

# COMMUNITY PARTICIPATION IN HEALTH IMPACT ASSESSMENTS: A NATIONAL EVALUATION

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# ACKNOWLEDGEMENTS

## EVALUATION TEAM

Diana Charbonneau	Center for Community Health and Evaluation
Holly Avey	Human Impact Partners
Kim Gilhuly	Human Impact Partners
Brooke Staton	Human Impact Partners
Logan Harris	Human Impact Partners

## ADVISORY COMMITTEE

Stacey Barbas	Kresge Foundation
Lisa Cacari-Stone	University of New Mexico, School of Medicine
Stephanie Farquhar	Public Health – Seattle & King County; University of Washington School of Public Health
Megan Gaydos	Formerly with San Francisco Department of Public Health, Program on Health, Equity and Sustainability
David Liners	WISDOM
Tiffany McDowell	Adler University – Institute on Social Exclusion
Ame-Lia Tamburrini	Habitat Health Impact Consulting
Alice Warner-Mehlhorn Ellen Braff-Guajardo	W. K. Kellogg Foundation

## PROXY OBSERVERS

Victoria Kent  
Ariel Hamburger  
Shiela Aragon  
Jasleen Kaur

## HIA PRACTITIONERS AND COMMUNITY PARTICIPANTS

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For more information, contact: Kim Gilhuly, Program Director, Human Impact Partners. kim@humanimpact.org, www.humanimpact.org, 510-452-9442 ext 114.

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## [ABOUT THE AUTHOR ORGANIZATIONS](#)

The Center for Community Health and Evaluation designs and evaluates health-related programs and initiatives throughout the United States. Our mission is to improve the health of communities with collaborative approaches to planning, assessment, and evaluation.

Human Impact Partners is a national nonprofit working to transform the policies and places people need to live healthy lives by increasing the consideration of health and equity in decision making.

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# Community Participation in Health Impact Assessments

## A National Evaluation

### *Executive Summary*



**To date, there has been limited evaluation of the extent to which impacted communities are incorporated into U.S.-based HIA practice.** There are three reasons why community participation is important to consider.

- Inherent in the values of HIA are democracy and decreasing health inequities. Participation of those most impacted by the policies and programs that affect systemic racism and poverty is key to decreasing health inequities.
- Practitioners report that success of an HIA is dependent in part upon how well impacted community and other stakeholders are engaged in the HIA.
- Resources used to engage community members in HIA differ greatly.

This evaluation offers new data related to community participation in the United States-based practice of Health Impact Assessment (HIA). The findings are intended to inform the work of HIA practitioners, but are relevant to all researchers and organizations intending to authentically engage community members in addressing policy, program, or planning solutions, as well as funders of HIA or similar types of community-based participatory research. This evaluation is the first study of its kind to assess:

#### Outcomes

- Impact of community participation on HIA values of democracy and health equity, as measured through civic agency (see definition below)
- Impact of community participation on the success of an HIA

#### Process

- How HIA practitioners differ in implementation of community participation in HIAs
- Barriers and facilitating factors for meaningful community participation

**Findings illustrate that there are compelling benefits of community participation in HIA, including increased civic agency in communities and increased success of HIA.**

*“The youth own this HIA. Without being prompted they are bringing it up to adults. At the first design meeting there was ... a 70-year-old man ... [making] wild allegations. [One youth] at 17 years old [stood] up to [him] with data to back her up. I think they have buy-in because they ... participated throughout the process. It was not someone that came in and studied them and left...”*  
—HIA team member interview

For this evaluation the team used two main forms of study: 1) a national survey with participants of completed HIAs and 2) studying four HIAs as they were being conducted. Nearly one-third of the 145 HIAs completed in the U.S. between January 2010 – September 2013 were surveyed, with a total of 93 HIA team and community members participating as survey respondents. Respondents were highly representative of the field with regard to sector, geography,

decision-making level, and type of organization leading the HIA. A large proportion (70%) of HIA team member respondents were white, and more than half of community respondents (53%) were people of color. The four recent HIAs that were studied in-depth were analyzed through site visits, document reviews, observations, and interviews to obtain a more nuanced understanding of the concepts studied.

## DEFINITIONS

<b>Health Impact Assessment</b>	HIAs are a voluntary research and public engagement tool used to increase the awareness of health and equity in public policy and planning decisions. The HIA process involves six steps: screening, scoping, assessment, recommendations, reporting, and monitoring and evaluation.	
<b>Community participation levels</b> (adapted from International Association of Public Participation's Spectrum of Participation)	<b>Inform</b>	The community was informed about the HIA process; no other community participation.
	<b>Consult</b>	The HIA team solicited input from the community through a few opportunities with limited participation; input may or may not have been incorporated; community role in the HIA was not defined.
	<b>Involve</b>	The HIA team offered opportunities for input; got input from the community; input was included in the HIA; and community role in the HIA was made clear to all stakeholders and decision-makers.
	<b>Collaborate</b>	All community input and participation outlined above in the “involved” choice, PLUS decision-making authority was shared between HIA team and community.
	<b>Empower</b>	All community input and participation outlined above in the “involved” choice, PLUS opportunities for feedback were frequent and participatory and the community had final decision-making authority on HIA decisions.
<b>Civic agency</b>	A community's ability to organize and undertake collective action in its own self-interest. Civic agency was measured by responses to survey questions about community members involved in HIAs taking action, increasing contact with decision makers, strengthening skills to influence future decisions, and if community voices about the HIA topic were heard.	
<b>Success in HIA</b>	In the national survey of community participation in HIA, this question defined success: “How much has this HIA changed the decision-making about the policy or project so far?” with responses on a scale ranging from “Not at all” to “A lot”.	
<b>Health inequity</b>	Health inequities are systematic, avoidable, unfair, and unjust health outcomes, e.g., decreased life expectancy due to incarceration, to which African Americans are disproportionately exposed. “Inequities” contrast with health disparities, or differences in outcomes that are not due to a systematic and avoidable issue; e.g., the elderly have cancer more than younger people. There are racial, economic, gender, sexual identity and other inequitable exposures, which is why it is important to incorporate those most impacted by systemic inequities in decisions that most highly touch their lives and well-being.	

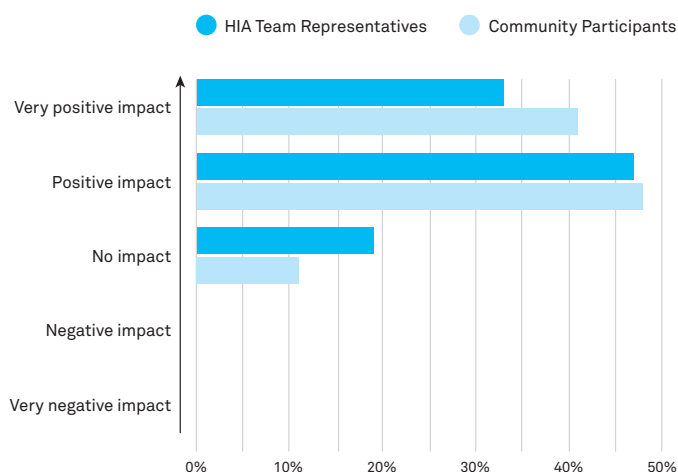
# FINDINGS

## Outcomes findings

Our findings provide new insights on the level of community participation in HIAs in the U.S., the impact of community participation on the success of HIAs, and the use of HIA as a means to enhance civic agency.

- **Most respondents reported that the level of community participation in their HIA fell in the middle of Spectrum of Public Participation range, at the “involve” level.** Community members ranked their HIAs as higher in community participation than HIA practitioners did.
- Of the respondents from the 47 HIAs surveyed, **84% reported that community participation had a positive or very positive impact on the success of their HIA.**

### Impact of Community Participation on the Success of the HIA



- Specifically, **73% reported that their HIA contributed to positive changes in the community**, 70% reported their HIA influenced decision-making some or a lot, and 65% of respondents reported the decision-maker was receptive to using the HIA findings.
- **HIAs are increasing the civic agency of community members.** Over 60% of survey respondents reported that community members are taking action, increasing contact with decision makers, strengthening skills to influence future decisions, and community voices are being heard because of community participation in HIA.
- **HIAs that involved higher levels of civic agency had greater odds of impacting decision-making.**

## Outcomes Discussion

These findings send a strong message to the HIA field that investment in higher levels of community participation pays off in higher levels of civic agency, such as improved individual civic skills and increased capacity for collective action. This evaluation also found that higher levels of community participation showed greater odds of an HIA impacting decision-making. HIA involvement spurs those impacted by decisions to increased action and influence – a powerful outcome for democracy and equity. Based on survey results and observations of the four HIAs studied in depth, success in building civic agency may be less tied to one community participation strategy and more tied to the persistence of trying as many strategies as possible.

*“Seeing where the kids play [from visual data gathered by HIA youth participants] helped us really wrap our heads around the issue... put it into perspective for council members, it became very clear that something needs to be done.”*  
–Decision-maker interview

Many HIAs are engaging community members at moderate levels of participation, illustrating that there is room for improvement in the field of HIA. One-third of the respondents ranked the level of community participation in their HIA on the lower ends of the spectrum – informing community about the process or consulting them without clarifying whether and how feedback would be used. If HIA practitioners stop at “informing”, “consulting”, or even “involving” community members, they may be limiting the benefits that can be achieved from a higher level of community participation in HIA, i.e., “collaboration” and “empowerment”. This evaluation concludes that the field should reach for higher levels of community participation on the Spectrum of Participation.

## Process findings

This evaluation confirms research about facilitators and barriers of community participation and provides perspectives on the effectiveness of current community participation methods used in HIAs in the United States.

- **Methods used to Identify and outreach to the impacted community.**
  - **Collaborations with local organizations and utilization of networked contacts** helped HIA practitioners identify and effectively reach impacted community members.
  - **Hiring a community engagement specialist** was less common but ranked as an effective strategy by those who used it for identifying, reaching, and encouraging participation of community members.



- Community organizations and academic institutions are more likely to try a broader array of community identification strategies than public health departments and planning agencies, and **community organizations are more likely to achieve higher levels of participation in HIA for community members**, compared to planning agencies, suggesting that organizational approaches to HIA may influence community participation strategies and outcomes.
- **Methods used to encourage community participation.**
  - **Key informant interviews and inclusion on steering committees** were common and effective participation methods.
  - Other effective participation methods for at least some groups were: **getting feedback on a draft of the HIA; holding public meetings; engaging community members in data collection, and holding focus groups.**
- **Common and effective resources that facilitated community participation.**
  - Established relationships that HIA practitioners or their partners had with community organizations; participation of government agencies; HIA team familiarity with the decision-making process; and expertise in facilitation, communications, and community organizing.
  - **Less common but effective resources:** having space for public meetings, cultural and linguistic competency, and prior experience with community participation in HIA.
- **The most common barriers reported by both groups were lack of time and resources.**
  - HIA team members reported how much time they spent engaging community members and community members reported the time they spent on the HIA.
    - The majority of **HIA teams spent 30% or less of their time** on community participation.
    - One-third of **community members** reported spending 15 hours or less on their HIA, one-third reported spending 16-30 hours, and one-third reported spending 36 or more hours on the HIAs they participated in.
  - **Seventy percent of community members did not receive compensation for their time on the HIA.**

## Process Discussion

**Established relationships with community organizations emerged as the strongest facilitator of community participation in HIA.** HIA practitioners can more quickly and easily reach out to community organizations they already know to identify and recruit community member participation. There is also corresponding trust, role clarity, and the ability to quickly develop shared expectations.

Expertise in facilitation, communications, community organizing, and cultural competency were also facilitators of community participation in HIA. When HIA teams lack skills or expertise in these areas, collaborating with community groups that have these resources could be an effective way to enhance community participation efforts.

**Because the most common barriers to community participation in HIAs are time and resources, realistic funding of HIAs to support community participation activities would better support HIA values of increased participatory democracy and equity and overall success of HIAs.** Just as HIA team members are compensated for their work on an HIA, community participants should also be compensated for their time and efforts.

Lack of time and resources is a barrier for HIA practitioners in monitoring the outcome of an HIA over time. Therefore, we found it was meaningful that **38% of respondents reported that community members are actively monitoring implementation of the decision that was the topic of their HIA.** A lack of monitoring has been recognized in national HIA meetings, in peer-reviewed journal articles, and among providers of training and technical assistance. It is logical that community members would monitor the implementation of decisions – after all, the projects are being built or implemented around them, the policies will directly affect them, and the programs will serve them. Thus, community involvement can strengthen the HIA practice of monitoring.

When asked about any positive outcomes that resulted from community participation in the HIA, respondents indicated that working with the community “helped to legitimize the concerns of the different alternatives of the decision” and “added to the credibility of the (HIA) and transparency about the (decision-making) process”.

## Conclusions

Incorporating potentially impacted community members in HIA activities at higher levels on the Spectrum of Public Participation shows promise to increase transparency, accountability, and credibility



of HIA findings. The HIA field has done moderately well at engaging impacted community members. HIAs that engage community members at higher levels build civic agency – defined as a community's ability to organize and undertake collective action in its own self-interest – and report more success – defined as the HIA impacting the decision topic. Thus, this evaluation concludes that engaging community members in HIA at higher levels of the Spectrum of Public Participation holds promise for HIAs to better attain international HIA values of democracy and equity.

The main resource that facilitates implementation of community participation is activating existing relationships that HIA practitioners or their partners have with impacted community groups.

## RECOMMENDATIONS

The authors make the following set of recommendations, informed by the findings and authors' expertise, with the goal of enhancing community participation in HIAs and to maximize the benefits of those activities. For greater detail and examples, see the full evaluation and appendices.

### Plan Ahead

- Develop relationships with community groups before any HIA arises.
- Choose topics for HIAs based on identified community interest versus deciding on HIA topic and then trying to recruit community members.
- Create a community engagement plan for each HIA.
- Establish familiarity with the decision-making process.

### Develop Skills

- Invest in facilitation skills training.
- Develop communications and communications planning skills.

### Share Responsibilities

- Partner with existing community/interest groups and organizers.
- Engage community for data collection efforts.
- Establish community roles for disseminating HIA findings.
- Engage community members as key monitoring actors.

### Reduce Barriers to Community Participation

- Do not rely solely on email or the internet for communications.

- Offer meetings at accessible times and locations.
- Provide transportation, translation, childcare, etc. as needed.
- Be mindful of the time commitment for community representatives.
- Create interim products and check-ins to keep community members engaged through shifting timelines for decisions.

### Make Participation Meaningful for Community Representatives

- Pay community organizations and members for their expertise and time.
- Invite community members to be on the HIA Steering/Advisory Committee.
- Make sure the community role is clearly defined and communicated.
- Create skills and knowledge development opportunities.
- Solicit and incorporate feedback from the community.
- Engage and utilize community representatives as key data sources.
- Share decision-making authority.

### Build the Field

- Include community participation as an outcome in HIA process evaluations.
- Engage community members to serve as key monitoring agents.

### Enhance Civic Agency

- Increase community member contact with decision makers.
- Ensure that community members are aware of how decisions are made and opportunities for public input in decisions.
- Ensure that community voices are heard.
- Support community action to influence the decision and its impacts.
- Help community acquire or strengthen skills to influence other decisions.

For full evaluation report, visit:  
[www.humanimpact.org](http://www.humanimpact.org)



# INTRODUCTION

## DEFINITIONS

Definitions are an important part of this evaluation. We began this study by defining the concepts we were planning to investigate.

**Table 1. Definitions**

<b>Health Impact Assessment</b>	HIAs are a voluntary research and public engagement tool used to increase the awareness of health and equity in public policy and planning decisions. The HIA process involves six steps: screening, scoping, assessment, recommendations, reporting, and monitoring and evaluation.	
<b>Community participation levels</b> <i>(adapted from International Association of Public Participation's Spectrum of Participation)</i>	Inform	The community was informed about the HIA process; no other community participation.
	Consult	The HIA team solicited input from the community through a few opportunities with limited participation; input may or may not have been incorporated; community role in the HIA was not defined.
	Involve	The HIA team offered opportunities for input; got input from the community; input was included in the HIA; and community role in the HIA was made clear to all stakeholders and decision-makers.
	Collaborate	All community input and participation outlined above in the “involved” choice, PLUS decision-making authority was shared between HIA team and community.
	Empower	All community input and participation outlined above in the “involved” choice, PLUS opportunities for feedback were frequent and participatory and the community had final decision-making authority on HIA decisions.
<b>Civic agency</b>	A community's ability to organize and undertake collective action in its own self-interest. Civic agency was measured by responses to survey questions about community members involved in HIAs taking action, increasing contact with decision makers, strengthening skills to influence future decisions, and if community voices about the HIA topic were heard.	
<b>Success in HIA</b>	In the national survey of community participation in HIA, this question defined success: “How much has this HIA changed the decision-making about the policy or project so far?” with responses on a scale ranging from “Not at all” to “A lot”.	
<b>Health inequity</b>	Health inequities are systematic, avoidable, unfair, and unjust health outcomes, e.g., decreased life expectancy due to incarceration, to which only African Americans are disproportionately exposed. “Inequities” contrast with health disparities, or differences in outcomes that are not due to a systematic and avoidable issue; e.g., the elderly have cancer more than younger people. There are racial, economic, gender, sexual identity and other inequitable exposures, which is why it is important to incorporate those most impacted by systemic inequities in decisions that most highly touch their lives and well-being.	

# INTRODUCTION

## HEALTH IMPACT ASSESSMENTS

Health Impact Assessments (HIAs) are a voluntary research and public engagement tool used to increase the awareness of health and equity in public policy and planning decisions. The practice of HIA has grown quickly, from only 27 in 2007<sup>1</sup> to more than 335 HIAs complete or in progress as of June 2015.<sup>2</sup> There are a wide variety of HIA practitioners who bring different perspectives and skill sets to this work. While there are standards for HIA<sup>3</sup>, HIA is both flexible and varied in practice.

HIAs can take anywhere from two months to two or more years to conduct, and reflect varying degrees of complexity. The practice covers many fields and is inherently multi-sector. Sample HIA topics include: land use and transportation plans/projects (e.g., freeway widening, transit-oriented development, and redevelopment); employment policy (e.g., paid sick days, domestic workers' bill of rights); education and incarceration policies; and natural resource extraction projects. A 2011 report sponsored by the National Research Council defined HIA as:

*"... a systematic process that uses an array of data sources and analytic methods and considers input from stakeholders to determine the potential effects of a proposed policy, plan, program, or project on the health of a population and the distribution of those effects within the population. HIA provides recommendations on monitoring and managing those effects."*<sup>4</sup>

The HIA process involves six steps:

**Table 2. Steps of Health Impact Assessment<sup>5</sup>**

<b>Screening</b>	Determine the value and need for an HIA
<b>Scoping</b>	Clarify and prioritize issues to focus on in the HIA, methods for analysis, and workplan
<b>Assessment</b>	Research existing conditions and predict effects of policy or project on health/equity
<b>Recommendations</b>	Identify actions to address any harms identified
<b>Reporting</b>	Write a report and communicate its findings and recommendations
<b>Monitoring &amp; Evaluation</b>	Track how the HIA affected the decision, decision-making processes, and the effects of the project or policy on health

HIAs convey to decision makers the potential health effects of proposed projects and policies, and they make recommendations to promote the beneficial and/or to mitigate the adverse health effects of such projects, policies, or plans. International values to guide HIA practice include democracy, sustainable development, equity, ethical use of evidence, and comprehensive approach to health.<sup>6</sup> One of the best ways to achieve these values is to authentically engage impacted community members in the HIA process in order to incorporate their lived experience, preferences, and power into the policy or plan decision-making processes.

