

Promoting Equity through Health Impact Assessment: Evaluating Three Case Studies Using the Equity Metrics

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I. Introduction to the Equity Metrics

In recent evaluations of the health impact assessment (HIA) field and reflections on practice, the need to more intentionally integrate and advance equity – a core value of HIA – has been a consistent theme. Promoting equity through HIA practice involves addressing unjust and avoidable differences in the many factors that influence health. In support of this desire to promote equity through HIA, the Society of Practitioners of Health Impact Assessment (SOPHIA) Equity Working Group collaborated to develop tools and guidance, including the Equity Metrics¹, a set of process and outcome measures for HIA practice.

The Equity Metrics provide a framework for practitioners and other stakeholders to reflect on the practice and impacts of HIA on health equity. The metrics can help examine the degree to which the HIA process and products focused on equity; built the capacity and ability of communities facing health inequities to engage in future HIAs and in decision-making more generally; resulted in a shift in power benefiting communities facing inequities; and contributed to changes that reduced health inequities and inequities in the social and environmental determinants of health.

The equity metrics can be used in a number of ways. As a reflective tool, users can employ the metrics to better understand the ways in which diverse stakeholders experienced the HIA process or outcomes and set goals for improvement of HIA practice to increase the potential for health equity gains. Such use of the metrics can offer meaningful learning opportunities about our HIA practice and how different perspectives can help to enhance or possibly rethink the approach to advancing health equity through HIA.

This white paper presents initial findings from an evaluation of three HIAs using the equity metrics, including the perspectives of those involved in the HIAs and their recommendations for practice, common themes that emerged across the case studies, and the project team's resulting recommendations for the field. The aim of the case studies is to understand and evaluate how HIAs were able to incorporate equity-centered processes, as outlined in the equity metrics, and any resulting shifts in power benefiting communities facing inequities and/or reduction in inequities. We also hope this paper will serve as a resource for HIA practitioners and decision makers that are interested in the utility of these metrics as a framework and more broadly, how to intentionally integrate and advance equity through HIA. We also discuss strengths and limitations of the tool and potential opportunities for improvement of the metrics.

II. Methods

SOPHIA, Human Impact Partners and the Equity Metrics Working Group (project team) received a grant from the Health Impact Project to conduct a variety of activities to disseminate tools and methods for integrating equity into HIA. One grant activity involved developing case

¹ SOPHIA Equity Working Group, Equity Metrics for Health Impact Assessment Practice, Version 1. Retrieved from: http://www.hiasociety.org/documents/EquityMetrics_FINAL.pdf.

studies about three HIAs that focused on equity, and evaluating them against the equity metrics. To select the three HIAs for the case studies, the project team initially identified 11 HIAs that we believed demonstrated a significant effort to address equity. We sought diversity in topics, geography and scope (i.e. neighborhood, regional and state), and HIAs that were led by both health departments and nonprofits. The team screened them for their overall consideration of equity, and ultimately selected three HIAs that represented a variety of topics, organizations and places (see Table 1).

Table 1. HIAs Selected for Equity Case Studies

HIA	Lead Organization	Location	Geographic Scope	Topic
Rehabilitating Corrections In California: The Health Impacts of Proposition 47 (2014)	Human Impact Partners	California	Statewide	Criminal Justice
Health Impact Assessment of a Regional Fair and Affordable Housing Plan in Mid-Michigan (2014)	Ingham County Health Department	Ingham, Clinton and Eaton counties (Michigan)	Regional	Housing
Baltimore-Washington Rail Intermodal Facility Health Impact Assessment (2013)	National Center for Healthy Housing (NCHH)	Baltimore, Maryland	Neighborhood	Transportation and Land Use

To collect the information about the HIA’s consideration of equity, the team aimed to interview three people involved with each HIA: the lead HIA practitioner, a community member and a decision maker. Ultimately, we could not make contact with a decision maker for two of the projects (Michigan Housing Plan and Baltimore Intermodal Facility), and so those case studies reflect conversations with the lead HIA practitioner and the community member only. Since the California Proposition 47 HIA was on a statewide ballot measure, we interviewed a representative from the organization sponsoring the ballot measure as a proxy for a decision maker.

The project team developed an interview guide with questions based on the equity metrics in order to conduct semi-structured interviews. The interview guide can be found in Appendix A. The interviews were conducted between January and March 2016, and lasted between 30 minutes and an hour each. The interviewees were not given the equity metrics in advance of the interview. The information was then organized into three separate case studies that highlight the successes in the HIA’s process or outcomes to advance equity.

The three case studies begin with an overview of the HIA and a description of baseline inequities faced by the community. Next, each case study presents a summary of findings corresponding to the four main outcomes in the equity metrics:

- 1) Integrating equity throughout the HIA process: Was equity integrated into the overall HIA process and product?
- 2) Building capacity in communities: Was the community meaningfully involved in the steps of the HIA? Did the community increase their knowledge and capacity as a result of the process?
- 3) Power shift to communities: Did the HIA result in a leveling of the power dynamic or change towards a positive advantage for communities facing inequities as the result of an HIA process?
- 4) Reducing social, environmental and health inequities: Did the HIA result in reducing health inequities or reducing inequities in the social or environmental determinants of health?

Finally, any advice offered by the lead practitioner in the form of keys to success or reflections on the process for fellow HIA practitioners is included at the end of the case study.

Building the power of communities facing inequities is emphasized as a key process for advancing equity, and the equity metrics focus on understanding how the HIA helped to shift power to communities. The SOPHIA Equity Working Group proposes that the unequal distribution of power is the underlying cause of inequity, and that community power building can have a sustained impact on the distribution of power. “Building community power” refers to the process by which communities re-negotiate power in order to gain control over the factors that shape their lives, including access to information and opportunity, decision-makers, and policy-making.

Since the equity metrics examine how well the HIA engaged the impacted community overall, the project team discussed how to define “community.” It is not always possible for the HIA practitioner to organize the engagement of the impacted community during an HIA due various constraints, including timelines, resources, trust, or geographic scope. Sometimes it is more feasible, and possibly preferable, to work through an existing community organizing group. Based on the work of Meredith Minkler², Human Impact Partners defines a community organizing group as “an organization that helps a community identify common problems or change targets, mobilize resources, and develop and implement strategies to reach their collective goals; brings people who identify as being part of the community together to solve problems that they themselves identify; and works to develop civic agency among individuals and communities to take control over their lives and environments.” Working through existing groups that directly engage those most impacted in these ways can be a good alternative when HIA practitioners cannot themselves organize this engagement. For this reason, working

² Minkler, M. (2012). *Community Organizing and Community Building for Health and Welfare*. New Jersey: Rutgers University Press.

through community organizing groups (as defined above) was considered similarly to working directly with communities on the various equity metrics that assess levels of community engagement.

