

Chronicles of Health Impact Assessment

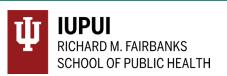
Improving community health through health impact assessments

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# GUEST LECTURES: INCREASING STUDENT KNOWLEDGE OF HEALTH IN ALL POLICIES BY USING THE HEALTH IMPACT CHECKLIST

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## Introduction

Evidence-based information, objective analysis and civil dialogue can position policy leaders to become effective champions for healthy communities. Given that young people have a significant role to play in transforming communities, the Kansas Health Institute (KHI) has a goal of collaborating with academic institutions to build student capacity in recognizing, assessing and communicating the health and equity impacts of policies.

## **Setting for Guest Lectures**

The University of Kansas Medical Center (KUMC) Department of Population Health is home to the University of Kansas MPH program, which is the first and longest-standing MPH program in Kansas. The program has two concentrations: public health practice and epidemiology. In addition, the University of Kansas Edwards Campus (KU-E) has a newly launched, fully online generalist Master of Public Health program. The MPH curriculum consists of a series of core classes required for all concentrations and a set of concentration-

To accomplish this goal, KHI began collaborating with the Department of Population Health at the University of Kansas School of Medicine (KUMC) in 2020 to provide one guest lecture a year to Master of Public Health (MPH) students enrolled in the PRVM 804 Community Health Assessment. Intervention, and Advocacy class. As of October 2022, KHI

HiAP is a collaborative approach that integrates and articulates health and equity considerations into policy making and programming across sectors, and at all levels, to improve the health of all communities and individuals.

-Association of State and Territorial Health Officials (ASTHO)

specific classes. A core class required for all students, regardless of concentration. is PRVM 804: Community Health Assessment, Intervention, and Advocacy. Average class enrollment is 20 students. The course is divided into three sections: understanding and assessing factors which drive health in communities, using theory- or evidence-based

has delivered two guest lectures. The guest lectures introduced students to Health in All Policies (HiAP) concepts and ways to examine potential positive and negative health and equity implications of policies by using the Health Impact Checklist tool, which is also referred to as HI-C. A seven-question Qualtrics survey was developed and administered following each lecture to assess student perception of the lecture and its effectiveness. Additionally, following the 2021 presentation, students were asked about ways they could implement HiAP approaches in their MPH studies, with results immediately shared for all to review using Poll Everywhere.

approaches for intervention, and advocating for community health improvement.

## **Curriculum for Guest Lectures**

The guest lecture curriculum was built upon KHI's decades-long experience in HiAP efforts and was tailored to a virtual setting due to COVID-19 risk mitigation policies (including a campus shut-down in spring 2020 and a policy restricting guest access to campus in fall 2021). Since 2010, KHI has completed six health impact assessments, developed a workbook, delivered trainings, created the HI-C tool and provided technical assistance to communities across Kansas and nationally.

The lectures aimed to achieve the following outcomes:

- 1. Advance student understanding of the HiAP framework.
- 2. Increase student ability to identify strategies to implement HiAP.
- 3. Increase student understanding of potential health impacts of policies by participating in a structured activity to complete sections of the HI-C.

To achieve these outcomes, the class time in each guest lecture was divided into two sections: an introduction to HiAP and a small-group activity. Each section included a discussion and a question-and-answer session.

#### Introduction to HiAP

The introduction set the foundation for the small-group activity and covered potential

reasons for adopting an HiAP approach, as well as the definition and principles of HiAP practice. The HiAP principles described were those identified in the Association of State and Territorial Health Officials (ASTHO) report *Health in All Policies: Framework for State Health Leadership.* 

The introduction also described several strategies for implementing HiAP principles, including HiAP resolutions and ordinances, HiAP meetings, cross-sector partnerships around specific projects, ways to incorporate health and equity considerations into requests for proposals and strategic plans, and conducting content analyses of key documents that establish a vision for the community from an HiAP perspective. For each example, the speaker demonstrated which HiAP principles were met (**Figure 1**).

## Figure 1. Example of HiAP Strategy and Alignment with HiAP Principles, from Lecture Slide Deck

## **HiAP Convenings**

Who: Bourbon, Douglas, Franklin, Reno, Riley and Shawnee
What: Convene workshops to discuss how health can be incorporated into policies
Why: To identify opportunities and establish new approaches to decision making
Opportunity: Buy-in from elected officials



### **HiAP Principles**

 Benefit multiple partners
 Support cross-sector collaboration
 Engage stakeholders

- □ Create structural or
- procedural changes
  Promote health and

equity

Following the introduction to HiAP section, students participated in a discussion centered on these questions:

- Reasons for using HiAP: What other approaches can be used to describe why health should be part of the decisionmaking process? What questions or push back do you anticipate?
- HiAP strategies: Of the examples discussed during the session, which seem feasible for your county or community to implement?

#### Health Impact Checklist Small-Group Activity

The HI-C was developed by KHI and designed to inform decisions at many levels (e.g., organization, city, county and state). The HI-C builds on existing tools, such as Health Notes from the Health Impact Project, the Health Lens Checklist from Kent County, Michigan, and the Health in All Policies: Health Lens Analysis Tool from Tacoma-Pierce County Health Department in Washington state. The small-group activity section of the curriculum guided students in identifying potential social, economic and environmental impacts of policies, how those policies could impact health, and which populations may be particularly impacted. Students accomplished this by collaboratively completing and discussing key sections of the HI-C. For these classroom exercises, two example policies were pre-identified by the KHI instructors. Students in one lecture reviewed a county-level nuisance abatement policy while students in the other lecture reviewed a municipal policy preventing suspension of utility service disconnections in response to COVID-19. For both policies, KHI had previously completed examples of HI-C which supported facilitating the classroom activities.

Students in the guest lecture were collectively asked to complete questions 1 and 2 from the

HI-C tool by naming the policy, decision or proposal being evaluated and describing its main goals or key points. Students were then randomly placed in two virtual breakout groups facilitated by KHI to discuss and collectively complete question 3 and 5 from the HI-C. For question 3, the students used the table shown in **Figure 2** on page 5 to identify potential social, economic and environmental conditions that could be impacted if the proposal were implemented. For question 5, students used their knowledge and experience to describe the potential impacts of the proposal on each of the conditions they identified. For example, if they identified "housing quality" as a condition which may be impacted by the nuisance abatement policy, students would then think through how changes to housing quality stemming from the policy may impact health. After 10 minutes, the breakout sessions ended and groups reported to the class on their discussion.

Students then returned to their breakout groups to complete question 6 of the HI-C which asked them to identify the specific populations which might be impacted by the policy for each identified social, economic or environmental condition (**Figure 3** on page 5). The breakout groups completed this activity and then reported back to the class after 10 minutes. The session concluded with an overview of the remaining components of the HI-C, examples of other HiAP resources, and time for questions and discussion.

Social, Economic, and Environmental Conditions <sup>1,2</sup>				
Economic Stability	Neighborhood & Physical Environment	Education		
□ Employment	Housing Quality	Early Childhood Education and Development		
□ Income	□ Transportation	High School Graduation		
Housing Instability/ Homelessness	<ul> <li>Environmental Conditions(e.g., water, air, and soil quality)</li> </ul>	Higher Education		
Food Insecurity	Access to Healthy Food	🗆 Language		
D Poverty	□ Safety	□ Literacy		
D Other:	□ Other:	□ Other:		
D Other:	□ Other:	D Other:		
Community and Social Context	Health and Health Care	Note: The number of social, economic, or environmental conditions examined could depend on available resources, stakeholder interest and timeline. After examining three, additional		
Civic Participation	Health Coverage			
Discrimination	Provider Availability			
□ Toxic Stress	□ Access to Health Care			
□ Social Isolation	Access to Behavioral Health Services			
□ Incarceration	Quality of Care	conditions may be examined further.		
□ Other:	□ Other:			
□ Other:	□ Other:			

#### Figure 2. Table of Social, Economic and Environmental Conditions, from HI-C

## Figure 3. Table for Identifying Health Impacts for Specific Populations, from HI-C

Social, Economic, or Environmental Condition	Impacted Population	Impact on Health	Overall Impact on Health
			<ul> <li>Positive</li> <li>Negative</li> <li>Mixed</li> <li>None</li> <li>Unclear</li> </ul>

## **Lessons Learned**

To assess student perception of the lecture and its effectiveness, students were asked to complete a short online survey. The survey questions focused on assessing changes in student understanding of HiAP, Health Impact Assessments, connections between policies and health, and potential impacts that policies could have on populations. Students also rated the lecture in terms of its quality and effectiveness. Across both lectures, 15 students completed the survey. Overall, the survey results showed that students found the sessions increased their understanding of HiAP and that the HI-C group

> It was nice to be challenged to think differently and to work through the process with an example. -Student

activity contributed to their understanding of how policies may impact health through modifying social determinants of health. In addition, several students suggested focusing more time on a small-group activity, peersharing from each group and working through policy scenarios, while spending less time on lecture material.

While solidifying the overall concepts of HiAP, the group activity provided a valuable opportunity for the students to make connections between policy changes and health impacts. Importantly, the group activity facilitated interaction between students and allowed them to see potential impacts and implications they had not considered. Taken together, the introduction to HiAP and the course activity supported further utilization of, and engagement with, HiAP approaches in other areas of their academic study and future professional work.

## **Discussion**

Fostering student understanding and competence related to Health in All Policies is an important element of MPH education. MPH programs are designed to prepare students to skillfully fulfill the mission of promoting and protecting the health of the public. The growing focus on Public Health 3.0 and HiAP necessitates inclusion of related content to ensure students are well-prepared to engage in cutting-edge public health practice and research.

At KUMC, integrating content related to HiAP practices and approaches enables this preparation and supports development of skills and competencies directly related to the foundational competencies of the MPH program. For a public health institute such as KHI, partnering with KUMC through these lectures to support public health training and engagement with HiAP helps advance the vision of healthier Kansans through effective policy. KHI continues to support utilization of the HI-C tool through technical assistance. These lectures offer opportunities to refine KHI's teaching and resources for HiAP and the HI-C.

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