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Capacity building for HIA

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Abstract

Background: To integrate health impact assessment (HIA) into existing decision-making processes requires not only methods and procedures but also well-trained experts, aware policy makers and appropriate institutions. Capacity building is the assistance which is provided to entities, which have a need to develop a certain skill or competence, or for general upgrading of performance ability. If a new technique is planned to be introduced there is a need for capacity building with no respect to levels (local, regional, national, international) or sectors (health, environment, finance, social care, education, etc.). As such, HIA is a new technique for most of the new Member States and accession countries of the European Union

Methods: To equip individuals with the understanding and skills needed to launch a HIA or be aware of the availability of this methodology and to access information, knowledge and training, we focused on the organization of workshops in participating countries. The workshops served also as pilot events to test a "curriculum" for HIA; a set of basic topics and presentations had been developed to be tested during workshops. In spite of classical in-class workshops we aimed to organize e-learning events as a way to over come the "busyness" problem of decision makers.

Results: Throughout March – October 2006 we organized and ran 7 workshops in Denmark, Turkey, Lithuania, Poland, Bulgaria, Slovak Republic and Hungary. Participants came from the public health sector (141), non-public health decision makers (113) and public health students (100). A concise curriculum was developed and tested during these workshops. Participants developed a basic understanding of HIA, skills to develop and use their own screening tools as well as scoping. Within the workshop in Denmark we tested an online, real-time Internet based training method; participants highly welcomed this method as it allowed them to take part in training from their workplace, and it did not disturb their daily work.

Conclusions: The workshops set a very good baseline for the introduction of HIA in participating countries. The training documents are being translated into their national languages and will be posted on the national HIA web pages of the participating countries. Participating countries have expressed an interest in continuing on with similar workshops on specific issues related to HIA, providing more in-depth training.

Keywords: health impact assessment, capacity building, e-learning

Introduction

Health impact assessment (HIA) aims to improve decision making so that policies, programs, plans, and strategies in all areas lead to improvement of the population's health or at least not to damage the population's health. As Kemm and Parry [1] describes there are three ways in which HIA might influence decision making:

- By raising awareness among decision makers of the relationship between health and the determinants of health, thereby ensuring that they always include a consideration of health consequences in their deliberations.
- By helping decision makers identify and assess possible health consequences and optimize overall outcomes of the decision.
- By helping those affected by policies to participate in policy formation and contribute to decision making.

To integrate HIA into existing decision-making processes requires not only methods and procedures but also well trained experts, aware policy makers and appropriate institutions. They all, together with financial resources, data availability, legal framework and institutions, create an environment supportive for HIA [2].

Capacity building is the assistance that is provided to entities, which have a need to develop a certain skill or competence, or for general upgrading of performance ability. If a new technique is aimed to be introduced there is a need for capacity building with no respect to levels (local, regional, national, international) or sectors (health, environment, finance, social care, education, etc.). As such, HIA is a new technique for most of the new Member States and accession countries of the European Union.

In 1991, United Nations Development Program (UNDP) defined capacity building as the creation of an enabling environment with appropriate policy and legal frameworks, institutional development, including community participation, human resources development and strengthening of managerial systems. Adding that, UNDP recognizes that capacity building is a long-term, continuing process, in which all stakeholders participate (ministries, local authorities, non-governmental organizations and water user groups, professional associations, academics and others) [3].

- Capacity Building is much more than training and includes the following elements:
- Human resource development, the process of equipping individuals with the understanding, skills and access to information, knowledge and training that enables them to perform effectively.
- Organizational development, the elaboration of management structures, processes and procedures, not only within organizations but also the management of relationships between the different organizations and sectors (public, private and community).
- Institutional and legal framework development, making legal and regulatory changes to enable organizations, institutions and agencies, at all levels and in all sectors, to enhance their capacities [3]

Within the "Health impact assessment in new member states and accession countries" (www.hia-nmac.sdu.dk) project funded by European Commission DG- SANCO we aimed to provide capacity building to partners from Turkey, Lithuania, Poland, Bulgaria, Hungary, Slovak Republic and Denmark. The aim of this project is

- to provide training on HIA,
- to practice HIA by conducting case studies across different policy areas (wine production, dietary fiber production, tourism and recreational water, and policies related to vulnerable population groups – Roma population),
- discuss addressing socio-economic determinants of health within HIA
- analyze the possibilities of local level HIA implementation in participating countries.

In this paper, we focus on first element of capacity building on human resource development targeting different professional groups such as public health workers, nurses, physiotherapists, lawyers, politicians, administrators, planners, engineers, civil servants in participating countries.

Methods

To equip individuals with the understanding and skills needed to initiate HIA, or to be aware of the availability of this methodology and to access information, knowledge and training we focused on the organization of workshops in participating countries. We aimed to invite different groups of health and non-health decision makers as well as students. Partners were provided by a recommendation on how to select workshop participants based on a decision making structure analysis in their respective places. This recommendation was based on decision flow on local level in Denmark and aimed to increase the number of non-health sector participants in workshops.

The workshops served also as pilot events to test a "curriculum" for HIA; a set of basic subjects and presentations were developed to be tested during these workshops.

In addition to classical in-class workshops we aimed to organize e-learning events as a way to over come the "busyness" problem of decision makers.

A formal evaluation of the workshops is under way as we decided to do a three level evaluation. By a simple questionnaire we assessed awareness, knowledge, attitudes to HIA before the workshop, immediately after the workshop and 6 months later. Satisfaction with the content of the workshop was only assessed after the workshop. This formal evaluation is not part of the presented paper as it is still in progress.

Results

During 2006 workshops on health impact assessment (HIA) have been conducted in

- Esbjerg, Denmark, March 2006
- Ankara, Turkey, March 2006
- Vilnius, Lithuania, April 2006
- Katowice, Poland, May 2006
- Sofia, Bulgaria, May 2006
- Bratislava, Slovakia, October 2006
- Debrecen, Hungary, October 2006

Summary of participants of workshops is given in Table 1 in broad categories (public health and non-public health).

Table 1. Summary numbers of workshop participants

Country	Public Health	Non-Public Health	Students	*Total*
Denmark	2	19	0	21
Turkey	28	27	0	55
Lithuania	34	36	0	70
Bulgaria	31	0	0	31
Poland	12	8	90	110
Slovak Republic	24	20	0	44
Hungary	10	3	10	23
Total	141	113	100	354

It is very important to notice that separating public and non-public health participants is really hard, if not impossible. We used the approach that those who are directly employed by a public health or health agency are classified as public health participants; others, out of students, are classified as non-public health participants.

In case of the Slovak Republic the workshop was organized as a joint event with WHO and Ministry of health within bilateral agreement of the Ministry of Health of the Slovak Republic and WHO.

Evaluation of the workshops was undertaken during each workshop. The results will be presented in a final report as there are still follow-up evaluations ongoing in some countries. The HIA-NMAC project partners, lead by a project coordinator, served as lecturers and group discussion leaders during the workshops. Teaching methods consisted of lectures, group exercises as well as group and full participant discussions.

Content of the workshops consisted of the items listed in Table 2.

Power Point slides of the presentations are available to project partners in countries where workshops were conducted and they will be translated into national languages for further use. A summary PDF file of the presentations has been produced and is available on the project webpage (www.hia-nmac.sdu.dk).

Except for the Slovak Republic, Lithuania and Denmark workshops were conducted over one day. In Lithuania, the first day focused on the local level of usage of HIA while the second day focused on the national level.

The Danish workshop was used to test the Internet based teaching method. The workshop consisted of four meetings. The first meeting was a classical in-class meeting where participants were introduced to HIA as a method as well as the basic steps of the methodology. The second and third meetings were organized as 1 hour long Internet based meetings and discussed the issues of screening (the first meeting) and scoping (the second meeting). Thanks to the generosity of the Centre for International Rural and Environmental Health, located at the University of Iowa, we used the Elluminate software (www.elluminate.com) which allows for real time online communication. A series of power point presentations were used to test this e-learning method. Both of these sessions are recorded and available for viewing at the following web addresses:

•http://globalcampus.uiowa.edu/recordings.html?s=1142402400000&e=1142488799999&sort_c

