

National Collaborating Centre
for **Healthy Public Policy**

www.ncchpp.ca

CITIZEN PARTICIPATION IN HEALTH IMPACT ASSESSMENT: OVERVIEW OF ISSUES

REPORT | MAY 2012



Centre de collaboration nationale
sur les politiques publiques et la santé

National Collaborating Centre
for Healthy Public Policy

*Institut national
de santé publique*

Québec 

National Collaborating Centre
for **Healthy Public Policy**

www.ncchpp.ca

CITIZEN PARTICIPATION IN HEALTH IMPACT ASSESSMENT: OVERVIEW OF ISSUES

REPORT | MAY 2012



Centre de collaboration nationale
sur les politiques publiques et la santé

National Collaborating Centre
for Healthy Public Policy

*Institut national
de santé publique*

Québec 

AUTHORS

François-Pierre Gauvin
National Collaborating Centre for Healthy Public Policy

Marie-Christine Ross
National Collaborating Centre for Healthy Public Policy

LAYOUT

Madalina Burtan
National Collaborating Centre for Healthy Public Policy

ACKNOWLEDGEMENTS

The authors would like to thank Geneviève Hamel, Anika Mendell and Louise St-Pierre from the National Collaborating Centre for Healthy Public Policy for their contributions to this document.

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the National Collaborating Centre for Healthy Public Policy (NCCHPP).

The National Collaborating Centre for Healthy Public Policy is hosted by the Institut national de santé publique du Québec (INSPQ), a leading centre in public health in Canada.

The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

This document is available in its entirety in electronic format (PDF) on the Institut national de santé publique du Québec website at: www.inspq.qc.ca and on the National Collaborating Centre for Healthy Public Policy website at: www.ncchpp.ca.

La version française est disponible sur les sites Web du Centre de collaboration nationale sur les politiques publiques et la santé (CCNPPS) au www.ccnpps.ca et de l'Institut national de santé publique du Québec au www.inspq.qc.ca.

Reproductions for private study or research purposes are authorized by virtue of Article 29 of the Copyright Act. Any other use must be authorized by the Government of Québec, which holds the exclusive intellectual property rights for this document. Authorization may be obtained by submitting a request to the central clearing house of the Service de la gestion des droits d'auteur of Les Publications du Québec, using the online form at <http://www.droitauteur.gouv.qc.ca/en/autorisation.php> or by sending an e-mail to droit.auteur@cspq.gouv.qc.ca.

Information contained in the document may be cited provided that the source is mentioned.

LEGAL DEPOSIT – 3rd QUARTER 2012
BIBLIOTHÈQUE ET ARCHIVES NATIONALES DU QUÉBEC
LIBRARY AND ARCHIVES CANADA
ISBN: 978-2-550-65321-9 (FRENCH PRINTED VERSION)
ISBN: 978-2-555-65322-6 (FRENCH PDF)
ISBN: 978-2-550-65323-3 (PRINTED VERSION)
ISBN: 978-2-550-65324-0 (PDF)

© Gouvernement du Québec (2012)

ABOUT THE NATIONAL COLLABORATING CENTRE FOR HEALTHY PUBLIC POLICY

The National Collaborating Centre for Healthy Public Policy (NCCHPP) seeks to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge. The NCCHPP is one of six Centres financed by the Public Health Agency of Canada. The six Centres form a network across Canada, each hosted by a different institution and each focusing on a specific topic linked to public health. In addition to the Centres' individual contributions, the network of Collaborating Centres provides focal points for the exchange and common production of knowledge relating to these topics.

FOREWORD

The mandate of the National Collaborating Centre for Healthy Public Policy (NCCHPP) is to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge. Health impact assessment (HIA), in its role in promoting healthy public policies, is a key area of interest at the NCCHPP. The practice of HIA is enriched by the extensive experience gained in the environmental sector, from which it is possible to draw useful lessons for the application of HIA to local and national policies. Moreover, its use on an international scale helps to create a body of knowledge that can be used beneficially in the Canadian context. The NCCHPP intends to promote the establishment of a pan-Canadian network of users interested in HIA, to produce an inventory of Canadian HIA initiatives, to make these known and to ensure the existence of training in this area. The goal is to create an environment favourable to HIA practice by, among other things, raising awareness among key partners and decision makers about the important role public health actors play in the development of public policies that are socially and politically sustainable. In addition to focusing on these areas of intervention, the NCCHPP intends to develop various tools and documents not only to support HIA in Canada, but also to further reflection in this field of practice. This report on citizen participation in HIA thus falls within the scope of this mandate. To access the HIA resources developed by the NCCHPP, we invite you to visit our website at: http://www.ncchpp.ca/54/Health_Impact_Assessment.ccnpps.

