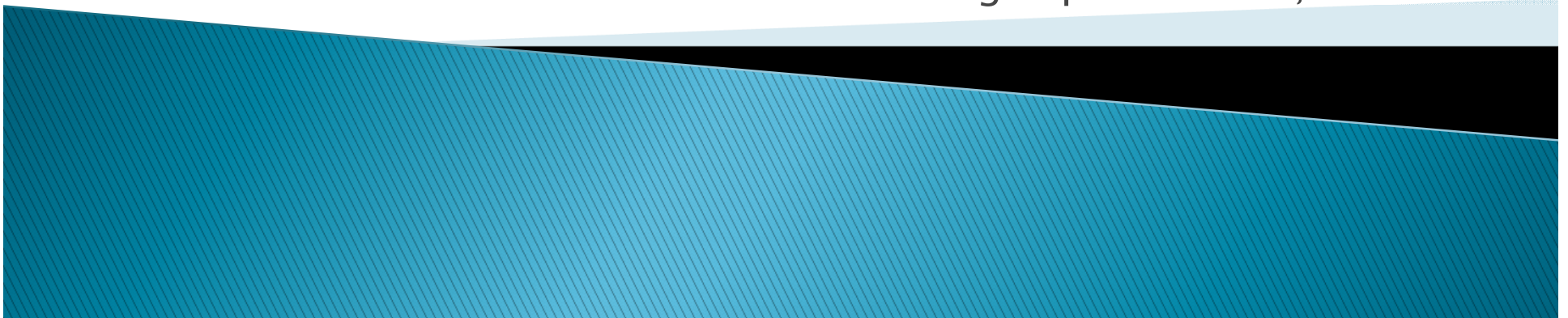


Teaching HIA in University Settings

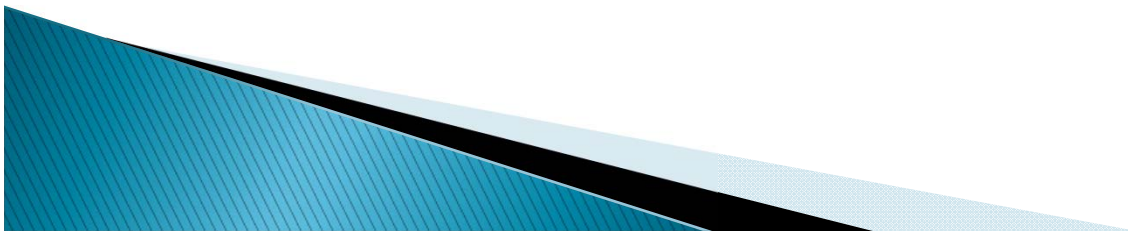
Cynthia Stone DrPH, RN
Andrew Dannenberg, MD, MPH
Keshia Pollack, PhD, MPH
Edmund Seto, PhD

2nd National HIA meeting September 24, 2013



Introduction of the panel- Moderator: Cynthia Stone

- ▶ Andrew Dannenberg
- ▶ Keshia Pollack
- ▶ Edmund Seto
- ▶ Cynthia Stone



Introduction to HIA courses



Andy Dannenberg, MD MPH
University of Washington

Introduction

- ▶ First HIA in the U.S. 1999
- ▶ 2004 first workshop on HIA by RWJF and CDC
 - Recommend Training of Public Health Professionals on HIAs in the U.S.
 - Recommend developing new training resources
- ▶ 2006 First Graduate Course UC Berkeley
- ▶ 2011 Committee on Health Impact Assessment Report on HIA
 - Definition of HIA
 - Framework for HIA practice in the U.S.
 - Recommendation for high quality education and training as critical to advancing HIA in the U.S.



