

**HIA Americas Workshop: Finding the Voice of HIA in the Americas**  
**September 24 – 26, 2008**  
**Oakland, CA**

**Workshop objective:** Develop an action plan of key strategies to elevate HIA to the next level in the Americas

**Day 1: Thursday, September 25, 2008**

*9:00 – 9:30am - Welcome and Introductions*

- Marla facilitated the morning discussion. She welcomed attendees to the workshop and described four goals:
  1. Collaboration; decrease isolation among colleagues working on HIA
  2. Define HIA Americas as an entity; what aspects of HIA are special to the Americas? (e.g. use of logic frameworks, work w/indigenous pops)
  3. Expand knowledge in the HIA community
  4. Forward HIA in the Americas
- Attendees introduced themselves

*9:30 – 10:30am - Current state of HIA in the Americas – Part 1: Practical applications from the field*

***I. Murray Lee and Josie Auger, Habitat Health Impact Consulting***

Context: Impacts of resource development on traditional indigenous communities in Canada (e.g., project in northern Alberta commissioned by Shell).

- **How do we define a model of health?**
  - Need for explicit, locally relevant model of health in order to fully assess impacts
    - Include impacts of colonization; obligation from treaty relationships to help/work with indigenous populations
    - Recognize/get back the incorporation of health into all considerations that is inherent to a lot of traditional cultures
- Goal: use Western knowledge and methods to further health according to the local model of health
- Importance of building relationships
  - Interview all community members, e.g. women, elders, youth, parents
- Example: Offering tobacco is a cultural protocol for the Cree people
  - Illustrates both the importance of local customs and the use of reciprocity; exchange of tobacco for the knowledge you are asking them to share
  - Illustrates manufacture of risks in society: traditional use of tobacco vs. industrial, mass-produced
- **Health as more than the absence of disease**
  - World view; way of constructing knowledge
  - Telescopic view (“determinants of health”) vs. microscopic view (holistic, many-layered: individual, family, community, nation)
- **Dangers of grabbing subsets of already defined determinants; subsetting models**
  - Different satisfiers for different populations
  - Localization of indicators

## **II. Tania Barron, Environmental Resources Management**

Context: Often large companies want to do a big project in a poor community in a developing country. The wheels are already turning, so there is a limited timeframe (4 months to a year) to figure out how best to mitigate the effects of the project.

- **Broad perspective of public health; locally defined model of health**
  - Quality of life
  - Poor infrastructure to handle influx of motor vehicles, especially trucks
  - Health systems to deal with resulting injuries and other effects
  - Effects on substance use, crime, prostitution, STDs
- **Importance of stakeholder involvement**
  - Often as important as the outcome of the HIA itself
  - How best to engage with stakeholders and get them involved?
  - Issue of both ethics and HIA methodology
  - Acknowledge/keep in mind that HIA does not nullify the power inequality that led to the initial decision to place the project in this community
- **Focus on developing and implementing effective recommendations**
  - Lack of good evidence-based recommendations
  - Going beyond recommendation to implementation; the “management side” of HIA
  - Requires civic engagement and organizational/governmental buy-in
- **How to get recommendations done without a conducive regulatory environment?**
  - Link back to documents required by financing organizations
  - Often thorough initial assessment, but lack of follow-up monitoring
  - Potential source of leverage for local groups
  - Funding system has developed without incorporating capacity for monitoring

## **III. Edmund Seto, UC Berkeley School of Public Health**

Context: Role as a researcher; looking beyond “cold” quantitative research.

- **Broadening the definition of health broadens who the stakeholders are**
  - Need for participation from decision-makers
  - Sometimes focusing on participation as voluntary (rather than regulatory) can be a useful tool
  - At the same time, need to work on changing financing systems
  - You can't make everyone happy
  - Competing needs and priorities
  - Fear of new processes
  - Inter-stakeholder conflict
- **Dangers of “parceling” people; the same person often moves fluidly between different stakeholder groups/roles**
  - Most successful HIA tools are often those developed in partnership with stakeholders

## **IV. Jonathan Heller, Human Impact Partners**

Context: Working with community groups as facilitators, rather than experts.

