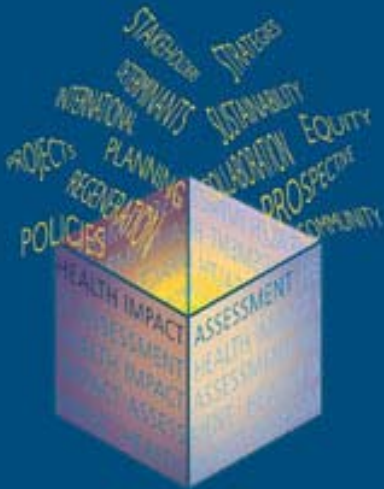


# Health impact assessment: an idea whose time has come

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IMPACT

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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
- Public Health Commission. A Guide to Health Impact Assessment. Wellington, 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
- A Canadian Health Impact Assessment Guide 1997
- 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

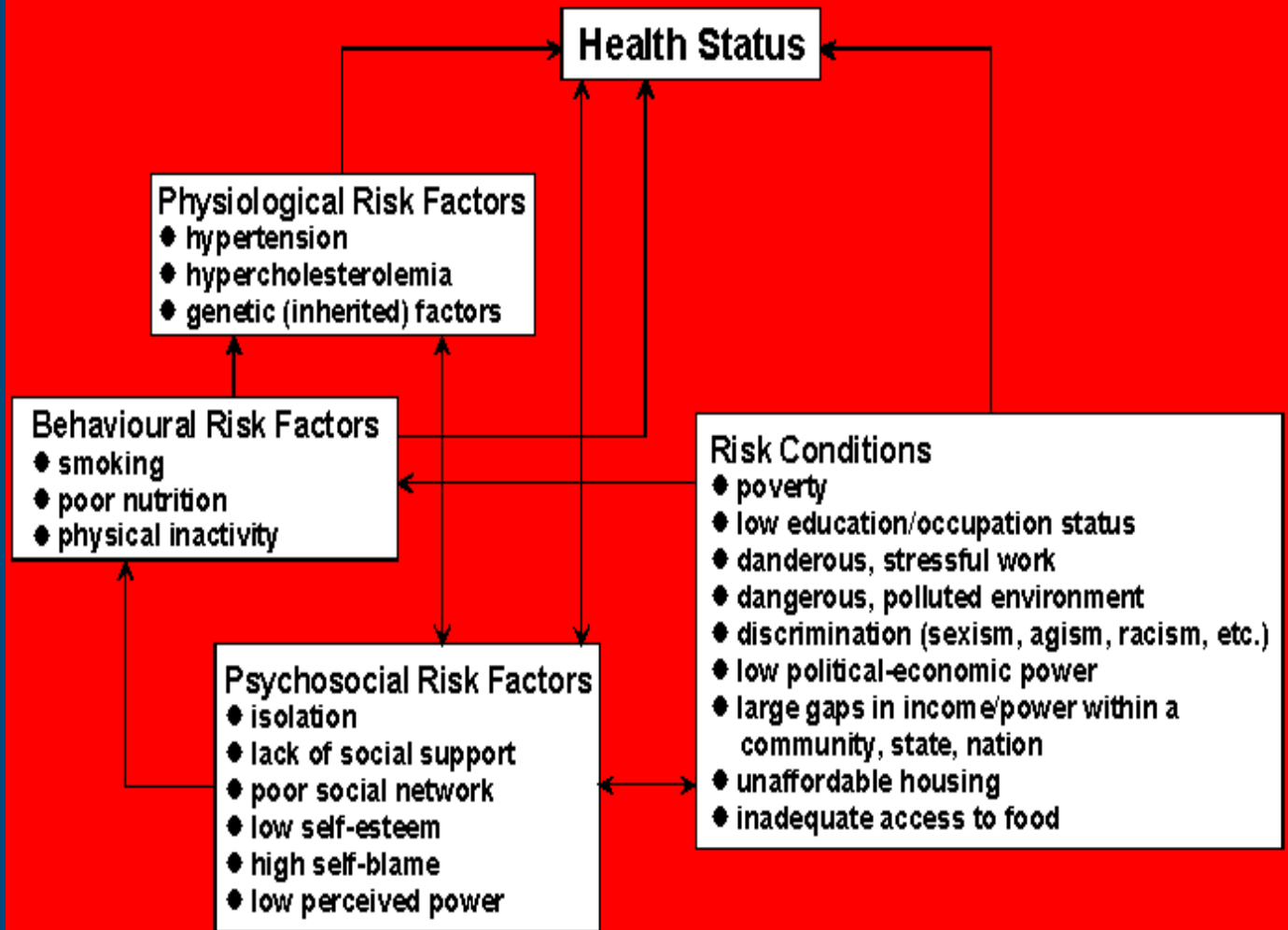
- Health and Environmental Impact Assessment (BMA) 1998
- 1st UK Health Impact Assessment Conference 1998
- Merseyside Guidelines for HIA
- UK public sector projects+++
- capacity building
- academic centres
- journal papers
- widely adopted by WHO, TNCs etc
- US / NZ / Australian interest

# Two Perspectives



	<b>BROAD PERSPECTIVE</b>	<b>TIGHT PERSPECTIVE</b>
<b>View of health</b>	Holistic	Definition and observation
<b>Disciplinary roots</b>	Sociology, epidemiology	Epidemiology, toxicology
<b>Ethos</b>	Democratic	Technocratic
<b>Quantification</b>	In general terms	Towards exact measurement
<b>Types of evidence</b>	Key informant data	Measurements
<b>Precision</b>	Low	High

# The Socioenvironmental Approach to Health



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

