HIA TRAINING IN THE UNITED STATES:
A STUDY OF SCOPE, OUTCOMES AND NEEDS

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Background

- Optimism
  - Uses of HIA
  - Rapid growth of the field

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- Optimism
  - Uses of HIA
  - Rapid growth of the field
- Institutionalization?
- Micro- meso- macro- capacity-building

Purpose

1. Describe the **scope** of activity

2. Understand longer-term **outcomes**

3. Identify **needs**

Methods: Design

- Training documents and participant lists
- Semi-structured interviews
- Training evaluation framework
  - reaction < learning < behavior < results
  - adult learning, competencies, skills progression

Methods: Subjects

- Participant lists obtained for 32/75 trainings
- 74 participants invited for interview
  - Purposeful (34) selection
    - Authorship, participation, location
  - Random (40)

Methods: Measurement and analysis

- Interview guide:
  - background/ profile
  - pre-training motivation and propensity
  - effectiveness of training
  - post-training transfer and workplace implementation
- Telephone interviews
  - recorded Dec 2011 – July 2013
  - coded in Nvivo

1. Scope

- Training types
  - Centers for Disease Control and Prevention (CDC)
  - Human Impact Partners (HIP)
  - San Francisco Department of Health (SFDPH)
  - UC Berkeley (UCB)

Training characteristics

- Purpose and context
- Accessibility
- Participation
- Facilitation
- Format
- Follow-up

Trainings

	CDC	HIP	SFDPH	University*	Total
Date of first course	Feb 2006	Sept 2008	July 2008	Feb 2006	na
Date of last course in study	Dec 2010	Apr 2012	July 2012	Jan 2011	na
# conducted	23	34	5	11	**75**
# of different sites (states) **	19	18	1	5	**29**
average # of participants	31	34	37	13	na
# w/ participant lists available	9	14	4	6	32

* All known university courses were considered in identifying the parameters of the training type and calculating the numbers trained. However, participant lists were only obtained from UCB.

** Some sites were similar across courses. The total number reflects only unique sites (states) between the four training types.

Trainees

	CDC	HIP	SFDPH	University*	Total
total # trained ***	713	1156	185	174	**2228**
# available from lists	258	495	147	67	900
# included in sample	40	11	12	11	74
# completed interview	26	9	8	5	48
% responding	*65*	*82*	*67*	*45*	*65*

*** Some trainings conducted by HIP and Universities did not have information on the number of participants. Therefore the total number trained is an estimate based on the number of trainings reported and the average number of participants in those trainings with the information available.

Trainees by discipline *

	CDC (n=258)		SFDPH (n=147)		Total (n=405)		Study participants (n=43) **	
	#	%	#	%	#	%	#	%
Health	133	*52*	121	*82*	254	*63*	28	*65*
Planning	43	*17*	11	*7*	54	*13*	11	*26*
Environment	25	*10*	6	*4*	31	*8*	2	*5*
General government	17	*7*	4	*3*	21	*5*	0	*0*
Transportation	13	*5*	1	*1*	14	*3*	1	*2*
Other	27	*10*	4	*3*	31	*8*	1	*2*

* We did not include information in this table about discipline and sector of work for trainees from HIP and University courses, since that info was unavailable for more than half of the trainees on lists from HIP and since we assumed most University students were full-time students at the time of the training. Discipline refers to the primary mission/ function of the agency where the trainee was employed. General government includes elected and appointed positions in city or county councils, commissions and administrations.

** University students were also not included in the N for study participants, since they were assumed to not be employed in full-time professional positions. Trainees from HIP who were interviewed were asked about their employment and included in this column.

