

Community Health Impact Assessment: Fostering Community Learning and Healthy Public Policy at the Local Level

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Abstract: *Highly participatory local health impact assessment processes can be used to identify and encourage practices and policies that promote health. They also foster adult and community learning that can increase a community's capacity to improve local conditions for a healthier community. This paper examines a community-driven form of health impact assessment practiced in rural Nova Scotia since 1996. Experience suggests that learning in these processes is often transformative; ordinary citizens learn to think beyond the illness problems of individuals and to consider how programs and policies can weaken or support community health.*

Health professionals have come to realize that health policy should be directed at reducing health inequalities (Wilkinson, 1996, 2006), and that education of the public is the key to addressing complex health determinants (Tones & Tilford, 2001). The vision is of individuals and communities coming together to learn from one another, to jointly identify issues of concern to their health and well being, and to decide on the appropriate plan and actions to address these issues. In line with this vision, this paper describes *Community Health Impact Assessment* (CHIA), a highly inclusive and participatory health development process that brings the community's voice forward in the discussion of health decision-making and the development of healthy public policy.

CHIA enables citizens to assess the impact of a project, program, or policy on the health of their community. It is a learning-based approach that increases understanding of health determinants and empowers citizens to play an active role in decisions affecting their health (Mittelmark, 2001). As a health development process, it emerged from the People Assessing their Health (PATH) project in northeastern Nova Scotia in the mid-1990s as a way to stimulate community participation in an emerging regional health system. Since that time, interest in the dialogue and deliberation processes involved in PATH and CHIA has grown significantly. This paper focuses on (a) the informal and often transformative learning that often occurs for community members in these proc-

esses, (b) the adult education and community development strategies incorporated to increase informal learning, and (c) lessons learned from the implementation of PATH and CHIA in different settings and cultural contexts. The involvement of citizens in shaping policies influencing their health has long been advocated as a strategy to support local action related to health (Hancock & Minkler, 2002); but little practical and theoretical consideration has been given to the role of adult learning in these processes (Gillis & English, 2001; Stuttaford & Coe, 2007). This paper is intended to increase understanding of adult learning possibilities in this context.

The Healthy Public Policy and Health Impact Assessment Context

A *healthy public policy* is a policy that increases the health and well-being of those individuals and communities that it affects (Kemmer, 2001). It is oriented to the future state of health, to multiple small-scale solutions, and to the involvement of individuals and the local community in those solutions (Hancock, 1985; Mittelmark, 2001). The emphasis is on refocusing from preoccupation in public policy on the existing sick care system, to a focus on creating health (Hancock & Minkler, 2002).

Health impact assessment (HIA) is a relatively new, but rapidly growing, approach to examining how economic, political, social, and environmental policies and programs will affect the overall health of people. It aims to ensure consideration of the health consequences of a policy or decision prior to its implementation (Kemmer, 2001). HIA is a combination of procedures, methods, and tools that systematically judges the effects of a specific action — both positive and negative — on the health of a defined population; it identifies strategies and action to manage these effects (International Association of Impact Assessment [IAIA], 2006; Barnes & Scott-Samuel, 2002). Whereas governments and non-governmental organizations at

various levels generally initiate HIA using their own standardized tools and processes, the PATH process helps communities initiate and drive their HIA process, using their own community health impact assessment tool (CHIAT).

Brief History of PATH and CHIAT

The PATH Project began in Nova Scotia in 1996, when health planning and decision making was being devolved to regional and community levels. The 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* (PATH & NCCHPP, 2008). Local facilitators were identified, trained in a variety of adult education techniques, then worked with people in their communities to identify determinants of health and to develop their 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 processes in order to build healthy communities in northeastern Nova Scotia.

In 2000, PATH II was initiated to work with the Antigonish Town and County Community Health Board with the goal of increasing the capacity of volunteers for community health impact assessment, to enable informed decision-making in community level planning (PATH & NCCHPP, 2008). PATH has since been initiated in two villages in West Bengal, India, and a centre for indigenous knowledge in Accra, Ghana. Throughout 2009, a third major project of the PATH Network was supported by the Canadian National Collaborating Centre on Healthy Public Policy (NCCHPP) to look at the conditions that are necessary to support community-driven health impact assessment and, using that lens, to identify ways to move forward with this work (NCCHPP, 2009). Concurrent with PATH projects, the PATH Network members have been involved in disseminating knowledge about PATH and CHIA in health, academic and public policy arenas, presenting papers and participating in forums and consultations on health impact assessment in Canada, Thailand, Australia and Ghana.

