# Minimum Elements
and
# Practice Standards
for
# Health Impact Assessment

Version 4

SOPHIA
10 YEARS
Society of Practitioners of Health Impact Assessment

August 2022

# Minimum Elements and Practice Standards for Health Impact Assessment

## Authorship

This document represents a revision of the *Minimum Elements and Practice Standards for Health Impact Assessment*, originally published by the North American HIA Practice Standards Working Group in April 2009 and revised in November 2010 and September 2014.

This review and revision was conducted by a U.S.-based working group of the following individuals: Emily Bever, Jimmy Dills, Ruth Lindberg, and Sandra Whitehead. In producing this document, the working group solicited review and comment from both HIA practitioners and any other parties who were interested in providing feedback, including other North American practitioners.

## Suggested Citation

Bever E, Dills J, Lindberg R, Whitehead S. Society of Practitioners of Health Impact Assessment (SOPHIA). Minimum Elements and Practice Standards for Health Impact Assessment, Version 4. August 2022. https://hiasociety.org/MEPS/

# Purpose and Scope of This Document

## What is Health Impact Assessment?

Health Impact Assessment (HIA) is a practice that aims to protect and promote health and reduce health inequities during a decision-making process in a range of non-health sectors. With roots in the practice of Environmental Impact Assessment (EIA), HIA aims to inform the public and decision-makers when policies, plans, programs, and projects in a range of sectors have the potential to significantly impact human health. HIA is an effective practice to advance Health in All Policies, a "collaborative approach that integrates and articulates health considerations into policymaking across sectors to improve the health of all communities and people."[1] The National Research Council of the National Academies of Sciences, Engineering, and Medicine[2] defines HIA as: ***a structured process that uses scientific data, professional expertise, and stakeholder input to identify and evaluate public health consequences of proposals and suggests actions that could be taken to minimize adverse health impacts and optimize beneficial ones.*** The World Health Organization, International Association of Impact Assessment, and other bodies have similar HIA definitions.

There is considerable diversity in the practice and products of HIA in the U.S. for several reasons: the variety of policies, plans, programs, and projects assessed; the diverse settings in which decisions take place; the different organizations that lead HIAs; and the evolution of the field. A number of available HIA guidance documents describe the procedural phases (sometimes referred to as "steps") and outputs of the HIA process. This document, in contrast, is intended to provide guidance on what is required for a study to be considered an HIA (Minimum Elements) and some aspirational benchmarks for effective practice (Practice Standards). While these minimum elements and practice standards were developed with a focus on U.S.-based HIA practice, many are also applicable to international practice. This version of the Minimum Elements and Practice Standards intentionally shifts to the use of the term "phases" to describe the HIA process to emphasize the iterative nature of the process, make clear that practitioners will often be working on multiple phases at the same time, and to more clearly delineate that each phase consists of specific actions and outputs.

HIAs should present a full and balanced assessment of potential positive and negative impacts of a proposed decision. They are not intended to be undertaken for the purpose of advocating for or against a specific decision or proposal; they are undertaken to surface insights on how to protect and promote health and equity in the context of the policy, plan, program, or project under consideration. Data generated through an HIA process can provide valuable information that advocates and decision-makers can use in determining their positions on relevant issues and in galvanizing stakeholders.

These standards align with the central concepts and suggested approaches described in the World Health Organization's 1999 *Gothenburg Consensus Paper on HIA*[3], which first laid out the values that

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[1] CDC Office of the Associate Director for Policy and Strategy. Health in All Policies. Available at: https://www.cdc.gov/policy/hiap/index.html

[2] National Research Council. (2011) Improving Health in the United States: the Role of Health Impact Assessment. Washington, DC: The National Academies Press. Available at: http://www.nap.edu/catalog.php?record_id=13229.

[3] World Health Organization. (1999) Gothenburg Consensus Paper on HIA. Available at: http://www.healthedpartners.org/ceu/hia/hia01/01_02_gothenburg_paper_on_hia_1999.pdf

underpin HIA: democracy, equity, sustainable development, and the ethical use of evidence. One additional value—a comprehensive approach to health—was implicit in the Gothenburg Consensus Paper and is included here because it is commonly identified in other HIA materials such as *Health Impact Assessment: A Guide for Practice* and resources by the American Public Health Association.

