

# Values in Practice: Democracy

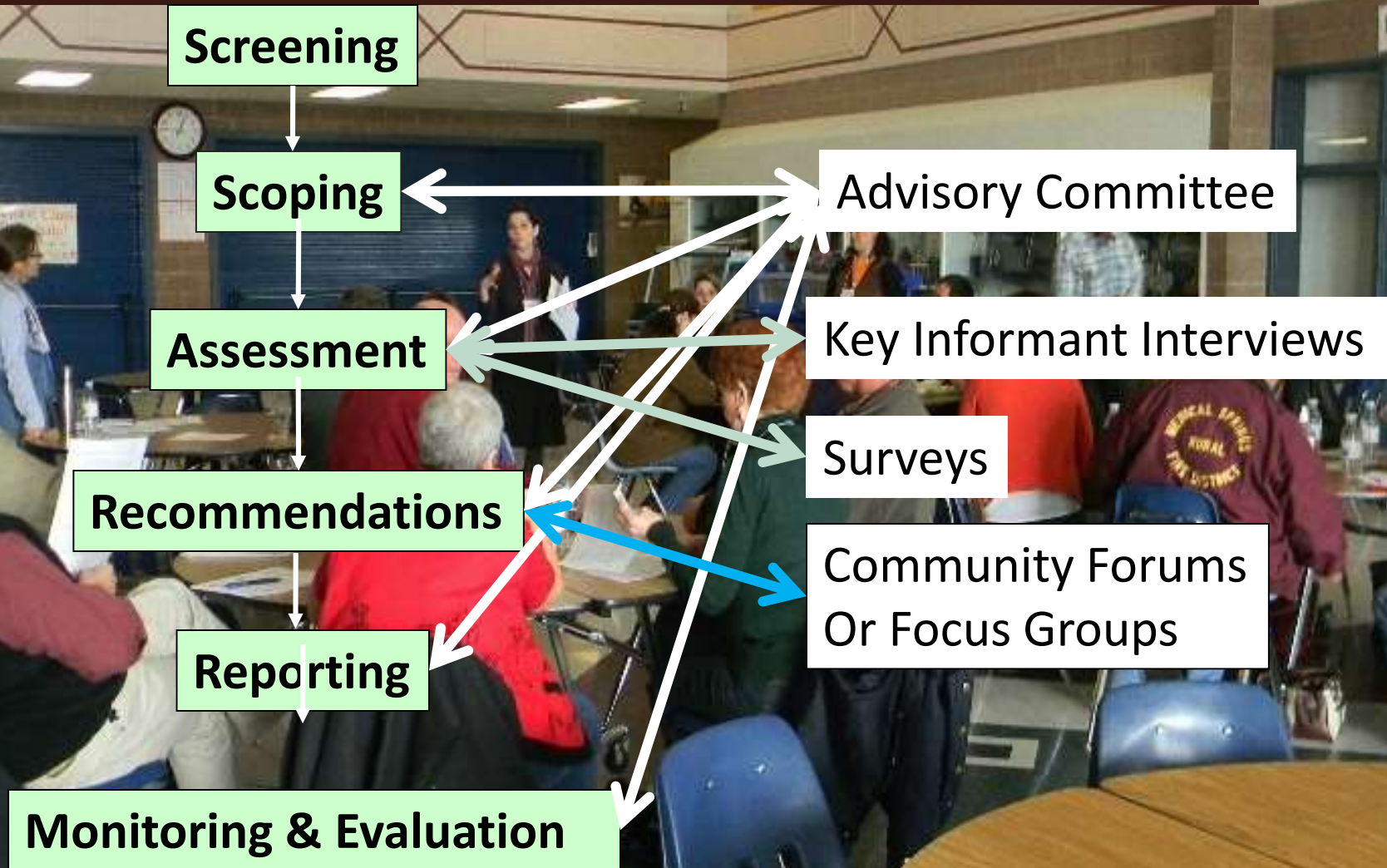
*“Emphasizing the right of people to participate in a transparent process for the formulation, implementation and evaluation of policies that affect their life, both directly and through the elected political decision-makers.”*

*-Gothenburg Consensus*

# Stakeholder Engagement: Who to Involve?

- Review Stakeholder Matrix in Workbook

# HIA – Collaborative Research



# Community Participation in HIA A National Evaluation Executive Summary, 2016

<b>Community participation levels</b> (adapted from International Association of Public Participation's Spectrum of Participation)	<b>Inform</b>	The community was informed about the HIA process; no other community participation.
	<b>Consult</b>	The HIA team solicited input from the community through a few opportunities with limited participation; input may or may not have been incorporated; community role in the HIA was not defined.
	<b>Involve</b>	The HIA team offered opportunities for input; got input from the community; input was included in the HIA; and community role in the HIA was made clear to all stakeholders and decision-makers.
	<b>Collaborate</b>	All community input and participation outlined above in the "involved" choice, PLUS decision-making authority was shared between HIA team and community.
	<b>Empower</b>	All community input and participation outlined above in the "involved" choice, PLUS opportunities for feedback were frequent and participatory and the community had final decision-making authority on HIA decisions.

