

ASSESSING HEALTH IMPACT ASSESSEMENT

**Nancy Krieger
Harvard School of Public Health**


Symposium on Health Impact Assessment
Center for Public Health Research (Massey University)
& Public Health Advisory Committee of the National
Health Committee (New Zealand)
Wellington, March 30, 2004

KEY TOPICS

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

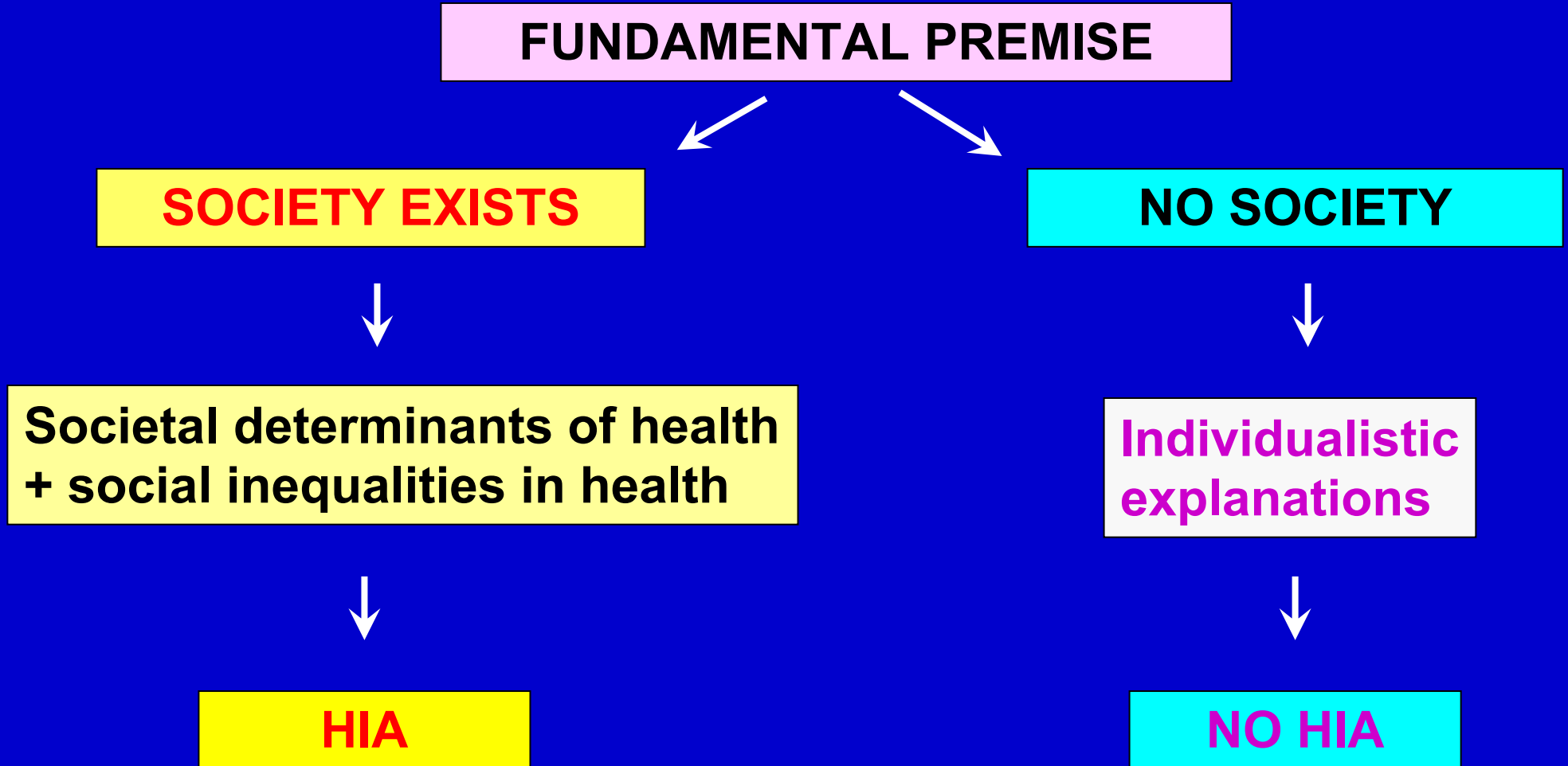
NO SOCIETY

Societal determinants of health
+ social inequalities in health

Individualistic