Trainees by sector

	CDC (n=258)		SFDPH (n=147)		Total (n=405)		Study participants (n=43) **	
	#	%	#	%	#	%	#	%
Government	167	*65*	78	*53*	245	*60*	30	*70*
Federal	19	*7*	3	*2*	22	*5*	0	*0*
State	25	*10*	17	*12*	42	*10*	5	*12*
Regional	28	*11*	3	*2*	31	*8*	3	*7*
County	54	*21*	44	*30*	98	*24*	13	*30*
City	41	*16*	11	*7*	52	*13*	9	*21*
Academic	33	*13*	33	*22*	66	*16*	8	*19*
Non-Profit	46	*18*	28	*19*	74	*18*	4	*9*
Private	12	*5*	8	*5*	20	*5*	1	*2*

2. Outcomes

Profile and propensity

- Location
  - From 22 states and 20 trainings
- Education
  - 32/43 obtained a graduate degree
- Role
  - 10 had role w/ "Senior" or "Director" in title
- Prior knowledge of HIA
  - most had only heard of the concept

Motivation: reasons for seeking the training

- some, especially those in planning, were not motivated
- interested in ethical implications, the ability to address social determinants of health and EJ
- response to community demands, a way to engage
- need for planners/designers to stay updated on this novel tool
- an opportunity for building networks and their capacity
- realized the value of HIA in their existing or planned work

Format, content, delivery

- the case study format was well-received
  - not all case studies (brought by participants) were workable
  - the scale and type of case studies and examples (used by instructors) was not relevant for all
- more details on the practical application of the HIA concepts
  - those not in public health felt their perspective was not addressed
- training as an ongoing process
- adult learning must be practical

Fellow participants

- learned through interaction with peers, but wanted more diversity
  - first planners, then decision-makers and community
- the first interaction between public health and planning
- lasting relationships were formed
  - professional and personal
  - subsequently with communities
- sensitized to each others work and language

Objectives

- basic objectives were met, but satisfaction was dependent on the stages of their project, knowledge about HIA, and career
- when participants did not acquire new methodological competencies, they were still ready to promote the paradigm
- objectives of making progress on own real projects while at the training were not fully met

Successes

- 20% (8/40) of those randomly selected participated in an HIA

- training as a catalyst
  - *"it was definitely the seed of what came later"*
  - *"the health department really took it and ran"*
  - *"I did get enough to be able to do some training. And that opened the door... and led to everything. That led to our first HIA, which led to the grant, which led to us being asked to write the health element for the comprehensive plan. It wouldn't have happened if I hadn't gone to that training."*

Other Themes

- Adding value vs. adding costs/ barriers
- HIA is similar to other processes, some already being done, just calling it something else
- Framing as a critical component of HIA
- Institutionalizing/ moving beyond HIA

3. Needs

- Details to scope/ plan and budget for HIAs
- Framing and writing recommendations and policy
- Detailed methods to develop competencies, both quantitative and qualitative
- Ready-made evidence base/ lit reviews
- Engaging communities and managing interactions
- Support with evaluation
- Interaction with practitioners in similar contexts

Discussion

- Diversity in training and practice
- Sensitization of stakeholders
- Role of leadership

Recommendations

- refine and coordinate resources for HIA capacity-building

- define competencies for HIA and the pathways to obtain them

- leverage complimentary models of workforce development

    - http://www.phf.org/programs/corecompetencies/Pages/Core_Competencies_for_Public_Health_Professionals_Review_Process.aspx

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Core Competencies stay current and continue to meet
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Programs

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**Council on Linkages
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**Future of Public Health
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**Health Occupations
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**Learning Resource Center
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Minority Outreach

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(NPHPS)**

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and Quality Improvement
(PMQI)**

PHF Online Store

**Public Health Improvement
Resource Center**

**Public Health Preparedness
and Response**

Public Health Services and

Core Competencies Feedback Form

Do you feel the Core Competencies need to be revised?

◯ Yes

◯ No

Please explain:

If the Core Competencies are revised, what changes would you like to see?
(Select all that apply.)

☐ Simplify language

☐ Add domains (for list of domains: www.phf.org/competenciesdomains)

☐ Remove domains

☐ Add competencies

Recommendations

- emphasize community capacity for HIA

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