# INTRODUCTION

## COMMUNITY PARTICIPATION IN HIAs

To date, there has been limited evaluation of the extent to which impacted communities<sup>a</sup> are incorporated into U.S.-based HIA practice. There are three reasons why community participation is important to consider.

- First, inherent in the aspirations of HIA are the values of democracy, transparency, health equity, and elevating the voices of those who are impacted by decision-making. Participation of those most impacted by the policies and programs that uphold systemic racism and poverty is key to decreasing health inequities.
- Second, practitioners report anecdotal evidence that the success of an HIA is greatly dependent upon the extent to which an impacted community and other community stakeholders are engaged in conducting the HIA and reporting out results.
- Finally, resources used to engage community members in HIA differ greatly amongst HIA practitioners.

As some national HIA evaluators note, “The field appears to hold equity and stakeholder engagement as a high value but sometimes does not implement community participation well due lack of the specific suite of skills, resources, or time needed. Sometimes there are philosophical differences as well.” Currently there are few evaluations of HIA in the U.S. The two largest evaluations primarily assessed how HIAs have modified decisions.<sup>7,8,9</sup> To a lesser extent, these evaluations also considered the process of conducting the HIAs and have some focus on assessing decision-maker engagement. But despite the HIA field’s overarching goals of including and elevating community voices, there has been no evaluation solely focused on whether HIAs have accomplished this and what difference it may make for communities and the decisions that are the topic of the HIAs.

## EVALUATING COMMUNITY PARTICIPATION IN HIAs

This report presents findings from a national evaluation of community participation in HIAs. The findings are intended to inform the work of HIA practitioners, but are relevant to all researchers and organizations intending to authentically engage community members in addressing policy, program, or planning solutions, as well as funders of HIA or similar type of community-based participatory research. This evaluation was funded by the W.K Kellogg and Kresge Foundations. The evaluation team includes Human Impact Partners, a national leader in HIA; and the Center for Community Health and Evaluation, a national research and evaluation organization; and an advisory committee. This national evaluation assessed community participation in HIA, barriers to meaningful community participation, ways to address these barriers, the extent to which HIAs build civic agency with community members, and what impact meaningful community participation has on HIA success.

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<sup>a</sup> We use the term “impacted communities” to identify those who, among others, should participate in the HIA process. Impacted communities are the populations most vulnerable or at risk for the poorest health

# INTRODUCTION

The evaluation utilizes the following definitions:

- **Community members** are the specific subset of stakeholders who are affected by the prospective change. They can be individuals or community organizations that represent a group of individuals.
- **Decision-makers** are the specific subset of HIA stakeholders who have a direct or indirect influence on the decision-making and implementation process of the project or policy under consideration.
- **Stakeholders** are individuals or organizations who stand to gain or lose from a decision or process. Community members are one subset of stakeholders.

## MEASURING COMMUNITY PARTICIPATION

The definition of community participation used by this evaluation team was informed by the International Association of Public Participation's Spectrum of Public Participation.<sup>10</sup> This spectrum defines five increasing levels of public impact: Inform, Consult, Involve, Collaborate, and Empower. The team then customized the concepts in the Spectrum for the HIA context for this evaluation. Note that as the participation level increases, the power of the community to be decision makers in the research process increases.

**Table 3. International Association of Public Participation's Spectrum of Public Participation categories**

Level	Original Spectrum Definition	Definition Applied to HIA
Inform	Provide the public with information	The community was informed about the HIA process; no other community participation.
Consult	Obtain feedback from the public on analysis, alternatives, and/or decisions.	The HIA team solicited feedback from the community through a few opportunities with limited participation; community input may or may not have been incorporated; the community's role in the HIA was not defined.
Involve	Work directly with the public throughout the process; ensure feedback is understood and considered.	The HIA team offered opportunities for feedback and got feedback from the community; community input was included in the HIA; and the community's role in the HIA was made clear to all stakeholders and decision-makers.
Collaborate	Partner with the public in development of alternatives and identification of preferred solution.	All of the community input and participation outlined above in the "involved" choice, PLUS decision-making authority was shared between HIA team and community.
Empower	Places final decision-making in the hands of the public.	All of the community input and participation outlined above in the "involved" choice, PLUS opportunities for feedback were frequent and participatory and the community had final decision-making authority on HIA decisions.

Both the IAP2 definition of participation, redefined to fit HIA, and the definition of civic agency guided the wording of questions on our national survey and other data collection tools (see Appendices for data collection tools).

## EVALUATING IMPACTS ON CIVIC AGENCY

The evaluation team adapted a definition for civic agency informed by the literature: *The capacity of human communities and groups to act cooperatively and collectively on common problems across their differences of view. It involves questions of institutional design (that is, how to constitute groups, institutions, and societies for effective and sustainable collective action) as well as individual civic skills. Civic agency can also be understood in cultural terms, as practices, habits, norms, symbols and ways of life that enhance or diminish capacities for collective action.*<sup>11</sup>

# INTRODUCTION

In short, civic agency is a community's ability to organize and undertake collective action in its own self-interest, which is closely aligned with HIA values of democracy and equity. Researchers such as Contrell (1976) and Eng and Parker (1994) have identified a range of dimensions that contribute to this capacity, including the level of commitment/investment in the community, community self-awareness, participation in local organizations and elections, articulateness/ability to effectively communicate, the ability to contain conflict and solve interpersonal problems, and the presence of machinery for facilitating participant interaction and decision making.<sup>12</sup>

This evaluation is the first study of its kind to explicitly assess the impact of community participation in HIA on civic agency, and to assess the impacts of civic agency on the outcomes of the HIA.



# METHODS

For this evaluation the team used two main information sources: 1) a national survey of participants of completed HIAs and 2) observations of four HIAs that were being completed concurrently with the study timeframe, and interviews with HIA teams and community members of those four HIAs. The evaluation team used these data sources to assess the process of and outcomes from community participation in HIAs. The evaluation began in July 2013 and ended July 2015. The literature review was completed in October 2013. The national survey data was collected over a 3-month period (April–June 2014) and represents 47 HIAs that were completed between January 2010–September 2013. These 47 HIAs are among 145 HIAs completed during this time period, representing about one-third of the HIAs in the field in the United States. The four HIAs that were followed more in-depth were conducted between 2013–2015, with HIA reports completed by July 2015. The methods used are outlined below.

**Table 4. Summary of data collection methods**

Method	Purpose	Sample
Literature review	To provide a foundation for a logic model of community participation in HIAs, a framework for participation levels, and inform instrument development.	N=21 articles
National survey	To provide a broad understanding of community participation implementation and outcomes across many HIAs from two key perspectives: HIA team and community participant.	N=47 HIAs
Four HIAs studied in-depth		
Site Visits	To gain HIA context, to assess decision point and goals for community participation, identify key informants and train a proxy observer.	N=4
Document review	To assess community participation implementation from the HIA team perspective.	N=181
Observations	To observe community participation implementation. Proxy evaluator.	N=19
Interviews	To provide in-depth understanding of community participation implementation and outcomes.	N=17

The evaluation team organized an eight member advisory committee, with representatives from philanthropy, academia, non-profit, community organizing, and HIA practitioner firms. The committee provided guidance on design, data collection, analysis, reporting and dissemination.

The research questions that the national evaluation of community participation in HIA sought to answer were:

- Q1. What are different methods used in HIA to engage community members and how effective those methods were? (Process evaluation)
- Q2. To what extent are impacted members of the community involved in HIAs? (Process evaluation)
- Q3. What resources and skills are required for effective community participation in HIA? What are the current barriers? (Implementation evaluation)

## METHODS

- Q4. Ultimately, to what extent do HIAs build “civic agency” among community members impacted by the policy or project? (Outcome evaluation)
- Q5. What impact does community participation in HIA have on decision outcomes? (Outcome evaluation)

### LITERATURE REVIEW

The evaluation approach is informed by a review of the literature from within the US and internationally, on community participation in HIA, community participation in research, and measurement of civic engagement; all incorporated above. The literature review informed a logic model representing typical community participation in HIAs and its outcomes and developed data collection instruments.

*This evaluation is based on the theory of change that community participation in HIA can facilitate equity by building civic agency and addressing power differentials, with the opportunity for civic agency increasing through increasing levels of participation.*

### NATIONAL SURVEY

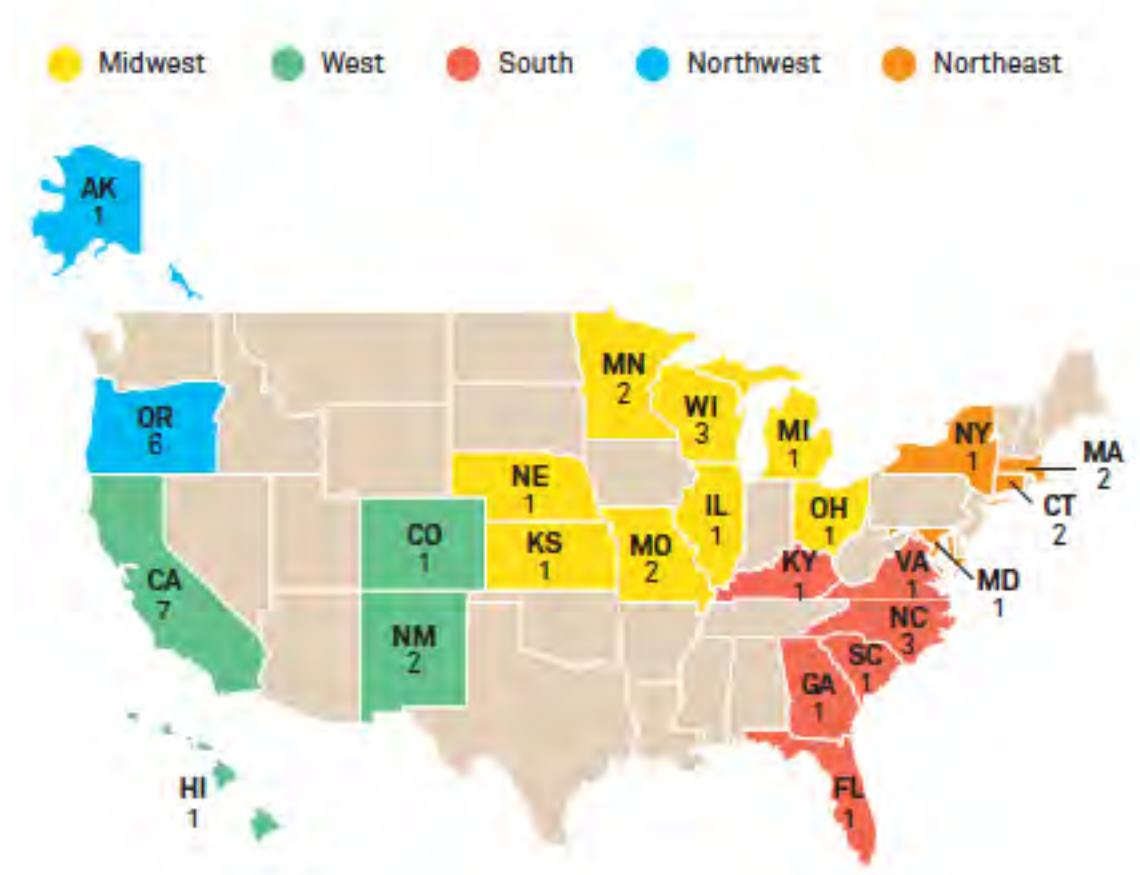
In April–June 2014 a web-based survey of both HIA team members and their community participant partners was sent via SurveyMonkey ([www.surveymonkey.com](http://www.surveymonkey.com)) to a sample of HIAs that were identified through the Health Impact Project database.<sup>2</sup> Project leads were contacted first, and then they were asked to identify 1-3 community participant representatives to also take the survey. Questions were modified somewhat for the community version, see Appendix C for the Survey Tools. The survey sample included 47 HIAs completed January 2010–September 2013, completed after HIA stakeholder engagement guidelines were released.<sup>13</sup> These are 47 of the 145 HIAs completed during this time period, representing about one-third of the HIAs in the field. Our sample was organized by and highly representative with regard to sector, geography, decision-making level, and type of organization leading the HIA. The survey was conducted in English. For greater detail on sampling and descriptive statistics on the national survey, see Appendix A.

These 47 HIAs represented a range of decision-making levels: 19 local; 13 state; 7 county; 5 regional; and 3 federal. Figure one indicates the geographic distribution of the forty-four non-federal HIAs. More than half of the HIAs (N=28/47) were not local HIAs.

In total, there were 93 total individual responses to the national survey. Sixty-three HIA team representatives responded, representing all 47 of the HIAs, and 30 community participants responded, representing 23 of the 47 HIAs.

## METHODS

**Figure 1. Map of the 44 non-federal HIAs in the web survey sample**

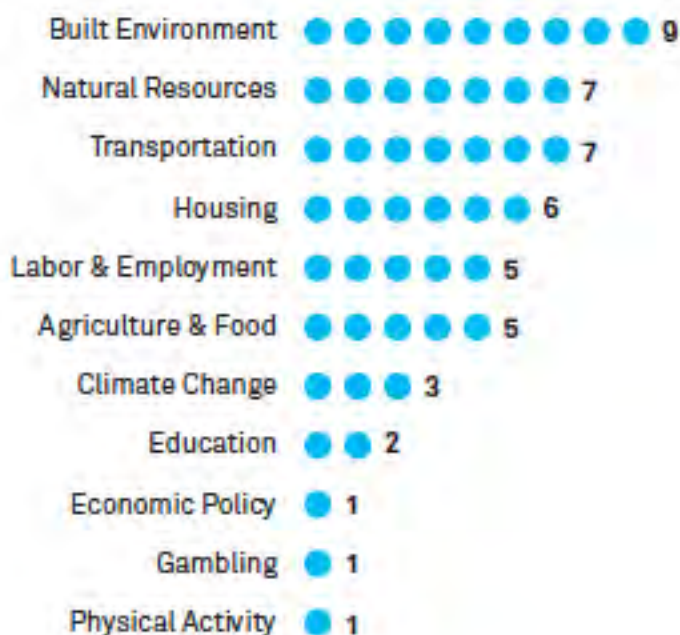


Survey analysis excludes missing data for each question analyzed. Analysis of questions related to the effectiveness of different strategies and methods also excludes those who did not try that method. Therefore, sample sizes are defined throughout the report when discussing survey respondent data, to reflect these differences.

Twenty-six percent of the HIA team members in our sample (N = 62) reported that their HIAs were led by public health departments, 19% by community organizations, 18% by academic institutions, 8% by planning agencies, and 29% by “other”, which was most frequently described as non-profits.

## METHODS

**Figure 2. Sectors represented in the 47 HIAs in the web survey sample**



Three-quarters (74%) of respondents who answered a question about race (N = 81) self-identified as white, 17% as African American, 8% as Latino, 4% as Asian, 3% as Native American, and 3% as multi-ethnic. Breaking this out by HIA team versus community participants, 70% of the HIA team respondents were white and 47% of the community participant respondents were white. In the community sample, 53% of the community participants self-identified as a person of color: 19% as African American, 24% as Latino, 5% as American Indian, and 5% as multi-ethnic.

The majority of respondents in the national survey had 4 or more years of college; 97% of HIA team respondents and 76% of community participants had 4 or more years of college. In terms of HIA experience, 37% of respondents had participated in one HIA only and 17% in two, but this sample had a very high level of experience in HIA, with 37% having done four or more HIAs and 18% having completed seven or more HIAs.

To analyze survey data, the evaluation team used frequencies, qualitative analysis of open-ended questions, and logistical regression analyses. For the logistic regression analysis, we combined six individual questions about civic agency on the national survey into a single “civic agency index”. Responses were then organized into quartiles to better represent the distribution of answers; the higher the quartile, the higher the level of civic agency achieved. We then performed a logistic regression analysis to see to what extent three variables explained if participants felt that their HIA was successful: 1) number of HIAs the respondent had conducted; 2) level of community participation reported for their HIA; and 3) civic agency index score each respondent reported for their HIA. (see Appendix A for detail on regression analysis).

# METHODS

## FOUR HIAs STUDIED IN-DEPTH

The evaluation design included an in-depth look at four U.S. HIAs to provide detailed examples of process and impacts of community participation in HIAs. The four HIAs were identified and recruited through connections of Human Impact Partners staff. Criteria for inclusion were that the HIAs needed to have some planned level of community participation, fit within the evaluation timeline, and one needed to be funded by the Kellogg Foundation and another needed to be led by Human Impact Partners. We gathered data from multiple perspectives using site visits, observations, document review, and interviews. In the HIA we followed in a tribal community, the HIA – including this evaluation component - went through the tribal Human Subjects Review Board. Table 5 details our sample of HIAs studied in-depth. For greater detail on data collection methods and commitments by sites, see Appendix A.

**Table 5. Description of the four HIAs studied in-depth**

Geography	Sector	Lead org.	HIA experience	Funding	Potentially impacted community*	Amount/type evaluation data points
Suburban	Built Environment/ Land Use	Health Dept.	First HIA	Self	Geographic area: 1/2 mile	1 site visit 55 documents 7 observations 5 interviews
Urban	Built Environment/ Land Use	Nonprofit	First HIA, partnered with HIP (experts)	TCE	Amenity users and geographic area	1 site visit 71 documents 5 observations 6 interviews
Urban	Education/ Physical Activity	Health Dept.	6th HIA (ongoing volunteer committee)	Self	Geographic area of impacted school: school district	1 site visit 42 documents 5 observations 4 interviews
Rural	Natural Resources & Energy/Land Use	Nonprofit	First HIA for lead, had TA from HIP	Kellogg	Geographic area. Proximity to activity.	1 site visit 14 documents 2 observations 2 interviews
(HIP= Human Impact Partners) *Potentially impacted community reflects the definition the HIA practitioners used to identify and define the community for their HIA. See Findings section on identifying community for more discussion on this concept.						

# FINDINGS FROM THE LITERATURE

While democratic principles have traditionally been part of the ethos surrounding HIAs, the logistics of inclusive research processes can prove challenging.<sup>14</sup> This section of our report summarizes the benefits of the different approaches to community participatory research practices in HIA as well as the challenges of engaging communities in research. This literature, in addition to HIA practitioner experience in the evaluation team, heavily informed the creation of the survey tool and evaluation framework.

