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UPDATING THE MINIMUM ELEMENTS AND PRACTICE STANDARDS FOR HIA TO REFLECT EVOLUTION IN THE FIELD OF PRACTICE: OPPORTUNITY FOR INPUT

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Abstract:

The Minimum Elements and Practice Standards for Health Impact Assessment (MEPS) is undergoing its first update in six years. This document was first created to standardize health impact assessments (HIA) through specific guidance and benchmarks and describe best practices for how an HIA should be conducted. A group of leading HIA practitioners created the MEPS in 2009. Since then, it has been updated twice to reflect the evolution of HIA as a practice and the expanded use of HIA as a tool to implement health in all policies. This commentary describes current efforts to revise the MEPS in the context of continued learnings in the field.

Introduction

HIA is one important strategy to advance health in all policies (HiAP), defined by the World Health Organization as "an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity" (World Health Organization, 2014).

The Society of Practitioners of Health Impact Assessment (SOPHIA) is an international association of individuals and organizations that develops high-quality resources to help HIA practitioners build capacity, supports member networking and peer mentoring opportunities, and communicates timely information on resources, training, and technical assistance opportunities. Data from SOPHIA's routine membership survey suggests that its guidance documents and publications, including the MEPS, are among the most used and valued resources. The MEPS outline the minimum criteria that an HIA should address, as well as best practices for conducting an HIA. This commentary describes current SOPHIA efforts to revise the MEPS for the first time in six years.

Evolution of HIA Practice and the Need for Revised Standards

HIA was first used in the U.S. in 1999. Practitioners adapted European models of practice, including the use of HIAs within environmental assessment frameworks, and, by 2009, there was a wide variety of documents labeled HIAs in the U.S. However, these assessments followed different methodologies and provided a range of evidence levels and research quality. A working group of experienced HIA practitioners identified the need for practice standards during the September 2008 North American Conference on Health Impact Assessment and published a formal document in 2009 (North American HIA Practice Standards Working Group, 2009). In 2010, the working group updated the practice standards and added minimum elements (North American HIA Practice Standards Working Group, 2010). The goals were to offer high-level guidance for distinguishing HIA from other assessment methods and provide benchmarks for standardizing North American HIA practice. At this early point, the working group determined it was advantageous to establish common HIA characteristics and activities to guide practice. The working group completed the most recent MEPS update in 2014 (Bhatia et al., 2014); since then, the HIA field has experienced several changes.

According to the cross-sector toolkit for health[1] maintained by the Health Impact Project, when U.S. HIA practice was still emerging in the early 2000s, over 70% of HIAs focused on decisions related to the built environment, including transportation, land use planning, and housing. This was due in part to funders prioritizing these topics and to the rapidly expanding evidence base connecting built environment interventions to health outcomes (Jackson, Dannenberg, & Frumkin, 2013). Since 2014, HIAs have been applied to decisions in a wider range of topics

[1] The Health Impact Project's cross-sector toolkit for health (www.pewtrusts.org/healthimpactproject/toolkit) catalogs U.S. HIAs for which there is a publicly available product. It relies on self-reported information from practitioners. While it is updated quarterly, the toolkit may not include every HIA conducted in the U.S. To suggest new resources, please complete this form and submit it to healthimpactproject@pewtrusts.org. Frequently asked questions and more information about the toolkit are also available. The Health Impact Project is a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts.

such as climate change/extreme weather events, criminal justice, education, employment, and economic development.

From 2010-2014, an average of almost 48 HIAs were conducted each year in the U.S. Several national-level organizations, such as the U.S. Centers for Disease Control and Prevention and the Health Impact Project, funded multi-year, comprehensive HIAs[2] during this time. As the total number of HIAs grew, the number using rapid HIA methods (Human Impact Partners, 2020) also increased. For example, from 1999-2009, practitioners completed 7 rapid HIAs in the U.S., compared with 42 from 2010-2020. Since 2014, overall HIA grant funding has decreased, along with the number of HIAs conducted yearly. In addition, current public health and decision-making contexts have led practitioners to adapt HIA principles and standards into new approaches like Public Health 3.0 and Health in All Policies using tools such as health impact reviews (Harris County Public Health; Washington State Board of Health) and health notes (Health Impact Project, 2019) to inform proposed legislative and budgetary decisions. Rapid HIAs and similar approaches provide a streamlined process to inform decisions on a short time frame with less time and staffing investments. The resulting products are often one-page summaries, brief reports, fact sheets, or video clips that are accessible to decision makers and stakeholders at various levels. The original working group wrote the MEPS with a focus on comprehensive HIAs and at a time when the primary dissemination product for most assessments was a lengthy report. This MEPS update acknowledges the evolution of the practice to include rapid and adapted methods and streamlined products, while maintaining applicability to intermediate and comprehensive HIAs and longer reports that document the full process and findings from the assessments. The update further acknowledges that even comprehensive HIAs can result in condensed communication tools such as those listed above.

Lead HIA organizations have also changed over time. Largely due to the funding structure, almost 40% of HIAs conducted before 2014 were led by state or local health departments (Health Impact Project, 2018). In recent years, a wider variety of organization types are leading HIAs. Since 2014, about 35% of lead HIA organizations have been nonprofits, compared to about 30% state or local health departments (Health Impact Project, 2018). As more community-based organizations and resident groups perform HIAs, practitioners and their partners are more commonly using findings from these assessments to advocate for policy changes that advance health and equity. As the HIA field increasingly recognizes the value and opportunity of these assessments to support advocacy efforts, the MEPS play a critical role in ensuring that all HIAs use the best available evidence, examine a range of potential health impacts, and present all relevant findings, not just those that support a specific policy position. HIAs continue to be undertaken for a variety of reasons beyond advocacy, including mandated projects and decision-support scenarios, and practitioners should ensure their HIA approach is appropriate and responsive to their specific HIA context and stakeholders.

