

GENESEE TRANSPORTATION COUNCIL

RESOLUTION

Resolution 18-17 *Accepting Advancing Health-Informed Transportation Decision Making as evidence of completion of UPWP Task 5241*

WHEREAS,

1. The *FY 2018-2019 Unified Planning Work Program* includes Task 5241, *Advancing Health-Informed Transportation Decision Making*, for the purpose of building regional knowledge of and capacity for evaluating the connection between transportation the built environment, and public health through the cataloguing of data, methods, and resources and completion of two desktop Health Impact Assessments (HIAs);
2. Said Task included conducting a desktop HIA for the Genesee Valley Greenway (GVG) which assessed the potential health disparities that may currently exist in the communities along the trail, identified four health determinants for further analysis (i.e., physical activity, access and infrastructure, safety, and social cohesion), and developed recommendations that encourage use of the GVG, and in the process, help improve people's health;
3. Said Task included conducting a desktop HIA for the Rochester Bike Share which identified any potential barriers to access, including where vulnerable populations such as those with health disparities may not yet have bike sharing available to them, identified four health determinants for further analysis (e.g., physical activity, social cohesion, economic benefit and equitable access, and food access), and developed recommendations that encourage use of the Bike Share, and in the process, help improve people's health;
4. Said Task included developing a Process Insight Report that documented insights and lessons learned that can inform future HIAs in the Region;
5. Said Task has been completed and has resulted in two desktop HIAs and a Process Insight Report as part of *Advancing Health-Informed Transportation Decision Making*; and
6. Said Products have been reviewed by GTC staff and member agencies through the GTC committee process and have been found to be consistent with the goals, objectives, and recommendations of the Long Range Transportation Plan.

NOW, THEREFORE, BE IT RESOLVED

1. That the Genesee Transportation Council hereby accepts *Advancing Health-Informed Transportation Decision Making* as evidence of completion of UPWP Task 5241; and
2. That this resolution takes effect immediately.

CERTIFICATION

The undersigned duly qualified Secretary of the Genesee Transportation Council certifies that the foregoing is a true and correct copy of a resolution adopted at a legally convened meeting of the Genesee Transportation Council held on June 14, 2018.

Date _____

KEVIN C. BUSH, Secretary
Genesee Transportation Council

Executive Summary

The Genesee Valley Greenway State Park (GVG) offers great potential as a recreational amenity that could also play a role in helping area residents improve their health.

This western New York open-space corridor passes through woodlands, wetlands, river and stream valleys, farmlands, glacial gorges and historic villages across 90-miles in Monroe, Livingston, Wyoming, Allegany and Cattaraugus counties. Its northernmost, 50-mile portion is located within Monroe and Livingston counties.

Operated by the New York State Office of Parks, Recreation and Historic Preservation (OPRHP), the master plan envisions the GVG as a regional destination by creating an interstate trail system. Existing recreational opportunities within the GVG include hiking, walking, biking, cross-country skiing and snowshoeing.

As with all forms of active transportation, increased and enhanced physical activity at the GVG may lead to improved health outcomes. However, current issues related to public access, infrastructure and safety could be keeping the GVG from reaching its potential as a destination for public recreation, off-road linkages to nearby communities, parks and other trails – and contributing to health disparities.

Key issues potentially contributing to health disparities and affecting health outcomes include trail-surface conditions, safe-road trail crossings and limitations to usage by vulnerable populations.

- Existing trail conditions are rough and composed of soil, grass, and cinders, as opposed to crushed gravel.
- The GVG crosses many state or county routes with intersections that are not clearly marked with pedestrian-crossing signs or other warnings.
- Some portions of the trail are not easily accessible or do not meet the needs of all potential users, including low-income and at-risk populations, older adults and people with disabilities.

Common Ground Health and the Genesee Transportation Council (GTC) produced this Health Impact Assessment (HIA) as part of their efforts to advance health-informed transportation decision-making across the Genesee-Finger Lakes region. It is the result of extensive research and analysis, as well as guidance and feedback from an array of stakeholders from community health, transportation, planning and community engagement.

To assess the potential health disparities that may currently exist, four health determinants were identified for further analysis: physical activity, access and infrastructure, safety and social cohesion (how well integrated and connected a community is socially).





Following are a set of recommendations that can help increase usage of the GVG, and in the process, help improve people's health. The recommendations involve:

- Promoting more physical activity along the Greenway and increasing trail use, understanding that insufficient physical activity can lead to significant health disparities such as cardiovascular diseases, cancers, diabetes and depression.
- Maximizing Greenway utilization through better-connected infrastructure.
- Encouraging more community engagement with the Greenway, including accommodating the needs of vulnerable populations.
- Enhancing user safety, by adding more crosswalks at roadways, providing lighting and signage improvements and designing safer road crossings.
- Better integrating community-outreach efforts and increasing structured activities to draw more users.