Purpose of HIA Courses

- ▶ Prepare students to conduct HIAs
- ▶ Identify a minimum set of core components for academic HIA courses taught in the U.S.
- ▶ Analyze and develop a model curriculum on HIA
- ▶ Adaptable to Schools of Public Health and Planning



Methods

- ▶ Identify existing courses through internet searches
- ▶ Word of mouth among colleagues in the HIA field
- ▶ SOPHIA compiled a list of all HIA courses
- ▶ Human Impact Partners requested HIA professionals who teach HIA course to contact Keshia
- ▶ 14 courses were identified for this project



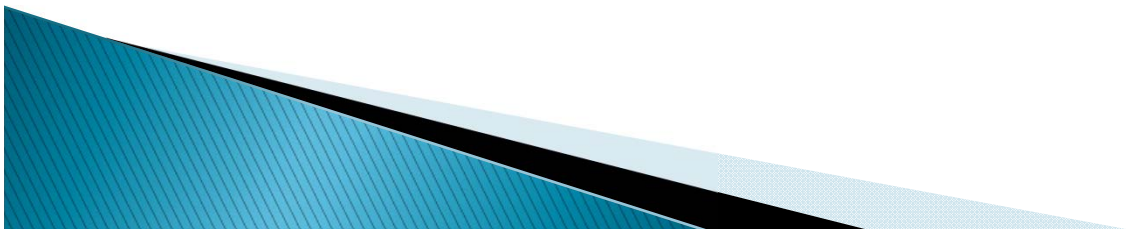
Methods continued

- ▶ Courses were excluded:
 - ▶ If they were less time than a quarter semester
 - Portland State, Lehman College
 - ▶ Were designed but not yet taught
 - UCLA, Georgia Tech
 - ▶ If HIA was included but not the primary focus
 - Arizona State University, Berea College, Michigan State University, University of Pennsylvania, University of Wisconsin, University of Virginia



Methods Continued

- ▶ 4 courses were included
 - Indiana University
 - Johns Hopkins University
 - University of California Berkeley
 - University of Washington
- ▶ Syllabi from each were collected and systematically reviewed
- ▶ Key characteristics
- ▶ Course faculty were contacted
- ▶ Collaboration to develop a model curriculum



Standardized HIA Course Content

- » Keshia Pollack PhD, MPH
Johns Hopkins School of Public
Health

Examination of Course Summaries

- ▶ All taught through Graduate Schools of Public Health, two cross listed in schools or colleges of planning (UCB, UW)
- ▶ Two were in Departments of Health Policy and Management (IU and JHU)
- ▶ Two were jointly listed in two or more dept.
- ▶ Vary on duration taught range of 8 to 15 weeks
- ▶ Enrolled students were in Public Health, and some also in Planning, Health Policy and Public Policy



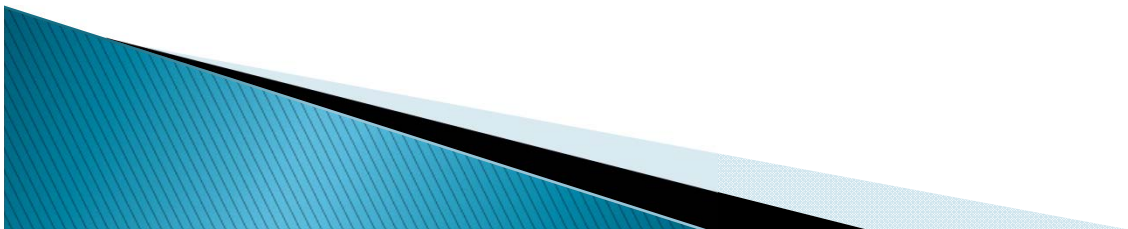
Course Summaries

- ▶ Each course involves lectures, devoted to each step of the HIA steps
- ▶ Several guideline documents are used the common ones included the North American HIA practice standards and the materials from the Human Impact Partners
- ▶ All the courses have an experiential learning or practicum component working on an entire HIA or aspects of one HIA



Course Assignments and Readings

- ▶ Introduction to HIA methods
- ▶ Critical review of a previous completed HIA
 - A written review
 - Many have an oral presentation too
- ▶ An exercise in the steps to conduct an HIA
- ▶ Active involvement in a HIA with a written or oral report



Experiential Learning

- ▶ Student involvement was dependent on the length of the class
 - 8 week course did an oral report after a rapid HIA
 - 10 or more week courses did a written report too
- ▶ The selection of the HIA topic during the screening step was critical to the success of the experience
- ▶ Many involved an advisory board to facilitate the HIA



Experiential Learning continued

- ▶ All faculty identified the topic prior to the semester
 - At UW about 3 months before the course began each year, the instructor used local contact to identify an HIA class project
 - Criteria used to evaluate the projects:
 - The project has a decision maker and/or stakeholder willing to interact with the students, including at least attending the first class to describe the project and the last class to hear the students present their findings
 - The project is outside of health sector but has health impacts
 - The project is local, so the students can visit the area and get a better feel for the decisions being made
 - The project is timely, so comments from the students' HIA have the potential to be considered in the decision process



Experiential learning continued

- ▶ Having strong community partners was very important in identifying HIA topics
- ▶ Examples of topics:
 - Oak to Ninth Redevelopment HIA in Oakland, CA
 - Proposed Marion County Transportation Expansion
 - Safe Routes to School
 - King Street Multi-modal Hub for Seattle Dept. of Transportation
 - Baltimore City Health Department projects



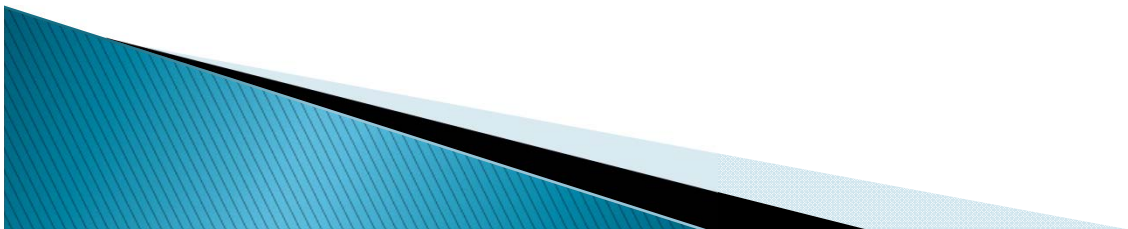
Course Evaluations

- ▶ Approach to course evaluations varied
- ▶ The general sense was a favorable view of the course
- ▶ Examples of comments:
 - Enjoyed interaction with community organizations
 - Enjoyed application to real-life issues/examples
 - Hands-on approach
 - New innovative course/introduction to a new field



Developing a Model Curriculum

- ▶ Learning Objectives:
- ▶ Describe the purpose, benefits, and challenges of using HIA to convey information about health to decision makers
- ▶ Describe the core steps used to conduct HIAs including screening, scoping, assessment, making recommendations, reporting and evaluation
- ▶ Summarize the similarities and differences in using HIA as an approach separate from Environmental Impact Assessments
- ▶ Assess critically the strengths and limitations of previously completed HIAs
- ▶ Collaborate effectively with others in completing an HIA in an interdisciplinary environment



Developing a Model Curriculum

1 – Overview of Social Determinants/HIA and EIA

Introduction to HIA Project

2 – HIA Screening and Scoping

3 – Assessment: baseline and impact assessment methods, data sources

4 – Stakeholder engagement

5 – Recommendations

6 – Monitoring and Evaluation

7 – HIA and public policy

8 – Institutionalizing HIA

9 – Final presentations

Session Topics

Session Topics

Assignments

- ▶ Brief paper about a published completed HIA
 - Includes: summary or proposed project or policy
 - HIA methods used
 - Major findings
 - Major recommendations
 - Strengths and weaknesses of this HIA
 - Impact of HIA on subsequent decisions if available

HIA Project/Final assignment: conduct an HIA of a current proposed local project or policy complete an oral presentation and or written report

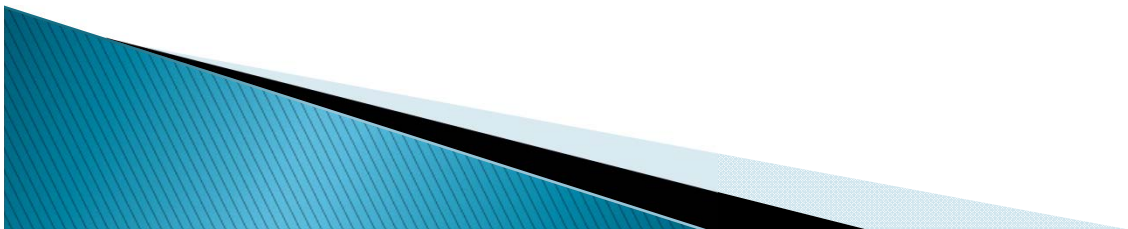


From Teaching HIA 101 to HIA 2.0: New Methods and Tools

Edmund Seto
UC Berkeley Health Impact Group

How UC Berkeley course has evolved since 2006

- ▶ Original format:
 - 15-week, 3 hrs/wk class
 - Combination of lecture, discussion, and project work
 - Topics covered: genesis of HIA in the Bay Area, EIA, HIA steps, HIA core values, Practice Standards
 - Although originally focus was on applying HIA to land use projects, increasingly student projects have considered healthy public policies generally
- Students encouraged to **BE CRITICAL**. HIA is still and relatively young public health tool. Thus, how can we re-invent HIA?



Streamlined approach to HIA instruction

- ▶ What's wrong with HIA?
- ▶ Is the 500-page project report the end goal?
- ▶ Becoming overly structured, and not necessarily the best vehicle to create policy change.

- ▶ Starting last year, **we stopped teaching** our traditional HIA course.

- ▶ New Course: Democratic Accountability as a Public Health Strategy: The Role of Health Impact Assessment and other data-driven Communication Practices

- ▶ New Focus: At the heart of health public policy is an informed public that is able to influence decision-making democratically.

- ▶ HIA as 1 approach: The HIA practice, steps, and case studies were consolidated into a single lecture/discussion.

- ▶ But there are other approaches: The new course facilitated students' use of new tools, and strategies to communicate data effectively to influence democratic processes.



New Course format

- ▶ Choose a policy
 - What is an important and timely policy?
 - What is the knowledge gap?
 - What is the potential to influence democratic processes? Target audience?
- ▶ Identify data
 - What data are available and matter?
 - How can data be used to educate, convince, and compel people to action?
- ▶ Create a data-driven intervention
 - Use novel communication strategies to effectively deliver data to a target audience (Data Hack!)



Domestic Workers' Bill of Rights

- Natalie Camarena Lopez

Taking Care of the Sick Shouldn't Make You Sick

Domestic workers lack basic provisions such as overtime pay and paid rest days off. Not being covered by these basic laws can result in adverse health effects.



According to the CDC, 23% of all norovirus outbreaks occur in nursing homes

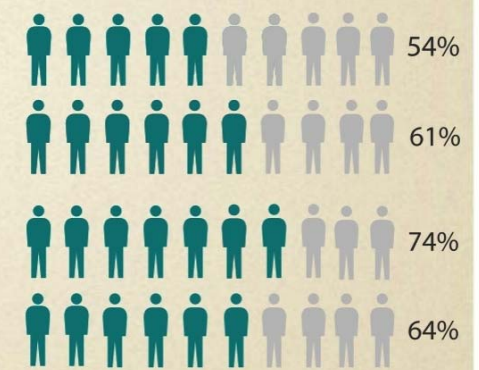


Illness in caregivers can be mitigated by improving working conditions and those same improvements can be used to prevent the spread of disease.

Worked While Sick, Injured, or in Pain



Injured on the Job



Impacts of 8 Hours of Uninterrupted Sleep

Improved Quality of Sleep

Decreased Sleepiness and Fatigue

Improved Cognitive & Motor Performance

Improved Job Performance

Impacts of Worker's Compensation

Decreased Injury, pain, and recovery time

Improved Family Economic Stability

Improved Productivity

Decreased Financial Burden on Healthcare Safety Net

U.W. Gender Wage Gap

- Monica Barr

Workbook: \$0.77 on the Dollar: What's it Worth to You?

public.tableausoftware.com/views/0_77ontheDollarWhatsitWorthtoYou/WageGapDashboard?embed=y&:display_count=PRIVATE

CDC - About BRFS... bSpace : PB HLTH 267D LEC 001... https://bspace.berkeley.edu/ac... Workbook: \$0.77 on the Dollar:...

The Gender Wage Gap \$0.77 on the Dollar: What's It Worth To You?

Living in the United States isn't cheap. The cost of adequate housing, food, health care, transportation, and child care quickly add up, and it may be more difficult to pay these costs if you're a woman. On average, women in the U.S. make \$0.77 for every dollar earned by men, and 40% of that gap is unexplained by a woman's choice of occupation, industry, or experience. That gap means that by the time a woman is ready to retire, she has earned (on average) \$438,000 less than the average man. This impacts women's ability to support themselves, their children, and their families. The Paycheck Fairness Act could help close this gender wage gap, but it was defeated in the Senate in 2012 and is currently being blocked by Republicans in the House of Representatives. **Specify the family composition and age below to see the average amount spent on basic needs by that age. Select a state to see how much money the average woman in that state loses due to the gender wage gap by the time she retires. Click on an age to see how much she has lost. Scroll over to see how the state's senators voted for the Paycheck Fairness Act.**

Select Your State: (All)

Select Your Family Composition: Single, with children | Select Your Age: 64

How much does someone spend by age 64?

Family Composition	Age	64
Single, with children	Health care	\$75,680
	Housing	\$337,040
	Utilities	\$137,800
	Vehicle Expenses	\$76,360
	Public Transportation	\$12,920
	Gasoline	\$84,760
	Education	\$22,120
	Student loans	\$34,800
	Groceries (food)	\$141,040
	Childcare	\$69,996

Cumulative Gender Wage Gap

Alabama Alaska Arizona Arkansas Calif

\$0 -100,000 -200,000 -300,000 -400,000 -500,000 -600,000 -700,000

30 37 44 51 58 Age 30 37 44 51 58 Age 30 37 44 51 58 Age 30 37 44 51 58 Age 30 37 44 51 58 Age

Both senators voted for Paycheck Fairness Act (2012)
One senator voted for Paycheck Fairness Act (2012)
No senators voted for Paycheck Fairness Act (2012)
No voting senators

Methods

The estimated cumulative income gap is based on median annual wages earned by women and men between the ages of 25 to 64 who typically worked 35 or more hours per week for at least 50 weeks during 2007. Estimates of cumulative lost income per year were calculated by subtracting the median female wages from median male wages for 10-year intervals (25-34, 35-44, 45-54, 55-64). Adjustments were not made for inflation, benefits, or future raises based on current wages. Data was drawn from the Center for American Progress Action Fund's publication on the Career Wage Gap (Arons, 2008), which extracted data from the American Community Survey.

Data for cumulative expenses were calculated from the Bureau of Labor Statistics' 2011 Consumer Expenditure Survey, totalling the average cost per year for major expenditures by consumer unit. Data on child care expenses came from Child Care Aware of America and data on average student loan repayment came from a report by CNN Money.

References

1. Arons J. Lifetime losses: the career wage gap. Washington, DC: Center for American Progress Action Fund; December 2008. Available at: http://www.americanprogressaction.org/wp-content/uploads/issues/2008/pdf/equal_pay.pdf. Accessed March 2, 2013.
2. Bureau of Labor Statistics. Consumer Expenditure Surveys. Table 3: Age of reference person: Average annual expenditures and characteristics, Consumer Expenditure Survey, 2011. Available at: <http://www.bls.gov/cex/2011/Standard/age.xls>. Accessed April 20, 2013.
3. Child Care Aware of America. Parents and the high cost of child care: 2012 report. 2012. Available at: http://www.nacpra.org/sites/default/files/default_site_pages/2012/cost_report_2012_final_081012_0.pdf. Accessed May 1, 2013.
4. Clark K. Paying back your student loans. CNN: Money. Available at: <http://money.cnn.com/101/college/101/student-loan-payment.money.mq/index.htm>. Accessed May 1, 2013.
5. Farrell, J., and Glynn, S.J. What Causes the Gender Wage Gap? Center for American Progress; April 9, 2013. Available at: <http://www.americanprogress.org/issues/labor/news/2013/04/09/59658/what-causes-the-gender-wage-gap/>. Accessed May 1, 2013.
6. United States Senate. U.S. Senate roll call votes 111th Congress, 2nd session, S. 3772. Available at: http://www.senate.gov/legislative/LIS/roll_call_lists/roll_call_vote.cfm?congress=111&session=2&vote=00249. Accessed March 27, 2013.

