

Maternal and Child Health & Health Impact Assessments: An Exploration of Unrealized Opportunities

James E. Dills, MUP MPH, Georgia Health Policy Center, Georgia State University & Taylor M. Lawson, MPH, Rollins School of Public Health, Emory University

BACKGROUND

Health in All Policies (HiAP) is an approach to addressing social determinants of health through strategic involvement with decision-making in sectors outside the traditional public health sector. Maternal and Child Health (MCH) is an area of public health where social determinants are particularly impactful. Health Impact Assessment (HIA) is a useful HiAP tool for engaging with upstream policy decisions through multi-sector collaboration and the application of a strong health equity lens. As the National MCH Workforce Development Center aims to build capacity for taking a systems approach to policy collaboration, HIA was identified as an area of focus. However, preliminary review of MCH and HIA practice in the U.S. demonstrated little apparent alignment. The review described here is the result of efforts to more rigorously examine how the two areas of public health practice are related.

HYPOTHESIS

HIAs that involve MCH stakeholders are more likely to address MCH populations and relevant measures.

RESEARCH QUESTIONS

1. To what extent have MCH-focused stakeholders been involved in existing HIA practice?
2. How often and to what extent do existing HIAs examine MCH subpopulations?
3. What proportion of HIAs in the U.S. have included Title V National Performance Measures (NPMs) or closely related measures as part of their analyses?

METHODS

Data were extracted from HIA reports available through the Health Impact Project database as of September 2017 (n=424). A review protocol evaluated publicly available materials for 1) MCH stakeholder engagement, 2) MCH population focus, 3) inclusion of NPM topics, and 4) relevance of HIA recommendations for MCH practice. Pilot testing of the protocol resulted in 85% agreement between reviewers.

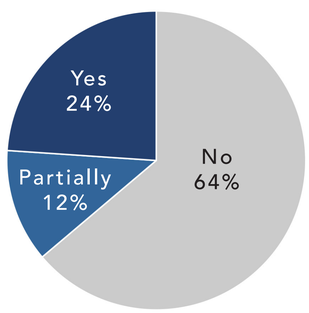
Of the 424 HIAs included in the database, 353 had publicly available documentation suitable for review, and two of these were duplicates of other HIAs listed in the database under different titles. The final sample for analysis includes 351 HIAs.

RESULTS

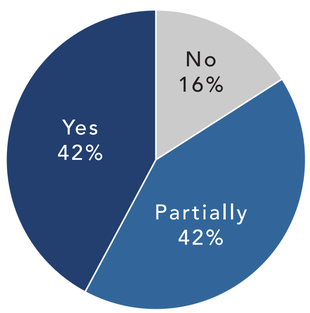
HIAs involving MCH stakeholders were twice as likely to include two or more NPM-relevant topics in their reports compared to those that did not include MCH stakeholders (OR=2.05; 95% CI: 1.17, 3.59).

These HIAs were more than seven times more likely to include at least some focus on MCH populations (OR=7.19; 95% CI: 2.79, 18.55).

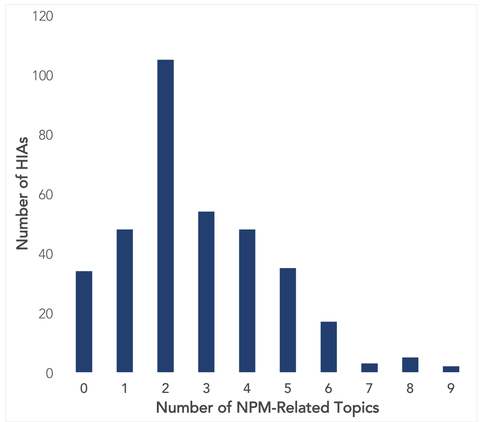
HIA Inclusion of MCH Stakeholders (n=351)



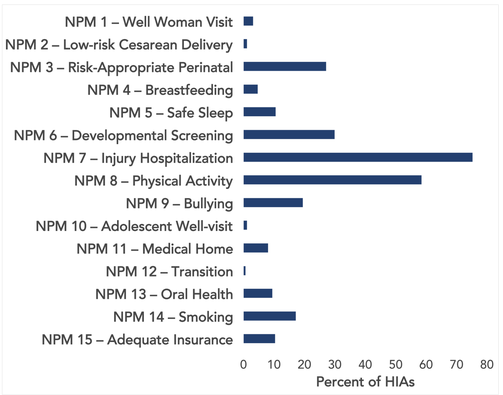
HIA Focus on MCH Subpopulations (n=351)



Frequency of HIAs by Number of NPM-Related Topics Included



Percent of HIAs Including Each NPM-Related Topic



LIMITATIONS

- This is not an exhaustive review of all HIAs completed in the U.S. Seventeen percent of HIAs listed in the Health Impact Project database did not have the necessary documentation publicly available. Further, the database is populated mostly by voluntary self-reports from the HIA field, so there is an unknown number of HIAs in the U.S. not included at all.
- Though the research team tested and validated the review protocol using paired reviewers on a subsample of HIAs, it was not feasible to have paired reviews for the full data collection process.
- The review only examined publicly available reports and/or related materials. No data were collected directly from HIA project teams or their stakeholders (i.e. via interviews). As a result, there are potential instances where MCH stakeholders were involved in an HIA process but were not documented in the readily reviewable materials.

CONCLUSIONS & IMPLICATIONS

Results indicate low engagement of MCH-focused stakeholders in HIA practice, but a large portion of that practice considers populations and measures with clear relevance to MCH. In instances where MCH stakeholders are included, the likelihood that MCH-relevant measures and populations are part of an HIA increases. As MCH professionals continue to build capacity to address underlying inequities that lead to disparities in MCH outcomes, there is a recognized need to strategically collaborate with the non-health sectors that exert influence on social determinants of health. HIA is an effective tool for building collaborative relationships with many of these sectors. More intentional inclusion of MCH stakeholders in HIA practice will enhance these relationships and contribute to innovative solutions that promote population health and equity.

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