Table 2. The workshop elements and brief description of the content

Subject	Brief description of the content
Introduction to HIA	description of basic principles, history of HIA, links to other impact assessment techniques
Determinants of health	Basic knowledge of determinants of health, health models, role of non-health decision makers in public health
Screening, screening tool development	Screening methodology, tools, format, content
Screening tool development exercise	Practical screening tool development exercise in small groups on selected recent decision making cases
Scoping, scoping tool discussion	Scoping methodology, issues in scoping, discussion on selected recent decision making cases
Risk appraisal	Basic principles of risk appraisal, risk assessment, risk communication, ethical issues
Risk appraisal exercise (only in Slovak Republic)	Practical exercise on risk appraisal
Reporting, decision making, monitoring and evaluation	Practical advices to reporting and monitoring, evaluation, elements of a monitoring system
Resources for HIA	Information about main information sources for HIA globally

olumn=date&change_direction=false&page=0 (select the meeting entitled "HIA test room" - meeting on screening)

- http://globalcampus.uiowa.edu/recordings.html?s=1143007200000&e=1143093599999&sort_column=date&change_direction=false&page=0 (select the meeting entitled "HIA test room" - meeting on scoping)

These two meetings proved the usefulness of Internet technology especially for HIA training of non-public health persons. The audience, which in Danish case consisted of nurses, lawyers, politicians, physiotherapists, project developers, engineers and leisure consultants, approved of the ability to conduct discussions in real time, across different offices, in different buildings of the municipality. In the "after workshop" evaluation forms participants evaluated these meetings as being very successful, useful and practical (11 out of returned 14 evaluation forms). Moreover, one group, which was working together on screening tool development, arranged their own Internet meeting within a week of their training session with an assistant from the project staff; this clearly shows the approval of this type of distance training by participants. In principle, this course might be conducted anywhere in Europe (or globally) as long as there is a simple internet connection and if PC's are equipped by speakers and microphones.

Discussion

Selection of audience is always a crucial point for capacity building. As HIA aims to inform and improve decision making, obviously decision makers should be one of the target groups. In our project we looked into one Danish municipality and drew a decision flow from the original source of the proposal (plan, policy, investment project) to its final approval. Based on this exercise we made recommendations to project partners on the selection of workshop participants in respective countries. Naturally, decision making structures differ from country to country but this guidance helped to create a "common audience" for workshops from Turkey to Lithuania. The high number of participants coming from non public health sector (113) is evidence of this. The second main target audience were public health personnel. This group included academics, researchers, managers and field practitioners (141). The third group of participants were public health students. Except for one country, where a special request was raised by project partners to address public health decision makers and managers, in all other countries there was a more heterogeneous audience. Having these three groups in same room provided an excellent opportunity for true inter-sectoral discussions. There was no guidance given regarding levels; so we aimed to include national, regional and local levels. So, the final composition of the workshop audience, about 32% participation from the non public health sector, 40% from public health sector and 28% medical and public health students, could be considered as a success. There is interest to continue with these workshops. For instance, Bulgaria has already asked for a second workshop focusing particularly on the risk appraisal part of HIA. It has also been proven that good collaboration with other events, such as for example a bilateral collaboration agreement between a country and WHO, helps to increase coverage and participation in such a workshops and capacity building events (the Slovak Republic workshop).

The different elements of teaching as described in Table 2 proved to be necessary. In such a heterogeneous audience, with different knowledge and skills, the introductory part, and the determinant of health lecture brought participants up quickly to the same basic level. The screening and scoping exercises created a space for true inter-sectoral debates. Participants were encouraged to screen and scope on their recent decision making examples from their daily work; cases like leisure time centres for the elderly, pig farming, nuclear power generation, highway construction, housing reconstruction, and the relocation of a cement factory provided very good examples and discussion points for participants. Moreover, these cases also show the wide applicability of HIA in decision making practice.

The use of e-learning technology over the Internet proved to be refreshing and highly appreciated in Denmark. Participants stayed in their workplace and were able to complete full screening and scoping exercises within two, one hour sessions (30 minutes lecture + 30 minutes discussion in three groups). The advantage of this type of e-learning is the real-time communication with the additional possibility to record the session and without the need for a full or half day interruption to their normal work.

Conclusions

The capacity building workshop set a very good baseline for the introduction of HIA in participating countries. The training documents are being translated into national languages and will be posted on the national HIA web pages of the

participating countries (at the time of finalizing of this manuscript the Polish national webpage has been launched).There is interest from participating countries to continue with similar workshops on specific issues related to HIA, providing more in depth training. The setting up of a systematic Europe-wide training cycle on HIA is one of the main focuses of the project group.

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