

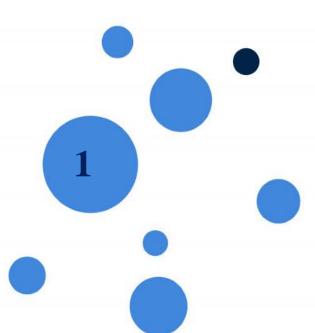
Evaluation of HIAs: Example of France

Françoise Jabot

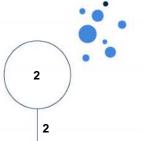
Département Sciences humaines et sociales

October 15, 2019





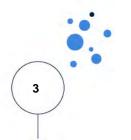
The evaluation context

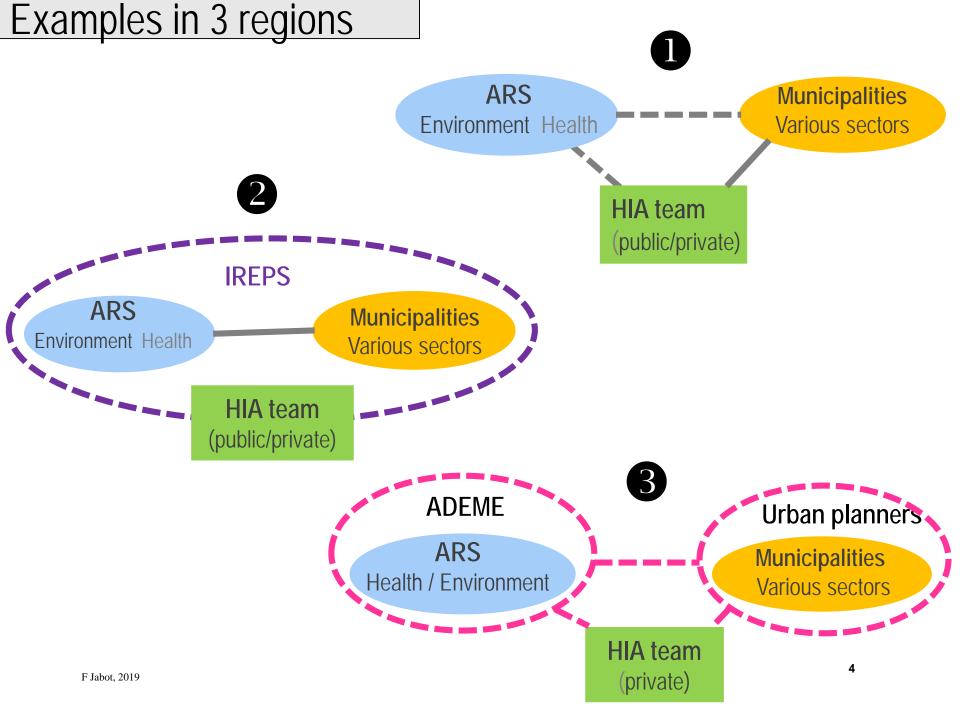




Context of HIAs in France

- Rapid development since 2010
- approach originally promoted by the health sector
- commitment at the local level (ARS and municipalities)
- mainly applied to urban development projects
- approx. forty processes completed, in progress, under review
- diverse modes of governance
 - ARS: technicians (regional and departmental levels, sectors ≠)
 - cities: technicians and elected officials (sectors ≠)
 - urban planners
 - possible technical and financial partners
 - HIA team: public and private organizations
 - resource organizations



