

## Section 1 – Basic Information

- 1) Citizen Driven Health Impact Assessment
- 2) Intermediate to Advanced level
- 3) Prerequisite skills and knowledge. A broad understanding health and the social determinants of health, Facilitation skills, knowledge of Adult Education and Community development principles and practice, appreciation for community/lay knowledge.
- 4) English
- 5) Two day course
- 6) Minimum 10 – Maximum 30
- 7) No need for laptops
- 8) Lead facilitator – Colleen Cameron, Coady International Institute, St. Francis Xavier University, PO Box 5000, Antigonish, NS. B2G 2W5, Canada, Ph. (902) 867 3895, email, [accamero@stfx.ca](mailto:accamero@stfx.ca). IAIA Member and has signed the Code of Conduct. Co facilitator, Tanya Wasacase, Coady International Institute, St. Francis Xavier University, PO. Box 5000, Antigonish, NS. B2G 2W5. Canada, Ph (902) 867-5745, [twasacas@stfx.ca](mailto:twasacas@stfx.ca) Non – member of IAIA and has not signed the Code of Conduct.

## Section 2 – Course Description

### A) Course summary, purpose, content and outcomes.

This two day course is designed for experienced community development/health promotion practitioners, policy makers/analyst and advocates. These experienced practitioners will have an appreciation for the knowledge of community members, how the social determinants of health interact, and how development policies, programs, and projects can create well-being or health inequities within communities.

Community health impact assessment is a way to bring the health concerns of the community forward in discussions of public policy. Citizen driven health impact assessment 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.

Community health impact assessment allows communities to:

- Estimate the effect that a particular activity (a policy, program, project or service) will have on the health and well-being of the community.
- Identify things to do that will maximize the benefits (the positive effects) and minimize the harm (the negative effects) of that activity.

In citizen driven health impact assessment, communities develop their own unique, community health impact assessment tool (CHIAT) by going through the People Assessing Their Health (PATH) process. The CHIAT can then be used to examine policies, programs or services proposed by governments, institutions and community groups, as well as major infrastructure projects.

By the end of this course, participants can expect to gain:

- An understanding of the of the history, process and theory underlying the PATH process,
- Skills in facilitating communities in the PATH process and the subsequent development of their own CHIAT;
- Skills in facilitating the communities in conducting a CDHIA
- Understanding how CDHIA relates to and can fit into a more traditional HIA process.

## **B) Detailed description of course structure and content.**

This course is highly interactive and is designed to be conducted in a space where small group work and larger plenary discussions can take place. The course will take participants through the steps of the People Assessing Their Health process so participants will develop their own group Community Health Impact Assessment Tool (CHIAT).

Outline for a two day CDHIA training course. Times can be adjusted to fit the flow of typical training courses.

### **Day 1**

0830 – Introductions and course overview including brief history of PATH

0900 – Picture exercise to elicit discussion of the determinants of health and development

1000- Nutrition break

1015 – **Step 1** in PATH process; Story dialogue process, answering the question “What does it take to make and keep our community health?”

1200 – Lunch break

1300 – Continue with the story dialogue process

1500 – Nutrition Break

1515 – **Step 2** Develop a “Vision of a Healthy Community”

1700 – End of session for the day

## **Day 2**

0830 - **Step 3** Identify the factors or indicators that contribute to the vision.

1000 – Nutrition Break

1015 – **Step 4** Design the tool

1200 – Lunch Break

1300 – **Step 5** Test the tool on a policy or program proposed by participants.

1500 – Nutrition Break

1515 – Continue testing the tool

1600 – Questions and discussion about PATH and CHIA processes, uses of the processes and ways to stay connected.

1700 – Evaluation and closure

### **C) Description of the materials participants will receive prior and during the course.**

Prior to the course participants will receive links to peer reviewed journal articles on the PATH process and CHIA process as well as links to 'grey literature' and evaluations. At the beginning of the course participants will receive a course manual along with some handouts will be given at the beginning and end of the course. During the course they will develop their group CHIAT and will receive an electronic copy of their tool at the end of the course.

