

Supplement

Do health impact assessments make a difference?

A national evaluation of HIAs in the United States



Center for Community Health and Evaluation (CCHE)

April 2014

Overview: This document describes data collection and analysis methods, includes the set of tables CCHE used to synthesize data from the 23 HIA cases in our sample, and includes a summary of results from our web survey. It supplements the report of evaluation findings, *Do health impact assessments make a difference? A national evaluation of HIAs in the United States*, available at <http://www.rwjf.org/en/research-publications/find-rwjf-research/2014/04/do-health-impact-assessments-make-a-difference-.html>.

Contents	Page
Methods	2
Characteristics of case study sample	5
Table 1. Changes in decision making as a result of HIAs	6
Table 2. Other outcomes and benefits as a result of conducting HIAs	9
Table 3. Common characteristics that increased likelihood of success	15
Table 4. Barriers and challenges to success	20
Table 5. Themes related to scale: effort, complexity, duration	23
Table 6. Lessons learned related to HIA data and communicating findings	26
Table 7. Engagement –involving and interacting with decision makers and other stakeholders	29
Table 8. Opportunities to strengthen the field of HIA	33
Web survey results	38

Suggested citation:

Bourcier, E., Charbonneau, D., Cahill, C., & Dannenberg, A. (2014). Do health impact assessments make a difference? A national evaluation of HIAs in the United States: Supplement. Seattle: Center for Community Health and Evaluation.

Methods

The Center for Community Health and Evaluation (CCHE) created an 8-member HIA Evaluation National Advisory Committee (HENAC), with representatives from philanthropic organizations, academic institutions, and HIA firms. The committee provided guidance on design, data collection, analysis, reporting and dissemination. The evaluation approach is informed by a review of the literature on HIA success factors (i.e., factors that increase the likelihood of HIA success) and evaluation of HIAs, including potential intermediate outcomes expected of HIAs. Following the literature review, CCHE drafted a logic model (Figure 1) of a typical HIA to define the intervention being evaluated and to depict the intermediate and long-term outcomes HIAs are intended to achieve. The logic model guided and focused the evaluation and development of the data collection instruments.

In-depth Case Studies

The evaluation uses a comparative case study approach (Yin, 2003), with the most intensive effort being in-depth case studies of 23 completed HIAs that had publicly released recommendations. At the request of the funder, the in-depth case study sample included HIAs supported by the Health Impact Project, a collaboration of RWJF and the Pew Charitable Trusts (n=10), and by the RWJF Active Living Research initiative (n=4). CCHE identified an additional 13 HIAs through expert opinion as having elements that were successful. CCHE successfully recruited 23 of the 27 HIA cases to participate in the evaluation; two HIA lead investigators declined to participate, one HIA was excluded on the basis of not self-identifying as an HIA, and one HIA was substituted to add more geographic and investigator diversity. Overall the sample was purposefully selected to allow for diversity in geography, sector, and funding source.

CCHE scheduled site visits to allow for at least 6 months¹ to have passed since HIA recommendations had been released. The evaluation team worked with each HIA lead investigator to identify 5-7 key informants and implement an outreach and scheduling strategy with each key informant, which was a politically sensitive process. For each HIA, interviews were scheduled with 1-2 decision makers, 1-2 HIA team members, and 1-2 community stakeholders.

CCHE developed a semi-structured interview guide, with open-ended questions tailored to decision makers, HIA team members and community stakeholders. Questions covered origins of the HIA, decision maker and stakeholder involvement, time and resource use, how the HIA made the case for its recommendations, the degree to which recommendations were used and implemented, major results of the HIA, factors that facilitated any successes, challenges, and opportunities to increase the success of HIA. We gathered detailed narrative data on each HIA from multiple perspectives. Decision makers included federal, state, and locally elected and appointed officials, high-level agency staff, and private sector leaders. Interviews were conducted between March 2012 and March 2013 with 166 key informants, of which 119 were in-person and the rest were by phone. HIA team group interviews (typically 1-3 key informants) averaged 90 minutes while individual interviews lasted approximately an

¹This timeframe was possible in all but 2 cases; one was only 5 months, and the other was released the same month as the evaluation interviews.

hour. One third of the decision-maker interviews were compressed into 30 minutes. Evaluation team members took notes on laptop computers during the interviews, as close to verbatim as possible; notes were cleaned within 48 hours in preparation for analysis. To promote consistency, 6 of the 23 HIA site visits were conducted by 2 members of the evaluation team, and interviews for 2 of the HIAs were independently coded by 2 people.

The evaluation team uploaded transcripts into the qualitative analysis software program *Atlas.ti 6.0* (ATLAS.ti Scientific Software Development GmbH; www.atlasti.com). Using Grounded Theory techniques (Corbin & Strauss, 2008) and a code list developed from the evaluation questions and categories in the logic model, team members who conducted the interviews coded the data. The coded data were then analyzed using an immersion/crystallization approach (Borkan, 1999), which emphasizes gaining an in-depth knowledge of the data to identify key themes. Themes were aggregated into a case study template. As each case study was completed, it was reviewed by all 3 analysts in a team meeting so that wording could be clarified to ensure faithful and accurate representation of what we observed in the data and as an extra step to ensure consistent use of codes. Once all 23 case studies were completed, the evaluation team reviewed the data a second time to identify common/cross-cutting themes and draw conclusions. The team compiled a set of 8 tables, organized by the evaluation domains of interest (e.g., impact, success factors, challenges), to synthesize the themes across 23 cases.

Web-based Survey

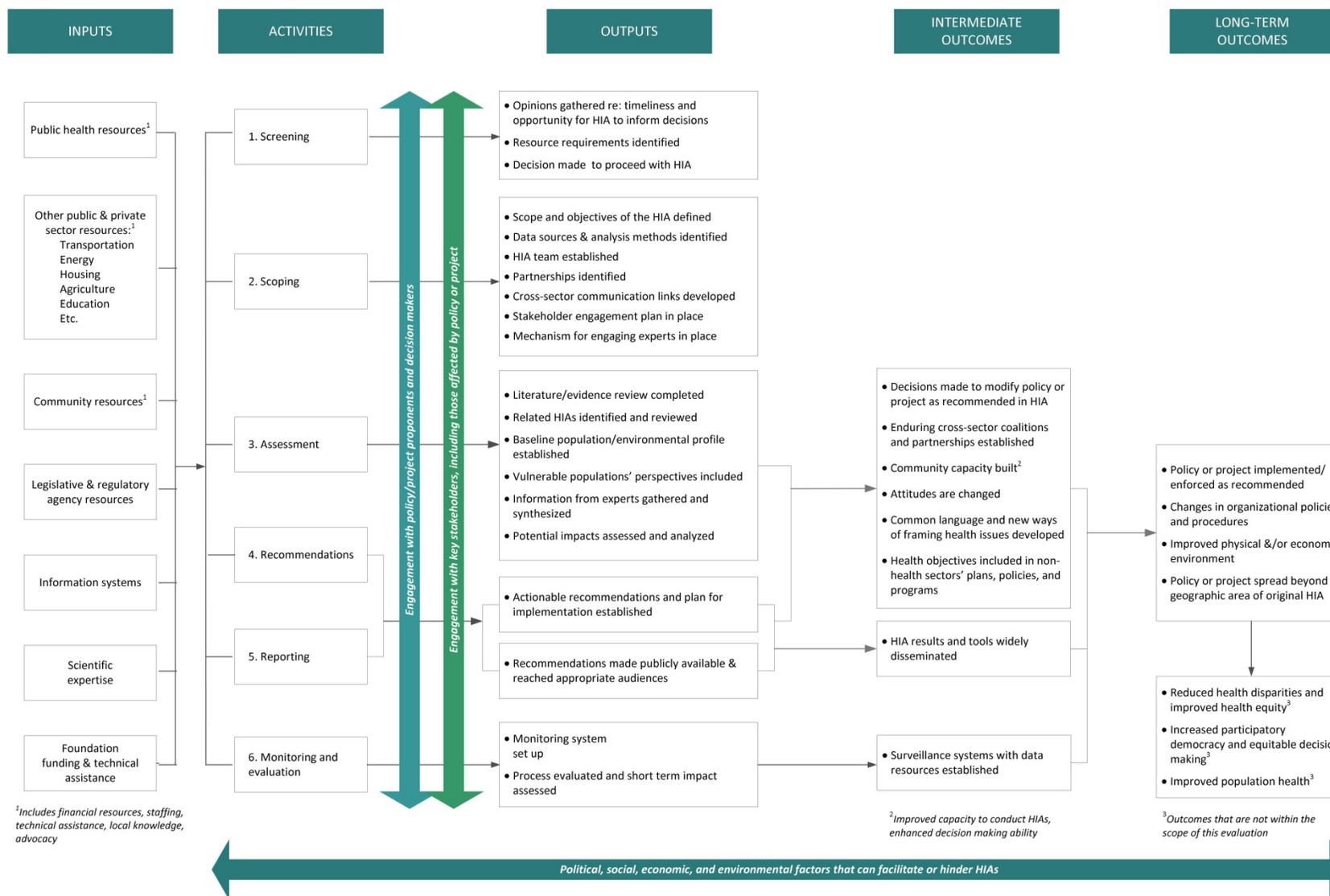
To add breadth to the evaluation, the in-depth case studies were supplemented by a national web-based survey of HIA practitioners, defined as having completed at least one HIA. In January 2013, the survey, administered through SurveyMonkey (www.surveymonkey.com), was sent to a convenience sample of 121 individuals associated with HIAs who were identified from the Health Impact Project and UCLA-HIA websites. In March 2013 the survey was sent to 22 attendees of the HIA of the Americas meeting who were not on the previous list. In February and March 2013 the survey was promoted to recipients of email newsletters from the Health Impact Project and Human Impact Partners. Multiple reminders were sent and the survey closed in April 2013. The questions were primarily closed-ended and focused on the impact of HIAs and success factors.

