Health Impact Assessment
Resource

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Resources for Healthy Communities
V1.1

Health Impact
Assessment
Resource

This Health Impact Assessment Resource is intended to support local and Indigenous government staff and public health professionals to implement a Healthy Communities approach[1] to planning and evaluating local projects, policies and programs.

What you'll find in this resource:

1. An introduction and overview of Health Impact Assessment (HIA) and how it relates to a Health in All Policies (HiAP) approach

2. The process of HIA and the types of projects, policies and programs well suited for HIA at the local level

3. A summary of how HIA principles link to public health and local and Indigenous government objectives

4. Links to practical tools and resources to support implementation

Purpose

The purpose of this resource is to:

1) Highlight links between the core principles of HIA and Healthy Communities work already underway in local Indigenous and non-Indigenous government contexts.

2) Outline opportunities for local and Indigenous government staff, health authorities and community members to work together to develop equitable and sustainable decision-making processes that improve community health and well-being, and monitor long-term impacts.

This resource explains what makes HIA a collaborative decision-making tool, and provides ideas, guidance and resources to support the inclusion of health and equity in policy and decision-making processes. It also highlights overlaps in the goals and objectives of public health, local and Indigenous government staff and planners, and supports the development of multi-sectoral partnerships. The principles and resources included inform the use of HIA in local contexts, and can guide the development of assessment, monitoring and evaluation strategies that consider health and equity. Decisions that include but extend beyond the local level involving provincial and federal levels of government (e.g., large-scale resource development permitting) can also be well suited for HIA, but are not the focus of this resource.

Environmental Assessments

Health Canada, the BC Ministry of Health, and regional health authorities participate on working groups to review environmental assessments for projects proposed in BC. This ensures health and social impacts are considered in decision-making and that potential impacts are mitigated, monitored, and managed. This resource does not refer to projects that would trigger this process under the BCEAA in BC.

Governance

There are various mechanisms through which a collaborative approach to addressing the social determinants of health are mandated at the local and Indigenous government level and within provincial health authorities.

Both the **Local Government Act** and **Public Health Act** allow local governments and public health professionals that have authority under the Public Health Act to address a range of issues related to community health and well-being.

An MOU between the First Nations Health Council and the Government of BC titled **A Regional Engagement Process and Partnership to Develop a Shared 10-year Social Determinants Strategy for First Nations Peoples in BC** identifies the importance of addressing health through the social determinants of health in First Nations communities and provides a mandate for multi-sectoral collaboration to achieve healthy communities.

"The Parties agree that advancing the broader purpose of reconciliation by improving the health and wellness status of First Nations requires concerted and coordinated action to address the related and underlying circumstances that determine individual and collective well-being with the collaborative goal of building healthy communities."[2]

Collaborative approaches within HIA can be an effective tool for meeting the mandates of local governments, regional health authorities and Indigenous governments while reducing the burden on one sector to fully address the health and well-being of communities on their own.[3]

This resource does not cover how to conduct an HIA. Many excellent resources already provide guidance on how to perform HIAs; a selection of these resources can be found throughout the resource.

What is a
Health Impact
Assessment

Health Impact Assessment (HIA) is "**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, and the distribution of those effects within the population."[4]

BROKEN DOWN, THIS DEFINITION PROVIDES A FULLER UNDERSTANDING OF THE INTENT OF HIA AND ITS COMPONENTS.

COMBINATION OF PROCEDURES, METHODS AND TOOLS

HIA is a systematic, flexible tool and the methods used adapt to the budget, resources, timelines, potential health effects and extent of impact anticipated.

POLICY, PROGRAM OR PROJECT

HIA is applied to proposed policies, programs and projects.

POTENTIAL EFFECTS ON THE HEALTH OF A POPULATION

HIA is applied in the planning stages of programs, policies or projects, before they are implemented. This proactive approach saves time and money and leads to more effective healthy communities approaches.

