

# Citizen Participation in Health Impact Assessment: An Overview of the Principal Arguments Supporting It

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One of the mandates of the National Collaborating Centre for Healthy Public Policy (NCCCHPP) is to inform Canadian public health practitioners about effective strategies for promoting the adoption of healthy public policies. Health Impact Assessment (HIA) currently represents one of the most structured practices available to public health actors. It is applied to policies developed by sectors other than that of health that can significantly affect health determinants. This fact sheet focuses on one of the methodological aspects of implementing health impact assessments, namely the role that can be assigned to citizen participation.

## Definitions

### HEALTH IMPACT ASSESSMENT

Health Impact Assessment (HIA) can be defined as a combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population (European Centre for Health Policy, 1999).

### CITIZEN PARTICIPATION

Citizen participation refers to all of the means that are used to involve, whether actively or passively, citizens or their representatives in an HIA process.

## Arguments Favouring Citizen Participation

The founding documents of HIA, and in particular the Gothenburg Consensus paper (European Centre for Health Policy, 1999), identify citizen participation as one of the cornerstones of HIA. In fact, some practitioners and researchers maintain that an HIA remains incomplete without the effective and concrete participation of the community (Dannenberg, Bhatia et al., 2006, p.266). Basing our discussion on a review of the

literature on HIA<sup>1</sup> carried out using predetermined terms,<sup>2</sup> we will explore, in this fact sheet, the four main arguments favouring citizen participation in HIA.

### 1) SUPPORTING THE DEVELOPMENT OF A DEMOCRATIC SOCIETY

Authors writing about HIA stress that citizens have the right to express their view regarding the potential impacts of policies, programs and projects on their health. It is they who will have to cope with the consequences of decisions on a daily basis (Bauer & Thomas, 2006, p.501). In and of itself, citizen participation can help correct a certain democratic deficit (Wright, Parry et al., 2005, p.58), which is characterized by authors as the lack of transparency and legitimacy that plagues current governments, and which they attribute to the complex functioning of institutions and to decision-making processes that are often inaccessible to citizens. Citizen participation in HIA would also make it possible to highlight concerns about equity and social justice by involving individuals or groups that are often excluded or marginalized.

<sup>1</sup> Four databases indexing scientific journals covering public health and the social sciences were consulted for our literature review: PubMed, OvidSP, EBSCO Host and CSA Illumina. Searches were carried out using predetermined terms and were aimed at identifying all of the relevant publications published before July 2009, in both French and in English. Initial searches led to the identification of 443 potentially relevant articles. The title and abstract of each article were analyzed to determine their relevance and duplications were eliminated. All articles examining citizen participation in other sectors were eliminated (e.g.: environmental impact assessment). The relevant articles were then analyzed in greater depth, along with their references, so as to identify other publications of interest. Our final inventory included 51 articles focused on citizen participation in HIA.

<sup>2</sup> Searches carried out using PubMed and OvidSP used the following terms and boolean operators: "health impact assessment" AND "consumer participation". The searches carried out in EBSCO Host and CSA Illumina used the following terms and boolean operators: (Public OR Communit\* OR Citizen\* Or Stakeholder\*) AND (Participat\* OR Consult\* OR Involv\* OR Engag\*).



## 2) EMPOWERING COMMUNITIES

This second argument constitutes one of the central ideas of contemporary declarations on health promotion, whether one considers the Declaration of Alma Ata (1978), the Ottawa Charter (1986), the Jakarta Declaration (1997) or, again, the Bangkok Charter (2005).

All of these declarations highlight the need for greater devolution of decision-making powers to communities. In this way, citizens can become the authors or co-authors of the political, social and economic transformations that are likely to affect their lives (Elliott & Williams, 2008, p.1112).

