

Five Years Later: Revising Health Impact Assessment Practice Standards

The Society of Practitioners of Health Impact Assessment (SOPHIA) is an international association of individuals and organizations that develops high-quality resources to help health impact assessment (HIA) practitioners build capacity, connect with peers, and find resources, training, and technical assistance opportunities. A workgroup of U.S.-based practitioners is currently revising the Minimum Elements and Practice Standards for Health Impact Assessment (MEPS), a document that outlines the minimum criteria that an HIA should address, as well as best practices for conducting an HIA. The MEPS was created in 2009¹ and has been updated twice² to reflect the evolution of HIA as a practice and the expanded use of HIA as a tool to implement health in all policies (HiAP). As the workgroup started this MEPS update a little over a year ago, we identified four trends in U.S.-based HIA practice: decreased funding for HIAs; a shift in the practice towards more rapid methods; a shift in the lead HIA organization; and a larger role for equity and health in all policies. This paper explores those trends and describes recommended updates to the MEPS in response to them. We look forward to thoughtful discussion about the similarities and differences in U.S.-based and international HIA and HiAP practice with IAIA21 delegates.

From 2010-2014, an average of almost 48 HIAs were conducted each year in the U.S. (Health Impact Project, 2018). Several national-level organizations, such as the U.S. Centers for Disease Control and Prevention and the Health Impact Project³, funded multi-year, comprehensive HIAs⁴ during this time. Since 2014, the year of most recent MEPS update, there are fewer grant programs dedicated to HIAs. At the same time, we've experienced a move away from longer, comprehensive HIAs towards more rapid methods. These are tools that use the methodology and principles of HIA but are designed to be quicker. Harris County (Texas) Public Health Department⁵ and the Washington State Board of Health⁶ are using health impact reviews and the Health Impact Project has developed health notes⁷ to inform proposed legislative and budgetary decisions. These rapid methods tend to create more easily digestible outputs such as one-page summaries, brief reports or fact sheets, or video clips that are widely accessible to decision makers and stakeholders at various levels. The original 2009 MEPS were written in the context of early U.S. HIA practice when comprehensive HIAs were more common and the primary dissemination product was a lengthy report. This MEPS update acknowledges the evolution of the practice towards more rapid methods and streamlined products, while maintaining applicability to intermediate and comprehensive HIAs.

¹ https://www.ncchpp.ca/docs/HIA-EIS_PracticeStandards_EN.pdf

² https://www.pewtrusts.org/-/media/assets/external-sites/health-impact-project/hiaworkinggroup_hiapracticestandards_2009.pdf;
<https://hiasociety.org/resources/Documents/HIA-Practice-Standards-September-2014.pdf>

³ The Health Impact Project is a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts. More information is available at www.healthimpactproject.org

⁴ HIAs can be completed quickly, using a "rapid" or "desktop" model over a few weeks or months, or take longer, using either an "intermediate" approach using available data or a "comprehensive" approach involving primary data collection, both of which take several months to more than a year to complete.

⁵ <https://publichealth.harriscountytexas.gov/Resources/Built-Environment-Toolkit/Health-Impact-Review>

⁶ <https://sboh.wa.gov/HealthImpactReviews#:~:text=Health%20Impact%20Reviews-,Health%20Impact%20Reviews,to%20inform%20legislative%20decision%2Dmaking>

⁷ <https://www.pewtrusts.org/en/research-and-analysis/articles/2019/06/19/health-impact-project-health-notes>

Since 2014 we've also seen an increase in the diversity of organizations that lead HIAs, with more nonprofits undertaking HIAs. Largely due to the funding structure, almost 40% of HIAs conducted before 2014 were led by state or local health departments (Health Impact Project, 2018). In recent years, a wider variety of organization types are leading HIAs; since 2014, about 35% of lead HIA organizations have been nonprofits, compared to about 30% state or local health departments (Health Impact Project, 2018). As more community-based organizations such as resident groups perform HIAs, practitioners and their partners are increasingly using findings from these assessments to advocate for policy changes that advance health and equity. As the HIA field continues to recognize the value and opportunity to support advocacy efforts, the MEPS play a critical role in ensuring that all HIAs use the best available evidence, examine a range of potential health impacts, and present all relevant findings, not just those that support a specific policy position. The authors acknowledge that HIAs are undertaken for a variety of reasons beyond advocacy, including mandated projects and decision-support scenarios, and encourage practitioners to seek additional resources for their specific HIA context.

