

Integrating Health, Plans, and Policies

Summary and Recommendations from A Health in All Policies Workshop for Lane County, Oregon

November 21, 2013

Prepared by:



Prepared for:



For additional tools and resources related to this and other topics and projects supported by the Lane Livability Consortium, visit the Livability Lane Toolkit webpage:

www.livabilitylane.org/toolkit



Acknowledgments

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Disclaimer

The work that provided the basis for this publication was supported by funding under an award with the U.S. Department of Housing and Urban Development. The substance and findings of the work are dedicated to the public. The author and publisher are solely responsible for the accuracy of the statements and interpretations contained in this publication. Such interpretations do not necessarily reflect the views of the Government.

About the Lane Livability Consortium

The Health in All Policies information summarized in this report was prepared at the request of a coalition of local public, nonprofit, and educational agencies and organizations called the Lane Livability Consortium. These entities are working together through the Lane Livability Consortium to find new ways to advance community growth and prosperity in the Eugene-Springfield metropolitan area. The Lane Livability Consortium was established in 2010 in order to apply for and receive a Sustainable Communities Regional Planning Grant from the U.S. Department of Housing and Urban Development. The Consortium's efforts are funded through the Regional Planning Grant and with leveraged resources contributed by local partner agencies. Work through the Consortium commenced in 2011 and will conclude in 2014.

Partner agencies include City of Eugene, City of Springfield, Lane County, Eugene Water and Electric Board, Housing and Community Services Agency of Lane County, Lane Council of Governments, Central Lane Metropolitan Planning Organization, Lane Transit District, Oregon Department of Transportation, St. Vincent de Paul Society of Lane County, University of Oregon Sustainable Cities Initiative, and the University of Oregon Community Planning Workshop.

The primary focus of the Consortium is to identify opportunities for greater impacts and linkages among our region's core plans and investments related to land use, transportation, housing, and economic development. Other Consortium initiatives include work on public engagement, scenario planning, use of data for decision-making, regional investments, organizational capacity building, and catalytic projects.

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1.0. Introduction

1.1 What is Health in All Policies?

In recent years, it has become clear that plans and policies in many sectors outside of health and health care have the potential to affect the health of communities. For example, residents in neighborhoods with safe, accessible parks, trails, and community centers are more likely to meet recommended levels of physical activity. Residents of high quality, affordable housing are less likely to experience asthma, lead poisoning, and other risks to health than those who do not have access to quality housing. Many population health inequities are related to social and environmental determinants of health that are influenced by decisions made in sectors that have not traditionally been considered related to health.

Health in All Policies is a collaborative approach that integrates health considerations into policy making across sectors such as housing, land use, transportation, and economic development. Bringing to light the potential health effects and inequities of all plans and policies can help decision makers, community members, and organizations avoid inadvertent negative health effects and maximize positive health impacts of development and policies.

1.2 Key Principles of Health in All Policies

Health in All Policies approaches include five key elements: promoting health and equity, supporting intersectoral collaboration, creating co-benefits for multiple partners, engaging stakeholders, and creating structural or process change.

1.3 Brief History of Health in All Policies

The Health in All Policies concept began in 1978 with the World Health Organization (WHO) Declaration of Alma-Ata, and was supported in the 1986 WHO Ottawa Charter for Health Promotion, which presented a social determinants of health framework. Practical examples of healthy public policies began appearing in plans and decisions in Norway, Australia, Europe, and Canada throughout the 1980s and continue to the present day. Health in All Policies began to be practiced in the U.S. in the 1990s and early 2000s. The San Francisco Department of Health was an early adopter of HiAP in the U.S., and many health and planning departments around the country have gone on to implement health impact assessments and to enact healthy public plans.

2.0 Workshop Summary

2.1 Background

The Lane County Public Health Division (PHD) and the Lane Livability Consortium (LLC) co-sponsored a Health in All Policies (HiAP) workshop for public health and planning professionals, policymakers, and non-profit professionals from a wide range of sectors on November 21, 2013. Green Health Consulting created the workshop content and structure and facilitated the half-day session. The workshop's goal was to build capacity among LLC members and other Lane County organizations for integrating health into plans and policies in diverse sectors, and to apply practical solutions that result in healthy communities. The workshop objectives were:

- Learn about specific Health in All Policies (HiAP) methods and case studies of successful inter-agency collaboration in areas such as housing, land use, transportation, and economic development;
- Share concepts of HiAP and the current state of practice locally, in the Northwest, and U.S., including ongoing work in Lane County;
- Prioritize strategies to support and sustain HiAP practice in Lane County; and
- Develop recommendations and next steps that support consideration of health in plans and policies in Lane County.

2.2 Process

Prior to the workshop, twelve key informants were interviewed. The key informants provided input about their agencies' readiness to participate in Health in All Policies work, potential barriers to this work, and most relevant issues to discuss. In addition, a small group met several times to plan the workshop agenda and logistics. Thirty-seven individuals from a wide range of agencies and sectors attended (see Appendix A for a list of Workshop Participants). The workshop included presentations, hands-on small group work applying HiAP methods to local case studies, and discussion about how healthy public policies could be achieved and sustained in Lane County (see Appendix B for a Workshop Agenda). This document summarizes the discussion from the 1) key informant interviews; 2) workshop participants; and 3) planning group, as well as provides the key findings and recommendations that were derived from this process:

2.3 Findings

The primary findings from the key informant interviews are:

- There is general support for integrating health into all policies in Lane County.
- Individuals and agencies have a wide range of knowledge and experience with HiAP (most rate their actual experience with HiAP as low).
- The key challenges to HiAP practice in the region include:
 - Resource limitations;
 - Agency silos;
 - Urban/suburban/rural differences; and
 - Lack of knowledge about intervention points (e.g. where is it most possible to integrate health in various sectors and how can that be done).
- There is desire to move from understanding what HiAP is to implementing HiAP approaches.
- Staff needs to demonstrate the value of HiAP to decision makers and leaders.

The most important findings from the Health in All Policies workshop are:

- Many individuals and agencies in Lane County are already working to consider health in other sectors. Examples from the region include Triple Bottom Line analysis; the regional Brownfield Grant; the Lane Livability Consortium's baseline assessment of plans, equity and opportunity maps and data action plan; and the Public Health Division's Community Health Improvement Plan.
- Lane County agencies would like to use more HiAP tools and strategies to incorporate health considerations into ongoing work, such as checklists and review tools, and Health Impact Assessment frameworks that could be scalable, depending on the policy type and scale, from streamlined to more comprehensive and detailed analysis.
- Agencies would also like to consider including creating health indicators when developing new and revised plans and policies.

2.4 Recommendations

The following is a summary of the key recommendations from this process, organized by policy, communication, data and projects and plan topic areas:

2.4.1 Policy

- The Lane County Board of Commissioners should consider passing a resolution in support of implementing healthy public policies. Model language for this type of policy can be found in King County's Health Equity Initiative, the National Association of City and County Health Officials HiAP [position statement](#), and the Association of State and Territorial Health Officials HiAP [position statement](#). Other local agencies, for example the Eugene and Springfield City

Councils, could learn from the piloting of this approach and potentially adopt a similar strategy in the future.

