CHIA
Chronicles of Health Impact Assessment
Improving community health through health impact assessments

December 2021 VOLUME 6 ISSUE 1

LETTER FROM THE EDITOR

Welcome to the Fall 2021 Issue of the Chronicles of Health Impact Assessment. It seems longer than a year since we last published an issue. This time dealing with the COVID pandemic has been demanding on so many fronts. We have a shorter issue than usual, probably due to all the conflicting demands.

In this issue, we celebrate and reflect on SOPHIA's first ten years with an article titled "Ten Years of SOPHIA." SOPHIA's current and past leadership, founding members and others reflect on the history of HIA and SOPHIA as well as the organization's most notable accomplishments and challenges. They share thoughts on priorities during the next ten years and the value that SOPHIA membership brings to practitioners and those who are interested in learning more about HIA.

This issue also includes updated work on the Minimum Standards of Practice for Health Impact Assessments from the SOPHIA work group. They also provided an excellent webinar to launch their report. We also include notes from the field about the recent work by our colleagues at Rutgers University in New Jersey.

Thank you and keep up your excellent effort to improve the health of your communities.

Cynthia Stone, DrPH, RN Editor of Chronicles of Health Impact Assessment

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ABOUT THE JOURNAL

A Health Impact Assessment (HIA) is a systematic process that uses a variety of data sources and analytic methods and input from community stakeholders to determine the potential health effects of a proposed policy, program, or plan. HIAs provide recommendations to decision makers on how to adjust the policy or program to minimize negative health effects and increase potential positive health benefits.

The editorial board and staff of CHIA strive to give expression to health impact assessment research and scholarship while serving the public health profession.

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UPDATING THE MINIMUM ELEMENTS AND PRACTICE STANDARDS FOR HIA TO REFLECT EVOLUTION IN THE FIELD OF PRACTICE: OPPORTUNITY FOR INPUT

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Abstract:

The Minimum Elements and Practice Standards for Health Impact Assessment (MEPS) is undergoing its first update in six years. This document was first created to standardize health impact assessments (HIA) through specific guidance and benchmarks and describe best practices for how an HIA should be conducted. A group of leading HIA practitioners created the MEPS in 2009. Since then, it has been updated twice to reflect the evolution of HIA as a practice and the expanded use of HIA as a tool to implement health in all policies. This commentary describes current efforts to revise the MEPS in the context of continued learnings in the field.

Introduction

HIA is one important strategy to advance health in all policies (HiAP), defined by the World Health Organization as "an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity" (World Health Organization, 2014).

The Society of Practitioners of Health Impact Assessment (SOPHIA) is an international association of individuals and organizations that develops high-quality resources to help HIA practitioners build capacity, supports member networking and peer mentoring opportunities, and communicates timely information on resources, training, and technical assistance opportunities. Data from SOPHIA's routine membership survey suggests that its guidance documents and publications, including the MEPS, are among the most used and valued resources. The MEPS outline the minimum criteria that an HIA should address, as well as best practices for conducting an HIA. This commentary describes current SOPHIA efforts to revise the MEPS for the first time in six years.

Evolution of HIA Practice and the Need for Revised Standards

HIA was first used in the U.S. in 1999. Practitioners adapted European models of practice, including the use of HIAs within environmental assessment frameworks, and, by 2009, there was a wide variety of documents labeled HIAs in the U.S. However, these assessments followed different methodologies and provided a range of evidence levels and research quality. A working group of experienced HIA practitioners identified the need for practice standards during the September 2008 North American Conference on Health Impact Assessment and published a formal document in 2009 (North American HIA Practice Standards Working Group, 2009). In 2010, the working group updated the practice standards and added minimum elements (North American HIA Practice Standards Working Group, 2010). The goals were to offer high-level guidance for distinguishing HIA from other assessment methods and provide benchmarks for standardizing North American HIA practice. At this early point, the working group determined it was advantageous to establish common HIA characteristics and activities to guide practice. The working group completed the most recent MEPS update in 2014 (Bhatia et al., 2014); since then, the HIA field has experienced several changes.

According to the cross-sector toolkit for health[1] maintained by the Health Impact Project, when U.S. HIA practice was still emerging in the early 2000s, over 70% of HIAs focused on decisions related to the built environment, including transportation, land use planning, and housing. This was due in part to funders prioritizing these topics and to the rapidly expanding evidence base connecting built environment interventions to health outcomes (Jackson, Dannenberg, & Frumkin, 2013). Since 2014, HIAs have been applied to decisions in a wider range of topics

[1] The Health Impact Project's cross-sector toolkit for health (www.pewtrusts.org/healthimpactproject/toolkit) catalogs U.S. HIAs for which there is a publicly available product. It relies on self-reported information from practitioners. While it is updated quarterly, the toolkit may not include every HIA conducted in the U.S. To suggest new resources, please complete this form and submit it to healthimpactproject@pewtrusts.org. Frequently asked questions and more information about the toolkit are also available. The Health Impact Project is a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts.

such as climate change/extreme weather events, criminal justice, education, employment, and economic development.

