Intervention Points in Policy Processes

Wednesday, April 13, 2011
9:30 a.m. - 11:00 a.m.

Mandy Green Oregon Public Health Division
Jamie Jones Oregon Public Health Division
Kathryn Sofich Oregon Metro Regional Government
Noelle Dobson Oregon Public Health Institute
Marah Hall Upstream Public Health
9:30 Welcome
9:35 Introduction to Decision Making Structures
9:45 Transportation & Land Use Policy – Kathryn Sofich
10:05 Land Use Case Study – Noelle Dobson
10:20 Q & A
10:25 Legislative Policy Process – Marah Hall
10:40 Q & A
10:45 Oregon Data Sources
10:55 Wrap Up
## The HIA Process

<table>
<thead>
<tr>
<th>Screening</th>
<th>Determines the need and value of a HIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scoping</td>
<td>Determines which health impacts to evaluate, methods for analysis, and a work plan</td>
</tr>
<tr>
<td>Assessment</td>
<td>Provides:</td>
</tr>
<tr>
<td></td>
<td>1) a profile of existing health conditions</td>
</tr>
<tr>
<td></td>
<td>2) evaluation of potential health impacts</td>
</tr>
<tr>
<td>Recommendations</td>
<td>Provide strategies to manage identified adverse health impacts</td>
</tr>
<tr>
<td>Reporting</td>
<td>Includes:</td>
</tr>
<tr>
<td></td>
<td>1) development of the HIA report</td>
</tr>
<tr>
<td></td>
<td>2) communication of findings &amp; recommendations</td>
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<tr>
<td>Monitoring</td>
<td>Tracks:</td>
</tr>
<tr>
<td></td>
<td>1) impacts on decision-making processes and the decision</td>
</tr>
<tr>
<td></td>
<td>2) impacts of the decision on health determinants</td>
</tr>
</tbody>
</table>
Land Use Processes & Decision Making Settings

- General Plan updates
- Area Plans
- Specific Plans
- Zoning
- Infrastructure Plans (ex. highways, transit)
- Public Lands Management
- Development Project Review Process
- Environmental Impact Assessment Process
Who makes land use decisions?

City Organizational Chart
City Manager Model
General Law City
Who makes land use decisions?

County Organizational Chart
- County Administrator
  - Assessor/Clerk Recorder
  - Auditor/Controller
  - Board of Supervisors
    - District Attorney
    - Sheriff
    - Treasurer
  - Electorate
    - Special Districts
    - Commissions, including:
      - Clerk of the Board
    - County Counsel
    - County Departments, including:
      - Rec & Park
      - Public Health
      - Planning
      - Planning

(Image courtesy PHLP)
Multnomah County: Who makes decisions?

Land Use & Transportation

[Diagram showing the structure of Multnomah County's decision-making process, with various departments and their directors listed.]
Intervention Points:
Transportation and Land Use Policy
OPHI: Strategic Focus on the Prevention of Childhood Obesity

www.orphi.org

Healthy Community Planning

Access to Healthy Food

Active Living

Nutrition Policy

Breastfeeding
Integrating Health at Various Decision Points

- Environmental Impact Statements
- Neighborhood Plans & Planning Studies
- Citywide Comprehensive and Strategic Plans
Using HIA to impact decision making

- Comment on DEIS
- Prioritize transpo project lists based on health impact
- Request funding for projects
- Inform policy debates, impact long-range planning
- Promote mitigation strategies for projects
- Advance modeling and forecasting methods
- Build long-term working relationships
Long-term and intentional process of developing relationships and institutionalizing working partnerships.

Screening for Champions
Lake Oswego to Portland Transit Project

HIA on 3 transit alternatives considered in the Draft Environmental Impact Statement:

-No Build
-Enhanced Bus
-Streetcar

www.orphi.org/healthy-community-planning/health-impact-assessments
Primary Objectives:

1. Complement DEIS by more fully assessing the impacts of the different transit scenarios on health determinants in the social and built environments.

