National Network of Public Health Institutes

HEALTH IMPACT PROJECT

HIA Practice in the U.S.
The Public Health Institute Model

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Executive Summary

Public health institutes (PHIs) are a natural home for the institutionalization of the practice of Health Impact Assessment (HIA). PHIs are non-profit organizations that work with a diverse range of multi-sector and multi-disciplinary partners that have a shared interest in creating conditions that lead to improved health. Since 2009, NNPHI, the membership network for all public health institutes, has been engaged in supporting the institutionalization of HIA practice. For over six years, NNPHI has partnered with national organizations such as the Centers for Disease Control and Prevention, the Health Impact Project (a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts) and the Office of the Surgeon General to promote the use of Health Impact Assessment and create training, technical assistance and resources for local, state and federal practitioners to use HIA. NNPHI produced this report for HIA practitioners and those interested in HIA to share strategies for the institutionalization of HIA as learned from the public health institutes. Research for this report was conducted through an online survey and nine key informant interviews. The survey was distributed via email to all NNPHI members (n=39). Appendix A includes a list of all NNPHI members. 26 public health institutes responded, yielding a response rate of 67 percent (n=26/39). Of those PHIs that responded to the survey, seven shared contact information to participate in a key informant interview. NNPHI selected two additional PHIs to participate in an interview; they were selected based on their interest and capacity to conduct HIA. The landscape of HIA practice among PHIs includes: 1) Existing capacity-PHIs that have conducted 2 or more HIAs and provided training and technical assistance, 2) Limited skills-PHIs that have conducted 2 or fewer and participated in HIA training and 3) Lack of HIA Experience-PHIs that have not participated in either training or conducting an HIA.

Of the 42% of PHIs who stated their organization is involved in conducting or contributing to HIAs, 91% have been a primary author and lead coordinating organization for HIA according to NNPHI's online survey**. 88% said their PHI incorporated HIA as an ongoing line of business**. Interviewees saw HIAs as an effective tool for community engagement, strategic assessment, providing complex information in an easy- to- understand way and directing policy and programmatic conversations towards health issues. "*HIAs help people understand and commit to the idea that a policy might be affecting health*", a PHI staff member said. Key roles that PHIs play to support HIA practice include stakeholder and community engagement, serving as a neutral convener and providing direct training and technical assistance. There were many lessons learned or challenges identified by the public health institutes from their HIA (or lack of) experience. Challenges include scoping or the ability to appropriately focus HIA projects to fit time and resources available, funding for HIA, politics and regional challenges, especially in the Southeast US. PHIs recommended that organizations explore creative approaches toward leveraging their existing resources in coordination with grant funding from a national, state, or local funder to create HIA as an embedded practice. Interviewees suggested that a more sustainable and productive model would be to provide core support for organizations so that they could provide technical assistance for agencies who would like to utilize HIA as a tool, but don't have the staff or the financial resources to implement the process. With additional core support, PHIs envisioned working with public agencies to educate them

about the value of HIA and working with them to incorporate these into required aspects of new projects, policies or program changes.

Additionally, many PHIs have developed divisions and services that could work in a cross-cutting collaboration to create a Health in All Policies (HiAP) or HIA task force within their organization that consistently screens potential policies or projects that are not considering health in their development and would benefit from the HIA process or use of an HIA tools or resources. PHIs described several strategies that NNPHI can implement to support the institutionalization of HIA practice among public health institute such as completing an environmental scan of potential clients to develop a HIA marketing plan, as well as inform PHIs on the best sectors to engage with and new opportunities for collaboration.

Introduction

Health Impact Assessment (HIA) is a tool for considering health in potential policies, programs, and practice that may not actively consider health. In the past five years, the field of HIA has matured in the US, reaching a level where HIA is more widely recognized, more commonly practiced, supported by laws and formal policies, and has been accepted as a part of public health practice[1]. This report shares a model of institutionalizing the practice of and reliance on HIAs in the US through public health institutes (PHIs). Through the PHI experience, there have been many lessons learned related to the opportunities and challenges for embedding HIA practice within existing organizational capacity and creating demand for HIA among partners and stakeholders. These organizations have a unique perspective on the challenges and opportunities for the institutionalization of the practice and reliance on HIA in the US.

About PHIs

Public health institutes are non-profit organizations that work with a diverse range of multi-sector and multi-disciplinary partners that have a shared interest in creating conditions that lead to improved health. These partners include, but are not limited to government, academia, community organizations, healthcare systems, media, philanthropy, and businesses. Together, institutes and their partners work to leverage assets using the principles of collaborative leadership to improve the places where people live, work, learn, and play. Public health institutes address current and emerging health issues by providing competency-focused expertise in areas such as: training and technical assistance; population-based health programs; health policy; research and evaluation; health systems transformations; health information services; health equity, health communications and social marketing; and fiscal/administrative management.

[1] Ben Harris-Roxas , Francesca Viliani , Alan Bond , Ben Cave , Mark Divall , Peter Furu , Patrick Harris , Matthew Soeberg , Aaron Wernham & Mirko Winkler (2012) Health impact assessment: the state of the art, Impact Assessment and Project Appraisal, 30:1, 43-52, DOI: 10.1080/14615517.2012.666035

About NNPHI

Founded in 2001, NNPHI is a highly active network comprised of 43 member public health institutes, and affiliate members in 31 states spanning all 10 HHS regions. NNPHI's mission is to support public health system initiatives and strengthen its member institutes to promote multi-sector activities resulting in measurable improvements of public health structures, systems, and outcomes. NNPHI and its member institutes are non-profit organizations that implement public health policy and program initiatives throughout all 50 states. NNPHI works collaboratively with PHIs and strategic partners to leverage capacity, facilitate innovation, and enhance the public health system to foster improved system, organizational, and community health outcomes. NNPHI staff and PHIs collaborate through a "Distributive Capacity Network" model (Figure 1) to build capacity and share network resources, at the local, state, and national levels. Network collaboration is multi-directional, as NNPHI staff, leadership, and PHIs exchange resources and information. The strength of NNPHI's networked system is that it provides local experts and a national reach; and a unique frame to engage community in the provision of rapid, accessible, culturally competent, evidence-based public health improvement strategies

