

Built Environment and Health

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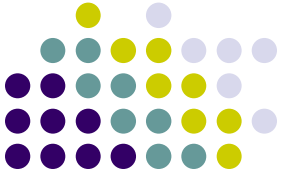
Overview

- Introduction: how the built environment influences health
- Defining “health”
- Health impact assessment
- Other ways to incorporate health into planning

What we mean by “health”

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

World Health Organization





What we mean by “health”

- Physical well-being
 - At a minimum includes absence of chronic disease, infectious disease, injury etc.
 - Ability to engage in physical activity, activities of daily living, work, leisure etc.



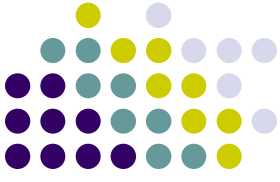
What we mean by “health”

Mental well-being

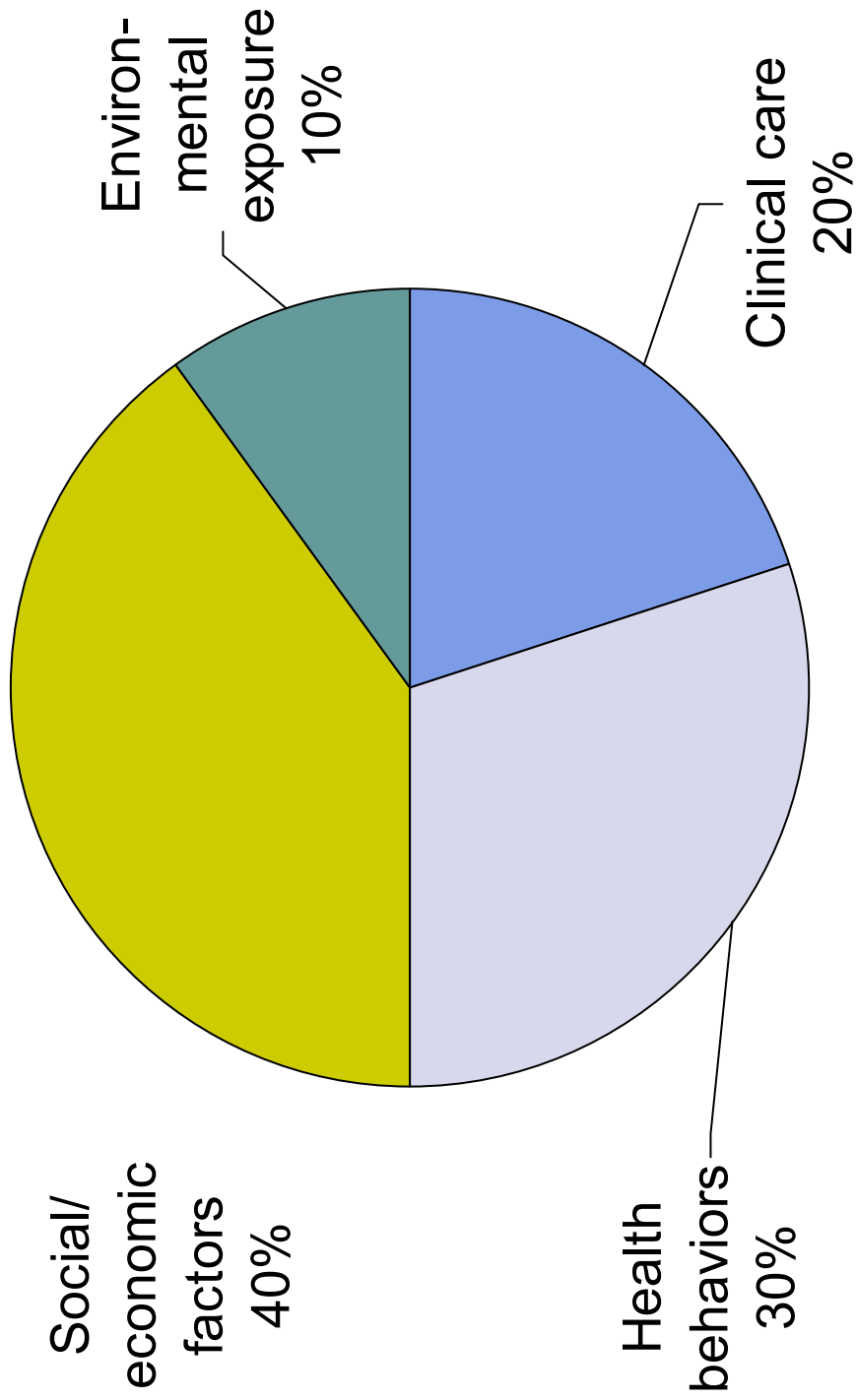
- “Every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” .
(WHO)
- Absence of (or effective accommodation/ treatment for) significant behavioral health problems (depression, substance abuse, etc.)

What we mean by “health”

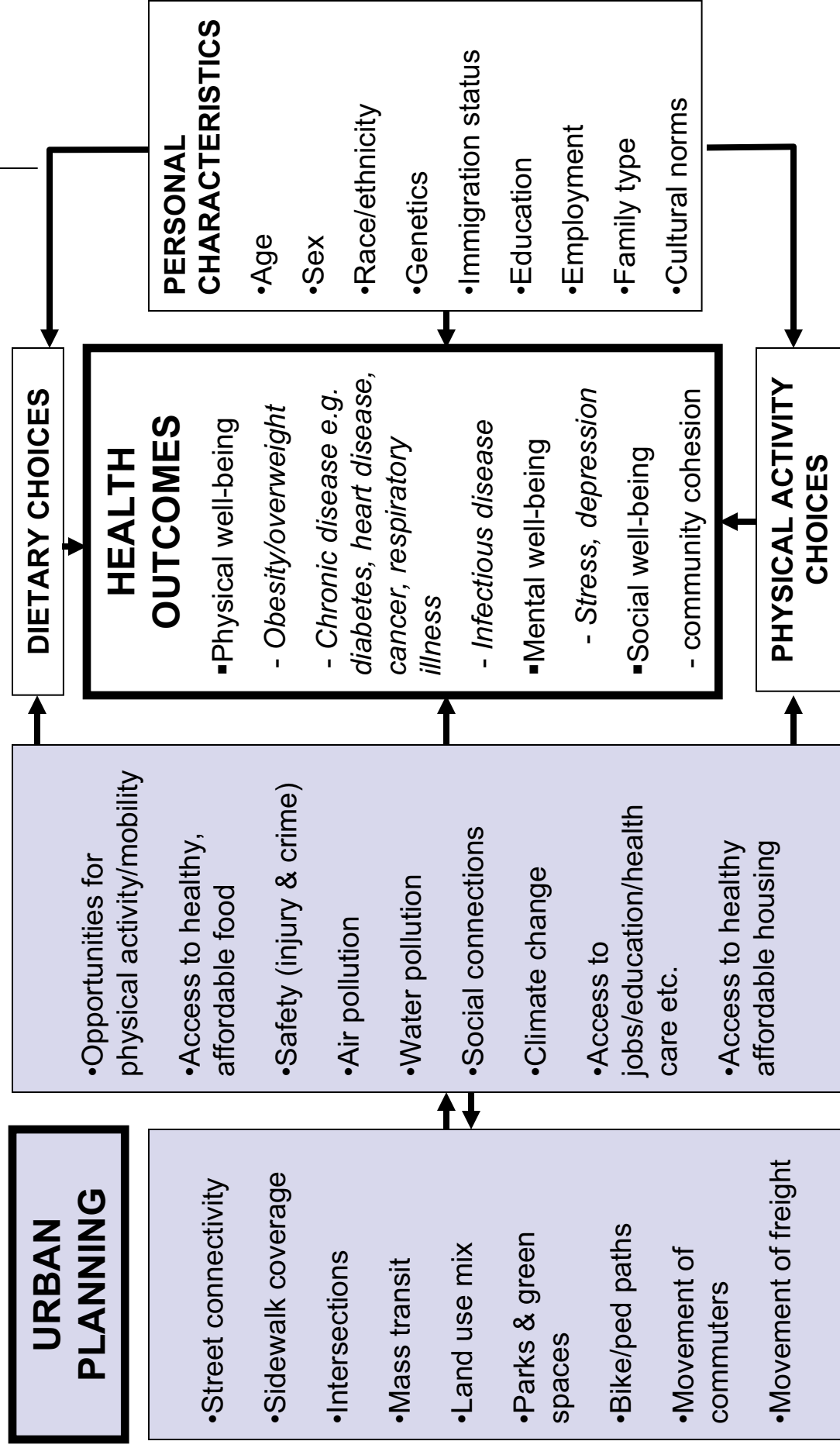
- Social well-being
 - Community connection, social cohesion
 - Decreased risk of social isolation

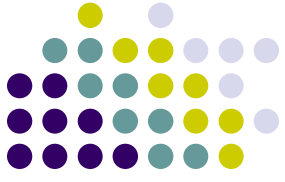


Determinants of Health



How the built environment influences health

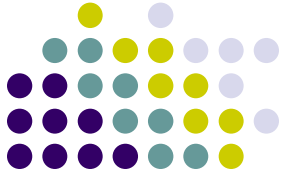




Making the healthier choice

- How do we know if our urban planning choices:
 - Will make us a healthier community? How much healthier?
 - Distribute benefits and burdens equitably?
 - Will have adverse consequences? How can we mitigate?