References

- Borkan, J. (1999). Immersion/Crystallization. In B. Crabtree & W. Miller (Eds.), *Doing qualitative research* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Corbin, J. M., & Strauss, A. L. (2008). *Basics of qualitative research: techniques and procedures for developing grounded theory* (3rd ed.). Los Angeles, CA: Sage Publications.
- Yin, R. (2003). *Case study research: design and methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Figure 1

LOGIC MODEL OF GENERAL HEALTH IMPACT ASSESSMENT



Characteristics of 23 HIAs examined in depth

HIA	Year completed	Lead agency	Sector	Focus	Main funding source	State
1	2013	University	Transportation	Mass transit expansion	Foundation	CA
2	2012	Nonprofit organization	Food & agriculture	Agricultural plan implementation	Foundation	HI
3	2012	Nonprofit organization	Natural resources & energy	Metering technology implementation	Foundation	IL
4	2012	University	Built environment	Transit-oriented development	Foundation	TX
5	2011	University	Built environment	Brownfield site redevelopment	Foundation	GA
6	2011	Nonprofit organization	Transportation	Light rail expansion	Foundation	MN
7	2011	State policy agency	Economic policy	State budget	Foundation	NH
8	2011	Nonprofit organization	Food & agriculture	Farm-to-school legislation	Foundation	OR
9	2011	Local health department	Built environment	Waste recycling facility permitting	Foundation	NM
10	2011	State health agency	Labor & employment	Worksite tax-credit legislation	Foundation	KY
11	2010	State health agency	Climate change	Cap-and-Trade regulations	Foundation	CA
12	2010	University	Built environment	Zoning code revision	Foundation	MD
13	2010	University	Built environment	Urban revitalization	Foundation	MO
14	2010	Local health department	Built environment	Bicycle-pedestrian master plan	Foundation	WA
15	2010	Local health department	Built environment	Alcohol outlet regulation	Federal agency	CA
16	2010	Local health department	Built environment	Comprehensive plan update	Federal agency	OR
17	2010	University	Natural resources & energy	Oil and gas exploration	Local agency	CO
18	2010	University	Transportation	Pedestrian infrastructure development	Federal agency	NM
19	2008	Local health department	Built environment	Comprehensive plan update	Foundation	CA
20	2008	Nonprofit organization	Built environment	Transit-oriented development	Foundation	CA
21	2007	University	Built environment	Urban redevelopment	Foundation	GA
22	2007	Local agency	Natural resources & energy	Environmental Impact Statement mitigations	University	AK
23	2005	University	Housing	State rental voucher budget	Anonymous donor	MA

Table 1: Changes in decision making as a result of HIAs

Decision maker report of HIA shaping their decision making	
Yes 11 (48%)	
Themes	Illustrative examples
Revealed new health data, outcomes, and correlations that supported decision making	<p><i>6 HIAs</i></p> <ul style="list-style-type: none"> • Showed that transportation policy was related to health drivers such as the built environment, and ultimately health outcomes such as obesity and diabetes • Surfaced issues, provided specific direction for environmental mitigations—in some cases that data went directly into the Environmental Impact Report (EIR) • Cost savings or economic data was useful and convincing
Provided data supporting decision maker efforts under way to advocate for health	<p><i>5 HIAs</i></p> <ul style="list-style-type: none"> • Reinforced existing health knowledge • Provided a future road map for considering health even if not immediately applicable • Made the case for health in development policies
HIA data on neighborhood level health effects will support future decision making	<p><i>3 HIAs</i></p> <ul style="list-style-type: none"> • Better understanding of neighborhoods decision maker serves • Concrete ideas and a new health lens/cross sector emphasis directly guided redevelopment plans
Overt attention to human health factors is a meaningful addition to decision-making process	<p><i>2 HIAs</i></p> <ul style="list-style-type: none"> • Codifying HIA recommendations can support neighborhood development • Public health should be explicitly addressed in environmental impact assessments
Mixed report 7 (30%)	
Certain elements were useful/influential while other elements were not	<p><i>3 HIAs</i></p> <ul style="list-style-type: none"> • HIA highlighted need for change, though planning department lacked authority to implement most recommendations and already knew the need for change • Policy decisions were already going in the direction recommended by the HIA, which added a sense of urgency
No decision maker consensus—some found the HIA influential while others did not	<p><i>3 HIAs</i></p> <ul style="list-style-type: none"> • HIA recommendations led to positive outcomes, but some decision makers said it did not influence them at all and felt HIA process and products were flawed

Table 1. Changes in decision making as a result of HIAs

No		3 (13%)
Weak report and/or disputed findings	1 HIA	
Health-related recommendations did not rise to the top given myriad priorities demanding decision maker attention in a major urban area	1 HIA	
Good information, but plans changed due to market forces, so HIA information was not used	1 HIA	
No report		2 (9%)
Decision maker key informant was not available for interview	1 HIA	
Decision maker said he could not comment on this question	1 HIA	

Reports from decision makers, stakeholders, and HIA team members—HIA influence on decisions

Direct link to recommendations		11 (48%)
Themes	Illustrative examples	
Recommendations were incorporated in the decisions they targeted	<p>4 HIAs</p> <ul style="list-style-type: none"> Integrated and allocated funding for the promotion of health throughout a multi-year, multi-sector project Directly informed the building process for a mixed-use urban redevelopment project County plan incorporated recommended transportation policies and implementation criteria HIA tipped the scales to get a policy funded and provided the plan for how to implement Legislator changed mind and reintroduced a health promoting tax credit bill 	
Some recommendations were adopted as written while others were incorporated in supplementary materials	<p>3 HIAs</p> <ul style="list-style-type: none"> Half of the recommendations were adopted as mitigations in an Environmental Impact Statement, while others were addressed in a public health appendix 	
Recommendations were aligned with existing direction and were only minimally included	<p>2 HIAs</p> <ul style="list-style-type: none"> 40% of the recommendations were already in a land use code, and 60% had no effect Led to a modest pilot project using HIA specifications 	

Table 1. Changes in decision making as a result of HIAs

Components of recommendations were cited as needing further discussion or analysis	<i>2 HIAs</i>	
Indirect link to recommendations		6 (26%)
Information from HIA recommendations influenced policy discussions and direction	<i>4 HIAs</i>	<ul style="list-style-type: none"> • City Council created a workgroup to address recommendations housed in the accompanying EIR • Recommendations informed legislative agenda
Proposed deleterious change was not implemented (and therefore met the goals of the HIA)	<i>2 HIAs</i>	<ul style="list-style-type: none"> • Permit for a project opposed by community residents was not granted • Proposed reductions in funding to state program did not go forward
Targeted decision changed		2 (9%)
Because of economic downturn, project did not go forward, but HIA had some influence	<i>2 HIAs</i>	<ul style="list-style-type: none"> • Alternate project(s) incorporated HIA recommendations • Policy makers publicly stated they would use the HIA if the same type of project came up again
No specific decision target		3 (13%)
HIA recommendations were for broad use, not aimed at a specific decision	<i>3 HIAs</i>	<ul style="list-style-type: none"> • HIA was intended to shape implementation of an already adopted plan • HIA was intended to provide general guidance on a health-related issue
Not at all		1 (4%)
Decision maker viewed HIA because prompted to by the evaluation site visit; no prior review because decision maker had not received it	<i>1 HIA</i>	

Table 1. Changes in decision making as a result of HIAs

Table 2: Other outcomes and benefits as a result of conducting HIAs

Increased community capacity to conduct HIAs and make decisions	22 (96%)
Common language and new ways of framing issues	21 (91%)
Changed attitudes of decision makers	20 (87%)
Cross sector partnerships	19 (83%)
Tools/results disseminated beyond the HIA stakeholders	19 (83%)
Health objectives in non-health sectors' plans, policies, and programs	14 (61%)
Surveillance systems established	6 (26%)
Long term outcomes	8 (35%)
Other and unexpected outcomes	13 (57%)

Increased capacity to conduct HIAs and participate in decision making		22 (96%)
Themes	Illustrative examples	
Practitioners in public health and other sectors gained skills, knowledge, and confidence to conduct HIAs	<i>13 HIAs</i> <ul style="list-style-type: none"> • Experience of first HIA led to tackling more complex HIAs • Facilitated cross sector learning, e.g., public health practitioners learned about air quality and emissions, while industry representatives learned about factors causing obesity • Provided an opportunity for professional growth as well as mentorship of aspiring HIA practitioners 	
Community members had a stronger voice in decisions that affected them	<i>9 HIAs</i> <ul style="list-style-type: none"> • Built community stakeholder expertise in the planning and policy-making process • Increased civic engagement, both in health issues and in communicating with decision makers • Enhanced decision maker and practitioner respect for community-level leadership, knowledge, and skills 	
HIA built an evidence base and set standards for HIA research quality	<i>7 HIAs</i> <ul style="list-style-type: none"> • Improved capacity to quantify health impacts • HIA provided quality data to support implementing recommendations and conducting other assessments 	
A new norm of assessing health has emerged	<i>4 HIAs</i> <ul style="list-style-type: none"> • Created interest in incorporating “health in all policies” • Statewide HIA manager position established 	