DISTRIBUTION OF THOSE EFFECTS

HIA is concerned with reducing inequities and therefore it aims to identify the population groups that may be unjustly affected by proposals and guides communities and decision-makers in developing recommendations to minimize negative health impacts while maximizing opportunities for improved health and well-being.[5,6]

HIA brings together diverse partners including community members and community-based organizations, local and Indigenous government decision-makers and staff, technical experts and public health professionals to identify the potential positive and negative health effects of decisions from multiple sectors. Combining quantitative data with community evidence, the distribution of impacts across economic, cultural, geographic and other variants are identified and then from those findings evidence-based recommendations are generated to enhance health benefits and minimize unintended negative health consequences.[7] The information collected through each step of the HIA process supports evidence-based monitoring and evaluation of projects once they are implemented.[8] By incorporating health evidence and equity into decisions that generally don't consider health, they serve to maximize health protection and health promotion efforts in communities experiencing health inequities.

HIA and Health in All Policies

Health in All Policies (HiAP) is an approach to policy making that recognizes that today's most complex health challenges are influenced by the social determinants of health and solving these challenges requires a multi-sectoral approach.
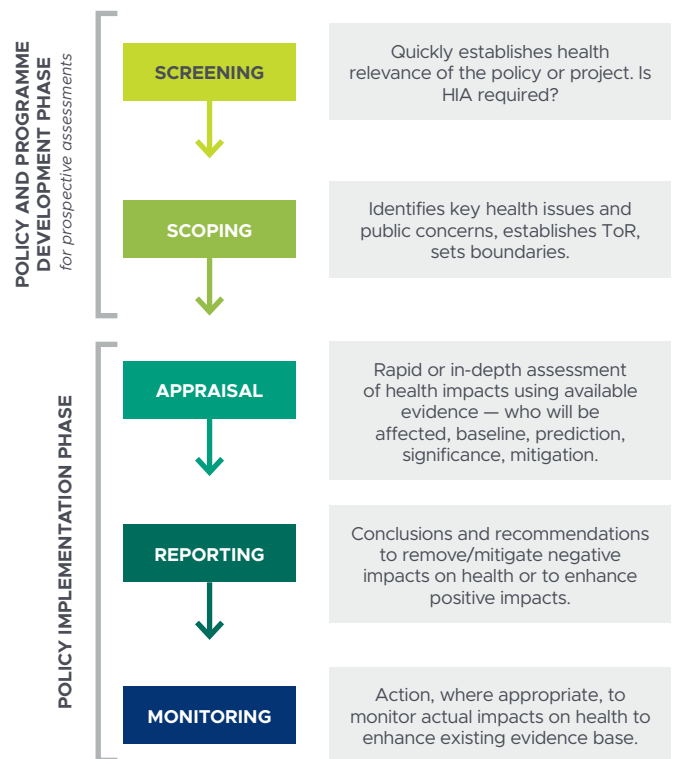
"Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.
The goal of Health in All Policies is to ensure that decision-makers are informed about the health, equity, and sustainability consequences of various policy options during the policy development process."[9]

Local and Indigenous governments implementing a HiAP approach can utilize a variety of mechanisms to attain this goal, including but not limited to healthy policy development, data, research and evaluation, taxes and fees, education and evaluation. HIAs are an important part of HiAP as they formalize the inclusion of population health and equity into the development phase of policies, programs and projects across multiple sectors, supporting local and Indigenous governments in their efforts to protect the health and well-being of their communities.[10]

Resource: How do Local Governments Improve Community Health and Well-being?

HIA Process
at a Glance

There are 5 steps to the HIA process: Screening, Scoping, Appraisal, Recommendations, Reporting and Monitoring/Evaluation. The scale to which each step is completed is determined by how much time there is to conduct the HIA, personnel and financial resources available, the extent of health impacts and the potential for disproportionate impacts on populations. Whether a full HIA is completed or just the screening and scoping phases, the information collected can be used to inform decisions and establish priorities for action, reducing inequities and increasing community health and well-being for current and future generations.[11] The information can also be used to support ongoing monitoring of impacts,[12] and inform changes to support sustainable community development.

POLICY AND PROGRAMME DEVELOPMENT PHASE *for prospective assessments*

| SCREENING | Quickly establishes health relevance of the policy or project. Is HIA required? |
| SCOPING | Identifies key health issues and public concerns, establishes ToR, sets boundaries. |

POLICY IMPLEMENTATION PHASE

APPRAISAL	Rapid or in-depth assessment of health impacts using available evidence — who will be affected, baseline, prediction, significance, mitigation.
REPORTING	Conclusions and recommendations to remove/mitigate negative impacts on health or to enhance positive impacts.
MONITORING	Action, where appropriate, to monitor actual impacts on health to enhance existing evidence base.

