



# 201710002-02 SP Evaluation of KHI: Health Impact Assessment of the Wichita Transit System

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# EXECUTIVE SUMMARY

In 2010, Kansas Health Foundation (KHF), Kansas Health Institute (KHI), and RTI International developed a 10-year evaluation plan for KHI. Over time, the evaluation would assess KHI’s work, impact, and alignment with KHF. For this year of the evaluation, KHF, KHI, and RTI collaborated to prioritize an assessment of KHI’s work in community health improvement, a strategic area for KHI. In this area, KHI conducts health impact assessments (HIAs) to inform policy makers about the evidence base and potential ramifications for policies that could have health impacts. To evaluate the impact of KHI’s work in HIAs, KHF, KHI, and RTI selected a single HIA, entitled [\*Potential Health Effects of Proposed Public Transit Concepts in Wichita, Kansas\*](#), which was initiated in 2012 and published in September 2013.

## Methods

RTI used a two-pronged approach in evaluating the HIA. We first conducted an environmental scan of existing literature and local news articles regarding the HIA and transit-related changes that have occurred in Wichita, Kansas, since the publication of the HIA. Following the environmental scan, RTI conducted 11 semi-structured virtual interviews, which were transcribed and coded in NVivo 12, a qualitative data analysis software program.

## Findings

### Development of the HIA

KHI’s mission entails supporting “health-in-all policies,” and KHI saw HIAs as a critical way to provide evidence to decision makers and community members on an issue relevant to the local community. KHI followed the HIA process defined by the National Research Council, which involved six primary steps. **Table ES-1** displays the National Research Council steps and activities KHI used to implement the steps.

**Table ES-1. HIA Development Process**

Step in HIA Development	Purpose	Key Activities Conducted for the Wichita Transit HIA
Screening	Identify policy and determine the HIA purpose and value.	<ul style="list-style-type: none"><li>• Conducted environmental scan</li><li>• Identified community stakeholders with the help of the University of Kansas School of Medicine and conducted meetings with elected officials, Wichita City Council members, Wichita Transit, and community partners to explore the feasibility of the HIA</li><li>• Identified available data sources and literature for evidence</li></ul>

Step in HIA Development	Purpose	Key Activities Conducted for the Wichita Transit HIA
<b>Scoping</b>	Identify potential health issues and research questions and methods.	<ul style="list-style-type: none"> <li>• Conducted meetings with elected officials, Wichita City Council members, Wichita Transit, and community partners to identify issues for assessment</li> <li>• Selected HIA Transit Advisory Panel members who convened throughout the HIA process</li> <li>• Determined components of data analysis process</li> </ul>
<b>Assessment</b>	Analyze identified potential health impacts.	<ul style="list-style-type: none"> <li>• Used a combination of data sources, literature, and community input to estimate health impacts resulting from potential changes in transit</li> <li>• Conducted economic analysis using select indicators and secondary analysis of existing data</li> </ul>
<b>Recommendations</b>	Determine options to mitigate identified potential negative health impacts and maximize identified potential positive health impacts.	<ul style="list-style-type: none"> <li>• Refined and rated recommendations informed by literature reviews, stakeholder input, and application of HIA-specific criteria</li> </ul>
<b>Dissemination/ Reporting</b>	Share findings with stakeholders, including decision makers.	<ul style="list-style-type: none"> <li>• Disseminated report to each Wichita City Council member</li> <li>• Presented HIA process and findings at conferences and several meetings with Wichita City Council members and organizations (e.g., Wichita Transit Advisory Board)</li> </ul>
<b>Monitoring and Evaluation</b>	Assess results and lessons learned.	<ul style="list-style-type: none"> <li>• Assigned monitoring tasks to community organizations</li> <li>• Identified existing data sets to aid in tracking implementation of recommendations</li> <li>• University of Kansas School of Medicine conducted process and impact evaluations</li> </ul>

## Background on Public Transit in Wichita

In recent years, the Wichita Transit System struggled for ridership and was not perceived as valuable to the community. Many respondents explained that the hub-and-spoke design of the system posed many challenges to use, accessibility, and health, including the following:

- **Inefficiency of travel:** The hub-and-spoke design required buses to arrive and depart from downtown, which increased the amount of travel time.

