
Guidance and Best Practices for Stakeholder Participation in Health Impact Assessments -Version 1.0 -

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Preface

Guidance and Best Practices for Stakeholder Participation in Health Impact Assessments primarily targets health impact assessment (HIA) practitioners who are working to improve stakeholder participation and leadership in the practice of HIA. It may also appeal to community groups and stakeholders who want to more effectively participate in, lead, or influence an HIA.

This guide is a collective product of the Stakeholder Participation Working Group, which emerged from the second HIA in the Americas Workshop that convened in Oakland, California, in March 2010. The working group was one of several formed around a variety of issues, and its goal was to increase the effectiveness of stakeholder participation in HIAs¹.

This guide distills stakeholder participation techniques, case studies, and guiding principles from various fields of expertise, including HIA, environmental and social impact assessment, land use and transportation planning, community-based participatory research, and public health. It was informed by a host of materials that can be found in Appendix C. This document also draws on the expertise and experiences of the members of the Stakeholder Participation Working Group.

This is a living document that will be updated as new information becomes available.

¹ This paper is one of many guidance and standards documents that emerged from the second Health Impact Assessment in the Americas Workshop in 2010. These other documents can be found online at www.sfpbes.org/HIA_Tools/HIA_Practice_Standards.pdf and <http://www.humanimpact.org/resources>.

A. Introduction

Many proposed policies and projects are analyzed for fiscal and environmental impacts prior to being adopted, which helps decision makers anticipate the consequences of their decisions. However, the

*Ensuring the inclusion of stakeholder participation and leadership in HIA helps promote a vision of an **inclusive, healthy, and equitable community**.*

impact on the health and well-being of populations is often overlooked. Filling this gap are Health Impact Assessments (HIAs). HIAs are defined as¹ a combination of procedures, methods, and tools that systematically judge the potential, and sometimes unintended, effects of a policy, plan, program, or project on the health of a population—and the distribution of those effects within the population. HIAs identify ways to alleviate and mitigate any negative effects and maximize positive outcomes.

Stakeholder participation is an important component of the HIA process. Broad inclusion of stakeholders enhances the expression of HIA core values: democracy, equity, sustainable development, and ethical use of evidence, as described by the World Health Organization. Ensuring stakeholder involvement and leadership helps promote a vision of an **inclusive, healthy, and equitable community**, in which all people, regardless of income, race, gender, or ability, can participate and prosper. In such communities, positive health outcomes are equitably distributed; low-income people, communities of color, and other vulnerable populations have access to the opportunities necessary to thrive; and the democratic process empowers all to participate in the decision-making processes that impact their lives.

In addition to promoting inclusive, healthy, and equitable communities, stakeholder participation can improve the efficacy of an HIA by helping to:

- identify important stakeholder concerns
- bring important reflections of experience, knowledge, and expertise
- [ground truth](#) findings and recommendations by ensuring that the lived reality matches priorities, data, and analysis
- support the value of equity and democracy within the HIA
- create more support for the implementation of HIA recommendations
- shape communication and dissemination methods

This document, by providing resources and examples, shows HIA practitioners how to effectively and meaningfully involve diverse stakeholders at every stage of an HIA. It can also serve as a guide for community-based organizations or other stakeholders to understand the various windows of opportunity for stakeholder leadership and participation.

In the following pages, practitioners will find (1) a description of stakeholder groups, (2) opportunities for participation at each step of an HIA, (3) a list of factors that influence participation, and (4) case studies that incorporate community participation in recent HIAs. The strategies discussed in this document are not exhaustive, nor do they guarantee successful stakeholder participation. Rather, they are intended to inform HIA practitioners about current best practices for achieving and promoting meaningful involvement of key stakeholders in an HIA.

B. Understanding Stakeholder Participation

Who Are Stakeholders?

Stakeholders are individuals or organizations who stand to gain or lose from a decision or process. More specifically, stakeholders can be defined as people who:

- are affected by the prospective change (e.g., health or financial)
- have an interest in the health impacts of the policy or project under consideration
- because of their position, have an active or passive influence on the decision-making and implementation process of the project or policy under consideration
- have an economic or business interest in the outcome of the decision

In practice, stakeholders are often thought of in terms of categories of people—sometimes referred to as “communities of place” or “communities of interest.” Below is a common set of stakeholder categories:

- Community-based organizations
- Residents
- Service providers
- Elected officials at the municipal, regional, state/provincial or federal levels
- Small businesses
- Industry, developers, and big business
- Public agencies
- Statewide or national advocacy organizations
- Academic, learning and research institutions
- HIA consultant organizations

It is recommended that an HIA practitioner engage with more than one of these stakeholder groups on any given assessment. **Diversity in stakeholder participation allows for a well-rounded understanding of the community and political realities related to the policy, project or program being examined.**

It is important to note that HIAs typically involve stakeholders affiliated with organizations rather than independently engaged residents or individuals representing only their personal interests. An HIA relies heavily upon organizations to represent the multiplicity of public interests. Typically, each group or organization that has a stake in the process or outcome should be contacted and asked to participate in the process. A common goal is to have a representative from each stakeholder group. The pool of representatives should be a fairly accurate reflection of the greater public interest.

Stakeholder participation is most successful when all groups and interests are able to meaningfully influence the process and outcome. In practice, it may be difficult to include everyone since it can be challenging to align groups with different interests, needs, abilities, resources, and histories. A seasoned facilitator can help identify who should be involved, sort through the challenges associated with including each group, manage interpersonal relationships once all stakeholders are together, and pave the way for including decision makers at critical points in the process. Appendix A also provides information that may be helpful in identifying stakeholders.

With the diversity of interests, reach, capacities, and cultures among potential stakeholders, no single approach can be prescribed for stakeholder participation.

This document encourages that stakeholder participation be maximized to the greatest extent possible in order to achieve more effective and equitable HIA results.

Due to the centrality of equity to the HIA and the challenges associated with organizing vulnerable communities, special attention must be paid throughout the process to those representing vulnerable populations, including low-income people, communities of color, people with disabilities, children, and seniors. Many HIAs include organizations with strong ties to the community and increased capacity to engage community members on key objectives and participate with broader constituencies. Through community-based organizations, residents can:

- provide valuable input
- build individual and organizational capacity
- provide community outreach resources
- serve as sources of quantitative and qualitative data
- help [ground truth](#) findings
- contribute political connections important to an HIA's success
- contribute financial and in-kind resources
- help create "buy-in" for how results are used

In turn, an HIA helps organizations develop institutional capacity to consider health in future policy and project efforts.

Because representatives from an organization will likely be loyal to the organization's core mission and agenda, it is important to exercise caution in determining each organization's representation and accountability to the vulnerable populations for which it speaks. This is also another reason to ensure participation by a diverse range of stakeholders.

Why Is Stakeholder Participation Critical?

Stakeholder participation and leadership is an integral part of the HIA process. Such participation supports empowerment and capacity-building, particularly among vulnerable populations, which include low-income people and communities of color; this in turn maximizes health outcomes. Public health research shows that citizens who are more civically engaged and those who feel a sense of control over the decisions that impact their lives experience better health



Case Study: Los Angeles ACORN, a local community-based organization, spearheaded an HIA of a housing development in South Los Angeles in a low-income community. The HIA looked at the health impacts of affordable housing and access to vital healthy goods and services such as healthy food, public transit, education, parks and recreation facilities, and neighborhood walkability. There was intensive community involvement via a 300-person survey and community reporting of HIA findings to city council members. LA Department of Public Health, the Redevelopment Authority, and the nonprofit developer also participated in the HIA. The HIA and stakeholder participation led to the developer agreeing to lower the cost of the housing units to match what was considered "affordable" in the lower-income sub-area of South Los Angeles. See Section D, part IV for more details on this example.

outcomes.² Successful stakeholder participation can lead to a more informed, empowered and continuously engaged base.

Indeed, stakeholder participation aims to exemplify each core value of an HIA as defined by the World Health Organization.³ The way in which stakeholder engagement supports each value is outlined in Table 1.

Table 1. How Stakeholder Participation Supports the Core Values of HIA

HIA Core Value	WHO Definition*	How Stakeholder Participation Contributes to the Core Values of HIA
Democracy	Emphasize people’s rights to participate in a transparent process for the formulation, implementation and evaluation of policies that affect their lives, both directly and through the elected political decision makers	Ensures stakeholders—particularly those who are disenfranchised from the political process—are a part of decision-making processes that impact their lives; provides an opportunity for stakeholders to voice their concerns and solutions; and builds stakeholder capacity to become involved in future decision-making.
Equity	Emphasize that an HIA is not only interested in the aggregate impact of the assessed policy on the health of a population but also on the distribution of the impact within the population, in terms of gender, age, ethnic background and socioeconomic status	Allows people who might be impacted to have their needs represented in the decision-making process, contributes to reduced health inequities and promotes equitable decision-making.
Sustainable Development	Emphasize that both short-term and long-term, direct and indirect impacts must be taken into consideration	Stakeholders can present issues that reflect the needs of both the current and future community (services, traffic, etc.).
Ethical Use of Evidence	Emphasize that the use of quantitative and qualitative evidence needs to be rigorous and based on different scientific disciplines and methodologies to get a comprehensive assessment of the expected impacts	Information collected from stakeholders should be valued as evidence. Ground truthing scientific data with various stakeholders helps validate professional information.

* From European Centre for Health Policy. *Health Impact Assessment: Main Concepts and Suggested Approach*. 1999. World Health Organization Regional Office for Europe.

The Benefits of Engaged and Active Stakeholders

In the HIA process, engaged and active stakeholders can:

- **Increase the accuracy and value of the HIA by providing multiple perspectives.** Working with stakeholders brings varying perspectives to the HIA and is integral to identifying the health impacts that are of greatest importance to the population identified in the HIA. Through the participation process, the knowledge, experience and values of diverse stakeholders can become part of the evidence base.
- **Incorporate information not readily available with other forms of evidence.** Stakeholders can share anecdotal information, histories and stories that provide a more well-rounded understanding of existing community conditions and potential health impacts. Stakeholders can also help refine research questions, support context-specific analysis of research findings, and help develop more feasible recommendations.

- Increase the efficacy of the HIA to impact the policy decision by fostering active support for the HIA recommendations.** Participation in the HIA process can provide stakeholders an opportunity to shape the analysis and provide meaningful input. Stakeholders can account for community concerns and visions, political realities, and reach diverse audiences for input and support. Since the recommendations stemming from the HIA analysis may also have the most impact on communities and other stakeholders, it is imperative they help shape them.

When stakeholder participation is successful, community and advocacy groups can use the HIA results to advocate for the recommendations of the HIA and reach decision makers to influence key opportunities. This increases the likelihood of implementation. For example, community groups can develop campaigns and organize constituencies to advocate for the recommendations of the HIA. Stakeholder support or opposition can be an important factor in determining the success or failure of a policy, project, or program.

In order to inform an HIA, expand good practice, and increase the feasibility of an effective implementation of final recommendations, it is important to engage diverse perspectives. At the bare minimum, HIA practitioners are advised to involve a wide variety of stakeholders in the HIA at each stage; if carried out to its maximum potential, stakeholder participation can result in a more successful HIA, increased democratic processes and empowered communities.

The benefits of broad involvement and leadership extend beyond the recommendations of the HIA. Current practice standards, guidance and peer-reviewed literature for HIA, other forms of impact assessments, and public planning recognize that meaningful and effective stakeholder participation supports effective decision-making. Stakeholder participation does not only inform the HIA, it also benefits the community and decision makers.

Case Study: Launched in fall 2004, the Eastern Neighborhoods Community Health Impact Assessment (ENCHIA) was an 18-month long process to assess the health impacts of the proposed re-zoning and community planning process in Eastern Neighborhoods.

Facilitated and staffed by the San Francisco Department of Public Health, ENCHIA was guided by a multi-stakeholder Community Council of over 20 diverse organizations representing a multitude of interests including economic and neighborhood development, environmental justice, homelessness, open space, property-owners, and small businesses. ENCHIA resulted in the insertion of health-protective language in the Community Area Plans, health analysis during the formal Environmental Impact Review, new city legislation requiring air quality and noise mitigations for sensitive use development, and the creation of the Healthy Development Measurement Tool. See Section D, part I for more information.



Levels of Stakeholder Participation

The quality of stakeholder participation can vary widely. Sherry R. Arnstein’s Ladder of Citizen Participation (Figure 1), a framework often utilized in studies of equity and civic engagement, was published in 1969.⁴ It remains a valid framework to describe the spectrum of engagement—from input to empowerment—and to prescribe participation goals and methods. Although not explicitly used in an HIA, it is presented as a potential tool to help conceptualize and gauge stakeholders’ desired levels of participation in HIA practice.

Arnstein’s ladder also helps evaluate the goal of community empowerment in HIA; results should be evaluated by how changes were achieved and at which level engagement took place on the Ladder of Citizen Participation. Evaluating empowerment calls for collecting data on stakeholders’ experience with the HIA process and their sense of personal power, accountability, connectedness, vision, etc. This is just one example of how participation goals can shape how practitioners plan, implement, and evaluate participation and overall success of the HIA.

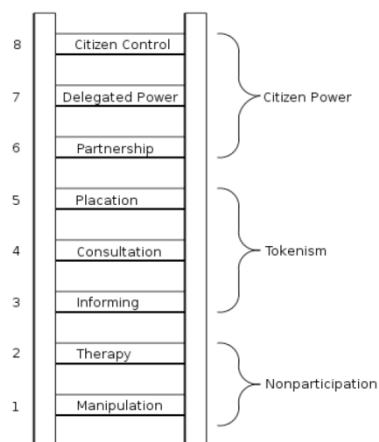


Figure 1. Arnstein's Ladder of Citizen Participation

Table 2. Ladder of Citizen Participation Applied to HIA Practice

Rung	Arnstein's Description ²	Applied to HIA Practice
Citizen Control & Delegated Power	<u>Vulnerable populations</u> most impacted obtain majority decision-making power.	HIA stakeholders, including vulnerable populations, decide on the HIA scope and recommendations, have final approval of HIA report, and decide on the communications strategy.
Partnership	Vulnerable populations can negotiate and engage in trade-offs with power holders.	Stakeholders impact the direction of HIA (scope) and reporting, but decisions are made equally with project team.
Placation	Allows vulnerable populations to advise, but power holders have right to decide.	Stakeholders offer input that may shape the HIA, but the project team make all decisions.
Informing & Consultation	Citizens can offer input and be heard, with no assurance their views will be taken into account.	Stakeholders offer input but it does not necessarily shape the HIA.
Manipulation & Therapy	Power holders “educate” or “cure” citizens— participation is not encouraged.	Telling stakeholders what is happening without soliciting input. Saying stakeholder voices matter but not acting on input. Not giving out all relevant information or giving different information to different stakeholders.

The rungs of Arnstein’s ladder also fit nicely into a framework for understanding best practices for stakeholder participation in HIA (Table 2). As noted, there are varied ways to effectively engage the broader community groups and stakeholders at different levels but at minimum, HIA practitioners should seek to achieve participation at the *Informing* and *Consultation* rungs or higher.

² Authors took liberty to change Arnstein’s use of the term “have not” and replace it with “vulnerable population.”

How Stakeholders Can Get Involved

One of the primary products of the first HIA in the Americas Workshop (2009) was a “Minimum Elements and Practice Standards for HIA” (HIA Practice Standards) document,³ which was designed by leading North American HIA practitioners to support the development and institutionalization of HIA by identifying the values underlying HIA, the essential elements of a HIA, and best practices to conduct a HIA.⁵ As noted in these standards, “there exists considerable diversity in the practice and products of HIA due to the variety of decisions assessed, diverse practice settings, and the nascent evolution of the field.”⁶ This set of conditions also applies to stakeholder participation in HIAs. **With the diversity of interests, reach, capacities, and cultures among potential stakeholders, no single approach can be prescribed for stakeholder participation. This document advocates maximizing stakeholder participation for effective and equitable results, and acknowledges that limited resources, capacities and quick political timelines pose limits on stakeholder participation.**

The HIA Practice Standards also suggests that stakeholder participation in HIAs should include “a specific engagement and participation approach that utilizes available participatory or [deliberative methods](#) suitable to the needs of stakeholders and context.” Such methods may include, but are not limited to: creation of community steering or advisory groups, co-partnership with key stakeholders, consensus-based decision-making, interviews, surveys, questionnaires, [fishbowls](#), comment forms, project website, articles, newsletters, workshops, tours, [design charrettes](#), focus groups, and study sessions. The standards broadly encourage practitioners to “accept and utilize input” at a very minimum.



In addition, the HIA Practice Standards identifies a series of opportunities at each stage of HIA where stakeholders can shape and influence the process and outcomes.⁷ Table 3 summarizes these opportunities. When maximized at each stage, stakeholder guidance and input has the potential to shape the issues that are scoped into the HIA, the values prioritized, and the stakeholders engaged in the process. Stakeholders share local knowledge and expertise on early drafts of HIA documents, frame the data around local realities, provide comments and feedback on the final report, and help identify recommendations.

Table 3 summarizes the Practice Standard’s essential and recommended standards related to stakeholder participation. The right-hand column references where the identified standards can be found in the Practice Standards document.

³ Practice Standards were updated after the HIA of the Americas Conference 2010, and will continue to be updated as practice develops. The Stakeholder Participation in HIA Working Group has included additional practices in Table 2 to reflect enhanced engagement.

Table 3: North American HIA Practice Standards Relating to Stakeholder Participation by HIA Stage⁸

HIA Standards for Practitioners		Section
Process Oversight: <i>Intended to be used throughout all the stages of the HIA</i>		
Essential	<ul style="list-style-type: none"> Accept and utilize diverse stakeholder input. 	1.5
Recommended	<ul style="list-style-type: none"> Have a specific engagement and participation approach that utilizes available participatory or deliberative methods suitable to the needs of stakeholders and context 	1.6
Screening Stage: <i>Deciding whether an HIA is needed, feasible, and relevant</i>		
Essential	<ul style="list-style-type: none"> Understand stakeholder concerns in order to determine potential health effects. Identify and notify stakeholders of decision to conduct a HIA. 	2.2.3 2.3
Recommended	<ul style="list-style-type: none"> Identify stakeholders to potentially partner with a HIA. Seek diverse stakeholder participation in screening the target policy or HIA plan. 	
Scoping Stage: <i>Deciding which health impacts to evaluate and evaluation methodology</i>		
Essential	<ul style="list-style-type: none"> Use input from multiple perspectives to inform pathways (between the policy, plan or project and key health outcomes). Use multiple avenues to solicit input (from stakeholders, affected communities, decision makers). Ensure a mechanism to incorporate new feedback from stakeholders on the scope of the HIA. 	3.1 3.7
Recommended	<ul style="list-style-type: none"> Work with diverse stakeholders to prioritize key elements of analysis. Seek feedback from stakeholders on HIA scope. 	
Assessment Stage: <i>Using data, research, and analysis to determine the magnitude and direction of potential health impacts</i>		
Essential	<ul style="list-style-type: none"> Use local knowledge as part of the evidence base. 	4.2.1 4.2.4
Recommended	<ul style="list-style-type: none"> Work to engage all stakeholders in data collection. Seek feedback from stakeholders on draft findings. 	
Recommendations: <i>Providing recommendations to manage the identified health impacts and improve health conditions</i>		
Essential	<ul style="list-style-type: none"> Use expert guidance to ensure recommendations reflect effective practices. 	5.2
Recommended	<ul style="list-style-type: none"> Work with community and other stakeholders to identify and prioritize recommendations. Seek input on recommendations. 	
Reporting & Communication: <i>Sharing the results, recommendations</i>		
Essential	<ul style="list-style-type: none"> Summarize primary findings and recommendations to allow for stakeholder understanding, evaluation, and response. Document stakeholder participation in the full report. Make an inclusive accounting of stakeholder values when determining recommendations. Allow for, and formally respond to, critical review from stakeholders, and make the report publicly accessible. 	6.2 6.3 6.5 6.6-7
Recommended	<ul style="list-style-type: none"> Seek diverse input on draft final report. Work with stakeholders to build their capacity to understand and articulate the findings of the HIA. 	
Monitoring: <i>Tracking how the HIA affects the decision and its outcomes</i>		
Essential	<ul style="list-style-type: none"> Plan should address reporting outcomes to decision makers. Monitoring methods and results should be made available to the public. 	7.2 7.4
Recommended	<ul style="list-style-type: none"> Involve interested stakeholders in monitoring outcomes. 	



C. The Participation Process

Using a series of tables, the three subsections below describe in more detail the participation process within HIA.

- Table 4, “**Sample HIA Participation Guide,**” outlines opportunities for stakeholder involvement at each stage of the HIA. This guide is particularly useful for practitioners or stakeholders new to the HIA process.
- Table 5, “**Factors That Influence Stakeholder Participation,**” summarizes key factors that impact stakeholder engagement. The table in this section is relevant to those who have a keen interest in improving participation within their HIA and having empowerment as a key outcome.
- Lastly, Table 6, “**Pitfalls to Avoid During Stakeholder Participation,**” summarizes some common mistakes or pitfalls that practitioners have encountered during participation processes. These pitfalls are paired up with possible solutions to help avoid similar issues.

Sample HIA Participation Guide

Table 4 outlines opportunities at each stage of HIA where practitioners can ensure stakeholder participation and/or how stakeholders can become involved. This guide is particularly useful for practitioners or stakeholders new to HIA.

Table 4. HIA as a Collaborative Process: Opportunities for Stakeholder Participation by Stage⁹

Stage of HIA	Tasks Related to Stakeholder Participation	Method of Ensuring Participation	Potential Achievements	Works Best When	Sample Tools (see endnotes for direct links)
<p>Process Oversight: The oversight process is intended to be used throughout all the stages of the HIA</p>	<ul style="list-style-type: none"> ▪ Conduct a stakeholder analysis to identify key stakeholders and develop a Steering or Advisory Committee ▪ Create “ground rules for participation” or other guidelines for conduct to support discussion ▪ Develop a collaboration agreement for the conduct and oversight of the HIA process between stakeholders and HIA practitioners ▪ Build in appropriate time and milestones for stakeholder feedback ▪ Identify agency or organization that will coordinate the partners and activities for each step of the HIA ▪ Convene and facilitate ongoing meetings to develop agreements around different decisions ▪ Document and disseminate notes about agreements and tasks ▪ Ensure transparency in the HIA process through disclosing and documenting special interests 	<ul style="list-style-type: none"> ▪ Series of 1:1 in-person or phone meetings between stakeholders and HIA practitioner ▪ Continued collaboration and information sharing with stakeholders ▪ Group meetings to ensure everyone understands each others’ roles and has an opportunity to discuss key decisions ▪ Work with stakeholders to develop a “Rules of Engagement” agreement and/or conflicts of interest disclosure for stakeholder participation ▪ Translation/interpretation as needed 	<ul style="list-style-type: none"> ▪ Informed and committed steering committee members ▪ Stakeholder empowerment ▪ Well-informed HIA ▪ Organizations are prepared to contribute to and use the HIA findings 	<ul style="list-style-type: none"> ▪ All parties are well-informed of expectations and commitments in advance ▪ All parties are well-informed about HIA ▪ There is continued collaboration among stakeholders and between practitioner and stakeholders ▪ Diverse stakeholders participate 	<ul style="list-style-type: none"> ▪ Principles of Collaboration¹⁰ ▪ Readiness Questions¹¹ ▪ Steering Committee application ▪ Conflicts of Interest form ▪ Sample Stakeholder Analysis (Appendix B)

Stage of HIA	Tasks Related to Stakeholder Participation	Method of Ensuring Participation	Potential Achievements	Works Best When	Sample Tools (see endnotes for direct links)
<p style="text-align: center;">Screening: <i>Deciding whether an HIA is needed, feasible, and relevant</i></p>	<ul style="list-style-type: none"> ▪ Collaboratively identify and/or communicate criteria for selection and priority projects for HIA ▪ Educate all parties about the context of the HIA and the decision-making process ▪ Discuss pros and cons of taking on a HIA with stakeholders and decision makers ▪ Collaboratively select the topic for the HIA 	<ul style="list-style-type: none"> ▪ Project team identifies and/or recruits organizations and people they know but are not yet involved with the HIA to participate in HIA ▪ “Cold calling” stakeholders if no relationship currently exists to recruit them to participate in the HIA ▪ Email stakeholders w/ explanation of HIA & request for a meeting (phone or in person) ▪ Grant-seeking project manager explores funding for the HIA idea and for stakeholders to participate 	<ul style="list-style-type: none"> ▪ Identify a topic that is relevant to stakeholders ▪ Teach others about the HIA ▪ Identify and recruit new stakeholders ▪ Come up with new ideas for HIA projects ▪ Create buy-in (whether or not there is participation) ▪ Identify potential biases, challenges and solutions ▪ Better understand political/stakeholder dynamics of HIA policy, project or program 	<ul style="list-style-type: none"> ▪ There is a previous relationship with stakeholders or an introduction from a trusted ally ▪ No prior conflicts or competition exists among members ▪ Practitioner is culturally competent and genuinely interested in stakeholder input ▪ Benefits are described clearly for all stakeholders ▪ Stakeholders are interested in the topics raised by HIA practitioner ▪ Comprehensive education about HIA is provided to stakeholders 	<ul style="list-style-type: none"> ▪ Screening worksheet ▪ Screening white paper¹² ▪ UCLA screening matrix¹³ ▪ Many tools on HIA Gateway¹⁴

