

Identifying Vulnerable Communities in Health Impact Assessments

April 22, 2015 IAIA Conference

Sarah Hartsig, M.S., Analyst Kansas Health Institute



Acknowledgements

Thanks to:

- The Kansas Health Institute (KHI) for funding to support this initiative.
- Team members:
 - Tatiana Lin, M.A.
 - Shawna Chapman, Ph.D., M.P.H.
 - Sheena Smith, M.P.P.
 - Justin Tevie, Ph.D.



Kansas Health Institute (KHI)

Vision: Healthier Kansans through effective policy.

- **Mission:** To improve the health of all Kansans by supporting effective policy making, engaging at the state and community levels, and providing nonpartisan, actionable and evidence-based information.
 - State-level public health and health policy
 - Nonprofit, unaffiliated with academia, non-advocacy





Background



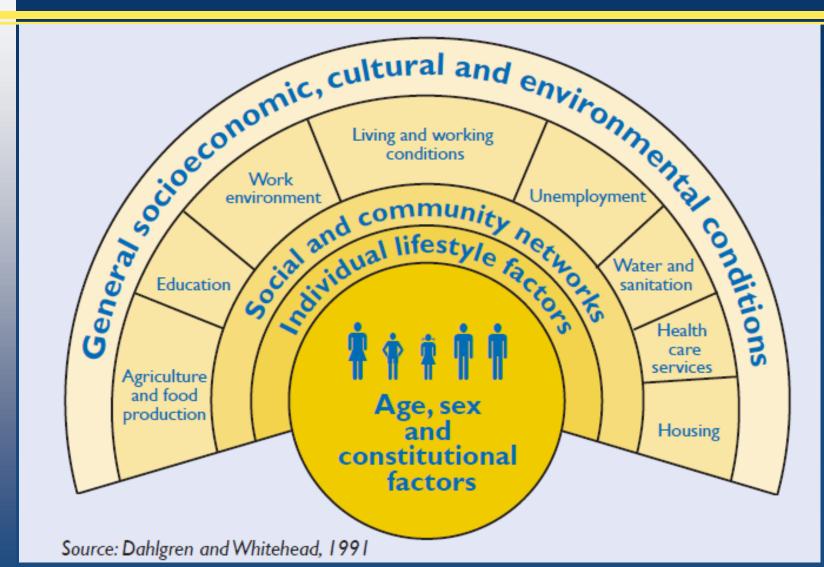




List key values in HIA Describe the need for a tool to identify vulnerable populations in HIA Illustrate the usage of the tool: a topic-tailored vulnerability score Discuss the application of the tool in HIA and other areas



Main Determinants of Health





Health Impact Assessment Values

- HIAs identify harms and benefits before decisions are made.
- HIAs identify evidence-based strategies to promote health and prevent disease.
- HIAs increase transparency, support inclusiveness, democracy, and community engagement in the policy decision-making process.
- HIAs advance equity and justice:
 - Focus on populations likely to be disproportionately affected (vulnerable populations).



Health Equity: Key Contributors





Defining the Need

HIAs could benefit from a more intentional approach to addressing equity

- Tools exist (Equity matrix: <u>http://www.humanimpact.org/component/jdownl</u> <u>oads/finish/9/294</u>)
- ... but more are needed
- Decision-makers are faced with multiple decisions and tight timelines
- Making HIA findings relevant in a succinct way is a challenge for practitioners



Topic-Tailored Vulnerability Index

Relatively simple quantitative tool to identify disproportionately affected communities across various topics Needed elements: Zip code or county-level data Prioritized list of indicators Demonstration case: Kansas' Medical Marijuana HIA

Potential Health Effects of Legalizing Medical Marijuana Health Impact Assessment

Kansas Health Institute (KHI)

HEALTH

Issues Addressed

In Kansas, three bills related to medical marijuana were introduced in the 2015 legislative session: Senate Bill 9/House Bill 2011, and House Bill 2282. The first two bills would legalize medical marijuana use for 12 defined symptoms and conditions. The third would allow only high-THC marijuana to be used for patients with epilepsy/seizures.

The study analyzed five health issues related to this bill:

- Access to Marijuana
- Consumption of marijuana
- Marijuana-related crime
- Driving under the influence of marijuana
- Accidental ingestions

d	Geographic Scope & Populations Impacted	Decision Making Process Targeted	Findings & Recommendations
ated to te Bill House bills fined ns. The high- ed for	 Geographic Scope State of Kansas (entire state) Populations Impacted Kansas residents, including: At-risk youth Children under 5 Individuals with certain medical conditions Vulnerable populations, including low-income individuals 	 Kansas Legislation introduced in 2015. KHI presented neutral testimony on SB 9 and HB 2282 HB 2282 was passed out of committee Stakeholders believe the bill still has a chance to be worked in the 2015 session 	 Legalization of Medical Marijuana may result in: Little to no overall consumer consumption Increased consumption among at-risk youth No increase in crime An increase accidental ingestion, primarily in children under 5 years of age Recommendations: Add questions to the state- added module of the BRFSS related to marijuana use
health : uana me uence	Family Medical Centr		 Ensure that law enforcement prosecutes those that willingly share marijuana with unauthorized individuals Educate students about risks associated with marijuana use Implement protective

 Implement protective packaging requirements to deter young children from ingesting marijuana



Application of the Tool

What communities in Kansas will be disproportionately affected by the legalization of medical marijuana?
What characteristics are associated with marijuana use and related factors (i.e. crime)?



Methodology

Regressions identified key indicators connected to marijuana use among youth and adults

Indicators included:

- Property and violent crime
- Poverty, income, unemployment
- Educational attainment
- Alcohol use
- Disparities in poverty rates



Methodology

15 measures identified at the county level (see handout) Z-score distribution calculated for each measure Number of measures >1.5 SD tallied for each county Tally total=vulnerability index



Methodology

County	lifetime_z	current_z	age_z	poverty_z	HS_z	income_z	unemploy_z	offense_z	lifetimeAlcohol_z	Binge_z	Poverty_disparity_BW	Poverty_disparity_HW	Sum Score
Allen	-0.073895	0.4029177	1.302	1.0985434	-0.03	0.9600103	0.956903042	0.79351941	-0.20641119	0.41476	0.330375333	-0.763833981	0
Anderson	-0.007194	0.6774444	-0.49	0.6451727	-0.03	0.3979727	1.091867386	1.0212054	0.512878774	1.010468	#VALUE!	#VALUE!	0
Atchison	0.7663151	0.7406577	1.105	0.5735878	-0.27	0.2375283	1.484490933	0.02562919	0.37870432	1.376193	-1.114781533	#VALUE!	0
Barber	0.2489607	0.070596	-1.537	-0.786524	-0.82	0.049968	-0.760824974	-0.7439475	1.679006601	1.398699	#VALUE!	#VALUE!	1
Barton	0.2696997	0.7334333	0.399	0.5497262	0.507	0.2002157	-0.27004554	-0.1165038	0.352443876	1.720114	-0.117472759	0.75831924	2
Bourbon	-0.29754	-0.326745	1.72	1.2178515	-0.01	1.1952408	0.871016641	0.49491958	0.511647816	-0.22948	1.004029184	1.895034521	2
Brown	0.5314597	0.0904631	0.677	2.1007314	-0.3	0.6753407	0.11030852	0.9085479	-0.868666754	-0.63177	-0.84757805	1.07189587	1
Butler	0.5847086	0.7695553	0.005	-1.239895	-0.73	-1.84545	1.055058929	0.27705279	-1.535435831	-0.86668	-0.809943757	-0.959819374	0
Chase	0.8184429	0.6124249	-1.35	0.502003	-0.27	0.6125525	-0.196428625	-0.0082777	0.452972137	0.549093	#VALUE!	#VALUE!	0
Chautauq	0.9238195	0.4092391	0.605	0.6451727	0.381	1.4194383	1.202292759	0.29261635	1.022905829	0.527993	#VALUE!	1.836238904	1
Cherokee	-0.301464	-0.583211	0.278	1.2417131	0.381	1.0370481	1.410874018	0.34227944	-1.07382647	-0.88427	-0.704567735	-0.946753681	0
Cheyenne	-1.981885	-1.763495	1.268	-0.71494	-0.21	1.1140536	-1.030753662	-1.0721207	-1.132091829	-1.87805	#VALUE!	#VALUE!	1
Clark	-0.511657	-0.735826	1.33	0.9792353	-0.34	0.3850097	-0.908058803	0.06944452	0.800923016	1.054074	#VALUE!	1.65985205	1
Clay	0.3307957	-0.08834	-0.269	-0.070676	-1.09	-0.271725	-0.503165771	0.36271299	0.159183424	0.390144	#VALUE!	-0.855293831	0
Cloud	-0.855812	-0.658164	0.115	0.812204	-0.09	0.9034946	-0.638130115	0.18293941	-2.100445689	-1.00453	1.877144791	0.091968903	1
Coffey	-1.7801	-1.535927	-1.153	-0.643355	-0.71	-0.98713	0.502932067	1.3407259	-1.069723276	-1.69238	1.293813243	#VALUE!	0
Comanche	-0.535198	-1.717439	0.25	-1.526235	-0.32	0.8010456	-0.883519832	-0.915414	1.159542199	0.068728	#VALUE!	0.745253547	0
Cowley	0.7125058	0.7234998	0.519	1.313298	0.129	0.6690039	0.662435382	1.38569802	-0.253597925	-0.52839	-0.546503703	0.346749914	0
Crawford	1.1553118	1.4712237	0.399	1.8621152	-0.07	1.415514	1.251370702	0.07199668	-0.554772388	-0.00301	-0.490052263	0.39247984	2
Decatur	0.5740588	0.6295828	-0.072	-0.118399	-0.77	1.022509	-0.834441888	-1.1053688	0.484566733	0.335988	#VALUE!	#VALUE!	0
Dickinson	0.1379789	-0.022418	0.283	-0.28543	-0.45	-0.308426	0.147116978	0.21525176	0.773021294	0.53995	#VALUE!	-0.718104056	0
Doniphan	0.1357368	0.4805799	0.427	0.000909	-0.23	0.1171629	1.631724763	1.65121436	1.103738757	0.5294	0.710481696	-0.286936191	2





Max vulnerability index score was 9 (Wyandotte County) Next highest: 5 Scores categorized as: "Low" (0, 1, or 2) "High" (3, 4, or 5) "Very high" (6+) 13 Counties (12%) scored greater than 3

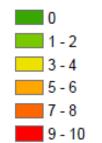


Results

Vı	Inerable Counties
County	Vulnerability Score
Douglas	5
Ford	5
Labette	4
Lyon	3
Montgomery	3
Morton	3
Saline	4
Sedgwick	3
Seward	3
Shawnee	3
Stanton	3
Woodson	4
Wyandotte	9

Cheye	enne	Rawlins	Decatu	r Norton	Phillips	Smith	Jewell	Republic	Washingto	on Mars	shall Ner	naha	Brown Don	liphan
Sherm	nan 7	homas	Sherida	n Graham	Rooks	Osborne	Mitchell	Cloud	Clay R	Pot	tawatomie	Jacks		Dr.
Wallace Lo		ogan Gove		Trego	Ellis Russell	Lincoln	Ottawa		Geary	Jerry		Inee	Leavenw	
Greeley	Wichita Scott					Ellsworth	Saline	Dickinson	Morris		Osa		las Johnso	
		Scott Lane	Lane	Ness	Rush	Barton	Rice	McPherson Mario			Lyon		Frank	lin Miam
lamilton	Kearny Finney			Hodgeman	Pawnee	THE C		Cha		hase		fey Anders	son Linn	
			Gray		Edwards	Stafford	Reno	Harv			Greenwoo	d Wood	lson Aller	n Bourb
tanton	Grant	Haskell		Ford	Kiowa	Pratt	Kingman	Sedgwi		tler		Wils	on Neost	no Crawfo
orton	Stevens	Seward	Meade	Clark	Comanche	Barber	Harper	Sumne	er Cov	vley	Elk	Montgo	mery _{Labet}	_

Number of Indicators Where County is >1.5 SD from Kansas mean





Conclusions

Combining components of health equity with topic-specific measures helps to identify vulnerable communities

The tool can be used to succinctly communicate results with decisionmakers

Relatively simple methodology makes the tool widely useful



Other Uses for the Tool

Use in screening: identify projects with bigger potential for impact

Use in recommendations: target interventions to communities which may be impacted most

Assist in community engagement: engage representatives from vulnerable communities to serve on advisory panel

Use outside of HIA: funders can use the tool to target funding opportunities



Limitations

Most useful when granular data are available Need many data points Some important indicators may have been left out (due to lack of data or lack of identification) All indicators given equal weight- but weights could be developed, if desired



Questions?

Questions for you:

What are your thoughts about this tool?
What are some opportunities and limitations?

Questions for me?



References

- 1. Equity Metrics for Health Impact Assessment Practice, Version 1 (2014). Benkhalti
- 2. Jandu M, Bourcier E, Choi T, Gould S, Given M, Heller J, Yuen T. Available at: http://www.hiasociety.org/documents/EquityMetrics_FINAL.pdf.
- 3. National Research Council. Improving Health in the United States: the Role of Health Impact Assessment (2011). Washington, DC: The National Academies Press. Available at: <u>http://www.nap.edu/catalog.php?record_id=13229</u>.
- 4. Ross C, Orenstein M, Botchwey N. (2013). Health Impact Assessment in the United States. New York: Springer Science Business Media.
- 5. Bhatia R, Farhang L, Heller J, Lee M, Orenstein M, Richardson M and Wernham A. Minimum Elements and Practice Standards for Health Impact Assessment, Version 3. September, 2014.

Contact



Sarah Hartsig, M.S.

shartsig@khi.org 785-233-5443

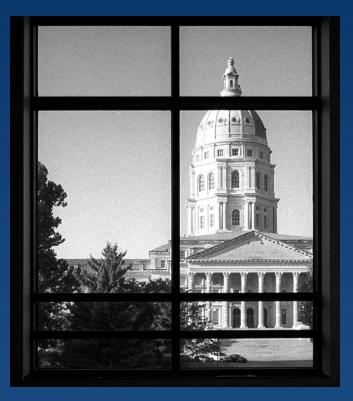




- <u>Kansas Casino HIA</u>
- <u>Wichita, KS Transit</u> <u>HIA</u>
- <u>Kansas Liquor HIA</u>
- <u>Kansas Corporate</u>
 <u>Farming HIA</u>
- Kansas Medical Marijuana HIA (coming soon)



Kansas Health Institute



Informing Policy. Improving Health.