

How can HIA support Health in All Policies?

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Executive summary

Health Impact Assessment as a tool to promote Health in All Policies

Health in All Policies (HiAP) is founded on the recognition that population health is determined by much more than health services, and that virtually every area of policy has impacts on health. HiAP does not argue that health should take precedence over all other policy aims, only that consideration of health should be included alongside consideration of other policy aims. It is thus a logical corollary of consistency in policy, in ensuring that pursuit of one policy goal does not inadvertently harm progress toward other policy goals. Health in all policies aims not only to maximise health but also to increase health equity, the fair distribution of opportunities for health in populations. Applying HiAP in practice is challenge of resources, capacity and understanding, and requires that health systems embrace a broad understanding of health, including through sustained dialogue between all ministries and levels of government.

Health Impact Assessment (HIA) is a tool which has been shown to be effective in helping policy makers maximise the health benefits (including improving health equity) resulting from their decisions. It involves the examination of different policy options to identify their health impacts and the distribution of those impacts. It then makes recommendations as to how negative impacts might be avoided or mitigated, and positive impacts enhanced. As policy-making inevitably involves trade-offs, HIA can help inform the necessary trade-offs.

The contribution that HIA makes to policy making in Europe is varied. Some countries make considerable use of it and other countries not. Where HIA is not used in policy making it may be due to demand barriers (reasons why policy makers do not ask for HIA) or supply barriers (reasons why HIA is not done even though the policy makers would like it to be done). Demand barriers include attaching low importance to health, feeling that health is someone else's (some other ministry's) business, lack of awareness of determinants of health, lack of awareness of health impact assessment, and mistrust of the HIA process. Supply barriers include lack of expertise or capacity and, simply, insufficient time due to general workload or in relation to competing assessments such as environmental, gender, sustainability, etc (especially if the assessment is to be done within government). Additionally, cost is often seen a hindrance. But as the costs of HIA are mostly the time of those undertaking it, and these costs are small compared with the costs of policies which produce unexpected, unacceptable impacts, this is an argument which requires closer examination in individual contexts.

Policy approaches to help improve use and impact of HIA

Building Support for HIA

The chances that HIA will be used can be increased by government making a public commitment to using HIA in policy. Several governments have made such commitments but in some cases these commitments have not been followed through. Political leadership – the use of a high level ‘champion’ or senior government official – can also play an important part in encouraging the use of HIA to inform policy making.

It is often suggested that governments could increase the use of HIA by making it mandatory, either as part of the required working practice of ministries or through legislation. There is, however, a danger that if HIA is simply made mandatory without building the necessary skills and commitment it will merely result in a ‘tick box exercise’.

Building understanding of health and HIA would make an important contribution to encouraging the use of HIA. Building understanding of health does not mean that everyone has to be a public health expert but staff do need a basic understanding of the subject. Short workshops for civil servants and circulation of short informative documents on the topics of health and HIA will create a situation in which senior policy makers and ministers are more likely to request HIAs. In turn, this can be used to support HiAP more generally.

Building HIA into policy making

When governments have decided that they wish to use HIA to aid policy making the simplest solution is often for the policy maker to make their own assessment. This has the advantage that they will have a thorough understanding of the policy aims, and communication between assessor and policy maker is assured. There is however the risk that there may be a loss of impartiality and that the HIA becomes a defence of the policy. There is also an issue of workload on civil servants, especially in view of demands to complete multiple impact assessments (environment, gender, etc). One possible solution is to set up a unit within government to undertake the HIA in a process, analogous to vetting of economic aspects of policies by finance ministries. Such a unit might be in the department of health or better in the prime minister's department.

A potential solution to the problem of workload is to undertake integrated impact assessments in which all required impact assessments (health, economic, environmental, family, equality, law and order etc) are combined into a single process. While the health

element may not then receive the attention it deserves, this may be preferable to no assessment at all. Another way of reducing the workload and increasing the use of HIA is to start the HIA early and carry it out in parallel with the policymaking process. Policy options can then be modified before the policy is finalised and any negative impacts resolved as they are identified.

Even when responsibility for doing HIA is retained inside government it may be helpful to establish an external unit to support it. Such a unit could not only support those tasked with performing HIA but also assist those receiving HIAs to assess the quality of those HIAs.

An alternative to government doing HIAs is to commission an external body, such as a university or a commercial firm, to do the HIA. University departments in several countries are now able to offer this service. There is the disadvantage that being separated from the policy making process the assessors may not have sufficient understanding of the policy issues.

Cross-cutting issues in strengthening HIA

Assuring the quality of HIAs intended to inform policy is essential, and approaches to quality assurance include establishing panels to check the HIA, using peer reviewers and requiring ministerial sign off of HIAs. Publishing all HIAs at the same time as the policy which it has informed is also a powerful way of helping to ensure quality, and this is already practice in several countries.

If HIAs are to be used to assist trade-offs in policy making it is useful to describe the magnitude of impacts. Describing magnitude is difficult, and while models and other methods of quantifying impacts exist, their application to policy making is still very limited.

Some forms of assessment attempt to combine different impacts into a single metric in the way that cost benefit analysis converts impacts into a monetary metric, or comparative risk assessment converts impacts into a Disability Adjusted Life Years (DALYs). These methods are often based on numerous contested assumptions and may incorporate hidden value judgements. It is an advantage of HIA that it makes no attempt to combine the different impacts into a single metric, but leaves the policy maker to decide what weight to attach to each impact.

Taking HIA forwards (steps to support HiAP)

A large number of guidance and tools have been produced to assist those intending to undertake an HIA. Different administrations face different circumstances, have different styles of government, and have to

choose policy making processes that suit them. With regard to HIA it is clear that "one size does not fit all". However, it is the intent of this policy summary that some of the ideas presented, and in particular the eleven summary points which close the document, will assist policy makers to better understand HIA and how it can be applied to their context, and with a view to pursuing the aim of Health in All Policies.

