one of the great benefits of the training.

We hope to respond to the recommendations of attendees for a "Part 2" class offering. We have also re-packaged the content prepared for the six-hour class into shorter 1, 2 and 3-hour versions to take "on the road" to various other organizations, with similar positive reactions from audiences.

We at PHCI are happy to further discuss our experiences and share our insights with others considering developing similar programs. Please contact Karen Lowrie (klowrie@rutgers.edu) or Leigh Ann Von Hagen (lavh@rutgers.edu), and visit our website at: phci.rutgers.edu.

Promotional Flyer for HIA Training Course



HIA

Health Impact Assessment:
Incorporating Health into Planning and Decision-Making

DATE: Friday, February 1, 2019
TIME: 9:00 am - 3:00 pm
LOCATION: New Brunswick, NJ
FEE: $130.00

Register with a colleague and save!
Two or more, only $100 per person

WHO SHOULD ATTEND:

- Attorneys (CLE)
- Health Educators (CHES)
- Municipal Finance
- Municipal Professional Engineers (PE)
- Professional Planners (APA)
- Public Health Professionals (HO/REHS)
- Site Remediation Professionals (LSRP)

This course is eligible for 10 points toward certification in the Sustainable Jersey program under the "Health in All Policies Professional Development Training" action.

An application has been submitted to award Certified Health Specialists (CHES) and Master Certified Health Education Specialists (MCHES) up to 5 total Category I Continuing Education Contact Hours (CECH). Maximum Advanced-level contact hours available are 5. The Rutgers Office of Public Health Practice is a designated multiple event provider of CECHs by the National Commission for Health Education Credentialing.

Visit www.sustainablejersey.com for more information on the Sustainable Jersey program!

HEALTH IMPACT ASSESSMENT (HIA) can be used to evaluate a proposed plan or project's potential effects on the health of a population. HIA provides evidence-based recommendations aimed at enhancing positive health impacts and minimizing negative ones.

In this course, the PLANNING HEALTHY COMMUNITIES INITIATIVE (PHCI) will lead an introductory training on health impact assessment as a tool to promote community health and equity in planning processes and decision-making. Participants engage in group exercises related to HIA steps, discuss opportunities and challenges to integrating health into planning and policy processes, and learn about new statewide collaborative initiatives and emerging tools to build capacity for health advancement in planning, and to support health in all policies.

- Understand the broader context of health influences and the social determinants of health.
- Understand the principles, value, and use of HIA, as well as the steps involved in conducting an HIA.
- Understand applicability of HIA to planning, development and land use decision-making and processes.
- Explore opportunities to incorporate HIA and/or health in all policies in local government decision-making.
- Review the resources available to local government decision-makers and citizens that wish to include health consideration in community planning.

To learn more, contact Rutgers University Office of Continuing Professional Education
PHONE: 848-932-7234| EMAIL: suzanne.hills@rutgers.edu | WEB: www.cpe.rutgers.edu/HIA

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CHIA

Chronicles of Health Impact Assessment

Improving community health through health impact assessments

CALL FOR CHRONICLES OF HEALTH IMPACT ASSESSMENT (CHIA) PEER REVIEWERS

We appreciate your interest in supporting the CHIA journal as a peer reviewer. In this role, you will be asked to read submitted articles. If you do not have time you can decline the invitation to review and will be placed back in the rotation for future opportunities. If you do have time, your review will address the following:

You will submit a written critique that will help determine if the article will be published. You will be asked if you have any conflicts of interest in reviewing an article. All your comments will be anonymous to the authors. You will be given prompts to respond to, such as: what are the article strengths or weaknesses, is this information that is new to the field or building on already known material? All comments should be viewed as constructive criticism for the authors. You will have the choice to accept, recommend acceptance with revisions, or not accept the article.

If you are interested, the following information will assist us in matching peer reviewers to specific authors.

Name		**Email Address**	
Affiliation		**Phone Number**	

Area of HIA Expertise (check all that apply):

	Agriculture		Criminal Justice		Health Equity		Housing
	Built Environment		Economics		HIA Evaluation		Labor Policy
	Climate Change		Education		HIA Methodology		Natural Resources
	Community Development		Energy		HIA Theory		Redevelopment
	Transportation		Other:_____				

How are you qualified (papers written, journal reviewed for, etc.)?

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