HIA has always embraced equity as one of several core values (World Health Organization, 2014). SOPHIA has a history of creating tools

[2] HIAs can be completed quickly, using a "rapid" or "desktop" model over a few weeks or months, or take longer, using either an "intermediate" approach using available data or a "comprehensive" approach involving primary data collection, both of which take several months to more than a year to complete.

and resources to advance equity through HIA practice and has a standing equity committee. This committee developed the Equity Metrics for HIA Practice, a tool that enables practitioners to plan for and evaluate the inclusion of equity considerations and actions in an HIA.

In recent years, HIA practice has evolved and is now commonly used as a tool to support an overall HiAP approach. Using a HiAP framework encourages the routine inclusion of health and equity in decision making, bringing equity considerations to the forefront. Over time, the MEPS authors have been revising the document to reflect this increasing need to address equity, and the current update working group continues this effort.

Process for Updating the Minimum Elements and Practice Standards

SOPHIA solicited interest to participate in the MEPS update workgroup at its Practitioner Workshop in April 2019. Volunteers participated in biweekly meetings from fall 2019 through spring 2020. The workgroup consists of four members representing a total of 40 years of HIA experience. Workgroup members bring experience from the non-profit, federal, state and academic sectors.

Core Proposed Changes to the Minimum Elements and Practice Standards

In response to the evolution of and trends in the HIA field described above, the update workgroup wanted this version of the MEPS to describe stakeholder engagement as a more significant part of the practice standards in order to emphasize equity and build on emerging evidence of the value of community engagement in HIA practice. Research suggests that HIAs can increase civic agency in communities by strengthening community members' skills to influence future decisions beyond the HIA, enhancing relationships between community residents and decision-makers and elevating the voices of community members in the decision-making process (Center for Community Health and Evaluation & Human Impact Partners, 2016). Research also suggests that stakeholder engagement is one of the factors that contributes to the success of HIAs (Dannenberg, 2016). To make the MEPS more useful to a range of organization types and new practitioners, this version refers to more HIA resources from SOPHIA and other groups, and revisions to the standards increase feasibility for diverse practitioners. While the overall update is still in progress, the recommended core changes include:

Emphasizing the iterative nature of the HIA process. In the 2014 MEPS, HIA was framed as a stepwise process. Recognizing the iterative nature of HIA, the update workgroup renamed the steps of HIA to phases and added prompts for practitioners to re-examine previous decisions. This language gives explicit permission for practitioners to return to prior phases and make updates to reflect new information and stakeholder insights.

Highlighting the importance of stakeholder and community engagement in HIA practice. In each phase's practice standard, the update workgroup provided examples of typical stakeholder and community member roles. For the assessment phase, the workgroup added language to emphasize lived experience as critical data that should be a part of both existing conditions and the predictive assessment. In the recommendation phase, the revised practice standards explicitly call for collaboration between the HIA practitioner and stakeholder groups, including decision makers and community members. Since HIA recommendations are only effective if they

are adopted and implemented, working with decision makers and potential implementers helps address recommendation feasibility. And community members can help ensure that HIA recommendations are responsive to needs and appropriately address community concerns.

Defining key outputs for each HIA phase. As overall HIA practice has moved toward rapid methods to be more responsive to shifting decision-making timelines, the workgroup adapted each phase's definition and practice standard application accordingly. For example, in the reporting phase the revised standards describe that, at a minimum, all HIAs should document the purpose, findings, and recommendations from the assessment, but the revisions are also explicit that the length and level of detail can vary based on the scale of the HIA. The workgroup also strengthened the definition of each phase by adding expected outputs.

Developing standards for tracking HIA effectiveness that are feasible for a range of practitioners. The most significant proposed changes thus far are in the monitoring phase. To recognize the time and financial constraints of HIA practice, the workgroup created more realistic standards for this phase. As the practice has shifted to more rapid methods, and a greater diversity of organizations are conducting HIAs, the revised standards suggest that every HIA should complete a process evaluation, but recognize that impact and outcome evaluations may not be feasible for all practitioners due to available time, funding, expertise, or other factors.

International Applicability

The MEPS were originally developed and updated based on emerging U.S. HIA practice, though HIA has a longer global history. In parallel to this MEPS update, SOPHIA is making organizational changes to expand its international focus. The revisions in this update are still based on U.S. HIA practice but the update workgroup recognizes the MEPS may also have implications for international HIAs. The update workgroup will leverage SOPHIA's international expertise to identify both intersections and potential conflicts for international practice within the MEPS. One of the steps in this process included a presentation at the 2021 International Association of Impact Assessment annual meeting. This presentation was an opportunity to have conversations with the international field about global HIA standards, as well as the major issues and evolutions in HIA that all practitioners experience.

Next Steps for the MEPS Update

The SOPHIA leadership team and steering committee, general membership, and the original authors of the MEPS will have the opportunity to comment on the core proposed changes before public release. SOPHIA anticipates publishing the revised MEPS document in 2021, to coincide with the organization's 10-year anniversary. To contribute your HIA expertise to this update, please contact the corresponding author, Sandra Whitehead.

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