TABLE OF CONTENTS

INTRODUCTION	1
1 ARGUMENTS FAVOURING CITIZEN PARTICIPATION	3
1.1 Supporting the development of a democratic society	3
1.2 Empowering communities.....	3
1.3 Integrating citizens' knowledge and values into HIA.....	4
1.4 Formulating more sustainable recommendations.....	4
2 GAP BETWEEN RHETORIC AND PRACTICE	5
2.1 Organizational factors.....	5
2.2 Community factors.....	6
2.3 Political factors	6
2.4 Theoretical factors	6
2.5 Methodological factors.....	7
CONCLUSION.....	9
BIBLIOGRAPHY	10

INTRODUCTION

During the winter of 2005, some 175 citizens and close to twenty experts participated in a wide-ranging dialogue aimed at generating ideas in support of a healthy Québec. These deliberations, organized by the Institut du Nouveau Monde (INM), brought to light the desire among citizens for the creation of a Bureau d'audiences publiques en santé (BAPS). Modelled on the Bureau d'audiences publiques sur l'environnement (BAPE – office of public hearings on the environment) created in 1978 in Québec, this new agency would provide citizens with a forum dedicated to assessing the potential health effects of any large scale project to be developed in the province. The citizens demanded: “That the government carry out a systematic prior assessment of the health impact of public policies and that it modify these policies to reduce their harmful effects” (Venne & Famhy, 2005, p.83) [Translation].

Such concerns have also been expressed in other Canadian provinces. On April 23, 2009, the Chair of the Capital Health Population Health Committee (Halifax region, Nova Scotia) expressed concern, in an open letter to the Chronicle Herald, about the decision to introduce new video lottery machines in Nova Scotia. The author, Dr. E. Kinley (2009), maintained that this decision had been made without sufficient public consultation and without an independent assessment of its potential impacts on population health. He urged the Nova Scotia government to institute an impact assessment that would actively involve the community prior to the adoption of any new initiative with potential health risks. According to Kinley, such an approach offers many advantages both health-related and economic: “[Such an approach] would allow decision-makers to identify the potential harmful effects of new products, programs or policies prior to implementation, thereby preventing health issues that may result in the need for costly treatment or intervention further down the road.” (p. A13)

Although these proposals did not produce the changes they recommended, they aptly illustrate two things: First, there is growing recognition that the policies of various government sectors can affect population health. Whether public policies originate from the area of lotteries or from the transportation, environment, revenue, education, daycare, or social housing sectors, they can have consequences for health and its determinants. It is thus desirable to assess their potential impacts before they are implemented. Secondly, these two events also demonstrate that both citizens and health professionals would like citizens to be able to participate in such assessments.

Defining HIA

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).

The application of Health Impact Assessment (HIA) is a practice that has generated much interest since its emergence in the 1990s. 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). The goal of HIA is to estimate, with the help of scientific and contextual information, the potential impacts of policies on population health so as to minimize the negative and maximize the positive effects.

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 (Dannenbergh, Bhatia et al., 2006, p.266). However, there seems to exist a significant gap between rhetoric and practice. In fact, not only are participatory practices in HIA still limited in scope and number (Gagnon, St-Pierre et al., 2010), but also the very idea of citizen participation in HIA seems poorly articulated and is sometimes called into question (Mahoney, Potter et al., 2007; Wright, Parry et al., 2005).

Defining 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.

The aim of this report is to introduce public health actors to the issues surrounding citizen participation in HIA. 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. Basing our discussion on a review of the literature on HIA¹ carried out using predetermined terms,² we will first examine the principal arguments in favour of citizen participation. We will then put these arguments into perspective, by also addressing some of the obstacles and risks associated with citizen participation in HIA.

¹ Four databases indexing scientific journals covering public health and the social sciences were consulted for our literature review: PubMed, OvidSP, EBESCO 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 was analyzed to determine its 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.

² 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 EBESCO Host and CSA Illumina used the following terms and boolean operators: (Public OR Communit* OR Citizen* Or Stakeholder*) AND (Participat* OR Consult* OR Invol* OR Engag*).

1 ARGUMENTS FAVOURING CITIZEN PARTICIPATION

The literature on citizen participation in HIA highlights four principal arguments favouring citizen participation. We will identify these as: (1.1) supporting the development of a democratic society, (1.2) empowering communities, (1.3) integrating citizens' knowledge and values into HIA, and (1.4) formulating more sustainable recommendations. These four arguments will be discussed in greater detail below.

1.1 SUPPORTING THE DEVELOPMENT OF A DEMOCRATIC SOCIETY

One of the reasons invoked in support of citizen participation in HIA is that it upholds the basic values of a democratic society. Indeed, citizens have the right to express their views regarding the potential health impacts of policies, programs and projects. It is they who will have to cope with the consequences of those decisions on a daily basis (Bauer & Thomas, 2006, p.501). In and of itself, citizen participation can help correct a certain democratic deficit (Northridge & Sclar, 2003, p.120; Wright et al., 2005, p.58), namely, the lack of transparency and legitimacy that plagues current governments; this can be attributed to the complex functioning of institutions and to decision-making processes that are often inaccessible to citizens.

Thus, HIA can be seen as a mechanism for the democratization of decision-making processes (Cole, Shimkhada et al., 2005; Elliott & Williams, 2004), or even, a catalyst for democratic renewal (Mahoney et al., 2007, p.230). HIA that encourages citizen participation would thus make it possible to revitalize the relationship between the government, its institutions and its citizens; to better distribute power; and to strengthen the legitimacy of the decision-making process (Parry & Wright, 2003; Elliott & Williams, 2008). This would also make it possible to integrate concerns about equity and social justice into the HIA process, by involving individuals or groups that are often excluded or marginalized (Northridge & Sclar, 2003, p.120).

1.2 EMPOWERING COMMUNITIES

From the same perspective, citizen participation in HIA would strengthen community empowerment (Dannenberg et al., 2006; den Broeder, Penris et al., 2003; Gillis, 1999; Parry & Kemm, 2005). Moreover, this constitutes one of the central ideas of contemporary declarations about 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. These would then be able to take charge of their own destinies and assume responsibility for their actions in the area of health.

By participating in an HIA, a community finds itself actively influencing decision-making processes that will affect its citizens' lives. Wright and colleagues (2005, p.58) maintain that participation in HIA fosters the impression that citizens' concerns are integral to the formulation of public policy. Moreover, such participation should result in communities becoming the authors or co-authors of the political, social and economic transformations that are likely to affect their lives (Elliott & Williams, 2008, p.1112).

1.3 INTEGRATING CITIZENS' KNOWLEDGE AND VALUES INTO HIA

Not only does citizen participation in HIA democratize the decision-making process and strengthen community empowerment, it is also aimed at producing evidence-informed decisions by virtue of integrating citizens' knowledge and values into the HIA. Greig and colleagues (2004, p.265) go so far as to state that: "If HIA is to make a difference, in terms of better informed decision making, a participatory approach is essential."

Proponents of a participatory approach to HIA maintain that participation would lead to enhanced knowledge about health determinants, while encouraging cross-fertilization of knowledge between experts and citizens (Joffe, 2003). There is, moreover, growing recognition that citizens possess a form of expertise or "civic intelligence" that can greatly contribute to HIA (Elliott & Williams, 2004; Elliott & Williams, 2007). Citizens are more knowledgeable than anyone else about their values, their needs, their preferences, and the dynamics of their communities. Their knowledge is rooted in local reality and is as valid and legitimate as scientific knowledge for informing decision making (Wright et al., 2005; Parry & Kemm, 2005; Dora, 2003). Thus citizens can shed new light on the potential impacts of policies, programs, or projects that decision makers are planning to adopt (Gillis, 1999; Kearney, 2004; Kosa, 2007).

Several authors also maintain that a participatory approach would make HIA more scientifically robust (Kjellstrom, van et al., 2003, p.455). Elliott and Williams (2008, p.1113) concur, stating that: "The co-creation of citizen and scientific expertise is not just a more inclusive and democratic form of science, but a more reliable, valid and effective science linked to a richer conception of knowledge, and able to inform social action."

