

PATH (People Assessing Their Health) Process and Deliberative Opinion Poll for Public Scoping in Health Impact Assessment

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Received date: August 18, 2016, Accepted date: August 31, 2016, Published date: September 02, 2016

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Abstract

In this literature review to compare the process to develop a suitable process for public scoping in health impact assessment, which found that the PATH and the Deliberative Opinion Poll are suitable to be developed for use by the public scoping process. The PATH is a process-oriented quality data. It helps to understand the community context deeply, the relationship between cultural traditions, community resources and valuable resource comments on the project and concerns on the impact that will affect your health. In the process of deliberative opinion poll is a process that allows for the acquisition of quantitative data to support qualitative data. Remember, making a clear picture even further. The data values and the benefits of resource comments on the project awareness, understanding of the project and Issue concerns the potential impact on the community. So these two processes are suitable for use in public scoping process.

Keywords: Deliberative opinion; Health impact; Acquisition; Scoping process

Introduction

Modern developments in Thailand such as industrial estate, mining and dam bring many benefits, increased economic activity, trade, employment, resource for agricultural but, can also have negative impacts on environment, health, cultural practices, community rights, social problem. Mab Ta Phut industrial estate in Rayong Province settles in 1981 encompassing 10,000 rai (1600 acres) and 95 industrial plants. The Mab ta Phut generate economic prosperity for local people when compare in Gross Provincial product in 2004, household income on the other hand many study in the area since 1998 was founded air pollution, water pollution, shoreline erosion, hazardous waste, intellectual and spiritual health, child and youth problem and health problem (cancer, mental health, social health) [1]. Kwaenoi Dam in Kunchong district of Phitsanulok Province is design for irrigation water for farmers in a 769 million cubicmeter reservoir initiate health problem are malaria infected, respiratory disease, diarrhea, parasitic infection, injuries and accident, sexually transmitted disease and social wellbeing [2]. Gold mining in Wang Saphung District, Loei Province cause problems are conflict between business and local people, tailings dam failures, and health problem [3]. Therefore we need ways to assess possible affected before projects are undertaken to predict and manage potential impacts and to engage potentially affected communities as stakeholders in the process to ensure their voice is heard, to optimize their rights and top minimize negative outcomes.

Around the world a number of health and environment assessment strategies and process have been adopted to address these issues of health, international process and commitment (Netherlands, Slovakia, Lithuania and European Union Action Plan), recognition of the impact of decisions (Quebec in Canada), build healthy public policy (South Australia). In Thailand a HIA policy and protocol was formulated in 2007 drawing on experiences from EU, Canada, and United States,

South Australia who use Environmental Impact Assessment (EIA), Social Impact Assessment (SIA), Health Lens Analysis (HLA) Public Health Impact Assessment (PHIA), Integrated Impact Assessment (IIA), and Social Impact Assessment (SIA) [4]. Thai HIA develop from six main areas: HIA development in EIA, HIA application at the community and local level, HIA development for Healthy public policy, HIA application for trans-boundary health impact management and international policy development, HIA application in the National Health Act, Strengthen in the knowledge base for HIA development [5].

Health Impact Assessment (HIA) in Thailand was used HIA in 4 approaches as follows: Constitution 2550 B.E. section 67 paragraph 2, National Health Act 2550 section 11, Project Owner use HIA, People request for HIA. The process and procedure of health impact assessment according to these Rules and Procedures for Health Impact Assessment is divided into four cases [6]:

(1) A project or activity which may seriously affect the quality of the environment, natural resources and health according to Section 67 of the Thai Constitution 2007

(2) A public policy and development planning activity which requires a health impact assessment with the responsible entity or project leader as the initiating party.

(3) A public policy, program, project or activity that requires a health impact assessment be conducted because it is requested by an individual and a group of people, according to their right as accorded by Section 11 of the National Health Act 2007

(4) Any health impact assessment conducted as a joint learning process by society at local or community level to support the decision-making that benefits the health of the people but is not included in the three cases above.

The process and procedures of the Thai HIA system are Screening, Public Scoping, Assessing, Public Reviewing and Moderating. In

Screening Process could actualize by constitution, the Act announce by ministry, Project/Policy Owner apply to HIA and people request for HIA. Public Scoping was settle by consultant/project owner to facilitated people scope their determinant of health and boundary of health that could affect by project/policy. Assessing process are consultant and people analyzed effect follow in concern issue from Public scoping. Public Review is process for people to considered repeat in draft of Impact report and superimpose topic to complete report and cover the whole health effect issue. Monitoring is process to evaluate project/policy after implementation. Owner Project/Policy informs Health Impacts and Determinants of Health Monitoring Report to Nation Health Commission office.

Public Scoping Process is more important because it is the first step for analyze impact in HIA process if pass in this process the consultant/owner project could actuate in next step. High light of Public Scoping is participation of stakeholder in area to define Health and Determinant of Health that could be effect by project/policy. If their scoping are cover it good affect to work in next step.

Public Scoping in Thailand are has many problem in “Lesson learn of System Development of Public Scoping and Health Impact Assessment: Experience in Thailand and International” [7] present Public Scoping process motivate people participation in development to make circumstance for publication their concern in socially significant impacts and use local wisdom to suggest alternative development and open space for accept knowledge to analyze impact in holistic approach of development for adjust policy or development project to sustain utility for all.

Public Scoping in international experience are differenced from Thailand. Determinants of health are scoping cover in whole issue and stakeholder is representative. Stakeholder can use enough time as long as they need. Goal is sustainable development and participation of people not for operate project. Determinant of health that community present are issue in social, cultural, traditional for social solidarity and equity and equal opportunity, unity, give precedence to first nation (native people), emphasize in people and public participation, community ownership and community sustain development by project owner and local people in project area.

In conference “Public Scoping in Health Impact Assessment (HIA): Problem or Challenge of Thailand” [8] academics, experts and stakeholder who work in HIA rising problem in public scoping process are: 1) miss understand between community and project in problem and community concern 2) The company would open all information of project for public hearing process 3) Process to encourage people to participate in the comments because there are not enough technical advice no advance preparation. 4) the lack of reasoned debate about the issues of concern. 5) the communication language of the community not to use simple language understandable to the community, 6) the selection of participants aimed at community leaders, people who did not attend. And selection of participants agreed that the project will not have negative impacts and people in scoping process are not target in project area. Company selected people out of area to attain in process 7) at the meeting; the time is too short and could not enough to understand in project and scope health impact. 8) the Company is not able to clarify doubts and cannot be explained effect of project at the meeting, 9) local administration organization and local government are do not understand the process.

In conclusion problem of public scoping in Thailand are clear in process but weakness in hiatus of practice, representative of

participant, knowledge of stakeholder (consultant, government office, project owner, community leader, etc.) and policy maker are not aware in healthy policy. Public scoping process in Thailand need method to support for strengthen outcome.

Method for Public Scoping Process

Deliberative opinion poll

Deliberative Poll was develop by James S. Fishkin [9]. To motivate people to deliberate in topic for decision making. Deliberative Poll has five process are 1st Poll 1 is process begins with administering a questionnaire on a random, representative sample of the public. 2nd Requirement A random, representative sample is selected to participate in the Deliberative Poll. 3rd Balance Information Prior to the event, participants receive balanced briefing materials on the topics being discussed. 4th Small Group Discussions and Plenary Sessions. In small group discussions is participants are randomly assigned to small groups with trained moderators. In plenary sessions Participants pose questions – questions are chosen by groups – to experts and policymakers. 5th Poll 2 and Media Coverage in Poll 2 is The event concludes with a final questionnaire capturing participants’ considered opinions. Media Coverage process results are analyzed and released to the media soon after the event.

Experience in deliberative poll is Poznan [10] to consider in How best to use the stadium after the UEFA Cup? In Poznan was 880 people who participated in the initial poll, 148 people participated in the Deliberative Poll. A representative group of city residents took part in the Deliberative Poll. Consultations took a whole day. After the deliberations, significantly more people supported adding a skate park, exercising equipment and a skating rink. Opinions about other infrastructure did not change significantly. People who chose to participate in the deliberations did not differ significantly on sex, educational background, and financial status from those who did not take part in the deliberations. Participants changed their mind on some questions while their opinions remained unchanged on some other issues. More important, in each case the opinions resulted from consideration of the pros and cons of different options. Equipped with facts, and after weighing opinions of their fellow citizens, residents saw the future of the stadium in a broader perspective of the city and the local community. The issue at hand was carefully scrutinized from the point of view of various needs.