Adult Learning and the PATH Process

PATH incorporates adult education community development strategies, including a focus on the adult learning cycle, the value of experiential learning, and the use of the story dialogue approach (Gillis & English, 2001) in order to increase informal learning. Informal and incidental learning generally take place

without much external facilitation or structure (Marsick & Watkins, 2001); instead PATH uses a facilitated process to engage and guide the group or community in developing their own CHIAT. This facilitated process involves two separate but related activities: the PATH process for developing the tool, and using the tool to do community health impact assessment.

The PATH process begins by having community members share and reflect on their experience about what makes and keeps their community healthy. A technique of story telling, adapted from Labonte and Feather's (1996) structured dialogue approach, is used to help generate stories about these experiences. This structured dialogue method is then used to help community members critically reflect on their stories; people are asked 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 factors that determine health in your community?* (synthesis); and finally, *now what can we do about it?* (action). This process is based on Kolb's (1984) experiential learning cycle, which is recognized as an effective means of facilitating group learning. By sharing stories and critically reflecting on them, participants broaden their understanding of health determinants and create collective knowledge that is owned by them (Immel & Stein 2002).

Community members then focus on developing a vision of a healthy community. It draws on the interaction in the group and their common experiences and collective knowledge. While communities often identify similar factors that determine their health, their vision statements often reflect distinctively different priorities. Following the development of a vision, community members then examine the major components of their vision and answer the following question: *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 CHIA tool. Information typically included in the tool is a statement of the values and principles that guided the work, a vision statement for a healthy community, a summary of key determinants of health, and a list of factors important in building and sustaining a healthy community (Mittelmark, 2001). Depending on the context, the format and presentation of the tools may vary. For example, in the development of their tools, the three communities in PATH I used art metaphors to complement textual representations of their culture and their vision

of a healthy community. The tool, unique to the community that produced it, is then tested and revised, if necessary, on a real or imaginary program or policy.

The second part of the facilitated process involves using the tool to do a community health impact assessment. 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, and writing up summaries and developing a plan of action (PATH & NCCHPP, 2008).

The adult learning strategies incorporated in PATH stimulate informal learning that enables people to take action related to health at individual, group (community), and systems (policy) levels. PATH evaluations reinforce that these strategies strengthen the adult learning possibilities, build community identity, and stimulate a desire among the individuals and groups involved to move towards constructive action on issues affecting their health (Peters, 2002; Schneider, 1997).

Lessons Learned

The implementation of PATH across a variety of settings and cultures has resulted in significant lessons being learned about each of the two sets of activities involved. These lessons, described below under their corresponding headings, highlight conditions that support community-driven health impact assessment.

The PATH Process and Developing the Tool

The experience across all contexts is that the PATH process, leading to the development of a tool, is highly educational and empowering. Beginning with the telling of stories, people from very different socio-cultural contexts are able to analyze their situation to develop an understanding of health issues and determinants; they learn to think about health in a new way: from the perspective of the community as a whole, rather than just individual illness. There are often unanticipated empowerment outcomes. For example, highlighting their cultural context, the tribal women in West Bengal cited the opportunity to have a say and to be heard as among the most important benefits of being involved. This is consistent with Kolb's (1984) idea that knowledge is created through the transformation of experience.

Because the development of the tool is always grounded in a broad vision of health, it enables people to identify a wide range of supports and constraints, and the priorities in their communities. For example, in generating and analyzing information us-

ing the story dialogue method in PATH I, one of the communities recognized the need for health education programs. They launched a health information centre and programs in their community, shortly after the end of the project. Similarly, village women in West Bengal organized health awareness programs in schools and in their communities, following their participation in the PATH process.

The PATH process also builds people's capacity to engage in health planning at the community level (Cameron, 2009). As people learn about the supports and challenges to healthy living, they are more able to envision change that can protect and improve their health. Use of the tool generates knowledge and information, which can be used for decision-making, but also to raise awareness and to build a case for advocacy. For example, the CHIAT produced for the community health board in PATH II has been used by a variety of groups facing funding cuts, including the local women's centre, an affordable housing society, and a local literacy association. They used the tool to estimate the impact of funding cuts to their programs and the health and well being of the community, and to advocate for community support of their services. Although not all groups that develop CHIATS use the actual tools, they often use the PATH process in other community endeavours. For example, the women in West Bengal identified the need for micro enterprise endeavours, and then lobbied to get the training they needed to set up their own micro enterprises. In Nova Scotia, the PATH process has been used in a variety of community-based research projects, including one exploring how literacy affects peoples' health.

