

Course Syllabus for

Health Impact Assessment

A master's level, inter-departmental course in Public Health*
(10-weeks, three (3) quarter-units)

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I. Course Goal and Objectives

The overall goal of this course is to develop skills in reviewing and conducting health impact assessment (HIA) within the context of fostering an integrated understanding of how public policies and decisions influence the determinants of population health.

Learning Objectives: Through reading assignments, lectures and discussions, case-study critiques, and class projects, students will gain knowledge and competencies needed for:

- 1) Analyzing how a proposed policy may influence environmental determinants of health and the health status of individuals affected populations;
- 2) Effectively and constructively reviewing HIAs;
- 3) Describing the ethical and practical reasons for stakeholder participation in HIA;
- 4) Assessing the technical feasibility and political utility of an HIA for a given policy proposal;
- 5) Finding, reviewing and synthesizing evidence related to the causal pathways analyzed in an HIA;
- 6) Developing clear, concise visual representations of the causal linkages analyzed in an HIA;
- 7) Identifying and using available data to characterize the prevalence and distribution of health risk factors and health conditions in an affected population;
- 8) Building simple quantitative models to integrate available data and scientific evidence to estimate the direction and magnitude of potential health effects;
- 9) Describing how policy proposals may affect health disparities and formulating strategies for minimizing these disparities;
- 10) Communicating the results of HIA analyses to decision-makers and community stakeholders in written reports and face-to-face presentations;

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II. Course Content and Method

Drawing from across the range of public health theory and practice, this course explores health impact assessment (HIA) as a means of bringing research knowledge into the policy-making arena to support more informed decision-making on issues affecting the social and physical determinants of population health. Starting with an overview of the history and rationale for HIA and then exploring specific methods used in HIA, students are provided with the knowledge and skills to find, evaluate, synthesize and communicate a scientific evidence to prospectively assess potential health risks stemming from proposed policy actions in a wide range of sectors, including community and land-use planning, transportation, education, agriculture and others.

Course readings include book chapters, journal articles, and on-line resources related to health impact assessment practice and theory. Included in each week's readings is at least one case study HIA for review and discussion. These case studies are selected to represent the breadth of HIA practice and to illustrate issues pertinent to that week's theme. While students are encouraged to read the HIAs in their entirety, discussion questions are provided to help students focus on those parts of the HIA most relevant to class discussion.

This course will require a high level of participatory learning and interaction between the students and the instructor. The class format will integrate lectures and small group discussions on assigned topics. Students will be expected to participate as discussants/critics in each session. Several small, practice-focused assignments will provide opportunities to apply concepts and skills acquired in class to tasks commonly undertaken in HIA. A substantial portion of students' out-of-class effort in this class will be the preparation of a chapter of an HIA on a current policy or project proposal. Reflecting actual HIA practice, students will work together in small teams to review research literature, synthesize available data to analyze a particular pathway or impact of concern (e.g. air pollution, social capital, physical activity, etc.). In addition to their written reports, teams will prepare and present short presentations on their findings. Teams will select the topics for their chapter from a list provided by the instructor. In addition to these practice-focused assignments, there will also be a short mid-term to assess student understanding of core HIA concepts.

III. Course Requirements and Grading

PREQUISITES

Required:

- Introduction to community health practice
- Introduction to epidemiology

Recommended:

Either prior or concurrent enrollment in:

- Determinants of Health
- Built Environment and Health

ASSIGNMENTS

- 1. In-class presentation of a case-study HIA (10 pts)** *Weeks 2-9*
Students will be randomly assigned to small groups prepare and present a 30-minute in-class presentation on one of the case-study HIAs (listed under "Topics and Reading Assignments" below). Presentations should include a brief summary of the HIA but the primary focus of the presentation should be a critical assessment of the HIA in relation to that week's theme and the discussion questions. Some research beyond just reading the HIA may be required to get sufficient background information on the HIA, the proposed policy or project, participating organizations, and the political context of the decision.
- 2. Write-up of pathway or method for HIA-CLIC (20 pts)** *Due Week 6*
Each student will review and revise two of the "Pathway" or "Methods" pages in the HIA Clearinghouse, Learning and Information Center (HIA-CLIC) or draft an original summary page

for one of these two sections that is not already in HIA-CLIC. Original summaries must follow the format shown in HIA-CLIC. With the student author's permission, original summaries may be selected for posting on the HIA-CLIC website with authorship duly noted.

