SCHOOL OF CITY AND REGIONAL PLANNING

COLLEGE OF ARCHITECTURE

GEORGIA INSTITUTE OF TECHNOLOGY

**CP6243-NB: Impact Assessment**

Spring 2015 Tuesdays and Thursdays 9:05-10:35 am

*Instructor:* Nisha Botchwey, PhD, MRCP, MPH *Location*: Clough 250

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*Office*: CoA Suite 204

*Office Hours*: Mondays from 1-3pm

Health Impact Assessment (HIA) is a public health and planning tool used to inform decision-makers about the potential health impacts of proposed projects, programs, and policies that do not traditionally focus on health outcomes (e.g. transportation, education, housing), but are likely to affect the public’s health. While HIAs are commonly used in Europe, Canada, Australia, New Zealand, and elsewhere, HIAs are a new and emerging practice in the United States (<http://www.cdc.gov/healthyplaces/hia.htm>). This course is particularly appropriate for students interested in the links between public health and community design. In the course, students will first consider the rationale for conducting HIAs, learn the necessary steps to conduct an HIA, review national and international case studies, and discuss how HIA findings may impact decision-making. Students will conduct an HIA of a current proposed project, policy or program, evaluate a completed HIA and propose approaches to institutionalizing HIA in a sector or region. For Spring Semester 2015, students and faculty will select a topic of interest and current relevance on which to work.

*Pre-requisites:* Graduate standing at Georgia Institute of Technology or permission of instructor.

*Course objectives*: At the end of the course, students will be able to:

* Describe the purpose, benefits, challenges and value of using health impact assessments to convey information about ways to mitigate and improve population health effects to decision-makers. (Foundational Knowledge and Caring Goals)
* Describe the core steps used to conduct HIAs including screening, scoping, assessment, making recommendations, reporting, and evaluation. (Foundational Knowledge Goal)
* Summarize the similarities and differences in using HIA as an approach separate from Environmental Impact Assessments and other Impact Assessments. (Integration Goal)
* Assess critically the strengths and limitations of previously completed HIAs. (Application Goal)
* Demonstrate collaboration with others in completing a HIA in an interdisciplinary environment. (Application and Learning-how-to-learn Goals)
* Articulate the value of assessing the health impacts of programs, projects and policies to mitigate and improve population health effects and improve health equity. (Caring Goal)
* Demonstrate multi-sector, and racial and ethnic diverse stakeholder engagement (Human Dimension)

*Text:*

* The required text for the class is Health Impact Assessment in the United States (Spring, 2014) by Ross, Orenstein and Botchwey. The text is available at the GT Bookstore and on Amazon.
* Other readings and resource materials will be made available on our T-Square site (CP-8823-NB) and through the Built Environment and Public Health Clearinghouse website [www.bephc.gatech.edu](http://www.bephc.gatech.edu)

*Procedures*:

This class will follow a “flipped classroom” approach, a new or perhaps return more engaged teaching pedagogy where students play a leadership role in the production of the class. [[1]](#footnote-1) Our class is a co-learning environment, appropriate given the subject matter and the speed with which the field of Health Impact Assessment is growing. Students and faculty will share knowledge, help each other to understand the material, and collaborate to make the class relevant to the select HIA topic and interests of the learners.

Classes will combine lectures, discussions, exercises, fieldwork, and student presentations. Informed participation in discussions is essential, so your first responsibility is to do required reading and other homework before class. Fieldwork may take place at times that extend beyond the assigned class period. In such cases every effort will be made to accommodate other obligations you may have.

Lectures and readings will be used to introduce new concepts, but generally I will only spend limited time reviewing concepts from the course textbook. Leadership activities, discussion groups, in-class exercises, and homework assignments will be used to reinforce these concepts. Assigned readings and assignments should be completed before class, so that our in-class time can be devoted to discussion and active learning.

Written assignments should be prepared according to a standard social science format. Those not familiar with the conventions of social science writing should obtain and use any of the style manuals designed to present these (*e.g. Publication Manual of the American Psychological Association* 5th ed. Washington DC: 2001). Effective communication is the primary goal, but clarity as to originality of ideas is vital. Ideas stimulated by others should be cited appropriately as, of course, should be quotes and facts taken from other sources. Timely submission of written assignments is important; late submissions will be penalized. In general, unless instructed otherwise, I believe it is useful to imagine that you are writing for a general national professional urban planning and public health audience with enough explanation that community members can understand as well.