2. Assess health impacts of projects with potential to impact greenhouse gas emissions.

3. Build capacity of regional government and non-profit partners to integrate health assessment into policy and project development.
SE 122nd Avenue Study: A Pilot Project of The Portland Plan

Final Report and Recommendations

City of Portland Bureau of Planning and Sustainability
Sam Adams, Mayor | Susan Anderson, Director

October 2010 — Revised February 2011
Table 5B: Impacts of Pilot Study Topic 2 (Convenience and Availability of Services; Employment Opportunities) Recommendations on Health Determinants in the SE 122\textsuperscript{nd} Ave Combined study area

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to Healthy Food</strong></td>
<td></td>
</tr>
<tr>
<td>• The area lacks culturally appropriate food stores overall, and lacks full-service grocery options in the south.</td>
<td>2G Explore opportunity to attract and locate a grocery store in the south end of the study area: consider SE Foster at SE 122nd Avenue location.</td>
</tr>
<tr>
<td>• There is a waiting list for community gardens in the area.</td>
<td>2H Explore opportunities to attract and support small scale and/or culturally appropriate healthy food retailers.</td>
</tr>
<tr>
<td>2I Support vegetable gardening on underutilized sites and private yards, creation of community gardens, and partnerships with urban farming institutions to enhance availability of healthy foods.</td>
<td></td>
</tr>
<tr>
<td><strong>Jobs and Employment</strong></td>
<td></td>
</tr>
<tr>
<td>• The area lacks employment opportunities that provide jobs for area residents.</td>
<td>2J Encourage quality job creation in industrial and employment areas such as east Lents/Foster Corridor, the Gateway Regional Center, or other nearby sites.</td>
</tr>
<tr>
<td>• Transit connections to existing jobs centers are not always direct or provided at times needed.</td>
<td>2K Improve transit service and connections to nearby job centers (Lents, Gateway, Airport Way) as well as to large retail and service centers.</td>
</tr>
</tbody>
</table>
IT'S MY CITY TOO, SO DON'T MESS IT UP.
Dear Mr. Dotterrer......

We believe that engaging public health stakeholders in the process is valuable for many reasons:

- Collaboration opens dialogue about reconnecting planning and public health professions to address broad health issues.
- Collaboration expands our collective understanding and expertise on the skills necessary to be effective partners.
- Collaboration ultimately informs decision-making in a way that considers health impacts as important factors, and healthy people as a measure of successful outcomes.
Healthy Portland Plan Workgroup
Activity Timeline

February
HPPW members provide input to PP Technical Working Group reports.

March
HPPW members attend day-long Portland Plan stakeholder summit at Convention Center.

April
PP framing ideas adapted to Key Goals including Human Health, Neighborhood Health, & Environmental Health.
Request to HPPW members to write letters and contact City Council to support funding for PP in budget.

May
BPS releases Eight Portland Plan Framing Ideas, including Health and Human Safety.
BPS public outreach events include discussion on Health and Human Safety as a framing idea.

June
HPPW members present to entire BPS staff on Health, Planning, and Portland Plan.

July
HPPW meeting; focus on BPS budget, health indicators for Portland Plan & measuring success, survey results.

August
HPPW members attend Northwest Community Changes workshop to build capacity to evaluate HPPW’s policy change efforts around the Portland Plan.

September
First HPPW meeting.

October
HPPW sends letter to Steve Dotterer at BPS outlining rationale for including health in Portland Plan update.

November
HPPW meeting with update from Community Involvement Committee on outreach and presentation of health section of PP presentation from BPS staff; how to best advocate for health during the workshops; update on NWCC evaluation.

November-December
Eleven HPPW members attend PP workshops and complete input forms to be used for NWCC evaluation.

2007

2008

2009

2010

January
HPPW meeting.

February
HPPW meeting, focusing on Health and Human Safety Existing Conditions.

March
HPPW members send resources to BPS on connections between planning & health and tools to measure planning impact on health.

April
HPPW letters to City Councilors & staff.

May
Survey completed by HPPW members to evaluate workgroup process.
Kaiser Permanente sent a letter to City Council supporting funding of the Portland Plan to include health.
HPPW meeting; focus on BPS budget, health indicators for Portland Plan & measuring success, survey results.

June
June CHP compiles resources to be made available online
CHP analyzes existing plans & draft list of plan goals related to health for BPS.
HPPW members review and revise Human Health and Safety Existing Conditions Report from BPS.
CHP presents brown bag at Metro - Integrating Public Health into Public Plans.

July
HPPW members participate in Community Wives for the SE 122nd Ave Portland Plan Pilot Project.

August
HPPW members attend Northwest Community Changes workshop to build capacity to evaluate HPPW’s policy change efforts around the Portland Plan.

September
HPPW members provide feedback on the two-page Health & Human Safety fact sheet for BPS.
HPPW meeting; BPS staff presentations on 20 minute neighborhoods, & Portland Plan indicator identification, update on PP outreach and NWCC evaluation.

