

# Health Impact Assessment: Overview + Application to Policy

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# Presentation Outline

 Our Framework for Health

 Overview of HIA

 Measure JJJ HIA in Los Angeles

 Closing Thoughts

# Our Framework for Health

# Human Impact Partners

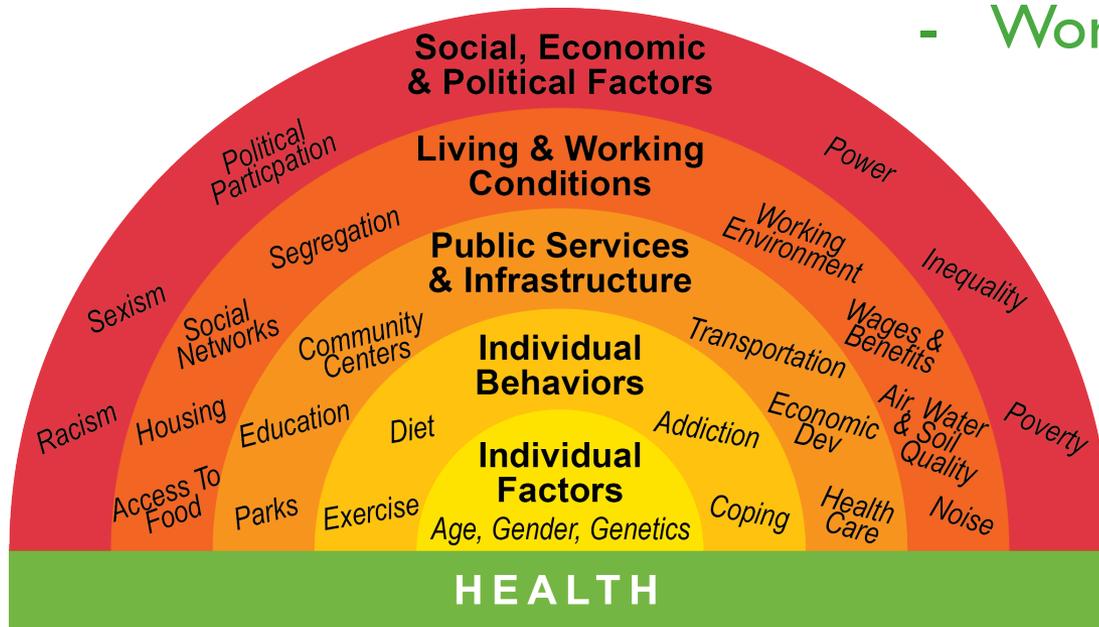
**HIP** is a national non-profit – based in Oakland, CA – working to transform the policies and places people need to live healthy lives by increasing the consideration of health and equity in decision making.

*Through research, advocacy, and capacity-building, we bring the power of public health to campaigns and movements for a just society.*