## **BENEFITS OF COMMUNITY PARTICIPATION**

Many positive outcomes have been attributed to community participation in health impact assessments. Participation appears to build civic agency in the community in a number of ways. One of these recorded benefits is an increase in social capital. Popay et. al. (2007) point to an increase in social cohesion across seven studies of participatory HIAs in their review.<sup>15</sup> Chadderton, Elliott, and Williams (2003) attribute gains directly to relationships and networks formed through collaboration during inclusive HIAs.<sup>16</sup> Also, strengthened connections between the community and related authorities have been reported.<sup>17</sup> Parry and Wright (2003) note that involvement in the process of creating policy in particular has the potential to change the power dynamic between communities and those traditionally regarded as decision-makers.<sup>18</sup> In this way, research has shown that participation may decrease levels of exclusion among frequently marginalized groups.<sup>18</sup>

There is evidence that these new and improved relationships can set the stage for self-empowerment as well. Reports indicate that communities have experienced an increase sense of ownership in the wake of their involvement in a participatory research process.<sup>19</sup> In one example, a community that was heavily engaged throughout the process of a local housing development HIA decided independently to form a residents and tenants association to act on the recommendations they helped formulate.<sup>17</sup> Evaluations of participatory processes have also revealed increases in knowledge among community members, not only about the specific concerns of the research, but also the roles of service providers and other area stakeholders, the political processes of policy formation and decision-making, the research process itself, and other health issues.<sup>19,20</sup> Along with gains in knowledge, research has documented benefits of added expertise in presenting information, engaging with authorities, and remaining active about community issues, that were directly contributed training provided in the course of an HIA.<sup>16</sup> These changes, characterized by the World Health Organization (2002) as capacity building,<sup>14</sup> can also be accompanied by an increase in confidence and a sense of self efficacy among community members.<sup>20</sup> Overall, multiple, lasting positive outcomes have been seen in communities in association with participatory HIA processes.

Furthermore, there is evidence that community participation improves both the effectiveness and quality of the HIA itself. One main avenue through which this has occurred is the higher quality, more locally specific information that can be gained by incorporating community experiences.<sup>14</sup> Authorities report receiving information they would otherwise have missed had they not sought community input.<sup>21</sup> Indeed, public input can potentially raise questions that would not otherwise occur to professional stakeholders.<sup>22</sup> In one case study, community consultation revealed conflicting information to what had previously been published in media reports about the issue at hand.<sup>19</sup> Chadderton, Elliott, and Williams (2003) make the point that narratives of personal experience can bring data to life in a way that hard statistics cannot, which has reportedly lent some research a more compelling and



## FINDINGS: LITERATURE

potentially more influential quality.<sup>16</sup> Community participation can also lead to an increased likelihood of follow-through in regards to project development and implementation.<sup>21</sup> There are also multiple examples where both project proposals and implementation timelines have been revised and improved as stakeholders became more informed.<sup>19</sup> The process of developing recommendations in conjunction with community input has not only led to locally specific, successfully tailored initiatives, but also formed the foundation for ongoing partnerships after the conclusion of the HIA.<sup>19,20</sup> Through the process of establishing community consultation, feedback systems have been developed that facilitate the monitoring of outcomes and responsive action as necessary.<sup>19</sup> All in all, the use of participatory processes in HIA research is associated with increased efficacy on the part of the community, practitioners, and productive relationships between them.

### TIME AND FINANCIAL COSTS

Constraints on both time and financial support are cited in the literature as major concerns when choosing methods of engagement. The timeline of the political process can limit extensive community involvement,<sup>23</sup> and some public health practitioners have reevaluated the necessity of involving the community at all, feeling that time-intensive collaboration could come at the cost of meaningfully influencing decision-making.<sup>18</sup> Significant time commitments can pose difficulty to both practitioners and community members with busy schedules,<sup>21</sup> and financial costs associated with carrying out a lengthy health impact assessment can present an obstacle for researchers.<sup>23</sup> Financial costs to community members and community organizations can make intensive collaboration difficult, particularly for low income communities.<sup>15</sup> Additionally, costs in terms of human capital must be considered.<sup>23</sup> Hurdles of time, funding, and manpower required to support the HIA process affect the feasibility of extensive community participation.

Even when these resources are in adequate supply, a lack of skills and expertise may complicate the efforts of researchers and stakeholders to collaborate.

### CHALLENGES IN IDENTIFYING AND RECRUITING WHO SHOULD PARTICIPATE IN THE PROCESS

One frequently cited challenge is identifying individuals or groups that accurately represent the interests and concerns of the community at large. While some people may have greater means and motivation to work with researchers than others, other community groups—often the most vulnerable populations—may prove difficult to contact.<sup>23</sup>

Gauvin and Ross (2012) observe that a lack of methodological guidelines in HIAs can result in confusion about delegating and planning tasks, making recruitment challenging.<sup>23</sup> A failure to achieve mutual understanding regarding expectations for the HIA process and outcomes can exacerbate existing skepticism that vulnerable communities, who are often excessively studied, may have.<sup>23</sup> Additionally, the particular working definition of “participation” that is applied during a project can inadvertently lead to ideas that perpetuate, rather than subvert, unjust power dynamics.<sup>21</sup> Tritter and McCallum (2006) carefully note that even uncritical forms of citizen control in public participation can fail to achieve empowering outcomes if sufficient attention is not paid the nature of power relationships throughout the process.<sup>22</sup> The political and historical context of the spaces in which partnerships are attempted can affect the trajectory of the project in undesirable ways.

The current literature about HIA and community participation is lacking in that it does not directly address the issue of how the institutions that HIA seeks to influence are inherently

## FINDINGS: LITERATURE

and historically structured to leave out the perspective of other races. The current HIA literature does not address the specific importance of including perspectives of people of color. However, the field of Community Based Participatory Research has considered this factor, and noted that in academic-research partnerships, there is a risk of well-meaning government agencies, such as public health departments and planning departments, and even nonprofit organizations, of perpetuating this kind of structural racism.<sup>24,25</sup> For this reason it is imperative to authentically incorporate and empower members of impacted communities, including people of color."

### RESOURCES, SKILLS, AND EXPERTISE NEEDED

Inexperience in HIA can limit the productivity or efficiency of relationships between stakeholders.<sup>19</sup> Limitations of skills and knowledge of practitioners, community members, and other stakeholders can frustrate efforts to share information with each other, at least initially.<sup>15</sup> Linguistic barriers and issues around cultural competence may also require extra consideration in order to successfully facilitate communication.<sup>19</sup> Issues have been encountered in meeting transportation needs and securing suitable meeting spaces as well.<sup>19</sup> Furthermore, the provision of additional advocacy support may be necessary to achieve an inclusive partnership with some communities.<sup>19</sup> HIA practitioners often face challenges in terms of the preparedness on the part of one or more parties involved to carry out meaningful collaboration.

The employment of trained facilitators and translators in workshops settings, early consultation with local community organizations as initial points of contact, and a commitment to clear and consistent communication are all tactics that have been cited as beneficial.<sup>16</sup> Even something as simple as the provision of refreshments for public meetings can help draw in community participants.<sup>17</sup> Chadderton, Elliott, and Williams (2003) also mention that a community development worker could be helpful in providing training to community members on the effective synthesis and presentation of their knowledge to professional audiences, a strategy that has been cited repeatedly as a key factor in capacity building and HIA production.<sup>16,20</sup>

In terms of achieving an effective level of collaboration, intersectoral steering committees with representatives from the community and other stakeholders are a recommended form of advisory body through which to establish partnerships.<sup>14</sup> In some cases where these groups have been established, an agreement to adhere to self-created ground rules has helped them operate smoothly.<sup>16</sup> It has proven helpful to break up larger meeting into smaller focus groups in order to elicit the greatest depth of knowledge from community members on some occasions.<sup>14</sup> However, in the context of advisory bodies, there are risks that breaking down the group along professional lines in order to circumvent communication issues between parties can lead to a privileging of one group's knowledge over another.<sup>16</sup> In any case, general flexibility and a multitude of varied opportunities to engage are factors in achieving positive outcomes associated with community participation in health impact assessment.<sup>15</sup>

### OTHER CHALLENGES ASSOCIATED WITH COMMUNITY PARTICIPATION

According to Chadderton, Elliott, and Williams (2003), a challenge can occur in soliciting balanced input in communities where there are partisan opinions on the issues at hand.<sup>16</sup> Other barriers to creating and maintaining productive relationships with community members include consultation fatigue, tension between "objective" scientific research and advocacy, disinterest and/or mistrust within the community toward powerful stakeholders or researchers.<sup>16</sup> In some instances, a fear of community interference (essentially a mistrust of the community) on the part of authorities can impede the willingness to collaborate

## FINDINGS: LITERATURE

openly.<sup>24,25</sup> Even in lieu of such tension, political concerns can put pressure on attempts to operate with high levels of transparency.<sup>16</sup> Unfortunately, there is also evidence of instances where powerful stakeholders have used their leverage to exclude, rather than include, the community in the HIA process.<sup>15</sup> There are risks that collusion between these actors and community activists has helped to limit or control the access the larger community has to the project.<sup>15</sup>

# FINDINGS: PROCESS OF COMMUNITY PARTICIPATION IN HIAs

## PROCESS EVALUATION QUESTIONS

- Q1. What are different ways HIAs have engaged community groups and members, and how effective have the different engagement methods been?
- Q2. Have HIAs significantly involved members of the community impacted by the policy or project that is the topic of this HIA?

### **SUMMARY OF FINDINGS: PROCESS OF COMMUNITY PARTICIPATION IN HIAs**

#### **Identifying and reaching out to community participants**

- Common and effective methods: collaborate with community organizations and utilize networked/mutual contacts
- Effective but less common method: utilize community engagement specialist

#### **Participation methods**

- Common and effective methods: key informant interviews and inclusion on steering committee
- Additional common methods that were effective for at least some groups: responding/providing feedback on a draft of the HIA, public meetings, data collection/analysis, and focus groups

#### **Time invested**

- Majority of HIA team members spent from 0-30% of their total HIA time on community participation activities
- Community members were evenly split: one-third spent 0-15 hours, one-third spent 16-30 hours, and one-third spent 36+ hours on the HIA
- 70% of community participants reported they did not receive any compensation for their time on the HIA

#### **Level of participation**

- Most common level of community participation: corresponds with the “Involve” category, in the middle of the 5-category spectrum that ranges from “Inform” to “Empower”

## FINDINGS: PROCESS

### IDENTIFYING COMMUNITY PARTICIPANTS

Identifying and defining community can sometimes be a complicated part of HIA practice. HIA team survey respondents answered questions to describe the community members for their HIA and how they identified who to represent those community members.

Respondents (N = 61) described their community in the following ways:

- 51% - people living in or near a particular geographic region
- 10% - people of a certain SES category (low income, homeless, etc.)
- 36% - “other”, such as, “farm owners and producers”, “students in school district”, “people who live in public housing”, “people interested in urban planning/zoning/transportation/bike/pedestrian issues”, “people connected to the criminal justice system”, and “people impacted by the policy”

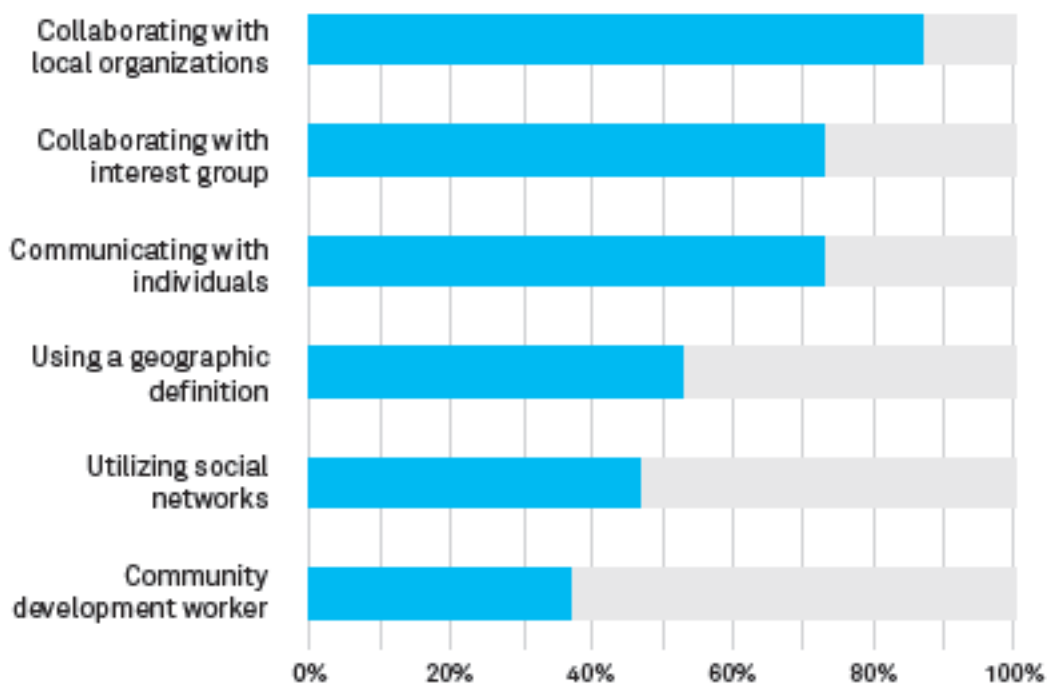
Some of these categories are broad enough that they can still present a challenge in identifying exactly who will represent these community members. HIA team survey respondents (N= 60) indicated that they used a variety of strategies to help them with this task, such as:

- most common strategy: 87% - collaboration with local organizations
- least common strategy: 37% - collaboration with a community development worker/community engagement specialist
- frequently mentioned as “other” - working with government agencies

Use of a community engagement specialist varied by geographic focus of the HIA, with 55% of HIAs focused on urban areas (N = 31) using this strategy, but only 18% of HIAs focused on rural areas (N = 11) using this strategy. **Community organizations and academic institutions were more likely to try a broader array of identification strategies, compared with public health departments and planning agencies.**

## FINDINGS: PROCESS

**Figure 3. Strategies used to identify whom to engage to represent the impacted community (N=60)**



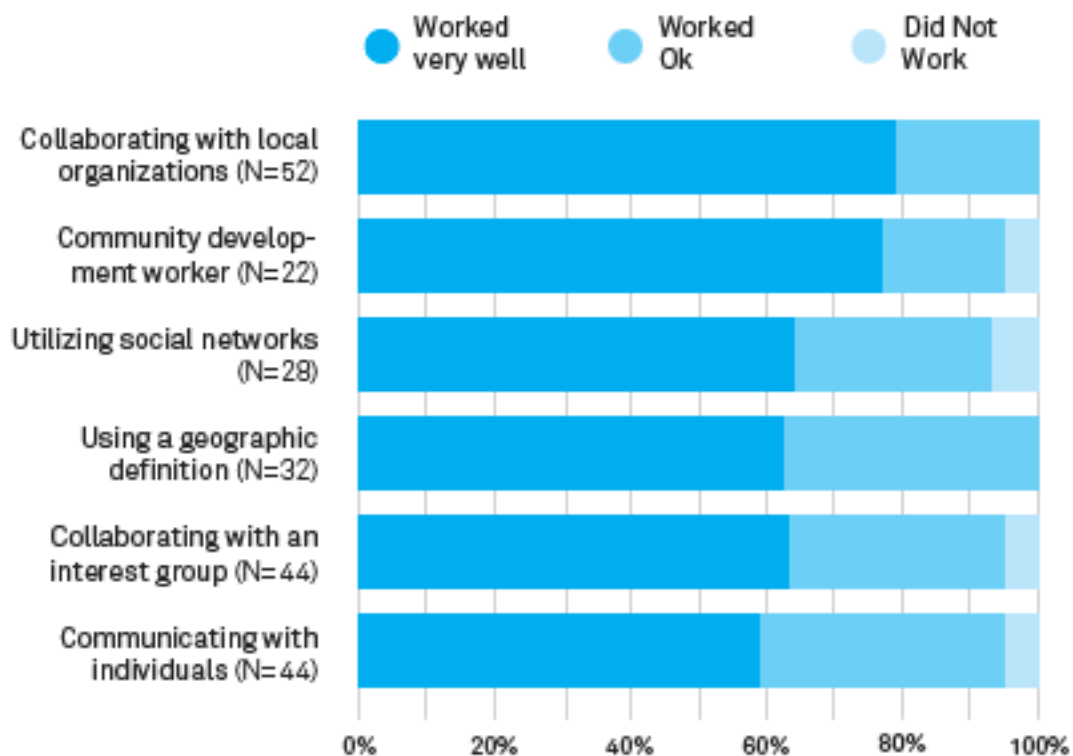
In terms of the effectiveness of these strategies, HIA team respondents were asked to further describe each strategy as “worked very well”, “worked ok”, “did not work”, or “did not try this method”. Of those who tried each method:

- Nearly 80% reported that collaborating with local organizations and collaborating with a development worker / community engagement specialist worked very well, and another nearly 20% reported that these same strategies worked ok.
- The remaining four strategies offered – utilizing social networks, using a geographic definition of community, collaborating with an interest group affected by the policy, and communicating with individuals – were nearly evenly distributed, with a range of 59–64% reporting they worked very well and a range of 29–38% reporting they worked ok.
- Most of the respondents (between 93% to 97%) stated that each of the six strategies worked OK or very well.



## FINDINGS: PROCESS

**Figure 4. Effectiveness of strategies used to identify whom to engage to represent the impacted community**



When the four HIAs were studied in-depth, interviews with HIA team members confirmed that they collaborated with community organizing groups to help them identify the community to work with.

*"[The organizing group we worked with] was ... our community partner. They had their existing coalitions."  
- HIA team member interview*

*"The campaign was ongoing for about four years, so there was already an idea of who the stakeholders were."  
- HIA team member interview*

## FINDINGS: PROCESS

However, one HIA team member also revealed a challenge that is not uncommon in HIA practice, especially in rural areas, reporting that organizations that represented the impacted community did not exist in their area. In the survey, an HIA team member stated, “Though we read a lot about the community engagement that had already been done, we had no relationship with the impacted communities and very little credibility or trust.”

*“There really weren’t organizations that represented the people living in that area in particular. There’s no neighborhood association.”  
- HIA team member interview*

Planning early for community participation helps HIA teams to identify their approach and allocate resources. Document review revealed that two of the four HIAs studied in-depth used community/stakeholder engagement plans to carefully identify early in the process those from the community who would potentially be impacted by the decision, and who might carry the HIA data and recommendations forward after the HIA report was complete.

One HIA team member survey respondent offered that, “Having community people involved from the very beginning, and having them involved in the dissemination of the results” was helpful in their approach to community participation.

## FINDINGS: PROCESS

### REACHING OUT TO COMMUNITY PARTICIPANTS

Survey respondents were asked to describe the strategies the HIA team used to reach out to community members.

