Capacity building for HIA

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Abstract

Background: To integrate health impact assessment (HIA) into existing decision-making processes requires not only methods and procedures but also well-trained experts, aware policy makers and appropriate institutions. Capacity building is the assistance which is provided to entities, which have a need to develop a certain skill or competence, or for general upgrading of performance ability. If a new technique is planned to be introduced there is a need for capacity building with no respect to levels (local, regional, national, international) or sectors (health, environment, finance, social care, education, etc.). As such, HIA is a new technique for most of the new Member States and accession countries of the European Union.

Methods: To equip individuals with the understanding and skills needed to launch a HIA or be aware of the availability of this methodology and to access information, knowledge and training, we focused on the organization of workshops in participating countries. The workshops served also as pilot events to test a “curriculum” for HIA; a set of basic topics and presentations had been developed to be tested during workshops. In spite of classical in-class workshops we aimed to organize e-learning events as a way to overcome the “busyness” problem of decision makers.

Results: Throughout March – October 2006 we organized and ran 7 workshops in Denmark, Turkey, Lithuania, Poland, Bulgaria, Slovak Republic and Hungary. Participants came from the public health sector (141), non-public health decision makers (113) and public health students (100). A concise curriculum was developed and tested during these workshops. Participants developed a basic understanding of HIA, skills to develop and use their own screening tools as well as scoping. Within the workshop in Denmark we tested an online, real-time Internet based training method; participants highly welcomed this method as it allowed them to take part in training from their workplace, and it did not disturb their daily work.

Conclusions: The workshops set a very good baseline for the introduction of HIA in participating countries. The training documents are being translated into their national languages and will be posted on the national HIA web pages of the participating countries. Participating countries have expressed an interest in continuing on with similar workshops on specific issues related to HIA, providing more in-depth training.

Keywords: health impact assessment, capacity building, e-learning
Capacity building is the assistance that is provided to entities, which have a need to develop a certain skill or competence, or for general upgrading of performance ability. If a new technique is aimed to be introduced there is a need for capacity building with no respect to levels (local, regional, national, international) or sectors (health, environment, finance, social care, education, etc.). As such, HIA is a new technique for most of the new Member States and accession countries of the European Union.

In 1991, United Nations Development Program (UNDP) defined capacity building as the creation of an enabling environment with appropriate policy and legal frameworks, institutional development, including community participation, human resources development and strengthening of managerial systems. Adding that, UNDP recognizes that capacity building is a long-term, continuing process, in which all stakeholders participate (ministries, local authorities, non-governmental organizations and water user groups, professional associations, academics and others) [3].

• Capacity Building is much more than training and includes the following elements:

  • Human resource development, the process of equipping individuals with the understanding, skills and access to information, knowledge and training that enables them to perform effectively.

  • Organizational development, the elaboration of management structures, processes and procedures, not only within organizations but also the management of relationships between the different organizations and sectors (public, private and community).

  • Institutional and legal framework development, making legal and regulatory changes to enable organizations, institutions and agencies, at all levels and in all sectors, to enhance their capacities [3].

Within the “Health impact assessment in new member states and accession countries” (www.hia-nmac.sdu.dk) project funded by European Commission DG- SANCO we aimed to provide capacity building to partners from Turkey, Lithuania, Poland, Bulgaria, Hungary, Slovak Republic and Denmark. The aim of this project is

• to provide training on HIA,

• to practice HIA by conducting case studies across different policy areas (wine production, dietary fiber production, tourism and recreational water, and policies related to vulnerable population groups – Roma population),

• discuss addressing socio-economic determinants of health within HIA

• analyze the possibilities of local level HIA implementation in participating countries.

In this paper, we focus on first element of capacity building on human resource development targeting different professional groups such as public health workers, nurses, physiotherapists, lawyers, politicians, administrators, planners, engineers, civil servants in participating countries.

**Methods**

To equip individuals with the understanding and skills needed to initiate HIA, or to be aware of the availability of this methodology and to access information, knowledge and training we focused on the organization of workshops in participating countries. We aimed to invite different groups of health and non-health decision makers as well as students. Partners were provided by a recommendation on how to select workshop participants based on a decision making structure analysis in their respective places. This recommendation was based on decision flow on local level in Denmark and aimed to increase the number of non-health sector participants in workshops.

