

**HOST SITE APPLICATION: PEER EXCHANGE PROGRAM**

**Overview:** The Society of Practitioners of Health Impact Assessment (SOPHIA) offers a range of opportunities for its members to learn from one another, including a [mentoring program](https://sophia.wildapricot.org/Locate-an-HIA-Mentor), networking events at conferences and meetings, and an [online member directory](https://sophia.wildapricot.org/directory). As part of its efforts to foster connections between all its members, SOPHIA is piloting a peer exchange program. While SOPHIA will develop the curriculum and facilitate the exchange, the program will be self-funded. Please find below a *Host Site Application*. For more information about the program, please read the *SOPHIA Peer Exchange Program Manual* located at <http://sophia.wildapricot.org/Peer-Exchange-Program>

**Instructions:** Please complete the application and submit it to the Peer Exchange Program contact Tatiana Lin at [tlin@khi.org](mailto:tlin@khi.org). If you have any questions, please call 785-233-5443.

| **HIA PEER EXCHANGE PROGRAM: HOST SITE** | | |
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| 1. **INFORMATION ABOUT ORGANIZATION** | | |
| Organization name |  | |
| Name (first and last) of the site liaison |  | |
| Address |  | |
| Country |  | |
| Email |  | |
| Phone |  | |
| Your organization’s official language(s) | English  French  Other\_\_\_\_\_\_\_\_\_\_\_\_\_  Spanish  German | |
| Reasons for Serving a Host Site (please describe) |  | |
| My organization has experience in the following areas. | only HIAs *(complete B1)*  only HiAP efforts *(complete B2)*  Both (HIAs and HiAP) *(complete B1 and B2)* | |
| 1. **EXPERIENCE** | | |
| **B 1. (Health Impact Assessments)** | | |
| How many years has your organization been working in the HIA field? | 1 – 2  3-5  6 – 10  11 or more | |
| What type of HIA work does your organization engage in?  *Check all that apply.* | Conduct HIAs  Teach HIA courses  Conduct HIA trainings  Provide HIA TA/mentoring | |
| How many HIAs has your organization completed? | 1 – 2  3-5  6 or more | |
| What were the subjects of your HIAs?  *Check all that apply.* | Built Environment  Transportation  Education  Natural Resources  Climate Chang | Food and Agriculture  Labor and Employment  Economic Policy  Environment  Criminal Justice issues  Other (please indicate)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| At which level did you conduct an HIA(s)? | Local  State  Federal | |
| Have you conducted an HIA(s) outside of the United States? | No  Yes (list countries)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Is there an online report(s) available for your HIA(s)? If so, please include 1-2 links here. |  | |
| **B 2. Health in All Policies** | | |
| How many years has your organization been working in the HiAP field? | 1 – 2  3-5  6 – 10  11 or more | |
| What type of HiaP work does your organization engage in?  *Check all that apply.* | Convene HiAP Task Force  Complete health notes/health lens or similar analysis  Teach HiAP courses  Provide HiAP TA/mentoring  Conduct HiAP trainings  Other (please indicate)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Please provide any additional details about your HiAP experience. |  | |
| 1. **SERVICES** | | |
| Which of these services your organization would be able to offer the program participant?  *Check all that apply.* | Leadership and project management duties  Financing and budgeting  Building an HIA/HiAP team  Interactions with community members/stakeholders  Interactions with elected officials/decision makers  How the HIA/HiAP tool (s) work  Deep dive into specific HIA steps  Screening  Scoping  Assessment  Recommendations  Reporting  Evaluation/ Monitoring  Communications – development of HIA/HiAP communications plan, including working with media, stakeholder engagement, and more  Becoming an HIA/HiAP TA provider  Deep dive into specific HIA/HiAP topic areas  Learn how to conduct HIAs/HiAP efforts in different settings/context  Learn how to conduct different types of HIAs/HiAP efforts such as health note, health lens analysis  Learn how to create a HiAP Task Force  Other (please indicate)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| What type of exchange experience is your organization interested in participating? | only virtually  only in person  virtually and in person | |
| 1. **VIRTUAL EXPERIENCE**   (Please complete this section if your organization is planning to offer a virtual exchange experience) | | |
| How often would your organization be able to host program participants virtually? | one time a year  2-3 times a year  4-5 times a year  6 times a year or more  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Note:** Although SOPHIA will make every effort to ensure that the host site offers a quality experience to an exchange participant, it cannot guarantee or be liable for any cause whatsoever that may arise out of or in connection with the services of this HIA Exchange Program.  In addition, by engaging in this exchange program, you agree to hold harmless the SOPHIA organization, its directors, officers, employees, agents, volunteers, assigns, and successors (hereinafter, “the protected parties”) from all liability from any cause whatsoever.