Figure 1. NNPHI's Distributive Capacity Network

Since 2009, NNPHI has been engaged in supporting the institutionalization of HIA practice. Through a CDC program, *Innovations in Public Health Policy Competition*, NNPHI funded several HIAs with PHIs[2]. Each project worked in close collaboration with CDC staff to support the HIA process. In 2011, NNPHI partnered with Health Impact Project to create an opportunity for PHIs to build and sustain HIA capacity and become resource centers for PHIs and other organizations seeking to use HIAs[3]. Over the past four years, NNPHI has funded four public health institutes to conduct HIAs, trained ten PHIs to conduct HIA and trained two PHIs to become HIA training centers within their state. NNPHI has also co-facilitated the National HIA Meetings held in 2012 and 2013 and will be co-facilitating the 2015 meeting. In 2012, NNPHI, through its partnership with the CDC, supported technical assistance to federal agencies to utilize Health Impact Assessment as a tool for implementing the National Prevention Strategy. PHIs provided technical assistance to three federal agencies, the Environmental Protection Agency, the Office of Housing and Urban Development and the Department of Transportation, to complete HIAs. This work was featured in the 2014 Annual Status Report to Congress.

Methodology

Research for this report was conducted through an online survey and nine key informant interviews. The online survey was created using Qualtrics, an online survey tool. The survey was distributed via email to all NNPHI members (n=39). Appendix A includes a list of all NNPHI members. The survey was targeted to staff within member institutes who had experience with HIA or had attended training on HIA. For those PHIs not currently engaged in HIA, it was sent to a broad set of programmatic contacts within the institute. The survey was open on March 26th, 2014 and closed on April 14th, 2014. 26 public health institutes responded, yielding a response rate of 67 percent (n=26/39). Of those PHIs that responded to the survey, seven shared contact information to participate in a key informant interview. NNPHI analyzed the data from the survey utilizing the Qualtrics analysis and reporting features. NNPHI selected two additional PHIs to participate in an interview; they were selected based on their interest and capacity to conduct HIA. An interview guide was developed with expertise from two PHIs with national HIA reach and staff from the Health Impact Project, as well as a consultant with years of qualitative research experience. Nine key informant interviews were conducted with teams or individual PHI staff from May-July 2014 with follow-up questions in August, 2014 with all nine public health institutes that participated in the original interviews. The interviews were transcribed during the interview process and then subjected to qualitative analysis software to code for major themes across all the interviews.

Current Models of HIA Practice

[2] More information available at: http://nnphi.org/program-areas/health-in-all-policies/innovations-in-public-health-policy-competition

[3] More information available at: http://nnphi.org/program-areas/health-in-all-policies/health-impact-assessments

Currently in the US, there are several different "homes" for HIA. HIA practice can most often be found among local and state health departments, but universities, other non-governmental organizations, community based organizations, advocacy groups and private sector companies have also conducted HIAs[4]. Each of these homes present unique challenges and opportunities for providing long-term, institutionalized HIA practice. The current funding and capacity picture for HIA practice is highly variable state to state.

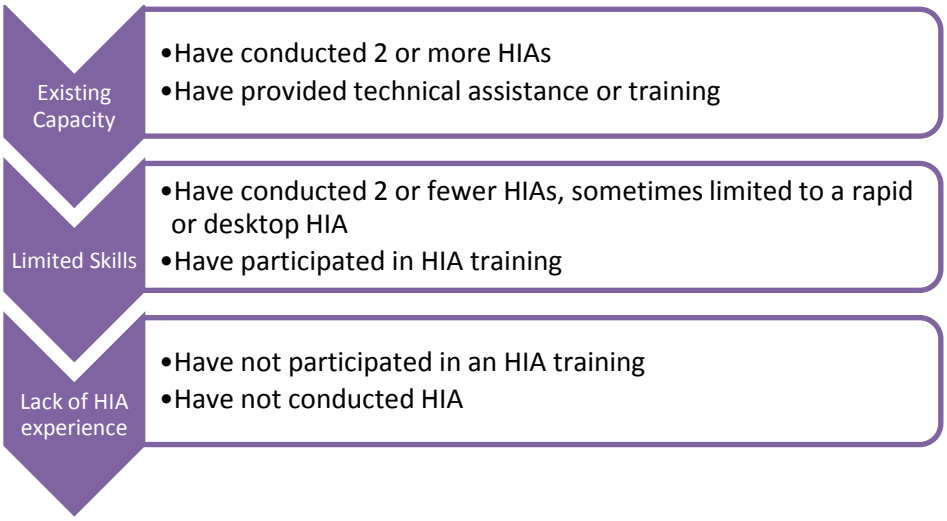
Public health institutes have been pioneers in US HIA practice. Some PHIs have had close to a decade of experience in conducting HIA and have been a natural home for early experimentation in HIA. Generally, PHIs have served as a "backbone organization" for collective impact efforts in their states and regions. Their ability to serve as a neutral convener and leverage resources from many different partners as well as provide a broad portfolio of services related to assessment, authentic community engagement, providing primary and secondary data collection and analysis, make PHIs a stable, long-term home for HIA practice[5]. In some states, such as Wisconsin, the PHI has served as a home for HIA when the political landscape made it difficult for the state health department to continue to conduct HIA or promote the use of the tool. In other states such as South Carolina, Georgia and Florida, the public health institute has provided added capacity to other partners who did not have the skills or resources to conduct HIA but had an interest in contributing and participating as a partner in the process. Many PHIs have served as a training and technical assistance resource centers for their state, region and nationally. As one interviewee shared-" *{HIA} fits well within our organization's mission because we convene and serve as neutral convener and to provide evidence based . . . We have taskforces and committees and help them come to conclusions about what the solutions are by facilitating. So then we push the agenda as advocates. So it's a perfect fit for HIA because it's about getting people together to hear all voices, data gathering, evidence and all those things."*