*Assignments/Course Grading:*

1. **Critique of a Completed HIA** (20% of course grade)

Students will write a brief paper (3 to 5 single spaced pages) about a completed HIA that will include a summary of the proposed project, policy, or program; HIA methods used; major findings; major recommendations; strengths and weaknesses of the HIA, impact of HIA on subsequent decisions if available; and strengths and weaknesses of the report. Students can select completed HIAs from one of several websites: <http://www.healthimpactproject.org/hia/us>; [www.hiaguide.org](http://www.hiaguide.org); or <http://www.humanimpact.org/past-projects>, and any of the model HIAs based on reviews by SOPHIA ([www.hiasociety.org](http://www.hiasociety.org)). Students should submit their selected HIA to the professor for pre-approval.

1. **Rapid HIA** (30% of course grade)

Students, as a class-team, will conduct a Rapid HIA on a program, plan or project of interest and current relevance.

1. **Evaluation of a Completed HIA** (20% of course grade)

In groups of two, students will write an evaluation of an HIA to determine its benefits on community health and wellbeing (3 to 5 single spaced pages). The evaluation will focus on (1) tangible benefits for a community, such as improved health outcomes or changes in health determinants, (2) description of how the target community directly benefited from the HIA beyond health benefits, and (3) description of vulnerable communities and demonstrated improvements in health equity.\*

1. **Institutionalizing HIA** (20% of course grade)

Individually, students will propose a system that will sustain HIA efforts in a particular sector or region, and does not depend solely on grant funding; and/or institutionalization of HIA-related tools that ensure the routine incorporation of health in future decisions and a particular sector or region. The proposals should address how the strategies/tools can be used to inform decisions, the potential for replicating these strategies in other states, regions or sectors, the strength of community engagement and participation as a component of the HIA Program, and approaches to monitor health outcomes as a result of the institutionalization and/or tools.\*

*(\*) The previous two assignments are spin-offs of the HIA Recognition Program that will be kicked-off at the June 2015 National HIA Meeting.*

1. **Participation and Attendance** (10% of course grade)

By the end of the semester, students would have completed an HIA and adequately mastered the core skills necessary to be considered an HIA practitioner. Your class attendance and participation are critical components of this future characterization and will determine this component’s score for the semester.

*Grading Practices*: Assignments are graded in the usual A, B...F system. In general, I endeavor to follow these grading standards:

"A" : exemplifies excellence: including clear reasoning, sound methods, forceful exposition, and stimulating ideas in comparison with others at the same stage of career. Independent and creative thinking utilizing a thorough understanding of course concepts is evidenced. Language usage, calculation, attribution, and formatting are essentially free of error.

"B" : allowing for growth in performance between now and graduation, the work would be considered satisfactory professional planning work given the time and resources allocated to it. Assertions are correct; arguments are persuasive. Mastery of course concepts is evidenced. Errors in language usage, attribution, calculation and/or formatting are minimal.

"C" : even allowing for growth in performance between now and graduation, the work would be considered less than satisfactory in a professional planning environment. There may be errors in fact or in understanding of course concepts. Arguments may not be convincing; there may be multiple errors in language usage, grammar, attribution, calculation and/or formatting.

“D” : the work does not meet expectations for graduate students. The core prompts in the assignment may not be followed; arguments may be hard to understand or may ignore key lessons understood broadly in our profession and/or developed in the course; language usage, attribution, calculation and/or formatting may have serious flaws or widespread errors.

"F" : the work does not address the assignment, fails to meet ordinary expectations for English language exposition, or appears to have been completed in a manner violating the Institute Honor Code.

Any assignment received electronically by 11:55pm on the announced due date will be considered on time. Please take precautions to make multiple copies of files related to your coursework; I have sympathy for problems related to computer malfunctions or lost materials, but can offer no grading concessions. Submissions after 11:55pm on the due date are downgraded 1/4 letter grade; submissions more than one week late are downgraded a full letter grade. Submissions received after the graded assignment has been returned to the class will receive the grade of F.

Those with *bona fide* illness or serious family problems should make this known and seek suitable arrangements at the earliest possible date. Such personal crises are the only acceptable justifications for the incomplete grade (I).