**Figure 5. Strategies the HIA team used to reach out to the community (N=89)**

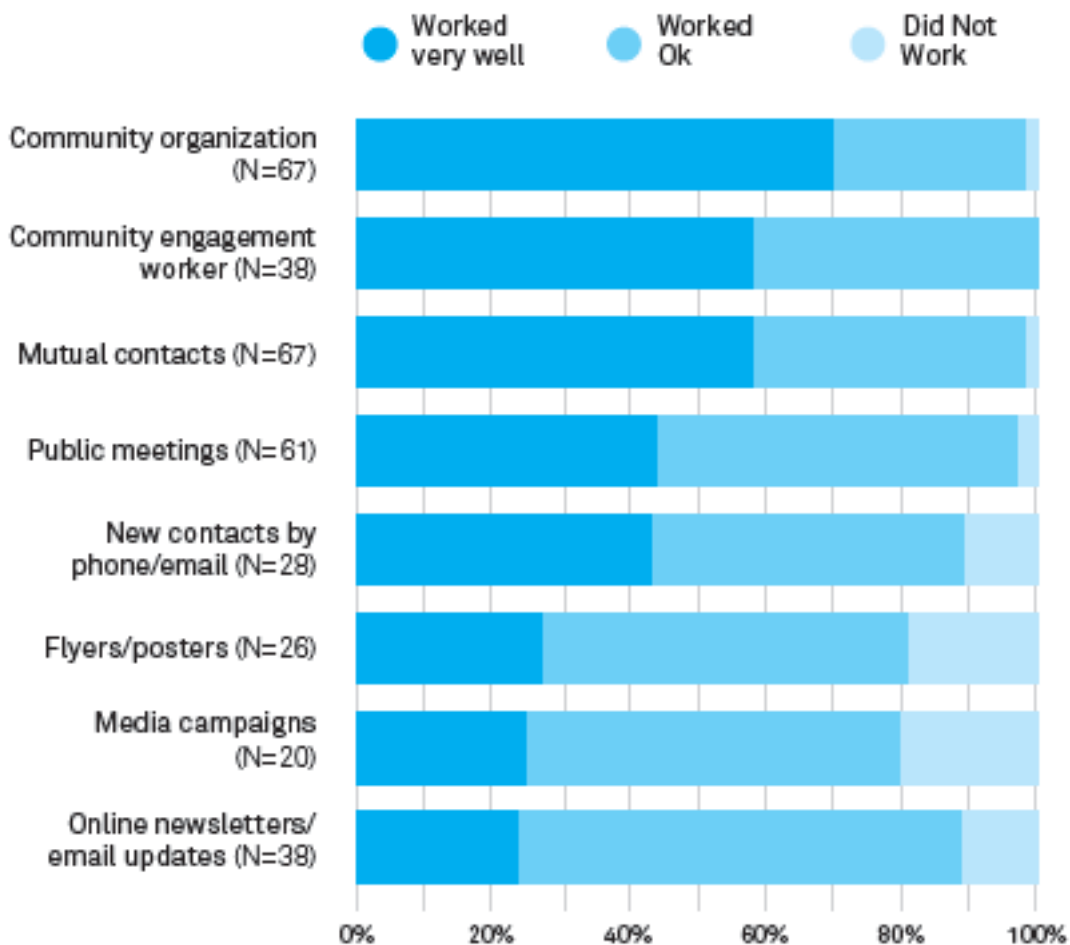


- Most common methods: collaboration with community organizations, networked/mutual contacts, and public meetings
- Less frequently used methods: cold calls/new contacts by phone/email, flyers/posters, and media campaigns
- Frequently mentioned in “other” category: surveys

## FINDINGS: PROCESS

Survey respondents were then asked to assess the effectiveness of each outreach strategy as “worked very well”, “worked ok”, “did not work”, or “did not try this method”.

**Figure 6. Effectiveness of outreach strategies**



Of those who reported that their HIA team tried these methods:

- 60-80% of both types of respondents reported that outreach through community organizations, through a community development / engagement worker, and through networked / mutual contacts worked very well.
- Compared to HIA team members, community member respondents were more likely to characterize outreach through new contacts made by phone or email and outreach through media campaigns as “worked ok”, rather than “worked very well”.

## FINDINGS: PROCESS

**Several community member respondents commented on the surveys that the HIA teams should “come to us.”** One HIA team survey respondent stated that their HIA used “intercept surveys at a community parade instead of having the community come to us.”

*“Our Community Advisory Council members went door to door and to the school open house. We went to where the people were.” - HIA Team Member Interview*

Although flyers and posters were not frequently mentioned as working very well by survey respondents, an interview with an HIA team member from one of the HIAs studied in-depth provided an example for how this might still be an effective outreach strategy.

*“[Flyers in the buildings] brought Community Advisory Committee members into relationship with their neighbors and decision makers and strengthened their ability to speak about community perceptions. The planning process was happening in parallel to the HIA and we ended up filling a role within that process of doing community engagement for them because there was such a void of capacity to do it. So for instance, if [the department doing the planning] was hosting a meeting, we’d end up flyer-ing in the community to turn people out for their meeting.”*

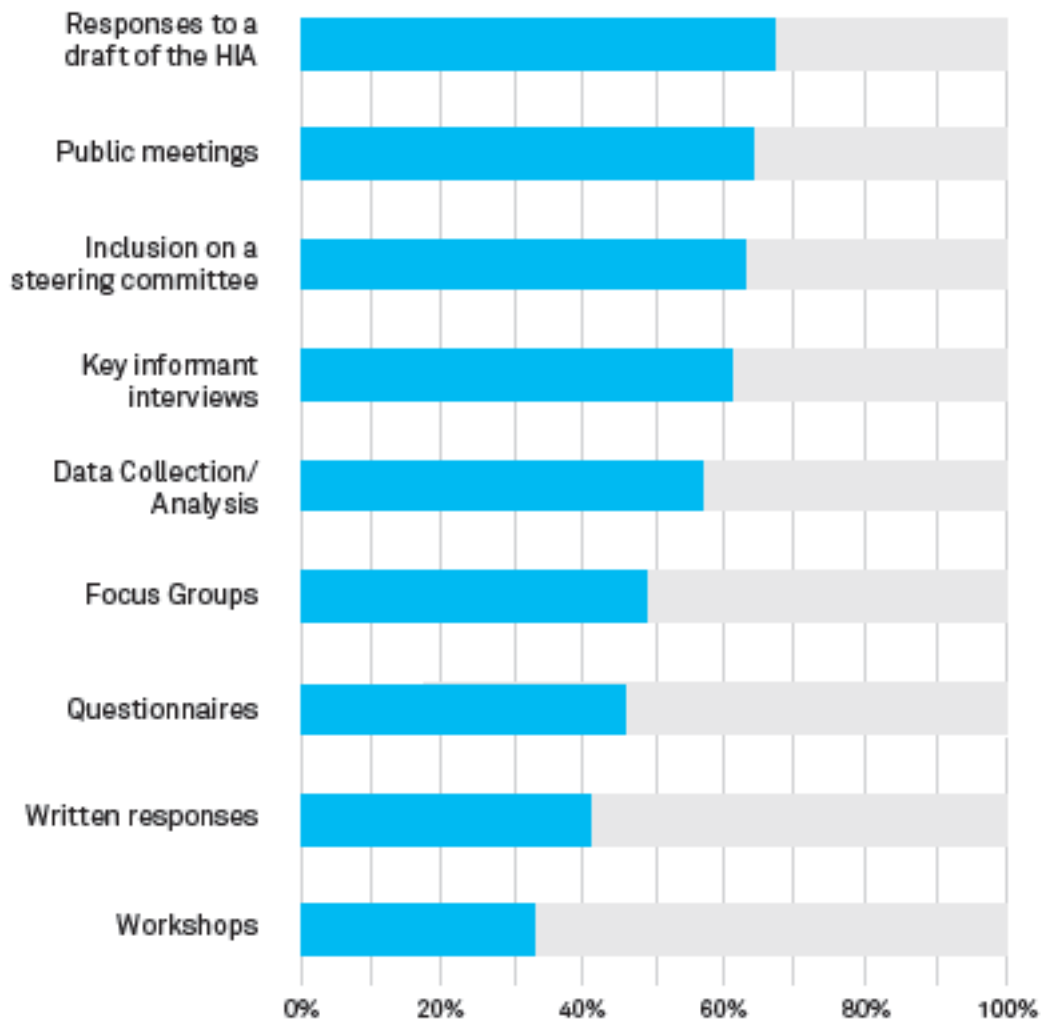
Although not commonly thought of in these terms, human research review processes can sometimes be another form of community outreach. One of the four HIAs studied in depth was done in a tribal community, and the majority of the community engagement in that HIA was done as part of the tribal committee on human subjects research review and approval process. Most research has this kind of review to ensure ethical research, and Native American communities have a review process that recalls historical manipulation of tribal communities and protects for it. The Human Subjects review process required thorough and deep community outreach, to assure that each chapter in the area was informed of the potential study and approved of it, setting the stage for a fairly in-depth engagement by tribal community members in the topic of the HIA.

## FINDINGS: PROCESS

### COMMUNITY PARTICIPATION METHODS

Survey respondents were asked how community members participated in their HIA.

**Figure 7. Community participation methods used by the HIA team (N=87)**



Both HIA team and community participant survey respondents reported:

- Most common participation method: responding to a draft of the HIA
- Methods of participation reported by half or more of the survey respondents: public meetings, inclusion on a steering committee, key informant interviews, data collection/analysis, and focus groups
- Least common methods used: questionnaires, written responses, and workshops

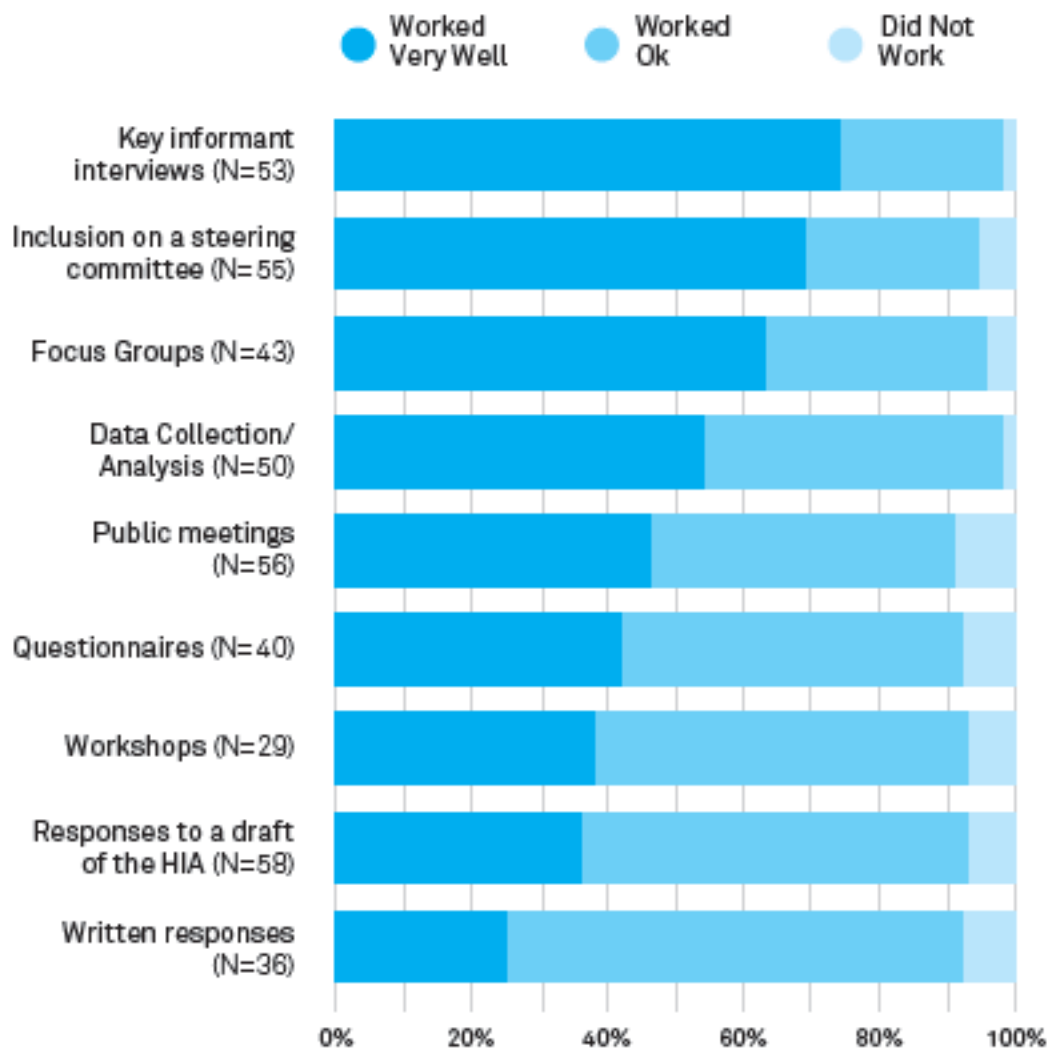
One HIA team member survey respondent stated, “Community members were invited to be on a Community Advisory Committee, which I distinguish from a steering committee because the CAC had no power to make any decisions related to the HIA. CAC members saw presentations about the HIA and were asked for their feedback orally and in writing.”



## FINDINGS: PROCESS

Survey respondents then assessed the effectiveness of the participation methods.

**Figure 8. Effectiveness of community participation strategies**



There was agreement from HIA team members and community members on certain findings:

- Most common participation methods reported to work very well: key informant interviews and inclusion/participation on a steering committee
- Written responses were one of the least likely methods to work very well

Several open-ended responses to a survey question asking what respondents would do differently also mentioned inclusion of community members on HIA steering committees.

## FINDINGS: PROCESS

In some cases HIA team members and community members differed on how effective they reported that some methods were:

- More than half of the HIA team members reported focus groups, data collection/analysis and workshops as working very well
- Community members were more likely to rank responding to a draft of the HIA and public meetings as working very well

*“Seeing where the kids play [from visual data gathered by HIA youth participants] helped us really wrap our heads around the issue... put it into perspective for council members, it became very clear that something needs to be done.” - Decision-maker interview*

One HIA team survey respondent noted, “I think it was helpful to survey people in various ways during times when groups of people from the community typically meet, in places where they are accustomed to meeting.”

One of the four HIAs studied in-depth provided an example of the impact of participatory data collection strategies. Interviews indicated that Participatory Photo Mapping was used to gather and communicate community participant perspectives in their own words and photos. This method was key in putting a face on the topic for the HIA decision makers.

### TIME INVESTED AND COMPENSATION

HIA team members were asked what percentage of their total HIA time they spent on community participation activities. Respondents (N = 60) reported:

- 60% spent 0-30% of their time on community participation
- 25% spent 31% - 60% of their time on community participation
- 15% spent more than 60% of their time on community participation

Community members were asked how many hours they spent on their HIA. Respondents (N=26) reported:

- 31% spent 0-15 hours
- 31% spent 16-30 hours
- 35% spent 36+ hours

Some community members in one of the more intensive HIAs studied in-depth spent 2–5 hours a week on the HIA.

Community members were asked if they were compensated for this time on their HIAs, and if so, what it was. Respondents (N = 30) reported:

- 70% did not receive any payment
- 17% reported that their organization got funding for their participation
- 13% reported that they got money, a gift card, or some other payment from HIA organizers

It is assumed that the HIA team members conducted their HIA work as part of their paid jobs.

### LEVELS OF PARTICIPATION

As mentioned in the Methods section of this report, the International Association of Public Participation’s Spectrum of Public Participation<sup>7</sup> was used to guide the concept of levels of participation for this study. The five categories of Inform, Consult, Involve, Collaborate, and Empower in the IAP2 spectrum were interpreted into survey questions that could be specific to the HIA community participation process.

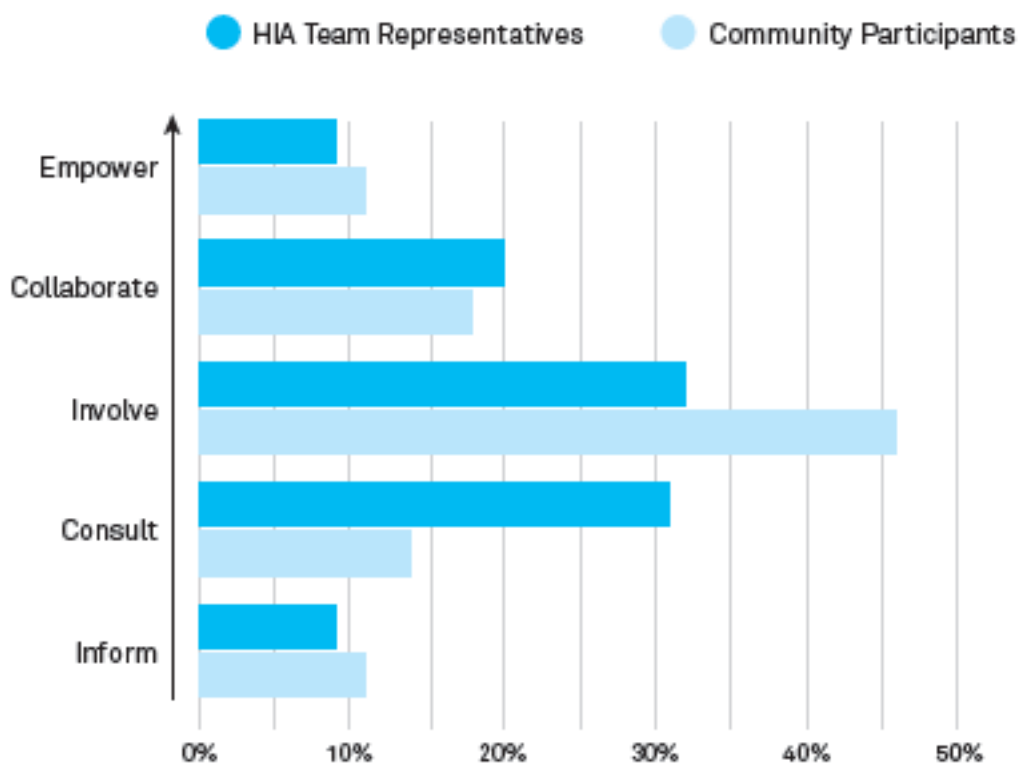
## FINDINGS: PROCESS

**Table 6. Levels of community participation in HIA**

Inform	The community was informed about the HIA process; no other community participation.
Consult	The HIA team solicited feedback from the community through a few opportunities with limited participation; community input may or may not have been incorporated; the community's role in the HIA was not defined.
Involve	The HIA team offered opportunities for feedback and got feedback from the community; community input was included in the HIA; and the community's role in the HIA was made clear to all stakeholders and decision-makers.
Collaborate	All of the community input and participation outlined above in the "involved" choice, PLUS decision-making authority was shared between HIA team and community.
Empower	All of the community input and participation outlined above in the "involved" choice, PLUS opportunities for feedback were frequent and participatory and the community had final decision-making authority on HIA decisions.

Survey respondents were asked what level of community participation occurred in their HIA, given these five answer options (without the corresponding labels).

