Minimum Elements and Practice Standards for Health Impact Assessment

North American HIA Practice Standards Working Group

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Authorship and Acknowledgements

This document represents a revision of version one of Practice Standards for Health Impact Assessment (HIA) published by the North American HIA Practice Standards Working Group in April 2009. This review and revision was conducted by a working group including the following individuals: Rajiv Bhatia,[1] Jane Branscomb,[2] Lili Farhang,[3] Murray Lee,[4] Marla Orenstein,[4] and Maxwell Richardson.[5] In producing this document, the working group solicited review and comment from participants attending the second annual HIA in the Americas Workshop held in Oakland, California in March of 2010.

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Endorsements

The following HIA practitioners and organizations are committed to utilizing these working practice standards, to the greatest extent possible, in their health impact assessment practice. These organizations are listed below:

Environmental Resources Management
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Introduction

Health Impact Assessment (HIA) is a practice to make visible the interests of public health in decision-making. The International Association of Impact Assessment defines HIA as: *a combination of procedures, methods and tools that systematically judges the potential, and sometimes unintended, effects of a policy, plan, program or project on the health of a population and the distribution of those effects within the population. HIA identifies appropriate actions to manage those effects.* With roots in the practice of Environmental Impact Assessment (EIA), HIA aims to inform the public and decision-makers when decisions about policies, plans, programs, and projects have the potential to significantly impact human health, and to advance the values of democracy, equity, sustainable development, the ethical use of evidence and a comprehensive approach to health.

While available guidance documents for HIA describe the procedural steps and products of each stage of the HIA process, there exists considerable diversity in the practice and products of HIA due to the variety of decisions assessed, diverse practice settings, and the nascent evolution of the field. This document, a collective product of a HIA practitioners' workgroup in North America, intends to translate the values underlying HIA along with key lessons from HIA practice into specific "standards for practice" for each phase of the HIA process. Participants at the first *North American Conference on Health Impact Assessment* held in Oakland, California in September 2008 identified the development of standards as a priority need for the field. Subsequent to the 2008 conference, participants collectively developed the first version of these practice standards. This document reflects the second version of those standards, and has been revised to include a set of "minimum elements" of HIA practice.

In this document, *Minimum Elements* answer the question of "what essential elements constitute an HIA"; this is distinct from *Practice Standards*, which answer the question, "how to best conduct an HIA."

Minimum Elements can serve as a basis to identify and promulgate examples of HIA within the field of practice and in broader social discourse, distinguishing HIA from other practices and methods that also aim to ensure the consideration of and action on health interests in public policy. These *Minimum Elements* apply to HIA whether conducted independently or integrated within an environmental, social or strategic impact assessment.

The *Practice Standards* are not rigid criteria for acceptability but rather guidance for effective practice. A practitioner may use the *Practice Standards* as benchmarks for their own HIA practice, to stimulate discussion about HIA content and quality, and to evaluate this emerging field.

These standards are intended support the development and institutionalization of HIA, and are aligned with the central concepts and suggested approaches described in the World Health Organization's 1999 Gothenburg Consensus Paper on HIA, a guiding document in the HIA field. The members of the North American HIA Practice Standards Working Group recognize that real-world constraints and varying levels of capacity and experience will result in appropriate and ongoing diversity of HIA practice. Every practice standard in this document may not be achieved in every example of HIA. Overall, we hope that these standards will be viewed as relevant, instructive and motivating for advancing HIA quality.

Minimum Elements of HIA

A health impact assessment (HIA) must include the following minimum elements, which together distinguish HIA from other processes. An HIA:

1. Is initiated to inform a decision-making process, and conducted in advance of a policy, plan, program, or project decision;
2. Utilizes a systematic analytic process with the following characteristics:
   - 2.1. Includes a scoping phase that comprehensively considers potential impacts on health outcomes as well as on social, environmental, and economic health determinants, and selects potentially significant issues for impact analysis;
   - 2.2. Solicits and utilizes input from stakeholders;
   - 2.3. Establishes baseline conditions for health, describing health outcomes, health determinants, affected populations, and vulnerable sub-populations;
   - 2.4. Uses the best available evidence to judge the magnitude, likelihood, distribution, and permanence of potential impacts on human health or health determinants;
   - 2.5. Rests conclusions and recommendations on a transparent and context-specific synthesis of evidence, acknowledging sources of data, methodological assumptions, strengths and limitations of evidence and uncertainties;
3. Identifies appropriate recommendations, mitigations and/or design alternatives to protect and promote health;
4. Proposes a monitoring plan for tracking the decision's implementation on health impacts/determinants of concern;
5. Includes transparent, publicly-accessible documentation of the process, methods, findings, sponsors, funding sources, participants and their respective roles.