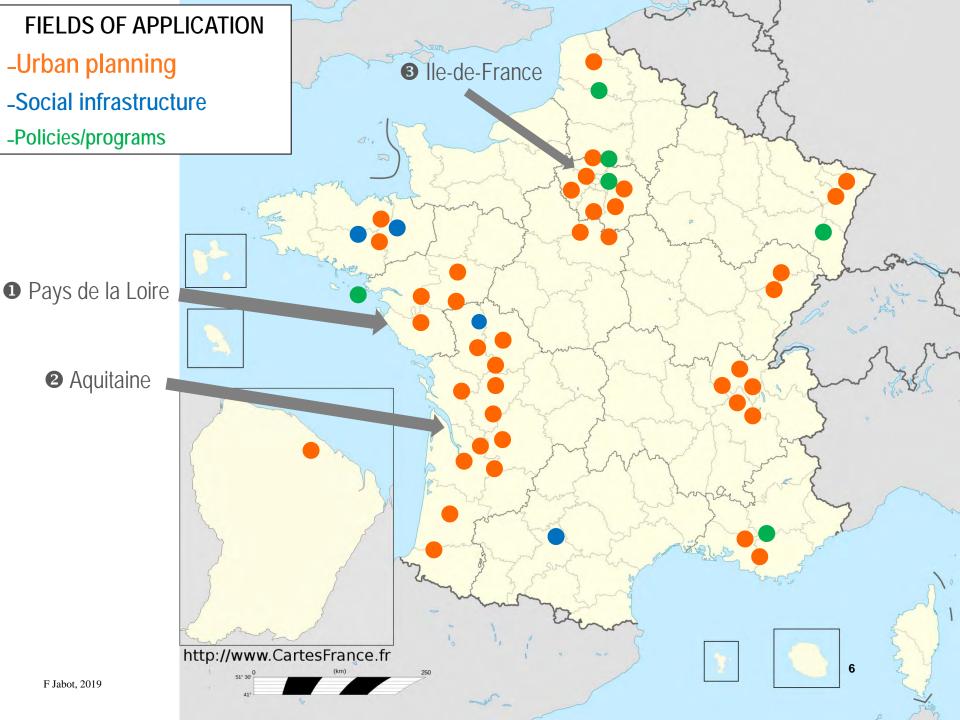


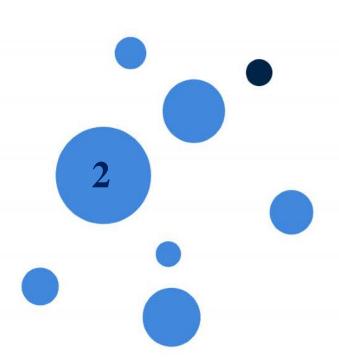


Context of HIAs in France

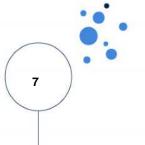
- Rapid development since 2010
- approach originally promoted by the health sector
- committment at the local level (ARS and municipalities)
- mainly applied to urban development projects
- approx. 40 processes completed, in progress, under review
- diverse modes of governance
- HIA-related issues
- heterogeneity of practices
- hybrid nature of studies conducted
- variability of ARS strategies
- absence of national framework
 - → clarify roles and responsibilities
 - → structure the community of practice







Approach and methodology





Evaluation objectives

Evaluation 1 [3 HIAs] ► External evaluation (EHESP)

- improve understanding of conditions surrounding HIA process to guide procedural choices (role of ARS)
 - determine key factors for success or failure
 - assess the influence of HIAs on projects

Evaluation 2 [1 HIA] ► Self Assessment (ISPED)

- examine the functioning / quality of the process to learn from experience and apply to future HIAs
 - assess implementation and results

Evaluation 3 [4 HIAs] ► External evaluation (Vizea-Medieco)

- analyze how HIA was conducted (component 1) and added value of the call for expression of interest (component 2)
 - assess quality of approaches and capitalize on lessons learned to apply to relaunch of call for expression of interest





Evaluation du déploiement de la dé d'impact sur la santé en Pay

> Rapport final Février 2018

Françoise Jabot, Julie Romagon, Guilhem Da Ecole des hautes études en santé ÉVALUATION DU PROCESSUS DE L'EIS DU PROJET D'AMÉNAGEMENT DE LA ZAC

LES VI

Rapport final rédigé par Ana Rivadeneyra S avril 2018 ÉVALUATION DES RÉSULTATS DE L' DU PROJET D'AMÉNAGEMENT DE L

LES VERGERS DU TASTA

Ville de

Rapport final juillet 2019

ASSISTANCE A L'EVALUATION

ET A LA CAPITALISATION

DE L'APPEL A MANIFESTATION D'INTERET

« SANTE, ENVIRONNEMENT ET AMENAGEMENT DURABLE »

(AMI SEAD)

RAPPORT D'EVALUATION ET DE CAPITALISATION





Rapport final du Volet 2 « Évaluation des études réalisées dans le cadre de l'AMI »

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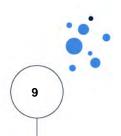
Date rapport 3 mars 2019

MEDIECO - Rapport final volet 2 - mars 2019









EVAL	QUESTIONS
Region 1	What are the key factors for the success or fail

llure of an HIA, taking into account the different steps it includes? Did conducting the various HIAs influence projects so as to make (3 HIAs) them healthier, including by reducing health inequalities? Under what conditions is it desirable to conduct HIAs in the region?

What model of practice served as the basis for this HIA Region 2 experience? Were the means and skills mobilized available and sufficient? (1 HIA) What organizational conditions could support future processes? To what extent did the HIA contribute to changing the perspective of stakeholders? contribute new knowledge to new partnerships and inform decisions? Were the recommendations consistent with the project? were they implemented? integrated into planning instruments?