*Democracy*: allows people to participate in the development and implementation of policies, plans, programs, or projects that may impact their lives.

*Equity*: assesses the distribution of potential impacts from a proposal on the whole population, with particular attention to how the proposal will affect populations that face inequities and significant barriers to health and wellbeing (in terms of age, gender, ethnic background, socio-economic status, or other factors).

*Sustainable development*: considers both short and long term impacts.

*Ethical use of evidence*: uses best available data and evidence, including quantitative and qualitative sources and ensures appropriate methodological rigor and transparency.

*Comprehensive approach to health*: considers the potential of a proposal to detract from and benefit health and a full range of determinants of health (including social, economic, environmental, historic, and structural factors known to directly or indirectly impact population health), examining both obvious and not so obvious potential impacts. This provides decision-makers with options to mitigate the negative features of a proposal and strengthen and/or extend the positive features of a proposal, with a view to improving the health of the population.

Overall, we hope that this document, now in its fourth iteration, will be viewed as relevant, instructive, and motivating for advancing HIA quality.

## What are Minimum Elements?

In this document, Minimum Elements answer the question "what is essential to an HIA?" Minimum Elements distinguish HIA from other practices and methods that also aim to ensure the consideration of and action on health interests in public policy.

These Minimum Elements apply to HIA whether conducted independently or integrated within environmental, social, or other forms of impact assessments. When conducting an HIA integrated within other forms of impact assessment, practitioners should account for those requirements.

## What are Practice Standards?

Practice Standards answer the question "how should an HIA best be conducted?" A practitioner may use the Practice Standards as aspirational benchmarks for their own HIA practice and to stimulate discussion about HIA content and quality.

## How Should the Minimum Elements and Practice Standards Be Used?

The *Minimum Elements and Practice Standards* can serve HIA practitioners as well as those who request, fund, and evaluate HIA practice in the following ways:

- a practitioner may use the *Minimum Elements and Practice Standards* as a benchmark to plan, implement, or evaluate an individual HIA;
- educators may use the *Minimum Elements and Practice Standards* to organize trainings and start dialogue regarding the practice of HIA;
- funders or regulators may use or adapt the *Minimum Elements and Practice Standards* to create their standards for HIA practice or to screen HIA proposals;
- evaluators of the HIA field may use the *Minimum Elements and Practice Standards* to identify HIAs (i.e., to distinguish them from other practices) and to examine how various practice benchmarks relate to the effectiveness of the HIA process; and
- policy-makers may use the *Minimum Elements and Practice Standards* to design institutional or regulatory requirements, supports, or incentives for HIA.

## Caveats and Cautions

The *Practice Standards* are not rigid criteria for acceptability but represent the authors' perspectives on best practices. Practice standards are, to some extent, aspirational. Each practice standard in this document may not be achievable in every HIA.

HIA practice exists across a continuum. At one end of this continuum is a rapid HIA that uses primarily secondary data sources and can be completed within a few weeks or months, and at the other end is a comprehensive HIA that involves primary data collection and takes several months to over a year to complete. Due to the context-specific nature of the process, each HIA will vary along this continuum to meet the requirements of the scope, timeline, decision context, available resources, and expertise. Prior versions of this document, as well as many HIA guidance documents, also referred to "desktop HIAs," which exclusively use secondary data sources and lack direct stakeholder engagement. The HIA and Health in All Policies fields have evolved substantially since the last version of this document was released in 2014. There are a number of new tools and approaches to rapidly assess the potential impacts of a proposed decision on health, such as health lens analysis, health notes, and health impact reviews. While desktop assessments can still be an important tool for bringing health considerations to decision-making, they do not meet the minimum elements for HIA without the stakeholder engagement component that is so crucial to the process.

