Critical premise of HIA: societal determinants of health exist & must be addressed coherently and collectively

Addressing health impacts of societal determinants: must consider issues of evidence and thus lifecourse, levels, & spatiotemporal scales

Consideration of: promise, process & pitfalls of HIA
ECOSOCIAL THEORY: CORE CONSTRUCTS

Embodiment: how we biologically incorporate our lived experience, thereby creating population patterns of health & disease

Pathways of embodiment: often multiple pathways to a given outcome (via diverse physical, chemical, biological, & social exposures)

Cumulative interplay of exposure, susceptibility, and resistance across the lifecourse: all 3 matter

Accountability and agency: for social inequalities in health & for ways they are analyzed & addressed
SOCIETAL DETERMINANTS OF HEALTH & HEALTH IMPACT ASSESSMENT (HIA)

FUNDAMENTAL PREMISE

SOCIETY EXISTS

Societal determinants of health + social inequalities in health

HIA

NO SOCIETY

Individualistic explanations

NO HIA
INFLUENCES ON THE POPULATION'S HEALTH:
Shaping a Health Statistics Vision for the 21st century (http://www.ncvhs.hhs.gov/hsvision/)

- Place & Time
- Cultural Context
- Natural Environment
- Political Context

Context

- Built Environment
- Economic
- Health Services

Community Attributes

- Biological Characteristics
- Social

The Population’s Health

- Level
- Distribution
- Disease
- Functional status
- Well-being

Population-based Health Programs

Collective Lifestyles and Health Practices
LIMITATIONS OF SOURCES OF EVIDENCE FOR HIA

EVIDENCE: COUNTING & ACCOUNTABILITY

Individual-level data
Conservative bias? Individualistic fallacy?

Randomized clinical trial
Unfeasible? Unethical?

Observational studies
Entangled pathways? Confounding?

Who bears the burden of uncertainty?

Estimate: if adopt living wage of $11.00 per hour →

- ↓ premature mortality among adults (22-44 yo) with family income = $20,000
  - relative hazard (95% CI)
    - men: 0.94 (0.92, 0.97)
    - women: 0.95 (0.95, 0.98)

- ↑ schooling among their children
  - +0.25 y educ (0.20, 0.30)
    - high school: OR = 1.35 (1.20, 1.49)
  - ↓ early childbirth: RH=0.78 (0.69, 0.86)

Lifecourse:
- in utero
- infancy
- childhood
- adulthood

Levels:
- individual
- household
- area
- regional
- national
- global

Life-course:
- levels:
  - individual
  - household
  - area
  - regional
  - national
  - global
HARVARD HIA CONFERENCE (2002)

“Health impact assessment: perspectives on the promise & pitfalls of measuring effects of policy & politics on public health”


Countries: Australia, Brazil, Canada, Ecuador, France, India, Malawi, South Africa, United Kingdom, United States

Disciplines: economics, environmental health, history of public health, human rights, occupational health, public health surveillance, social epidemiology, sociology, statistics, urban planning

Co-sponsors: Harvard Center for Society and Health, Harvard University Committee on Human Rights Studies

PROMISES

- Societal determinants of health
- Intersectoral responsibility for health

- Joint strategic health planning: health professionals + policy makers + policy analysts + affected communities
- Interdisciplinary + intersectoral work
- Advocate-academic-policy initiatives

- Improve environmental impact statement re: human health, early public input, & evaluation

- Further development of human rights impact assessment
- Transparency + accountability: policy-making process
- Focus: govt action--or inaction--re issues raised by HIA
PROCESS

Who or what initiates conduct of an HIA?

Who pays for & controls the HIA?

Who determines who is involved, how, in the HIA?

Who defines the “affected populations”?

Who determines the approach and scope of HIA?

Who has authority to adjudicate quality & disagreements?

Who ensures HIA results are made public?

Any consequences if results of HIA are ignored?
PITFALLS

- Insufficient theoretical frameworks + interdisciplinary expertise
- Emphasizes new active policies, not neglect & past policies
- Difficult to conceptualize & analyze impact, since may involve multiple exposures, levels & pathways, over time
- Difficult to measure impacts; need sensitivity analyses & consideration of biological plausibility
- Can imply health = key arbiter of policy decisions, harming efforts to promote intersectoral & interdisciplinary work
- Risk of becoming bureaucratic activity, rather than catalyst for participatory action to address social disparities in health

- High cost: unclear who pays, plus if becomes state obligation, could strain resources of poor countries + areas

- Could be waste of money, time, and effort, since evidence only one of many factors affecting policy

- Emphasis on “evidence-based policy” could impede action, if not possible to conduct randomized trials
**HIA: WORK IN PROGRESS**

- **HIA: moving from the margins to mainstream**
  - occurring in more & more countries
  - more attention to issues of efficiency, feasibility, & cost
  - emerging tensions: institutionalization vs bureaucratization

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- **BUT:** while promoting interdisciplinary & intersectoral work to address societal determinants of health, hampered by:
  - lack of strategies to enforce accountability
  - inconsistent attention to relevant biological & social timescales and levels
  - lack of focus on past policies and practices underlying current social disparities in health
CONCLUSION

↑ awareness of societal determinants of health

↑ efforts to reduce social disparities in health

TO ACHIEVE PROMISE OF HIA:
--address process & pitfalls
--reckon with its political nature
--need engaged & sustained dialogue & debate among + between researchers, practitioners, affected populations, policy makers + analysts

HENCE THIS CONFERENCE ...

GOAL: ELIMINATE SOCIAL INEQUALITIES IN HEALTH
SELECTED REFERENCES:


• Special theme issue on health impact assessment. *Bulletin WHO* 2003; 81 (6)