# Brain Break

1. Stand up
2. Take your right hand and grab your left ear. Keep your right arm close to your body
3. Now take our left hand and touch your nose.
4. Uncross your arms and move your left hand to your right ear and your right hand to your nose. Your left arm should now be closest to your body.
5. Switch back and forth as fast as you can.

**Let's Eat!!**

# Bite Size Scope?

## Focus Strategy

- One sector or element of policy/plan
- Only look at co-benefits

## Trade-off of Strategy

- Can only speak to outcomes of elements you include
- May miss co-cost mitigation opportunities

# Bite Size Scope?

## Focus Strategy

- Use secondary data (e.g. no primary data collection or analyses)
- Involve stakeholders at scoping and recommendation stages

## Trade-off of Strategy

- May miss opportunities to add new information to policy dialogue
- May miss key stakeholder input at other stages



# Bite Size Scope?

## Focus Strategy

- Estimate only direction of impact
- Focus on health outcomes affecting largest populations
- Focus on health outcomes affecting most burdened only

## Trade-off of Strategy

- Miss opportunity to analyze magnitude of impacts, less value for decision-makers
- Miss opportunity to analyze impact on most vulnerable, not balanced
- Miss potential to talk about broad impacts

# Exercise 4: Bite Size Scope Activity

Continue with case studies....page 58

- Select 2 health determinant sub-pathways for a rapid HIA
- Select 3-4 health determinant sub-pathways for an intermediate HIA

# Group Discussion – what did you decide?

# HIA Values in this Stage (examples)

## Equity

- Identify who might be negatively impacted by this policy, especially the most vulnerable and which groups might benefit the most

## Sustainable Development

- Identify the potential long-term, unintended health and health equity consequences of this proposal

## Democracy

- Consider who to involve, in what ways, in the HIA

# Your Expertise: Scoping

- What is familiar about this?
- What skills do you already use?
- What resources could you draw on for developing a draft scope? Engaging participants? Finding data sources?

# Questions?

# Health Impact Assessment: Step 3 Assessment

## 1: Screening

- Would this HIA add value/health info to the decision process?
- Will decision makers or other leaders use the info?

## 2: Scoping

- What health determinants and health outcomes can we assess?
- What research questions, data, methods do we use?

## 3: Assessment

- What are the existing health conditions related to this issue?
- What does the data, literature, interviews predict could happen?

## 4: Recommendations

- How can decision-makers make good impacts better?
- How can decision-makers make bad impacts less harmful?

## 5: Reporting

- Share what we learned with different audiences
- Explain how we learned what we did

## 6: Evaluation & Monitoring

- Evaluate how well the HIA team did what it said it would do
- Monitor the impact the HIA had on the decision (short-term) and on health determinants in the long-term



# Assessment: Learning Objectives

- Identify strategies for handling complexity and uncertainty
- Identify relevant quantitative methods to predict health effects
- Identify potential data sources to assess policy health effects
- Identify potential qualitative methods to interpret data, research literature, and other forms of evidence
- Decide how you will involve stakeholders in this stage