Common language and new ways of framing issues		21 (91%)
Themes	Illustrative examples	
Decision makers and stakeholders have a broader perception of health and the relation of health to seemingly unconnected factors	<p><i>16 HIAs</i></p> <ul style="list-style-type: none"> Reframed the meaning of health, e.g., looking at alcohol outlets as a crime issue, reaching employees targeted by worksite wellness programs as parents, promoting “active transportation” rather than focusing on transportation modes Brought disparate issues (e.g., jobs, housing) into focus to see how they are connected, both to each other and to health Created a new way for stakeholders to talk about their own work, e.g., using HIA’s food procurement process diagram in school food program new employee orientation 	
HIA process facilitated conversations and built consensus around controversial topics	<p><i>9 HIAs</i></p> <ul style="list-style-type: none"> Provided structure for having conversations around health impacts, by laying out both positive and negative aspects of decisions Served as a road map for identifying common values or concerns among stakeholders and/or decision makers, e.g., the welfare of children 	
There is heightened community awareness of health equity and the way health factors affect different populations	<p><i>6 HIAs</i></p> <ul style="list-style-type: none"> Provided decision makers with a pathway to address social ills Educated community members and stakeholders about the inequitable impact of health factors on vulnerable populations 	
Changed attitudes of decision makers		20 (87%)
Themes	Illustrative examples	
HIA is now seen as a value proposition	<p><i>12 HIAs</i></p> <ul style="list-style-type: none"> This was first exposure of decision makers to HIA and they are now open to its role in decision making Decision maker became an HIA champion: “I’m looking forward to seeing HIA blossom into something people take very seriously” Agency official now raises the issue of health analysis with every plan he’s involved with 	
The HIA improved decision makers’ understanding of the relationship of social and environmental factors to health	<p><i>12 HIAs</i></p> <ul style="list-style-type: none"> Realization that other sectors’ goals are consistent with health goals, e.g., an economic development project is also a health project, walkable/bikeable community design promotes health Now seeing health through a wider lens, e.g., the role of zoning in preventing crime 	

Table 2. Other outcomes and benefits as a result of conducting HIAs

<p>Decision makers were spurred to take action beyond the decision the HIA was intended to influence</p>	<p><i>5 HIAs</i></p> <ul style="list-style-type: none"> Renewed passion for committing resources to infrastructure that supports physical activity Law enforcement agencies working with public health to enforce alcoholic beverage regulations
<p>Decision makers became more receptive to community opinion</p>	<p><i>3 HIAs</i></p> <ul style="list-style-type: none"> Learned how deeply community residents care about quality of life in their neighborhoods Reinforced importance of community involvement in transportation projects

<p>Cross sector partnerships 19 (83%)</p>	
<p>Themes</p>	<p>Illustrative examples</p>
<p>Existing organizational relationships were strengthened or solidified</p>	<p><i>9 HIAs</i></p> <ul style="list-style-type: none"> Formalized or institutionalized working relationships between public health and other government agencies (e.g., transportation, planning), including sharing of staff Increased collaboration between public health and other agencies around a particular issue, including data sharing agreements Strengthened relationships among organizations other than public health, e.g. between a municipality and state transportation department
<p>New organizational working relationships were created</p>	<p><i>8 HIAs</i></p> <ul style="list-style-type: none"> HIA established an interagency collaboration precedent Decision makers began seeking information and input from HIA team members Higher levels of trust established between the community and researchers or government agencies
<p>Enduring interpersonal relationships were established among stakeholders</p>	<p><i>8 HIAs</i></p> <ul style="list-style-type: none"> Continued collaboration by HIA advisory group/task force on implementation of HIA recommendations and related initiatives or projects Subsequent participation by decision makers and stakeholders on advisory boards and task forces related to HIA focus

Table 2. Other outcomes and benefits as a result of conducting HIAs

Tools/results disseminated widely disseminated		19 (83%)
Themes	Illustrative examples	
Findings were disseminated to reach a broad audience	<p><i>12 HIAs</i></p> <ul style="list-style-type: none"> Peer-reviewed journal article(s) or book chapter published—journal article on HIA in one state convinced practitioner in another state to conduct an HIA HIA covered in high profile media (e.g., NPR, major newspaper) Results highlighted in social media (e.g., YouTube video, blog) 	
Resources developed as part of an HIA and insights on conducting HIAs were shared to build the HIA field	<p><i>11 HIAs</i></p> <ul style="list-style-type: none"> Findings presented in conferences and trainings for HIA practitioners Tools made available for others conducting similar HIAs, e.g., land use audit tools, searchable database on transportation and health effects HIA incorporated into academic curricula 	
Findings were disseminated to non-health sector audiences	<p><i>9 HIAs</i></p> <ul style="list-style-type: none"> Presented findings at conferences and meetings, e.g., transportation, energy, land use Provided advice/assistance to interested parties in other sectors (e.g., oil and gas exploration) 	
Outreach deliberately and strategically targeted decision makers and other people of influence	<p><i>5 HIAs</i></p> <ul style="list-style-type: none"> Personal contact with decision makers to share findings or distribute report Findings shared with individuals who could inform national policy 	
Health objectives in non-health sectors' plans, policies, and programs		14 (61%)
Themes	Illustrative examples	
Decision makers targeted by the HIA made broad use of findings beyond the HIA focus	<p><i>3 HIAs</i></p> <ul style="list-style-type: none"> Planning documents modified because of HIA even though recommendations not explicitly included Foreclosure prevention campaign initiated Funding of air emissions study because of data gaps identified in HIA 	
Other decision makers incorporated HIA findings or broader health objectives into plans and policies	<p><i>8 HIAs</i></p> <ul style="list-style-type: none"> As a result of exposure to a transportation plan HIA, county commissioners requested that new health elements be included in the comprehensive plan County-level HIA recommendations re: offsite alcohol sales incorporated into city zoning code 	

Table 2. Other outcomes and benefits as a result of conducting HIAs

Other stakeholders made use of HIA information and recommendations	<p><i>6 HIAs</i></p> <ul style="list-style-type: none"> Organizational policy informed by HIA report and data, e.g., statewide Chamber of Commerce legislative agenda HIA cited by energy sector entities
Health sector plans and programs included other sectors' objectives	<p><i>2 HIAs</i></p> <ul style="list-style-type: none"> Food insecurity addressed in a health care program Alignment of public health needs assessment process (for accreditation) with HIA findings
Official action facilitated implementation of HIA recommendations	<p><i>2 HIAs</i></p> <ul style="list-style-type: none"> Passage of zoning ordinance requiring affordable housing Creation of new method to prioritize public works projects that assigns weights for health and equity

Surveillance system components established		6 (26%)
Themes	Illustrative examples	
A process was established to collect data related to HIA recommendations	<p><i>6 HIAs</i></p> <ul style="list-style-type: none"> Detailed plan for monitoring HIA recommendations drafted and responsibility assigned Unofficial water quality monitoring initiated by citizens Transportation HIA program manager continuing to monitor pedestrian traffic 	

Long term outcomes		8 (35%)
Themes	Illustrative examples	
The decision target project was implemented or policy was enforced	<p><i>5 HIAs</i></p> <ul style="list-style-type: none"> Legislation related to HIA recommendations introduced Road standards changed to accommodate bicycles Greenspace construction was first step in major development project 	
Changes were made to organizational policies and procedures	<p><i>3 HIAs</i></p> <ul style="list-style-type: none"> County government committed to funding cross sector (public health-planning) position Federal agency committed to including public health section in future EISs 	
The physical or social environment was improved	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> HIA process built bridges between residents who had heatedly argued about community development—"before there was hatred, now there is tolerance" Substantial funding secured for brownfield cleanup and walking trail 	

Table 2. Other outcomes and benefits as a result of conducting HIAs

<p>The policy or project spread beyond the original geographic or topical focus of the HIA</p>	<p><i>2 HIAs</i></p> <ul style="list-style-type: none"> • Food environment improvements initiated in other jurisdictions
<p>Other and unexpected outcomes 13 (57%)</p>	
<p>Themes</p>	<p>Illustrative examples</p>
<p>Negative consequences</p>	<p><i>6 HIAs</i></p> <ul style="list-style-type: none"> • Decision makers concerned that data taken out of context would reflect poorly on them • The issue that was the focus of the HIA became highly politicized, damaging working relationships between practitioners and decision makers • HIA process and products sparked anti-smart growth activism • Low level of HIA team communication with decision makers alienated them: “we hope they don’t leave us in the dark with the final HIA report, because we do want the truth about health impacts”
<p>Increased appreciation of public health in general and HIA in particular</p>	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> • Increased credibility of public health—“HIA gives public health gravitas” • Raised awareness of HIA in a geographic area, including among decision makers
<p>Actions taken beyond decision target that support HIA recommendations</p>	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> • Helped create issue momentum, e.g., local decision maker on state transportation commission trying to form transportation and health committee • Additional resources secured for drug and alcohol prevention • Decision maker commitment to use HIA to expand agricultural program beyond pilot phase
<p>Other unexpected outcomes</p>	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> • Information from the HIA influenced policy decisions before the HIA was completed • The HIA process itself created community-level partnerships • HIA lead and community stakeholder featured in chapter of newly published, well reviewed book related to HIA focus • Helped change local culture to attract people to both visit and move to the area, thereby promoting economic development

