

PATH

**People Assessing
Their Health**

PATHways II: The Next Steps

**A Guide to
Community Health
Impact Assessment**

PATH

**People Assessing
Their Health**

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INTRODUCTION

What makes and keeps us healthy? Is health only a matter of individual well-being or can we talk about healthy *communities*? Is health the result of personal choices or are there other factors that play a role? Who should make decisions about the kinds of health programs and services that are available? To what extent do policies and programs not directly related to “health” have an impact on our health and well-being?

These are some of the questions at the heart of what we call the PATH Project.

PATH (*People Assessing Their Health*) is a health promotion initiative based on the idea that people know a lot about what makes them healthy – and that people at the community level should be involved in planning and decision-making about the policies and programs that will affect them.

Since 1996, the people involved in PATH – a diverse range of people from health services, community-based organizations, and universities in northeastern Nova Scotia – have been coming together to share ideas and resources and to provide opportunities for people and communities to critically analyze issues and build healthy communities.

In addition to sponsoring a variety of educational events, PATH is perhaps best known for promoting a process called *community health impact assessment*. With funding from Health Canada, two pilot projects have been undertaken to facilitate this process in four communities in Nova Scotia: the *People Assessing Their Health Project* (PATH I) in 1996-1997 and *Applying Community Health Impact Assessment to Rural Community Health Planning* (PATH II) in 2000-2002.

This resource package has been produced at the conclusion of the PATH II Project. It provides information on what community health impact assessment is all about and how it can be used by groups and organizations (whether health-related or not) that are concerned about building and maintaining healthy communities.

Who will find this useful

PATH has successfully promoted the use of community health impact assessment with three local communities and with an established Community Health Board in Nova Scotia.

Although the focus has been on increasing citizen participation in health planning and decision-making, we think that the techniques and processes can be used by almost anyone who is interested in ensuring that public and private policy is developed in a socially responsible manner. Some examples are:

- Local community groups and organizations
- Community Health Boards
- District Health Authorities
- Municipal governments
- Provincial level planners and policy-makers
- Community development workers

In other words, we hope that this resource package will provide practical and effective ideas for any group that wants to look at how existing or planned policies, programs or services are likely to affect the health and well-being of the community.

We encourage you to let us know how you have used the material. Our contact information is on the inside front cover of this resource.

PART 1: BACKGROUND AND CONTEXT

For many years, residents of northeastern Nova Scotia have faced significant barriers to maintaining and promoting their health because of geographic isolation and socio-economic conditions. More recently, their capacity to build healthy and sustainable communities has been challenged by trends such as the downturn in the off-shore fishery, the out-migration of youth, a population which is aging faster than the rest of the country, and the growing strain on community organizations and their volunteers to provide a wider range of services with fewer resources.

Health system reform

At the same time, the health system in Nova Scotia has been undergoing dramatic restructuring. In 1994, the Ministerial Action Committee on Health System Reform presented its report, *Nova Scotia's Blueprint for Health System Reform*. This was followed later the same year with the approval of Bill 95 – *An Act to Establish Regional Health Boards* – which resulted in the creation of four Regional Health Boards in the province. In 1995, the document *From Blueprint to Building: Renovating Nova Scotia's Health System* identified the need for the development of Community Health Boards (CHBs) across the province as a priority for Regional Health Boards. CHBs were formed throughout the province with a mandate to develop community health plans by involving local people in identifying strategies to improve the health of their communities and in setting local priorities for the delivery of primary care services.

In 1999, under a new government, the system was further restructured resulting in the establishment of nine, smaller District Health Authorities (DHAs) to replace the previous four Regional Health Boards. Two-thirds of the membership of each District Health Authority board of directors is nominated by the Community Health Boards in the district.

This context of health reform, which provides greater opportunity for citizen participation in health planning and the resultant need to build community capacity, is at the heart of PATH initiatives.

The First PATH Project (1996-97)

The PATH (People Assessing Their Health) Project took place in northeastern Nova Scotia from April 1996 to October 1997. Three communities participated in the project: Guysborough County Eastern Shore, which is made up of a series of small coastal communities on the mainland; St. Ann's Bay, which is a rural Cape Breton community extending along St. Ann's Bay to Cape Smokey in Victoria County; and Whitney Pier, which is located in Industrial Cape Breton.

With the guidance of trained local facilitators, people in each community gathered together to share stories about living, working, and raising families. Using a structured dialogue approach to discussion, they identified factors influencing their health and envisioned what kind of community they wanted to live in.

Health determinants identified by the three PATH communities included jobs and employment opportunities, healthy child development, health services (acute care, home care, primary health care), lifelong learning, lifestyle practices (recreational opportunities, healthy eating, addictive behaviors) and coping skills, physical environment, safety and security, social support, and stable incomes. Additional factors considered to be important in building health in their communities were community involvement, local control and leadership development, coordination and cooperation in service delivery, confidence in one's community, communication, ethics/values and spirituality, and respect for people's culture and history.

Based on this information, each community developed a tool for assessing the impact of programs and policies on the health of their communities. The process of community health impact assessment enabled people to better understand what determines their health and where action is needed to improve their health.

An important aspect of PATH I was the Regional Advisory Committee (RAC) that was created at the onset of the project. This committee brought together representatives from the three partner organizations (the Antigonish Women's Association, the Extension Department of St. Francis Xavier

University, and Public Health Services of the Eastern Health Region) and community development leaders from throughout the area. Once the community work began, the Regional Advisory Committee was expanded to include the Community Facilitators and representatives from the Steering Committees in each of the three PATH communities. This group provided the venue for the project stakeholders to share ideas and experiences across the region.

The results and lessons of the PATH Project and the steps taken by each of the three communities are described in *PATHways to Building Healthy Communities in Eastern Nova Scotia: The PATH Project Resource*. This resource has been distributed throughout the region and beyond and is now available on the PATH web site. The model presented for community health impact assessment has been enthusiastically received by people searching for strategies to support community participation in health planning.