**Figure 9. Level of community participation as reported by HIA team members (N=59) and community members (N=28)**



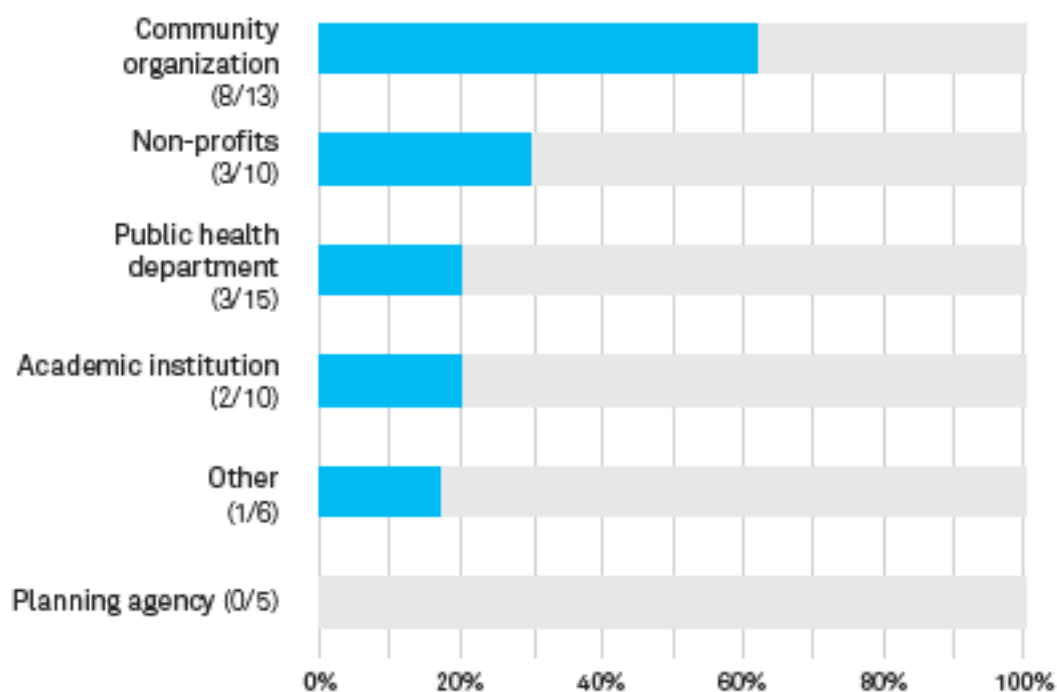
## FINDINGS: PROCESS

The most commonly reported level of community participation across all the survey respondents corresponds with the “Involve” category, in the middle of the 5-category spectrum. Community participants generally rated their levels of participation slightly higher over the entire sample than HIA practitioners, an interesting finding. Overall, 66% (N=87) of survey respondents reported that the level of community participation in their HIA was at the “involve” level or higher, indicating that higher levels of participation are the norm for the field, though most of that was in the middle category, with only 29% ranking their HIAs in the top two categories.

- 75% of community respondents rated participation at “involved” or higher, whereas only 61% of HIA practitioners did
- Of the 22 HIAs with both types of respondents, we found different responses for the level of community participation in half (11/22)

Level of participation varied by organization type conducting the HIA. Figure 10 shows that 62% of HIAs conducted by community organizations (N = 13) reported that the level of community participation in their HIA was at Collaborate or Empower, compared to 0% of planning agencies (N = 5).

**Figure 10. HIA team members who reported that community participation in their HIA was at the level of Collaborate or Empower, by type of organization conducting the HIA**



## FINDINGS: PROCESS

One HIA team member survey respondent elaborated on their combined process for community participation with community organizers.

*“The degree of community participation in the HIA was mutually agreed upon by the HIA team and the community organizers based on the organizers' priorities for where to engage their members. Between the focus groups, presentations at steering committee meetings, and ongoing participation in their weekly conference calls, we felt like there was good community participation in our HIA.”*

One community member shared a comment on the survey demonstrating that they felt very high on the Spectrum of Public Participation: “We as the community members were setting the tone for how we would participate in the development of the HIA. The HIA was guided directly by the community.”

Document review of the four HIAs followed in-depth for this evaluation revealed that project management and guidance documents for the HIA can be used to help define the community's role and indicate the intent to share or give the community decision-making authority – two indicators of higher levels of community participation, according to the spectrum.

For example, one of the four HIAs followed in-depth included the goals of “empowerment and engagement of nearby residents” and “helping to establish shared priorities” in their screening worksheet, setting the stage for their efforts on community participation.

That same HIA further clarified community participation in their engagement plan when they stated:

*“The engagement plan will utilize a 6-pronged approach: formation of a Community Advisory Committee, participatory photo mapping with area youth, key informant interviews, focus groups with key demographic groups, a community survey on baseline conditions and community outreach/translation services offered for public meetings/input sessions.”*

The specificity of the community's involvement in the data collection activities indicates that this HIA solicited input from the community in a participatory way. However, it is not clear from this document what level of decision-making authority on the HIA decision points the Community Advisory Committee may have had.

One of the HIAs studied in-depth created a workplan that provided detailed descriptions of two different roles for different groups of youth, who were part of the HIA's impacted population.

*“Steering Committee (SC) Youth Role Overview – A subset of the SC made up of a few students from [organization's] Youth Council. These SC members will fulfill the same responsibilities as the SC, in addition to being responsible for contributing to the HIA draft impact predictions and recommendations, serving as leaders and ‘translators’ for members of the Youth Panel (see overview below), and communicating HIA findings and recommendations to decision-makers and community stakeholders.”*

*“Youth Panel Role Overview – Participates in meetings to provide feedback on the HIA Scope, Assessment, and Recommendations; carries out primary data collection with leadership and assistance from [organization's] Intern, and the SC Youth; helps compile and present data collection findings to other members of the HIA team; and*

## FINDINGS: PROCESS

*communicates HIA findings and recommendations to decision-makers and community stakeholders."*

Such descriptions make the community's role very clear, and in this case provide specificity to the level of decision-making authority that each group would have. An interview with an HIA team member for this HIA revealed how increased community participation led to increased buy-in and use of the data by the community:

*"Well the youth own this HIA. Without being prompted they are bringing it up to adults. At the first design meeting there was ... a 70-year-old man ... [making] wild allegations. [One youth] at 17 years old [stood] up to [him] with data to back her up. I think they have buy-in because they ... participated throughout the process. It was not someone that came in and studied them and left..."*

# FINDINGS: IMPLEMENTATION OF COMMUNITY PARTICIPATION IN HIAS: FACILITATORS AND BARRIERS

## IMPLEMENTATION EVALUATION QUESTIONS:

- Q3. What resources and skills do you need for effective community participation in HIA?  
What are the current barriers?

### SUMMARY OF FINDINGS: IMPLEMENTATION OF COMMUNITY PARTICIPATION IN HIAS

#### Resources, skills, and expertise used

- Common and effective resources, skills, and expertise used: established relationships with the community; participation of government agencies; HIA team familiarity with the decision-making process; and expertise in facilitation, communications, and community organizing
- Less commonly used but effective: community engagement specialist, space for public meetings, cultural competency, and prior experience with community participation in HIA

#### Barriers

- Less than 20% of HIA team members and community members reported barriers to participation
- More than one-third (36%) of community members and one-quarter (26%) of HIA team members reported no barriers to the participation of community members in the HIA
- The most common barriers were time and resources
- HIA team members reported challenges with the scope of the research; community members reported not being able to use the internet or not having email

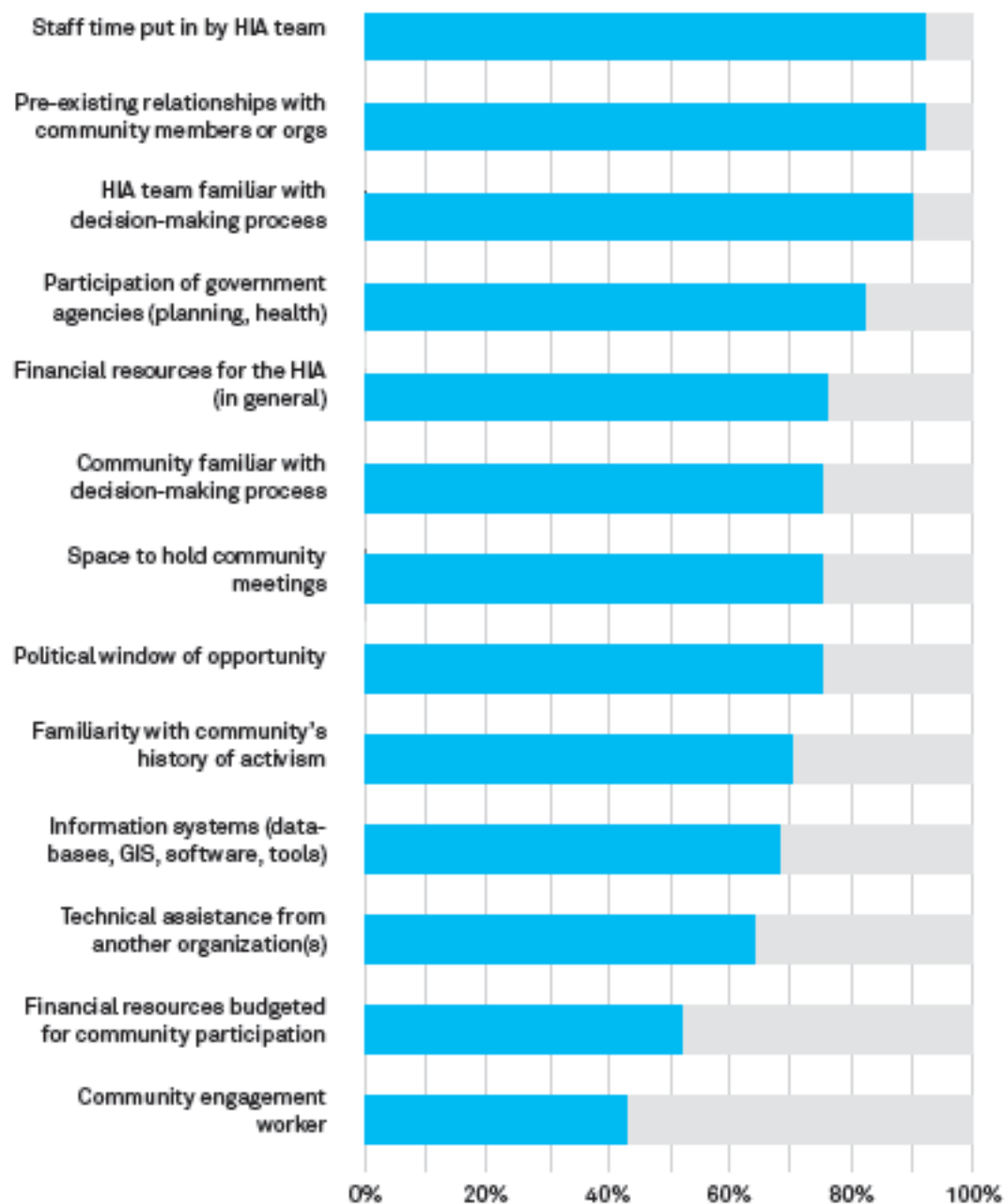


## FINDINGS: IMPLEMENTATION

### FACILITATORS: RESOURCES

All survey respondents were asked to identify which resources were used in their HIA that might have relevance for community participation.

**Figure 11. Resources that were helpful in facilitating community participation (N=84)**



## FINDINGS: IMPLEMENTATION

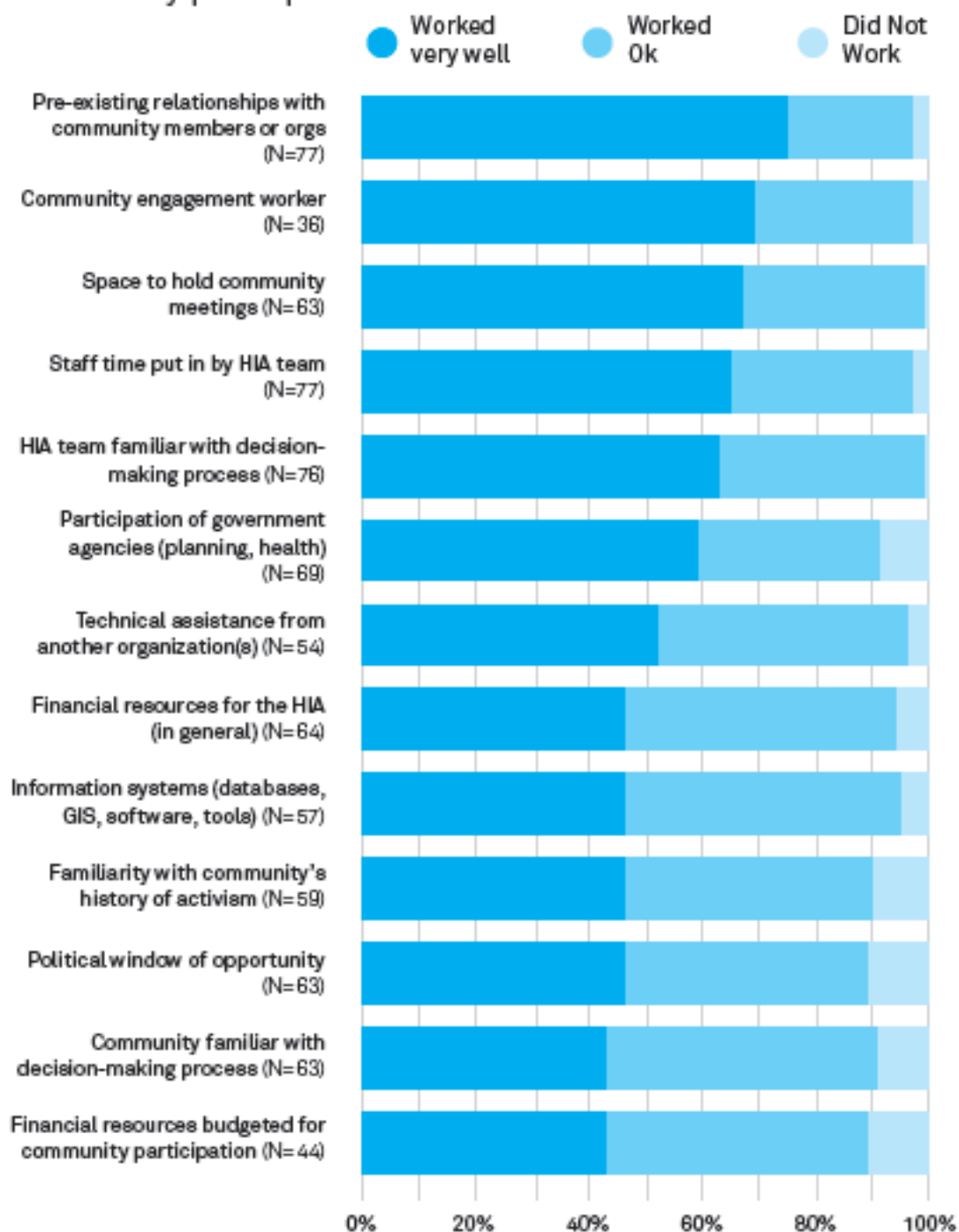
- Nearly all of the resources offered on the list were reported as being used by at least half of the survey respondents.
- Most common resources, reported by more than 80% of respondents: HIA team staff time, HIA team familiarity with the decision-making process, pre-existing relationships with community, and participation by government agencies such as planning and public health departments
- Least common resource, still reported by 43% of respondents: community development worker/engagement specialist
- “Other” resources listed: state agencies who built awareness and support of the pending state policy in question, and an expert who provided a letter of support

One HIA team member showed appreciation for the knowledge community partners brought to the process in an open-ended response on the survey: “[Our] partnership with [the community organization]...was helpful as they had so much knowledge about the decision-making process, as well as access to the community.”

## FINDINGS: IMPLEMENTATION

Survey respondents were then asked to report how effective each of these resources was in facilitating community participation in their HIA.

**Figure 12. Resources that were effective in facilitating community participation**



## FINDINGS: IMPLEMENTATION

- Most effective resources: established relationships with the community and community engagement specialist
- Other effective resources: space for public meetings, HIA team's time and familiarity with the decision-making process, participation of government agencies,
- Community members were less likely than HIA team members to report financial resources for the HIA in general and for community participation in particular, as well as political windows of opportunity, as working very well.

In one of the HIAs studied in-depth, a community organization had pre-existing relationships with the core community group the HIA team aimed to interact with, and this connected them to another resource – a venue of regularly occurring meetings from which the HIA team was able to garner community participation.

An interview with a decision-maker from one of the four HIAs studied in-depth offered this:

*“A lot of the youth and organizers already had experience working in this area; it enhanced their engagement with us if it was not the first time they were involved.”*

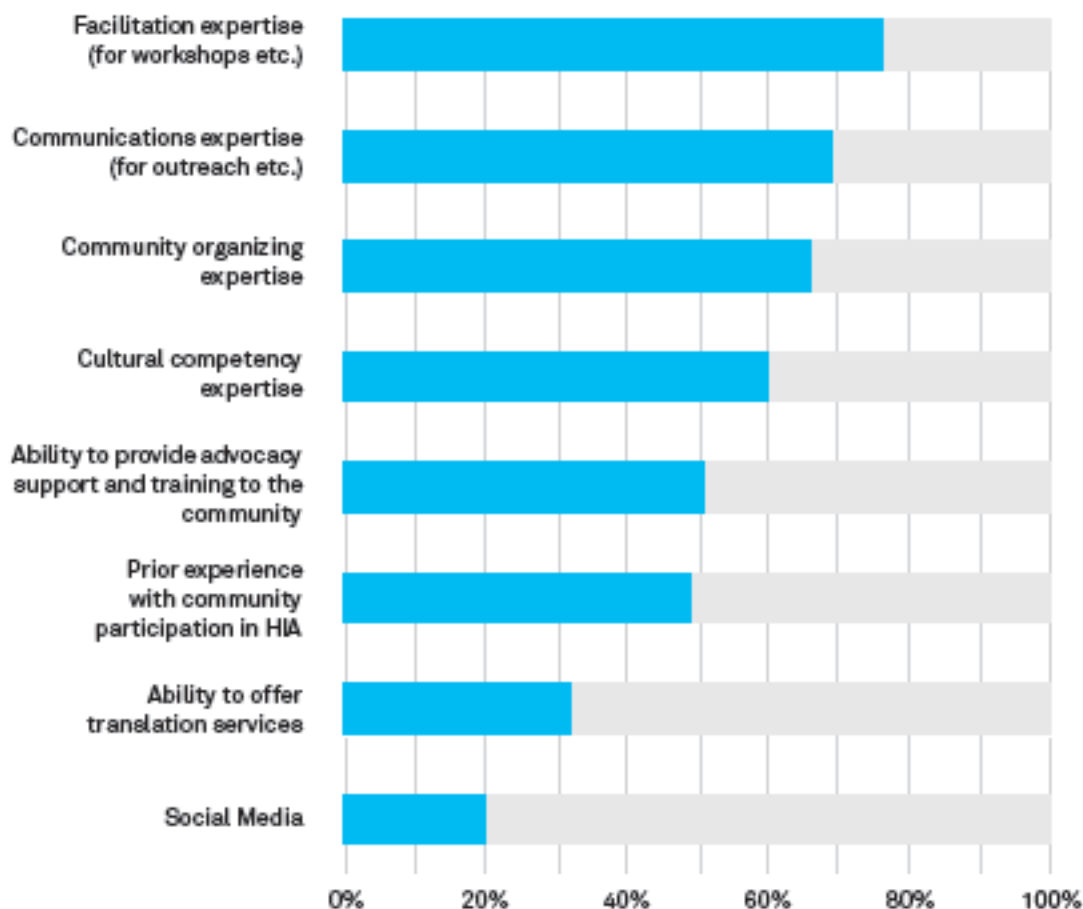
The in-depth cases also provided further context on the importance of HIA team familiarity with the decision-making process. One HIA team entered a new jurisdiction and decision-making setting; they spent a large amount of time learning the process and meeting with decision makers and implementers one-on-one during the screening phase. They learned which decisions were brought to which decision making bodies and when, which enabled them to target decision makers at city department and city council levels based on their acquired knowledge of the decision making process. Another HIA had a team member who was an expert in the issue, knew decision makers, and knew the decision-making processes.

## FINDINGS: IMPLEMENTATION

### FACILITATORS: SKILLS AND EXPERTISE

All survey respondents were asked to identify which skills and expertise were used in their HIA that might have relevance for community participation.