explanations

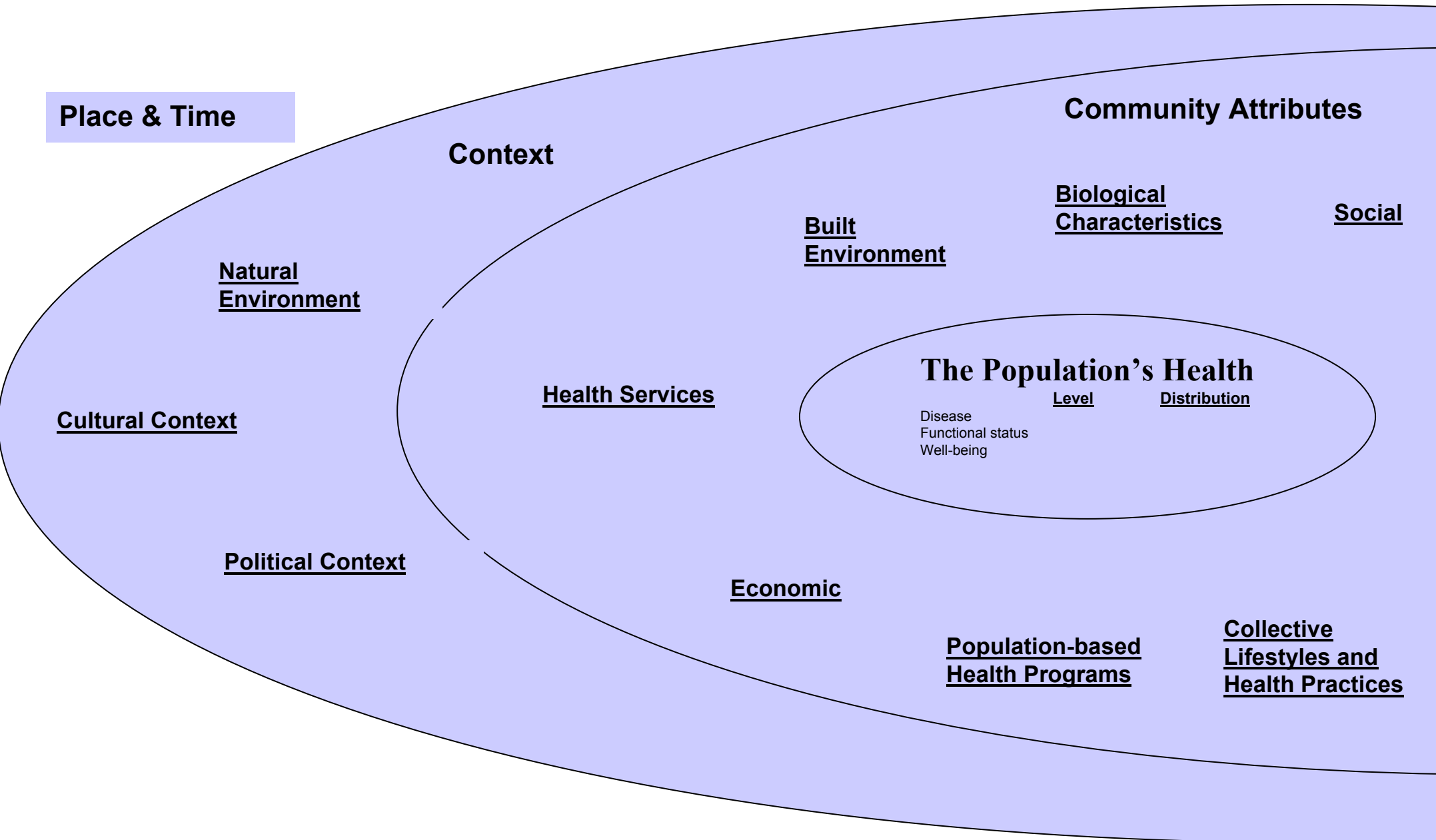
HIA

NO HIA



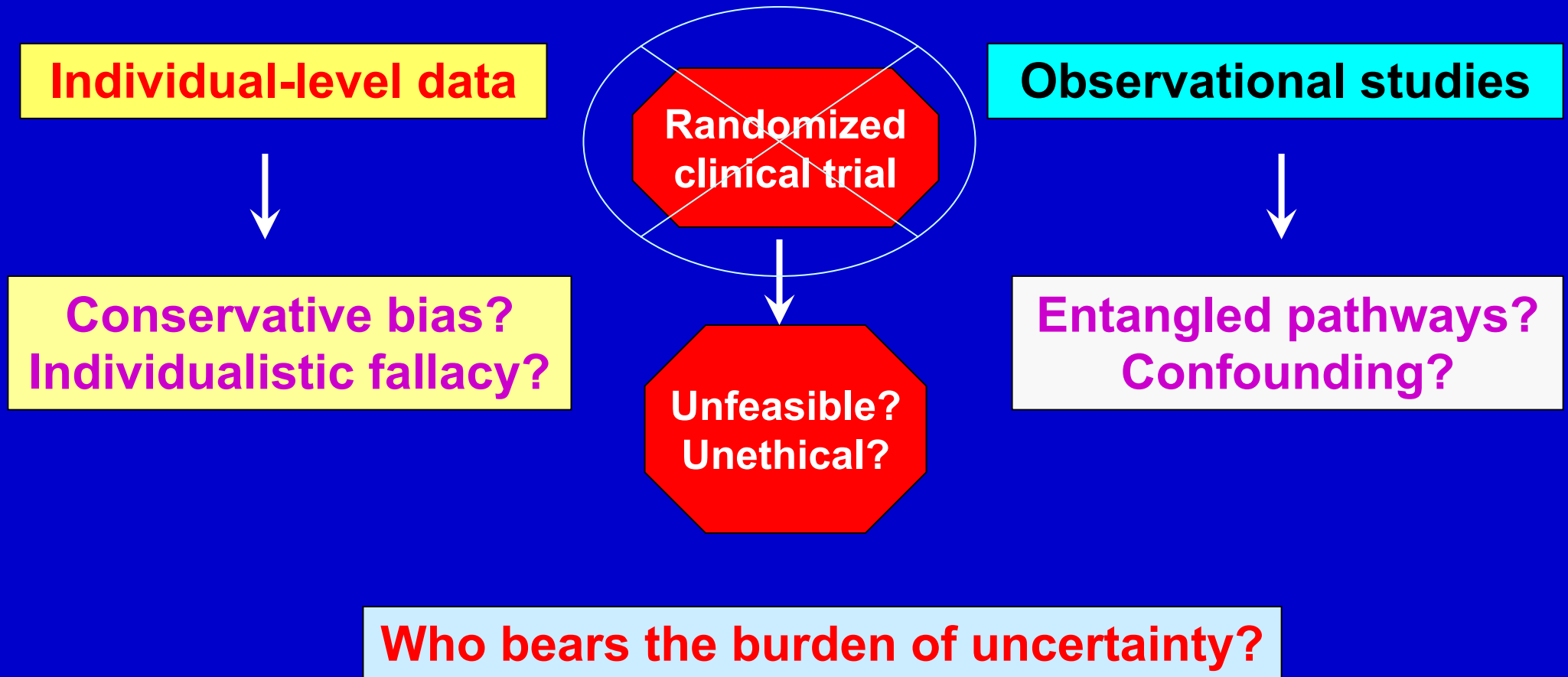
INFLUENCES ON THE POPULATION'S HEALTH:

Shaping a Health Statistics Vision for the 21st century (<http://www.ncvhs.hhs.gov/hsvision/>)



