Health Impact Assessment (HIA) Theory of Change

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ABOUT THIS DOCUMENT

The purpose of this document is to illustrate a theory of change for health impact assessment (HIA), showing the intended causal relationships between the HIA process and outcomes and vision. It can be used to communicate high-level strategy for using HIA, as well as serve as a foundation for HIA evaluation frameworks and metrics. Developed using recent HIA literature and incorporating practitioner experience and feedback, this theory of change is intended to be a living document. HIA practitioners are invited to use and adapt it for their own purposes.

HIA PROCESS

Health impact assessment is a six-step process that evaluates how a proposed policy, plan, or project might affect the health outcomes of the community and makes recommendations for how positive health outcomes can be maximized and negative health outcomes can be minimized or eliminated. Ideally, communities who will be affected by the proposal are engaged throughout the process.[1]

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HIA THEORY OF CHANGE

Short-term outcomes

- Community coalitions and partnerships among CBOs established[2,3]
- Relationships among CBOs, agency leaders, and sector leaders formed[4]
- CBOs have a common language to center health equity in policy conversations and demand health equity analysis of decisions[5,6]
- CBOs' knowledge of policymaking processes increased
- Agency and sector leaders' knowledge of community needs and each others' roles and operations[7] increased
- New opportunities exist for community, agency leaders, and sector leaders to explore health equity impacts of decisions and policies[8] and consider tradeoffs among options
- Agency and sector leaders have awareness of interconnected nature of health inequities, historical origins of health inequities, distribution of SDOH, policy, and their own actions

Medium-term outcomes

- Community coalitions and partnerships among CBOs strengthened[9,10]
- Relationships among CBOs, agency leaders, and sector leaders strengthened[11]
- Increased cooperation and stronger relationships among agencies and sectors[12]
- Policy/decision being assessed is modified to center health equity
- Agency and sector leaders' knowledge of interconnected nature of health inequities, historical origins of health inequities, distribution of SDOH, policy, and their own actions[13] increased
- General public's awareness of SDOH,[14] health inequities, and root causes increased
- Community is more involved in decision-making and has greater influence on wider set of decisions[15]
- Community's capacity to conduct HIAs increased[16]

Long-term outcomes

- Cross-sector, cross-agency, cross-community collaboration to achieve health equity outcomes beyond the scope of HIAs increased
- Agency and sector leaders intentionally shift power toward people experiencing health inequities in their decision-making processes
- Agency and sector leaders have established procedures to regularly and consistently integrate health equity as a consideration in decision-making[17,18]
- Agency and sector leaders' responsiveness to concerns of communities experiencing health inequities[19] increased and sustained
- Agency and sector leaders direct more resources to communities experiencing health inequities[20]
- Governmental accountability and transparency to the public, especially people experiencing health inequities, increased[21] Agency and sector leaders institutionalize policies, practices, and funding that support Health in All Policies (HiAP)
- Agency and sector leaders use monitoring and evaluation data to improve HiAP and HIA processes
- The need for HIAs declines as health equity is considered and community is included routinely in decision-making.

Vision

Equitable, health-promoting public policy and decision-making[22,23] create the environments and provide the resources necessary for all people to be healthy and thrive

ASSUMPTIONS

This theory of change is focused on…

- proximal outcomes of the HIA process, not the more distal health equity outcomes that the process outcomes lead to
- project and jurisdiction-level outcomes, not diffusion of HIA practice across jurisdictions
- intended outcomes, which may or may not be achieved in any given HIA due to wide variability in who is implementing the HIA and how it is implemented

DEFINITIONS

Definitions adopted from cited sources or, where noted in end notes, adapted from cited sources.

Agency: An office or department within government that is responsible for a specific service or function (e.g., public health department, transportation department, planning department)

Agency leaders: People with decision-making power and influence in agencies

Community: A group of people with a relationship based on living in the same place. May also refer to groups of people with a relationship based on another shared identity, such as a shared ethnic identity, faith group, or lived experience[24]

Community-based organizations (CBOs): Non-profit, non-governmental, or charitable organizations that represent communities and their needs and work to fulfill those needs. CBOs may be associated with a particular issue or population within the community[25]

Health equity: The guiding principle that all people should have access to the resources they need to reach their full health potential – such as effective medical care, quality education, safe housing, nutritious food, and clean air and water – regardless of their identity, income, or geography[26]

Health inequities: Avoidable, systematic differences in health status adversely affecting economically or socially disadvantaged groups in unfair and unjust ways[27]

Policy: A course or principle of action adopted or proposed by a government, party, business, or individual.[28] This includes laws, plans, processes, and program and project designs.

