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January 29, 2016

Honorable Members, Los Angeles City Council
City Hall
200 North Spring Street, Room 395
Los Angeles, CA 90012-4801

ATTENTION: Los Angeles City Clerk

Dear Council Members:

I am writing in reference to the proposed Clean Up Green Up ordinance (Council File 15-1026) to provide you with information about Health Impact Assessment (HIA), including how it differs from Health Risk Assessment (HRA), and to endorse the use of HIA as a tool for assessing the potential health impacts of policies, program and projects.

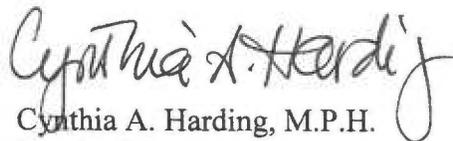
HIA is an analytic tool for assessing the potential health impacts of policies, programs and/or projects outside of the traditional health sector and for providing evidence-based recommendations for mitigating potential harms and enhancing potential benefits to human health. Over 300 hundred HIAs have been conducted in the U.S. (in almost every state) including a substantial proportion in the area of natural resources and energy (e.g., oil refineries). Most HIAs are conducted on a voluntary basis. Two states have legislatively mandated the use of HIAs in relation to specific project types. The Health Impact Project of the Robert Wood Johnson Foundation and the Pew Charitable Trusts recently completed a scan of such mandates across the country. Washington State required the use of HIAs to evaluate natural resources and energy projects and Massachusetts required their use in evaluating several types of transportation projects. HIA practice in the U.S. is guided by nationally recognized practice standards and minimum elements. HIA methodology typically includes both direct quantification of health impacts as well as consensus-based professional judgment about the magnitude of potential impacts, based on systematic reviews of quantitative scientific literature. HIA also incorporates the unique knowledge and perspectives of community members affected by the policy/program being assessed.

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HRA is one of many quantitative approaches that can be applied in an HIA. HRA is used to assess the potential harms of specific chemical hazards for which there are established clear exposure-response relationships demonstrated through controlled scientific studies. HRAs are limited in scope to a finite list of chemical agents with known thresholds for safe exposures. Thus HRA methods are typically used in HIAs only when the policy/program decision in question is expected to change exposures to known chemical hazards in a quantifiable way (e.g., if we have models of exposure response relationships derived from rigorous epidemiological studies). The important difference between HIA and HRA is that HIA take a broader public health view of health impacts by considering *all* of the potential health impacts of a policy/program for which there is solid research evidence. Not all of these health effects can be quantified in a dose-response relationship in the way that certain chemical exposures are quantified in an HRA. Thus, HRAs can produce biased estimates of health impacts by forcing a narrow focus on a limited set of potentially harmful agents. A preventive approach to reducing harms to health requires careful attention to all potential health hazards for which we have sound research evidence, even if we have not determined a dose-response relationship. Prevention is the foundation of healthy public policy.

While this letter is not intended to comment on the specifics of the Clean Up Green Up ordinance, given that the ordinance includes language about HIA, I wanted to convey the Los Angeles County Department of Public Health's general endorsement of HIA as a tool for assessing the potential health impacts of policies, programs and project outside of the traditional health sector.

Sincerely,



Cynthia A. Harding, M.P.H.
Interim Director

CAH:jb

c: Hagu Solomon-Cary, Department of City Planning
William Nicholas, Los Angeles County Department of Public Health