



## **Process Insight Report**

### **Advancing Health Informed Transportation Decision-Making**

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# Introduction

The purpose of this report is to document insights, lessons learned, and recommendations from Common Ground Health’s experience in conducting two Health Impact Assessments (HIAs) during the Advancing-Health Informed Decision Making project. In an effort to inform future transportation-health analysis and HIA practice in the region, this report analyzes the data, methods, and resources that were compiled when inventorying candidate plans, relevant literature, and available data and identifies any gaps or barriers that were encountered. This report defines, gathers insights, and documents lessons learned from each one of the six steps of the HIA process, as defined by the PEW Charitable Trust.<sup>1</sup>

## Project Background

Beginning in August of 2016, a joint Memorandum of Understanding (MOU) was signed between Common Ground Health and the Genesee Transportation Council to advance health-informed decision-making in the realm of transportation. The project convened key stakeholders in the fields of transportation, land use, and health and set forth four different goals to be accomplished over a 12 month timeline. Those goals included:

- 1) Build knowledge about transportation-built environment health linkages nationally and in our region.
- 2) Inventory and analyze strategic transportation/land use plan or project opportunities in the region that could benefit from explicitly incorporating health consideration or analysis to determine potential health outcomes.
- 3) Catalogue the data, methods, and resources available to do so (as well as any gaps or barriers) and,
- 4) Select two types of plans or projects to receive a “desktop” Health Impact Assessment (HIA). Common Ground Health would then conduct two desktops HIAs for the selected initiatives, including recommendations for how future similar initiatives could more explicitly address health and document insights, lessons learned, and recommendations to inform future HIA development and practice in the region.

A Steering Committee was established from a wide array of stakeholders in the realms of community health, transportation, planning and community engagement. After convening the committee six separate times over a period of 18 months, the work of the two HIAs was finalized in March of 2018.

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<sup>1</sup> <http://www.pewtrusts.org/en/research-and-analysis/analysis/2014/08/28/the-hia-process>

## Step 1 of 6: Screening

### Definitions

The first step of Health Impact Assessment involves determining whether an HIA for a given policy or project proposal is warranted and feasible, which is defined as Screening.<sup>2</sup>

### Insights

During the initial phases of the project several key challenges emerged. HIAs had historically never been implemented or utilized by Common Ground Health and only two HIAs had been published across New York State at the inception of the project.<sup>3</sup> The initial phase of the project consisted of researching HIA Methodology and other published HIAs to guide the HIA process itself. We have provided a list of HIA resources consulted in the references portion of this report. The project also benefited from involving two steering committee members who had recent experience working with, and publishing, HIAs. To help learn more about the HIA process, a Health in all Policies (HiAP) workshop with representatives from PEW Charitable Trust and the Kansas Health Institute (KHI) was held in October of 2016 at Common Ground Health. Based on the guidance provided at that training, a Screening Exercise template was applied to our project. This report includes examples of the Screening Exercise conducted for both HIAs. A list of nearly a dozen potential projects were examined, with two specific projects that had received early positive feedback from the Steering Committee put through the Screening Exercise to determine if they each warranted a Health Impact Assessment. After vetting the project through the exercise, it was determined that those two projects, the Genesee Valley Greenway (GVG) and Rochester Bike Share (RBS), were viable candidates for Health Impact Assessment. The Genesee Valley Greenway is a 90 mile trail that covers four counties, while the Rochester Bike Share is a project that represents an inaugural city-wide effort to bring bike share to the city. The comprehensive Screening Exercise was presented to the Steering Committee who endorsed the selection of the projects based on the results of that exercise. The Screening Exercise and the criteria each project was vetted through may be found in the Appendices of each HIA.

A second challenge experienced during the Screening process was that the MOU initially identified the scope of the project as conducting two "Desktop" HIAs. PEW Charitable Trusts identifies a Desktop HIA as something that can be completed in a period of weeks.<sup>4</sup> One resource further defines a desktop HIA as most appropriate for policies or interventions that are expected to have only little impact on health

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<sup>2</sup> <http://www.hiaguide.org/methods-resources/methods/phases-hia-1-screening>

<sup>3</sup> <http://www.pewtrusts.org/en/multimedia/data-visualizations/2015/hia-map>

<sup>4</sup> <http://www.pewtrusts.org/en/research-and-analysis/analysis/2014/08/28/the-hia-process>

and as the most basic form of HIA requiring the least amount of resources. Whether it is appropriate to carry out a desktop, or rapid, HIA, a comprehensive HIA is determined by the likelihood and magnitude of expected impacts on health and health inequalities and the expected footprint of the project including its resources, area affected, and overall complexity of the project.<sup>5</sup>

Based on the large geographic representation of the GVG (90 miles of trail across New York State) and in analyzing the Rochester Bike Share as an opportunity to conduct primary research and analysis (based on census tract level health data on health disparities), it became evident that our projects would exceed the initial planned scope of a Desktop HIA. The expanded scope for each project selected for HIA led to an initial anticipated timeframe of 12 months for the project to expand to an 18 month project duration.

