

SOPHIA

The logo for SOPHIA features the word "SOPHIA" in a bold, green, sans-serif font. The letter "O" is replaced by a circular icon containing a stylized globe made of green and white geometric shapes. The background of the entire cover is a dark blue gradient with a network of white lines and circular nodes, some of which contain icons of people or abstract shapes.

Society of Practitioners of Health Impact Assessment

MANUAL FOR PEER EXCHANGE PROGRAM

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Contents

- SECTION 1 2
 - Peer Exchange Description..... 2
 - Overview 2
 - Goals 2
 - Why Would I Want to be Involved in a Peer Exchange? 2
 - Detailed Description 4
 - Funding 6
 - Peer –Exchange Program Intersection with Other SOPHIA Services 6
 - Becoming a Host Site 6
 - Matching With a Host Site 6
 - Lodging (for in person site visit) 7
- SECTION 2 8
 - Menu of Services 8
- SECTION 3 11
 - Individual Exchange Plan 11
- SECTION 4 14
 - Host Exchange Plan 14
 - How to Match With a Participant 14
 - Sample Agenda 15
- SECTION 5 17
 - SOPHIA’s Role 17
- APPENDIX A. Application to Participate in Peer Exchange Program (Participant)..... 18
- APPENDIX B. Application to Participate in Peer Exchange Program (Host Site)..... 21

Peer Exchange Description

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, working groups and committees, networking events at conferences and meetings, and an online member directory. As part of its efforts to foster connections between all members, SOPHIA launched a peer exchange program in 2016. While SOPHIA facilitates the exchange, the program is self-funded. The participants can choose to participate in the program virtually or in-person. The time commitment may vary based on the needs of the individual. Each participant will complete an individualized exchange plan that will be used to identify potential time commitment. In general, the commitment may range from a few hours to several days. The list of host sites is available at <https://hiasociety.org/Peer-Exchange-Program>

Goals

The goals of this peer exchange program are to:

- 1) promote professional development of health impact assessment (HIA) and Health in All Policies (HiAP) practitioners;
- 2) foster relationships among HIA and HiAP practitioners that can be sustained in the future; and
- 3) identify areas of opportunity for collaboration between HIA/HiAP organizations in the future.

Why Would I Want to be Involved in a Peer Exchange?

As a participant: Set exchanges enable individuals' leadership potential to flourish and contribute to developing role models, best practices and networks for collaboration and skill sharing. Participants of peer exchanges have the opportunity for professional development that leads to higher quality HIAs and HiAP efforts, develop connections that lead to expanded networks, and identify areas for potential collaboration in the future.

As a host: Set your organization apart from others. Sites that host participants in peer exchanges can expect to strengthen partnerships and collaborations between HIA/HiAP organizations, contribute to building an ecosystem of support, and deepen the impact of their existing or future HIAs and HiAP efforts.

To learn more about potential benefits of the program, please read testimonials from two individuals who participated in the Peer Exchange Program. These testimonials were featured in the SOPHIA newsletter (another SOPHIA member service), “Peer Exchange Program: Lifting the Curtain.”

Peer-Exchange Program: Lifting the Curtain

In 2016, SOPHIA launched a Peer-Exchange Program for its members. This program is designed for HIA practitioners who are interested in building or enhancing their HIA competencies by participating in hands-on experience (virtually or on site) with one of the HIA champion organizations.

We are excited to share with you the insights from the first exchange experience! We would like to thank Sara Satinsky, Human Impact Partners for participating as the host site and Marcus Knight, Child and Youth Program Coordinator, the National Guard Association of the United States for being a program participant.

Host Site Perspective



Q. Why did your organization decide to become a host site?

A. Sara (host site): *It goes back to our organizational values. We believe that mentorship is our responsibility. Human Impact Partners is an organization that for more than a decade has practiced Health Impact Assessment, among other tools, to bring the power of public health to campaigns and movements for a just society. The mentorship exchange is a concrete way to share our expertise, educate people from diverse backgrounds and areas of expertise who are interested in Health Impact Assessment, and cultivate relationships with future partners in advancing*

health equity. We also are students in the process of social change and see the mentorship exchange as an opportunity to teach as well as to learn.

Q. If you could give any advice to someone considering peer-exchange, what would it be?

A. Sara (host site): Do it! A common piece of advice we give to participants in our trainings is that the deepest way to learn about a Health Impact Assessment is to do one. This mentorship program offers a taste of working on a full HIA.

