Establishing the Practice of Health Impact Assessment in the United States

Editor’s Note: NEHA strives to provide up-to-date and relevant information on environmental health and to build partnerships in the profession. In pursuit of these goals, we feature a column from the Environmental Health Services Branch (EHSB) of the Centers for Disease Control and Prevention (CDC) in every issue of the Journal.

In this column, EHSB and guest authors from across CDC will highlight a variety of concerns, opportunities, challenges, and successes that we all share in environmental public health. EHSB’s objective is to strengthen the role of state, local, and national environmental health programs and professionals to anticipate, identify, and respond to adverse environmental exposures and the consequences of these exposures for human health. The services being developed through EHSB include access to topical, relevant, and scientific information; consultation; and assistance to environmental health specialists, sanitarians, and environmental health professionals and practitioners.

The conclusions in this article are those of the author(s) and do not necessarily represent the views of the CDC.

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It’s 4:00 p.m., Friday afternoon, and someone unfamiliar is knocking on your office door. She introduces herself as a city planner and asks whether you could help her with an upcoming redevelopment decision. She knows the health department has environmental health, chronic disease, and injury programs, and that redevelopment affects these issues. She came to your office first because she perceives redevelopment as a change in the environment. Through her planning education she has heard of “Health Impact Assessment” (HIA) and thinks it would help this situation.

The practice of HIA acknowledges that decisions made outside of the health sector can profoundly affect public health. Furthermore, the health sector’s engagement can promote evidence-based policy change. HIA practice is growing and environmental health professionals frequently lead the charge. The National Prevention Strategy states that HIA can facilitate accomplishing the key strategy of building healthy and safe community environments (National Prevention Council, 2011). As the provided scenario implies, awareness of HIA has reached city planners and associated professionals.

HIA is a method to incorporate health into decision making. The National Research Council’s (NRC’s) formal definition of HIA is as follows:

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 (National Research Council [NRC], 2011).

What does this mean? HIA is akin to a pre-operational physical for communities. Before patients undergo major surgery, their physicians conduct thorough examinations, identifying health issues that could be impacted by the surgery and recommending actions to improve outcomes. HIAs offer similar checkups for communities, and environmental health professionals can be communities’ health consultants.

HIA practice in the U.S. was reviewed last year by NRC. HIAs are completed in a six-step process. The first is screening, which asks the question, “Is the HIA worthwhile?” Scoping is next—determining what health outcomes to consider. Characterizing the beneficial and adverse health effects of the proposal (and alternatives) occurs during assessment. Identifying strategies to improve health makes up the recommendation step. Documenting the process and communicating the findings occurs in the reporting step. Finally,
tracking changes in the health indicators and evaluating the HIA comprise the monitoring and evaluation step. NRC also identified three major areas of effort needed to advance HIA: societal awareness of and education about HIA, policies to support HIA, and research on and scholarship in HIA (NRC, 2011).

The Healthy Community Design Initiative within the Centers for Disease Control and Prevention’s (CDCs) National Center for Environmental Health has built tools and resources to engage in HIA and funds six HIA programs. Our Web site (www.cdc.gov/healthyplaces/hia.htm) contains information about, and provides links to, various partners and resources, including online training programs and toolkits (Centers for Disease Control and Prevention, 2011). Reviewing the online course (professional.captus.com/Planning/hia) (Captus Press Inc. & American Planning Association, 2008) and the Minimum Elements and Practice Standards for Health Impact Assessment (North American HIA Practice Standards Working Group, 2010) is a great start. Allied partners within

CDC (e.g., Division of Nutrition, Physical Activity, and Obesity) and external to CDC (e.g., Health Impact Project and San Francisco Department of Public Health) help advance HIA.

Back to the scenario—how can you help the city planner at your door? Environmental health professionals are adept at considering a breadth of health outcomes, a required skill for HIA. Consider this an opportunity to influence another organization’s approach to a problem. You should ask about the project and affected population, identify when design decisions are being made, and ascertain the public engagement process. Reviewing preliminary designs can help identify problems before they become too expensive to fix. You might see a fence separating residents from a grocery store or a building’s air intakes located close to a freeway. For community design issues, the most common health effects relate to injuries, chronic disease, and pollution exposure; thinking through the impact on each major health system can help organize your approach. The effect on vulnerable populations is especially important to consider. While not every project will benefit from HIA, the opportunity to forge a relationship with people who design your community is invaluable.

Environmental health has a history of strong relationships with entities that create infrastructure such as water and housing systems. These relationships have led to some of public health’s greatest strides forward. Current leading causes of death and disability, including diabetes, injuries, asthma, and heart disease, are influenced by infrastructure and community design. Many environmental health departments brought HIA to their communities to address these issues; with a bit of education on HIA and a well-screened project, environmental health practitioners are well suited to lead HIAs in their communities.

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References

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