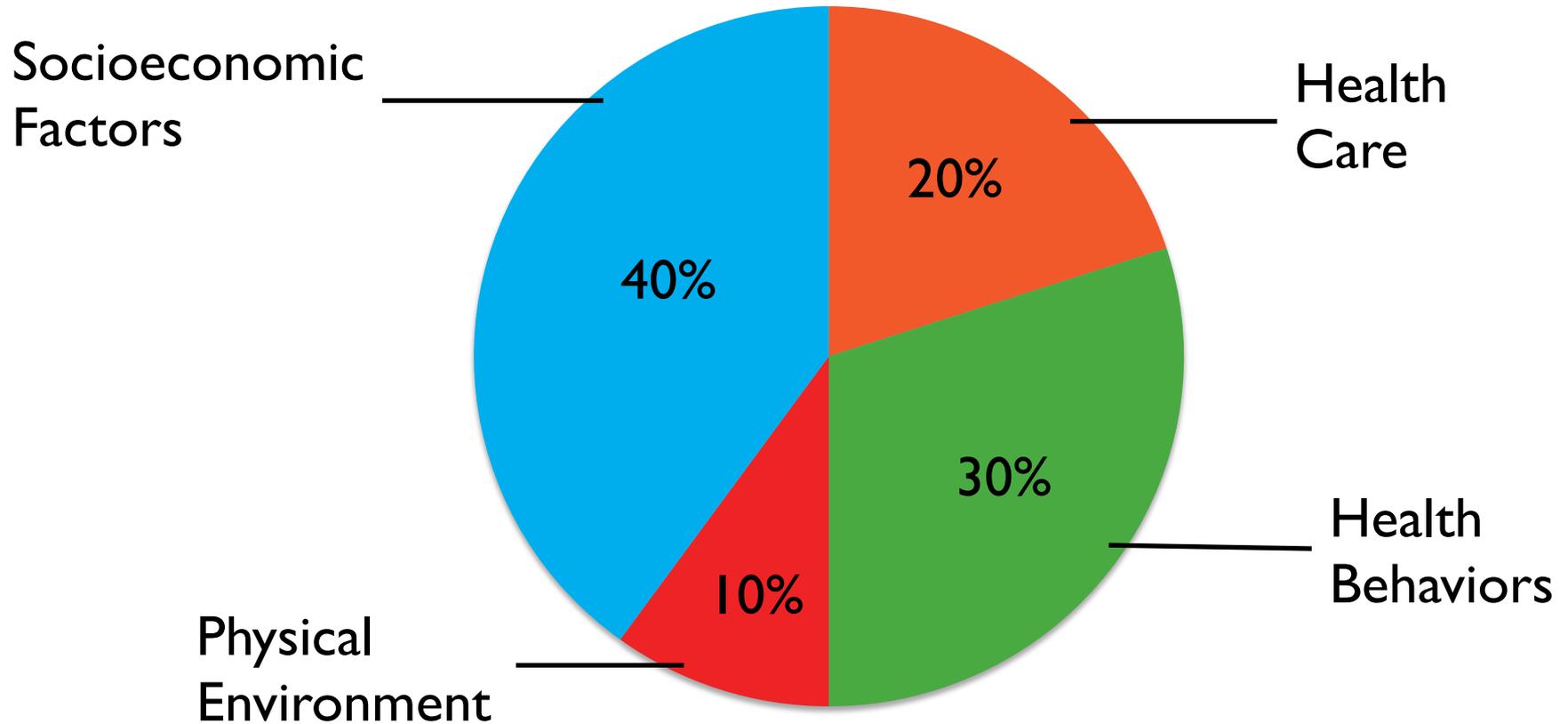
# Social Determinants Drive Health

Complex, integrated, and overlapping **social structures and economic systems** that are responsible for most health inequities. They reflect the **conditions** in which people are born, grow, live, work and age, and which are shaped by the distribution of money, power and resources at global, national and local levels.