From 2010-2014, an average of almost 48 HIAs were conducted each year in the U.S. Several national-level organizations, such as the U.S. Centers for Disease Control and Prevention and the Health Impact Project, funded multi-year, comprehensive HIAs[2] during this time. As the total number of HIAs grew, the number using rapid HIA methods (Human Impact Partners, 2020) also increased. For example, from 1999-2009, practitioners completed 7 rapid HIAs in the U.S., compared with 42 from 2010-2020. Since 2014, overall HIA grant funding has decreased, along with the number of HIAs conducted yearly. In addition, current public health and decision-making contexts have led practitioners to adapt HIA principles and standards into new approaches like Public Health 3.0 and Health in All Policies using tools such as health impact reviews (Harris County Public Health; Washington State Board of Health) and health notes (Health Impact Project, 2019) to inform proposed legislative and budgetary decisions. Rapid HIAs and similar approaches provide a streamlined process to inform decisions on a short time frame with less time and staffing investments. The resulting products are often one-page summaries, brief reports, fact sheets, or video clips that are accessible to decision makers and stakeholders at various levels. The original working group wrote the MEPS with a focus on comprehensive HIAs and at a time when the primary dissemination product for most assessments was a lengthy report. This MEPS update acknowledges the evolution of the practice to include rapid and adapted methods and streamlined products, while maintaining applicability to intermediate and comprehensive HIAs and longer reports that document the full process and findings from the assessments. The update further acknowledges that even comprehensive HIAs can result in condensed communication tools such as those listed above.

Lead HIA organizations have also changed over time. Largely due to the funding structure, almost 40% of HIAs conducted before 2014 were led by state or local health departments (Health Impact Project, 2018). In recent years, a wider variety of organization types are leading HIAs. Since 2014, about 35% of lead HIA organizations have been nonprofits, compared to about 30% state or local health departments (Health Impact Project, 2018). As more community-based organizations and resident groups perform HIAs, practitioners and their partners are more commonly using findings from these assessments to advocate for policy changes that advance health and equity. As the HIA field increasingly recognizes the value and opportunity of these assessments to support advocacy efforts, the MEPS play a critical role in ensuring that all HIAs use the best available evidence, examine a range of potential health impacts, and present all relevant findings, not just those that support a specific policy position. HIAs continue to be undertaken for a variety of reasons beyond advocacy, including mandated projects and decision-support scenarios, and practitioners should ensure their HIA approach is appropriate and responsive to their specific HIA context and stakeholders.

HIA has always embraced equity as one of several core values (World Health Organization, 2014). SOPHIA has a history of creating tools

[2] HIAs can be completed quickly, using a "rapid" or "desktop" model over a few weeks or months, or take longer, using either an "intermediate" approach using available data or a "comprehensive" approach involving primary data collection, both of which take several months to more than a year to complete.

and resources to advance equity through HIA practice and has a standing equity committee. This committee developed the Equity Metrics for HIA Practice, a tool that enables practitioners to plan for and evaluate the inclusion of equity considerations and actions in an HIA.

In recent years, HIA practice has evolved and is now commonly used as a tool to support an overall HiAP approach. Using a HiAP framework encourages the routine inclusion of health and equity in decision making, bringing equity considerations to the forefront. Over time, the MEPS authors have been revising the document to reflect this increasing need to address equity, and the current update working group continues this effort.

Process for Updating the Minimum Elements and Practice Standards

SOPHIA solicited interest to participate in the MEPS update workgroup at its Practitioner Workshop in April 2019. Volunteers participated in biweekly meetings from fall 2019 through spring 2020. The workgroup consists of four members representing a total of 40 years of HIA experience. Workgroup members bring experience from the non-profit, federal, state and academic sectors.

Core Proposed Changes to the Minimum Elements and Practice Standards

In response to the evolution of and trends in the HIA field described above, the update workgroup wanted this version of the MEPS to describe stakeholder engagement as a more significant part of the practice standards in order to emphasize equity and build on emerging evidence of the value of community engagement in HIA practice. Research suggests that HIAs can increase civic agency in communities by strengthening community members' skills to influence future decisions beyond the HIA, enhancing relationships between community residents and decision-makers and elevating the voices of community members in the decision-making process (Center for Community Health and Evaluation & Human Impact Partners, 2016). Research also suggests that stakeholder engagement is one of the factors that contributes to the success of HIAs (Dannenberg, 2016). To make the MEPS more useful to a range of organization types and new practitioners, this version refers to more HIA resources from SOPHIA and other groups, and revisions to the standards increase feasibility for diverse practitioners. While the overall update is still in progress, the recommended core changes include:

Emphasizing the iterative nature of the HIA process. In the 2014 MEPS, HIA was framed as a stepwise process. Recognizing the iterative nature of HIA, the update workgroup renamed the steps of HIA to phases and added prompts for practitioners to re-examine previous decisions. This language gives explicit permission for practitioners to return to prior phases and make updates to reflect new information and stakeholder insights.