# Assessment: Establish Your Baseline

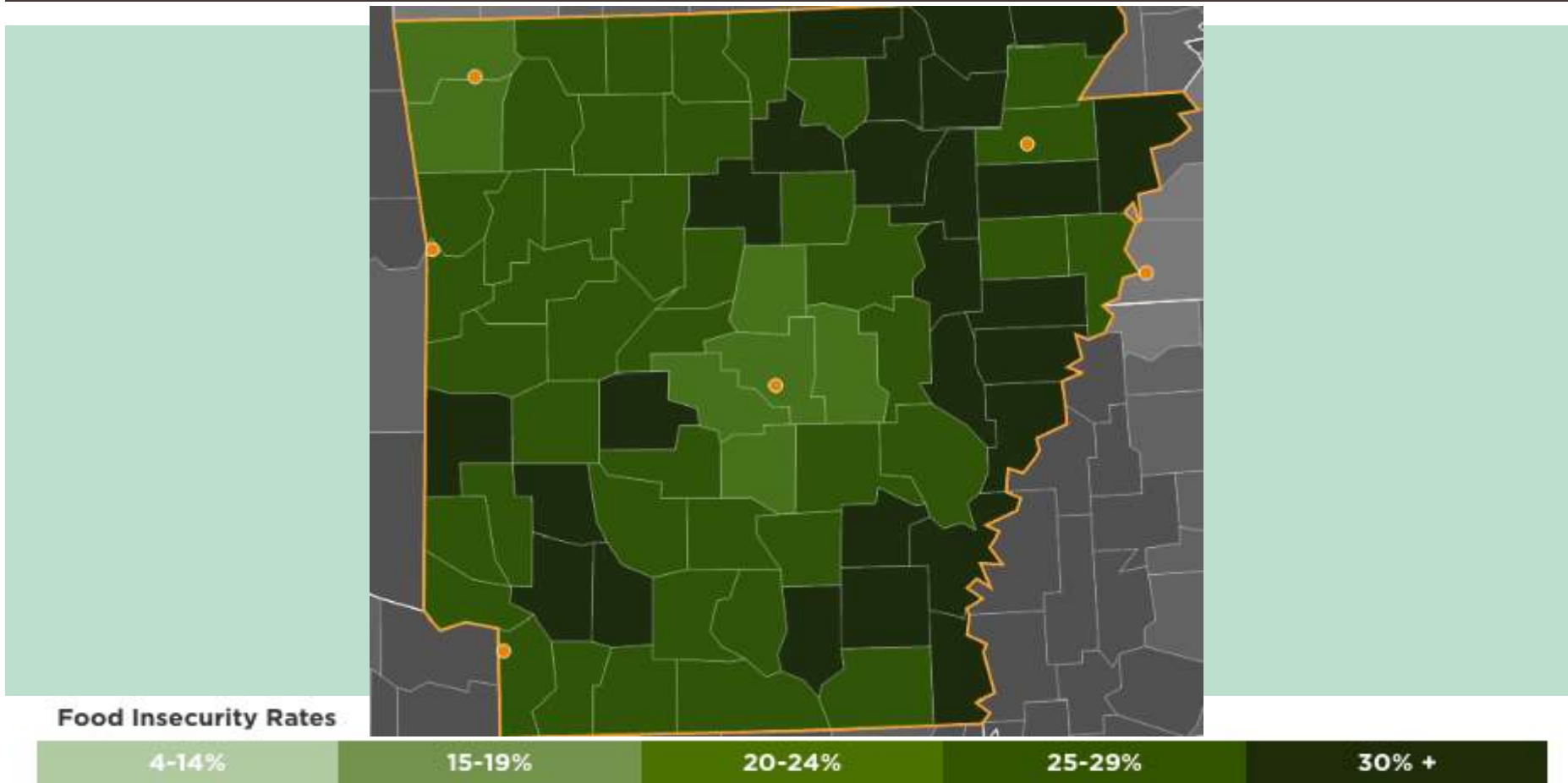
- Describe impacted population(s)
- Describe health status of the target population
- Describe the social, economic and environmental conditions important to health
- Describe any existing disparities or inequities

# Unique to HIA: Baseline Example

		United States	Arkansas
Demo- graphics	Non-Hispanic White	62.8% (197,105,162)	73.9% (2,179,860)
	Hispanic/Latino	16.9% (53,042,631)	6.7% (198,325)
	Black or African American	12.6% (38,929,319)	15.8% (468, 231)
Economics	Median household income (2013)	\$51,939	\$40,511
	Working families that are low-income	31.3%	40.6%
	Child poverty rate (2013)	22.2%	29.0%
Food Insecurity	Households receiving SNAP subsidies (2011-2013)	13.2% (15,496,341)	12.6% (162,566)
		47% non-Hispanic White	60.8% non-Hispanic White
		21.2% Hispanic/Latino	5.2% Hispanic/Latino
		26.1% Black or African American	30.5% Black or African American
	Overall food insecurity rate (2012)	15.9%	19.4%
	Child food insecurity rates (2012)	21.6%	27.7%
Other Health Issues	Adult obesity rate (2012)	28.1%	34.5%
	Childhood obesity and overweight (10-17 year-olds, 2011-12)	31.3%	33.9%
		---	38.7% in AR Public Schools, 2014-15 (ACHI)
	Diagnosed adult diabetes rate (2012)	9.7%	10.2%

