Health impact assessment: an idea whose time has come

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What is HIA?

A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population

Source: WHO Gothenburg consensus paper, 1999
Uses of HIA

- healthy public policies / projects
- health advocacy
- personal / social / economic development
- advocacy for disadvantaged groups
- partnership building
Early origins: 1970-1990

• environmental impact assessment

• healthy public policy
Early origins: 1990-1996

- Manchester Airport 2nd Runway 1992-3
- Health Impact Assessment Toolkit BC MoH 1994
- Health Impact Assessment Guidelines BC MoH 1995
- Policy Appraisal and Health 1995
- PATH Project 1996
Early origins: 1990-1996

• National Health Guide for Environmental Assessment. Ottawa, 1995


• Health impact assessment as a tool for population health promotion and public policy. Health Canada 1996
HIA 1996-1998

- Liverpool Public Health Observatory 1996-8
- HIA vs policy appraisal, health impact analysis etc
UK / Irish government support for HIA

- Saving Lives: Our Healthier Nation
- Health impact assessment: report of a methodological seminar
- Better Health, Better Wales
- Developing health impact assessment in Wales
- Working Together for a Healthier Scotland
- Health impact assessment: a way forward for Scotland
- Well Into 2000
- Institute for Public Health in Ireland
European support for HIA

- STAKES (Helsinki) meeting - January 1998
- Swedish Federation of County Councils
- WHO European Centre for Health Policy
- *European health impact assessment e-mail group*
- fellowships / seminars / monographs
- *Gothenburg consensus conference / book*
- EC involvement - DG Sanco
- *Practical Guide to Services*
- Policy HIA for the EU
HIA 1998 onwards

- Health and Environmental Impact Assessment (BMA) 1998
- 1st UK Health Impact Assessment Conference 1998
- Merseyside Guidelines for HIA
- UK public sector projects
- capacity building
- academic centres
- journal papers
- widely adopted by WHO, TNCs etc
- US / NZ / Australian interest
# Two Perspectives

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The Socioenvironmental Approach to Health

Health Status

Physiological Risk Factors
- hypertension
- hypercholesterolemia
- genetic (inherited) factors

Behavioural Risk Factors
- smoking
- poor nutrition
- physical inactivity

Psychosocial Risk Factors
- isolation
- lack of social support
- poor social network
- low self-esteem
- high self-blame
- low perceived power

Risk Conditions
- poverty
- low education/occupation status
- dangerous, stressful work
- dangerous, polluted environment
- discrimination (sexism, agism, racism, etc.)
- low political-economic power
- large gaps in income/power within a community, state, nation
- unaffordable housing
- inadequate access to food

Ron Labonte. Inequalities in Health in the City of Toronto. 1991
The Merseyside approach - procedures

- Screening
- Steering group and terms of reference
- Select assessor
- Conduct assessment
- Appraise assessment
- Negotiate favoured options
- Implement and monitor
- Evaluate and document
The Merseyside approach - methods

- Policy analysis
- Profiling of communities
- Interview stakeholders and key informants
- Identify health determinants affected
- Assess evidence
- Establish priority impacts
- Recommend and justify options for action
Methodological controversies

- science and politics
- value-free and value-laden
- holism and reductionism
- qualitative and quantitative
- expertism and participation
- duration and depth
- policies and projects
- equity and inequality
Health inequality

Unfair or unjust differences in health determinants or outcomes within or between defined populations
Equity (in health)

...from each according to his abilities, to each according to his needs...

*Karl Marx, Critique of the Gotha Programme (1875)*

Distributional justice
Health inequality in HIA

- inequality a screening (selection) criterion
- vulnerable groups identified in profiling and policy analysis
- distributional impacts (as well as population impacts) identified
- recommendations take account of impact inequalities
- monitoring and evaluation
Equity in HIA

- public involvement in HIA steering groups
- ‘lay’ people as stakeholders and key informants
- equitable valuation of lay evidence and of evidence on lay priorities
- ‘bias to the poor’ in recommendations
- choice of paradigm (expertist vs participatory)
Gaps in current practice

- poor monitoring and evaluation
- limited coverage - especially re public policy
- *macroeconomic policy*
- *human rights*
- *foreign policy*
- *trade*
- *social and gender policy*
Gaps in current theory

- distributional effects poorly operationalised, eg
  - *gender*
  - *race*
  - *age*
  - participatory research
  - feminist research
The future of HIA

Causal drivers

- promotes healthy public policy
- promotes sustainable development
- promotes organisation development
- reduces health inequalities

Contextual drivers

- equity
- public participation
The future of HIA

• whether takes off in USA
• healthy public policy relatively unpopular
• disparities agenda
• NB there’s gold in them thar HIAs
• acceptable to all UK politicians?
• likely to thrive in EC
• good global prospects - human rights, TNCs etc
Integrated impact assessment

• Cabinet Office
• NW Regional Assembly / NWDA
• EC Secretary-General DG
• human impact assessment
• future impact on HIA?
Capacity building

• a limiting factor
• training
• advocacy
• policy development
• organisation development