Highlighting the importance of stakeholder and community engagement in HIA practice. In each phase's practice standard, the update workgroup provided examples of typical stakeholder and community member roles. For the assessment phase, the workgroup added language to emphasize lived experience as critical data that should be a part of both existing conditions and the predictive assessment. In the recommendation phase, the revised practice standards explicitly call for collaboration between the HIA practitioner and stakeholder groups, including decision makers and community members. Since HIA recommendations are only effective if they

are adopted and implemented, working with decision makers and potential implementers helps address recommendation feasibility. And community members can help ensure that HIA recommendations are responsive to needs and appropriately address community concerns.

Defining key outputs for each HIA phase. As overall HIA practice has moved toward rapid methods to be more responsive to shifting decision-making timelines, the workgroup adapted each phase's definition and practice standard application accordingly. For example, in the reporting phase the revised standards describe that, at a minimum, all HIAs should document the purpose, findings, and recommendations from the assessment, but the revisions are also explicit that the length and level of detail can vary based on the scale of the HIA. The workgroup also strengthened the definition of each phase by adding expected outputs.

Developing standards for tracking HIA effectiveness that are feasible for a range of practitioners. The most significant proposed changes thus far are in the monitoring phase. To recognize the time and financial constraints of HIA practice, the workgroup created more realistic standards for this phase. As the practice has shifted to more rapid methods, and a greater diversity of organizations are conducting HIAs, the revised standards suggest that every HIA should complete a process evaluation, but recognize that impact and outcome evaluations may not be feasible for all practitioners due to available time, funding, expertise, or other factors.

International Applicability

The MEPS were originally developed and updated based on emerging U.S. HIA practice, though HIA has a longer global history. In parallel to this MEPS update, SOPHIA is making organizational changes to expand its international focus. The revisions in this update are still based on U.S. HIA practice but the update workgroup recognizes the MEPS may also have implications for international HIAs. The update workgroup will leverage SOPHIA's international expertise to identify both intersections and potential conflicts for international practice within the MEPS. One of the steps in this process included a presentation at the 2021 International Association of Impact Assessment annual meeting. This presentation was an opportunity to have conversations with the international field about global HIA standards, as well as the major issues and evolutions in HIA that all practitioners experience.

Next Steps for the MEPS Update

The SOPHIA leadership team and steering committee, general membership, and the original authors of the MEPS will have the opportunity to comment on the core proposed changes before public release. SOPHIA anticipates publishing the revised MEPS document in 2021, to coincide with the organization's 10-year anniversary. To contribute your HIA expertise to this update, please contact the corresponding author, Sandra Whitehead.

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TEN YEARS OF SOPHIA

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Introduction

In 2021, the Society of Practitioners of Health Impact Assessment (SOPHIA) celebrates its 10-year anniversary. To commemorate this milestone, we surveyed SOPHIA founding members and key leaders in July of 2021, asking them to reflect on the organization's formation in 2011, to share thoughts on SOPHIA's key challenges and to highlight important accomplishments. Survey respondents also weighed in on the future of SOPHIA and the value of SOPHIA membership.

The first section, titled "History of Health Impact Assessment and the Formation of SOPHIA," is based on a combination of survey responses and published materials as sources. The second section titled "SOPHIA's first 10 years: Accomplishments, Challenges, the Future, and the Value of Membership" summarizes perspectives shared by survey respondents on SOPHIA's current and future state and the value of SOPHIA membership. The final section, "Summary and Conclusions," summarizes key messages in the first two sections.

History of Health Impact Assessment and the Formation of SOPHIA

History of Health Impact Assessment

The development of HIA was preceded by the 1969 National Environmental Policy Act (NEPA). NEPA was one of the first laws ever written to protect the environment (Summary of the National Environmental Policy Act, n.d.), establishing a national policy with the following purpose:

> *To declare a national policy which will encourage productive and enjoyable harmony between man and his environment; to promote efforts which will prevent or eliminate damage to the environment and biosphere and stimulate the health and welfare of man; to enrich the understanding of the ecological systems and natural resources important to the Nation; and to establish a Council on Environmental Quality (The National Environmental Policy Act of 1969, as amended, 1971).*

While stimulating the "health and welfare of man" was one of NEPA's stated purposes, most environmental impact assessments have emphasized environmental impacts without directly connecting environmental impacts to health impacts (Dannenberg, 2016). Ross, Orenstein and Botchwey (2014) point out that Environmental Impact Assessments (EIAs) "rarely incorporate broad measures of health, or focus too narrowly on exposure to environmental toxins." (p. 5).