While key HIA terms are defined throughout this document, the authors assume readers have a foundational knowledge of health determinants and health equity. For more information about social, economic, and environmental factors that shape health, see resources from County Health Rankings and Roadmaps and Health Impact Project. For more information on health equity see resources from the American Public Health Association and SOPHIA.

Many of the *Practice Standards* describe aspects of the HIA *process* that are not always apparent in the final HIA *product* (e.g., an HIA report). Evaluation of an individual HIA or the larger field of practice using the *Minimum Elements and Practice Standards* should recognize that published HIA materials might not

include sufficient documentation to gauge the performance of HIAs against these standards. Any evaluation of HIAs against these standards should therefore incorporate discussion directly with HIA authors to fully understand the extent to which the standards have been achieved.

HIA occurs within a decision-making process. If the context of that decision changes, the HIA should be responsive to these changes. Because each HIA phase occurs at a point in time, this document emphasizes its iterative nature and encourages the HIA team to revisit and adapt the scope, methodology, and output of the steps, as needed, to be responsive to the best-available evidence, research results, changes in decision context or alternatives, and input from key stakeholders.

## Minimum Elements of HIA

The following minimum elements apply to all rapid, intermediate, and comprehensive HIAs. Together, these minimum elements distinguish HIA from other processes used to assess and inform decision making.

1. HIA assesses the potential health and equity consequences of a proposed policy, plan, program, or project under consideration by decision-makers, and is conducted proactively, with sufficient time to inform the proposal in question. In some cases, HIAs are conducted concurrently with the decision making process, but are completed before the decision is made.

2. HIA involves and engages stakeholders affected by the proposal, particularly populations facing inequities and significant barriers to health and wellbeing who may be disproportionately affected by the proposal.

3. HIA systematically considers a range of potential impacts of the proposal on multiple health determinants, indicators of health status, and dimensions of health equity.

4. HIA provides a baseline summary of existing conditions relevant to the proposal, including but not limited to the policy environment; relevant historical context; and relevant social, economic, environmental, and structural factors. HIA also catalogs baseline health outcomes for populations affected by the proposal, particularly populations that may be disproportionately impacted.

5. HIA characterizes the proposal's potential impacts on health, health determinants, and health equity and documents the process followed.

6. HIA provides feasible, evidence-based recommendations to promote potential positive health impacts and mitigate potential negative health impacts of the proposal, identifies responsible parties for implementing recommendations and, where appropriate, suggests alternatives or modifications to the proposal. Recommendations should be responsive to the results of the assessment.

7. HIA produces a report (or comparable communication product) that includes, at a minimum, documentation of the HIA's purpose, findings, and recommendations, and provides reasonable access to documentation of the processes, methods, and stakeholders involved.

8. The HIA report (or comparable communication product) should be publicly available and shared with decision-makers and other stakeholders including populations affected by the proposal.

9. HIA proposes indicators, actions, and responsible parties to monitor and evaluate the implementation of recommendations.

10. HIA proposes indicators, actions, and responsible parties to evaluate the outcomes of the proposal, including changes to health determinants and health status.

# HIA Practice Standards

SOPHIA recommends adherence to the following standards to advance effective HIA practice:

## 1. General Standards for the HIA Process

1.1 HIA is a forward-looking activity intended to inform a proposed policy, plan, program, or project under consideration by decision-makers; however, an HIA may evaluate an existing policy, plan, program, or project in order to inform a prospective decision or discussion.

1.2 An HIA should include the phases of screening, scoping, assessment, recommendations, reporting, and evaluation and monitoring. These phases may be iterative.

1.3 HIA practitioners should begin the HIA process with explicit written goals that can be used to assess the success of the endeavor.

1.4 The HIA team should take reasonable steps to understand the decision-making context, process, and timeline to ensure the HIA findings and recommendations are timely and can effectively inform the decision.

1.5 HIA integrates knowledge from many disciplines as well as from populations affected by the proposal (local knowledge and lived experience). The HIA practitioner or team must take reasonable steps to identify, solicit, and utilize diverse expertise to identify and answer questions about relevant health and equity impacts.