- The Oregon Health Authority and Oregon Department of Transportation have recently co-signed a [Memorandum of Understanding](#) stating their intent to collaborate on health in all policies work related to transportation (MOU). Lane County agency leadership and policymakers should be made aware of this MOU, and agency staff should consider how it may support similar collaboration at the local level.

2.4.2 Communication

- Lane Livability Consortium members should plan to continue the cross-agency communication that has been supported by the project. Potential communication strategies to consider would include the establishment of an email list as well as agency-to-agency conference calls or meetings when there is a window of opportunity to include health in plans or policies in other sectors.

2.4.3 Data Sharing

- Lane County agencies should use specific projects, such as the Housing Health Impact Assessment and regional scenario planning, to improve agency-to-agency data sharing and staff capacity to use public health data and models.
- Lane County agencies should use the data resources developed by the Livability Consortium, such as the equity and opportunity maps and the assessment of community and regional plans, to consider health impacts in other projects.

2.4.4 Projects and plans

- Lane County and City of Eugene and Springfield staff that are working on updates to the regional comprehensive plans and transportation system plans should explicitly include health impacts in those plans, either in separate sections about health, or integrated into other relevant sections of the plans.
- Lane County Public Health Division should use health impact assessment to inform the development of health-related criteria for the City of Eugene and City of Springfield's investments in affordable housing.
- Lane County and City staff in other sectors should participate in the Public Health Division's committees to implement the Community Health Improvement Plan.

3.0 Conclusion

Participants in the Health in All Policies workshop learned about successful inter-agency collaboration in other sectors such as land use, transportation, and economic development, and worked together to apply healthy public policy approaches to Lane County case studies in housing, comprehensive planning, and transportation planning. Participants discussed issues related to implementing healthy public policy strategies, including data sharing, urban and rural differences, health equity, and public participation. Based on the key informant interviews and workshop discussion, the workshop planning group developed this summary and recommendations for improving and sustaining Health in All Policies work in the region.

Appendix A

Health in All Policies Workshop Attendance List

Appendix A. Workshop participant list

Name	Organization and Role
Alex Cuyler	<i>Lane County Intergovernmental Relations Manager</i>
Alissa Hansen	<i>City of Eugene Senior Planner</i>
Bill Ellis	<i>City of Eugene Economic Development Analyst</i>
C.A. Baskerville	<i>Lane County Prevention and Planning Supervisor</i>
Carolyn Burke	<i>City of Eugene Planning Director</i>
Christy Inskip	<i>Lane County Tobacco Prevention and Education Program Coordinator</i>
Claire Syrett	<i>City of Eugene City Councilor, Lane Coalition for Healthy Active Youth</i>
Dan Reece	<i>Peace Health Hospital Network of Care Manager</i>
Debi Farr	<i>Trillium CHP Public Relations Manager</i>
Jennifer Jordan	<i>Lane County Public Health Community Health Analyst</i>
Jennifer Webster	<i>Lane County Public Health Community Health Analyst</i>
Johanna Peerenboom	<i>Benton County Health Department AmeriCorps</i>
John Sattenspiel	<i>Trillium CHP Chief Medical Officer</i>
Josh Roll	<i>Central Lane Metropolitan Planning Organization Planner</i>
Karen Edmonds	<i>Food for Lane County</i>
Kitty Piercy	<i>Mayor, City of Eugene</i>
Laura Hammond	<i>City of Eugene Community Outreach Coordinator</i>
Laurie Trieger	<i>Advocate, Family Forward Oregon</i>

Lindsay Selser	<i>City of Eugene Planner</i>
Lindsey Adkisson	<i>Lane County Public Health Community Health Analyst</i>
Lydia McKinney	<i>Lane County Senior Planner</i>
Matt McRae	<i>City of Eugene Planner</i>
Maxine Proskurowski	<i>Eugene School District 4J Health Services Manager</i>
Mike Russell	<i>Lane County Parks Division Manager</i>
Molly Markarian	<i>City of Springfield Planner</i>
Nora Cronin	<i>St Vincent de Paul Housing Development Associate</i>
Phil Farrington	<i>Peace Health Hospital Planning Director</i>
Reed Dunbar	<i>City of Eugene Planner</i>
Richard Herman	<i>Metro Affordable Housing Consultant</i>
Rob Inerfeld	<i>City of Eugene Planning Manager</i>
Rob Zako	<i>University of Oregon Sustainable Cities Initiative Research Associate</i>
Sara Mason	<i>Metro Affordable Housing Development Director</i>
Shane MacRhodes	<i>Safe Routes to Schools Coordinator</i>
Sherri Moore	<i>City of Springfield Councilor</i>
Sid Leiken	<i>Lane County Commissioner</i>
Stephanie Jennings	<i>City of Eugene Lane Livability Consortium Project Manager</i>
Terri Harding	<i>City of Eugene Planner</i>

Appendix B

Health in All Policies Workshop Agenda

Appendix B. Workshop agenda

Integrating Health, Plans, and Policies

A Health in All Policies Workshop for Lane County

November 21, 2013

1 – 5 pm at the Eugene Library, Bascom Tykeson room

Co-sponsored by:

Lane County Public Health Division
Lane Livability Consortium

Health in All Policies (HiAP) is a collaborative approach that integrates health considerations into policy making across sectors such as housing, land use, economic development, and transportation to improve the health of communities.

Workshop Goal: To build capacity among Lane Livability Consortium members and other Lane County organizations to consider health in plans and policies, and to apply practical solutions that result in healthy communities.

Workshop Agenda:

- 1:00 Check in
- 1:05 Welcome from Commissioner Leiken
- 1:15 Lane Livability Consortium and current projects to integrate health and planning
- 1:35 HiAP at the Public Health Division: Lane County's Community Health Improvement Plan
- 1:55 Building a common language: Planning and public health
- State of the practice: Case studies of HiAP in Oregon and U.S.

- 2:25 Networking and stretch break
- 2:45 Hands-on learning: apply HiAP methods to local case studies
 Use LLC toolkit and other local resources
- 4:00 Large group discussion: Report back from small groups.
 How can HiAP practice be sustained in Lane County?
- 4:30 Next steps that support integrating health in plans and policies in Lane County
- 4:45 Conclusion and meeting evaluation

Appendix C

Health in All Policies Workshop Presentations

INTEGRATING HEALTH, PLANS, AND POLICY

A Health in All Policies Workshop
for Lane County
November 21, 2013
Mandy Green, MPH

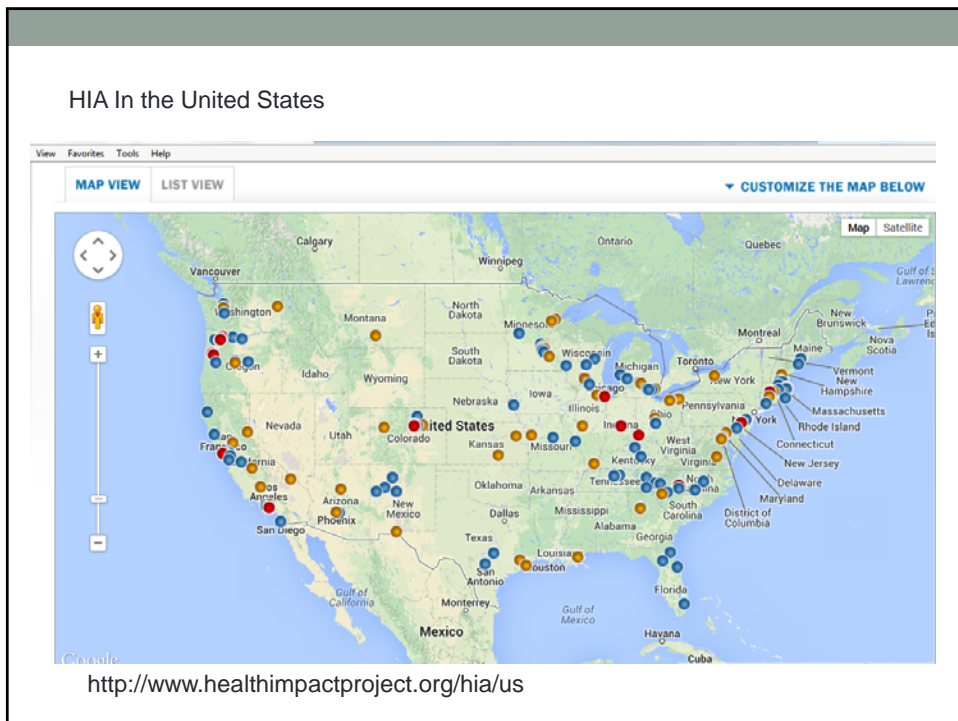


Green Health Consulting

BUILDING A COMMON LANGUAGE

Planning and Public Health





HIA: In Oregon



Oregon county HIAs, funded by OHA

- Walkability/Safe Routes to School—Wasco County/North Central Health District
- Accessory Dwelling Units – Benton County
- Tumalo Community Plan—Deschutes
- Barrett Park Development—Hood River County
- Bicycle and Pedestrian Master Plan—Crook County
- Proposed Intersection Modification – Benton County
- Transportation Plan's Active Transportation Policies – Washington County

OHA-led HIA

- Biomass Boilers – Statewide
- Wind Energy – Statewide (Reporting)
- Climate Smart Scenarios—Portland Metro Region (Screening)

Oregon
Health
Authority



Oregon HIA Network

- *How does the Oregon HIA Network function?*
- The working group evolved into a network of organizations that meet quarterly throughout the year. The Oregon HIA Network is a diverse group of over 250 professionals from government agencies, nonprofit and advocacy groups, health care organizations, and private sector companies. The Network meets four times a year to increase communication, encourage collaboration, and build collective capacity for HIA. A small steering committee meets monthly to outline and plan the agenda of the quarterly meetings. The role of the steering committee and the Network at large is to share information and advise ongoing HIA activities

• Join here: http://listsmart.osl.state.or.us/mailman/listinfo/health_impact_assessment

Climate Smart Communities Scenarios

- Literature Review
- Integrated Transport and Health Modelling Tool (ITHIM)
 - Changes to mortality and morbidity based on known relationships between physical activity and chronic illnesses
 - Serious injuries and fatalities from motor vehicle injuries
 - Mortality and morbidity from particulate air pollution exposure
 - Under most ambitious scenario, found
 - 5% fewer premature deaths
 - 6% fewer years of life lost for CVD, heart attack and stroke
 - 4% reduction in diabetes
 - 47% reduction in Vehicle Miles Traveled (VMT)

Healthy Portland Plan Workgroup

- **Human Health, Food and Public Safety Technical Action Group**
- There are nine [Action Areas](#) within the Portland Plan. Each Action Area is led by a Technical Advisory Group (TAG) of city, county, and other local experts in the field. The TAGs are responsible for creating draft directions, objectives and implementation measures to reach each goal.
- In addition to drafting objectives and actions, the TAG also helped develop two Background reports to inform the Portland Plan process: [Human Health and Safety](#) and [Food Systems](#).
- OPHI led the development of documents that highlight how other Action Areas in the Portland Plan can have the greatest health impact.

Rental housing inspections and health equity in Portland

- Compared two current inspection modes: standard and enhanced pilot program
- Enhanced model has greatest potential positive health impacts
- Recommendations:
 - Strategic expansion of the enhanced inspections model
 - Tenant and property owner/manager education
 - A more robust system of tracking inspections





California HiAP Task Force

- Convened in 2010 by executive order of the Governor
- Goal to identify priority actions for state agencies to improve community health in these areas:
 - Active transportation
 - Housing and indoor spaces
 - Parks, urban greening, places to be active
 - Violence prevention
 - Healthy food
- Sample recommendation:
 - Incorporate health and health equity criteria into State grant RFAs, review criteria and scoring, technical assistance, and monitoring/performance measures, where feasible

Source: <http://sgc.ca.gov/hiap/>






SUSTAINING HIAP WORK OVER TIME

- **Mayoral council.** The Healthy Chicago Interagency Implementation Council has been championed by the mayor, who conducted outreach to 15 city department heads for the first meeting, and has encouraged continued departmental participation since. It is facilitated and staffed by the Chicago Department of Public Health.
- **City public/private partnership.** Galveston's Health in All Policies work was initiated by the University of Texas Medical Branch, which continues to staff the effort. The initiative has been championed by a politically influential community member who has brought funders, community groups, decision-makers, and university staff to the table.
- **State level task force.** In California, the Health in All Policies Task Force was initially championed by the secretary of the California Health and Human Services Agency, who elicited the support of the governor and colleagues in his cabinet. The Task Force is facilitated by the California Department of Public Health and staffed by the Public Health Institute.
- **Federal council.** The National Prevention Council is chaired by the United States Surgeon General, and includes 17 federal departments, agencies, and offices represented by chief executives (secretaries or comparable). This scientific and technical support is coordinated and supported by a team at the Centers for Disease Control and Prevention with input from a Department of Health and Human Services intradepartmental working group

Lane County Community Health Assessment & Community Health Improvement Plan

Jennifer Jordan, MPH
Lane County Public Health

Community Team

- ☐ Common **understanding**
- ☐ Common **measures**
- ☐ Common **narrative**
- ☐ Common **objectives**
- ☐ Common **plan**
- ☐ Varying **roles**





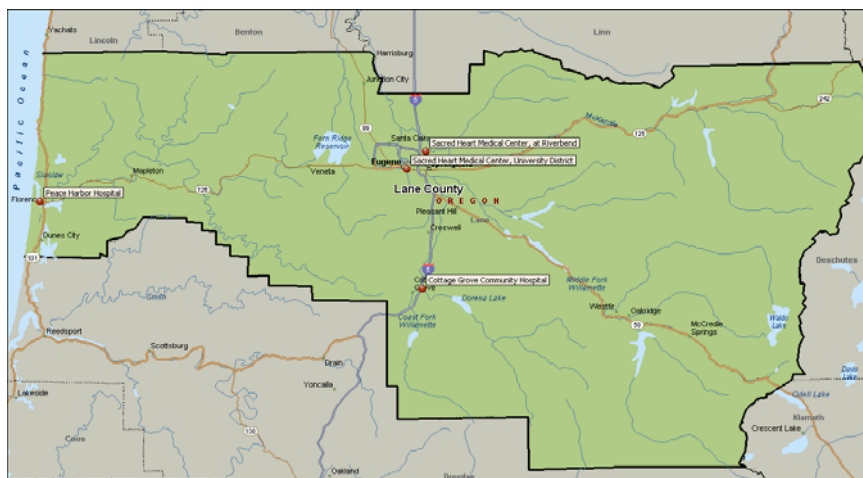









The “community” (or assessment focus area) is defined as all of Lane County.