This void led to the development of other methodologies designed to examine the social and health outcomes of proposed policies, projects and programs and the distribution of those social and health outcomes (Ross, Orenstein and Botchwey, 2014). In 1986, the World Health Organization (WHO) set the stage for the development of HIA with the *Ottawa Charter for Health Promotion* and in 1997, with the *Jakarta Declaration on Leading Health Promotion into the 21st Century* (Dannenberg, 2016). The *Jakarta Declaration* lists "equity-focused health impact assessments as an integral party of policy development" as a priority for health promotion in the 21st century. (WHO, 1997). In 1999, the WHO outlined HIA definition and values in the *Gothenburg Consensus Paper*. (Ross, Orenstein, & Botchwey, 2014, p. 6).

Early HIAs were conducted primarily in Europe in the 1990s (Dannenberg, 2016). The first HIA in the United States was commissioned in 1999 by the San Francisco Department of Health (SFDH) and published in 2001 (Bhatia & Katz, 2001).

In 2002, the Centers for Disease Control and Prevention (CDC) hosted a workshop in Atlanta to discuss research on health and the built environment. HIA was one recommended approach that emerged from this meeting as a promising approach to assessing how the built environment can affect health. In 2004, The Robert Wood Johnson Foundation (RWJF) and the CDC hosted a second workshop to discuss providing HIA examples and resources, building HIA training capacity and expanding the field (Dannenberg, 2016). The CDC and RWJF remained involved in the next steps that were identified during the second conference.

In the years following the second conference, HIA grew as a topic of academic research. A database of academic articles was created by the Health Impact Project, a collaboration between RWJF and the Pew Charitable Trusts (Dannenberg, 2016). HIA teaching and training was provided by multiple organizations, including the CDC, the San Francisco Department of Public Health, Human Impact Partners, and the University of California – Berkeley, and the American Planning Association with the National Association of County and City Health Officials (Dannenberg, 2016). HIA use expanded in scope to become a tool for analyzing health impact for policies beyond its original use for the built environment.

The Formation of SOPHIA

Beginning in approximately 2008, a group of HIA practitioners in North America started HIA of the Americas, an annual meeting to discuss HIA practice and to advance the field. The Society of Practitioners of Health Impact Assessment (SOPHIA) is the product of a working group during the 2010 HIA of the Americas meeting, and the organization was formed in late 2011 (About Sophia, n.d.).

According to survey response from founding members and SOPHIA leadership, SOPHIA was formed to advance the practice of HIA with the following goals in mind:

1. To establish and promote Standards of Practice for HIA Practitioners
2. To build capacity by promoting and expanding the field of HIA
3. To build a community of practice to share experiences and learn
4. To conduct workshops and conferences
5. To promote community engagement and equity
6. Advocate by producing position statements, papers, and resources for addressing emerging challenges and opportunities

Today, SOPHIA is an international association that provides leadership and promotes excellence in the field of health impact assessment (HIA).

SOPHIA's first 10 years: Accomplishments, Challenges, the Future, and the Value of Membership

Methodology

This section summarizes survey feedback from SOPHIA leaders and founding members regarding SOPHIA accomplishments, challenges, the future, and the value of membership. A survey was distributed in July of 2021 to eleven active SOPHIA members, many of whom have served as president, vice president, board member or founding member for SOPHIA. Eight responses to survey questions were returned, seven in writing and one verbally (see survey questions in Appendix). Of those who responded to the survey, nearly all have been conducting Health Impact Assessments (HIAs) for 10 or more years. Survey respondents' HIA experience included assessments focused on a variety of policies, projects and programs, including housing, land use, economic security, the built environment, transportation, immigration policies, minimum wage policies, criminal justice and more.

SOPHIA Accomplishments

According to survey respondents, SOPHIA has contributed substantially to the field of HIA during the first 10 years. Key accomplishments that respondents identified are summarized below.

Practitioner Resources

High-quality resources that have defined HIA standards of practice were frequently mentioned as a key SOPHIA accomplishment during the first ten years. One survey respondent specified that guidelines on stakeholder engagement and equity stand out as key materials that have strengthened and advanced the field. The website and document library and the Health in all Policies Screening tool were also included as important practitioner resources that SOPHIA developed and made available.

Education and services

Practitioner Workshops (formerly known as HIA of the Americas) and webinars were cited as top accomplishments. Specifically, Practitioner Workshops were called out as a consistent and wonderful environment for peer learning and sharing. Also, the support provided to new practitioners and basic HIA education for those looking for more information were listed as important contributions to the field.

Other notable accomplishments related to education and services include the journal, Chronicles of Health Impact Assessment, and the peer exchange program.

Established Professional Network

One major contribution to the field of HIA has been the network of practicing HIA professionals that comprise SOPHIA. SOPHIA has kept the field going by providing a forum for continued discussion and collaboration among colleagues.