Participant Perspective

Q. What have you hoped to learn from the “exchange” experience?

A. Marcus (participant): *Coming into the peer-exchange program, I had wanted to learn more about the HIA process, in particular, the core activities of each phase. I wanted to understand how an HIA was built from the ground up, and in my short time with Human Impact Partners I have gained valuable insight into the process and much more than I initially expected.*



Q. What was your experience up-to-date?

A. Marcus (participant): *I've had nothing but a great experience. Initially, I worked with someone else from Human Impact Partners early on in the process, but mid-way through that person transitioned from the organization. I was quickly engaged by Sara who worked to provide opportunities to explore many facets of the HIA process, which maximized my time with them. In addition to independent conversations with Sara, she made sure to include me in weekly meetings where I was able to experience how new insights and pathways for the project were discovered through the exchange of ideas. Despite the fact that my peer-exchange was done remotely I never felt out of the loop. I've learned that the process of building an HIA is organic and non-prescriptive as a large percentage of the time is spent to ensure the end product will be useful to better the lives of those at the center of its focus.*

Q. If you could give an advice to someone considering peer-exchange, what would it be?

A. Marcus (participant): *I would advise that person to approach the peer-exchange with some idea of what they would like to learn but be open to learning and gaining skills that had not been initially considered. Be as engaged in the process as possible and don't be afraid to voice your opinions and insights because what you say during your short amount of time apart of the peer-exchange program could quite possibly impact the trajectory of the project.*

Detailed Description

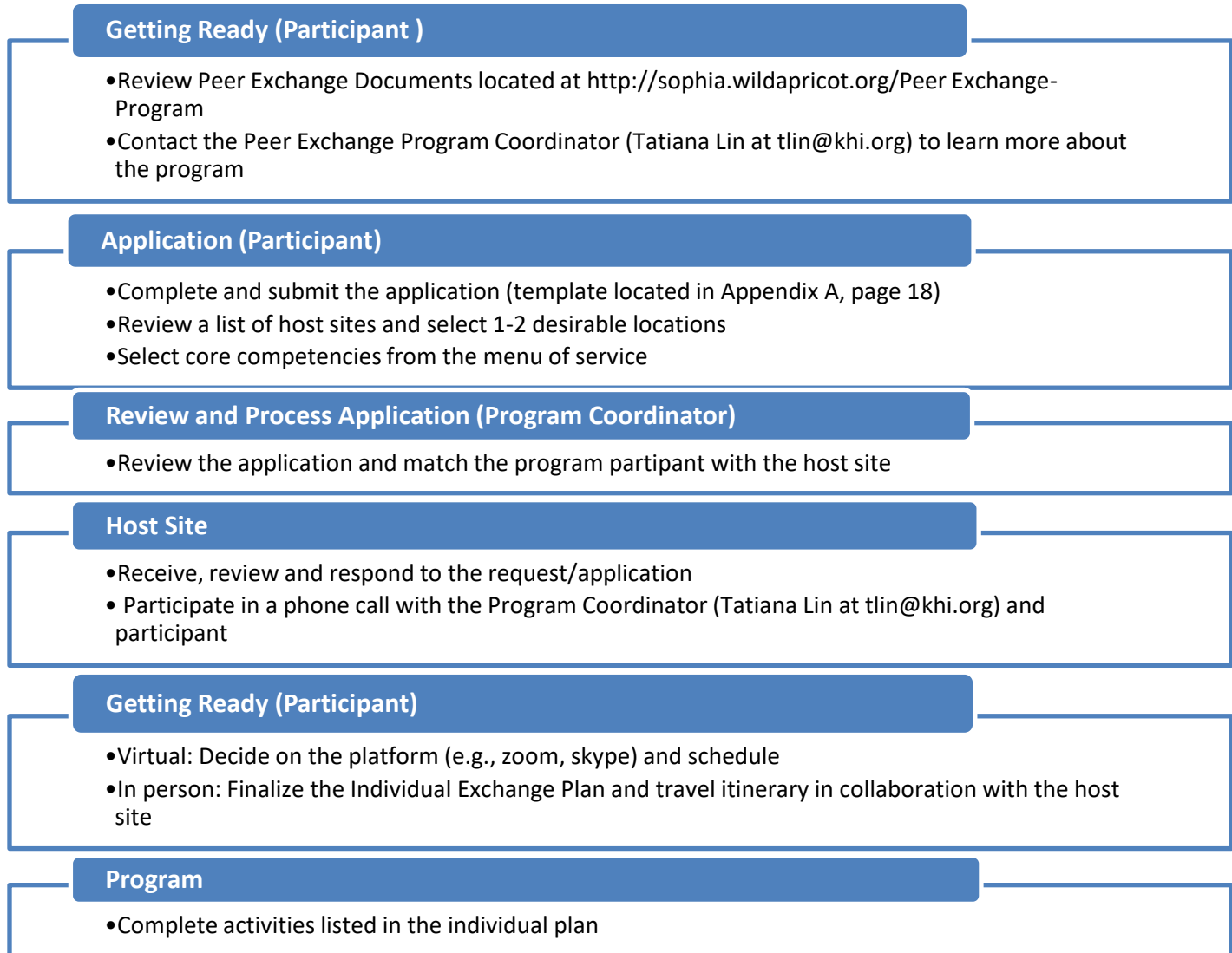
This program is designed for HIA and HiAP practitioners who are interested in building or enhancing their HIA and HiAP competencies by participating in hands-on experience with one of the HIA/HiAP champion organizations. The peer exchange works like this: a health impact assessment (HIA) practitioner would visit (or connect remotely with) a host site that is currently conducting an HIA or HiAP efforts and work under the guidance of the host site's peer exchange liaison for agreed upon period of time. The HIA practitioner will be engaged in the selected HIA/HiAP activities, especially ones that stretches the practitioner's current knowledge and experience. Objectives and timelines will be determined through a collaborative process between the HIA/HiAP practitioner and the liaison at the host site, with SOPHIA providing guidance documents. See the menu of services for potential areas of focus on Page 9.

