San Francisco Department of Public Health
Environmental Health Section
Program on Health Equity and Sustainability

HIA Practice Standards

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HIA Practice Standards Document

HIA Practice Standards issued by North American HIA Practice Standards Working Group

April 7, 2009

SFDPH is excited to co-release the recently developed *Practice Standards for Health Impact Assessment (HIA)* created by the North American HIA Practice Standards Working Group. These standards were developed to provide practitioners of health impact assessment with a set of benchmarks to guide their own HIA practice, and to stimulate discussion about HIA content and quality in this emerging field.

In September 2008, a number of North American HIA practitioners gathered in Oakland, California for a two day conference to discuss the state of the field and debate issues of quality, standards development and values in the conduct of health impact assessment. Participants strongly felt a need for practice standards or benchmarks to clearly establish HIA quality. Without practice standards, it was felt the term health impact assessment may become ambiguous and the practice misused or vulnerable to criticism.

This document is the result of a collective effort on behalf of a working group of Conference participants who formed to develop these standards. The Practice Standards are short—11 pages in total—and attempt to translate the values underlying HIA into specific "standards for practice" for each of the five typical stages of the HIA process. These standards may be used by practitioners as benchmarks for their own HIA practice or to stimulate discussion about HIA content and quality in this emerging field.

Several of the organizations involved in the Conference have signed on to the Practice Standards as signatories, including Environmental Resources Management, Habitat Health Impact Consulting Corp., Human Impact Partners, the San Francisco Department of Public Health, University of California Berkeley Health Impact Group, as well as a number of individual participants listed in the document.

The authors and signatories do not claim to have achieved all of these standards in our work to date. We recognize that real-world constraints will result in diversity of HIA practice. Overall, we hope these standards will be viewed as relevant, instructive and motivating for advancing HIA quality rather than rigorous criteria for acceptable or adequate HIA.

We also hope this document may provoke discussion on whether international practice standards for HIA are needed. Comments and suggestions for future versions of the *Practice Standards for Health Impact Assessment (HIA)* are welcome and may be directed to rajiv.bhatia@sfdph.org.

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Practice Standards for Health Impact Assessment (HIA)

North American HIA Practice Standards Working Group

Version 1
April 7, 2009

http://www.sfphes.org/HIA_Tools/HIA_Practice_Standards.pdf

This document was authored by the North American HIA Practice Standards Working Group. Members include: Rajiv Bhatia,[1] Lili Farhang,[1] Megan Gaydos,[1] Kim Gilhuly,[2] Ben Harris-Roxas,[3] Jonathan Heller,[2] Murray Lee,[4] Jennifer McLaughlin,[1] Marla Orenstein,[4] Edmund Seto,[5] Louise St-Pierre,[6] Ame-Lia Tamburrini,[4] Aaron Wernham,[5] Megan Wier.[1]

A number of Working Group participant organizations have committed to utilizing these working practice standards, to the greatest extent possible, in their health impact assessment practice. These organizations, whose logos are included on the title page, include: Environmental Resources Management, Habitat Health Impact Consulting Corp., Human Impact Partners, San Francisco Department of Public Health, and the University of California Berkeley Health Impact Group.

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I. Introduction

Health Impact Assessment (HIA) describes a systematic process used to make evidence-based judgments on the health impacts of public and private decisions and to identify and recommend strategies, including alternatives, design changes, and mitigation measures, to protect and promote health. With roots in the practice of Environmental Impact Assessment (EIA), HIA aims to inform the public and decision-makers when decisions about policies, programs, plans, and projects have the potential to significantly impact human health, and to advance values including democracy, equity, sustainable development, the ethical use of evidence and a comprehensive approach to health (International Association of Impact Assessment, 2006).

Although HIA is in use in a number of settings internationally, the practice is just emerging as a field in many parts of the world including the United States. While available guidance documents for HIA describe the typical procedural steps and products of each stage of the HIA process, there exists considerable diversity in the practices and products of HIA due to the variety of decisions assessed and practice settings, and the nascent evolution of the field.

Both for practice quality and for HIA development and institutionalization, HIAs should aim to adhere to some minimum standards of good practice. At present, there is a lack of specific standards or benchmarks to clearly distinguish HIA as a practice or to promote or establish HIA quality. Without practice standards, we believe the term HIA may become ambiguous and the practice may be misused or vulnerable to criticism.

This document is the collective product of HIA practitioners working in the North American context to translate the values underlying HIA and key lessons from conducting HIA into specific "standards for practice" for each of the five typical stages of the HIA process. The development of these standards was one of several objectives agreed upon by participants at the first *North American Conference on Health Impact Assessment* held in Oakland, California in September 2008. These standards may be used by practitioners as benchmarks for their own HIA practice or to stimulate discussion about HIA content and quality in this emerging field.