Landscape of HIA Practice among the PHIs

Of the 26 respondents to the survey, 42% said their organization is currently involved in conducting/contributing to HIAs. 27% said their organization has received training in HIA but have not conducted HIA. 31% said their organization has not participated in training or HIA but they are interested (Figure 2). The key informant interviews provided additional context and detail for the range of HIA practice among PHIs.

Figure 2. Three levels of PHI HIA Capacity

[4] Rogerson, Bethany. *State of the HIA Practice in the Southeast Region*. Presentation at the Southeast Regional HIA Meeting, Davidson, NC, July, 2014.
[5] A Guide for Developing and Thriving as a Public Health Institute. NNPHI, 2014. Available at: http://nnphi.org/publications/modular-guide-to-developing-thriving-as-a-public-health-institute



Why HIAs

In the key informant interviews, PHI staff described a multitude of reasons for their enthusiastic adoption of HIA as a tool to improve the public's health, including opportunities to contribute to the field's evolution and cutting edge practice. PHI organizational engagement in HIAs has often been instigated by executive level directive or staff who were curious about how to more effectively engage community or political leaders in Health in All Policies (HiAP). According to one interviewee, her Executive Director had heard about HIAs and sought out an opportunity to try it. "*Our institute is very entrepreneurial; we have flexibility to try out new things as they come along. We were working on CDC projects that allowed us to do HIA – and we thought that might be a good time to do it. The cost center could support the work. You just have to jump in and that's a barrier because not everyone has that type of financial flexibility.*"

Interviewees saw HIAs as an effective tool for community engagement, strategic assessment, providing complex information in an easy- to-understand way and directing policy and programmatic conversations towards health issues. "*HIAs help people understand and commit to the idea that a policy might be affecting health*", a PHI staff member said. Another interviewee explained that HIAs helped her engage in conversations about challenging issues with legislators or policy

Text Box 1. Named Partnerships

- Advocacy organizations
- FHEC
- Greenville Health System
- Local Area Transportation/Transit Authority
- Local cities and municipalities
- Local Council of Governments
- Local Department of Planning
- Local Health Department
- NNPHI
- Nonprofit organizations
- Other PHIs
- Piedmont Health Foundation
- Public Health Law Center
- State Health Department
- Universities: KUSM-Wichita, Wichita State University, Furman University, University of North Carolina, Johns Hopkins

makers and those in areas traditionally considered non-health sectors. "*This [the HIA] was a way to talk to them about something very concrete*," she said. Others agreed, noting their institute focused on systems and policy and that HIAs help them move policy towards better public health. *"The HIA makes a group of stakeholders think about their policy decision and how it would affect health. It is a tool to get people to think health in policy. So, if you do a health impact assessment on a policy, you're essentially saying you are using this tool to see how this will affect the health of the community and stakeholders involved".*

Multiple institute staff explained that HIAs helped them beyond conversation into multi-sector collaboration. "*We're [their institute] very interested in multi-sector approaches, very interested in HiAP and convergence and leveraging other systems for help such as transportation, community development, and economic policy*," one interviewee said. "*We see those as social determinants of health, so HIA is a really good tool for leveraging or using other systems, other sectors, other policy areas to support health*." Some partnerships created during planning and implementation had tangible long-term impacts, such as the consideration of health impacts among multiple sectors and non-traditional partners. In one instance, this fresh understanding lead to a state summit, which in turn helped to leverage additional resources for a future HIA in children's health policy. Text Box 1 illustrates many of the names partnerships that PHIs referenced in their interviews.

HIAs also provided an opportunity for PHIs to collaborate with each other and other partners. PHIs collaborated in the provision of technical assistance to other partners as well as providing technical assistance to each other in the implementation of their HIA practice. One interviewee described their method: "*By doing our HIAs in conjunction, we combined some of our literature search and created a more efficient process*." Another interviewee explained that being part of the network allowed them to share commonalities, learn best practices and adapt it to their state. "*Since the field is new in the United States, this network is especially important*," she said. Others said HIAs provided additional, often untapped, opportunities to partner with local health departments (LHDs), who often contracted with PHIs to develop and implement data collection processes or provide high-level coordination. This arrangement provided small-level business opportunities.

PHI Roles and Institutionalization

Of the 42% of PHIs who stated their organization is involved in conducting or contributing to HIAs, 91% have been a primary author and lead coordinating organization for HIA according to NNPHI's online survey**. 88% said their PHI incorporated HIA as an ongoing line of business**. Assisting with the development and implementation of HIAs is a natural fit within PHI missions, philosophies and strengths. Given an overarching approach on health equity, place-based initiatives and community participatory methods, many institutes have broad background in community engagement and collaboration, which are essential skills for implementing appropriate HIA practice standards. Often an institutes' first step was to engage a broad spectrum of collaborators in developing strategies to improve health outcomes, going beyond established relationships in areas such as economics, urban

development, planning, transportation and education. PHIs have also guided those who worked in health and health care to directly impact the social determinants of health. PHIs described the HIA process as a constant "learning curve" that is influenced by the audience/stakeholders for the HIA as well as the topic.