In early 2001, with funding from the Nova Scotia Department of Health, an evaluator was contracted to interview key informants in the three original PATH communities and to identify the impact of PATH I activities. Respondents indicated that the PATH I processes and tools had been quite valuable in raising awareness about the determinants of health and engaging citizens in the creation of healthy public policy at the community level. The study also showed that participants had encountered a number of barriers to carrying out community health impact assessment and acting on their findings. Respondents said that factors such as local and provincial leadership, support and training for Community Health Boards, and avenues for inter-sectoral planning need to be addressed to better enable communities to influence local, regional and provincial health decision-making.

The PATH Network

Following the completion of the first PATH Project, participants sought a way to continue to share their concerns about health issues. The Regional Advisory Committee that had been so integral to the PATH Project evolved into the **PATH Network**.

The PATH Network is an informal association of people from community-based organizations, health services, community health boards, and universities. PATH Network members share a vision of working together to build healthier communities by creating opportunities for all citizens to learn about the broad range of factors that determine their health.

The informal structure of the PATH Network enables people to come together to exchange ideas, pool resources, deepen their analysis of issues, and access outside resources for community health projects and educational opportunities.

As a working group, the PATH Network has planned and coordinated a number of educational events including a Spring Forum on health inequities in 1999, a People's School on healthy public policy in the Fall of 1999 held at St. Francis Xavier University, and a similar People's School at the University College of Cape Breton in the winter of 2000. In April 2002, the Network organized a second Spring Forum with the title "Health and Wealth", held in Sydney, Nova Scotia.

The PATH II Project (2000-2002)

A number of important insights about community development and the process of community health impact assessment surfaced in the first PATH Project. These have been presented in *PATHways to Building Healthy Communities in Eastern Nova Scotia: The PATH Project Resource*. These insights, along with reflections by the PATH Network on how to find effective ways for citizens to participate in a health care system that continued to undergo major reform, lead to the development of a new phase for PATH.

The second PATH Project, funded by Health Canada's Remote and Rural Health Initiatives fund, was carried out over a 16-month period from December 2000 to March 2002. Officially titled *Applying Community Health Impact Assessment to Rural Community Health Planning*, the project quickly became known as PATH II.

The goal of the project was to "increase the capacity of volunteers by developing the process and tools for community

health impact assessment, which will enable informed decision-making in community level health planning.”

PATH II had several distinct but over-lapping activities, each one designed to encourage greater community participation in health related planning and decision-making.

One part of the project involved working with the Antigonish Town and County Community Health Board (ATCCHB) to develop a *Community Health Impact Assessment Tool* (CHIAT). The CHIAT is seen as a resource to assist the ATCCHB in assessing the effect that various policies or programs will have on the health of the community. It looks at the broad spectrum of factors that determine health (including things like income, education and physical environment, in addition to health care services) and is based on the priorities identified by the community. The steps used in creating the CHIAT, as well as some of the lessons learned in the process, are detailed in Part 3 of this resource: *How one community used CHIA*.

A second aspect of PATH II involved doing research on “health indicators” – the information that can be used by the community to measure changes in health status. This part of the project also involved finding ways to present the information in a simple, easy to use fashion, using language that reflects the community’s understanding of health.

The third part of the project focused on communicating what was learned. This included sharing information through presentations, preparing this project resource, and developing a PATH web site (www.path-ways.ns.ca).

In addition to the three major components, PATH II set out to document and evaluate the processes used in the project. An external evaluator was contracted to gather information and assess the effectiveness of community health impact assessment as a model for building volunteer capacity. The evaluator followed the process from March 2001 to March 2002 and submitted a final evaluation report, including lessons learned and recommendations for the future.

The project was staffed by a full-time Coordinator who provided research support, facilitated the development of the

community health impact assessment tool, and maintained communication between the various stakeholders. In addition to the coordinator and project evaluator, a researcher was hired to compile a list of relevant health indicators. Design and programming of the web site was contracted to people with the appropriate expertise.

The project sponsors (the Antigonish Women's Resource Centre, the Extension Department of St. Francis Xavier University and Public Health Services – Districts 7 and 8) partnered with the Antigonish Town and County Community Health Board for the duration of the project. A member of each of these organizations, plus a representative of the PATH Network, served as the Coordinating Committee to provide guidance and oversee the day-to-day management of the project.

The PATH Network, which includes people from other community groups and organizations outside of Antigonish Town and County, acted as an Advisory Committee and brought a wider perspective to the project.

PART 2: COMMUNITY HEALTH IMPACT ASSESSMENT

Health and well-being

What comes to mind when you hear the word “health”? For many people, health makes them think of the health care system and the absence of illness. In recent years, our thinking about the meaning of health has been shifting to a more positive concept, one that moves beyond the notion of the mere absence of disease to a focus on complete physical, mental and social well-being. The World Health Organization (WHO) defines health as “a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities.”

This understanding of health has continued to evolve with the recognition that health and well-being are influenced or determined by multiple factors and conditions both within and beyond the control of individuals and health care professionals.

A Population Health approach

Population Health is an approach to health that aims to maintain and improve the health of the entire population (not just that of individuals) and reduce inequities in health between population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health.

The Strategic Policy Directorate of Health Canada’s Population and Public Health Branch has developed a report called *The Population Health Template*¹ outlining eight key elements that are necessary for a population health approach.

Focus on the health of populations. The emphasis is on assessing the health status and health status inequities of the population as a whole (as well as groups within it), not only that of individuals.

¹ Strategic Policy Directorate, Population and Public Health Branch, Health Canada. *The Population Health Template: Key Elements and Actions That Define a Population Health Approach*. June 2001

Address the determinants of health and their interactions. A population health approach considers the entire range of individual and collective factors and conditions and their interconnectedness that have been shown to correlate with health status. (See below).

Base decisions on evidence. Evidence-based decision-making answers the question “Why did you decide that?” It makes extensive use of both formal and informal quantitative and qualitative evidence.