Examples of "Pathway" pages: Community Economics and Health, Housing, Zoning, Noise

Examples of "Methods" pages: Quantitative modeling, Logic Frameworks, Using Census Data, Equity Analysis,

3. Logic framework (10 pts)

Due Week 4

Students will develop an original HIA "logic framework" for a proposed policy or project selected from the list handed out by the instructor during the first week of class. The framework will be accompanied by a brief (no more than 500-word) description of the major pathways and linkages shown in the framework, including an assessment of health significance and feasibility for analysis in the HIA. Frameworks will be graded on their balance of completeness, clarity and succinctness.

4. In-class mid-term (15 pts)

Week 5

Students will complete a 30-minute, short answer format test, including questions to assess understanding of HIA definitions and concepts. At least one question will be framed as a problem-solving application.

5. HIA chapter (40 pts)

Due Week 9

Groups of 3 to 4 students will assess and write up one area of impact for a proposed policy or project. During the first week of class the instructor will provide students with a list of policies or projects that are to be the focus of these assessments. Multiple groups working on the same policy or project are encouraged to collaborate, but each group will choose a unique impact area (e.g. physical activity, housing, air quality, etc.).

Assessments are expected to be clearly written for a lay audience, based on sound analysis and make use of available evidence. Groups are encouraged to use publicly available data, but in special circumstances when there are gaps in available data, quick, rudimentary data collection may be warranted. Such extra effort will be graded accordingly. Existing data should not just be listed, but synthesized cogently and creatively.

Reports should be written up as if they were a single chapter of a larger HIA. They should include:

- a. Conceptual basis for the link between this impact area and the proposed policy or project;
- b. A brief literature review summarizing general knowledge about the determinants and health outcomes relevant to the selected impact area;
- c. Description of baseline conditions in the affected population(s);
- d. Quantitative estimation or qualitative description of potential changes in the affected population;
- e. Discussion of uncertainties, data gaps;
- f. Analysis of distribution of impacts, equity concerns;
- g. Strategies for mitigating negative impacts, maximizing benefits;
- h. Other recommendations.

6. Presentation of HIA chapter findings (5 pts)

Week 10

Groups will prepare and present a short (10-minute), concise presentation on their findings. Groups may choose whether the presentation will be aimed at decision-makers (e.g. city council members, legislators, etc.) or community stakeholders. The focus and format of the presentation should be appropriate for the target audience.

IV. Course Readings

Required Texts

- Course Reader
- On-line documents

Recommended Books

- Health Impact Assessment: Concepts, Theory, Techniques and Applications. John Kemm, Jayne Parry, Stephen Palmer, eds. Oxford University Press, 2004.
- Patton, Carl V; Sawicki, David S. Basic Methods of Policy Analysis and Planning. Prentice-Hall, 1993.

Websites for more information

- HIA Clearinghouse Learning and Information Center (<http://www.HIAGuide.org>)
- HIA Gateway, U.K. (<http://www.apho.org.uk/default.aspx?RID=40141>)
- HIA Connect, Australia (<http://www.hiaconnect.edu.au>)
- WHO HIA (<http://www.who.int/hia/en>)
- Pew Health Impact Assessment Project (<http://www.HealthImpact.org>)
- UCLA HIA Project (<http://www.ph.ucla.edu/hs/health-impact>)
- Bay Area HIA Collaborative (<http://www.hiacollaborative.org>)
- World Bank: Poverty and Social Impact Analysis
(<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTPOVERTY/EXTPSIA/0,,menuPK:490139~pagePK:149018~piPK:149093~theSitePK:490130,00.html>)