Table 2. Other outcomes and benefits as a result of conducting HIAs

Table 3. Common characteristics that increased likelihood of success

Contextual factors that increased receptivity to HIA		17 (74%)
Themes	Illustrative examples	
Issue momentum—before and during the HIA	<p><i>12 HIAs</i></p> <ul style="list-style-type: none"> Widely published literature about asthma, air quality, physical activity and design entered mainstream thinking as the HIA began Prior to considering an HIA, Department of Health staff were already involved with this statewide policy issue and getting onto high level committees The governor had called for a state-level focus on community livability in transportation planning, which complemented county-level HIA recommendations and paved the way for working with the state transportation department on safety improvements Decision makers were already focused on HIA target issues (homelessness and child health) as part of their platforms, so they made an eager audience 	
Existing decision maker health knowledge	<p><i>7 HIAs</i></p> <ul style="list-style-type: none"> The chair of a legislative health committee, a targeted decision maker for an agricultural plan, was aware of the need for a focus on policy/systems change to move the needle on obesity The Board of County Commissioners is also the Board of Health; they were already very familiar with the socio-ecologic model and social determinants of health 	
Timing	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> The HIA was conducted at an appropriate time in the National Environmental Policy Act processes The HIA was initiated at the start of the private developer’s planning process and as they were conducting a survey; the HIA team was able to participate in both 	
Prior relationships with decision makers	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> For several years prior to the HIA the decision maker and the Department of Health HIA lead worked together on a CDC funded project; this resulted in both easy communication and brokering of support for the HIA The HIA lead was connected with a developer decision maker and the mayor, which built their openness to the use of the HIA tool/method 	

HIA fluency in the geographic area	<p><i>2 HIAs</i></p> <ul style="list-style-type: none"> • There had been more than 20 HIAs completed in one region of the state by the time the HIA started • In one city, an HIA on a comprehensive plan began just as a transit HIA finished; city government officials were involved as decision makers for both HIAs—the first one built HIA fluency for the area, paving the way for the next one
---	--

HIA team attributes		15 (65%)
Themes	Illustrative examples	
Topical expertise, either on the HIA team or as a consultant	<p><i>8 HIAs</i></p> <ul style="list-style-type: none"> • An HIA team member executed agricultural economic modeling that was pivotal to making the case • A national subject matter expert on electricity metering was on the HIA team and provided data for research and testimony • The HIA team worked with a criminologist to support assessment 	
Stakeholder engagement and/or participatory research skills	<p><i>5 HIAs</i></p> <ul style="list-style-type: none"> • Participatory research expertise supported high-quality stakeholder engagement for a state policy HIA 	
Strong local connections, including with influential stakeholders	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> • Long term connections with zoning advisory committee members, due in part to participation on the zoning committee, enabled regular communication of HIA-related information 	
Political savvy and high level of knowledge about decision-making body	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> • Understanding of, and experience with, the state process for passing legislation was instrumental for HIA success 	
Prior experience conducting HIAs	<p><i>4 HIAs</i></p>	

Table 3. Common characteristics that increased likelihood of success

Effective decision maker and stakeholder engagement		15 (65%)
Themes	Illustrative examples	
Decision makers were engaged as stakeholders	<p><i>8 HIAs</i></p> <ul style="list-style-type: none"> • A staff member from the decision target organization (private developer) was on the HIA team, which facilitated weekly briefings/consultations with the decision maker • The planning department director and staff were engaged as stakeholders on the HIA advisory committee • A planner decision maker's support and guidance made it easier to incorporate the HIA into a county comprehensive plan update—"like connective tissue" 	
Constituent participation and communication added voice and pressure for decision makers	<p><i>5 HIAs</i></p> <ul style="list-style-type: none"> • "There was a constituency advocating—that's why we kept the liquor density piece in" • Citizen activists initiated the HIA, which created issue momentum and kept pressure on decision makers to implement HIA recommendations 	
Stakeholder engagement was iterative and tailored to specific audiences	<p><i>5 HIAs</i></p> <ul style="list-style-type: none"> • The HIA team spent time in collaborative design sessions with city officials, which got them to look at their city from a health perspective and consider the health and economic benefits of various options • Community involvement for a state agricultural policy HIA included talking with focus groups in nine regions, which added important qualitative information, triangulated findings, clarified policy reach, and improved decision maker perceptions of validity 	
Community members actively participated in the HIA process	<p><i>3 HIAs</i></p> <ul style="list-style-type: none"> • The HIA created a forum that successfully supported an informational dialogue about the issue; community members learned whom to approach about making change • Significant volunteer time from residents powered the HIA—digging for information, organizing community input, and providing testimony • Community advocates' power and esteem in the eyes of decision makers grew through continuous engagement over the course of the HIA 	
An HIA team member was a decision maker	<p><i>2 HIAs</i></p> <ul style="list-style-type: none"> • The HIA lead (from county public health) was on a municipal planning commission, which was seen by a decision maker colleague as a positive connection that should be made permanent 	

Table 3. Common characteristics that increased likelihood of success

Credible, well-presented, and accessible presentation of findings		14 (61%)
Themes	Illustrative examples	
The HIA report contained solid, well-researched data and was viewed as objective, neutral, research-based	<p><i>9 HIAs</i></p> <ul style="list-style-type: none"> • An HIA takes the emotion out of an issue and “channels the noise” • Data from science and literature couldn’t be disputed—the county administrator observed this was “the only planning document that has research behind it” • The “phenomenal” quality and quantity of evidence logically supported HIA recommendations • The HIA provided a body of evidence to point to when related issues come up in other venues, e.g., a Chamber of Commerce wellness conference 	
The framing of recommendations made them politically viable	<p><i>6 HIAs</i></p> <ul style="list-style-type: none"> • The HIA’s medical perspective (instead of the usual advocacy lens) and testimony of a doctor with a stethoscope, made an impression on decision makers • A health issue was framed as a crime issue, which garnered a supportive constituency and a high level city official champion • Solid economic analysis showed that farm to school legislation can be both an economic driver and cut health care costs through reducing childhood obesity, which helped to market the legislation • Issues were framed in a technical (i.e., non-emotional and objective) way so that they could be addressed by decision makers • Impacts and disparities data were well organized and compelled decision makers to equitably allot amenities from the development project 	
Sector-specific language was used in recommendations	<p><i>6 HIAs</i></p> <ul style="list-style-type: none"> • The planning department decision maker was able to use mitigation measures as they were written • HIA recommendations were presented to the zoning advisory committee in appropriate legal/regulatory language 	
Accessible organization of findings (e.g., concise and attention-grabbing) and strategic dissemination methods	<p><i>6 HIAs</i></p> <ul style="list-style-type: none"> • Use of the healthy places audit tool as a way to format analysis helped translate recommendations into policy • The HIA team produced focused, simplified, and accessible presentations tailored for different audiences • Hand delivery of an HIA with a cover letter got the attention of decision makers and their staff 	

Table 3. Common characteristics that increased likelihood of success

Other factors increasing likelihood of success		9 (39%)
Themes	Illustrative examples	
Influential champion(s) outside of HIA team	<p><i>8 HIAs</i></p> <ul style="list-style-type: none"> • An influential legal official advocated for recommendations and they were adopted • An activist stakeholder from a vulnerable low income population was influential in public health being considered in Environmental Impact Statements • A decision maker pushed for HIAs to be done for large pieces of a long term statewide policy; he wrote a letter of support for the HIA grant • The state Chamber of Commerce president was a vocal supporter of a worksite wellness tax credit and lobbied for the bill before the Legislature 	
Credible funder	<p><i>2 HIAs</i></p> <ul style="list-style-type: none"> • The HIA was supported by an organization without a vested interest in the results 	

Table 3. Common characteristics that increased likelihood of success

Table 4: Barriers and challenges to success

Themes	Illustrative examples
<p>Having to reconcile competing stakeholder and/or decision maker demands and philosophies</p>	<p><i>11 HIAs</i></p> <ul style="list-style-type: none"> • Multiple advocacy groups at opposite sides of the growth debate made it confusing and difficult to bridge silos; controversy made planners wary of incorporating HIA recommendations into the Environmental Impact Report • Competing community priorities present challenges for implementation of HIA recommendations—the Board of County Commissioners wants to make things easy for new development while not raising taxes; developers want to keep costs low and not put in health promoting infrastructure unless taxpayers pay for it; citizens complain about traffic, leading to narrower road standards, while the fire department wants wider streets • This resource extraction HIA was surrounded by a media storm that the HIA team didn’t have time, experience, or resources to deal with
<p>Getting the attention of decision makers</p>	<p><i>9 HIAs</i></p> <ul style="list-style-type: none"> • Uppermost issues on decision makers’ minds was health care reform, implementing the Affordable Care Act, and fixing the state pension plan; worksite wellness was not on the front burner • Agriculture is a small sliver of the local economy compared to tourism and the military, so it was hard to get decision maker attention for agricultural issues • Limited access to decision makers due to county laws made it hard for the HIA team to get their attention or even communicate; the parties couldn’t meet in public venues unless they met one-on-one
<p>Data availability and data forecasting issues</p>	<p><i>8 HIAs</i></p> <ul style="list-style-type: none"> • Numbers about recycling plant impact, which the developers included in their permit application, were moving targets that were difficult to obtain • A small rural community was hard pressed to provide large enough numbers to the state level transportation agency to precipitate action on their behalf