*Communicating with the instructor* Office hours and contact information provided above.

Use the course T-Square site to submit assignments: we will discuss how to do this in class. Do not send assignments by e-mail or fax. Name your files with identifiers that are unique (e.g. DraftAssessment.Jones.8Feb15.doc), combine all graphics, spreadsheets and text into one file, and submit in a standard software format (.doc; .docx; or .pdf). Certain course materials are available from the course T-Square site. I will endeavor to provide all important course documents and information through this online location. Students are also encouraged to access resources on the Built Environment and Public Health Clearinghouse ([www.bephc.gatech.edu](http://www.bephc.gatech.edu)) and stay up to speed on HIA news (news feeds with #HIA are helpful ways to sort relevant stories and events through online news sources and twitter).

*Academic Honor Code and Student Code of Conduct*: The Georgia Tech Academic Honor Code (http://www.catalog.gatech.edu/rules/18b.php) and Student Code of Conduct (http://www.catalog.gatech.edu/rules/19b.php) outline the Institute’s expectations for the integrity of students’ academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. Students are responsible for reading these two documents fully and for living up to them. Among the Codes’ provisions are expectations about unauthorized access, unauthorized collaboration, plagiarism, false claims of performance, grade alteration, falsification, forgery and distortion. You should be absolutely clear in indicating when you have used ideas or words that are not your own. You are permitted to discuss the written assignments in this course with your fellow classmates, but, except for group assignments, you should not collaborate on your submissions. If you are unclear about the boundaries, ask the instructor or assume that the joint action in question is not allowed.

*Students with Disabilities:* Students with disabilities needing academic accommodation should provide documentation to the Office of Disability Services, disabilityservices.gatech.edu, and bring an accommodation letter to the instructor indicating the nature of accommodations required.  This should be done within the first week of class or as soon as possible after a new disability condition arises.  All effort will be made to provide reasonable accommodation