### Lessons Learned

During the onset of the report, additional clarity was needed about not only how to appropriately scope our HIAs, but also how to conduct HIAs. Having local representatives at the table was critically necessary to the success of the project. In addition, having a broader understanding of HIA before developing a MOU may better identify which type of HIA to conduct. Based on our experience with Screening, we submit the following recommendations:

- 1)** Implement the Screening process to assist in helping to scope the overall duration of the HIA before attempting to determine its scope to ensure appropriate timeline and resource allocation.
- 2)** Have local experts with HIA experience at the table; if there are none available reach out to national experts to guide and advise the HIA process.
- 3)** Have a better idea of a dynamic array of projects that may be candidates for HIA by enabling time at the onset of the project to accept potential HIA project submissions from the steering committee.
- 4)** Choose projects that currently have the opportunity to influence decision-makers and benefit the project's future - this was one of the key successes of selecting both the GVG and RBS for HIA.

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<sup>5</sup> <https://survey.erasmusmc.nl/he2020/phase-4-impact-assessment/main-steps-of-hia/step-2-scoping/types-of-hia/>

## Step 2 of 6: Scoping

### Definitions

Scoping establishes the foundation under which the health impact assessment is conducted and is instrumental in informing the design and planning of the HIA.<sup>6</sup> Scoping includes the identification of potential health risks and benefits and is a participatory process driven by an HIA team.

### Insights

Upon the selection of our projects during the Screening phase, we organized a half day Scoping workshop with our steering committee. When establishing the scoping process for the selected projects of the Genesee Valley Greenway and Rochester Bike Share, a critical component was to identify and define what the geographic and population study area of our HIA should be and to prioritize which of the social determinants of health would be analyzed. The social determinants of health are defined as the conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.<sup>7</sup> Based on the HiaP training we received, we gained insight on how to conduct a scoping exercise that put each of our projects through criteria to better identify our plan of study for both HIAs, and which health risks and benefits should be assessed. The scoping exercise identified research questions based on existing conditions, questions to better frame these issues, potential indicators to assess, and identified data sources where this information may be found. This report includes examples of the Scoping Exercise conducted for both HIAs. Based on this insight, we were then able to identify a range of potential social determinants of health to study. At our half-day workshop we worked with the steering committee to help prioritize seven unique health determinants of study for our HIAs. Based on feedback received from stakeholders after the workshop, it was indicated that an additional determinant should be studied. After submitting the request to our steering committee, it was added, bringing the total number of health determinants to 8 (4 per HIA) for our two selected projects.

### Lessons Learned

An initial, unique challenge we experienced was to define the study area for the GVG. The GVG travels across 90 miles of New York State and through four counties. Based on the large scope of the project, issues of representation in several of the counties by our project sponsor GTC (several counties fell outside of their

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<sup>6</sup> <http://www.hiaguide.org/methods-resources/methods/phases-hia-2-scoping>

<sup>7</sup> <https://www.cdc.gov/socialdeterminants/>

Metropolitan Planning Organization's assigned territory), as well as Common Ground Health's regional representation, it was determined that only the northernmost 50 miles of the Greenway in Monroe and Livingston Counties would be assessed. Having the steering committee weigh in on this important decision was critical to being able to successfully identify a study area to which we could appropriately allocate time and resources necessary to complete the HIA. When focusing on the study area of the Rochester Bike Share, this project benefitted from the fact the bike share had a predefined territory in the City of Rochester, however the project evolved through the duration of our HIA, which led to additional needs during the assessment phase, which are identified in the Assessment portion of this report. In our unique experience of conducting 2 separate HIAs simultaneously, it was vital to distinguish specific characteristics of each project through the Scoping Exercise in order to utilize a unique basis or research. Based on our experience with Scoping, we submit the following recommendations:

- 1)** We have learned that scope can sprawl, it may be necessary to make difficult choices in further narrowing the study area or other parameters in order to accomplish the HIA.
- 2)** A comprehensive scoping workshop is vital to engage stakeholders and towards creating a participatory process that builds consensus.
- 3)** Confirm that identified indicators have data sets that exist in order to study the issues and health determinants identified for study.
- 4)** Determine if scoping confirms that the correct experts are at the table. In the example of the GVG HIA, we learned that an identified safety issue would require partners to be at the table that were not initially included. This led to a barrier in conducting further analysis on this particular issue which we did not identify until the Recommendations phase (Step 4) of the HIA.



