



Community participation in Health Impact Assessment. A scoping review of the literature



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ABSTRACT

Currently, the engagement of local communities in Health Impact Assessment is becoming more and more important. A scoping review was performed to take stock of visions, methods and experiences in this field.

A combined Scopus and Medline search yielded 100 articles in scientific journals. The final selection consisted of 43 papers, including case studies, evaluation studies, reviews, and opinion papers. After analysis, consultation of four experts was performed to check preliminary study outcomes. A grey literature web search was performed to check and complement the results.

Results show that community participation is generally considered a core element in HIA. Views as expressed in the papers concern, firstly, the need for and value of local knowledge, secondly, the adherence to or application of democratic values and, thirdly, empowerment of communities. Three categories of methods are used in relation to community participation, often in combination: methods to facilitate knowledge elicitation, to ensure the inclusion of communities in the HIA process, and to build community capacity to participate in policy development. However, the theoretical or practical underpinning of the choice for specific methods is mostly not presented. The experiences described in the papers mainly focus on the access to local knowledge and its usability as a source of evidence in the HIA process. Described effects of community participation are (improved) relations between communities and local agencies, policy makers and professionals and the empowerment of community members. Although these effects are ascribed to community participation, many papers do not provide support for this conclusion beyond the retrospective perception of participants. Expert consultation and additional analysis of the grey literature supported the results derived from the scientific literature and provided more in-depth knowledge. In the grey literature theoretical frameworks, methods and tools for community participation in HIA were more extensively reported as compared to the scientific literature.

We conclude that the visions, methods and experiences concerning community participation show that a participative approach may contribute to better, context specific knowledge. It appears that participative HIA has health promotion potential as it helps develop responsive policies.

To accomplish this, HIA should, firstly, be better embedded in broader health promotion programmes. Secondly, the methods and approaches for community participation applied in HIA should be theory-informed and well described. The grey literature offers entry points. Finally, more robust and systematic evaluation and research is needed to assess the impact of HIAs on communities and policies.

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1. Introduction

Living and working circumstances are meaningful determinants of health, but are largely shaped by policies outside the health sector itself. Therefore, protecting and improving the health of populations requires intersectoral cooperation, or ‘Health in All Policies’. Over the past 20 years, Health in All Policies has become an approach that is widely recognized and advocated in public health (Baum et al., 2013). One important milestone is the report of the Commission on Social Determinants of Health, proposing intersectoral action in several work fields such as education, employment, and urban planning in order to reduce socioeconomic health inequities (CSDH, 2008). The Health in All Policies approach includes Health Impact Assessment (HIA) as a key tool. Although HIA was – and is - also practiced outside the framework of HiAP, the development of HiAP provided an important boost. HIA stimulates other sectors to include health in their policy consideration, it creates transparency and accountability for decision-making, and it provides evidence that demonstrates the impacts of non-health policies on population health. As such, HIA helps to create health-enhancing policies, programmes or projects through intersectoral cooperation (Stahl et al., 2006; Bos, 2006; Simos et al., 2015; Health in All Policies (HiAP) framework for country action, 2014; Kemm, 2012). HIA is ‘a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population’ (WHO European Centre for Health Policy, 1999, p.4). Over the past 20 years, HIA has become an established process in many parts of the world. The basic steps of HIA are screening, scoping, appraisal and reporting. The exact methods applied and the depth of the assessment can vary. A large number of guidelines and directions have been produced to date, to ensure quality of HIA (see, for example, World Health Organization, 2016). In line with the HiAP principles, most guidelines recommend that HIAs should engage communities that are affected by the plan, programme or policy assessed (Mindell et al., 2008).

Currently, the engagement of local communities in HIA is becoming more and more important. On one hand, because the economic crisis placed the ‘welfare state’ under pressure: citizens in ‘participation societies’ are expected to take more charge of their own, and other people’s well-being than before (Delsen, 2012). On the other hand, there is a call for transparency and inclusiveness of policy processes. This is, for example, reflected in the field of environmental planning; national and international legislation nowadays require that communities be engaged in the planning process. Participation is defined as ‘a process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve change’ (World Health Organization Regional Office for Europe, 2002).

Given its growing importance in both health and environmental planning, it is important to take stock of visions, methods and experiences with community participation in HIA. Although the topic is often included in broader evaluation studies, views and practices of HIA researchers and practitioners regarding community participation have not yet been studied in a systematic way. Therefore, the aim of our study is to learn more about how community participation in HIA is currently perceived and how it is put to practice. Of course, community participation is also practiced in other types of Impact Assessment, like Environmental Impact Assessment (EIA). However, there are important differences that may shape views, methods and experiences regarding community participation, linked to the different work fields from which the various types of IA originate. For example, there are differences in legal frameworks, but also differences in methods and procedures. In this paper, we focus on HIA to gain a deeper understanding of this specific type of IA.

We focused on three questions:

- a) How do practitioners and researchers view community participation in HIA?
- b) What methods are used for community participation in HIA?
- c) What are the experiences and effects of community participation in HIA?

2. Methods

We carried out a scoping review (Arksey and O’Malley, 2005), a method that allows to study different kinds of literature in order to gain a broad overview of a specific work field, including, for example, views, procedures and points of debate (Daudt et al., 2013). For the data charting and analysis stage we applied the more extensive process described by Levac et al. (Levac et al., 2010).

We initially focused on publications in the scientific literature; these could include different types of publications, for example original research, review, or opinion articles. Based on guidance provided by the researchers, a library scientist (WtH) developed a proposal for an electronic database search strategy in MEDLINE and Scopus. After review and fine-tuning of this proposal by the researchers this search was implemented (Table 1). Two researchers independently carried out title screening and subsequent abstract screening. Categories were ‘include’, ‘exclude’, and ‘uncertain’. Differences in categorization were discussed

Table 1
Search strategy: applied mesh terms and key words.

AND		
Health Impact Assessment Community health impact	Co-creation Community participation	Engagement process Participation
Community health	Community involvement	Consumer participation
Impact assessment	Involvement	Community-institutional relations
Public health impact Outcome and process assessment (health care)	Community partners Community stakeholders	Community networks Interinstitutional relations
Risk assessment	Local stakeholders Community engagement Engaging communities Community opinion Community empowerment Empowering communities Community-based participation Population engagement Engaging population Public involvement Involvement persons Social participation Public participation Population participation Civic participation Civic engagement Focus group Diverse partnership Human rights Participatory approach Participatory process Participatory mechanism	Cooperative behavior Public opinion Social responsibility Social values Interviews Sociology Medical Community members or citizen Civilian Inhabitants Lay people Lay participation Lay participants Local group Neighbourhood Neighbourhood committee Residents Publics Populations. Community opinion Community concern Community level

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