Sample Secondary Data Sources | National, State & Local

- ☐ 2010 US Census
- ☐ Healthy People 2020
- ☐ CDC obesity data / maps
- ☐ National Prevention Strategy, the
National Prevention Council, June 2011
- ☐ Oregon Healthy Teens 2007-2008 8th
and 11th grade summarized
- ☐ United Way of Lane County's 2008



Leading Indicators Report

Primary Data: Community Engagement

☐ Outreach to existing community groups

- ☐ Rotary & other service groups
- ☐ Social service organizations

☐ Focus groups: United Way Community Conversations

☐ Public forums

☐ Public officials

- ☐ County commissioners
- ☐ City councils
- ☐ School boards

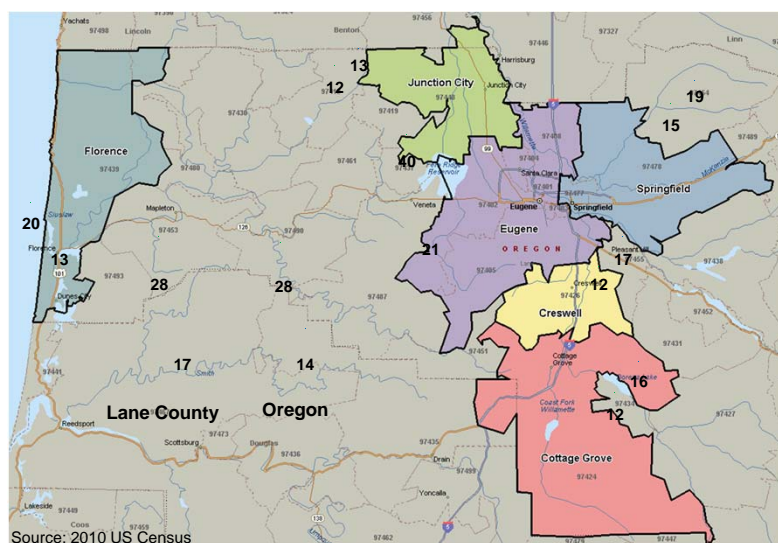
☐ Key stakeholder interviews



Written and online
preventionlane
Lane County Prevention Program



Poverty & Educational Attainment



Percent with Bachelor's Degree.
preventionlane
Lane County Prevention Program



Percent of individuals whose income

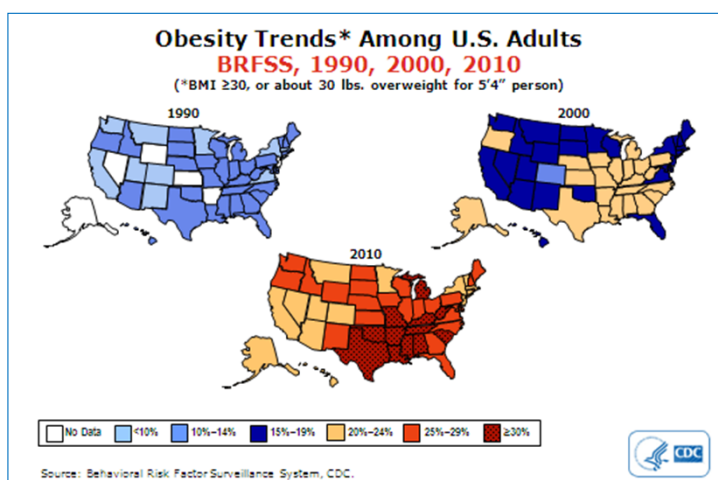
Tobacco



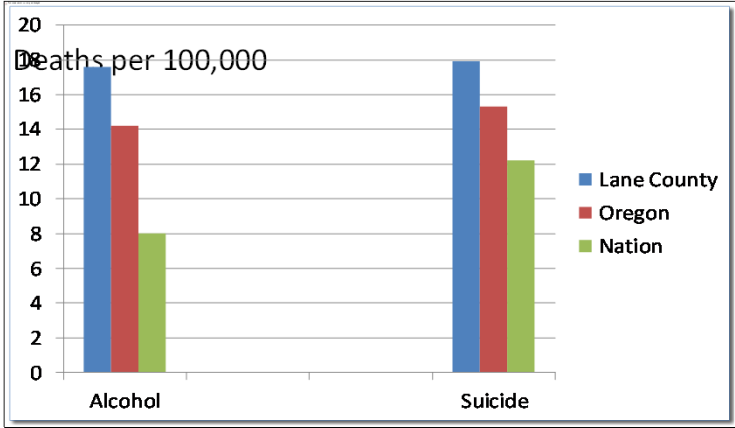
- ❑ Leading preventable cause of death and disease in Lane County – almost every chronic disease is either caused, or worsened, by tobacco
 - ❑ >700 die from tobacco each year (leading cause of death ~1/4 of all deaths);
 - ❑ nearly 14,000 suffer serious related illness each year
- ❑ 49,900 Lane County adults regularly smoke cigarettes (~1/5 adults). 7/10 want to quit
 - ❑ ½ of all regular users who continue to smoke will die from tobacco use



Obesity



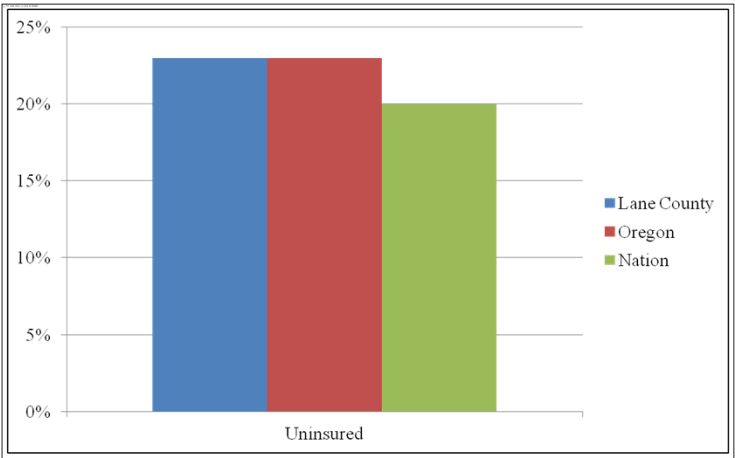
Behavioral Health



Source: Lane County and Oregon Data from Oregon County Vital Statistics Book 2008; National Data from National Vital Statistics Report