Source: WHO (www.who.int/hia/tools/en/).

Resource: A Health Impact Assessment Toolkit: A Handbook to Conducting HIA

Resource: A Guideline for Conducting Health Impact Assessment for First Nations in British Columbia, Canada

Common Applications

Projects, policies and programs that local and Indigenous governments implement span sectors linked to the social determinants of health including housing, land-use planning, education, community development, transportation, labour and employment. The graphic below provides examples of the types of projects, policies and programs that HIA has been applied to within these sectors at the local government level.[13] Although these examples stem from local governments, similar sectors of responsibility exist within the mandate of Indigenous governments.

LAND-USE PLANNING:
Official Community Plan, Comprehensive Plan, Complete Streets Plans, Re-Zoning Applications, Connectivity/Corridor Studies

TRANSPORTATION:
Community Transportation Plan, Transit Expansion Plan, Bike Share Program, Safe Routes to School, Active Transportation Plan, Light Rail Proposal

HOUSING:
Student Housing, Single-Use Occupancy Hotels, Public/Social Housing Redevelopments, Shelter-in-Place Policy, Vacant Building Ordinance

COMMUNITY DEVELOPMENT:
Skateparks, Farmers Markets, Revitalization

LABOUR AND EMPLOYMENT:
Living Wage Ordinance, Paid Sick Days, Worksite Wellness Program

EDUCATION:
Shared Use Policy for Community Space, School Siting Policies, Providing free or reduced bus passes to students

OTHER:
Casinos, Access to Housing for those with Criminal Records, Cannabis policies, Restorative Justice Programs

Reviewing proposals to determine if HIA would be beneficial is the first step in conducting an HIA (i.e., screening). Although this resource does not detail each step of HIA, some common screening criteria are introduced here to help identify opportunities that may be conducive for HIA. In general, HIAs can be beneficial when one or all of the following exist:

a) social, economic and cultural determinants of health are not being considered as part of the decision-making process

b) there is potential for the project, policy or program to differentially impact health of those already experiencing detrimental social, economic and health conditions

c) an intersectoral approach is required for successful and impactful implementation and relationships need to be strengthened or developed

d) trust needs to be built or restored between community members and decision-makers

e) there is political will, community demand and/or funding available to conduct an HIA

Why incorporate
HIA in your work

HIA is a useful and valuable process which can support both local and Indigenous governments and health authorities to meet their goals. For example:

HIA can **STIMULATE LOCAL ECONOMIC DEVELOPMENT:**

- By mitigating social inequities and contributing to a HiAP approach, HIAs can increase community prosperity and improve quality of life.[14]

The HIA process can connect local and Indigenous governments and health authority staff. It can act as a means to **FORM AND STRENGTHEN GOVERNMENT-TO-GOVERNMENT, MULTI-SECTORAL AND MULTI-DISCIPLINARY PARTNERSHIPS:**

- Collaboration between these partners helps each governing body to use limited resources more efficiently, so they can better respond to the broad and varied health needs of their community. Healthy Built Environment Teams and Healthy Community Leads could form a connection point for these partnerships.[15,16]

- Increasing public and decision-maker understanding of the links between community planning and public health could help to identify common goals and interests among partners.[17]

HIA **INCORPORATES MEANINGFUL COMMUNITY ENGAGEMENT**, which can:

- Increase community awareness and understanding of different health concerns and the determinants of health that impact community health and well-being.[18]

- Empower community members to become more involved in decision-making that influences community health.[19]

- Support community involvement, which has been shown to reduce social isolation, and enhance sense of belonging within communities.[20]

- Foster equitable community-driven planning, which empowers community members to make decisions about their own well-being, especially those community members experiencing health inequities.[21]

- Inform better decision making and improve effectiveness of policies that address inequities by using localized data and community experiences to inform policies.