Themes	Illustrative examples
<p>Political administration changes and the pace of politics</p>	<p><i>8 HIAs</i></p> <ul style="list-style-type: none"> • The community steering committee leading the HIA was unable to keep up with the pace of the political process; it was too fast for them to respond to • The HIA remained in draft form and never got the stamp of approval from new decision makers on the Board of County Commissioners when a commissioner/HIA champion lost her bid for re-election
<p>The economic downturn</p>	<p><i>6 HIAs</i></p> <ul style="list-style-type: none"> • In tough economic times, planning recommendations usually get dropped in favor of facilitating development projects • Given the economic environment, it was clear that state legislators would not pass anything in 2012 with a price tag, including the HIA recommended tax credit
<p>Recommendations may not trickle down into implementation</p>	<p><i>6 HIAs</i></p> <ul style="list-style-type: none"> • The city’s comprehensive planning code still needs to be introduced to the city council; whether or not the HIA recommendations stay in the code remains to be seen • Many view success as implementation or action, not just a plan—slow time frame for implementation (or lack thereof) affects perceptions of HIA success
<p>Developing actionable recommendations when working with myriad responsible agencies and decision makers</p>	<p><i>5 HIAs</i></p> <ul style="list-style-type: none"> • Responsibility for food safety—one focus of this agricultural policy HIA—is shared by different agencies at different stages, i.e., one agency oversees farm practices and another food distribution/handling • With decision making authority seated in multiple jurisdictions for a community plan, HIA recommendations had to be targeted for both the county plan and state legislators, which added complexity
<p>Loss of momentum due to lack of follow through after the HIA report</p>	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> • The transit project issues haven’t faded but the health framework has
<p>Inadequate dissemination</p>	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> • The HIA team lacked a dissemination plan; they didn’t know how to get people to read or pay attention to the HIA—it was called a “dust collector” • There were few resources left for dissemination because the assessment phase was more time consuming than anticipated

Table 4. Barriers and challenges to success

Themes	Illustrative examples
<p>Mismatch between HIA team and HIA funder methodology and/or goals</p>	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> • HIA team calls the recommendations “artificial, what funder wanted”—the HIA team wanted to do a conceptual HIA while the funder wanted a specific project with actionable recommendations • There was a conflict of interest—the HIA funders were also the HIA decision makers and they had a financial stake in the outcome
<p>Challenging working relationships on the HIA team</p>	<p><i>3 HIAs</i></p> <ul style="list-style-type: none"> • Lack of consensus about advocacy, engagement, credibility of data, and recommendations created tension between HIA team members
<p>Litigation issues connected to the HIA topic/recommendations</p>	<p><i>3 HIAs</i></p> <ul style="list-style-type: none"> • HIA recommendations were submitted after the Environmental Impact Report (EIR) had been completed; this prompted negative reactions from decision makers and a fear of citizen lawsuits (allowed by state law), potentially causing complete revision of a 500-page EIR that cost hundreds of thousands of dollars to produce • Industry stakeholders were being sued for an issue related to the HIA topic at the same time the HIA team was endeavoring to engage them, which made them loathe to get involved—in the end they turned away from the project altogether

Table 5: Themes related to scale: effort, complexity, duration

Time and effort needed for conducting an HIA		21 (91%)
Themes	Illustrative examples	
The HIA required a substantial in-kind contribution above the amount budgeted	<p><i>19 HIAs</i></p> <ul style="list-style-type: none"> • Countless hours of unpaid and subsidized time for HIA team members (e.g., “a ton of self-funding”) • Considerable use of university students for data collection and literature reviews • Pro bono contributions from technical advisors • Significant time from community members coordinating testimony and digging for facts 	
Effort required for the HIA process surpassed the team’s expectations	<p><i>9 HIAs</i></p> <ul style="list-style-type: none"> • Having dedicated FTE for an HIA is critical—it is difficult to fit HIA work on top of regular work (e.g., “the truth is I wouldn’t have gone to those meetings if I wasn’t paid to go”) • Time-consuming process—lots of meetings that were only for public health • Competing priorities and distractions made it difficult to focus on HIA work • Responding to funder expectations diverted time and attention from HIA process 	
Roles of members on HIA teams and institutional responsibility should be clearly defined	<p><i>6 HIAs</i></p> <ul style="list-style-type: none"> • Three things an HIA team needs: someone who coordinates facilitation, someone to coordinate the data (ideally with HIA expertise), and a content specialist—on your team not only on your committees • Critical to have a point person to keep things moving • Even if agencies are collaborating on an HIA, having one organizational home streamlines work 	

Considerations for planning and budgeting HIAs		18 (78%)
Themes	Illustrative examples	
Allow adequate resources for stakeholder engagement if this expertise is not already on the team	<p><i>11 HIAs</i></p> <ul style="list-style-type: none"> • Setting up and running community and technical advisory committees takes a lot of effort but it pays off in levels of commitment • Organizations need strong connections to be influential (e.g., “magnitude means nothing; it’s all about relationships”) • Advocacy, e.g., lobbying, takes resources and is a category that needs to be considered during the “scale” decision • Need to plan and budget time and resources for staying on top of the political process 	
Academic skills/research perspective is crucial for credibility	<p><i>6 HIAs</i></p> <ul style="list-style-type: none"> • No matter what scale is chosen, HIA should have an empirical perspective • Because of complexity, could not have completed without involvement of university in research • Unrealistic to expect communities to do an HIA unless they have access to research expertise 	
There should be thoughtful planning for dissemination at the beginning of the process	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> • Writing for multiple audiences adds burden and complexity for HIA teams • Team too burnt out with conducting HIA to do organized dissemination 	
Long term investment is needed for implementation, monitoring, and evaluation	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> • Long term investment of time to follow the issue, build relationships, and monitor progress is needed to garner solid change • Longer timeframe after the reporting step would support application/use of HIA recommendations • With a large scale development project (with a long implementation timeline), recommendations will only come to fruition because the HIA team and stakeholders continue work beyond the HIA to promote its use 	

Table 5. Insights related to scale: effort, complexity, duration

Additional scale insights		14 (61%)
Themes	Illustrative examples	
Small-scale HIAs can be as effective as more complex HIAs, and may be a good way to begin	<p><i>8 HIAs</i></p> <ul style="list-style-type: none"> • Small can be beautiful—smaller scale HIAs might fulfill needs • For large scale development projects, a conceptual rapid HIA can bring health into discussion early on, followed by more in-depth HIAs on project components • “Desktop” HIAs can be less costly and more timely • Short time frame for rapid HIA, while challenging, kept things moving along 	
Determining and maintaining appropriate scope is both challenging and essential	<p><i>7 HIAs</i></p> <ul style="list-style-type: none"> • Focus was both too broad and too deep: 26 research questions were way too many to adequately address with time and resources; 5-6 would have been more realistic • Important to stick to analysis and scoping targets; scope creep is the number 1 challenge • May be more practical for first HIA to focus on a neighborhood concern (e.g., converting a school to another use) rather than an entire comprehensive plan—HIAs on easy wins will build public credibility 	
HIA may not be cost effective or even necessary	<p><i>5 HIAs</i></p> <ul style="list-style-type: none"> • Need some short turnaround tools—HIA is too cumbersome • Simply having a public health–planning liaison could accomplish the same result • HIA may be over utilized while underperforming—“it’s the cart before the horse: here’s some money, go do an HIA” 	
HIAs on policies may be too complex or nebulous	<p><i>3 HIAs</i></p> <ul style="list-style-type: none"> • Policy-focused HIAs are more challenging to research and monitor than those related to tangible projects with an end point • State-level HIA is unwieldy and too vague/complex 	

Table 5. Insights related to scale: effort, complexity, duration

Table 6: Lessons learned related to HIA data and communicating findings

Perceptions and lessons learned around data collection and analysis		15 (65%)
Themes	Illustrative examples	
Being realistic and practical about HIA research scope keeps analysis tight and on track	<p><i>6 HIAs</i></p> <ul style="list-style-type: none"> Flood of data in the HIA could have been better refined; could have reduced analysis time and spent more time on dissemination Data was not available for many of the 26 research questions, e.g., social cohesion There was too much data for the community to grasp 	
Having granular data about affected populations is both useful for decision making and very challenging to obtain	<p><i>6 HIAs</i></p> <ul style="list-style-type: none"> Local data was not readily available—had to extrapolate state data for some indicators Decision makers are aware of economic issues generally; the finer details such as percentage of households burdened financially were useful Granular data about the local community was useful for making decisions HIA’s granular data helped give the bicycle/pedestrian plan local color; consultant from outside the area had written the plan too boilerplate 	
Data collection and analysis that dovetails with community engagement strategies strengthens reports and stakeholder buy-in	<p><i>5 HIAs</i></p> <ul style="list-style-type: none"> Would have had a stronger HIA report if the community steering committee had been involved in data gathering—they could have developed relationships along the project corridor When looking at health impacts, it can be sensitive to put stigmatizing personal issues like sex abuse and suicide in a dry federal document—careful framing is needed to avoid offending community members Qualitative data and a community-sourced walkability audit told a powerful story and clarified the need for highway safety improvements 	
Data agreements that don’t proceed as planned may derail the HIA analysis	<p><i>3 HIAs</i></p> <ul style="list-style-type: none"> The HIA issue became so politically charged that data exchange couldn’t occur as planned and the HIA scope had to change Industry representatives failed to provide promised data and what they did provide came late in the process, requiring the HIA team to substantially revise its analysis 	