A participatory approach seems all the more relevant given that HIA practitioners and decision makers must often function in grey zones. 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, 2004, p.233). Participatory HIA would provide decision makers with a citizen-based perspective on dilemmas for which science can provide only partial answers.

1.4 FORMULATING MORE SUSTAINABLE RECOMMENDATIONS

A participatory approach to HIA is intended to be consensual, transcending differences of opinion and encouraging more unity and cooperation (Lester & Temple, 2006, p.916). Citizen participation in HIA would thus encourage the formulation of more politically, socially and economically sustainable recommendations (Mahoney et al., 2007; Kearney, 2004). For example, citizen participation would make it possible to identify changes that should be made to a project so it can meet the needs expressed by the community involved (Hübel & Hedin, 2003; Kwiatkowski, Tikhonov et al., 2009). Such an approach would ensure wider acceptability of the recommendations generated by an HIA (Harris-Roxas & Harris, 2007, p.161) and thus prevent political "boomerangs" (Mittelmark, 2001, p.270).

2 GAP BETWEEN RHETORIC AND PRACTICE

“The idea of citizen participation is a little like eating spinach: no one is against it in principle because it is good for you.”

Sherry R. Arnstein (1969)

This remark is from a 1969 article by citizen participation pioneer Sherry R. Arnstein. As has been shown above, there are many reasons to encourage citizen participation in HIA. However, it appears there is a gap between the rhetoric of participation attached to HIA and its practice. In the following section, we examine five categories of factors that can explain this gap: (2.1) organizational factors, (2.2) community factors, (2.3) political factors, (2.4) theoretical factors, and (2.5) methodological factors.

It should be noted that these factors can be simultaneously viewed as risks or as obstacles. In fact, strong advocates for citizen participation see them as obstacles that can and must be overcome. Others see them more as real risks that serve to explain these actors' mitigated interest in, perhaps even their opposition to, citizen participation in HIA.

2.1 ORGANIZATIONAL FACTORS

Many of the factors cited in the literature stem from the limitations of the public organizations that are called upon to conduct HIAs (e.g.: public health branches, regional health authorities, municipalities, etc.). Among organizational obstacles, a lack of human and financial resources, as well as a lack of expertise in the area of citizen participation, frequently emerge (Kearney, 2004). Indeed, if the intention is to ensure active and authentic citizen participation, this may demand considerable resources from the organization or team conducting the HIA. This poses all the more difficulty since HIA is often conceived of as an intersectoral process requiring the training and financial support of various stakeholders (Kearney, 2004; Mannheimer, Gulis et al., 2007).

In the same vein, establishing participatory HIA processes can prove incompatible with the often very tight and crowded schedules of government decision makers (Wright et al., 2005; Mahoney et al., 2007). Parry and Wright (2003, p.388) maintain, moreover, that promoters of HIA should explicitly acknowledge the tension that exists between the time constraints of the political agenda and the time required to implement participatory HIAs.

Given this context, a participatory approach to HIA risks losing its attraction for decision makers and may even be detrimental to the decision-making process. Thus, there are those who call into question the idea that participation should be considered a cornerstone of HIA. Wright and colleagues (2005, p.59) are highly critical of this idea and maintain that: “Adherence to the core values of community participation and empowerment threatens the likelihood of being able to influence policy-making processes.”

HIA practitioners are thus faced with a choice, the response to which will vary according to the issues and context involved: conduct a lengthy and detailed HIA that incorporates the perspective of citizens or, alternatively, conduct a quick (and perhaps superficial) HIA without citizen participation. For some, it seems more reasonable to carry out an HIA without citizen

participation if the time and resources available do not allow for authentic citizen participation (Kemmer, 2005, p.805). From this perspective, citizen participation is viewed as optional rather than as an essential condition of HIA (Parry & Wright, 2003, p.388).

2.2 COMMUNITY FACTORS

Some authors also maintain that citizens may call into question the need to invest so much time and effort in the HIA process. According to this view, citizens are already busy enough fulfilling their own daily obligations, so it is difficult for them to become involved in such activities (Parry & Wright, 2003, p.388). Some excluded or marginalized groups might also be difficult to mobilize or might simply be uninterested in participating, according to Wright and colleagues (2005, p.61):

Participation may be ingrained within the culture of modern health, development and regeneration policy, but participatory research can often find, for example, that hard-to-reach groups are difficult to involve, that it is not always clear who are the legitimate representatives of communities, and that the poor and disadvantaged are not always interested in contributing to the process, and sometimes prefer that projects are managed by professionals.

