

# CHIA

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## TEN YEARS OF SOPHIA

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### Introduction

In 2021, the Society of Practitioners of Health Impact Assessment (SOPHIA) celebrates its 10-year anniversary. To commemorate this milestone, we surveyed SOPHIA founding members and key leaders in July of 2021, asking them to reflect on the organization's formation in 2011, to share thoughts on SOPHIA's key challenges and to highlight important accomplishments. Survey respondents also weighed in on the future of SOPHIA and the value of SOPHIA membership.

The first section, titled "History of Health Impact Assessment and the Formation of SOPHIA," is based on a combination of survey responses and published materials as sources. The second section titled "SOPHIA's first 10 years: Accomplishments, Challenges, the Future, and the Value of Membership" summarizes perspectives shared by survey respondents on SOPHIA's current and future state and the value of SOPHIA membership. The final section, "Summary and Conclusions," summarizes key messages in the first two sections.

### History of Health Impact Assessment and the Formation of SOPHIA

#### History of Health Impact Assessment

The development of HIA was preceded by the 1969 National Environmental Policy Act (NEPA). NEPA was one of the first laws ever written to protect the environment (Summary of the National Environmental Policy Act, n.d.), establishing a national policy with the following purpose:

*To declare a national policy which will encourage productive and enjoyable harmony between man and his environment; to promote efforts which will prevent or eliminate damage to the environment and biosphere and stimulate the health and welfare of man; to enrich the understanding of the ecological systems and natural resources important to the Nation; and to establish a Council on Environmental Quality (The National Environmental Policy Act of 1969, as amended, 1971).*

While stimulating the “health and welfare of man” was one of NEPA’s stated purposes, most environmental impact assessments have emphasized environmental impacts without directly connecting environmental impacts to health impacts (Dannenberg, 2016). Ross, Orenstein and Botchwey (2014) point out that Environmental Impact Assessments (EIAs) “rarely incorporate broad measures of health, or focus too narrowly on exposure to environmental toxins.” (p. 5).

This void led to the development of other methodologies designed to examine the social and health outcomes of proposed policies, projects and programs and the distribution of those social and health outcomes (Ross, Orenstein and Botchwey, 2014). In 1986, the World Health Organization (WHO) set the stage for the development of HIA with the *Ottawa Charter for Health Promotion* and in 1997, with the *Jakarta Declaration on Leading Health Promotion into the 21st Century* (Dannenberg, 2016). The *Jakarta Declaration* lists “equity-focused health impact assessments as an integral party of policy development” as a priority for health promotion in the 21st century. (WHO, 1997). In 1999, the WHO outlined HIA definition and values in the *Gothenburg Consensus Paper*. (Ross, Orenstein, & Botchwey, 2014, p. 6).

Early HIAs were conducted primarily in Europe in the 1990s (Dannenberg, 2016). The first HIA in the United States was commissioned in 1999 by the San Francisco Department of Health (SFDH) and published in 2001 (Bhatia & Katz, 2001).

In 2002, the Centers for Disease Control and Prevention (CDC) hosted a workshop in Atlanta to discuss research on health and the built environment. HIA was one recommended approach that emerged from this meeting as

a promising approach to assessing how the built environment can affect health. In 2004, The Robert Wood Johnson Foundation (RWJF) and the CDC hosted a second workshop to discuss providing HIA examples and resources, building HIA training capacity and expanding the field (Dannenberg, 2016). The CDC and RWJF remained involved in the next steps that were identified during the second conference.

In the years following the second conference, HIA grew as a topic of academic research. A database of academic articles was created by the Health Impact Project, a collaboration between RWJF and the Pew Charitable Trusts (Dannenberg, 2016). HIA teaching and training was provided by multiple organizations, including the CDC, the San Francisco Department of Public Health, Human Impact Partners, and the University of California – Berkeley, and the American Planning Association with the National Association of County and City Health Officials (Dannenberg, 2016). HIA use expanded in scope to become a tool for analyzing health impact for policies beyond its original use for the built environment.

### **The Formation of SOPHIA**

Beginning in approximately 2008, a group of HIA practitioners in North America started HIA of the Americas, an annual meeting to discuss HIA practice and to advance the field. The Society of Practitioners of Health Impact Assessment (SOPHIA) is the product of a working group during the 2010 HIA of the Americas meeting, and the organization was formed in late 2011 (About Sophia, n.d.).