December
CHP and other HPPW members selected for Mayor’s Portland Plan Advisory Committee.
CHP selected to chair BPS Action Area workgroup to synthesize results from November workshops.

October
HPPW members present to other comprehensive plans that have integrated health.

November
HPPW meeting with update from Community Involvement Committee on outreach and presentation of health section of PP presentation from BPS staff; how to best advocate for health during the workshops; update on NWCC evaluation.

November-December
Eleven HPPW members attend PP workshops and complete input forms to be used for NWCC evaluation.
Healthy Portland Plan Workgroup

- October 2007: HPPW established
- January 2009: HPPW reframes Health Background Reports to emphasize social determinants and health disparities.
- October 2010: Healthy PEOPLE principles and outcomes integrated into guiding framework.
- February 2011: Healthy Connected Neighborhoods one of three main strategies.
Human Health and Safety
Impact on Portland Plan
Background Reports

• Strong built environment and social determinants frame with less emphasis on individual behavior.

• Highlight on disparities in health outcomes among communities of color and low-income Portlanders.

• Policy recommendation provided were used throughout the report.
Human Health, Food and Public Safety

Why is this important?
Many Portlanders are not healthy and our rates of chronic disease are rising. Human health is a community issue, not just a personal one, because healthier people have greater opportunities to learn, play, think and innovate. Health is also a community issue because the place we live in can affect our health.

Direction 1: Make healthy food the easy choice

- Increase access to healthy and affordable food
- Decrease dependence on food assistance
- Increase home-grown and locally-grown food
- Expand access to food education

Direction 2: Increase participation in physical recreation and community activities

- Increase walkable access to parks and nature
- Make sure all parts of the city have access to recreational activities
- Increase opportunities for active and healthy lifestyles
- Expand physical activity opportunities for young people
Direction 3: Protect Portlanders from exposure to pollutants

Objectives for discussion

A. Improve air quality
B. Provide high quality and reliable water and sewer services
C. Reduce exposure to household toxics
D. Improve river health
E. Reduce exposure to noise pollution

Direction 4: Promote safety and sense of security

Objectives for discussion

A. Improve the sense of safety in all neighborhoods
B. Improve public and private emergency preparedness
C. Provide high quality and reliable safety services

Direction 5: Make public decisions benefit public health

Objectives for discussion

A. Create and track public health goals and measures
B. Consider public health impacts in investment decisions
C. Improve health equity
Competing Health Impacts

• Is poor air quality worse than no sidewalks?
• Do more people get sick from lack of healthy food or second-hand smoke?
• Should we prevent traffic accidents or get soda out of schools?
“Even though many of the draft Neighborhoods and Housing objectives have the ability to impact human health, some can have more of a health impact than others.”

- Objective C – Increase the supply of affordable family housing
- Objective A – Locate more housing near transit
- Objective A – Eliminate substandard housing conditions
What are the goals of this strategy?
To create a city that enhances human and environmental health and connects people with nature, neighborhoods and thriving business hubs.

These goals will be achieved by focusing efforts and investments in:

A. Vibrant Neighborhood Hubs
   Neighborhood hubs are walkable places with concentrations of neighborhood businesses, community services, housing and public gathering places to provide residents with options for living a healthy, active lifestyle. They are centers of community life, serving as anchors for “20-minute neighborhoods,” which allow more people to meet needs locally.

B. City Greenways
   Habitat, Neighborhood and Civic Greenways are park-like streets, trails and boulevards that sustain distinctive communities, healthy watersheds and healthy Portlanders. They weave nature into the city and connect people, water, wildlife and neighborhoods.

C. Public Decisions that Benefit Health
   Public decisions that incorporate human and environmental health will prioritize actions and investments to reduce disparities and inequities and improve residents’ health while protecting the long-term health of the environment.
C. Human and Environmental Health in Public Decisions

To achieve a healthy Portland, it is necessary to work toward a city that provides access to healthy options for everyone. This strategy places a priority on those who have poorer access to the services and amenities, adequate infrastructure, transportation options, and opportunities that would enable them to make healthy choices.

Currently lower-income, minority residents as well as seniors and children are more at risk for poor health than the general population and experience significant health disparities. For example, African Americans have higher rates of death from heart disease, diabetes and stroke compared to the population in general. These residents may also suffer disproportionately from pollution, toxics and environmental hazards. To maximize health benefits, actions and investments will be targeted at currently underserved neighborhoods and resident groups so that the benefits of Portland extend equitably to residents of all races, ages and incomes.