The participatory structure in PATH and CHIA enables many voices and perspectives to be heard. For example, the engagement and training of local facilitators in PATH I resulted in broader community participation (English, 2000; Gillis, 1999), and the vision of a healthy community in PATH II was based on the input from 57 local focus groups. In one of the West Bengal villages the tool was developed by the Tourism Committee along with the local women's self-help group, ensuring that voices from a variety of sectors were heard.

The experience with PATH has also shown that balancing the process of awareness-raising with the actual development of the tool enables the people involved to realize the value of the process as well as the outcomes (Cameron, 2009). For example, in the case one West Bengal village, the processes of storytelling, visioning, and developing a list of questions for their tool enabled participants to realize health

determinants, while the use of the tool led them to realize the potential negative effects of a proposed tourist project on village environment and culture. As they developed an action plan for the project, they put safeguards in place to mitigate potentially negative effects. The PATH process had helped them to critically analyze their situation and to come to an understanding of factors they had previously not considered. In this way the PATH processes provide opportunities for the continuous construction of new meaning and knowledge.

The activities involved also respect community timelines and informal leadership. Although a significant time commitment from community members is required, the development of the tool is a concrete goal of the PATH process, which motivates people to stay involved. While it is possible to take an existing tool and adapt it to the local context, experience shows that the *process* of creating the tool is one of community empowerment, and is every bit as valuable as the CHIAT itself (PATH & NCC HPP, 2008). If the process of sharing stories, developing a vision of a healthy community, and understanding how determinants act together to influence health is missed, the tool may not have the same relevance to the community (Gillis & English, 2001).

Doing Community Health Impact Assessment

The experience of implementing PATH has revealed that CHIA requires support both during and following the process of creating a tool (Cameron, 2009; Gillis, 1999; Mittlemark, 2001). Initially, the social and political environment must be favourable and supportive of community input (Mahoney et al., 2008). The earliest implementations of PATH reinforced that support from the broader systems of decision-making (e.g., health systems, municipal governments, community-based organizations) is essential, if the results of the assessment are to have an impact, and if use of the tool is to be sustained. In PATH I and II, the community partnership of local organizations, with a shared interest in the health of their communities, joined together to build the community process, to facilitate the community discussion and the development of the tool, and to support community use of the tools. This partnership continues today through the PATH Network. Without this kind of commitment to involving citizens in health decision-making and drawing on more than a top-down

approach, CHIA loses much of its relevance (Gillis, 1999; Gillis & English, 2001).

This need for broad system support extends to the provision of funding to support such community-based processes that require time and administrative support, so that people can develop the necessary leadership and facilitation skills. The PATH process and CHIA is acknowledged to require significant facilitation skills (Cameron, 2009; English, 2000; Gillis, 1999; Gillis & English, 2001). However, training of community facilitators in the requisite skills (i.e., small group facilitation, communication and active listening, structured dialogue, and participatory data analysis techniques) increases the potential for sustaining community participation in health planning, and CHIA activity (Cameron, 2009). Financial support for travel and childcare is also essential to enable people to participate.

Besides administrative and funding support, communities need access to hard data in an understandable format. For example, in PATH I local municipal officials used the tool to assess the impact of a large recreation project in 2009, which revealed the need for additional information about the environmental effects of the planned development, and whether there was sufficient local support for it.

Conclusions and Implications

Community health impact assessment brings together community development, health promotion, and adult education techniques to enable communities to learn about a broader concept of health, see their vision of a healthy community, and have a tool that they can use to plan for their future health. As this paper highlights, it is a highly educational and empowering process that equips communities with new knowledge and skills to ensure that the diversity of conditions that directly affect their health and well-being are considered in the development of public policies and programs. For health and adult educators who strive to improve health status through community learning and action, CHIA can provide an appropriate health education response and strategy. As a strategy to stimulate community participation in health planning and policy development, it can add significantly to institutional efforts to safeguard community health.

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