The case study for each HIA is presented below. Due to the small number of case studies, the results from this project are not generalizable to all HIA practice.

III. HIA Case Studies

Case Study 1: Rehabilitating Corrections in California: The Health Impacts of Proposition 47
Interviews with Kim Gilhuly (Human Impact Partners), Milena Blake (Californians for Safety and Justice) and Karla Zombro (California Calls)

Overview of the HIA

In 2014, Human Impact Partners conducted an HIA on California's Safe Neighborhoods and Schools Act, or Proposition (Prop) 47. Prop 47 was a ballot measure that asked Californians to vote on whether six non-serious crimes like drug possession and petty theft should be charged as misdemeanors rather than felonies, and if so, should the cost savings be spent on mental illness, substance abuse, school truancy and dropout prevention and trauma recovery services. Prop 47 passed with 60% of the vote in November 2014. The law applies to new crimes and retroactively to people who had been convicted for the six crimes, who could apply to have sentences lowered and records cleared of felony convictions.

In partnership with an advisory committee, which included formerly incarcerated people and organizations with a history of criminal justice reform advocacy, the HIA team looked at the impacts of the ballot measure on the mental and physical health of individuals, their families and communities.

The HIA found that if the ballot measure was fully implemented, it would reduce convictions by up to 40,000 per year, reduce the number of people sentenced to prison by about 3,000 per year and allow more than 9,000 people current incarcerated to apply for release (about 4,000 of which would be returning to families). In total, it would save the state of California \$600-900 million per year, which would be diverted to services that would benefit people most impacted by the criminal justice system.

The health and equity benefits of these changes are numerous and include:

- Improved physical and mental health from not being incarcerated
- Better access to jobs, housing, education and other services for those who no longer have felony convictions on their records
- Decreases in mental health and substance abuse issues, and improved school graduation rates and trauma recovery

- Opportunity for greater material benefits for families that have a working adult in the home versus in prison
- Better educational, social and psychological outcomes for children whose parents remain in the home, and improved long term prospects for employment and earning potential
- Reduced racial inequities, since 24% of those imprisoned for felonies in California are Black despite only 7% of California's population being Black and 45% of those imprisoned for felonies are Hispanic even though only 38% of the population is Hispanic.

Existing Equity Issues

Human Impact Partners began focusing on criminal justice because of the incredible disparate impact of the system on people of color, and particularly African Americans. Kim Gilhuly, the lead HIA practitioner, noted this in her experience: "I have done a lot of HIAs, and sat around a lot of tables of stakeholders and impacted community, and I can tell you there are no tables more full of people of color than when you do an HIA on criminal justice. In so many cases public health folks sit there wondering, 'Why aren't the impacted community members here?' This is not the case with criminal justice reform. These are issues that affect people of color every day, and that they are passionate about changing because of the horrible, constant impact."

People who are incarcerated experience much worse health than the general population overall, including higher rates of certain chronic diseases, depression, violence, rape and suicide. Life expectancy is reduced by about two years for every one year spent in prison. People of color make up 60% of the prison population, and so bear a greater burden of the physical and mental health impacts of incarceration. Because of these decades long, ongoing inequities, people of color stand to disproportionately benefit from having their felonies changed to misdemeanors.³

Integrating Equity throughout HIA Process

Human Impact Partners' interest in criminal justice reform inspired them to reach out to Californians for Safety and Justice (CSJ) and other organizations to discuss partnerships. At the time, CSJ had already drafted Prop 47, and was collecting signatures to get it on the ballot. Together, the groups screened the project and determined the potential significant health and equity impacts of the measure made it a good fit for HIA.

HIP and CSJ recruited an advisory group with representatives from 15 agencies and organizations with expertise in criminal justice reform. Working through the existing networks of their partner organizations, HIP was able to reach impacted populations more easily. The project team spoke with a representative from California Calls, who works to increase voting in impacted populations. "We were brought in because equity was front and center. HIP was deliberate about it, and it was helpful to think analytically. We appreciated that they brought us in as a resource," Karla Zombro said. The advisory group met monthly to define the research

³ Human Impact Partners. (2014). Rehabilitating Corrections in California: The Health Impacts of Proposition 47. Retrieved from: <http://www.humanimpact.org/news/just-released-health-impact-assessment-of-californias-proposition-47/>

questions and scope, give feedback, provide research and data, organize focus groups, discuss findings and review the report and recommendations.

Table 2. Equity-promoting activities for HIA steps

HIA Step	Equity-promoting activities
<i>Screening</i>	<ul style="list-style-type: none"> ● Human Impact Partners screened the HIA topic, and consulted with equity-focused partner organizations before initiating the project ● An advisory group was convened with 15 groups representing impacted communities as well as content expertise in topic area
<i>Scoping</i>	<ul style="list-style-type: none"> ● Advisory group convened to select research topics and define scope of HIA
<i>Assessment and Reporting</i>	<ul style="list-style-type: none"> ● Assessment conducted by lead HIA practitioner with an explicit focus on equity ● Seven focus groups conducted with 58 people from impacted communities ● Information from focus group integrated into report ● Findings disseminated to over 20,000 people through partner networks ● Advisory group members' organizations used assessment results in their own communications materials
<i>Recommendations</i>	<ul style="list-style-type: none"> ● The advisory group provided feedback on the recommendations
<i>Monitoring & Evaluation</i>	<ul style="list-style-type: none"> ● HIP and partner organizations are closely monitoring the implementation of this policy to ensure social services are provided as planned

The advisory group selected six research topics: number of people impacted, public safety impacts, additional punishments resulting from felony convictions, impact on families, and the impact of redirected savings on mental health and substance abuse, truancy, and crime victims' health. Equity impacts are not explicitly mentioned in the research questions because of the known equity impact of the ballot measure on the whole.