Health Impact Assessment as a tool to promote Health in All Policies

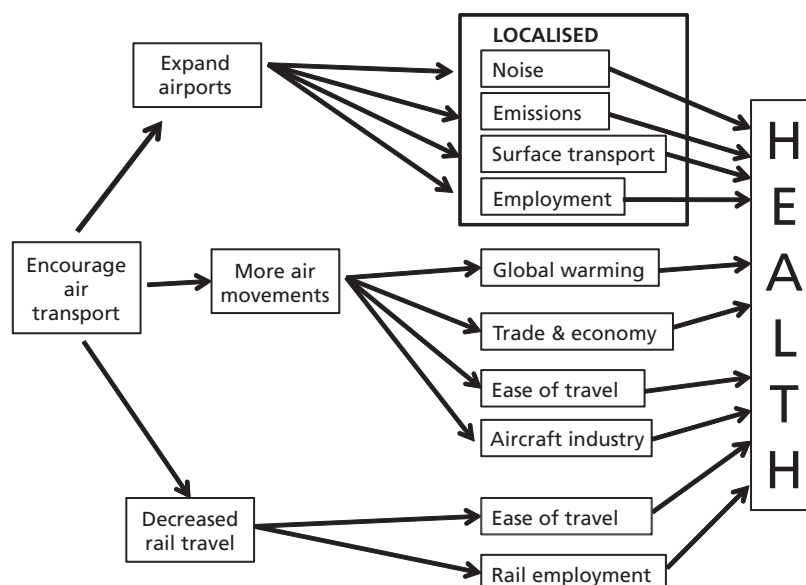
Health in all Policies (HiAP) is a concept founded on the recognition that population health is determined by much more than health services, and that virtually every aspect of public policy has impacts on health. It is based on the acknowledgment that as the determinants of health cover virtually all aspects of the physical and socioeconomic environment, and many of the determinants of health are outside the scope of health care and the health sector, so policies in virtually every arena have a bearing on health. As a result, therefore, the health consequences of all policies need to be considered^{1,2,3}. Consideration of health does not mean that health should always take precedence over other policy goals. Rather, that possibilities to benefit health are not missed because no one has thought of them. "Joined up" policy making considers health alongside the environment, the economy and other policy goals.

HiAP was the key health theme of the Finnish EU presidency in 2006 and was reinforced under the Portuguese EU presidency in 2007. At a European Union (EU) level it flows from Article 168 of the Lisbon treaty on the functioning of the EU⁴ which states that "a high level of human health protection shall be ensured in the definition and implementation of all community policies and activities". Further, it is a natural corollary of article 7, which states that "the Union shall ensure consistency between its policies and activities, taking all of its objectives into account and in accordance with the principle of conferral of powers". 'Consistency', in policy terms, has much in common with the notion of the triple bottom line⁵ used in the context of corporate social responsibility and sustainability, which

means costs and gains not only in economic terms but also in terms of environmental and human capital. Much of the time it is possible to develop policies which increase all three types of capital. For example, measures which increase prosperity of the general population will, other things being equal, improve the health of the population^{6,7}. Equally a healthy population will be more productive and so improve the economy. Similarly, measures which protect the environment are good for health and good for the economy. Sometimes, however, governments have to trade off policy gains in the different types of capital and ensure that gains in one domain are not at the expense of unacceptable losses in another. In this regard, they require tools or approaches to help inform their thinking.

Health Impact Assessment (HIA) is a tool which can support Health in All Policies by clarifying the consequences of different policy options for health and health inequalities. It helps policymakers to predict the likely health consequences of the policy options that they are contemplating and the distribution of those consequences. It does this by examining the different chains of events (causal paths) by which the policy might influence health. The relevant evidence is collated from the scientific, public health and policy literature, from technical experts with relevant knowledge and from people who will be affected by the policy. The evidence from these sources is built up to give as good as possible an understanding of each link in the causal chains. Often the possible impacts are displayed in a causal map. Fig. 1 illustrates such a causal map relating to air transport policy.

Fig. 1. Causal Diagram – Air Transport Policy



HIA further indicates how the health consequences of decisions are distributed among the population. It is rare that any measure benefits all groups in society equally, or that any harmful consequences fall equally on all groups. It is not the business of health impact assessment to say what is a fair distribution. But it is to ensure that the differential impacts of a policy decision are understood so that policy makers can attempt to ensure that positive and negative impacts are distributed in a way that seems equitable to them.

In order to inform their decisions in other areas of public policy, the policy maker needs to know:

- the nature of health impacts such as death, illness requiring hospitalisation, mental distress, etc
- the direction of that change for each impact (increased or decreased)
- the magnitude (how many people are affected and how seriously).
- which groups of people will be affected

With some causal chains, such as those involving air pollutants, it may be possible to specify the magnitude of effects fairly precisely. With others, for example those involving employment and social cohesion, it is much more difficult to specify the likely magnitude of prospective impacts.

The Health Impact Assessment literature recognises a spectrum of an HIA running from a desktop exercise using only data and knowledge which is immediately to hand, and involving a few people for an afternoon (mini HIA), through to an extensive exercise with multiple literature searches around several topics, reanalysis of existing data with perhaps some new data collection, and involving many people for many months. The type of HIA required will depend on the content of the policy, whether it is likely to have appreciable impacts and how controversial it is likely to be (Box 1).

This document is intended to assist policy makers and those who wish to assist and influence them, by exploring some of the ways in which health impact assessment might be of use in policy making and how it can be strengthened with a view to promoting health in all policies.

The benefits of HIA

Health Impact Assessment offers many benefits to policy makers. By identifying and describing the potential health impacts of different options, it reduces the risk that policies have unacceptable consequences when implemented. It allows policies to be optimised by mitigating negative impacts and enhancing positive impacts, and assists trade-offs between policy goals.

Box 1. Types of HIA

Basic types

While there is no set format for an HIA, there are three basic types allowing for variations of each. The first is the most relevant and most widely implemented with regards to decision making:

1. **Prospective (conducted before a proposal is implemented)**
The aim is to pre-emptively mitigate potential negative health effects while considering how to maximise the beneficial effects
2. **Retrospective (conducted after implementation)**
In some respects a summative evaluation, a post-implementation HIA allows decision-makers to learn from experience and thereby undertake better HIAs in future on the basis of a strengthened evidence base
3. **Concurrent (conducted during implementation)**
Potentially the most difficult to undertake, a concurrent HIA allows for adjustments to the policy as it is implemented – to minimise negative effects and enhance the positive

No matter the type of HIA, or whether it is to be rapid, intermediate or comprehensive in coverage, there are five basic steps to be followed in order:

- **screening:** assessing the potential population health effects of the given policy as a means of understanding whether an HIA is required
- **scoping:** establishing the boundaries of the assessment and the different elements to be covered, and formalising the organisational and managerial aspects, including creating the steering group (involving stakeholders and affected interests)
- **appraisal of the potential health effects/impacts:** the core element which involves understanding the policy under consideration, the potential affected population group, the likely or foreseen impacts and developing initial strategies to manage the impacts
- **decision-making:** either recommendations to decision-makers, or else the actual decisions on the proposal under consideration should decision-makers be involved in the steering group for the HIA
- **monitoring and evaluation:** both to ensure future good HIA practice, and policy decisions vis-à-vis the health impacts

Further, it contributes to joined up government by encouraging dialogue between different ministries on issues which either involve or impact them all, and increasing understanding of how decisions in different policy areas affect public health. It can stimulate more effective consultation around policies, resulting in greater general understanding and acceptance of the final decision.

