Planning Knowledge Sharing in the Context of a Health Impact Assessment

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Briefing Note

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The health impact assessment (HIA) process involves a variety of sectors other than the health sector and is intended to inform decision making. Considering knowledge sharing is therefore indispensable to maximizing the chances that the recommendations that result from the HIA are relevant and taken into account.

Those in charge of the HIA must be able to organize appropriate knowledge-sharing activities, taking into account stakeholder profiles, the decision-making context and the resources available.

In this briefing note, we first address the importance of knowledge sharing in the context of HIAs, and our preference for the term *sharing* rather than *transfer* of knowledge. Then, we propose and outline a framework borrowed from John Lavis and colleagues (2003), in order to guide the reader in developing a knowledge-sharing plan. The framework is structured around five simple questions to ask oneself: With whom is the knowledge to be shared? What is being shared? Who is sharing it? How? and For what purpose?

Why worry about sharing HIA knowledge?

Fundamentally, HIA has a practical aim: the hope is that the recommendations that emerge from the process will inform decisions.

HIA is, moreover, necessarily an intersectoral process. At a minimum, it involves the decision makers affected and the public health professionals conducting the HIA, but it can also, depending on the case, require participation by professionals from other sectors, the public (in the case of HIAs with citizen participation), or even other actors.

This means that the process brings together people who may speak different languages, have different professional cultures and diverse concerns about the decision upon which the HIA is focused.

Communication is a major determinant in having the HIA considered by those involved in making the decision, implementing it, or facing its consequences. This is why the HIA process must be associated with a knowledge-sharing process.

Knowledge *sharing* or *transfer*?

Let us quickly clarify the notion of knowledge sharing. This concept has become quite popular in Canada and around the world over the last ten or so years.

This interest has led to a proliferation of terms: knowledge transfer, exchange, utilization, dissemination, sharing, brokering, mobilization, application, translation, etc.

The expression "knowledge transfer" has been used extensively. However, it has been criticized because it seems to refer to a one-way process, as if the "knowledge producers" were the only ones who had valid knowledge to be passed along and had nothing to learn from others (Graham et al., 2006).

We therefore prefer the expression "knowledge sharing" because it is more egalitarian and implies that everyone contributes knowledge. This is better suited to the HIA philosophy: because its locus is the boundary between the health sector and other sectors, it calls for dialogue between the actors involved (Mendell & St-Pierre, 2011).

In fact, dialogue is needed to elicit the knowledge that is relevant to the HIA. It allows stakeholders to put their tacit knowledge into words. Tacit knowledge is defined as "the accumulated knowledge and practical experience of a professional who has not converted this know-how into an exportable form" (in a document, for example) (Lemire, Souffez, & Laurendeau, 2013, p.10).

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Such knowledge can be indispensable either for the analysis, or for formulating relevant recommendations. For example, HIA practitioners do not always have in-depth technical knowledge about topics that primarily concern a sector other than health (urban planning, agriculture, etc.); some notions related to the applicability of recommendations may also escape them, while other stakeholders could contribute relevant information regarding the feasibility or acceptability of recommendations.

Planning a knowledge-sharing strategy

For efficiency's sake, knowledge sharing should be planned at the start of the HIA process, and begin as soon as possible.

How does one develop a knowledge-sharing plan? A seminal article by John Lavis and colleagues (2003) sets out a framework for organizing a knowledge-sharing strategy. This framework, which has been picked up by many authors and organizations, is structured around five simple questions:

1. **With whom** is the knowledge to be shared?
2. **What** is being shared?
3. **By whom**?
4. **How**? (to which we add the question "and **when**?")
5. **For what purpose**?

We will address these topics one by one.

1 WITH WHOM? – STAKEHOLDERS

The stakeholders we want to address within the context of an HIA are:

- Those in a position to act on the recommendations
- Those who influence them
- Those who can contribute relevant information about the subject under study
- Those affected by the goals or implementation of the policy being assessed.

These "categories" are not exclusive (one stakeholder may fall into several categories) and these stakeholders do not all have to be addressed in all HIA situations. Simply put, we must analyze the context in which the HIA is being conducted, and from among the actors who meet these criteria, choose those with whom it would be relevant and feasible to share knowledge.

Here are **some stakeholders of relevance within the context of an HIA:**

- Policy makers:
  - At the appropriate level, from municipal to national,
  - From the sectors affected by the decision being assessed.