- **Lack of access to services:** The system did not consistently connect people with key services they need, such as key businesses and health care services. This arose, in part, because key services were re-locating outside the transit system service area.
- **Potential negative health effects:** Prior to the HIA, use of tobacco products was permitted at the hub. Secondhand smoke and fumes from idling buses exposed riders to harmful particulate matter.
- **Limitations for vulnerable populations:** Transit-dependent users needed more flexibility to support their use of the transit system. Prior to the HIA, the system's limited operating schedule for buses made it difficult for individuals who needed the system outside of standard business hours (e.g., 2<sup>nd</sup> or 3<sup>rd</sup> shift workers). Rules restricting the number of grocery bags limited the ability of riders to use the system for household grocery shopping. Lack of safe spaces and sidewalks for persons with disabilities made using the system risky.

"How are you even supposed to get to a Walmart or a Target or a mall or something to buy your kids clothes? It [The HIA] really made me think about how many people literally have to plan their day, their whole day, around trying to use the system."

In addition to the limitations in the system, the local context was not supportive of a robust public transit system. Members of the community, including local decision makers, maintained a minimal government stance. Enhancing the transit system would have entailed seeking additional federal funds or raising taxes, which were inconsistent with local values.

## Perceptions and Uses of the HIA

**Perception:** Most respondents noted that the HIA was a useful, comprehensive report that effectively identified the link between health and transit. The HIA encouraged respondents to seek additional education on the role of transit and its impact on health outcomes; it also provided a common language for framing health issues and facilitated discussion about the relationship between transportation and determinants of health. Respondents appreciated the depth of the information in the report and noted that economic measures such as an increase in wage and economic outcomes related to changes in transit were particularly important to them.

"[The HIA] still informs what we're doing today. The numbers and the ideas might be different, but the concepts are still something to strive for."

**Uses:** Respondents described two main uses of the HIA: 1) as a tool to inform decisionmaking and subsequent reports or evaluations of Wichita's transit system; and 2) as a tool to use when sharing health and transit-related information and discussing the value of transit and to justify proposed changes.

"[The HIA] has given me a platform and a more organized way to talk about these issues so that I don't seem like I'm just lobbying."

## Impact of the HIA

The HIA had a broad range of effects directly and indirectly on transit options, on collaborations and partnerships among organizations, on stakeholder attitudes and framing of health issues, and on the perception of KHI among stakeholders. Although this report cannot determine a *causal* relationship between the effects and the HIA, the report does

"In the big picture I can't say that this HIA had a significant impact on policy change at the local level. I do think it had a number of positive influences, that's the word I'm looking for, influences that eventually led to operational changes."



explain when respondents indicated that an element of the HIA directly informed their thinking or when they identified more tenuous linkages between the HIA and outcomes.

### **Changes in Transit Options**

Some of these changes are deemed by respondents to be more strongly associated with the HIA than others; some are viewed as indirectly related to the HIA, and some may have occurred independently of the HIA. Many recommendations proposed in the HIA came to pass; however, the role of the HIA in the implementation of these changes is uncertain. Most respondents drew indirect or loose connections between changes in transit and recommendations in the HIA. **Table ES-2** summarizes changes in the transit system that were also outlined in the HIA.

Transit planners expressed that changes to the “two-bag limit” for passengers and prohibition of smoking at the system hub were strongly associated with the HIA and adopted shortly after the HIA’s publication. A few individuals also noted that the HIA influenced the inclusion of grocery stores and medical care facilities in the mapping of route alterations and sidewalk mapping.

### **Indirect Effects**

In addition to identifying concrete changes that have occurred in transit policies and options since the publication of the report, multiple respondents pointed to the role the HIA likely played in modifying other factors that subsequently affected transit policies and options. Several of these factors have to do with personnel decisions that brought about positive changes in transit options and community collaboration. Other indirect effects of the HIA mentioned by respondents include ensuring that funding was not cut dramatically during several years when the city budget was especially lean.