The advisory group members mostly worked for organizations that exclusively focus on equity in their daily work. "Equity is part of our DNA, so it's hard to separate it out," Zombro said. However, even with a very equity-focused advisory group, when asked what she would do differently, Gilhuly said: "Get more impacted populations on our advisory group."

The research questions led HIP to conduct a mammoth assessment on a range of criminal justice-related issues. Data about current conditions and an extensive literature review were coupled with the results of seven focus groups with impacted communities (formerly incarcerated individuals, family members of incarcerated individuals, and service providers). HIP again worked through the partner organizations' networks to recruit participants, and they co-facilitated discussions with the advisory group. A total of 58 people participated in focus groups by offering local context and perspective, answering questions about the impacts of felony convictions on individuals and families, and providing feedback on access to services. Providing stipends was key to successful recruitment.

HIP's partner organizations noted the importance of good facilitation skills to ensure meaningful engagement of both the advisory group and the focus group participants. "To get good representation is difficult. Overall they [HIP] did a good job of it. Kim was very good at herding cats. Because there was such diversity, she did a good job of making sure that whomever was saying something felt respected, and she also kept us on track," Milena Blake said.

The timeline from initiation of the HIA to completion was about six months. Both the HIA lead and the community partner we interviewed expressed some regret that they had to shorten the assessment due to time and resource constraints. For example, they didn't disaggregate the findings of the assessment to show inequities more clearly. Both felt the assessment could have been stronger with more time or funding.

The final report and findings were shared with the advisory committee, focus group participants, and through partner networks that reached about 20,000 people. HIP held a webinar and a press conference to encourage use of the information. Several versions of the report—a website, a summary, a research summary, technical report and an infographic—were also produced to reach different audiences. While the HIA team didn't use the results to create materials targeted at communities, the partner organizations integrated the HIA results into various communications and were able to share results for about a month before the statewide vote. The HIA lead said that in the future they would consider hiring a dedicated communications person to better highlight equity-related findings and distribute to impacted communities.

The most crucial recommendation to emerge from the HIA findings was that, if passed, the proposition must be fully implemented – the health impacts of Prop 47 would only be fully realized if the proposed social service programs were fully implemented as planned (i.e., allocating cost savings to new programs). Secondary policy recommendations were also made to encourage various state agencies to improve specific services, education or data collection. The advisory group gave HIP extensive feedback on the recommendations, and HIP and CSJ are monitoring the implementation of this policy to ensure social services are provided as planned.

Building Capacity in Communities

Both partner organizations that we spoke with stated that the biggest equity impact of the HIA process was to have the full research report with a public health perspective to support their work. It increased the credibility of their work and gave community groups information to back up what they were already saying. "This is the first time people were involved [in an HIA], and they will probably ask for another in the future," Zombro said.

It was also the first time many of these groups have used the health frame, and it really resonated with community members. They are likely to partner with HIP again to bring in the health perspective.

Blake noted that one of the issues CSJ works on—the 3,800 lifetime penalties related to a felony conviction and their long term impacts on ability to function and support a family—was supported by the HIA. “HIP did a good job of pulling out that information. The numbers were really compelling,” she said.

Zombro agreed: “All the information we were given was helpful in training and framing why it’s a community issue, and to clear up misconceptions about why people are incarcerated. It is fueled by policies and coupled with overall poor health in the communities. We appreciated HIP bringing the two together using the analysis, bridging two things that are hurting us, that we care about, and that we need to address. The analysis helped people who were mixed on it to move forward and feel excited to get involved.”

Partner organizations said they used the HIA results to train leaders in local offices around the state, incorporated them into a training for phone canvassers, and made an FAQ script and other outreach materials for their websites. They created messaging that resonated with community members without being “wonky.”

Since this HIA was focused on a ballot measure, both the “decision makers” and the “communities” were California residents. HIP’s grassroots partner organizations worked directly with communities with little involvement from government agencies. There were no direct changes in governmental agency practices as a result of this HIA; however, through ongoing monitoring by HIP and associated organizations, some state and county agencies are now becoming aware of the HIA and the recommendations. Prop 47 and its health impacts are being felt in positive and negative ways throughout the state and discussion of the HIA (and other criminal justice HIAs) with county and state health departments has brought some movement by health departments to get involved in criminal justice reform.

While this HIA relied mainly on partner organizations to increase capacity and power in communities, it was appropriate given the existing relationships with communities and the short timeline. While HIP is still viewed primarily as a “researcher,” California Calls works directly on increasing community participation in voting. Their voter outreach would have happened regardless of the HIA. Now, however, the communities they are reaching can benefit from reliable information about health and equity. Karla Zombro said: “The HIA helped broaden the audience. It made it so everyone can see themselves in the picture.”

The big unanswered question is whether impacted communities will receive information about the new law from the state, will have the resources and support to take action on it, and will benefit from the planned investment in social services. For this reason, CSJ, HIP and other organizations are working together to closely monitor and support implementation of the law.

Power Shift to Communities

HIAs aim to have a long term impact on health and equity beyond the scope of the project. Ideally, communities are better equipped to participate in the decisions that impact their lives as a result of the HIA process. In this HIA, all Californians that voted were part of the outcome, and

a good proportion of voters from impacted communities were given information about health and equity as a result of this project. Continued partnerships between HIP, CSJ, California Calls and other organizations on criminal justice policy could have an even broader reach. Since California Calls' and other Prop 47 HIA Advisory Committee grassroots organizations entire strategy is about building power in impacted communities by engaging them in voting on ballot initiatives, conducting an HIA to support that effort was part of a larger strategy to shift power to communities facing inequities.

All three people we interviewed said that the partnerships between the public health and the communities impacted by the criminal justice system were strengthened as a result of this HIA. The partner organizations are now exploring new HIA and Health in All Policies opportunities together.

Reducing Social, Environmental and Health Inequities

Long term, the passage of Prop 47 will have a huge positive impact on the health and equity impacts examined in the HIA. Since the passage of Prop 47, more than 5,000 people have been released from prison due to reclassification of their sentences from felonies to misdemeanors, and about 160,000 have applied to have their felony conviction changed. While we don't know the race or ethnicity of those released or applying for reclassification, it is likely that a large proportion are people of color, since the majority of those convicted and arrested for felonies of these types are people of color. California has finally dropped below the Supreme Court-mandated level of prison capacity. Immediate impacts will be seen on mental and physical health for those released from prison, especially among African American and Latino men. The long term health impacts will largely be determined by the policy's implementation process, which HIP and CSJ are closely monitoring and engaged with. Unfortunately, California has seen increases in homelessness and use of emergency rooms for mental health and acute and subacute crises. Local health agencies noted that the funding for these services will not be available for at least two years after the passage of Prop 47, so the immediate impacts are being handled without immediate funding.