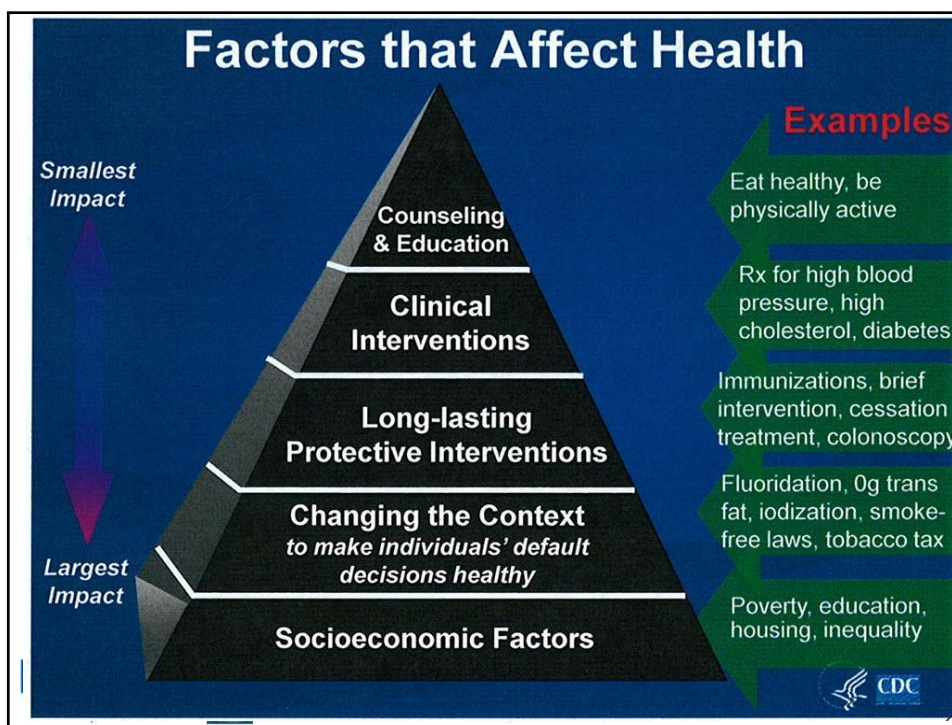


Access to Care

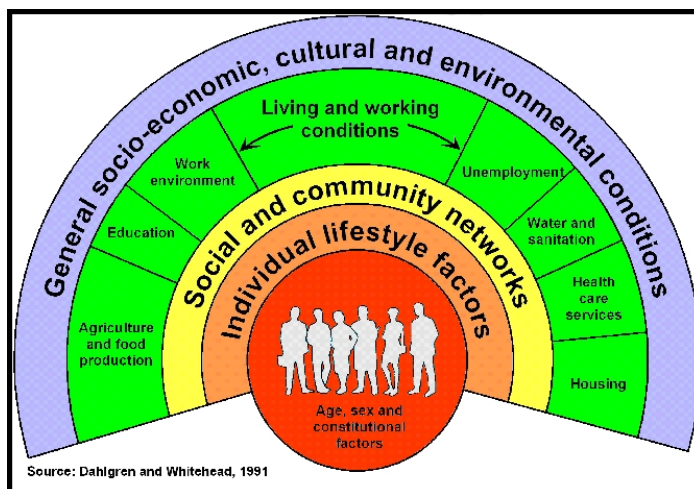


Community Health Improvement Priorities

1. Health Equity
2. Tobacco
3. Obesity
4. Substance Abuse and Behavioral Health
5. Access to Health Care



Social Determinants of Health



Multi-Sector Partnerships – recent efforts

Recent local examples:

- ☐ Health Impact Assessment of City of Eugene's Climate and Energy Action Plan
- ☐ Lane Livability Consortium
- ☐ HIAP workshop today
- ☐ Scenario planning to reduce local greenhouse gas emissions
- ☐ LaneACT
- ☐ HIA Grant



Health Equity – recent progress

- ☐ Established a Community Health Improvement Plan Health Equity Workgroup
- ☐ Developing more detailed workplan
- ☐ Applying for a grant from the Oregon Health Authority to support the development of a Regional Health Equity Coalition to promote participation in local and statewide policy-making and policy implementation



Tobacco Prevention – recent progress

- ☐ Protecting people from exposure to second hand smoke
 - ☐ University of Oregon
 - ☐ Housing and Community Services Agency, County
 - ☐ Tobacco-free worksites in 2013
 - ☐ Planned Parenthood, United Way of Lane
 - ☐ Oregon Research Institute, Trillium Community Health
 - ☐ Plan
- ☐ Tobacco Retail Licensing
 - ☐ Board of County Commissioners decision to explore licensing of tobacco retail outlets



Obesity Prevention – recent progress

- ☐ Public Health folks working to learn more about land use, transportation and economic development sectors policies and processes
- ☐ Healthy worksite cafeterias and vending policies including limiting the sale of sugar sweetened beverages
- ☐ Healthy meetings and events policies
 - ☐ Include healthy options
 - ☐ Incorporate physical activity breaks during long meetings
 - ☐ Healthy worksite infrastructure
 - ☐ Standing desks
 - ☐ Stairwell promotion campaigns



Mental Health Promotion – recent progress

- ☐ Begun filming for a mental health first aid kit anti-stigma campaign
- ☐ Recently convened a firearms safety initiative
- ☐ Conducting provider and public education mental health first aid and suicide prevention trainings
- ☐ Efforts to expand mental health-friendly worksite initiatives



Substance Abuse Prevention – recent progress



- ☐ Binge drinking prevention campaign launched this fall
- ☐ Expansion of prescription drop box site locations
- ☐ Development of prescription registry
- ☐ Substance abuse prevention coalition expanding beyond Eugene to Springfield
- ☐ Whiteaker Brewery Taskforce established to prevent alcohol abuse in emerging “fermentation district”



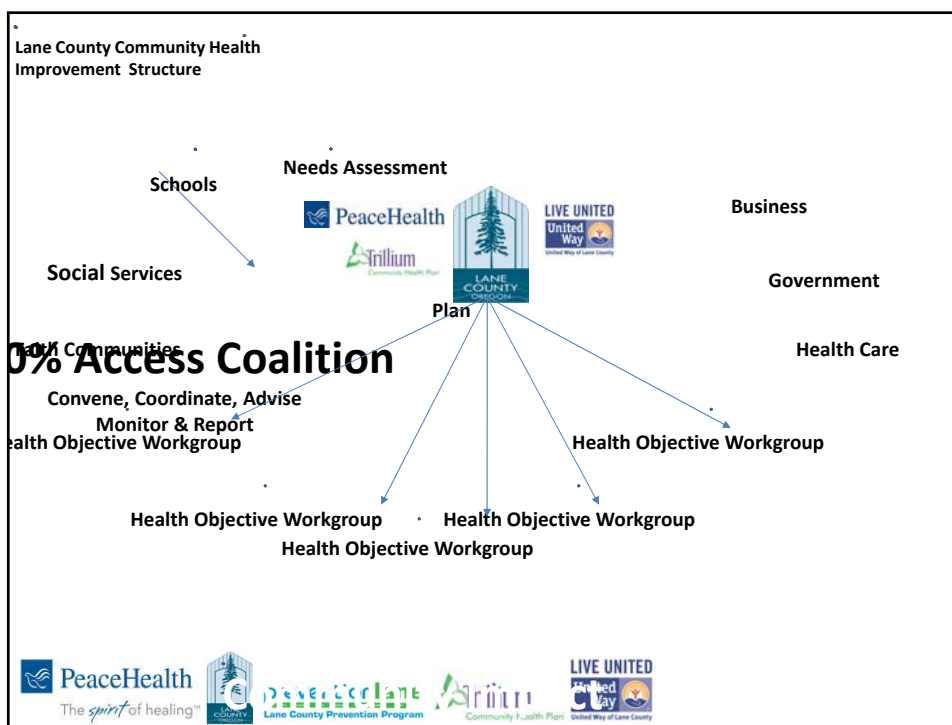
Improving Access to Care – upcoming changes and recent progress

