HUMAN IMPACT PARTNERS

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STRATEGIC PLAN 2015-2019

Bringing the power of public health science to campaigns and movements for a just society

AN INTERNAL GUIDE

May 2014

INTRODUCTION

"Any serious effort to reduce health inequities will involve changing the distribution of power within society and global regions, empowering individuals and groups to represent strongly and effectively their needs and interests and, in so doing, to challenge and change the unfair and steeply graded distribution of social resources (the conditions for health) to which all, as citizens, have claims and rights."

—Commission on Social Determinants of Health, *Closing the gap in a generation: health equity through action on the social determinants of health* (2008, Final Report of the Commission on Social Determinants of Health, Geneva, World Health Organization)

"If you have come here to help me, you are wasting our time. But if you have come because your liberation is bound up with mine, then let us work together."

—Aboriginal activists group, Queensland, Australia, 1970s

Founded in 2006, Human Impact Partners (HIP) has been one of the key institutional leaders in building the field of Health Impact Assessment in the United States. HIP is known for its trademark commitment to equity, democratic participation, authentic partnerships with community organizers, and a high level of professionalism and rigor.

HIP has helped train community organizers, public health practitioners, and many others across the country. We have shaped the field through key networks. Organizations and institutions are using HIP's tools for their own health impact assessments. While full understanding and practice of equity are still on the horizon, HIP has embedded equity squarely into the national dialogue of Health Impact Assessment.

HUMAN IMPACT PARTNERS' STRATEGIC DIRECTION MOVING FORWARD WILL BE DEFINED BY EMBEDDING OUR WORK EVEN MORE EXPLICITLY IN SOCIAL JUSTICE MOVEMENTS—AS A LEADER AND PARTNER, NOT JUST A SUPPORTER.

HIP's success has worked us out of our past Strategic Plan and positioned us for a powerful new strategic direction for the next five years and beyond. Human Impact Partners' strategic direction moving forward will be defined by embedding our work even more explicitly in social justice movements—as a leader and partner, not just a supporter. This Strategic Plan outlines HIP's direction through the following sections: HIP's accomplishments to date; a snapshot of the internal and external context that inform this strategic direction; HIP's mission, long-term vision, and values; a summary of HIP's operating values that are woven through all aspects of our work; HIP's new strategic direction and core and supporting strategies; an explanation of what makes this plan different; a visual that demonstrates HIP's Theory of Change; and organizational development implications.

Key companion pieces to this Plan are the 2014 assessment report completed by strategic planning consultant Mari Ryono, a Transition Plan that will be created by staff leadership to usher in this new phase of work with intention, and two-page summaries of the Strategic Plan that will be created and tailored for different audiences including a public health audience, a community organizing audience, and a research and advocacy audience.

Throughout the strategic planning process, there has been clear direction, honest and good-willed contributions, and an undeniable momentum. Special thanks to the Strategic Planning Committee (Lili Farhang, Jonathan Heller, Kim Gilhuly, and Antonio Diaz) for their guidance and hard work throughout the process. The following is the blueprint for HIP's work for the next five years.

A HISTORY OF RESULTS: HIP'S ACCOMPLISHMENTS

> *"As a community organization, it can be hard to find partners who see community power and community engagement as essential to creating healthy communities. Human Impact Partners has the community at the center of its work, bringing rigorous expertise to the table, but respectfully contributing that expertise to the larger project of ensuring the community's voice is at the center of public decision making. It is hard to express the impact and potential that we believe can be unleashed through the kind of partnership HIP offers. It is also true that what HIP offers is very, very rare."*
>
> —Doran Schrantz, Executive Director, ISAIAH, Twin Cities, Minnesota, HIP Board Member

> *"HIP has been an essential partner with us in advancing the concept of health in all policies. Moreover, HIP's work on-the-ground with local and regional groups has fostered a unique array of multi-disciplinary partnerships that have resulted in tangible gains for communities throughout California."*
>
> —Diane Aranda, Program Officer, The California Endowment

Human Impact Partners' work has led to significant impact. Here are just a few highlights of what HIP's powerful partnerships with community organizers, public agencies, and research and advocacy organizations have delivered:

Local-level wins to improve neighborhood, housing, and employment conditions for low-income communities and communities of color. Partners on the Farmers Field Rapid HIA in Los Angeles won $15 million for a housing trust fund focused on building extremely low-income housing. The developer also agreed to use the City's living wage as the minimum for all on-site jobs and that 40% of all local hires in permanent jobs will be prioritized for "disadvantaged" workers. As a result of our Jack London Gateway HIA in Oakland, California, the developer installed a central ventilation

system with air filters inside housing units and modified residential building design to orient entryways through a noise-buffered courtyard rather than near a freeway.

The inclusion of health considerations into regional decision-making processes. County General Plan Updates are not typically accompanied by health impact analyses. However, our Humboldt County HIA illustrated that "focused growth"—new development in areas already served by existing infrastructure such as public sewage and utilities—would result in fewer miles driven, fewer traffic injuries, and increased walking and biking. County decision-makers have used the information to push for health-supporting policies such as limiting sprawl and increasing affordable housing. Our collaborations on Sustainable Communities Strategies statewide resulted in Metropolitan Planning Organizations including health and equity metrics in their plans to reduce greenhouse gases across California.