Stage of HIA	Tasks Related to Stakeholder Participation	Method of Ensuring Participation	Potential Achievements	Works Best When	Sample Tools (see endnotes for direct links)
<p style="text-align: center;">Scoping: <i>Deciding which health impacts to evaluate and evaluation methodology</i></p>	<ul style="list-style-type: none"> ▪ Collaboratively identify priority health issues to study and identify goals for the HIA ▪ Conduct issue identification through outreach to other affected people ▪ Collaboratively prioritize research questions for the HIA and agree on scope of the HIA ▪ Conduct outreach to individuals and groups that may participate in the HIA to broaden the spectrum of stakeholders involved ▪ Identify sources of information that already exist and invite participation by parties with that information ▪ Envision or consider communication, media and advocacy activities to report HIA findings to diverse stakeholders and to key decision makers ▪ Work with as many key stakeholders as possible to build capacity to participate in HIA ▪ Transparency and disclosure of interests documented 	<ul style="list-style-type: none"> ▪ Conduct a series of well-facilitated meetings with stakeholders to establish priorities, including community meetings. ▪ Consider surveys of, focus groups with, and/or voting by affected communities to establish priorities ▪ Conduct interviews (usually with <i>power holders</i>) to seek priorities and input ▪ 1:1 conversations with stakeholders to build consensus ▪ Guide stakeholders in creating some of the scoping documents ▪ Work with stakeholders to develop a “Rules of engagement” agreement and/or conflicts of interest disclosure for stakeholder participation 	<ul style="list-style-type: none"> ▪ Priorities of affected communities are represented ▪ Identify data sources, context, or health issues not considered by project team ▪ Create buy-in for use of HIA findings ▪ Diverse stakeholder participation usually makes for a more comprehensive scope 	<ul style="list-style-type: none"> ▪ All parties are well-informed about the HIA 	<ul style="list-style-type: none"> ▪ Scoping worksheet¹⁵ ▪ Facilitation techniques ▪ Pathway diagram examples¹⁶ ▪ Conflicts of interest form

Stage of HIA	Tasks Related to Stakeholder Participation	Method of Ensuring Participation	Potential Achievements	Works Best When	Sample Tools (see endnotes for direct links)
<p>Assessment:</p> <p><i>Using data, research, and analysis to determine the magnitude and direction of potential health impacts; offering recommendations to improve health conditions</i></p>	<ul style="list-style-type: none"> ▪ Research and organize baseline/ existing conditions data ▪ Conduct research and analysis ▪ Lead or participate in field observations and research ▪ Conduct surveys, interviews and/or focus groups to further interpret and ground truth HIA research ▪ Help gather and connect a variety of data sources to answer research questions ▪ Assess potential impacts through synthesizing available data, applicable literature, and stakeholder input to determine health outcomes and impacts to affected population 	<ul style="list-style-type: none"> ▪ Surveys and/or focus groups with affected communities to collect data ▪ Interviews with key individuals ▪ Data requests to different organizations/agencies ▪ Interviews (phone or other) with authors of reports/articles ▪ Review of public testimony 	<ul style="list-style-type: none"> ▪ Ground truth scientific literature ▪ Create buy-in for use of HIA findings ▪ Solicit powerful quotes and feedback to supplement quantitative data ▪ Identify potential spokespeople for reporting HIA findings 	<ul style="list-style-type: none"> ▪ There is good education about what HIA is ▪ There is commitment and a mechanism to feed results back to affected communities ▪ There is adequate education about the policy, project, plan and how it could impact community ▪ There is transparency and an effort to ensure stakeholders understand methodologies and limitations of assessment process 	<ul style="list-style-type: none"> ▪ PEQI and other HIA assessment tools¹⁷ ▪ Examples of community surveys example survey #1¹⁸ example survey #2¹⁹ example survey #3²⁰ ▪ Examples of focus group interview guides²¹

Stage of HIA	Tasks Related to Stakeholder Participation	Method of Ensuring Participation	Potential Achievements	Works Best When	Sample Tools (see endnotes for direct links)
<p>Recommendations: <i>Providing recommendations to manage the identified health impacts</i></p>	<ul style="list-style-type: none"> ▪ Prioritize recommendations with a diverse set of stakeholders in order to maximize health benefits and ensure priority recommendations will be championed (see <i>Minimum Elements and Practice Standards for HIA</i>) 	<ul style="list-style-type: none"> ▪ Hold one-on-one meetings to discuss recommendations ▪ Hold training workshop on brainstorming and identifying recommendations ▪ Prioritize recommendations with diverse, key stakeholders ▪ Conduct outreach to get expert guidance to ensure recommendations reflect current effective practices 	<ul style="list-style-type: none"> ▪ Provide concrete recommendations to enhance the project/policy to advance public health ▪ Ensure champions for the HIA findings 	<ul style="list-style-type: none"> ▪ All stakeholders are not alarmed by the HIA recommendations because they have been well informed by the assessment results ▪ The prioritized findings reflect solutions to issues faced by stakeholders ▪ Ensuring identification of recommendations that are relevant, feasible and actionable 	<ul style="list-style-type: none"> ▪ Example of HIA Report with Recommendations²²
<p>Reporting and Communication: <i>Sharing the results, recommendations</i></p>	<ul style="list-style-type: none"> ▪ Write, review and edit final HIA report(s) with adequate stakeholder participation ▪ Be responsive to stakeholder feedback and need for information ▪ Work with stakeholders to interpret and prioritize HIA findings and recommendations ▪ Share findings with broad set of stakeholders ▪ Work with stakeholders to carry out communication, media and advocacy activities to report HIA findings to key decision makers. Consider how recipients will use the findings. 	<ul style="list-style-type: none"> ▪ Develop a committee responsible for writing the report ▪ Solicit diverse stakeholder feedback (through public meetings, interviews, emails, etc) ▪ Be responsive to stakeholder comments 	<ul style="list-style-type: none"> ▪ Reports, presentations, and/or materials that meet the needs of and communicate effectively with all stakeholders ▪ Effective spokespersons for the HIA 	<ul style="list-style-type: none"> ▪ Audience(s) for report(s) and presentation(s) are determined in advance ▪ The language and framing is appropriate for the audience – consider language level, political environment and cultural characteristics ▪ Use lay language whenever possible 	<ul style="list-style-type: none"> ▪ Outline of report format²³ ▪ Examples of presentations²⁴ of HIA results ▪ Examples of testimony²⁵ of HIA results ▪ Examples of letters²⁶ with HIA results

Stage of HIA	Tasks Related to Stakeholder Participation	Method of Ensuring Participation	Potential Achievements	Works Best When	Sample Tools (see endnotes for direct links)
<p>Monitoring: <i>Tracking how the HIA affects the decision and its outcomes</i></p>	<ul style="list-style-type: none"> ▪ Monitor decision outcomes and long term results ▪ Hold decision makers accountable for decision agreements and mitigations 	<ul style="list-style-type: none"> ▪ Meeting to establish frequency of, and mechanism for tracking outcomes ▪ Stakeholders/citizens are involved in monitoring health outcomes (i.e., stakeholder or citizen advisory panels, etc.) 	<ul style="list-style-type: none"> ▪ Validation of findings ▪ Better implementation of decisions in health outcomes or health monitoring studies 	<ul style="list-style-type: none"> ▪ There is involvement from the beginning of the HIA ▪ There are resources available for monitoring or monitoring is part of an agency or organization's responsibility 	<ul style="list-style-type: none"> ▪ Monitoring plan example²⁷ ▪ Evaluation examples²⁸

Factors that Influence Participation

Table 5 details conditions that impact [stakeholder participation](#) and was derived from several documents, peer-reviewed publications, and reports that highlight best practices for community participation (see Appendix B for the list of reviewed materials). It is important that HIA practitioners consider how constraints, such as time, competing needs, and limited resources, will shape what is required at each stage of the HIA. Effectively maintaining stakeholder participation must be carefully thought out and planned—some organizations may express interest in participating, but not continue with their participation, and some organizations may not participate productively. The more the goals and scope of the project are aligned with the interests of key stakeholders, the stronger participation is likely to be.

Table 5. Factors that Influence Stakeholder Participation

Factor / Consideration	Recommendations for Practitioners	Impact on Participation Plan
<p>Time and Resource Constraints</p>	<ul style="list-style-type: none"> ▪ Be conscious of the time required to build trust, educate and build capacity on the HIA, and gather feedback from diverse stakeholders when developing the stakeholder participation plan. ▪ Consider partnering with stakeholders to develop work plans and timeline to ensure adequate time is provided for stakeholder participation. ▪ Develop a work plan to articulate the role of stakeholders, the tasks required at every step, and allocate time to support stakeholders in their tasks, answer questions and fully consider their feedback. ▪ Provide compensation, food, childcare, transportation or other resources to reduce barriers to participation ▪ Plan time and resources to meet participants on their own time, even if that means after or before traditional work hours. 	<ul style="list-style-type: none"> ▪ Can lengthen turnaround and response times and will determine the number of stakeholders approached, the methods used for stakeholder participation (e.g., collaborative, advisory, surveys, focus groups, individual interviews), and the extent of stakeholder participation throughout the HIA process. ▪ <u>Minimum time estimate for stakeholder participation:</u> For a minimal (rapid or desktop) HIA, include meetings to ensure input from and feedback to stakeholders. ▪ <u>Maximum time estimate:</u> For comprehensive HIA allow for multiple meetings, extra time, and reminders for data collection and report-back, extra trainings to build capacity, and time to solicit feedback on draft HIA.

Factor / Consideration	Recommendations for Practitioners	Impact on Participation Plan
Equity	<ul style="list-style-type: none"> ▪ Apply an equity lens at every turn and practice cultural humility. Be open to new stakeholders joining the process. Create ongoing relationships with stakeholders early—even prior to the start of the HIA if possible—to build trust, provide information on the HIA and be open and responsive to questions and feedback on all matters. ▪ Conduct HIA in partnership with key stakeholders who have existing relationships in the most impacted communities and who are aware of local realities, histories and community concerns. Make continued effort to solicit stakeholder participation. ▪ Embrace measures that reflect priority health impacts on vulnerable communities, ensure the disaggregation of impacts by race, income and geography where data is available. 	<ul style="list-style-type: none"> ▪ Will need to identify the key groups to engage with to ensure key vulnerable communities are not left out. Practitioners will need to allow time for collaborative selection of indicators and ongoing exchanges with stakeholders, and be open to make adjustments to incorporate equity throughout the process. ▪ Equity is not a one-time measure, but an approach that is woven throughout the entire process and reflected in the final reports. ▪ Minimum acceptable equity: Ensure that vulnerable and underrepresented groups participate. Ensure that their concerns are reflected in the indicator selection and identified and considered in the impact analysis. It is preferable that these groups are representative of their communities and empowered to speak on behalf of their communities. ▪ Maximum equity: all stakeholders are engaged in as many steps of the HIA process as possible, those leading the HIA effort are those facing inequity, incorporate equity measures into the assessment plan, and evaluate the HIA primarily through an equity lens.
Decision-Making	<ul style="list-style-type: none"> ▪ Balance diversity of opinions and consensus or broad agreement, focus on interests and goals (versus positions and demands), acknowledge and document dissent. 	<ul style="list-style-type: none"> ▪ Will need to establish ground rules and a decision-making process, and allow time for study, discussion, and dissent. ▪ Minimum consensus: Stakeholders agree on decision-making processes up front and follow those decision-making processes. ▪ Maximum consensus: All major decisions are agreed on by all parties equally throughout HIA process.

Factor / Consideration	Recommendations for Practitioners	Impact on Participation Plan
<i>Differing Needs (Practitioners and Stakeholders)</i>	<ul style="list-style-type: none"> ▪ Disseminate information in lay terms so all parties have a comparable understanding; consider the broad range of preferences and needs stakeholders might have; incorporate learning into HIA process; accommodate different stakeholders with timing of meetings. 	<ul style="list-style-type: none"> ▪ Different research methods may require unique data and approaches (e.g., Community-Based Participatory Research), so select approaches early in process to properly inform the project. ▪ Make interpretation and translation available, consider offering childcare and food at meetings, explore various forms of input (individual written, small group, drawing, etc.) ▪ <u>Minimum consideration of differing needs:</u> Discussion of needs within first two project planning meetings of this topic. ▪ <u>Maximum consideration of differing needs:</u> All stakeholders incorporate methods to address differing needs at all stages, including translation, different types of documentation, etc. Incorporate different ways to provide input at every opportunity (e.g., individual written input, small group exercises, large group sharing, drawing exercises for visioning, etc.)
<i>Transparency</i>	<ul style="list-style-type: none"> ▪ HIA should be made public whenever possible— Clearly identify necessary communication methods and materials; prevent obstacles later by planning for transparency and confidentiality needs; remain as jargon-free as possible; communicate results openly to provide accountability. 	<ul style="list-style-type: none"> ▪ Start to facilitate continuous contact between technical and non-technical stakeholders by including it in the HIA work plan, as well as documenting process (designate a scribe at each meeting from among core team). Doing so will shed light on issues and findings as they emerge. Acknowledge motivations for involvement and limitations (e.g., time frame, research capacity). ▪ <u>Minimum transparency:</u> Minutes of every meeting are taken and disseminated; there is a written scope of work disseminated to partners, all partners have a chance to review Draft HIA. There should be continuous contact between stakeholders with various levels of technical expertise and continuous contact between stakeholders in advisory and technical roles. Stakeholders should reach agreement about which elements of the HIA will be publicly accessible; minimally the Draft and Final HIA. ▪ <u>Maximum transparency:</u> In addition to the above, written screening documentation explaining why the HIA moved forward and why other HIA topics were not chosen; written <i>pathway diagrams (logic framework)</i> written and disseminated mid-term reports; draft and final HIAs publicly disseminated (on website and in other ways); written monitoring plan and evaluation report made public.