The exchange will be designed with opportunity for both the HIA/HiAP practitioner and the host site to benefit from one another. The process for becoming a Peer Exchange Program Participant is described in Figures 1 and Figure 2, page 5. The application is located in [Appendix A](#), Page 18.

Figure 1. Process for Becoming Peer Exchange Program Participant



Figure 2. Detailed Steps: Enrolling in Peer Exchange Program



Funding

The program is self-funded. The participants who choose to engage in the program virtually will need to secure access to web-based video conferencing software such as skype, zoom, Microsoft teams or other. The participants who choose to engage in the program in person will be responsible for covering their expenses associated with lodging, travel (flights, transportation), meals and incidentals. SOPHIA will continue to explore the opportunities for funding this program in the future.

Peer –Exchange Program Intersection with Other SOPHIA Services

SOPHIA is committed to supporting its members by providing various technical assistance and mentoring services. Peer Exchange Program is one of SOPHIA’s services aimed at helping its members to build their HIA/HiAP capacity. SOPHIA also offers a mentoring program that supports professional development and peer learning. SOPHIA mentors work by phone and email and can provide approximately two hours per month of support to mentees to enhance their HIA/HiAP capacity. The list of mentors is available at <https://hiasociety.org/Locate-an-HIA-Mentor> To access this list, please login as a member.

Becoming a Host Site

This section outlines the process of how to become a host site.

Step 1- complete the host site application to become a host site located in [Appendix B, Page 21](#).

Step 2 – receive a confirmation from the SOPHIA Peer Exchange Program coordinator.

Matching With a Host Site

This section outlines the process of how a participant can enroll in the Peer Exchange Program.

Step 1- complete the program participant application

Step 2 – receive a confirmation from the SOPHIA Peer Exchange Program coordinator

Step 3 – review and agree on the host site agenda/individual plan

Step 4 – make arrangement for the virtual exchange or create a travel itinerary in collaboration with a host site

Your organization might be well-positioned to become a host site if it has experience(s) in: 1) conducting HIA and/or HiAP work; 2) engaging stakeholder and community members; 3) conducting quantitative/qualitative research; among other.

Lodging (for in person site visit)

As this program is self-funded, participants will be expected to ensure their own lodging during their Peer Exchange Program. However, some host sites might be able to offer the program participant to stay with someone who works at the host site or one of their partner organization. Each program participant will identify their lodging preference in the application. During the matching process, SOPHIA will reach out to the participant and provide the name and contact information of the peer exchange liaison at the host site.

SECTION 2

Menu of Services

The program curriculum includes a variety of services ranging from those that aim to build practitioner capacity in the HIA/HiAP steps and methods to those which are aimed at building relationships with other HIA/HiAP practitioners. In their application, participants will be asked to review a “menu of services” and select areas of interest. Next, we will work with the interested host site to identify which of these services the host site will be able to provide during the exchange program.