- World Health Organization



# How Health Happens



Source: Booske, et. al. 2010. County Health Rankings Weighting Methodology

# What Reduced Child Death Rates?

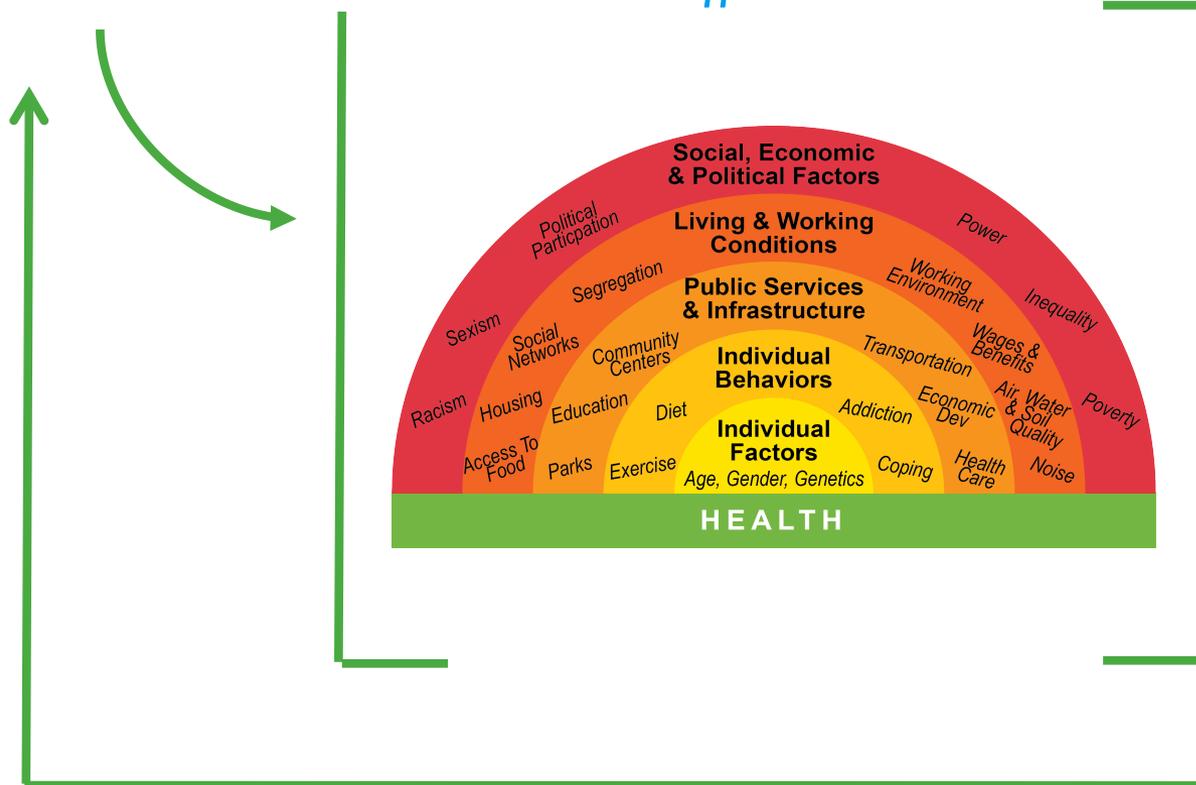


# Overview of Health Impact Assessment

# HIAs Addresses Determinants of Health

*How does the proposed project, plan, policy*

*affect*



*recommendations*

*lead to health outcomes*

# HIA Purpose

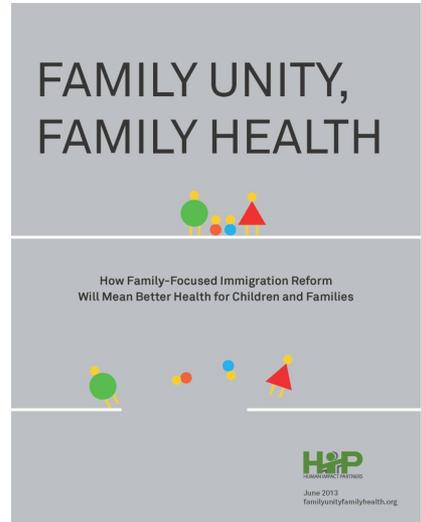
Through HIA report and communications

Make health effects of a proposal more explicit

Highlight health inequities

Provide recommendations

Raise awareness and shape the discourse among decision makers and the public



Through HIA process

Build relationships & collaborations

Empower communities

Advance equity and democracy

Recognize lived experience

Build consensus

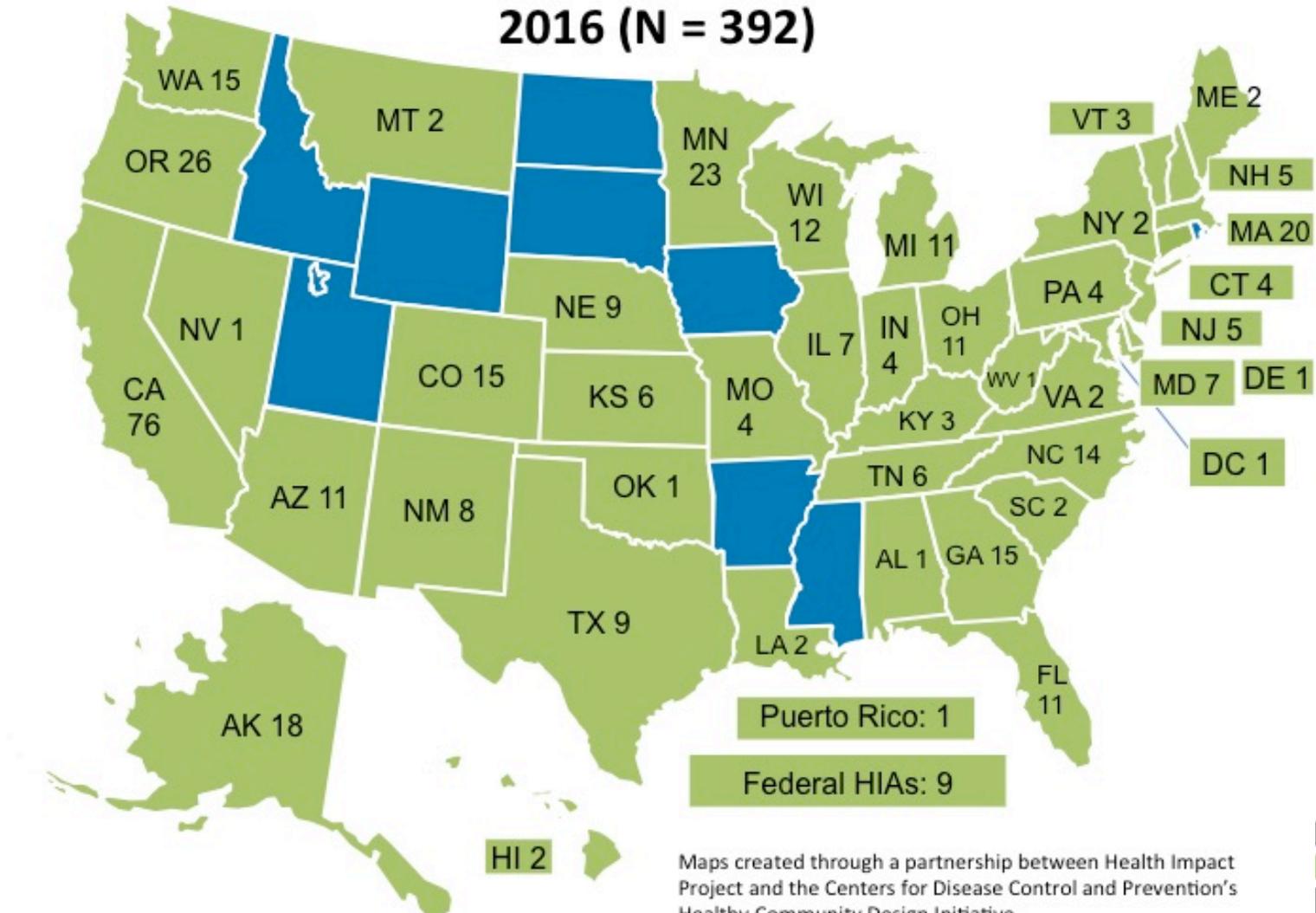


# Steps of HIA

HIA Step	Description
Screening	Determine the need and value of an HIA
Scoping	Identify health impacts to evaluate and methods for analysis
Assessment	Provide: 1) a profile of existing health conditions 2) evaluation of potential health impacts
Recommendations	Provide strategies to manage identified adverse health impacts and maximize benefits to health
Reporting	Include: 1) HIA report 2) communication of findings & recommendations
Evaluation & Monitoring	Track and evaluate: 1) process of conducting the HIA 2) impacts on decision-making 3) impacts of the decision on health outcomes

