
PRINCIPLES OF COLLABORATION

Human Impact Partners (HIP) believes in transparent, ethical and accountable engagement in working with all our partners - community, public health organizations, or others. HIP believes that the public health frame can and should play an important role in movements for social change. HIP believes community leadership in conducting health analyses, including Health Impact Assessment (HIA), is critical to its effectiveness in mitigating potential health outcomes of concern to the community. We understand and respect that communities are equal partners in the HIA process, and that in many cases they have the capacity to be the sole driver of the process. HIP also believes public health agencies and organizations have the opportunity to expand government's definition of public health and understanding of health to include land use, environmental impacts, and democratic decision-making. We believe that public health impacts should be transparent in the public policy making process and we believe that public health agencies should play a leading role in this.

We encourage meaningful partnership between community and public health entities. In doing so, there are several principles or ground rules we believe are important to agree upon when entering into a collaborative relationship.

DECISION MAKING

During a health impact assessment, many decisions will need to be made, including: whether to conduct an HIA; what to include; what information is used in the findings; what the recommendations are; and how to use the HIA to take action.

HIP recognizes that our partners most often know their constituents better than HIP does, and that they therefore should take the lead in decision-making regarding project screening, scope, and use of an HIA. HIP brings experience with the process and content of HIA, an understanding of how to apply those tools, and a set of values that promote health for all.

During the HIA process, decisions should be made by consensus whenever possible. Participants should attempt to bring issues to each other's attention to avoid making unilateral decisions. They should recognize and consider different perspectives. However, organizations will be identified at the start of the collaboration who will have the authority to make final decisions about each stage of the HIA process (e.g., What will the HIA 'products' be? Who would write them? Review them? To whom will they be released? By whom?).

RELATIONSHIP AND TRUST BUILDING

All groups engaged in the HIA should agree to explore and share their interests and goals in the HIA and any critical needs they have in the work (non-negotiables) at the beginning of the process. These should be reviewed regularly during the process to ensure needs are being met.

For example, HIP's interests include ensuring that the analysis in the HIA is holistic and scientifically accurate, that the HIA process is not co-opted by a particular agenda, and that the HIA results are as objective as possible (where the definition of objective includes not only facts described for example in quantitative or qualitative studies, but also the day-to-day experiences of community members). We believe this is critical because HIP wants to ensure that HIA remains

credible to all stakeholders and because HIA can be a useful tool for finding common ground between disparate interests.

ROLES

Given that health impact assessments are intended to take a holistic view of health impacts of a project, plan, policy or campaign, each step in conducting an HIA can be led by different groups depending upon the situation. However, HIP believes there are certain roles that each group must commit to fulfilling. These roles must be outlined at the start of a collaboration so it is clear who is taking the lead in each step. Some of the required responsibilities are:

Community/Grassroots Organizations

- Coordinate the various community constituencies and stakeholders who should be involved in the HIA project throughout the process.
- Participate in health impact assessment trainings that are included in the workplan;
- Participate in developing the scope of the HIA;
- Conduct necessary data collection with HIP (e.g., in focus groups);
- Evaluate the HIA(s);
- Report significant health risks found during the HIA process to stakeholders and decision makers;
- Conduct outreach to engage appropriate members in trainings and focus groups;
- Organize logistics for meetings/trainings related to HIA;
- Make and carry out decisions about how to use the HIA in advocacy efforts.

Public Health Advocacy Organizations (including Public Health Agencies)

- Participate in HIA trainings and/or focus groups;
- Participate in developing scope of the HIA;
- Data collection and analysis;
- Conduct outreach to engage appropriate community organizations and representatives of other agencies;
- Organize logistics for meetings/trainings related to HIA;
- Make and carry out decisions about how to use the HIA in advocacy efforts carried out by the agency (with community input).

HIP

- Train and mentor regarding health impact assessments and how to “do” an HIA;
- Facilitate, help others facilitate, or provide assistance with the HIA process, including screening, scoping, research, reporting and evaluation;
- Conduct research or help/advise others conducting research regarding the content of the HIA;
- Advocate for inclusion of health in decision making (institutionalization of HIA) but do not conduct advocacy regarding the HIA findings (unless specifically asked to by the community organizations);
- Take on other roles as needed, depending on the situation.