Greens Make Dramatic Gains Public Supports [11] Action on Climate Change and Immigration. A scientific sample of the voters of the entire European Union, representing all 27 countries, gathered for an unprecedented three-day dialogue in Brussels just before the elections. Deliberating in 21 languages, they discussed the issues, read balanced briefing materials, and questioned competing experts and politicians. At the end, they registered their opinions and voting intentions in confidential questionnaires. They discussed two issues-climate change and immigration-in detail.

The survey interviewed a random sample of 4,384 EU citizens eighteen years-old or older from all 27 members’ states. The sample was stratified to ensure adequate representation from the smaller countries. Just over 1300 respondents were randomly set aside to serve as a control group. Of the remaining roughly 3,000, some 800 (who had indicated an interest in the event) were invited to attend. Of those, 348 came to Brussels.

The participants and nonparticipants were very similar, although men were slightly over-represented among participants (54%). The two groups also had nearly identical pre-deliberation attitudes on climate change, although the participants had slightly more liberal attitudes on immigration. The participants were also more interested in politics, had a stronger sense of civic duty, included somewhat more people intending (at the time of the initial interview) to vote for the EPP supporters and somewhat fewer intending to vote for the PES. These modest differences do not affect the results. The before-after changes in attitudes, vote intentions, and knowledge would be approximately the same if the participants had looked exactly the same as the nonparticipants (and thus the whole sample).

Area of Kaposvár [12] Deliberative Poll about Unemployment and Job Creation. The Institute of Sociology and Social Policy of the Corvinus University of Budapest has conducted a Deliberative Poll® in the summer of 2008 in Kaposvár and its area on the topics of employment and job creation and the European Union and its employment policy.

In May 2008 a representative sample of the inhabitants of Kaposvár Small Area has been polled (n=1514) on the themes of employment, job creation and the European Union. The respondents of the survey have been invited to participate to the deliberative weekend. A briefing material, containing information and facts about employment and pros and cons about the possible measures and policies that could facilitate the discussion, has been sent out for all of those 435 persons who were willing to come. At the end 108 persons have participated to the event held at the Kaposvár University on the 21-22 of June 2008. During this weekend the participants have discussed the themes with each other in small groups of 5-10 and with invited experts during plenary sessions. There was a significant change in terms of the perception of the protection of national industries and the open market: the proportion of those favoring an open market has increased. Nearly half of the participants of the deliberative weekend mentioned that the event as a whole was rather valuable in helping them clarify their opinion – the small group discussions were considered to be the most valuable followed by the plenary sessions. The informal discussions with other participants appeared to be the less valued with only one third of the respondents stating that it helped clarify their opinion.

In Porto Alegre [13] Deliberative Participatory Consultation: The First Deliberative Poll The first Deliberative Poll (DP) in Latin America was held June 5-7, 2009 in Porto Alegre. A scientific microcosm of the entire state of Rio Grande do Sul gathered for a weekend of small group discussions and dialogue with competing policy experts. At the end, they filled out the same confidential questionnaire as when first contacted.

The participants deliberated about the difficult issue of career reform in the civil service. They moved away from “years in service” as a criterion for promotion and compensation. After considering arguments for and against different proposals, a number had strong majority support at the end of the process.

The survey firm Methodus interviewed a random (area probability) sample of 1,651 adult (eighteen years-old or older) residents of Rio Grande do Sul, with quotas at the household level for gender, age, education, and income. Of these, 236 attended the deliberative weekend, and 226 of them completed the post event questionnaire. We refer to these 226 as “participants;” and the remaining 1,425—who were interviewed but did not attend (or in 10 cases attended but did not complete the post-event questionnaire)—as “nonparticipants.”

In addition to the 29 policy questions asked on first contact (which we used to evaluate attitudinal representativeness), there were ten more questions included in the arrival questionnaire (which also included the previously asked items). The table shows the change, if any, from the earliest measurement available. The additional questions mostly focused on empirical premises about what policies would, or would not be, effective. Overall, there is a great deal of change from deliberation. Of the 39 questions, 23 show statistically significant change, 22 at the .01 level.

Deliberative poll is good process in unbiased representative and to be willing to attain by themselves, balance information to make all of stakeholder understand in topic, consider and decision making by data base. Small group discussion could help participant to share and exchange experience, opinion, data, information and consulted experts or academics.