“I hope [the HIA], through osmosis, made it to the city’s decision makers to implement the hiring of this wonderful guy who is now our transit director. I really think that had an influence. That’s probably the biggest implication right there.”

**Table ES-2. Observed Changes in Transit Options in Wichita since 2013**

Transit-related Change	Health Impact Area													
	Access to services and resources	Access to health care	Access to employment	Access to food sources	Access to education	Access to recreational resources	Exposure to air pollutants	Air quality	Physical activity	Pedestrian access	Traffic volume and injury	Secondhand smoke exposure	Distracted driving	Discretionary time
<b>Implemented Policy Change</b>														
<ul style="list-style-type: none"> <li>Increased shopping bag limit on transit buses (2013).<sup>*, 1</sup></li> </ul>				●										
<b>Changes in Bus Routes</b>														
<ul style="list-style-type: none"> <li>Extended bus routes and mapped sidewalks to improve timeliness and efficiency and increase access to popular shopping destinations. Increased frequency on four routes (March 2016 route addition and route extensions).<sup>*, 2; 3</sup></li> </ul>	●	●	●	●				●						●
<ul style="list-style-type: none"> <li>Transitioned temporarily from the pulse system to implementation of high frequency corridors, although reverted to original system after trial period. Temporarily connected crosstown routes to allow riders to stay on the bus when traveling from the west to the east. (March 2016).<sup>*, 2</sup></li> </ul>	●	●	●	●										●
<ul style="list-style-type: none"> <li>Expanded Q-line route along Douglas Avenue Corridor and increased Q-line service hours to Friday and Saturday nights to support nightlife activities (2017–2019).<sup>*, 4</sup></li> </ul>	●		●			●								●
<ul style="list-style-type: none"> <li>Implemented temporary commuter route (2017–2018).<sup>*</sup></li> </ul>	●		●											●

Transit-related Change	Health Impact Area													
	Access to services and resources	Access to health care	Access to employment	Access to food sources	Access to education	Access to recreational resources	Exposure to air pollutants	Air quality	Physical activity	Pedestrian access	Traffic volume and injury	Secondhand smoke exposure	Distracted driving	Discretionary time
<b>Established Partnership between Wichita Transit and Wichita State University (WSU)</b>	●				●									●
<ul style="list-style-type: none"> <li>Added two inbound and two outbound stops on Wichita Transit East 17<sup>th</sup> St. route to connect riders to the WSU main campus (2014).<sup>*, 5</sup></li> </ul>	●				●									●
<ul style="list-style-type: none"> <li>Created semester bus pass for university students to purchase for use on Wichita Transit (2014).<sup>5</sup></li> </ul>	●				●									
<ul style="list-style-type: none"> <li>Allowed free rides for WSU students, faculty, and staff on city buses (2019).<sup>*, 6</sup></li> </ul>	●				●									
<ul style="list-style-type: none"> <li>Created access to downtown Wichita from WSU campus through the Q-line shuttle (2019).<sup>5</sup></li> </ul>	●				●	●								●
<ul style="list-style-type: none"> <li>Developed publicly accessible bus Route 202, connecting WSU’s main campus, south campus, and Hughes Metropolitan Complex (2019).<sup>6</sup></li> </ul>	●				●									●
<ul style="list-style-type: none"> <li>Transitioned to using Wichita Transit buses instead of privately chartered buses for WSU transportation, allowing more drop-off areas around campus and increased student access to grocery stores and community amenities. Routes use electric buses, real-time tracking via an app, and include free transfers with university ID (2020).<sup>*, 6</sup></li> </ul>	●			●	●									●

Transit-related Change	Health Impact Area													
	Access to services and resources	Access to health care	Access to employment	Access to food sources	Access to education	Access to recreational resources	Exposure to air pollutants	Air quality	Physical activity	Pedestrian access	Traffic volume and injury	Secondhand smoke exposure	Distracted driving	Discretionary time
<ul style="list-style-type: none"> <li>Expanded service hours beyond class session times via four routes (2020).<sup>6</sup></li> </ul>	●				●									●
<b>Established Programs for Priority Populations</b>														
<ul style="list-style-type: none"> <li>Implemented a 2-year pilot program with Robert J. Dole VA Medical Center and United Way of the Plains to fund free rides on public transportation for veterans (2020).<sup>*,7</sup></li> </ul>	●	●	●	●	●	●								
<ul style="list-style-type: none"> <li>Expanded electronic benefit transfer (EBT) card benefits to include the doubling of card value at farmer’s markets and free rides on Wichita Transit on Saturdays.*</li> </ul>				●										
<ul style="list-style-type: none"> <li>Administered temporary pilot program, “Point to Point,” which included door-to-door transport to grocery stores on Saturdays. Provided coolers and shopping bags on paratransit vans using grant money from Health ICT (Summer 2017).<sup>*,8</sup></li> </ul>				●										
<b>Established Partnership between Wichita Transit and Wichita Public Schools (Unified School District—USD 259)</b>														
<ul style="list-style-type: none"> <li>Transported students to selected schools using Wichita Transit buses to reduce absenteeism in socioeconomically disadvantaged areas.<sup>9; 10</sup></li> </ul>					●									



Transit-related Change	Health Impact Area													
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<ul style="list-style-type: none"> <li>Reduced price of monthly bus city pass to \$20 from \$55 for families of students (2017).*, 9; 10; 12; 13</li> </ul>					●									
<b>Established Temporary Programs</b>														
<ul style="list-style-type: none"> <li>Offered free transit on high ozone, or Ozone Alert days, through a federal grant provided to help improve air quality (2015).*, 11</li> </ul>							●	●						
<ul style="list-style-type: none"> <li>Offered free rides to grocery stores on Saturdays during the Covid-19 pandemic (2020).*, 12</li> </ul>				●										
<b>Established Partnership between Wichita Transit and City of Wichita Park and Recreation:</b>														
<ul style="list-style-type: none"> <li>Developed the “Say YES” program for youth, which included a summer pass for unlimited rides on transit (Summer 2017).*, 13</li> </ul>					●	●								
<b>Implemented Smoking-Related Initiatives</b>														
<ul style="list-style-type: none"> <li>Allowed ashtrays only in designated smoking areas away from bus entries (2014).*, 1</li> </ul>							●	●				●		
<ul style="list-style-type: none"> <li>Altered bus schedules to reduce the number of buses at the terminal and the number of people smoking at a given time (2016).*</li> </ul>							●	●				●		

Transit-related Change	Health Impact Area													
	Access to services and resources	Access to health care	Access to employment	Access to food sources	Access to education	Access to recreational resources	Exposure to air pollutants	Air quality	Physical activity	Pedestrian access	Traffic volume and injury	Secondhand smoke exposure	Distracted driving	Discretionary time
<b>Added Buses to the Wichita Transit Fleet</b>														
<ul style="list-style-type: none"> <li>Added 4 new buses that met 2010 EPA standards, had better gas mileage, and used Diesel Exhaust Fluid to reduce air pollution (2013).<sup>14</sup></li> </ul>							●	●						
<ul style="list-style-type: none"> <li>Added 10 new buses with low-floor access, security cameras, Wi-Fi, and automated passenger counters. These additions were also more fuel efficient (2014).<sup>15</sup></li> </ul>				●			●	●						
<ul style="list-style-type: none"> <li>Introduced electric buses and bus charging station (2019–2020).<sup>*, 16</sup></li> </ul>							●	●						
<b>Facilitated Use of Bicycles for Transit</b>														
<ul style="list-style-type: none"> <li>Installed bike racks on transit buses (2014).<sup>*, 5</sup></li> </ul>							●	●	●	●	●			
<ul style="list-style-type: none"> <li>Installed bike lanes (2013–2019).<sup>*, 17</sup></li> </ul>							●	●	●	●	●			
<ul style="list-style-type: none"> <li>Implemented the BikeShareICT Program, a bike share system (2017–2020).<sup>18</sup></li> </ul>							●	●	●	●	●			
<b>Miscellaneous</b>														
<ul style="list-style-type: none"> <li>Developed the Transit Mobile App to facilitate trip planning (2016).<sup>*, 2</sup></li> </ul>	●	●	●	●	●	●								●

Transit-related Change	Health Impact Area													
	Access to services and resources	Access to health care	Access to employment	Access to food sources	Access to education	Access to recreational resources	Exposure to air pollutants	Air quality	Physical activity	Pedestrian access	Traffic volume and injury	Secondhand smoke exposure	Distracted driving	Discretionary time
<ul style="list-style-type: none"> <li>Implemented a marketing campaign within transit shelters along Douglas Avenue that showcased recreational amenities, encouraged ridership, and displayed transit information (2015).<sup>19</sup></li> </ul>	●					●						●	●	
<ul style="list-style-type: none"> <li>Added filters on transit bus exhausts.*</li> </ul>							●	●						

Sources: \*Interviews; Full reference information for numbered citations appears in Reference section.

### **Changes in Partnerships and Collaboration**

New relationships were formed among organizations and individuals through participation in the HIA, and these relationships also contributed to the creation of other community initiatives.

Respondents noted that the HIA brought groups of people to transit-related discussions that otherwise would not have been at the table and created new advocates for transit. New collaborations included partnerships between Wichita Transit and the following:

- National Association for the Blind and Independent Living Resources Center
- Tobacco Free Kansas Coalition
- Robert J. Dole VA Medical Center
- United Way of the Plains
- Wichita State University (WSU)
- Wichita Public Schools (Unified School District 259)
- City of Wichita Park and Recreation
- Sedgwick County Department on Aging

“Before this assessment and related efforts, primarily, the only advocates for transit in our community were people with disabilities, people who couldn’t drive, and the social service agencies who serve them. That was it.”

The HIA was also instrumental in inspiring some entirely new innovative health-related initiatives in Wichita that centered on collaboration between Wichita Transit and other organizations:

- “We All Eat” Event: Wichita Transit, the Health and Wellness Coalition and other agencies collaborated to increase access to healthy foods by providing free transportation to the Wichita Farmer’s Market for persons with electronic benefit transfer (EBT) cards. EBT cardholders could use their benefits to purchase fresh fruit and vegetables.
- Discussions on traffic safety: City of Wichita collaborated with staff at the University of Kansas School of Medicine to help a neighborhood address concerns about fast-moving traffic in their area.

### **Changes in Stakeholders’ Attitudes and Framing of Health**

The HIA informed how stakeholders perceived transit and its relationship to health issues. The HIA accomplished this by raising awareness of health among stakeholders and helping them to consider health-in-all policies about topics that are not traditionally associated with health.

“The importance of health, or the influence of transit on health, I think was not something that was considered by most people at that time.”

- Many respondents said that because of the HIA they were introduced to or reminded of the connection between health and employment, healthy food, recreational activities, and healthcare.
- For most of the respondents, the HIA raised awareness about infrastructure barriers, as they became more aware of the limitations of the hub-and-spoke design and its impact on health.

- Respondents noted an increase in knowledge of and support for public transportation and Wichita Transit. Organizations from other fields included in the formulation of the HIA became supporters of transit when they may not have been previously.

“The largest single thing really that came out of the HIA at the time was really the support, using it to help promote support of the transit system and keeping it viable.”

### **Impact on KHI**

KHI’s development of the HIA and involvement of a range of stakeholders generated positive impressions of KHI and its staff. For those who were already familiar with KHI before the development of the HIA, the report solidified their favorable opinion of KHI as an organization that was easy to work with and that conducted robust and comprehensive research. In addition to enhancing KHI’s reputation locally, the work on the HIA increased exposure of KHI staff among other organizations working on HIAs.

## **Facilitators, Challenges, and Lessons Learned**

### **Facilitators**

Facilitators for developing and disseminating the HIA included the following:

- **Presence of many interested parties in the community:** Access to and involvement of key stakeholders ensured that the HIA was relevant, appropriate, and timely.
- **Community investment in disseminating findings and recommendations:** Multiple members of and organizations in the community wanted to pursue changes to promote community health, such as adding bike paths or increasing accessibility for persons with disabilities. The HIA gave them a common language for advancing their commitment to community health.
- **Minimal controversy in the community regarding the HIA topic:** KHI did not encounter any political barriers that could potentially threaten the development or dissemination of the HIA.
- **KHI experience with disseminating reports:** KHI has experience disseminating reports via multiple avenues and could develop a dissemination plan to reach the designated audiences efficiently and effectively.
- **KHI’s ability to engage a variety of partners:** Team members at KHI leveraged their professional connections to identify individuals with specific expertise and then engage a variety of partners.

Challenges to developing and disseminating the HIA included the following:

- **Managing the breadth and complexity of the topic:** Because the HIA entailed multiple transit options, the KHI team had to examine impacts of each option.
- **Identifying appropriate secondary data sources:** Because of limited resources, many HIAs rely on existing secondary data sources. Few data sources for each option were available.
- **Triangulating conflicting data sources:** KHI staff had to carefully triangulate available data sources; sometimes the materials conflicted, which meant assessing each data source and prioritizing data sources with stronger reliability and validity.
- **Balancing multiple stakeholder perspectives:** KHI had to ensure representation of many perspectives without privileging one voice over another.
- **Assessing how well partners disseminated HIA results:** KHI relied on partners to disseminate and evaluate dissemination of the findings but could not readily determine reach of the findings.

Although KHI was not responsible for implementation of HIA recommendations, respondents shared insights on challenges to implementation:

- **City of Wichita’s limited budget for transit and financial shortfalls:** The HIA recommendations were considered during a time when the City faced significant financial constraints and, therefore, could not fund more substantial changes in the HIA recommendations.
- **Low ridership:** Low ridership meant the transit system could not sustain itself on the fees from transit users.
- **Lack of community awareness about the limitations of the transportation system:** Because of low ridership, much of the community was not aware of the transit system and its limitations. Further, lack of awareness and knowledge meant that many community members were not willing to invest public funds or increase taxes to pay for the system.
- **Staff turnover at Wichita Transit:** During the period when the changes to transit were considered, the transit director left, which meant a loss of knowledge about the system.
- **Competing demands:** Competing demands meant that individuals could not focus on advancing specific recommendations but could only do so as time allowed. This was especially true for volunteers on the HIA Transit Advisory Panel, whose primary responsibilities were not transit related.

### **Lessons Learned**

Respondents, including KHI staff, identified lessons learned and recommendations for others who may consider developing an HIA.

- **Lesson #1: Adapt the HIA steps to the needs of the community as well as existing resources.** Although the National Research Council has an established set of steps, it may be necessary to modify the steps to accommodate what the community needs and the financial resources available. Implementing a full HIA requires significant staffing resources and expertise, which may render developing an HIA less feasible unless adaptations are made.
- **Lesson #2: Provide education or technical support to stakeholders on how to use the results.** Stakeholders may vary in their knowledge and expertise. Providing additional education or technical assistance can help stakeholders discern which parts of the recommendations they could most feasibly act on and how those recommendations could be implemented.
- **Lesson #3: Consider providing shorter, user-friendly materials for multiple audiences.** Respondents recommended having supplementary materials or a shorter executive summary to support dissemination among a variety of audiences.
- **Lesson #4: Provide additional economic or cost information, especially in the Kansas context.** Because many Kansas decision makers are fiscally conservative, economic and cost data are often most useful and impactful for that audience. Respondents recommended including more information related to costs to support decisionmaking.



- **Lesson #5: Develop a robust dissemination plan that includes community members, elected officials, and media.** Several respondents commented that dissemination of the HIA report could have been more robust. They suggested holding additional community meetings with facilitated discussions, more opportunities for elected officials to discuss the report, and use of the media as a dissemination strategy.
- **Lesson #6: Consider including additional nontraditional stakeholders in the development and dissemination of the HIA to build stakeholder awareness and to ultimately expand the base of support for implementing community improvements.** Several respondents noted that some community agencies were missing from the discussion, such as hospitals, regional healthcare providers, large healthcare institutions, the chamber of commerce, and other business development associations.
- **Lesson #7: Identify and support responsible parties or champions for implementing recommendations.** Although implementation of HIA recommendations was outside the scope of KHI, one revision or enhancement to the process may entail identifying individuals or organizations that can carry forward the recommendations.
- **Lesson #8: Consider investing in a robust monitoring plan.** Respondents noted that the monitoring process could have benefited from additional support. A robust monitoring plan not only assesses the impact and value of the HIA but also supports longer-term maintenance of recommendations by establishing accountability among stakeholders.

“A really beautiful plan sitting on a shelf doesn’t really do a lot of good. I want one that has gotten used and is worn out. In order to get to that point, you have to have stakeholder involvement in the process so that you have the community buying into it. You not only have to have that, but you also have to have dissemination to the major stakeholders, and it’s got to be through vehicles or processes that they trust and they’re familiar with. [It is] not so much about the report, [it is] maybe more about stakeholder engagement — both before, during and after the process.”

“It’s a big effort, but it can be done by rallying the movers and shakers of this community: the people in the financial industry, the people in the construction industry, the people in manufacturing. You get them in a room and say, ‘What kind of city do we want to live in?’”

## Limitations

Findings are based on the self-reports of a limited number of individuals involved in the development of the HIA, which may have affected our ability to obtain saturation across interviews regarding some topics. The retrospective interviews also required respondents to think back to 2012–2013. Respondents acknowledged that their memories had faded and that it was sometimes difficult to recall specific events. In such situations, people often reconstruct narratives of the past based on current experiences. Thus, it can be difficult to determine the extent to which these reports mirror specific historic events. However, many themes emerged that were consistent across multiple interviews, and we used program and publicly available documents to triangulate and construct the history.

## Conclusions and Recommendations

KHI followed a comprehensive approach to the HIA in examining multiple transit options. KHI staff also meticulously followed the steps in the National Research Council guidelines, exceeding the norms for thoroughness in many instances. They encountered some challenges in developing and disseminating the HIA, including challenges associated with the breadth and complexity of the topic and reliance on community partners to disseminate the findings. Nevertheless, the report was well received and highly

valued by respondents, and it served multiple purposes, including acting as a tool for decisionmaking, informing subsequent reports and evaluations, and serving as a resource that stakeholders could use to justify and advocate for proposed changes.

If KHF decides to fund HIAs on other topics, the lessons learned with this HIA may help with decisions regarding allocation of resources and enhancing the impact of the reports. First, as KHI staff indicated, there is balance between having a broad scope that covers all potential concepts or proposals that may impact health and its ability to fully assess each concept or proposal. In this instance, KHI conducted extensive stakeholder engagement, but because of budget limitations, only certain recommendations were feasible and therefore prioritized. In this situation, KHI could have conserved resources for other activities if the scope were limited to only those concepts that were deemed feasible in the outset, thereby optimizing its assessment of the feasible concepts. However, an advantage of having examined all options comprehensively is that the report allows stakeholders to continue to advocate for all transit-related changes that could affect health, including those that are currently less feasible but have the potential for the greatest impacts on health.

Second, as the National Research Council indicates, recommendations are effective only if they are adopted by decision makers and implemented. In the report, KHI identified an agency that was to be responsible for implementing each recommendation, but they did not take additional steps to help those agencies create workplans and begin implementing the recommendations. KHI, or another collaborating technical assistance provider, could have potentially increased the value and impact of the report by facilitating discussions among stakeholders and providing technical assistance to help the responsible agencies plan for and execute the recommendations.

Third, the National Research Council also highlights the importance of identifying and continuing to work with decision makers and other stakeholders who will champion choices that benefit health. To achieve a more vigorous approach to implementation, an HIA team may need to identify influential individuals in the community at the outset who are prepared to take on the political aspects of advocating for health-promoting recommendations and ensure that these champions have the tools necessary to communicate the recommendations that are developed.

Finally, respondents noted the importance of keeping the findings and recommendations in the report alive by continuing to educate stakeholders about the contents, especially new decision makers and staff responsible for transit planning. The process of interviewing stakeholders for this evaluation sparked sharing and renewed discussion of the report among them, indicating that it continues to provide value. In future HIAs, KHI could potentially allocate resources to provide for a regular check-in with community stakeholders over a defined period of time following the publication of an HIA to encourage the community to revisit the recommendations and discuss options for implementing them over time.