  For example, municipal councillors in the city involved, the government minister in charge of housing, etc.
- Policy makers' advisors:
  For example: the chief of staff.
- Public health professionals:
  - Public health professionals are frequently the ones responsible for conducting the HIA;
  - Besides, there are many departments within a public health organization; given the variety of health determinants an HIA can consider, other professionals, specialists of this or that health subject, may be consulted.
- Professionals from other affected sectors, including professionals from public agencies, as well as private corporations and community organizations.

  For example, within the context of an HIA for a composting plant project, specialized technicians might be relevant stakeholders.
- Citizens: Frequently, they will be affected by the impacts of the policy being assessed. They may also have "local" knowledge about the subject being analyzed that arises from their daily life experience.

This is not an exhaustive list. Depending on the case, it may be relevant to consult other stakeholders.

One should consider the ways of functioning and the perspective on the HIA of each stakeholder one wishes to involve in the knowledge-sharing process, so as to identify relevant knowledge-sharing activities. This will be outlined in more detail in the "What?" and "How?" sections of this document.

Note that one may not necessarily put the same amount of effort into sharing knowledge with all stakeholders. Some are priority stakeholders, due to their weight in the decision-making process, for example, or because they have knowledge that is useful to the HIA. Therefore, a distinction should be made between **"primary" and "secondary" stakeholders**.

Identifying organizations or groups is not enough (e.g., city Y's police service; the association of neighbourhood Z's residents); within these organizations, one has to identify the *individuals* who will take part in the sharing of knowledge.

Lastly, an HIA necessarily involves the decision maker for the intervention being assessed, and the persons conducting the assessment. Having other stakeholders participating is often relevant but is somehow optional; thus one may have to negotiate with the decision maker the idea of inviting stakeholders that he or she did not have in mind in the first place.

2 WHAT? – MESSAGES

What do we want to share with our stakeholders? Let's refer to this using the generic term "message." A message can be direct or indirect.

Direct messages, such as the contents of the HIA report, tend to come to mind more spontaneously. The content must be adapted to the information needs of each primary stakeholder, so that the message is both accessible and useful to that stakeholder.

Here are some sample questions to ask oneself (Jacobson, Butterill, & Goering, 2003):

- How does the stakeholder view the problem being analyzed? The stakeholder could have a perspective that differs from that of the public health sector, and may use another vocabulary to refer to the same phenomena. If the message sent is expressed in a way that accommodates these differences, it will be easier for the stakeholder to see the connection with his or her concerns. For example, in other sectors, the term "health" often has a medical connotation and is therefore not considered of concern to them; in these cases, terms such as "well-being" or "quality of life" may be more inclusive.
- How will the stakeholder use the information shared? Among other things, this will affect the amount of information and detail to be provided.
- At what level, in what kind of language will the information be written? This depends on how familiar the stakeholder is with the subject under analysis and with the methods used to conduct the HIA.
- Will using concrete examples and anecdotes make the results of the HIA more meaningful?

If different stakeholders have different needs, a message must be customized to each stakeholder (Lavis et al., 2003). For example, for an HIA on a road development project, the city councillors making the decision will need a summary of the issues related to the decision; in addition, engineers from the city's transportation department involved in implementing the project will require detailed technical information.

At the start of the process, it may be useful for those conducting the HIA to clarify with the decision maker to whom the messages produced will belong: can they be shared with various stakeholders or made public?

Messages can also arise **indirectly**: the stakeholders involved in the HIA process will "naturally" be exposed to its results as they materialize, well before a direct message like a final report is generated. We refer to this as a **"process message**.**"**

Process messages must not be neglected. The process is progressive and gives stakeholders early opportunities to react to the emerging message, add their own knowledge to it, get clarification on poorly-understood aspects, and assert their perspectives. Because of this, stakeholders usually absorb process messages better than messages that arrive from the outside, all of a sudden, at a given point in time.

In practice, of course, it is not always possible for stakeholders to be closely involved in the HIA process (we will come back to this in the "How?" section). At a minimum, the final recommendations must result from a discussion with the primary stakeholders. This is critical to grasping their motivations and constraints and the way these influence the applicability of the recommendations (Lavis et al., 2003).