The members of the North American HIA Practice Standards Working Group do not claim to have achieved all of these standards in our work to date. We also recognize that real-world constraints and varying levels of capacity and experience will result in an appropriate and ongoing degree of diversity of HIA practice. Overall, we hope that these standards will be viewed as relevant, instructive and motivating for advancing HIA quality rather than rigorous criteria for acceptable or adequate HIA.

II. HIA of the Americas Convening Participants

September 24–26, 2008
Oakland, California, USA

Josi Auger	*Habitat Health Impact Consulting Corp.*
Tania Barron	*Environmental Resources Management*
Rajiv Bhatia	*San Francisco Department of Public Health*
Brian Cole	*University of California at Los Angeles*
Lili Farhang	*San Francisco Department of Public Health*
Kim Gilhuly	*Alameda County Public Health Department*
Ben Harris-Roxas	*UNSW Research Centre for Primary Health Care and Equity*
Jonathan Heller	*Human Impact Partners*
Nicole Iroz-Elardo	*Portland State University*
Won Kim Cook	*Human Impact Partners*
Murray Lee	*Habitat Health Impact Consulting*
Jennifer Lucky	*Human Impact Partners*
Colette Myrie	*Tropical Medicine Research Institute*
Marla Orenstein	*Habitat Health Impact Consulting*
Candace Rutt	*Centers for Disease Control and Prevention*
Edmund Seto	*University of California at Berkeley*
Louise St-Pierre	*National Collaborating Centre for Healthy Public Policy*
Ame-Lia Tamburrini	*Habitat Health Impact Consulting*
Arthur Wendel	*Centers for Disease Control and Prevention*
Aaron Wernham	*Alaska Native Tribal Health Consortium*

III. Proposed HIA Practice Standards

HIA STAGE	PRACTICE STANDARD
General	• The HIA process should include at minimum the stages of **screening** to determine value and purpose; **scoping** to identify health issues and research methods; **assessment** of baseline conditions, impacts, alternatives and mitigations; and **reporting** of findings and recommendations. **Monitoring** is an important follow-up activity in the HIA process to track the outcomes of a decision and its implementation. • **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. • To the greatest extent feasible, HIA should be conducted in a manner that respects the needs and timing of the decision-making process it evaluates. • Meaningful and inclusive stakeholder participation in each stage of the HIA supports HIA quality. • Ideally, HIA is a prospective activity; however, the concurrent or retrospective application of HIA to decisions may be useful to demonstrate HIA utility in new contexts and to inform subsequent decision-making. • When feasible, HIA should be part of an integrated impact assessment process (e.g., Environmental Impact Assessment) to avoid redundancy and to maximize the potential for inter-disciplinary analysis and health promoting mitigations or improvements, when applicable. While regulatory impact assessment processes may have specific procedural rules, HIA integrated within another impact assessment process should adhere to those procedural rules to the greatest extent feasible.
Screening	• Screening should clearly identify all the decision alternatives under consideration by decision-makers at the time the HIA is conducted. • Screening should clearly identify how an HIA would add value to the decision-making process.

- After deciding to conduct an HIA, 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.
- The sponsors for and funding of the HIA should be transparent.

Scoping

- 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; 3) demographic, geographical and temporal boundaries for impact analysis; 4) research (e.g., data, methods, and tools) expected to be used for impacts analysis; 5) gaps in the data available for the HIA, and potential studies or other methods to ensure adequate data; 6) roles for experts and key informants; 7) the standards or process, if any, that will be used for determining the significance of health impacts; 8) a plan for external and public review; and 9) a plan for dissemination of findings and recommendations.
- 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, as opposed to limiting consideration only to those impacts that are of interest to the researcher, project proponent or community. The final scope should necessarily focus on those impacts with the greatest likelihood of occurrence and significance and those that are the subject of the greatest public concern.
- The scope should include data and methods to reveal inequities in conditions or impacts based on population characteristics, including but not limited to age, gender, income, place (disadvantaged locations), and ethnicity.
- Community stakeholders, decision-makers, and other individuals and organizations knowledgeable about and responsible for the health of a community (e.g., public health agencies, health care providers, local government) should have an opportunity to identify and prioritize potential health impacts and contribute to or critique the scope of the HIA. Hosting a public meeting to receive feedback during the scoping process, receiving public comments on the scoping findings, interviewing stakeholders and experts, or inviting local health officials to participate in

the scoping process are all potential means of soliciting such input. HIA practitioners should consider and apply diverse outreach methods to gain input from different stakeholder populations.

- The scoping process should establish the individual or team responsible for conducting the HIA. Participation by municipal, state, and tribal health officials should be encouraged, to ensure adequate representation by the entities responsible for and knowledgeable about local health conditions.
- The HIA scoping process should incorporate new, relevant information and evidence as it becomes available, including through expert or stakeholder feedback.