Statewide health and equity victories. In Wisconsin, our HIA on treatment alternatives to prison resulted in a four-fold increase in funding for drug and mental health courts. In Minnesota, our HIA on school integration policy led to the passage of legislation that preserved funding for integration and improved the metrics that are used to measure success.

Changes in how policies are framed and debated to improve health. After the release of our paid sick days HIA, data and findings were considered in legislative hearings at the federal level and in several states. As a result of the HIA, discussions about paid sick days legislation have shifted to a public health frame and have taken into account the larger health effects these decisions will have in communities—the impacts on the spread of infectious disease and on emergency room use, for example. Recent legislative wins in several jurisdictions relied heavily on the health frame in their communications. Similarly, our Treatment Instead of Prison HIA in Wisconsin has shifted the discussion around incarceration from "punishment of criminal offenders" to how to treat the root causes—including health and mental health issues—that lead to crime.

An increase in coverage of health implications of decisions in the media. As a result of our work on paid sick days, incarceration, and immigration reform, there has been increased and extensive discussion of the health impacts of such policies in the media—including television, radio, print, and on-line media. Our work helped develop a dialogue around the policies as important health issues, and our community and advocacy partners have become the "go-to" people to talk about health in relation to these policies more broadly.

New collaborations between community organizations, public agencies, and other stakeholders. As a result of an HIA collaboration between Human Impact Partners, ACORN, Urban Housing

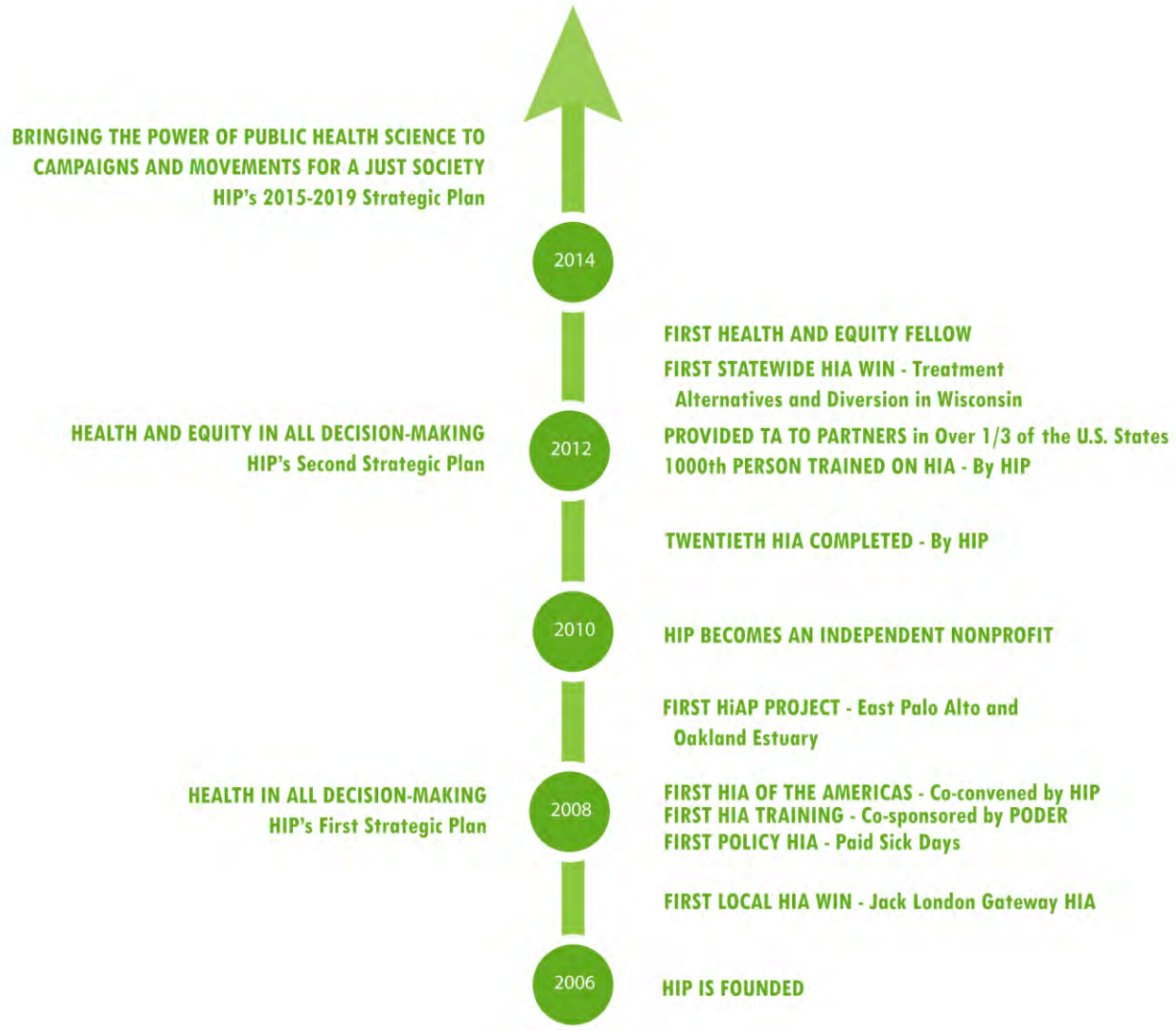
Communities (a housing developer), and the Los Angeles County Department of Public Health that targeted redevelopment issues in South Central Los Angeles, the developer agreed to reduce the cost of housing in the future phases of the development. Our HIA on school integration in Minnesota led to stronger relationships between our lead partner, ISAIAH, and school district officials, teachers, advocacy groups, academics, and legislators.

