



## Towards Equity in Land Use Development Using Health Impact Assessment

### Urban Dynamics, Housing Needs, and Human Health

Urban policy profoundly affects not only the physical attributes of cities and neighborhoods, but also the people who live and work there. In the latter half of the twentieth century, planning along with racism, the interstate system, and home mortgage tax deductions produced urban sprawl and an automobile dependent society. Simultaneously, urban renewal concentrated the poor in segregated central city neighborhoods which progressively lost community assets and resources needed for health and well-being.<sup>2,3</sup>

Today, many propose redevelopment and reinvestment of central cities as solutions to longstanding neighborhood disadvantage. Redevelopment does bring new housing, jobs, and public revenues to central cities, but it also creates new vulnerabilities for people. Because of de-industrialization, many new employment opportunities provide less security, poorer wages, and fewer benefits than the jobs they replace. At the same time, higher wage workers can drive up housing costs, displacing lower-income workers.

Economic restructuring combined with limited opportunities for residential development and an increasing demand for urban housing among younger professionals has created a severe housing crisis in San Francisco, where only 7.3 percent of households earn enough to afford the median sale price of housing.<sup>4</sup> Unmet housing needs can be profoundly harmful to the health of low-income and vulnerable populations.<sup>6</sup> For example, low-income populations are forced to make difficult choices among rent, food, clothing, transportation, and medical care. Or, they must work long hours and multiple jobs to afford rent.<sup>7</sup> Many low-income households have to accept older and poorly maintained housing with inadequate heating, lead based paint, unprotected windows, and inadequate ventilation.<sup>9,10</sup>

High housing costs can also lead to residential displacement; such as when older units are demolished for redevelopment and rental units are converted to ownership housing. Displacement results in psychological stress, which can affect the human immune and endocrine systems and increase infection rates.<sup>11</sup> For children, relocation can lead to grade repetitions, school suspensions, and emotional and behavioral problems.<sup>12</sup> High housing costs and forced displacement can result a loss of social networks which provide material and emotional support, buffer stressful situations, prevent damaging feelings of isolation, and contribute to a sense of self-esteem and value.<sup>13,14,15</sup> Finally, displacement contributes to segregation by concentrating poor families in poor neighborhoods, increasing the population at risk for teenage childbearing, tuberculosis, cardiovascular disease, homicide, and pre-mature mortality.<sup>16,17</sup>

### Health Impact Assessment: An Innovative Inter-Disciplinary Practice

Clearly, ensuring a fundamental human need like adequate housing can prevent disease and illness. Unfortunately, U.S. public health institutions primarily focus on strategies such as disease surveillance, behavior change, and preventative screening, largely ignoring health's social and environmental determinants.<sup>22</sup>

How can public health play a role in affecting long-term determinants of health such as housing and neighborhood development? One emerging approach is the Health Impact Assessment (HIA). HIA is defined as "... procedures or methods by which a proposed policy or program may be judged as to the effect(s) it may have on the health of a population." Practitioners have applied HIA in diverse policy contexts, including neighborhood renewal and land use and transportation planning.<sup>23</sup>

In 2002, the San Francisco Department of Public Health began to collaborate with community organizations and the San Francisco Department of City Planning on an effort to conduct HIA of development projects and neighborhood land use plans. We

believed the health analysis could lead to a greater public awareness of the social dimensions of health and greater transparency and accountability in the policy making process. We also believed the informed decision-makers might influence land use development decisions in ways that they would promote key community health resources.

These efforts also challenged city planning officials to analyze broader health impacts in the Environmental Impact Reports (EIRs) required under the California Environmental Quality Act (CEQA)—a law which ensures transparency of potentially adverse environmental impacts of public actions. While CEQA mandates an EIR to analyze adverse human impacts secondary to environmental change, health impacts analyzed relate almost exclusively to physical environmental hazards such as air and water pollution, noise, and hazardous materials.<sup>24,25</sup>

Our first efforts consisted of critical analyses of development projects which predicted how they might impact key community health resources, including quality housing, economic diversity, social cohesion, and public infrastructure such as parks, schools, and public transit. We communicated our findings through written reports, conversations with planning officials, and testimony to city leaders. We also provided training on relationships between development and health to community residents in order to strengthen their participation in the public decision-making process.

The first application involved a 1,000-unit, mixed-use residential high-rise development in downtown San Francisco. The developers argued that the project would meet the city's housing needs as well as 'smart growth' objectives.

However, in testimony to the City Planning Commission, we pointed out that the proposed housing units would be affordable to less than 7 percent of area households. Proposed commercial

and retail uses and new demands for city services would also increase the demand for low-cost housing.

The mismatch between the income potential of jobs and the cost of housing was inconsistent with local land use policy and limited potential environmental benefits. In our written analysis, we described the health and environmental consequences of high-cost housing, including longer commutes, more automobile trips, increased air pollution and roadway congestion, and decreased physical activity. While City Planning Commissioners ultimately approved the project, the city used our analysis to successfully negotiate for additional developer-funded affordable housing production as a condition of development.

In a second instance, we critiqued a proposal to demolish an apartment complex with 377 rent-controlled units, replacing the affordable units with over 1,000 new market-rate condominiums. Because the demolition involved no net loss of housing units, the officials at the Planning Department determined that it would have no adverse impacts on population or housing. According to one planning official, the EIR for this project needed to analyze only the project's physical changes—that is the buildings themselves—and not changes effecting the people who occupied them.

At a public hearing, residents vigorously challenged the city position, arguing not only that they would have difficulty finding replacement housing but also that displacement would mean the destruction of a cohesive community. We supported the residents' position in testimony, providing evidence of the health costs of displacement. We also published a technical report, which reviewed the health impacts of housing affordability and residential displacement.



Based on our research, city officials required the developer to consider the project's impacts on residential displacement in the EIR. Ultimately, the project developer, faced with growing criticism and new EIR requirements, guaranteed to offer lifetime leases to the current residents, to maintain rents at their present rates, and to delay demolition until sufficient replacement units were built.

### Sustaining Health Impact Assessment Practice

Our efforts in San Francisco to integrate health analysis in land use decision-making now involve several complimentary strategies. These include:

- 1) Continuing to take official health agency positions on urban policy questions.
- 2) Integrating health impact analysis in EIA required by CEQA.
- 3) Building a community dialogue on the relationships between land use and public health.

Evaluation of our efforts focuses on multiple dimensions, including enabling factors and obstacles to successful interagency partnerships and impacts on public understanding of the land use and health relationships, processes for urban policy analysis, and policy and development decisions.

Staff of the Department of City Planning has begun routinely to request public health analyses of specific planning questions. We recently provided an analysis of the health impacts of changes to the Housing Element of the City's General Plan. We also evaluated the best locations for housing in a historically industrial neighborhood and the impacts of noise and air pollution on a proposed downtown park. We continue to advocate for health analysis to be integrated in the EIR process, working towards an accounting of the health effects of impacts on housing, transportation, and public infrastructure such as schools, community centers, parks, and public spaces.

Building supportive and trusting relationships both with community organizations as well as city planners has been critical to our efforts. Dialogue with city planners prepared us for the political obstacles affecting city planning decisions and provided us with key insights about where public health skills and evidence might be influential. Community partners alerted us to the critical need for decision-maker accountability to established public goals. Advancing our efforts will involve continuing to build relationships with non-traditional public health stakeholders, including sponsors of development projects. HIA reflects the simple premise that public policy making should take into account direct and indirect impacts on human health. Overall, our efforts in San Francisco suggest that HIA can significantly influence urban land use policy. Ensuring the sustainability of this work will require continuing to find effective ways to build bridges across institutional and interdisciplinary boundaries. ■

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