1.6 Meaningful and inclusive engagement with stakeholders (e.g. populations affected by the proposal, relevant public agencies and organizations, decision-makers) in every HIA phase supports HIA quality and effectiveness. Each HIA should have a specific engagement and participation approach that utilizes participatory or deliberative[4] methods suitable to the needs of stakeholders and context.

1.7 Monitoring is an important follow-up activity in the HIA process. The HIA should propose a monitoring plan that includes evaluation strategies to track health-related outcomes and contextual changes as a result of the decision under consideration and its implementation.

1.8 HIA integrated within another impact assessment process should adhere to these practice standards to the greatest extent possible.

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[4] Deliberative engagement "makes a difference, is transparent, has integrity, is tailored to the circumstances, involves the right number and types of people, treats participants with respect, gives priority to participant's discussions, is reviewed and evaluated to improve practice, and keeps participants fully informed." (Warburton, Colbourne, Gavelin, & Wilson, 2008. Available at https://www.involve.org.uk/sites/default/files/field/attachemnt/Deliberative-public-engagement-nine-principles_1.pdf)

## 2. Standards for Screening

Screening is the first phase of the HIA process and is intended to explore the feasibility and value-added of moving forward with an HIA. The impetus or decision to conduct an HIA may result from factors including but not limited to stakeholder requests, regulatory requirements, or other alternative drivers of HIA, such as community or state health assessment processes. The screening phase results in a decision about whether to conduct an HIA and, if moving forward, a rationale for why HIA is an appropriate approach for the particular context. The screening process achieves Minimum Element 1.

2.1 Screening should clearly identify the policy, plan, program, or project under consideration, including any alternatives, and the decision-making context.

2.2 Screening should determine whether an HIA is the appropriate tool to bring health into a decision-making process. Screening should also consider the appropriateness of HIA as a tool for communities to address health inequities. The following factors may be among those considered in the screening process. The HIA team can prioritize these or other factors depending on the decision-making context and goals.

a. the potential for the proposed decision to result in impacts on public health, particularly those which are avoidable, involuntary, adverse, irreversible, or catastrophic;
b. the potential for inequitable impacts;
c. the potential for impacts on populations with poor health;
d. stakeholder concerns about a decision's potential effects on health and equity;
e. the level of community and stakeholder interest and capacity for participating in the HIA;
f. the potential for the HIA to provide new, actionable information to decision-makers and stakeholders;
g. the potential for the HIA to be initiated with enough time for the completed HIA to inform the proposed decision; and
h. the availability of data, knowledge, methods, resources, and technical capacity to conduct analyses.

2.3 The HIA team should notify, to the extent feasible, relevant decision-makers, implementers, and stakeholders, including populations, individuals, and organizations affected by the proposal, of their decision to conduct an HIA.

## 3. Standards for Scoping

During scoping, the second phase of the HIA process, the HIA team works with stakeholders to determine the potential health impacts that will be examined in the assessment. The scoping phase results in a clear work plan for completing the HIA, including roles and responsibilities of team members and stakeholders. HIAs can be quick using a "rapid" model that uses available data and is conducted over a few weeks or months or can take longer (several months to over a year), employing either an "intermediate" or "comprehensive" approach that often involves primary data collection and includes a more thorough and detailed assessment of potential effects. During the scoping phase, the HIA team should take stock of available resources, stakeholder capacity, the decision-making timeline, and other factors to determine the appropriate scale for the HIA. The scoping process achieves Minimum Element 3.

3.1 The scoping process should establish the HIA team and define roles for HIA participants, including team members, funders, technical advisors, stakeholders, and other partners, noting any potential conflicts of interest.

3.2 The HIA team should establish clear goals and anticipated outcomes for the HIA.

3.3 The HIA team should develop a stakeholder engagement strategy that establishes which stakeholders should be invited to participate in the process (including the populations likely to be impacted by the proposed decision), the level of engagement, and the methods that will be used to promote and sustain stakeholder participation throughout the entire HIA process. Developing this strategy positions the HIA team to achieve Minimum Element 2; however, the HIA team should revisit this strategy periodically throughout the entire HIA and include reflections on stakeholder engagement during the HIA process evaluation to fully achieve Minimum Element 2.