Increase “upstream” investments. Actions to improve the health of the population are most effective when they are directed to areas that have the greatest potential to positively influence health. This includes health promotion, protection and disease/injury prevention.

Apply multiple strategies. Since the health of populations is affected by factors that fall outside as well as inside the health system, a mix of strategies is called for: from health care to prevention, protection, health promotion and action on the broad determinants of health.

Collaborate across sectors and levels. There is a need for shared responsibility, accountability and collaboration between multiple sectors (health and non-health, government and non-governmental groups) and levels (local, regional, provincial and national).

Employ mechanisms for public involvement. A population health approach recognizes and promotes citizen participation in the development of public policies that affect health.

Demonstrate accountability for health outcomes. The focus should be on determining the degree of long-term changes in both health status and the determinants of health, including the reduction of health status inequities between population sub-groups.

The broad determinants of health

The full spectrum of factors – and their interactions – that are known to influence and contribute to health are commonly

referred to as the “determinants of health”. These factors are currently identified as: income and social status, social support networks, education, social environments, employment and working conditions, physical environments, biology and genetic endowment, personal health practices and coping skills, healthy child development, health services, gender, and culture.

A more complete description of the determinants of health is contained in *Part 4* of this resource.

Health Impact Assessment (HIA)

Health Impact Assessment is a relatively new, but rapidly growing, approach to examining how social, economic and environmental policies and programs will affect the overall health of people. It has been used to varying extents by governments in Canada, as well as in Europe, Australia and New Zealand. The World Health Organization (WHO) European Centre for Healthy Policy has done considerable research and coordination in the field of HIA within the European Union. The International Health Impact Assessment Consortium (IMPACT), based at the University of Liverpool, England, engages in research and the promotion of HIA at an international level.

IMPACT has published a short summary of the purposes and principles of health impact assessment² that defines HIA as “the estimation of the effects of a specified action on the health of a defined population.” Its twofold purpose is to assess the potential health impacts – both positive and negative – of policies, programs and projects and to improve the quality of public policy decision-making through recommendations to enhance predicted positive health impacts and minimize negative ones.

The key principles of HIA reflect a population health approach:

- It is based on a social model of health and well-being
- It has an explicit focus on equity and social justice

² Barnes, R. and Scott-Samuel, A. (2000) *HIA: A ten minute guide*. International Health Impact Assessment Consortium, University of Liverpool.

- It follows a multidisciplinary, participatory approach
- It uses qualitative as well as quantitative evidence
- It is based on explicit values and openness to public scrutiny

The use of health impact assessment as a key element in promoting healthy policy-making is gaining considerable attention at the national and international levels. Dr. Maurice Mittlemark of the University of Bergen has noted that “Health impact assessment is the linchpin to healthy public and private policy and practice, just as environmental impact assessment has been the linchpin to growing success in the environmental protection movement.”³

Health impact assessment has generated interest in Canada at both the federal and provincial levels. A report submitted to Health Canada’s Health Promotion Development Division in 1996 concluded:

*Health impact assessment offers an innovative approach to ensuring that governments’ program and policy initiatives align or are congruent with the agreed upon health goals. It suggests that policies and programs, regardless of the sectors from which they originate, should be assessed as to their influence on the health and quality of life of Canadians...The ideal role of the health sector is not only to act, but also to influence, enable, and mediate partnerships for intersectoral collaboration.*⁴

Bringing HIA to the community level is an important way to increase citizen participation in this process. As Mittlemark points out, “Socially responsible decision-making for improved equity in health is stimulated by community level health impact assessment, because it is a practical tool to help communities come to grips with local conditions that need changing if better health for all is to be realized.”⁵

³ Mittlemark, M. *Promoting Social Responsibility for Health: Progress, Unmet Challenges and Prospects*. Fifth Global Conference on Health Promotion, Mexico City, June 2000.

⁴ Frankish, C.J., Green, L.W., Ratner, P.A. et al. *Health Impact Assessment as a Tool for Population Health Promotion and Public Policy: A Report Submitted to the Health Promotion Development Division of Health Canada*. Institute of Health Promotion Research, University of British Columbia, May 1996.

⁵ Mittlemark, M. (2000)

Community Health Impact Assessment (CHIA)

Community health impact assessment (CHIA) is a way to bring the health concerns of the community forward in discussions of public policy. It is a strategy that supports and encourages informed community participation in planning and policy development.

Since our health is influenced by a wide range of factors both within and outside the health sector (the determinants of health), community health impact assessment is useful in examining any policy, program, project or service that will affect the population. It is based on the idea that the development of *healthy public policy* (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) requires broad citizen involvement.

How it works

Simply put, community health impact assessment allows people at a local level to estimate the effect that a particular activity (a policy, program, project or service – whether health or non-health related) will have on the health of the community. In doing so, it suggests things we can do to maximize the benefits (the positive effects) and minimize the harm (the negative effects) of that activity.

The process of community health impact assessment can be used to examine a variety of things including government policies (municipal, provincial or federal), programs or services offered by governments, institutions, or community groups, and major infrastructure projects.

Most policies or programs have both positive and negative effects on a given population (a geographic community or a specific “community” or group of people within that geographic area). For this reason, community health impact assessment is not meant to determine if a policy or program is “right” or “wrong”. Rather, it helps to identify how a particular activity will enhance or diminish the many factors that the community considers to be important for its overall health.

When it should be used

Community health impact assessment can be used at any time during the planning, implementation or evaluation of a program or policy. However, it is most effective if it is used *before* an activity takes place.

Used in the early planning stages of a policy or project, the process of community health impact assessment can alert decision-makers and planners to potential negative impacts on community health. Steps can then be taken, whether by the policy makers themselves or by other groups, to address issues of concern and develop ways to minimize or eliminate harm. At the same time, community health impact assessment can highlight the possible benefits of a policy or program, encouraging the enhancement of positive effects.

If community health impact assessment is used *during* the implementation of a policy, program or service (usually something long-term), it can help to identify positive and negative impacts and encourage corrective action to be taken.

When community health impact assessment is used *after* a project is completed, it becomes a useful source of information to complement a formal evaluation.

Who can/should use it

PATH (People Assessing Their Health) has promoted the use of community health impact assessment by local communities and, more recently, by an established Community Health Board. It has become clear, however, that the process of community health impact assessment can be used by any group, organization or institution that is concerned about the impact policies or programs will have on the overall health of communities.

PART 3: HOW ONE COMMUNITY USED CHIA

Reforms to the health system in Nova Scotia challenge communities to find effective ways for citizens to participate in health planning and decision-making. The emerging system puts greater attention on coordination and integration of services to meet the needs of the population within available resources and with greater attention on building the capacity of the community. It requires evidence-based decision-making in the health planning process. Community health impact assessment is a strategy to enable community members to become more effective participants in this evolving decentralized health system.

The PATH II Project (*Applying Community Health Impact Assessment to Rural Community Health Planning*) was designed to pilot the expanded use of community health impact assessment as a way of supporting community participation in health planning at the Community Health Board (CHB) level in Nova Scotia.

The project was originally conceived as involving the three community health boards in District Health Authority #7 (Guysborough Antigonish Strait Health Authority). However the timing of the initiative, combined with other community health board priorities, meant that two boards were unable to participate. The project partnered with the Antigonish Town and County Community Health Board.

Working with one community health board

Like all community health boards in the province, members of Antigonish Town and County Community Health Board are responsible for preparing a community health plan and developing strategies that improve the health of their communities.

PATH II would provide processes and tools to enable these volunteer board members to focus on the factors determining health in the communities they represent, to use a wide range of information in decision-making, and to ultimately have an impact on the decision-making process used at the District Health Authority (DHA) level.

The Antigonish Town and County Community Health Board

The Antigonish Town and County Community Health Board (ATCCHB) was established in January 1999 in response to the health reform process taking place in the province of Nova Scotia. It is a voluntary board consisting of 12 to 15 members. Membership is selected based on geographic location, age, gender, ability, language, culture, income, and a range of skills and backgrounds.

During the first year of operation the Community Health Board conducted a community analysis that included developing a community profile, undertaking a broad community consultation, and initiating an inventory of community health resources. A framework document, *Planning for a Healthy Community – A Framework for Health Planning in Antigonish Town and County*, was prepared and distributed throughout the community. The document outlined the Board's mission, values and vision as well as priorities for health planning that were identified from the community consultation information.

In May 2001, the inventory of health and health-related resources was published by the Antigonish Town and County Community Health Board as a *Community Health Resources Directory*, which was distributed to every household in the town and county. The Board also engaged in a facilitated process to develop a Community Health Plan, containing both a strategic framework and operational plan for 2001-2003, which was presented to the District Health Authority in September 2001. The Community Health Plan named participation in the PATH II Project and the development of a community health impact assessment tool (CHIAT) as one of the Board's objectives and key activities for 2001-2002.

Context for PATH II

Two particular activities of the Antigonish Town and County Community Health Board formed an important backdrop to the work on community health impact assessment, although they were not undertaken as a part of the PATH II Project: the focus groups used in the community consultation and the

strategic planning process that resulted in the Community Health Plan.

Focus Groups. From November 1999 to February 2000, the Board conducted 57 focus groups meetings involving more than 550 residents throughout Antigonish Town and County. The focus groups used a technique of *structured dialogue* story-telling that was promoted in the first PATH Project. This technique, which is described in more detail in Part 4 of this resource, provided an opportunity for people to draw insights from their own experiences and to offer suggestions about health planning priorities. It helped to broaden the participants' understanding of the many factors that determine health as well as identifying ways in which they can be involved in building healthier communities. The structured dialogue technique, and the information that it generates, is a crucial first step in the community health impact assessment process.

Strategic planning. Through a series of facilitated workshops, the Board developed a strategic framework and operational plan that would become its 2001-2003 Community Health Plan. The strategic planning process was intensive and took place throughout the duration of the board's involvement in the PATH II Project. A benefit of this approach was to ensure that community health impact assessment was well integrated into the Community Health Board's planning cycle of community analysis, planning, implementation and evaluation. A challenge for everyone involved was dealing with the tremendous amount of work created by engaging in the two discrete, although complementary, processes of strategic planning *and* development of a community health impact assessment tool. This is explored further in the "Lessons Learned" section of this resource.

What happened in the PATH II Project

This section describes the various steps undertaken by the Antigonish Town and County Community Health Board in developing their community health impact assessment tool (CHIAT). A copy of the tool is contained in the appendix.

Creating a Working Group

The Board's first step in developing its community health impact assessment tool was to create a small Working Group to work with the PATH II Project Coordinator. The Working Group was made up of four Board members, including the Board chair, and the consultant who had facilitated the 57 focus groups that were part of the Board's Community Consultation process in 1999-2000.

The expertise and roles of the Working Group members was extremely important to the process. The chair of the Board gave leadership and credibility to the activity and was able to ensure that PATH II activities were well integrated into the Board's regular work. The other Board members were knowledgeable about the community and issues related to both the health care system and the broad determinants of health. The consultant (who served in a voluntary capacity) brought a comprehensive understanding of the focus group process and the issues raised by people throughout the Town and County.

Over several meetings, the Working Group studied and discussed some of the literature related to health impact assessment (HIA), evidence-based decision-making, and the importance of using qualitative, as well as quantitative, evidence in health planning and decision-making.

Consulting the community

When the Antigonish Town and County Community Health Board began the process of developing its community health impact assessment tool, it already had a sound understanding of community needs and priorities based on the information gathered during the Focus Group discussions of 1999-2000. Members of the Working Group regularly referred back to this information throughout their work with PATH II.

At the same time, it was clear that the development of the community health impact assessment tool required some way of checking back with the community to ensure that current issues and priorities were being reflected. In May 2001, the Working Group organized a community consultation with selected individuals from organizations and service providers in the town and county.