Looking at similar projects in other geographic areas can inform analysis and framing of recommendations	<p><i>3 HIAs</i></p> <ul style="list-style-type: none"> Human health is more complex than animal health for formulating mitigations; it was helpful to look at how similar impacts were handled in resource extraction HIAs worldwide It would have been helpful for making the case with legislators to have included examples of what other states have done and the resources required
Data collected for the HIA can be used again for other purposes, but may need updating	<p><i>2 HIAs</i></p> <ul style="list-style-type: none"> The HIA was the first time a set of comprehensive maps was produced on related health factors, and they are still being used HIA data is now 5 years old, which reduces its credibility

Perceptions and lessons learned around “making the case” for HIA recommendations	
17 (74%)	
Themes	Illustrative examples
Dissemination of HIA findings and recommendations must be strategic and sensitive to intended audiences	<p><i>6 HIAs</i></p> <ul style="list-style-type: none"> Advocates need to have different kinds of data at their fingertips when appealing to different legislators The tone of the HIA came across as cold, analytical, and judgmental—the community saw it as criticism of their way of life Should have spent more time making findings useful for business leaders (i.e., a 5-7 page summary)
Accessible presentation of complex information will help non-technical audiences understand HIA findings	<p><i>6 HIAs</i></p> <ul style="list-style-type: none"> Plain and succinct language is effective for communicating findings to decision makers and the community at large Perfect can be enemy of the good: if you want lay people to use HIAs, make the research in them less intimidating Maps are very helpful for visualizing data
Recommendations grounded in high-quality research may be viewed as more credible	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> HIA recommendations are strengthened by using only reliable and statistically correlated data, e.g., alcohol outlets and injuries Heavy focus on empiricism because the HIA team felt the recommendations would be a hard sell
Generalized data not always seen as appropriate for drawing conclusions about local health impact	<p><i>3 HIAs</i></p> <ul style="list-style-type: none"> General empirical data, e.g., lack of parks will make people obese, is not valid for predicting impacts of specific project—a “huge leap” Some recommendations were research-driven and not necessarily applicable to the local context—seemed formulaic

Table 6. Lessons learned related to HIA data and communicating findings

<p>HIAs may involve choices about the degree to which they have an advocacy platform</p>	<p><i>3 HIAs</i></p> <ul style="list-style-type: none"> • Framing HIA recommendations to be both objective and supportive of an advocacy platform can be a balancing act • HIA team felt they did not have a role in promoting HIA recommendations
<p>HIA findings can be viewed by those outside the HIA team as subjective or biased, especially when conclusions are not backed by data or there’s a perception that facts were cherry picked</p>	<p><i>3 HIAs</i></p> <ul style="list-style-type: none"> • HIA conclusions were not backed by data—large leaps were made based on loose correlations and anecdotal information • There is a danger of selectively using facts to support a pre-existing argument
<p>Human health, economic impact, and environmental impact assessments are interrelated yet each stands alone</p>	<p><i>3 HIAs</i></p> <ul style="list-style-type: none"> • HIA can be complementary to an Environmental Impact Report (EIR) if done right; EIR focuses only on mitigating negative impacts while HIA considers benefits and long-term vision • Getting human health-related mitigations in this oil and gas Environmental Impact Statement was precedent setting and courageous in the political climate at the time—“a phenomenal win”

Table 7: Engagement—the act of involving and interacting with decision makers and other stakeholders

Engagement of decision makers	
Themes	Illustrative examples
Engaging decision makers as active stakeholders is critical for achieving HIA goals	<p><i>6 HIAs</i></p> <ul style="list-style-type: none"> • Important to engage decision makers as stakeholders rather than as adversaries • Decision makers engaged as facilitators smoothed the process: providing contacts for other decision makers, feedback on the draft HIA and recommendations, and organizing public meetings • HIA team alienated a possible decision maker champion by not actively seeking her opinion on feasibility of recommendations her department would implement • Because the HIA team did not fully engage a ready, health focused decision maker, there was no legislative interest at all
Identify, target and engage decision makers early and iteratively for the multiple decision points throughout the HIA process	<p><i>5 HIAs</i></p> <ul style="list-style-type: none"> • Early interviews with decision makers ensured the HIA had an audience and that the HIA team understood the policymaking process • HIA team continued to convince/inform decision makers as decision points came up
Develop a champion or partner who is invested in the HIA topic	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> • When decision makers are personally interested in a topic, they're engaged • HIA targeted the planner as the decision maker to partner with, rather than the city council
Timing matters, i.e., moving on the HIA while a decision-making partner is in office and the issue is “hot” or the regulatory process is occurring	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> • HIA could have had more impact politically had it come out while legislature was debating the issue—the HIA was out of sync with decision-making processes • Board of Supervisors membership almost entirely turned over since the HIA—it will be challenging to bring new members up to speed on health implications of the general plan update • The policy-making process is ongoing and fluid, and the decision-making body membership changes with each election cycle
Take advantage of prior relationships with decision makers	<p><i>2 HIAs</i></p> <ul style="list-style-type: none"> • Decision makers were used to hearing from the community advisory board members and looked forward to the conversations; the advisory board was the main point of contact between the HIA and decision makers

<p>HIAs can channel stakeholder input into one clear voice</p>	<p><i>2 HIAs</i></p> <ul style="list-style-type: none"> If decision makers are hearing from different factions that can't reach consensus, they can't make responsive decisions
<p>Engagement of other stakeholders</p>	
<p>Themes</p>	<p>Illustrative examples</p>
<p>Early and continued engagement of other stakeholders creates HIA momentum</p>	<p><i>7 HIAs</i></p> <ul style="list-style-type: none"> Planning community stakeholder engagement early on, and as an integral part of the process, can foster meaningful collaboration and may ensure HIA use To sustain the partnerships and momentum after HIA findings are delivered, create a plan of action or mechanisms for post-HIA engagement
<p>Pay attention to stakeholders' unique needs and preferences</p>	<p><i>7 HIAs</i></p> <ul style="list-style-type: none"> Collaborative design sessions were used to promote joint solutions and defuse confrontational attitudes between developers and residents Projects that want to involve residents should meet when the community can meet, not just when the academics or professionals leading the HIA are available Qualitative interviews with stakeholders early in the HIA were key to the HIA team's understanding of both the decision-making process and zoning code implementation
<p>Having primary roles for stakeholders on HIA teams supports HIA reception, interpretation, and buy-in</p>	<p><i>7 HIAs</i></p> <ul style="list-style-type: none"> HIA team engaged community leaders in initial planning sessions to develop an agenda and vision, which they then presented to the community at large, building credibility and buy-in Should have vetted HIA recommendations with different audiences to make sure they wouldn't be misinterpreted and to help ensure more value neutral language Stakeholders conducted walkability assessment data collection for the HIA which helped the research team and increased community members' conceptual understanding of the data and their post-HIA investment
<p>Local partners with relationship building skills and connections facilitate stakeholder engagement</p>	<p><i>6 HIAs</i></p> <ul style="list-style-type: none"> Engaging a local person who cares what happens may be more effective than hiring an outside consultant for implementing recommendations Stakeholders already had working relationships with the HIA team and in the topic area so there was an existing level of trust

Table 7. Engagement –involving and interacting with decision makers and other stakeholders

<p>Allocating resources for building trust with diverse stakeholders is important</p>	<p><i>6 HIAs</i></p> <ul style="list-style-type: none"> Recruited stakeholders to represent all crucial perspectives so that conflicts could be surfaced and resolved HIA established a way for public health to connect with planning in way they never had before; planning support was crucial for Board of County Commissioners approval of plan Define stakeholders and roles as clearly as possible, including how input will be used and factor in the time this will take
<p>Industry/business sector engagement may be critical as well as challenging</p>	<p><i>6 HIAs</i></p> <ul style="list-style-type: none"> Engaging a representative from the wine industry—a major player in the local economy—would have added additional power and diversity to the chorus of voices decision makers heard on the topic of responsible drinking Industry stakeholders were originally involved in advancing the project including providing data, but when findings didn't support their case, they began challenging the HIA Even with formalized agreements, when tensions arise during an HIA, agreements may be subject to change
<p>Take advantage of stakeholders' experience and expertise</p>	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> People who had lived through previous community displacement by interstate freeway felt responsible to keep it from happening again Several key stakeholders moved into government agency positions post HIA and were able to promote HIA recommendations
<p>Packaging findings for community advocates can help strengthen the impact of the HIA</p>	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> HIA team developed utilitarian communication products designed for community members' use so the results could be used and continue to have impact post HIA Housing/homelessness advocacy groups used re-framed HIA findings for their audiences to advocate and carry the messages from HIA
<p>Identifying and engaging stakeholders can be difficult in large geographic areas</p>	<p><i>2 HIAs</i></p> <ul style="list-style-type: none"> In this statewide HIA it was a challenge to identify who the "community" was
<p>Use existing mechanisms for stakeholder engagement</p>	<p><i>2 HIAs</i></p> <ul style="list-style-type: none"> The HIA team used previously established forums for stakeholder engagement: 1) their membership on a public working group, 2) a website where stakeholders (citizens and advocates at large) could contribute input, and 3) an environmental justice working group

Table 7. Engagement –involving and interacting with decision makers and other stakeholders