Below is a list of areas/services that might be offered to the program participants (Figure 3). Each participant will be asked to select services (by checking the box) that they would like to participate in or build capacity in during the Peer Exchange Program.

Figure 3. *Menu of Services*

Competencies	Services	Description
Leadership Project Management	<input type="checkbox"/> Leadership and project management duties	Learn about project management approaches and tools for HIA/HiAP projects. Develop templates/system for managing HIAs.
Budgeting	<input type="checkbox"/> Financing and budgeting	Work with the host site team to understand how to budget/allocate time/resources for HIAs/HiAP. The activities could also include a development of budgeting templates and protocols.
Working with others	<input type="checkbox"/> Building an HIA/HiAP team	Learn how to identify and recruit partners for conducting an HIA (e.g., academia, state agencies, community organizations) and/or implement HiAP efforts.
Community engagement practices Integrating equity into HIA/HiAP	<input type="checkbox"/> Interactions with community members/stakeholders	Participate in the community/stakeholder meetings with the host site project team. Learn how to: <ul style="list-style-type: none"> - identify and invite a diverse group of participants - develop appropriate documents - facilitate meetings The participants might be offered an opportunity to lead part of the meeting and/or develop materials.

Competencies	Services	Description
<p>Effective work with decisions-makers</p> <p>Integrating an HIA/HiAP into a policy change</p>	<input type="checkbox"/> Interactions with elected officials/decision makers	<p>Build capacity in engaging policymakers and legislators around HIAs/HiAP, receive guidance on building trusted relationships, utilizing evidence-based information and policy tools and unbiased way, learn how to incorporate a “health in all policies” concept into discussions.</p> <p>The participants might also attend meetings with local/state elected officials and meet on-on-one with elected officials to discuss HIA/HiAP efforts.</p>
<p>HIA tool and/or specific HIA steps</p>	<input type="checkbox"/> How the HIA tool works <input type="checkbox"/> Deep dive into specific HIA steps <input type="checkbox"/> Screening <input type="checkbox"/> Scoping <input type="checkbox"/> Assessment <input type="checkbox"/> Recommendations <input type="checkbox"/> Reporting <input type="checkbox"/> Evaluation/ Monitoring	<p>Review HIA steps and work through case studies/your own project to operationalize each step.</p> <p>The “deep dive” into specific steps could include the following activities: build a pathway diagram, identify assessment methods, conduct literature review, create recommendations and/or monitoring plan.</p>
<p>Marketing</p> <p>Communications</p>	<input type="checkbox"/> Communications – development of HIA/HiAP communications plans including working with media, stakeholder engagement, and more	<p>Understand the basic requirements of a communications plan related to a public health project or program, including:</p> <ul style="list-style-type: none"> - Develop skills to respond orally and in writing to media inquiries, learn techniques to work with the media to promote health impact assessments - Tactics to promote your HIA/HiAP efforts on your website, in social media, marketing materials and other avenues - Learn how to develop marketing materials and professional documents with concise messaging and appeal.
<p>HIA Technical Assistance expert</p>	<input type="checkbox"/> Becoming an HIA/HiAP TA provider	<p>Discuss how to gain community interest in building HIA/HiAP capacity. Become familiar with:</p> <ul style="list-style-type: none"> - Strategies for marketing HIA/HiAP trainings - HIA/HiAP training curriculum - TA delivery approaches

Competencies	Services	Description
Subject/area specific expertise	<input type="checkbox"/> Deep dive into specific topic areas <input type="checkbox"/> Built Environment <input type="checkbox"/> Transportation <input type="checkbox"/> Education <input type="checkbox"/> Natural Resources <input type="checkbox"/> Climate Change <input type="checkbox"/> Food and Agriculture <input type="checkbox"/> Labor and Employment <input type="checkbox"/> Economic Policy <input type="checkbox"/> Environment <input type="checkbox"/> Criminal Justice issues <input type="checkbox"/> Other _____	Learn about how to conduct HIAs/HiAP on policies/projects in various sectors.
HIAs/HiAP efforts in a different context	<input type="checkbox"/> Learn how to conduct HIAs/HiAP in different settings/context <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Internationally <input type="checkbox"/> Other _____	

SECTION 3

Individual Exchange Plan

SOPHIA Health Impact Assessment Exchange Program

Program Objectives and Timeline

The Peer Exchange Program participants are encouraged to complete the Individual Exchange Plan (IEP) in collaboration with their host site before starting the program. The plan is intended to be a living document and can be modified during the program.