- Increase community buy-in to support the project, policy, or program in question.[22]

Inequalities in the social determinants of health act as barriers to addressing health inequities in Indigenous, racialized and low-income communities.[23] HIA can **ENSURE THAT POLICIES, PROJECTS AND PROGRAMS WORK TO REDUCE HEALTH DISPARITIES AND HONOUR THE CALLS TO ACTION IN THE TRUTH AND RECONCILIATION REPORT (TRC)[24] AND UN DECLARATION ON THE RIGHTS OF INDIGENOUS PEOPLES (UNDRIP):**

- Although the language is directed toward the Federal government, TRC Calls to Action 18, 19, and 20 ask for recognition that policies have greatly impacted the health and well-being of Indigenous populations, ask to close the gaps in health outcomes between Indigenous and non-Indigenous populations, and ask to recognize the district health needs of Métis, Inuit and First Nations populations. HIA works to address each of these calls to action.

- Articles 21, 22, 23, 24, and 25 in the UNDRIP pertain to health and well-being of Indigenous populations. These articles refer to the right to the improvement of health and well-being and the social determinants of health (e.g. housing), that the health of certain demographics within Indigenous communities be especially protected, the right to be actively involved in developing health, housing, economic and social programming, and equal rights to accessing traditional social and health services and to achieving the highest standards of physical, mental and spiritual health. HIA supports each of these mandates.

The HIA process **ALIGNS WITH EXISTING PUBLIC HEALTH, PLANNING AND LOCAL AND INDIGENOUS GOVERNMENT PROCESSES** and can support inclusion of a culturally relevant definition of health and equity at multiple points or stages of local planning processes, including:[25]

- Developing a community vision

- Priority setting and clarifying community health priorities

- Comparing policy, project or program alternatives

- Implementing and enacting policies, projects, programs and procedures

- Revising plans, and updating or adjusting strategies and policies

See Figure 1 for an outline of how HIAs can add value at all stages of the planning process.

Figure 1: Robert Wood Johnson Foundation, Pew Charitable Trusts and American Planning Association. (2016). Health Impact Assessment Can Inform Planning to Promote Public Health: Process offers opportunities for collaboration among planners and public health professionals. Health Impact Project.

Resource: PlanH Healthy Built Environment

Resource: Healthy Built Environment Linkages Toolkit

Resource: The Evolution of BC's Healthy Built Environment Teams: Learnings, successes and next steps

The 5 principles
of HIA and
local government objectives

The five principles of HIA can support the objectives of both local and Indigenous governments, as well as public health objectives. The principles are equity, democracy, a holistic view of health, sustainability and equitable use of evidence.[26] The principles guide both the design of the HIA process and goals the HIA intends to achieve.

1 EQUITY

Equity is a foundational value of HIA and should be applied to all stages of the HIA process. The remaining four principles should be viewed through this foundational value.

Related to health, equity is said to exist when "… all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status, sexual orientation or other socially determined circumstance."[28] Equity is the overarching goal of health in all policies and healthy communities work. By looking at the distribution of health effects across the population and involving affected communities in the decision-making process, HIAs can help address unjust and avoidable differences in factors that determine health and well-being.

In both community planning and public health, equity is viewed as a key component in creating safe, welcoming and inclusive communities now and in the future.[29] Equity is rooted in social justice and a desire for fairness and opportunities for all community members.

Resource: Equity Metrics for Health Impact Assessment Practice

Resource: Supporting Equity in Policy and Planning Action Guide

2 DEMOCRACY

HIA processes are participatory and democratic by design.

Involving citizens in decisions that may impact their health and well-being is intrinsic to an equitable HIA process. Addressing inequity is not just about identifying underserved communities or analyzing health data. It is also about addressing inequities within the public participation process, and ensuring that the people most impacted by a given decision have their perspectives heard and are involved in every step of the HIA.[30] Defining those with lived experience as experts in the assessment of impacts is imperative to this process.

Local and Indigenous government staff, planners and public health professionals share a commitment to community engagement and inclusive decision-making. Community-based practitioners are well-positioned to reach out to community organizations and community members who they have established relationships with and work with on a regular basis. Leveraging existing relationships can support multi-sectoral collaboration, and support an intentional, equitable and democratic HIA process.[31]

Figure 2: Diagram from the CIP Healthy Communities practice guide represents the range of topic areas and disciplines that can be drawn on in Healthy Communities work.

Resource: Community Engagement in Rural Areas

Resource: A Guide to Community Engagement Frameworks for Action on the Social Determinants of Health and Health Equity

Resource: Healthy Community Engagement Action Guide

3 A HOLISTIC VIEW OF HEALTH

HIAs assess health and well-being using a holistic approach.