HIA Practitioner's Recommendations for Promoting Equity

- Build relationships with groups working on issues that result in inequities.
- Push to try to get the data disaggregated, or allocate time and money to collect your own data that will include racial and socioeconomic differences.
- Be humble and respond positively to criticism when you aren't doing a good enough job.
- Include research and knowledge of the historical harms that have resulted from systems we, collectively, have put in place.
- Don't be afraid to start the conversation with agencies and decision makers about how existing systems impact equity.
- Build partnerships with people who are good at strategy (community organizers, advocates).

For more information on this HIA, please visit the [Human Impact Partners](#) website.

Case Study 2: Building Health and Equity into a Regional Housing Plan

Interviews with Janine Sinno Janoudi (Ingham County Health Department) and Francina Paulino (Family and Community Development Services)

Overview of the HIA

In 2014, the Ingham County Health Department (ICHHD) worked with a coalition of other health and housing partners to conduct an HIA on the five-year affordable housing plan for the tri-county region Capital area of mid-Michigan. The plan, entitled *Innovative, Collaborative, Empowering Fair and Affordable Housing Initiatives: The Next Five Years for Ingham, Clinton and Eaton Counties* (the “ICE Housing Plan”) is comprised of policy recommendations to improve housing quality and affordability, and compliance with fair housing laws. The HIA team worked with the lead organization, the Greater Lansing Housing Coalition, to integrate health considerations into the ICE Housing Plan. They also wrote a separate HIA report that examined the potential health outcomes of the Plan (lead exposure, mental health, chronic diseases, asthma, smoking, obesity and food access) in more depth.

Existing Equity Issues

The communities that would realize the greatest health benefits from implementation of the ICE Housing Plan are immigrants, refugees, seniors, rural residents and the homeless. Currently, these groups lack quality and affordable housing, and sometimes experience cultural and linguistic barriers that affect their ability to address unhealthy housing concerns.

Lead exposure and poor indoor air quality due to pests, mold or bed bugs are common in the housing options available to many of these communities. Higher housing costs have also prevented residents from spending their income on medications or healthy food. Many tenants, especially those that speak languages other than English, are unaware of their right to request certain repairs from the landlord. Housing inspections that aim to address some of these issues are underfunded and inconsistent across communities. This leaves public agencies with a lack of quality data about the issue.

Integrating Equity throughout HIA Process

To address these equity concerns, the HIA team engaged the impacted communities and considered the ICE Housing Plan’s impact on populations facing inequities (See Table 3).

Throughout the HIA, the team conducted extensive stakeholder engagement with impacted communities. They were pleased to be given the opportunity to participate in the ICE Housing Plan focus groups, where they were able to introduce the HIA concept and the links between housing and health. However, they quickly realized that the groups most impacted by the Housing Plan—refugees, immigrants, seniors, rural residents, the homeless—were not in attendance at the focus groups. To ensure their perspective was included, the HIA team organized an additional five focus groups with refugees, senior and homeless advocates, and administered a survey to over 500 residents. They partnered with local nonprofits like the senior center and the homelessness coalition to recruit participants, and provided interpreters (in seven languages) and incentives (coupons) to ensure robust and meaningful participation.

The advisory group included representatives from a diverse range of organizations representing the impacted communities. The group informed the study and facilitated HIA meetings and interviews with the impacted community members; they also assisted in the development of the ICE Plan by linking a university professor conducting a housing study with the impacted communities and providing feedback on the HIA recommendations before the plan was finalized.

The HIA team emphasized the importance of listening to all sides to identify “win-win” solutions. Landlords were included in focus groups, and provided insight into the delicate balance between providing both affordable and quality housing. For example, landlords needed more funding to get properties up to code and address things like the triggers of asthma. Together, the HIA team and landlords devised potential ideas for policy solutions.

Building Capacity in Communities

The lead HIA practitioner has been trying to elevate the case of refugee housing issues for over 20 years. Unfortunately, the issues with affordability and quality of housing for refugees and other groups have changed little in that time. However, the HIA has helped to finally call attention to the issue. Doing the HIA provided the data to back up what community members were experiencing. “Without the data, it was hard to keep decision makers interested in fixing this issue. Having the qualitative and quantitative data gathered and compiled in a report with recommendations for action is the starting point if we are to make any changes to housing equity issues,” said Janine Sinno Janoudi.

Table 3. Equity-promoting activities for HIA steps

HIA Step	Equity-promoting activities
<i>Screening</i>	<ul style="list-style-type: none"> ● ICHD and partners screened nine potential HIA topics before choosing the ICE Housing Plan. They only considered projects that had clear equity impacts ● ICHD convened a diverse advisory group, with representation from a university, landlords, community based and charitable organizations serving the impacted communities, and county and city housing and community development agencies
<i>Scoping</i>	<ul style="list-style-type: none"> ● The HIA team identified four goals, one of which was to engage diverse stakeholders and impacted populations in conversations about health. Stating this goal upfront paved the way for explicitly addressing equity throughout the HIA process ● The HIA team summarized key findings from focus groups and the survey and used the findings to prioritize the HIA goals, key focus areas and research questions
<i>Assessment and Reporting</i>	<ul style="list-style-type: none"> ● Four focus groups with stakeholders were conducted with the ICE Housing Plan team, and an additional five focus groups were organized by the HIA team to reach target populations facing inequities: immigrants, refugees, seniors, the homeless and rural residents ● Over 500 community members completed a survey to prioritize housing issues in

	<p>the Plan</p> <ul style="list-style-type: none"> ● The information collected from communities was woven into the assessment and recommendations ● The current conditions and health impacts sections of the HIA report differentiated the impacts to populations facing inequities ● Additional interviews were conducted with community leaders to inform research, and data was collected from local groups ● In predictions about ICE Housing Plan components and their impact on health, the HIA authors indicated any specific impacts on populations facing inequities in the study ● ICHD shared the findings and recommendations with stakeholders and communities to validate the results
<i>Recommendations</i>	<ul style="list-style-type: none"> ● Recommendations were written with an equity lens
<i>Monitoring & Evaluation</i>	<ul style="list-style-type: none"> ● HIA and ICHD staff will maintain relationships with GLHC and other partners to ensure health and equity are addressed when implementing the ICE housing plan ● ICHD's recent health status report includes information about housing and the HIA

From the community perspective, the HIA process allowed tenants to learn about their legal rights and speak to their landlords without fear of eviction. Providing interpreters and having a trusted source to administer HIA surveys to communities was key to this project's success. By completing the surveys, many residents felt that their voice was heard for the first time.

The community leader we interviewed suggested that the HIA had a lasting impact-- many residents are now less fearful and will continue to advocate for their housing rights. One client in particular was charged for repairs by the landlord. Once she learned it was the landlord's legal responsibility, she went to court, fought for her rights, and won the case.

Power Shift to Communities

When asked whether the community members would likely continue to advocate on other issues, Francia Paulino, the community leader said: "It's all very overwhelming. Taking the survey and learning their rights is a good first step." She also said that building community power and landlord accountability were the best outcomes of this project.

The HIA led to several changes within the health department and across local government that support equity. The department had an Environmental Justice coordinator that helped to keep the equity focus in the HIA. When that staff person left for a new position, they recruited someone with a legal background to ensure communities could learn their legal rights. This was a result of the HIA and similar initiatives. The new Environmental Justice coordinator will be working to promote HIA recommendations and monitor implementation for health and equity concerns, especially with regard to fair housing law. Recommendations related to housing quality improvement are being implemented in the City of Lansing. The proposed budget for FY17 includes a full time housing ombudsman position and the city has recently filled three

vacant positions that will hopefully alleviate the workload on code officers to check on code violations and track unregistered or delinquent properties.

The team also took a strategic approach to their final recommendations uncommon in HIA practice. They focused exclusively on what the health department could do internally, and then they engaged external partners in elevating concerns and issues. This approach succeeded in building positive relationships that were foundational to future work together.

With decision makers, “the HIA has elevated the potential health consequences of the housing affordability and quality issue at the political level,” said Janoudi. One state legislator is proposing a State funded lead and asbestos abatement program. While this is most likely related to the lead tragedy in Flint, Michigan, the HIA helped to add context and provide data about the issue. Locally, a City of Lansing mayoral candidate is focusing his platform on housing affordability and quality.

Reducing Social, Environmental and Health Inequities

It is too early to know if this HIA contributed to any long-term impacts on health outcomes. However, housing quality and affordability are foundational to good health, and a plan like the ICE Housing Plan that targets inequities will ensure positive outcomes if implemented with that focus. Several health department staff members with a focus on equity are currently monitoring the implementation process.

HIA Practitioner’s & Community Member’s Recommendations for Promoting Equity

- Reach out to community members and ask them their perspective.
- The enormity of the HIA process requires at least one person dedicated to research and report writing, and a second skilled in stakeholder engagement.
- Prioritize relationships with external partners, and remain flexible enough to accommodate their needs.
- Educate partners on the social determinants of health.
- Develop a scope of work that builds in stakeholder engagement. Include a budget for collecting data from impacted communities and providing interpreters and incentives for participation.
- Share HIA findings with stakeholders and community members to validate the findings and develop recommendations.
- Be persistent in following up with policy makers after publishing the report so the discussion stays alive and recommendations are prioritized for implementation.
- While holding the value of equity, try to remain fair and acknowledge opposing perspectives to build trust.
- Develop expectations with partners upfront, possibly in a written agreement, to ensure follow through with the HIA.
- Host equity trainings on an ongoing basis to raise awareness of issues with partners outside of the HIA process.

For more information on this HIA, please visit the [Mid-Michigan Health in All Project](#) website.

Case Study 3: Health and Equity Impacts of a Local Transport Facility
Interviews with Ruth Lindberg and Rebecca Morley (formerly with National Center for Healthy Housing) and Patti Michel (Morrell Park resident)

Overview of the HIA

Between January 2012 and August 2013, the National Center for Healthy Housing (NCHH) conducted an HIA to examine the health and equity impacts of locating an intermodal transportation facility in Morrell Park, a residential neighborhood in Southwest Baltimore. The facility would have allowed goods coming into the Port of Baltimore to be transferred between trucks and trains for transport to local and national businesses. The proposed site was located at an underused railyard, and building the facility would have added up to 350 truck trips daily. CSX Transportation planned to develop the site, with some funding from the Maryland Department of Transportation.

The HIA studied the impacts of the proposed project on air quality, noise, neighborhood resources, employment, safety and light. NCHH worked closely with the community members in neighborhoods surrounding the proposed facility and other key stakeholders to select and scope the project, conduct the assessment, prioritize recommendations and share information from the final report with decision makers. In August 2014, almost 2 years after NCHH started the HIA, the Baltimore Sun reported that the project was cancelled due to local opposition. Maryland Transportation Secretary James T. Smith said: "It just wasn't getting the kind of traction in the community it needed. The political will of elected officials usually doesn't collapse of its own initiative, it usually collapses because the community revolts and says it just doesn't want it. And we were in that position."⁴

Existing Equity Issues

The communities surrounding the proposed site are largely white and working class, and have high poverty and unemployment rates, especially among African American residents. They suffer from higher rates of heart disease, some cancers and deaths due to respiratory illnesses than the city and state on the average. Residents also have concerns about youth truancy, drug use and crime.

It is possible that many of the existing health problems can be linked to the interstate highway that bisects the neighborhood. Patti Michel, a Morrell Park resident, noted: "Many years ago, a decision was made about I-95 that they were going to go through the neighborhood. That was the start of problems, the downfall. It had negative health impacts."

⁴ Rector, K. (2014, August 28). State pulls \$30 million from rail facility project in major victory for community activists. *The Baltimore Sun*. Retrieved from http://articles.baltimoresun.com/2014-08-28/business/bs-bz-intermodal-funding-pulled-20140828_1_morrell-park-maryland-port-administration-west-baltimore.

NCHH found that building and operating the facility could worsen the existing health issues, especially those related to air quality. The increase in truck traffic would cause an increase in emissions of hazardous air pollutants. The exposure to particulate matter alone could cause up to 14 more deaths over the next 50 years. Additional health impacts could be seen due to noise and light exposure, decreased safety, and a decrease in property values and the corresponding tax base for local services.