TOPICS AND CLASS SCHEDULE

<u>Session</u>	<u>Topics</u>	<u>Assignments</u>
Session 1:	HIA aims and scope of practice <ul style="list-style-type: none">• Purpose of HIA• Definition of HIA• HIA Frameworks and examples	
Session 2:	History of HIA and its analogs <ul style="list-style-type: none">• Environmental impact assessment• “Health for All” and “Healthy Cities”• Legislative policy analysis	
Session 3:	Challenges to conducting HIAs <ul style="list-style-type: none">• Technical feasibility• Political acceptance and uptake• Unintentional consequences• Internet resources for HIA	
Session 4:	Stakeholder participation <ul style="list-style-type: none">• Types of stakeholders• Ethical and utilitarian rationale for participation• Limits and drawbacks to participation	<i>Logic Framework</i>
Session 5:	Screening and scoping <ul style="list-style-type: none">• When is HIA warranted and feasible?• The uncertainty dilemma and evidence• Logic frameworks• Iterative scoping	<i>Mid-term</i>
Session 6:	The science and art of impact assessment <ul style="list-style-type: none">• Estimating the proximal effects of a policy• Characterizing the affected population• Qualitative description• Quantitative description and prediction• Data sources	<i>HIA-CLIC summary</i>
Session 7:	Communicating findings and follow-up <ul style="list-style-type: none">• Presenting results for impact• Evaluation of HIA	
Session 8:	HIA integrated into environmental impact assessment <ul style="list-style-type: none">• NEPA and CEQA requirements for EIA• Intersection of EIA and HIA• Lessons learned from EIA practice	
Session 9:	Building HIA capacity and supporting use of HIA <ul style="list-style-type: none">• Reducing barriers to HIA• Legislative mandates to require HIA• Other approaches to encourage use of HIA	<i>HIA Chapter</i>
Session 10:	Student presentations	<i>Chapter presentations</i>

TOPICS AND READING ASSIGNMENTS

Session 1: HIA aims and scope of practice

Cole BL, Fielding JE. 2007. Health impact assessment: a tool to help policy makers understand health beyond health care. *Annual Rev Public Health* 28:393-412.

Dannenberg AL, Bhatia R, Cole BL, Heaton SK, Feldman JD, Rutt CD. 2008. Use of health impact assessment in the U.S.: 27 case studies, 1999-2007. *Am J Prev Med.* 34(3):241-56.

Lafond LJ. Health Impact Assessment: An awareness raising tool for health and sustainable development. <http://www.thepep.org/en/workplan/urban/documents/HIAAsatoolforawareness2.pdf> (accessed 15 January 2009).

World Health Organ. 1999. Health Impact Assessment: Main Concepts and Suggested Approach. Gothenberg Consensus Paper. Copenhagen, Denmark: WHO Reg. Off. Eur. <http://www.who.dk/hs/ECHP/index.htm>.

Case Study:

Child Health Impact Assess. Work. Group. 2005. Affordable housing and child health. A child health impact assessment of the Massachusetts Rental Voucher Program. Boston, MA. <http://www.mlpforchildren.org/files/Affordable%20Housing%20and%20Child%20Health%20FINAL2.pdf>

Los Angeles County Department of Public Health. "Menu Labeling as a Potential Strategy for Combating the Obesity Epidemic A Health Impact Assessment," May 2008. http://www.lapublichealth.org/docs/Menu_Labeling_Report_2008.pdf.

Case Study Discussion Questions:

1. What impacts and pathways were examined in the HIA? Were there other impacts or pathways that should have been considered?
 2. How many people and organizations were involved in producing the HIA?
 3. Were the methods and assumptions used in the analysis explicit and understandable?
 4. Did the results seem unbiased, complete and substantiated by the evidence presented?
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Session 2: History of HIA and its analogs

Acheson D (Chairman). Independent inquiry into inequalities in health. London: The Stationery Office, 1998. <http://www.doh.gov.uk/ih/ih.htm>

Ashton J. 1991. The Healthy Cities Project: a challenge for health education. *Health Edu. Q.* 18:39—48

Sindall C. 2001. Health promotion and chronic disease: Building on the Ottawa Charter, not betraying it. *Health Promotion International* 16(3):215-217

Banken R. 2004. HIA of policy in Canada. See Ref. 35a, pp. 165—75

Mindell J, Joffe M. 2003. Health impact assessment in relation to other forms of impact assessment. *J Public Health Medicine* 25, No. 2, pp. 107–113.

Case Study:

Broeder L, Penris M, Put G. 2003. Soft data, hard effects. Strategies for effective policy on health impact assessment--an example from the Netherlands. Bull. World Health Org. 81:404--7.
<http://www.who.int/bulletin/volumes816/endenbroeder.pdf>

Case Study Discussion Questions:

1. How did government policy support the HIA?
 2. What was the impetus for support for HIA?
 3. How were HIA results brought into the decision-making process?
 4. What might be reasons for opposing HIA?
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Session 3: Challenges to conducting HIAs

Brownson RC, Ewing R, McBride TD, Royer C. Researchers and policymakers travelers in parallel universes. 2006. American Journal of Preventive Medicine 30(2): 164-172.

Evans RG and Stoddart GL. Consuming research, producing policy? 2003. American Journal of Public Health 93(3): 371-379.

