



Facilitating communities in designing and using their own community health impact assessment tool

Colleen Cameron^{a,*}, Sebanti Ghosh^b, Susan L. Eaton^c

^a Coady International Institute, St. Francis Xavier University, P.O. Box 5000, Antigonish NS Canada B2G 2W5

^b Association for Social and Health Advancement (ASHA), BE-135, Sector-1, Salt Lake City, Kolkata-700 064, India

^c People Assessing Their Health (PATH) Network, 61 Brookland Street, Antigonish NS Canada B2G 1V8

ARTICLE INFO

Available online 8 May 2010

Keywords:

Community health impact assessment
Health promotion
Community development
Determinants of health
Capacity-building
Public engagement
Healthy public policy

ABSTRACT

Reducing health inequities and improving the health of communities require an informed public that is aware of the social determinants of health and how policies and programs have an impact on the health of their communities. People Assessing Their Health (PATH) is a process that uses community-driven health impact assessment to build the capacity of people to become active participants in the decisions that affect the well-being of their community. The PATH process is both a health promotion and a community development approach that builds people's ability to bring critical analysis to a situation and to engage in effective social action to bring about desired change. Because it increases analytical skills and provides communities with their own unique tool to assess the potential impact of projects, programs or policies on the health and well-being of their community it is an empowering process. PATH was originally used in three communities in northeastern Nova Scotia, Canada in 1996 when the Canadian health care system was being restructured to a more decentralized system. Since then it has been used in other communities in Nova Scotia and India.

This paper will describe the PATH process and the use of the community health impact assessment as well as the methodology used in the PATH process. The lessons learned from PATH's experiences of building capacity among the community in Canada and India will be presented.

© 2010 Elsevier Inc. All rights reserved.

1. Introduction

The Commission on the Social Determinants of Health strongly affirms that the root causes of disease and health inequalities, and the most significant factor in determining the health of people and populations, are the social and physical living conditions of people (WHO, 2005). Included in the 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).

People Assessing Their Health (PATH) is both a health promotion process that helps people to increase control over and improve their health (WHO, 1986) and a community development process that builds the capacity of people to become active participants in the

decisions that affect the well-being of their community (Frank and Smith, 1999). PATH does this by facilitating the community in developing its own community health impact assessment tool (CHIAT). This tool, which reflects the community's priorities about what makes and keeps people healthy, can then be used to undertake a community-led health impact assessment (CHIA) to look at the potential positive and negative impacts that any policy, program, project or service could have on the health of the community. The process used to create the CHIAT involves a reflective, story-telling approach that is grounded in the principles of adult education. It is based on the belief that people know a lot about what makes them and their communities healthy.

The PATH process was originally used in three communities in northeastern Nova Scotia, Canada in 1996, at a time when the Canadian health care system was being restructured to a more decentralized system that would include greater involvement of people at the community level (Gillis and English, 2001). Since then the PATH process has been used in other communities in Nova Scotia and in other provinces in Canada. In 2003 the PATH process was introduced to the staff, volunteers and board members of the Association for Social and Health Advancement (ASHA) based in Kolkata, West Bengal, India. Following the work with ASHA staff and volunteers, the PATH process was used with members of two

* Corresponding author. Tel.: +1 902 867 3895.

E-mail addresses: accamero@stfx.ca (C. Cameron), sebantiasha@rediffmail.com (S. Ghosh), susan.eaton@ns.sympatico.ca (S.L. Eaton).

women's self-help groups in Chandamari Village in Murshidabad District, West Bengal in eastern India. In 2006 the process was again introduced by ASHA staff in Mukitmanipur, India with a tribal community that was about to embark on an endogenous tourism project. More recently, the assessment tool that was developed by a community health board in Antigonish, Canada was used by a group of citizens to carry out a community health impact assessment (CHIA) of the potential impact that a large recreation/tourism project would have on the well-being of that community.

The WHO Gothenburg Consensus Paper (1999) defines health impact assessment (HIA), as “a combination of procedures, methods and tools by which a policy, a program or project may be judged as to its potential effects on the health of a population and the distribution of effects within the population.” Kemm (2004) notes that HIA deals not only with predicting the impact that an activity will have on a population, it also suggests ways to modify the activity to maximize health and mitigate harm. Health impact assessment is increasingly becoming an accepted method by governments and NGOs throughout Europe, North America, and southeast Asia and Oceania as a way to assess the potential impacts of policies or programs on the health of populations (Curtis, 2008; Metcalfe and Higgins, 2009; Mindell et al., 2008). UNESCO (1999) states that health promotion and health education must focus on learning and empowerment and that improving people's health requires an inter-sectoral, community development approach that builds people's ability to critically analyze situations and to engage in effective social action to bring about desired change. PATH is an empowering process for community members because it increases analytical skills and facilitates the development of a unique health impact assessment tool that a community can use when considering the effect projects will have on community well-being.