Increased participation in decision-making processes by community residents and empowerment of community organizations. Through the Pittsburg Railroad Avenue HIA, Human Impact Partners and allies engaged communities by holding a focus group with community leaders to develop the scope of the HIA research and working with residents to conduct a walkability survey of the area. Community members went on to use the HIA in their testimony to the city council about the project. As one part of a broader campaign, the Farmers Field Rapid HIA engaged and empowered residents in downtown L.A. in the decision-making process for a proposed new football stadium. Community residents participated in developing the HIA scope, conducted a survey, and reached consensus on potential health impacts of the proposed project as well as the HIA recommendations. Residents testified before L.A. City Council and talked with the news media, citing findings and recommendations from the HIA. In addition, a coalition of groups that included HIA partner organizations negotiated the settlement with the developer that included Rapid HIA recommendations.

Shaping the field of Health Impact Assessment. At the time of its founding, HIP set out to create model Health Impact Assessment tools and to train community organizations and public agencies to use these tools to advance health, democracy, and equity. Today, HIA practitioners across the country are using HIP's tools and many of the best practices derived from them. In 2012, HIP saw the need to insert equity even more explicitly in every aspect of our work and in the local, state, and national dialogues on HIA. Today, equity is a core component of the HIA national discourse. HIP helped start important HIA events and networks as a part of its field-building work—including the HIA of the Americas workshop and SOPHIA (the Society of Practitioners of Health Impact Assessment).

Explicit consideration of race and health inequities. In Minnesota, our school integration HIA led to candid discussions of race and equity among our partners, in the media, and with legislators. The technical assistance we provided to the Bernalillo County Place Matters team resulted in an HIA that analyzed the effects of locating a waste facility in a primarily Hispanic neighborhood of Albuquerque. The HIA helped prevent a permit for the facility from being issued.

HIP HISTORICAL TIMELINE



CONTEXT FOR HIP'S STRATEGIC DIRECTION

Entering this strategic planning process, the Strategic Planning Committee assessed that the current mission, long-term vision, and values of HIP were still relevant. They saw their primary work as leading a process that would involve partner organizations, staff, and board members in an assessment of the current internal and external context, in crafting an updated strategic direction for the next five years and beyond, and in updating HIP's core and supportive strategies. This section summarizes the key organizational, landscape, and historical context of this plan.

In addition to all that HIP delivers externally, we have a strong and healthy organization, with a talented staff and board, which serves as a tremendous asset to our mission. In the interviews for this planning process, colleagues talked about how HIP shows true respect in its partnership with communities and about the quality, passion, availability, and humility of its staff. One colleague commented, "They really seem to build collaboration with partners. They don't just drop into communities, do an HIA, and leave." Another said, "From what I've seen, all the staff are skilled facilitators and communicators. [That is] important in a field where people are learning and growing, and especially in a field that is about translation of research for use." A third shared, "The leadership [of HIP] is phenomenal. They cross their t's and dot their i's. From what I can see, HIP has hired people that really care. It's not a job for them. It's a mission."

THIS IS A TIME OF DEEP INEQUITY AND POLITICAL PARTISANSHIP IN OUR COUNTRY. YET, HUMAN IMPACT PARTNERS SEES MANY OPPORTUNITIES IN THIS MOMENT INCLUDING THE INCREASING PUBLIC ATTENTION ON WEALTH AND INCOME INEQUALITY, CLIMATE CHANGE, AND HEALTH.

This is a time of deep inequity and political partisanship in our country. Yet, Human Impact Partners sees many opportunities in this moment including the increasing public attention on wealth and income inequality, climate change, and health. Community organizers and labor leaders have been humbled by recent losses and the scale of the problems they are facing and are increasingly open to innovative approaches and unlikely alliances. Technological and demographic changes have transformed the context for struggle, and any movement's success will relate to their ability to activate the Rising American Electorate, the Millennial Generation, and future generations.

HIP has led the movement for Health Impact Assessments rooted in democracy and equity. Now is the time to "unpack" the lessons and tools of Health Impact Assessment and to use them in service of ongoing social justice campaigns and movements. Now is the time to reclaim concepts like "Health in All Policies" and "institutionalization" and define them according to our values and vision. Now is the time to move from a project-based approach to a movement-based approach so our deepest collaboration with groups does not end when the HIAs are complete. HIP has been a clear leader for Health Impact Assessment and the field of public health since 2006. We build on this history to establish Human Impact Partners more explicitly as a social movement partner and leader in the years to come.

HIP'S MISSION

> *"To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living… The fundamental conditions and resources for health are: peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice, and equity."*
>
> —World Health Organization

The following is HIP's mission that guides all of our work: **Human Impact Partners' mission is to transform the policies and places people need to live healthy lives by increasing the consideration of health and equity in decision-making.**

To accomplish our mission, we:

- Conduct policy-focused, innovative, and strategic research that evaluates health impacts and inequities to support targeted campaigns and movements for social change.
- Amplify the use of public health research, expertise, framing, and communications to support those campaigns and movements.
- Provide training and technical assistance to build the capacity of impacted communities and their advocates, public agencies, and elected officials to take action on the social determinants of health and equity.