HIA Practice Standards

Adherence to the following standards is recommended to advance effective HIA practice:

1. **General standards for the HIA process**

   1.1. An HIA should include, at a minimum, the stages of **screening, scoping, assessment, recommendations,** and **reporting** described below.

   1.2. **Monitoring** is an important follow-up activity in the HIA process. The HIA should include a follow-up monitoring plan to track the outcomes of a decision and its implementation.

   1.3. **Evaluation** of the HIA process and impacts is necessary for field development and practice improvement. Each HIA process should begin with explicit, written goals that can be evaluated as to their success at the end of the process.

   1.4. HIA should respect the needs and timing of the decision-making process it evaluates.

   1.5. HIA requires integration of knowledge from many disciplines; the practitioner or practitioner team must take reasonable and available steps to identify, solicit and utilize the expertise, including from the community, needed to both identify and answer questions about potentially significant health impacts.

   1.6. Meaningful and inclusive stakeholder participation (e.g., community, public agency, decision-maker) in each stage of the HIA supports HIA quality and effectiveness. Each HIA should have a specific engagement and participation approach that utilizes available participatory or deliberative methods suitable to the needs of stakeholders and context.

   1.7. HIA is a forward looking activity intended to inform an anticipated decision; however, HIA may appropriately conduct or utilize analysis, or evaluate an existing policy, project or plan to prospectively inform a contemporary decision or discussion.

   1.8. Where integrated impact assessment is required and conducted, and requirements for impact assessment include responsibility to analyze health impacts, HIA should be part of an integrated impact assessment process to advance efficiency, to allow for inter-disciplinary analysis and to maximize the potential for advancing health promoting mitigations or improvements.

   1.9. HIA integrated within another impact assessment process should adhere to these practice standards to the greatest extent possible.

2. **Standards for the screening stage**

   2.1. Screening should clearly identify all the decision alternatives under consideration by decision-makers at the time the HIA is considered.

   2.2. Screening should determine whether an HIA would add value to the decision-making process. The following factors may be among those weighed in the screening process:

      2.2.1. The potential for the decision to result in substantial effects on public health, particularly those effects which are avoidable, involuntary, adverse, irreversible or catastrophic

      2.2.2. The potential for unequally distributed impacts

      2.2.3. Stakeholder and decision-maker concerns about a decision's health effects

      2.2.4. The potential for the HIA to result in timely changes to a policy plan, policy or program

      2.2.5. The availability of data, methods, resources and technical capacity to conduct analyses

2.2.6. The availability, application, and effectiveness of alternative opportunities or approaches to evaluate and communicate the decision's potential health impacts

2.3. Sponsors of the HIA should document the explicit goals of the HIA and should notify, to the extent feasible, decision-makers, identified stakeholders, affected individuals and organizations, and responsible public agencies on their decision to conduct an HIA.

3. Standards for the scoping phase

3.1. Scoping of health issues and public concerns related to the decision should include identification of: 1) the decision and decision alternatives that will be studied; 2) potential significant health impacts and their pathways (e.g., a logic model); 3) research questions for impact analysis; 4) demographic, geographical and temporal boundaries for impact analysis; 5) evidence sources and research methods expected for each research question in impacts analysis; 6) the identity of vulnerable subgroups of the affected population; 7) an approach to the evaluation of the distribution of impacts; 8) roles for experts and key informants; 9) the standards or process, if any, that will be used for determining the significance of health impacts; 10) a plan for external and public review; and 11) a plan for dissemination of findings and recommendations.

3.2. The scoping process should establish the individual or team responsible for conducting the HIA and should define their roles.

3.3. Scoping should include consideration of all potential pathways that could reasonably link the decision and/or proposed activity to health, whether direct, indirect, or cumulative.

3.4. The consideration of potential pathways should be informed by the expertise and experience of assessors as well as perspectives of the affected communities, health officials and decision-makers. The assessment team should solicit input from public health officials and local medical practitioners to ensure adequate representation by the entities responsible for and knowledgeable about health conditions. The assessment team should solicit input from members of affected communities or representative organizations via public meetings, written comments, or interviews to understand their views and concerns. The assessment team should solicit input from decision-makers to understand their views on the decision's relationship to health.

3.5. The final scope should focus on those impacts with the greatest potential significance, with regards to factors including but not limited to magnitude, certainty, permanence, stakeholder priorities, and equity.

3.6. The scope should include an approach to evaluate any potential inequities in impacts based on population characteristics, including but not limited to age, gender, income, place (disadvantaged locations), and race or ethnicity.

3.7. The HIA scoping process should identify a mechanism to incorporate new, relevant information and evidence into the scope as it becomes available, including through expert or stakeholder feedback.

4. Standards for the assessment phase

4.1. Assessment should include, at a minimum, a baseline conditions analysis and qualified judgments of potential health impacts:

4.1.1. Documentation of baseline conditions should include the documentation of both population health vulnerabilities (based on the population characteristics described above) and inequalities in health outcomes among subpopulations or places.