### **D) Description of technology/equipment.**

The space is the most important requirement for this course so small group and larger group discussions can take place. Hence we would need movable tables and chairs along with flip charts and if possible white boards. While power point presentations will not be used, it would be helpful to have access to an overhead projector in order to use for the development of their tool.

### **E) Provisions for pre-conference and post-conference communication with participants**

The lead facilitator as well as the co-facilitator would be extremely delighted to be in email communication with participants. Prior to the course we can answer any questions that they might have and direct them to on line resources. Post conference we would be very happy be in contact in order to assist them in any way with their implementation of these processes. We

would also be interested in staying in contact to discuss their work and possible collaborate on research/case study initiatives.

### **Section 3 – Qualifications of the trainers**

#### **A) Curriculum Vitae**

**Colleen Cameron:** Masters of Adult Education, St. Francis Xavier University and Bachelor of Nursing, Dalhousie University, Colleen has more than 40 years of experience in the area of community development and health, adult education and social justice initiatives. Below are some selected facilitation experiences and publication pertaining to CDHIA

#### **Recent Facilitation**

- 2014, Facilitated a five day workshop with Watherhen Lake Cree Nation in Community Driven Health Impact Assessment, Watherhen Lake Saskatchewan, April.
- 2014, Facilitated a four day workshop in Community Driven Health Impact Assessment with the Sioux Alexis First Nation, Alberta, February
- 2013, Facilitated a two week course in Community Driven Health Impact Assessment at the Coady International Institute. June.
- 2012, Facilitated a two week course in Community Driven Health Impact Assessment at the Coady International Institute. June.
- 2011-2012 Facilitated two 3 hour sessions on Health Impact Assessment of a proposed Town of Antigonish by law on limiting smoking on the main street. December and January.
- 2011, Facilitated two 3 hour sessions of a Health Impact Assessment of a proposed expansion of a rock quarry for the community members of Cape George and surrounding area in Antigonish County.
- 2011, Facilitated a three week course in Community Driven Health Impact Assessment at the Coady International Institute, May to June.
- 2010, November, Facilitated two three hour sessions on the Health Impact Assessment of the potential closure of the Maryvale School using the Town and County Community Health Board Community Health Impact Assessment.
- 2010, April, Facilitated two days of training with COMPASS, (a pan-African network of NGOs working on indigenous knowledge) on Community-driven health impact assessment. Wa, Ghana
- 2010, April, Facilitated 6 days of training on the People Assessing Their Health Process with Rehabilitation and Development Agency in Sierra Leone.
- 2009, May, Facilitated three days of training on People Assessing Their Health with the Centre for Indigenous Knowledge and Organizational Development, Accra, Ghana.

#### **Publications**

- Coady, M., & Cameron, C., (2012) Community Health Impact Assessment: Fostering community learning and healthy public policy at the local level. In L.M., English (Ed): *Adult Education and Health*; Toronto; University of Toronto Press
- Cameron, C., Ghosh, S., & Eaton, S., (2011) Facilitating communities in designing their own community health impact assessment tool. Accepted for publication March 2010. *Environmental Impact Assessment Journal* 31(4)
- Cameron, C.; (2009) Community-driven health impact assessment: Safeguarding community well-being. Peer reviewed conference proceedings for the IAIA09 Impact Assessment and Human Well-Being, 29th Annual Conference of the International Association for Impact Assessment, held 16-22 May 2009 at the Accra International Conference Center, Accra, Ghana. Found at

[http://www.iaia.org/iaia09ghana/documents/tf/TF1-1\\_Cameron\\_Community\\_Driven\\_HIA.pdf](http://www.iaia.org/iaia09ghana/documents/tf/TF1-1_Cameron_Community_Driven_HIA.pdf)

**Tanya Wasacase:** Ph.D. Candidate, Interdisciplinary Studies (Indigenous Public Health) and MA in Interdisciplinary Studies (Indigenous Public Health), University of New Brunswick.

#### **Recent Facilitation**

- 2014, Facilitated a two week course in Community Driven Health Impact Assessment at Coady International Institute, June.
- 2014, Facilitated a five day workshop with Waterhen Lake Cree Nation in Community Driven Health Impact Assessment, Waterhen Lake, Saskatchewan, April.
- 2014, Facilitated a four day workshop in Community Driven Health Impact Assessment with the Sioux Alexis First Nation, Alberta, February.