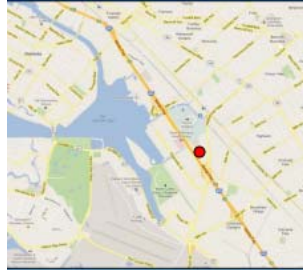
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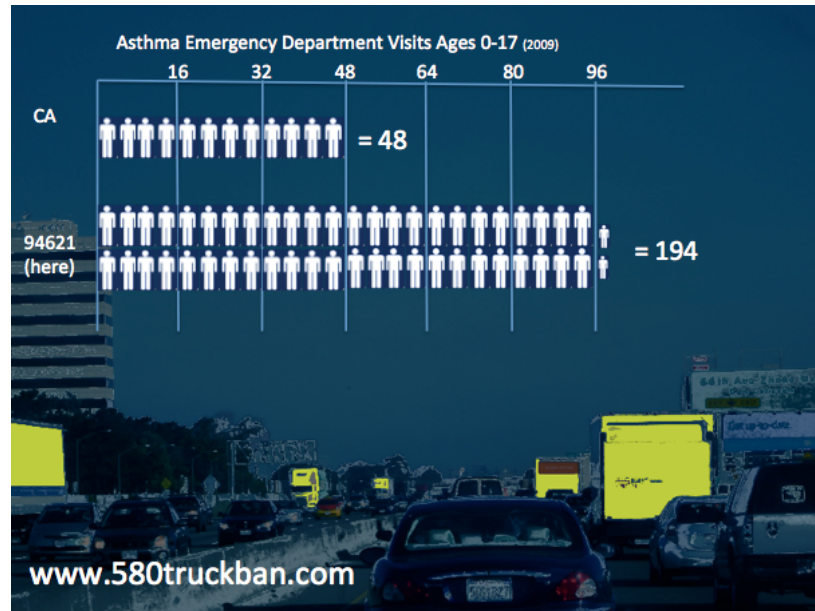


I-880 .5mi N/O Hegenberger



The 580 Truck Ban

- Jack Pfeiffer



Competencies in HIA courses

- » Cynthia Stone DrPH, RN
Indiana University Richard M.
Fairbanks School of Public
Health-IUPUI

Desired Course PH Competencies

- ▶ Demonstrates all six HIA steps: screening, scoping, assessment, recommendations reporting, monitoring/evaluation
 - Analytic/Assessment skills
 - Describes the characteristics of a population -based health problem.
 - Uses methods and instruments for collecting valid and reliable quantitative and qualitative data.
 - Adheres to ethical principles in the collection, maintenance, use and dissemination of data and information.

HIA Course

Council of Linkages

Competencies Continued

- ▶ Identifies decision-making process to be informed by HIA
 - Policy Development
 - Gathers information relevant to specific public health policy issues.
 - Leadership and Systems Thinking
 - Participates with stakeholders in identifying key public health values and a shared public health vision as guiding principles for community action.

HIA course

Council of Linkages

Competencies Continued

- ▶ Demonstrates transparent publically available process
- Communication skills
- Communicates in writing and orally, in person and through electronic means, with linguistic and cultural proficiency.

HIA course

Council of Linkages

Competencies continued

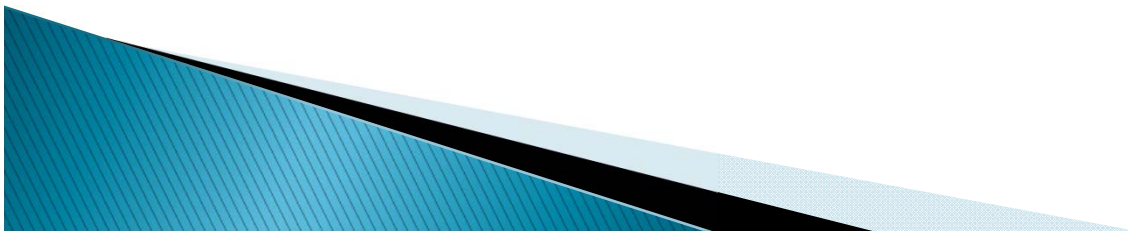
- ▶ Conducts a data-driven intervention project that targets a health-relevant question
- ▶ Or conducts a portion of or a complete HIA project
- **Community Dimensions of Practice Skills**
- Gathers input from the community to inform the development of public health policy and programs.
- Identifies stakeholders
- **Basic Public Health Science Skills**
- Retrieves scientific evidence from a variety of text and electronic sources

HIA course

Council of Linkages

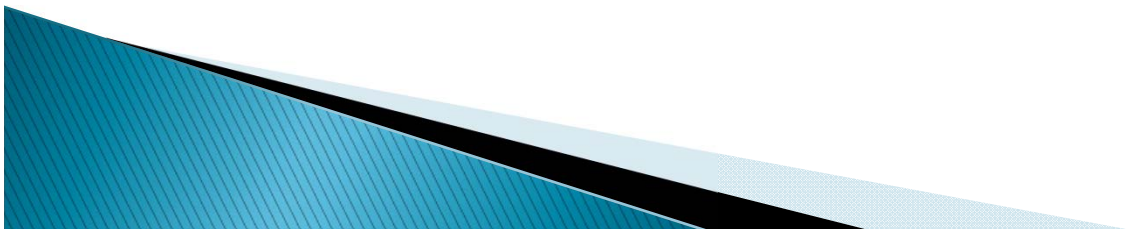
Conclusions / Summary

- ▶ Ideally all public health and planning students should have exposure to HIA concepts
- ▶ Options should be available for longer HIA courses for those who are interested



Textbooks that can be considered for HIA courses

- ▶ Birley M. *Health Impact Assessment: Principles and Practice*. London: EarthScan/Taylor and Francis; 2011. <http://www.routledge.com/books/details/9781849712774/>
- ▶
- ▶ Kemm JR, editor. *Health Impact Assessment: Past Achievement, Current Understanding, and Future Progress*. Oxford: Oxford University Press; 2012. <http://ukcatalogue.oup.com/product/9780199656011.do#.UVxwfL7D8IY>
- ▶
- ▶ National Research Council of the National Academies. *Improving health in the United States: the role of health impact assessment*. Washington, DC: National Academies Press; 2011. Available free at http://www.nap.edu/catalog.php?record_id=13229.
- ▶
- ▶ O'Mullane M, editor. *Integrating Health Impact Assessment with the Policy Process: Lessons and Experiences from around the World*. Oxford University Press; 2013. <http://ukcatalogue.oup.com/product/9780199639960.do>.
- ▶
- ▶ Ross CL, Orenstein M, Botchwey N. *Health Impact Assessment in the United States*. Springer. Expected publication: early 2014. <http://www.springer.com/medicine/book/978-1-4614-7302-2>



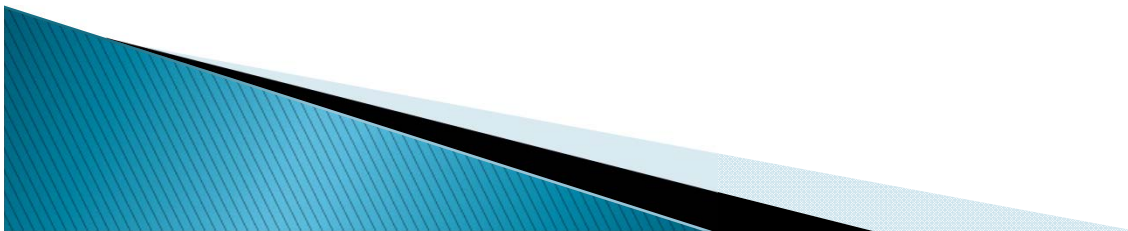
References

- ▶ The Council of Linkages Between Academia and Public Health Practice. (2010). *Crosswalk of the Tier 1 Core competences for Public Health Professionals with the Essential Public Health Services*. Available from: http://www/phf.org/resourcestools/Documents/Crosswalk_Corecompetencies_and_essential_services.pdf



Discussion

- ▶ Comments on model curriculum?
- ▶ Comments on competencies?



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