3 By whom? – Messenger

A good messenger must be skilled in the chosen communication method (written or verbal), able to adapt the message to a given stakeholder, and perceived as legitimate and credible in that stakeholder's eyes (Lavis et al., 2003).

If those conducting the HIA do not possess these characteristics, they can choose to partner with intermediaries who are closer to some stakeholders.

For example, if the HIA is focusing on a project that will have repercussions for some vulnerable population groups, it might be a good idea to go through community organizations that are used to working with them when communicating with these groups.

Here is another example: it will sometimes be better for those in charge of the HIA to work with the primary decision maker's advisors, and to allow them to tailor and deliver the message to the interested party.

4 How? – Sharing methods

According to the literature, in general, stakeholders are more likely to take up shared knowledge if it arises from an interaction between them and the people who are conducting the knowledge production process, or if they are involved in the process at an early stage. Ideally, therefore, it is best not to wait until formulating the recommendations to seek participation from stakeholders (Lavis et al., 2003; Lemire et al., 2013).

These two principles should be followed as much as possible. However, we must look at the degree to which they can be implemented in each situation. To do so, we must ask ourselves some questions to pinpoint each primary stakeholder's preferences (Jacobson et al., 2003):

- Does the stakeholder want to be involved in the HIA and to what extent?
- How much time does the stakeholder have for participating in the process? For example, for reading and commenting on documents, attending presentations and meetings, participating in the shared production of knowledge? Clearly, a policy maker may have less time than a professional who has been mandated by his or her organization to contribute to the HIA. However, we must remember that the HIA is often a new process that has not been factored into any of the stakeholders' agendas, adding to already very busy schedules.
- What type of interaction does the stakeholder prefer: individual (between the stakeholder and those conducting the HIA) or group (activities that involve all relevant stakeholders)?
- What formats does the stakeholder prefer both during the HIA process and when its conclusions are presented: verbal or written? Some prefer a verbal discussion (presentation at a meeting, for example), which may take less time than reading a document and allows them to respond right away. Others prefer documents, so as to keep a record of the information exchanged. Both types of formats can be used so as to draw on their respective advantages.
  If using written formats, does the stakeholder prefer paper or electronic formats? Note that the use of electronic formats excludes people who do not have computer access, such as some elderly people or disadvantaged groups.
- How does this stakeholder usually try to obtain and share information? What sources of information and dissemination channels does that stakeholder use? These can vary substantially among stakeholders: meetings, media, websites, newsletters, city meetings, advisors or colleagues, word of mouth, and so on.

If the primary stakeholders have differing preferences, several knowledge-sharing methods must be chosen, with each tailored to a different stakeholder.

In the end, knowledge-sharing methods are selected based on the various stakeholders' preferences and opportunities, as well as on practical considerations, as knowledge-sharing activities require time and resources. The investment must be proportionate to the hoped-for result with each stakeholder.

As mentioned earlier, we must distinguish between primary stakeholders (who are the priority, due to their weight in the decision-making process, for example, or because they have knowledge that is useful to the HIA) and secondary stakeholders. It is important to put more effort into sharing knowledge with the primary stakeholders, even if this requires a certain amount of resources.