Lessons about equity and vulnerable populations	
Themes	Illustrative examples
HIAs can raise awareness about health inequities	<p><i>7 HIAs</i></p> <ul style="list-style-type: none"> • Health equity issues gained traction in this regulatory conversation • Equity discussions raised awareness of how policy plays out on the ground, e.g., people noticed that light rail crews didn't include people of color or women • The HIA really brought vulnerable populations to the forefront—people now know 50% of kids in the state are on free or reduced lunch
Adequately involving vulnerable populations in HIA processes and/or analyses takes special effort	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> • Solicitation of input from vulnerable populations perceived as difficult; required time and relationships that this HIA team felt they didn't have • Hard to get into some long-standing neighborhood groups because of distrust of government; should have collaborated with church liaisons or talked to social service agencies
Community members can amplify their voices in a debate and/or policy via their participation in HIAs	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> • Concepts of equity and vulnerability were explicitly included in HIA community discussions • In an area at risk for poor health outcomes, resident opinions were used in HIA scoping and in development of recommendations, which were later implemented
Informants' description of role of equity considerations and vulnerable populations	
Chiefly featured in analysis, and of these a few also mentioned they unsatisfactorily tried to reach out to vulnerable populations	<i>11 HIAs</i>
Not a primary focus in analysis or engagement, especially if the geographic area was not ethnically or economically diverse	<i>5 HIAs</i>
Accomplished positive outreach to vulnerable populations, felt equity/vulnerable populations was the focus and purpose of the HIA, and attended to it in their analysis	<i>4 HIAs</i>
Chiefly featured in their outreach and engagement efforts	<i>3 HIAs</i>

Table 7. Engagement—involving and interacting with decision makers and other stakeholders

Table 8: Opportunities to strengthen the field of HIA

Suggestions for funders	
Themes	Illustrative examples
Consider funding resources and incentives that encourage conducting an HIA	<p><i>6 HIAs</i></p> <ul style="list-style-type: none"> • Fund HIAs in sectors where good HIAs haven't been done so practitioners can turn to these as a resource • Build HIA expertise in local agencies • Support stakeholder engagement in ways government cannot, e.g., buying food for meetings
Support skill building and resources for HIA follow-up	<p><i>7 HIAs</i></p> <ul style="list-style-type: none"> • Support implementation of recommendations and monitoring • Funding timeline mismatch/limitation—may not match HIA timeline or support monitoring • Think about funding a “healthy places collaborative:” a regional entity charged with making sure recommendations get in front of policy makers after grant and HIA team engagement end
Be flexible in the funding processes around application timelines and deliverables	<p><i>6 HIAs</i></p> <ul style="list-style-type: none"> • HIAs need to move quickly in order to respond to issue and policy making momentum; suggest shortening the application process and award disbursement period • If funders value participatory democracy in HIAs, build that into grant proposal rating criteria • HIA priorities and focus may change as stakeholder engagement proceeds and the political landscape shifts; accordingly deliverables may need to evolve over the life of the HIA
Value and support dissemination and framing that is sensitive to local decision making and the political context	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> • Ask grantees “are recommendations politically viable/clearly connected to key decision makers?” and “what are you doing to change the political conditions to make the recommendations something they can act upon?” Dissemination is not passive—it needs to include advocating for action • Provide funding and guidance for publicizing results
Foundations investing in HIA lend credibility	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> • “Outside HIA funding makes a difference in communities by providing resources to address issues, have conversations, get agreement, and ultimately change culture” • Size and source of funding made decision makers pay attention

Rapid or desktop HIAs may be adequate or support quick gains—consider that emphasis in funding decisions	<i>3 HIAs</i>
Conflict of interest, either for the funder or with the official policy process, needs to be avoided so HIAs can be successful	<i>2 HIAs</i>
Fund technical assistance	<i>2 HIAs</i>

Suggestions for practitioners	
Themes	Illustrative examples
Plan targeted and iterative dissemination and promotion for various audiences	<p><i>11 HIAs</i></p> <ul style="list-style-type: none"> • Develop a communications/dissemination/media plan early on • HIA impact crucially relies on effective and iterative dissemination—“say it 10 times in 10 different ways” • Call the HIA report a recommendation and implementation plan, e.g., “here’s what we recommend to promote health, timeframe, identify who will check back”
Expand engagement efforts to include decision makers, perceived adversaries, and academics	<p><i>11 HIAs</i></p> <ul style="list-style-type: none"> • Court, develop, and retain HIA leaders or champions who have dynamism and power • Engage decision makers much earlier in the process • Be more politically savvy—engage people who may be perceived as adversaries and find areas of common concern • One tradeoff of involving academics on the HIA team is that the process may lengthen the process because of their desire to publish • Build a broad coalition with a diversity of values
Strategically consider the context for an HIA including how it fits more broadly with issues, politics, and the political process	<p><i>9 HIAs</i></p> <ul style="list-style-type: none"> • Expand your HIA context lens: Where does your HIA fit in both the broader local, state, and national trends and public health contexts (e.g., what is already being done in public health by the business community) • Have a project in hand and then consider HIA rather than getting funding for HIA and then looking for a project • Understand timelines for the process you are trying to affect • Think about who should be seen as author/owner of the HIA—it might be more effective to have it be a community group than county employee

Table 8. Opportunities to strengthen the field of HIA

<p>Create reporting products that meet the needs of the target audience (i.e., easy to digest, politically useful, transparent sources)</p>	<p><i>8 HIAs</i></p> <ul style="list-style-type: none"> • Decision makers are looking for a concise executive summary and short briefs that can be understood by various audiences that will generate enthusiasm and minimize confusion • HIA reports can be more useful, for goals of HIA and for decision makers, by including next steps for implementation or advocacy in order to propel use/action post report
<p>Create specific, concrete, feasible, implementable and actionable recommendations</p>	<p><i>7 HIAs</i></p> <ul style="list-style-type: none"> • Walk through the full process/policy downstream to identify “who’s responsible” for the decision making and who would enforce or implement the recommendations
<p>Include these competencies on HIA team: content experts or access to experts, fluency with HIA literature, issue area fluency, and relationship building and coordination expertise</p>	<p><i>6 HIAs</i></p>
<p>Develop tools, distill lessons learned, and share data from completed HIAs to build common resources for the field</p>	<p><i>5 HIAs</i></p> <ul style="list-style-type: none"> • Make tools easy to use: a one page checklist may be as useful as a complicated tool like the Healthy Development Measurement Tool • Distill and share HIA learnings (after 30 comprehensive plan HIAs, are there general recommendations that could be made for HIAs on this topic?) • Develop a process for academic or HIA expert peer review of HIAs
<p>When engaging decision makers and stakeholders—focus on building HIA fluency, balancing power differentials, and transparently using input</p>	<p><i>5 HIAs</i></p> <ul style="list-style-type: none"> • Reconnect with stakeholders who were involved early on so they can see what you’ve done with their input
<p>Pay attention to HIA team building and team processes</p>	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> • If you have an advisory committee, convene them, don’t just hold individual meetings; purpose of committee is so others hear each other’s perspectives • Need enough time commitment from people on advisory committee to consider and comment on complicated information, so all voices can be heard

Table 8. Opportunities to strengthen the field of HIA

Suggestions for TA providers	
Themes	
Provide more training for practitioners on: facilitation for optimal HIA team functioning, tools to support going from data to recommendations, dissemination planning, and educating other sectors about HIA	7 HIAs
Tailor TA for scoping to let teams know what they are “in for” and what is realistic	4 HIAs
Provide literature reviews, information on prior relevant HIAs, post-HIA follow-up guides, and culturally competent materials and approaches for all stages of HIA work	3 HIAs
Provide intensive TA through all six steps for teams conducting a first HIA	2 HIAs

Suggestions for all	
Themes	Illustrative examples
Important to strategically involve a broad range of stakeholders	<p>8 HIAs</p> <ul style="list-style-type: none"> Health leadership can provide force/movement for HIA efforts, e.g., “health commissioners have a bully pulpit” HIA team should have a person coordinating research and a person coordinating advocacy to achieve its objectives Take care with screening: find out if/how a community needs or wants help first, before deciding on a project; recognize that working with communities is not the same as engaging institutions or professionals
Build the infrastructure, data resources, education, and access to expertise to support this growing field	<p>7 HIAs</p> <ul style="list-style-type: none"> Build stable infrastructure/staff with HIA skills (temporary jobs on soft money won’t build local HIA capacity) Figure out ways to establish metrics and tracking system to gather longitudinal data about community changes Embed HIA in academic curriculum
Maintain momentum in HIA beyond grant funding to keep the HIA relevant and support utility and implementation	<p>6 HIAs</p> <ul style="list-style-type: none"> Provide decision makers with tools and strategies to take the HIA forward and use it after the technical report is done. Answer the decision maker question, “now who do I call?” Focus on what comes after the HIA—don’t just do a research assessment. HIA is the first step, not the end goal
Focus on HIA dissemination at the start of the HIA, as well as the end	<p>4 HIAs</p> <ul style="list-style-type: none"> Use every opportunity to promulgate HIA work (i.e., broadcast and declare it in ways that get your work known in broad and official networks)