HIA has been shown to be an effective tool for assisting policymakers. But as policy making is not a linear process, and is impacted by a range of complex interrelated factors of which HIA is only one, assessing the effectiveness of an individual HIA in this role is difficult⁸. For instance, a study of seventeen HIAs in Europe concluded that while the HIA had influenced the decision makers in many cases, in most cases they were HIAs of projects rather than policy⁹. Even if the findings of a particular HIA are not adopted in a given decision making context, it may still have beneficially influenced the building of healthy public policy¹⁰; attribution here is the a challenge.

The essential feature of an HIA is that it considers health and attempts to predict the likely health consequences of choosing different policy options. This is not a new idea and conscientious policy makers have always tried to do this. Aspects of policy making in many places already include consideration of health but under a name other than health impact assessment. The name attributed to the process or method does not matter per se. But what is key, and which is a core message of this policy summary, is that it is important that health is systematically considered when assessing options in other public policy areas – and this is the contribution of good health impact assessment.

Current use of HIA in policy making

A survey conducted in 2001 showed that 14 European countries reported some use of HIA, though few of these could be said to be applying HIA to policy making¹¹. A later survey in 2003 showed 20 European countries reporting use of HIA, though the main emphasis was still on projects rather than policy¹². More recently, many European countries are showing interest in HIA, however, there is considerable variation in the ways that they are developing it. In Austria the Ministry of Health initiated a process to establish comprehensive HIA practice in 2010. The Austrian Minister of Health acknowledges the role of HIA as a cornerstone for implementing Health in all Policies in practice¹³. In Switzerland, the cantons of Geneva, Jura, and Ticino, together with Health Promotion Switzerland (a public, semi-autonomous body advising the federal government), have maintained an HIA platform since 2005¹⁴. The director of the Swiss Federal Office of Health regards

HIA as a strategic instrument, and the Swiss Federal Council have specified HIA in a draft federal law on prevention and health promotion. In Germany, the public health acts of several states call for involvement of the Public Health Service in planning procedures, sometimes explicitly mentioning HIA. This does not seem, however, to have induced HIA activities to a large extent (although HIA is increasingly mentioned in both the health promotion and environmental health literature). There is, however, a tradition of including a health focus in environmental impact assessment, and a guideline on HIA for planning processes is being prepared¹⁵. At the same time, a 2006 review in Europe found only 15 examples from 5 countries on HIA being used in national policy¹⁶.

Outside Europe, while there is appreciable HIA activity in Australia, New Zealand, Canada and more recently the USA¹⁷, this is less so in lower income countries where the need could perhaps be said to be the greatest¹⁸.

Consideration of health in the policy making process

It appears that although HIA is sometimes used to assist decisions about projects, it is less the case that governments use it to help them develop (national) policy. Health in All Policies too often remains more rhetoric than action¹⁹. One has to ask why this is so. The barriers to considering health can be viewed from a demand and supply perspective i.e. why do governments not demand consideration of health, and why do governments find it difficult to get an HIA done when they do want one?

One reason why governments may not ask for an HIA is that health is not deemed sufficiently important against the numerous other considerations that have to be taken into account. It may be that some ministries feel that health is not their business, or they suspect that HIA represents an attempt by the health department to give health objectives precedence over other departmental objectives. Ministers and civil servants may be unaware of the determinants of health and how HIA could assist them in accounting for them. They may feel that the rhetoric of participation in HIA interferes with the proper operation of government, or that the cost of doing HIA is not justified by the benefits it will bring. Or it may be that they simply do not believe that HIA and other methods of trying to assess future health consequences produce trustworthy results²⁰.

Even when a government is committed to undertaking health impact assessment there can be barriers which inhibit the HIA being done²¹. If government staff are expected to produce the HIA, the commonest supply barrier is the simple pressure of work. Civil servants are

often fully occupied and reluctant to introduce any new process which adds to their work load. In some contexts there is a long list of impact assessments (e.g. environment, sustainability, economic, family, gender, rural, law and order, etc) which civil servants may be called upon to undertake, and there is then a further risk that they suffer 'impact assessment fatigue'. Additionally, they may feel that HIA requires skills and knowledge in public health that they do not have.

Government may consider having health impact assessment of their policies produced by some organisation outside government, such as a university, a public health organisation, a voluntary body, or possibly a commercial firm. When considering this possibility government may fear that the outside body may not sufficiently understand the policy issues and the constraints under which the policy makers are working. These barriers can be overcome through good communication and a better understanding of the potential benefits of HIA, such that it can be accommodated as part of the policy making process.

Levels of policy making

While the general focus of the discussion in this policy summary is on national level policy, HIA can be undertaken at any level of policy making. In the Netherlands the first applications of HIA were at the level of national policy. But since 2003 the main focus has shifted to the local and municipal situation. Municipalities are required to carry out or commission HIA on all policies that may impact on the population's health. There are several ways in which HIA is carried out. For example, in the city of Rotterdam HIA takes the form of a societal cost-benefit analysis. A specific type of HIA in the Netherlands is the HIA for City and Environment, which maps out different exposures to environmental factors that may impact on health by using scores ranging from very good environmental health quality to very poor²².

An HIA contributed to the development of a novel regional land use plan for a consortium of cities in the Ruhr area of North Rhine-Westphalia in Germany. Consultation with stakeholders produced many statements, one of which, based on a rapid HIA, focused on health and contained 14 specific suggestions which had limited but noticeable influence on the regional plan^{23,24}. Another example concerns a proposal to enlarge the Berlin Brandenburg International airport. While this stimulated numerous expressions of concern about health and levels of noise exposure, no in depth HIA was conducted. In 2006, a legal decision influenced by health arguments nonetheless established higher levels of noise protection for the airport²⁵. The debate

on whether, and how, HIA could help in strategic planning decisions in Germany continues.

Additionally, The levels at which different policy issues are decided frequently changes. Within the European Union, responsibility for many policy areas has moved from national to international. Equally, within several countries there has been a tendency to devolve powers, with decision making shifting from national levels to regional or municipal levels. It is also worth noting that international trade policies have huge impact on the prosperity and health of people in many countries^{26,27}, but very seldom do they consider those impacts on health and equity²⁸.

Regions and municipalities are constantly taking high level strategic decisions which affect large populations. The policies pursued by commercial, public sector and voluntary organisations equally affect the lives of millions of people. The distinction between policy, programme and project is not always clear; neither for the HIA. Large scale projects (such as the construction of infrastructure) and regional spatial plans have influence and consequences far beyond their immediate content, and may shape and constrain decisions in many policy areas.

The costs of HIA

Considering the potential cost of policies which produce unexpected but unacceptable impacts, it is difficult to regard lack of cost effectiveness as a serious reason for government not doing HIA. Yet, (lack of) cost effectiveness is often seen as barrier. Cost estimates for selected HIA have been published²⁹, but measuring the cost is difficult (though it may become clearer as the market in commercial HIA develops). When HIA is done in-house the main cost is that of staff time, and as such is often neglected. Effectiveness is even more difficult to measure since one has to assess to what extent an improved policy was due to an HIA rather than all the other factors which may have influenced the policy maker. A study of HIA at project level in England concluded that it was cost effective³⁰, and that the benefit was three times greater than the cost. However, this estimate was based on incomplete information and the methods can be criticised on several grounds.

The costs of HIA are mainly the time taken, and which will appear as part of civil servant salary if the HIA is done by the government, or as payment to an outside body if the work is contracted out. The time required for an HIA depends on how extensive an impact assessment is done. Some policies will require no more than a very minimal HIA taking only a few person hours, while others will require an intensive HIA taking many person months. Most will fall between these two extremes requiring a few person weeks of work.

Policy approaches to help improve use and impact of HIA

1. Building support for HIA

Governmental commitment

The first step in ensuring consideration of health is for government to make clear that it considers health to be an important policy issue and therefore intends to apply HIA to its major policies. There is no shortage of such statements (See Box 2).

Unfortunately public statement by itself is not enough, as is shown by the limited progress made in introducing HIA into government policy making. In addition to clear statements of intent, therefore, government needs to ensure that its commitment is demonstrated by a senior member of government who will give leadership across all government (not just in the health ministry) to the HIA process (See Box 3 for an example).

Making HIA mandatory

Given that HIA can lead to better policy making, and yet is often not used, one question which arises is whether it should not be made mandatory. This could be done either by making it part of the required working practice of ministries or through legislation. While superficially attractive, making something a legal requirement does not always produce individuals who are committed to the purpose. There is a danger that people will find ways of avoiding a meaningful HIA without breaking the letter of the law. It is all too easy to certify that there will be no impacts without considering the issues properly.

Legislating to make HIA mandatory would only be successful if the vast majority of those concerned with policy making were enthusiastic about the idea, and if

Box 2. Government statements committing themselves to undertake HIA

"At the local level the determinants of health affected by public policy – environment, employment, housing, access to leisure, health and social care, education and other services – should be considered together rather than as separate policies taking into account their impact on health."

*Better Health, Better Wales 1998*³¹

"The government will build health into all future legislation by including health as a component in regulatory impact assessment."

*Choosing Health (England) 2004*³²

"The Secretary of State for Health should be given the role of ensuring that Cabinet assesses the impact on future health of the population of any major policy development."

*Securing good health for the whole population Wanless report (England) 2004*³³

"The government calls on all its partners in preventive care with parallel interests – those within the health sector and especially those in other sectors – to play their part in the realisation of this agenda for the reform and reinforcement of our preventive care policy. However, the government does not intend to content itself merely with calling on others to act. Particularly where the problems associated with alcohol, drugs and overweight are concerned, we will work to intensify and institutionalise cooperation and to create an administrative framework within which such cooperation can thrive."

*Being Healthy and Staying Healthy: A Vision of Health and Prevention (Netherlands) 2007*³⁴

"The Government will conduct impact assessment of policies on national and local level if there could be potentially direct and relevant impacts on health of population".

*Danish Government Disease Prevention Committee Vi kan leve laengere og sundere 2009*³⁵

Box 3. Application of HIA to Mayoral Strategies in London

For a time the city of London had an HIA process which influenced policy. One of the factors which made this process so successful was the enthusiastic support of the Mayor of London who ensured that all parts of his administration cooperated with HIA. In 2008 a new mayor was elected and the HIA process was discontinued. In the city of London process, all major city strategies were subjected to an HIA before they were finally adopted^{36,37}. When a draft strategy was produced, it was sent to the London Health Commission who first of all examined it and prepared a document discussing possible health impacts. All relevant stakeholders were then sent the draft strategy together with the London Health Commission document and were invited to a one day workshop. Here the likely health impacts of the strategy were discussed and, if appropriate, modifications to the strategy were proposed. The London Health Commission then prepared a report on the strategy based on the workshop discussions and their earlier work. This report was considered by the Greater London Council who, if they thought it desirable, then modified the strategy before finally passing it.

they felt that they either had the necessary skills or could turn to someone to do the HIA for them. At the moment there is probably no administration in Europe which has fulfilled these preconditions. Governments would therefore currently be better advised to make HIA part of standard working practices by building understanding and skills for HIA, rather than by attempting to shortcut this preparatory work through legislation for HIA.

In England, for example, every legislative or regulatory measure has to have an impact assessment which must be signed off by the relevant minister and published at the same time as the legislation. The process previously required that there be a number of specific impact tests among which health was included under the heading of 'social impacts on health and well being'. In theory, therefore, health impacts were assessed. In August 2011 the impact assessment process has been further revised, and the new guidance in fact gives even less weight to health³⁸.

