Health Impact Assessments: the long and the short of it

Catherine Ross, PhD    :    APA Annual Conference   :    Philadelphia    :     April 17, 2007
BeltLine Health Impact Assessment: a comprehensive approach

Decatur Community Transportation Plan HIA: a rapid strategy

Healthy Places Research Group: setting the stage for HIA
The BeltLine

Converting a rail corridor into a new vision for the City of Atlanta
The BeltLine Numbers

**Parks:** 700 acres of park improvements and 1,300 acres of new greenspace and parks

**Trails:** 33 miles of new multi-use trails

**Transit:** 22 mile loop of transit service

**Redevelopment:** 6,500 acres of redevelopment, 10 redevelopment nodes
- 29,000 housing units (5,600 affordable units)
- 5.3 million square feet of office space
- 1.3 million square feet of retail space
- 5.2 million square feet of industrial
- 407,000 square feet of institutional space
- 30,000 new jobs

**Other improvements:** sidewalk, streetscape, road, and intersection improvements
The BeltLine: redevelopment

6,500 acre Tax Allocation District
The BeltLine Vision

Figure 6.9  Maddox Park Before and After

The BeltLine Vision

Figure 6.11  Ormewood Park Greenway Extension Before and After

The BeltLine Vision

Figure 6.36  Ralph McGill Boulevard Before

Figure 6.37  Ralph McGill Boulevard After.

The BeltLine Vision

Figure 6.46  Ansley Mall Before

Figure 6.47  Ansley Mall After

Will the BeltLine Impact Health?

- **200,000 people** live within walking distance of the BeltLine, 100,000 more people by 2030
- represents a **$1.7 billion public investment**
- affects **transportation, land use, urban design**
What is health?

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. [It is] the extent to which an individual or group is able…to realize aspirations and satisfy needs and…to change or cope with the environment.”

– World Health Organization
What is a Health Impact Assessment?

A combination of procedures or methods by which a policy, program or project may be judged as to the effects it may have on the health of a population, and the distribution of those effects within the population.

– Gothenburg Consensus
<table>
<thead>
<tr>
<th><strong>BeltLine HIA Steps</strong></th>
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<tbody>
<tr>
<td><strong>Screening</strong>: is an HIA necessary?</td>
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<td><strong>Scoping</strong>: possible consequences, boundaries, management</td>
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<tr>
<td><strong>Appraisal</strong>: nature and magnitude, affected population</td>
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<td><strong>Decision Making</strong>: reporting results to decision makers</td>
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<td><strong>Monitoring and Evaluation</strong>: review affects of HIA</td>
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The BeltLine and Health

Environment
- respiratory illness, some cancers, low birth weight, infectious disease, mental health

Access
- diabetes, obesity, asthma, cardiovascular disease, some cancers, stroke, hypertension, mental health

Physical Activity
- cardiovascular disease, obesity, diabetes, some cancers, osteoporosis, stroke, mental health, injury, overall well-being

Safety
- injuries, death, stress, physical inactivity, hypertension

Social Capital
- mental health, reinforcing healthy lifestyles, faster recovery from illness, better cardiovascular health

Atlanta BeltLine
- parks and trails, transit, and redevelopment
BeltLine HIA Study Area

0.5 mile buffer around the Tax Allocation District
## Outreach Goals

<table>
<thead>
<tr>
<th>Goals of outreach</th>
<th>Stakeholder groups</th>
<th>Form of outreach</th>
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<tbody>
<tr>
<td>1. Announce project</td>
<td>• Decision makers&lt;br&gt;• Implementers/experts&lt;br&gt;• Public&lt;br&gt;• Academics&lt;br&gt;• Practitioners</td>
<td>• Letters to Officials&lt;br&gt;• News release to local media&lt;br&gt;• Print materials&lt;br&gt;• Web site&lt;br&gt;• Online and paper survey&lt;br&gt;• Time on agenda of the meetings of the City Council, County Commissioners, School Board, Zoning Commission, BeltLine Partnership, Neighborhood Planning Unit Delegates&lt;br&gt;• One-on-one contacts&lt;br&gt;• Journal articles&lt;br&gt;• Conference presentations</td>
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<tr>
<td>2. Educate on HIA and health</td>
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<td>3. Identify health impacts</td>
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<td>4. Get information (data, deadlines, decision points, work plans, etc)</td>
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<td>5. Identify recommendations</td>
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<td>6. Provide information to make informed decisions</td>
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<td>7. Share lessons with academics and practitioners</td>
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<tr>
<td>BeltLine HIA Survey</td>
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- CQGRD conducted a survey of those who live, work and play near the BeltLine

- Purpose: Ensure that the health concerns of those that will be most affected by the BeltLine were considered in the HIA
Administered online (446 respondents)

Paper Surveys (over 1,000 copies distributed through Neighborhood Planning Units, 43 respondents)

Total – 489 respondents
### Population/Respondent Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Study Area</th>
<th>Survey</th>
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<tbody>
<tr>
<td>African-American</td>
<td>62.2%</td>
<td>14.8%</td>
</tr>
<tr>
<td>White</td>
<td>37.8%</td>
<td>68.6%</td>
</tr>
</tbody>
</table>

Most (34.5%) survey respondents had >$80,000 household income.

Median household income for City of Atlanta was $39,752 (2005; margin of error +/−3,034).
Respondents by Zip Code
Preliminary Survey Findings

- > 70% believe that the BeltLine will have a positive effect on their health
- Potential Negative Health Impacts (out of 77 respondents) were listed as:
  - Increases in congestion (42%)
  - Increased Density (36%)
  - Air Pollution (32%)
  - Noise (18%)
Preliminary Survey Findings

- 74% (out of 463 respondents) disagree or strongly disagree that their community currently has good air quality and . . .

- 63% (out of 455 respondents) agree or strongly agree that the BeltLine will improve air quality in their community.
Preliminary Survey Findings

- Of the 74% of respondents who currently travel to work by car, 51% will travel to work by car after the BeltLine is completed.

- Of the 91% of respondents who currently travel by car to run errands, 54% will travel by car to run errands after the BeltLine is completed.
| Potential gentrification or residential displacement in the BeltLine area was not seen as a concern |
| Air Quality was a very important health issue for the survey respondents |
## BeltLine Study Area Population

### Vulnerable Population Groups

<table>
<thead>
<tr>
<th>Non-white</th>
<th>Under the Poverty Level</th>
<th>Aged 0–18</th>
<th>Aged 65+</th>
<th>Housing Units Without Motor Vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>133,055</td>
<td>48,904</td>
<td>43,363</td>
<td>17,966</td>
<td>21,713</td>
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### % of Total Study Area Population

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<tr>
<th></th>
<th>62.2%</th>
<th>22.9%</th>
<th>20.2%</th>
<th>8.4%</th>
<th>24.6%</th>
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213,920 people currently live in the study area.

U.S. Census Bureau, 2000 Census.
# BeltLine Study Area Population

## Health Disparities in Study Area

<table>
<thead>
<tr>
<th>Endocrine, Nutritional, Metabolic Diseases</th>
<th>Death Rate</th>
<th>Morbidity Rate</th>
</tr>
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<tbody>
<tr>
<td>White</td>
<td>14.1</td>
<td>190.6</td>
</tr>
<tr>
<td>African American/Black</td>
<td>28.6</td>
<td>519.7</td>
</tr>
<tr>
<td>Other</td>
<td>0.0</td>
<td>210.1</td>
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<tr>
<td>Hispanic or Latino</td>
<td>–</td>
<td>NA</td>
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<tr>
<th>Major Cardiovascular Diseases</th>
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<tr>
<td>White</td>
<td>184.4</td>
<td>841.7</td>
</tr>
<tr>
<td>African American/Black</td>
<td>270.9</td>
<td>1,437.7</td>
</tr>
<tr>
<td>Other</td>
<td>32.7</td>
<td>765.7</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>22.4</td>
<td>NA</td>
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<tr>
<th>Respiratory Diseases</th>
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<tr>
<td>White</td>
<td>56.6</td>
<td>440.0</td>
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<tr>
<td>African American/Black</td>
<td>45.9</td>
<td>868.5</td>
</tr>
<tr>
<td>Other</td>
<td>–</td>
<td>326.8</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>–</td>
<td>NA</td>
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Georgia Dept. of Human Resources, Division of Public Health, Office of Health Information & Policy. 2006.
Physical Activity

1,300 acres of parks, 33 miles of trails, $45 million in streetscape and intersection improvements, extension of transit system

Potential Health Implications:
reduced premature death and risk of developing diabetes, high blood pressure, and colon cancer; reduced feelings of depression/anxiety, helps control weight
**Displacement**

48,900 people live in poverty, most concentrated in the 3 of 5 study area segments

**Potential Health Implications:**
loss of social cohesion, associated mental health and illness outcomes; reduced access to services, opportunities
Equity

Parks, trails, and transit equitably distributed by race and income; 11,000 people will have access to a park for the first time

Potential Health Implications:
better access to employment opportunities, services, healthy foods, and recreational facilities
Air Quality

BeltLine may create several areas where people are living within 300 meters of high-volume roadways

Potential Health Implications:
Reduced lung functions and increased respiratory disease, especially asthma and bronchitis symptoms; children especially vulnerable
Early Outcomes

- City of Atlanta expressed desire to amend land development regulations in response to HIA
- Local MPO exploring use of HIA in transportation studies
- Two county health departments are investigating HIA
- Nearby city conducting HIA of their transportation plan

Health is now part of the development discussion in Atlanta
Pathways to a Healthy Decatur

A workshop to explicitly address the ways transportation affects health.

Who: community stakeholders, transportation specialists, public health experts, and decision makers

What: hands-on workshop
- Air quality
- Physical activity
- Injury
- Social connections
- Noise
- and more
Healthy Places Research Group

ARCHITECTURE
PUBLIC HEALTH
ENGINEERING
DEVELOPMENT
PLANNING
PUBLIC POLICY
HEALTHY PLACES
Lessons Learned

- Health as consensus builder
- Continued research on health and built environment
- Data needed
- Planning profession must be part of the health discussion
- Public health experts must be involved in urban policy, development, and transportation