EVIDENCE: COUNTING & ACCOUNTABILITY

LIMITATIONS OF SOURCES OF EVIDENCE FOR HIA



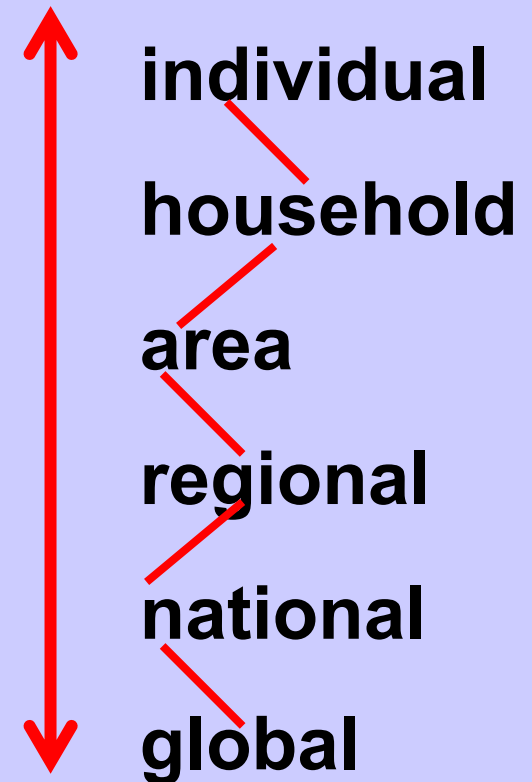
LIFECOURSE, LEVELS, & SCALES

Bhatia R. Estimation of health benefits from a local living wage ordinance. Am J Public Health 2001; 91:1398-1402.

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

↓ premature mortality among adults (22-44 yo) w/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)

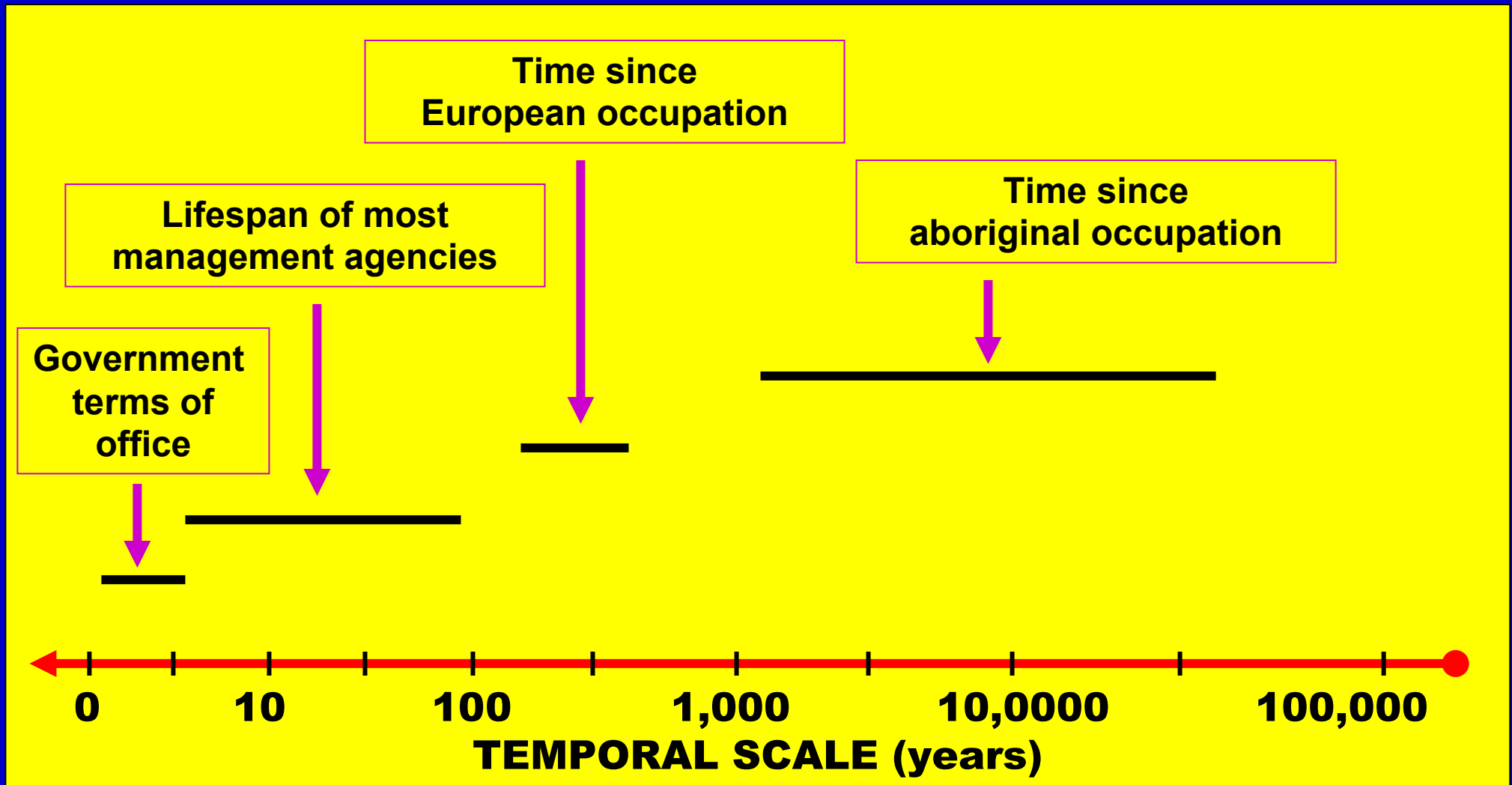
Levels:



Lifecourse:



TREES AND FORESTS



Source: Hobbs RJ. Managing ecological systems and processes. In: Peterson DL, Parker VT (eds) *Ecological scale: theory and applications*. NY: Columbia University Press, 1998; 459-485.

HARVARD HIA CONFERENCE (2002)

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

Participants: N. Krieger, M. Northridge, S. Gruskin, M. Quinn, D. Kriebel, G. Davey Smith, M. Bassett & HIA conference group: L. Badgett, AE Birn, P. Braveman, J. Breilh, P. Carter, S. Kunitz, J. Lynch, M. Maluwa, S. Marks, T. McMichael, TK Sundari Ravindran, E. Sclar, F. Sihlongonyana, A. Scott-Samuel, M. Shaw, D. Tarantola, C. Victora, MC Wolfson.

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

See: Krieger et al, J Epidemiol Community Health 2003; 57:659-662.

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

PITFALLS (cont.)

- 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

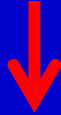
- ✓ **HIA: moving from the margins to mainstream**
 - occurring in more & more countries
 - more attention to issues of efficiency, feasibility, & cost
 - emerging tensions: institutionalization vs bureaucratization

- **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

HIA

?

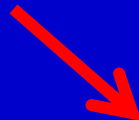


↑ awareness of societal determinants of health

?



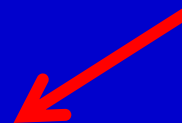
↑ efforts to reduce social disparities in health



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:

- Krieger N, Northridge M, Gruskin S, Quinn M, Kriebel D, Davey Smith G, Bassett MT, Rehkopf DH, Miller C and the HIA “promise and pitfalls” conference group. Assessing health impact assessment: multidisciplinary & international perspectives. *J Epidemiol Community Health* 2003; 57:659-662
- Krieger N. Theories for social epidemiology in the 21st century: an ecosocial perspective. *Int J Epidemiol* 2001; 55:693-700.
- Blank RM. Selecting among anti-poverty policies: can an economist be both critical and caring? *Review Social Economy* 2003; 61:447-469.
- Townsend P. Why are the many poor? *Int J Health Services* 1986; 16:1-32.
- Friedman DJ, Hunter EL, Parrish RG. *Shaping a Vision of Health Statistics for the 21st Century*. Washington, DC: US DHHS Data Council, CDC, NCHS, NCVHS, 2002.
- Tesh S. *Hidden Arguments: Political Ideology and Disease Prevention Policy*. New Brunswick, NJ: Rutgers University Press, 1988.
- Davey Smith G, Ebrahim S, Frankel S. How policy informs the evidence: “evidence based” thinking can lead to debased policy making. *BMJ* 2001; 322:184-185.
- Thomson H, Hoskins R, Petticrew M,, et al. Evaluating the health effects of social interventions. *BMJ* 2004; 328:282-285.
- Bhatia R. Estimation of health benefits from a local living wage ordinance. *Am J Public Health* 2001; 91:1398-1402.
- Pollin S, Luce S. *The Living Wage: Building a Fair Economy*. NY: New Press, 2000.
- Hobbs RJ. Managing ecological systems and processes. In: Peterson DL, Parker VT (eds). *Ecological scale: theory and application*. NY: Columbia University Press, 1998; 459-486.
- Special theme issue on health impact assessment. *Bulletin WHO* 2003; 81 (6)