Portland will also consider human and environmental health as explicit criteria in decision-making to maximize

Key Policies

- Explicitly consider current and long-term human and environmental health risks and outcomes when making public decisions, including land use, transportation and infrastructure investments.

- Target public actions and investments to reduce disparities and maximize health in currently underserved neighborhoods so the benefits of Portland extend equitably to residents of all races, ages, and incomes.

- Manage and maintain public infrastructure, including drinking water, sewer, public safety, civic buildings, and transportation systems, to reduce risks to human and environmental health.

- Establish collaborative partnerships between the City of Portland, local health officials, the community and planners.
Long-term and intentional process of developing relationships and institutionalizing working partnerships
Questions?
Legislative Policy Process
THE OREGON LEGISLATIVE ASSEMBLY
The Oregon Legislative Assembly is state government’s “board of directors.” It is responsible for making laws dealing with Oregon’s well-being, adopting the state’s budget, and for setting public policy. The Legislative Assembly is made up of two bodies: the Senate and the House of Representatives. The Senate consists of 30 members elected for four-year terms. The House consists of 60 representatives elected for two-year terms. Each member of the legislature represents a district (an area determined by population). Every Oregonian is represented by one state senator and one state representative. Over 3,000 bills are considered each session. Relying largely upon work done in committees, the legislature enacts about one-third of the bills into law. The Legislature convenes on the second Monday in January of every odd numbered year for approximately six months.
HIA as a Legislative Tool

- Crafting initial policy
- Assist with amendment process
- Testimony
HIA Policy Recommendations

To increase positive job growth and food security:

#1 Modify the eligible items for reimbursement program to “produced” or “processed”

To increase child nutrition, food security, and student learning:

#2 Education Grants – prioritize schools serving:
  a. Low income populations or
  b. Ethnically and culturally diverse student populations or
  c. Food insecure areas

#3 Education Grants – prioritize schools developing multi-component programs
   Procurement
   Promotion
   Education
   Community Support
# Employment - Findings

Mental health, life span, chronic disease

Jobs

## HB 2800 IMPACT:

- ↑ Life span
- ↓ Mental health and Chronic disease

<table>
<thead>
<tr>
<th>ESTIMATED JOBS CREATED</th>
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<tr>
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<tr>
<td>2009 HB 2800 @ $19.6</td>
</tr>
<tr>
<td>first Biennium</td>
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<tr>
<td>(Sodexo and PPS/Gervais #s)</td>
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<tr>
<td>Direct</td>
</tr>
<tr>
<td>Indirect</td>
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<tr>
<td>Induced</td>
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<tr>
<td>Totals:</td>
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<tr>
<td>Employment Multiplier:</td>
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2011 HB 2800 with Inspired Increases Over Time

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<tr>
<th></th>
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<tbody>
<tr>
<td>Direct</td>
<td>302</td>
</tr>
<tr>
<td>Indirect</td>
<td>302</td>
</tr>
<tr>
<td>Induced</td>
<td>201</td>
</tr>
<tr>
<td>Totals:</td>
<td>806</td>
</tr>
</tbody>
</table>
HIA as a Lobby Tool

- Employment
- Diet and Nutrition
- Education Opportunities
- Environmental Health
- Social capital
HIA as organizing tool

- Grow the coalition
- Increase statewide interest
- Networking opportunities
The meal reimbursement program would create jobs and stimulate economic growth.

- **Employment leads to health**: The unemployed are up to twice as likely to die earlier than others of the same age and sex.

<table>
<thead>
<tr>
<th>Kind of Impact</th>
<th>New Jobs (Full &amp; Part-time)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct effect</td>
<td>101</td>
</tr>
<tr>
<td>Indirect effect</td>
<td>101</td>
</tr>
<tr>
<td>Induced Effect</td>
<td>67</td>
</tr>
<tr>
<td>Total Effect</td>
<td>209</td>
</tr>
<tr>
<td>Multiplier</td>
<td>2.67</td>
</tr>
</tbody>
</table>

A 2.67 employment multiplier means that for every job created by school districts purchasing local foods, additional economic activity would create another 1.67 jobs.

**Table 1**: Estimated economic effects of Oregon purchases during the first biennium ($19.6 million in reimbursements).

**HB 2800 would improve child diet and nutrition.**

- Students who participate in school meal programs learn better and have a better chance of academic achievement.
- HB2800’s reimbursement and garden grants programs affect the quality and diversity of food offered during school meals.
- Studies of Farm to School initiatives show increases in meal participation (for free, reduced, and full-priced meals) between 13% and 16%. This helps families buy more food at home, lowering household food insecurity.

**Image 1**: School lunch food budget, 2008-10 estimates for Oregon School lunch.

**Food, Garden and Agriculture education grants would increase kids’ understanding of what they eat with how it is grown and how it affects their body.**

- Research of F2S & SG programs report the children choose more fruits and vegetables - leading to increases in consumption from 0.8 to 1.5 servings a day.
- Studies show that children who spend time in the garden, learn better, score better on math and science tests, get physical activity, and behave better in the classroom.

To view the full report and references, please visit www.upstreampublichealth.org/28HIA
Marah Hall
Campaign Manager
Upstream Public Health
marah@upstreampublichealth.org
503-284-6390
Questions?
Oregon Data Sources

OPHD Data & Statistics

Oregon Environmental Public Health Tracking (EPHT)

Oregon Center for Health Statistics

OPHD > Healthy People and Families > Data and Reports
http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/Pages/index.aspx

Portland State University Population Research Center
http://www.pdx.edu/prc/

Community Health Priorities > Compendium of Oregon Public Health Data
http://www.communityhealthpriorities.org/resources/oregon_health_data/

OPHD VistaPHw in Oregon: Health Assessment
http://public.health.oregon.gov/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/VISTAPHW/Pages/VistaPHw.aspx
Data and Statistics

The Public Health Division collects and analyzes data on health behaviors, diseases and injuries, disseminates findings, and designs and promotes evidence-based programs and policies to improve the health and safety of all Oregonians.

An essential function of the public health system is to provide data and information about the health of Oregonians. Most of the information about the frequency of or risk factors for deaths, illnesses and injuries across the state comes from the public health system’s "surveillance" activities. The data sets and documents spotlighted here represent the work of the various programs conducting these surveillance activities.
We welcome you to the Population Research Center (PRC) website.

Our goal is to make census and other demographic information easily accessible for Oregonians and to provide timely, accurate, and relevant analyses of demographic related issues facing Oregon.

Our service to the State of Oregon began in 1956 with the creation of the Oregon Population Estimates Program, which chartered PRC with preparing annual population estimates for Oregon cities and counties. The Center moved to Portland State University in 1965, and now serves as the Oregon State Data Center. This appointment includes working with the U.S. Census Bureau to disseminate information at local levels. Additionally, we are designated as the lead state representative in partnering with the Census Bureau through the Federal-State Cooperative for Population Estimates (FSCPE), and as participants in the Federal-State Cooperative for Population Projections.

PRC also provides demographic consulting services to private firms, public agencies, and not-for-profit groups requesting customized demographic data and analyses to assist in making informed planning and policy decisions. If you are looking for current or historical demographic data for the State of Oregon, we invite you to peruse the rich data sources available on our website. If you don’t find the information you are looking for, we invite you to contact us via e-mail or phone through information listed in the ’Contact Us’ tab.

We welcome you to our website and hope you will find its products and services useful. We welcome your comments and suggestions for improving our services. Thank you for your interest.

Jason R. Jurjevich, Ph.D.
Assistant Director, PRC
Datasource Links

Economic and Business Data

- EconData.Net
  - Regional economic activity
    - [http://www.econdata.net/](http://www.econdata.net/)

- U.S. Bureau of Economic Analysis (BEA)
  - National, regional, industry data addressing economic growth, economic development, and inter-industry relationships

- U.S. Bureau of Labor Statistics (BLS)
  - Labor market activity, working conditions, and other labor changes

- U.S. Economic Census
  - A profile for American business, conducted by the U.S. Census Bureau every 5 years
    - [http://www.census.gov/econ/census02/](http://www.census.gov/econ/census02/)

- Oregon Employment Division
  - Labor force and employment statistics
Education

- National Center for Education Statistics

- Oregon Department of Education
  - School enrollment summaries (Oct. 1)
    - [http://www.ode.state.or.us/sfda/reports/r0073Select.asp](http://www.ode.state.or.us/sfda/reports/r0073Select.asp)
  - Race and Ethnicity
    - [http://www.ode.state.or.us/sfda/reports/r0067Select.asp](http://www.ode.state.or.us/sfda/reports/r0067Select.asp)

Health

- Center for Disease Control (CDC), National Center for Health Statistics
  - [http://www.cdc.gov/nchs/](http://www.cdc.gov/nchs/)

- Oregon Center for Health Statistics
  - Births, Deaths, and other vital records

- Human Development Reports (U.N.)
  - International health data

- World Health Organization (WHO)
  - World health statistics
    - [http://www.who.int/research/en/](http://www.who.int/research/en/)
## Compendium of Oregon Public Health Data

The CHP Compendium provides web-based links to information and data about the public health issues facing Oregonians. Many of the resources provide additional links and information for further research of the issue.

<table>
<thead>
<tr>
<th>Topics</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td><strong>Overview</strong></td>
<td></td>
</tr>
<tr>
<td>Demographics</td>
<td>U.S. census Bureau's site for the American Community Survey profiling states, counties and some communities. Searchable for demographic, economic, social data, and includes convenient narrative interpreting the data.</td>
</tr>
<tr>
<td>Health Indicators Project</td>
<td>An Informational project of the Office of Health Policy and Research includes 58 elements important for local communities to better understand the health of their population. The majority of these data elements are a compilation of leading sources of health related data to facilitate easy access by communities.</td>
</tr>
<tr>
<td>State Health Facts</td>
<td>Statehealthfacts.org is a project of the Henry J. Kaiser Family Foundation and is designed to provide free, up-to-date, and easy-to-use health data on all 50 states. Statehealthfacts.org provides data on more than 500 health topics and is linked to both the Kaiser Family Foundation website and KaiserNetwork.org</td>
</tr>
</tbody>
</table>
### Issues

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute And Communicable Disease</td>
<td>Reportable diseases including flu, Chlamydia Hepatitis, HIV-AIDS, Tuberculosis</td>
</tr>
<tr>
<td>Addictions (Alcohol, Illicit Drugs, And Tobacco Use)</td>
<td>County-level tables for alcohol and tobacco use by adolescents and adults; County mortality rates due to alcohol, tobacco or drugs</td>
</tr>
<tr>
<td>Adolescent Health Data</td>
<td>Health behaviors, pregnancy rates, death and suicide rates;</td>
</tr>
<tr>
<td>Adult Health Behaviors</td>
<td>Topical reports, Current Disease (CD) Summary</td>
</tr>
<tr>
<td>Adult Health Data</td>
<td>Telephone survey to monitor modifiable risk factors for chronic diseases and other leading causes of death.</td>
</tr>
<tr>
<td>Air Pollutants And Health</td>
<td>Information from the Oregon and National EPHT programs current study on two pollutants: Ozone and Particulate Matter. Include links to related information.</td>
</tr>
</tbody>
</table>
# CHP: Compendium of Oregon Public Health Data

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Use, Specific Populations</td>
<td>Fact sheets about use and prevention of tobacco among specific populations.</td>
</tr>
<tr>
<td>Toxicants And Diseases</td>
<td>A searchable database that summarizes links between chemical contaminants and approximately 180 human diseases or conditions.</td>
</tr>
<tr>
<td>Violence, Intimate Partner</td>
<td>Statewide IPV data collection system to determine statewide IPV incidence and prevalence estimates as well as risk and protective factors associated with IPV.</td>
</tr>
<tr>
<td>Violent Deaths</td>
<td>Collects information from many data sources and compile incident-based cases for all violent deaths in Oregon in order to generate public health information on violent deaths and to develop violence prevention strategies.</td>
</tr>
<tr>
<td>Water</td>
<td>Oregon and National EPHT programs compiles information about water pollutants have the potential to cause both acute and chronic health effects. Includes links to related information.</td>
</tr>
<tr>
<td>Water Systems</td>
<td>Public water systems: data on coliform testing, chemical testing, contacts, violations, enforcements, public notices, and basic system information.</td>
</tr>
</tbody>
</table>
HIA Resources & Links

Oregon Public Health Division Health Impact Assessment Program

HIA Network Listserv
http://listsmart.osl.state.or.us/mailman/listinfo/health_impact_assessment

Human Impact Partners Resource Guides
http://www.humanimpact.org/hips-hia-tools-and-resources

Design for Health Tools
http://www.designforhealth.net/resources/integratinghealthissue.html

World Health Organization’s HIA Link
http://www.who.int/hia/en/

Centers for Disease Control and Prevention’s HIA Link
http://www.cdc.gov/healthyplaces/hia.htm

Next HIA Network Meeting
Thursday, April 14, 9:30am to 11am
Northwest Health Foundation
221 NW Second Avenue, Suite 300