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**Course Schedule 2015**

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| **Session Topics** | **Suggested Readings** | **In or Out-of-class Assignments** |
| Week 1. 1/6/15  **Introduction**/overview of social determinants of health; overview of HIA and EIA; state of the field U.S. and internationally | Catherine Ross, Marla Orenstein, Nisha Botchwey.  Health Impact Assessments in the USA.  Chapters 1 and 2. Springer: 2014.  Improving Health in the United States: The role of health impact assessment. Report in Brief. National Academy of Sciences, 2011.  Bond A, Pope J. The state of the art of impact assessment in 2012, *Impact Assessment and Project Appraisal*, 20(1), 1-4, 2012. (http://dx.doi.org/10.1080/14615517.2012.669140) | HIA Pre-Assessment |
| Week 2. 1/13/15  **Impact Assessments and HIA Case Studies** | Catherine Ross, Marla Orenstein, Nisha Botchwey.  Health Impact Assessments in the USA.  Chapters 3, 4, 5, and 6. Springer: 2014.  Bhatia R, Wernham A. Integrating human health into environmental impact assessment: An unrealized opportunity for environmental health and justice. *Environmental Health Perspectives*. 2008; 116(8):991-1000.  Dannenberg AL, Bhatia R, Cole BL, Heaton SK, Feldman JD, Rutt CD. Use of health impact assessment in the U.S.: 27 case studies, 1999-2007. *American Journal of Preventive Medicine*. 2008; 34(3): 241-256. |  |
| Week 3. 1/20/15  **HIA Critiques**  **and select Rapid HIA Topic** | Student Presentations | **Critique of a Completed HIA** |
| Week 4.1 /27/15  **Screening and Scoping** | Catherine Ross, Marla Orenstein, Nisha Botchwey.  Health Impact Assessments in the USA.  Chapters 7 and 8. Springer: 2014.  HIA Toolkit, pages 31-48, Chapters 3, 4 (Screening and Scoping) <http://www.humanimpact.org/component/jdownloads/finish/11/81>  Taylor L, Gowman N, Lethbridge J, Quigley R. Deciding if a health impact assessment is required (screening for HIA) Health Development Agency. 2003. www.hda.nhs.uk | Complete Screening and Scoping |
| Week 5. 2/3/15  **Stakeholder Engagement and Equity** | Catherine Ross, Marla Orenstein, Nisha Botchwey.  Health Impact Assessments in the USA.  Chapter 14. Springer: 2014.  Kearney M. Walking the walk? Community participation in HIA. A qualitative interview study. Environmental Impact Review 2004; 24:217-29.  Human Impact Partners: Equity Metrics for Health Impact Assessment Practice, Version 1 <http://www.hiasociety.org/documents/EquityMetrics_FINAL.pdf> | Design Stakeholder Engagement |
| Week 6. 2/10/15  **Assessment** | Catherine Ross, Marla Orenstein, Nisha Botchwey.  Health Impact Assessments in the USA.  Chapter 9. Springer: 2014.  Seto EYW, Holt A, Rivard T, Bhatia R. Spatial distribution of traffic induced noise exposures in a US city: an analytic tool for assessing the health impacts of urban planning decisions. *International Journal of Health Geographics*. 2007; 6:24.  Cole BL, Shimkhada R, Fielding J, et al. Methodologies for realizing the potential of health impact assessment. American Journal of Preventive Medicine 2005; 28(4): 382–89. | Draft Assessment |
| Week 7. 2/17/15  **Recommendations** | Catherine Ross, Marla Orenstein, Nisha Botchwey.  Health Impact Assessments in the USA.  Chapter 10. Springer: 2014. | Draft Recommendations |
| Week 8. 2/24/15  **Reporting and Dissemination** | Catherine Ross, Marla Orenstein, Nisha Botchwey.  Health Impact Assessments in the USA.  Chapter 11. Springer: 2014. | Draft Report |
| Week 9. 3/3/15  **Monitoring and Evaluation** | Catherine Ross, Marla Orenstein, Nisha Botchwey.  Health Impact Assessments in the USA.  Chapters 12 and 13. Springer: 2014.  Mindell J, Biddulph J, Taylor L, Lock K, Boaz A, Joffe M, Curtis S. Improving the use of evidence in health impact assessment. *Bull World Health Organ*. 2010; 88(7): 543-550.  Quigley RJ, Taylor LC. Evaluating health impact assessment. Public Health 2004; 118(8); 544-52.  Parry, JM, Kemm JR. Criteria for use in the evaluation of health impact assessments. Public Health, 119, 1122-1129, 2005.  Harris-Roxas B. *Conceptual Framework for the Impact and Effectiveness of Health Impact Assessment,* Centre for Health Equity, Training, Research and Evalution: Sydney, 2008: <http://www.hiaconnect.edu.au/evaluating_hia.htm> | Draft Monitoring and Evaluation |
| Week 9. 3/10/15  **Workshop and Rapid HIA** | Student Presentations | **Rapid HIA** |
| **Spring Break 3/17/15** | | |
| Week 10. 3/24/15  **Evaluation** | Quigley RJ, Taylor LC. Evaluating health impact assessment. Public Health 2004; 118(8); 544-52.  Bhatia R, Coburn J. Lessons from San Francisco: Health impact assessments have advanced political conditions for improving population health. Health Affairs 2011;30(12):2410-18. |  |
| Week 11. 3/31/15  **Workshop and Evaluation** | Student Presentations | **Evaluation of a Completed HIA** |
| Week 12. 4/7/15  **HIA and Public Policy** | Cole BL, Fielding JE. Health impact assessment: a tool to help policy makers understand health beyond health care. Annual Review of Public Health 2007; 28:393-412.  Collins J, Koplan JP. Health impact assessment: a step toward health in all policies. Journal of the American Medical Association 2009; 302(3):315-17.  Gottlieb LK, Fielding JE, Braveman PA. Health impact assessment: Necessary but not sufficient for healthy public policy. Public Health Reports 2012;127: 156-62.  Wernham A. Health impact assessments are needed in decision making about environmental and land-use policy. Health Affairs 2011;30(5): 947-56. |  |
| Week 13. 4/14/15  **Institutionalizing HIA** | Catherine Ross, Marla Orenstein, Nisha Botchwey.  Health Impact Assessments in the USA.  Chapters 15, 16 and 17. Springer: 2014. |  |
| Week 14. 4/21/15  **Workshop** **and Institutionalizing HIA** | Student Presentations | HIA Post-Assessment  **Institutionalizing HIA** |

1. Source: Things You Should Know About Flipped Classrooms: <https://net.educause.edu/ir/library/pdf/ELI7081.pdf> [↑](#footnote-ref-1)