# HIAs in the US

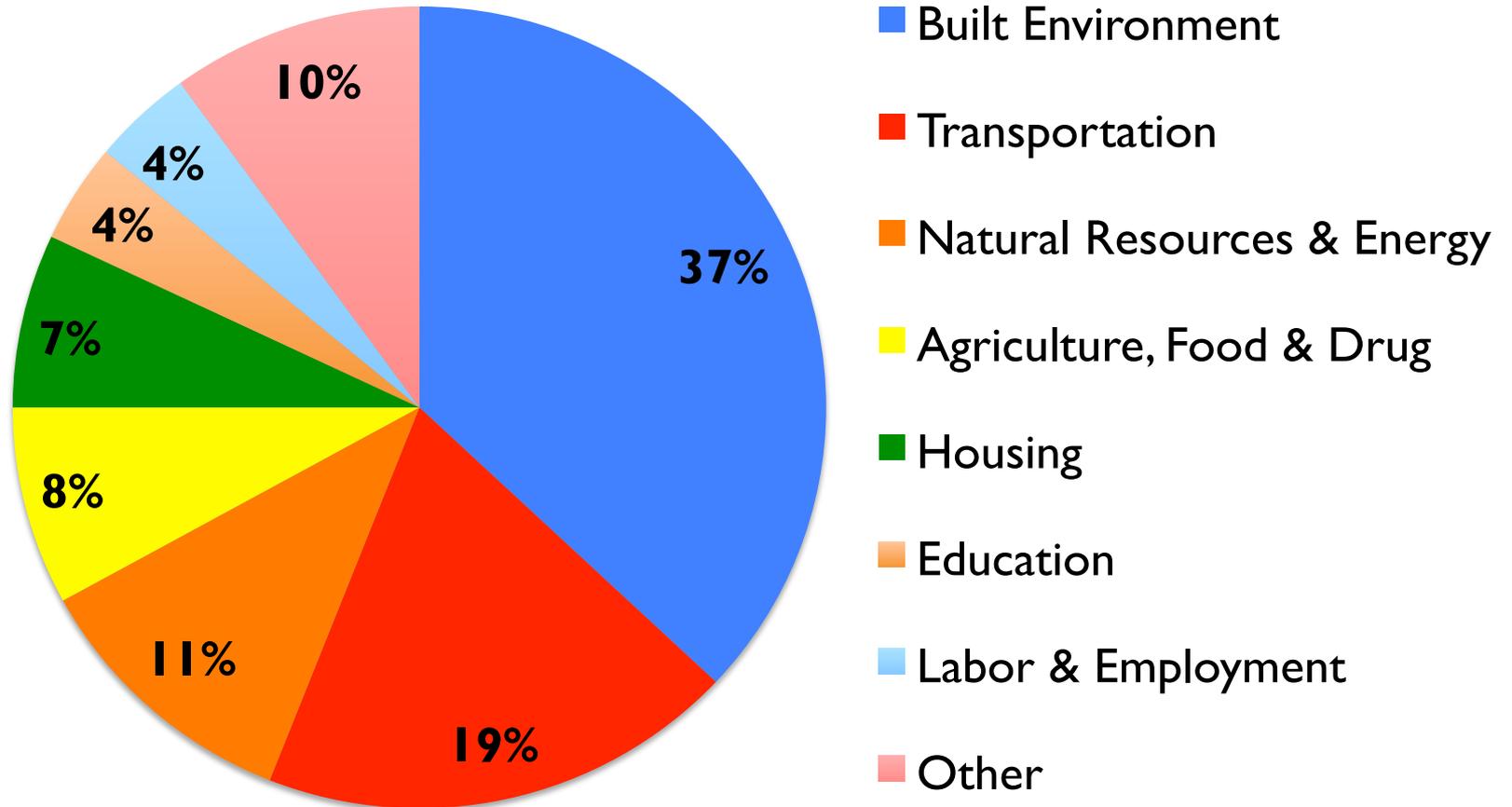
## Completed and In Progress HIAs 2016 (N = 392)



Maps created through a partnership between Health Impact Project and the Centers for Disease Control and Prevention's Healthy Community Design Initiative



# HIAs in the US

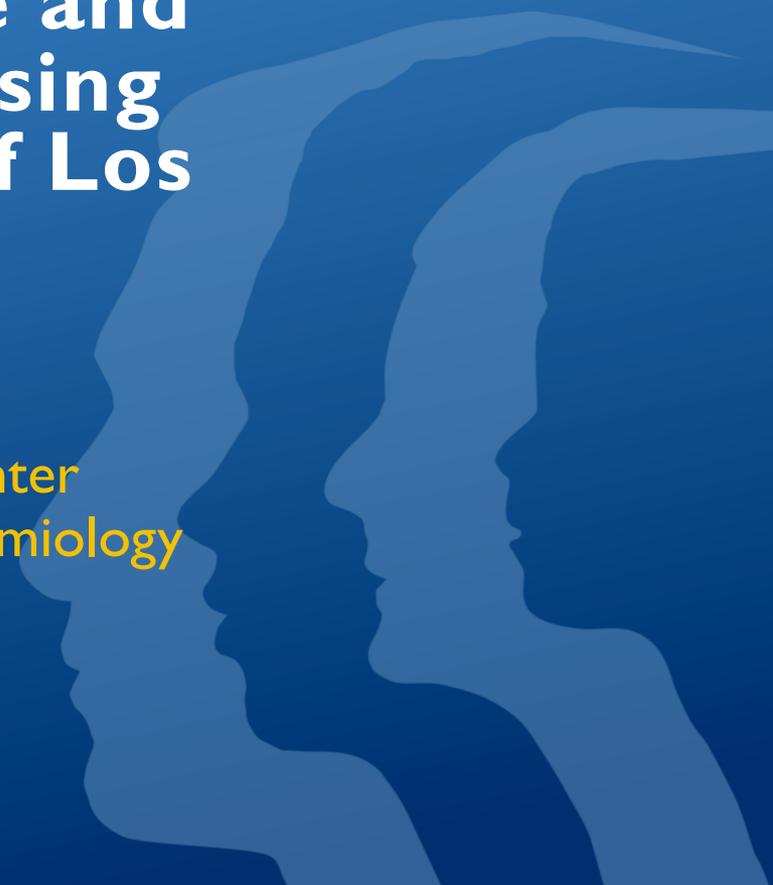


# Measure JJJ HIA in Los Angeles



# Measure JJJ: Assessing the Health Impacts of Affordable and Transit-Oriented Housing Policies for the City of Los Angeles