- **HIA as a tool for social justice**

- Collaboration with community groups at all stages
  - Accountability to the community groups
  - Use of qualitative data in addition to quantitative data; community members as experts
  - Building capacity of others to do HIA; enacting change beyond participation
  - Uses in decision-making, advocacy
  - Maintaining quality
  - Other partnerships: government and regulatory officials (who often hesitate), planning organizations
- **Finding adequate time and money for recruiting & training**
    - Staff that reflects the communities
- **Concerns about institutionalization of HIA**
    - Danger it will be rolled into EIAs and done badly
    - Quality control when tasks are delegated
    - Coopting of the term “HIA”
    - Development of standards; a lot of work has been done in Europe
- **Framing recommendations**
    - Keep the audience in mind
    - HIP’s most successful HIAs have been ones that got a lot of media attention
    - One goal: change the way an issue is framed in media/other discussions
- **Retrospective HIAs**
    - Useful for buy-in if HIA will inform a prospective decision
    - Identify pathways of effect

10:45 – 12:00pm - Current state of HIA in the Americas – Part 2: Institutionalization of HIA in the regulatory process

**I. Rajiv Bhatia, San Francisco Department of Public Health**

Sees HIA as: 1) a new way of thinking, 2) a purposeful act, 3) technique (tools, processes, etc)

- **Creation of regional networks**
  - Community groups
  - Universities (tools, methods, teaching)
  - Facilitator groups (e.g. HIP: trusted, nongovernmental entity)
  - Private partners
  - Planning agencies/organizations
  - Outreach to other civil society sectors (e.g. social justice, labor)
- **Interplay between voluntary and regulatory approach**
  - Threat of regulation can encourage voluntary action
  - Reluctance of health departments
  - Fear of being swamped
  - Averseness to political risk
  - Role of health departments is usually not to do HIA, but to ensure recommendations are implemented
  - Need for civic/political movements to apply pressure
  - Capacity required for doing HIA sometimes not as great as people perceive
  - Community role in monitoring

**II. Louise St. Pierre, National Collaborating Centre for Healthy Public Policy**

- **Developing an understanding of and promoting healthy public policy**
  - Broad definition of public health actors
  - Need for political will
  - Need for “champions”
  - Often local efforts work better as a starting point
- **Incorporation of HIA into EIA**
  - Pros and cons discussed at Canadian Roundtable on HIA (in slides)
  - Lose out on policies that affect health, but not the environment (e.g. education, social policies)
  - Political will changed, so HIA into EIS is more difficult in Canada

**III. Aaron Wernham, Alaska Inter-Tribal Council**

- **NEPA**
  - Requires health to be a major consideration in EIS
  - Requires public process and public sharing of process and findings when action is considered
  - Collection of public comment; every comment must be addressed
  - Other agencies/organizations can be cooperating agencies (generally do not get paid)
  - Weakness of NEPA: mitigations a particular agency can require are narrow
  - Goal: Get communities involved in NEPA implementation
  - Need for public transparency

**IV. Ben Harris-Roxas, UNSW Research Centre for Primary Health Care and Equity**

- **Maintaining quality given growing demand for HIA**
- **HIA as convergence of environmental protection, environmental health, health equity, social health**
  - “Flavors”: regulatory, voluntary, advocacy
- **Building collaboration and exchange**
  - Large body of HIA work in languages other than English

1:30 – 3:00pm - *Practice challenges: Facilitated roundtable discussions of practical challenges to HIA practice in the Americas*

Roundtable #1: Issues related to HIA values and principles

- Can HIA fulfill its promise as a vehicle for multi-stakeholder engagement?
  - *What is the extent of non-expert participation in the HIA process?*
  - *What are the available models for participation?*
  - *What are the best practice examples of participation in HIA or integrated HIA/EIA?*
- Can HIA fulfill its promise as a tool for health equity?
  - *Is healthy policy synonymous with health equity policy?*
  - *What are the practice examples of HIA serving equity needs?*
- Can practitioners keep practice accountable and maintain transparency?
  - *What decision control points create vulnerability to accountability?*
  - *What principles of accountability and transparency apply?*
  - *How to avoid conducting assessments biased towards funder or client perspectives?*
  - *Where is the line between policy research and advocacy for HIA practitioners?*

Roundtable #2: Issues related to regulatory integration

- Where are the major opportunities for integrating HIA and other forms of impact assessment?
  - *What are the available models for integrating?*
  - *What does practice tell us about the value/costs of the integrated approach?*
  - *How can integrated HIA/EIA avoid limitations of EIA?*
  - *Are there other directions for institutionalizing HIA in the regulatory process?*