The workshops served also as pilot events to test a “curriculum” for HIA; a set of basic subjects and presentations were developed to be tested during these workshops.

In addition to classical in-class workshops we aimed to organize e-learning events as a way to overcome the “busyness” problem of decision makers.

A formal evaluation of the workshops is underway as we decided to do a three level evaluation. By a simple questionnaire we assessed awareness, knowledge, attitudes to HIA before the workshop, immediately after the workshop and 6 months later. Satisfaction with the content of the workshop was only assessed after the workshop. This formal evaluation is not part of the presented paper as it is still in progress.

**Results**

During 2006 workshops on health impact assessment (HIA) have been conducted in

• Esbjerg, Denmark, March 2006

• Ankara, Turkey, March 2006

• Vilnius, Lithuania, April 2006

• Katowice, Poland, May 2006

• Sofia, Bulgaria, May 2006

• Bratislava, Slovakia, October 2006

• Debrecen, Hungary, October 2006

Summary of participants of workshops is given in Table 1 in broad categories (public health and non-public health).
It is very important to notice that separating public and non-public health participants is really hard, if not impossible. We used the approach that those who are directly employed by a public health or health agency are classified as public health participants; others, out of students, are classified as non-public health participants.

In case of the Slovak Republic the workshop was organized as a joint event with WHO and Ministry of health within bilateral agreement of the Ministry of Health of the Slovak Republic and WHO.

Evaluation of the workshops was undertaken during each workshop. The results will be presented in a final report as there are still follow-up evaluations ongoing in some countries. The HIA-NMAC project partners, lead by a project coordinator, served as lecturers and group discussion leaders during the workshops. Teaching methods consisted of lectures, group exercises as well as group and full participant discussions.

Content of the workshops consisted of the items listed in Table 2.

Power Point slides of the presentations are available to project partners in countries where workshops were conducted and they will be translated into national languages for further use. A summary PDF file of the presentations has been produced and is available on the project webpage (www.hia-nmac.sdu.dk).

Except for the Slovak Republic, Lithuania and Denmark workshops were conducted over one day. In Lithuania, the first day focused on the local level of usage of HIA while the second day focused on the national level.

The Danish workshop was used to test the Internet based teaching method. The workshop consisted of four meetings. The first meeting was a classical in-class meeting where participants were introduced to HIA as a method as well as the basic steps of the methodology. The second and third meetings were organized as 1 hour long Internet based meetings and discussed the issues of screening (the first meeting) and scoping (the second meeting). Thanks to the generosity of the Centre for International Rural and Environmental Health, located at the University of Iowa, we used the Elluminate software (www.elluminate.com) which allows for real time online communication. A series of power point presentations were used to test this e-learning method. Both of these sessions are recorded and available for viewing at the following web addresses:

- http://globalcampus.uiowa.edu/recordings.html
- http://globalcampus.uiowa.edu/recordings.html

Table 1. Summary numbers of workshop participants

<table>
<thead>
<tr>
<th>Country</th>
<th>Public Health</th>
<th>Non-Public Health</th>
<th>Students</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denmark</td>
<td>2</td>
<td>19</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>Turkey</td>
<td>28</td>
<td>27</td>
<td>0</td>
<td>55</td>
</tr>
<tr>
<td>Lithuania</td>
<td>34</td>
<td>36</td>
<td>0</td>
<td>70</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>31</td>
<td>0</td>
<td>0</td>
<td>31</td>
</tr>
<tr>
<td>Poland</td>
<td>12</td>
<td>8</td>
<td>90</td>
<td>110</td>
</tr>
<tr>
<td>Slovak Republic</td>
<td>24</td>
<td>20</td>
<td>0</td>
<td>44</td>
</tr>
<tr>
<td>Hungary</td>
<td>10</td>
<td>3</td>
<td>10</td>
<td>23</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>141</strong></td>
<td><strong>113</strong></td>
<td><strong>100</strong></td>
<td><strong>354</strong></td>
</tr>
</tbody>
</table>