Indeed, there is a real danger that such processes can become mere 'tick box exercises' in which those charged with making the assessment merely state that there would be no health impact without properly investigating the case. Review of impact assessment of UK legislation between 2007 and 2008 under the previous administration suggested a mixed picture, with some legislation being subject to very effective impact assessment and others only cursory assessment³⁹.

The Public Health Act of the Netherlands states that the municipal executive shall at least make provision for monitoring the health implications of governmental decisions⁴⁰, and that before taking any decision that may have significant implications for public health care, the municipal executive shall seek the advice of the municipal health service⁴¹. However the Health Care Inspectorate concluded that municipalities often do not practice this guideline⁴².

Outside Europe, in South Australia a "health lens analysis"⁴³ process has been introduced. The department of the premier and cabinet invites agencies to produce a report on the likely health impacts of proposals which is considered before the policy is enacted⁴⁴.

Increasing government understanding of health and HIA

HIA will not be demanded unless those in authority understand health and how HIA can inform their decisions. This does not mean that everyone has to be a public health expert. But it does mean that everyone has to have a basic understanding of the subject.

Perhaps one of the areas where understanding is most lacking is how actions in other policy areas are determinants of health (Box 4). Ministers dealing with finance, trade, transport, employment and other non health topics may not fully appreciate how much impact their decisions have on health, and may often be pleasantly surprised to learn that their activities are contributing to health.

Activities designed to increase the awareness and knowledge of ministers can only increase the demand for HIA. Conferences, study days and workshops can all play their part. Short briefing papers indicating the implications for health of decisions taken by ministers will also increase awareness. These may be particularly acceptable and influential when they highlight beneficial health effects (even if these were unintended) of ministerial decisions. Circulation of documents and reviews on health and HIA will also help to create a situation in which ministers and senior policy makers are aware of health and are more likely to request HIA.

If policy makers do not believe that HIA can usefully predict the health consequences of their policies they will not ask for it and will pay little attention to it when presented with one. Explanation of the causal pathways explored in HIA and the sources of evidence used to predict the behaviour of each link in the causal chain should serve to persuade them that the predictions are based on sound reasoning. It must also be conceded that there remains a large element of judgement in arriving at the predictions⁴⁶, and it is unhelpful to pretend that appreciable uncertainty does not attach to the prediction.

Consultation or Participation

The HIA literature lays heavy emphasis on participation, and the process of involving those who will be affected by a proposal (the stakeholders) in assessing the impact. While for HIA of projects the number of stakeholders may be relatively small, for HIA of national policy it could be argued that all citizens are stakeholders, and for some policy makers it may seem difficult to reconcile widespread participation for the purposes of useful HIA with other requirements of conducting government. However, policy makers recognise the value of consultation, and with due thought this may also serve the purposes of participation for HIA of policy. Involvement of small groups of stakeholders can often help not only to identify potential impacts for inclusion in the assessment, but also suggest ways of making the consultation process itself more effective⁴⁷.

Box 4. Interaction between health well-being and other policy areas

Modified from Adelaide statement on Health in All Policies.⁴⁵

Sectors and Issues	Interrelationships between health and well-being
Economy and employment	<ul style="list-style-type: none"> • Economic resilience and growth is stimulated by a healthy population. Healthier people can increase their household savings, are more productive at work, can adapt more easily to work changes, and can remain working for longer. • Work and stable employment opportunities improve health for all people across different social groups.
Security and justice	<ul style="list-style-type: none"> • Rates of violence, ill-health and injury increase in populations whose access to food, water, housing, work opportunities and a fair justice system is poorer. As a result, justice systems within societies have to deal with the consequences of poor access to these basic needs. • The prevalence of mental illness (and associated drug and alcohol problems) is associated with violence, crime and imprisonment.
Education and early life	<ul style="list-style-type: none"> • Poor health of children or family members impedes educational attainment, reducing educational potential and abilities to solve life challenges and pursue opportunities in life. • Educational attainment for both women and men directly contributes to better health and the ability to participate fully in a productive society, and creates engaged citizens.
Agriculture and food	<ul style="list-style-type: none"> • Food security and safety are enhanced by consideration of health in food production, manufacturing, marketing and distribution through promoting consumer confidence and ensuring more sustainable agricultural practices. • Healthy food is critical to people's health and good food and security practices help to reduce animal-to-human disease transmission, and are supportive of farming practices with positive impacts on the health of farm workers and rural communities.
Infrastructure, planning and transport	<ul style="list-style-type: none"> • Optimal planning for roads, transport and housing requires the consideration of health impacts as this can reduce environmentally costly emissions, and improve the capacity of transport networks and their efficiency with moving people, goods and services. • Better transport opportunities, including cycling and walking opportunities, build safer and more liveable communities, and reduce environmental degradation, enhancing health.
Environments and sustainability	<ul style="list-style-type: none"> • Optimizing the use of natural resources and promoting sustainability can be best achieved through policies that influence population consumption patterns, which can also enhance human health. • Globally, a quarter of all preventable illnesses are the result of the environmental conditions in which people live.
Housing and community services	<ul style="list-style-type: none"> • Housing design and infrastructure planning that take account of health and well-being (e.g. insulation, ventilation, public spaces, refuse removal, etc.) and involve the community can improve social cohesion and support for development projects. • Well-designed, accessible housing and adequate community services address some of the most fundamental determinants of health for disadvantaged individuals and communities.

2. Building HIA into policy making

Policy makers perform their own HIA

Once it has been decided that an HIA is required, one option is that those who have produced the policy are also required to produce an HIA to accompany it. This has the advantage that those doing the HIA are closely connected to those who produced the policy, and therefore the problems of communication between policy maker and assessor do not arise. In consequence, impact assessment is likely to take place in parallel with policy development, with all the advantages brought by that method of working. Further, the assessor will be knowledgeable about the constraints which have influenced the policy and have access to all the technical advisors who advised on the policy options.

The disadvantage of having the policy maker produce their own HIA is that there may be a loss of impartiality and the HIA may become no more than a defence of the policy. Those who produced the policy are perhaps less likely to identify drawbacks in the policies that they have laboured to produce. Rigorous quality control and placing the HIA in the public domain help to reduce this danger.