Roundtable #3: Issues related to evidence and analytic methods

- Does evidence exist to make meaningful forecasts of the health impacts of public policy?
  - *What are some of the sources of available evidence?*
  - *What are some of the most important needs for research?*
  - *What standards apply for the evidence used in HIA?*
- What are the main development needs for methods and tools for HIA?
  - *Guidance documents?*
  - *Indicators and data?*
  - *Forecasting methodologies?*
  - *Original policy-relevant research?*

**Group 1**

- HIA as a vehicle for multi-stakeholder involvement
  - Important for accountability, transparency
  - Encourage broader vision of health
  - Information resources
  - How?
    - Recognize different roles, expertise
    - Need a lead agency to drive process
    - Levels of participation (ladder)
    - Importance of empowerment as part of HIA process
  
- HIA as a tool for health equity
  - Need equity lens throughout whole process (including project choice, if there is choice)
  - Equity considerations: age, SES, ethnicity/culture, location, disability/existing health conditions, gender
  - Decision points that might be susceptible to lack of equity:
    - Who controls process?
    - Who is involved?
    - Who decides what you consider?
  - Importance of good, transparent documentation
  - Including comments & responses
  - Including transcripts
  - Presenting draft results to stakeholders
    - Taking adequate measures to include people who will be affected/you identify as stakeholders
    - Three requirements: participation, empowerment, transparency
  - Acknowledge what the level of participation is, both going in & during the HIA
  - Be transparent about what you decided, what you did, what happened
  - Use established best practices
  - Prod your stakeholders to report to/include their constituencies
  
- How do you decide who stakeholders are and what is meant by “meaningful participation”?
  - Doesn’t mean only address issues brought forth by other stakeholders
  - Including multiple stakeholders helps make sure necessary priority issues surface
  - Challenges of working with advocacy groups
  - If a group has an agenda already with only specific concerns, maybe they don’t need an HIA
  - Stakeholders can vary depending on what type of organization you are, what the project is, where your funding comes from
  - But—important to have an idea of who the stakeholders are no matter who you are/where funding comes from

**Group 2**

- Why integrate HIA into EIA?
  - Large body of existing data, literature
  - Foster interdisciplinary practice
  - Foster ownership of health issues by policy-making organizations
  - Include mitigations with “teeth”
  - Efficient

- Less burden on population (not studied twice)
- Take advantage of EIA procedural standards
- Aligned with integrated view of community health
- Actionable, enforceable
- Timed with decision-making
- Why not?
  - Could lead to routinization, one-size-fits-all
  - Could lead to appropriation by others without the same values
  - Insufficient capacity in public health world
  - Could foster appropriation
  - Lead to expert takeover?
  - May narrow scope of HIA, since environmental impact would be trigger
  - Could happen too late for decision-making
  - Regulatory “floor” (e.g. provided by NEPA) could discourage higher standards
- Why hasn’t it already happened?
  - Environmental stakeholders were focused on non-human concerns
  - Lack of awareness, capacity in public health world and elsewhere
  - Over-value of quantitative methods
  - Fears (e.g. more work, projects will be stopped)
- Should we require HIA now? NO
  - Insufficient experience, methods
- Suggestions
  - More training
  - Don’t use term “HIA” with EIA professionals, because makes it seem like something new; instead call it something like “help with existing requirements”
  - Work with and educate civil society sector organizations
  - Find HIA champions & work with them
  - Strategic, high-profile litigation
  - Look further into “nexus” of physical environment & health impacts
- Goal: truly integrated impact assessments
  - Could be push-back from EIA folks about that; new standards/practices will cost more
  - Multidisciplinary approach vs. participatory approach

### **Group 3**

- Current challenges in evidence and methods
  - Cherry-picking of literature; nonsystematic reviews
  - Need for standards, protocols in using literature in HIA
  - Broad scope of HIA makes literature review difficult
  - Gray literature
  - Analyzing social determinants and other topics for which quantitative analysis is difficult
  - Lack of quantitative evidence
  - Ability to put a price on impacts
  - Validating models - If mitigations are made based on model predictions, then predictions don’t happen so you don’t build evidence for future work