People assessing their health process (PATH Process)

Since 1996, the people involved in PATH – a diverse range of people from health services, community-based organizations, and universities in northeastern Nova Scotia [14]. They use PATH Process for promoting a process called community health impact assessment. With funding from Health Canada, two pilot projects have been undertaken to facilitate this process in four communities in Nova Scotia: the People Assessing Their Health Project (PATH I) in 1996-1997 and Applying Community Health Impact Assessment to Rural Community Health Planning (PATH II) in 2000-2002.

The first tool are use in 2002 [15] has vision 6 topics and 78 indicators. PATH process not only for health impact assessment but also educate and empowering people to make vision in topic “healthy community” to be sustainable development community. The important of PATH Process are stage of process and facilitators to motivate people participate in Process. Now PATH Process is method to training in course Community-Driven Health Impact Assessment at Coady International Institute, St. Francis Xavier University, Antigonish, Nova Scotia, Canada and using in many country such as India, China, Thailand.

Principle of PATH Process are 1st stage story telling. Participant talks about their impress story either sad or happy and then vote for one story to analyze. Major vote story to analyze in 1st activities use question “What do you see happening in this story?” To describe the story. 2nd activities use question “Why do you think it happen? To explanation the story. 3rd activities use question “What does this mean / tell us about the factors that affect health?” synthesis the story.

2nd stage is motivate group to discuss in question “What is the Healthy community?”. To brainstorm for analyzed about health and determinant of health.

3rd stage constructs the vision of group or community. In this stage facilitators could motivate participant in small group or whole group to consider in health and determinant of health in community. If work in small group every group are selected representative to attain in whole group to share vision and participate in stage 4th.

4th stage whole group analyze vision every topic for detail of indicators. Every vision has indicators cover determinants of health of community that participant raised. All of indicators are the tool for community to use for analyze Health Impact.

Facilitators are significance for PATH Process to motivate group member participate in process in every stage of PATH Process.

Facilitators would be understand in Adult Education Principle to empowerment and advocacy participant and high skill in qualitative methodology to run participation process such as group discussion, face to face interview, brain storming, etc.

Limited of PATH Process are complex methodology use the time in long period, requires adequate funding, limit of community context and need facilitator skill.

Compare Method

In Table 1 compared method to work in public scoping process the stage first can use PATH Process to prepare community/affect area in Health and Determinant of health perspective and Deliberative is process survey opinion of people in project area The PATH process is use qualitative method but DP use quantitative method.

Representative in public scoping process, PATH process could strengthen in group represent all over area to attain in PATH process and Deliberative Poll use simple random to choose target group to survey opinion and they could apply to deliberative process by

themselves without constrained. All of represents are chosen by random are equal in chance and low bias.

Opportunities for participate in public scoping in PATH process stories telling in 3 stage help local people to share experience, knowledge, opinion and they attain by chance.

Public scoping settle consultant or project owner must run process as like as PATH process has facilitators to driven process but Deliberative Poll are organize by project directors. In public scoping process facilitators are very important to influence process. The facilitators could be stakeholder, consultant/company, NGOs, community leader, local government officer are important for affect activity.

The results of the public scoping process are definition of health and determinant of health that participant define that affect by project/ policy and propose apprehensive issue in HIA/EIA Report. PATH process output is tool to combine indicators of all vision topic of healthy community for analyze Health Impact. DP is opinion of participate