This HIA could lead to concrete actions that could positively impact the Greenway's future appeal, safety and viability; help to overcome identified health disparities; and foster improved health outcomes among its proximate population centers and throughout the region.

Health Impact Assessment Recommendations

Physical Activity

Ensure accessible, safe, and maintained trails to promote physical activity.

Specific Actions:

- Partner with governments and community organizations to promote physical activity.
- Ensure that programming and events are inclusive of vulnerable populations.

Promote trail use along the Genesee Valley Greenway.

Specific Actions:

- Work with regional tourism organizations to develop campaigns on active-living health benefits of local trails/hubs for area residents/visitors.
- Utilize campaigns to increase overall awareness and usage of the Greenway as an active transportation/recreation corridor.

Access and Infrastructure

Encourage overall engagement with the Greenway.

Specific Actions:

- Make trail-access points frequent near population centers and integrate with off-trail amenities.
- Provide trail hub connections to nearby business districts, parks and schools.
- Create both public transportation/rideshare hubs at trailheads near population centers.
- Encourage adjacent businesses to promote the trail and partner with farmers markets to promote activity on the trail.

Develop protocols to capture baseline data on trail usage over time.

Specific Actions:

- Install trail counters at multiple locations, including trail heads near municipal centers.
- Document changes/improvements of trail conditions and corresponding data on increased trail usage.
- Analyze data collected to inform trail infrastructure/maintenance enhancement.
- Report trail counts and overall trail utilization to NYS Parks.

Accommodate needs of all potential Greenway users, especially vulnerable populations.

Specific Actions:

- Ensure trails are ADA-compliant when in proximity to residential/senior housing, with ADA parking available.
- Enhance trail surface conditions to stone dust or asphalt near population centers.

- Enhance trail where cyclists are impeded, especially in the southern Livingston County.
- Encourage public transportation providers with routes along Greenway to include bike racks on buses.
- Create parking areas with room for horse trailer parking.
- Improve cross-slope and remove tree roots to create a firm and stable surface.

Maximize utilization of Greenway by encouraging infrastructure that connects with trail.

Specific Actions:

- Provide connections such as new trails, sidewalks, bicycle lanes and public-transit stops.
- In rural areas where the trail utilizes the road, expand the shoulder width to accommodate cyclists/hikers.

Promote walking and biking as mobility options to low-income and at-risk groups.

Specific Actions:

- Develop safety campaigns/trail-use education to raise awareness/improve trail usage.

Increase access to healthy foods and encourage physical activity.

Specific Actions:

- Coordinate and co-promote the location of farmers' markets near trail heads.

Safety

Enhance traffic safety for all users.

Specific Actions:

- Ensure crosswalks are designed for all users.
- Develop crosswalks at roadways in Livingston and Monroe counties that cross trail points.
- Where paths for pedestrians/cyclists must intersect with the road, place crossings to increase visibility and clearly mark crosswalks for motor-vehicle drivers to identify.
- An ADA-compliant grade/trail surface condition should be present at all road crossings.

Enhance personal safety within the Genesee Valley Greenway State Park.

Specific Actions:

- Provide adequate way-finding signage and lighting.
- Implement solar lighting in high-use areas near well-traveled roads and parking lots.
- Create mile markers every half mile on the trail.
- Provide information kiosks with maps at major trail heads to guide trail users.
- Indicate proximity to municipalities including POIs/facilities on wayfinding signage.



Trail/road intersections are advertisements for trail and must be kept to a high standard.**Specific Actions:**

- Paint gates regularly, remove weeds from guard rails, replace faded signs and remove graffiti.
- Provide “graffiti walls” or other opportunities for creative expression, where graffiti exists.
- Facilitate easy ways to report graffiti/illegal dumping to NYS Parks Police via text messaging or a mobile mobile-optimized application.

Design road crossings to be safe and to mitigate pedestrian-bicyclist accidents.**Specific Actions:**

- Design signage/crosswalks with traffic-calming infrastructure to lower speeds/make motorists aware of pedestrian/bicyclist intersections along the Greenway.
- Prioritize road-crossing infrastructure enhancements around intersections that currently have incidents of pedestrian-bicyclist and motor-vehicle accidents.
- Disallow curbside parking near trail intersections and provide adequate off-road parking.
- Work with NYSDOT/Governor’s Traffic Safety Committee to educate motorists on pedestrian/dismounted cyclists’ right-of-way laws.