### The Four Benefits of Citizen Participation

1. Supporting the development of a democratic society
2. Empowering communities
3. Integrating citizens' knowledge and values into HIA
4. Formulating more sustainable recommendations

## 3) INTEGRATING CITIZENS' KNOWLEDGE AND VALUES INTO HIA

There is growing recognition that citizens possess a form of expertise that can greatly contribute to HIA (Elliott & Williams, 2008). It is they who are most knowledgeable about the values, needs, preferences, and dynamics that define their communities. Moreover, several authors maintain that a participatory approach would make HIA more scientifically robust by integrating the knowledge of citizens into the assessment process (Kjellstrom et al., 2003, p.455). This is all the more pertinent given that practitioners and decision makers must often function in a very uncertain grey zone. Evidence produced by scientific research concerning the potential impacts of a policy is often insufficient, inconclusive, or subject to scientific controversy. Thus, decision makers cannot base their decisions strictly on scientific considerations and are confronted with complex social and ethical dilemmas (Elliott & Williams, 2008). Participatory HIA would provide decision makers with a citizen-based perspective on dilemmas for which science can provide only partial answers.

## 4) FORMULATING MORE SUSTAINABLE RECOMMENDATIONS

The participatory approach to HIA is intended to be consensual and cooperative (Lester & Temple, 2006, p. 916). Its aim is to give a voice to various stakeholders and thus identify changes that could be made to a policy (or program, or project) so it can meet the needs of the community involved. Such an approach would ensure wider acceptability of the recommendations generated by an HIA and thus prevent policy "boomerangs" (Mittelmark, 2001, p.270) .

## Conclusion

The arguments in favour of involving citizens in the HIA process are considerable, which explains why citizen participation is an integral part of the type of health impact assessment defined, among others, by the Gothenburg consensus paper. HIA practitioners do not necessarily appeal to all of these arguments when they engage in citizen participation processes. For example, some emphasize the democratic value of citizen participation while others focus on participation as a means to gather information relevant to the evaluation. That said, whatever ends are sought, there remains a gap between the ideal of optimal participation described by the authors and the reality of implementation. In another fact sheet in this series, we have documented the risks and obstacles that impede its implementation. It is also important to consider that citizen participation can take many different forms; this might reduce some of the risks and obstacles identified in that fact sheet. One final fact sheet in this series documents some practical aspects relating to implementation.

## Bibliography

- Bauer, I. & Thomas, K. (2006). An evaluation of community and corporate bias in assessment tools. *International Social Science Journal*, 58, 501-514.
- Dannenberg, A. L., Bhatia, R. et al. (2006). Growing the field of health impact assessment in the United States: an agenda for research and practice. *American Journal of Public Health*, 96, 262-270.
- Elliott, E. & Williams, G. (2008). Developing public sociology through health impact assessment. *Sociology of Health & Illness*, 30, 1101-1116.
- European Centre for Health Policy. (1999). *Health Impact Assessment: Main concepts and suggested approach. Gothenburg consensus paper*. Brussels: WHO-Regional Office for Europe. Retrieved from: [http://www.hiaconnect.edu.au/files/Gothenburg\\_Consensus\\_Paper.pdf](http://www.hiaconnect.edu.au/files/Gothenburg_Consensus_Paper.pdf)
- Kjellstrom, T., van, K. L. et al. (2003). Comparative assessment of transport risks--how it can contribute to health impact assessment of transport policies. *Bulletin of the World Health Organization*, 81, 451-457. Retrieved from: <http://www.who.int/bulletin/volumes/81/6/kjellstrom0603.pdf>
- Lester, C. & Temple, M. (2006). Health impact assessment and community involvement in land remediation decisions. *Public Health*, 120, 915-922.
- Mittelmark, M. B. (2001). Promoting social responsibility for health: health impact assessment and healthy public policy at the community level. *Health Promotion International*, 16, 269-274.
- Wright, J., Parry, J., & Mathers, J. (2005). Participation in health impact assessment: objectives, methods and core values. *Bulletin of the World Health Organization*, 83, 58-63. Retrieved from: <http://www.who.int/bulletin/volumes/83/1/58.pdf>

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