HIA undertaken by government or departmental staff

If departmental staff are to be required to undertake the HIA they will need appropriate training so that they are confident and competent in doing an HIA. This should not be regarded as a major challenge since they will already be competent in other forms of policy analysis, and HIA can be seen as a specific type of policy analysis but with an emphasis on health. The necessary training in the main features of public health, the determinants of health and the issues of health inequalities can be achieved fairly easily. HIA can be scientifically challenging, but a valuable contribution can be made by the systematic application of common sense starting from a basic understanding of public health.

It is common for the finance ministry to vet economic consequences of all policies, and one possibility would be to require some government department to similarly assess health consequences of policies from all departments. The assessment might be undertaken by a unit within the ministry of health, but such a solution is unlikely to be politically acceptable in some contexts since it could be seen as requiring ministry of health approval for all policies. There may be fewer objections to a unit within the prime minister's department or cabinet office for example. Wherever the unit is located there would be practical difficulties, since it is unlikely

that one small unit could meet the HIA needs of a whole government.

If assessment of their own policies by departmental staff is to work well, it would probably be essential to have an HIA support unit (see below) to which staff could turn if they wanted guidance. Staff confidence in their ability will be further boosted if guidance is readily available in printed form or on line. The HIA support unit could be established within, as is the case for New Zealand⁴⁸, or outside government.

Reducing the workload – integrated impact assessment

One solution to the problem of departmental staff being burdened with a requirement to undertake multiple impact assessments is to combine several assessments into one. There is often considerable overlap between the various assessments. Many health impacts are, for example, mediated through environmental, social or economic pathways. An integrated impact assessment can also act as a screening procedure, identifying the few policies which are likely to have major health, environmental, social or other particular impacts, and which may therefore need to have these impacts separately analysed in addition to the integrated impact assessment.

In many countries, including Australia, Canada, France and Germany, health considerations have been a major element in Environmental Impact Assessment. This can be helpful since many health impacts are mediated through environmental change. However, in the United Kingdom and other countries, environmental impact assessment has given little weight to health⁴⁹, and the legal framework would be difficult to change so that health was reliably covered.

Another way that health could be considered is through Strategic Environmental Assessment. This is mandatory for strategies, plans and programmes (but not policies) in the European Union, which meet the criteria of the Directive⁵⁰. Article 5 Annex 1 includes "population" and "human health" in the list of topics for which the "likely significant effects" must be considered. However, in practice health considerations have so far received little weight in most strategic environmental assessments.

One concern expressed about an integrated assessment approach is that the specific health impact assessment will be inadequately covered. This objection ignores that all too often the choice is between no impact assessment or a slightly less detailed assessment as part of an integrated approach. Further, many policies

have only slight health impacts and integrated impact assessment allows the few with major impact to be recognised so that their health consequences can then be considered in depth.

The English impact assessment process in relation to making HIA mandatory is one example of including health in an integrated assessment. A similar process is used in the EU and has now become mandatory, and an impact assessment unit has been established within each Directorate-General of the European Commission. In 2002 guidance was issued on integrated impact assessment⁵¹. Later, a separate guide on HIA was issued⁵², and HIAs of the European Employment Strategy were undertaken to pilot the use of HIA. The guidance on integrated impact assessment was reissued in 2009⁵³, and health (impacts on “health, safety”) is mentioned in a long paragraph entitled “social impacts”. There are concerns that, as currently practiced by the EU, integrated impact assessment does not give sufficient weight to health, and a survey of 137 assessments carried out in 2005–2006 found that less than half mentioned health⁵⁴. Current practice of impact assessment has been further criticised as giving too much weight to economic considerations and too much influence to commercial and business interests⁵⁵. The lesson to be drawn from experience in the European Union is that health is not currently being adequately considered in integrated impact assessment.

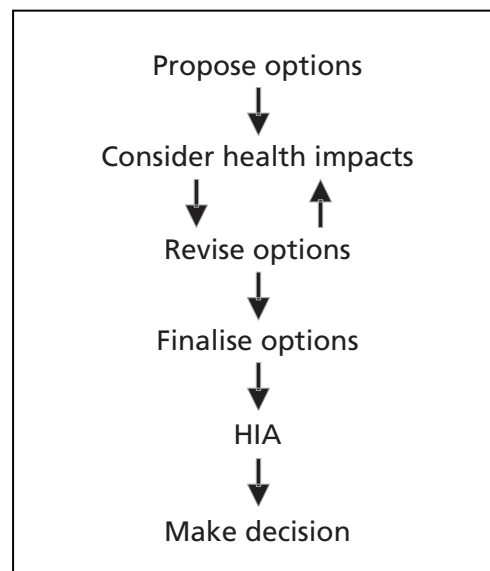
A further hindrance to the use of HIA is that it is often perceived as an additional process rather than a helpful part of policy making. As originally conceived, HIA was seen as a final audit step in the policy making process. That is, the policy was developed, and then an HIA was undertaken to assess it and to show what was good and what was wrong with it. This method of working was of limited use, and now it is appreciated that HIA is much more useful if introduced earlier in the policy making process at a time when it is easier to modify and refine the policy options (Fig. 2).

The HIA process can thus begin as soon as the rough policy options are clear. A consequence of this is that there may be few recommendations in the final HIA report because these have already been considered earlier and incorporated into the final policy proposals. Parallel working like this is easier when the HIA is done “in house” by the department producing the policy, instead of by an external assessor.

HIA undertaken by a unit outside government

Rather than look internally for HIA of its policies, government might turn to an institution outside to undertake the HIA. This institution might be a

Fig. 2. Reducing the workload – Policy Making and HIA in parallel



commercial firm or a unit within a university. Both these alternatives have been tried in Europe⁵⁶. Several university departments have now built up experience and knowledge of HIA. Equally, more firms, including many working in the field of environmental impact assessment, are now offering to undertake HIA; to date that has usually been more related to projects rather than policy. It has even been suggested that the private sector has been more effective in undertaking and using HIA than government or academia⁵⁷. Seeking HIA from outside government does not entirely avoid the problem of partiality because the assessor may be reluctant to produce an assessment with a conclusion other than that wanted by the commissioning authority. On the other hand, there is a risk that if the assessor is too independent of the ministry they will not fully understand the various policy issues or be able to produce relevant recommendations for the mitigation of any negative impacts or enhancement of positive impacts⁵⁸.

In Germany, several HIAs have been undertaken by NRW Institute of Health and Work North Rhine-Westphalia (LIGA.NRW) to inform regional and national level decision making⁵⁹. In the Netherlands, the Dutch National Institute for Public Health and the Environment (RIVM) has performed a similar function.

