Abstract

There are few academic institutions in the United States currently offering courses on Health Impact Assessment (HIA). This commentary describes a PhD student’s experience in building a receptive audience for an HIA course within the Urban Planning and Policy program at the University of Illinois at Chicago, how they went about developing the course, and details about the course and its implementation. Key lessons learned from the experience of developing and implementing the course include: having a real-life HIA project for students to work on can be challenging but very rewarding, for both students and partners; utilizing virtual meeting technology to invite guest lecturers from across the world provided an enriching learning experience; and providing clear milestones and setting deadlines for different components of the HIA is helpful for students as they work through the different HIA steps. While the course was successful by almost all metrics, institutionalizing HIA courses within interdisciplinary planning/public health programs remains an ongoing challenge.
Background
When I was finishing my Master of Public Health program at George Washington University, I thought I was done with school. PhD program? No thank you, absolutely not. In my professional life I had always been interested in the intersection of health and urban planning and I thought I could get by with what I had learned in my master program and my professional experiences. The decision to return to school was a direct outcome of my experience conducting a health impact assessment (HIA) on the East Harlem neighborhood plan in 2015. My experience with this HIA left me feeling like I knew about urban planning, but not enough. I wanted to deepen my knowledge. I thus decided to pursue a PhD in Urban Planning and Policy.

As I started my first year at University of Illinois at Chicago’s Department of Urban Planning in 2019, I was full of energy to bring my ten years of experience working in public health to bare in this new academic pursuit. My first semester I took a Planning Healthy Cities course with a faculty member who had previously written about incorporating health into planning programs (Botchwey et al., 2009) and I told him about my professional experiences, particularly with HIA. As a result, he asked me to do a guest lecture on HIA for his Planning Studio class in the spring 2020 semester. The guest lecture was well received and from the students I sensed an interest in learning more. Around the same time, I started working on a research project in UIC’s School of Public Health and was excited to hear that the university was starting a joint public health and urban planning graduate degree program (MPH/MUPP). The timing of my PhD at UIC seemed perfect for someone interested in bridging the public health and planning fields.

I began to ask around, does UIC offer (or have they ever offered) an HIA class? No. Are there other classes that bring the planning and public health students together? Besides the planning healthy cities course, an urban food systems course, and curriculum typical of environmental & occupational health programs in the School of Public Health, there were not a lot of interdisciplinary courses. In talking with the professor who had invited me to speak on HIAs for the studio class, I was encouraged to develop a draft HIA course to present to the department.

Developing the Course
Building off my experience conducting HIA trainings with the San Francisco Department of Public Health Program on Health Equity and Sustainability as well as training materials available from other organizations, specifically Human Impact Partners, I developed a course syllabus and presented it to department leadership in early spring 2021. Feedback on the syllabus was mostly supportive and constructive, but the department’s primary concern was whether there would be enough interest and enrollment in the class to justify having it. Since I had already been asked to do a repeat of my guest lecture on HIA for the planning studio class in a few weeks, I used that lecture opportunity to do a quick poll among students to gauge interest and report back to department leadership. In that guest lecture poll, nearly 80% of 34 responding students indicated they were interested or very interested in taking an HIA class. With this information, I received the green light to teach the class and was put on the schedule for spring 2022.

I spent fall 2021 finalizing the syllabus and readings as well as reaching out to guest presenters and potential project partners. As part of this process, I reached out to several colleagues that I knew through Society of Practitioners of Health Impact Assessment (SOPHIA) about their experiences teaching HIA and asked them to share their syllabus. I...
compared my syllabus to theirs to see if I was missing any major topics, issues, or important readings. For potential projects, I reached out to professional connections I had in organizations around Chicago, but I also surveyed different planning initiatives going on in the city. Were there opportunities to collaborate where an HIA makes sense? The projects had to roughly align with the timing of the class, which can be very challenging, but I was able to identify two potential projects for students to work on (more detail on those below). With this component finalized, I was ready to teach the course in the spring.

**Organization and details about the course**

**Course details**

The HIA course was a graduate level class offered over a 16-week semester in spring 2022. It was a hybrid virtual/in-person model. The first four weeks were held virtually as the University felt it was safer to hold virtual cases during the peak-Omicron COVID-19 wave and the rest of the class sessions were held in-person (except on a few occasions due to personal circumstances). I also offered a virtual option in the event students needed to isolate for COVID-related exposure or illness (i.e., students could connect via Zoom to the in-person classroom). The class had 10 students, representing five MUPP students, four MUPP/MPH students, and one MPH student. I also had one additional MUPP student who audited the course. To note, the class was not required for any of the degree programs mentioned.