Factor / Consideration	Recommendations for Practitioners	Impact on Participation Plan
Responsiveness	<ul style="list-style-type: none"> ▪ Provide timely response to stakeholders, community groups, etc.; be informative and proactive; follow through on commitments. 	<ul style="list-style-type: none"> ▪ Budget funds and time to provide opportunities for input from interested parties and report-back by HIA team. Comments and input should be addressed by practitioners throughout. Designate a point person or general response approach. ▪ <u>Minimum responsiveness</u>: Project director and all stakeholders answer all calls and acknowledge requests within a reasonable timeframe. Respond within one week to all questions/comments on scope or draft HIA ▪ <u>Maximum responsiveness</u>: Project director and all stakeholders document responses (including written documentation of verbal exchanges).
Facilitation	<ul style="list-style-type: none"> ▪ Identify a skillful facilitator for the stakeholder meetings who is respected in the community in order to move the agenda forward and respect all perspectives. 	<ul style="list-style-type: none"> ▪ Budget funds for an outside facilitator. Ensure they have a cursory understanding of the issues. ▪ Minimum facilitation: Someone from the project team is trained to facilitate the meetings, carefully listen to all participants, manage the meetings, capture comments and move the steer the meeting in order to meet the goals ▪ Maximum facilitation: A trusted and skilled outside facilitator who is culturally competent and respected by stakeholders facilitates meetings.
Continual Evaluation	<ul style="list-style-type: none"> ▪ Rest conclusions on transparent and context-specific synthesis of evidence, acknowledge assumptions and limitations; improve engagement throughout, not after. 	<ul style="list-style-type: none"> ▪ Must build in time and survey design efforts. Continually ask questions to gauge if proposed stakeholder engagement practices aid in decision-making (i.e., are key groups participating? is the public getting enough information?) and to evaluate process. Process evaluation is used throughout HIA to improve upon ongoing participation (not just future processes). ▪ <u>Minimum</u>: Evaluate at end of HIA to determine effectiveness of engagement process; document recommendations for future HIAs and other practitioners. ▪ <u>Maximum</u>: Evaluation is continual throughout the HIA process and has been thought through in advance of beginning the HIA.

Factor / Consideration	Recommendations for Practitioners	Impact on Participation Plan
Stakeholder Leadership	<ul style="list-style-type: none"> ▪ Early on, develop a Steering Committee among stakeholders or impacted populations. Acknowledge the time investment required to build leadership skills. 	<ul style="list-style-type: none"> ▪ Earlier engagement is linked to greater investment in, and impact of, the HIA. However, it may require an increased number of workshops, tours, and study sessions to build skills. Overall, the earlier stakeholders are involved, the sooner practitioners can draw on their assets, help and expertise. Later engagement is less efficient, and can appear tokenistic. Consider a two-tier arrangement in which a technical advisory committee provides input to a general Steering Committee. ▪ <u>Minimum stakeholder leadership</u>: There is adequate representation from committed partners on the Steering Committee. 'Adequate' decided by project team and steering committee. Steering committee does have the power to make decisions. ▪ <u>Maximum stakeholder leadership</u>: Stakeholders are leading the steering committee with guidance from the project director.
Vision	<ul style="list-style-type: none"> ▪ Have a clear vision throughout all HIA phases to maintain interest and buy-in to the HIA process and use of findings. 	<ul style="list-style-type: none"> ▪ Creating a vision and framework for use of all results (including results of the participatory process itself) at the start of the project is key, as is leadership's awareness and use of that vision. The vision should be created in a participatory manner. ▪ <u>Minimum</u>: All stakeholders create vision together; leadership group reminds all stakeholders of the vision throughout the HIA process. ▪ <u>Maximum</u>: Minimum elements should be met as well as revisiting the vision periodically.
Stakeholders as Researchers	<ul style="list-style-type: none"> ▪ Use stakeholder interest and abilities to increase research capacity and stakeholder's sense of investment in the process. 	<ul style="list-style-type: none"> ▪ Will need to allow time and budget for recruitment, orientation and training, as well as scheduling of interviews, focus groups, surveys, data management and analysis. Helps increase stakeholder buy-in and sense of investment. ▪ <u>Minimum</u>: No stakeholders as researchers—this must be according to the desires of stakeholders. However, if there is a desire, the minimum would be stakeholders as data collectors. ▪ <u>Maximum</u>: Stakeholders as data analysts, report authors, literature reviewers, focus group leaders.

Factor / Consideration	Recommendations for Practitioners	Impact on Participation Plan
Effective Outreach	<ul style="list-style-type: none"> ▪ Make sure the message is simple and coherent, at all stages along the way. 	<ul style="list-style-type: none"> ▪ Do outreach utilizing existing leadership and organizations that have built trusting relationships. Partner with community based or advocacy groups that have a base of support in the community of interest, or links to members with interest in the issue the HIA is focusing on. Use applicable social marketing technologies such as Google groups, online learning communities, Facebook or other online interactive spaces. ▪ <u>Minimum outreach</u>: Reach out to all parties identified by the steering committee (and secondary parties identified by stakeholders) at least twice to solicit their interest and engagement. Reach out to these organizations one more time at a mid-term report-back. ▪ <u>Maximum outreach</u>: Multiple outreach strategies used to reach each stakeholder group. Outreach plan devised at onset of HIA. Outreach evaluated as to its effectiveness (e.g., was there enough stakeholder involvement? who was not approached? who should have been at the table?).

Pitfalls to Avoid When Engaging Stakeholders

Table 6 summarizes some common mistakes that we as practitioners have encountered in our experiences. Possible solutions are offered to help avoid these pitfalls.

Table 6. Pitfalls/mistakes to avoid during stakeholder engagement and possible solutions

Pitfall or Mistake	Possible Solution
<ul style="list-style-type: none"> Not involving stakeholders at all 	<ul style="list-style-type: none"> Incorporate minimum practice standards elements around stakeholder engagement (Table 3)
<ul style="list-style-type: none"> Intentionally excluding community organizations from the HIA process 	<ul style="list-style-type: none"> Involve community organizations. Make sure they are aware of what they are being involved in by using Readiness Questions as a discussion aid. (Note: In some cases, there are no community organizations to involve due to lack of community organizing capacity.)
<ul style="list-style-type: none"> Overwhelming stakeholders with too much information or tasks in the HIA Being unclear with people about how they can contribute and the estimated time commitment 	<ul style="list-style-type: none"> Be realistic about how much time stakeholders have; some can come to meetings, some cannot Clearly communicate time commitments required for different HIA roles Do some extra work up front to organize stakeholder input and minimize participants' necessary time commitment Solicit input by email or phone in order to minimize in-person time required of stakeholders
<ul style="list-style-type: none"> Stakeholders trying to stop the HIA process Someone on the steering committee stops the HIA, or people don't agree on value or scope of HIA 	<ul style="list-style-type: none"> Ascertain readiness and interest upfront (see Table 4) Acknowledge differences and discuss how to proceed with the rest of the steering committee Choose various methods of stakeholder engagement based on stakeholder interests and politics. Differentiating levels of involvement can help to manage conflict.
<ul style="list-style-type: none"> Involving an intermediary organization as opposed to directly partnering with a grassroots group <p><i>Example: Intermediary organization gets the funding for the HIA and only gives a small portion to the grassroots group. The intermediary organization does not have strong ties to the community, so community input is not as vibrant. Grassroots organization does not see HIA as their responsibility, so participation is not good.</i></p>	<ul style="list-style-type: none"> Partner directly with the organization that represents the communities/individuals who have the greatest stake in the decision Ensure that grassroots groups have adequate funding and are involved in the HIA
<ul style="list-style-type: none"> Involving people on the steering committee who do not get along with each other. This may happen if you don't know the relationships/politics of a community. 	<ul style="list-style-type: none"> Research your steering committee members and the "community" they are a part of in order to make sure your steering committee has a good working relationship or come up with a plan for how to facilitate productive working relationships among your steering committee members and the community

Pitfall or Mistake	Possible Solution
<ul style="list-style-type: none"> ▪ Steering committee members disagree on which HIA results to publish. <i>Example: Predicted health outcomes did not align with an HIA advocacy partner's goals for their campaign, and they suggested that certain results not be reported.</i> 	<ul style="list-style-type: none"> ▪ Be clear from the outset that while review of the draft HIA is a vital part of the process, the HIA report itself does not pick and choose what results are reported out. If health findings are valid, they will be reported. However, advocates can choose which findings and recommendations they want to emphasize in their own materials.
<ul style="list-style-type: none"> ▪ Involving too many people in decision-making roles makes it hard to make decisions 	<ul style="list-style-type: none"> ▪ Establish a decision-making process that every major participant agrees with. For example, it may be decided that the steering committee be left to make all final decisions. Other groups may be more comfortable if the research team makes final decisions.
<ul style="list-style-type: none"> ▪ Leading partner has an unstable organization with many staff changes 	<ul style="list-style-type: none"> ▪ Use the Readiness Questions to determine whether the partner organization is prepared to engage in the HIA project. If this is not apparent, collaboratively re-work expectations mid-HIA.
<ul style="list-style-type: none"> ▪ Partners have a different model of advocacy <i>Example: Some community organizers know best how to “fight against” something, as opposed to “collaborate with” agencies.</i> 	<ul style="list-style-type: none"> ▪ Make clear that HIA is a collaborative process that encourages partnership among many different types of agencies (i.e., governmental as well as community) ▪ Take advantage of different models of advocacy as long as it's understood upfront (e.g., inside/outside strategies)
<ul style="list-style-type: none"> ▪ Stakeholders don't trust decision makers enough to engage with them <i>Example: Entrenched organizations have a history of being disempowered by city agencies.</i> 	<ul style="list-style-type: none"> ▪ Must lay a lot of groundwork to get people to work together ▪ Make clear HIA is a collaborative process that encourages partnership among different types of agencies (i.e., governmental as well as community)
<ul style="list-style-type: none"> ▪ HIA is not really a priority to the stakeholder ▪ Lack of staffing capacity at partner organization 	<ul style="list-style-type: none"> ▪ Go through Readiness Questions with potential partner organizations before the HIA starts to ensure that they understand the capacity needs required of them if they participate in the HIA.
<ul style="list-style-type: none"> ▪ Partners do not have a plan for communicating findings/using findings ▪ Stakeholders did not consider how they wanted to use the HIA findings and recommendations 	<ul style="list-style-type: none"> ▪ Use the Readiness Questions to discuss and document the potential use of the HIA findings with partners
<ul style="list-style-type: none"> ▪ Organization unable to sustain interest over a long campaign (as land use and policy HIA projects often are) 	<ul style="list-style-type: none"> ▪ Research history of partnering organizations regarding campaigns/projects they typically work on and to understand their commitment to the issue ▪ Be transparent up front about potential longevity of HIA project
<ul style="list-style-type: none"> ▪ Potential topic of the HIA is too political such that stakeholders will not be able to be influenced by data/findings from the HIA 	<ul style="list-style-type: none"> ▪ Consider not doing the HIA. The pitfalls might be big enough to stop moving forward with the HIA.
<ul style="list-style-type: none"> ▪ Grandstanders—people who like to talk a lot, dominate the conversation, and slow progress 	<ul style="list-style-type: none"> ▪ Plan facilitation exercises carefully to ensure input from all ▪ Establish “ground rules” with agreements on having participation from all
<ul style="list-style-type: none"> ▪ Not having the buy-in from the local public health department, which can offer valuable data, analysis, and links to decision makers 	<ul style="list-style-type: none"> ▪ Recruit public health department staff, with the offer of training them to use HIA and help find resources for the health department to participate



D. Stakeholders Can Make a Difference: Four Examples of What Works

The case studies below are included in the Best Practices document to illustrate the different ways in which stakeholders can be involved in the HIA process. It is hoped that these examples will bring to life the information that is provided in the previous pages of this document. The case studies were selected because of the exemplary way in which stakeholders were engaged in the HIA process and could be considered best practice examples in the U.S. context.