While CSX predicted hundreds of new jobs would be available, it was unclear whether residents bearing the health burdens of this facility would even be eligible for the jobs because of the mismatch between the existing community skills and the jobs. Most of the jobs at the facility would have been transferred from existing jobs at a local port facility.

Integrating Equity throughout HIA Process

NCHH learned of the intermodal project through their involvement with the Howard County Sustainability Board. When NCHH began working on the HIA, CSX and MDOT were considering four alternative locations for the site, none of which were the Morrell Park location. NCHH heard that residents in those four communities were concerned, and so screened the project for an HIA. They felt they could bring health issues to light that would not have otherwise been considered, but mostly they aimed to bring the community voice into the process and be responsive to local health concerns. The HIA report states, “A key motivation for pursuing a health impact assessment of the proposed project was NCHH’s desire to bring greater clarity and transparency to the decisions that were being made by CSX and MDOT and their impacts on the community.”⁵ About nine months into the HIA, CSX and MDOT announced that the facility would be constructed in Morrell Park, and NCHH shifted its focus to the new location and revised the scope of the HIA to reflect this new local context.

The success of this HIA can largely be attributed to the extensive stakeholder engagement conducted throughout every step of the process (see Table 4). When the proposed site location changed, Ruth Lindberg, the HIA project manager, said that although they had already spent a significant portion of project’s stakeholder engagement budget working with communities at other sites, they “quickly shifted things around [to support extensive engagement at the new site] because it was critical.”

Table 4. Equity-promoting activities for HIA steps

HIA Step	Equity-promoting activities
<i>Screening</i>	<ul style="list-style-type: none"> ● Identified topic based on community concern ● Discussions with sustainability, environment, transportation and health partners to screen project

⁵ National Center for Healthy Housing. (2013). *Baltimore-Washington Rail Intermodal Facility Health Impact Assessment*. Retrieved from http://nchh.org/Portals/0/Contents/Baltimore-Washington-Intermodal-Facility-HIA_Final-Report.pdf.

<i>Scoping</i>	<ul style="list-style-type: none"> ● Conducted three community forums with a total of 100 residents ● Hosted an HIA training with decision makers, partner agencies and organization and residents ● Presented at two community meetings with 45 residents ● Attended three CSX community meetings to gather additional community perspectives
<i>Assessment & Reporting</i>	<ul style="list-style-type: none"> ● Conducted five focus groups, gathering information from 24 residents ● Conducted structured interviews with key stakeholders, including community, business, healthcare, environmental and government leaders ● Presented findings from the assessment at a community forum
<i>Recommendations</i>	<ul style="list-style-type: none"> ● Conducted meetings with community leaders to prioritize and refine draft recommendations ● Conducted a survey with community residents to prioritize draft recommendations ● Conducted meetings with MDOT staff to discuss the feasibility of proposed recommendations and refine them

NCHH felt that the HIA could bring community voices into the decision making process, which was particularly important once CSX settled on a plan that did not require federal funding, meaning the process no longer needed to adhere to the federal environmental review process under the National Environmental Policy Act (NEPA). Michel said: “Federal funding guidelines were more stringent and community-based, and when they moved it here, they didn’t have to go through that process. So we thought, they are fast tracking.”

During the scoping process, NCHH collected input from residents through community forums, an HIA training and various other meetings to inform the project. They brought a long list of potential health impacts, research questions and pathway diagrams to the events, and asked for feedback and priorities. They looked at the impacts on specific population groups like children, the elderly, pregnant women, low income residents, those with existing medical conditions and communities of color.

Five focus groups with residents and structured interviews with partners provided qualitative data for the assessment. NCHH’s final report compiled the baseline community conditions—especially for populations facing inequities and places such as schools, hospitals, and parks where populations facing inequities may reside or spend significant amounts of time—health evidence, and information from residents and stakeholders. They made predictions about the proposed intermodal facility’s impact on air quality, employment, noise, light, neighborhood services and safety. Themes identified in conversations with communities were integrated into the assessment alongside more quantitative data.

The findings and recommendations were shared with the community through a forum in early August 2013. When working at the neighborhood level, communicating about health impacts requires additional sensitivity. “The community didn’t have a sense of their data profile. It was eye opening for them to bring the health inequities to light. We were talking about real lives, and had to think about conveying their health status with sensitivity,” said Rebecca Morley, the former Executive Director of NCHH.

The recommendations that emerged from the HIA were extremely helpful to the community, giving them a clear sense of how the health consequences could be minimized and providing guidance on the “asks” for the City, MDOT and CSX. “One of the most important things about the HIA for this facility was they came up with a list of mitigations. This would help decrease negative impacts, and we had a say in ranking the mitigations. We knew they needed to be strong. If the developer ended up negotiating with the community, the mitigations could be the start of the negotiations,” Michel said. Many of the recommendations focused on the initial HIA goal of better communication from and transparency of decision makers. Before they learned the project was cancelled, NCHH planned to monitor the implementation of these recommendations over time.

Building Capacity in Communities

The HIA increased the community’s capacity to participate in decision making in several ways:

- 1) *The process helped to organize the community around the issue.* Michel noted that: “The HIA helped to bring the community together to speak in a unified voice.” The HIA’s focus groups in particular brought together residents from two community organizations that historically had not worked together, and many people who were not involved in any community issues before the intermodal project. Before the HIA, “People would ask questions at community meetings with CSX and were ignored. Once we met at a focus group and bonded, we decided to combine efforts, strategize, and reach out the rest of the neighborhood. The meetings where the HIA was presented were well attended because people wanted to know the results,” she said. While the HIA practitioners thought they were viewed primarily as “researchers,” the community perspective showed that the HIA gained traction primarily because it provided opportunities to bring people together through community meetings, focus groups and other activities.
- 2) *The findings raised community awareness of health-related issues.* The extensive meetings, focus groups, interviews and training that shared different aspects of the HIA greatly increased community knowledge of the health impacts of the intermodal project, the existing health concerns in the neighborhood and HIA more generally. “It enlightened the community as to our current state of health. Living so close to the train tracks and I-95, noise and air quality are issues, but then when you find out that your neighborhood has higher rates of heart disease and respiratory issues, then you see how the proposed facility could be devastating,” Michel said. The HIA practitioners felt that with an

understanding of the HIA findings, the community was better equipped to raise concerns with decision makers.