Making the healthier choice



- Examining health and equity impacts in urban planning along a continuum:

Health impact
assessment

- e.g.: CRC, Sellwood Bridge
- Specific to a given project/policy

Routine consideration
of health in planning
cycles

- e.g.: regional transportation plans, comprehensive plans etc.
- Applies to all policies, programs, projects covered by plan





Health Impact Assessment

- “a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its **potential effects** on the **health of a population**, and the distribution of those effects within the population”

(emphasis added)

World Health Organization, 1999



HIA: Major Steps

- 1. SCREENING** – determine whether HIA would be useful for a given project or policy
 - Potential subjects of an HIA: changes to laws/regulations, building major roadway, budget decisions, planning for a city's growth, developing a school curriculum
- 2. SCOPING** - identify which health effects to consider; may include the most severe problems, most concerning to citizens etc.
 - Consider the depth of assessment, resources to be applied



HIA: Major Steps

3. **ASSESSMENT** - identify which populations may be affected and the nature, magnitude, severity, and likelihood of health effects,
 - Scientific data, health and planning expertise, public input



HIA: Major Steps

4. **RECOMMENDATION** - suggest changes to proposals to promote positive or mitigate adverse health effects,
 - e.g. Sellwood Bridge HIA recommendations:
 - bike/pedestrian path design recommendations to minimize injuries from collisions;
 - Use of clean diesel practices during construction to minimize adverse health effects from exposure to air pollution



HIA: Major Steps

5. **REPORTING** - present the results to decision-makers, and
6. **EVALUATION** - determine the effect of the HIA on the decision.



Examples of HIAs nationwide

- **Transportation Project** – examining health effects of light rail on low-income and immigrant communities.
Minneapolis/St. Paul
- **Agricultural Development** – maximizing job creation and improvements in local diet through county plan for agricultural land use.
Hawaii
- **Fiscal Policy** – weighing the relative health impacts of several options to trim the state budget. *New Hampshire*



Examples of HIAs in Oregon

- **Columbia River Crossing HIA**
 - Multnomah County Health Department
- **Sellwood Bridge HIA**
 - Multnomah County Health Department
- **Lake Oswego to Portland Transit Project**
 - Oregon Public Health Institute
- **Policies Reducing Vehicle Miles Traveled in Oregon Metropolitan Areas**
 - Upstream Public Health



HIA: resources needed

- Scale: desktop to comprehensive HIA
- Time commitment: 2 weeks to 1 year
- Financial commitment: \$10K to \$200K



HIA challenges

- Who undertakes this? (public health department? urban planning? advocacy?)
- Lack of local data and small-area models
- Collaboration between sectors
- Difference in language/jargon in planning and public health
- Decision making timelines requiring quick turn around
- Funding



HIA and EIA compared

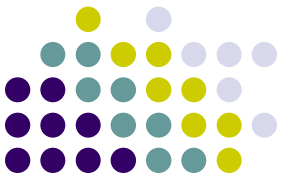
- Environmental Impact Assessment (EIA)– required by National Environmental Policy Act (NEPA) for projects requiring federal funding or action with potential for significant environmental impact.
- NEPA’s purpose is to:
 - promote efforts which will prevent or eliminate damage to the environment and biosphere and **stimulate the health and welfare of man**. NEPA § 102 [42 USC §4321]
 - . . . assure for all Americans **safe, healthful, productive,** and aesthetically and culturally pleasing surroundings. [42 USC §4331]
 - . . . attain the widest range of beneficial uses of the environment **without degradation, risk to health or safety, or other undesirable and unintended consequences**. [42 USC §4331]



HIA and EIA

- EIA – typically focus on environmental effects rather than human health effects.
- HIA – could be a complement to EIA/EIS or a stand alone process/report.
- EIA is required for some projects; HIA is voluntary
- Both focus on equity
 - EIA – federal mandate to consider “environmental justice” communities
 - HIA – EJ and other populations e.g. elderly, persons with disability, children etc.

Health & Equity In Routine Planning Activities



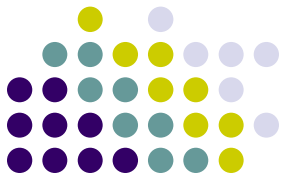
- Alternative to project/policy specific HIAs
- Incorporate goals, objectives, performance measures to improve health and equity through planning process at all levels (corridor, city, county, region etc.)
- Affects all projects and policies developed pursuant to these plans

Health & Equity In Routine Planning Activities



Examples:

- Portland Plan
 - “Healthy Connected Neighborhoods” and “Portland Equity Initiative”
- Metro Regional Transportation Plan
 - Goals and objectives
- Gresham Transportation System Plan Update



Questions/Discussion