National Health Policy Forum:
Session on Health Impact Assessment

HIA: Praxis, Prospect and Policy

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HIA Case Studies

Atlanta BeltLine 2007
Decatur Community Transportation Plan 2008
Atlanta BeltLine HIA

About: a prospective and comprehensive HIA of the BeltLine redevelopment plan

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

Funding: Robert Wood Johnson Foundation
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

represents approximately a

- $1.7 billion public investment
- affects transportation, land use, urban design

Other improvements: sidewalk, streetscape, road, and intersection improvements
Atlanta BeltLine

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, physical inactivity, hypertension

Social Capital
- mental health, lifestyles, faster recovery, better care

Linking to Health
- Parks
- Transportation
- Healthy Foods
213,920 people live in the study area (Census 2000)
<table>
<thead>
<tr>
<th>Population Characteristics</th>
<th>City of Atlanta</th>
<th>Study Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>416,474</td>
<td>213,920</td>
</tr>
<tr>
<td>White</td>
<td>138,352 (33.2%)</td>
<td>80,865 (37.8%)</td>
</tr>
<tr>
<td>Non-white</td>
<td>278,122 (66.8%)</td>
<td>133,055 (62.2%)</td>
</tr>
<tr>
<td>Aged 0-5</td>
<td>26,666 (6.4%)</td>
<td>13,535 (6.3%)</td>
</tr>
<tr>
<td>Aged 6-17</td>
<td>66,338 (15.9%)</td>
<td>29,828 (13.9%)</td>
</tr>
<tr>
<td>Aged 18-64</td>
<td>282,935 (67.9%)</td>
<td>152,591 (71.3%)</td>
</tr>
<tr>
<td>Aged 65+</td>
<td>40,535 (9.7%)</td>
<td>17,966 (8.4%)</td>
</tr>
<tr>
<td>Below Poverty Level</td>
<td>95,743 (23.0%)</td>
<td>48,904 (22.9%)</td>
</tr>
<tr>
<td>Rate of Carless Housing</td>
<td>21.2%</td>
<td>24.6%</td>
</tr>
<tr>
<td>Housing Units</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Capita Income</td>
<td>$25,772</td>
<td>$23,925</td>
</tr>
</tbody>
</table>
# 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>Health Determinants</th>
<th>Impact category</th>
<th>Impact sub-category</th>
<th>Potential health impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Capital and Mental Health</td>
<td>Community impacts</td>
<td>Greater access and connectivity between residential, business, community facilities, and social support institutions like churches</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social interaction and mental health</td>
<td>Access and greenbelt would increase social interaction and improve mental health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Commute impacts</td>
<td>Increased transit use results in decreasing commute times and increasing quality of commute trip with reduced stress and anxiety.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Crime</td>
<td>Decease in crime rate or perception of crime due to increased access to jobs and services and redevelopment of blighted areas Perception of higher crime rates in and around parks and transit facilities.</td>
<td></td>
</tr>
<tr>
<td>Impact category</td>
<td>Impact sub-category</td>
<td>Potential health impacts</td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td>Unintentional injury-auto</td>
<td>Reduction in risk of injury due to shift in travel mode share from automobile (high-risk) to transit (low-risk).</td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td>Unintentional injury-pedestrian</td>
<td>Increased use of multi-use trails resulting in fewer pedestrian-auto conflicts (high pedestrian fatalities in area).</td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td>Unintentional injury-recreational</td>
<td>Increase in sport related injuries (strains, sprains, fractures, etc) on trails and paths.</td>
<td></td>
</tr>
</tbody>
</table>
Findings

- 198,000 study area residents will live in walking distance (0.5 miles) 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 if the goal remains 10.5 park acres/1000 people.
  - 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 long-term development patterns, the southwest and westside subareas will be underserved by transit and trails from a simple access perspective.
Healthy Foods

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

- 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
Key Recommendations

- 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 part of public education and outreach.

- Conduct ongoing evaluation of levels of physical activity attributed to the BeltLine.
Public Health professionals have been added to the TADAC committee and the Atlanta BeltLine Inc. Board of Directors.

Citing the HIA and its findings, the Environmental Protection Agency (EPA) awarded $1 million to the BeltLine to clean up brownfields.

The HIA findings influenced decision-makers to make greenspace the first construction activity on the BeltLine.

PATH Foundation and Kaiser Permanente are each donating $2.5 million (5 million total) to the BeltLine Partnership Capital Campaign to support the building of the Eastside Trail along the Atlanta BeltLine's 22-mile corridor. The findings from the HIA figure prominently in influencing this decision.
PATHWAYS TO A HEALTHY DECATUR:
A RAPID HEALTH IMPACT ASSESSMENT
OF THE CITY OF DECATUR COMMUNITY TRANSPORTATION PLAN
• To ensure the explicit consideration of the human health impacts of the proposed projects and policies.

• To provide guidance to improving and maintaining the health of Decatur residents and visitors, reducing the burden on the health sector.

• To inform residents, concerned community members, and decision-makers about health outcomes.
The characteristics of the neighborhood can influence an individual’s level of physical activity, lifestyle choices, social capital, and exposure to unhealthy environments.
The one-day HIA workshop was held on April 30, 2007 and included residents of the city of Decatur, representatives of government bodies, and representatives of local businesses, churches, and nonprofit organizations.

Participants were split into groups to discuss the potential impacts of the Community Transportation Plan on health. The results of the group discussions were then presented to the workshop at large.
• Make traffic safety a priority
• Intersections should be ADA-compliant and easily crossable;
• Bicyclists need more than just safe routes
• Connectivity is crucial
• The Community Transportation Plan can contribute to Decatur’s high quality of life by promoting physical activity and a sense of community.
• Planning for alternate modes of transportation must accommodate both commuters and recreational users.
• Not all of Decatur’s most vulnerable populations may benefit from the Community Transportation Plan.
• The Community Transportation Plan should be just one part of planning efforts towards a healthy Decatur.
Broader Impacts of the HIA

The Community Transportation Plan has won a “Golden Shoe Award” from PEDS, a local pedestrian advocacy organization

and

“Best of Atlanta” award from Atlanta Magazine.

As a result of the HIA, the city has hired a full-time Community Health Planner and established an Active Living Advisory Board which meets monthly.