- Determining thresholds of significance
  - One approach is to define the threshold as “equity”; although equity can also be difficult to define
- Lack of indicators for indicators assessed qualitatively, leading to neglect of those areas
- Logic frameworks could be used more and differently
- Integration of qualitative & quantitative evidence; undervaluation of qualitative evidence
  - Need to include both and to have standards for both
  - Most of the information in EIAs is actually qualitative because it is more legally defensible
  - Does this bias really exist?
  - Discerning between concrete and quantitative
  - Discerning between use of numbers and quantitative; many models are qualitative
  - Descriptive vs. predictive analyses
  - Danger of reporting inaccurate point estimates using quantitative data
  - Biased “expert opinions” in use of qualitative data
- Action items
  - Identify high-priority pathways for funding to develop case studies, HIAs
  - Working on HIA clearinghouse at UCLA
  - Literature review protocols
  - Collection of good literature reviews
    - CDC has literature review collections on a variety of topics
  - Emphasis/funding on follow-up: monitoring, evaluation
    - Outcome-based vs. process-based evaluation (or combination)

## Final Discussion

### ▪ Commonalities

- Focus on resource development
- Focus on urban development
- Legacy of racism & colonization; multicultural populations
- Small or difficult-to-define communities
- Focus on healthy public policy
- Both/and solution to voluntary vs. regulatory debate
- HIA is more than simply methodology; also purposeful, represents way of thinking
- Combined EIA & HIA in discussion
- Many sectors working on HIA

### ▪ Challenges

- Role in/of advocacy
- Public health institution with limited scope
- Feeling misunderstood (e.g. branding); making a compelling case to the public
- Fractured as a community
- Convincing non-health sector agencies to take health into account
- Rapidly growing field: how to manage/control/define? Growth vs quality? When to “step in?”
- Maintaining standards of quality, ethics, accountability, participation
- Disentanglement from the regulatory environment to allow application to other countries/environments
- Funding, including ethical standards for funding
- Capacity/training
- Fractured society (geographically, culturally (individualism)); silos

“Americas” may be too broad to take on in this workshop. Consider focusing on North America in second day. Differences between North America and the rest of the Americas are significant.

## Day 2: Friday, September 26, 2008

9:00 – 10:15am - Identifying strategies to further the development and practice of HIA in the Americas

*Given the current state of HIA in the Americas, what are the most important roles for HIA, where are the greatest opportunities for growth of the field and what are the limitations? If HIA is going to continue to grow who is going to do the work? Facilitated whole-group discussion to identify possible options that the HIA profession might pursue, including but not limited to:*

- Public awareness and education
- Professional standards in the field (e.g., practice guidance, quality and transparency of evidence and process)
- Development of research methods and tools
- Laws and regulations
- Professional associations
- Practitioner network
- Project-based partnerships
- Conferences

### RB opening

- Want a clear agenda ; can't really speak for more than north America; what is an agenda? Maybe just actions and who does them; balance between what we can commit to and an agenda for others ; would be inappropriate to tell others what to do; and insufficient for us to not come to some tasks to move forward on
- Seemed to be a lot of agreements yesterday; not a lot of foot stomping; had previously anticipated some of the goal areas were (above) – from the break-outs yesterday, a lot of those areas were echoed, maybe with more specificity; jonathan to review our commonalities and challenges; will then go over a set of strategy areas; will ask for what's missing – if something missing – do we want to add to one of these groups, or do we want to add to an existing area; discuss the value of it and what would have to happen to for the strategy to be actualized; will break-out along these areas; will see where we can go towards a set of actions; get more specific

### Where we ended up yesterday:

- **Commonalities:** Some of these reflect commonalities in North American HIA group; And some are commonalities that we share with the rest of the world; Is important to distinguish between these; partially depends on who this list is geared towards:
  - Focuses on resource development
  - Urban development
  - Legacy or colonization and racism; multiculturalism
  - Reciprocity
  - Small populations – small sources of data
  - Focus on healthy public policy
  - Focus on both/and approach to regulatory EIR process
  - HIA not just a set of practices – not just producing a report but has a purpose
  - Interest in combining different kinds of impact assessments – ideally
  - Many sectors working on HIA
  - Commitment to authentic multi-stakeholder participation (ladder of participation)
  - Commitment to use of qualitative data
  - Shared values – equity, transparency, participation