3.4 The HIA team should clearly define the range of health issues the HIA will examine.

3.4.1 The HIA team should consider a broad set of potential pathways—informed by a range of stakeholders—that could reasonably link the proposed decision and/or activity to health outcomes.

3.4.2 The HIA team should consider both population health outcomes and health determinants to examine in the HIA, including direct, indirect, and cumulative effects.

3.4.3 The HIA team should include an approach to evaluate any potential inequitable impacts based on population characteristics, including but not limited to age, gender, income, geography, and race or ethnicity.

3.4.4 When identifying and evaluating health issues, the HIA team should consider the expertise of health professionals, the experience of communities affected by the proposal, and the information needs of decision-makers.

3.5 The scoping output is a work plan for conducting the HIA. The work plan may vary based on the HIA scale, but should include:

a. the decision and applicable alternatives that will be studied;
b. potential relevant pathways through which health and equity could be impacted by the decision;

c. demographic, geographical, and temporal boundaries for assessment;
d. research questions for assessment;
e. potential data types, sources of evidence, and methods to answer each research question;
f. narrowed list of potential health and health equity impacts that the HIA will focus on, along with the standard or rationale used for determining which impacts to include and which to exclude, and the relevance of the impacts to stakeholders (e.g., decision makers and populations affected by the proposal);
g. an approach to the evaluation and characterization of potential impacts, and their distribution across populations;
h. potential data gaps that can be filled by primary data collection, including information from subject matter experts and/or stakeholders (or a rationale for not undertaking primary data collection);
i. a plan for external and public review; and
j. a plan for communicating and reporting progress and results and disseminating findings and recommendations, to be revisited during the Reporting and Dissemination phase.

The HIA team should revisit the work plan with stakeholders and revise as necessary at each phase of the HIA process. This helps ensure responsiveness to the iterative nature of HIA.

## 4. Standards for Assessment

The output of the assessment phase should include, at a minimum, a summary of existing (baseline) conditions and an analysis of potential positive and negative health impacts, along with their likelihood, magnitude, severity, and distribution within the population. The assessment phase also results in a summary of findings based on the analysis. The assessment process achieves Minimum Elements 4 and 5.

4.1 Evidence used in the assessment should come from multiple sources that may vary based on the context in which the HIA is occurring and available resources. These sources can include, but are not limited to, existing literature and data, empirical research, professional expertise, local knowledge, and primary data.[5] The expertise and lived experience of stakeholders, including populations affected by the proposal, whether obtained via the use of participatory methods, collected via formal qualitative research methods, or reflected in public testimony or other public sources, also comprise a legitimate source of evidence.

4.2 Existing conditions present a summary of relevant population health status and health determinants within the communities affected by the proposal, when possible using established resources such as community health assessments or existing government databases and reports. The existing conditions should also document known barriers to health and wellbeing, including evidence of poor health status among populations affected by the proposal.

4.3 Assessment of potential health impacts is based on a synthesis of the best available quantitative and qualitative evidence, including sources such as those described in 4.1. This means:

4.3.1 When available, practitioners should emphasize evidence from well-designed, peer-reviewed meta-analyses and systematic reviews.

4.3.2 Because HIA is intended to be an objective source of information about potential impacts, practitioners should consider and balance evidence that both supports and refutes initial assumptions about potential health and equity impacts identified during the scoping phase.

4.3.4 In summarizing the quality of evidence for each pathway, practitioners should rate the strength of evidence based on best practices for the relevant field (i.e., standards for meta-analyses, epidemiologic studies, qualitative methods, or others, as appropriate).

4.3.5 Practitioners should acknowledge where evidence is insufficient to evaluate or judge potential health impacts identified as priority issues in the screening and scoping phases of HIA.

[5] Other forms of evidence could include data from tools such as modeling, geospatial analysis, forecasting, and risk assessment.