Social Cohesion**Foster ownership and involvement in the Greenway.****Specific Actions:**

- Design environments that promote formal and informal social interaction.
- Involve those living around the Greenway in the planning process.
- Update the community on activities and trail maintenance.

Encourage better integration of community-outreach efforts.**Specific Actions:**

- Develop annual stakeholder touchpoints with Greenway-managing entities.
- Work with the NYS OPRHP and FOGVG to create an annual stakeholder meeting to strengthen relationships and gather feedback on the Greenway.
- Develop strategic operational/programming/promotional guidelines based on stakeholder feedback to enhance outreach efforts to prospective new trail users of the Greenway.

Increase engagement with Greenway over the long-term.**Specific Actions:**

- Work to integrate the Greenway into local/regional comprehensive and economic plans.
- Focus on local town/village planning and development within Livingston and Monroe counties.
- Integrate other ecological/heritage tourism planning on a local, county or state level.

Initiate surveys on an annual/bi-annual basis for trail users/non-users local to the Greenway.

Specific Actions:

- Establish baseline data on trail users' demographics.
- Track median physical-activity levels on the Greenway.
- Utilize survey results to inform policy development and involve stakeholders (NYS Parks).
- Utilize collected data to inform trail infrastructure/maintenance enhancement.

Increase programming/structured activities to draw low-income and at-risk groups.

Specific Actions:

- Coordinate bike rides and walks with area community groups.
- Work with schools to offer after-school youth-development programs.
- Hold community events/activities at trail hubs within proximity to population centers to increase use of the trail.



Executive Summary

The Rochester Bike Share program can play a more integral role in helping the city of Rochester become a healthier community and in helping city residents achieve better health outcomes.

The Rochester Bike Share grew out of a study designed to determine whether implementing a bike-share program would be feasible in Rochester. Following an analysis of population and employment trends, an evaluation of existing plans and regulations, a review of existing conditions, and a stakeholder and public engagement process, it was determined that a bike share in and around Rochester's Center City was viable.

When launched in 2015, the Rochester Bike Share exceeded its initial goal of 250 bicycles and 25 bike-share stations, to reach 340 bicycles via 46 bike stations, utilizing the more than 60 miles of on-street bike lanes currently available in Rochester.

The bike-share system is currently available seven days per week, 24 hours per day between April and November. It is operated solely by Zagster Incorporated., selected as the official provider based on the city's decision that the company had the best bike model and shared the city's vision for a system with access throughout city neighborhoods. As of April 1st, 2018 Zagster Inc. is rebranding the bike share here in Rochester as "Pace." (Zagster Inc., 2017)

The Rochester Bike Share offers an active transportation network throughout Rochester. For residents who do not own a bicycle, or for those who want an alternative to an automobile, the Rochester Bike Share provides a means of increasing physical activity through recreation. It also offers potential for improving health through greater physical activity for those commuting from home to work, improved socialization among neighborhoods and improved access to food by creating efficient routes to grocery stores.

Some aspects of the program, however, may be unintentionally limiting its utilization and its potential positive impact on people's health – and helping lead to health disparities. These include:

- Access to the bike-share program – and subsequently to more physical activity – is largely dependent on the geographic location of bike-share stations as they relate to the proximity to neighborhoods.
- Not all city residents can utilize the system, as Zagster Inc.'s current payment model requires users to have both a credit card and a smartphone with Bluetooth technology to unlock bikes.
- While the bike share may help to improve access to healthy-food options, including supermarkets and other public markets, no bike-share stations are located directly at supermarkets (as of the time of this report).

Common Ground Health and the Genesee Transportation Council (GTC) produced this Health Impact Assessment (HIA) as part of their efforts to advance health-informed transportation decision-making across the Genesee-Finger Lakes region. This report focuses on the RBS inaugural phase's link to health disparities and health outcomes within the city of Rochester. Conducted from 2016 to 2018, it is the result of extensive research and analysis, as well as guidance and feedback from an array of stakeholders from community health, transportation, planning and community engagement.

This HIA also seeks to identify any potential barriers to access, including where vulnerable populations such as those with health disparities may not yet have bike sharing available to them.

Four health determinants were identified for further analysis to assess the health disparities that may currently exist: physical activity, social cohesion (how well integrated and connected a community is socially), economic benefit and equitable access, and food access.

Following are a set of recommendations that can help increase Rochester Bike Share usage, and in the process, help improve people's health. The recommendations involve:

- Promoting more physical activity in Rochester by placing bike stations closer to grocery stores, farmers markets, parks and other community resources.
- Maximizing RBS utilization through improved bicycle facilities and infrastructure.
- Encouraging more community education about the RBS and its potential health impact, especially with vulnerable populations.
- Enhancing user safety by ensuring bike-station placement in high visibility areas.
- Improve the payment system to reduce barriers for all populations and allow different membership options to reach low-income residents.

