Introduction to HIA

HIA Series

November 2009

Preliminary version – for discussion

Briefing Note

For up-to-date knowledge relating to healthy public policy

One of the mandates of the National Collaborating Centre for Healthy Public Policy (NCCHPP) is to inform Canadian public health actors[1] about effective strategies for promoting the adoption of healthy public policies. Health Impact Assessment (HIA) is currently the most structured practice available to actors in this field. It is applied to policies developed by sectors other than that of health that can significantly affect health determinants.

This brief document is the first of a series that examine the practice of HIA from various perspectives. The online versions of these documents include hyperlinks to other resources that can be accessed through the NCCHPP website.

What is HIA?

History

Since the mid-1990s, the practice of using Health Impact Assessments to influence public policies has been gaining in popularity throughout the world. HIA was built on the success in the field of environmental protection, where Environmental Impact Assessments (EIA) for large infrastructure projects is now standard practice in most industrialized countries, including Canada. HIA was first developed as a complementary tool within EIAs to examine the potential impacts of a project on human health. In recent years, the practice of HIA has evolved and may now be applied to any policy proposal with potentially significant impacts on the socio-economic and physical determinants of the health of the population, regardless of its presumed impact on the environment.

Foundations

HIA is often presented as a way to take action in one of the priority areas mentioned in the *Ottawa Charter for Health Promotion*, namely: Promoting healthy public policy (WHO, 1986). Indeed, the principles and values set forth in the *Ottawa Charter,* such as promoting a holistic approach to health, the values associated with democracy, equity, sustainable development and the ethical use of evidence are the cornerstones of HIA (International Association for Impact Assessment, 2006). Literature on HIA traces its origins back to the convergence of the two trends we have just mentioned: Environmental Impact Assessment and Health Promotion (Kemm *et al.*, 2004).

Goals

In the area of public policy, HIA is both a process and a tool that provides non-public health sector policy- and decision-makers with information about the possible consequences of their decisions on the overall health of a population or on specific groups within that population.

The WHO defines HIA as *a combination of procedures, methods and tools by which a policy, program 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. (WHO, 2005)*

In the field of public policy, HIA may be defined as follows:

- HIA is a process that aims to provide prospective predictions regarding the potential impacts of a proposed project/policy on the health of the population.

[1] Here, the term 'actors' refers to people working in the health field at whatever level (practitioners, health promoters, etc).

Centre de collaboration nationale sur les politiques publiques et la santé
National Collaborating Centre for Healthy Public Policy

Institut national de santé publique Québec

Tel: (514) 864-1600 ext. 3615 Fax: (514) 864-5180 Email: ncchpp@inspq.qc.ca www.ncchpp.ca

- HIA may be used as soon as a policy proposal has been developed to the point that its potential impacts may be analyzed, but before decisions about it have been made, so that policy content may be influenced accordingly.
- HIA aims to add value to the decision-making process by identifying unexpected and unwanted health impacts, which would be overlooked by other policy planning mechanisms.
- The HIA process integrates information from scientific literature into information provided by stakeholders who are affected by the adoption and implementation of a project/policy (including decision-makers, stakeholders and the general public) so that a broader context may be considered.
- Taking health inequities into account is an inherent part of the HIA process.

While it remains an evaluative research activity, HIA is a method that helps make public health information available during the decisional processes of non-public health policy development (Kemm, 2001).

HIA — A five-step process

HIA practice guides generally call for a five-step process. These steps (and the related tools that have been developed over the years by a variety of countries and public health organizations[2]) provide a framework and structure for HIA implementation. The HIA process is conducted as follows:

Step 1: Screening

The screening process addresses two central questions:

- Does the project/policy proposal contain elements that could have a negative impact (to be avoided) or positive effects impact (to be fostered) on the health of the population?
- If so, are these impacts substantial enough to warrant an in-depth analysis?

If the answer to these two questions is "yes," the process continues and proceeds to the second step, Scoping.

As part of the screening process, some practitioners include questions to ascertain the relevance of conducting an HIA based on their project/policy context. In some situations, it may be wise to ascertain whether allotted time is sufficient, whether key resources are available and/or whether there is a realistic potential to influence decision making (Mahoney *et al.,* 2004).