This community consultation had several important purposes:

- To raise awareness of the existence and work of the Community Health Board.
- To provide an opportunity to verify community health priorities.
- To uncover the “language” that community members find meaningful when talking about health.

The 22 women and men who attended the consultation represented a broad range of ages, interests, and sectors within the community. Participants did not necessarily represent an organization or group but were selected because of their knowledge and experience with particular issues, groups or services. They were contacted personally and encouraged to attend the consultation because of the important contribution they could make to the dialogue.

Rather than explain the technicalities of community health impact assessment, the consultation simply asked people to answer the question: *Based on your experience as a community member, what information do we need to know in order to measure whether our community is healthy?*

The consultation provided the Working Group with an extensive list of what people considered to be the “indicators” of a healthy community. It also reconfirmed the health priorities that the Board had identified from the Focus Group process.

Developing a “Vision of a Healthy Community”

Creating a clear statement to describe the Antigonish Town and County vision of what a healthy community looks like was a key point in the discussions of the Working Group. The “vision” would become the basis for assessing programs and policies.

The group engaged in a visioning exercise, imagining how they would like their community to be 10 years in the future. They drew up a list of characteristics to describe what a healthy community would look like. To ensure consistency with the Community Health Board’s current work, they reviewed the Board’s own Mission, Vision and Values.

The Working Group then agreed on a set of criteria for the vision. They felt that it should be easily understood by anyone who reads it; it should be only a sentence or two in length; and it should use simple language and concepts. The result of their deliberations was the following:

The Antigonish Town and County Community Vision is one of a dynamic and changing community where assets and diversity are valued and where people work together to improve the overall health of the community.

The vision statement was subsequently approved by the whole Community Health Board.

Designing and testing the CHIAT

The next step was to identify the “factors” to be included in the CHIAT. To do this, the Working Group first made a list of the key words contained in the vision (“dynamic”, “changing” “assets are valued”, etc.) and described what each one meant. Then they had a little fun.

Using a kind of role play, they brainstormed a list of questions that should be asked when considering the impact that an imaginary project would have on the health of the community. The project (opening a new coal mine directly behind one member’s house) was necessarily far-fetched, but it provoked a broad range of questions related to each of the key words in the vision.

Over the next month, the group organized and re-organized the list of questions into a checklist of “factors” that should be considered when doing a community health impact assessment. They cross-checked their work with previous documents, with the list of indicators collected during the community consultation, and with summaries from the Focus Groups. When they were satisfied with the first draft of the CHIAT, they prepared to test it with several groups.

The test workshops were designed to simulate an actual assessment process. The aim was to examine the CHIAT for clarity of wording and ease of use. Three tests were held, each one facilitated by the PATH Project Coordinator and lasting approximately two and a half hours. An evaluation was held at the conclusion of each workshop.

The policies assessed in the test workshops were chosen by the participating groups.

- Antigonish Town and County Community Health Board (What would be the impact on the health of the community *if the province allowed Sunday shopping?*)
- The Strait Area Breastfeeding Network (What would be the impact on the health of the community *if the Regional Hospital no longer provided free formula for newborn babies?*)
- The Antigonish Town Council (What would be the impact on the health of the community *if the Town Council banned smoking in all public places?*)

The tests provided important information about the wording and flow of the CHIAT as well as techniques for facilitating a discussion. The CHIAT was revised after each workshop and a detailed facilitator's guide was added as an appendix.

The test workshops also helped to increase the visibility of the Antigonish Town and County Community Health Board, emphasized the importance of considering health impacts when determining public policy, and laid the groundwork for future use of the CHIAT by a variety of groups within the town and county.

Building the use of the CHIAT into Board plans

The final version of the community health impact assessment tool was presented to the Antigonish Town and County Community Health Board in February 2002. The Board has since begun discussions of how the CHIAT can be incorporated into its work and promoted for use by others in the community. Suggestions include using the tool at least once a year to assess an important policy or project, making the tool available to community groups, and sharing the results of the process with other planning and decision-making bodies.

Lessons learned

The PATH II Project worked directly with an established Community Health Board in northeastern Nova Scotia to test and evaluate the effectiveness of using community health

impact assessment as a support in the board's planning and decision-making process. At the end of the project, a number of lessons and insights had been gathered about the process of community health impact assessment and the development of a tool.

The need for a broad vision of health

Community health impact assessment is firmly rooted in a population health approach. It invites people to look at the full range of factors that determine health and well-being including social, economic, and environmental factors. It focuses on the health of the whole community – and specific groups within that community – not just on the illness of individuals or the delivery of health care services. Developing and maintaining this broad vision of health is essential to the process of community health impact assessment.

The Antigonish Town and County Community Health Board had a demonstrated commitment to addressing the broad determinants of health in planning and decision-making, having incorporated this into their mission and values. At the same time, members were interested in learning more about a population health approach and finding effective ways to apply this in their work.

Based on an identified need

Community health impact assessment is a strategy that may result in the creation of a useful tool or resource. To be effective, it should be undertaken once a group has identified a need for such a resource or has encountered situations in which the process could be applied. Experience with the Antigonish Town and County Community Health Board suggests that it might be easier (and more appropriate) to develop a CHIAT *after* doing a community analysis, producing a community profile, and developing a strategic work plan.

Rooted in collaboration and partnership

Because community health impact assessment deals with the broad determinants of health, it requires a commitment to working collaboratively with people and groups from a wide range of sectors, both health and non-health related. This intersectoral collaboration is not merely a philosophical approach, it is also pragmatic. CHIA is a strategy for enabling communities to participate effectively in the development of

public policy and community engagement necessarily requires partnerships and a willingness to cooperate within and across jurisdictions.