- **Challenges:**
  - Limited scope of public health practice – very few agencies doing this work
  - Still don't fully understand role of advocacy
  - HIA is misunderstood – no 30 second sound bite
  - How do we make a compelling case for HIA to the public, public agencies, and funders
  - Fractured practice – people doing different things in different places and little communication
  - How do we grow HIA and balance against quality
  - Need standards for methods, participation
  - How do we work within the regulatory environment
  - Funding? And if getting funding from project standards – what are the ethical standards?
  - Fractured society – geographically; individualism; silos
  - Can't speak for all Americas
  - Other drivers for HIA (non-regulatory) – balance of regulation and other driving force getting corporations to do HIA
- Discussion regarding whether the above really means “partnership with business” to do good HIA and get good mitigations – have them at the table from the start
- **Rajiv** – note that no-one yesterday said – “new law” or “new regulation”; put standards/guidance as a strategy
- **Aaron** –proponent of regulatory approach; 35 years of oil and gas development in Alaska with no HIA; discovered laws to harness to come up with enforceable requirements; regulatory work will produce something that can become a standard

Discussion:

- Laws requiring health analysis as part of EIA should be followed
- Where possible, the law should be exceeded – but this applies to HIA practice writ large – want to go above the bare bones minimum
- Real issue is are we using the carrot or stick approach – to what extent do we want to use the carrot or the stick?
- Too much regulation might disincentivize corporations doing well
- Something that we need to discuss as this question is central to the field and to develop the values of the field
- Need to work the two tracks synergistically
- History of corporations – kinda bad; fiduciary responsibility is to shareholders, not to communities
- Do corporations want to do good things? Undoubtedly. Have they done good things in some place? Undoubtedly.
- Definitely true that corporations are changing behaviors in some places – west Oakland, they don't want to slow down process and people will fight every project if they are not working with the community at the beginning of the process
- Mixed bag of experiences – some good, some bad
- Need to develop a lot of positive examples of good HIAs so that people see the benefit
- Even if corporations come to the table – need some kind of institutional arrangements – like maybe they pay for the HIA but don't pay directly the HIA practitioners – need to think about the guidelines
- For a field that is very sparse – need to use opportunities where you can – business, government, regulation
- Everyone comes from a different place – government agency versus consultant services
- Are at the intersection of much of what we will be discussing today – standards/guidance
- What everyone is worried about is that HIA goes the way of EIA – appropriated by people who don't understand the values
- Is there a way to create basic standards for the field – e.g., transparency, public accountability, financial obligations – the field is beginning to grow

### **Moving HIA forward - Categories:**

1. Awareness/Public Education/Message – value of HIA, marketing to different sectors, existing regulatory requirements, shared values
2. Standards/Guidance – ethics for practitioners, for participation, methods, monitoring, transparency, significance thresholds, EIA guidance, voluntary sector best practices, practitioner competencies, managing advocates and stakeholders
3. Networks/Collaboration – clearinghouse, trainings, learning, project partnerships, idea leaders from various sectors
4. Funding/Capacity – for practitioners and stakeholders
5. Research – methods development, indicator systems, case studies, evaluation

Question – where does advocacy fit? advocacy for health/health equity versus particular project; very complicated and messy – need to be able to state something as a practice standard

Spend time thinking about what we need to do and how to move it forward:

### **Awareness/Public Education/Message – what does it require?**

- Lead with purpose, value, examples - not tool or technique
- Identify high priority audiences and identify messages for the different audiences – e.g., government, funders, public; not everyone who does HIA is leading with a value but leading with “the tool”; “want to grow the inclusion of health in public policy-making not necessarily just the tool”; important to develop a message that incorporates the value of HIA, an example, a definition of health and an ask
- Develop shared values – health, equity, inclusion, good decisions
- Identify showpieces and compelling examples - Do we want to force should statements into unwilling ears – maybe we need to showcase really good examples and show benefits to everyone? Potentially consider as a question – are we considering health in our decisions? There is some rhetorical value to starting with a question – maybe we should think about an example that could explode the field and make the point (e.g., living wage) – hard to find uniform examples because there are not shared values – consider collectively doing a shared HIA