Topic, Geographic Scope and Type of Decision Making Process

86% of PHIs currently involved in HIA stated that HIA has been explicitly identified as an area of broad organizational interest and this is evidenced in 3 ways:

- ✓ By including HIA as a strategic goal and capability within larger organizational strategic plans;
- ✓ Building HIA and HiAP into existing coalition priorities or activities;
- ✓ Ongoing identification of potential HIAs in a systematic process within the organization.

PHIs have conducted HIAs primarily on the built environment and housing with a few related to agriculture and food, labor and employment, transportation and other topics. PHIs reported that there are several topics/sectors they are interested in or well-positioned to focus on for future HIAs, including agriculture and food, built environment, housing, physical activity, public services, transportation, education, climate change, labor and employment and others such as corrections. Table 1 shows the geographic scope of HIAs that PHIs have completed.

Table 1. Geographic Scope of PHI completed HIAs

Answer	Number	Percent
Specific site or facility (e.g. a school campus, specific housing development)	3	33%
Neighborhood	6	67%
City	5	56%
County	2	22%
Region	3	33%
State	5	56%
Nation	1	11%
Where applicable, please use the field below to briefly describe the geographic breakdown and provide an explanation of your answers above.*	4	44%

*Descriptions included a mix of state and region or regional approaches.

The majority of completed HIAs among the PHIs informed municipal government decisions (78%). Other HIAs informed state government (67%), private sector, county government and regional government (33% each) decisions. A smaller number of HIAs informed federal government decisions.

Community Engagement

PHIs are a trusted partner in their communities; bringing community voice and priorities to the table is a common role for PHIs in their population health activities. PHIs reported that an important benefit of the use of sound HIA methods is the advancement of authentic community engagement, which enhances community connectivity with other population health initiatives beyond the scope of individual HIAs. Nationally, PHI staff has supported the development of stakeholder engagement tools

and resources. PHI-designed trainings focus on community engagement as a theme throughout the HIA process, not just one or two steps, with practical strategies for authentic community engagement. 82% stated their HIA work has led to new partnerships, primarily with State/local health departments, community development corporations, advocacy organizations, local government, businesses and others. As one interviewee shared- "*We learned a lot of different roles that different partners could play. Someone from the local health department did evaluations of what strengths of the local health department versus CBO, versus the institute could bring to the process. It helped us understand how different partners could play different roles. Just because we were doing it, doesn't mean that one group has to do everything."*

PHIs also provide capacity building support for community participation. PHIs provide a supportive infrastructure and utilize engagement strategies that are tailored for the HIA topic, providing training and education to help communities be full participants in the process. However, despite existing relationships, much depends on the specific topic of the HIA and how community residents view the topic. PHIs recognized that community engagement can be variable from topic to topic; a critical component is the relevance to current community priorities. As one interviewee shared, "*The difference [between experiences with HIA] is the nature of what was being researched. We had much better community engagement [with the second one], but it wasn't a change that we decided on. It was a project that the community was really concerned about. It was people who lived in the community versus in the [first HIA] we had just policy makers and it was difficult to engage the stakeholders. It was easy and a problem they felt deeply in their lived experience*." Regardless of the topic, PHIs place a priority on authentic community participation and have helped to advance the field of HIA practice in stakeholder engagement strategies.

Neutral Convener

One of the core practices of PHIs is their role as a neutral or strategic convener. PHIs have a long track record of being a home of strategic population health coalitions or work groups and a place for innovative ideas to be discussed and developed. But within the world of HIA, interviewees discussed the nuance between being an advocate and a neutral convener. Some PHIs argued that accurate health information availability is the highest priority and that the findings essentially speak for themselves. Others saw themselves as advocacy organizations, stating that health information must be pushed upstream to achieve health policy goals. One interviewee shared: *"A lot are concerned that the quality of research is not robust enough and that the line between political organizing and research was too blurry. It is hard working with community stakeholders collaboratively (not to hold an agenda). That is a big challenge."* Another interviewee stated: "*Conducting a HIA is making sure that all the stakeholders involved really understand that it's not an advocacy tool and that can be very tricky. You have to hammer it over and over again. There have been examples of HIA used as an advocacy tool. Then that gives us pause and questions whether it is research or not…I think that it is the mission of the institute is to provide evidence based research and not get involved in advocacy and not become politically involved in advocacy*."

Generally, PHIs fall across a spectrum of education and advocacy as it relates to public health practice. Some PHIs have a hired lobbyist on staff while others frame their role as education for policy makers, rather than advocacy. One interviewee shared, "*In all our work we are focused on systems and policy . . . our whole orientation is towards this kind of work and having the tools that help us move policy in a positive direction towards better public health*." Another interviewee shared, *"We convene taskforces and committees and help groups of varied stakeholders come to conclusions about what the solutions are by facilitating conversation and providing information. The resulting recommendations may be published by our organization, but we do not do advocacy – we let the recommendations speak for themselves and many of our partners are advocacy-oriented organizations. This dynamic makes HIA a perfect fit for our organization because it's about getting people together to hear all voices, gather data and, evidence and facilitate an advisory committee in coming to recommendations."*

Training and Capacity Building Internal to PHIs

According to the surveys and interviews, all PHI staff currently involved in HIA had received HIA training, either on the job at a former position or through workshops and webinars before they helped their institute initiate or participate in an HIA (See Text Box 2 for a summary of the trainings received). Anxious to begin the work, one PHI built their initial HIA team by hiring those with previous experience. "*It allowed us to branch out and apply for more grants and use their expertise to build our portfolio*," an interviewee said. One organization, with a staff of approximately 80 people, formed a cross-disciplinary team by pulling personnel from research and evaluation, training and capacity building and policy and practice.

Text Box 2. Trainings Received

- National Conferences
- Georgia Public Health Institute
- Health Impact Project [supported by PEW and RWJF]
- NNPHI
- Oregon Public Health Institute
- San Francisco Department of Public Health & Wellness

Some interviewees mentioned the value of going to conferences where they could first learn the basic HIA skill set and later, present their own lessons learned. These conferences allowed staff to network, discuss common issues, support other practitioners and feel supported. "*We didn't have money to do that, but thought it was worth the investment. We met the people who were doing HIAs and shared the work, which was intentional. We like being on the cutting edge of the field of how HIA is getting shaped*." as one interviewee described. She shared a recent HIA training hosted by NNPHI as practical and "*one of the best that I have attended*."

For PHIs newer to the field, the technical assistance support package provided along with funding from the Health Impact Project proved invaluable to capacity building and successful HIA implementation. Interviewees expressed consensus on the essential aspect of both training and technical assistance both for them and their partners. "*Anytime someone does their first HIA, they need TA. You can read these steps and do a training, but when you're doing your first one, you have a ton of questions and need someone you can go to for asking questions*." Those who received the most continuous technical assistance reported the most favorable outcomes, including an increase in their confidence to do that

work. One grantee noted that their support team provided valuable feedback on their assessment and pathways. "*They were very connected all the way*," said one interviewee, as she explained her on-going package of technical assistance (Text Box 3) afforded by becoming a Health Impact Project grant recipient.

Text Box 3. TA Package for a Health Impact Project grantee

- A tailored, two-day HIA training for core grantee staff, advisory committee members and broader stakeholder audience to orient everyone to HIAs, as well as help grantee initiate scoping steps.
- Assigned training, mentoring, and technical assistance (TMTA) provider
- Regular meetings with Health Impact Project grantee liaison and TMTA provider
- Ongoing mentoring and technical assistance, including feedback on HIA interim deliverables.
- Additional technical assistance and nationwide networking opportunities at the annual Health Impact Project grantee meeting in Washington D.C.

Staff of one participant in an NNPHI institutionalization project noted that matching of a technical assistance provider's background/experience to the topic of the HIA leads to more valuable technical assistance provision. Additionally, regular and on-going communication between the technical assistance provider and the HIA practitioner is important for maximizing the technical assistance benefits. "*By the time we tried to pull TA into the conversation, we were too far down the rabbit hole to explain where we were. But if they had been part of conversation the whole time, it would have been more helpful*," a staff member said.

While training appeared to affect people's comfort-level and project success, on-the-job experience had the most impact on a public health institute's ability to complete HIAs in a timely, cost effective method with adequate community engagement. "*I can't think of anything I did in the second one that I did in the first one*," an HIA practitioner said reflecting on her experience implementing HIAs. Her first experience taught her to set a very specific timetable and ensured participation from strong set of community members, both of which are large components of scoping.

Lessons Learned/Challenges

Through the key informant interviews and the Qualtrics survey, there were many lessons learned or challenges identified by the public health institutes from their HIA (or lack of) experience. The following themes are a compilation of the experiences shared.

Scoping

In the interviews with PHI staff, the HIA step of scoping and the role of PHIs in completing this step, was an important theme. PHI staff were not interviewed specifically on each HIA step, but scoping was frequently mentioned. As a tool to set the foundation of the HIA, scoping requires the practitioner to determine what, who and how of HIA (Text Box 4), a complicated assessment that requires diverse skills

and knowledge in research, political process, community engagement and topical knowledge. Given this, many interviewees noted that scoping provided one of the biggest learning curves for themselves and their organizations in their evolving HIA skill set.

Scoping is often the most time consuming and financially challenging step, especially for beginning HIA practitioners. PHIs shared that they overreached on the geographic focus for the HIA (e.g., one or two neighborhoods versus whole city) and analytical boundaries, such as selecting too many areas to research within their assessment process.

Text Box 4. Scoping Concerns

What

1. What are the aims & objectives?
2. What concerns have been raised?
3. Are there any relevant relationships to statutory requirements?
4. What will be the HIA extent & boundaries?
    a. What is to be included & excluded?
    b. What are the boundaries in terms of timing & location?
    c. When will the assessment be done?
    d. How much time will it take?
    e. What is the geographic (region, families, children) & temporal (5, 10, 20 years?) scope

Who

1. Conducts the HIA?
2. Important stakeholders?
3. Consultants?

How - Budget, funding, methods, evaluation

According to interviewees, they struggled with balancing the needs of stakeholders (e.g., exploring a large set of indicators) with the available resources (i.e., staff, finances, time). "*There are different priorities and different indicators that everyone wants to look at*," said a PHI staff member. "*We wanted everyone to get an HIA that met all of their needs. So we weren't willing to compromise, but 21 different indicators were too much*." As institute staff members and collaborators worked through this process, they learned more about topics areas and methods to narrow their focus. While trainings, especially participatory and real life trainings, helped organizations increase their scoping capacity, interviewees universally agreed that practice itself had the most impact in effectively implementing this HIA step.

The ability of an organization to effectively scope the projects had dramatic impact on their success and financial viability. Many interviewees indicated that they lost thousands of dollars during their first few HIA projects that would have been remedied by appropriate scoping. Scoping provides a realistic opportunity to focus the work on the best leverage point to impact policy, especially when partners want a comprehensive view. "*If you pick everything, the literature [review] will take forever, each part will take forever,"* said one interviewee*. "We try to convince them [clients] that we're looking at a scope…You don't have the money to spend 2 years writing a report. It needs to be something really practical*."