These suggested recommendations could increase bike-share utilization, help to overcome identified health disparities and foster improved health outcomes in the region.

Health Impact Assessment Recommendations

Physical Activity

Locate bike stations within 0.5 miles of community resources to improve health outcomes.

Specific Actions:

- Expand access to grocery stores, farmers markets, city parks, community centers, schools, and places of employment.

Encourage recreational cyclists, non-cyclists and pedestrians to be more physically active.

Specific Actions:

- Improve bicycle facilities/infrastructure, including bike lanes and new-station placement, which may increase opportunities for physical activity.

Establish baseline conditions and physical-activity goals for users.

Specific Actions:

- Integrate recorded Zagster Inc. data on total minutes of physical activity per trip.

Locate and prioritize bike stations in city-census tracts with high rates of chronic disease.

Specific Actions:

- Priority 1: Tracts 65, 92, 49, 15, 96.03
- Priority 2: Tracts 96.02, 52, 50, 93.01, 46.02
- Priority 3: Tracts 27, 80, 64, 79, 13

Social Cohesion

Encourage face-to-face communication and education around the bike share.

Specific Actions:

- Empower ambassadors/advocates of RBS at a neighborhood/census tract level
- Offer training courses through the City of Rochester or community partners to educate new users on how to utilize the bike-share system.
- Educate on New York State Department of Motor Vehicles safety policy and advocate that material on cyclists and bike share be included in driver-safety material.



Maximize communication on RBS health impacts, especially with vulnerable populations.**Specific Actions:**

- Develop strong relationships with area health-based employers.
- Produce incentive-based promotional events through Zagster Inc. and local businesses to encourage the public to ride.

Increase overall social connectedness to the bike share.**Specific Actions:**

- Connect bicycle paths and transit lines and streets via sidewalks.
- Enhance connection between neighborhood destinations. Make active transportation modes (walk, biking) easier to engage.

Determine where to locate future bike-share stations.**Specific Actions:**

- Prioritize locations by health disparities or other barriers to access, including chronic-disease rates; low socioeconomic status; lack of access to reliable transportation; ethnicity; age; proximity to community resources/transit stops.

Ensure station placement maximizes safe locations and provides user guidance.**Specific Actions:**

- Support station placement in areas with high visibility.
- Increase wayfinding signage to guide cyclists, increase engagement of riders and mitigate the potential for getting lost.
- Provide signage at stations with proximity to nearby destinations, including cultural institutions, parks, markets and area neighborhoods.

Economic Benefit & Equitable Access**Promote the integration of the bike share with other public-transportation options.****Specific Actions:**

- Partner with public-transit providers to create mobility hubs across Rochester.
- Partner with ridesharing services such as Uber/Lyft.

Move away from individual station sponsorships to new models to support RBS overall.**Specific Actions:**

- Explore methods to increase investment from public and nonprofit sectors.
- Partner with local institutions and organizations to provide subsidized memberships to low-income city residents.

Improve the bike-share payment system to reduce barriers to access for all populations.

Specific Actions:

- Move away from a smartphone requirement and enable a cash-membership option.
- Allow different membership tiers such as subsidized annual options for low-income users.

Food Access

Increase food access and improve health.

Specific Actions:

- Partner with area food advocates and farmers markets to increase food access.
- Demonstrate health impacts of the bike share to food providers to enable stronger ties and foster food access as a stated goal of the RBS.





Process Insight Report

Advancing Health Informed Transportation Decision-Making

PREPARED BY: Benjamin Woelk, M.S.

March 2018

Financial assistance for the preparation of this report was provided by the Federal Highway Administration through the Genesee Transportation Council. Common Ground Health is solely responsible for its content, and the views and opinions expressed herein do not necessarily reflect the official views or policies of the U.S. Department of Transportation.

GTC's Commitment to the Public

The Genesee Transportation Council assures that no person shall — on the grounds of race, color, national origin, disability, age, gender, or income status — be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination, under any program or activity. GTC further assures every effort will be made to ensure nondiscrimination in all of its programs activities, whether or not those programs and activities are federally funded.

En Español

El Consejo Genesee del Transporte asegura completa implementación del Título VI de la Ley de Derechos Civiles de 1964, que prohíbe la discriminación por motivo de raza, color de piel, origen nacional, edad, género, discapacidad, o estado de ingresos, en la provisión de beneficios y servicios que sean resultado de programas y actividades que reciban asistencia financiera federal.