HIA recognizes that health is determined by a wide range of factors from many sectors and that community characteristics dictate the factors that determine health. For example, cultural diversity, colonization, and the unique contexts of small and rural communities in B.C. can influence the indicators of health that most impact community health and well-being.[32]

Various models of the determinants of health have been created for Indigenous communities. The BC FNHA model of health is depicted in Figure 3. In this model, it is recognized that there are five interconnected layers to health and well-being starting at individual responsibility and reaching to the social, economic, cultural and environmental determinants of health and well-being.

While these types of models are good starting points for understanding the factors that impact individual and community health and well-being, it is recognized that Indigenous and non-Indigenous communities are diverse and it is important to understand the distinct cultures, histories and worldviews to adequately identify health impacts and create recommendations for improving health and well-being. A more equitable approach to conceptualizing health involves those directly affected by the decision in defining determinants of health and well-being for their unique context.

Figure 3: First Nations Health Authority. (n.d.). First Nations Perspective of Wellness.

Resource: First Nations Perspective on Wellness

Resource: Healthy Communities Practice Guide

Resource: Health Inequalities and the Social Determinants of Indigenous Health

4 SUSTAINABLE DEVELOPMENT

HIA takes into account the short and long-term effects of the programs, projects and policies implemented.

In the scoping stages, a key step is determining the temporal and geographic boundaries of the assessment, defining how far back in time and how far into the future impacts will be considered. The determination of these boundaries is dependent upon resource availability, the nature of the project and the worldview of the communities being affected.

Intergenerational equity is a concept in sustainable development that aims to ensure decisions do not result in unfair burdens on future generations.[33] Sustainable development is incorporated into the mandates of public health practitioners, environmental health practitioners and planners concerned with how economy, ecology and equity (the three E's of sustainability) affect community health and well-being now and in the future.

Indigenous knowledge systems articulate concepts of sustainability differently, recognizing that there is a responsibility to take care of the environment and all living things out of respect for those that came before, and to ensure health and well-being of all living things now and in the future is protected.[34] HIAs can incorporate this world view into decision-making processes by ensuring the temporal and geographic scope is defined by this perspective.[35]

Resource: Pursuing Sustainability with Social Equity Goals

5 ETHICAL USE OF EVIDENCE

The HIA process is data-driven and supports transparent and rigorous decision-making.

An equitable HIA process brings together quantitative demographic and qualitative community data.[36] Community members, planners and public health practitioners work together to frame research questions and identify indicators and data collection methods based on local community values and priorities.[37]

Having relevant and comprehensive data to inform policy decisions is often challenging at the local level given the way data is collected and collated.[38] While regional data is a valuable tool for understanding population health characteristics, it can be challenging to translate these data to the experiences of individuals at the local level. This challenge is particularly pronounced for Indigenous communities, as regional data is either non-existent, fragmented, or not statistically robust enough to use due to small sample sizes.[39]

By emphasizing qualitative data, including stories, focus group dialogue, interviews and open-ended survey questions, HIAs can help to fill in data gaps and create a more accurate picture of the status of health and well-being at the local scale. Involvement of community members in the HIA process also empowers community members with knowledge of the decision-making process and local data indicators and metrics, allowing them to monitor project progress and know their community better. In this way, collecting community-level qualitative data allows for shared understanding and decision-making that incorporates the unique values, priorities and needs of community members.

Collaboration and transparency between planners, health practitioners and community members is key in developing relevant, culturally appropriate and context-specific indicators. Ensuring that all data collection follows community protocols, including the Ownership, Control, Access and Permission (OCAP) principles is important for safety, respect and honouring the rights of Indigenous Peoples.[40]

Resource: Considerations for Conducting Evaluation Using a Culturally Responsive and Racial Equity Lens

Resource: Medicine Wheel Evaluation Framework, Atlantic Council for International Cooperation

Resource: OCAP Principles

Resource: Health Equity Indicators

Challenges and Barriers

Research indicates that HIAs have the potential to build trust and strengthen relationships between decision-makers and community residents; contribute to more equitable access to health-promoting resources such as healthy foods, safe places for physical activity, transit and health care; and, protect vulnerable communities from disproportionate exposure to environmental hazards.[41] Despite this evidence, their application at a local level has been slow in Canada compared to the United States[42] and several European[43] countries.