The Antigonish Town and County Community Health Board is a recognized and respected organization within the community. It has a reputation for involving community groups in consultations and has developed working partnerships with other organizations and institutions. The PATH Project itself brought about a wider collaboration between the ATCCHB, the Antigonish Women's Resource Centre, the Extension Department of St. Francis Xavier University, and Public Health Services. In addition, the ATCCHB had the support and encouragement of the District Health Authority (Guysborough Antigonish Strait Health Authority) in the development of the CHIAT.

A CHIAT is unique to the community

The community health impact assessment tool developed by the ATCCHB is based on the priorities identified by people in Antigonish Town and County. The language used, the organization of the material, and the format and presentation of the document all reflect one community's way of thinking about its own health and well-being.

There is no suggestion that this particular tool will meet the specific needs of other communities or groups. It may be considered as an example that encourages and inspires people to create their own CHIAT, but it is unlikely to be a helpful resource unless it is adapted to reflect local community priorities. Suggested steps for developing a CHIAT unique to your community are contained in Part 4 of this resource.

Involve the right people

The Antigonish Town and County Community Health Board began its participation in the PATH II Project with a commitment to learning about community health impact assessment, developing a CHIAT, and incorporating the process and tool into its planning and decision-making. The Working Group was composed of people who had both an eagerness to learn more and the perseverance to follow the work through to completion. Members of the Board and the Working Group were prepared to deal with the confusion and uncertainty that is part of the learning process. They

maintained a focus on the objective of the project: to create a resource (both a process and a tool) that complements their work and reflects their community's health concerns.

Creating a CHIAT takes time

Development of the Antigonish Town and County Community Health Board's CHIAT took place over a period of almost 12 months. While it should not always be necessary to take this amount of time, it is important that all of the steps involved be carefully followed to ensure that the final product represents the views and priorities of the community.

Two important lessons about time and timing were learned in the PATH II project. The first lesson was that the process needs to respect the rhythm of the group and the natural flow of activities. This included recognizing the "downtime" of the summer months and respecting the agenda and workload of the Community Health Board. The second lesson was that much of the process could have been expedited if work on the CHIAT had been done in significant blocks of time (several half-day sessions, for example) rather than during many short, one to two hour meetings.

The need for evidence

Good planning and decision making is based on evidence. At first glance, a CHIAT appears to be based solely on bringing forward the opinions of those who are using it. As the experience of the Antigonish Town and County Community Health Board showed, an important part of developing the CHIAT and facilitating the actual community health impact assessment is recognizing that both qualitative and quantitative evidence is required.

The "Assessment Worksheet" in the Board's CHIAT contains a column where people can indicate their need for more information. This aspect of the worksheet needs to be emphasized in the facilitation of a discussion. When there is disagreement, contradictory opinion, or an inability to make a clear choice about the positive or negative impact of a project or policy, a search for further information is necessary. The province, Public Health Services and the District Health Authority need to provide this information. Strategies are required to bring together the various stakeholders who have data with those who need data.

PART 4: PRACTICAL STUFF

Focus on the *process*

Keep in mind that community health impact assessment is a *process*. It may result in the creation of a tool or resource that can be used to assess policies and programs, but it is the increased awareness of the determinants of health and the role played by community members in creating healthy public and private policy that is most important.

Steps in developing a CHIAT

There is no one, correct way – no magic formula or specific recipe – for developing a community health impact assessment tool (CHIAT). What we know about the process is based on the experience of working with four communities in Nova Scotia. The following six basic steps summarize what we have learned so far.

STEP 1:

Answer the question “*What does it take to make and keep our community healthy?*”

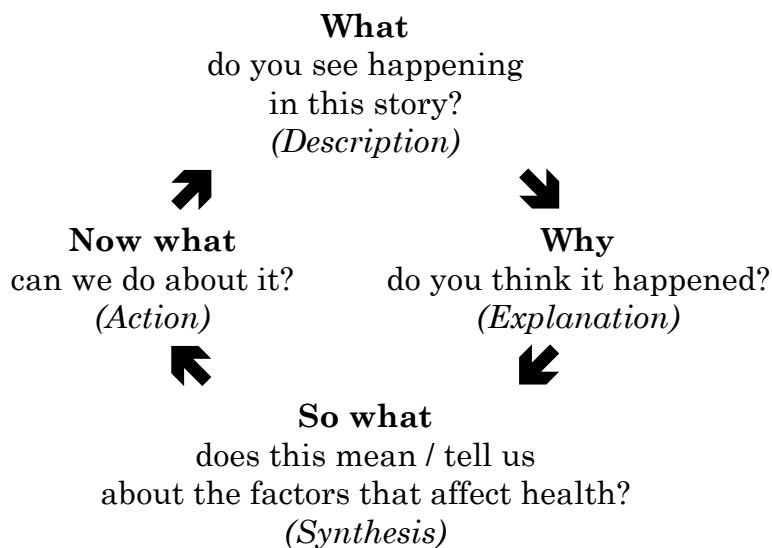
The community health impact assessment process is grounded in the belief that people know best what makes their community healthy. Getting them to share their views in small groups, building on life experiences, and encouraging people to identify *all of the factors* that influence health and well-being is an important way to identify what needs to be included in a CHIAT.

A technique that worked well in the first PATH Project, and which was successfully used by the Antigonish Town and County Community Health Board focus groups in 1999-2000, is the “structured dialogue” approach to story-telling⁶. This technique reinforces the belief that, as adults, we learn a lot from our life experiences. The story-telling approach, which is modeled on adult learning principles, enables people to reflect

⁶ Labonte, R. and Fether, J. (1996) *Handbook on Using Stories in Health Promotion Practice*. Health Promotion Development Division, Health Canada. Ottawa ON

on their experiences and then consider future actions based on a new understanding.

With the help of a facilitator, people are invited to tell a story about their life experience, reflecting on the many factors that have influenced their health, including (but not limited to) health services. The facilitator then guides the discussion, asking key questions, to help the group move through the learning cycle illustrated below.



A more detailed description of the structured dialogue process, along with suggestions for how to facilitate it, is contained in the resource *PATHways to Building Healthy Communities in Eastern Nova Scotia: The PATH Project Resource* which is available on the PATH website (www.pathways.ns.ca).