- 3) *The process helped build community capacity for involvement in decision making.* Both the community member and the practitioners we interviewed felt that the community is likely to continue organizing around neighborhood issues, and are better prepared to engage with decision makers as a result of this HIA. Certainly, the decision not to build the facility in Morrell Park helped with this, but even prior to that, they “began to use different tactics that were effective, and this will carry over into future organizing,” Morley said. Michel agreed: “The project really helped change the attitude. Previously they thought ‘we can’t fight city hall, we don’t stand a chance.’ But now people feel empowered, they are engaged and involved in ongoing community concerns.”

Power Shift to Communities

Throughout the HIA, the community experienced significant difficulties working with both CSX and decision making agencies. The HIA practitioners were unable to obtain some of the information they needed for the analysis, and community members found the decision making process and information about the proposed facility confusing. “We came up with a list of questions and concerns about the facility and sent it to CSX, MDOT and elected officials. CSX was responsible to respond, and they never did fully respond. We called for a town hall meeting with CSX so we could get the community involved. It took us a year to get it set up. We handed out flyers to get people to go to the meeting, but the meeting was set up so that we were not allowed to ask questions as a group. People that showed up and wanted to speak as one voice, they couldn’t,” Michel said.

It is unclear whether this HIA will improve transparency or community involvement in future decision making processes at MDOT or CSX. However, the HIA did contribute to the community organizing that led to the eventual abandonment of plans for the facility.

Further, in the Baltimore Sun article that announced the intermodal facility would not be built, Mayor Stephanie Rawlings-Blake cited community concerns as the reason. “The residents of Morrell Park have made it clear: The proposed CSX Intermodal Facility will be disruptive to their community. I hear them and I am certainly not interested in forcing a project on the community that has not fully considered or responded to their concerns and needs.”⁶

Reducing Social, Environmental and Health Inequities

Since the intermodal rail facility will not be built, the community will not be exposed to additional health risks related to air quality, noise, increased traffic volume and light at night that could worsen residents’ health outcomes. It is unclear whether the Morrell Park residents would have benefitted from job opportunities at the new facility.

⁶ Rector, K. (2014. August 28). State pulls \$30 million from rail facility project in major victory for community activists. *The Baltimore Sun*. Retrieved from http://articles.baltimoresun.com/2014-08-28/business/bs-bz-intermodal-funding-pulled-20140828_1_morrell-park-maryland-port-administration-west-baltimore.

HIA Practitioners' Recommendations for Promoting Equity

- The HIA Practitioners noted that they didn't use the word equity in the HIA process or in the report. Even though this HIA clearly had an equity focus, they felt that in a future HIA, they would be more intentional about framing and language.
- When working at the neighborhood level, it's important to consider the sensitive nature of health data being shared. For example, residents may know the individuals that were identified in a cancer cluster. HIA practitioners should consider utilizing risk communication principles to work in small communities.
- Throughout the HIA, and in particular in the early stages, it's important to really listen to the concerns of communities to build trust.
- The extensive stakeholder engagement that made this HIA successful, particularly given the sudden shift in the proposed project site, also "tripled or quadrupled" the time spent on stakeholder engagement, Lindberg said, with implications for the overall project budget. HIA practitioners should be realistic about the cost of quality engagement upfront and work with the funder to build it into the budget.

For more information on this HIA, please visit the [National Center for Healthy Housing](#) website.

IV. Equity Metrics Outcomes

In this section, we will take a closer look at how each HIA fared on the metrics in comparison to the other HIAs. For simplicity, in this section the HIAs will be referred to by the state in which they took place.

Outcome 1: The HIA process and product focus on equity

The first outcome looks at whether equity was integrated into the overall HIA process and product. Overall, all three HIAs did a stellar job of integrating equity into all of the steps of their HIA, and documenting it in the HIA report and supporting materials. The first metric examines how the HIA topic was selected. All three HIAs were proposed by the HIA team because of their relevance to equity, and selected in different ways. Since the California HIA's topic of criminal justice reform has clear equity impacts, the lead organization selected the project and made the final decision to conduct an HIA after consulting with community organizing groups. In Maryland, the HIA topic was suggested by the county sustainability committee, and chosen after consultation with public health partners. In Michigan, a group of organizations convened to discuss land use and health screened several projects and selected one with clear equity impacts.

The HIA reports for all three case studies discussed equity in different ways. In the Maryland report, the word equity appears only a few times, and the lead practitioners noted that they didn't use that terminology when working directly with communities. This was verified by the community member who requested clarity on the word at the start of her interview. The California report explicitly mentions equity throughout the report, but the assessment findings are not disaggregated to show the impacts on different populations. The lead practitioner noted

that this was due to lack of available data, time and resource constraints. The Michigan HIA included equity as a goal, and focused the report on the impacts to specific populations facing inequities (e.g., refugees, seniors).

All three HIAs involved an extensive amount of stakeholder engagement throughout the process and the information gained from that engagement guided and informed the HIA. The practitioners conducted focus groups, community meetings and presentations and key stakeholder interviews, and all of the HIAs integrated the qualitative information gathered from their stakeholder engagement into the report alongside the quantitative data. Stakeholder engagement throughout the various stages of each HIA was shared by the HIA practitioners and their partners, including advisory group members, community organizing groups, partner agencies and residents.

Outcome 2: The HIA process built the capacity and ability of communities facing health inequities to engage in future HIAs and decision-making more generally

This outcome asks two distinct questions: 1) Was the community meaningfully involved in the steps of the HIA? and 2) Did the community increase their knowledge and capacity as a result of the process?

In the Maryland and Michigan HIAs, both were successful at engaging the impacted communities during most steps of the HIA. The California HIA practitioner engaged the community directly during the assessment, and the partner organizations that formed California's advisory group engaged the communities directly throughout the HIA process. Working through existing community organizing groups helped the California team gain the community's trust and have the most impact with a short timeframe and a large geographic scope.

Answering the second question about increases in knowledge and capacity was straightforward; community members from all three HIAs said that one of the greatest outcomes of the HIA was the data and information it added to the larger conversation. Interviewees from all three projects also shared concrete examples of how the community has a greater capacity to take action on a broad range of issues as a result of the HIA.