Fielding JE, Marks JS, Myers BW, Nolan PA, Rawson RD, Toomey KE. 2002. How do we translate science into public health policy and law. The Journal of Law, Medicine, & Ethics (30)3:22-32.

Garvin T. 2001. Analytical Paradigms: the epistemological distances between scientists, policy makers, and the public. Risk Analysis 21(3): 443-455.

Hurley JE, Lavis JN, Ross SE,. 2002. Examining the role of health services research in public policymaking. 2002. The Milbank Quarterly 80(1): 125-154.

Kemm JR. 2000. Can health impact assessment fulfill the expectations it raises? Public Health 114(6):431--33

Knickman JR, McGinnis JM, Williams-Russo P. 2002. The case for more active policy attention to health promotion. Health Affairs 21(2): 78-93.

Lock K, McKee M. 2005. Health impact assessment: assessing opportunities and barriers to intersectoral health improvement in an expanded European Union. J. Epidemiol. Comm. Health 59(5):356—60.

Parry, J., and A. Stevens. 2001. Prospective Health Impact Assessment: Pitfalls, Problems, and Possible Ways Forward. British Medical Journal 323: 1177–1182.

Case Study:

Cole BL, Hoffman S, Shimkhada R, Rutt C, Fielding JE, Kaufman N. 2007. Health Impact Assessment of Modifications to the Trenton Farmers' Market (Trenton, New Jersey). Prepared in cooperation with the Project for Public Spaces (New York) and submitted to the Mercer County (NJ) Planning Department and the Robert Wood Johnson Foundation. Available at <http://www.ph.ucla.edu/health-impact/reports.htm>.

Case Study Discussion Questions:

1. Were there other impacts or pathways the HIA should have explored?
2. What were the technical hurdles to conducting the HIA?
3. What were the political hurdles to uptake of the HIA results?
4. Would a different HIA process or different findings resulted in a different outcome?
5. What are your suggestions for how the HIA could have been conducted differently?

Session 4: Participation and Equity

Wright J, Parry J, Mathers J. 2005. Participation in health impact assessment: objectives, methods and core values. *Bull World Health Organ.* 2005 Jan;83(1):58-63.

El Ansari, W. & Philips CJ. (2004). The costs and benefits to participants in community partnerships: A paradox? *Health Promotion Practice* 5(1): 35-48.

Arnstein S. (1969). "A Ladder of Citizen Participation," *JAIP*, 35(4), pp. 216-224. Electronic version available at: <http://lithgow-schmidt.dk/sherry-arnstein/ladder-of-citizen-participation.html>

World Health Organization. (2009). Options for WHO to support Equity in Health Impact Assessment. <http://www.hia09.nl/inc/getdocument.cfm?filename=congres/specialworkshopWHORituSanadaBackgroudpaper.pdf>

Case Study:

Bhatia R. 2007. Protecting health using an environmental impact assessment: a case study of San Francisco land use decisionmaking. *Am J Public Health* 97:406 –13.

Human Impact Partners, San Francisco Dept .of Public Health. 2008. A Health Impact Assessment of the California Healthy Families, Healthy Workplaces Act of 2008. Electronic version available at http://www.humanimpact.org/PSD/PaidSickDaysHIA_report.pdf

Case Study Discussion Questions:

1. What strategies were used to facilitate participation in preparing the HIA? What about participation in the decision-making process?
2. Which of Arnstein's levels of participation would best characterize participation in this HIA?
3. Were any stakeholders excluded from participating in the HIA? Why?
4. Would higher levels of participation have "improved" the soundness or impact of the HIA? Would more participation changed decisions on the proposed policy or project?
5. What, if any, are the tensions between facilitating broad, high quality participation and supporting more equitable outcomes in the final decision?

Session 5: Screening and scoping

Harris, P., Harris-Roxas, B., Harris, E., & Kemp, L. 2007. The steps in HIA. Pp. 8-23 in *Health Impact Assessment: A Practical Guide*, Sydney: Centre for Health Equity Training, Research and Evaluation (CHETRE).

