

Facilitating Communities in Designing and Using Their Own Community Health Impact Assessment Tool

1. Introduction

The Commission on the Social Determinants of Health strongly affirms that the root causes of disease and health inequalities, and the most significant factor in determining the health of people and populations, are the social and physical living conditions of people (WHO, 2005). Included in the recommendations to achieve health equity, the Commission recommended actions to improve the conditions of daily living, tackling the inequitable distribution of power, money and resources, measuring and assessing the impact of policies and programs, and raising awareness of the social determinants of health among practitioners and the public (WHO 2008).

People Assessing Their Health (PATH) is both a health promotion process that helps people to increase control over and improve their health (WHO, 1986) and a community development process that builds the capacity of people to become active participants in the decisions that affect the well-being of their community (Frank and Smith, 1999). PATH does this by facilitating the community in developing its own community health impact assessment tool (CHIAT). This tool, which reflects the community's priorities about what makes and keeps people healthy, can then be used to undertake a community-led health impact assessment (CHIA) to look at the potential positive and negative impacts that any policy, program, project or service could have on the health of the community. The process used to create the CHIAT involves a reflective, story-telling approach that is grounded in the principles of adult education. It is based on the belief that people know a lot about what makes them and their communities healthy.

The PATH process was originally used in three communities in northeastern Nova Scotia, Canada in 1996, at a time when the Canadian health care system was being restructured to a more decentralized system that would include greater involvement of people at the community level (Gillis and English, 2001). Since then the PATH process has been used in other communities in Nova Scotia and in other provinces in Canada. In 2003 the PATH process was introduced to the staff, volunteers and board members of the Association for Social and Health Advancement (ASHA) based in Kolkata, West Bengal, India. Following the work with ASHA staff and volunteers, the PATH process was used with members of two women's self help groups in Chandamari Village in Murshidabad District, West Bengal in eastern India. In 2006 the process was again introduced by ASHA staff in Mukitmanipur, India with a tribal community that was about to embark on an endogenous tourism project. More recently, the assessment tool that was developed by a community health board in Antigonish, Canada was used by a group of citizens to carry out a community health impact assessment (CHIA) of the potential impact that a large recreation/tourism project would have on the well-being of that community.

The WHO Gothenburg Consensus Paper (1999) defines health impact assessment (HIA), as “a combination of procedures, methods and tools by which a policy, a program or project may be judged as to its potential effects on the health of a population and the distribution of effects within the population.” Kemm (2004) notes that HIA deals not only with predicting the impact that an activity will have on a population, it also suggests ways to modify the activity to maximize health and mitigate harm. Health impact assessment is increasingly becoming an accepted method by governments and NGOs throughout Europe, North America, and southeast Asia and Oceania as a way to assess the potential impacts of policies or programs on the health of populations (Curtis, 2008; Metcalfe and Higgins, 2009; Mindell et al., 2008). UNESCO

(1997) states that health promotion and health education must focus on learning and empowerment and that improving people's health requires an inter-sectoral, community development approach that builds people's ability to critically analyze situations and to engage in effective social action to bring about desired change. PATH is an empowering process for community members because it increases analytical skills and facilitates the development of a unique health impact assessment tool that a community can use when considering the effect projects will have on community well-being.

This paper will describe the methodology used in the PATH process, which helps people at the community level to create their own community health impact assessment tool (CHIAT). It will also describe several experiences where a community-created tool has been used to carry out a community health impact assessment (CHIA). The lessons learned from PATH's experiences of health promotion and capacity building within communities will be discussed. Since the PATH process is based on people's own experience and results in a unique community-driven approach to health impact assessment, lessons learned about the facilitation of the process in Nova Scotia, Canada and West Bengal, India will be included in the discussion.

2. Community-driven Health Impact Assessment

Community participation in HIA has long been considered an essential part of the process (Kearney, 2004, Mittelmark, 2001, WHO, 1999), though questions have been raised about the value of the community's input and the ability or willingness of decision-makers to consider community perspectives (Kearney, 2004, Mahoney, et. al, 2007, Wright, et. al, 2005).