Assessment

- Assessment should include at minimum: 1) a profile of baseline conditions (e.g., baseline health status and factors known or suspected to influence health); 2) an evaluation of potential health impacts (e.g., qualitative and/or quantitative analyses) including a qualitative or quantitative judgment of their certainty and significance and evaluation of any inequitable impacts; and 3) management strategies for any identified adverse health impacts – in the form of decision alternatives, mitigation of specific impacts, or other related policy recommendations.
- Documentation of baseline conditions should include documentation of both population health vulnerabilities (based on the population characteristics described above) and inequalities in health outcomes among subpopulations or places.
- HIA findings and conclusions should rely on the best available evidence. This means:
    - Evidence considered may include existing data, empirical research, professional expertise and local knowledge, and the products of original investigations.
    - When available, practitioners should utilize evidence from well-designed and peer-reviewed systematic reviews.
    - When available, HIA practitioners should consider published evidence, both supporting and refuting particular health impacts.
    - 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.
    - Justification for the selection or exclusion of particular methodologies and data sources should be made explicit (e.g., resource constraints).
    - The HIA should identify data gaps that prevent an adequate or

complete assessment of potential impacts.

- An HIA should acknowledge limitations of data and methods.
  - Assessors should describe the uncertainty in predictions.
  - Assumptions or inferences made in the context of predictions should be made explicit.
  - Affected members of the public should have the opportunity to comment on the validity of evidence and findings.
  - The HIA should acknowledge when available methods were not utilized and why (e.g., resource constraints).

- The lack of formal, scientific, quantitative or published evidence should not preclude reasoned predictions of health impacts.
- The assessment of significance of impacts or the establishment of thresholds of significance, when applicable, should reflect evidence as well as community values, and should occur through a transparent, inclusive, and documented public process.
- The HIA should include specific recommendations to address the health impacts identified, including decision alternatives, modifications to the proposed policy, program, or project, or mitigation measures.
- HIA practitioners should seek expert guidance regarding potential decision or design alternatives and mitigations to ensure they reflect current available and effective practices.
- Recommendations should account for uncertainty in HIA predictions through providing suggestions for monitoring, reassessment, and potential future measures to mitigate any identified effects (e.g., adaptive management).

Reporting

- The responsible parties should complete a report of the HIA findings and recommendations.
- To support effective, inclusive communication of the principle HIA findings and recommendations, a succinct summary should be created that communicates findings at a level that allows all stakeholders to understand, evaluate, and respond to the findings.
- The full HIA report should document the screening and scoping process and identify all the participants in the HIA and their contributions.
- 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, and list corresponding recommendations for policy, program, or project alternatives, design or mitigations.

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

Monitoring

- Monitoring impacts of an HIA on decision-making and impacts of the decision on health determinants and outcomes is encouraged to the greatest extent feasible.
- A monitoring plan for an HIA, if created and implemented, should include: 1) goals for 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; and 5) resources to conduct, complete, and report the monitoring.
- Methods and results from monitoring should be made available to the public.

IV. Guiding Principles for HIA

Adapted from: Quigley R, den Broeder L, Furu P, Bond A, Cave B, Bos R. Health Impact Assessment International Best Practice Principles. Fargo, USA: International Association of Impact Assessment, 2006.

Democracy *– emphasizing the right of people to participate in the formulation and decisions of proposals that affect their life, both directly and through elected decision makers. In adhering to this value, the HIA method should involve and engage the public, and inform and influence decision makers. A distinction should be made between those who take risks voluntarily and those who are exposed to risks involuntarily (World Health Organization, 2001).*

Equity *– emphasizing the desire to reduce inequity that results from avoidable differences in the health determinants and/or health status within and between different population groups. In adhering to this value, HIA should consider the distribution of health impacts across populations, paying specific attention to vulnerable groups and recommend ways to improve the proposed development for affected groups.*

Sustainable development *– emphasizing that development meets the needs of the present generation without compromising the ability of future generations to meet their own needs. In adhering to this value, the HIA method should judge short- and long-term impacts of a proposal and provide those judgments within a time frame to inform decision makers. Good health is the basis of resilience in the human communities that support development.*

Ethical use of evidence *– emphasizing that transparent and rigorous processes are used to synthesize and interpret the evidence, that the best available evidence from different disciplines and methodologies is utilized, that all evidence is valued, and that recommendations are developed impartially. In adhering to this value, the HIA method should use evidence to judge impacts and inform recommendations; it should not set out to support or refute any proposal, and it should be rigorous and transparent.*

Comprehensive approach to health *– emphasizing that physical, mental and social well-being is determined by a broad range of factors from all sectors of society (known as the wider determinants of health). In adhering to this value, the HIA method should be guided by the wider determinants of health.*