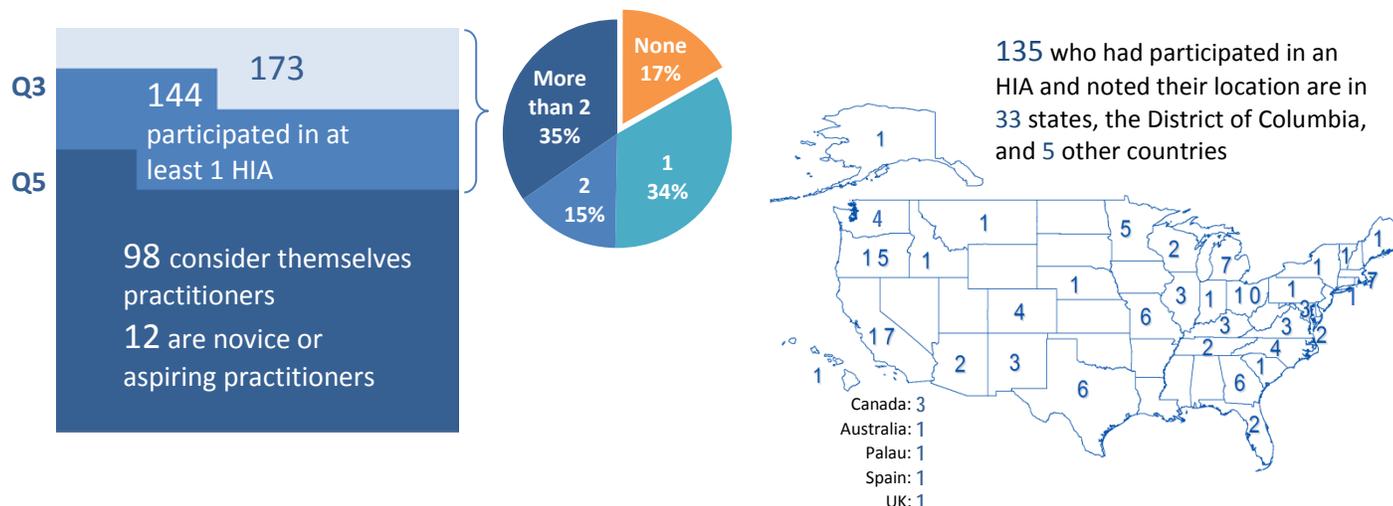
Table 8. Opportunities to strengthen the field of HIA

<p>Use plain language for HIA dissemination and reporting that resonates with the target audience</p>	<p><i>4 HIAs</i></p> <ul style="list-style-type: none"> • Communicate in plain language so that the public and the public’s representatives can understand—don’t use technical jargon • Get away from the HIA language—it doesn’t translate to policy environment, it only works for the liberal, environmental sector
<p>Strategically select HIAs for appropriate and actionable contexts— use the right tool for the right locale</p>	<p><i>3 HIAs</i></p>
<p>Develop sensitivity for potentially adversarial issues; groups may have competing priorities and adversarial dynamics can arise</p>	<p><i>2 HIAs</i></p> <ul style="list-style-type: none"> • Be careful: HIA can inadvertently pitch people against each other
<p>No consensus on institutionalization of HIA</p>	<p><i>Yes: 5 HIAs</i></p> <ul style="list-style-type: none"> • Develop an HIA coordinator position in local government agencies with access to funding to conduct HIAs at the request of communities <p><i>No: 2 HIAs</i></p> <ul style="list-style-type: none"> • HIAs should be voluntary rather than statutory to avoid the contentiousness that often accompanies Environmental Impact Assessments

Table 8. Opportunities to strengthen the field of HIA

National Evaluation of HIAs—Results of web survey conducted January–April 2013

Note: Response number varies as some respondents exited the survey at certain points and/or skipped certain questions



Type of organization (Q2)

n=144		
Government entity	68	47%
Academic institution	33	23%
Nonprofit organization	29	20%
Private for-profit organization	10	7%
Philanthropic organization	2	1%
Other	2	1%

Role in conducting HIAs (Q4)

n=143 (can have >1 role)		
Lead author/PI	76	53%
Project manager	68	48%
Project staff	60	42%
Consultant/TA provider	55	38%
Advisory committee participant	42	29%
Stakeholder	14	10%
Assistant	9	6%

Response of decision maker to HIA (Q6)

n=143		
Receptive	88	62%
Mixed response	21	15%
Neutral	15	10%
Thrilled	11	8%
Pushed back	5	3%
Did not know about the HIA	3	2%

Most important outcomes/benefits expected from HIA (Q9)

n=139 (asked to select top 3)		
Recommendations influence decision making	121	87%
Health objectives included in other sector plans	94	68%
Enduring cross-sector partnerships/coalitions	89	64%
Common language/new ways of framing health	49	35%
Increased community capacity (decisions/HIAs)	46	33%
Changed attitudes	35	25%
Tools/results widely disseminated	22	16%
Surveillance systems established	17	12%
Other	10	7%

Role of vulnerable populations (Q7)

80% of respondents (n=143) had engaged representatives from vulnerable populations in their most recent HIA

Benefits of engaging vulnerable populations (Q8, n=112)

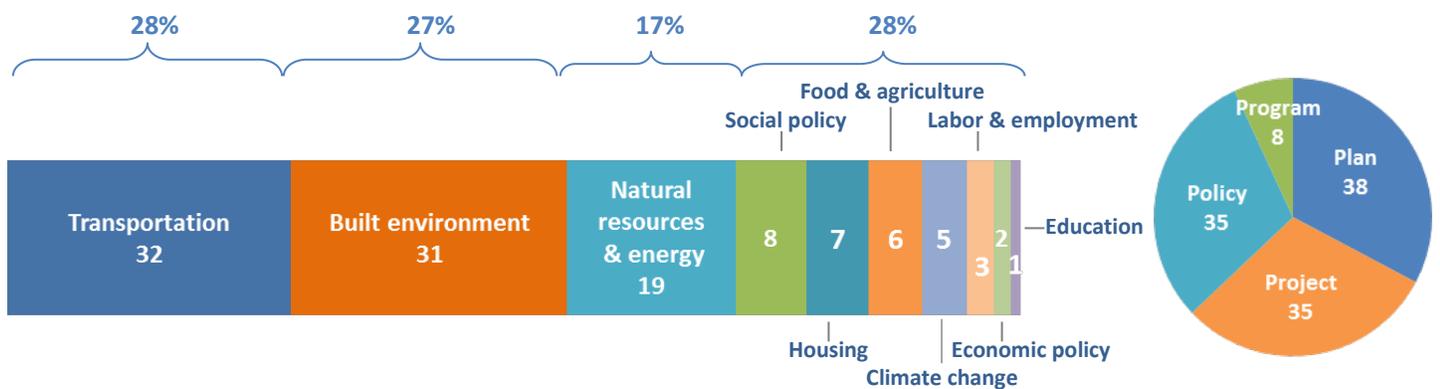
- 74% – Provided a unique perspective that might have been missed
- 64% – Elevated community issues into decision making process
- 45% – Increased knowledge/skills of members of vulnerable populations
- 41% – Positive impact on decision making process
- 39% – Established new ongoing partnerships
- 26% – Positive impact on implementation of recommendations

Successful HIAs

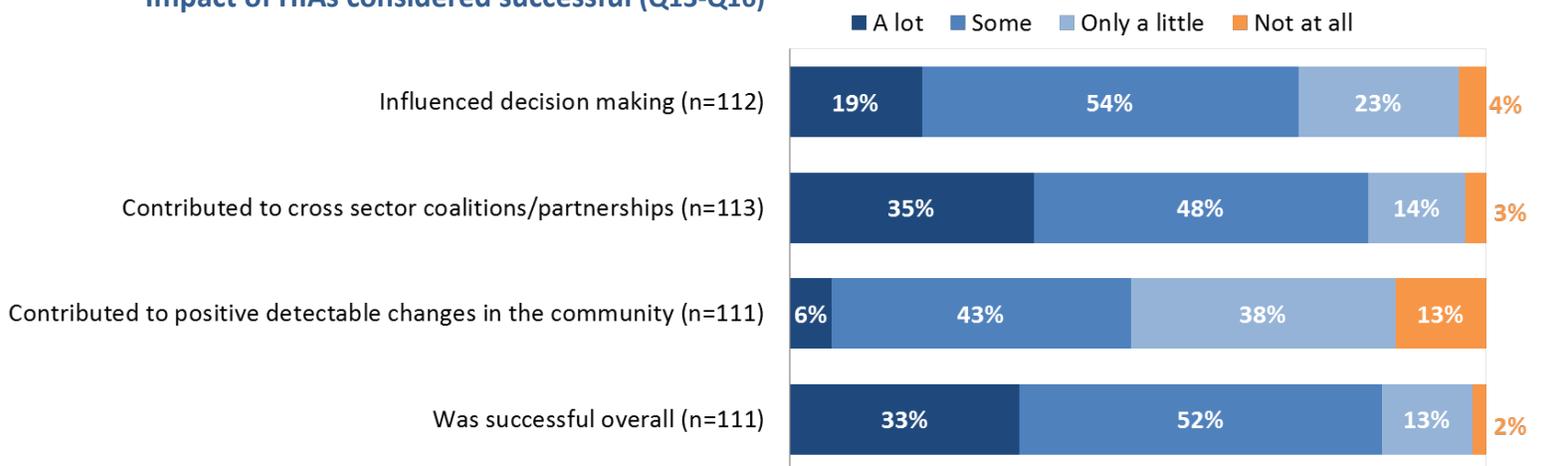
84% of respondents (n=132) had been involved in an HIA that they considered successful (Q10)

The most common types of successful HIAs relate to transportation, built environment, including comprehensive plans, and natural resources and energy. They are about evenly split between plans, projects and policies.

Sector (Q11, n=114) and decision making category (Q12, n=116) of HIAs considered successful



Impact of HIAs considered successful (Q13-Q16)



Lessons learned (Q17)

Several respondents shared lessons they learned over the course of conducting successful HIAs. These are broadly related to stakeholder engagement, attitudes of decision makers (mainly positive), availability of data, the long time frame before impact can be detected, framing of recommendations, and scale.