Epidemiological Evidence for Environmental Health Risk Assessment: Guideline Document. WHO Regional Office for Europe, 2000. <http://www.euro.who.int/document/e68940.pdf>

Joffe M, Mindell J. 2002. A framework for the evidence base to support Health Impact Assessment. *J. Epidemiol. Community Health* 56:132—38

Zimmerman R. 2005. Mass transit infrastructure and urban health. *Journal of Urban Health: Bulletin of the New York Academy of Medicine* 82(1):21-31.

van Reeuwijk-Werkhorst J, van Herten L. 2007. HIA and intersectoral policy in urban planning: a checklist for health impact screening in Leiden, the Netherlands. Case study 4 in *The Effectiveness of Health Impact Assessment Scope and limitations of supporting decision-making in Europe* (Wismar et al., eds). Electronic version available at: http://www.euro.who.int/observatory/Publications/2007/20071016_1

Case Studies:

Cole, BL, Agyekum G, Hoffman SF, Shimkhada R, Fielding JE, Kominski G, Yancey A. 2008. Mass transit health impact assessment. Prepared for the California Endowment Healthy Eating Active Communities Initiative. Available at <http://www.ph.ucla.edu/health-impact/reports.htm>.

Georgia Institute of Technology. Atlanta Beltline HIA. Center for Quality Growth and Regional Development. Website: <http://www.cqgrd.gatech.edu/HIA/>.

Case Study Discussion Questions:

1. Why was the HIA conducted?
 2. What pathways and impacts were analyzed? Were there others that should have been included?
 3. What methods were used for the analysis? Did these seem appropriate?
 4. Who was involved in screening and scoping for the HIA? Would involvement of different individuals and organizations resulted in a different focus for the HIA?
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Session 6: The science and art of impact assessment

Cole BL, Shimkhada R, Fielding JE, Kominski G, Morgenstern H. 2005. Methodologies for realizing the potential of health impact assessment. *American Journal of Preventive Medicine* 28(4):382-389.

Mindell J, Joffe M. 2004. Predicted health impacts of urban air quality management. *J Epid Comm Health* 58:103–113.

Tools for Institutional, Political, and Social Analysis of Policy Reform A Sourcebook for Development Practitioners. 2005. World Bank
http://siteresources.worldbank.org/EXTTOPPSISOU/Resources/1424002-1185304794278/TIPs_Sourcebook_English.pdf

JOHN MICHAEL OAKES, DOUGLAS L. ANDERTON, AND ANDY B. ANDERSON. 1996.
A Longitudinal Analysis of Environmental Equity in Communities with Hazardous Waste Facilities *SOCIAL SCIENCE RESEARCH* 25, 125–148.

Case Studies:

Upstream Public Health. 2009. HEALTH IMPACT ASSESSMENT ON POLICIES REDUCING VEHICLE MILES TRAVELED IN OREGON METROPOLITAN AREAS. Electronic version available at: http://www.upstreampublichealth.org/sites/default/files/HIA_Report_VMT.pdf

Alcohol Advisory Council of New Zealand. KAUNIHERA WHAKATUPATO WAIPIROO AOTEAROA. 2002. Assessment of the health impacts of lowering the minimum legal age for purchasing alcohol in New Zealand. Electronic version available at <http://www.alac.org.nz/DBTextworks/PDF/OccPaper16HealthImpacts.pdf>

El Salvador: CAFTA's Welfare Impact on the Salvadoran Population. 2004. World Bank.
<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTPOVERTY/EXTPSIA/0,,contentMDK:22186781~menuPK:6145741~pagePK:148956~piPK:216618~theSitePK:490130,00.html>

Case Study Discussion Questions:

1. Were the methods and assumptions explicit and clearly described?
 2. Did the analysis seem appropriate for the goals of the HIA?
 3. Were the findings sound, unbiased and based on available evidence?
 4. Were there other impacts or pathways that should have been examined?
 5. Were the results overly qualitative or quantitative?
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Session 7: Communicating findings and follow-up

Gulis G. 2007. Contributing to a public health culture: health and economic impacts of a health promotion campaign in Denmark. Case study 14 in *The Effectiveness of Health Impact Assessment Scope and limitations of supporting decision-making in Europe* (Wismar M et al., eds.) Published by European Observatory on Health Systems and Policies. Electronic version available at: http://www.euro.who.int/observatory/Publications/2007/20071016_1

Case Study:

UC Berkeley Health Impact Assessment Group. 2006. Oak to Ninth Avenue Health Impact Assessment. Electronic version available at: <http://ehs.sph.berkeley.edu/hia/OaktoNinthHIA.pdf>

Case Study Discussion Questions:

1. What were the key results and recommendations?
 2. How were the results of the HIA and recommendations communicated to decision-makers?
 3. Were the results and recommendations presented in a way that maximized their usefulness and/or impact?
 4. How could the HIA have been conducted differently or results communicated to more effectively impact the decisions on this specific policy or project?
 5. How could the HIA have been conducted differently or results communicated to improve inter-sectoral cooperation on improving population health in the long-term?
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Session 8: HIA integrated into environmental impact assessment

Bhatia R, Wernham A. 2008. Integrating Human Health into Environmental Impact Assessment: An Unrealized Opportunity for Environmental Health and Justice. *Environmental Health Perspectives* 116(8):991-1000.

Cole BL, Wilhelm M, Long PV, Fielding JE, Kominski G, Morgenstern H. 2004. Prospects for health impact assessment in the United States: new and improved environmental impact assessment or something different? *J. Health Polit. Policy Law* 29(6):1153—86

Council of Environmental Quality. 1997. *National Environmental Policy Act: A Study of Its Effectiveness after Twenty-Five Years*. Washington, DC: Counc. Environ. Quality Exec. Off. Pres.

Steinemann, A. 2000. Rethinking Human Health Impact Assessment. *Environmental Impact Assessment Review* 20: 627– 645.

Wright J, Parry J, Scully E. 2005. Institutionalizing policy-level health impact assessment in Europe: Is coupling health impact assessment with strategic environmental assessment the next step forward? *Bull World Health Organ.* 83(6):472—77.

Case Studies:

Nam Theun Power Company. 2005. Nam Theun 2 Project. Social Development Plan, Volume 1 - Chapter 5: Health Impact Assessment and Public Health Action Plan. http://www.namtheun2.com/index.php?option=com_content&view=article&id=86&Itemid=94

Wernham A. 2007. Inupiat health and proposed Alaskan oil development: results of the first integrated Health Impact Assessment/Environmental Impact Statement for proposed oil development on Alaska's North Slope. *Eco-Health* 4:500 –13. Available online at: <http://www.springerlink.com/content/h23528781uq67732/fulltext.pdf>.

Case Study Discussion Questions:

1. What was the size of the potentially affected populations and how significant were the potential health impacts?
 2. To what degree is discussion of human health impacts highlighted in the EIA?
 3. Are there potentially significant health impacts that should have been analyzed? Does it appear that constraints on the EIA process prevented a fuller consideration of human health impacts?
 4. Did decisions appear to be influenced by health impacts discussed in the HIA?
 5. Did it seem that the recommendations of the HIA had the potential to influence major decisions (e.g. build/don't build, fundamental design of the project) or did they focus on relatively minor issues?
 6. Would a free-standing HIA (i.e. an HIA not integrated into the EIA process) have been more complete or effective?
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Session 9: Building HIA capacity and supporting use of HIA

Frank L, Kavage S, Litman T. 2006. Promoting public health through Smart Growth: Building healthier communities through transportation and land use policies and practices. Prepared for SmartGrowthBC. Available at: http://www.act-trans.ubc.ca/documents/SGBC_Report_2006.pdf

Wismar M, Blau J. 2007. Implementing and institutionalizing HIA in Europe. Chapter 4 in The Effectiveness of Health Impact Assessment Scope and limitations of supporting decision-making in Europe (Wismar et al., eds). Electronic version available at: http://www.euro.who.int/observatory/Publications/2007/20071016_1

Brian L. Cole and Jonathan E. Fielding at the UCLA School of Public Health: "Building Health Impact Assessment (HIA) Capacity: A Strategy for Congress and Government Agencies: A Prevention Policy Paper Commissioned by Partnership for Prevention" December 2008. Available at: <http://www.prevent.org>.

Case Study:

City of Decatur Community Transportation Plan. 2007. Appendix F: Health Impact Assessment. Prepared by Center for Quality Growth and Regional Development, Georgia Institute of Technology. Available online at: http://www.decalurga.com/cgs_citysvcs_dev_transportationplan.aspx.

Swedish National Institute of Public Health. 2003. Public health aspects of the EU Common Agricultural Policy. http://www.fhi.se/PageFiles/4464/eu_inlaga.pdf.

Case Study Discussion Questions:

1. Was the HIA voluntary or mandated? If voluntary, what is the rationale for the HIA?
2. What institutional processes or mandates does the HIA tie into?
3. How were the findings of the HIA brought to bear on the decision-making process?
4. Are there politically feasible means to support broader application of HIA on this kind of policy or project?