HIA support unit

Even if responsibility for producing an HIA is retained within government, a unit to assist and support all

Cross cutting issues in strengthening HIA

government departments in this task might be established outside government in a university or other organisation. An HIA support unit need not be large and three or four people could probably provide the necessary level of support.

Although many governments have at time sought assistance with HIA from various sources, we are aware of only a few countries which have formally designated such a unit. The Wales Health Impact Assessment Support Unit (WHIASU) has been established in Wales as part of Cardiff University, and is willing to assist all bodies in Wales to undertake an HIA⁶⁰. In the Netherlands, a support unit for HIA was set up at the Netherlands School of Public Health in 1995. Although financed by government the unit was independent from the government in order to guarantee its impartiality. The unit had the tasks of developing and promoting HIA, as well as carrying out or commissioning HIAs on specific national government policies. Achievements of the unit included development of HIA guidance, screening of all government policies for possible health impacts, and production of more than 25 HIAs of national policy⁶¹. The unit was discontinued in 2003 when government funding was withdrawn. In the Slovak Republic, the chief public health officer has established an "expert group" from the network of Public Health Authorities to support development of HIA.

One important function of an HIA support unit would be to build the evidence base for HIA⁶². Since HIA may be concerned with any of the numerous determinants of health, evidence may be required on a vast range of topics and it is not practical to carry out a full literature search for every topic that might be relevant to HIA.

An HIA support unit can also play a role in assisting policy makers and ministers to judge whether an HIA has been properly done and to make full use of it. If it is to perform this function, then the team within the unit that reports on the adequacy of an HIA should be separate from the team responsible for supporting the production of that HIA.

Quality assurance of HIA

Whoever produces the health impact assessment of policy, there must be a process which ensures that it is of adequate quality and that any HIA which does not demonstrate sufficiently robust exploration of possible impacts is rejected. If ministerial approval of the HIA is near the final step before policy implementation, then ministers should be accountable for the adequacy of the accompanying HIA and have access to advice from a separate source as to whether the HIA is adequate. One approach to quality assurance comes from environmental impact assessment in the Netherlands, where all assessments carried out are required by law to be quality assessed and approved by the Netherlands Environmental Impact Commission. In the European Commission, an Impact Assessment Board reviews all impact assessments and frequently requires change; health is one of the competing impact assessments covered.

Quality assurance involves checking that a reasonably inclusive causal pathway has been constructed, that the most important links have been analysed, that affected populations and differential impacts have been identified, and that relevant evidence has been adequately searched. It is becoming increasingly common to use peer review in HIA to assure quality. Placing the HIA in the public domain, as is now common practice, can offer some protection against inadequate or biased HIA; though it may be only after the HIA has influenced policy that it is realised that the HIA was faulty. In England, impact assessments of policy after the consultation phase and again after the policy has been enacted have to be signed off by the relevant minister, and all impact assessments are published and stored in a publicly-accessible online library⁶³.

Should policy makers expect quantified impacts?

HIA is a "simple" tool and usually does not quantify impacts. In this it resembles most other impact assessment tools, and some have argued that policy makers tend to favour simple assessments because they are more transparent and easier to explain to ministers⁶⁴. However, if HIA is to be used to assist policy makers in making trade-offs, it is desirable that it not only predicts what the health impacts will be, but also the magnitude of those impacts.

The EU has funded several projects to develop methods of improving the quantification of impacts, including the Health and Environment Integrated Methodology and Toolbox for Scenario Assessment (HEIMTSA)⁶⁵, and Integrated Assessment of Health Risks of Environmental Stressors (INTARESE)⁶⁶. An example of quantified impact assessment informing policy is the Simsmoke model which predicts the effect of various policy interventions, such as raising the price of cigarettes, restricting sales,

and limiting advertising on prevalence of smoking and smoking related deaths⁶⁷.

Often understanding of causal chains is too incomplete to allow anything more than a rough estimate. However, it is right that when HIA reports use terms such as “many”, “few”, “major” and “minor”, as they often do, policy makers should press the assessors to be more precise as to what these terms mean, even if the assessors have difficulty in giving a detailed answer.

Single metrics of impact

Policy makers may even wish to go a step further in not only being informed about the options, but being able to directly compare them. It is usually a feature of HIA that it does not attempt to combine the impacts into a single metric. It thus differs from cost-benefit analysis where all benefits (and disbenefits) are converted to a monetary metric and summed. In theory the cost benefit analysis identifies the best option (that with the greatest cost benefit ratio) for the policy maker. Economists have suggested that HIA should attempt to do a similar function⁶⁸. Comparative risk analysis attempts to convert health impacts to a single metric –

usually disability adjusted life years (DALYs) or quality adjusted life years (QALYs)⁶⁹. Like cost benefit analysis, comparative risk analysis appears to identify a best option i.e. that which produces the most DALYs/QALYs.

However, all these approaches using a single metric share common drawbacks. First they can only consider impacts which can be quantified, though it is often the unquantifiable impacts which are the most important. Second, although the conversion to a single metric is often presented as a technical operation, it is in fact highly subjective and people will differ widely in their views on the comparative weighting of impacts (for example loss of sight versus loss of life). A single metric may also hide differential impacts if a policy has positive impacts on some groups of people but negative impacts on others. It is a strength of HIA in assisting policy making that it leaves the policy maker to arrive at a judgement on the weight to be given to different types of impact rather than hide the judgement in some formula.

Tools for HIA of policy

A large number of guidance and tools for HIA have been produced^{70,71,72,73,74,75}; Box 5 provides an example

Box 5. Screening tool from British Columbia (Canada)⁷⁶

Will given option have an impact on	Possible impact	Information required
1. The creation of income and/or wealth Will specific income groups or communities be impacted positively or negatively?		
2. The distribution of income and/or wealth Will specific income groups or communities be impacted positively or negatively?		
3. Employment opportunities for individuals and/or communities What is the impact on the nature and distribution of jobs and/or working conditions?		
4. Learning opportunities, particularly for young people and/or unemployed Will the training/education support tomorrow's jobs?		
5. Healthier beginnings for children This includes meeting their basic physical needs, building self esteem and developing a sense of connectedness with others.		
6. The number and quality of healthy personal connection, such as those with friends, families, colleagues and community groups (as distinct from professional support services). Will it segregate or isolate individuals or groups?		
7. Physical safety and security among individuals and communities		
8. People's sense of control over their own lives in the decision making affecting their income, working and living conditions, support systems, local government programs, services and/or resources.		
9. Physical and/or Mental Health Which individuals are most affected?		
10. The provision of fair, equitable and respectful access to government programs, services and resources		
11. The environment Will the environmental changes affect health?		

from the province of British Columbia in Canada (Appendices 1 and 2 provide further examples from Sweden and Scotland). Many of these are called screening tools, and are intended to help decide whether an HIA is required at all. Some are more extensive and could be viewed as a guide to the scoping phase of HIA. Many tools contain information on both the procedural steps and details of methodology. Although it is a mistake to think that the lack of tools is the only reason HIA are not undertaken by policy makers, such tools may help those who want to undertake an HIA.

Ownership of HIA

In government civil servants are generally instructed that advice to ministers is confidential; also that "civil servants advise, ministers decide". HIA has to the prevailing civil service rules if it is to be of use to government. Its place is to be an impartial advisory tool that informs policy makers about the health consequences of all options but leaves the policy maker to decide on the appropriate option. It is highly desirable that HIA reports used to inform policy should be made public at the same time as the policy to which it refers is published, if not before.

Taking HIA forwards (steps to support HiAP)

Different countries and different administrations will need to adopt procedures for policy making and HIA that best fit their specific circumstances, needs and styles of government. Acceptable approaches to HIA may change when administrations change: "one size does not fit all". As the use of HIA in policy is still in a developmental stage, it is important that experience and innovative practice from different countries be shared so that all can benefit. Organisations such as the European Public Health Association (EUPHA) and the WHO European Observatory on Health Systems and Policies could assist in this information sharing exercise.

On the basis of our discussion, eleven points can be identified that could be included among the possibilities considered by a government wishing to implement HIA as part of their policy making process in general, and in relation to a HiAP agenda:

1. Make a public commitment to using HIA as an aid to policy making
2. Identify a senior figure within government who will give leadership and champion the importance of health and the use of HIA
3. Require the use of HIA – this may be achieved by legislation or making it part of established practice
4. Ensure by training that a selection of civil servants in all ministries understand the determinants of health and how HIA can support policy making
5. Establish a unit within government or outside to support departments in undertaking HIAs
6. Ensure that policy consultation processes inform, and are informed by, HIA
7. Co-ordinate consideration of health impacts with consideration of other impacts. Often this means that an integrated impact assessment is the most efficient way of considering health.
8. Make consideration of health impacts part of the policy development process, not an afterthought at the end of policy formulation. Assessment of health impacts would run in parallel with the policy formation.
9. Decide for each policy if an HIA is required and, if so, whether this should be done by the department's own staff or commissioned from an outside body such as a university or a commercial firm. If it is to be done by staff from the department they will need to have been trained in undertaking an HIA and given dedicated time.
10. Require the minister, after he/she has made their decision, to publish the HIA which informed that decision.
11. Institute robust quality assurance procedure for HIA used to inform policy.

Appendix 1. Health Impact Analysis Checklist (Sweden)⁷⁷

Health impact analysis is guided by a number of key questions. They may for example, be appropriate to raise prior to analyses of strategic policy decisions.

General questions

- 1a. What does the local Public Health Report show regarding the health conditions of different groups within the municipality/county? Are there groups which are particularly vulnerable or already exposed to numerous health risks, or are there groups with evident health trend problems?
- 1b. Are there defined health policy targets?

Questions which will be linked to the matter in hand

2. Are there particular health risks which can be expected to decrease or increase as a result of the proposal? Will impacts become apparent in the short term (within 5 years) or in the long term.
3. For the distribution of ill-health within the population, it is of decisive importance which groups are subjected to decreased/increased health risks, and whether any decision will affect these groups' capacity either to deal with difficulties or by contrast increase their vulnerability.
4. In what way will the social environment in the local community be affected by the proposal?
5. Is there a risk that a proposal may have a 'double' impact on certain groups ie that both their health risks increase and their social environment deteriorates?
6. Are there alternative policies which might result in better health for exposed groups and the population as a whole?

Appendix 2. Checklist for use in impact scoping workshops (Scotland)⁷⁸

1. Which groups of the population do you think will be affected by this proposal?

Older people, children and young people, women, men and transgender people (include issues relating to pregnancy and maternity), disabled people, minority ethnic people, refugees & asylum seekers, people with different religions or beliefs, lesbian, gay, bisexual and heterosexual people, people who are unmarried, married or in a civil partnership, people living in poverty/people of low income, people in different social classes, homeless people, people involved in the criminal justice system, people with low literacy, people in remote, rural and/or island locations, carers, staff, other groups

2. What positive and negative impacts do you think there may be?

Which population groups will be affected by these impacts?

What impact will the proposal have on **equality**?

Discrimination against groups of people, promoting equality of opportunity,

Tackling harassment, promoting positive attitudes, promoting good relations between different groups, community capacity building

What impact will the proposal have on **lifestyles**?

Diet and nutrition, exercise and physical activity, substance use: tobacco, alcohol or drugs, sexual health, education and learning, or skills

What impact will the proposal have on the **social environment**?

Social status, employment (paid or unpaid), income, crime and fear of crime, family support and social networks, stress, resilience and community assets, participation and inclusion, control

What impact will the proposal have on the **physical environment**?

Living conditions, working conditions, pollution or climate change (waste, energy, resource use), accidental injuries or public safety, transmission of infectious disease

How will the proposal impact on access to and **quality of services**?

Health care, transport, social services, housing, education, culture & leisure, communicating information, consultation and involvement.

3. Which Human rights may be affected by this proposal?

Which population groups could be affected by these impacts.

- Life (Article 2, ECHR)
- Freedom from ill treatment (Article 3, ECHR)
- Liberty (Article 5, ECHR)
- Fair hearing (Article 6, ECHR)
- Private and family life (Article 8, ECHR)
- Freedom of thought conscience and religion (Article 9, ECHR)
- Freedom of expression (Article 10, ECHR)
- Freedom of assembly and association (Article 11, ECHR)
- Marriage and founding a family (Article 12, ECHR)
- Property (Article 1 Protocols 1&2, Article 2 Protocol 3, ECHR)

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