### **Networks/Collaboration – what does it require?**

- First HIA of the Americas Oakland report/statement - how do we do that and who do we want to share with this?
- Internet clearinghouse of reports – either for the Americas? Or use the international gateway? Potentially do both? E.g., UCLA, HIP, Gateway – not networked but could be; Strength in having multiple sites b/c maintenance takes a lot of time; sharing materials on trainings that people can draw on
- HIA Americas listserv – or at least one for this group and people who want to keep conversation going; with some protocols for what the listserv is for
- Link to global networks – e.g., IAIA
- Where federal governments are participating in the EIA process? should be disclosing HIA analysis – e.g., try to write up some kind of explanation of how HIAs can be found within integrated SIA/EIA – really large documents where HIAs are being lost – need these examples so the HIAs don’t vanish; CDC comment letters on federal projects – should be posted on-line; EPA register
- Record of HIAs that are being done that are not public – by private companies
- Develop capacity around the country – Centers of excellence that does trainings, technical assistance, regional collaborations; all of the practitioners are doing trainings
- Second workshop – is there value in having a second want? Do we want to keep it as a practitioners workshop? Or broaden?

## **Standards/Guidance – what does it require?**

*ethics for practitioners, for participation, methods, monitoring, transparency, significance thresholds, EIA guidance, voluntary sector best practices, practitioner competencies, managing advocates and stakeholders*

- Create some level of agreement on the standards to be included in the Table of Contents
- This group probably wants ownership – can invite others in – what are the issues around us doing this?
- What it will take: practitioners involved; leadership; grant/money; existing guidances (how far has existing stuff gotten us); consensus process; distribution channels; where it lives/a home (relates to who we are – professional association? an organization?); legitimizing participants; public review
- Whatever process we develop needs to begin with an understanding that don't want to limit the creativity, scope and range of the field – don't want to obstruct progress
- Start with guidances from other places – but what we want is something more than those procedural guidances – e.g., minimum standards for participation – group wants to go beyond those – but have to be careful about not - what are we going to set as a definition of an HIA – don't have an agreement on that
- Would it have value for practitioners to sign on to consensus standards? Would that be enough to support its acceptance? Putting it out for comment, review and revision would also support
- Maybe do under the auspices of APHA and IAIA – give the seal of approval? Legitimizing participants? Distribution role?
- Aspects of standards could differentiate us from problems of EIA – need to understand what EIA field envisioned 40 years ago – a critique of the field – within EIA field, b/c so many people involved harder to develop
- Now we have a window of opportunity b/c the HIA field is so new that we can pull together the practitioners to develop minimum standards (in contrast to EIA – the field has advanced so far with so many different types of practitioners who have different needs)
- Want to make sure it's a living document so that there is an update to reflect innovations in the field
- Potential certification process?
- Don't focus on procedural guidance but rather "issue papers" on minimum standards
- Forming a professional organization – could be a simple action that formalizes us – once it exists, since there is so much interest, we would need to understand how/who to get involved – need to develop standards so that people who want to join know what they're getting involved in
- If define based on values and skills, then have more in common with the rest of the world rather than if frame based on region – can transcend geographical boundaries

## **Funding/Capacity – what does it require?**

- Multiple people who were involved in HIA could collaborate and collectively go to a funder to move/ask for funding as a group – would show strength rather than when one group goes at a time – donor education (e.g., Grantmakers in Health, Association of Schools of Public Health, funding this b/c is part of the work you need to do as part of public health department)
- Funding development of the field – big grants out there that if multiple types of groups came together could apply to develop standards, professional association, etc. – The California Endowment, RWJ, etc.
- Trainings that are currently being taught; internship/fellowship possibilities
- Potentially do demo projects – as a way to highlight the field – strategic example/choice of what to look at (e.g., living wage) – in the future - 2012 Farm Bill
- Also push EISs and RFPs to call for HIAs
- Industry and international finance – big funding source for current HIAs – drivers that could easily decide to become the drivers in the field by deciding to do this
- Should be targeting schools of public health so that students understand the tools/methods to pursue in the future