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Introduction

The purpose of this report is to document insights, lessons learned, and recommendations from Common Ground Health’s experience in conducting two Health Impact Assessments (HIAs) during the Advancing-Health Informed Decision Making project. In an effort to inform future transportation-health analysis and HIA practice in the region, this report analyzes the data, methods, and resources that were compiled when inventorying candidate plans, relevant literature, and available data and identifies any gaps or barriers that were encountered. This report defines, gathers insights, and documents lessons learned from each one of the six steps of the HIA process, as defined by the PEW Charitable Trust.¹

Project Background

Beginning in August of 2016, a joint Memorandum of Understanding (MOU) was signed between Common Ground Health and the Genesee Transportation Council to advance health-informed decision-making in the realm of transportation. The project convened key stakeholders in the fields of transportation, land use, and health and set forth four different goals to be accomplished over a 12 month timeline. Those goals included:

- 1) Build knowledge about transportation-built environment health linkages nationally and in our region.
- 2) Inventory and analyze strategic transportation/land use plan or project opportunities in the region that could benefit from explicitly incorporating health consideration or analysis to determine potential health outcomes.
- 3) Catalogue the data, methods, and resources available to do so (as well as any gaps or barriers) and,
- 4) Select two types of plans or projects to receive a “desktop” Health Impact Assessment (HIA). Common Ground Health would then conduct two desktops HIAs for the selected initiatives, including recommendations for how future similar initiatives could more explicitly address health and document insights, lessons learned, and recommendations to inform future HIA development and practice in the region.

A Steering Committee was established from a wide array of stakeholders in the realms of community health, transportation, planning and community engagement. After convening the committee six separate times over a period of 18 months, the work of the two HIAs was finalized in March of 2018.

¹ <http://www.pewtrusts.org/en/research-and-analysis/analysis/2014/08/28/the-hia-process>

Step 1 of 6: Screening

Definitions

The first step of Health Impact Assessment involves determining whether an HIA for a given policy or project proposal is warranted and feasible, which is defined as Screening.²

Insights

During the initial phases of the project several key challenges emerged. HIAs had historically never been implemented or utilized by Common Ground Health and only two HIAs had been published across New York State at the inception of the project.³ The initial phase of the project consisted of researching HIA Methodology and other published HIAs to guide the HIA process itself. We have provided a list of HIA resources consulted in the references portion of this report. The project also benefited from involving two steering committee members who had recent experience working with, and publishing, HIAs. To help learn more about the HIA process, a Health in all Policies (HiAP) workshop with representatives from PEW Charitable Trust and the Kansas Health Institute (KHI) was held in October of 2016 at Common Ground Health. Based on the guidance provided at that training, a Screening Exercise template was applied to our project. This report includes examples of the Screening Exercise conducted for both HIAs. A list of nearly a dozen potential projects were examined, with two specific projects that had received early positive feedback from the Steering Committee put through the Screening Exercise to determine if they each warranted a Health Impact Assessment. After vetting the project through the exercise, it was determined that those two projects, the Genesee Valley Greenway (GVG) and Rochester Bike Share (RBS), were viable candidates for Health Impact Assessment. The Genesee Valley Greenway is a 90 mile trail that covers four counties, while the Rochester Bike Share is a project that represents an inaugural city-wide effort to bring bike share to the city. The comprehensive Screening Exercise was presented to the Steering Committee who endorsed the selection of the projects based on the results of that exercise. The Screening Exercise and the criteria each project was vetted through may be found in the Appendices of each HIA.

A second challenge experienced during the Screening process was that the MOU initially identified the scope of the project as conducting two "Desktop" HIAs. PEW Charitable Trusts identifies a Desktop HIA as something that can be completed in a period of weeks.⁴ One resource further defines a desktop HIA as most appropriate for policies or interventions that are expected to have only little impact on health

² <http://www.hiaguide.org/methods-resources/methods/phases-hia-1-screening>

³ <http://www.pewtrusts.org/en/multimedia/data-visualizations/2015/hia-map>

⁴ <http://www.pewtrusts.org/en/research-and-analysis/analysis/2014/08/28/the-hia-process>

and as the most basic form of HIA requiring the least amount of resources. Whether it is appropriate to carry out a desktop, or rapid, HIA, a comprehensive HIA is determined by the likelihood and magnitude of expected impacts on health and health inequalities and the expected footprint of the project including its resources, area affected, and overall complexity of the project.⁵

Based on the large geographic representation of the GVG (90 miles of trail across New York State) and in analyzing the Rochester Bike Share as an opportunity to conduct primary research and analysis (based on census tract level health data on health disparities), it became evident that our projects would exceed the initial planned scope of a Desktop HIA. The expanded scope for each project selected for HIA led to an initial anticipated timeframe of 12 months for the project to expand to an 18 month project duration.