Kearney's work (2004, p.227) also indicates that participatory structures often favour the participation of representatives from well-established groups rather than the participation of "ordinary" citizens, and also that citizens can feel frustrated by participatory initiatives that do not always seem accessible or trustworthy to them.

2.3 POLITICAL FACTORS

Citizen participation in HIA can also give rise to political fears. Participatory HIA runs the risk of involving actors whose interests are potentially divergent or who are not used to collaborating (Farhang, Bhatia et al., 2008, p.264). Thus, there is a risk that participatory HIA will spark controversy within a community or else reignite a latent conflict, to the detriment of the decision-making process.

Another concern that can be raised is that the decision-making process could be held hostage by citizens (Kearney, 2004, p.225). Thus, some government authorities fear that citizens could mount systematic opposition toward any large scale project, on the basis that it could affect their health. Since decision makers are generally averse to risk, they could be hesitant to commit to a participatory process that risks undermining their ability to implement projects, programs or policies.

2.4 THEORETICAL FACTORS

Citizen participation in HIA also faces several obstacles of a theoretical nature. To begin with, the meaning of "citizen participation" is rather ambiguous, and there is a similar lack of clarity about how to integrate it into the HIA process. Some claim that these problems can be traced back to the founding documents of HIA, which evoke the notion of citizen participation without, however, making explicit what is meant (Mahoney et al., 2007). Moreover, there is a proliferation of expressions in the literature on HIA, including "citizen involvement," "local

involvement,” “community participation,” “community consultation,” and many others. These expressions are often used interchangeably, without critical reflection being devoted to what they imply for HIA (Mahoney et al., 2007).

There seems, thus, to be no solid theoretical framework providing decision makers and HIA practitioners with guidance in the area of citizen participation. As Bauer and Thomas point out (2006, p.512): “The gap between the theoretical advocacy for community involvement in impact assessment and the subsequent lack of guidelines for doing so point, in the best case scenario, to an inability to deal with this requirement because of its complexity.”

Indeed, some argue that the theoretical foundations of HIA have not yet reached a level of maturity that allows for the integration of citizens. According to this perspective, it is only once the science of HIA has matured and become more robust that it will be possible to integrate participatory mechanisms (Cole et al., 2005, p.385).

Other authors stress the fact that HIA can be conceived in very different ways. For example, Kemm (2000, p.431) distinguishes two types of HIA: (i) “broad focus HIA” which takes a holistic view of health, is more qualitative, and promotes democratic values and community participation; and (ii) “tight focus HIA” which is rooted instead in epidemiology and toxicology, and attempts to measure and quantify the effects of policies on population health. Citizen participation can thus be defined quite differently, depending on the approach favoured by HIA practitioners.

In a similar vein, Elliott and Williams (2008, p.1104) point out that some practitioners would like to separate the “scientific” and the “socio-political” aspects of HIA. Some practitioners fear, in fact, that citizen participation will erode the scientific foundations of HIA-informed decision making (Parry & Stevens, 2001, p.1179). Others are concerned that participatory HIA relies too much on opinion, rather than on evidence (Wright et al., 2005, p.59). It is, therefore, not surprising, as Mittelmark (2001, p.271) indicates, that some practitioners of HIA use complex methods and jargon that can potentially exclude citizens, a phenomenon which has also been observed in the field of environmental impact assessment.

2.5 METHODOLOGICAL FACTORS

If the theoretical foundations of HIA do not yet seem fully mature, the same can be said of methods of citizen participation. In fact, very few practitioners and researchers have proposed well-defined participatory methods for HIA of the kind that are found in, for example, Community Health Impact Assessment (Gillis, 1999). Community HIA can be viewed as an exception, since in general the literature does not yet include a “practical guide” or a precise method pertaining to citizen participation in HIA (Bauer & Thomas, 2006, p.512).

The literature on HIA does not always offer clear answers to the methodological questions that concern practitioners: Which citizens should be involved? At which step(s) of the HIA process should they be involved? What should be their level of involvement in (or degree of influence on) the HIA?