Several tools have been established by the HIA community of practice to facilitate and systematize the tasks related to the screening process. The tool most often used is a grid to assess the social, economic and physical determinants of health, these determinants being used to review the elements of a proposal. In this way, the impact (positive or negative) of a proposed project/policy on the determinants of health and the scope/magnitude of that impact may be determined, while also considering which sub-groups of the population are most likely to be affected.

It is generally recommended that this step be conducted with a multi-disciplinary team comprised of representatives from decision-making milieus and from the population group that will be affected by the proposed project/policy. Including a variety of participants at this point allows for a more comprehensive preliminary perspective on the policy, which is vital, as this exercise will influence the rest of the process.

Step 2: Scoping

Scoping consists in planning the subsequent step of HIA (Appraisal), in which the impacts predicted during Screening will be examined. Scoping addresses the following questions:

[2] Many such resources (e.g., guides, courses, analytical tools, assessment reports) from government and academic organizations are available online. Some of these reference sites may be accessed through the NCCHPP website at the following address: http://ncchpp.ca/en/contenu.aspx?sortcode=2.1.6.7.

- What information will be needed to estimate the scope and potential impacts of the elements identified during Screening?
- How, when, by whom, and with whom will the collection and analysis of the information be conducted?
- How much time will be available to study the predicted impacts?

The answers to these questions will provide clear markers for the various actors participating in the appraisal stage in addition to determining expectations regarding the nature and scope of the outcomes.

Step 3: Appraisal

During this step, the impacts themselves are appraised. Two activities are carried out at this time: the collection of information and its analysis.

There are generally four types of information to collect:

- Precise information about the characteristics of a project/policy. This type of information is usually not readily available to public health actors.
- Scientific publications, obtained through a literature review and consultations with experts.
- The profile of the population that will be affected by the proposed project/policy. This information is generally obtained from administrative sources.
- Information from the population is obtained during consultation activities (such as discussion groups and deliberative dialogues). The objective here is not so much to measure the social acceptability of the proposal as to determine indications of the probable impacts involved in implementing a given project/policy in the targeted milieus. These impacts may differ from those typically found in HIA literature.

It is recommended that after the data has been collected, the analysis and interpretation of the findings be conducted by a multi-disciplinary team composed of (social, epidemiological, environmental and other) experts from different scientific backgrounds.

A group of authors (Mindell *et al.*, 2006) has developed a guide for collecting scientific information, which takes into account the time constraints that must be dealt with during an HIA. These authors found it was possible to obtain valuable information working within limited timeframes by following a rigorous process.

Step 4: Report

In the interest of transparency, it is generally recommended that the findings from Screening, Scoping and Appraisal be compiled in a written report.

The report will also contain recommendations from the HIA team. The team may recommend removing certain elements of the project/policy that could have negative impacts; suggest changing certain aspects to avoid negative impacts or foster the positive impacts on health; and/or make provision for protection measures to be established if it is impossible to remove or change measures that will likely generate negative impacts. Since HIA is a process that supports decision-making, it is important to consider the economic, social and political feasibility of any proposed changes.

Step 5: Monitoring

Two areas of monitoring operations are highlighted in HIA literature. The first area of monitoring is a preliminary follow-up to measure the real impacts of implementing a project/policy. The idea here is to measure the extent to which predicted health impacts have materialized while gauging the efficacy of mitigation measures, as required.

However, this type of follow-up is not always possible, since it is dependent on the nature and scope of a project/policy, the contexts in which its implementation takes place and the capabilities of the team conducting the HIA. An HIA team may recommend that a

project/policy include a clause about monitoring for health impacts.

The second area of operations in monitoring is evaluating the HIA process. This evaluation reviews all of the activities undertaken, the usefulness of the tools deployed, the participation of the various actors involved and the degree to which HIA information was used by decision-makers. This step may be viewed as a reflexive exercise in that improvements regarding current practices are considered in tandem with an evaluation of the HIA's potential to influence the decision-making process in the future.

HIA: Strengths and Weaknesses

HIA is often presented as a process that promotes the implementation of healthy public policy. But despite the advantages of this process, undertaking HIA is not without its challenges. Literature on HIA lists a number of strengths and weaknesses, including those mentioned below:

Adaptability

The HIA process is adaptable. Despite its standardized procedure, it may be used for a variety of purposes and adapted to different levels of decision making (local, national or international). This adaptability means that HIA is may be used to generate health-related data, to promote citizen participation and to facilitate public administration (Bekker, 2007).