Unlike other formal assessment processes such as Environmental Impact Assessments and Housing Needs Assessments,[44] no legislative requirements for HIAs exist. HIAs at the local level in Canada are done voluntarily, which can make implementation of recommendations challenging.

Table 1 outlines some barriers to implementing HIAs at a local level and provides potential solutions.

Table 1: Potential barriers and solutions to implementing HIA

POTENTIAL BARRIERS	POTENTIAL SOLUTIONS
Lack of clarity about how HIA is linked to work already being done across sectors	It's important for those engaged in leading HIA efforts to understand the mandates of other departments and how they intersect with the goals of HIA. This could be resolved through informal conversations or formal workshops and research.
Confusion about who is responsible for Health Impact Assessment work	As conveners and facilitators, planners and local government staff are well positioned to lead and facilitate the HIA process. Health authority staff can also guide understanding of community health and well-being and provide health-related data.
Capacity to conduct and/or oversee the HIA process	HIAs are scalable to fit the time, budget and personnel resources available.
Challenges getting local decision-makers to invest in HIA processes	Help decision-makers understand the benefits of HIAs including how they more efficiently and effectively achieve Healthy Community mandates, improve public approval of new initiatives and stimulate local economic development.
Decision-maker fear that HIA will highlight negative health impacts	HIA looks at positive and negative impacts, therefore, they promote a proactive approach to protecting the health of a population and enhance beneficial outcomes for people most in need.

Summary

Local and Indigenous governments have an important role to play in building healthy communities, creating conditions for citizens to make healthy choices and promoting health and well-being; however, no single sector can address the health and well-being of our communities alone.

By incorporating a full HIA or elements of HIA into local decision-making processes, mitigating inequities and improving healthy community outcomes can be augmented. Intersectoral collaborations and partnerships, and meaningful engagement with and involvement of community members also improves efficiencies and effectiveness, strengthens relationships, and allows for greater acceptance of proposed policies, projects and programs.

By intentionally including health considerations in decision-making processes, local and Indigenous governments, alongside health authorities, can support implementation of HiAP and provide a decision-making framework for healthy community development.

References

1   BC Healthy Communities. 2011. The Healthy Communities Approach: A Framework for Action.

2   Province of British Columbia and First Nations Health Council. 2016. A Regional Engagement Process and Partnership to Develop a Shared 10-year Social Determinants Strategy for First Nations Peoples in BC.

3   BIbid p. 13

4   World Health Organization. 1999). Gothenburg Consensus Paper. Health Impact Assessment: Main Concepts and Suggested Approach. World Health Organization.

5   Diallo, T. & Manseau, G. (2020). Webinar - Online Course on Health Impact Assessment (HIA): A Tool for Developing Healthy Public Policies. National Collaborating Centre for Healthy Public Policy.

6   National Association of County & City Health Officials. (2008). Health Impact Assessment Quick Guide.

7   Metro Vancouver. (2015). Health Impact assessment of transportation and land Use planning activities: Guidebook.

8   American Planning Association. (2016). Health Impact Assessment Toolkit for Planners.

9   Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). Health in All Policies: A Guide for State and Local Governments. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute.

10 Tamburrini, A., Gilhuly, K. & Harris-Roxas, B. (2011). Enhancing benefits in health impact assessment through stakeholder consultation. Impact Assessment and Project Appraisal, 29:3, 195-204.

11 St-Pierre, L. (2013). Canadian Experiences in Institutionalizing Health Impact Assessment (HIA).

12 American Planning Association. (2016). Health Impact Assessment Toolkit for Planners.

13 Pew Charitable Trusts. 2015. HIA Map.

14 Calloway, E. et al (2019). Long-Range Planning for Health, Equity & Prosperity A Primer for Local Governments. Change Lab Solutions.

15 Robert Wood Johnson Foundation & The PEW Charitable Trusts. (2020). Do Health Impact Assessments Promote Equity? Insights on the contributions of HIAs in addressing factors that lead to disparities. Health Impact Project.