The absence of an established method thus seems to feed criticism of citizen participation. Some view it as an intangible practice and an unattainable goal (Elliott & Williams, 2008, p.1112). However, some point out that such criticism also reflects the fact that citizen participation in HIA is an emerging practice and that it is necessary to focus reflection on what would be the most promising or relevant methods of citizen participation for a given context and set of issues (Gorman & Douglas, 2001, p.164).

CONCLUSION

To sum up, the idea of citizen participation rests on the foundational values and principles of HIA practice, namely, the democratization of decision-making processes, the strengthening of community empowerment, informed decision making based on local knowledge, and the formulation of sustainable recommendations.

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 relevant information about citizens' knowledge, values or experience that can add to the HIA.

This said, the participatory rhetoric of HIA is confronted by numerous stumbling blocks, including the limitations of public agencies called upon to conduct HIAs in a context of limited resources, very short timeframes, communities that are disinterested or ill-equipped to participate, or political actors who are concerned about the risks that may be associated with citizen participation. To this must be added the theoretical immaturity of HIA and the absence of a "practical guide" for how to involve citizens.

In response, we must consider that there are several methods from other sectors that can be brought into play and applied to citizen participation processes in order to alleviate some of the risks and obstacles identified in this report. To this end, the NCCHPP is also developing a practical guide to support HIA practitioners who are interested in developing a citizen participation strategy. Specifically, this guide will help practitioners to analyze the context within which they are undertaking an HIA, to determine the objectives of their citizen participation strategy, to determine which citizens to involve, at what stage in the process, as well as what degree of influence citizens should have. It does not suffice to offer a single model of citizen participation; one must rather equip practitioners to help them to reflect on the most appropriate approach for their contexts and their objectives. Finally, we recommend that one develop and use an evaluation framework early in the process to facilitate the evaluation of the citizen participation strategy.

BIBLIOGRAPHY

- Arnstein, S. R. (1969). A ladder of citizen participation. *Journal of the American Institute of Planners*, 35, 216-224.
- Bauer, I. & Thomas, K. (2006). An evaluation of community and corporate bias in assessment tools. *International Social Science Journal*, 58, 501-514.
- Cole, B. L., Shimkhada, R. et al. (2005). Methodologies for realizing the potential of health impact assessment. *American Journal of Preventive Medicine*, 28, 382-389.
- 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.
- den Broeder, L., Penris, M., & Put, G. V. (2003). Soft data, hard effects. Strategies for effective policy on health impact assessment—an example from the Netherlands. *Bulletin of the World Health Organization*, 81, 404-407.
- Dora, C. (2003). What can health impact assessment add to comparative risk assessment in decision-making? *Bulletin of the World Health Organization*, 81, 460.
- Elliott, E. & Williams, G. (2008). Developing public sociology through health impact assessment. *Sociology of Health & Illness*, 30, 1101-1116.
- Elliott, E. & Williams, G. (2004). Developing a civic intelligence: local involvement in HIA. *Environmental Impact Assessment Review*, 24, 231-243.
- Elliott, E. & Williams, G. (2007). Developing a public sociology: from lay knowledge to civic intelligence in health impact assessment. *Conference Papers – American Sociological Association*, 1.
- 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.
- Farhang, L., Bhatia, R. et al. (2008). Creating tools for healthy development: case study of San Francisco's Eastern Neighborhoods Community Health Impact Assessment. *Journal Of Public Health Management And Practice: JPHMP*, 14, 255-265.
- Gagnon, F., St-Pierre, M.-N., & Daignault-Simard, X. (2010). La participation du public dans l'évaluation d'impact sur la santé : Pourquoi et comment?, Québec: Groupe d'étude sur les politiques publiques et la santé. Retrieved from: http://www.gepps.enap.ca/GEPPS/docs/Serietransfertdeconnaissances/GEPPS_participationcitoyenne.pdf.
- Gillis, D. E. (1999). The 'people assessing their health' (PATH) Project: tools for community health impact assessment. *Canadian Journal of Public Health*, Suppl 1, S53-S56.
- Gorman, D. & Douglas, M. (2001). Health impact assessment of Merseyside Integrated Transport Strategy. *Journal of Public Health Medicine*, 23, 164.