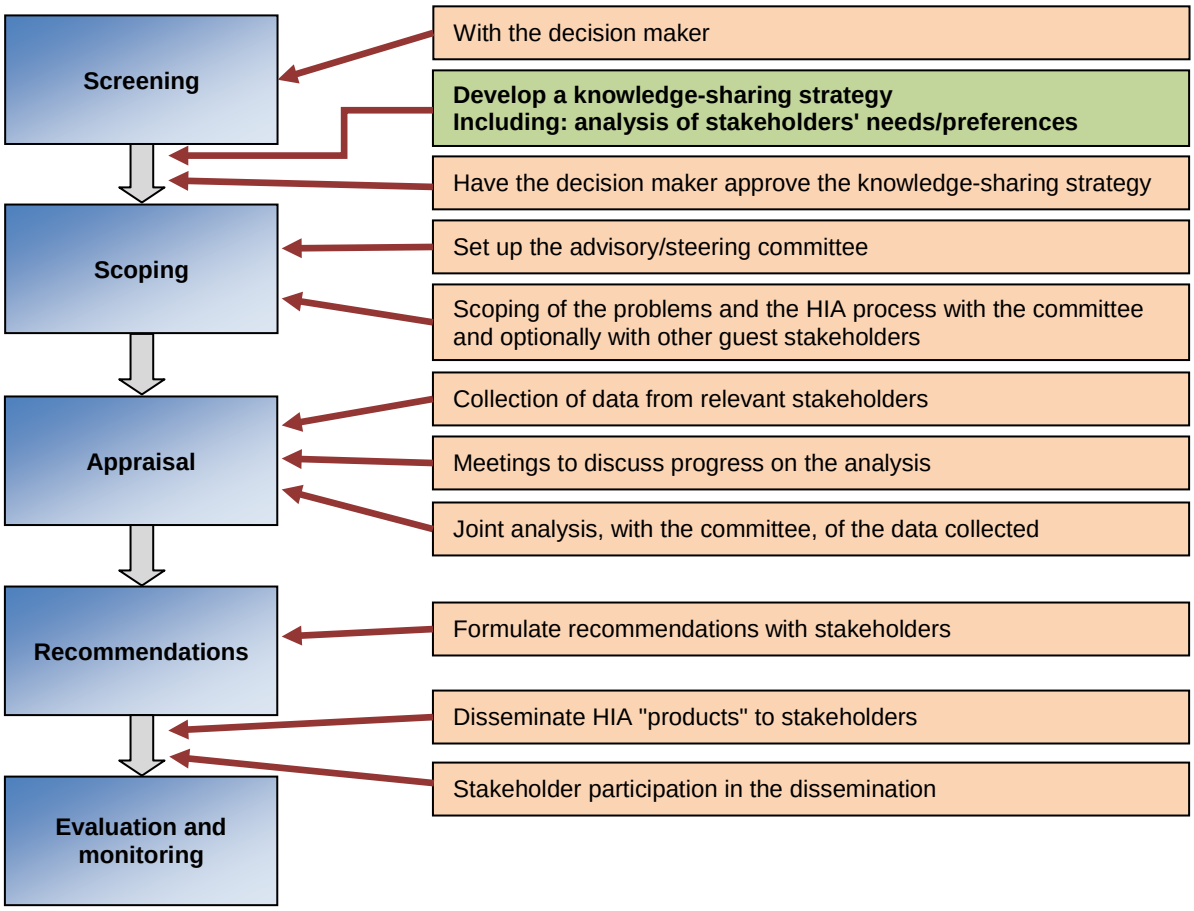

Figure 1 Linking possible knowledge-sharing activities to the HIA schedule

4.1 How... and when in the HIA schedule?

How to incorporate a knowledge-sharing process into an HIA? Figure 1 shows the steps in the HIA process[1] in conjunction with the knowledge-sharing activities that can be associated with them. Not all of these activities need to be applied; the figure simply summarizes the opportunities for sharing knowledge and the most suitable ones can be chosen according to the context.

To complement Figure 1, here we will expand upon the activities that could be done during the different steps.

Screening: Fill out the screening grid with the decision maker(s) involved to determine whether an HIA is needed.
If the decision is made to proceed with an HIA, a knowledge-sharing strategy should be developed immediately (if done too late, interesting opportunities could be missed). This, first and foremost, includes identifying the primary stakeholders and analyzing their information needs and their preferences. It is recommended that the knowledge-sharing strategy be approved by the decision maker to, among other reasons, ensure that he or she agrees with the participation of other stakeholders and to clarify ownership of the future HIA results.

Scoping: Frequently, during this step in the HIA process, a steering or advisory committee is created. The most important stakeholders must be included in it. The committee plays a dual role in knowledge sharing. Directly, the committee fosters sharing among committee members; indirectly, a committee

[1] Readers who are not familiar with these steps may refer to St-Pierre (2009).

that has the "right" people on it bolsters the HIA's credibility and legitimacy in others' eyes, thereby fostering the uptake and use of the recommendations.
The scoping of problems can be carried out with the committee and perhaps other stakeholders who have been invited for the occasion, by engaging in a brainstorming session to identify potential public health impacts to be assessed and to develop the analysis framework.
When scoping the HIA process, the committee can advise on sources of information among local stakeholders.

