

Using Health Impact Assessment to Inform Local Land Use and Transportation Decisions

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PRESENTATION FORMAT: Panel Presentation

TOPIC/TARGET AUDIENCE: Audience with interest in health in all policies, health and the built environment, and spatial data on health

ABSTRACT: Local land use and transportation decisions influence the leading causes of death in Oregon by impacting health determinants such as travel behavior, food access, housing, and social cohesion. Among the tools available for Public Health Professionals to engage on these issues is Health Impact Assessment (HIA). The Oregon Health Authority began a Health Impact Assessment program in 2009 and has funded 18 HIAs on topics related to local land use and transportation decisions.

In this panel, participants will hear an overview of HIA followed by a synthesis of lessons learned from five years of HIA in Oregon. To illustrate these lessons, the panel will highlight a case study from an HIA conducted on traffic safety on Highway 30 in Columbia County. Accompanying the case study is an overview of data tools available for conducting HIA available through the Oregon Environmental Public Health Tracking (Oregon Tracking) Portal. Panelists will conclude by describing next steps for HIA in Oregon and resources for local health jurisdictions interested in pursuing HIA.

OBJECTIVE(S): Describe Health Impact Assessment. Identify successful examples of implementation of Health Impact Assessment within Oregon. Analyze local health data using Oregon Tracking's Portal.

PANEL ABSTRACT 1: Title: Lessons learned from 5 years of local HIA capacity building

The Oregon Health Authority's HIA Program is working toward an Oregon where human health and health disparity impacts are actively considered in projects, policies, and plans across sectors. To forward that effort, the HIA Program conducts HIAs on statewide and multi-county decisions. Because many built environment decisions are made at the local level, the HIA Program also works to develop local public health department capacity to conduct HIAs on decisions within their jurisdictions. To ensure successful projects, the HIA Program provides free support through webinars, in-person trainings, and limited technical assistance. The HIA Program also opens an RFP for funding and technical assistance to support two or three local projects each year. Since 2009, the HIA Program has funded or conducted 18 HIAs on transportation, housing, land use, and sustainable energy development. The session will cover the fundamentals of HIA, lessons learned from local rapid HIAs in Oregon, and developing and strengthening relationships between local public health professionals and their colleagues in land use, transportation, education, and housing.

PANEL ABSTRACT 2: Title: Columbia County's Safe Crossing HIA

Highway 30 is a US highway with significant commuting and tourism-related traffic, as well as functioning as an important freight corridor between the Portland metropolitan area and coastal communities. Hwy 30 runs through the middle of the City of Rainier. This project will identify the short and long term health and additional benefits of pedestrian and bicycle supports. Research regarding cost effective infrastructure supports such as traffic calming measures, improved crosswalks and trails within the targeted area will demonstrate the connections between active transportation, traffic and improved health outcomes. The HIA will inform a local funding decision by Region 2's Area Committee on

Transportation.

PANEL ABSTRACT 3: Title: Tools for HIA

Oregon Environmental Public Health Tracking (Oregon Tracking) is part of a national network working to increase understanding of environmental hazards, exposures, and health effects. Oregon Tracking hosts an indicator-based dynamic portal that provides easy to understand information at state, county, and sub-county levels for Oregon. In this session, the panelist will discuss the use of Tracking data to support local health impact assessments, using the Columbia County HIA as a case study.

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