Sustainability as an organization / Expanding the field

Finally, SOPHIA's continued existence through four presidents and leadership transitions is notable and points to the organization's sustainability. SOPHIA is viewed as a driver behind the more widespread understanding over the past 15-20 years that policy decisions have health impacts. SOPHIA has grown to be an international organization and facilitates connections between members.

Challenges

While SOPHIA has accomplished a great deal as an organization, respondents acknowledge challenges exist.

Funding
A lack of funding has presented significant challenges. In the absence of funders, SOPHIA relies on membership fees to support a part time staff member. The amount of money raised through membership fees limits SOPHIA's services and activities.

Resource challenges
SOPHIA does not have full time dedicated staff; rather, officers, workgroups and others serve as volunteers. Limited individual and group bandwidth makes participating in workgroups or being a workgroup chair challenging. Organization leaders must balance their daily work responsibilities with their efforts to move SOPHIA forward. The voluntary nature of SOPHIA leadership or workgroup participation sometimes leads to SOPHIA work being deprioritized in favor of work responsibilities.

Shifting Field and Social Priorities
Interest in the field from funders and government agencies appears to be waning. When SOPHIA was established ten years ago, there was significant energy focused on HIA work. There appear to be fewer people fully allocated to HIA work and as a result, fewer people are active in SOPHIA.

The Future of SOPHIA – The Next 10 Years

As SOPHIA moves into its second decade, it is important to analyze current state and consider priorities for the next 10 years. Survey respondents shared their thoughts on the future of SOPHIA.

Health in All Policies
Some respondents raised the question of whether SOPHIA should incorporate Health in All Policies (HIAP) as a focus in addition to HIA. As stated on the SOPHIA website (*Health in All Policies*, n.d., 1st paragraph), "HIA is a powerful and effective tool used to achieve the larger goal of HiAP."

Student Training
In 2015, SOPHIA leadership made efforts to evaluate which universities offered courses on HIA to students. It is important to update this information to understand to what extent student training is continuing, and to evaluate whether gaps exist and how to fill them.

Information hub
The CDC and PEW have archived some of the HIA information on their websites. SOPHIA should continue to track and share information on upcoming HIA-related publications. SOPHIA should also retain information from the PEW and CDC sites that has been archived or add this information directly to the SOPHIA site. SOHIA should advocate for continued presence from these organizations.

Funding, Staffing and Membership
There is a need to consider how to sustain

the association from a funding and staffing perspective, to re-invigorate the membership base and working groups and to increase membership retention and growth. Having a ten-dollar membership fee for new members was a great way to celebrate SOPHIA's 10-year anniversary.

Value and Mission
The environment is ever-changing, and it is important to ensure HIA is still relevant in today's world. SOPHIA should expand its mission to be broader than HIA, but to continue emphasizing HIA as a gateway tool for Health in All Policies. SOPHIA must examine and define the unique value that SOPHIA provides and convey this value relative to others working in the HIAP and health equity spaces.

Another approach might be for SOPHIA to connect to other emerging practices with similar values and focus on being a network for a broader mission, not just HIAs.

Benefits of SOPHIA Membership

Survey respondents were asked what benefits they have received from SOPHIA membership. Nearly all emphasized that the relationships built with other practitioners and the learning opportunities stand out as important membership benefits.

Network of Practitioners
For most, SOPHIA has provided a forum for practitioners to connect and discuss updates and challenges. Being part of a supportive community provides a space to discuss sticky questions. Ruth Lindberg writes, "I have received many benefits from my involvement with SOPHIA, particularly deep and enduring relationships with other members who have become thought partners in my own HIA and Health in All Policies work. I continually learn from other members, and really value the peer learning and collaborative aspects of the organization."

Professional Resources and Best Practices
Creating, using, and disseminating HIA guidance documents and other resources have been a major benefit of SOPHIA membership. The resources that SOPHIA creates and disseminates plays a key role in advancing HIA practice and supporting HIA development.

Leadership Development
SOPHIA membership can provide opportunities to develop and refine leadership skills by participating in workgroups or by serving as an officer in the organization.

Advice for Those Considering SOPHIA Membership

Respondents were unanimous in their advice for those considering SOPHIA membership: join. They also provided advice on maximizing the value received by joining workgroups and getting involved.

SOPHIA provides an excellent opportunity to get to know wonderful and interesting people who are passionate about health and equity. All survey respondents highly recommended SOPHIA membership as an excellent opportunity to advance personal and professional goals by networking with passionate professionals in the areas of HIA and HIAP. Joining a workgroup, participating in the Practitioner Workshop and webinar offerings, and using available resources and services can help members maximize value.

Summary and Conclusions

The history of HIA in the U.S. has roots in the 1969 National Environmental Policy Act.

However, assessing the impact of proposed policies, projects and programs on population health needed sharper focus. The WHO played a leading role in promoting and defining health impact assessments as essential policy development tools between 1986 and 1999. During the 1990s, HIA practice grew primarily in Europe. The first HIA in the United States was commissioned in 1999 and the practice grew in the U.S. in the early 2000s, supported by involvement from the CDC, RWJF and Pew Charitable Trusts.