Appraisal (data collection and analysis): Data collection for HIAs is sometimes basic, e.g., simply consulting the literature on possible impacts on health. However, in the context of more thorough HIAs (intermediate or comprehensive HIAs), data could also be collected from stakeholders and the committee could be involved in a group analysis of the data once it is collected. If this is not possible, an effort must be made to hold a couple of meetings to present progress on the work to the most important stakeholders (the decision maker, at a minimum) and give them the opportunity to respond.

Recommendations: Consultation at this stage is critical to formulating recommendations that will truly support decision making. Preliminary recommendations are presented to the stakeholders, who must then contribute to the final version. Their knowledge is needed because those from the public health sector may not have all of the expertise required to draft specific recommendations that factor in the cost, feasibility (particularly with respect to technical aspects) and acceptability of the proposed actions.

At the end of the HIA process, its "products" (final report, brochure, presentation, etc.) are disseminated to stakeholders; the most appropriate formats and channels must be used to reach them. In some cases, stakeholders may participate in the dissemination process by acting as intermediaries; for example, community organizations could disseminate the HIA's recommendations to their clients.

4.2 How... and when in the stakeholders' schedules?

Along with the HIA schedule, the primary stakeholders' schedules must be considered, in order to identify opportunities within these. For example, how available are the stakeholders? Are some times better or worse (e.g., a specific day of the week, or part of the year, etc.)?

Events that are already on stakeholders' calendars that could be used to the benefit of the HIA and knowledge sharing could also be identified. For example, one could ask for the opportunity to give a progress report on the HIA at a town council meeting, or, if a decision-making process includes citizen consultation, this forum could be used to collect or share HIA data.

If the HIA is not required by law as a mandatory step in the decision-making process, the political decision-making process may speed up without waiting for the HIA's results. We must be prepared to recognize and adjust to this type of situation.

The key to identifying all of these factors relating to stakeholders' schedules is to stay in regular contact with them (Lemire et al., 2013).

5 For what purpose?

Let's look at a few points related to the outcome of knowledge sharing. Being aware of the various ways in which stakeholders can use the knowledge generated by the HIA makes it possible to avoid some surprises or disappointments.

In HIA, the expected outcome is clear: we hope the decision maker will apply the recommendations when making a decision about the policy in question. The desired result is what is called an **instrumental use:** the direct use of the knowledge shared to determine the orientation of a decision or action.

Aside from decision makers, other stakeholders may also use HIA results instrumentally. For example, citizens or community organizations may use the recommendations to put pressure on decision makers; private sector businesses may apply the recommendations that fall under their area of control.

Public policy decisions, however, take numerous factors into consideration: the values in play, resource availability, the feasibility of the proposed options, local preferences, power relations between the various actors concerned by the policy in question, and so forth. These factors can compete with the HIA recommendations.

A whole range of uses is thus possible:

- **No use** of the recommendations
- **Instrumental but partial use:** only a portion of the recommendations is applied
- **Conceptual use:** the recommendations help change how stakeholders think. That is an indirect result which will have an impact over the long term, but is not necessarily trivial (Lemire et al., 2013; Nutley, Walter, & Davies, 2007; Wismar, Blau, & Ernst, 2007)
- **Symbolic use:** a (sometimes selective) use of the recommendations to legitimize or justify a decision that has already been made (Lemire et al., 2013; Nutley et al., 2007)
- **Process use:** the effect of the HIA process itself on those who participated in it. They have experienced a form of learning that may make a lasting change in how they think and act, beyond the recommendations of this particular HIA, because the experience has made them better able to weigh and understand the concerns, ideas, constraints, etc. of participants from other sectors (Nutley et al., 2007; Mendell & St-Pierre, 2011; Wismar et al., 2007).

Regardless of how the recommendations are used following the HIA and knowledge-sharing processes, we must not be discouraged: we are contributing to raising awareness and creating a culture that takes better account of health in decision making, and improves intersectoral dialogue.

Key points to note

- The focus is on *sharing* (each person contributes and receives knowledge) and not on *transfer* (unidirectional).
- The sharing process must take into account the needs and preferences of each primary stakeholder.
- The knowledge-sharing plan must be developed at the start of the HIA process so as not to miss out on interesting opportunities.
- To foster knowledge sharing, it is important to try to get all major stakeholders as actively involved as possible in knowledge-sharing activities, as early as possible in the HIA process.
- It is important to be practical, however: ask yourself which knowledge-sharing activities would be optimal, and then which would be feasible given the resources, time constraints and stakeholder availability.

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