Lessons Learned

During the onset of the report, additional clarity was needed about not only how to appropriately scope our HIAs, but also how to conduct HIAs. Having local representatives at the table was critically necessary to the success of the project. In addition, having a broader understanding of HIA before developing a MOU may better identify which type of HIA to conduct. Based on our experience with Screening, we submit the following recommendations:

- 1)** Implement the Screening process to assist in helping to scope the overall duration of the HIA before attempting to determine its scope to ensure appropriate timeline and resource allocation.
- 2)** Have local experts with HIA experience at the table; if there are none available reach out to national experts to guide and advise the HIA process.
- 3)** Have a better idea of a dynamic array of projects that may be candidates for HIA by enabling time at the onset of the project to accept potential HIA project submissions from the steering committee.
- 4)** Choose projects that currently have the opportunity to influence decision-makers and benefit the project's future - this was one of the key successes of selecting both the GVG and RBS for HIA.

⁵ <https://survey.erasmusmc.nl/he2020/phase-4-impact-assessment/main-steps-of-hia/step-2-scoping/types-of-hia/>

Step 2 of 6: Scoping

Definitions

Scoping establishes the foundation under which the health impact assessment is conducted and is instrumental in informing the design and planning of the HIA.⁶ Scoping includes the identification of potential health risks and benefits and is a participatory process driven by an HIA team.

Insights

Upon the selection of our projects during the Screening phase, we organized a half day Scoping workshop with our steering committee. When establishing the scoping process for the selected projects of the Genesee Valley Greenway and Rochester Bike Share, a critical component was to identify and define what the geographic and population study area of our HIA should be and to prioritize which of the social determinants of health would be analyzed. The social determinants of health are defined as the conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.⁷ Based on the HiaP training we received, we gained insight on how to conduct a scoping exercise that put each of our projects through criteria to better identify our plan of study for both HIAs, and which health risks and benefits should be assessed. The scoping exercise identified research questions based on existing conditions, questions to better frame these issues, potential indicators to assess, and identified data sources where this information may be found. This report includes examples of the Scoping Exercise conducted for both HIAs. Based on this insight, we were then able to identify a range of potential social determinants of health to study. At our half-day workshop we worked with the steering committee to help prioritize seven unique health determinants of study for our HIAs. Based on feedback received from stakeholders after the workshop, it was indicated that an additional determinant should be studied. After submitting the request to our steering committee, it was added, bringing the total number of health determinants to 8 (4 per HIA) for our two selected projects.

Lessons Learned

An initial, unique challenge we experienced was to define the study area for the GVG. The GVG travels across 90 miles of New York State and through four counties. Based on the large scope of the project, issues of representation in several of the counties by our project sponsor GTC (several counties fell outside of their

⁶ <http://www.hiaguide.org/methods-resources/methods/phases-hia-2-scoping>

⁷ <https://www.cdc.gov/socialdeterminants/>

Metropolitan Planning Organization's assigned territory), as well as Common Ground Health's regional representation, it was determined that only the northernmost 50 miles of the Greenway in Monroe and Livingston Counties would be assessed. Having the steering committee weigh in on this important decision was critical to being able to successfully identify a study area to which we could appropriately allocate time and resources necessary to complete the HIA. When focusing on the study area of the Rochester Bike Share, this project benefitted from the fact the bike share had a predefined territory in the City of Rochester, however the project evolved through the duration of our HIA, which led to additional needs during the assessment phase, which are identified in the Assessment portion of this report. In our unique experience of conducting 2 separate HIAs simultaneously, it was vital to distinguish specific characteristics of each project through the Scoping Exercise in order to utilize a unique basis or research. Based on our experience with Scoping, we submit the following recommendations:

- 1)** We have learned that scope can sprawl, it may be necessary to make difficult choices in further narrowing the study area or other parameters in order to accomplish the HIA.
- 2)** A comprehensive scoping workshop is vital to engage stakeholders and towards creating a participatory process that builds consensus.
- 3)** Confirm that identified indicators have data sets that exist in order to study the issues and health determinants identified for study.
- 4)** Determine if scoping confirms that the correct experts are at the table. In the example of the GVG HIA, we learned that an identified safety issue would require partners to be at the table that were not initially included. This led to a barrier in conducting further analysis on this particular issue which we did not identify until the Recommendations phase (Step 4) of the HIA.

Step 3 of 6: Assessment

Definitions

Describes the baseline health of affected communities and assess the potential impacts of the decision.