16 SOPHIA Stakeholder Engagement Working Group. (2018.). Stakeholder Engagement Videos. Society of Practitioners of Health Impact Assessment.

17 McCallum, C., Ollson, C., & Stefanovic, L. (2015). Advancing the practice of health impact assessment in Canada: Obstacles and opportunities. Environmental Impact Assessment Review, 55, 98–109.

18 ibid

19 Heller, J., Malekafzali, S., Todman, C., & Wier, M. (2013). Promoting Equity through the Practice of Health Impact Assessment.

20 Kegler, M., Norton, B., & Aronson, R. (2003). Evaluation of the Five-Year Expansion Program of California Healthy Cities and Communities.

21 Heller, J., Malekafzali, S., Todman, C., & Wier, M. (2013). Promoting Equity through the Practice of Health Impact Assessment.

22 Wyss, K., Dolan, K., & Goff, N. (2016). Health in All Policies: A framework for state health leadership. ASTHO.

23 Reading, C.L. & Wein, F. (2009). Health Inequalities and Social Determinants of Aboriginal Peoples' Health. Prince George, BC. National Collaborating Centre for Aboriginal Health.

24 Truth and Reconciliation Commission of Canada. 2012. Truth and Reconciliation Commission of Canada: Calls to Action.

25 Health Impact Project and the American Planning Association. (2016). Health Impact Assessment Can Inform Planning to Promote Public Health.

26 World Health Organization. 1999). Gothenburg Consensus Paper. Health Impact Assessment: Main Concepts and Suggested Approach. World Health Organization.

27 Heller, J., Givens, M., Yuen, T., Gould, S., Jandu, M., Bourcier, E., Choi, T. (2014). Advancing efforts to achieve health equity: equity metrics for health impact assessment practice.

28 BC Centre for Disease Control. 2021. Health Equity.

29 Park, A. (2014). Equity in Sustainability: An equity scan of local government sustainability programs.

30 Heller, J., Malekafzali, S., Todman, C., & Wier, M. (2013). Promoting Equity through the Practice of Health Impact Assessment.

31 American Planning Association. (2016). Health Impact Assessment Toolkit for Planners.

32 Shandro, J. & Jokinen, L. (2018). A guideline for conducting health impact assessment for First Nations in British Columbia, Canada. Tsimshian Environmental Stewardship Authority.

33 Park, A. (2014). Equity in Sustainability: An equity scan of local government sustainability programs.

34 Assembly of First Nations. 2021. Honouring Earth.

35 Shandro, J. & Jokinen, L. (2018). A guideline for conducting health impact assessment for First Nations in British Columbia, Canada. Tsimshian Environmental Stewardship Authority.

36 North American HIA Practice Standards Working Group. (2009). Practice Standards for Health Impact Assessment, Version 1.

37 Craig,K. & Van Hemert. J, (2012). Healthy Communities Practice Guide. Canadian Institute of Planners and HB Lanarc.

38 St-Pierre, L. (2013). Canadian Experiences in Institutionalizing Health Impact Assessment (HIA). 2013 Interprovincial-Territorial Meeting: Report. National Collaborating Centre for Healthy Public Policy.

39 Reading, C.L. & Wein, F. (2009). Health Inequalities and Social Determinants of Aboriginal Peoples' Health. Prince George, BC. National Collaborating Centre for Aboriginal Health.

40 The First Nations Information Governance Centre. OCAP Principles.

41 Elizabeth Kelley Sohn et al. 2018. Avenues of Influence: The Relationship Between Health Impact Assessment and Determinants of Health and Health Equity, Journal of Urban Health 95, no. 5 (2018): 754-764.

42 The Healthy Community Design Initiative. (2016). Health Impact Assessment. Center for Disease Control and Prevention..

43 Martin-Olmedo, P. (2017). Survey on HIA implementation across countries of the WHO European Region.

44 Environmental Assessment Office. (2018). Environmental Assessment Act. The Province of British Columbia.

Acknowledgments

FOR MORE INFORMATION

Want support or to learn more about improving health and well-being in your community?

Health authorities can support local governments by providing advice and expertise, resources for local government staff and elected officials to develop healthy public policy, community health profiles, and opportunities to work together on joint healthy living actions. You may already have relationships with your health authority. If not, up-to-date contact information for your local health authority lead is available at

PLANH.ca