## Step 3 of 6: Assessment

### Definitions

Describes the baseline health of affected communities and assess the potential impacts of the decision.

### Insights

One of our greatest challenges during the assessment process was due in part to the evolution of a project we were studying. When we initially scoped the Rochester Bike Share, we built our research assumptions on phasing and targeted neighborhoods that were identified in a feasibility report for the Rochester Bike Share. Throughout the first 9 months of our project, the Rochester Bike Share expanded in ways that were not initially forecasted. The assessment process also further anchored the importance of having subject matter experts at the table who could answer primary questions that went beyond what data sets could identify. For example, we were able to learn about specific sections of trail surface condition issues on the Greenway due to first-hand experience and knowledge from the State Park Manager who sat on our steering committee. We also encountered a barrier that dealt with specific data issues regarding traffic safety, we were able to identify that pedestrian and vehicular accidents had occurred on roadways near the trail, but there was no way to identify whether these accidents involved trail users of the Greenway. Finally, due to the need to produce multiple HIAs, primary data collection was not a part of our HIA process. Other HIAs have utilized survey data, but it is not considered a requirement when conducting a HIA. The assessment work conducted for each of the HIAs is integrated in the final report as well as a Summary Assessment Report.

### Lessons Learned

As mentioned, the RBS evolved during the course of our HIA, which required the ability to be fluid and adapt our data collection to the finalized phasing of the project. Based on the culmination of the first season of bike share in the city, we were able to assess new data on the actual phasing and implementation of the bike share based on where the stations were installed. The RBS HIA was able to synthesize new station placements based on this new information and anticipated improved health outcomes where bike stations had not been placed during the initial phase.

Based on our experience with Assessment, we submit the following recommendations:

- 1)** Anticipate that the project, program, or policy you have selected for HIA may evolve or change throughout the scope of the project and discuss how to address these changes with your steering committee.
- 2)** Let the data “tell the story” with initial assumptions established during the first phases of Screening and Scoping may change and may require new analysis or research.
- 3)** Some data may determine that previously identified health determinants may not be of relevant concern however, performing due diligence and reporting on these issues is still of value as social determinants of health may transition and change over time.
- 4)** Where data sets do not address a problem, look to primary data collection opportunities and subject matter experts to gain insight and perspective.

## Step 4 of 6: Recommendations

### Definitions

Develop practical solutions that can be implemented within the political, economic or technical limitations of the project or policy being assessed.

### Insights

The key role of the steering committee and Common Ground Health was to provide evidence-based recommendations to mitigate negative health impacts and maximize potential positive health outcomes. We presented the results of our assessment data to the Steering Committee throughout multiple meetings over the summer of 2017 in an effort to review that data and synthesize new recommendations. A survey was developed that compiled a comprehensive list of potential recommendations for each identified health determinant previously identified during the Scoping phase. The survey was designed as a prioritization exercise and to assist in identifying which recommendations should be included in the final reports. The survey helped to identify which recommendations achieved consensus among our steering committee for inclusion in our HIAs. From the results of the survey, we compiled a Summary of Recommendations report. An additional opportunity for steering committee review and input was included as part of that final process. Several revisions of the recommendations followed in an effort to thoroughly ensure that our final recommendations were both specific and actionable. The final recommendations were able to be categorized by both their aligned health determinant (i.e. Physical Activity, Social Cohesion, etc.) as well as the relevant actions they represented (i.e. Data Collection, Community Engagement, etc.).

### Lessons Learned

The task to create what was essentially the core product of our HIAs involved significant involvement from our steering committee but also required synthesis from the HIA Team. In developing new recommendations, it became evident that performing the initial work of developing and presenting sample recommendations was a necessary first step in order to have a tangible examples for the steering committee to review. The survey process was instrumental in combining synthesized recommendations that were submitted by Common Ground Health while also enabling the steering committee to prioritize or submit new recommendations for further review and consideration. Upon producing the Summary of Recommendations report for both HIAs, the steering committee had the opportunity to review, and improve upon, a list of recommendations before they were formally included in the final HIA reports.

Based on our experience with Recommendations we advise the following:

- 1)** Provide stakeholders the opportunity to review all data collected during the assessment phase to aid the recommendation process.
- 2)** Synthesize recommendations based on the data collected, to create tangible examples for the steering committee to respond to and build upon.
- 3)** Enable steering committee members to submit their own recommendations for considerations via a survey *after* providing key examples for greater context and guidance.
- 4)** To help build consensus among the steering committee, provide clear timetables for when feedback is expected to be received.

## Step 5 of 6: Reporting

### Definitions

Disseminate the findings to decision makers, affected communities and other stakeholders.