Name and Organization	
First and Last Name of the Program Participant	
Job title	

Program Objectives	Planned project deliverables
<p>Please list at least two competencies and objectives you would like to work on to increase your knowledge and capacity during your exchange.</p>	<p>List the outcomes that you plan to achieve during the time spent at host site. This can include documents, presentations, or progress towards a goal, etc.</p>
<p>Example:</p> <p>Technical Assistance Expert [Competency]</p> <ul style="list-style-type: none"> • Learn about effective TA approaches [List specific objectives here] • Understanding common challenges with providing TA [List specific objectives here] 	<ul style="list-style-type: none"> - A summary document that describes approaches and pro and cons of each approach <p>[List deliverables that are linked to objectives here.]</p>
<p>1. [List first competency here]</p>	<ul style="list-style-type: none"> - [List deliverables that are linked to objectives here.]

Program Objectives Please list at least two competencies and objectives you would like to work on to increase your knowledge and capacity during your exchange.	Planned project deliverables List the outcomes that you plan to achieve during the time spent at host site. This can include documents, presentations, or progress towards a goal, etc.
2. [List second competency here] - [List specific objectives here]	- [List deliverables that are linked to objectives here.]
3. [List third competency here] - [List specific objectives here]	- [List deliverables that are linked to objectives here]

Program Timeline Please list major program activities and expected timeline – plan between 5 to 7 business days of work on exchange projects. This is a tentative plan, changes in timeline may occur.		
Activity Description (please list activities here)	Date(s) planned	Objectives

EXCHANGE PROGRAM PLAN APPROVAL

Please indicate by signing your name electronically that you have read, understand, and agree with the objectives and timeline outlined in the agreement above and will work to complete and/or support completion.

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.

1. Exchange Participant:
2. Host Site Representative:

How to Match With a Participant

This section describes the process a host site should expect to follow from applying to be a host site to wrapping up a participant's peer exchange.

Step 1- complete an application to be a peer exchange host site: (Appendix B, Page 21).

The application will include:

- the contact information for the site liaison
- information about current and upcoming HIAs/HiAP efforts that they would be a good learning opportunity for peer exchange participants
- the services that they will be able to provide to a participant (selected from the menu of services listed)

Step 2- SOPHIA will contact the host site with an acknowledgment that the application was received and details of what to expect next.

Step 3-SOPHIA will contact the host site when with potential matches.

Step 4- SOPHIA will reach out to potential participants to coordinate goals/objectives, timeline, and logistics.

Step 5- Prepare for the participant, including details about the exchange program itinerary (in-person or virtually).

Step 6- Complete the exchange

Step 7- Wrap-up the exchange (complete a short survey and submit a written summary of your experience to the SOPHIA's newsletter).

Sample Agenda

Each host site will draft a program agenda in collaboration with the program participant. The “sample agenda” below is intended to provide a high-level example.

In person Exchange	Virtual Exchange
<p>Day 1/Session 1:</p> <ul style="list-style-type: none"> Liaison will meet with (or via call) participant to verify goals/objectives, introduce HIA or HiAP project and identify exchange deliverables Short informational conversations with key staff 	
<p>Day 2:</p> <ul style="list-style-type: none"> Participate in community engagement activity 	<p>Session 2:</p> <ul style="list-style-type: none"> Host site provides information/training related to the selected competencies Participant engages in the discussion/completes a worksheet(s) <p><i>Note: Activities between session 1 and 2 may include: review policy and summarize key points, conduct literature review and create a question guide for focus groups.</i></p>
<p>Day 3:</p> <ul style="list-style-type: none"> Help to analyze qualitative data in the context of the HIA scoping step 	<p>Session 3:</p> <ul style="list-style-type: none"> Participate in a community engagement meeting/focus group (via one of the online platforms) <p><i>Note: Activities between session 2 and 3 may include: analyze notes from the community engagement meeting and create recommendations.</i></p>
<p>Day 4:</p> <ul style="list-style-type: none"> Attend a county commission meeting with host representatives 	<p>Session 4:</p> <ul style="list-style-type: none"> Discuss strategies for communicating results to elected officials

In person Exchange	Virtual Exchange
<p>Day 5/Session 5:</p> <ul style="list-style-type: none">• Wrap up exchange deliverables• Meet with liaison to determine if and how objectives and goals were met• Participant to provide feedback/recommendations for host site• Host site to provide feedback/recommendations of participant	

SECTION 5

SOPHIA's Role

SOPHIA is responsible for overseeing and administering the HIA Exchange Program. Specifically, SOPHIA will identify and recruit host sites, market this program to HIA practitioners, connect interested participants with host sites, and share stories of practitioners and host sites who participated in the HIA Exchange Program. SOPHIA will also provide program materials, including the program description, list of host sites, and *Peer Exchange Manual* (this document) on its website at: <https://hiasociety.org/Peer-Exchange-Program>

The Peer Exchange Program contact is: Tatiana Lin at tlin@khi.org

Liability: 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.