While equity has always been a core value of HIA practice (World Health Organization, 2014), as the HiAP field expands in the U.S., we're seeing HIAs used more in that context to ensure consideration of health and equity in decisions. SOPHIA has also created Equity Metrics for HIA Practice to enable practitioners to plan for and evaluate the inclusion of equity considerations and actions in an HIA. The current MEPS update acknowledges this increasing focus on equity and the new document highlights how practitioners can incorporate equity throughout each HIA phase.

To be responsive to these trends in U.S.-based HIA practice, the workgroup recommends the following core changes:

Emphasizing the iterative nature of the HIA process. In the 2014 MEPS, HIA was framed as a stepwise process. Recognizing the iterative nature of HIA, this update workgroup renamed the steps of HIA to phases and added prompts for practitioners to re-examine previous decisions. This language gives explicit permission for practitioners to return to prior phases and make updates to reflect new information and stakeholder insights.

Highlighting the importance of stakeholder and community engagement in HIA practice. Recognizing that stakeholder and community engagement is an important way to incorporate equity into HIA, this version of the MEPS provides examples of typical stakeholder and community member roles. For the assessment phase, the workgroup added language to emphasize lived experience as critical data that should be a part of both existing conditions and the predictive assessment. In the recommendation phase, the revised practice standard explicitly calls for collaboration between the HIA practitioner and stakeholder groups, including decision makers and community members. Since HIA recommendations are only effective if they are adopted and implemented, working with decision makers and potential implementers helps address recommendation feasibility. And community members can help ensure that HIA recommendations are responsive to needs and appropriately address community concerns.

Defining key outputs for each HIA phase. As overall HIA practice has moved toward rapid methods to be more responsive to shifting decision-making timelines, the workgroup adapted

each phase's definition and practice standard application accordingly. The definition for each phase now includes expected outputs. For example, the revised standards for the reporting phase describe that, at a minimum, all HIAs should document the purpose, findings, and recommendations from the assessment. However, the revisions are also explicit that the length and level of detail for each of these outputs will vary based on the scale of the HIA (rapid, intermediate, or comprehensive).

Developing standards for tracking HIA effectiveness that are feasible for a range of practitioners. The most significant proposed changes thus far are in the monitoring phase. To recognize the time and financial constraints of HIA practice, the workgroup created more realistic standards for this phase. As the practice has shifted to more rapid methods, and a greater diversity of organizations are conducting HIAs, the revised standards suggest that every HIA should complete a process evaluation, but recognize that impact and outcome evaluations may not be feasible for all practitioners due to available time, funding, expertise, or other factors.

International Applicability

The MEPS were originally developed and updated based on emerging U.S. HIA practice, though HIA has a longer global history. In parallel to this MEPS update, SOPHIA is making organizational changes to expand its international focus. The revisions in this update are still based on U.S. HIA practice but the update workgroup recognizes the MEPS may also have implications for international HIAs. The update workgroup is leveraging SOPHIA's international expertise to identify both intersections and potential conflicts for international practice within the MEPS. We look forward to connecting with fellow IAIA21 delegates to explore differences in trends between U.S. and global HIA practice, as well as differences in U.S. and global standards, and the challenges and evolutions in HIA that all practitioners experience.

References

Health Impact Project. (2018, 29 April). *HIAs and Other Resources to Advance Health-Informed Decisions*. Retrieved 8 July 2020 from www.pewtrusts.org/healthimpactproject/toolkit.

World Health Organization. (2014). *Health in all policies: Helsinki statement. Framework for country action*. Retrieved 9 July 2020 from <https://www.who.int/publications/i/item/9789241506908>.