Sources: ACS 2011-2013 3-year or 2013 1-year estimates;  
 Food insecurity: (Map the Meal report) 2012;  
 Obesity and diabetes rates: (CDC stats) 2012 and 2013, NSCH 2011/12

# Unique to HIA Current Conditions: Food Insecurity



# Unique to HIA: Use of Multiple Methods

## Proposed for Farm to School

1. Literature review
2. Secondary data analysis
3. Key informant interviews
4. Focus groups
5. Advisory committee's input

# Policy Decisions: HIA Challenges

- Multiple, interacting policy elements
- High degree of uncertainty in how health determinants in the policy interact with other health determinants
- High degree of uncertainty about how to determine magnitude of health impacts
- Political context affects how HIA findings are interpreted

# Handling Complexity

**Strategy: Describe impacts qualitatively (make easier to understand)**

Planting of trees in an urban area will decrease heatstroke and heart disease, especially among the elderly.

vs.

Planting 800 trees in the downtown area will reduce heatstroke by an estimated 25%, saving an average of 10 lives per year.

# Handling Complexity

**Strategy: If feasible, build a quantitative model of interacting policy elements, use sensitivity analysis**

## Examples:

- Economic forecast model
- Agent-based modeling
- Environmental systems modeling
- Transportation scenario planning
- Agricultural crop modeling
- Difference within difference regression modelling

## Tradeoffs:

- Contract with technical specialist
- Time to build, test and run model
- Uncertainty in the internal validity of model



# Example Quantitative Data Sources

- Population demographic data (US Census)
- Health statistics (YRBS, CDC, IBIS database, ADH, ACHI)
- Economic measures (ERS)
- Environmental measures (USDA)
- Maps (Community Data Collaborative, Community Commons, Equity Atlas)
- Empirical research (e.g. literature, reviews, meta-analyses)
- Consumer expenditure information (Bureau of Labor Statistics, Consumer Expenditure Survey)
- Income tax information by category (IRS and Brookings Institute)

# Activity – Match Assessment Question with Likely Data Source

## Assessment Questions

- A. What are the baseline health characteristics of the affected populations?
- B. How much do vulnerable populations spend on food?
- C. How much local food do schools buy now in Arkansas?
- D. What is the current level of producer related jobs in Arkansas?

## Data Sources

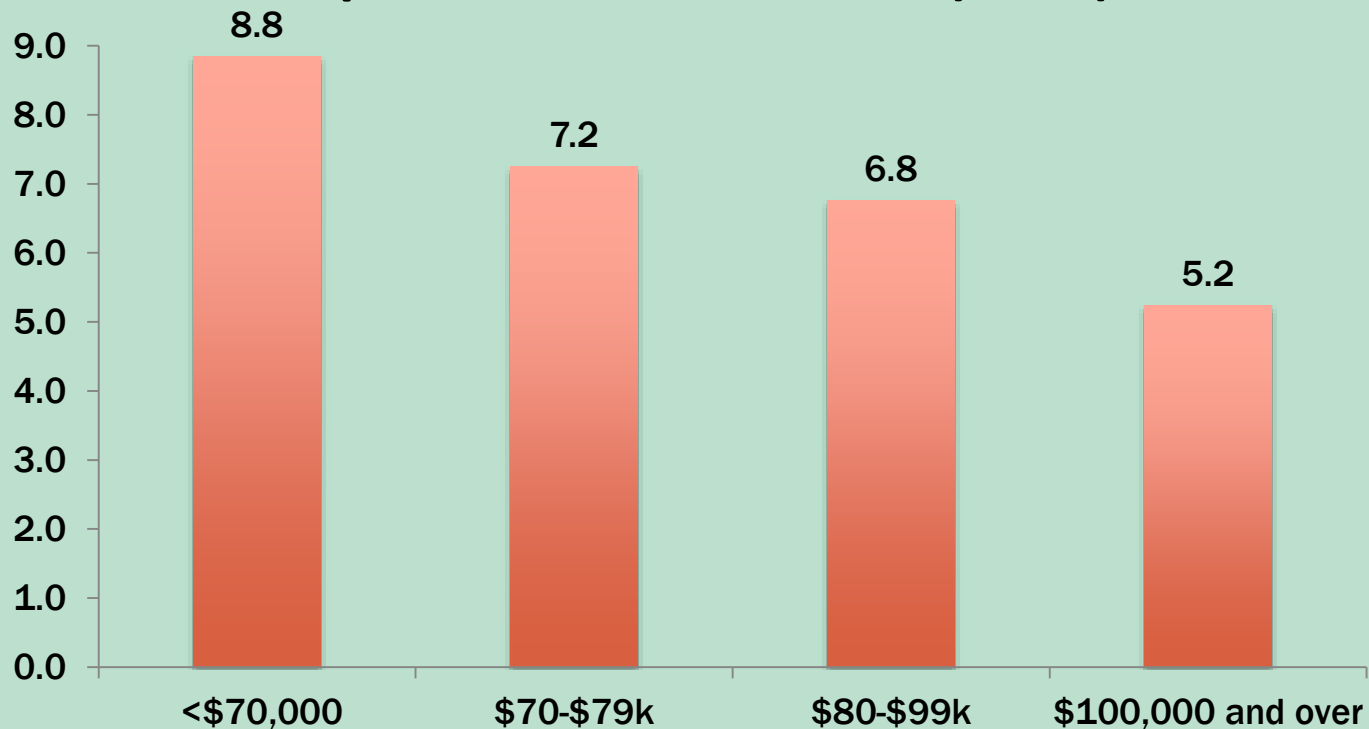
- 1. US Census
- 2. County Health Rankings
- 3. Literature Review
- 4. Bureau of Labor Statistics, Consumer Expenditure Survey
- 5. USDA Farm to School Census
- 6. USDA Agriculture Census