#### **Courses Taught**

- 2006 – 2012, Indigenous Public Health at St. Thomas University.
- 2006 – 2012, Alcohol and Drug Use/Abuse among Indigenous Peoples at St. Thomas University.

#### **Presentations**

- 2009, Shortcomings/Pitfalls of narrative-based research in Indigenous public health. Paper presented at the Atlantic Centre of Excellence for Women's Health in Halifax, NS, March.
- 2009, Participated in the Ethics and Aboriginal Health Research Workshop, organized by the Atlantic Aboriginal Health Research Program, May.
- 2008, Participated in the National Aboriginal Health Blueprint organized by the Union of New Brunswick Indians, July.

B) The lead facilitator has conducted PATH/CDHIA training course in various forms and places since approximately 1999. These courses have ranged in length from 2 ½ days to 3 week certificate courses and have been offered on the St. Francis University campus, to NGOs in India, Ghana, Sierra Leon, and with community groups in Nova Scotia and across Canada. Participants in the campus courses are mainly from the global south countries with a few participants from Canada and the United State. In 2014, the lead facilitator and co-facilitator have facilitated two courses, 4 and 5 days in length with First Nations in their own communities in Canada as well as a 2 ½ week certificate course at the Coady International Institute on the university campus. The number of attendees at these courses has ranged from 6 to 30 participants. Below are some selected comments from the participants who took the certificate courses in 2011, 2012, 2013 and 2014 along with some comments from the First Nations communities.

- PATH process\*; CHIA tools\*; Learning to build a very useful tool with the lay knowledge at communities\*; PATH and CHIA are good tools to raise awareness related to community health\*; CDHIA (CHIAT) is a social accountability tool\*; PATH and HIA process and principles\*

- Excellent. I have learned so much from Colleen and Susan, not only the content of the course but how to be an excellent facilitator. Looking forward to working with both in the future. Well organized course!\*
- The facilitators did a great job, from creating a safe environment for the participants to actively participate to being flexible with schedules. I enjoyed this training and I think it's the best facilitation training I have attended so far. The fact that there were no powerpoint presentations by the facilitators was quite fascinating and they still did a great job.\*
- I would suggest the local RDAs be actively recruited – some of their staff should take this course, as they help facilitate communities to develop their strategic plans.\*
- I have experienced a lot of facilitated learning and I can confidently say that this experience was the most powerful. Thanks both to the excellent methodology and to the warm, skillful facilitators
- I like the concept that the tool maximized the positive and minimized the negative of a disadvantage community. That all members of a community can participate. How it demonstrates how health determinants are interlink with development.
- I have gained a considerable amount of knowledge in the direction of what we need to do in order to become more dependent on ourselves as a community.
- The skill I gained was to become a community mobilizer.
- It makes one really think of all the ideas and ways a person can develop their own skills and way of doing things in terms of teaching the language/cultural values before they're lost.

#### **Section 4 – Commitment of the Trainers**

- A) The lead facilitator (Colleen Cameron) has been conducting this training in various forms since 1999 at the university and in communities in Nova Scotia, across Canada, as well as in India, Ghana, and Sierra Leon. The lead facilitator has never cancelled a course whether it was on campus or in communities. The co-facilitator, Tanya Wasacase started co-facilitating this course in 2014 with two First Nations communities, one in Alberta and one in Saskatchewan, Canada as well as co-facilitated the 2 ½ week certificate course at the Coady this past spring.
- B) There were no previous courses where the trainers or course structure were amended.
- C) The lead facilitator has been a member of IAIA and presented at the annual conference in Accra Ghana in 2009 where she presented on her work on CDHIA. She has renewed her membership with IAIA and intends to attend the conference in Florence Italy this coming spring. There are no circumstances that would cause the lead facilitator to not be in Florence other than an unexpected illness or death in the family. The co-facilitator would be capable of conducting the course on her own.
- D) Either one of the co-facilitators would be able to conduct the course on their own if the other facilitator became sick or some unexpected event arose.

E) The facilitators would be very happy to provide free spaces for at least 3 students to participate in the course.