4.4 Findings: To support determinations of impact significance, the HIA should characterize health impacts using parameters such as (but not limited to) direction, likelihood, magnitude, severity, and distribution within the population.

4.4.1 These can be understood as follows:

a. Direction: whether the potential change would be positive or negative
b. Likelihood: how likely it is that a given exposure or effect will occur
c. Magnitude: how widely the effects would be spread within a population or across a geographical area
d. Severity: if effects will be disabling, life-threatening, and/or permanent
e. Distribution: identifies groups or subpopulations that are likely to face disproportionate impacts

4.4.2 The HIA team should collaboratively interpret findings with communities affected by the proposal, decision-makers, and other stakeholders, when possible. This process allows for additional relevant findings to emerge, such as new insight on the decision-making context or community perceptions of issues at hand.

4.5 Written documentation of the assessment of potential health impacts should explicitly acknowledge methodological assumptions, as well as the strengths and limitations of all data and methods used, including but not limited to:

4.5.1 The HIA should identify data gaps that prevent an adequate or complete assessment of potential impacts.

4.5.2 The HIA should describe the uncertainty in predictions.

4.5.3 Assumptions or inferences made in the context of modeling or predictions should be explicit.

4.5.4 Justification for the selection or exclusion of particular methodologies and data sources should be explicit (e.g., resource constraints).

4.5.5 The HIA should acknowledge when applicable methods (e.g., environmental testing) were not utilized and why (e.g., resource constraints).

4.6 The lack of formal, scientific, quantitative, or published evidence should not preclude reasoned evaluation of potential health impacts. As noted in 4.1, other data sources including professional expertise, lived experience, and local knowledge should be included as evidence in the HIA.

## 5. Standards for Recommendations

A primary goal of completing an HIA is informing decision makers to take actions to protect and promote health; recommendations help achieve this goal. Given its aim to intentionally inform decisions, each HIA should make recommendations based on assessment findings. Recommendations are also what distinguish HIA from more traditional research and other types of assessments. The recommendations process achieves Minimum Element 6.

5.1 The HIA should include specific, prioritized recommendations based on the findings of the assessment to manage the identified potential health and equity impacts. Examples include modifications to the proposed policy, plan, program, or project; mitigation/enhancement measures; or recommendations supporting a considered specific decision alternative.

5.2 Recommendations should consider both how to mitigate adverse impacts and how to enhance positive impacts on health and equity.

5.3 The HIA team should consider the following criteria in developing and prioritizing recommendations and mitigation measures: responsiveness to predicted potential impacts, specificity, technical feasibility, cost feasibility, potential alignment with existing health-promoting strategies, and how actionable recommendations are under the authority of the targeted decision-makers.

5.4 The HIA team should collaboratively develop and prioritize recommendations, using input from the following stakeholders:

5.4.1 Communities affected by the proposal to ensure that the recommendations are responsive to community needs and appropriately address community concerns.

5.4.2 Decision-makers and potential implementers to ensure the recommendations are feasible. Recommendations are effective only if they are adopted and implemented.

5.4.3 Where needed, experts to ensure recommendations are technically feasible.

This prioritization process—including the criteria used—should be documented in the final, public HIA document. Recommendations should be prioritized by stakeholders so that decision makers understand the relative importance of needs and considerations.

5.5 Each recommendation should be targeted toward a specific decision-maker or entity that has the authority to implement it. An HIA may include recommendations that go beyond the purview of the proposal decision-maker and that target different audiences such as project investors, implementing agencies, regulating agencies, health care agencies, or researchers.

5.6 There are some instances where HIA teams may decide to omit recommendations, for example, if an HIA team is not legally able to suggest actions related to a proposed policy. In these instances, HIA teams should document in their publicly available report (or comparable communication product) their decision to not include recommendations and the circumstances that led to this decision.

## 6. Standards for Reporting and Dissemination

The HIA team should document, at a minimum, the HIA purpose, findings, and recommendations, and share these publicly. The length and detail level of any final HIA report (or comparable communication product) will vary based on the scale of the HIA (rapid, intermediate, comprehensive). The HIA team should intentionally collaborate with stakeholders to revisit the plan for communicating results and disseminating findings and recommendations created during Scoping. The reporting and dissemination process achieves Minimum Elements 7 and 8.

6.1 When creating final HIA reports or comparable communication products, the HIA team should offer stakeholders and decision-makers a meaningful opportunity to critically review evidence, methods, findings, conclusions, and recommendations. The HIA team should consider and address feedback when practical or provide rationale if feedback cannot be addressed. When possible, final HIA documents should undergo external review by a technical assistance provider or other peer reviewer.

6.2 A final HIA report or comparable communication product should document the following items in detail and/or provide access in separate documentation:

a. HIA sponsor and funding source;
b. HIA team, and all other participants in the HIA and their roles and contributions, noting any potential conflicts of interest;
c. screening process and outputs as outlined in Practice Standard 2;
d. scoping process and outputs as outlined in Practice Standard 3;
e. stakeholder engagement strategy as outlined in Practice Standard 3;
f. assessment methods as outlined in Practice Standard 4;
g. recommendation development and prioritization as outlined in Practice Standard 5;
h. and evaluation plan as outlined in Practice Standard 7.

Because HIA practice exists along a continuum from rapid to comprehensive, the length and detail of each of these sections will vary. As part of promoting transparency under the HIA value of 'ethical use of evidence', practitioners should strive to include as many of these elements as possible in final public products, regardless of HIA scale.

6.3 When documenting the HIA findings and describing recommendations, the HIA team should include the following for each specific health issue analyzed:

a. a discussion of the available scientific evidence;
b. a description of the data sources and analytic methods used for the HIA;
c. a summary of existing conditions*;
d. a detailed description of the findings;
e. the potential health impacts' characterization and significance;

f. a list of corresponding recommendations for policy, plan, program or project, alternatives, design, or mitigations (as applicable); and
g. a description of any HIA limitations, including data, analytic, or others.

*for more information about existing conditions, please see Practice Standard 4. Assessment

6.4 The HIA team should collaborate with stakeholders to update and finalize the plan for communicating results and disseminating findings and recommendations created during Scoping. The dissemination strategy should consider how communities affected by the proposal and other stakeholders can be involved in sharing findings and recommendations, and addresses the following:

6.4.1. To support effective and inclusive dissemination of HIA results, the HIA team should consider a summary that succinctly documents priority findings and recommendations in a way that allows all stakeholders to understand, evaluate, and respond to the HIA. In addition, the HIA team should consider other communication materials such as one-pagers, infographics, videos, websites, etc. that align with the dissemination strategy.

6.4.2 The HIA report (or comparable communication product) and related materials should be shared, according to the dissemination strategy and in collaboration with stakeholders, with audiences including but not limited to communities and populations affected by the proposal, decision-makers, and any relevant implementation parties.

6.4.3 The HIA report (or comparable communication product) and related materials should be made available and readily accessible in an appropriate format for all stakeholders, taking into consideration factors such as education, language, and digital access.

## 7. Standards for Evaluation and Monitoring

Evaluation and Monitoring is the HIA phase that considers sustainability beyond an initial project period. This includes evaluation of the HIA in terms of process, impacts, and outcomes, all of which can contribute to sustainable improvements in practice for a given HIA team, and for the larger field of practice. Monitoring also includes the development and implementation of a strategy to sustain the relevance of HIA recommendations and relationships over time and track the predicted potential impacts on health determinants and outcomes over time.

While many evaluation and monitoring activities will not occur during an initial HIA project period, all HIAs should include some level of process reflection. Process evaluation may be conducted either after the HIA is complete, or during the HIA to facilitate adaptations to the ongoing HIA process. HIAs should also consider how evaluation of longer term impacts and outcomes could occur when and if resources become available.

Evaluation and monitoring activities achieve Minimum Elements 9 and 10.

7.1 The HIA team should evaluate the HIA process. *Process evaluation* attempts to determine the fidelity of an HIA to these Minimum Elements and Practice Standards and/or to project-specific criteria defined during the Scoping phase.

7.1.1 Items to consider in a process evaluation conducted during or immediately after each phase, or at the end of the HIA process include:

a. how the HIA topic was selected (Screening)
b. achievement of defined HIA goals (Scoping)
c. effectiveness of stakeholder engagement strategy (Scoping)
d. adherence to research plan and/or how any adaptations were created and documented (Assessment)
e. how well assessment findings informed the development of recommendations (Recommendations)
f. how well the HIA process and outputs addressed equity
g. a summary of lessons learned, successes, challenges, strengths, and weaknesses with an eye toward ongoing process improvement

7.1.2 Items to consider after distribution of final HIA products include:

h. effectiveness of reporting and dissemination strategy (Reporting)
i. inclusion and feasibility of an evaluation and monitoring plan (Evaluation)

7.2 The HIA team or another appropriate party may also evaluate HIA impacts. *Impact evaluation* seeks to understand the impacts of the HIA on the decision, decision-making process, and the decision-making climate in general. Items to consider in impact evaluation include:

a. the decisions made or implemented relative to the those considered in the HIA
b. discussion of HIA findings in decision-making
c. consideration and adoption of HIA recommendations
d. capacity and collaboration building among stakeholders
e. the ways in which awareness and consideration of health changed in the decision-making climate as a result of the HIA

7.3 *Outcome evaluation* tracks effects over time of the proposed policy, plan, program, or project on health determinants and outcomes detailed in the assessment. It is the most challenging evaluation to complete, but is beneficial for sustainability of local HIA efforts and the larger field of practice, and to outline potential strategies for stakeholders tied directly to findings, predictions, and indicators used in the assessment.

7.4 The HIA team should think critically about a general monitoring strategy for how a broad range of HIA stakeholders could sustain their involvement in the decision-making system and/or build upon successes and lessons learned through the process. This monitoring strategy is closely related to, but distinct from evaluation activities described in 7.1-7.3 above. It can take the form of a formal plan that specifies goals, objectives, and detailed actions for execution, or it can be a relatively informal acknowledgement within an HIA that broadly outlines project-specific purposes for monitoring and entities that may contribute over time. Monitoring overlaps with aspects of impact evaluation, particularly 7.2.d and e, and provides for thoughtful exploration of how relationships formed or strengthened through the HIA process can be maintained, can lead to continued involvement in relevant systems, and can promote accountability to affected communities.

7.4.1 Items to consider in a monitoring plan or strategy include:

a. goals for short- and long-term monitoring;
b. indicators for monitoring and who might be best positioned to track them;
c. which audiences (e.g. decision-makers, community members, etc.) should receive monitoring updates and the mechanisms for reporting to them (e.g. listservs, community newsletters, etc.);
d. relationships critical for maintaining ongoing relevance of findings, recommendations, and accountability to affected communities;
e. identification of new partners or relationships to pursue as a result of the HIA;
f. opportunities for mutual learning to strengthen relationships post-HIA process;
g. triggers or thresholds that may lead to review and adaptation in decision implementation;
h. resources required to conduct, complete, and report monitoring activities; and
i. possible new funding supports for sustaining efforts that promote health and equity in alignment with HIA findings and/or recommendations.

7.4.2 Because HIA is a forward-looking tool, used at a point in time during the decision-making process, the monitoring plan should allow for changes as conditions in the community and decision-making context evolve over time. To support HIA transparency, the monitoring plan should be shared with relevant stakeholders, especially decisionmakers, recommendation implementers, and organizations tracking indicators.

As stated previously, comprehensive evaluation and monitoring is not the sole responsibility of, and is usually not within the capacity of, a single HIA team.

## Key References

This document is not intended to be a comprehensive manual for conducting an HIA, but rather a guidance document on what elements are essential or desirable to include. Many useful guides and toolkits exist to help practitioners complete an HIA while following best practices. Some key references to help HIA practitioners and those wishing to better understand HIA are listed below.


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