Making HIA Count:
Lessons from Practice

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Atlanta BeltLine HIA

**About:** a prospective HIA of the redevelopment plan for the BeltLine

**Team:** Center for Quality Growth and Regional Development (CQGRD) and Centers for Disease Control and Prevention (CDC)

**Policy Makers:** City of Atlanta, BeltLine, Inc., MARTA transit agency, Trust for Public Land

**Funding:** Robert Wood Johnson Foundation

**Results:** Pending
The BeltLine Numbers

**Making HIACount**

**Atlanta BeltLine**

- **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
Figure 6.9  Maddox Park Before and After

Figure 6.11  Ormewood Park Greenway Extension Before and After

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
- 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

The BeltLine and Health

Atlanta BeltLine

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

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

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

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

- Social Capital
  - mental health, reenforcing healthy lifestyles, faster recovery from illness, better cardiovascular health
213,920 people live in the study area
(Census 2000)
# 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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% of Total Study Area Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>62.2%</td>
</tr>
<tr>
<td>22.9%</td>
</tr>
<tr>
<td>20.2%</td>
</tr>
<tr>
<td>8.4%</td>
</tr>
<tr>
<td>24.6%</td>
</tr>
</tbody>
</table>

U.S. Census Bureau, 2000 Census.
## Subareas with very different populations

<table>
<thead>
<tr>
<th>Subarea</th>
<th>Northside Pop. 36,800</th>
<th>Northeast Pop. 43,000</th>
<th>Southeast Pop. 39,000</th>
<th>Southwest Pop. 51,000</th>
<th>Westside Pop. 43,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-white</td>
<td>22%</td>
<td>30%</td>
<td>73%</td>
<td>96%</td>
<td>78%</td>
</tr>
<tr>
<td>Under age 18</td>
<td>11%</td>
<td>10%</td>
<td>27%</td>
<td>28%</td>
<td>22%</td>
</tr>
<tr>
<td>Below Poverty Level</td>
<td>11%</td>
<td>13%</td>
<td>30%</td>
<td>29%</td>
<td>26%</td>
</tr>
</tbody>
</table>

U.S. Census Bureau, 2000 Census.
# Health Disparities in Study Area

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Northside</th>
<th>Northeast</th>
<th>Southeast</th>
<th>Southwest</th>
<th>Westside</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>159.1</td>
<td>131.6</td>
<td>178.8</td>
<td>236.5</td>
<td>209.8</td>
</tr>
<tr>
<td>Malignant neoplasms</td>
<td>115.1</td>
<td>96.9</td>
<td>154.4</td>
<td>183.9</td>
<td>163.2</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>41.7</td>
<td>32.2</td>
<td>34.8</td>
<td>58.7</td>
<td>48.9</td>
</tr>
<tr>
<td>Homicide</td>
<td>10.6</td>
<td>6.3</td>
<td>25.5</td>
<td>30.8</td>
<td>32.3</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>11.7</td>
<td>11.0</td>
<td>21.5</td>
<td>27.2</td>
<td>24.0</td>
</tr>
<tr>
<td>Motor vehicle accidents</td>
<td>6.5</td>
<td>9.3</td>
<td>15.7</td>
<td>12.5</td>
<td>12.0</td>
</tr>
<tr>
<td>Asthma</td>
<td>*</td>
<td>*</td>
<td>5.2</td>
<td>4.7</td>
<td>4.6</td>
</tr>
</tbody>
</table>

Georgia Dept. of Human Resources, Division of Public Health, Office of Health Information & Policy. 2006.
<table>
<thead>
<tr>
<th>Goals of outreach</th>
<th>Stakeholder groups</th>
<th>Form of outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Announce project</td>
<td>Decision makers, Implementers / experts, Public, Academics, Practitioners</td>
<td>Letters to Officials, News release to local media, Print materials, Web site, Online and paper survey, Time on agenda of the meetings of the City Council, County Commissioners, School Board, Zoning Commission, BeltLine Partnership, Neighborhood Planning Unit Delegates, One-on-one contacts, Journal articles, Conference presentations</td>
</tr>
<tr>
<td>2. Educate on HIA and health</td>
<td></td>
<td></td>
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<tr>
<td>3. Identify health impacts</td>
<td></td>
<td></td>
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<tr>
<td>4. Get information</td>
<td></td>
<td></td>
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<tr>
<td>5. Identify recommendations</td>
<td></td>
<td></td>
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<tr>
<td>6. Provide information to make informed decisions</td>
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<td></td>
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<tr>
<td>7. Share lessons with academics and practitioners</td>
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- The BeltLine will provide 95,000 residents with walking access to parks.
  - includes 11,000 residents who currently do not have such access
  - 15,000 study area residents will still not have access

- New parks will not be enough for the 2030 projected population.
  - expected to have 6.5 park acres/1000 people in 2030

- Parks are well distributed based on socio-economic factors, but not geographically…the Southwest subarea is and will continue to be underserved.
Due to higher rates of poverty, the Westside and Southwest subareas have the greatest risk of displacement.

The Southeast subarea currently lacks easy access to full-service grocery stores.

The BeltLine will not have a significant impact on air quality, although localized air quality issues will be important.
The BeltLine will promote good health. It should be fast tracked to realize the health benefits sooner.

Integrate the promotion of good health throughout decision making, design and implementation phases by:

- Appointing public health professionals to the boards
- Making health protection and promotion an explicit goal
- Enhancing the development review process
- Establishing shared, health-promoting performance measures
- Ensure affordable and healthy housing is provided throughout the BeltLine.

- Add more park acres and create better connected and more accessible parks, especially in the southwest planning area.

- Develop an integrated transit system.

- Create linkages between the BeltLine and existing civic spaces.

- Make health a component of BeltLine public education and outreach.

- Conduct ongoing evaluation of levels of physical activity attributed to the BeltLine.
Awareness of the growing body of research that examines the relationship between health and the built environment is critical to moving towards policy actions.
Making HIACount Lessons from Practice

Health as consensus builder.
Collaboration among various sectors and disciplines is needed to bridge the gap between research, policy making and implementation.

Healthy Places Research Group
Decisions about time, timing and targeted audience are critical.
New tools and data are needed to prioritize the consideration of health impacts within the traditional planning processes.