- Greig, S., Parry, N., & Rimmington, B. (2004). Promoting sustainable regeneration: Learning from a case study in participatory HIA. *Environmental Impact Assessment Review*, 24, 255-267.
- Harris-Roxas, B. F. & Harris, P. J. (2007). Learning by doing: the value of case studies of health impact assessment. *New South Wales Public Health Bulletin*, 18, 161-163.
- Hübel, M. & Hedin, A. (2003). Developing health impact assessment in the European Union. *Bulletin of the World Health Organization*, 81, 463-464.
- Joffe, M. (2003). How do we make health impact assessment fit for purpose? *Public Health*, 117, 301-304.
- Kearney, M. (2004). Walking the walk? Community participation in HIA. A qualitative interview study. *Environmental Impact Assessment Review*, 24, 217-229.
- Kemm, J. R. (2000). Can health impact assessment fulfil the expectations it raises? *Public Health*, 114, 431-433.
- Kemm, J. (2005). The future challenges for HIA. *Environmental Impact Assessment Review [Environ.Impact Assess.Rev.]*.vol.25, 255, 799-807.
- Kinley, E. (2009, April 23). Citizens' health a priority when evaluating gambling products. *The Chronicle Herald*.
- Kjellstrom, T., van Kerkhoff, 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.
- Kosa, K. (2007). Rapid health impact appraisal of eviction versus a housing project in a colony-dwelling Roma community. *Journal of Epidemiology & Community Health*, 61, 960-965.
- Kwiatkowski, R. E., Tikhonov, C. et al. (2009). Canadian Indigenous Engagement and Capacity Building in Health Impact Assessment. *Impact Assessment and Project Appraisal*, 27, 57-67.
- Lester, C. & Temple, M. (2006). Health impact assessment and community involvement in land remediation decisions. *Public Health*, 120, 915-922.
- Mahoney, M. E., Potter, J. L., & Marsh, R. S. (2007). Community participation in HIA: Discords in teleology and terminology. *Critical Public Health*, 17, 229-241.
- Mannheimer, L. N., Gulis, G. et al. (2007). Introducing Health Impact Assessment: an analysis of political and administrative intersectoral working methods. *European Journal Of Public Health*, 17, 526-531.
- 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.

- Northridge, M. E. & Sclar, E. (2003). A joint urban planning and public health framework: contributions to health impact assessment. *American Journal of Public Health*, 93, 118-121.
- Parry, J. & Stevens, A. (2001). Prospective health impact assessment: pitfalls, problems, and possible ways forward. *BMJ*, 323, 1177-1182.
- Parry, J. & Wright, J. (2003). Community participation in health impact assessments: intuitively appealing but practically difficult. *Bulletin of the World Health Organization*, 81, 388.
- Parry, J. M. & Kemm, J. R. (2005). Criteria for use in the evaluation of health impact assessments. *Public Health*, 119, 1122-1129.
- Venne, M. & Famhy, M. (2005). La parole citoyenne – Les 100 idées citoyennes pour un Québec en santé. In M.Venne (Ed.), *100 idées citoyennes pour un Québec en santé* (pp. 73-95). Montréal: FIDES.
- World Health Organization. (1978). Declaration of Alma-Ata. International Conference on Primary Health Care. Alma-Ata: USSR. Retrieved from: http://www.who.int/publications/almaata_declaration_en.pdf.
- World Health Organization. (1986). Ottawa Charter for Health Promotion. Ottawa: Canada. Retrieved from: http://www.euro.who.int/data/assets/pdf_file/0004/129532/Ottawa_Charter.pdf.
- World Health Organization. (1997). Jakarta Declaration on Leading Health Promotion into the 21st Century. Jakarta: Indonesia. Retrieved from: http://whqlibdoc.who.int/hq/1997/WHO_HPR_HEP_4IHP_BR_97.4_eng.pdf.
- World Health Organization. (2005). The Bangkok Charter for Health Promotion in a Globalized World. Bangkok: Thailand. Retrieved from: www.afro.who.int/index.php?option=com_docman&task=doc_download&qid=3202.
- 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.

www.ncchpp.ca



Centre de collaboration nationale
sur les politiques publiques et la santé

National Collaborating Centre
for Healthy Public Policy

*Institut national
de santé publique*

Québec 