According to survey response from founding members and SOPHIA leadership, SOPHIA was formed to advance the practice of HIA with the following goals in mind:

1. To establish and promote Standards of Practice for HIA Practitioners
2. To build capacity by promoting and expanding the field of HIA
3. To build a community of practice to share experiences and learn
4. To conduct workshops and conferences
5. To promote community engagement and equity
6. Advocate by producing position statements, papers, and resources for addressing emerging challenges and opportunities

Today, SOPHIA is an international association that provides leadership and promotes excellence in the field of health impact assessment (HIA).

### **SOPHIA's first 10 years: Accomplishments, Challenges, the Future, and the Value of Membership**

#### **Methodology**

This section summarizes survey feedback from SOPHIA leaders and founding members regarding SOPHIA accomplishments, challenges, the future, and the value of membership. A survey was distributed in July of 2021 to eleven active SOPHIA members, many of whom have served as president, vice president, board member or founding member for SOPHIA. Eight responses to survey questions were returned, seven in writing and one verbally (see survey questions in Appendix). Of those who responded to the survey, nearly all have been conducting Health Impact Assessments (HIAs) for 10 or more years. Survey respondents' HIA experience included assessments focused on a variety of policies, projects and programs, including housing, land use, economic security, the built environment, transportation, immigration policies, minimum wage policies, criminal justice and more.

#### **SOPHIA Accomplishments**

According to survey respondents, SOPHIA has contributed substantially to the field of HIA during the first 10 years. Key accomplishments that respondents identified are summarized below.

##### *Practitioner Resources*

High-quality resources that have defined HIA standards of practice were frequently mentioned as a key SOPHIA accomplishment during the first ten years. One survey respondent specified that guidelines on stakeholder engagement and equity stand out as key materials that have strengthened and advanced the field. The website and document library and the Health in all Policies Screening tool were also included as important practitioner resources that SOPHIA developed and made available.

##### *Education and services*

Practitioner Workshops (formerly known as HIA of the Americas) and webinars were cited as top accomplishments. Specifically, Practitioner Workshops were called out as a consistent and wonderful environment for peer learning and sharing. Also, the support provided to new practitioners and basic HIA education for those looking for more information were listed as important contributions to the field.

Other notable accomplishments related to education and services include the journal, *Chronicles of Health Impact Assessment*, and the peer exchange program.

##### *Established Professional Network*

One major contribution to the field of HIA has been the network of practicing HIA professionals that comprise SOPHIA. SOPHIA has kept the field going by providing a forum for continued discussion and collaboration among colleagues.

Sustainability as an organization / Expanding the field

Finally, SOPHIA's continued existence through four presidents and leadership transitions is notable and points to the organization's sustainability. SOPHIA is viewed as a driver behind the more widespread understanding over the past 15-20 years that policy decisions have health impacts. SOPHIA has grown to be an international organization and facilitates connections between members.

### Challenges

While SOPHIA has accomplished a great deal as an organization, respondents acknowledge challenges exist.

#### *Funding*

A lack of funding has presented significant challenges. In the absence of funders, SOPHIA relies on membership fees to support a part time staff member. The amount of money raised through membership fees limits SOPHIA's services and activities.

#### *Resource challenges*

SOPHIA does not have full time dedicated staff; rather, officers, workgroups and others serve as volunteers. Limited individual and group bandwidth makes participating in workgroups or being a workgroup chair challenging. Organization leaders must balance their daily work responsibilities with their efforts to move SOPHIA forward. The voluntary nature of SOPHIA leadership or workgroup participation sometimes leads to SOPHIA work being deprioritized in favor of work responsibilities.

#### *Shifting Field and Social Priorities*

Interest in the field from funders and government agencies appears to be waning. When SOPHIA was established ten years ago,

there was significant energy focused on HIA work. There appear to be fewer people fully allocated to HIA work and as a result, fewer people are active in SOPHIA.

### The Future of SOPHIA – The Next 10 Years

As SOPHIA moves into its second decade, it is important to analyze current state and consider priorities for the next 10 years. Survey respondents shared their thoughts on the future of SOPHIA.

#### *Health in All Policies*

Some respondents raised the question of whether SOPHIA should incorporate Health in All Policies (HiAP) as a focus in addition to HIA. As stated on the SOPHIA website (*Health in All Policies*, n.d., 1st paragraph), "HIA is a powerful and effective tool used to achieve the larger goal of HiAP."

#### *Student Training*

In 2015, SOPHIA leadership made efforts to evaluate which universities offered courses on HIA to students. It is important to update this information to understand to what extent student training is continuing, and to evaluate whether gaps exist and how to fill them.