SOPHIA was founded in 2011, the product of a group of HIA practitioners in North America who attended the 2010 HIA of the Americas meeting. SOPHIA leaders and founding members who responded to our July 2021 survey indicate the organization was formed to establish and promote standards of practice, promote the field and build professional capacity, establish a community of practice to share experiences and learn, educate practitioners through workshops and conferences, promote HIA ideals such as community engagement and equity and to advocate by producing position statements, papers and resources to address emerging challenges and opportunities.

After 10 years of existence, is SOPHIA fulfilling its goals? What value does SOPHIA add to the field? What challenges exist for SOPHIA and the field of HIA? And how does the organization address emerging challenges and opportunities in the coming years?

In July and August of 2021, SOPHIA's leaders and founding members weighed in on the organization's accomplishments, challenges, future direction and the value of membership by way of survey response. The good news? SOPHIA has contributed to the field by developing high-quality practitioner resources. Respondents pointed to the website, document library and the Health in all Policies Screening tool as key accomplishments, with one respondent calling the guidelines on stakeholder engagement and equity a "stand out." SOPHIA has contributed to education and service to practitioners through practitioner workshops, webinars, the Chronicles of Health Impact Assessment, and the peer exchange program. Finally, the professional network that SOPHIA comprises makes professional expertise, experience and mentorship available to practitioners at all experience levels.

SOPHIA's significant accomplishments and contributions to the field point to a clear focus on the organization's original goals. Yet, challenges exist. A lack of funding limits the scope of services that SOPHIA can provide. SOPHIA is volunteer-led, requiring already busy professionals to balance their work responsibilities with their efforts to move SOPHIA to the next level. Perhaps most significantly, interest from government agencies and HIA funding appear to be declining.

When SOPHIA was initially formed, the field of HIA had significant momentum. One survey respondent said, "There was a lot of energy around HIA when SOPHIA came to be, but since then fewer and fewer people are fully resourced to do HIA work, and thus, their ability to be active in SOPHIA is harder to justify. I see this as a huge missed opportunity since HIA is still an effective tool with robust applications - it's just not the 'shiny thing' anymore.

As SOPHIA leadership considers future priorities, the organization's mission, strategy, goals and funding plan must be assessed and aligned with a changing environment. Some survey respondents suggest broadening SOPHIAs mission beyond HIA to encompass Health in All Policies and health equity. Another recommends connecting with other emerging

practices with similar values and building a network with a broader mission. Some respondents suggest that SOPHIA should continue to remain abreast of HIA course offerings at universities and to be an important informational resource.

Above all, survey responders value SOPHIA's supportive practitioner network, best practices, professional resources, the Practitioner Workshop, webinars and leadership opportunities as key membership benefits. Their advice to those considering SOPHIA membership? Join!

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Appendix

INDIANA UNIVERSITY STUDY INFORMATION SHEET FOR RESEARCH

Ten Years of SOPHIA

You are being asked to participate in a research study. Scientists do research to answer important questions that might help change or improve the way we do things in the future. This document will give you information about the study to help you decide whether you want to participate. Please read this form, and ask any questions you have, before agreeing to be in the study.

All research is voluntary. You can choose not to take part in this study. If you decide to participate, you can change your mind later and leave the study at any time. You will not be penalized or lose any benefits if you decide not to participate or choose to leave the study later.

This research is intended for individual 18 years of age or older. If you are under age 18, do not complete the survey.

This research is for residents of the United States. If you are not a U.S. resident, do not complete the survey.

The purpose of this study is to gather information on the founding of the Society of Practitioners of Heath Impact Assessment (SOPHIA) and leadership over ten years.

We are asking you if you want to be in this study because you are a past or current leader of SOHIA. The study is being conducted by Cynthia Stone and Gina Williams of IU Richard M. Fairbanks School of Public Health.

If you agree to be in the study, you will do the following things. Complete the survey or be interviewed.

Before agreeing to participate, please consider the risks and potential benefits of taking part in this study. You may become uncomfortable with the questions. You can decline to answer or stop at any time. The interviews will inform SOPHIA members about the founding.

We don't think you will have any personal benefits from taking part in this study, but we hope to learn things that will help SOPHIA in the future.

You will not be paid for participating in this study. There is no cost to participate in the study.

We will protect your information and make every effort to keep your personal information confidential, but we cannot guarantee absolute confidentiality. No information which could identify you will be shared in publications about this study. The recording will be stored on encrypted devices and destroyed after the analyses is complete.

Your personal information may be shared outside the research study if required by law. We also may need to share your research records with other groups for quality assurance or data analysis. These groups include the Indiana University Institutional Review Board or its designees, and state or federal agencies who may need to access the research records (as allowed by law).

If you have questions about the study or encounter a problem with the research, contact the researcher, Cynthia Stone at 317 278-0761 or cylstone@iu.edu.
For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the IU Human Research Protection Program office at 800-696-2949 or at irb@iu.edu.

Questionnaire:

Name_____

Current position: _____

How long have you been conducting Health Impact Assessments?

Check one	
	0-2 years
	3-5 years
	6-9 years
	10 or more years

Your role in SOPHIA and years involved please complete all that apply

Role	Starting year of role	Ending year of role
President		
Vice President		
Board Member		
General Member		
Founding Member		

How did you get involved with HIA work?

What topics or questions have you explored with your HIAs?

How did you get involved with SOPHIA?

What do you know about the founding of SOPHIA and its initial goals, and how were you involved?

What were challenges you faced during your role in SOPHIA?

What benefits have you received from your activity with SOPHIA?

What advice would you have for those considering membership in SOPHIA?

What do you think are the most notable SOPHIA accomplishments in the first 10 years?

What do you think are the most important goals for SOPHIA during the next 10 years? What next steps do you think are important?

Anything else you would like to share?

Is there anyone else you think we should interview?

Thank you for your time.

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CHIA
Chronicles of Health Impact Assessment
Improving community health through health impact assessments

December 2021 VOLUME 6 ISSUE 1

PERSPECTIVES FROM THE FIELD: A HEALTH APPROACH TO MUNICIPAL DECISION-MAKING: THE GOLD STAR IN HEALTH

Lauren Skowronski, BA, MSW; Karen Lowrie, PhD; Leigh Ann Von Hagen, AICP, PP

Introduction

As the COVID pandemic has put a renewed focus on public health infrastructure, people have a renewed appreciation for the important role that the government plays in building and supporting good health outcomes. Much of what determines a person's health and wellness is based on the environmental and social conditions where they live and work. The pandemic revealed striking disparities in health outcomes that are clearly linked to these uneven conditions. (Perry et al, 2021; Lopez et al, 2021)

Local governments have a great deal to do with creating and sustaining the conditions that support health and health equity. Municipalities exercise important roles in public education, land-use planning and zoning, transportation planning, environmental management, housing, infrastructure investments, recreational programming, provision of open and green spaces, police and public safety, and economic development (Northridge and Freeman, 2011; WHO, 2010).

In the state of New Jersey, Sustainable Jersey researches best practices for what local governments could and should do to contribute to a sustainable future. Launched in 2009, Sustainable Jersey (SJ) is a network and movement of municipalities, schools and school districts working collectively to bring about a sustainable New Jersey, and acting with state agencies, non-profit organizations, foundations, academia and industry. The program culminates in a prestigious certification award to municipalities and schools that have documented meeting a set of rigorous standards. Sustainable Jersey provides tools, training and financial incentives to support communities as they pursue sustainability programs.

Collaborative Effort to Improve New Jersey's Health

Recognizing that municipalities needed direction on health issues, in 2019, Sustainable Jersey organized a cross-sector task force of more than 80 stakeholders and experts in public health, health care, social service, prevention, mental health, housing and planning.

[1]https://www.sustainablejersey.com/actions/gold-star-standards/health-gold/

In July 2021, after a two-year effort of collaborative research, strategy development and program implementation, the Health Task Force developed the Gold Star Standard in Health[1] that includes standards and levels of performance that municipalities can implement to build a culture of health and advance health equity.

The Health Gold Task Force includes members from the Camden County Department of Health and Human Services, Edward J. Bloustein School of Planning and Public Policy, the Housing and Community Development Network of New Jersey, New Jersey Association of County and City Health Officials, New Jersey Chapter of the American Academy of Pediatrics, New Jersey Department of Environmental Protection, New Jersey Department of Health, New Jersey Health Care Quality Institute, New Jersey Local Boards of Health Association, New Jersey Partnership for Healthy Kids, New Jersey Prevention Network, New Jersey Public Health Association and more.

Individual working groups focused on tackling priority issues such as access to healthy food, land use, housing, and municipal governance. Each working group brought dozens of additional content experts to the table in order to develop new standards, update existing Sustainable Jersey "actions", and identify available resources to help local governments implement these initiatives in communities across the state.

Maplewood Township Health Officer Candice Davenport served on the Health Gold Task Force. She explained, "A healthy environment creates a healthy person and vice versa. If we are engaged and present in our relationship with our environment and surroundings, then we will be moved and take action on its behalf. This is the basis of the Sustainable Jersey Gold Star in Health. It's a first step to help municipalities implement large scale efforts to impact health behavior and make systemic changes." She added, "Towns that are working towards Sustainable Jersey goals are really ensuring that their communities are resilient and healthier for future generations."

Health Gold Star Standard

In order to be eligible to apply for the Gold Star Standard in Health, a municipality must be approved and have received points for designated "actions," or standards. To assist municipalities, each action contains a description outlining why the action is important, who should lead and be involved, projected costs and timeline, what to do and how to do it, documentation to submit, successful models, and a list of resources that can assist in completing the action. Sustainable Jersey staff and content expert volunteers are on hand to assist towns in the implementation process.