4.1.2. Evaluation of potential health impacts should be based on a synthesis of the best available evidence, as qualified below.

4.1.3. To support determinations of impact significance, the HIA should characterize health impacts according to characteristics such as direction, magnitude, likelihood, distribution within the population, and permanence.

4.2. Judgments of health impacts should be based on a synthesis of the best available evidence. This means:

4.2.1. Evidence considered may include existing data, empirical research, professional expertise and local knowledge, and the products of original investigations.

4.2.2. When available, practitioners should utilize evidence from well-designed and peer-reviewed systematic reviews.

4.2.3. HIA practitioners should consider published evidence, both supporting and refuting particular health impacts.

4.2.4. The expertise and experience of affected members of the public (local knowledge), whether obtained via the use of participatory methods, collected via formal qualitative research methods, or reflected in public testimony, is potential evidence.

4.2.5. Justification for the selection or exclusion of particular methodologies and data sources should be made explicit (e.g., resource constraints).

4.2.6. The HIA should acknowledge when available methods were not utilized and why (e.g., resource constraints).

4.3. Impact analysis should explicitly acknowledge methodological assumptions as well as the strengths and limitations of all data and methods used.

4.3.1. The HIA should identify data gaps that prevent an adequate or complete assessment of potential impacts.

4.3.2. Assessors should describe the uncertainty in predictions.

4.3.3. Assumptions or inferences made in the context of modeling or predictions should be made explicit.

4.4. The lack of formal, scientific, quantitative or published evidence should not preclude reasoned predictions of health impacts.

5. Standards for the recommendations phase

5.1. The HIA should include specific recommendations to manage the health impacts identified, including alternatives to the decision, modifications to the proposed policy, program, or project, or mitigation measures.

5.2. Where needed, expert guidance should be utilized to ensure recommendations reflect current effective practices.

5.3. The following criteria may be considered in developing recommendations and mitigation measures: responsiveness to predicted impacts; specificity; technical feasibility; enforceability; and authority of decision-makers.

5.4. Recommendations may include those for monitoring, reassessment, and adaptations to help manage uncertainty in impact assessment.

6. Standards for the reporting phase

6.1. The responsible parties should complete a report of the HIA findings and recommendations.

6.2. To support effective, inclusive communication of the principal HIA findings and recommendations, a succinct summary should be created that communicates findings in a way that allows all stakeholders to understand, evaluate, and respond to the findings.

6.3. The full HIA report should document the screening and scoping processes and identify the sponsor of the HIA and the funding source, the team conducting the HIA, and all other participants in the HIA and their roles and contributions. Any potential conflicts of interest should be acknowledged.

6.4. The full HIA report should, for each specific health issue analyzed, discuss the available scientific evidence, describe the data sources and analytic methods used for the HIA including their rationale, profile existing conditions, detail the analytic results, characterize the health impacts and their significance, list corresponding recommendations for policy, program, or project alternatives, design or mitigations, and describe the limitations of the HIA.

6.5. Recommendations for decision alternatives, policy recommendations, or mitigations should be specific and justified. The criteria used for prioritization of recommendations should be explicitly stated and based on scientific evidence and, ideally, informed by an inclusive process that accounts for stakeholder values.

6.6. Distribute HIA and/or findings to stakeholders that were involved in the HIA. The HIA reporting process should offer stakeholders and decision-makers a meaningful opportunity to critically review evidence, methods, findings, conclusions, and recommendations. Ideally, a draft report should be made available and readily accessible for public review and comment. The HIA practitioners should address substantive criticisms either through a formal written response or HIA report revisions before finalizing the HIA report.

6.7. The final HIA report should be made publicly accessible.

7. Standards for the monitoring phase

7.1. The HIA should include a follow-up monitoring plan to track the decision outcomes as well as the effect of the decision on health impacts and/or determinants of concern.

7.2. The monitoring plan should include: 1) goals for short- and long-term monitoring; 2) outcomes and indicators for monitoring; 3) lead individuals or organizations to conduct monitoring; 4) a mechanism to report monitoring outcomes to decision-makers and HIA stakeholders; 5) triggers or thresholds that may lead to review and adaptation in decision implementation; and 6) identified resources to conduct, complete, and report the monitoring.

7.3. Where possible, recommended mitigations should be further developed and integrated into an HIA (or other) management plan, which clearly outlines how each mitigation measure will be implemented. Management plans commonly include information on: deadlines, responsibilities, management structure, potential partnerships, engagement activities and monitoring and evaluation related to the implementation of the HIA mitigations. For greater effectiveness, HIA management plans should be developed in collaboration with, or at least with the input from, the entity responsible for implementing the plan. Management plans are living documents that will need to be revised and improved on an on-going basis.

7.4. When monitoring is conducted, methods and results from monitoring should be made available to the public.