- ☐ Expanded health care coverage for a ~500,000 Oregonians (projected move from 83% to 95% insured)
- ☐ Local integration of physical, behavioral and oral health services
- ☐ Completing resource assessment to prioritize needs and related strategies



Steps for Success

- ☐ Close collaboration with community partners
- ☐ Organizational infrastructure
 - ☐ *Leadership*
 - ☐ *Accountability*
- ☐ Budget implications
 - ☐ *Focus existing resources on community health priorities*
 - ☐ *Align community health with other improvement priorities*
 - ☐ *Identify new resources needed*
 - ☐ *Leverage external funding, e.g. grants*



**We envision a future where everyone
in Lane County is empowered to
improve the lifelong health of all
people in Lane County.**

***- Lane County's Healthy Future, A Community
Health Improvement Plan for Lane County,
Oregon***



Appendix D

Health in All Policies Workshop Case Study Workbook

Integrating Health, Plans, and Policies

A Health in All Policies Workshop for Lane County

Case studies for hands-on practice

Take a moment to go around the table and introduce yourselves: name, agency or organization, why you are interested in Health in All Policies.

Before you begin, decide the following (and take notes):

Who will facilitate your small group?

Who will take notes?

Who will report back on what you talked about in the large group discussion?

1. Brainstorm and list the health determinants or outcomes that could be impacted by this plan or policy. See pathway diagrams following the case studies for ideas.

2. Brainstorm about health equity and vulnerable populations. Which populations or what geographic areas might be more impacted than others?

3. Choose one or more HiAP tools from the list below (details can be found following the case studies) that could expand or improve the consideration of health for your case study.

- Design for Health Checklists
- ASTHO Transportation Policy Guides
- California HiAP Task Force Policy Recommendations
- Healthy Portland Plan Strategy Map and Health Connections
- Health Impact Assessment (HIA) Screening and Scoping Worksheets

4. If this HiAP approach were to be used for your case study (don't worry about funding or resource issues at this time), go around the table and discuss how your organization and your sector (land use, housing, transportation, education, health care, public health, etc.) might be involved. If you have selected HIA, talk through the screening and the scoping worksheets.

5. What are some barriers/challenges you might anticipate in applying this HiAP approach?

6. For each barrier or challenge, brainstorm ideas about how it could be resolved.

7. What could be some potential positive results from applying HiAP approaches to this example? (For example, better cross-sector relationships and collaboration, improved data sources or indicators, improvement in social or health equity, reduced negative health outcomes, increased positive health effects)

If you finish the discussion questions and have time, go back to step 3 and choose another HiAP method OR choose another case study. Go through the discussion points again with the new approach or example.

Case Study A. Eugene and Springfield Comprehensive Plans

Description

Eugene:

Our community created a vision for our collective future, built around seven pillars. The [Envision Eugene Recommendation](#) describes our future city and the growth management strategies designed to get us there. Two primary goals of the Envision Eugene project are to:

1) Determine how Eugene will accommodate the next 20 years of growth in our community, as required by state law, and 2) Create a future that is livable, sustainable, beautiful and prosperous!

The seven pillars or community goals focus on:

- economic opportunity
- affordable housing
- climate change and energy resiliency
- compact development and efficient transportation
- neighborhood livability
- natural resources
- flexible implementation

Every community in Oregon has an urban growth boundary (UGB) – a limit to how far the city can physically grow out which protects our farms and forests from unplanned development. The UGB must contain enough land for our projected needs over the next 20 years. Envision Eugene is our community's process for determining the best way to accommodate up to 34,000 more people and 37,000 more jobs by 2032.

Source: <http://www.eugene-or.gov/index.aspx?nid=760>

Springfield:

Comprehensive Planning coordinates Springfield's local community planning and development activity within Oregon's statewide planning framework to ensure the highest possible level of livability. Oregon law requires all cities to adopt Comprehensive Plans and to coordinate their public actions to be consistent with the adopted plan. Plans are based on 20-year population projections and must comply with a set of [Statewide Planning Goals](#) intended to guide the use of land to:

- Provide a healthy environment

- Sustain a prosperous economy
- Ensure a desirable quality of life
- Equitably allocate the benefits and burdens of land use planning

Springfield's Comprehensive Plan is the Eugene-Springfield Metropolitan Area General Plan (Metro Plan). The [Metro Plan Diagram](#) shows the general locations of land use districts, such as residential, commercial, industrial areas and parks. Springfield and Eugene each provide more specific plan designations and land development policies through their respective [Neighborhood Refinement Plans](#).

Since the passage of a 2007 Oregon legislative action, Springfield is developing a city-wide refinement plan called the [Springfield 2030 Refinement Plan](#) that will guide growth and development for the Metro area east of Interstate 5 through the 2010-2030 planning period. Updates to the [Downtown Refinement Plan](#), [Glenwood Refinement Plan](#) and [Visioning for Main Street](#) refinement plan updates are also underway.

Source: <http://www.springfield-or.gov/DPW/ComprehensivePlanning.htm>

Lead agency/organization

City of Eugene, City of Springfield

Stakeholders involved

Planning Commissioners, City Councilors, Sustainability Commissioners, staff from three departments and numerous divisions, neighborhood leaders, neighborhood associations, accessibility committee of the Human Rights Commission, Human Rights Commission, Housing Policy Board, low income housing residents (via St Vincent de Paul), Chamber of Commerce, Homebuilders, 1000 Friends of Oregon, designers, developers, property owners, Lane Transit District, Lane County, U of O, Lane Community College, EWEB, School districts, teachers and kids.

Decision timeline

Over the bulk of 2010, Envision Eugene collected community input through workshops, surveys, art contests and a Community Resource Group. That input informed the creation of a draft proposal - *Envision Eugene: A Legacy of Livability*. The draft proposal was released on March 2, 2011. A year of technical analysis followed to refine our land needs for different kinds of housing, jobs, parks and schools. In March 2012, the Draft Recommendation was published, including a proposed urban growth boundary and more specific strategies for accommodating growth. The Recommendation was considered by the City Council at work sessions in June 2012, and council action on June 13 directed staff to begin preparing formal documents for plan adoption.