The foundational Local Health Assessment and Action Plan action is a required first step where a municipality will assess and prioritize addressing the health needs and contributing conditions existing within the community. A robust dive into existing demographic and local health data, and a community engagement process are key to this assessment process.

Using a health lens, a newly established stakeholder committee will review existing conditions that may be contributing to poor health outcomes, for example, lack of access to healthy food, potential exposure to harmful lead contamination, unsafe conditions in parks and recreation areas, lack of opportunities for movement across town by bicycle or on foot, etc. Where available, such data will be compared at neighborhood levels in order to assess where

strategies to remedy such needs and conditions should be prioritized.

Health in All Policies a Key Component

Understanding how municipal policy and programming decisions affect the health of those who live, work, and play within the community is essential for future planning and goal-setting. Building a culture of health by incorporating this health lens into municipal operations is a critical goal of the Gold Star Standard in Health.

To this end, a new action, Integrating Health into Municipal Decision-Making[2] will be required of all towns applying for the Gold Star in Health. To complete the action, municipal staff must complete an HIAP training and use a health impact checklist to assess municipal operations and procedures. Formalizing this approach through adoption of an HiAP resolution or establishing a HiAP Task Force is encouraged.

The HIAP course required for the action is available through the Bloustein School of Planning and Public Policy at Rutgers, the State University of New Jersey, through its collaborative called the Planning Healthy Communities Initiative. The Bloustein course is offered as a 6-hr class, with the following learning objectives:

- Define HIAP and recognize why and when to use the HIAP approach.
- Understand the broader context of health influences, social determinants of health and health equity.
- Learn how to identify and use data to measure progress in health objectives.
- Gain familiarity with Health Lens Analysis, Health Impact Assessment (HIA), and other emerging tools that can provide evidence-based recommendations aimed at enhancing positive health impacts and minimizing negative ones.
- Explore opportunities to incorporate health in all policies into government decision-making processes.
- Understand how to effectively engage stakeholders in collaborative and inter-sectoral efforts to promote health.
- Review the resources available to local government and residents who wish to include health consideration in community planning.

The class agenda features four parts and includes a mix of presentations and group exercises. Topics include definitions of HIAP and health equity, finding and using data and mapping tools, strategies for implementing HIAP through process and policy changes and collaborative tools, and fostering leadership in building a healthy community. Participants engage in discussion around key questions and also perform a break-out group around social determinants of health and using a health lens to examine a real or hypothetical project or program.

Participants told course evaluators that they learned how to use data and mapping tools to support decision-making, and programming, how to identify partners and champions in the community, and the importance of understanding health as a "shared value." One noted that the class spurred a motivation to pass a local HIAP resolution, and several relayed their commitment to looking at projects through a deeper health lens. A local health department director commented that the class helped her

[2] https://www.sustainablejersey.com/actions/#open/action/595

to gain "a better perspective of how [health departments] can work together to promote the importance of health initiatives and the inclusion of health issues/matters in our local policy discussions and decisions."

Together, the Gold Star in Health and Bloustein HIAP course will provide local governments with the understanding and support to ensure health is considered in the development of programs and policies moving forward in order to ensure healthy and more equitable communities.

For more information on the Gold Star in Health, visit bit.ly/GoldStarHealth. For more information on Bloustein's HIAP course, please see phci.rutgers.edu, or contact authors.

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CHIA

Chronicles of Health Impact Assessment

Improving community health through health impact assessments

CALL FOR CHRONICLES OF HEALTH IMPACT ASSESSMENT (CHIA) PEER REVIEWERS

We appreciate your interest in supporting the CHIA journal as a peer reviewer. In this role, you will be asked to read submitted articles. If you do not have time you can decline the invitation to review and will be placed back in the rotation for future opportunities. If you do have time, your review will address the following:

You will submit a written critique that will help determine if the article will be published. You will be asked if you have any conflicts of interest in reviewing an article. All your comments will be anonymous to the authors. You will be given prompts to respond to, such as: what are the article strengths or weaknesses, is this information that is new to the field or building on already known material? All comments should be viewed as constructive criticism for the authors. You will have the choice to accept, recommend acceptance with revisions, or not accept the article.

If you are interested, the following information will assist us in matching peer reviewers to specific authors.

Name		**Email Address**	
Affiliation		**Phone Number**	

Area of HIA Expertise (check all that apply):

	Agriculture		Criminal Justice		Health Equity		Housing
	Built Environment		Economics		HIA Evaluation		Labor Policy
	Climate Change		Education		HIA Methodology		Natural Resources
	Community Development		Energy		HIA Theory		Redevelopment
	Transportation		Other:_____				

How are you qualified (papers written, journal reviewed for, etc.)?

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