**Class Organization**

Broadly, the course was broken into two segments. The first segment – taught within the first seven weeks – was devoted to teaching the different steps of HIA in-depth so that students could feel prepared to begin working on the main assignment for the course – which was a team HIA project. The other segment during the second half of the semester covered a number of different topics relevant to the practice of HIA, for example, the consideration of equity, community engagement, and institutionalizing health considerations into decision making (see full course syllabus - Appendix A). For several of the class sessions in the second half of the semester, I invited guest speakers for specific topics, which included equitable transit-oriented development, Health in All Policies, Equity in HIA and HIAs in the international context. In one of the last class sessions, I facilitated a professional panel of four guest speakers whose careers spanned the health and planning worlds. All of the invited speakers were from my professional network or recommended by someone within that network.

**Assignments**

As part of the course, the students had one individual case study assignment and the larger team HIA project. For the case study assignment, each student had to choose an HIA from a list (curated by me) to read in-depth and present to the class. The goal of this assignment was for the students to get a sense of different HIAs that have been done, the breadth of topics covered, and teach the other students what they learned from the HIA. For the team HIA projects, the students were split into two groups, and each worked with a project partner: the Chicago Department of Planning and Development and Cabrini Green Legal Aid. For this project, they had a mid-term presentation to discuss their progress, a final presentation, and a final report. The students were able to complete the HIA within the timeframe of the class. The students were primarily evaluated on these two assignments, but their final grades were also determined by their level of in-class participation and the results of a peer and project partner evaluation survey distributed at the end of the semester.
HIA Projects

The two HIA projects chosen for the class were both curated by me prior to the start of the semester. While I think it is helpful for students to get experience conducting the HIA Scoping step and understanding how one might decide to engage in an HIA, the timeline of an academic semester is generally not sufficient. It does not provide enough time for students to find a topic area, go through the scoping phase, and come to a decision on whether to conduct the HIA. Although this was an urban planning focused class, I did aim to find HIA projects that went outside the normal transportation/urban planning field in order to facilitate a greater understanding of the wide range of social, environmental, economic, and political determinants of health. With this in mind, I contacted Cabrini Green Legal Aid, a legal aid organization based out of Chicago that participates in policy advocacy at the state level (Cabrini Green Legal Aid, 2022). I approached the CGLA policy team about the class with information about HIAs, their goals, and whether they were working on any policy agenda’s that may benefit from such a project. I luckily found very welcome and interested colleagues who saw value in bringing health data into their advocacy efforts.

The second HIA project came about more as a function of planning projects going on in Chicago. The Chicago Department of Planning and Community Development was in the process of doing a neighborhood planning study of a 5 mile stretch of Western Avenue (Chicago’s longest North/South Street – spanning 25 miles) (Chicago Department of Planning and Development, 2022). I heard about the planning study through various channels and reached out to the lead planner to tell them about the class, what HIAs are, and if they would be interested in working with a group of students on an HIA of the planning study. Again, I was pleasantly surprised to receive a positive and quick response. After a telephone conversation with the planner shortly thereafter, I had the second project. At the end of the semester, I asked both project partners to fill out a brief survey about the student’s performance and their experiences with the project. I also had a follow-up call with one of the project partners to further discuss the project.

Outcomes, Lessons Learned, and Recommendations

In addition to the evaluation survey sent by the university, I sent a survey to the students at the end of the semester asking specific questions related to the structure of the course, assignments, and my performance as an instructor. Feedback and recommendations provided below are largely based on responses from this additional survey. Based on informal and formal feedback received from the students, the course went very well and was well received. The student feedback and interest in the course revealed a real desire to have more opportunities to work and study interdisciplinary topics that bridge planning and health. The creation of the MUPP/MPH degree at UIC and the feedback received from students speaks to the desire of graduate students to have this type of interdisciplinary exposure and training.

The overall structure and content of the course fit nicely into the weekly seminar class structure and the 16-week semester, although I know the students would have preferred to have some extra time to complete their HIA. The inclusion of guest speakers was one of the strongest aspects of the course. It provided students with a broader range and greater depth of understanding about the topics covered in class and introduced them to a wide array of professionals – locally, nationally, and internationally - working within the planning/health realm in some way. Although most of
our classes were held in-person, the ability to use virtual conferencing software within the classroom setting was a major asset in that I could invite speakers from across the country (and even across the world) to speak to the class. In this case, the virtual normalcy engendered by the COVID-19 pandemic was a huge benefit as it broadened the pool of individuals I thought to invite and made the class much richer in terms of the variety of perspectives represented.

The project partners also seemed very satisfied with the caliber of the projects and work of the students. In evaluating the work of the HIAs, one of the project partners noted:

The team assembled some really useful data and recommendations. This HIA will hopefully help support the need for these initiatives in [neighborhood name] ... I appreciate the thoughtful work and enthusiastic participation!

The two HIA projects worked out incredibly well, although the timing wasn’t perfect. A major challenge of working on real life projects within an academic semester timeline is that it’s so difficult to align with the project timeline. It’s important to be upfront about that and communicate appropriate expectations with both the students and the project partners. Be honest about what is possible and feasible.

In terms of the HIA case studies, I aimed to choose a broad range of HIA topics, methods, and geographic locations. I believe this helps students engage more fully with a broader range of social determinants of health and better understand different methodological approaches in HIA. As part of our case studies, I also included a racial equity impact assessment, and I am so happy that I did. Not that I am an expert on racial equity impact assessments but there was a lot of interest from the students on this topic and one even mentioned they would have liked to spend more time on this topic. While equity has always been a fundamental driver of HIA work, I believe it is important for current and future HIA practitioners to consider racial equity explicitly. I hope to incorporate more on this in future iterations of the course.

For their HIA project, I wanted to provide students with a decent amount of autonomy, and I tried my best to provide at least 10-15 minutes at the end of each class for the teams to meet and work together (with the expectation that they would also meet outside of class). I also made myself available to answer questions during this time and in designated office hours. Based on feedback from the students, there could have been more structured assignments to help them work through the different HIA steps throughout the semester (e.g., creating a pathway diagram, completing the literature review, etc.). I found this to be one of the most helpful pieces of feedback on the course. It is clear to me that this needs to be more structured and that providing deadlines on specific components of the HIA can be a useful experience for the students. For any novice (or even experienced) HIA practitioner, it is useful to have strong guideposts along the way.

Conclusions
As of the time of this writing, I have been invited to teach the HIA course again in the spring 2023 semester. And while I am excited that I have succeeded in building a receptive and interested audience for this course, and hopefully the intersection of health and planning more broadly, I feel less optimistic about the sustainability of the course. My assumption is that as soon as I am done with my PhD and if I am no longer there, the course will disappear as well. In many ways this feels analogous to the state of HIA more generally: without proper resources and policies to make it part of the
system, their future is unknown. Despite these challenges, we keep moving forward, working to build those receptive audiences, inspiring interdisciplinary professionals, and promoting the values of HIA in our everyday lives.
Appendix A – Course Syllabus

Week 1: Introduction to the course; Understanding the relationship between public health and planning; Social Determinants of Health

Required Readings:
- Review CDC Social Determinants of Health page: https://www.cdc.gov/socialdeterminants/index.htm

Week 2: Introduction to HIA history and practice; Review Screening and Scoping steps; Introduction to HIA projects

Required Readings:
- Human Impact Partners. Screening Worksheet.

Week 3: Health Pathway Diagrams; Review Assessment step (pt. 1) – Baseline Conditions

Required readings:
- Skim Executive Summary: SNAP Benefits HIA
- Complex Causal Process Diagrams for Analyzing the Health Impacts of Policy Interventions. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1470508/
- Community Health Assessment or Healthy Community Assessment: Whose Community? Whose Health? Whose Assessment? By Trevor Hancock and Meredith Minkler from Community Organizing and Community Building for Health and Welfare
HIA Presentation: SNAP Benefits HIA

Week 4: Review Assessment step (pt. 2) – Literature Reviews, Collecting Primary Data

Required Readings:
- Avey H. (2015). HIA Research: When is Qualitative Research Warranted? Available at: https://humanimpact.org/hia-research-when-is-qualitative-research-warranted/
- Skim Executive Summary: Family Unity, Family Health HIA

Optional Readings:

HIA Presentation: Family Unity, Family Health HIA

Week 5: Review Assessment step (pt. 3) – Assessing Impacts; Developing Recommendations, and Reporting Step

Required Readings:
- SOPHIA. Minimum Elements and Practice Standards for Health Impact Assessment. Pages 8-9 – Standards for Reporting
- WHO. Health Impact Assessment Toolkit for Cities. Pages 19-20. 2.2.3 Reporting and dissemination.

Optional:
- Skim Executive Summary: SF Road Pricing
**HIA Presentation:** SF Road Pricing

**Week 6: HIA Evaluation & Monitoring; HIA Effectiveness**  
Required Readings:

- SOPHIA. Minimum Elements and Practice Standards for Health Impact Assessment. (Page 10; Evaluation and Monitoring)
- WHO. Health Impact Assessment Toolkit for Cities. (Pages 21-22; 2.3 Monitoring and evaluation: did the health impact assessment lead to any change?)
- Skim Executive Summary: Alternatives to Prison HIA

**HIA Presentation:** Alternatives to Prison HIA

**Week 7: Community Engagement in HIA**  
Required Readings:

- Community, Community Development, and the Forming of Authentic Partnerships: Some Critical Reflections by Ronald Labonte from Community Organizing and Community Building for Health and Welfare
- PolicyLink. Arts and Culture: Creates new ways to engage. [https://www.communitydevelopment.art/](https://www.communitydevelopment.art/)
- OR [https://www.pewtrusts.org/-/media/assets/2016/10/tce_brief.pdf](https://www.pewtrusts.org/-/media/assets/2016/10/tce_brief.pdf)

Optional Reading:

- Skim Executive Summary: San Diego Restorative Justice HIA
**HIA Presentation:** San Diego Restorative Justice HIA  
**Week 82:** Student presentations on HIA progress

NO READINGS OR HIA PRESENTATION

**Week 9:** Promoting Health Through Zoning Reforms - Opportunities and Challenges  
Guest Speaker on equitable Transit-Oriented Development

Required Readings:
- Incomplete Streets – intro

**HIA Presentation:** TOD and Health HIA

**Week 10:** Promotion of Equity in HIA  
Guest Speaker: Illinois Public Health Institute

Required Readings:
- Promoting Equity through the Practice of Health Impact Assessment: [https://www.naccho.org/uploads/downloadable-resources/Programs/Community-Health/HIA-Promoting-Equity.pdf](https://www.naccho.org/uploads/downloadable-resources/Programs/Community-Health/HIA-Promoting-Equity.pdf)
- (Skim) Racial Equity Impact Assessments: [https://www.dcracialequity.org/racial-equity-impact-assessments](https://www.dcracialequity.org/racial-equity-impact-assessments)

Optional Readings:
- Equity Metrics
- Communicating about Equity (SOPHIA resource)
**HIA Presentation:** Chicago Racial Equity Assessment

**Week 11:** SPRING BREAK – NO CLASS

**Week 12:** *Institutionalizing health in decision making*

Guest Speaker on Health in All Policies

**Required Readings:**


**Optional Readings:**

- Kansas Health Institute – Health Impact Checklist: [https://www.khi.org/policy/article/HI-C](https://www.khi.org/policy/article/HI-C)

**HIA Presentation:** Kentucky Pregnant Workers HIA

**Week 13:** *Environmental Impact Assessments and Health; Climate and Health*

**Required Readings:**

**HIA Presentation:** Climate Change in Kivalina, Alaska HIA

**Week 14: Bridging the Professional Gap**
- Guest lecture panel of 3-4 individuals whose professional careers bridge the planning/public health fields

**HIA Presentation:** The Long Road Home: Decreasing Barriers to Public Housing for People with Criminal Records

**NO OTHER READINGS FOR CLASS**

**Week 15: HIAs in the International Context**

**Required Readings:**

**HIA Presentation:** No place like home? Exploring the health and well-being impact of COVID-19 on housing and housing insecurity: Supplementary Report (Wales)
- [https://phwhocc.co.uk/whiasu/hia-reports/](https://phwhocc.co.uk/whiasu/hia-reports/)
- [https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-11480-7](https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-11480-7)

**Week 16: Student HIA Presentations**

**METHODS OF EVALUATION & GRADING POLICIES**

**Evaluation Criteria**
You will be graded on both your individual contributions to class and a final team project. As part of the final project, I will be asking each member of the HIA teams to evaluate each other, the results of which will account for 5 out of the 40 points for the Final HIA report and presentation.

**Point Breakdown for Determining Final Course Grade:**
I will provide more detailed information on how assignments will be evaluated over the course of the semester.

Class participation – 20 points, 20%
Mid-semester HIA progress presentation – 20 points, 20%
HIA Case Presentation – 20 points, 20%
Final HIA Report and Presentation – 40 points, 40%

**Total Points: 100**
References


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