Throughout 2013, City staff will bring three main topics forward for community, Planning Commission

and City Council discussion:

- Community Investment Program - city actions necessary to close the market gap for desired compact development and economic prosperity put forth in the vision
- Efficiency Measures - land use code amendments, plan designation changes, and zone changes to use land more efficiently inside the current growth boundary
- Urban Growth Boundary Expansion - detailed analysis of the areas that best meet our needs within the parameters set by the statewide land use system.

Case Study B. Eugene and Springfield Transportation System Plans

Description

In Oregon, every city, county, and the state is required to have a Transportation System Plan. Every Transportation System Plan needs to coordinate with the other Transportation System Plans of nearby cities and counties, as well as the state's. Historically, long-range transportation system plans for Eugene and Springfield were developed as part of a regional planning effort. The last substantial update to the Eugene-Springfield metropolitan area transportation system plan ([TransPlan](#)) was adopted in 2002.

The City of Eugene is studying the current transportation system and how it could change to meet the long-term (20-year) needs of Eugene's residents, businesses, and visitors. The result of this study will be a Transportation System Plan that will include all transportation modes, including freight, [pedestrians and bicyclists](#), personal vehicles, transit, rail networks, [airport](#), and pipelines. The Transportation System Plan will then be included in the city's comprehensive plan ([Envision Eugene](#)), as the section dedicated to transportation issues. The plan will look at ways to maintain the [extensive infrastructure invested](#) in our street and sidewalk/shared path networks and continue to improve the efficiency of our street network.

Source: <http://www.centallanertsp.org/EugeneTSP/Home>

The City of Springfield is conducting a planning process to look at how the transportation system is currently used and how it should change to meet the long-term (20-year) needs of Springfield's residents, businesses, and visitors. Through coordination with community members and affected public agencies, the City of Springfield will develop a plan for improvements of all modes of transportation in Springfield, including the roadway, bicycle and pedestrian, transit, and rail networks. The Plan will also include a transportation improvement and financing plan.

This project will result in a Transportation System Plan (TSP) for Springfield and an update to Springfield's portion of the Regional Transportation System Plan (RTSP) being prepared by the Lane Council of Governments.

The TSP is being prepared in coordination with the [Oregon Department of Transportation](#), [Lane Council of Governments](#), and the [Oregon Department of Land Conservation and Development](#). This project will also closely consider local, regional and state policies, plans, and rules, including the Oregon Highway Plan and the region's transportation system plan.

Source: <http://www.springfield-or.gov/Pubworks/TransportationPlanning.htm>

Lead agency/organization

Stakeholders involved

Transportation Community Resource Group

The Transportation Community Resource Group (TCRG) will review, evaluate, discuss and comment on project information throughout the project and will develop recommendations for the project management team and, ultimately, City Council consideration. All meetings will be open to the general public.

Technical Advisory Committee

The Technical Advisory Committee (TAC), comprised primarily of public agency staff, will provide input on technical aspects of the Transportation System Plan, ensure the project is consistent with other adopted plans or projects currently under way, and help develop Transportation System Plan recommendations for the project management team and Department Advisory Committee.

Project Management Team

City project manager, ODOT project manager, and consultant project manager. Charged with day-to-day guidance, review of project deliverables, and development of recommendations to City Council at key milestones.

City Council

The City Council will provide input throughout the planning process at key decision points and will decide to adopt or revise the final Transportation System Plan project lists, and funding strategies. The City Council will also be advised by the City Planning Commission and Sustainability Commission on this project.

Decision timeline

In 2013, the list of potential projects will be evaluated and those projects best meeting the City's transportation goals will be forwarded for adoption. Eventually, the best package of projects will be reviewed by the Planning Commission, which will make a recommendation to the City Council before the Council is asked to approve the TSP.

Case Study C. Eugene Housing and Economic Development Policy

Description

The City is working on policies, programs, and ongoing planning that support the development of subsidized multifamily housing in Eugene. The Lane County Public Health Division has proposed a Health Impact Assessment (HIA) to inform the development of health-related criteria for investments in affordable housing. The assessment will provide a level of detail around desired health outcomes that does not exist in any current housing plans and help our community consider how the affordable housing process contributes to overall community health based upon site selection, features included within units, and the way the properties are managed or supported. The HIA will assist in developing a health lens for our affordable housing planning and help us understand how current housing goals produce positive health outcomes for residents.

Lead Agency

Lane County Public Health Division

Other Agencies/Stakeholders

City of Eugene's Planning and Development Dept., Affordable housing partners (St. Vincent de Paul, Metro, HACSA, & ShelterCare), Intergovernmental Housing Policy Board, Community Health Improvement Plan Core Team (PeaceHealth, Trillium CCO, United Way, Lane County Public Health), Lane Livability Consortium

Decision/Adoption Timeline

The recommendations from the HIA process will be presented to City staff and the Intergovernmental Housing Policy Board (HPB) by August 2014. Depending on the nature of the recommendations, City staff will either consider incorporating them into affordable housing planning, policies, and investments or be formally adopted by the Housing Policy Board. In addition, these recommendations and the capacity built in our community will inform the planning process of the affordable housing portion of the Eugene-Springfield 2015 Consolidated Plan to be submitted at the federal level to the U.S. Department of Housing and Urban Development (HUD) by May 2015. The Eugene-Springfield Consolidated Plan is a comprehensive process to identify housing, homeless, community, and economic development needs and resources followed by a five-year plan to address meeting the identified needs. City staff members are just beginning the process for the creation of the 2015 Consolidated Plan. The HIA would provide a unique opportunity to identify core linkages between affordable housing and public health goals, as well as opportunities for future collaboration between agencies to be included in the Plan.

Northwest Organizations and Agencies with Health in All Policies expertise

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Health in All Policies Resources

1. Action strategies toolkit: A guide for local and state leaders working to create healthy communities and prevent childhood obesity. Robert Wood Johnson Foundation, Leadership for Healthy Communities. (2009). Princeton, NJ. Available at: www.rwjf.org/pr/product.jsp?id=42514

This guide introduces evidence-based policy options in the areas of healthy eating, active living, and the built environment. It sets forth a series of recommendations under each topic area and identifies potential stakeholders, existing policies and programs, ways to get started, and helpful resources.

2. Beyond the USDA: How other government agencies can support a healthier, more sustainable food system. Gosselin, M. (2010, February). Minneapolis, MN: Institute for Agriculture and Trade Policy. Available at: http://www.iatp.org/files/258_2_107172.pdf

This report summarizes the various roles that key federal agencies—other than the U.S. Department of Agriculture—can play in America’s food system. The report lists important grant programs, resources, and ideas for policy changes. The report also includes examples of specific issue areas and the entities that influence them.

3. Condensed list of collected recommendations: Health in All Policies Task Force report to the Strategic Growth Council, Appendix 3. California’s Health in All Policies Task Force. (2010, December 3). Available at: http://sgc.ca.gov/hiap/docs/publications/HiAP_Task_Force_Report.pdf

In developing a final list of recommendations, the California Health in All Policies Task Force collected over 1,200 suggestions from Task Force members, stakeholder input workshops, public comment, key informant interviews, and documents submitted to the Task Force. This appendix to the Task Force’s 2010 report contains a condensed list of approximately 600 recommendations sorted by topic area.