Insights

One of our greatest challenges during the assessment process was due in part to the evolution of a project we were studying. When we initially scoped the Rochester Bike Share, we built our research assumptions on phasing and targeted neighborhoods that were identified in a feasibility report for the Rochester Bike Share. Throughout the first 9 months of our project, the Rochester Bike Share expanded in ways that were not initially forecasted. The assessment process also further anchored the importance of having subject matter experts at the table who could answer primary questions that went beyond what data sets could identify. For example, we were able to learn about specific sections of trail surface condition issues on the Greenway due to first-hand experience and knowledge from the State Park Manager who sat on our steering committee. We also encountered a barrier that dealt with specific data issues regarding traffic safety, we were able to identify that pedestrian and vehicular accidents had occurred on roadways near the trail, but there was no way to identify whether these accidents involved trail users of the Greenway. Finally, due to the need to produce multiple HIAs, primary data collection was not a part of our HIA process. Other HIAs have utilized survey data, but it is not considered a requirement when conducting a HIA. The assessment work conducted for each of the HIAs is integrated in the final report as well as a Summary Assessment Report.

Lessons Learned

As mentioned, the RBS evolved during the course of our HIA, which required the ability to be fluid and adapt our data collection to the finalized phasing of the project. Based on the culmination of the first season of bike share in the city, we were able to assess new data on the actual phasing and implementation of the bike share based on where the stations were installed. The RBS HIA was able to synthesize new station placements based on this new information and anticipated improved health outcomes where bike stations had not been placed during the initial phase.

Based on our experience with Assessment, we submit the following recommendations:

- 1)** Anticipate that the project, program, or policy you have selected for HIA may evolve or change throughout the scope of the project and discuss how to address these changes with your steering committee.
- 2)** Let the data “tell the story” with initial assumptions established during the first phases of Screening and Scoping may change and may require new analysis or research.
- 3)** Some data may determine that previously identified health determinants may not be of relevant concern however, performing due diligence and reporting on these issues is still of value as social determinants of health may transition and change over time.
- 4)** Where data sets do not address a problem, look to primary data collection opportunities and subject matter experts to gain insight and perspective.

Step 4 of 6: Recommendations

Definitions

Develop practical solutions that can be implemented within the political, economic or technical limitations of the project or policy being assessed.

Insights

The key role of the steering committee and Common Ground Health was to provide evidence-based recommendations to mitigate negative health impacts and maximize potential positive health outcomes. We presented the results of our assessment data to the Steering Committee throughout multiple meetings over the summer of 2017 in an effort to review that data and synthesize new recommendations. A survey was developed that compiled a comprehensive list of potential recommendations for each identified health determinant previously identified during the Scoping phase. The survey was designed as a prioritization exercise and to assist in identifying which recommendations should be included in the final reports. The survey helped to identify which recommendations achieved consensus among our steering committee for inclusion in our HIAs. From the results of the survey, we compiled a Summary of Recommendations report. An additional opportunity for steering committee review and input was included as part of that final process. Several revisions of the recommendations followed in an effort to thoroughly ensure that our final recommendations were both specific and actionable. The final recommendations were able to be categorized by both their aligned health determinant (i.e. Physical Activity, Social Cohesion, etc.) as well as the relevant actions they represented (i.e. Data Collection, Community Engagement, etc.).

Lessons Learned

The task to create what was essentially the core product of our HIAs involved significant involvement from our steering committee but also required synthesis from the HIA Team. In developing new recommendations, it became evident that performing the initial work of developing and presenting sample recommendations was a necessary first step in order to have a tangible examples for the steering committee to review. The survey process was instrumental in combining synthesized recommendations that were submitted by Common Ground Health while also enabling the steering committee to prioritize or submit new recommendations for further review and consideration. Upon producing the Summary of Recommendations report for both HIAs, the steering committee had the opportunity to review, and improve upon, a list of recommendations before they were formally included in the final HIA reports.

Based on our experience with Recommendations we advise the following:

- 1)** Provide stakeholders the opportunity to review all data collected during the assessment phase to aid the recommendation process.
- 2)** Synthesize recommendations based on the data collected, to create tangible examples for the steering committee to respond to and build upon.
- 3)** Enable steering committee members to submit their own recommendations for considerations via a survey *after* providing key examples for greater context and guidance.
- 4)** To help build consensus among the steering committee, provide clear timetables for when feedback is expected to be received.

Step 5 of 6: Reporting

Definitions

Disseminate the findings to decision makers, affected communities and other stakeholders.