Funding and Resources for HIAs

Funding and resources to conduct HIAs are generally still a challenge for the field. While there are some promising models for mandating HIA in legislation or creating Health in All Policies task forces at the state or regional level that are charged with on-going HIA practice, funding for HIA is still highly variable

from state to state and current public health practice struggles to fully provide resources for HIA. Among PHIs that have conducted HIA, respondents were asked how the HIAs were primarily funded. Grants from a non-profit foundation (e.g. Health Impact Project, California Endowment or Kresge) was the most common (70%), followed by NNPHI-funded (which is technically either from the CDC or Health Impact Project) (50%), Client fee for service (40%, which is likely from grant-funded HIAs on which the PHI was a sub-contractor), Grant from federal agency (e.g., CDC, HUD) (30%) and self-funded (20%). See Text Box 5 for additional detail on HIA funding sources. The challenge with funding and resources was a very common theme in the interviews.

Text Box 5: HIA Funding Sources

- Health Impact Project
- CDC
- HUD
- EPA
- Kresge Foundation
- Local Health Departments
- Regional Planning Entities
- State Health Departments
- State Health Foundations

The start-up costs for institutionalizing HIA practice are considerable and several PHIs shared that they provided resources from their administrative overhead or discretionary funds to support their HIA practice. For example one institute estimated that they invested $70,000 conducting their first HIA. Another person said that their PHI used a lot of in-kind to complete their project. "*There were times that I was using 75% of my time instead of the 12% that is in the budget*," she said. The bottom line for many interviewees is that while HIAs fit within their mission, "*there is a lot of work that has to be done according to proper procedures and you need proper funding to do that*". It takes a combination of both PHI organizational investments in staff time, leveraging other resources as well as grant funding or contractual opportunities to get started and to institutionalize HIA as an on-going practice.

A common sentiment was that the lack of a steady stream of available funding inhibited the HIA process, specifically in developing expertise, staff and partnerships. Smaller agencies are unable to dedicate core staff positions to this, because of their inability to accurately predict funding streams. In particular, interviewees discussed challenges related to keeping staff, hiring contractors or ensuring that partners with higher level specified skills sets are retained for individual HIA projects. *"[It's difficult] getting the stakeholders together with the time and skills to do the actual work and the research that goes with it. Just to have all the skills . . . we would need a health economist. It's finding all the right people to do the work, getting all the stakeholders and then having some kinds of network set up where some partners could approach the decision makers at the times of the HIA and the capacity to put out friendly looking report."* Larger or more established agencies have more of an ability to blend funds and staff across projects. They pull team members from various departments to assist with different aspects of the HIA, which they said was more cost effective and realistic than hiring people just to do HIAs.

Interviewees suggested that a more sustainable and productive model would be to provide core support for organizations so that they could provide technical assistance for agencies who would like to utilize HIA as a tool, but don't have the staff or the financial resources to implement the process.

Interviewees attributed other funding issues to their ability to consistently support HIA projects. They identified challenges with the timing of HIA funding opportunities and being able to properly line up grant periods with HIA decision-making timelines. "*More funding that lets us go out and offer ourselves and our skills to people who needed or wanted to do HIA in some way*," an interviewee said. "*We brought sources to table because where we had core funding to do work. You can't keep the foundation of the skill set and have it ready when you need to do an HIA because it's always topical and project funded and that's hard to do*."

Another interviewee stated that limited financial resources also kept them from significantly contributing to the field by doing adequate evaluations. "*What happens is that people are over budget and understaffed and it gets time to do evaluation and the funding is over. We're trying to rethink how to fund for 'real' evaluation. Report and evaluation is due at the time [of the completion of the HIA] which does not give you time to see how the HIA plays out. When we write grants, we try to write in gap time between when the HIA is due and the HIA evaluation. That may be where HIA crumbled. The serious question is when does it actually work? If we're going to put up the money, we have to prove that it impacts health. If we don't strengthen evaluation components, it's going to have big ramifications for future of HIA funding."*

Politics

Political resistance or complexity is often seen as a barrier to completing successful HIAs. Some decision-makers or stakeholders may not view HIA as an accepted methodology or may be opposed to applying the tool to a specific topic because of a lack of political will. Challenges may also arise when developing partnerships and engaging community members for a particular HIA. Many interviewees discussed the need to understand the political culture and context, as well as the implication of HIAs on policy decision points. One interviewee shared that on a specific HIA-"*This particular topic [sugary drinks] is one that divides advocates that are normally on same side of issues: advocates for food security, advocates for low income people are on one side and public health are on the other. It divided what we have been traditionally aligned with*." While some PHIs have direct experience with policymakers, others may struggle with understanding the decision making structures and timelines of municipal, county, state and regional decision makers. "*Another big piece of advice is to understand the decision-making process and decision-making timeline. It is so important early on. It's not necessarily the case that the decision points are as clear as you think they might be . . . Ask, what are the decisions that are made in committee and how can those be targets of HIAs. Be knowledgeable that HIAs timelines can change dramatically, both with political and infrastructure*."

HIA as one tool

HIA is not the right tool for every decision making process. "*It's a tool. The bigger and more important work is Health in All Policies and applying right tool at the right time. Sometimes that's HIA and sometimes it might not be.*" As the field of HIA has evolved, many practitioners have begun to explore HIA 2.0 - how the tools, processes and resources within the steps of HIA can be utilized individually to

support health in decision making without conducting a full HIA. NNPHI member, Public Health Institute, manages the state of California's Health in All Policies task force.[6] This task force has created a mechanism for high-level policy makers to incorporate health as an integrated consideration of new policy, program or project development. There are other examples in the US of organizations such as metropolitan planning organizations that are actively considering health in their project development and processes. PHI HIA practitioners had suggestions for how to implement HIA 2.0. As one interviewee shared, "*We have learned that the HIA is a tool that we use at a certain time in the process, but we have to use other strategies to be more effective in our involvement. … When the structure and process can really add value, like the comprehensive five step process of the HIA, sometimes that's the best tool. One of the different strategies is to bring health to the decision-making table in the non-health sector*." This interviewee also shared, "*For some, HIA came first and then they realized that it's one tool in broader set of strategies. In other organizations it's the other way around, where people said, 'Here's a tool that we could use*.' *To get at the evolution of the field, [my hypothesis is] those that started with HIA are transitioning to broader HiAP framework*."

Regional Challenges

A decade ago, HIA practice was largely limited to pockets on the west and east coasts. Since 2007, the Health Impact Project has tracked the development of HIA capacity through a national database and has shown a growth rate of 800% over the past seven years[7]. While the growth of HIA practice nationally has been explosive, there are still many pockets where there has been little to no reported HIA activity. One of these areas is the Southeast region, often defined by the states of Texas, Oklahoma, Arkansas, Louisiana, Mississippi, Alabama, Georgia, Kentucky, Tennessee, West Virginia, Virginia, North Carolina, South Carolina and Florida. This region has historically struggled with poor health outcomes and a lack of coordinated public health infrastructure.[8] Several PHIs have led the development of HIA practice for their state, in Florida, Georgia and South Carolina especially. But states such as Arkansas, Louisiana, Mississippi and Alabama are still struggling to build capacity and demand for HIA.

To support further capacity building in the Southeast, the Town of Davidson has convened a Southeast Regional HIA Summit for the past two years (2013 and 2014)[9]. The summit has offered training and technical assistance and a networking opportunity for current and emerging HIA practitioners. PHIs have been an active supporter of the summit, providing training, technical assistance and presenting on their HIA work. This year's summit proposed creating a "southern strategy" for building capacity and

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[6] Rudolph, L. Caplan, J. Mitchell, C. Ben-Moshe, K. and Dillion, L. 2013. Health in All Policies: Improving Health Through Intersectoral Collaboration. Institute of Medicine. Available at: http://iom.edu/~/media/Files/Perspectives-Files/2013/Discussion-Papers/BPH-HiAP.pdf

[7] Rogerson, Bethany. *State of the HIA Practice in the Southeast Region*. Presentation at the Southeast Regional HIA Meeting, Davidson, NC, July, 2014.

[8] Ralph, Joe. *Healthy Community Design in the Southeast*. Presentation at the Southeast Regional HIA Meeting, Davidson, NC, July, 2014.

[9] Materials from the 2014 Summit available at: http://www.healthimpactnc.com/summit/presentations-and-photos-from-2014/

demand for HIA. The strategy would include activities that could be tailored and replicated by representatives in their respective states. Summit attendees were interested in working with the Society of Practitioners of Health Impact Assessment (SOPHIA) to support the strategy and future summits.

Positioning for the Future

PHIs have had several years of practical experience of developing HIA capacity and considering strategies for creating institutionalized practice. Currently there are significant barriers, such as the "start-up costs" for institutionalizing HIA as well as the general lack of funding and resources and challenges related to the diverse skills sets of public health practitioners, not all of which are conductive to doing HIA. Despite these challenges, several PHIs have incorporated HIA as a strategic area for growth and development, and have utilized internal resources to grow this capacity. "*I'd say that we view HIA as a potential line of business, and we would like to find opportunities to lead, participate in and support HIAs in the region."*

Training and Technical Assistance

PHIs see an exciting opportunity in the area of training and technical assistance for their particular skill set. "*We are building our capacity to design and conduct trainings with diverse sectors to build demand for HIA. We began our HIA work by working with the community development sector, and since then we've been able to build upon this work to reach sectors such as labor and employment. It's important to do this because decisions in all of these sectors can impact health*." Another interviewee shared, "*We are developing our training capacity for HIAs and have conducted a couple of trainings. There seems to be a lot of interest nationally in training, and this could be a niche that we continue exploring. We want to be TA providers and support other entities doing HIAs.*"

While many institutes struggle with the financial challenges of leading HIA implementation, more experienced institutes have gained a national reputation for providing training and technical assistance. Those entities have created a revolving door that allows for broader marketing, more clients and inclusion in national technical assistance contractor pools and named contractors in grant applications.

Creating Demand

With additional core support, PHIs envisioned working with public agencies to educate them about the value of HIA and working with them to incorporate these into required aspects of new projects, policies or program changes. "When a public agency is going to be giving funding at the community level, they have the decision making power to say, these are the things we're going to require you to do and we will give you this money," an interviewee said. "So this is a Health in All Policies strategy: you need to show that you are considering health impact and outcomes." She cited HUDs newer regulations that require builders and grant applicants to show how they are going to improve health outcomes through their construction projects and residential programs. One interviewee said that they have many potential opportunities to work with the city and state adding that if the city would build interest in their departments and sister agencies, then it would be possible that one of those entities would be

interested in engaging with them on that work. "The more that we can do in training, outreach and educating, we might be able to get other local communities interested," the interviewee said. "As the field grows, there's a lot of opportunity. There's no one else as well positioned as us to do the work." Another interviewee shared a similar thought-"The number of partners that have the expertise is growing and building through the state and local health departments. What we're seeing happening in the last 12 months, as the local health department has the opportunity to apply for HIA funds through state or federal that we cannot apply for, they are getting funding and contracting with us to do the bulk of the work. For our organization specifically, it's in line with the direction that we're taking. Instead of starting with our advocacy objective and what decisions we need to impact, we are starting with what are our tools for that. Communities are coming to us. They are giving us the topic (housing, etc.). For our community and the field, this wavy line about HIA and HIAP will impact how this work happens in our community too." Additionally, as HIA is increasingly demanded in legislation as a component of transportation, housing, education and other policy decisions, PHIs will have an important role to serve as capacity extenders for local and state government in their role to complete HIAs in up-coming projects.

Funding

Start-up costs for building an HIA skill set and conducting the first HIAs for an organization can be considerable. Many of the PHIs have explored creative approaches toward leveraging their existing resources in coordination with grant funding from a national, state, or local funder to create HIA as an embedded practice. As HIA practice evolves and the demand grows, there are many additional opportunities to resource the institutionalization of HIA practice. There are indications that community development corporations and private companies are beginning to see value in conducting HIA as a dimension of sustainability, a way of enhancing social benefits and supporting greater community engagement. As this type of demand grows, entrepreneurial PHIs will be in an excellent position to provide HIA consulting services to clients on the local, state and national level. There are innovative financing mechanisms such as community benefit, social impact bonds and Collective Impact collaborations that may be excellent mechanisms for future resources to support HIA.

Hospitals and health systems can be both a valuable stakeholder as well as potential funder of HIA practice. In the pursuit of creating shared accountability for the Triple Aim of better care for individuals, lower costs and better health for populations, hospitals and health care systems are looking for evidence-based approaches to supporting the health of their populations. Non-profits hospitals have an obligation to demonstrate commitment to health and their mission through their community benefits programs. HIA is an excellent tool to achieve population health goals and hospitals have utilized this tool in their community benefit mission to support community health improvement.[10] As an approach to collaborative financing of mutually beneficial population health activities, many public health institutes

[10] Issue Brief: *Partner with Nonprofit Hospitals to Maximize Community Benefit Programs' Impact on Prevention*. Trust for America's Health, January 2013. Available at: http://healthyamericans.org/assets/files/Partner%20With%20Nonprofit%20Hospitals04.pdf

have explored the Collective Impact approach to collaboration.[11] In their role as neutral conveners, PHIs have served as "backbone organizations", providing credibility, ownership and existing partnership to Collective Impact approaches. In this role, there is an opportunity for PHIs to make the case for HIA as an evidence-based approach to compliment a broader portfolio of Health in All Policies activities with partners. As communities look for new strategies to cross-sectors, especially between community development, education, housing and other social determinants of health, PHIs can serve as a home for HIA activity and offer an approach for leveraging multiple resources for on-going support of HIA practice.

Organizational Capacity Development

PHIs gave suggestions for how they could further develop their organizational capacity to conduct HIAs. PHIs are encouraged to think of HIA as a fundamental public health skill set that is needed to address 21st century population health challenges. PHIs should consider adding HIA experience or capacity in the types of HIA-related activities such as stakeholder engagement, literature reviews, data collection, reporting, evaluation and others as part of future position descriptions. Additionally, many PHIs have developed divisions and services that could work in a cross-cutting collaboration to create a HiAP or HIA task force within their organization that consistently screens potential policies or projects that are not considering health in their development and would benefit from the HIA process or use of an HIA tools or resource.

NNPHI's Role in Building PHI Infrastructure for Institutionalization of HIA

Several interviewees discussed the role of PHIs and the National Network in the HIA field. These entities often played similar and complimentary roles, such as providers of training and technical assistance, engagement experts, neutral conveners or thought leaders. Both entities provide cascading layers of support and structure. In many ways, NNPHI serves as the hub that facilitates linkages among member institutes and at a national level. "*NNPHI has been helpful in facilitating connections and making it easy for us to participate in collaborative learning*".

For example, NNPHI works with national funders to enhance their members' ability to both implement HIAs and increase the capacity of local (state, region or community) partner agencies to use HIAs to inform policy decisions that impact health. Institutes recognized NNPHI's role with Health Impact Project staff and resoundingly agreed that they would like NNPHI to take an active role in helping them secure additional funding for their HIA work. "*We need the person power; a good chunk of funding to build on what we have done.*" said one interviewee. Two staff people from separate PHIs suggested providing a transparent and supportive funding network that would allow smaller or less experienced PHIs to be more competitive. More specifically, they said they would have liked increased transparency in previous HIA funding decisions. In a broader context, an interviewee stated that NNPHI could provide

[11] Hanleybrown, F. Kania, J., Kramer, M. Channeling Change: Making Collective Impact Work. Stanford Social Innovation Review, 2012. Available at: http://www.ssireview.org/pdf/Channeling_Change_PDF.pdf

assistance with developing sustainability models for institutes who have or would like to make HIAs a priority. "*The lack of funding and chasing grants and the lack of capacity to sustain those relationships is frustrating,"* she said.

In the future, NNPHI can support the institutionalization of HIA practice among public health institute through the following strategies:

- ✓ Identifying and making resources available (e.g., funding, training, technical assistance, coordination, internal and external connections) that extend public health institutes' HIA capabilities;
- ✓ Ensuring coordination to avoid duplication of efforts;
- ✓ Establishing a peer network and a pool of experts accessible to all institute members;
- ✓ Completing an environmental scan of potential clients to develop a HIA marketing plan, as well as inform PHIs on the best sectors to engage with and new opportunities for collaboration;
- ✓ Increasing national awareness about the importance of and demand for HIAs as a tool to improve health outcomes; and
- ✓ Leveraging the network's growing portfolio to contribute to the adoption and dissemination of more effective local policies and programs that protect and improve the public's health

In conclusion, this report shared strategies for the institutionalization of HIA as learned from the public health institutes. The lessons and experiences of building HIA practice from the ground up are broadly replicable for other organizations interested in institutionalizing HIA practice. NNPHI continues to serve as a national partner in the efforts to institutionalize HIA across the country. The network plans to showcase these strategies at the 2015 National HIA Conference and continue the dialogue about HIA institutionalization.