No evaluative questions formulated

Region 3

(3 HIAs)

EVAL METHOD Comparison of case studies (Yin 2009) **EV 1** -implementation: progression of steps, governance (2017)-obstacles and facilitating factors -effects on projects / actors / institutions / policies

Reference framework 1: HIA standards (Bhatia et al., 2014, Green et al.,

Data: documents, online survey, 17 interviews

Evaluation grid: standards (Bhatia et al., 2014, Diallo 2010, EHESP 2017)

2018) Reference framework 2: HIA use (Henry & Mark 2003, Patton 1997 & 2010, Weiss, 1998) Data: documents, 40 individual interviews, observations, visits EV 2

Formulation of recommendations (strategic and operational) (1) Analysis of process and recommendations Best practices reference framework (WHO, 1999) (2018)Data: documents, observations, 6 interviews (HIA team) (2) Qualitative study through interviews (Harris-Roxas framework, 2013) (2019)Three forms of effectiveness (instrumental, conceptual, strategic) Data: 12 individual interviews, documents / recommendations

EV 3 (2019) Analysis of completed reports on individual interviews

Box 2: Framework for analyzing the process

Description of step by step implementation of each HIA, Reference framework, part 1

- description of tasks attached to each step
- achievement of the step's objective
- means of achievement: facilitation and method
- product

Analysis of the implementation of each HIA, with regard to HIA principles, Reference framework, part 2

- global and systemic analysis (Principle 1)
- nature of the data used (Principle 2)
- collective identification and analysis of issues and potential impacts (Principle 3)
- manner of steering or facilitating encourages debate (Principle 3)
- relationships between different categories of actors (formal and informal interactions, communication) (Principle 3)
- equity is taken into account (Principle 4)

Sources: Bhatia et al., 2014; Gauvin, 2013; Green et al., 2018; Kemm, 2013

Box 3: Types of changes

Changes related to the project

- modification of the project /program / policy due to the application of recommendations
- adoption of decisions, technical or strategic measures due to the HIA
- integration into planning instruments, other policies, etc.

Changes at the institutional level

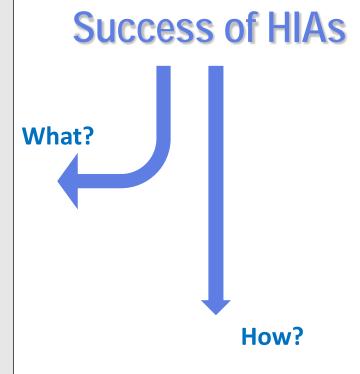
- evolution of means of intervention
- evolution of practices
- evolution of relationships between actors involved in the HIA
- closer partnerships or new partnerships

Changes at the individual level (decision-makers, civil servants, professionals, citizens)

- evolution of conceptualization (health, equity, ...) [all sectors]
- raised awareness regarding effect of measures on health [decision makers]
- capacity building (skills, effect on decisions ...) [technicians, citizens]
- assimilation of the HIA approach [technicians]

Changes at the policy level

- healthier policies
- roots of social inequalities in health taken into account
- solutions aimed at reducing or offsetting inequalities

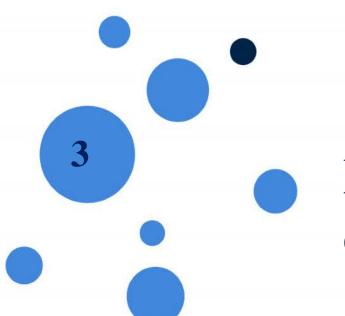


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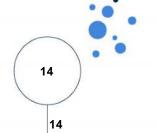
Box 4: Criteria for success proposed by the technical committee

C1	possibility of modifying the project
C2	ability to rally departments around common goal
C3	ability to instill shared culture of health among elected officials
C4	evolution of professional practices
C5	ability to mobilize residents and encourage them to speak out
C6	ability of actors and/or institutions to assimilate the approach

Evaluation of the HIA process in the Pays de la Loire region, EHESP, 2017



Lessons drawn from the evaluation





Convergent results

Implementation of HIA

- Assimilation of the approach but... room for improvement
- Factors for success and failure
 - same as factors identified in the literature
 - specific to the French context

Added value of HIA

- healthier policies (unless decision makers are unreceptive)
- strengthening of intersectorality and partnerships
- improved understanding of health determinants (and health inequalities)
- revision of intervention strategies in health sector
- reflection on internal and external consistency of public action



Actualisée le 21 juin 2006

Outputs / goals of evaluation

Produce knowledge
Improve intervention
Assess added value of intervention
Stimulate debate within civil society

HIA practice (areas to monitor and improve)

HIA practitioners

ARS strategy (extend, support, position)

Decision makers

Local policies (health, inequalities, relations with citizens)

Technicians Urban planners



- O Consolidate evaluation design (efficiency) and medium term work plans
- ② Strengthen participatory process

