

Community Driven Health Impact Assessment: Safe-guarding community well-being

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Safe-guarding community well-being requires an understanding of the interaction of the social determinants of health, the inequities in health status and the ability to take action. The Commission on the Social Determinants of Health (SODH) argues that structural determinants and conditions of daily life are the major factors in health inequities between and within countries. Included in their 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). Carter's literature review concurs with the Commission on the SDOH that there is ample evidence of the impact of the SDOH yet they are insufficiently addressed in policy and practice (Carter et al. 2009).

Health promotion, as envisioned by the Ottawa Charter for Health Promotion, called for collective action on the determinants of health, not an individual approach to promoting health (WHO, 1986). Mittelmark (2001) contends that health promotion requires strengthening communities so that they are able to take action at the local level to address the social determinants of health. Hence, for communities to take action they must be equipped with the critical analytical skills and tools to make informed decisions about the policies, programs and actions that are required to improve and maintain the health of all.

People Assessing Their Health (PATH) is a health promotion/community development process that enables communities to critically analyze how the social determinants of health affects their health and engages them in developing their own unique, community health impact assessment tool (CHIAT). Community health impact assessment is a means to bring forward the health concerns of the community as well as to examine any policy, program, project or service that will affect the whole community or specific groups within the community. It enables the community to estimate the effect that a particular activity will have on its health and well-being and to identify things to do that will maximize the benefits and minimize the harm of that activity.

This paper will give a brief history of the PATH Process and describe the steps that lead to the development of a community health impact assessment tool. The process is based on the experiential learning cycle and uses the structured dialogue story-telling method (Labonte and Feather, 1996) to help community members analyze their situation. Since it is based on people's experience, the process can and has been replicated in vastly different communities in Nova Scotia, Canada, and West Bengal, India. The lessons learned from these experiences will be discussed in this paper.

Health Impact Assessment is a relatively new but rapidly growing approach to examining how policies, programs and projects affect the health of communities. As Mittelmark (2001) suggests, health impact assessments are generally initiated by governments at various levels and NGOs but that HIA at the community level is an important way to increase citizen participation in determining their health. It will be argued in this paper that community-driven health impact assessment should be an essential process for safeguarding the health and well-being of the community.

The PATH Process

The PATH Process was first conceived at a time in Nova Scotia when health planning and decision making was being devolved to regional and community levels. In 1996 this Health Canada funded project worked in three small communities in northeastern Nova Scotia with the goal of “providing a means for people to identify, define and assess all aspects of health in their communities so that they will become effective participants in a decentralized health system” (Eaton 2008, pg. 1). Local facilitators were identified and, following training in a variety of adult education techniques, they worked with people in their communities to identify the determinants of health and develop their own unique CHIAT (Gillis & English 2001). The PATH Network was formed in 1997 with the idea of sharing information and developing ways to promote the PATH Process in order to build healthy communities in northeastern Nova Scotia. In 2000, another Health Canada funded project allowed PATH to work with the Antigonish Town and County Community Health Board with the goal of “increasing 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” (Eaton, 2008, pg. 2) In 2003 and 2006, with funding from the Coady International Institute and in partnership with the Association for Social and Health Advancement (ASHA) based in Kolkata, India, the PATH Process was used with ASHA staff and board members, volunteers in the field and two rural communities in West Bengal. Since then, the PATH network has been involved or associated with a number of initiatives provincially and nationally (Eaton, 2008).

PATH uses a facilitated, five step process to engage communities in developing their own CHIAT:

- Reflect on what it takes to make and keep a community healthy
- Develop a vision of a healthy community
- Identify the factors needed to achieve the vision and organize them into an assessment tool
- Test and revise the assessment tool
- Establish a plan to use the tool for community health impact assessment

The first step is to have people answer the question “What does it take to make and keep our community healthy?” A structured dialogue story-telling approach, as defined by Labonte and Feather (1996), is used to help community members reflect on their life experiences. People share personal stories about health and one story is chosen for

discussion. The structured dialogue that follows is based on David Kolb's (1986) experiential learning cycle. It asks the following questions: What did you see happening in this story? (description); Why do you think this happened? (explanation); So what does this tell us about the factors that affect health? (synthesis); and finally, Now what can we do about it? (action). By going through this process community members develop a broader understanding of health and are able to identify all of the social, cultural, political and economic factors that affect and influence the well-being of their community.

Based on this broader understanding of health, the second step is to develop a "Vision of a healthy community" using their own words and emphasizing their own priorities. In step three, community members examine the major components of their Vision and answer the questions: *What would be happening in the community if the different parts of this Vision were being achieved? What would this healthy community look like?* The answers to these questions identify the indicators that can be sorted, prioritized and incorporated into a systematic list of questions which forms the tool (PATH Network 2000).

The fourth step is to test the tool on a real or imaginary program or policy in order to ensure that the tool is appropriate and revise if necessary. The final step is to make a plan to use the tool to assess the potential impacts of projects, programs or policies. The use of the tool requires clearly defining the policy, program or project to be assessed, gathering a group of people to do the assessment, facilitating the use of the tool, gathering further information if necessary, writing up summaries, and developing plans of action (PATH Network 2000).

Lessons Learned

As the PATH Process has been used in significant number of venues, across cultures and continents, there are many lessons that have been learned about the process, developing assessment tools and doing community health impact assessments. The use of the structured dialogue story-telling process enabled people from very different socio-cultural contexts to make sense of their experiences and to understand how the determinants of health interact and affect the health of their community and the individuals within the community. Using people's own experience in the different communities results in different issues and different priority areas. For example, in one Nova Scotia community the escalation of unemployment due to the collapse of the fisheries was a major determinant of health, while in a community in West Bengal, gender discrimination had a major impact on the health of that community (Cameron & Ghosh, 2005, Gillis & English, 2001).

The process builds people's capacity to engage in informed decision making and health planning at the community level. The development and use of the tool needs to respect community time lines and it must involve people from many sectors so as to represent the ideas and views of the community. With the Town and County Community Health Board CHIAT, the Vision of a healthy community was based on the input from 57 focus groups, providing a wide representation from the area. In Mukutmanipur, the tool 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. The tool is as representative of the community as those sectors that inform its development. Community based processes require time, administrative support and resources in order for people to be able to participate and develop leadership and facilitation skills.

The development of the tool needs to be grounded in a broad vision of health. There is also a need to balance the process of awareness-raising among community members and the actual development of the tool. Both of these activities are health promotional and important. While it is possible to take an existing tool and adapt it to the local context, the awareness process will be missed and the tool may not have the same relevance to the community (Eaton, 2008).

In doing community health impact assessment, local knowledge is validated which is very empowering for community members. However, the broader system of decision-making must also value local knowledge in order for the results of the assessment to have an impact. As well, support and resources are also required for people to participate in CHIA. Communities also need access to epidemiological or hard data in an understandable format so that they are able to make informed decisions. Often the CHIA process identifies other information that is required to make informed decisions such as an environmental impact assessment or business financial studies, depending on the context of the assessment. Finally, not all groups that develop CHIATs have used their tools. However, while they might not have used the actual tools, they have used the process in other community endeavors (Eaton 2008). For example the community of St. Anne's Bay, Nova Scotia set up their own community health centre and programs that address the determinants of health. In a rural village in West Bengal, India, the local women's self-help group identified micro enterprise endeavors and then lobbied to get the training they needed to set up their own micro enterprises. The community members in Mukutmanipur, India, used their Vision of a healthy community to develop their own People's Sustainable Tourism charter. This charter reflects the values of the community that will guide them as they embark on this new Endogenous Tourism Project (Gosh & Cameron, 2005).

Conclusion

The discussion on community participation in HIA by Mahoney, et. al. (2008) concurs with the learning from PATH that for community involvement in HIA the social and political environment must be favorable and supportive of community input. She contends however, that community HIA should be rarely undertaken as it is labour intensive and challenging. On the other hand, Mittelmark believes that while HIA can be a sophisticated and technical process, "it can also be a simple, highly practical process, accessible to ordinary people and one that helps communities come to grips with local circumstances that need changing for better health" (2001 pg. 269). The experience of the PATH process demonstrates that communities can and should be doing health impact assessments of policies and programs that affect the health of their communities.

Achieving health and safe-guarding community well-being is not a one shot deal but rather is a longer term community development process. The PATH Process is a health promotion, empowering process that enables local citizens to gain a broad understanding of the social determinants of health. The resulting community-driven health impact assessment tool enables the community members to systematically assess the potential impact of policies or programs on the health of their community and identify ways to maximize the benefits and minimize the negative effects. CHIA enables the community members to become informed decision makers with the skills and tool to develop or influence healthy public policy, thereby safe-guarding the health and well-being of the community in the long term.

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