SOPHIA Committee: HIA Living Library
Methodology for selecting examples of high-quality HIAs for SOPHIA website

Purpose of a Living Library:
The SOPHIA living library will function as a periodically updated repository of exemplary HIA reports. The library is intended for:

1. People who are unfamiliar with HIA and want to understand what a high-caliber HIA report product might look like (for example, people thinking of commissioning an HIA)
2. HIA practitioners seeking above-average HIA reports as a reference

Library Scope:
This collection is intended to complement existing HIA collections. The library will neither provide detailed case studies such as those on the Health Impact Project site nor be an extensive clearinghouse such as the U.S.-based HIA CLIC or the UK-based HIA Gateway. The important value of this library is to help people quickly obtain examples of high quality practice reflected in exemplar reports.

The emphasis here is on "report". We recognize that many HIAs produce value through processes that are not recorded—by fostering dialogue, creating change among decision-makers, etc. This may particularly be true of policy-based, rather than project-based HIAs. However, the reports that are showcased in the living library need to stand on their own for readers, without additional explanation required. If an HIA report does not document something, it effectively "didn't happen" in the mind of readers. Therefore the library needs to focus on HIAs with robust reporting, and cannot account for excellent processes that weren't documented.

One more point about the scope: a number of colleagues have pointed out that we are unlikely to be able to identify a small number of HIAs that will apply across the wide range of situations for which HIA is applied. Instead, they suggest, we should attempt to identify high-quality HIAs for a variety of sectors (public policy; industrial development; urban regeneration; transportation; etc.), locations and populations. We agree, but feel that this is a step that we will take in the future since it will require a considerably higher level of effort. We feel that, for the time being, there is merit in showcasing a small number of high-quality HIA reports, even if they do not represent the whole of HIA practice.

How we select the reports for review:
The development of the living library progresses for a number of months, with a panel of committee members. We ask a number of prominent HIA practitioners from both within and outside the U.S. to send us links to HIAs that they consider to be well-done in terms of process and product. We also advertise on the SOPHIA website for HIA practitioners to submit their own HIAs if they believe it to be of exceptional quality. Of the total HIAs referred to us, we create a "pool" of candidate HIAs. We then eliminate some of the suggested HIAs for logistic reasons – for example, it was housed within an integrated assessment that was overwhelmingly enormous or was not in English.

HIA Review Tool
Review of the remaining nominated HIAs is conducted with the HIA Review Tool that has been developed by previous review committees and tested on various rounds of selection. The review tool was developed with reference to several key sources:

- [Minimum Elements and Practice Standards for Health Impact Assessment, (2010) North American HIA Practice Standards Working Group, Version 2](#)

- Hebert, K.A., Wendel, A.M., Kennedy, S.K. and A.L. Dannenberg (2012) Health impact assessment: A comparison of 45 local, national and international guidelines, Environmental Impact Assessment Review, 34, 74-82.
- Fredsgaard, M.W., Cave, B. and A. Bond (2009) A review package of Health Impact Assessment reports of development projects, Ben Cave Associates Ltd, Leeds, UK
- *Schuchter, J. Evaluation of HIA Practice in the United States. 12th International Health Impact Assessment Conference, Quebec City, August 2012*

The aim was to produce a tool that is relatively simple, reflecting key elements of HIA practice based on themes emerging across the sources listed above, and questions related to report quality. The goal is not to use the tool to discriminate, which HIA is the "best of the best"; but rather to help the committee identify HIA reports of sufficiently high quality that they feel can be held up as examples of high-quality practice reflected in the document product.

The review tool includes sixteen criteria that address key elements of an HIA report based on HIA practice including transparency, equity, stakeholder participation, screening, scoping, assessment, reporting, evaluation and monitoring. The review tool was structured to ensure that reports cover the key areas of HIA and do it well. Review criteria are not weighted equally, and are not intended to be summed and used as a score. Rather, the criteria ensure that a baseline level of excellence is met. From there, elements of the report that excel even further are designated as such, to yield "exemplar" *reports* within certain categories. The review tool is not meant to show if an HIA *process* was exemplary, although the reviewers assume excellent reports likely represent above-average HIA process. HIA reports not meeting the review tool's standard for excellence are not necessarily considered to be of poor quality.

We pilot test the review tool each round by having the living library committee members all use it on three HIAs and compare results; we then refine the tool as needed. We feel it is useful, workable and likely to produce a fair degree of inter-rater reliability.

2012-2013 Committee Members:
Katherine Hebert, The Town of Davidson, North Carolina
Tia Henderson, Upstream Public Health
Marla Orenstein, Habitat Health Impact Consulting
Joe Schuchter, University of California, Berkeley
Tina Yuen, U.S. Environmental Protection Agency

2014-2015 Committee Members:
Tia Henderson, Upstream Public Health
Marla Orenstein, Habitat Health Impact Consulting
Joe Schuchter, University of California, Berkeley
Katie Hirono, Centre for Health Equity Training Research and Evaluation, UNSW Australia
Sandra Whitehead, National Association of City and County Health Officials
Andrew Dannenberg, University of Washington School of Public Health

SOPHIA Living Library
Template for assessing HIA reports to promote

Criterion	No	Yes	Excellent	Notes (if needed)
1. Identifies the sponsor of the HIA, the team conducting the HIA, and all other participants in the HIA and their roles				
2. Describes some level of stakeholder input				
3. Clearly describes the rationale for conducting the HIA				
4. Describes impacts to vulnerable subgroups				
5. Clearly describes the methods of the HIA				
6. Includes logic model, or other articulation, linking proposal to health determinants and health outcomes				
7. Throughout the HIA, describes the evidence sources used.				
8. Profiles existing conditions (can be a separate baseline section or integrated with assessment)				
9. Assessment includes discussion of both health determinants and health outcomes				
10. Assessment: For each specific health issue analyzed, details the analytic results.				
11. Includes recommendations clearly connected to analysis and proposal/decision				
12. Recommendations are prominently written				
13. Report includes an executive summary or something like it				
14. Report is written well—uses good grammar, spelling, punctuation, etc.				
15. Report is organized or written in a way that makes it easy to understand the "story"				
16. Some discussion of possible evaluation and/or monitoring taking place in the future is mentioned				

A. What is your overall feeling about using this HIA as an example?
>> Love it – I will be crushed if we don't use it
>> Like it – I have no objection to having it used
>> This HIA report is OK but certainly not great

>> Absolutely don't use it!

B. Where in particular do you think this HIA excels, and why?

C. What are the weaknesses of this report that might influence whether we want to promote it as an example of good practice?

HIA review and selection process

Each HIA report was reviewed by at least two independent reviewers. Any reports that had two or more criteria with a "no" response were eliminated, as was any report that received a rating of "absolutely don't use it." From the remaining HIAs, we attempted to include a range of geographical areas and topic areas; where there was substantial duplication (as in California or land use planning) we selected the HIAs with the highest ratings.