This paper will describe the methodology used in the PATH process, which helps people at the community level to create their own community health impact assessment tool (CHIAT). It will also describe several experiences where a community-created tool has been used to carry out a community health impact assessment (CHIA). The lessons learned from PATH's experiences of health promotion and capacity building within communities will be discussed. Since the PATH process is based on people's own experience and results in a unique community-driven approach to health impact assessment, lessons learned about the facilitation of the process in Nova Scotia, Canada and West Bengal, India will be included in the discussion.

2. Community-driven health impact assessment

Community participation in HIA has long been considered an essential part of the process (Kearney, 2004, Mittelmarm, 2001, WHO, 1999), though questions have been raised about the value of the community's input and the ability or willingness of decision-makers to consider community perspectives (Kearney, 2004, Mahoney et al., 2007, Wright et al., 2005). Mittelmarm (2001) notes that, while HIA can be a highly technical process, it can also be a simple, practical process that enables local people to become informed, active decision-makers in bringing about the changes required for better health. Community-driven health impact assessment (CHIA) is based on the idea that the development of healthy public policy, that is, 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 (WHO, 1988), requires broad citizen involvement. CHIA, as promoted through the PATH process, is distinctive in that it engages a community in developing its own unique assessment tool (CHIAT) and empowers that community to initiate its own impact assessment, rather than being consulted as part of a traditional HIA. Both the assessment tool and the assessment process reflect the community's values, beliefs and vision of what a healthy community should look like. Community-driven HIA adds a

new and often unheard of voice when decision-makers look at the potential impact that a policy, program, project or service might have on the population and specific groups within that population. It brings to light the community's perspective, through the priority and value lens of the community members themselves.

Most policies or programs have both positive and negative effects on a given population (a geographic community or a specific 'community' of people within that geographic area). Community-driven health impact assessment, like traditional HIA, does not determine if a policy is right or wrong. It does help to identify how a particular activity will enhance or diminish the many factors that the community itself considers important for its overall well-being. CHIA is not necessarily a better way of doing health impact assessment; it is another way to bring the health concerns of the community forward in discussions of public policy. In addition, because the PATH process leading to the development of a CHIAT engages people in a significant reflection about what makes and keeps their community healthy, there is a noticeable increase in people's understanding of the social determinants of health and how these determinants are interconnected. Labonte and Feather (1996) note that story-telling and sharing experiences are linked to a long tradition of using narrative to develop knowledge. The new knowledge gained through the PATH process empowers and equips community members with an awareness and skills that they can use to change their conditions to improve their health. WHO (2006) suggests that initiatives that are empowering can lead to improved health outcomes and that empowerment is a viable public health strategy.

3. The PATH process

The PATH process uses a facilitated approach to engage a community in developing its own unique community health impact assessment tool (CHIAT). The CHIAT, which contains a vision of a healthy community and a list of indicators to determine if the vision will be achieved, can then be used by the community to examine policies, programs or services proposed by governments (local, provincial or federal), institutions and community groups, as well as major infrastructure projects. The PATH process increases people's awareness of the determinants of health and the role played by community members in creating healthy public policy. The process uses a sequence of techniques and methods to guide community members in the development of their assessment tool.

The PATH process begins by gathering one or more small groups of people who will reflect on their experience and collectively answer the question: “What does it take to make and keep our community healthy?” The make-up of the participating group(s) depends on the nature of the community that is developing the CHIAT. For example, a geographic community (village or region) may convene a series of small gatherings of people who represent different sectors within the community. An organization that is developing a CHIAT to be used in assessing its own projects or programs may begin by gathering members of its governing body and/or staff. The intent is to be inclusive of the diversity of experience within the community.

With the help of a facilitator, people in the group(s) are invited to tell a story from their life experience that has to do with health, including (but not limited to) health services. Once everyone has shared an experience, one story is chosen by the group for further examination. Using a technique adapted from the story-dialogue method (Labonte and Feather, 1996), the facilitator guides the group through a series of key questions to delve deeper into the story and to identify all of the factors that affect health and well-being (the determinants of health) and the ways in which these factors are inter-related. The questions posed by the facilitator follow the experiential learning cycle outlined by Kolb (1984): concrete experience, reflective observation, abstract conceptualization, and active experimentation. In the PATH process, which has been adapted from

Download English Version:

<https://daneshyari.com/en/article/1052966>

Download Persian Version:

<https://daneshyari.com/article/1052966>

[Daneshyari.com](https://daneshyari.com)