#### *Information hub*

The CDC and PEW have archived some of the HIA information on their websites. SOPHIA should continue to track and share information on upcoming HIA-related publications. SOPHIA should also retain information from the PEW and CDC sites that has been archived or add this information directly to the SOPHIA site. SOPHIA should advocate for continued presence from these organizations.

#### *Funding, Staffing and Membership*

There is a need to consider how to sustain the association from a funding and staffing

perspective, to re-invigorate the membership base and working groups and to increase membership retention and growth. Having a ten-dollar membership fee for new members was a great way to celebrate SOPHIA's 10-year anniversary.

### *Value and Mission*

The environment is ever-changing, and it is important to ensure HIA is still relevant in today's world. SOPHIA should expand its mission to be broader than HIA, but to continue emphasizing HIA as a gateway tool for Health in All Policies. SOPHIA must examine and define the unique value that SOPHIA provides and convey this value relative to others working in the HIAP and health equity spaces.

Another approach might be for SOPHIA to connect to other emerging practices with similar values and focus on being a network for a broader mission, not just HIAs.

## **Benefits of SOPHIA Membership**

Survey respondents were asked what benefits they have received from SOPHIA membership. Nearly all emphasized that the relationships built with other practitioners and the learning opportunities stand out as important membership benefits.

### *Network of Practitioners*

For most, SOPHIA has provided a forum for practitioners to connect and discuss updates and challenges. Being part of a supportive community provides a space to discuss sticky questions. Ruth Lindberg writes, "I have received many benefits from my involvement with SOPHIA, particularly deep and enduring relationships with other members who have become thought partners in my own HIA and Health in All Policies work. I continually learn from other members, and really value the

peer learning and collaborative aspects of the organization."

### *Professional Resources and Best Practices*

Creating, using, and disseminating HIA guidance documents and other resources have been a major benefit of SOPHIA membership. The resources that SOPHIA creates and disseminates plays a key role in advancing HIA practice and supporting HIA development.

### *Leadership Development*

SOPHIA membership can provide opportunities to develop and refine leadership skills by participating in workgroups or by serving as an officer in the organization.

## **Advice for Those Considering SOPHIA Membership**

Respondents were unanimous in their advice for those considering SOPHIA membership: join. They also provided advice on maximizing the value received by joining workgroups and getting involved.

SOPHIA provides an excellent opportunity to get to know wonderful and interesting people who are passionate about health and equity. All survey respondents highly recommended SOPHIA membership as an excellent opportunity to advance personal and professional goals by networking with passionate professionals in the areas of HIA and HIAP. Joining a workgroup, participating in the Practitioner Workshop and webinar offerings, and using available resources and services can help members maximize value.

## **Summary and Conclusions**

The history of HIA in the U.S. has roots in the 1969 National Environmental Policy Act. However, assessing the impact of proposed

policies, projects and programs on population health needed sharper focus. The WHO played a leading role in promoting and defining health impact assessments as essential policy development tools between 1986 and 1999. During the 1990s, HIA practice grew primarily in Europe. The first HIA in the United States was commissioned in 1999 and the practice grew in the U.S. in the early 2000s, supported by involvement from the CDC, RWJF and Pew Charitable Trusts.

SOPHIA was founded in 2011, the product of a group of HIA practitioners in North America who attended the 2010 HIA of the Americas meeting. SOPHIA leaders and founding members who responded to our July 2021 survey indicate the organization was formed to establish and promote standards of practice, promote the field and build professional capacity, establish a community of practice to share experiences and learn, educate practitioners through workshops and conferences, promote HIA ideals such as community engagement and equity and to advocate by producing position statements, papers and resources to address emerging challenges and opportunities.

After 10 years of existence, is SOPHIA fulfilling its goals? What value does SOPHIA add to the field? What challenges exist for SOPHIA and the field of HIA? And how does the organization address emerging challenges and opportunities in the coming years?

In July and August of 2021, SOPHIA's leaders and founding members weighed in on the organization's accomplishments, challenges, future direction and the value of membership by way of survey response. The good news? SOPHIA has contributed to the field by developing high-quality practitioner resources. Respondents pointed to the website, document library and the Health in all Policies

Screening tool as key accomplishments, with one respondent calling the guidelines on stakeholder engagement and equity a "stand out." SOPHIA has contributed to education and service to practitioners through practitioner workshops, webinars, the Chronicles of Health Impact Assessment, and the peer exchange program. Finally, the professional network that SOPHIA comprises makes professional expertise, experience and mentorship available to practitioners at all experience levels.