4. The guide to community preventive services: What works to promote health. Community Preventive Services Task Force. (2012). Available at: <http://www.thecommunityguide.org>

This online tool contains systematic reviews of program and policy interventions that have been proven to be effective, including whether interventions are right for particular communities, possible related costs, and likely return on investment.

5. A guide for health impact assessment. Bhatia, R. (2010, October). California Department of Public Health. Available at: <http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/HIA%20Guide%20FINAL%2010->

[19-10.pdf](#)

This guide provides background on health impact assessment, outlines key steps, activities, and issues that may be faced, and identifies additional resources for health impact assessment.

6. A health impact assessment toolkit: A handbook to conducting HIA (3rd ed.). Human Impact Partners. (2011, February). Oakland, CA. Available at:
<http://www.humanimpact.org/component/jdownloads/finish/11/81>

This toolkit provides hands-on tools for organizations interested in conducting a Health Impact Assessment (HIA). In addition to describing the steps of the actual HIA process, it provides guidance on how to decide whether an HIA is appropriate, how to determine the scope and management of a HIA, and how to collaborate with stakeholders during the process.

7. Health Economic Assessment Tools (HEAT) for walking and for cycling. World Health Organization, Transport, Health and Environment Pan-European Programme. (2011). Available at: www.heatwalkingcycling.org

This online tool allows users to estimate the economic savings from mortality reductions that result from regular walking or bicycling.

8. Health impact assessment: A tool for promoting health in all policies. Gottlieb, L., Egarter, S., & Braveman, P. (2011, May). Princeton, NJ: Robert Wood Johnson Foundation. Available at:
http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70449

This document provides a brief overview of health impact assessment, with examples of how it has been used and how it can support Health in All Policies. It also provides brief examples of how health impact assessment has been used in the United States.

9. Minimum elements and practice standards for health impact assessment (Version 2). North American HIA Practice Standards Working Group. (Bhatia, R., Branscomb, J., Farhang, L., Lee, M., Orenstein, M., & Richardson, M.). (2010, November). Oakland, CA. Available at:
<http://www.humanimpact.org/doc-lib/finish/11/9>

This reference document gives guidance on health impact assessment (HIA) from two angles: 1) standards on the “minimum elements” that an HIA must include and 2) practice standards that help to conduct high quality HIA.

Appendix E

Health in All Policies Resource List

Health in All Policies

1. CDC Healthy Community Design Checklist. Available at:

<http://www.cdc.gov/healthyplaces/toolkit/default.htm>

This toolkit can help planners, public health professionals, and the general public include health in the community planning process. Developed in partnership between the American Planning Association's Planning and Community Health Research Center and the Centers for Disease Control and Prevention's Healthy Community Design Initiative, the toolkit is composed of four elements that work together to achieve this goal.

2. Health in All Policies: A Guide for State and Local Health Departments. Available at:

<http://www.phi.org/resources/?resource=hiapguide>

Health in All Policies: A Guide for State and Local Governments was created by the Public Health Institute, the California Department of Public Health, and the American Public Health Association in response to growing interest in using collaborative approaches to improve population health by embedding health considerations into decision-making processes across a broad array of sectors. The Guide draws heavily on the experiences of the California Health in All Policies Task Force and incorporates information from the published and gray literature and interviews with people across the country.

3. Design for Health Plan Review Checklists. Available at:

<http://designforhealth.net/resources/legacy/checklists/>

These Comprehensive Plan Review Checklists were created by Design for Health in Minneapolis, Minnesota, and summarize the key points of the Design for Health background and health impact assessment (HIA) materials. In fact many people have used it as a checklist for conducting a desktop HIA to provide feedback on draft plans. These checklists were designed for comprehensive land use plans, transportation plans, and neighborhood plans. They are appropriate for different kinds of locations—metropolitan or not.

4. Condensed list of collected recommendations: Health in All Policies Task Force report to the Strategic Growth Council, Appendix 3. California's Health in All Policies Task Force. (2010). Available at:

http://sgc.ca.gov/hiap/docs/publications/HiAP_Task_Force_Report.pdf

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5. The Surgeon General's National Prevention Strategy. Available at:

<http://www.surgeongeneral.gov/initiatives/prevention/strategy/>

The National Prevention Strategy, released June 16, 2011, aims to guide the United States in the most effective and achievable means for improving health and well-being. The Strategy prioritizes prevention by integrating recommendations and actions across multiple settings to improve health and save lives. The Strategy identifies four Strategic Directions and seven targeted Priorities.

The Strategic Directions provide a strong foundation for all prevention efforts and include core recommendations necessary to build a prevention-oriented society. The Priorities provide evidence-based recommendations that are most likely to reduce the burden of the leading causes of preventable death and major illness.

6. Time to Act: Investing in the Health of Our Children and Our Communities. Robert Wood Johnson Foundation, Commission to Build a Healthier America. (2014). Available at:

<http://www.rwjf.org/content/dam/farm/reports/reports/2014/rwjf409002>

This report summarizes the latest recommendations from the Commission to Build a Healthier America, concluding that we must fundamentally change how we revitalize neighborhoods by fully integrating health into community development.

Health Impact Assessment

1. A guide for health impact assessment. Bhatia, R. (2010, October). California Department of Public Health. Available at:

<http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/HIA%20Guide%20FINAL%2010-19-10.pdf>

This guide provides background on health impact assessment, outlines key steps, activities, and issues that may be faced, and identifies additional resources for health impact assessment.

2. A health impact assessment toolkit: A handbook to conducting HIA (3rd ed.). Human Impact Partners. (2011, February). Oakland, CA. Available at:

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http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70449

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Websites for Health in All Policies

Northwest HIA Network: <http://healthoregon.org/hia>

The Northwest HIA Network is a diverse group of over 250 professionals from government agencies, nonprofit and advocacy groups, health care organizations, and private sector companies. We share a common interest in incorporating health into decision making. The Network meets four times a year to increase communication, encourage collaboration and build our collective capacity for HIA.

National Association of County and City Health Officials Toolkit:

<http://www.naccho.org/topics/environmental/HiAP/>

The NACCHO Environmental Public Health HiAP Project aims to increase awareness among decision makers about the environmental public health implications of policies and to build the capacity of local health departments to be involved in cross-sector work with the goal of improving the health of the community.

Association of State and Territorial Health Officials fact sheets:

<http://www.astho.org/Programs/HiAP/>

ASTHO has developed a series of transportation, land use, and community design cross-sectoral, evidence-based policy guides. The guides were developed using multiple resources from credible sources that catalogue policies that link other sectors and health.

Society of Practitioners of HIA (SOPHIA): <http://hiasociety.org/>

SOPHIA is an organization serving the needs of Health Impact Assessment (HIA) practitioners in North America and worldwide.

Developed by a working group from the 2010 HIA in the Americas Workshop, SOPHIA aims to provide leadership and promote excellence in the practice of HIA.

By promoting and practicing a thorough and systematic consideration of health in decision-making, SOPHIA will help achieve better health for all.