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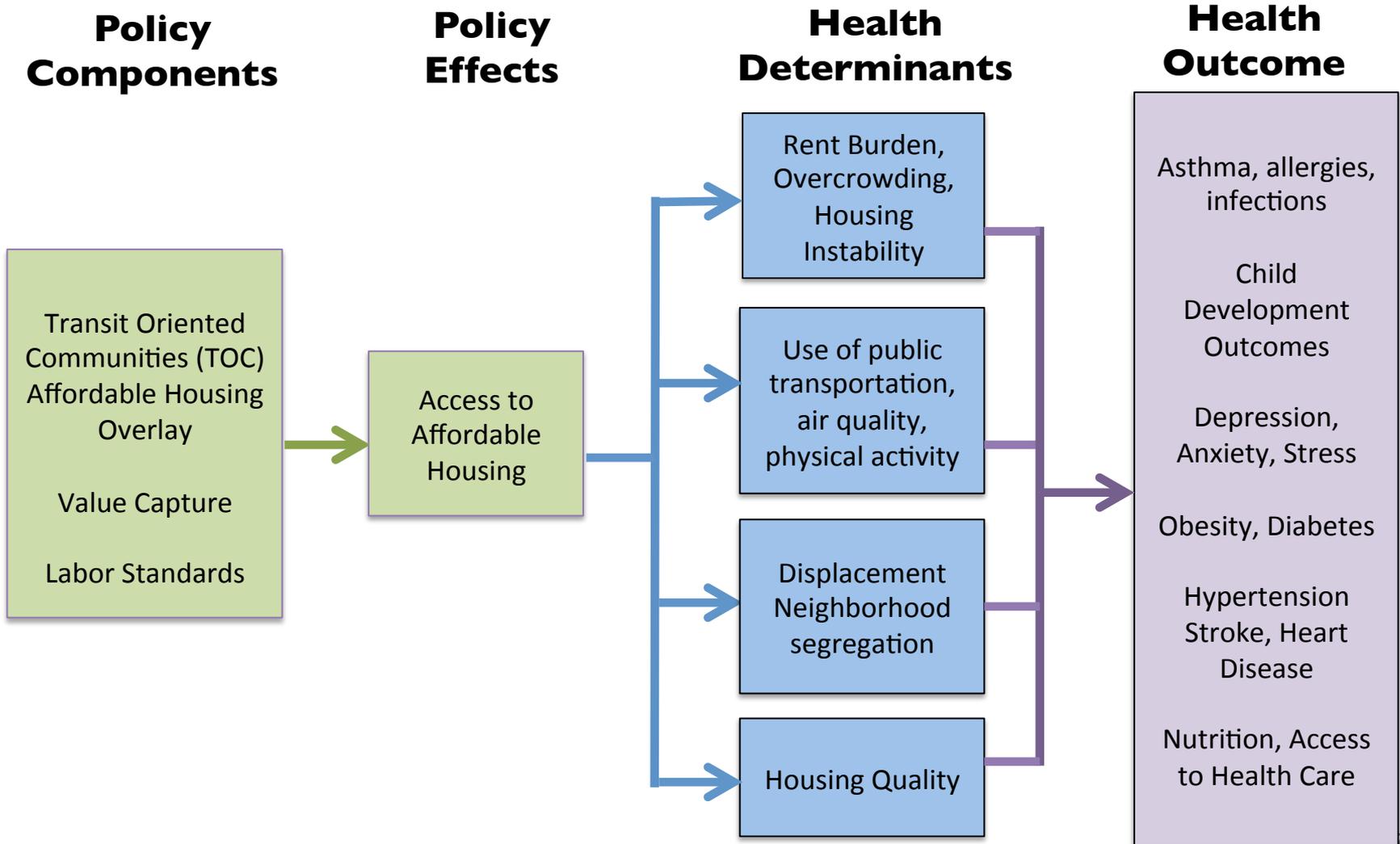
## Summary of Measure JJJ

- **Transit Oriented Communities Affordable Housing Overlay**
  - Allowed developers to build more densely near major transit stops in return for including minimum percentages of affordable units.
- **Value Capture**
  - Applied similar affordability requirements to all new residential developments >10 units that get City zoning entitlements allowing them to build more densely. Required “no-net-loss” of affordable units and offers in-lieu fee option.
- **Construction labor standards: Prevailing wage, 30% local hire, 10% transitional workers**





# Measure JJJ HIA: Pathways to Health



## Assessment Methods

- Literature Reviews
- Analysis of Secondary Data
- Focus Groups
- Key Informant Interviews



## Findings I: Measure JJJ Effects on Affordable Housing

Projected that TOC overlay would lead to:

- Up to 8,000 very low-income or 14,000 low income units over 10 years; equivalent to affordable housing for 24,000 very low-income or 43,000 low income people over 10 years

Projected that Value Capture would lead to:

1. Doubling in number and increase in size by 50% of future projects (based on current trends)
2. Greater absolute impact on affordable housing than TOC
3. Reduced rate of increase in market rate housing, but increase in proportion and absolute number of affordable units



## Findings 2: Measure JJJ Effects on Rent Burden, Overcrowding & Housing Instability

- Housing costs influence the portion of household income available for health promoting goods and services.
  - More likely to be food insecure, which can lead to poor nutrition and associated chronic health conditions. More likely to forgo health care and prescription meds.
- Up to 43,000 low-income renters could experience the health benefits of stable, affordable housing through the TOC Overlay over 10 years; tens of thousands more through Value Capture.
- Option for inclusion of extremely-low income units would deepen affordability; health benefits for lowest income households would be proportionally greater.



## Findings 3: Measure JJJ Effects on Public Transit Use, Air Quality & Physical Activity

- Households near public transit—especially low-income—more likely to use it and less likely to drive.
  - Reduces vehicle emissions linked to respiratory diseases and increases physical activity linked to chronic conditions.
  - Public transit users walk an *additional* 8-30 minutes per day
- Increasing the proportion of LA residents living near transit, could increase physical activity and reduce exposure to harmful emissions among people of all income levels.
- Extending TOD benefits to very-low income households could help avoid potential for gentrification-induced increase or plateau in VMT.

## Findings 4: Measure JJJ Effects on Displacement & Neighborhood Segregation

- Gentrification and displacement can have negative impacts on health by contributing to the concentration of lower-income residents in neighborhoods with less resources and opportunities.
  - No-net-loss provision would help mitigate the effects of displacement, although first right of refusal is not guaranteed.
  - Inclusionary housing would increase access to affordable housing and also promote health-enhancing neighborhood integration.
  - Includes off-site construction option, which would preserve neighborhood-level health benefits of affordable units while providing flexibility to developers.



## Summary of Findings

Passage of Measure JJJ would likely lead to:

- Increased production of affordable housing units (in the tens of thousands)
- Alleviation of rent burden and housing instability (for 40K+ low-income renters)
- Increased use of public transit, and improved physical activity and air quality
- Protections against displacement and access to neighborhood resources



## Overarching Recommendations

- Local and state governments should explore the variety of ways that land use and zoning laws can promote health through equitable development, including:
  - inclusionary housing, community land trusts, affordable housing trust funds, and long term affordability covenants
- Local and state housing policy-makers should consider a variety strategies for mitigating the potential negative health consequences that arise from the displacement of existing residents, including:
  - no-net-loss policies, tenant protection policies



## Recommendations—If Measure JJJ Passes...

- Incorporate pathways for civic participation into all aspects of the initiative's implementation
- Consider variation in residential density and ridership across major transit station areas when developing the *TOC Overlay* density bonus program.
- Explore best practices for efficient and effective monitoring and enforcement of no-net-loss provisions, designation of affordable units, and criteria for tenant selection.



## Measure JJJ – HIA Post-Script

- LACDPH could not take a position on Measure JJJ, but affordable housing advocates used findings in campaign.
- Measure JJJ passed with 64% of the vote.
- In drafting the newly required TOC incentive guidelines, City of LA followed the recommendation to vary incentives according to station area characteristics.
  - New DPH director submitted official comment to City of LA on the TOC incentive guidelines based on HIA findings.
- Currently working with City of LA on new HIA of general plan transportation element



# Closing Thoughts

# Things to Consider....We conduct HIAs sparingly!!

- Focusing on health can reveal benefits and harms that would otherwise be missed, and help address health inequities.
- But, consider your goal – why are you using this tool?
- There are range of other approaches. The principles of HIA – collaboration, consideration of health and equity, recommendations – can be integrated into business as usual.
- Health stakeholders are increasingly partnering in the design and development phase of projects and policies to consider health up front.
- Focus HIAs at policy level for broader impact.

# Thank you!

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# Extra Slides re: Measure JJJ

## Findings: Measure JJJ Effects on Affordable Housing

- Developers disagreed about potential negative effects on housing development due to increased construction costs
- Research shows that these kinds of inclusionary housing policies don't affect housing production or prices.

However:

- Most other policies don't include construction wage standards (this may increase costs)
- Most other policies are mandatory, while JJJ is voluntary (this may decrease costs)
- For our projections we assumed a modest dampening effect of JJJ on production of the types of housing affected by the measure





## Guiding Research Questions

- 1) How would Measure JJJ affect access to affordable housing in Los Angeles?
- 2) How would changes in access to affordable housing affect rent burden, housing stability and overcrowding among lower income residents and how would these changes affect health?
- 3) How would changes in affordable and/or market rate housing stock near transit affect public transit ridership, air quality, and physical activity, and how would these changes affect health?
- 4) How would changes in affordable and/or market rate housing stock impact displacement, and neighborhood segregation, and how would these changes affect health?
- 5) How would changes in affordable housing stock impact housing quality, and how would these changes affect health?



## Focus Groups

- Conducted five focus groups with 39 community residents
- Non-profit housing organizations involved on the Advisory Group conducted recruitment
- Recruited participants from across the City, including South LA, Boyle Heights, Hollywood, and Pacoima
- 90-minute focus group was led by a facilitator and assisted by a note taker; Two were conducted in English and two in Spanish
- Participants received a \$20 incentive, dinner, and child care

## Focus Groups

**First four groups** = Residents living in households with incomes below the very low-income threshold who were regular users of public transit

- Goal was to assess the housing and health-related experiences of residents likely to be affected by the initiative

**Fifth focus group** = Residents living in designated affordable housing units *within* predominantly market rate developments

- Goal was to understand first-hand accounts of the housing and health-related experiences of low-income residents of the kinds of mixed-income developments the initiative would promote



## Stakeholder Interviews

- Conducted 14 interviews with public sector staff, non-profit housing developers, and private sector housing developers
- Purpose was to gain the perspectives of these groups on the potential effects of the Initiative on housing production and on aspects of the Initiative that might hinder or promote housing production



## Secondary Data Analysis

- LA City Department of Planning
- LA City Department of Building and Safety
- US Census/American Community Survey
- LA County Health Survey
- LA City Housing and Community Investments Department
- UCB/UCLA Urban Displacement Project
- California Household Travel Survey
- National Household Travel Survey
- Transit-Oriented Development Database
- City of LA Health Atlas

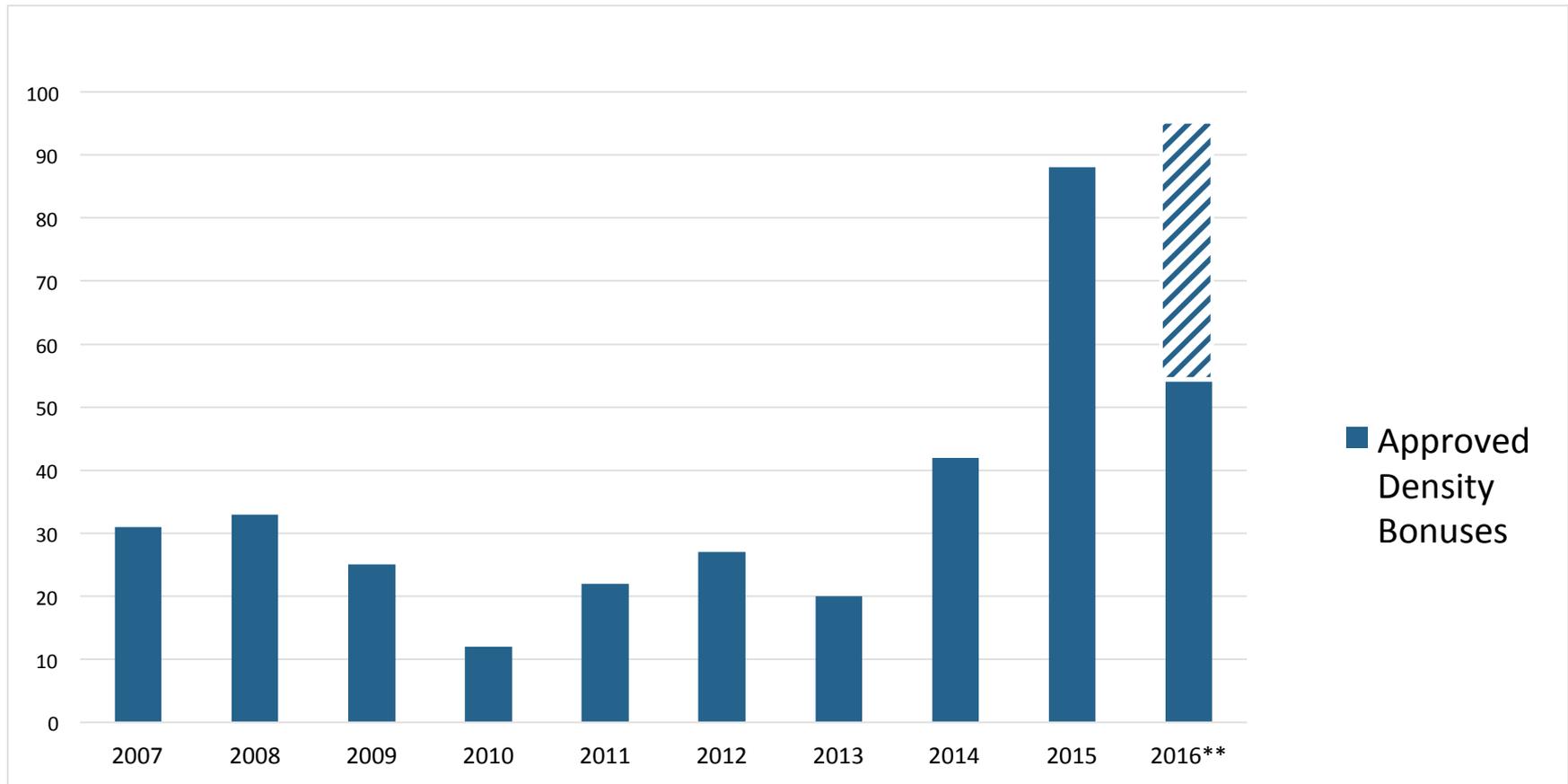


# State Density Bonus Program in Los Angeles, 2011-2015

Year	Total DB Projects	# Units	Average Units per Project	Average % Affordable units	% projects with VLI affordable units	# Affordable Units	>30% Density Bonus
2011	12	237	20	13.5%	92%	12	33%
2012	22	926	42	8.3%	91%	81	32%
2013	40	1239	31	9.8%	83%	129	38%
2014	69	2791	40	9.9%	77%	234	52%
2015	78	3528	45	8.6%	91%	278	50%
<b>Total</b>	<b>221</b>	<b>8,721</b>	<b>40</b>	<b>9.4%</b>	<b>85%</b>	<b>734</b>	<b>30%</b>

Source: City of Los Angeles Housing and Community Investment Department;  
Market rate projects only.