SOPHIA's significant accomplishments and contributions to the field point to a clear focus on the organization's original goals. Yet, challenges exist. A lack of funding limits the scope of services that SOPHIA can provide. SOPHIA is volunteer-led, requiring already busy professionals to balance their work responsibilities with their efforts to move SOPHIA to the next level. Perhaps most significantly, interest from government agencies and HIA funding appear to be declining.

When SOPHIA was initially formed, the field of HIA had significant momentum. One survey respondent said, "There was a lot of energy around HIA when SOPHIA came to be, but since then fewer and fewer people are fully resourced to do HIA work, and thus, their ability to be active in SOPHIA is harder to justify. I see this as a huge missed opportunity since HIA is still an effective tool with robust applications - it's just not the 'shiny thing' anymore.

As SOPHIA leadership considers future priorities, the organization's mission, strategy, goals and funding plan must be assessed and aligned with a changing environment. Some survey respondents suggest broadening SOPHIA's mission beyond HIA to encompass Health in All Policies and health equity. Another recommends connecting with other emerging practices with similar values and building

a network with a broader mission. Some respondents suggest that SOPHIA should continue to remain abreast of HIA course offerings at universities and to be an important informational resource.

Above all, survey responders value SOPHIA's supportive practitioner network, best practices, professional resources, the Practitioner Workshop, webinars and leadership opportunities as key membership benefits. Their advice to those considering SOPHIA membership? Join!

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## Appendix

### INDIANA UNIVERSITY STUDY INFORMATION SHEET FOR RESEARCH

#### Ten Years of SOPHIA

**You are being asked to participate in a research study.** Scientists do research to answer important questions that might help change or improve the way we do things in the future. This document will give you information about the study to help you decide whether you want to participate. Please read this form, and ask any questions you have, before agreeing to be in the study.

**All research is voluntary.** You can choose not to take part in this study. If you decide to participate, you can change your mind later and leave the study at any time. You will not be penalized or lose any benefits if you decide not to participate or choose to leave the study later.

**This research is intended for individual 18 years of age or older. If you are under age 18, do not complete the survey.**

**This research is for residents of the United States. If you are not a U.S. resident, do not complete the survey.**

**The purpose of this study** is to gather information on the founding of the Society of Practitioners of Health Impact Assessment (SOPHIA) and leadership over ten years.

We are asking you if you want to be in this study because you are a past or current leader of SOPHIA. The study is being conducted by Cynthia Stone and Gina Williams of IU Richard M. Fairbanks School of Public Health.

**If you agree to be in the study, you will do the following things. Complete the survey or be interviewed.**

**Before agreeing to participate, please consider the risks and potential benefits of taking part in this study. You may become uncomfortable with the questions. You can decline to answer or stop at any time. The interviews will inform SOPHIA members about the founding.**

We don't think you will have any personal benefits from taking part in this study, but we hope to learn things that will help SOPHIA in the future.

**You will not be paid for participating in this study. There is no cost to participate in the study.**

**We will protect your information** and make every effort to keep your personal information confidential, but we cannot guarantee absolute confidentiality. No information which could identify you will be shared in publications about this study. The recording will be stored on encrypted devices and destroyed after the analyses is complete.

Your personal information may be shared outside the research study if required by law. We also may need to share your research records with other groups for quality assurance or data analysis. These groups include the Indiana University Institutional Review Board or its designees, and state or federal agencies who may need to access the research records (as allowed by law).

**If you have questions about the study or encounter a problem with the research**, contact the researcher, Cynthia Stone at 317 278-0761 or [cylstone@iu.edu](mailto:cylstone@iu.edu). For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the IU Human Research Protection Program office at 800-696-2949 or at [irb@iu.edu](mailto:irb@iu.edu).

**Questionnaire:**

Name \_\_\_\_\_

Current position: \_\_\_\_\_

How long have you been conducting Health Impact Assessments?

Check one	
	0-2 years
	3-5 years
	6-9 years
	10 or more years

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Your role in SOPHIA and years involved please complete all that apply

Role	Starting year of role	Ending year of role
President		
Vice President		
Board Member		
General Member		
Founding Member		

How did you get involved with HIA work?

What topics or questions have you explored with your HIAs?

How did you get involved with SOPHIA?

What do you know about the founding of SOPHIA and its initial goals, and how were you involved?

What were challenges you faced during your role in SOPHIA?

What benefits have you received from your activity with SOPHIA?

What advice would you have for those considering membership in SOPHIA?

What do you think are the most notable SOPHIA accomplishments in the first 10 years?

What do you think are the most important goals for SOPHIA during the next 10 years? What next steps do you think are important?

Anything else you would like to share?

Is there anyone else you think we should interview?

Thank you for your time.

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