## Research – what does it require?

- Need to make a commitment to try to publish about our HIAs – maybe not in the journal literature but at least as a report or something so that people know they are done; one-page summary that states what was successful, challenging, novel – so that other practitioners understand value
- More evaluation of impacts on decision-making – limits our message to not be able to say how we impacted the issue
- More research on causal pathways – where the links are weak
- Have some level of academic partnership so that we can suggest good research projects – need to be wary of push back from administration re: “advocacy”
- Literature reviews for HIAs (e.g., Mindell – example could be useful) – is it strict enough?
- Don’t really have the subject areas covered (e.g., Scottish review of housing and health that was good)
- Reviews on missing subject areas – range of topics that HIA can cover – identify holes and do a systematic review – generalizability of evidence – how to apply the models to local contexts? Set of caveats about reviews
- Context specific logic diagrams/frameworks
- Appropriate indicators – needs to be tied to whatever is being evaluated, and tied to health, and tied to something you can monitor – menu of appropriate indicators
- Many institutions express fears about HIA – risk management talk about liability – may need to think about this field

Opportunity to prioritize things you would be willing to work on – try to identify workgroups – then let people meet in small groups to come up with next steps – then have a report-back to group on next steps

Standards category - really its own big set of needs

Public awareness category – 2 main tasks - messaging for different audiences (communicating the value) and also strategic example of HIAs

### Interest:

Lili – standards, collaboration

Aaron – standards, funding/capacity

Brian – messaging, funding/capacity

Candace – write up from this conference, training and technical assistance

Louise – networking, research agenda

Ame-lia – standards, training opportunities

Won – standards

Collete –collaboration

Arthur – collaboration

Marla – collaboration/networking, second gathering specifically

Tara – collaboration, awareness/message

Jonathan – awareness/message, funding/capacity

Edmund – standards, research

Nicole – research, awareness

Murray – standards, research

Ben – standards, research

Rajiv – standards, message

### Report-backs (bold denotes group lead)

- Research – Ben, Murray, **Nicole**, Edmund, Arthur
  - Know each other and pet research interests

- Key priority research areas – could help if find funders
- Distribute to group for completeness
- Awareness/Public Education/Messaging – **Jonathan**, Tania, Brian, Rajiv
  - Refined a few things on the list
  - Document the values
  - Will develop 2-page message sheets/talking points re: HIA
  - Collect compelling examples
  - Rather than taking on strategic HIA b/c don't have capacity, will start thinking about potential HIAs
- Funding/Capacity – **Brian**, Candace, Tania, Aaron, Jonathan
  - Bring together different training materials, training opportunities, information about course, continuing educations, get sample curricula
  - Take message out to different target groups – e.g., funders
  - List all the different funding opportunities – e.g., RWJ
  - Other professional organizations with different funding streams who might have resources
  - Get list of EIA comment letters
- Collaboration/Networking – Tania, **Candace**, Marla, Louise, Nicole, Arthur, Lili, Collette
  - 2<sup>nd</sup> North America – meet in 4-6 months to assess whether we're going to go
  - Initially as a working group, then potentially a network, then potentially a professional society
  - Summary report – Marla and Lili to work on notes
  - centers of excellence/EIA database – being done by funding/capacity group - \$ is really important
  - Listserv – no-one volunteered; Ben can set-up and hand it over; just a web interface; where are we with developing rules for?
  - Linking to global networks – Tania
- Standards – Aaron, Ame-lia, **Rajiv**, Murray
  - 3 subgroups – Aaron to lead the transparency/ethics/participation subgroup; Murray to lead quality of evidence and thresholds subgroup; Rajiv to lead definition and procedural standards
  - first 3 months – see what's out there and available; solicit group members to understand what standards are being used by group members; by 6 months, are going to have a draft for standards and areas of agreement/disagreement

Question of who we are and what brings us together?

- **We are a network of HIA practitioners with a shared set of values that are committed to shaping the field and promoting excellence together.**
- Messaging group said they would put down a statement of values/principles
- Why are we all here? Do we need a mission for this group?

Leaders of groups – Jonathan, Rajiv, Brian, Candace, Nicole

- Subgroups can meet as much or as little as they want
- Full group should have a quarterly check-in – Marla to coordinate calls
- Group reports on the calls

How to write up findings? Purpose of document:

- Perhaps a statement of commonalities and what directs us?
- Could describe what we did?

- Could describe what we believe in and share?
- Vision of what we think HIA should strive to be?
- 2 paragraphs on where this took place, who was here, what we agreed, what we're going to do, commitments we made
- group should review the blurb before it goes out