Outcome 3: The HIA resulted in a shift in power benefiting communities facing inequities

The third outcome addresses a leveling of the power dynamic or change towards a positive advantage for communities facing inequities as the result of an HIA process. This is measured by examining increases in influence over the HIA decision and a broader range of systems related to the HIA topic and decision, and changes in the function of government institutions. The California HIA had far reaching impacts in that the HIA information helped to build agency among voters from impacted communities, and the subsequent passage of Prop 47 has allowed a large number of incarcerated people to gain more control over their lives. In both the Maryland and Michigan HIAs, the interviewees noted that the impacted communities had increased influence in the decision-making process that the HIA targeted, but that it was too soon to tell whether their influence extended to a broader range of decisions. The community member from Michigan noted that building capacity among communities to participate in this one decision was

a huge step, and that enhancing this capacity to participate in ongoing decision making would take a lot more time.

The Michigan HIA had the greatest success in achieving long-term changes in government processes. They now have a staff person focused on environmental justice that will apply an equity lens to health department projects into the future. It is important to note, however, that the Michigan HIA was led by a government agency, and most of the HIAs recommendations were targeted internally at the health department. The lead practitioner noted that the greater internal focus of this HIA was intentional to build support from within for future projects. There was no evidence of a change in government processes as a result of the other two HIAs.

Outcome 4: The HIA contributed to changes that reduced health inequities and inequities in the social and environmental determinants of health

While reductions in health inequities and other inequities will take years to track, there are some promising signs that all three HIAs will have a positive impact in the future. The passage of Prop 47 has already realized health and equity benefits for thousands of people. Since the Maryland project was cancelled, the neighborhood residents' health will not worsen as a result of the proposed intermodal facility. It was also unclear if the economic benefits of the facility would benefit local neighborhood residents that would be most impacted by increased pollution. If implemented as planned, the Michigan housing plan will reduce inequities for a number of populations facing inequities in the region.

V. Key Themes and Recommendations for Future HIA Practice

We identified several emergent themes from a comparison of the three case studies. Themes are followed by recommendations for future HIA practice.

- *Theme 1. HIA practitioners are primarily viewed as researchers by the community.* Even in cases where extensive stakeholder engagement is integrated into the process, communities value the research component of HIA for its health frame, its perceived objectivity, and the attention that it brings to the issues of concern to them.

Recommendation 1. Rather than making HIA assessment and reporting less rigorous in an attempt to connect with communities, HIA practitioners can instead embrace the researcher role while simultaneously engaging communities in a meaningful way. These three case studies provide strong examples of promising practices to accomplish this dual role, and evidence that there is value in HIA reports.

- *Theme 2. Stakeholder engagement looks different based on the geographic scope of the HIA and many different approaches will achieve the goal of improved equity.* Working at the neighborhood level, the Maryland HIA was able to conduct extensive outreach to the community (defined by a small geographic area), and ultimately this was the key to a very successful project. However, the statewide California HIA worked

through community organizing groups to reach impacted populations and had similarly positive outcomes on equity.

Recommendation 2. The HIA field should consider how practitioners might identify and promote a range of stakeholder engagement techniques that can be effective at different levels of geographic scope and through different partners (e.g., community organizing groups). HIA practitioners should examine whether there is sufficient authentic community engagement in the entirety of the policy process, and if not, identify roles the HIA can play in filling the gap.

- *Theme 3. Equity is not a common term, even among organizations that focus on equity-related issues.* The community members we interviewed for this project were all unclear on our use of the term equity. This is not to say that they were unfamiliar with the concept of equity, just the way in which it was being used in relation to the HIA.

Recommendation 3. To be successful in communicating about equity, HIA practitioners could use resources or training on effective techniques. The SOPHIA Equity Working Group has produced a guidance document on this topic which is available on the SOPHIA website; this guidance states that use of the word equity may not be optimal in many HIAs for several reasons, including lack of understanding of the term. If HIA practitioners feel that equity is not the right term to use in an HIA, they should be intentional and consistent about the messaging they are using to communicate the concept.

- *Theme 4. HIAs to inform internal decision making for sectors with positional power (such as government agencies) can be a successful model for advancing health equity.* As noted earlier, the Michigan HIA had lasting changes within the health department that will serve to promote equity in future projects.

Recommendation 4. Health departments that conduct HIAs should consider adding recommendations specific to the health department that could promote sustainable changes in internal policy and processes.

Appendix A. Interview Questions

SOPHIA Equity in HIA Case Study

Thank you for agreeing to participate in this interview! Your answers will be transcribed by the interviewer and used to write a 2-3 page case study. The case study will describe your HIA, and examine it from the perspective of equity. We are most interested in learning about the parts of your HIA that had the biggest impact on equity and why. The case study that will be written using information from this interview (and others) is meant to help HIA practitioners understand how to better impact equity through their HIA process. We also hope that decision makers can learn how HIAs can be used as a tool to improve equity through this case study. Your name will not be used in this case study (unless we notify you that we are interested in using a quote), and you will have the opportunity to review the draft story before it is published.

If you have any further questions, please contact Nancy Goff, SOPHIA Director at nancy@hiasociety.org.

Definitions:

Equity – As Margaret Whitehead wrote in 1992: “Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that none should be disadvantaged from achieving this potential, if it can be avoided.”

Communities facing inequities - This term was chosen to describe communities that are facing impacts of a decision with implications for equity, and that may have historically faced negative impacts from previous decisions. Many phrases have been used to describe similar populations such as vulnerable or socially disadvantaged. Community advocates have pointed out issues with these phrases, including that communities themselves may not identify with these various terms.

Questions (for the community member, decision maker, and HIA practitioner):

- 1) Please give me a general overview of the HIA from an equity perspective.
- 2) What inequities was this community experiencing before the HIA? What would the proposal do to impact equity, either in process or outcomes?
- 3) Were there partners involved that helped or hindered the attempts to address equity concerns? If so, can you describe how?
- 4) What, in your opinion, about your activities had the biggest impact on equity?
- 5) What advice would you give to other HIA practitioners attempting to incorporate equity considerations into their work?

- 6) Were there any changes made that could potentially improve equity beyond the timeline of this project?

Additional questions (for the HIA practitioner only):

- 1) What tools, skills, or capabilities do you think practitioners need to be successful in incorporating equity into their HIA practice?
- 2) How supportive or not was the context that the HIA was conducted in (i.e. were there political, institutional/systemic, or time constraints)?
- 3) If you could do this HIA again, what would you do differently with regard to equity?