**Figure 13. Skills and expertise that facilitated community participation (N=87)**



- Most common skills used: expertise in facilitation, communications, and community organizing
- “Other” responses included: “relationships with key leaders and decision-makers who understood the political process”, “community participation in other projects, outside of HIAs”, and “community and other stakeholders were well organized and connected before HIA. Team was able to let community and stakeholders take a leadership role in guiding process”.

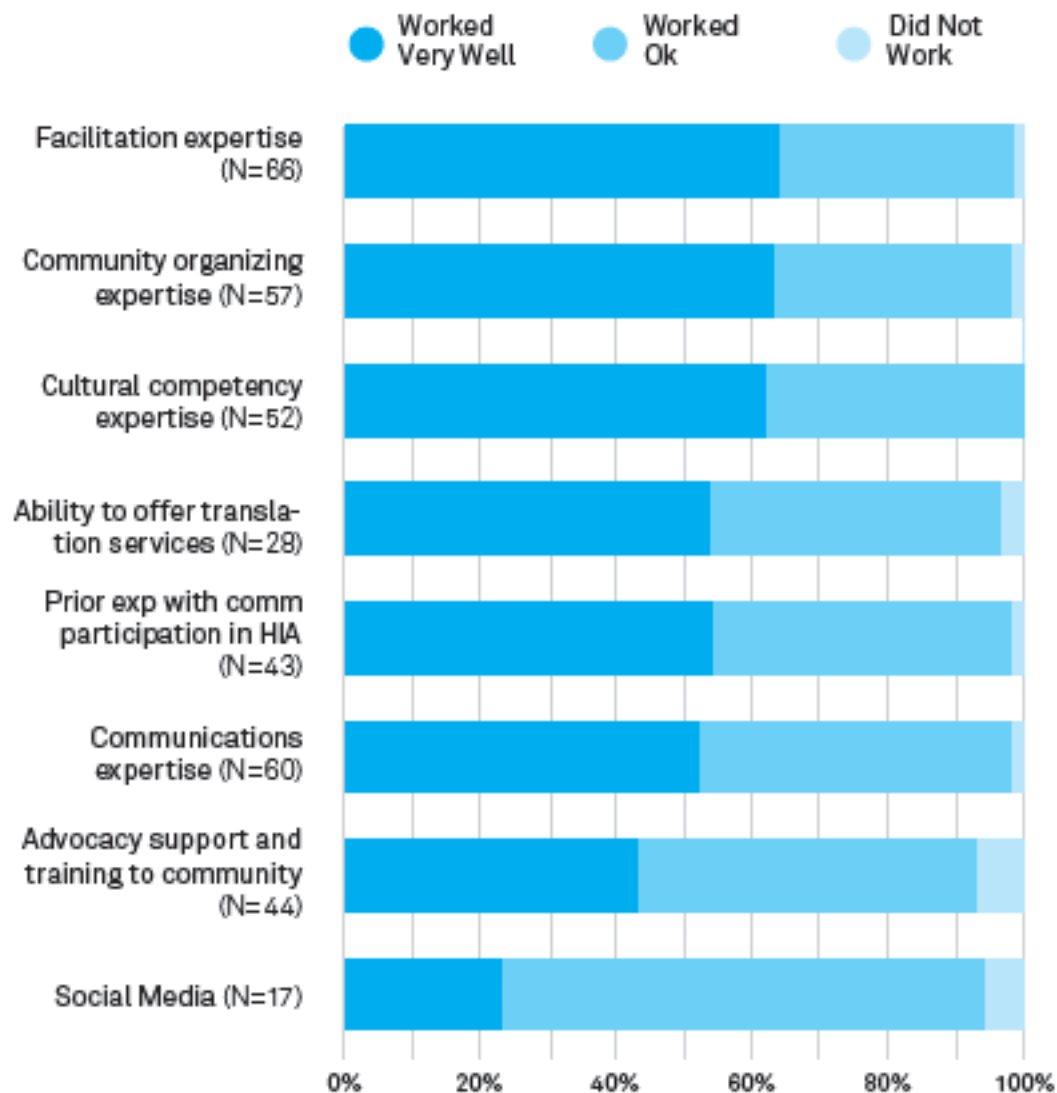
In some cases, HIA participants were selected based on the skills, relationships, and experience that they brought to the table. In response to the question, “What do you feel was helpful about your approach to community participation”, one HIA team member survey respondent stated that, “At least one member of the HIA team had a long history of

## FINDINGS: IMPLEMENTATION

relationships with many of the stakeholders; [another] member had community organizing experience.”

Survey respondents were then asked to report how effective each of these types of skills and expertise was in facilitating community participation in their HIA.

**Figure 14. Effectiveness of skills and expertise that could facilitate community participation**



- Most effective: meeting facilitation, community organizing, and cultural competency
- Least effective: social media

## FINDINGS: IMPLEMENTATION

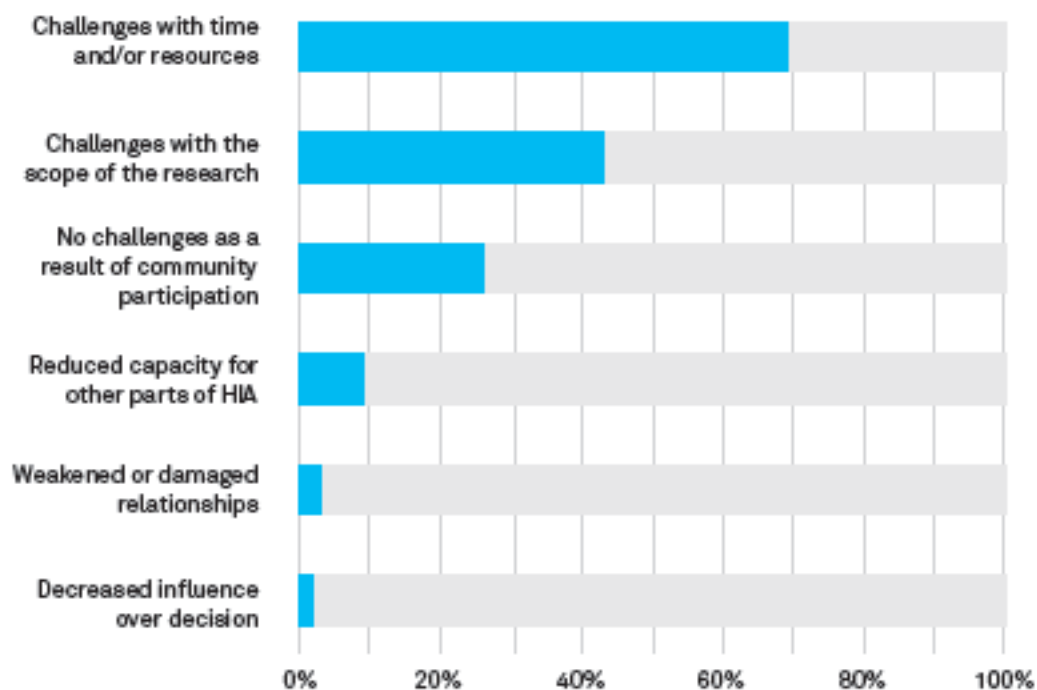
Observational data from the four HIAs studied in-depth provided examples of the greater volume of participation possible when expert facilitation is in use. For example, in a youth-involved HIA, it was hard to keep the attention of the youth, but the facilitators used expert techniques like regularly recurring requests for feedback and multiple modalities for engagement (large group, small group, didactic, brainstorming, games, writing, dot voting) to engage and solicit participation. Time for questions was written into the agenda at each step of the meeting. By contrast, in another HIA, the HIA team members themselves had a pattern of taking up all of the meeting time and not leaving any time for input or questions.

Expert facilitation also includes providing supportive services and creating a setting that is inviting of input. In one HIA, translation support was key to facilitating community participation. Community participants who were able to speak in their native language shared a higher volume of input and participated more, as they spoke about the difficult health consequences of historical policies. Chairs at this meeting were also set in a circle to facilitate open dialogue and reduce power differentials in the room. One HIA team gave rides to the community members so they could participate in the meetings, and beverages were provided at one meeting as well.

### **BARRIERS**

HIA team member survey respondents were asked what challenges incorporating community participation into their HIA led to, and community members were asked if there was anything that made it hard for the community to participate in the HIA that the HIA team did not address.

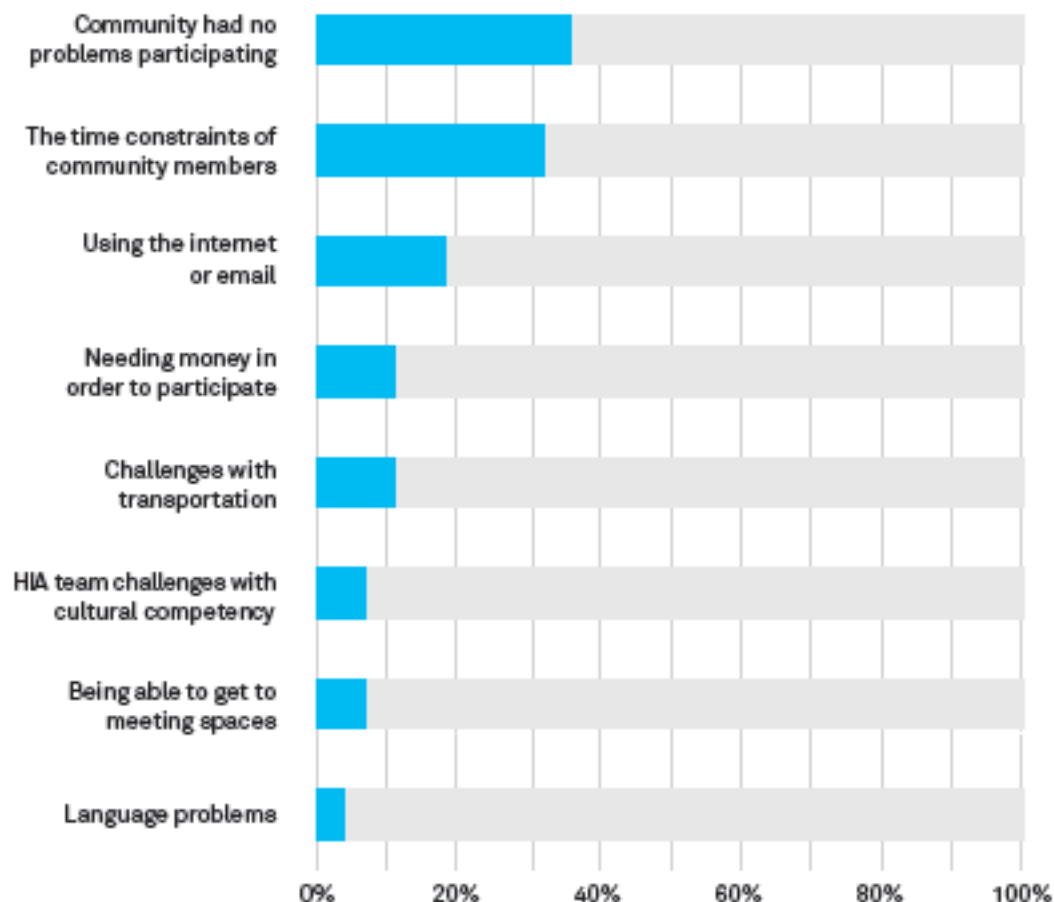
**Figure 15. Barriers reported by HIA team members (N=58)**





## FINDINGS: IMPLEMENTATION

**Figure 16. Barriers reported by community members (N= 26)**



- Most of the barriers reported by both HIA team members and community members were reported by less than 20% of each group
- 36% of community members and 26% of HIA team members reported that there were no problems as a result of the community participating
- The most common problems reported were challenges with time and resources; 69% of HIA team members and 32% of community members mentioned this
- 43% of HIA team members reported that community participation resulted in challenges with the scope of the research, perhaps reflecting additional topics that were considered after incorporating community feedback
- 18% of community members mentioned not being able to use the internet or not having email as a challenge
- 12% of community members also mentioned challenges with needing help with money or transportation in order to participate

## FINDINGS: IMPLEMENTATION

HIA team members offered the following additional comments on challenges to community participation in their HIAs:

- “Participation was so limited there [weren’t] really any effects.”
- “Our community was the driver of the HIA. This caused us to spend a significant amount of time ... advocating for additional resources to support our engagement efforts.”
- “Lack of understanding of the importance of community engagement.”
- “The rapid timeline for the HIA made community engagement a challenge.”
- “HUD was not pleased with the HIA results in part because our community organizing partners picked and chose what results they reported out instead of reporting out all results (positive as well as negative).”
- “The desire for authentic community participation led to conflicts between the lead HIA practitioner and the agencies overseeing the process. The agencies made the final decisions and the HIA did not include authentic participation.”

Community members offered these additional comments as well:

- “This was a rapid HIA, so community input was limited and the timeline was short.”
- “The Project Team was an obstacle to community participation and affected the outcome of the HIA.”
- “Time of meeting.”
- “Because of topic, it was difficult to collect data from some community members because of fear of with whom and how info would be shared.”

Examples from the four HIAs studied in-depth are also illustrative here in understanding the impacts of barriers to community participation:

- Youth were unable meet or return emails during the day
- Participants were unable to make all meetings, and rotating member participation resulted in loss of HIA issue fluency
- Rural low-income participants did not have cell reception to get calls nor money/time to drive to town to get reception to talk

# FINDINGS: OUTCOMES FROM COMMUNITY PARTICIPATION IN HIAS

## OUTCOME BASED EVALUATION QUESTIONS

- Q4. Ultimately, to what extent do HIAs build “civic agency” among the community members impacted by the policy or project?
- Q5. What impact does community participation in the HIA have on decision outcomes?

### SUMMARY OF FINDINGS: OUTCOMES FROM COMMUNITY PARTICIPATION IN HIAS

#### Positive outcomes as a result of community participation

- Common positive outcomes: increased knowledge and skills for HIA team, community provided a unique perspective, community learned about effects of HIA on decision, community provided feedback on recommendations, and community participation in the HIA elevated community issues in the decision-making process

#### Outcomes for civic agency

- More than 60% reported that community participants in their HIA: took action; felt their voices were heard; became more aware of how decisions are made; had increased contact with decision makers; and acquired or strengthened skills that could help them influence future decisions
- Common civic agency outcomes: community participants took action to influence the decision and voices in the community were heard
- Individuals who ranked their HIAs as higher on overall civic agency did not necessarily use different strategies, skills, or resources, but their HIAs were more likely to have tried nearly all of the different strategies, resources, and skills listed.

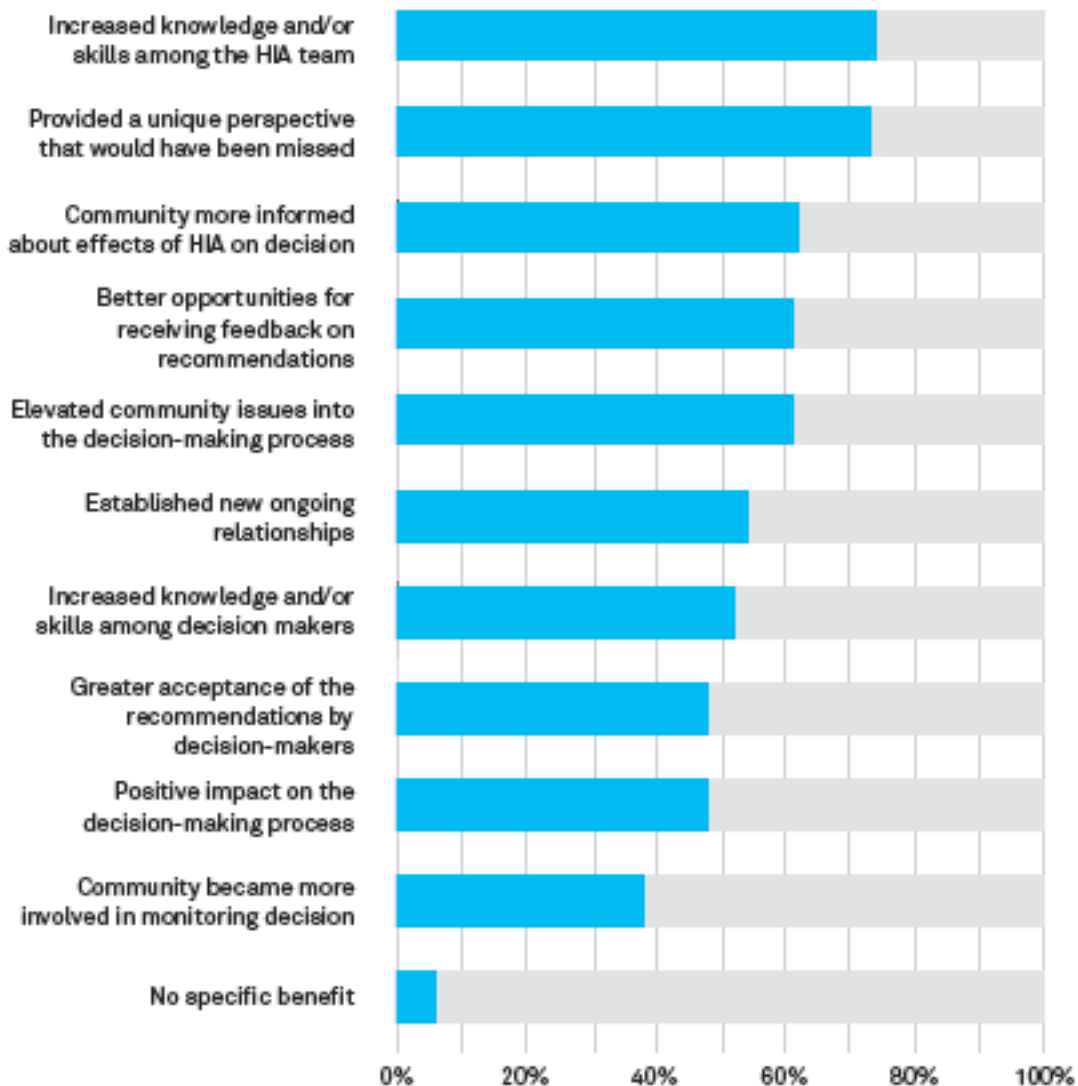
#### Outcomes for the HIA decision

- 65% reported the decision-maker(s) was supportive or receptive
- 70% reported their HIA changed decision-making some or a lot
- 73% reported their HIA contributed to positive changes in the community
- 84% reported that community participation had a positive or very positive impact on the success of their HIA
- HIAs that involved higher levels of civic agency had greater odds of impacting decision-making.

## FINDINGS: OUTCOMES

Survey respondents were asked to indicate which, if any, positive outcomes may have occurred as a result of community participation.

**Figure 17. Positive outcomes that resulted because the community was involved in the HIA (N=84)**



- Most common positive outcomes: increased knowledge and skills for the HIA team, the community provided a unique perspective that would have been missed, the community learned more about the HIA process, the community had better opportunities for their feedback to be received and incorporated in the recommendations, and community issues were elevated into the decision-making process

## FINDINGS: OUTCOMES

- HIA team members were more likely to report increased knowledge and skills for the HIA team, established new ongoing relationships, and increased knowledge and skills for the decision-makers
- Community members were more likely to report having their feedback included in the HIA and greater acceptance of recommendations by decision-makers

Additional positive impacts of community participation in HIAs that were mentioned in the “other” category included these responses:

- Encouraged communication between agency staff and the public.
- We are now called upon by decision makers to capture community engagement. Also, our community is now receiving much more attention [from] city agencies.
- Raised awareness of HIA as a tool for informing decisions.
- ... Helped opposing stakeholders come to mutually agreeable solutions.