HIP'S VISION

Human Impact Partners envisions a world where all communities have optimal health and where the resources for health are equitably shared across race, class, gender, immigration status, geography, and other attributes. In that vision:

- Communities and policy-makers have a holistic understanding of health;
- Health and equity are primary considerations in decision-making;
- All people have the information, tools, and power needed to influence decisions that affect their lives; and
- Health provides a framework that brings diverse people and organizations together.

HIP'S VALUES

We are driven by our beliefs in equity, justice, community, and inter-connectedness. We believe that decisions should: be made by the people they affect; involve informed and inclusive participation; and be informed by an accounting of social and health impacts with evidence that includes both experience and technical expertise. We believe in the need to act. We believe that health is a measure of general well-being and that it is influenced most strongly by the social and physical environment and by institutions and policies. We believe that community organizing and participatory research are vital routes to creating a world that encompasses these values. We believe we are beginners in the process of social change and will always have much to learn.

WE BELIEVE THAT HEALTH IS A MEASURE OF GENERAL WELL-BEING AND THAT IT IS INFLUENCED MOST STRONGLY BY THE PHYSICAL ENVIRONMENT AND BY INSTITUTIONS AND POLICIES.

OUR OPERATING VALUES: "THE HIP WAY"

HIP's approach to all of our work will remain the same moving into the future. "The HIP Way" is characterized by deep partnership with community groups on the ground and a commitment to holding public agencies accountable to health and equity. "The HIP Way" includes clarity of focus on health and equity, humility, flexibility to do what is needed to achieve shared goals, the highest of standards and rigor, and strategic communications. As one community organizer said, "It's the humility of HIP…they are willing to come in and help you figure out what to do rather than coming in with the solutions." Authentic and equitable partnerships with community organizers is the strongest operating value of the organization.

HIP'S NEW STRATEGIC DIRECTION: BRINGING THE POWER OF PUBLIC HEALTH SCIENCE TO CAMPAIGNS AND MOVEMENTS FOR A JUST SOCIETY

In 2015-2019, HIP will move from a more project-based, HIA-based approach to a social movements approach in which HIP is unpacking the best practices of Health Impact Assessment and leveraging them in creative and ongoing ways for social justice campaigns and movements. HIP's new strategic direction for the next five years and beyond is summarized by: *bringing the power of public health science to campaigns and movements for a just society.* HIP will identify issue areas of focus in service of this vision, yet will maintain flexibility at all times to respond to the changing landscape and to take advantage of unforeseen opportunities. HIP will not see its role as a mere supporter of other people's movements, but act as a partner and fellow leader in our shared experiments and campaigns for justice.

SUCCESS AFTER 5 YEARS WILL LOOK LIKE SOCIAL JUSTICE CAMPAIGN VICTORIES IN WHICH PUBLIC HEALTH SCIENCE PLAYED A CRUCIAL ROLE

Success after five years will look like social justice campaign victories in which public health science played a crucial role. These victories will lead to improved and more equitable health outcomes, as well as greater power in impacted communities where we are working. Through our work, we also anticipate contributing to the development of long-term alliances between HIP and key organizations and movements; a set of public health leaders and agencies who represent their constituents and are leading with equity; and a greater alliance of communities, researchers, advocates, and public officials working together for health and equity. Key partners in

these efforts include community organizations, public agencies, and high functioning research and advocacy organizations. HIP will embrace flexibility in selecting our allies so they are the right match for the goals we want to achieve.

CORE STRATEGIES

Research, Advocacy, and **Capacity Building/Leadership Development** will be the core strategies Human Impact Partners will leverage following our strategic direction.

Core Strategy #1: Research

HIP will conduct innovative and strategic Health Impact Assessment and other public health research projects that reflect our niche: equity and community participation. Our primary partners in doing this work will be high capacity and emerging capacity community organizations who emphasize grassroots organizing and leadership development. Based on a set of criteria (to be determined), HIP will select a set of issue areas on which to focus our research work. We will review these selected issues periodically and allow them to evolve over time. As part of this, HIP will also continue to prioritize strategic communications of our research findings and recommendations in order to disseminate our work and to advance our other strategies around advocacy, capacity building/leadership development, and strategic positioning/thought leadership.

WE VIEW RESEARCH AS CORE TO FOLLOWING OUR STRATEGIC DIRECTION AS IT IS THE VALUE ADDED THAT WE PROVIDE TO GROUPS WITH WHOM WE WORK.

We view research as core to following our strategic direction as it IS the value added that we provide to groups with whom we work. As with our past Strategic Plan, providing research and scientific support to community organizations is our foundation and how we think we can contribute to social justice and issue-specific movements in concrete ways and accomplish health and equity goals. HIP's research work will continue to be policy-focused and have a larger goal of supporting targeted campaigns for social change. We recognize that to best accomplish our collective goals, it is important that our research is of the highest quality and rigor, and we will take systematic steps to ensure that this is the case.

Core Strategy #2: Advocacy

To increase the impact of our research efforts, HIP will expand our current advocacy work. We will do this by working with community organizing partners to amplify public health issues, and when

research findings align with targeted campaigns for social change, HIP will elevate these findings to support the work of our partners. HIP will provide this support when desired by our partners, and we anticipate that any advocacy will be rooted in relationships with such partners. We define "advocacy" as the use of public health research to provide public health framing, communications, and expert support to organizations with which we are working around issue-specific movements and to decision-making processes those organizations are interested in influencing.

More specifically, this means in addition to bringing in new allies and building coalitions through our research process, we will take a more public role in advancing our public health research findings and recommendations through the following types of activities: organizing health and medical professionals to become spokespeople, persuading public health departments to engage in policy debates, providing talking points and testimony, lobbying and engaging decision-makers around legislative and administrative changes, submitting letters of support on pieces of legislation, doing media outreach to build public awareness, showing partners and decision-makers how to use research in policy contexts, and supporting community members in having their voices heard.

TO INCREASE THE IMPACT OF OUR RESEARCH EFFORTS, HIP WILL EXPAND OUR CURRENT ADVOCACY WORK.

Our advocacy would not include taking the lead in direct actions and grassroots organizing. Note that the advocacy described here is oriented to the policy and planning issues around which we work and distinct from HIA field-based advocacy, which is described below in field building. If there are funder or partner restrictions, HIP will engage in education efforts and stop short of lobbying.

The basis for HIP's advocacy work will be HIP's own research and a solid understanding of the existing public health science as it relates to a policy or planning issue. There are two primary criteria HIP will use to judge when to engage in these advocacy efforts: 1) do we have current or historical relationships with community organizing groups asking for our participation? and 2) does the public health science support our involvement? (i.e., will the change we seek lead to better health? do research findings align with the goals of community organizing groups?). For the most part, HIP will engage in advocacy efforts when the answers to these two questions are "yes." There may be exceptions to this if an opportunity presents itself that advances HIP goals. Use of public health science as a basis for any policy or planning advocacy will ensure that HIP's credibility is maintained. If this credibility shifts over time, HIP will re-visit this strategy to assess whether changes are needed.

This strategy, though newly stated in this document, represents some of what we have been doing in the past to advance our HIA findings and recommendations and to support community organizing groups. Our most successful projects have been with partners who have a strong advocacy and communications strategy, and we therefore believe that we should emphasize this more in our work. We will continue to support community partner communication and advocacy efforts, while also leveraging the power of public health science to support those efforts. We believe that by being more transparent about this, and by offering a set of concrete services and support to partners, we can be more effective in our work and help them build their power.

Core Strategy #3: Capacity Building/Leadership Development

To build understanding around and concrete skills in HIA, HiAP, social determinants of health, and health equity, HIP will focus on 1) capacity building and leadership development "inside" public agencies; and 2) capacity building for "outside" organizing groups who are asking public agencies to be accountable to social justice issues they are advancing. Capacity building is defined as the provision of training, technical assistance, mentorship, and support activities to these two audiences. This strategy is guided by the understanding that to advance social justice movements, we must nurture the seeds of transformational change by providing education and cultivating concrete skills to take action. Others call this work "institutionalization," but we have found that the most common definitions of institutionalization in the field of HIA are limiting, so we want to be more specific.

Capacity building for public agencies (i.e., from the "inside") will be targeted to those who already prioritize, or have the potential to prioritize, working on issues of equity. Training and technical assistance topics will include how to implement HIA and HiAP approaches, how to increase their focus on social determinants of health, and how to work with community organizations. A strong emphasis on equity and community participation will underlie all these capacity building efforts with public agencies, and we will continue our focus on "action-oriented" trainings. A component of HIP's capacity building efforts will also be leadership development of emerging leaders within public agencies. Through this work, HIP will help cultivate leaders who have demonstrated willingness to work on equity issues to take more action on the social determinants of health, equity, and systems change, and ultimately, help provide them a platform to lead.

By building the capacity of public agencies around these topic areas, they will be better equipped to respond to, support, and collaborate with communities to achieve their larger goals—and therefore

will be able to contribute to social justice victories in both indirect and direct ways. Specifically, those in positions of power will use their power to advance community priorities around health and equity, will collaborate with social justice movements around policy priorities, and will contribute to a larger discourse within public health to focus on the social determinants of health and upstream policy issues that affect health and equity. Our end goal in these efforts is transformational change within these institutions.

For community organizations, capacity building will focus on increasing understanding of public health and the social determinants of health, on how to use public health research data and framing in organizing, how to work with public agencies to get data, and how to push public agencies to be more responsive to the communities they serve. Fundamentally, this capacity building work is in an effort to create "outside" pressure for public agencies to be more accountable to health and equity goals in the context of policy issues that organizing groups are advancing.

SUPPORTING STRATEGIES

Strategic Positioning/Thought Leadership and **Field Building** are the key supporting strategies for HIP's new strategic direction. These supporting strategies will advance HIP's ability to successfully implement its core strategies by ensuring the organization's prominence in and accessibility to community organizing, public health, and other fields, as well as by developing constituencies and demand for HIP's work.

BY POSITIONING HIP AS A THOUGHT LEADER AROUND HIA AND PUBLIC HEALTH MORE BROADLY, WE WILL BE ABLE TO HIGHLIGHT THAT PUBLIC HEALTH PRACTITIONERS CAN TAKE CONCRETE AND SPECIFIC ACTIONS ON THE POLICY PRIORITIES OF COMMUNITY ORGANIZATIONS.

Supporting Strategy #1: Strategic Positioning/Thought Leadership

HIP will work to establish our identity and reputation as public health scientists for a just society by expanding the visibility of our work beyond the HIA community into public health, advocacy, research, and public agencies more broadly—and ultimately into social justice movements, with the goal of developing a broad base of allies committed to incorporating health and equity into decision-making. We will do this by continuing to do exemplary work, and also by doing more strategic positioning of ourselves in venues where our perspective can move the needle to consider health, equity, and the lifting of community voices. Examples of this work include increased presence in social justice venues (e.g., conferences, networks), communications

through our website and blog posts, writing and disseminating publications and case studies, and providing presentations and more public thinking around the role and opportunities for public health to advance equity. This work will also position HIP as the "go to" research and advocacy partner for social justice organizations focused on policy change related to the social determinants of health.

By positioning HIP as a thought leader around HIA and public health more broadly, we will be able to highlight that public health practitioners can take concrete and specific actions on the policy priorities of community organizations. Many public health professionals already admire us for this aspect of our approach. Focusing on this more will help model for others in public health what is possible, and will help bring more resources to community organizations who want to incorporate a health perspective into their work. In addition, community organizations will have models for how public health can be engaged to support their priorities, which will thereby increase their capacity and power to accomplish their goals.

Supporting Strategy #2: Field Building

With the goals of holding the field of HIA accountable to its values and to diversify practitioners in the field, HIP will play a role in leading and participating in the Society of Practitioners of Health Impact Assessment (SOPHIA) and coordinating the HIA of the Americas workshop, though we may step back somewhat from our current level of involvement in these activities to focus on other strategies. HIP will also continue to do evaluation work to identify aspects of HIA and HiAP practice that are valuable and aspects that can be improved. Our primary audience for this field building work is the existing and emerging field of HIA practitioners.

In an effort to diversify the fields of HIA and HiAP and have it be more representative of the communities with which we work, HIP will develop leaders within the fields of HIA and HiAP by nurturing and mentoring practitioners from low-income communities and communities of color through targeted initiatives such as our Health and Equity Fellowship Program.

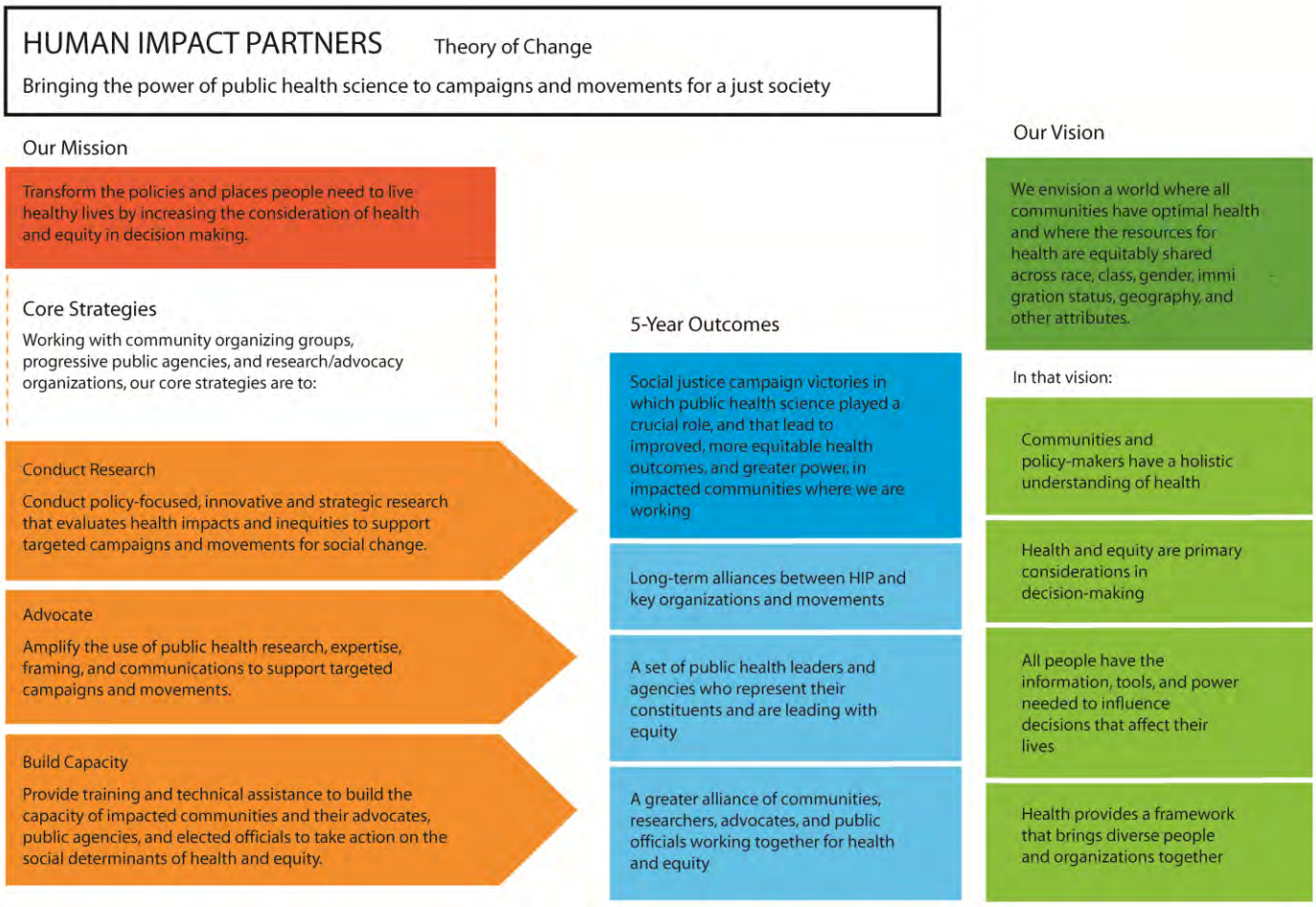
Along with our other strategies, this strategy ensures that we hold our fellow practitioners and ourselves accountable to our root values. We have become known and respected for this. Without this work, the power and opportunity of HIA (and all its component parts) to provide public health research and advocacy around the social determinants of health, and to the social movement groups who advance work on those determinants, will be lost.

WHAT MAKES THIS PLAN DIFFERENT?

This document reflects a series of "pivots" from our existing work. Most significantly, HIP sees itself as more intentionally considering all our work in the context of supporting social justice campaigns and movements with community organizations, public agencies, and research and advocacy organizations. To do this, we will broaden the research methods we use and expand our advocacy efforts. To increase routine agency practice of HIA and HiAP, we will more explicitly apply an inside/outside strategy where we build leadership and capacity "inside" public agencies and also support "outside" groups to ask public agencies to do HIA and HiAP. We will diversify our capacity building and training efforts to reflect the various areas in which we have expertise and to meet the needs of our partners. More and more, we anticipate using an organization's (spoken or unspoken) interest in advancing equity as a criterion for selecting our strategic partners and allies. Ultimately, we seek to position HIP as the "go to" research and advocacy partner for social justice organizations focused on policy change related to the social determinants of health.

OUR THEORY OF CHANGE

The following is a guiding visual that explains Human Impact Partners' updated theory of change:



ORGANIZATIONAL DEVELOPMENT IMPLICATIONS

Being the Change

The shift of this Strategic Plan from the past plan is subtle, yet significant. The plan implies an evolved way of partnering that is ongoing and more flexible to the particular needs of organizations, campaigns, and social movements. It will require creative thinking on how to "unpack" Health Impact Assessment and claim our unique and innovative understandings of Health in All Policies and institutionalization of health and equity in all decision-making. As one HIP board member shared, we need to think like an organizer (even though we will not be doing community organizing), which includes identifying and winning campaigns, developing policy allies, building a base, shifting power, and changing systems and culture. Each of us will do our part to "be the change" identified in this plan, and we will support each other in that process. We all need to take responsibility for this change if HIP is to be successful. Organizational leadership will maintain communication with the full staff and board as we are making the shifts and create opportunities for us to build our skills to do so.

Making the Road by Walking

The shift in HIP's partners and choices is going to be somewhat gradual. There is an inherent conflict in growing the budget and organization and being highly selective with HIP's projects. This Strategic Plan lays out a clear direction for the organization, but does not necessarily imply immediate hard-core decision-making. As the Spanish poet Antonio Machado wrote, "Caminante, no hay camino. Se hace camino al andar." ("Traveler, there is no road. We make the road by walking.") As this is a new direction for HIP, we will be making the road by walking. It will be critical for all HIP staff, board, and team-members to maintain the organization's updated strategic direction—*bringing the power of public health science to campaigns and movements for a just society*—as a clear guidepost day-in and day-out. What this will mean may change some with lessons learned, with the shifting landscape, and with new opportunities that present themselves, but we trust that our clarity of purpose and intentional decision-making will serve us well.

Human Resources and Staff Development

There are many staff and board assets that HIP can draw upon in this next chapter of our work. HIP will explore creating a more formal inventory of staff skills and identifying where staff want to grow and which staff have interest in taking on new roles within the organization. Staff and board have agreed that there will likely need to be new staff hired to meet the needs of the Strategic Plan.

One area of staff development that has been identified is "code switching"—tailoring how we talk about HIP's strategic direction to distinct audiences.

Fund Development

HIP has enjoyed relatively strong and stable funding since its founding in 2006. In 2015-2019, HIP will continue to draw on its current base of HIA and public health funders while exploring opportunities with social justice movement funding sources. HIP will seek to minimize competition with community organizing efforts for funding. When possible, HIP will seek to bring new sources of funding to the fields of social justice organizing and movements.

In the implementation phase of the Strategic Plan, HIP will do deeper analysis of different issue areas and opportunities for policy wins. In this process, we will be open to what logical partners emerge, which could include other progressive research and advocacy institutions in addition to community organizers and public agencies.

Land use and transportation HIAs as well as training and technical assistance could possibly become revenue sources to fund HIP's other work in service of HIP's strategic direction. HIP will consider working with a business consultant to develop a better understanding of how to approach revenue-generating projects moving ahead.

Evaluation

Evaluation is critical to our success and part of our organizational culture. We are proud to be leading a current evaluation of the field of Health Impact Assessment. While we will be flexible in how evaluation happens, the following are metrics we imagine using moving ahead:

- The quantity and quality of HIP-supported social justice policy victories that improve health and equity in our society and build power, particularly for low-income communities and communities of color
- The degree to which partners say HIP's public health science contributions were critical to the above policy victories
- The degree to which community residents and workers describe a higher quality of life and greater health justice as a result of the HIP-supported policy victories
- The degree to which the general public values health and equity (either in targeted regions or nationally)
- The quantity and quality of HIP's partnerships within social justice movements

- The quantity and quality of HIP's work to develop community organizations and public agencies who advance systems change
- The degree to which HIP's work reflects the "The HIP Way," which is characterized by deep partnership with community groups on the ground and a commitment to holding public agencies accountable to health and equity, as well as: clarity of focus on health and equity, humility, flexibility to do what is needed to achieve shared goals, the highest of standards and rigor, and strategic communications.

We will develop annual goals that reflect the strategies in this Plan and the metrics above. Twice a year, we will conduct evaluations of these goals and our Strategic Plan implementation and adjust the plan if appropriate.

CONCLUSION

As David Liners at WISDOM says, health is one of the few indicators that is seen as legitimate and objective for measuring equity today. In a time of both crisis and opportunity in this country, Human Impact Partners is positioned to leverage our history and tremendous assets to be an even stronger partner in social justice movements for change. Let's do this!

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HIP'S BOARD OF DIRECTORS

- Rajiv Bhatia, UC Berkeley
- Helen Chen, Labor Occupational Health Program at UC Berkeley
- Antonio Diaz, PODER
- Caroline Fichtenberg, Children's Defense Fund
- Pronita Gupta, Consultant
- Martha Matsuoka, Occidental College
- SaraT Mayer (Board Chair), San Mateo County Health Systems
- Doran Schrantz, ISAIAH
- Tim Rood, Community Design + Architecture
- Lynn Todman, Adler Institute on Social Exclusion

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- Abby Cofsky, Robert Wood Johnson Foundation
- Alex Desautels, Alameda County Public Health Department
- Becky Dennison, Los Angeles Community Action Network
- David Liners, WISDOM
- Zach Norris, Ella Baker Center for Human Rights
- Bob Prentice, formerly Bay Area Regional Health Inequities Initiative
- Megan Sandel, National Center for Medical-Legal Partnership
- Doran Schrantz, ISAIAH, HIP Board Member
- Lynn Todman, formerly Adler School, HIP Board Member
- Sandra Witt, The California Endowment
- Aaron Wernham, Pew Health Impact Project

"Cantares" from *Dedicado a Antonio Machado, Poeta*
A song by Joan Manuel Serrat, primarily using verses written by Spanish poet Antonio Machado
(Note: There are a variety of translations of this song to English. This is just one.)

Todo pasa y todo queda
pero lo nuestro es pasar,
pasar haciendo caminos,
caminos sobre la mar.

Nunca perseguí la gloria,
ni dejar en la memoria
de los hombres mi canción;
yo amo los mundos sutiles,
ingrávidos y gentiles
como pompas de jabón.

Me gusta verlos pintarse de sol y grana,
volar bajo el cielo azul,
temblar súbitamente y quebrarse...
Nunca perseguí la gloria.

Caminante son tus huellas el camino y nada más;
caminante, no hay camino se hace camino al andar.

Al andar se hace camino
y al volver la vista atrás
se ve la senda que nunca
se ha de volver a pisar.
Caminante no hay camino sino estelas en la mar...

Hace algún tiempo en ese lugar
donde hoy los bosques se visten de espinos
se oyó la voz de un poeta gritar
"Caminante no hay camino, se hace camino al andar..."

Golpe a golpe, verso a verso...
Murió el poeta lejos del hogar
Le cubre el polvo de un país vecino.
Al alejarse, le vieron llorar.
"Caminante, no hay camino, se hace camino al andar..."

Golpe a golpe, verso a verso...
Cuando el jilguero no puede cantar.
Cuando el poeta es un peregrino,
cuando de nada nos sirve rezar.
"Caminante no hay camino, se hace camino al andar…"

Golpe a golpe, verso a verso.

Everything passes and everything remains,
but we can only pass,
pass making paths,
paths over the sea.

I never sought glory,
nor to leave in man's
memory my song;
I love the subtle worlds,
weightless and delicate,
like soap bubbles.

I like to see them painted by sun and spots,
fly under the blue sky, then
tremble and burst…
I never sought glory.

Traveler, it is your footprints that are the path, nothing more;
traveler, there is no path; the path is made by walking.

By walking the path is made
and looking back
you see the trail
you will never tread again.
Traveler, there is no path, only the wake upon the sea…

Some time ago in this place
where today the forests dress with hawthorns
you could hear the voice of a poet shout
"Traveler, there is no path; the path is made by walking…"

Blow by blow, verse by verse…
The poet died far from home.
A foreign country's dust covered him.
As they left, they saw him crying.
"Traveler, there is no path; the path is made by walking…"

Blow by blow, verse by verse…
When the finch cannot sing.
When the poet is a pilgrim,
when praying will do us no good.
"Traveler, there is no path; the path is made by walking…"

Blow by blow, verse by verse.

Board and Staff at the March 2014 Strategic Planning Retreat

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