

CHIA

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TEACHING HEALTH IMPACT ASSESSMENT IN AN ONLINE FORMAT

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SOPHIA

Background

During the 2010-11 academic year at the Johns Hopkins Bloomberg School of Public Health (BSPH), I created and launched a course on health impact assessment (HIA) in the Department of Health Policy and Management (HPM). Since the course sits in HPM, and because I am a “policy person,” I promote HIA as a tool to elevate health and equity considerations for proposed policies such as legislation and regulation, at both the governmental (e.g., federal, tribal, state, and local) and nongovernmental (e.g., private/institutional) levels (Pollack Porter et al., 2018). Students must have completed a graduate level course in health policy or seek permission prior to enrolling. The course is typically taught during an 8-week term, when it meets once each week for three hours.

The course is limited to graduate students and has primarily been taken by graduate students in public health. I have never had to recruit students to the course per se. Each year, I discuss HIAs during lectures I give in policy courses and a course on the built environment and health. During these sessions I mention the HIA course so people are aware that they can learn more about the topic. In addition, the HIA course was added as one of the courses to meet competencies for several degree programs, which helped increase enrollment annually. During the first year when I taught HIA, I capped the course at 15 students and because of increased popularity and interest, I increased the cap to 30 students in 2011-12. In the 2014-15 academic year I increased the cap to 40 and then in 2019-2020, I increased it again to 60, which is where it stayed through the 2021-22 academic year.

In addition to teaching the course during a full term for over a decade, the course has been taught three times in a condensed format;

the 8-week course was taught over 2-3 days during the BSPH Fall and Summer Institutes. This shortened format draws students from the part-time degree programs or other non-degree students. For example, learners from public health agencies, nonprofits, and the World Health Organization have completed the course in the condensed format.

The course includes an option for students in the School’s MPH program to obtain 25 practicum hours (towards the minimum of 100 hours they must complete) in support of hands-on public health training. These credits are obtained by providing additional opportunities for students to collaborate with a community-based organization or local government partner. For example, one year, we partnered with a state legislator and conducted rapid HIAs on a proposal bill. Students who took the course for practicum hours did additional work with the legislator and supported their efforts on a bill that would require HIAs. The students helped create materials for the bill hearing to educate the committee on social determinants of health and HIAs and attended the bill hearing. Approximately, 5% of the number of enrolled learners in the HIA course opt to use the course towards their 100 hours.

While the pandemic forced many of us to move our in person courses online, in 2019 I decided that I would create an online offering of my HIA course. The BSPH has fully online degree programs, and these students repeatedly asked if I would create an online offering. During the 2019-20 academic year one part-time master’s student even flew to Baltimore each week just to take the class because they thought the content was critical for their career aspirations! I finally decided to create an online version once the Bloomberg American Health Initiative wanted to add the course as one of the elective offerings for their fellows (Bloomberg American Health

Initiative, n.d.). As such, I applied for funds from the Initiative to support some of my time to record the lectures and launch an online offering of HIA during the 2020-21 academic year.

Online Format

I greatly benefited from the BSPH Center for Teaching and Learning (CTL) that supports, “educational excellence in public health, ensuring innovative and engaging learning experiences in the classroom and online” (Center for Teaching and Learning, n.d.). Once I initiated creating an online version of my course, I worked with an instructional designer from CTL to create a syllabus that would work well in a fully online course. The course was designed for asynchronous learners, with required “LiveTalks” for synchronous learning. I was paired with excellent producers who worked with me to ensure the recordings were clear and accessible, and over several months I recorded all the lectures.

My approach to developing an online offering of HIA was consistent with the skills and competencies some colleagues and I promoted in an article we wrote in 2014 about teaching HIA at the graduate level (Pollack KM et al. 2014). The schedule required students to watch recordings each week that began with an introduction of Health in All Policies (HiAP), review of each step of the HIA process, including separate lectures on equity and stakeholder engagement. The students also learned about HIAs applied for policy decisions and the types of policies that can support institutionalization or routinization of HIAs. The course was designed to front load the initial weeks with lectures on the steps of the HIAs process so that learners would have the knowledge to complete the first assignment, which was a critique of a completed HIA. The first LiveTalk of the course involved a discussion of the HIAs that were critiqued. The second LiveTalk was a discussion

involving a panel of HIA practitioners. The final assignment was a brief written reflection that involved learners sharing their thoughts about the value of HIAs, how to support their growth, and any personal insight from working on a rapid HIA, which was required for the course.