# Density Bonuses Approved by LADCP, 2007-16

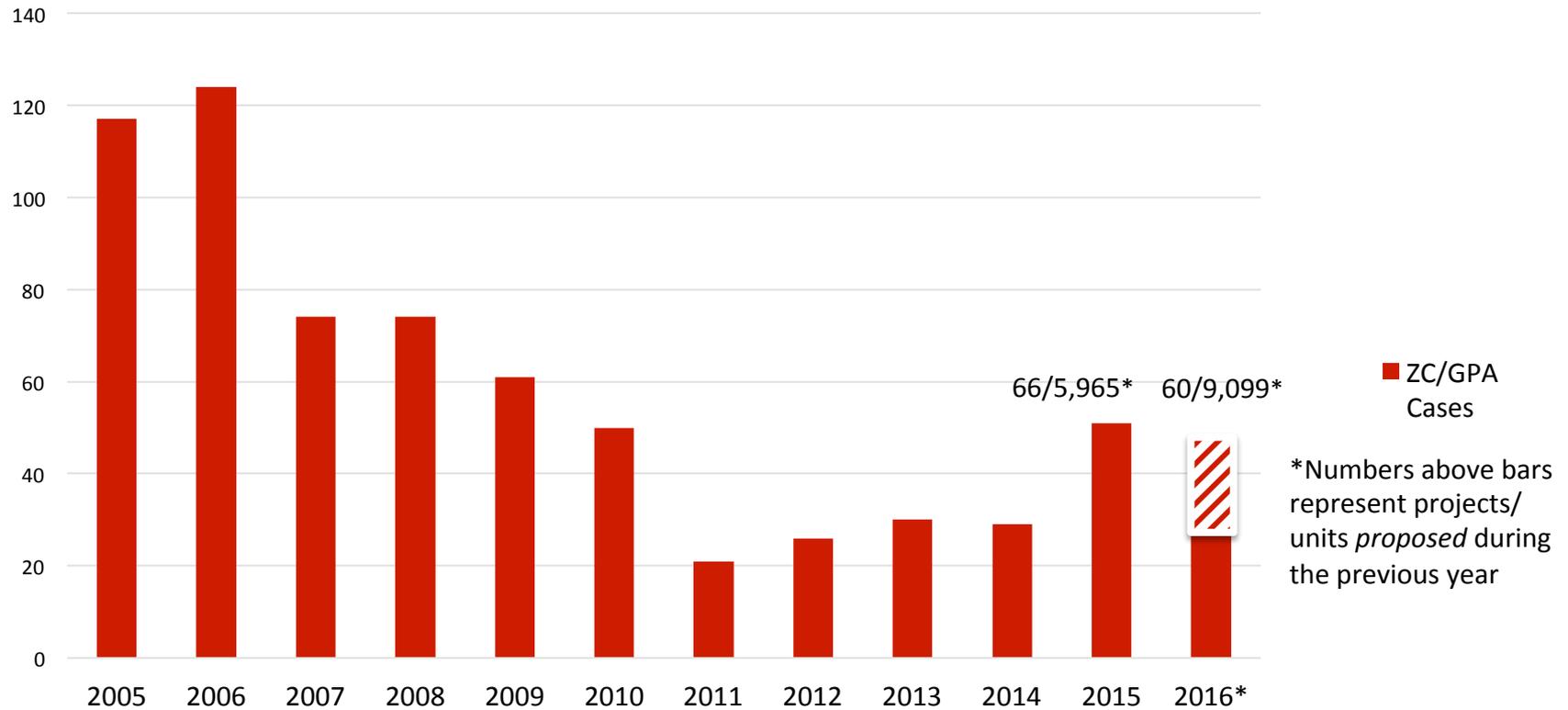


\*These data do not include “by right” DB cases that do not require a planning approval and they include some subsidized affordable housing projects not relevant to BBLA

\*\*2016 data is through August 12<sup>th</sup>. The hash-marked area applies Jan-July monthly approval rates to the remainder of the year



# Zone Change/General Plan Amendments Approved by LADCP, 2007-2016



## Findings: RQ #2—Rent Burden, Overcrowding and Housing Instability

Housing costs influence the portion of household income available for health promoting goods and services.

- A \$1,000 annual rise in rent for poor families is associated with a 20% increase in food insecurity
- People with housing cost-burdens 3x more likely to forego health care and medications due to cost; and 75% more likely to report themselves in fair/poor health
- Children in overcrowded and unstable housing more likely to be food insecure, and have lower emotional and behavioral functioning and cognitive skills



## How Could Measure JJJ Impact Health via Rent Burden, Overcrowding and Housing Instability?

- Up to 43,000 low-income renters could experience the health benefits of stable, affordable housing through the TOC Overlay over 10 years; tens of thousands more through Value Capture.
- Option for inclusion of extremely-low income units would deepen affordability; health benefits for lowest income households would be proportionally greater
- Tying in-lieu fee option to bi-annual affordability gap study would help ensure that fees would be sufficient to provide equivalent affordable units.



## Findings: RQ #5—Housing Quality

Housing quality effects a variety of health outcomes, including asthma and other respiratory illnesses, rashes and skin infections and child development outcomes.

- Children in older substandard housing are at higher risk of lead poisoning, which increases risk of developmental delays.
- Families in substandard housing are at higher risk of injuries at home.
- Children with asthma in substandard housing are more likely to be exposed to triggers that lead to asthma exacerbations and hospitalizations, which impact absenteeism.



# How Could Measure JJJ Impact Health via Housing Quality?

- While not designed to improve the condition of existing housing, it would promote the construction of new affordable units.
- Could provide tens of thousands of low-income residents with the opportunity to move from sub-standard to new health-promoting home environments.
- No-net-loss provision would help to replace older affordable units with newly constructed ones, thus increasing the proportion of affordable units that are of acceptable quality.