One HIA team member survey respondent also offered a comment, “The educational process of HIA was help[ful] in getting the community to take a deeper look at the underlying problems that affect our communities.”

In many cases community participant input or expertise was incorporated and may have focused or shaped facets of the HIA through their unique perspective. For example, in one of the four HIAs followed in-depth, a community participant who was a parent had insights into how to get in touch with other parents, which led to the identification of intercept survey sites.

The in-depth HIAs also revealed how community members might continue their involvement after the HIA is completed, to monitor the decision outcome.

An interview with a decision-maker from one of the four HIAs that was followed in-depth provided the context for how community participation could lead to greater acceptance of the recommendations by decision-makers.

*“I am monitoring what [is] really going on. Was it effective? Are they using the recommendations? I am working with the park commission.” - Community Participant*

*“You create ownership... [The HIA] really was a cool process and it re-affirmed and brought life to things we talk about. When other objective professional people say the same thing that you are, it can be seen in a different light.”*

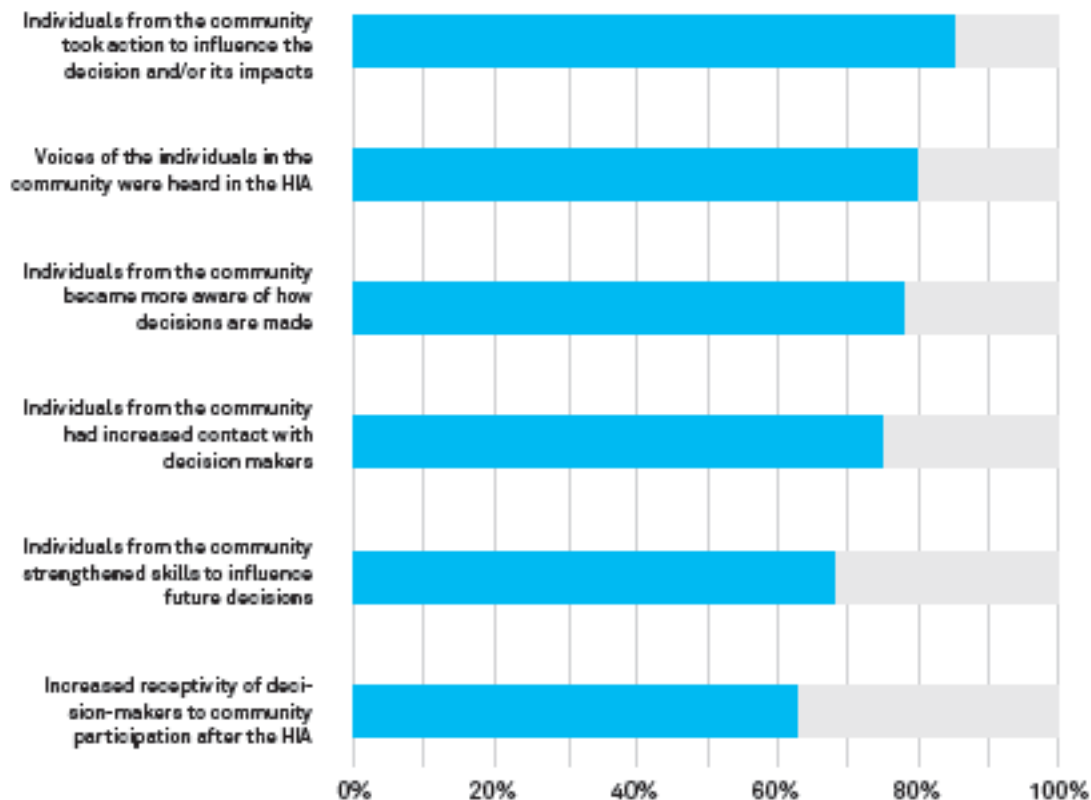
### OUTCOMES FOR CIVIC AGENCY

This evaluation began with the theoretical construct that community participation in the HIA process could potentially increase both individual civic skills and collective civic agency, i.e., the capacity of human community and groups to act cooperatively and collectively on common problems across their differences of view.<sup>11</sup> Essentially, did the community participation experience in an HIA enhance capacities for collective action? After reviewing the literature, we crafted several questions to assess civic agency and tailored them specifically to the HIA context.

Figure 18 presents the percent of HIA team and community participant respondents reporting that they observed certain civic agency-related outcomes in their HIA, by responding “agree” or “strongly agree” to the options listed.

## FINDINGS: OUTCOMES

Figure 18. Civic agency outcomes (N=88)



- 85% of all survey respondents agreed or strongly agreed that individuals in HIA communities took action to influence the decision and/or its impacts
- 80% agreed or strongly agreed that voices in the community were heard in the HIA

The in-depth study of the four HIAs helps further explore all of the different ways an HIA may strive for and achieve inclusion of community voices in the decision. For example, document review from one HIA revealed the following comment in their team notes: “A major part of the HIA is enabling community members to have a voice in the decision.”

Observations of this HIA team in action confirmed that the exact words of the community were important and were elevated. The participant observer attended a meeting where community members shared their opinions, and noted that the community’s exact words were incorporated into a PowerPoint presentation that was shared with decision-makers, and incorporated into the final HIA report. In a subsequent interview with one of the HIA team members, the interviewee stated,

*“Early on we had to come to a place of who would be the ultimate decision maker [for the HIA]. It was determined that the leadership team would be the final decision-maker in what the recs were, with equal voice. So we wanted to make sure there was a community member on the leadership team.”*

## FINDINGS: OUTCOMES

A community member from that HIA was also interviewed and offered this perspective on the experience:

*"We let the individual speak, and nothing was turned down. We did majority vote for what we would do."*

Finally, document review revealed a communication sent to community members by the HIA lead at the end of the HIA, stating:

*"Every step of this process (from determining what to study to writing the recommendations) has been informed by you all."*

*"The HIA showed me that we did the best we could so that everybody had their words heard. It is important to come to the table so every person's voice is heard, whether negative or positive." - Community member interview*

*"The [community members] participated in those interviews and focus group, so their input is IN the HIA ... Now we are at a place where they'll be the ones advocating for and helping to lead this with our community partners... Their voices need to be heard." - HIA team interview*

Having contact with decision-makers and learning more about the decision-making process are other civic agency concepts that were measured (N = 88):

- 78% of all survey respondents agreed or strongly agreed that individuals in these HIA communities became more aware of how decisions are made
- 75% of all survey respondents agreed or strongly agreed that individuals from the community had increased contact with decision-makers

Interviews with a community participant and an HIA team member in one of the HIAs that was followed in-depth revealed that community members attended two-on-one meetings with decision-makers and presented the HIA to larger decision-maker groups. Because of this experience, the community members gained a better understanding of the decision-making process.

Because civic agency, similar to concepts like social cohesion, can be measured and experienced in many different ways, we were interested in looking at the concept of civic agency on a broader level. We did this by combining all of the individual questions about civic agency on the national survey into a single "civic agency index" that could capture the concept overall. The Agency Index combined six questions, then averaged the responses on a four-point answer scale (strongly agree to strongly disagree, eliminating those who answered "I don't know"). Responses were then organized into quartiles to better represent the distribution of answers. (For more on this index, see Appendix A).

We then re-examined some of the earlier data to see if this index could tell us anything more about the other concepts we had measured.

## FINDINGS: OUTCOMES

*Did those individuals who ranked their HIA in the top 50% for civic agency outcomes (scoring 3.25 or higher on the 4 point scale) use any different types of community participation strategies, resources, or skills?*

- Respondents who ranked their HIAs as higher on the civic agency index did not necessarily use different strategies, skills, or resources
- They were more likely to report that their HIA tried nearly all of the different strategies, resources, and skills listed

### OUTCOMES FOR THE HIA DECISION

We were also interested in exploring the success of the HIAs, and how community participation may have influenced that success.

Survey respondents reported on the overall success of their HIA. Of those HIA team member and community member survey respondents who could make an assessment to respond (N = 68):

- 70% reported that their HIA had changed the decision-making about the policy or project some or a lot
- 6% reported the HIA had changed decision-making a little
- 13% reported the HIA had not changed decision-making at all

Survey respondents were also asked how the decision-maker responded to their HIA. Of those HIA team member and community member survey respondents who could make an assessment to respond (N = 73):

- 65% reported the response was supportive or receptive
- 10% reported the response was neutral
- 11% reported the decision-makers pushed back about the HIA
- Twelve percent reported there was a mixed response

One decision-maker from one of the HIAs that was followed in-depth stated in an interview that he plans to use the HIA for the design process.

*“We’ll use HIA info to answer questions about the [project] ...It is another tool in our belt when it comes to questions with city staff ... We’ll use it when the opposition arises with other city staff.”*

Finally, survey respondents were asked if their HIA had contributed to positive changes in the community. Of those HIA team members and community members who could make an assessment to respond (N = 60):

- 73% agreed or strongly agreed that at that point, their HIA had contributed to positive changes in the community
- 27% disagreed or strongly disagreed

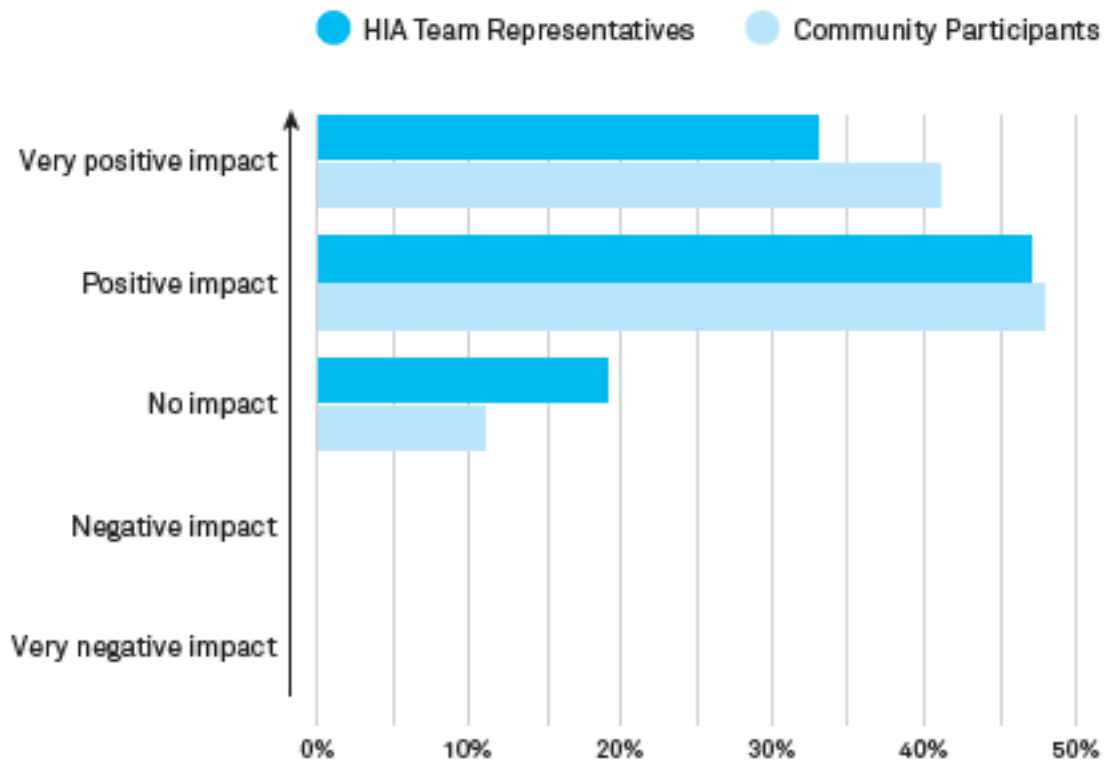


## FINDINGS: OUTCOMES

After assessing the influence of their HIAs on the decision-making process, the decision-makers, and the community, we then asked survey respondents more specifically what impact community participation had on the success of their HIA (N = 84):

- 84% reported that community participation had a positive or very positive impact on the success of their HIA
- 17% reported that community participation had no impact on the success of their HIA
- No respondents reported that community participation had a negative or very negative impact on their HIA

**Figure 19. Impact of community participation on the success of the HIA**



## FINDINGS: OUTCOMES

### *Does higher civic agency explain a successful HIA?*

We performed logistic regression (for more information on this analysis, see Appendix A) to see if three variables explained whether their HIA had changed the decision-making about the policy or project some or a lot (considered to be a successful HIA), compared to not at all or a little bit (considered to not be a successful HIA). The three variables we explored were: number of HIAs the respondent had conducted, level of community participation reported for their HIA, and civic agency index score each respondent reported for their HIA. Results revealed that:

- The number of HIAs the respondent had conducted and level of community participation did not explain the success of their HIA
- The odds of respondents reporting a successful HIA were four times higher for each increasing quartile on the civic agency index

***Bottom line: Among survey respondents, HIAs that involved higher levels of civic agency had greater odds of impacting decision-making.***

# SUMMARY

## SUMMARY OF FINDINGS

In this first national evaluation of community participation in HIAs in the United States, nearly one-third of the HIAs completed during the study timeframe were surveyed, with a total of 93 HIA team and community member survey respondents. Respondents were highly representative with regard to sector, geography, decision-making level, and type of organization leading the HIA. Additionally four recent HIAs were studied in-depth through site visits, document reviews, observations, and interviews, to obtain a more nuanced understanding of the concepts studied.

This evaluation set out to answer several questions about community participation in HIA. First, we explored the *outcomes* of community participation in HIA by asking: Ultimately, to what extent do HIAs build “civic agency” among the community members impacted by the policy or project? And what impact does community participation in the HIA have on decision outcomes? Findings reveal that:

- Outcomes of community participation are impressive, showing reports of positive impacts for community members, HIA practitioners, decision makers, and the overall success of the HIA.
- **More than 60% of survey respondents reported that** community voices are being heard, community members are taking action, achieving increased contact with decision makers, and acquiring or strengthening skills that could help influence future decisions – essentially **community members are increasing their civic agency**.<sup>11</sup>
- Interestingly, **individuals who ranked their HIAs as higher on overall civic agency did not necessarily use different strategies, skills, or resources, but their HIAs were more likely to have tried nearly all of the different strategies, resources, and skills listed.**

**Other common positive outcomes included: increased knowledge and skills for HIA team, community provided a unique perspective, community learned about effects of HIA on decision, community feedback on recommendations, and elevated community issues in the decision-making process.**

We also explored the success of the HIAs, and asked about the influence of community participation on those successes. Regarding the overall success of their HIAs:

- **65% of respondents reported the decision-maker was supportive or receptive to their HIA, 70% reported their HIA changed decision-making some or a lot, and 73% reported that their HIA contributed to positive changes in the community.**

# SUMMARY

Regarding the influence of community participation on their HIA:

- **84% of respondents reported that community participation had a positive or very positive impact on the success of their HIA**, and no respondents reported that it had a negative or very negative impact on the success of their HIA.
- **HIAs that involved higher levels of civic agency had greater odds of impacting decision-making.**

We also wanted to understand more about the *process* of incorporating community participants into HIAs, so we asked: What are the different ways HIAs have engaged community groups and members, and how effective have the different engagement methods been? Also, have HIAs significantly involved members of the community impacted by the policy or project that is the topic of the HIA? Findings reveal that:

- Levels of community participation in survey respondent HIAs fell across the five-level scale based on the IAP2 Spectrum of Public Participation,<sup>7</sup> but **most respondents reported that their HIA fell in the middle of that range of participation**, with community members generally ranking their HIAs as higher in community participation than the HIA team members did.
- **Of methods used to identify and outreach to the impacted community:**
  - **Collaborations with local organizations and using existing networked contacts** helped HIA practitioners identify impacted community members and effectively outreach to these groups.
  - **Using a community engagement specialist** was a less common method, but ranked as one of the most effective strategies by those who used it.
- **Of methods used to encourage authentic community participation:**
  - **Key informant interviews and inclusion on steering committees** were common and effective participation methods.
  - Additional common participation methods that were effective for at least some groups included **providing feedback on a draft of the HIA, public meetings, data collection, and focus groups.**
- HIA team members reported how much time they spent engaging community members and community members reported the time they spent on the HIA.
  - The majority of **HIA teams spent 30% or less of their time on community participation.**
  - One-third of **community members** reported spending 15 hours or less on their HIA, one-third reported spending 16-30 hours, and one-third reported spending 36 or more hours on the HIAs they participated in.

We then explored the *implementation* of community participation in HIA by asking: What resources and skills do you need for effective community participation in HIA? And what are the current barriers? Findings reveal that:

- Common and effective resources, skills, and expertise that facilitated community participation included: **established relationships with community organizations; participation of government agencies; HIA team familiarity with the decision-making process; and expertise in facilitation, communications, and community organizing.**

## SUMMARY

- Less common but still effective resources included: use of a community engagement specialist, having space for public meetings, cultural competency, and prior experience with community participation in HIA.
- **Seventy percent of community members did not receive compensation for their time on the HIA.**
- Barriers reported by both HIA team members and community members were reported by less than 20% of each group.
- More than one-third of the community members and more than one-quarter of the HIA team members reported no problems with the community participating.
- **The most common barriers reported by both groups were lack of time and resources.**
- An additional barrier for community members was a **lack of access to email or the internet**, and HIA team members also reported **challenges keeping the scope of the research manageable**, although that is a common problem in HIA no matter the level of community participation.

## DISCUSSION

At the beginning of this report we discussed the three reasons why an evaluation of community participation is important to consider in the field of HIA:

- To better understand how HIA practitioners differ with respect to the use of their scarce resources to engage community members in the HIA process,
- To assess the impact of community participation on the success of an HIA, and
- To assess the impact of community participation on HIA values such as democracy and equity, as measured through civic agency.

Our evaluation findings confirm scholarly research regarding facilitators and barriers of community participation, and provide additional perspective on the frequency and effectiveness of current community participation methods used in HIAs in the United States. In addition, the findings provide new insights on the level of community participation currently employed in HIAs in the U.S., the impact of community participation on the success of HIAs, and the use of HIA as a means to enhance civic agency. Below we discuss our findings and their significance for the field more broadly.

### *Impacts of Community Participation on HIA Success and Civic Agency*

On average, HIAs in the US are engaging community members in the middle of the Spectrum of Participation, at the “involve” level, based on the five-category spectrum that ranges from “inform” to “empower”; as community members’ involvement advances higher on the Spectrum of Participation, the power of community members to be decision-makers increases. Being at the “involve” level was higher than expected. Especially hopeful is that on average, community members judged their participation levels higher than HIA practitioners. Our hypothesis was confirmed that community members are increasing civic agency through higher levels of participation.

Our findings illustrate that community participation and civic agency have a positive impact on the overall success of an HIA. More than four out of five respondents reported that community participation had a positive impact on their HIA. As noted by the regression analysis, community members with higher levels of civic agency as a result of their

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involvement (the ability of communities to organize and take action in their own self-interest) had greater odds that their HIA impacted decision-making. This informs HIA practitioners that investment in higher levels of community participation – giving community members more power in decisions in the HIA – pays off in higher civic agency for the community members and more effectiveness of the HIA in influencing public decisions.