Public Scoping	PATH Process	Deliberative Poll
1. Owner Project apply to Policy and Plan of Resource and Environment Office and National Health Committee Organization and public more than three month by mass media communication more than three channel	1st stage story telling. Participants talk about their impress story either sad or happy and then vote for one story to analyze. Major vote story to analyze in 1st activities use question "What do you see happening in this story?" To descript the story. 2nd activities use question "Why do you think it happen?" To explanation the story. 3rd activities use question "What does this mean / tell us about the factors that affect health?" synthesis the story.	1st Poll1 is process begins with administering a questionnaire on a random, representative sample of the public.
2. Owner Project exposed data and information of project and draft of determinant of health that may affect by project and draft of public scoping and EIA report and public in mass media more than 15 days and more than 3 channel before public discussion	2nd stage is motivated group to discuss in question "What is the Healthy community?" To brainstorm for analyzed about health and determinant of health.	2nd Requirement A random, representative sample is selected to participate in the Deliberative Poll.
3. Owner project provide system to Application and pre-register stakeholder organization and people that interested to discuss in Public Scoping	3rd stage to construct the vision of group or community. In this stage facilitators could motivate participant in small group or whole group to consider in heath and determinant of health in community. If work in small group every group are selected representative to attain in whole group to share vision and participate in stage 4th.	3rd Balance Information Prior to the event, participants receive balanced briefing materials on the topics being discussed.
4. Provide public hearing process for public discuss and present public concern in health determinant more than 2 hour or more than a half of process time	4th stage whole group analyze vision every topic for detail of indicators. Every vision has indicators cover determinants of health of community that participant raised. All of indicators are the tool for community to use for analyze Health Impact.	4th Small Group Discussions and Plenary Sessions. In small group discussions is participants are randomly assigned to small groups with trained moderators. In plenary sessions Participants pose questions – questions are chosen by groups – to experts and policymakers.
5. Open channel for public hearing more than 3 channel and more than 15 days		
6. Project Owner report public opinion and explanation in topic of public hearing and offer to Policy and Plan of Resource and Environment Office and National Health Committee Organization for publication.	Tool for use in Health Impact Assessment	5th Poll 2 and Media Coverage in Poll 2 is The event concludes with a final questionnaire capturing participants' considered opinions. Media Coverage process results are analyzed and released to the media soon after the event.

Table 1: The results of the public scoping process are definition of health.

Conclusion

PATH Process and Deliberative Poll are support Public Scoping Process in Health Impact Assessment in Thailand to strengthen. PATH Process is qualitative method for facilitators to support people to exchange experience/perspective for assessing health and determinant of health by themselves in their own viewpoint and analyze in their

own story in community perspective to construct the tool of community to use in community by people in community. Deliberative Poll support Public Scoping in transparency of representative in survey process and deliberative process and quantitative data in opinion of people by survey in whole area and compare opinion of participant and non-participant. People could balance information and consulted

expert/academics and communicated in community, mass media and social media.

References

1. Suphakit N, Decharut S (2007) The Quest for Development Alternatives: HIA and the Health Assembly on Industrial Development in Mab Ta Phut and Rayong Province. Nation Health Commission Office.
2. Doungmaotri P, Pudpadee S (2007) Health Impact Assessment of Kwaenoi Dam in Phitsanulok, Thailand.
3. Suraphakdee T (2010) Change to "all" of the city's plight after the entry of a gold mine. National Health Commission.
4. Lee Jennifer H, Röbbel N (2013) Cross-country analysis of the institutionalization of Health Impact Assessment. World Health Organization.
5. Sukkumnoed D, Sukkumnoed R, (2007) Outcome mapping and monitoring HIA progress in Thailand. Nation Health Commission Office.
6. Health Impact Assessment Coordinating Unit and National Health Commission Office (2010) Thailand's Rules and Procedures for the Health Impact Assessment of Public Policies.
7. Pattapong K, Nusaraporn K (2554) Lesson Development Framework and to assess the impact on health: the experience of foreign countries and Thailand. Thailand adjective Company Limited.
8. Health Impact Assessment Co-ordinating Unit. Office of National Health (2553) The document summarizes the seminar on "Scoping Impact Assessment of Health (Public Scoping): problem or challenge of Thailand. Health National Health Commission.
9. Fishkin JS Deliberative Polling. The Center for Deliberative Democracy at Stanford University.
10. Deliberative Poll in Pozan (2009) How best to use the stadium after the UEFA Cup? The Center for Deliberative Democracy, Stanford University.
11. Deliberative Polling: European Union (2008) Greens Make Dramatic Gains Public Supports Action on Climate Change and Immigration. The Center for Deliberative Democracy, Stanford University.
12. Deliberative Polling: Hungary (2008) Deliberative Poll About Unemployment and Job Creation in the Area of Kaposvár. The Center for Deliberative Democracy, Stanford University.
13. Fishkin JS, Camarano E (2010) Deliberative Participatory Consultation: The First Deliberative Poll in Porto Alegre.
14. Antigonish Town and County Community Health Board (2002) PATHways II: The Next Steps A Guide to Community Health Impact Assessment. Canada.
15. Antigonish Town & County Community Health Board (ATCCHB) (2002) Community Health Impact Assessment Tool.