I. San Francisco, Eastern Neighborhoods Community Health Impact Assessment (ENCHIA)

Author(s): San Francisco Department of Public Health, Program on Health, Equity, and Sustainability

Date of report release: 2004 – 2006

Available at: <http://www.sfphes.org/ENCHIA.htm>

Project Description (Decision-making process the HIA was intended to impact):

The Eastern Neighborhoods Community Health Impact Assessment (ENCHIA) was an 18-month process convened by the San Francisco Department of Public Health (SFDPH) involving over 25 community stakeholders to assess the health impacts of the proposed re-zoning and community planning process in the Eastern Neighborhoods. In 2002, the San Francisco Planning Department (SF Planning) launched the Eastern Neighborhoods Community Planning Process to respond to community demands for comprehensive planning and to address recognized land use conflicts in several neighborhoods: the Mission, South of Market (SoMa), and Showplace Square/Potrero Hill. Many stakeholders in these neighborhoods viewed the planning process, which was primarily focused on the re-zoning of historically industrial lands for new residential uses, as unresponsive to neighborhood concerns of unaffordable housing, residential and job displacement, gentrification, public safety, and inadequate open space.

Description of Stakeholder Engagement:

Stakeholder engagement occurred throughout all stages of the ENCHIA, from planning and screening the HIA to ongoing monitoring of the planning process. From 2004 to 2006, stakeholder engagement primarily occurred via the ENCHIA Community Council, which was comprised of organizations and residents whose interests were impacted by the Eastern Neighborhoods planning process. These stakeholders included:

Community Council Members: American Lung Association, Asian Neighborhood Design, Center for Human Development, Charlie's Place, Citizen's Housing Corporation, GCA Strategies, Jackson Pacific Ventures, Jardinière / Nextcourse, Low Income Investment Fund, Mission Community Council, Mission Economic Development Agency, Mission SRO Collaborative, Morrison & Foerster, Neighborhood Parks Council, Okamoto Saijo Architecture, People Organized to Win

Employment Rights, People Organizing to Demand Environmental & Economic Rights, Potrero Boosters, SF Bike Coalition, SF Community Land Trust, SF Food Alliance, SF General Hospital, SF Power Co-operative, SF Youth Works, SEIU Local 790, South of Market (SoMa) Community Action Network, SoMa Employment Center, SoMa Family Resource Center, Tenants & Owners Development Corporation, Transportation for a Livable City, Urban Habitat, and Walk SF

Government staff: Board of Supervisors, Redevelopment Agency, Municipal Transportation Authority, and Departments of Planning, Police, Public Health, Recreation and Parks, and Parking and Traffic

Technical Advisors: Center for Collaborative Policy, Columbia University, University of British Columbia, National Association of County and City Health Officials, California Department of Health Services, HOK, American Planning Association, United States Environmental Protection Agency Smart Growth Office, and Non-profit Housing Association of Northern California

Table 7 below outlines different roles that the ENCHIA Community Council and other related stakeholders played during the ENCHIA process.

Table 7: ENCHIA HIA Stakeholder Roles

	ENCHIA Stakeholder Roles	HIA Tools and Stakeholder Engagement Methods Used
Planning & Oversight	<ul style="list-style-type: none"> ▪ Participated in 1-on-1 interviews re: HIA value & potential impacts ▪ Helped develop project goals, objectives, & preliminary process ▪ Participated in 18-month Community Council to provide HIA oversight ▪ Developed guiding principles & new member guidelines ▪ Established decision-making ground rules 	<ul style="list-style-type: none"> ▪ Presentations on consensus-building, HIA, health and land use relationships, zoning, and the planning process
Screening	<ul style="list-style-type: none"> ▪ Requested SFDPH conduct HIA of proposed area plans & rezoning ▪ Brainstormed elements & developed drawings of a healthy city to identify key aspects of a healthy community ▪ Identified neighborhood stakeholders and interests not represented in Community Council and conducted outreach to engage those stakeholders 	<ul style="list-style-type: none"> ▪ Exercises to establish stakeholders interests, vision & draw a healthy community
Scoping	<ul style="list-style-type: none"> ▪ Defined geographic boundaries based on planning process ▪ Identified priority issue areas through development and definition of Community Health Objectives ▪ Helped brainstorm potential data sources and resources 	<ul style="list-style-type: none"> ▪ Small group exercises to develop and refine measurable objectives
Assessment	<ul style="list-style-type: none"> ▪ Reviewed research on characteristics of good indicators ▪ Helped collect and review baseline data on selected indicators ▪ Presented data to larger Council to get feedback and new ideas ▪ Participated in focus groups and key informant interviews ▪ Reviewed qualitative reports on work and health and community assessment ▪ Helped interpret or ground truth HIA research & identify data sources 	<ul style="list-style-type: none"> ▪ Exercise to prioritize policies ▪ Element Profiles & Indicator data

Reporting & Communication	<ul style="list-style-type: none"> ▪ Brainstormed legislative, regulatory, design and funding policies/strategies to advance Community Health Objectives ▪ Supported and reviewed research on dozens of policy ideas ▪ Participated in training on consensus decision-making ▪ Formed subgroup to discuss how to use HDMT and ENCHIA products ▪ Reviewed multiple versions of the HDMT & identified gaps & resources ▪ Reviewed SFDPH HDMT analysis of Eastern Neighborhood Area Plans ▪ Incorporated SFDPH data into presentations to community members, decision makers and other agency staff ▪ Encouraged Planning Department to use HDMT in planning efforts 	<ul style="list-style-type: none"> ▪ Healthy Development Measurement Tool (HDMT) ▪ Comment letters to Planning Department on specific parking and housing related policies ▪ HDMT trainings
Monitoring	<ul style="list-style-type: none"> ▪ Attended meeting to discuss next steps and future SFDPH involvement ▪ Participated in Eastern Neighborhoods' Citizens Advisory Council to shape and monitor plan implementation ▪ Tracked Planning Department implementation of plan and rezoning ▪ Convened stakeholders engaged in neighborhood-specific planning efforts 	<ul style="list-style-type: none"> ▪ Ongoing trainings & meetings to apply & improve HIA tools and methods for related projects ▪ Meetings with community stakeholders & interagency workgroup members to discuss/be involved in implementation ▪ Evaluation activities, including monitoring of 5-year assessment plan

Achievements:

- Created the Healthy Development Measurement Tool (HDMT), the country's first-ever comprehensive evaluation metric developed to consider health needs in urban development plans and projects.
- Institutionalized use of HDMT to evaluate land use plans/projects within SFDPH's routine practice.
- Used the HDMT to assess the draft Eastern Neighborhoods Area Plans and make numerous recommendations to the Planning Department that were integrated directly into the draft plans.
- Elevated resident experiences within the planning process. Completed a study of health-related working conditions and a study/neighborhood assessment of residents' experiences living and working in the Eastern Neighborhoods.
- Created new and innovative HIA assessment tools. Expanded SFDPH's Urban Place and Health work including the creation and application of the following tools: Pedestrian and Bike Environmental Quality Indices, Air Quality Model, Noise Model, Pedestrian Flow Model, Retail Food Availability Survey, and Neighborhood Completeness Indicator.
- Community organizations used and translated health research to achieve social change goals.
- Linked public health and planning departments. SFDPH now regularly reviews health aspects of large-scale project EIRs in San Francisco in other land use processes and projects including: Eastern Neighborhoods Transportation Planning Advisory Group, Western SoMa Citizens Planning Task Force, Mayor's Open Space Task Force, Noise Task Force, Park Renovation and Health project, Departmental Climate Change project, and revising the Housing Element of the City's General Plan.

- Led to SFDPH conducting HIAs on other projects including: Treasure Island Community Transportation Plan, Retrospective Analysis of Southeastern SF Freeway, Road Pricing, and Hope SF Public Housing Redevelopment.
- Expanded HDMT use. ENCHIA/HDMT framework used multiple non-San Francisco planning venues including: Geneva, Switzerland; Humboldt County, CA; Minneapolis, MN; Louisville, KY; West Oakland, CA; Berkeley, CA; Denver, CO; Galveston, TX; and other locations across the nation.
- Recognized as Model Practice by *National Association of County and City Health Officials*.

[II. Health Impact Assessment of HB 2800: Farm to School and School Garden Policy in Oregon](#)

Author(s): Upstream Public Health (actual report citation is Henderson, T., Rader, M., Sorte, B., Racliffe, M.M., Lawrence, A., Lucky, J. and Harris, C. (2011) Health Impact Assessment: Farm to School and School Garden Policy, HB 2800, Upstream Public Health)

Date of report release: April 26, 2011

Available at: <http://www.upstreampublichealth.org/f2sHIA>

Project Description (Decision-making process the HIA was intended to impact):

This HIA examined the potential impacts of the Oregon 2011 Farm to School and School Garden legislation, House Bill 2800 (HB2800), on the health of Oregonians. This was a 10-month process convened by Upstream Public Health (Upstream) involving over 100 Farm to School and School Garden stakeholders, to assess the health impacts of HB 2800. For the purpose of the HIA, participants defined Farm to School and school garden efforts as school-based programs that connect schools (K-12) and local producers in order to serve local, healthy foods in school cafeterias or classrooms, improve student nutrition, provide health and nutrition education opportunities through school gardens, and support regional farmers and food processors. Local was defined as items produced, packed, packaged, or processed within the state of Oregon. Farm to School programs use at least one of three primary strategies: (1) local food procurement, (2) promotion of local foods, nutrition, and local producers, and (3) food, garden, or agricultural education.

The 2011 Farm to School and School Garden proposed legislation contained two major provisions: a reimbursement program for school meals and a grants program for school gardens and agricultural education. The legislation would (1) allocate \$19.6 million in state funds, equivalent to 15 cents per lunch and 7 cents per breakfast, to reimburse schools for purchasing Oregon food products, and (2) provide \$3 million in competitive education grants to support food, garden and agriculture activities, for up to 150 school teaching-gardens each biennium. The funding for the program would come from the Economic Development Fund, which is a portion of the Oregon Lottery Fund.

Description of Stakeholder Engagement:

Upstream used community-based participatory research principles to involve two advisory committees comprised of Farm to School and School Garden stakeholders and general community members in the scoping, assessment, recommendations, and reporting stages of the HIA. From September 2010 to May 2011, stakeholder engagement primarily occurred through the two advisory committees: a Technical Advisory Committee (TAC) and a Practitioner Advisory Committee (PAC). The TAC included individuals who possess technical expertise on Farm to School and School Garden programming, research experience in HIAs, and background in one or more of the studied health outcomes. The TAC was tasked

with providing input on HIA research questions, health outcomes, research methods, data and vulnerable populations. The Practitioner Advisory Group included individuals who contribute to on-the-ground Farm to School and School Garden programs, farmers, processors, distributors, and representatives who advocate for vulnerable populations such as children, low-income families, the farming sector, and farm workers. The PAC was asked to provide input on the operational logistics of organizations likely to be affected by the Farm to School and School Garden policy, as well as on vulnerable populations and health outcomes. Upstream also requested input from data reviewers through interviews. The description of representatives from participating organizations is listed below.

Technical Advisors: Oregon Department of Education, Oregon Department of Agriculture, Partners for a Hunger Free Oregon, Growing Gardens, Oregon Public Health Division, Collaboration, Ecotrust, the National Farm to School Network, Oregon State University Extension, the University of California at Los Angeles, and Drexel University.

Practitioner Advisors: Oregon Child Development Coalition, CalFarms, Carman Ranch, Kaiser Permanente, Oregon Physicians for Social Responsibility, Agribusiness Council of Oregon, Farmworker Housing Development Corporation, Ashland School District Nutrition Services, Oregon Advocacy Commission Office Oregon Commission on Black Affairs, Truitt Brothers, Bend LaPine Nutrition Services, Duck Delivery Produce.

Guidance or Data Advisors: Oregon Department of Education, Oregon Department of Agriculture, Ecotrust, Sodexo, SYSCO, Duck Delivery Produce, Oregon State University Extension, the Northwest Food Processing Association, NORPAC, the Oregon Farm Bureau, the Asian Pacific American Network of Oregon, the Latino Network, Institute for Portland Metropolitan Studies, Gervais School District, Portland Public School District, Portland State University, the National Farm to School Network and the Oregon Employment Department.

Table 8 outlines different roles stakeholders contributed to this HIA.

Table 8: Farm to School and School Garden Policy HIA Stakeholder Roles

	Stakeholder Roles	HIA Tools and Stakeholder Engagement Methods Used
Screening	<ul style="list-style-type: none"> ▪ Discussion with Oregon Farm to School and School Garden Network members about viability and value of HIA. ▪ Interviews to determine potential advisory committee members 	<ul style="list-style-type: none"> ▪ Stakeholder analysis
Scoping	<ul style="list-style-type: none"> ▪ Brainstormed impacted populations, research questions, health determinant pathways, data sources, and health outcomes ▪ Committee members provided data or access to data ▪ Committee members provided feedback on literature sources for literature review and on scope drafts 	<ul style="list-style-type: none"> ▪ Exercise to prioritize pathways ▪ Internet survey of Oregon Farm to School Network to confirm Scope

Assessment	<ul style="list-style-type: none"> ▪ Sub-set of committee members helped develop research review criteria ▪ Sub-set of committee members provided expertise on how to evaluate research findings in different pathways based on context of school nutrition services and gardening programs 	<ul style="list-style-type: none"> ▪ Scoring guide and matrix to evaluate literature ▪ Committee member feedback on interpretation of findings
Recommendations	<ul style="list-style-type: none"> ▪ Committee members edited, revised and re-crafted initial set of recommendations from Research Team ▪ Research Team took committee-revised version of recommendations to two Community Forums in a rural and urban community of Oregon. 	<ul style="list-style-type: none"> ▪ Community forums ▪ Exercise to prioritize recommendations
Reporting	<ul style="list-style-type: none"> ▪ Upstream used feedback from committee members on several drafts of the report before creating a final. ▪ Upstream held a Communication Workshop to review preliminary findings and recommendations in order to develop F2SSG and HIA messages, frames, and reporting outreach plan. 	<ul style="list-style-type: none"> ▪ Communication workshop with committee members and other advocates
Monitoring	<ul style="list-style-type: none"> ▪ Upstream conducted internal process evaluation using the HIA Practice Standards, interviews of key stakeholders and survey of committee members ▪ Research team assessed impact of policy recommendations from HIA on HB 2800 ▪ Research manager assessing on-going impact of operations recommendations on agency workplans, regional procurement and implementation of revised HB 2800 ▪ Research manager tracking: (1) presentations and documents about HIA, (2) use of HIA in policy development or other assessments, (3) use of HIA for national Farm to School efforts, and (4) media reference to HIA <p>Attending regular meetings of state agencies to develop Farm to School pilot program based on lessons learned in HIA</p>	<ul style="list-style-type: none"> ▪ Compared HIA and HIA process to HIA Practice Standards ▪ Review of agency workplans

Outcomes:

- The Oregon House Committee invited testimony for its hearing of HB 2800. Upstream provided this testimony, key research findings, and a draft executive summary.
- The sponsors of HB 2800 added two and a half of three HIA policy recommendations to the amended version.
- Oregon Department of Education and Oregon Department of Agriculture, with input from Oregon Health Authority and Upstream Public Health are developing the pilot program mandated by HB 2800.
- Multiple organizations have requested the HIA scope for use in their food policy programs including the Robert Wood Johnson Foundation and the Kohala Center of Hawaii.
- Multiple organizations have requested the HIA summary or opinion based on HIA outcomes including the Robert Wood Johnson Foundation, the Center for Disease Control Division of Nutrition, Physical Activity and Obesity, the Sustainable Agriculture Research and Education Program, and the Northampton Health Department.

- Elevated committee member experience with conducting Health Impact Assessments and thinking about policy development and implementation.
- Created new and innovative HIA assessment tools. Developed a literature review scoring rubric in order to ensure systematic approach by a team of reviewers.
- Community organizations used and translated health research to achieve social change goals.
- Led to Upstream building organizational capacity to conduct school food environment policy research.

III: Alaska North Slope Oil Exploration HIA

Bureau of Land Management. Northeast NPR-A Supplemental Environmental Impact Statement.

Author(s): Aaron Wernham

Date of report release: 2008

Available at: <http://www.hiaguide.org/hia/national-petroleum-reserve-alaska-oil-development-plan>, in subsections of the EIS labeled “public health.”

Project Description (Decision-making process the HIA was intended to impact):

This HIA was integrated into a federal environmental impact statement (EIS) for oil and gas leasing in the Arctic. In 2004, the Federal Administration announced plans to expand oil and gas leasing in the Alaskan arctic. This plan, issued by the U.S. Department of Interior’s Bureau of Land Management (BLM), would have opened previously protected areas in the National Petroleum Reserve, Alaska (NPR-A) that serve as habitat for caribou, migratory waterfowl and many species of fish. Moreover, the area is an important traditional area for harvesting fish and game for local Alaska Native communities who depend on this region for food.

A 1998 EIS led to a decision to withhold this area from oil and gas leasing, and the Federal Administration’s proposal would have reversed this decision. The proposed expansion in 2004 triggered National Environmental Policy Act (NEPA) requirements for another EIS. The BLM completed its amended EIS in 2004 and opened the area to leasing, but subsequent litigation by environmental groups resulted in a federal court decision that overturned the EIS in 2006. Pursuant to that decision, the BLM announced plans to complete a “supplemental EIS” to address the deficiencies in the previous document. The HIA was undertaken as part of the Northeast NPR-A Supplemental EIS process.

Description of Stakeholder Engagement:

Stakeholder engagement occurred within the structure of the NEPA process and followed the requirements of NEPA for a federal EIS. NEPA affords opportunities for public input at several stages of an EIS. Moreover, NEPA provides opportunities for local, state and tribal governments to participate in drafting the EIS itself through being designated as “cooperating agencies” by the lead federal agency.

The BLM invited the North Slope Borough (NSB)—the regional government—to become a cooperating agency, and the NSB accepted. The NSB is a largely Alaska Native government; the Mayor is a whaling captain and subsistence hunter and many agency staff hunt, fish and harvest whale in the area. Consequently, many local residents appeared comfortable with the notion that the NSB was representing their interests in the EIS process. The NSB also collaborated with the Alaska Inter-Tribal Council (AITC), a non-profit organization made up of tribal councils from around the state; this also helped to elevate the representation of tribal interests in the NEPA process. The HIA was led by Dr. Aaron Wernham (under a

grant that allowed him to work for the Inter-Tribal Council on this project), with input and review by NSB and AITC staff and outside public health experts. The cooperating agency role allowed the NSB to view confidential pre-publication drafts and data from other subsections of the EIS such as air quality and socioeconomic impacts, and to use these data to draft the HIA. Moreover, it afforded an opportunity for almost daily conversations with agency leadership throughout the EIS process, many of which were focused on conveying community priorities and concerns. The NEPA process also affords the following opportunities for public comments:

- 1) Scoping: a Notice of Intent to prepare an EIS was issued in the federal register, beginning an open scoping comment period during which written comments were accepted. During scoping, the BLM and NSB representatives also visited each village in the region for open community meetings. Meetings were scheduled to avoid other community events and provided raffle gifts and translation to encourage participation. Input from attendees at these meetings was annotated and summarized in a scoping summary published by the BLM.
- 2) Draft EIS hearings: as required by NEPA, the BLM held a 90-day comment period after publication of the draft EIS, during which it accepted written comments, and had a series of hearings in NSB villages. At the hearings, the findings of the EIS were summarized in a slide presentation and then public input was obtained. The hearings were recorded and transcribed by a court recorder. These hearings offered similar incentives to encourage participation.

The BLM is obligated under NEPA to respond to all substantive comments received. After the comment period closed BLM assigned all health comments to the NSB team, which responded to over 100 comments on the HIA, either by changing the text of the EIS or by describing why the comment did not warrant any changes. Comments were also received from other stakeholders such as the state of Alaska and oil corporations. The federal EIS represents the draft EIS as modified based on these comments, and a written record of all comments received and responses provided.

- 3) Comment period on the federal EIS: though the BLM is not obligated to respond to comments on the federal EIS, comments were accepted and considered during this time.

Table 9 outlines different roles stakeholders contributed to this HIA.

Table 9: Alaska North Slope Oil Exploration HIA Stakeholder Roles

	Stakeholder Roles	HIA Tools and Stakeholder Engagement Methods Used
Planning & Oversight	<ul style="list-style-type: none"> ▪ The North Slope Borough (NSB), the local government and a largely Native Alaskan body, provided oversight over HIA. ▪ Alaska Inter-Tribal Council (AITC) provided the lead author, and input and oversight throughout the HIA ▪ The Alaska Inter-Tribal Council and North Slope Borough served as the advisory body ▪ HIA author was the primary HIA organizer and coordinator of research. ▪ NSB, AITC, and public health experts at the CDC and Alaska Native Tribal Health Consortium served as reviewers. ▪ Bureau of Land Management (BLM) was responsible for the EIS, and thus the integration of the HIA within the EIS. 	<ul style="list-style-type: none"> ▪ Inclusion of NSB as a cooperating agency ▪ Ongoing oversight meetings between lead author and NSB and AITC
Screening	<ul style="list-style-type: none"> ▪ Reviewed years of documentation of public testimony by local residents at many prior EIS-related meetings and hearings expressing concern about oil and gas development impacts on local health and deficient consideration of human health in EIS process. ▪ The National Audubon Society brought the case to federal district court, where the Amended EIS was vacated, leading to BLM's decision to do a Supplemental EIS. ▪ NSB and AITC (with the HIA's lead author) determined that any project that would affect Alaska Native communities and was large enough to warrant an EIS should have an HIA and made this argument successfully to BLM 	<ul style="list-style-type: none"> ▪ Records of public meetings ▪ Litigation
Scoping	<ul style="list-style-type: none"> ▪ NSB and author had public meetings in two of the villages closest to the proposed leasing ▪ BLM had scoping meetings in each of the potentially affected local villages ▪ Past records of engagement of residents were mined to inform the scope ▪ Public health officials, wildlife experts, and BLM NEPA analysts had input into the scope 	<ul style="list-style-type: none"> ▪ Use of past documentation of EIS hearings ▪ Public hearings ▪ Meetings/interviews with experts.
Assessment	<ul style="list-style-type: none"> ▪ Data was gathered from the NSB, Tribal health agencies, the Alaska Department of Public Health, the community meetings during scoping, and the review of prior public testimony on related EISs ▪ Non-health agencies (BLM, Alaska Departments of Fish and Game, Environmental Quality, and Natural Resources, and others) provided data on air quality, water quality, and fish and game to inform the baseline conditions analysis ▪ Assessment was done through review of public testimony (a rich source of information on local considerations that otherwise would have gone unrecognized), review of relevant literature from other large oil, gas, or other types of natural resource extraction projects regarding the scoping topics, and expert consultation on public health and Alaska Native health. 	<ul style="list-style-type: none"> ▪ Review of scoping testimony and testimony on prior EISs in the region ▪ Ongoing meetings with NSB and AITC, who represented tribal concerns ▪ Community engagement as part of the NEPA process: Because NEPA requires a draft and final EIS, the response to public comments on the draft and final EIS were part of the assessment phase. The draft EIS was issued and public hearings were held in every

<p style="text-align: center;">Recommendations</p>	<ul style="list-style-type: none"> ▪ HIA Recommendations were developed through considering community suggestions for ways to mitigate or avoid adverse effects and maximize potential benefits; review of literature on similar situations elsewhere; consultation with public health and Alaska Native health experts, and discussion with other members of the EIS team (such as caribou biologists and air quality experts) ▪ HIA recommendations that BLM felt could be implemented through its own regulatory authority were included as potential mitigation measures in the draft EIS and final EIS. The agency ultimately adopted many of these ▪ Recommendations that BLM felt it lacked authority to require or implement were included in an EIS appendix and will be considered in later project permitting cycles when projects are proposed on leased lands. 	<p>village. The assessment was then updated in response to written and verbal testimony, and included in the final EIS.</p>
<p style="text-align: center;">Reporting and Communication</p>	<ul style="list-style-type: none"> ▪ The NSB attended each public hearing on the draft EIS; the lead author attended two. ▪ Despite the cooperating agency relationship with BLM, the NSB and AITC also submitted formal written and verbal comments on the draft EIS. With regard to the HIA portions of the document, the main focus of these comments was to advocate that the BLM implement the recommendations submitted by NSB and AITC. ▪ BLM coordinated the EIS/HIA public review process ▪ NSB and AITC responded to public comments on the draft EIS (including the HIA), and made changes in the text. ▪ BLM had final authority over the content of the final EIS: BLM made no substantive edits to NSB's HIA text, but recommendations were triaged as described above. ▪ Based on the final EIS, the BLM issued a Record of Decision, which selected the EIS alternative that will be adopted, and the mitigation measures that will be required. 	<ul style="list-style-type: none"> ▪ As discussed in assessment, the draft EIS was published, distributed, and presented to each affected community during public hearings. ▪ The final EIS responds to every substantive public comment received (over 100), either by changing the text of the draft EIS or by explaining why no change is warranted
<p style="text-align: center;">Monitoring</p>	<ul style="list-style-type: none"> ▪ NSB's Law, Planning, Wildlife Management and Health Departments are engaged in all oil and gas planning, permitting and exploration activities pursuant to this EIS ▪ The recommendations adopted by BLM in its Record of Decision required a number of monitoring activities including, for example, air pollution and contaminant levels in fish and game. This monitoring, however, will not come into effect until there is actual oil development on the leased lands. 	<ul style="list-style-type: none"> ▪ NSB continues ongoing collaboration with BLM on decisions regarding management of the area ▪ Community participation in multiple community meetings related to ongoing area planning

Outcomes:

- The NSB's efforts resulted in the first formally integrated federal HIA/EIS reported in the U.S.
- The HIA addressed a comprehensive range of physical and psychological issues as well as general well-being and changes in health determinants. After several years of public testimony regarding potential health effects of other oil and gas projects, this EIS was finally able to address long-standing community concerns.
- The final leasing plan deferred leasing for 10 years in the most critical wildlife habitat. While it is not certain how directly the HIA contributed to this final decision, the BLM cited concerns about the

impacts on community health and well-being as part of the rationale for decision in the final Record of Decision.

- The HIA provided recommendations, several of which were adopted in the final leasing plan.
- The NSB communities had been extremely upset about plans to lease in the region and had considered litigation. Rather than litigate—which might have delayed oil and gas activities indefinitely in the region—they decided to collaborate closely with BLM to ensure that community concerns were better addressed than they had been previously. This resulted in:
 - An improved relationship between the BLM and the community.
 - A decision not to sue the BLM.
- A new collaboration with BLM, which has since invited the NSB to be a cooperating agency and prepare another HIA.
- Increased awareness of and commitment to addressing health issues in its NEPA work on the part of BLM, which has since:
 - Participated in a working group to develop guidance for HIA in the NEPA process
 - Counseled other agencies to use HIA in their NEPA documents
 - Agreed to address health issues in future projects in the region.

IV: Health Impact Assessment of the Crossings at 29th Street in Los Angeles

Author: Human Impact Partners and Los Angeles ACORN

Date of report release: 2009

Available at: <http://www.humanimpact.org/past-projects>

Project Description (Decision-making process the HIA was intended to impact):

For more than 50 years, Palace Plating, a chrome electroplating facility, was operating just five yards from the 28th Street Elementary School in South Los Angeles and was releasing carcinogenic and hazardous emissions that were being illegally disposed of in the local vicinity. Members of Los Angeles ACORN (Associations of Community Organizations for Reform Now), a local community-based organization, along with other community stakeholders (including parents, students, and teachers) engaged in efforts to remove Palace Plating and successfully urged the city to rezone this industrial area to residential.

LA ACORN worked in collaboration with Urban Housing Communities (UHC), a housing developer, on the proposal and site plan for the area, named *The Crossings at 29th Street*. The Crossings is a proposed 11.6 acre development providing more than 450 units of affordable housing along with retail and multipurpose space for community activities. Both UHC and ACORN expressed their interest in developing *The Crossings* in a way that would address local community needs for affordable housing and other community assets that are safe, healthy and supportive. The area surrounding *The Crossings'* project site is home to a growing population of mostly low- and very low-income families with children. Residents had land use concerns, such as overcrowding, substandard housing, and lack of access to transportation and healthy food. As such, this project has the potential to bring many health benefits to the local population and the surrounding community. For these reasons, it was evident during the screening phase that a HIA would add value to project outcomes by identifying health assets, health liabilities, and health-promoting mitigations related to the development project proposal being considered.

Description of Stakeholder Engagement:

The HIA stakeholders included:

Los Angeles Associations of Community Organizations for Reform Now (ACORN), Human Impact Partners, Urban Housing Communities, The California Endowment, Los Angeles County Department of Public Health, and County of Los Angeles Redevelopment Authority.

Table 10 outlines different roles stakeholders contributed to this HIA.

Table 10: Health Impact Assessment of the Crossings at 29th Street Stakeholder Roles

	Stakeholder Roles	HIA Tools and Stakeholder Engagement Methods Used
Planning & Oversight	<ul style="list-style-type: none"> LA ACORN, its members, and Human Impact Partners formed the Steering Committee for this HIA. 	<ul style="list-style-type: none"> Regularly scheduled phone meeting; in-person meetings
Screening	<ul style="list-style-type: none"> LA ACORN had been involved for several years with advocacy around the project site and wanted to shape whatever project went on that land. The California Endowment provided funding to engage Human Impact Partners to collaboratively conduct this HIA. Urban Housing Communities, a for-profit developer, expressed interest in using the results of the HIA. LA County Department of Public Health (LAC DPH) was willing to share data and analysis skills. 	<ul style="list-style-type: none"> Grant proposal research, writing, and reviewing Screening Worksheet (LA ACORN and HIP filled out together) Conversations with developer and LACDPH
Scoping	<ul style="list-style-type: none"> LA ACORN was highly engaged in setting the HIA scope. LA ACORN, HIP, and UHC developed a community survey to understand priority health concerns of community living in close proximity to the development site. LA ACORN administered the survey door to door with over 300 residents. Survey findings identified housing, pedestrian safety, neighborhood walkability and public transit, health services and food retail, education, and parks and recreation facilities as priority issues of concern for the local community. 	<ul style="list-style-type: none"> Community survey Scope development
Assessment	<ul style="list-style-type: none"> Survey results also informed assessment and were used as descriptive data to support major outcomes, such as the affordability of new housing for local residents. LA County DPH provided mapping skills, health outcome data. HIP analyzed survey results, completed literature review and other research. The LA County Redevelopment Authority contributed data. 	<ul style="list-style-type: none"> Community survey Mapping

Reporting and Communication	<ul style="list-style-type: none"> ▪ HIP drafted the HIA, compiled comments, and finalized the HIA. ▪ Community meetings: HIP and LA ACORN presented draft results; community ground truthed the data to shape the final results and recommendations. ▪ The survey educated residents about the connections between the built environment and health. ▪ The survey served as an outreach tool. LA ACORN later contacted residents who participated in the survey to attend community meetings with the developer and city staff. ▪ LA ACORN met with the developer, city staff, and with the City Council representative. 	<ul style="list-style-type: none"> ▪ Community survey ▪ Power point presentations ▪ Community meetings ▪ Meetings with planning department and developer
Monitoring	<ul style="list-style-type: none"> ▪ LA ACORN and local residents continue to monitor use of HIA results in plans for the development of The Crossings. ▪ LA ACORN and residents are monitoring if the project is being built as planned. 	<ul style="list-style-type: none"> ▪ Phone calls

Outcomes:

- Over 75 residents turned out for a presentation where the findings and recommendation of the HIA were discussed. Community input was incorporated into the HIA's final recommendations.
- *The Crossings* HIA was completed in August 2009. Following the release of the HIA, ACORN members and community residents had a successful meeting with a Los Angeles City Council member to discuss the HIA recommendations.
- Community members continue to use HIA findings as they advocate for changes that will have positive health impacts for the local community.
- Urban Housing Communities tentatively agreed to reduce the cost of housing in future phases of the development.
- Groundbreaking for *The Crossings* took place on November 15, 2010.

APPENDIX A: Categories of Stakeholders – Contributions and Challenges

Potential Stakeholders	Contributions	Challenges
Community Based Organizations (CBO), (e.g., neighborhood groups, advocates, coalitions)	<ul style="list-style-type: none"> ▪ Guide the scope to address community concerns ▪ Identify health impacts of importance to the community ▪ Provide expertise on the current and historic realities of the data a HIA provides ▪ Provide knowledge of what is happening on the ground at the project site (i.e., organic surveillance) ▪ Provide additional resources for outreach to community residents that a HIA practitioner may not reach successfully ▪ Provide community spaces to hold meetings, workshops and presentations regarding the HIA ▪ Provide advocacy skills and effort ▪ Identify and/or create key opportunities to further the recommendations of an HIA ▪ Provide data and data collection support ▪ Establish buy-in for policy or project ▪ Provide focus groups and community surveys 	<ul style="list-style-type: none"> ▪ Understanding the HIA process and its value is time consuming and organizations may be unable to commit, especially given limited funding available for HIA ▪ Different priorities and timelines to balance ▪ One CBO may not represent the community as a whole ▪ If one group is strident, that may alienate other groups, or inhibit others from getting involved –good facilitation is key to manage the dynamics in order to allow all perspectives ▪ Alternative or individual views not represented by organizations may be missing, increasing risk or perception of bias ▪ Risk of burnout from multiple demands ▪ Involvement may hamper credibility of HIA among other stakeholders or affected community ▪ Public sector players have paid staff while CBOs often working from sweat equity, creates weariness and wariness
Residents	<ul style="list-style-type: none"> ▪ Ground truth results ▪ Provide or collect qualitative data ▪ Lead or participate in community workshops ▪ Mobilize leadership among the community ▪ Help design workshop exercises that are accessible to other residents and aid in ensuring use of non-technical language ▪ Conduct interviews with affected population, addressing language and/or cultural barriers 	<ul style="list-style-type: none"> ▪ Lack of trust in researchers, government agencies or other entity conducting a HIA or participating in the HIA as a stakeholder ▪ Challenges with participation due to time commitment, conflicting demands and schedules ▪ Risk of burnout from multiple demands ▪ Understanding of the HIA process and its value is time consuming and will likely require education and capacity building ▪ Reviewing data can be time consuming and may require capacity building ▪ Individuals can keep entering throughout the process, taking things backwards ▪ Long-term project timelines of HIA projects can lessen motivation. ▪ Selection of who receives stipends for participation can be challenging and create tensions ▪ Not having enough stipends to reach all stakeholders ▪ Language barriers

Potential Stakeholders	Contributions	Challenges
Small Businesses	<ul style="list-style-type: none"> ▪ Guide the scope to address small business concerns ▪ Provide local business perspective to help ensure a healthy economic environment and have the potential project/policy enhance existing retail needs and/or add new services ▪ Ground truth findings and use results ▪ Involve employees to maximize a particular set of stakeholder participation or feedback ▪ Provide consumer data to understand use around the project site 	<ul style="list-style-type: none"> ▪ Participation is outside typical realm of job, which may influence capacity and motivation to participate ▪ Lack of time to participate in stakeholder processes ▪ Language barriers ▪ Understanding the HIA process and its value is time consuming ▪ Businesses might feel threatened by the potential addition of new businesses through suggested economic development <p>Most vulnerable businesses may be least able to participate</p>
Service Providers (telecommunications, electricity, etc.)	<ul style="list-style-type: none"> ▪ Guide the scope to address service providers concerns ▪ Provide service providers' perspective to identify how the potential project/policy might impact existing services ▪ Ground truth findings and use results ▪ Provide consumer/utilization data to understand service use around the project site ▪ Involve outreach workers and service providers to maximize resident/community contacts, stakeholder participation or feedback ▪ Provide data and data collection ▪ Could provide insight into needs of vulnerable populations 	<ul style="list-style-type: none"> ▪ Participation is outside typical realm of job, which may influence capacity and motivation to participate ▪ Lack of time to participate in stakeholder processes ▪ Understanding the HIA process and its value is time consuming ▪ Service providers might feel threatened by development changes/pressures that impact their clients, demand, and funding for their services ▪ Services providers might provide services to only select proportion of the population
Elected Officials (municipal, state/provincial, federal)	<ul style="list-style-type: none"> ▪ Provide information on decision-making process, timelines, previous efforts, current opportunities and feasibility of recommendations ▪ Guide the scope to address concerns of policy-makers ▪ Provide references to research or studies already in progress or complete 	<ul style="list-style-type: none"> ▪ Risk of burnout from multiple demands ▪ Time-constrained to engage in-depth ▪ Politically constrained to associate with a particular analysis of a policy, project or program and may not be supportive of the findings of the HIA ▪ Must educate about HIA and the issue in a sound bite
Industry / Big Business (single entities or coalitions)	<ul style="list-style-type: none"> ▪ Guide the scope to address concerns of industry partners ▪ Access to pertinent data/information ▪ Get buy-in if involved from the start ▪ Motivated to make changes to decrease negative impacts and enhance positive impacts of the project/policy 	<ul style="list-style-type: none"> ▪ May be oppositional to HIA results ▪ May distrust the process or presume it is meant to slow down economic opportunities ▪ Involvement may hamper credibility of HIA among other stakeholders or affected community ▪ Other considerations (environmental, economic) may compete with health