The course has a hands-on component that involves working on a rapid HIA. Since the course is in HPM, HIAs are always applied to proposed governmental or nongovernmental policies. Students are placed into groups of 5-6 to work on a rapid HIA. A final report is not produced, instead students submit their PowerPoint presentations and have to clearly delineate each group member’s contribution to the project. We typically work with a partner involved with the proposal that is the subject of HIA. We remain in close contact with the partner throughout the course and they attend the final LiveTalk to watch the groups present. Once the course is complete, with permission from the students, I provide the partners with slides and other resources compiled by the students.

During the first year that I taught the course online, we worked on a proposed policy by the Washington D.C. City Council. A representative from the Washington D.C. government served as a resource for the students. For the second year of the online course offering, we partnered with the Baltimore City Health Department on a bill being considered by the state legislature that would impact city residents. These partners were identified by leveraging my existing partnerships.

Reflections on Teaching Online

In reflecting on creating a fully online HIA course, there are three insights that I want to share. First, during the initial year that I taught the course online, I tried to essentially replicate what I had done onsite because the onsite

course worked well, and my course had always been highly rated. Overall, the evaluations for the online course were good, but I noted that the students hoped for more interactions with me. In reflecting on when the course was in person, the students saw me each week and could speak with me before and after class (I want to note that students are always able to schedule 1-on-1 meetings with me). With most of the sessions being recorded, the learners heard from me each week but did not have live interactions with me. As a result, during the second time that I taught the course online, I added weekly optional office hours via Zoom. This created a drop-in space for learners to speak with me about the field, to ask additional questions, and to feel connected. As I continue to offer the course online, I will ensure that there are always regularly scheduled optional office hours.

Second, the 8-week term continues to be a challenge, especially because it means that learners only have a few weeks to become familiar with the HIA process to successfully complete the assignment and then work in groups on a rapid HIA. The final presentations occur during the eighth week, which essentially means that students have seven weeks to learn all the material and complete a rapid HIA. Having additional office hours and several teaching assistants (TAs) to serve as resources for the students are a couple of ways that I provided them with support during the 8-week term. Despite this, the short time frame to grasp the content is a challenge for students.

This comment about TAs brings me to my third point – the course size. During the 2021-22 academic year, 182 students took my course (and about 12% opted to obtain practicum hours). While exciting for the field, the course was very large, which created administrative challenges regarding engagement,

responsiveness, grading, etc. Even though I had four TAs, the workload was high for everyone. An additional challenge with the size was that course enrollments were large for all classes at BSPH, which meant that TAs were in high demand, so I ended up having TAs who had not taken HIA before. Although the TAs played a critical role and were able to respond to student inquiries, and with clear instructions and rubric help grade, I had to answer all technical questions. For the upcoming 2022-23 academic year, I decided to add a cap to the class (100 students) to make it more manageable. I am now the Chair of my department, which means time is limited; thus, I will not offer additional practicum hours.

Conclusions

I have taught HIA for a dozen years. I have adapted the course in recent years, so it remains relevant. For instance, while the core elements of the course have remained the same, I have added more content regarding HiAP, including discussing other tools like the Washington Health Impact Review (Pollack Porter KM, et al. 2019) and the health note, which I helped create and implement with colleagues at the Health Impact Project (Health Impact Project, 2021).

The course has received strong ratings and in terms of the impacts on the learners, the following quote from a former student reflects many that I have received: “I have thoroughly enjoyed the process of learning and thinking of ways that I can apply the HIA in the way that I think through my other public health courses, and as a future public health professional.” Over the years the partners that I have worked with have noted how valuable it was to receive the PowerPoint slides at the end of the term. One partner described the presentation slides and resources as follows, “It truly is a treasure trove of information! Please pass along my thanks to your students.”

Any time that I ask myself if I should take a break from teaching the course, I seem to receive an email from a student sharing how much they are looking forward to taking the course or from a former student sharing how valuable the course was for their current

position. I believe that HIAs are one important tool to help change to advance health equity, and as long as there is progress to be made towards this goal, I will continue to teach the course.

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