There are other techniques or methods you can use to answer the question “*What does it take to make and keep our community healthy?*” While it is important to use approaches that are acceptable to the community, don’t be afraid to try something new as a way of stimulating the discussion.

The guiding principles are:

- Involve as many people as possible
- Reflect on real life experiences
- Encourage people to think about “health” in a broad sense, not only health services.

STEP 2: Develop a “Vision of a Healthy Community”

A vision of what *your* healthy community would look like is essential to community health impact assessment. This vision becomes the standard you will use to judge the positive or negative impact of potential programs, policies or projects.

A vision can be short or long but it should try to do the following things:

- Reflect the priorities of the community
- Use language that is simple and meaningful to the community
- Be easily understood by anyone who reads it

How do you create a vision of a healthy community? Gather a few people together in a comfortable and relaxed setting. Ask the group to think ahead at least 10 years. *What would a healthy community look like 10 years from now?* Guide the discussion. Invite people to focus on the opportunities, not the problems. Ask them to think about the community’s strengths, its diversity, the things that make it unique. Think about the priorities that people have identified in the community consultation.

Summarize the key points raised in the group’s reflection. Ask a smaller group to take these key ideas and write them into a “vision statement”. Make sure that you check back with the whole group to ensure that the vision statement reflects everyone’s feelings, insights and priorities.

STEP 3: Identify the factors that contribute to the vision

Now you need to make a list of the “factors” that you will consider when you are assessing a program or policy. Here is one suggestion for how you can do this:

- Look at *all* of the priorities that were identified in your community consultation.
- Group the priorities under different headings or categories that make sense to you. For example, you could group them according to the different determinants of health *OR* according to the key words in your vision statement *OR* in some combination of the two.

- Try to avoid duplication – but don't leave anything out.
- Try not to put two priorities together in one statement or phrase.

Look over your list. Has anything been left out? Are there other considerations you can think of that did not surface in the consultation but which you know are important for the community?

You may need to reorganize the groupings several times until everyone is satisfied that the list fairly represents the best thinking of the community.

Now look at the language used in the list of factors. Is it simple? Clear? Meaningful to people in the community? Avoid jargon words, technical terms, and acronyms or abbreviations.

STEP 4: **Design the tool**

What your CHIAT looks like (its presentation or “format”) will depend on community preferences and needs, combined with your creativity and common sense. Experience suggests that a few basic elements are required in order for the impact assessment to be useful.

You will need a *WORKSHEET* that lists all of the factors for consideration in the assessment. The worksheet should contain space for recording your judgment about the impact a policy will have on each factor. You can use check-boxes (see the Antigonish Town and County Community Health Board CHIAT for an example) or some other approach. Be sure to include options so that people can record whether or not the policy **will have an impact** (yes or no) and, if yes, whether or not that impact will be **positive or negative**.

The *WORKSHEET* should also have a place to indicate when **more information is needed** in order to make an informed assessment. This will help ensure that the impact assessment is based on evidence (whether quantitative or qualitative). There should also be a place for recording any **comments**, such as the impact on particular groups within the community or the need to pay attention to specific concerns.

Finally, your CHIAT should have a *SUMMARY PAGE(S)*. The summary is the crucial step in impact assessment because

this is where you will draw overall conclusions, highlight the positive and negative effects that a proposed policy will have, and begin to identify actions to maximize the benefits and minimize the harm.

STEP 5:

Test the CHIAT and make revisions

As exciting as it might be to have a “final” CHIAT in your hands, the work is not completed until you have tried it out with one or more groups of people who have *not been involved in developing it*. Fresh eyes and fresh minds will help you determine if the wording is clear and whether or not the format is easy to use.

The most effective way to test your CHIAT is to ask a group of people to actually *do* a health impact assessment of a policy or program they are familiar with, using your tool. Take notes, ask for suggestions, and encourage constructive feedback. Then revise, revise, revise! The final product will be a useful and effective tool to support community participation in all levels of planning and decision-making.

STEP 6:

Make a plan to use the CHIAT

A tool that sits on a shelf isn't much help to anyone. You need to have a clear plan for when and how you will make use of your new resource – something that goes beyond good intentions. You might want to develop a formal policy that sets out what kinds of programs or policies require a community health impact assessment. Another approach is to name someone within your group or organization who will be the designated “CHIAT Advocate” with responsibility for bringing the CHIAT to everyone's attention when there is a need for its use. At minimum, you should plan to review the CHIAT once a year, familiarize new members with its purpose and contents, and review the factors to ensure that they continue to reflect community priorities.

Be sure to tell other groups and policy makers about community health impact assessment and let them know that you have a resource they can use in their own deliberations.

Other ways to use CHIA / CHIATs

People Assessing Their Health (PATH) has promoted the use of community health impact assessment (CHIA) as a strategy or way to increase community participation in health planning and decision-making. One concrete element of the strategy is the development of a community health impact assessment tool (CHIAT) – a resource that provides a systematic way to assess policies and programs.

The purpose of a community health impact assessment *tool* as described in this guide is quite specific. Other groups and communities may have different needs, in which case the development and content of the tool would have to be adapted to reflect particular circumstances.

Community health impact assessment – and community health impact assessment tools -- are a way of engaging people in the development of healthy public policy. As a vehicle to enable informed citizen participation, it is a process that can and should reflect local priorities and local perspectives.

We hope that you will use the information contained in this resource package – and the experience and learning of one group – to stimulate and improve actions for building healthy communities.

Let us know where the “path” is taking you!

The Broad Determinants of Health

Source: Health Canada Population and Public Health Branch;
the Canadian Health Network

Income and social status

Research indicates that income and social status is the single most important determinant of health. Studies show that health status improves at each step up the income and social hierarchy. In addition, societies which are reasonably prosperous and have an equitable distribution of wealth have the healthiest populations, regardless of the amount they spend on health care.

Social support networks

Better health is associated with support from families, friends and communities. Some studies conclude that the health effect of social relationships may be as important as established risk factors such as smoking, obesity, high blood pressure and a sedentary lifestyle.

Education

Health status improves with levels of education and literacy, including self-ratings of positive health or indicators of poor health such as activity limitation or lost workdays. Education increases opportunities for income and job security, and provides people with a sense of control over their circumstances – key factors that influence health.

Employment and working conditions

People are healthiest when they have control over work and working conditions. Their health also benefits when they feel that the work they do is important, that their job is secure, and that their workplace is safe and healthy. Moreover, unemployment is associated with poorer health.

Social environments

Societal values and rules affect the health and well-being of individuals and populations. Social stability, recognition of diversity, safety, good human relationships and community cohesiveness provide a supportive social environment that reduces or avoids many potential risks to good health.

Physical environments

Clean air and water, safe houses, communities, workplaces and roads all contribute to good health.

Personal health practices and coping skills

Personal practices such as smoking, use of alcohol and other drugs, health eating, physical activity, and other behaviours affect health and well-being. People's knowledge, intentions, behaviours and coping skills for dealing with life's stresses and challenges are also key influences on health.

Healthy child development

People's health throughout their lifetime is affected by prenatal care and by the kinds of care and experiences they have in early childhood.

Biology and genetic endowment

The basic biology and organic make-up of the human body are fundamental determinants of health. Inherited predispositions influence the ways individuals are affected by particular diseases and health challenges.

Health services

Health services, especially those designed to maintain and promote health, prevent disease and injury, and restore health, contribute to the health of the population.

Gender

Gender refers to the many different roles, personality traits, attitudes, behaviours, relative powers and influences which society assigns to the two sexes. Men and women each have specific health issues or may be affected in different ways by the same issue. They also tend to have different income levels, and to work at different kinds of jobs.

Culture

Culture and ethnicity come from both personal history and wider, situational, social, political, geographic and economic factors. People's customs and traditions, and the beliefs of their family and community all affect their health, because these factors will influence what they think, feel, do and believe to be important.

GLOSSARY

Broad Determinants of Health

The range of personal, social, economic and environmental factors which determine the health status of individuals and populations. See previous pages.

Community capacity building

A process by which community capacity (what a community is capable of) is increased. It builds on the combination of commitment, resources, and skills deployed to build on community strengths to effect change on behalf of the community.

Community Health Impact Assessment (CHIA)

A strategy to increase public understanding of the broad determinants of health and to bring the health concerns of the public forward in discussions of public policy.

Community Health Impact Assessment Tool (CHIAT)

A resource (document, checklist, or other means) created by a community to facilitate the systematic undertaking of a community health impact assessment.

Community Health Board (CHB)

A voluntary, community-based board regulated by the Nova Scotia *Health Authorities Act*. CHBs develop annual “community health plans” for submission to the District Health Authority. These plans include recommended priorities for the delivery of community-based health services and a list of initiatives recommended for the improvement of the health of the community.

District Health Authority (DHA)

The administrative unit mandated by the Nova Scotia *Health Authorities Act* (2001) to govern, plan, manage, monitor, evaluate and deliver health services in each of the nine Nova Scotia health districts. Two-thirds of the board of directors of each DHA is comprised of people nominated by Community Health Boards in the district.

Evidence based decision-making

The use of current best evidence, both qualitative and quantitative, in making policy. When used in combination with good reasoning, it answers the question: “Why did you decide that?”

Focus Group

A group interview conducted by a facilitator. It allows for individual and group insights to arise as people build on one another’s comments and reflections.

Health Impact Assessment (HIA)

Any combination of procedures or methods by which a proposed program or policy may be judged as to the effect(s) it may have on the health of the population.

Health Promotion

The process of enabling people to increase control over the determinants of health and thereby improve their health. Participation is essential to sustain health promotion action.

Healthy Public Policy

Public policy that is characterized by an explicit concern for health and equity, and by an accountability for health impact. It aims to create a supportive environment to enable people to lead healthy lives.

Population Health Approach

Addresses the entire range of individual and collective factors that determine health – and the interactions among them. Population health strategies are designed to affect whole groups or “populations” of people. The goals of a population health approach are to maintain and improve the health status of the entire population and to reduce inequities in health status between populations groups.

Qualitative evidence

Information which reflects the feelings, thoughts, meanings and understandings of people in order to gain understanding about why and how a situation is unfolding as it is.

Quantitative evidence

Numerical information to estimate or measure the magnitude (size) of something.

BIBLIOGRAPHY AND LINKS

Useful resources:

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Taking Action on Population Health. (1998) Health Promotions and Programs Branch, Health Canada

The Population Health Template: Key Elements and Actions That Define a Population Health Approach. (2001) Health Canada, Population and Public Health Branch, Strategic Policy Directorate.

The Report Card Guide.
www.childrennow.org/report_guide

Helpful links:

Canadian Council on Social Development. www.ccsc.ca

Canadian Health Network. www.canadian-health-network.ca/

Canadian Institute for Advanced Research. www.ciar.ca

Community Health Promotion Network Atlantic.
www.chebucto.ns.ca/CommunitySupport/CHPNA/CHPNAHome.html

GPI Atlantic. www.gpiatlantic.org/

Government of Nova Scotia. www.gov.ns.ca

Health Canada. www.hc-sc.gc.ca

International Health Impact Assessment Consortium (IMPACT). www.ihia.org.uk

People Assessing Their Health (PATH).
www.path-ways.ns.ca

Population Health Approach, Health Canada.
www.hc-sc.gc.ca/hppb/phdd/

Sustainable Community Indicators Project.
www.ec.gc.ca/scip-pidd

Web Networks. www.web.net (excellent source of links to community organizations)

World Health Organization. www.who.int/home-page/

YOUR INSIGHTS AND REFLECTIONS

Use this page to record your insights, ideas, and experiences about community health impact assessment.

PATH

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