Potential Stakeholders	Contributions	Challenges
	<ul style="list-style-type: none"> ▪ Power and money to implement recommendations and mitigation strategies 	<ul style="list-style-type: none"> assessment results ▪ Vested interests in industry may resist change of players/beneficiaries
<u>Public Agencies</u>	<ul style="list-style-type: none"> ▪ Can provide health, land use, transportation, housing, environmental, education, economic development, and social demographic data, as well as analyses ▪ Provide forecasting reports ▪ Obtain inside information on policy/project ▪ Provide powerful voice in testimony ▪ Create connection to decision makers ▪ Monitor impacts ▪ Potentially take lead practitioner role on HIA ▪ Monitor HIA impacts beyond initial findings of HIA 	<ul style="list-style-type: none"> ▪ Concerns about political constraints ▪ Lack of capacity / resources to do HIA ▪ Reluctance to participate in long-term process, in the case of planning agencies in particular ▪ Except public health departments, see 'health' as outside of their field ▪ Concerns about validity ▪ Concerns about imposition of new regulatory process the agency may need to implement as a result of the HIA findings ▪ Lack of exposure to/awareness of structural exclusions/impacts of public sector on communities of concern can be a road block
Tribal and Indigenous Governments and Organizations	<ul style="list-style-type: none"> ▪ Access to unique approaches and data based in indigenous knowledge and institutions ▪ Ensure equity in the HIA process and establish protocols for long-term relationships ▪ Fulfill requirements for formal consultation with tribal and indigenous groups, and corporations per governmental statutes, 2007 UN Declaration on Indigenous Rights and C169 Indigenous and Tribal Peoples Convention, 1989 ▪ Depending on the policy, program or project focus of the HIA, indigenous governments and corporations may serve a similar role as Public Agencies and Elected Officials, or choose to be represented through an internal stakeholder, such as its health service, environmental department, cultural committee or a consultant service it owns or contracts with. ▪ May have resources and capacity for lead role in HIA, to consult, monitor or evaluate HIA recommendations 	<ul style="list-style-type: none"> ▪ Multiple tribal governments may have overlapping land use jurisdictions based on ancestral sustenance and migratory patterns ▪ Identifying unique governance processes and formal and informal representatives and stakeholders ▪ Quality of prior relationships with researchers may enhance or limit HIA process leading to unique considerations for participation ▪ Based on weather, ceremonial duties, or hunting/fishing seasons, stakeholders may be inaccessible, influencing HIA timeline ▪ Prior history in health and land use related matters, may present wariness and lack of trust in HIA process ▪ May not have resources to lead, consult, monitor, or evaluate HIA recommendations without support ▪ Concerns about exploitation
Statewide or National Advocacy Organizations	<ul style="list-style-type: none"> ▪ Depending on the policy, program or project focus of the HIA, these organizations may serve a similar role as those in the "Community organizations, advocates, coalition" role—see first box 	<ul style="list-style-type: none"> ▪ May express desire to selectively release HIA results that support advocacy, elected officials, or the industry position ▪ Timeline may be different than HIA process timeline (faster or slower)

Potential Stakeholders	Contributions	Challenges
	<p>above</p> <ul style="list-style-type: none"> ▪ Can use HIA findings to make and advocate for change ▪ May provide access to membership base for surveys ▪ May provide media skills for reporting ▪ Provide <i>grey literature</i> for use in HIA research ▪ Provide resources that support advocacy ▪ Create connections to decision makers ▪ Connect findings of HIA with broader state or national opportunities or advocacy agendas to maximize health ▪ Can support wide dissemination of results and introduce diverse communities to HIA as a tool to maximize health 	<ul style="list-style-type: none"> ▪ Time constraints ▪ Involvement may hamper credibility of HIA among other stakeholders or affected community ▪ May be oppositional to HIA results
Academia / Universities	<ul style="list-style-type: none"> ▪ Offer research design skills ▪ Provide data analysis ▪ Access to new assessment methodologies ▪ Provide potential efficient and cost-saving labor to conduct HIA (use of graduate students) ▪ Monitor HIA impacts beyond initial findings of HIA 	<ul style="list-style-type: none"> ▪ Time constraints of balancing academic activities and students ▪ If other stakeholders are not participating, the process can appear insular (solely research focused) and may exclude other stakeholder involvement ▪ Entities may be distrusted by other stakeholders (e.g., community member, industry) ▪ May be difficult for researchers to balance the HIA timeline with desire for robust and in-depth research processes
HIA Consultant Organizations	<ul style="list-style-type: none"> ▪ Provide expertise in HIA process ▪ Provide research skills ▪ Viewed as neutral agency ▪ Potentially take lead practitioner role on HIA 	<ul style="list-style-type: none"> ▪ Cost for contracting HIA consultant may be prohibitive ▪ Can be viewed as outsiders and not committed to stakeholder interests ▪ Can be difficult to fully understand the stakeholders and realities of the HIA without adequate time to explore issues

APPENDIX B: Approaches and Tools for Engagement

Health Impact Assessment (HIA) is a broad field that employs diverse methods to identify and manage the effects of projects and decisions. The Stakeholder Engagement Workgroup developed this appendix to highlight tools from various disciplines that can be used to guide and maximize the benefits of stakeholder engagement. In no way should the exclusion of other methods be interpreted as a dismissal of their value. Rather, in the interest of space and based on the experiences of Workgroup members, it was determined that overviews of Community-Based Participatory Research and Stakeholder Analysis would be most salient to increasing the effectiveness of stakeholder engagement in HIA.

Community-Based Participatory Research²⁹

CBPR combines research methods and community capacity-building strategies to bridge the gap between research-based knowledge and translation of this knowledge into policy changes. Further, CBPR recognizes community as occurring in the social realm, complete with a “sense of identity and shared fate.”³⁰ CBPR equitably engages participants in all aspects of the research process, with each contributing “unique strengths and shared responsibilities to enhance understanding... improve the health and well-being of community members.”³¹



Research Element	CBPR Application
Assembling a collaborative team with the potential for forming a research partnership	Identifying collaborators who are decision makers that can move the research project forward.
A structure for collaboration to guide decision-making.	Consensus on ethics and operating principles for the research partnerships to follow, including protection of study participants.
Defining the research question	Full participation of community in identifying issues of greatest importance; focus on community strengths as well as problems.
Grant proposal and funding	Community leaders / members involved as part of the proposal writing process.
Research design	Researchers communicate the need for specific study design approaches and work with community to design more acceptable approaches, such as a delayed intervention for the control group.
Participant recruitment and retention	Community representatives guide researchers to the most effective way to reach the intended study participants and keep them involved in the study.
Formative data collection	Community members provide input to intervention design, barriers to recruitment and retention, etc. via focus groups, structured interviews, narratives, or other qualitative method.
Measures, instrument design and data collection	Community representatives involved in extensive cognitive response and pilot testing of measurement instruments before beginning formal research.
Intervention design and implementation	Community representatives involved with selecting the most appropriate intervention approach, given cultural and social factors and strengths of the community.
Data analysis and interpretation	Community members involved regarding their interpretation of the findings within the local social and cultural context.
Manuscript preparation and research translation	Community members are included as coauthors of the manuscripts, presentations, newspaper articles, etc., following previously agreed-upon guidelines.

Stakeholder Analysis

An effective Stakeholder Analysis generates knowledge about relevant stakeholders and allows the practitioner to develop a strategic view of the positions, intentions, interrelationships, agendas, and influence or resources stakeholders have brought, or can bring, to the process. This information can then be used to understand the context in which the project, policy, or decision is taking place, develop strategies or an engagement plan, and anticipate barriers and opportunities. Generally, Stakeholder Analysis is undertaken as part of a larger analysis, such as political or power mapping, HIA, and/or strategic planning. Stakeholder Analysis can be conducted or refined at any point, but practitioners will get the greatest value by initiating it no later than the scoping phase of a HIA. When deciding on a Steering or Advisory committee, it is beneficial to do a stakeholder analysis first.

However practitioners approach Stakeholder Analysis, it is comprised of three basic steps:

1. Identifying stakeholders and their interest in an issue
2. Assessing stakeholder importance, influence on the issue, and influence on (or susceptibility to influence by) other stakeholders; and
3. Identifying the ideal way to engage each stakeholder (forms of communication, best messenger, window of opportunity).

Though Stakeholder Analysis can range from simple to highly complex, the following worksheet exemplifies how a practitioner can capture and organize all of the necessary details.

WORKSHEET Stakeholder Analysis

Project:	Date:
Project Manager:	
Project Sponsor:	

<u>Stakeholder Group</u>	<u>Representative (Contact Info)</u>	<u>Information Held/ Expertise</u>	<u>Role in HIA or Project</u>	<u>Interest or concerns about HIA or Project</u>	<u>Power to Influence Policy/ Development</u>	<u>Opportunities to Communicate (When, where?)</u>

APPENDIX C: Stakeholder Best Practices Documents Reviewed for This Paper

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GLOSSARY

The following glossary defines specialized terms used throughout this document. Additional general glossaries are available from the [Centers for Disease Control](#), [World Health Organization](#), and the UCLA HIA Clearinghouse Learning and Information Center ([HIA CLIC](#)).

Baseline data

Also referred to as existing conditions data. Collected to establish and understand the existing conditions before any kind of change, modeling, or experiment begins. If practitioners are to evaluate change and assess impacts they must gather baseline measurements at the beginning of the initiative and not wait until the end.

Cultural humility

Competently considering and addressing cultural factors specific to a community in a self-reflective and self-critical fashion.

Deliberative methods

An approach that provides structured opportunities for involving the community in decisions on issues that will impact them; emphasizes the need to give participants time to consider issues in depth before coming to a considered view, ideally leading to concrete proposals that can be adopted by policy makers. The principles of deliberative methods are that the process makes a difference, is transparent, has integrity, is tailored to circumstances, involves the right number and types of people, treats participants with respect, gives priority to participants' discussions, is reviewed and evaluated for continual practice improvements, and that participants are kept fully informed.^{32, 33}

Democracy principle

Emphasizing the right of people to participate in the formulation and decisions of proposals that affect their life, both directly and through elected decision makers. A distinction should be made between those who take risks and those who are exposed to risks involuntarily.³⁴

Design charrettes

Charrettes bring together experts and local residents to develop ideas on how to improve the built environment (such as making it more conducive to active living). Solutions are usually presented as maps, diagrams or descriptions. Charrettes can involve a few or many people; they can last a couple of hours or extend over several days. Charrette means cart in French.³⁵

Element profiles

To articulate and guide the group towards its overarching goal, the Eastern Neighborhoods Community Health Impact Assessment (ENCHIA) included the development of a Healthy City Vision, which was comprised of seven elements ranging from access to good and services to environmental stewardship to diversity. Scores of objectives (27) and indicators (100) were developed to measure performance against that vision. Element profiles served to assess inter-related groups of indicators and summarize how the city performed with respect to each element.³⁶

Fishbowls

A technique used to increase participation and understanding of issues. An inner group of participants in a roundtable format engages in a discussion and decision-making process that is 'witnessed' by a larger group that has the opportunity for input and questioning. The fishbowl can be adapted with the use of role-playing techniques to highlight conflicts and agreements, and the linkages between different aspects of issues. Can be simplified but typically require intensive set-up and skilled facilitation.³⁷

Grey literature

Works, including dissertations, theses, health department data, HIA-specific websites, and health / government / education websites, etc. produced on all levels of government, academics, business and industry, but which is not controlled by commercial publishers.³⁸

Ground truth

During assessment, stakeholders (e.g., community advocates, nonprofits, neighborhood groups) interpret and validate staff research. Practitioners gather objective, local data to assess whether the identified evidence-base is a good fit or a given model is accurate.

Indicator data

An indicator quantifies phenomena and helps us understand complex realities. Indicators are aggregates of raw and processed data that can be further aggregated to form complex indices. The indicators included in a given HIA depend not only on the nature and content of the project, but also on the priorities of stakeholders. Common types of indicators include measures of environmental factors (physical, economic, ecologic) social determinants of health, demographics, chronic disease and conditions, disability and injury, health behaviors, and mental health.

Pathway diagram

Also referred to as a logic framework. For use in the HIA scoping step, a conceptual diagram that systematically classifies data and connects various issues to health. Mapping available data onto the causal pathways makes apparent what types of analyses are possible and where data gaps exist.

Power holders

Stakeholders who significantly influence the overall policy or development process. These can include, but are not limited to, stakeholders with significant political influence, decision authority, and veto power.

Public agencies

Public corporations or political subdivisions; public agencies or instrumentalities of provinces/states, municipalities, or political subdivisions of one or more provinces/states; Indian tribes; and boards or commissions established under the laws of any Province/State to finance specific capital improvement projects.³⁹

Stakeholder participation

Participation in formulation, decision-making, and conduct of the HIA by those who are affected by or have an interest in the health impacts of the prospective change, have an active or passive influence on the decision-making and implementation process, or have an economic or business interest in the outcome of the decision. HIAs typically involve stakeholders affiliated with organizations and agencies rather than individual residents.

Steering or advisory committee

An interdisciplinary leadership group established in the scoping phase that sets parameters and directs the development and implementation of the HIA. Should include representatives of the HIA practitioners carrying it out, those who commissioned it, the project proponents, and representatives of impacted communities and other stakeholders who, ideally, are empowered to make decisions on behalf of those they represent. They make decisions related to indicators, priorities, etc. and can act as champions during the reporting phase. Steering or advisory committee members also bring resources to the process, such as credibility, expertise, contacts in the community and special populations, and control of existing programs.⁴⁰

Vulnerable populations

Groups whose needs are not fully integrated into the health care system nor addressed by traditional service providers because of ethnic, cultural, economic, geographic, or health characteristics. May include but are not limited to racial and ethnic minorities, low-income, those who are physically or mentally disabled, limited or non-English speaking, geographically or culturally isolated, undocumented immigrants, medically or chemically dependent, homeless, frail/elderly and children.

ENDNOTES

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