# Example of Multiple Data Sources

WA SR 520 Bridge	Rental Housing & Health Equity in Portland	NM Food Tax HIA
<ul style="list-style-type: none"> <li>■ Stakeholder input</li> <li>■ Literature review</li> <li>■ Multiple state and national data sets for                             <ul style="list-style-type: none"> <li>■ Air quality</li> <li>■ Water quality</li> <li>■ Noise</li> <li>■ Emergency Transportation Services</li> <li>■ Physical Activity</li> <li>■ Green Space</li> </ul> </li> <li>...and more</li> </ul>	<ul style="list-style-type: none"> <li>■ Stakeholder input</li> <li>■ National Center for Healthy Housing's <i>State of Healthy Housing</i> Report</li> <li>■ Gresham mandatory housing inspection dataset</li> <li>■ US Census Bureau American Community Survey</li> </ul>	<ul style="list-style-type: none"> <li>• Stakeholder input</li> <li>■ NM Community Data Collaborative</li> <li>■ Bureau of Labor Statistics' Consumer Expenditure Survey</li> <li>■ NM Taxation and Revenue Dept.</li> <li>■ NM Dept. of Health IBIS Database</li> </ul>

# Example Starting Point: Income Inequities

## Percent of Total U.S. Household Expenditures on Utilities (2008)



Source: U.S. Census, 2011 Census Abstract, Consumer Expenditure Survey, Table 687 –  
[\*Average Annual Expenditures Of All Consumer Units by Income Level: 2008\*](#)

# Example Qualitative Methods/Sources

- Focus groups
- Surveys
- Interviews
- Advisory committee input
- Resident input at public meetings

# Qualitative Data Tradeoffs

## Indoor Air Quality and Structural Integrity

Overwhelmingly, residents interviewed demonstrated a keen awareness of the health hazards imposed by their housing and a desire to improve the conditions in which they live. The primary theme and most relevant to this study was the overwhelming acknowledgement of the health risks residents assume to have a “roof over their heads”. As several residents stated, “it may be a leaking roof, or half a roof with a tarp, but it is a roof.” In other words, the rotting floor and leaking roof are the only insulation residents have from homelessness.



Image 3 and 4: Resident-provided pictures of water damage

# Other Assessment Examples: Data Sources or Parallel Processes

## Health Risk Assessment

- Quantitative analytic method
- Analysis of human health risks from **exposure**
- Magnitude of health risk from **exposures**
- Focused, more narrow

## Community Health Assessment

- Quantitative and qualitative
- Regular, systematic collection of health statistics
- Analysis and distribution of health for typically **one** community
- Health needs and/or assets
- General assessment of existing conditions
- No judgments of impacts

# Exercises 5: Assessment Prep Activity

- Return to your case study – page 59
- Think about what issues are priorities for stakeholders
- Think about the questions you would ask to help determine health impacts
- How would you answer them?
- What data source would you use?



# Group Report Out

- Give copy of assessment questions for Arkansas UAMS
- Top level reports out – one example RQ and methods to answer it
- If someone says one of yours, pick a new one to share!

# Brain Break

1. Stand up
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3. Wink your right eye and snap your left hand index finger and thumb at the same time
4. Switch back and forth as fast as you can