HIAs that are designed to authentically engage community members in the HIA process by incorporating their lived experience and power into decision-making can result in improved individual civic skills and an increased capacity for collective action. This is the strongest evidence to date that HIA could potentially have an impact on democracy and equity through community participation and civic agency.

There is room for improvement in the field of HIA to achieve higher levels of community participation. Twenty-five percent of community members described community participation in their HIA on the lower ends of the spectrum – as just informing them about the process or consulting them without clarifying if their feedback would be used – aligning with the fact that 23% reporting that their feedback was not incorporated into the HIA. Additionally, the type of group that conducted the HIA made a difference in level of community participation; 62% of HIAs conducted by community organizations reported that the level of community participation in their HIA was at Collaborate or Empower, compared to 0% of planning agencies. This demonstrates that HIA practitioners who conduct community participation in a manner that aligns with the lowest levels of participation on the spectrum, or those who simply use the community engagement already planned for other organizations or agencies, may be limiting the variety of benefits that can be achieved through a more meaningful and higher level of community participation in HIA. Given the conclusions of this evaluation that community participation can lead to more success in HIAs, we urge the field to reach for higher levels of community participation.

### *How to Engage Community Members in the HIA Process*

Our findings confirmed prior research that the definition of “who is a community member” in the realm of HIA continues to be murky, as groups struggle to clarify who should represent impacted populations. One common and effective method of identifying and reaching out to the community was collaboration with community organizations. It is important to remember that community participation in HIA means that both the HIA team members and the community members contribute their time to the HIA process. The amount of time varies, but there is currently a discrepancy in compensation for this time that should be addressed to best facilitate successful and meaningful participation. For this reason, a priority recommendation to make participation meaningful for community members is to pay community for their expertise.

Regarding the identification of community members, one unexpected finding from our experience of administering the survey may be heartening for the field. When we reached out to the HIA team leads to complete the survey and asked them to identify community members from their HIA to contact, some of those individuals then self-identified as “HIA team members”, rather than “community members”, when they completed the survey. This may indicate that once representatives are identified and become involved in the HIA, they may take a level of ownership in the HIA and by extension responsibility for action on the topic of the HIA.

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Once community members are engaged in the HIA process, attention can be focused on which participation methods to use. While inclusion on a steering committee, public meetings, and review of the final report are all effective methods that are anecdotally known to be common in the field, HIA practitioners may also want to consider participatory data collection methods that were reported to be effective, such as key informant interviews, focus groups, and other inclusive forms of data collection and analysis.<sup>b</sup> Additionally, asking community participants to choose out of a potential list of ways that are meaningful for them to participate is another potential method. Interestingly, individuals who ranked their HIAs as higher on overall civic agency were more likely to have tried nearly all of the different strategies, resources, and skills listed in the survey, suggesting that success in building civic agency may be less tied to a silver bullet of one or more strategies that are especially effective, and more tied to the resilience and persistence of trying as many strategies as you can.

We found overwhelmingly that established relationships with community organizations can further facilitate community participation in HIA. For example, HIA practitioners may more quickly and easily reach out to community organizations they already know when seeking assistance to identify and reach out to the community. If these relationships are ‘established’ there is often also corresponding trust, role clarity, and existing clear expectations, or the ability to quickly develop them. In open-ended responses on the survey, several HIA practitioners mentioned that in the future, they would “build relationships with community groups outside of the relationship that existed [as part of the HIA]”. When HIA teams are not ‘from’ nor involved in the community where the potential impact may occur, they can also rely on the established relationships that these organizations have with the community members to facilitate effective outreach and participation. Agencies that fund their work exclusively through project-based funding may limit their opportunities to establish these relationships in advance, thus limiting their ability to facilitate effective community participation in HIA.

Expertise in facilitation, communications, community organizing, and cultural relevancy were also facilitators of community participation in HIA. When HIA teams lack skills or expertise in these areas, collaborating with community groups that do have these resources could be an effective way to enhance community participation efforts.

The most common barrier to community participation in HIAs was time and resources. Given this finding, some of our recommendations below sensibly reflect the need to realistically fund community participation – both by paying community members or organizations for their time and allocating a portion of the budget to support community participation activities. Some funders of HIA have required multiple HIAs done in one year, only funded HIA at a minimal level, or in some cases encourage HIA by offering mentorship but not funding it at all. These conditions encourage HIA practitioners to jettison community participation as it necessitates time to build trust, educate community leaders, and continued communication. Some HIA practitioners operating under these conditions still manage to collaborate deeply with community members, but the time and resource constraints make these achievements very challenging and may result in other difficult choices.

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<sup>b</sup> For guidance, see Best Practices for Stakeholder Participation in Health Impact Assessment at [http://hiasociety.org/?page\\_id=877](http://hiasociety.org/?page_id=877)

# SUMMARY

## *Additional Insights*

A lack of time and resources is often a barrier for HIA practitioners to continue to monitor the outcome of an HIA over time. This is why it was meaningful that 38% of respondents reported that community members are actively monitoring the decision target. A lack of monitoring has been recognized in national HIA meetings, in peer-reviewed journal articles, and among providers of training and technical assistance. It is so well acknowledged that an entire workgroup of the Society of Practitioners of Health Impact Assessment (SOPHIA) has been devoted to building the practice of Monitoring and Evaluation in the field. It is logical that community members would monitor the implementation of decisions – after all, the projects are being built or implemented around them, the policies will directly affect them, and the programs will serve them. Thus they have a vested interest. If HIA field-builders assess and systematize community involvement in monitoring – in a way that does not burden community members (see Recommendations), this would strengthen the practice of monitoring, which many practitioners acknowledge is the weakest stage of HIA practice.

Both as practitioners and evaluators of HIA, we have often heard HIA practitioners mention a concern that incorporating community members in HIA can result in the findings appearing biased. We find it striking that this evaluation revealed almost no mention of the issue of bias. In one of the HIAs that was followed in-depth, HIA practitioners were challenged because some vocal community participants sided with one particular proposal, rather than ‘weighing both sides’, which made it difficult for this HIA team to maintain a balanced credibility. The three remaining HIAs followed in-depth did not report any similar challenges about bias. Open-ended survey questions that asked about any challenges related to incorporating community participation into the HIA did not reveal any responses regarding bias. A similar open-ended survey question that asked about any positive outcomes related to incorporating community participation into the HIA revealed some responses to the contrary of the concept of bias. One respondent indicated that decision-makers were more receptive to their findings because working with the community “helped to legitimize the concerns of the different alternatives”. Another reported that community participation “added to the credibility of the final product and transparency about the process”. Research questions for this evaluation did not specifically explore issues of bias, so these findings are not sufficient to be conclusive, and further study in this area is warranted. But findings from this evaluation suggest that bias may not be as much of a concern as previously thought.

While the field of Community Based Participatory Research has assessed the success of participation by the ongoing relationship between the academic researchers and the community participants,<sup>26</sup> the field of HIA may wish to achieve a different goal. Increased civic agency and the potential to facilitate equity by addressing power differentials may best be achieved by facilitating an ongoing relationship between community participants and decision makers, in which community members have a voice, understand the decision-making process, and develop and strengthen skills to participate in that process. HIA practitioners who thoughtfully structure the HIA process to increase levels of community participation may offer a greater opportunity for community members to achieve this ongoing and meaningful relationship with decision makers.



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## CONCLUSION

There are compelling benefits of community participation in HIA, including increased civic agency in communities and increased success of HIA. Effective strategies include utilizing existing relationships with community organizations to identify and reach out to the community. Underutilized approaches include utilization of community engagement specialists and participatory research methods. HIA practitioners should recognize and compensate the time investment of community members, and accommodate the potential that community members would not have access to the internet. HIA funding opportunities should designate resources to support timeframes and funding levels that allow HIA practitioners to utilize effective community participation strategies. HIA practitioners should consider collaborating with community organizations who already have skill sets that bring about deep community participation, such as cultural competency and expertise in facilitation, communications, and community organizing.

Many HIAs are achieving admirable levels of participation. To support HIA values of increased participatory democracy and equity, the field of HIA could benefit from even more investment in community participation.

*For those who want their HIAs to be successful, have an explicit goal of increasing civic agency: a community's ability to organize and undertake collective action in its own self-interest.*

*For those who wish to improve democracy and equity  
by building civic agency in communities,  
HIA can be a powerful tool.*

# RECOMMENDATIONS

Below we summarize our recommendations, give examples of HIAs where these recommendations have been implemented, and identify what type of HIA stakeholder these recommendations are relevant to: HIA practitioners, community members participating in HIAs, and funders of HIAs. For further examples, see Appendix D.

Table 7. Summary of Recommendations			
Recommendation	HIA Team	Community	Funders
<b>PLAN AHEAD</b>			
<i>Develop relationships with community groups before any HIA arises.</i>	X	X	X
<i>Choose topics for HIAs based on identified community interest as opposed to deciding on the topic and then trying to recruit community members.</i>	X		X
<i>Create a community engagement plan for each HIA.</i>	X		
<i>Establish familiarity with the decision-making process.</i>	X	X	
<p style="text-align: center;"><b>Getting to know the community first</b></p> <p>Human Impact Partners has many contacts with community organizers across the country as a result of HIP staff proactively reaching out, volunteering, and networking in national and local spaces with community organizers. These relationships have often led to conversations about various policy topics that groups are organizing around and the potential value that HIA – and a health and equity lens – could provide. HIAs on wage theft in Los Angeles, treatment alternatives to prison in Wisconsin, federal immigration reform policies, a football stadium in Los Angeles, school integration in Minnesota, a skatepark in San Diego, and many others grew from getting to know the organizations first and deciding together that doing an HIA would add value.</p> <p style="text-align: center;"><b>Cleveland Healthy Hough HIA</b></p> <p>HIA practitioners created a detailed stakeholder engagement plan that included community participation, “steward” participation of agencies that could implement recommendations, and technical advisors. The HIA team planned five community meetings to gather data and priorities from the community, and held four combined community/steward/TA workshops with representatives from each type of group to synthesize the data and priorities.</p> <p style="text-align: center;"><b>Oklahoma Travel Stop HIA</b></p> <p>In Oklahoma, the Chickasaw and Choctaw Nations are in the first stages of conducting an HIA on changes to Travel Plazas to incorporate healthy food. Researchers and tribal community members are unfamiliar with the exact ways that decisions are made in the tribal nations, and are interviewing decision-makers even before deciding on a policy to get more information about decision-making processes.</p>			

## RECOMMENDATIONS

Recommendation	HIA Team	Community	Funders
<b>DEVELOP SKILLS</b>			
<i>Invest in facilitation skills training.</i>	X		X
<i>Develop communications and communications planning skills (including the use of plain language and less email emphases)</i>	X	X	
<p><b>Wisconsin Treatment Instead of Prison HIA</b></p> <p>In this HIA, the funder (Robert Wood Johnson Foundation) provided technical assistance from a communications firm (M &amp; R Communications) directly to the HIA team. With this support, HIP, WISDOM (the community organizing co-author of the HIA), HIP's communications consultant, and M &amp; R Communications collaborated to: frame the findings to be accessible by diverse audiences, create an HIA report dissemination plan, create a power point to present at community meetings, write a press advisory, and coach researchers about how to talk with the press.</p> <p><b>Ohio Policing Practices HIA</b></p> <p>In an HIA about policing practices, HIP consulted a professional focus group facilitator who worked pro bono with a community group to create new facilitation techniques for data collection with very different populations: community members of different races impacted by over-policing and police officers who patrol those communities.</p>			
<b>SHARE RESPONSIBILITIES</b>			
<i>Partner with existing community/interest groups and organizers.</i>	X	X	
<i>Engage community in data collection efforts.</i>	X	X	
<i>Establish community roles on HIA and for disseminating HIA findings.</i>	X	X	X
<i>Identify and engage community members as key monitoring actors.</i>	X	X	X
<p><b>Farmers Field HIA</b></p> <p>HIP conducted an HIA about a proposed football stadium in the South Park neighborhood of downtown Los Angeles, in partnership with the Los Angeles Community Action Network (LA CAN). A panel of residents and HIA partner organizations together designed a brief community survey. In a very quick timeframe, the residents collected surveys to gather the opinions and concerns of those living in direct proximity to the development project, and LA CAN, who had experience in developing and administering surveys, oversaw survey collection.</p> <p>LA CAN, along with several of the residents, disseminated HIA findings by testifying to the City Council, meeting with Council members and city agencies, and distributing findings to the media. In the end, the coalition used the HIA recommendations in negotiations to settle a lawsuit about an environmental review process related to the stadium. Ultimately, the stadium developers agreed to community benefits that included LA CAN participating in a task force to promote health and protect tenant rights in the neighborhood.</p>			

## RECOMMENDATIONS

Recommendation	HIA Team	Community	Funders
<b>REDUCE BARRIERS TO COMMUNITY PARTICIPATION</b>			
<i>Do not rely solely on email or the internet for communications.</i>	X		
<i>Offer meetings at accessible times and locations.</i>	X	X	
<i>Provide transportation, translation, childcare, etc. as needed.</i>	X		X
<i>Be mindful of the time commitment for community representatives.</i>	X		
<i>Create interim products and touchpoints to keep community members engaged through shifting timelines for decisions.</i>	X	X	
<p style="text-align: center;"><b>Los Angeles Wage Theft HIA</b></p> <p>In Los Angeles, CA, the Los Angeles Coalition Against Wage Theft had been campaigning for a wage theft ordinance. HIP had existing relationships with coalition members and after discussion about how HIA findings might add value to the ongoing discussion about wage theft in the city, they welcomed the use of an HIA.</p> <p>For this HIA, focus groups took place in locations that were familiar to participants. One was held in the morning, one was held on a weekday evening to accommodate those who could not make the morning session, and a third focus group was conducted a couple weeks after the first two per the community's request. All participants were asked if they needed transportation to and from the focus group site, and they were compensated for their time. Food was provided by a catering service from a member of the organization.</p> <p style="text-align: center;"><b>Cleveland Healthy Hough HIA</b></p> <p>HIA practitioners planned for five community meetings to gather data and priorities from the community. At each meeting, HIA practitioners reported to the community the progress since the last meeting, where community feedback and data had been incorporated, where the city was in terms of the planning for the neighborhood, and how the city had been using the data even before the HIA was completed.</p>			

## RECOMMENDATIONS

Recommendation	HIA Team	Community	Funders
<b>MAKE PARTICIPATION MEANINGFUL FOR COMMUNITY REPRESENTATIVES</b>			
<i>Pay community organizations and members for their expertise.</i>	X	X	X
<i>Invite community members to be on the HIA Steering/Advisory Committee.</i>	X	X	
<i>Make sure the community role is clearly defined and communicated.</i>	X	X	
<i>Create skills and knowledge development opportunities for community members.</i>	X		
<i>Solicit and incorporate feedback from the community.</i>	X	X	
<i>Utilize community representatives as key data sources.</i>	X	X	
<i>Share decision-making authority.</i>	X	X	
<p style="text-align: center;"><b>Ohio Policing Practices HIA</b></p> <p>HIP had been in discussion with the Ohio Justice and Policy Center and the Ohio Organizing Collaborative since 2011 about potential policies on which to conduct a criminal justice HIA. When a funding opportunity arose, HIP, OJPC and OOC agreed to assess the health and equity impacts of a state task force's recommendations on policing practices on community-police relations.</p> <p>There were four community members on a 12-member Advisory Committee (AC), two of whom had experienced use of force by police in the past. There was also a police department representative on the AC. All AC members signed a Collaboration Agreement, which delineated their roles, expected contributions, and agreed-upon goals. The main community and advocacy partners organized focus groups and collected surveys, and all AC members who had interest were invited to comment on data collection materials. Some community partners co-facilitated focus groups; all data collection offered capacity and skills-building for community members if they wanted. Feedback and data was collected directly from the community and by the community. The AC had final decision-making authority over a variety of HIA decisions, from the scope to recommendations, data sources and methodology, and communications targets.</p> <p style="text-align: center;"><b>Restorative Justice and Health in Merced Schools</b></p> <p>In an HIA in Merced, California, youth involved in a school discipline policies HIA were trained on how to present HIA findings by speaking at an HIA release event attended by superintendents and board members of their schools, and by writing newspaper op-eds. This was an opportunity for these youth to gain skills in speaking and writing, and also to communicate their opinions about school discipline to high-level decision-makers.</p>			

## RECOMMENDATIONS

Recommendation	HIA Team	Community	Funders
<b>BUILD THE FIELD FOR BETTER COMMUNITY PARTICIPATION</b>			
<i>Include the outcome of community participation in HIA process evaluations.</i>	X		
<i>Engage community members as key monitoring agents.</i>	X	X	X
<p style="text-align: center;"><b>Fitchburg-Nine Springs HIA</b></p> <p>In Madison-Dane County, Wisconsin, the public health department and a local childhood obesity prevention coalition engaged residents around a proposal to redesign a golf course into a park for the community. Community members were highly engaged by making HIA decisions, providing and collecting data, and testifying about the findings. Ultimately, community members voluntarily engaged to monitor and play a role in the implementation of recommendations from the HIA.</p>			
<b>ENHANCE CIVIC AGENCY</b>			
<i>Increase community contact with decision makers.</i>	X	X	X
<i>Ensure that community members are more aware of how decisions are made</i>	X	X	
<i>Ensure that community voices are heard</i>	X	X	
<i>Facilitate the community taking action to influence the decision and its impacts</i>	X	X	
<i>Help community acquire or strengthen skills to influence other decisions</i>	X	X	
<p><i>To increase community contact with decision-makers, ensure that community members are part of data collection or HIA activities that put them in touch with decision-makers, such as participation in interviews or meetings with decision makers, requesting data from state or local agencies, disseminating findings to decision-makers, and incorporation of community members as monitoring agents.</i></p> <p><i>To ensure that community members are more aware of how decisions are made, ensure that the full HIA team and stakeholders are educated about the decision-making process, consider community members as key informants in knowing this information, or as data collectors to investigate, and keep all informed of the changes in the process during the course of conducting the HIA. Since this is one of the benefits identified to community members of being involved in an HIA, make sure to communicate what you've learned about the decision-making process widely.</i></p> <p><i>To ensure that community voices are heard, incorporate community experience and data into the HIA, let community members and decision-makers know that this information is incorporated and comes from the community, include community voice as part of key findings of an HIA, incorporate it in materials produced for the HIA, and engage the community participants as key messengers for HIA findings and recommendations.</i></p> <p><i>To facilitate the community taking action to influence the decision and its impacts, choose HIA topics in collaboration with community members about topics they are concerned with, co-</i></p>			

## RECOMMENDATIONS

create activities for community members in a Communications and Dissemination Plan, and incorporate community members as monitoring agents.

*To ensure that the community acquire or strengthen skills to help influence other decisions moving forward,* engage community members in different parts of the HIA that are of interest such as organizing scoping meetings, collecting data, data analysis, data entry, communications planning, facilitation planning. Look for opportunities to include community members in content education (webinars, conferences, advocacy training). Create structured education opportunities for both community and HIA team members. For example, if you need to learn about a specific topic, instead of the HIA lead just calling an expert, have the expert speak to the HIA practitioner and any interested community member.

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