APPENDIX A. Application to Participate in Peer Exchange Program (Participant)

APPLICATION TO PARTICIPATE IN THE PEER EXCHANGE PROGRAM	
First and Last Name of the Participant	
Address (street, city and zip code)	
Country	
Email	
Phone	
Languages spoken	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____ <input type="checkbox"/> Spanish <input type="checkbox"/> German
A. EXPERIENCE	
I have experience in the following areas.	<input type="checkbox"/> only HIAs <input type="checkbox"/> only HiAP efforts <input type="checkbox"/> Both (HIAs and HiAP)
Please describe your HIA/HiAP experience (e.g., type of efforts, your role).	
B. EXCHANGE PROGRAM	
Reasons for participating in the Peer Exchange Program. Why are you interested? (<i>Please describe</i>)	
What are you interested in building your expertise in?	<input type="checkbox"/> only HIAs <input type="checkbox"/> only HiAP efforts <input type="checkbox"/> Both (HIAs and HiAP)
Which of these services are you interested in receiving or building capacity in during the exchange program? <i>Check all that apply.</i>	<input type="checkbox"/> Leadership and project management duties <input type="checkbox"/> Financing and budgeting <input type="checkbox"/> Building an HIA/HiAP team <input type="checkbox"/> Interactions with community members/stakeholders <input type="checkbox"/> Interactions with elected officials/decision makers <input type="checkbox"/> How the HIA/HiAP tool (s) work

APPLICATION TO PARTICIPATE IN THE PEER EXCHANGE PROGRAM

	<input type="checkbox"/> Deep dive into specific HIA steps <ul style="list-style-type: none"> <input type="checkbox"/> Screening <input type="checkbox"/> Scoping <input type="checkbox"/> Assessment <input type="checkbox"/> Recommendations <input type="checkbox"/> Reporting <input type="checkbox"/> Evaluation/ Monitoring <input type="checkbox"/> Communications – development of HIA/HiAP communications plan, including working with media, stakeholder engagement, and more <input type="checkbox"/> Becoming an HIA/HiAP TA provider <input type="checkbox"/> Deep dive into specific HIA/HiAP topic areas <input type="checkbox"/> Learn how to conduct HIAs/HiAP efforts in different settings/context <input type="checkbox"/> Learn how to conduct different types of HIAs/HiAP efforts such as health note, health lens analysis <input type="checkbox"/> Learn how to create a HiAP Task Force <input type="checkbox"/> Other (please indicate) _____
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<p>Would you like to participate in the exchange program virtually or in person?</p>	<input type="checkbox"/> Virtually <input type="checkbox"/> In person <input type="checkbox"/> Virtually and In person
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C. VIRTUAL PROGRAM
(If you are planning to participate only in person, please skip to section D).

<p>Which web conferencing platform do you prefer to use?</p>	<input type="checkbox"/> Skype <input type="checkbox"/> Zoom <input type="checkbox"/> Microsoft Team <input type="checkbox"/> Webex <input type="checkbox"/> Uber Conferencing <input type="checkbox"/> Other _____
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<p>When would you like to participate in the program? If you know a specific month and year, please list here.</p>	<input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring _____
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<p>How long would you like your program to last?</p>	<input type="checkbox"/> several weeks but less than 1 month <input type="checkbox"/> 1-3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> 7-12 months
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<p>How many hours each week would you like to contribute to the exchange program?</p>	<input type="checkbox"/> 1 -3 hours <input type="checkbox"/> 4-8 hours <input type="checkbox"/> 9-12 hours <input type="checkbox"/> more than 12 hours
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APPLICATION TO PARTICIPATE IN THE PEER EXCHANGE PROGRAM