Insights

The reporting process involved a significant allocation of staff resources and time to appropriately organize and disseminate the project background, assessment work compiled, and synthesized recommendations. There were clear examples of different aspects of how to report on different sections and segments of the HIAs. After the Screening and Scoping processes, it was possible to initiate the reporting phase. Screening enabled the reporting on the introduction and background sections of the report, including why the project was selected for HIA. Scoping assisted the reporting process by enabling the ability to document the selected study area, identify the actors and components of each project, and identify which health determinants were being included within the report and why. The assessment phase enabled the ability to conduct literature reviews at international, national, and local levels and to include relevant material within each of the health determinants sections in the reports. As aforementioned a list of finalized recommendations was able to be integrated into the report. Reporting on the monitoring and evaluation phase of the HIA and writing the executive summary were the last aspects of the reporting process, an intentional decision to ensure that the full report was written and comprehensible. Being able to identify the content of the report and the final results of what was reported also enabled the ability to suggest expanded scope ideas towards new projects or studies based on the work performed and insights gathered.

Lessons Learned

Based on the insights documented above, we learned to develop and integrate some aspect of the reporting process at every phase to inform and work towards our final HIAs. The production of both the Summary of Assessment and Summary of Recommendations documents were critical components of the final reports. This material had been previously identified and endorsed for inclusion of the HIA and performed as a quality control measure due to the fact these documents received peer review from our steering committee. In managing two HIAs, it was also necessary to prioritize the formal publication of the HIAs in a consecutive manner, even though we worked on both reports simultaneously. This approach enabled us to move both reports along, but allowed for a full HIA report to be reviewed ahead

of the other to gather insight and lessons learned, and apply them towards the subsequent HIA. Upon the production of our first HIA draft, for example, we learned that the flow of the report had identified barriers on how the research and assessment were reported. A re-work of the report enabled us to better illustrate and integrate the research gathered (including what was literature review material versus primary analysis) on the project to improve the linkages between the Assessment and Recommendations. The edits and changes to the report were critical to producing a final HIA that better helped to appropriately guide the reader through the report. Based on our experience with Reporting we advise the following:

- 1)** Report on each phase of the HIA as you encounter them.
- 2)** When opportunities arise for peer review, utilize the steering committee to review incremental reports that integrate and inform the final HIA.
- 3)** Clearly distinguish between literature review material and primary assessment work completed to better identify how the HIA was informed.
- 4)** Closely monitor the reporting between the assessment and recommendations sections and ensure that strong linkages are formed and articulated.
- 5)** Consult a range of HIA reports to determine what report flow works best for your selected project. Consult materials that identify how to write HIAs.
- 6)** Enable the steering committee and other project partners to review and provide feedback on the final draft reports.

Step 6 of 6: Monitoring and Evaluation

Definitions

Monitor the changes in health or risk factors and evaluate the efficacy of measures that are implemented and the HIA process as a whole.

Insights

Based on a review of other HIAs, Monitoring and Evaluation seems to differ widely. In some cases other conducted HIAs have allocated additional time and resources to measure the health outcomes that were identified within the scope of their reports. Other HIAs, identify measures and methods to evaluate over time, but do not include reporting on those outcomes or determining whether health outcomes have changed based on a lack of time or resources. The HIAs we developed fall into the latter category as, during this project, we have not yet been able to evaluate the impact of our HIAs on our selected projects. Finally, it is worth noting that this Process Insight Report represents our key deliverable in the internal evaluation of each of our two HIAs. This last step in the HIA process represents the last formal step to expound on current conditions and potential future outcomes.

Lessons Learned

In the Monitoring and Evaluation phase, it is important to note that the nature of the projects selected may lend themselves to identifiable changes over time. As aforementioned, one of our HIAs, the Rochester Bike Share, was responsive to monitoring changes that occurred over the duration of project and adapting itself to include new assessments and recommendations based on those changes. It is also believed that the Genesee Valley Greenway may take longer to evaluate the recommendations identified and their related improved health outcomes. In the absence of being able to currently evaluate those measures as part of our HIA, we have identified protocols to ensure that potential decisions and their related health impacts are evaluated in the future. We recommended data collection and annual user trail surveys be conducted to determine changes in the demographics of trail users, for example.

Based on our experience with Monitoring and Evaluation we advise the following:

- 1)** Document the process of the HIA and identify gaps and barriers encountered during each phase of the project.
- 2)** Identify parameters on how to measure recommendations made within the document which may include identifiable changes in policy, programs, data collection, or evolved scope.
- 3)** Be adaptive and monitor changes with your project during the HIA process to ensure the project has been comprehensively and accurately profiled.
- 4)** Identify other opportunities for expanded scope and study which may include geographic or populations to study, new data collection protocols, or future ideas for HIA.
- 5)** Define the audience your HIA may target and ensure you have included relevant monitoring and evaluation ideas suitable for those decision makers to integrate.