Table 2. The workshop elements and brief description of the content

<table>
<thead>
<tr>
<th>Subject</th>
<th>Brief description of the content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to HIA</td>
<td>description of basic principles, history of HIA, links to other impact assessment techniques</td>
</tr>
<tr>
<td>Determinants of health</td>
<td>Basic knowledge of determinants of health, health models, role of non-health decision makers in public health</td>
</tr>
<tr>
<td>Screening, screening tool development</td>
<td>Screening methodology, tools, format, content</td>
</tr>
<tr>
<td>Screening tool development exercise</td>
<td>Practical screening tool development exercise in small groups on selected recent decision making cases</td>
</tr>
<tr>
<td>Scoping, scoping tool discussion</td>
<td>Scoping methodology, issues in scoping, discussion on selected recent decision making cases</td>
</tr>
<tr>
<td>Risk appraisal</td>
<td>Basic principles of risk appraisal, risk assessment, risk communication, ethical issues</td>
</tr>
<tr>
<td>Risk appraisal exercise (only in Slovak Republic)</td>
<td>Practical exercise on risk appraisal</td>
</tr>
<tr>
<td>Reporting, decision making, monitoring and evaluation</td>
<td>Practical advices to reporting and monitoring, evaluation, elements of a monitoring system</td>
</tr>
<tr>
<td>Resources for HIA</td>
<td>Information about main information sources for HIA globally</td>
</tr>
</tbody>
</table>
managers, in all other countries there was a more
address public health decision makers and
health students. Except for one country, where a
special request was raised by project partners to
meetings on screening)
• http://globalcampus.uiowa.edu/recordings.html
?sort_column=date&change_direction=false&page=0
(select the meeting entitled “HIA test room” -
meeting on screening)
The capacity building workshop set a very good
baseline for the introduction of HIA in participating
countries. The training documents are being
translated into national languages and will be
posted on the national HIA web pages.

Discussion
Selection of audience is always a crucial point
for capacity building. As HIA aims to inform and
improve decision making, obviously decision
makers should be one of the target groups. In our
project we looked into one Danish municipality
and drew a decision flow from the original source
of the proposal (plan, policy, investment project)
to its final approval. Based on this exercise we
made recommendations to project partners on
the selection of workshop participants in
respective countries. Naturally, decision making
structures differ from country to country but this
guidance helped to create a “common audience”
for workshops from Turkey to Lithuania. The high
number of participants coming from non public
health sector (113) is evidence of this. The second
main target audience were public health personnel. This group included academics,
researchers, managers and field practitioners
(141). The third group of participants were public
health students. Except for one country, where a
special request was raised by project partners to
address public health decision makers and
managers, in all other countries there was a more
heterogeneous audience. Having these three
groups in same room provided an excellent
opportunity for true inter-sectoral discussions.
There was no guidance given regarding levels; so
we aimed to include national, regional and local
levels. So, the final composition of the workshop
audience, about 32% participation from the non
public health sector, 40% from public health
sector and 28% medical and public health
students, could be considered as a success. There
is interest to continue with these workshops. For
instance, Bulgaria has already asked for a second
workshop focusing particularly on the risk
appraisal part of HIA. It has also been proven that
good collaboration with other events, such as for
example a bilateral collaboration agreement
between a country and WHO, helps to increase
coverage and participation in such a workshops
and capacity building events (the Slovak Republic
workshop).

The different elements of teaching as described
in Table 2 proved to be necessary. In such a
heterogeneous audience, with different
knowledge and skills, the introductory part, and
the determinant of health lecture brought
participants up quickly to the same basic level.
The screening and scoping exercises created a
space for true inter-sectoral debates. Participants
were encouraged to screen and scope on their
recent decision making examples from their daily
work; cases like leisure time centres for the
erly, pig farming, nuclear power generation,
highway construction, housing reconstruction,
relocation of a cement factory provided
examples of recent decision making examples.
The advantage of this type of e-learning is the real-time
communication with the additional possibility to record the
session and without the need for a full or half day
interruption to their normal work.

Conclusions
The capacity building workshop set a very good
baseline for the introduction of HIA in participating
countries. The training documents are being
translated into national languages and will be
posted on the national HIA web pages of the
participating countries (at the time of finalizing of this manuscript the Polish national webpage has been launched). There is interest from participating countries to continue with similar workshops on specific issues related to HIA, providing more in depth training. The setting up of a systematic Europe-wide training cycle on HIA is one of the main focuses of the project group.

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The coordinator of the project thanks Jozef Pasztuska from Katowice, Poland who was at the time of the project responsible for the workshop organization in Katowice but left the group after the workshop.

References: