Section 5: Scoping—Developing an Appropriate Work Plan

Scoping uses the HECs to identify a spectrum of potential health impacts and then narrows that spectrum to a handful of key health concerns related to the project. Scoping also establishes the geographical, chronological, and demographic boundaries for the HIA. Before scoping can occur, the HIA team should obtain general knowledge of the project, including its location, size, workforce, affected communities, operations, and likely exposures. A field visit to the project site and surrounding communities is standard practice to provide context for the HIA team. The scoping process usually results in the development of a formal work plan with which the HIA team announces what issues it will and will not consider and how it proposes to complete its work. This work plan could also be utilized as a detailed scope of work if the HIA is tendered to outside contractors.

Establishing Reasonable Limits on HIA Scope

A limited scope means that the HIA team will not address every conceivable health effect or effects that are primarily nuisance impacts and rarely observed. Instead, scoping highlights health effects that produce intense impacts—with persistent duration and broad geographical scope—that are highly likely to occur. There must also be a clearly-defined causal link between the project and the anticipated health effect. The HIA should recognize that community perception of the project is deeply important and may cause behavioral changes where none would otherwise exist.

The HIA team should develop a detailed template that includes certain key subject areas and routinely excludes areas that are covered by other impact teams or that are seldom associated with significant health impacts. Standardization produces tremendous flexibility because the HIA team habitually reviews a set list of areas and can expend focused time and energy to review unique health impacts from novel project features.

The HIA should focus on major potential issues of concern. Every question and potential impact cannot be addressed

Framing the Scope of the HIA

The work plan should match the proportion of the potential health impacts and risks. A well proportioned HIA allows health issues to be integrated into project planning in a timely and cost-effective manner. The HIA team should consider the following questions as they create the work plan:

➢ Will the HIA be a standalone document or integrated into an environmental/social impact assessment?
Experience indicates that a standalone HIA is often easier to construct and write. The stand-alone HIA can be included as an appendix in an EIS. The NEPA /EIS team (often a large environmental contractor) can reference the HIA appendix while they complete various chapters of the EIS.

- Does the HIA work plan adequately coordinate with the environmental and social assessment teams?

If subsistence issues are a potential concern, the HIA team must discern whether they will have access to environmental data and whether environmental data answers questions related to human health. In Alaska, many surveys describe the harvest of wildlife but do not account for consumption. Often household nutritional surveys are needed for this purpose. Social impact teams will also survey Traditional Knowledge (TK) and the HIA team must determine if these surveys will include human health. All of the impact teams for a project must rate and rank risks, and it is important for the HIA team to use an approach that is compatible with the other analyses, but also specific to human health.

- Have the environmental, social, and health teams adequately mapped and selected the PACs and the geographical area of impact?

The HIA team should understand the rationale for differences in the projected geographical scale of the project between environmental, social, and health analyses. The HIA team must also look within potentially affected communities (PACs) to understand if there are sub-groups that are particularly vulnerable to project features. The HIA teams should ensure that these vulnerable groups are acknowledged and studied appropriately.

- Has the HIA team identified overlaps between health, social and environmental analyses in order to avoid redundancy?

Coordination with other groups working on a project review is emphasized many places in this toolkit. Especially when work areas overlap, the various teams must communicate often in order to save time and effort. Especially if one group is planning field work, other groups should be notified so that data collection can benefit the overall project review process.

- Has the HIA team identified which indirect impacts have plausible causal links to the project?

- During which stakeholder meetings will health discussions occur?

It is inefficient to have separate stakeholder meetings for health discussions. The HIA team should communicate with other project review teams in order to join stakeholder discussions already in progress.
Has the HIA team identified information gaps in plans produced by the project proponent?

In the early stages of project planning, proponents will commonly provide very tentative design information that does not specify important project features such as the location of construction camps, the layout of transportation corridors, or the movement of materials. The HIA team should carefully understand when these plans will be formalized and how potential changes may influence the health impacts anticipated. The HIA team must understand as much as possible about the amount, handling, and fate of potential contaminants of concern such as metals (e.g., lead and mercury) or toxic chemicals used in the extraction process. For remote projects, human waste and trash disposal often require incineration and the release of toxins from incinerators is often substantial. The HIA team must understand the model and operation of the incinerators included in project plans.

Defining Potentially Affected (Impacted) Communities (PACs)

During the scoping process, the HIA team must define the PACs and be careful to identify vulnerable subgroups within these communities. This process is subjective and should be coordinated with the environmental and social teams. A set of clear criteria often allow PACs to be identified in a systematic way and facilitates the development of zones of impact for the project. Some sample criteria are communities with:

- Close geographic proximity to the project
- Potential changes to water sources and quantities
- Locations in projected release areas for contaminants of concern (e.g., plume)
- High likelihood for influx, resettlement, or relocation
- Intense work force recruitment potential
- High likelihood for change in key subsistence resources
- High likelihood for change in transportation infrastructure
- Potential for economic change including regional staging centers
- Existing large burden of diseases or health problems
- Existing high level of exposure to an environmental hazard

*Defining potentially affected communities is a critical part of the HIA.*

*In Alaska, a large project that utilizes a FIFO system may draw its workforce from an extremely large geographical area.*
Considering the Availability of Key Performance Indicators (KPIs)

As the HIA team completes the scoping process, it should also anticipate the need for monitoring and evaluation (M&E) of potential health impacts which are presented in Section 10. Ultimately, scoping identifies a handful of high priority health impacts specifically related to the project. This group of impacts often becomes known as the Key Performance Indicators (KPIs) that are used to evaluate the project once operations begin. KPIs must be measurable and it is ideal if they are easy to monitor on a regular basis. An experienced HIA team will use the scoping period to create KPIs for later use.

Potential Partners for the Alaskan HIA Team

As with any major project review, the HIA team must cultivate relationships with a variety of partners who are involved with the process. Federal and state regulatory agencies will almost always be involved as well as local governments at the regional (borough), city, and village level (village councils). Each entity has unique information about the project, the local environment, and cultural and traditional practices important for completing the HIA and other assessments. In Alaska, there are a host of Alaska Native tribal organizations and affiliations that must be engaged prior to conducting an HIA for a given project. The HIA team should be very careful to involve tribal organizations in the HIA process and keep them regularly apprised of decisions and progress. Tribal organizations have considerable public health and epidemiological expertise and they maintain specialized databases, disease surveillance programs, and health records that are often the only sources of information needed to characterize the baseline health status of affected populations. The North Slope Borough and City of Anchorage are the only two municipalities in the state that have municipal health departments.

HIA practitioners from outside Alaska should be aware that the Alaska State Department of Health and Social Services (DHSS) maintains an established HIA program. This program does conduct HIAs, but also cooperates with other entities seeking to conduct HIAs in the Alaska. The HIA program maintains this toolkit document and can answer questions about the location of key data sources and best practices for Alaskan HIAs.
**Table 2: Selected Tribal Health Organizations**

1. Alaska Native Tribal Health Consortium  
2. Aleutian/Pribilof Islands Association  
3. Arctic Slope Native Association  
4. Bristol Bay Area Health Corporation  
5. Chugachmiut  
6. Copper River Native Association  
7. Council of Athabascan Tribal Governments  
8. Eastern Aleutian Tribes  
9. Ketchikan Indian Community  
10. Kodiak Area Native Association  
11. Maniilaq Association  
12. Metlakatla Indian Community  
13. Mt. Sanford Tribal Consortium  
14. Native Community of Eklutna  
15. Native Community of Tyonek  
16. Ninilchik Traditional Council  
17. Norton Sound Health Corporation  
18. Seldovia Community Tribe  
19. Southcentral Foundation  
20. Southeast Alaska Regional Health Consortium  
21. Tanana Chiefs Conference  
22. Yukon-Kuskokwim Health Corporation  
23. Valdez Native Tribe

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*Tribal health organizations are extremely important stakeholders in the HIA effort.*