<p>From which time zone will you be participating in the exchange?</p>	<p>For U.S. Based Participants</p> <p><input type="checkbox"/> Central Daylight Time</p> <p><input type="checkbox"/> Mountain Daylight Time</p> <p><input type="checkbox"/> Mountain Standard Time</p> <p><input type="checkbox"/> Pacific Daylight Time</p> <p><input type="checkbox"/> Alaska Daylight Time</p> <p><input type="checkbox"/> Hawaii-Aleutian Standard Time</p> <p>For International Participants</p> <p><input type="checkbox"/> Other (please indicate) _____</p>
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D. IN PERSON PROGRAM

<p>How long would you like your program to last?</p>	<p><input type="checkbox"/> 1 -3 days <input type="checkbox"/> 4-8 days <input type="checkbox"/> 9-12 days <input type="checkbox"/> Other _____</p>
<p>In what setting would you like to be during the exchange program?</p> <p><i>Check all that apply.</i></p>	<p><input type="checkbox"/> in office (learning and activities will happen in the office-based setting)</p> <p><input type="checkbox"/> in the field (learning and activities will happen outside of the office)</p> <p><input type="checkbox"/> hybrid (learning and activities will be conducted in the office-based setting and in the field)</p>
<p>What accommodations would you like to be offered by the organization?</p> <p><i>Check all that apply.</i></p>	<p><input type="checkbox"/> separate office <input type="checkbox"/> computer <input type="checkbox"/> meals</p> <p><input type="checkbox"/> desk <input type="checkbox"/> transportation <input type="checkbox"/> mentor</p>
<p>What types of after-work activities would you be interested in participating with the host site staff?</p>	<p><input type="checkbox"/> Dinner at a local restaurant</p> <p><input type="checkbox"/> Visiting local attractions</p> <p><input type="checkbox"/> Outdoor recreation</p> <p><input type="checkbox"/> Other _____</p>
<p>The host site might offer the program participant to stay with someone from the host site or one of their partner organization. Would you be interested in staying with a “host”?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Yes</p>
<p>Do you have any special requirements including dietary restrictions or preferences?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Please describe _____</p>
<p>What else would you like the host organization to know about you?</p>	

APPENDIX B. Application to Participate in Peer Exchange Program (Host Site)

HIA PEER EXCHANGE PROGRAM: HOST SITE	
A. INFORMATION ABOUT ORGANIZATION	
Organization name	
Name (first and last) of the site liaison	
Address	
Country	
Email	
Phone	
Your organization's official language(s)	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____ <input type="checkbox"/> Spanish <input type="checkbox"/> German
Reasons for Serving a Host Site (please describe)	
My organization has experience in the following areas.	<input type="checkbox"/> only HIAs (<i>complete B1</i>) <input type="checkbox"/> only HiAP efforts (<i>complete B2</i>) <input type="checkbox"/> Both (HIAs and HiAP) (<i>complete B1 and B2</i>)
B. EXPERIENCE	
B 1. (Health Impact Assessments)	
How many years has your organization been working in the HIA field?	<input type="checkbox"/> 1 – 2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6 – 10 <input type="checkbox"/> 11 or more
What type of HIA work does your organization engage in? <i>Check all that apply.</i>	<input type="checkbox"/> Conduct HIAs <input type="checkbox"/> Teach HIA courses <input type="checkbox"/> Conduct HIA trainings <input type="checkbox"/> Provide HIA TA/mentoring
How many HIAs has your organization completed?	<input type="checkbox"/> 1 – 2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6 or more

HIA PEER EXCHANGE PROGRAM: HOST SITE

What were the subjects of your HIAs? <i>Check all that apply.</i>	<input type="checkbox"/> Built Environment <input type="checkbox"/> Transportation <input type="checkbox"/> Education <input type="checkbox"/> Natural Resources <input type="checkbox"/> Climate Chang	<input type="checkbox"/> Food and Agriculture <input type="checkbox"/> Labor and Employment <input type="checkbox"/> Economic Policy <input type="checkbox"/> Environment <input type="checkbox"/> Criminal Justice issues <input type="checkbox"/> Other (please indicate) _____
At which level did you conduct an HIA(s)?	<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal	
Have you conducted an HIA(s) outside of the United States?	<input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> 1 – 2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6 – 10 <input type="checkbox"/> 11 or more	
What type of HiAP work does your organization engage in? <i>Check all that apply.</i>	<input type="checkbox"/> Convene HiAP Task Force <input type="checkbox"/> Complete health notes/health lens or similar analysis <input type="checkbox"/> Teach HiAP courses <input type="checkbox"/> Provide HiAP TA/mentoring <input type="checkbox"/> Conduct HiAP trainings <input type="checkbox"/> Other (please indicate) _____	
Please provide any additional details about your HiAP experience.		
C. SERVICES		
Which of these services your organization would be able to offer the program participant? <i>Check all that apply.</i>	<input type="checkbox"/> Leadership and project management duties <input type="checkbox"/> Financing and budgeting <input type="checkbox"/> Building an HIA/HiAP team <input type="checkbox"/> Interactions with community members/stakeholders <input type="checkbox"/> Interactions with elected officials/decision makers <input type="checkbox"/> How the HIA/HiAP tool (s) work	

HIA PEER EXCHANGE PROGRAM: HOST SITE

	<input type="checkbox"/> Deep dive into specific HIA steps <ul style="list-style-type: none"> <input type="checkbox"/> Screening <input type="checkbox"/> Scoping <input type="checkbox"/> Assessment <input type="checkbox"/> Recommendations <input type="checkbox"/> Reporting <input type="checkbox"/> Evaluation/ Monitoring <input type="checkbox"/> Communications – development of HIA/HiAP communications plan, including working with media, stakeholder engagement, and more <input type="checkbox"/> Becoming an HIA/HiAP TA provider <input type="checkbox"/> Deep dive into specific HIA/HiAP topic areas <input type="checkbox"/> Learn how to conduct HIAs/HiAP efforts in different settings/context <input type="checkbox"/> Learn how to conduct different types of HIAs/HiAP efforts such as health note, health lens analysis <input type="checkbox"/> Learn how to create a HiAP Task Force <input type="checkbox"/> Other (please indicate) _____
What type of exchange experience is your organization interested in participating?	<input type="checkbox"/> only virtually <input type="checkbox"/> only in person <input type="checkbox"/> virtually and in person
D. 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?	<input type="checkbox"/> one time a year <input type="checkbox"/> 2-3 times a year <input type="checkbox"/> 4-5 times a year <input type="checkbox"/> 6 times a year or more Comments: _____
How many hours each week would your organization be able to contribute to the exchange program?	<input type="checkbox"/> 1 -3 hours <input type="checkbox"/> 4-8 hours <input type="checkbox"/> 9-12 hours <input type="checkbox"/> more than 12 hours
From which time zone will you be participating in the exchange?	<p>For U.S. Based Participants</p> <input type="checkbox"/> Central Daylight Time <input type="checkbox"/> Mountain Daylight Time <input type="checkbox"/> Mountain Standard Time <input type="checkbox"/> Pacific Daylight Time <input type="checkbox"/> Alaska Daylight Time <input type="checkbox"/> Hawaii-Aleutian Standard Time <p>For International Participants</p> <input type="checkbox"/> Other (please indicate) _____

Which web conferencing platform does your organization use?	<input type="checkbox"/> Skype <input type="checkbox"/> Zoom <input type="checkbox"/> Webex <input type="checkbox"/> Uber Conferencing <input type="checkbox"/> Other _____
E. IN PERSON EXPERIENCE (Please complete this section if your organization is planning to offer an in-person exchange experience)	
How often would your organization be able to host program participants in person?	<input type="checkbox"/> one time a year <input type="checkbox"/> 2-3 times a year <input type="checkbox"/> 4-5 times a year <input type="checkbox"/> 6 times a year or more Comments: _____
How many days would your organization be able to host a program participant?	<input type="checkbox"/> 1-2 days <input type="checkbox"/> 3-4 days <input type="checkbox"/> 5-7 days <input type="checkbox"/> 8-10 days
What type of experience would your organization be able to offer a program participant? <i>Check all that apply.</i>	<input type="checkbox"/> in office (learning and activities will happen in the office-based setting) <input type="checkbox"/> in the field (learning and activities will happen outside of the office) <input type="checkbox"/> hybrid (learning and activities will be conducted in the office-based setting and in the field)
What accommodations would your organization be able to offer to a participant? <i>Check all that apply.</i>	<input type="checkbox"/> separate office <input type="checkbox"/> computer <input type="checkbox"/> meals <input type="checkbox"/> desk <input type="checkbox"/> transportation <input type="checkbox"/> mentor
What types of after-work activities would your staff be willing to participate in with the program participant?	<input type="checkbox"/> Dinner at a local restaurant <input type="checkbox"/> Visiting local attractions <input type="checkbox"/> Outdoor recreation <input type="checkbox"/> Other _____
Would any of your staff or your partner organizations be willing to allow a participant to stay in their home place for the duration of the program?	<input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Yes
What else would you like a program participant to know about your organization?	