Structured and systematic planning

By adopting HIA as a common process, a community of practice has been established, within which it is possible to discuss concrete experiences and the effectiveness of tools in use. The resulting improvement in practices and tools promotes a systematized, rigorous and easy means of communicating with partners and peers alike.

Contextualized feasibility

Because HIA is conducted parallel to the decision-making process, it more fully contextualizes the implementation of a project/policy and thereby generates recommendations that take the real feasibility of the project/policy into account.

Variable accuracy

One of the HIA's greatest challenges is to precisely predict a policy's health impacts (Mindell *et al.*, 2001). The nature and scope of a project/policy studied influences the accuracy of predictions. For example, in the case of social policies whose impacts are likely to result from a series of chain reactions, it is difficult to make precise predictions. Impacts on health determinants, the strength of the links between them and the state of health described in the literature are generally the most useful data.

Constraints on adaptability

For the HIA process to be useful, its practitioners must adapt it to the decision-making process of the policy being assessed and not expect decision-making to adapt to the HIA (Putters, 2005). Political considerations surrounding the choice of a policy, such as opposing interests, the dominant ideology or fluctuations in demand, are further constraints that must be given due consideration by HIA practitioners.

Dependency on resources and capacities

For decision-makers, HIA adds value by providing information that would otherwise be impossible to obtain from the usual policy analysis process. To obtain this information, access to certain resources (human, financial and technological) in addition to multiple skills and complementarities (e.g., reviewing literature, facilitating groups, generating reader-friendly scientific information for the general public) are required.

Despite these issues, HIA remains, to date, one of the best structured practices available when working on public policies. It supports decision-making by taking into account a wide range of scientific and contextual data. Awareness vis-à-

vis the determinants of health has been demonstrably improved through HIAs, especially among decision-makers who work outside the health sector (Wismar, 2007). Indeed, the popularity of current HIA practice the world over has resulted in the generation of vast constellations of knowledge, which can be used by any new practitioner in his practice.

References

Bekker, M. (2007). *The politics of healthy policies. Redesigning Health Impact Assessment to integrate health in public policy*. Delft: Eburon.

Kemm, J. (2001). Health Impact Assessment: a tool for Healthy Public Policy. *Health Promotion International,* 16, 79-85.

Kemm, J., Parry, J., & Palmer, S. (Eds.) (2004), *Health impact assessment*. Oxford: Oxford University Press.

Mahoney, M., Simpson, S. *et al.* (2004). *Equity-Focused Health Impact Assessment Framework.* Newcastle: Australian Collaboration for Health Equity Impact Assessment (ACHEIA).

Mindell, J., Biddulph, J. P. *et al.* (2006). *A Guide to Reviewing Published Evidence for Use in Health Impact Assessment.* London: London Health Observatory.

Mindell, J., Hansell, A. *et al.* (2001). What do we need for robust, quantitative health impact assessment? *Journal of Public Health Medicine,* 23, 173-178.

World Health Organization (WHO) (1986). *Ottawa Charter for Health Promotion.* Ottawa: Health and Welfare Canada.

World Health Organization (WHO) (1999). *Health Impact Assessment: main concepts and suggested approach. The Gothenburg Consensus paper.* Brussels: WHO Regional Office for Europe (European Centre for Health Policy).

Putters, K. (2005). HIA, the next step: Defining models and roles. *Environmental Impact Assessment Review,* 25, 693-701.

Wismar, M., Blau, J.; Ernst, K., & Figueras, J. (Eds.) (2007), The Effectiveness of Health Impact Assessment. Scope and limitations of supporting decision-making in Europe. Copenhagen: European Observatory on Health Systems and Policies, World Health Organization.

November 2009

Author —Louise St-Pierre

Layout — Madalina Burtan

Acknowledgments

The NCCHPP gratefully acknowledges the helpful comments of Anika Mendell and Ginette Lafontaine.

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the National Collaborating Centre for Healthy Public Policy (NCCHPP). The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

This document is available in its entirety in electronic format (PDF) on the website of the National Collaborating Centre for Healthy Public Policy (NCCHPP) at www.ncchpp.ca

La version française est disponible sur le site Internet du CCNPPS au www.ccnpps.ca

This document is a preliminary version. We invite reader feedback, which can be sent to ncchpp@inspq.qc.ca

Briefing Note

For up-to-date knowledge relating to healthy public policy