

V. Stage 5: Reporting and Evaluation

Aim: To develop a set of recommended changes to the proposal and conduct a process evaluation.

Learning objectives:

1. To produce a coherent, usable synthesis of findings from the analysis for target audiences.
2. To formulate recommendations for alternative and/or additional plans of action.
3. To identify ways to improve the efficiency of the HIA process.

A report is always prepared in the final stages of the health impact assessment. It should include the potential impacts and recommendations for enhancing the positive and minimizing the negative impacts of the proposed program or policy. The report should be publicly available to inform similar processes, and a comparison should be made between the expected impact of the recommendations adopted and the actual impact.

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Analytic Procedures:

1. Document the quantitative and qualitative findings from the preceding steps of the HIA.
2. Prepare a summary of the findings for policy-makers.

Product:

A comprehensive HIA report for target audiences (e.g. policy-makers). The report(s) should include a brief summary as well as a more complete report that provides detailed information about the findings, methodologies, and underlying assumptions.

(UCLA, 2003-2004)

Reporting: Preparing a Health Impact Statement

1. Description of the rationale for conducting an HIA
2. Details about the organizations and resources that were involved in conducting the HIA
3. Description of the methods used in HIA
4. Details of the affected or interested communities (information from profiling stage)
 - a. Demographic data
 - b. Health data
 - c. Special population
5. Reporting on the impacts (health, social, economic, etc)
6. Assessment of the health impact
7. Discussion of options to maximize the positive impacts and minimize the negative impacts (*see box below*)

- What steps could policy-makers take to reduce or mitigate any negative impacts from the policy proposal?
- What are some ways in which current policy or practice could be changed to enhance the positive impacts or to reduce inequalities between groups?
- Who are the likely 'winners' of the policy proposal, how many of them are there, and how will they be affected?
- Who are the likely 'losers,' how many of them are there, how serious is the loss, and how could they be compensated?

Adapted from the Public Health Advisory Committee, 2004

Elements of an HIA Policy Brief (*see page 49 for an example*)

1. Summary and background to the proposed policy/project
2. Summary of the health impacts (1 paragraph summary of results)
3. Direct (i.e. proximate non-health) effects of the proposed policy/project
4. Health impact pathways examined (i.e. scope of the HIA)
5. Summary of the methodology
6. Key findings – including maximizing benefits/minimizing harm and differential effects on disadvantaged, under-resourced and high risk populations
7. Why examine health impacts? (i.e. rationale for conducting the HIA)
8. Limitations

Three ways to evaluate your HIA:

1. **Process** – To assess how the HIA process was carried out, who was involved, and how smoothly the assessment proceeded.
2. **Impact** – To track whether the recommendations made were implemented by the decision-makers. If not, why not?
3. **Outcome** – To assess whether the anticipated positive effects on health, wellbeing and equity were enhanced and the negative effects minimized. If not, why not, and how can plans be further adapted?

Adapted from Taylor & Blair-Stevens, 2002

HIA Process Evaluation Tool

Process evaluations aim to identify lessons learned from the present HIA process to assist in future assessments. An evaluation plan should be identified prior to actually beginning the HIA. Below is an example on a process evaluation tool developed by the EPHIA.

Evaluation criteria:

1. Effective criterion: planned outputs compared to actual outputs
 - To what extent was the delivery of inputs consistent with what was originally planned?
 - To what extent were the planned HIA outputs achieved?
2. Efficient criterion: costs (financial, time, human) associated with actual inputs and outputs
 - How much time was spent on HIA and by whom (not just assessors)?
 - What were the associated financial costs (salaries, travel, expenses etc)?
3. Equity criterion: emphasis on reducing health inequalities
 - Were vulnerable groups or their representatives involved in the HIA?
 - Was routine data on vulnerable groups readily available and accessible?
 - Did the impacts identify the differential distribution across different population groups, not just impact on vulnerable groups?
 - Did recommendations include actions to address any differential distribution of impacts?

Adapted from European Policy Health Impact Assessment (EPHIA), 2004