Mittelmark (2001) notes that, while HIA can be a highly technical process, it can also be a simple, practical process that enables local people to become informed, active decision makers in

bringing about the changes required for better health. Community-driven health impact assessment (CHIA) is based on the idea that the development of healthy public policy, that is, public policy that is characterized by an explicit concern for health and equity, and which aims to create a supportive environment to enable people to lead healthy lives (WHO, 1988), requires broad citizen involvement. CHIA, as promoted through the PATH process, is distinctive in that it engages a community in developing its own unique assessment tool (CHIAT) and empowers that community to initiate its own impact assessment, rather than being consulted as part of a traditional HIA. Both the assessment tool and the assessment process reflect the community's values, beliefs and vision of what a healthy community should look like. Community-driven HIA adds a new and often unheard of voice when decision-makers look at the potential impact that a policy, program, project or service might have on the population and specific groups within that population. It brings to light the community's perspective, through the priority and value lens of the community members themselves.

Most policies or programs have both positive and negative effects on a given population (a geographic community or a specific 'community' of people within that geographic area). Community-driven health impact assessment, like traditional HIA, does not determine if a policy is right or wrong. It does help to identify how a particular activity will enhance or diminish the many factors that the community itself considers important for its overall well-being. CHIA is not necessarily a better way of doing health impact assessment; it is another way to bring the health concerns of the community forward in discussions of public policy. In addition, because the PATH process leading to the development of a CHIAT engages people in a significant reflection about what makes and keeps their community healthy, there is a noticeable increase in people's understanding of the social determinants of health and how these determinants are inter-

connected. Labonte and Feather (1996) note that story-telling and sharing experiences are linked to a long tradition of using narrative to develop knowledge. The new knowledge gained through the PATH process empowers and equips community members with an awareness and skills that they can use to change their conditions to improve their health. WHO (2006) suggests that initiatives that are empowering can lead to improved health outcomes and that empowerment is a viable public health strategy.

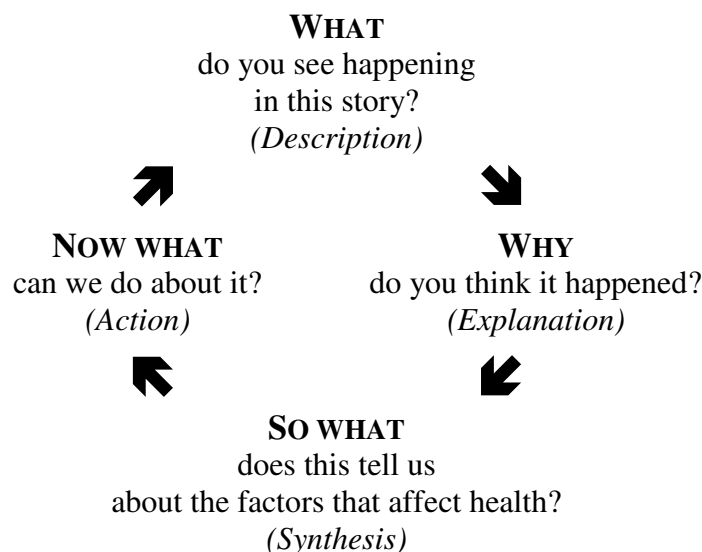
3. The PATH Process

The PATH process uses a facilitated approach to engage a community in developing its own unique community health impact assessment tool (CHIAT). The CHIAT, which contains a vision of a healthy community and a list of indicators to determine if the vision will be achieved, can then be used by the community to examine policies, programs or services proposed by governments (local, provincial or federal), institutions and community groups, as well as major infrastructure projects. The PATH process increases people's awareness of the determinants of health and the role played by community members in creating healthy public policy. The process uses a sequence of techniques and methods to guide community members in the development of their assessment tool.

The PATH process begins by gathering one or more small groups of people who will reflect on their experience and collectively answer the question: "What does it take to make and keep our community healthy?" The make-up of the participating group(s) depends on the nature of the community that is developing the CHIAT. For example, a geographic community (village or region) may convene a series of small gatherings of people who represent different sectors within the community. An organization that is developing a CHIAT to be used in assessing its

own projects or programs may begin by gathering members of its governing body and/or staff. The intent is to be inclusive of the diversity of experience within the community.

With the help of a facilitator, people in the group(s) are invited to tell a story from their life experience that has to do with health, including (but not limited to) health services. Once everyone has shared an experience, one story is chosen by the group for further examination. Using a technique adapted from the story-dialogue method (Labonte and Feather, 1996), the facilitator guides the group through a series of key questions to delve deeper into the story and to identify all of the factors that affect health and well-being (the determinants of health) and the ways in which these factors are inter-related. The questions posed by the facilitator follow the experiential learning cycle outlined by Kolb (1984): concrete experience, reflective observation, abstract conceptualization, and active experimentation. In the PATH process, which has been adapted from Labonte and Feather's story-dialogue method (1996), the facilitator helps the group explore the following questions as they reflect on the story:



The process of exploration and reflection on these questions produces a group analysis of the chosen story. Key ideas from the analysis are recorded for use in the next step of developing the CHIAT.

With their increased understanding of the determinants of health and a list of the key ideas from their reflection and analysis, the group develops a vision statement that describes what their healthy community would look like at some point in the future. This vision of a healthy community uses the group's own words and emphasizes their own priorities. It focuses on opportunities, not problems, and reflects both the diversity and the uniqueness of the community (PATH Project, 1997).

The next activity in the PATH process is to design the community health impact assessment tool (CHIAT). The facilitator helps the group to identify all of the things that will be considered when doing a community health impact assessment. Focussing on each of the key words in their vision of a healthy community, the group answers questions such as “What would be happening in the community if the different parts of the vision were being achieved?” and “How would you know that the vision has become reality?” This activity produces a list of indicators that can be sorted, prioritized, and incorporated into the CHIAT.

The draft CHIAT is tested by actually doing an impact assessment on a real or imaginary initiative. The purpose of this test is to ensure that the language being used in the CHIAT is clear and unambiguous, that there is a logical flow to the order of the indicators, and that the list of indicators is comprehensive enough to cover all of the determinants of health. The CHIAT is then revised to ensure that it is a useful and workable tool. Testing the CHIAT on a real or imaginary project also allows people to gain experience in how a community health impact

assessment works and how it is facilitated. Like most HIAs, community health impact assessment works best when it is employed before a project, program or policy is implemented so that changes can be made to the initiative in order to enhance the positive impacts and minimize the negative effects. When to carry out a CHIA is a delicate question of timing, because people require enough information about the project to make an informed assessment. However, they also need to feel that their input will have significant influence on decision-making about the project.

The CHIAT is now a unique community resource that can be used to assess projects, programs and policies that will have an impact on the community's health.

4. Lessons Learned

PATH involves two separate but related activities. The first activity (the PATH process) is a health promotion and community development process that uses adult education techniques to raise awareness of the social determinants of health and to create a unique community health impact assessment tool (CHIAT). The second activity is facilitating the use of that tool to do a community-driven health impact assessment (CHIA) that examines the potential positive and negative effects of a proposed project, program or policy. Experience shows that the process of creating the tool is one of community empowerment and is every bit as valuable as using the CHIAT itself (PATH Network, 2002). Experience also suggests that skilled facilitation is an important contributor to the success of this kind of community engagement. The key to the process is ensuring that the diverse voices of the community are heard.

4.1 *Developing a CHIAT*

The PATH process is based on David Kolb's experiential learning cycle (1984) and the value of experiential learning. The story-dialogue method (Labonte and Feather, 1996) ensures that the discussion and analysis is rooted in people's lived experiences. The PATH process results in community members increasing their understanding of the social determinants of health and how these determinants affect individuals, communities and populations. It also helps people to identify other priorities for their community (Peters, 2002). Because the process is based on people's experience, different issues and priorities are identified in different communities. For example, the escalation of unemployment due to the collapse of the fisheries industry was a major determinant of health in one Nova Scotia, Canada community, while in a community in West Bengal, India, gender discrimination surfaced as a major impact on the community's health (Gillis and English, 2001; Ghosh and Cameron, 2006). The reflection process used in the story-dialogue method builds the capacity of the individuals and groups involved to do health planning and engage in decision making at the community level (Peters, 2002).

The development of a CHIAT must be based on a broad vision of health and needs to involve people from many sectors within the community. This fosters networking within and between communities. In the case of the CHIAT developed by a community health board in Nova Scotia, Canada, the vision of a healthy community was based on input from 57 focus groups that used the story-dialogue method, which provided a wide representation from the geographic area (PATH Network, 2002). In Mukutmanipur, West Bengal, the CHIAT was developed by the Tourism Management Committee along with the local women's self-help group which ensured that voices from a variety of sectors were heard (Ghosh and Cameron,

2006). Experience suggests that a community health impact assessment tool is as representative of the community as those sectors that inform its development.

Like other community development approaches, the PATH process requires adequate funding, good facilitation, and some degree of administrative support in order for community members to be able to participate and to develop their own leadership and facilitation skills.

Peters (2002) also found that when people have a clear goal in mind (creating their own CHIAT), they were motivated to stay involved in the process of reflection and analysis.

4.2 Using the CHIAT to conduct a community health impact assessment

Not all of the community groups that have developed CHIATs have used the actual tools; however they have used some of the techniques and knowledge from the PATH process in other community endeavors. For example, one of the first communities to engage in the PATH process, St. Anne's Bay, Nova Scotia, set up a community health centre with programs that address the social determinants of health (Watts, 2002). A women's self-help group in a rural village in West Bengal, India, identified micro-enterprise endeavors and then lobbied to get the training they needed to set up their own micro-enterprises. In another village in West Bengal, the Tourism Management Committee used their vision of a healthy community to develop their own People's Sustainable Tourism Charter, which reflects the values of the community and will guide them as they embark on their new Endogenous Tourism Project (Ghosh and Cameron, 2006).

Using a tool developed by the community to conduct a community HIA results in the validation of local knowledge, which is very empowering for community members. However, in order for the assessment results to be effective in influencing the development of healthy public policy, decision-makers at other levels must also value local knowledge (Kearney, 2004;

Mahoney, et. al., 2007). Communities may also need to access epidemiological or quantitative data in an understandable format so that they are able to make informed decisions when doing an assessment (Peters, 2002). When a community group in Antigonish, Canada assessed the potential impact of a large recreational development project, they concluded that an environmental impact assessment and a business feasibility study were essential pieces of information for decision-making (Eaton and Cameron, 2008).

Doing a community health impact assessment also allows for different perspectives to be brought forward in a respectful manner, which provides valuable information for local authorities to make informed, inclusive decisions. The Keppoch-Beaver Mountain recreation/tourism project in Antigonish, Canada offers an interesting example. The local government proposed the development of a large-scale (\$27 million), four-season recreation project that caused significant controversy within the community. Opponents and proponents of the project created citizen advocacy groups and the matter grew increasingly contentious. The local government agreed to have a community health impact assessment carried out. Fourteen citizens, representing all regions of the community and both sides of the controversy, were brought together to assess the project, using the CHIAT developed by the local community health board in 2002. The results of the assessment were presented to the local government as an additional source of information for their decision-making. The people who participated in the assessment expressed confidence in the process through comments such as the following (Eaton, 2009):

- *I thought the process lead to calm, deliberate dialogue*

- *The experience as a whole was very educational and informative. While doing the CHIA you gain a deeper understanding of the issues at hand. I found it to be a wonderfully enlightening experience and look forward to participating in another one.*
- *I thought that people were respectful and that this was a learning process for everyone*
- *I have become a big fan of CHIAs. I've always tended to think along those lines regarding the impact of development on communities. To have a structured way to do these assessments means that the chances of overlooking some impacts, either positive or negative, are dramatically reduced.*
- *I thought that the CHIA process was wonderful. It was inclusive. Non-threatening. Everyone was given a chance to speak. I was totally impressed by the process.*

The use of community health impact assessment in this instance appears to have been helpful in allowing diverse voices to be heard in a respectful manner. However, because the development of public policy involves many variables, it is not as easy to judge the effect of the CHIA results on the subsequent decisions of the local government. As Elliott and Francis (2005) note, while it is possible to identify numerous indirect links between health impact assessment and decision-making, there is often little evidence to show how HIA directly informs the decision-making process. In the case of the Keppoch-Beaver Mountain Project, the local government announced, in the summer of 2009, that it would no longer proceed with the project, citing uncertain funding and lack of public support (LeBlanc, 2009).

In another instance, the same CHIAT was used to assess the potential impact of funding cuts to a women's resource centre in Antigonish, Canada. A group of people representing various sectors of the community was brought together to systematically reflect on how cutbacks to the services and programs provided by the women's centre would affect the health and well-being of the community. The assessment resulted in important evidence about the economic and social value of the centre and its programs and this information was presented to the local member of the provincial government. Again, while it is difficult to make a direct link between the community health impact assessment and the government's policy decisions, it can be noted that the funding level for the women's centre was maintained.

Both the PATH process of awareness-raising and the actual use of the resulting assessment tool are important health promotion processes, however there is a need to balance these two activities. While it is possible to take an existing CHIAT and adapt it to the local context, it is the process of sharing and analyzing stories, developing a collective vision of a healthy community, and understanding how the determinants of health act together to influence community well-being that builds ownership and empowerment. As a result, an adapted tool may not have the same relevance to the community as one that has been developed through the PATH process (Peters, 2002).

These examples demonstrate the important value of the PATH process in raising people's awareness of the broad factors that affect their health and the health of the communities that they live in as well as in enabling communities to identify priority areas for action. At the same time, communities that have used their assessment tool have found that they have a systematic approach to raising important questions about the potential impact of proposed policies, projects,

or programs and they understand that the resulting information allows them to make knowledgeable decisions about advancing community well-being.

5. Conclusion

The WHO Commission on the Social Determinants of Health (2005) states that addressing the causes of diseases and inequities requires raising people's awareness and assessing the impact that policies and programs will have on people's lives. The PATH process is a health promoting because through it, people become aware of the social determinants of health (SDOH) and they develop critical analytical skills they can use to identify their own development strategies and priorities. Creating and using their own community health impact assessment tool provides people at the community level with the analytical skills and the tools required to ensure the health and well-being of their community for future generations. Meeting the challenges of improving health equity requires an informed, committed public. The PATH process and the use of community-driven health impact assessment have been shown to be effective ways of building that public capacity.

References

Curtis S. How can we address health inequality through public policy in Europe? *Eur Urban Reg Stud* 2008; 15, 293-304.

Eaton SL. Influencing healthy public policy with community health impact assessment: final report [Internet]. Montreal: National Collaborating Centre for Healthy Public Policy; 2009 [cited 2009 Dec 14]. Available from: http://www.healthypublicpolicy.ca/docs/PATH_Rapport_EN.pdf.

Eaton SL, Cameron C. Community Health Impact Assessment: Keppoch Beaver Mountain Project Final Report [Internet]. Antigonish: Antigonish Women's Resource Centre; 2008 [cited 2009 Dec 12]. Available from: <http://www.antigonishwomenscentre.com/pdfs/PATH>.

Elliott E, Francis S. Making effective links to decision-making: Key challenges for health impact assessment. *Environ Impact Assess Rev* 2005;25; 747-757.

Frank F, Smith A. The community development handbook: A tool to build community capacity. Ottawa: Minister of Public Works and Government Services Canada; 1999.

Ghosh S, Cameron C. Strengthening communities through community health impact assessment. [Internet] Antigonish: Coady International Institute, 2006 [cited 2010 Feb 12]. Available from: <http://coady.stfx.ca/work/coady-publications/#presentations>.

Gillis DE, English LM. Extension and health promotion: An adult education approach. *J of Ext* 2001;39(3).

Kearney M. Walking the walk? Community participation in HIA. A qualitative interview study. *Environ Impact Assess Rev* 2004;24, 217-229.

Kemm J. What is HIA? Introduction and overview. In: Kemm J, Parry J, Palmer S, editors. *Health Impact Assessment*. Oxford: Oxford University Press; 2004, 1-13.

Kolb DA. *Experiential Learning*. Englewood Cliffs, NJ: Prentice Hall; 1984.

Labonte R, Feather J. *Handbook on Using Stories in Health Promotion Practice*. Ottawa: Health Promotion Development Division, Health Canada; 1996.

LeBlanc, C. County pulls plug on Keppoch project. *The Antigonish Casket*. 2009 Aug 26; Sect. A:1.

Mahoney ME, Potter JL, Marsh RS. Community participation in HIA: Discords in teleology and terminology. *Critical Public Health* 2007;17(3): 229-241.

Metcalf O, Higgins C. Health impact assessment contributing to healthy public policy. *Public Health* 2009; 123: 295.

Mindell JS, Boltong A, Forde I. A review of health impact assessment frameworks. *Public Health* 2008;122: 1177-1187.

Mittelmark, MB. Promoting social responsibility for health: health impact assessment and healthy public policy at the community level. *Health Promot Int* 2001;16: 269-274.

PATH Network. *PATHways II: The next steps – a guide to community health impact assessment*. Antigonish: People Assessing Their Health, 2002.

PATH Project. *PATHways to building healthy communities in eastern Nova Scotia: The PATH project resource*. Antigonish: People Assessing Their Health; 1997.

Peters N. *Applying community health impact assessment to rural community health planning: An evaluation report*. Antigonish: Antigonish Women's Resource Centre, 2002.

Scott-Samuel A, Birley M, Ardern K. *The Merseyside guidelines for health impact assessment*. 1998. Liverpool: Merseyside Health Impact Assessment Steering Group.

United Nations Educational, Scientific, and Cultural Organization. *Health promotion and health education for adults: Adults learning in the context of environment, health and population, A series of 29 booklets documenting workshops held at the fifth international conference on adult education*. Hamburg, Germany: UNESCO Institute for Education; 1999.

Watts T. *Assessing the impact of the People Assessing Their Health (PATH) project*. Antigonish: People Assessing Their Health, 2002.

World Health Organization. *Ottawa charter for health promotion*. Geneva: World Health Organization; 1986.

World Health Organization. *Adelaide recommendations on healthy public policy*. Geneva: World Health Organization; 1988.

World Health Organization European Centre for Health Policy. *Health impact assessment. Main concepts and suggested approach*. Gothenburg Consensus Paper, December 1999. Copenhagen: WHO Regional Office for Europe; 1999.

World Health Organization. *Action on the social determinants of health: Learning from past experiences: A background paper prepared for the Commission on the Social Determinants of Health 2005*. Geneva: World Health Organization; 2005.

World Health Organization. *What is the evidence on effectiveness of empowerment to improve health?* Geneva: WHO Regional Office for Europe's Health Evidence Network; 2006.

World Health Organization. Closing the gap in a generation: Health equity through action on the social determinants of health, Commission on the SDOH Final Report 1 Executive Summary. Geneva: World Health Organization; 2008.