Root causes: Underlying reasons for inequities that are related to unequal distribution of power and resources and the systems that distribute power and resources[29]

Sector leaders: People with decision-making power and influence in private sector organizations that work on issues related to the social determinants of health (e.g., advocacy organizations, community development organizations, major employers, healthcare institutions)

Social determinants of health (SDOH): Nonmedical factors – such as employment, income, housing, transportation, child care, education, discrimination, and the quality of the places where people live, work, learn, and play – that influence health[30]

[1] The Pew Charitable Trusts, Health Impact Project. (n.d.). Health Impact Assessment. Washington, D.C.: The Pew Charitable Trusts.

[2] Bourcier E, Charbonneau D, Cahill C, Dannenberg AL. An Evaluation of Health Impact Assessments in the United States, 2011–2014. Prev Chronic Dis 2015;12:140376.

[3] Bhatia R, Corburn J. Lessons from San Francisco: health impact assessments have advanced political conditions for improving population health. Health Aff (Millwood). 2011 Dec;30(12):2410-8.

[4] Bhatia R, Corburn J. Lessons from San Francisco: health impact assessments have advanced political conditions for improving population health. Health Aff (Millwood). 2011 Dec;30(12):2410-8.

[5] Bourcier E, Charbonneau D, Cahill C, Dannenberg AL. An Evaluation of Health Impact Assessments in the United States, 2011–2014. Prev Chronic Dis 2015;12:140376.

[6] Bhatia R, Corburn J. Lessons from San Francisco: health impact assessments have advanced political conditions for improving population health. Health Aff (Millwood). 2011 Dec;30(12):2410-8.

[7] Bhatia R, Corburn J. Lessons from San Francisco: health impact assessments have advanced political conditions for improving population health. Health Aff (Millwood). 2011 Dec;30(12):2410-8.

[8] Bhatia R, Corburn J. Lessons from San Francisco: health impact assessments have advanced political conditions for improving population health. Health Aff (Millwood). 2011 Dec;30(12):2410-8.

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[10] Bhatia R, Corburn J. Lessons from San Francisco: health impact assessments have advanced political conditions for improving population health. Health Aff (Millwood). 2011 Dec;30(12):2410-8.

[11] Bhatia R, Corburn J. Lessons from San Francisco: health impact assessments have advanced political conditions for improving population health. Health Aff (Millwood). 2011 Dec;30(12):2410-8.

[12] Bhatia R, Corburn J. Lessons from San Francisco: health impact assessments have advanced political conditions for improving population health. Health Aff (Millwood). 2011 Dec;30(12):2410-8.

[13] Bhatia R, Corburn J. Lessons from San Francisco: health impact assessments have advanced political conditions for improving population health. Health Aff (Millwood). 2011 Dec;30(12):2410-8.

[14] Bhatia R, Corburn J. Lessons from San Francisco: health impact assessments have advanced political conditions for improving population health. Health Aff (Millwood). 2011 Dec;30(12):2410-8.

[15] Bhatia R, Corburn J. Lessons from San Francisco: health impact assessments have advanced political conditions for improving population health. Health Aff (Millwood). 2011 Dec;30(12):2410-8.

[16] Bourcier E, Charbonneau D, Cahill C, Dannenberg AL. An Evaluation of Health Impact Assessments in the United States, 2011–2014. Prev Chronic Dis 2015;12:140376.

[17] Bhatia R, Corburn J. Lessons from San Francisco: health impact assessments have advanced political conditions for improving population health. Health Aff (Millwood). 2011 Dec;30(12):2410-8.

[18] The Pew Charitable Trusts, Health Impact Project. Do Health Impact Assessments Help Promote Equity Over the Long Term? Washington, DC: 2020.

[19] The Pew Charitable Trusts, Health Impact Project. Do Health Impact Assessments Help Promote Equity Over the Long Term? Washington, DC: 2020.

[20] The Pew Charitable Trusts, Health Impact Project. Do Health Impact Assessments Help Promote Equity Over the Long Term? Washington, DC: 2020.

[21] Bhatia R, Corburn J. Lessons from San Francisco: health impact assessments have advanced political conditions for improving population health. Health Aff (Millwood). 2011 Dec;30(12):2410-8.

[22] Bourcier E, Charbonneau D, Cahill C, Dannenberg AL. An Evaluation of Health Impact Assessments in the United States, 2011–2014. Prev Chronic Dis 2015;12:140376.

[23] Bhatia R, Corburn J. Lessons from San Francisco: health impact assessments have advanced political conditions for improving population health. Health Aff (Millwood). 2011 Dec;30(12):2410-8.

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[25] Carleton University, Community First: Impacts of Community Engagement. (n.d.) Glossary: Community-based organizations.

[26] The Pew Charitable Trusts. (2022). Internal definition under communications review.

[27] Adapted from Braveman P., Arkin E., Orleans T., Proctor D., and Plough A. (2017). What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation.

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[30] Adapted from Braveman P., Arkin E., Orleans T., Proctor D., and Plough A. (2017). What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation.