Testimony presented to the Committee on Health
Council of the District of Columbia

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April 23, 2019
Thanks to the Committee and to Chair for the opportunity to testify on the Health Impact Assessment Program Establishment Act to create a Health Impact Assessment mechanism for the District of Columbia. I am here speaking as an individual and my remarks do not necessarily reflect the views of George Washington University, where I am a member of the faculty and where I teach a course on Health Impact Assessment for graduate students.

Lesson Learned About HIAS: Some years ago, I worked on my first Health Impact Assessment in Baltimore where I chaired a Health Advisory Commission for a Demolition project. Approximately 500 residents were being demolished in a residential neighborhood near the medical campus of Johns Hopkins University to clear space for Johns Hopkins to build a Science and Technology Institute. The Annie B. Casey Foundation funded the establishment of our Health Advisory Board and appointed residents of the community, faith-based leaders and health experts as well as members of the East Baltimore Development Corporation to work together to estimate the impact of lead dust on neighboring residents in a community with a long history of lead poisoning in young children. We worked together to adjust the demolition plan to be
more protective of human health. Those recommendations went on to influence legislation that created a protocol for future demolition projects in Baltimore.

**Buzzard Point:** Since then I have worked with Area Neighborhood Commissioner, Rhonda Hamilton in her efforts to highlight the health impacts of construction projects in Buzzard Point. The DC Department of Health was very helpful to the community when the new Office of Health undertook the Community Health and Safety Assessment (CHASS) in 2015. This health assessment gave the community a baseline view of health indicators. More importantly it revealed some differences in the neighborhoods.

While the mean income for the entire Buzzard point community was more than $100,000, the 20024 zip code had a mean income of $34,000. There were stark difference in health outcomes for those low income residents living close to the South Capitol Street Bridge and differences in their ability to weather the changes in air quality, traffic, and noise that resulted from the construction of the stadium and other projects. These differences were masked when data was analyzed in a way that blended information from the low income residents and their higher income neighbors into single data points. The Office of Health Equity is to be commended for their persistence in continuing to analyze the data until these differences across the Buzzard Point community could be revealed and it identified the most vulnerable residents whose health was most likely to be adversely impacted.

I applaud the introduction of this important legislation because it will create a framework for the city so that future work can take place. While some capacity exists within DC Health, especially within the Office of Health Equity, it is important that that capacity increase, especially if the city is to undertake the expanded number of health assessments that are proposed.

**Interdisciplinary Multi-Stakeholder Interagency Steering Process:** I would be remiss if I didn’t emphasize that typically HIAs are conducted by a Steering Committee that includes not only public stakeholders from governmental entities and health experts and people responsible for implementing
the project, but also community members and activists. That kind of interdisciplinary effort is critical to ensure that the public’s concerns about their health are adequately addressed as the health impact assessment is planned and implemented. Reflecting those community concerns and allowing them to participate in the process is as important as having diverse disciplines, agencies and organizations bringing their expertise to the table. I would encourage adding language to the Bill to encourage the incorporation of that kind of Steering Committee, interagency, interdisciplinary process in each of the HIAs that would be conducted in DC when this legislation is implemented.

**Technical Assistance from National Experts:** Lastly, many cities have benefitted from technical assistance by The Health Impact Project which is jointly coordinated by the Robert Wood Johnson and Pew Charitable Trusts. This organization was established to develop the field of health impact assessment in the United States. Many of the health impact assessments that have been done in the United States over the past ten years have been done with their assistance. They are here in the District of Columbia and have expressed their willingness to assist the city to build its’ capacity to conduct HIAs by offering training and technical assistance. It would be beneficial to take advantage of that opportunity and plan for their assistance in the form of training and training in the initial phases of the implementation of this bill.

Lastly, I encourage you to consider a pilot HIA, with some seed funding, to test out these relationships and refine the model for how the District will move forward. It is important that a robust stakeholder process be included in the HIAs, yet it is unclear from the way the bill is currently worded, how that stakeholder process will unfold, which agencies will assist DC Health by bringing their expertise to the table and how the community stakeholders will work with DC Health to conduct the HIAs. Although Environmental Impact Assessment can include health, the way that health is added to the assessment
process varies a lot across communities that have used EIAs as a platform upon which to build their health impact assessments. The process we implement in DC needs to retain the ability to include an examination of social determinants like income, education, housing and transportation and their contribution to adverse health impacts as well as more direct pathways to disease such as chemical exposure that are the hallmark of environmental impact assessment. A model for how the planning and implementation of HIAS in DC should unfold and what approach we should take could be tested during a pilot with small adjustments made to the plan after the first few HIAS are completed.

**Thanks:** I want to add my appreciation to that expressed by my colleagues to Councilmember Grosso for introducing this legislation and to Chairman Grey for his leadership in cosponsoring.