### Insights

The reporting process involved a significant allocation of staff resources and time to appropriately organize and disseminate the project background, assessment work compiled, and synthesized recommendations. There were clear examples of different aspects of how to report on different sections and segments of the HIAs. After the Screening and Scoping processes, it was possible to initiate the reporting phase. Screening enabled the reporting on the introduction and background sections of the report, including why the project was selected for HIA. Scoping assisted the reporting process by enabling the ability to document the selected study area, identify the actors and components of each project, and identify which health determinants were being included within the report and why. The assessment phase enabled the ability to conduct literature reviews at international, national, and local levels and to include relevant material within each of the health determinants sections in the reports. As aforementioned a list of finalized recommendations was able to be integrated into the report. Reporting on the monitoring and evaluation phase of the HIA and writing the executive summary were the last aspects of the reporting process, an intentional decision to ensure that the full report was written and comprehensible. Being able to identify the content of the report and the final results of what was reported also enabled the ability to suggest expanded scope ideas towards new projects or studies based on the work performed and insights gathered.

### Lessons Learned

Based on the insights documented above, we learned to develop and integrate some aspect of the reporting process at every phase to inform and work towards our final HIAs. The production of both the Summary of Assessment and Summary of Recommendations documents were critical components of the final reports. This material had been previously identified and endorsed for inclusion of the HIA and performed as a quality control measure due to the fact these documents received peer review from our steering committee. In managing two HIAs, it was also necessary to prioritize the formal publication of the HIAs in a consecutive manner, even though we worked on both reports simultaneously. This approach enabled us to move both reports along, but allowed for a full HIA report to be reviewed ahead

of the other to gather insight and lessons learned, and apply them towards the subsequent HIA. Upon the production of our first HIA draft, for example, we learned that the flow of the report had identified barriers on how the research and assessment were reported. A re-work of the report enabled us to better illustrate and integrate the research gathered (including what was literature review material versus primary analysis) on the project to improve the linkages between the Assessment and Recommendations. The edits and changes to the report were critical to producing a final HIA that better helped to appropriately guide the reader through the report. Based on our experience with Reporting we advise the following:

- 1)** Report on each phase of the HIA as you encounter them.
- 2)** When opportunities arise for peer review, utilize the steering committee to review incremental reports that integrate and inform the final HIA.
- 3)** Clearly distinguish between literature review material and primary assessment work completed to better identify how the HIA was informed.
- 4)** Closely monitor the reporting between the assessment and recommendations sections and ensure that strong linkages are formed and articulated.
- 5)** Consult a range of HIA reports to determine what report flow works best for your selected project. Consult materials that identify how to write HIAs.
- 6)** Enable the steering committee and other project partners to review and provide feedback on the final draft reports.

## Step 6 of 6: Monitoring and Evaluation

### Definitions

Monitor the changes in health or risk factors and evaluate the efficacy of measures that are implemented and the HIA process as a whole.

### Insights

Based on a review of other HIAs, Monitoring and Evaluation seems to differ widely. In some cases other conducted HIAs have allocated additional time and resources to measure the health outcomes that were identified within the scope of their reports. Other HIAs, identify measures and methods to evaluate over time, but do not include reporting on those outcomes or determining whether health outcomes have changed based on a lack of time or resources. The HIAs we developed fall into the latter category as, during this project, we have not yet been able to evaluate the impact of our HIAs on our selected projects. Finally, it is worth noting that this Process Insight Report represents our key deliverable in the internal evaluation of each of our two HIAs. This last step in the HIA process represents the last formal step to expound on current conditions and potential future outcomes.

### Lessons Learned

In the Monitoring and Evaluation phase, it is important to note that the nature of the projects selected may lend themselves to identifiable changes over time. As aforementioned, one of our HIAs, the Rochester Bike Share, was responsive to monitoring changes that occurred over the duration of project and adapting itself to include new assessments and recommendations based on those changes. It is also believed that the Genesee Valley Greenway may take longer to evaluate the recommendations identified and their related improved health outcomes. In the absence of being able to currently evaluate those measures as part of our HIA, we have identified protocols to ensure that potential decisions and their related health impacts are evaluated in the future. We recommended data collection and annual user trail surveys be conducted to determine changes in the demographics of trail users, for example.

Based on our experience with Monitoring and Evaluation we advise the following:

- 1)** Document the process of the HIA and identify gaps and barriers encountered during each phase of the project.
- 2)** Identify parameters on how to measure recommendations made within the document which may include identifiable changes in policy, programs, data collection, or evolved scope.
- 3)** Be adaptive and monitor changes with your project during the HIA process to ensure the project has been comprehensively and accurately profiled.
- 4)** Identify other opportunities for expanded scope and study which may include geographic or populations to study, new data collection protocols, or future ideas for HIA.
- 5)** Define the audience your HIA may target and ensure you have included relevant monitoring and evaluation ideas suitable for those decision makers to integrate.