

WHY DO WE NEED HEALTH IMPACT ASSESSMENT?

Guliş G

University of Southern Denmark, Unit of Health Promotion Research, Niels Bohrsvej

Abstract. Health impact assessment is increasingly used in countries of European Union with aim to predict future consequences of recent political investment and strategic decisions and to tackle health determinants. The presented paper briefly describes the methodology of health impact assessment and brings examples of use of health impact assessment to improve decision-making during transition process. Public health systems and public health workers shall take leadership role in introduction of health impact assessment as a tool for truly inter-sectoral participation and partnership based policy-making.

Keywords: determinants of health, health impact assessment, public health, transition

Rezumat. Evaluarea impactului sănătăţii este tot mai mult utilizată în ţările din Uniunea Europeana, având scopul de a prezice efectele investiţiei politice recente şi ale deciziilor strategice şi de a aborda determinanţii sănătăţii. Articolul descrie pe scurt metodologia evaluării impactului sănătăţii şi aduce exemple de utilizare a evaluării impactului sănătăţii în îmbunătăţirea luării deciziei în perioada de tranziţie. Sistemele de sănătate şi specialiştii de sănătate publică ar trebui să îşi asume rolul de lideri în introducerea evaluării impactului sănătăţii ca un instrument pentru participare intersectorială şi parteneriat în politicile de sănătate.

Cuvinte cheie: determinanţi ai sănătăţii, evaluarea impactului sănătăţii, sănătate publică, tranziţie

INTRODUCTION

The modern public health paradigm based on determinants of health claims that about 75-80% of influence on health of population is out of hands of ministries of health and generally out of health sector. Decisions taken in other than health sector are influencing our eating habits, physical activity, environment, transport, leisure time, recreation possibilities and social status. Even availability of health care services is influenced frequently by some of these decisions.

Consequently, there is an increasing interest to assess impact of policies,

programs, plans and proposals on health earlier than implemented.

Assessment of health impacts is long term part of environmental impact assessment but gives frequently only narrow, physical environment related results (1). Social determinants, lifestyle influences, interaction of determinants are left outside of environmental impact assessments frequently although they are addressed in social impact assessments or in human ones (2). Therefore, a need for full scale, all health determinants involving impact assessment arose in the late 80's of XXth Century. Health

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impact assessment (HIA) is a logical product of this pressure and demand. Within Europe, HIA has predominantly been practiced in northern part of the regions in countries such as Finland, the Netherlands, Sweden and utmost the United Kingdom while Canada and Australia pioneered the method overseas (3-8). Some of features of HIA are partly involved in public health or hygiene practice also in central and Eastern European countries, however, the full methodology due to different reasons can not be find in public health practice in this part of Europe out of some research examples (9, 10).

What is HIA?

As the Gothenburg consensus paper states HIA is “any combination of procedures or methods by which a proposed policy or program may be judged as to the effects it may have on the health of a population” (11).

There are different methodologies listed in literature, however experts agree on 5 major steps of methodology:

1. Screening – the purpose of screening is to determine the need for an HIA. Screening filters out policies/programs/projects that do not need an HIA. Screening enables decision-makers to target time and resources for HIAs on policies. There are screening tools available to conduct screening, nonetheless usually specific screening tools are used to conduct screening, which might be produced either by proponents of policy, program or project, or by public health professionals, or by local authorities.

2. Scoping – the purpose of this step is to set the terms of reference for the HIA ensuring that HIA will be well designed and consistent with the values of HIA and clear roles and responsibilities and the methodology for the HIA process are clearly defined. A steering group responsible for HIA is assigned usually in this step and this group defines the main questions to be answered.
3. Risk appraisal – the “heart” of the HIA. Assessment of impacts is the major purpose of this step. Both positive and negative impacts on health of the population (or population subgroups) are assessed in this step. An analysis of the program/ policy/ plan/ proposal, profiling of the affected population or population subgroups, collection and assessment of evidence, identification and characterization of potential health impacts are completed within this step of the HIA methodology. This step is usually based on epidemiological knowledge or risk assessment techniques. Social, economic, environmental risks are valued and assessed regarding future health impacts. Short, medium and long-term impacts are assessed not only compared to limit values, but also including balance of risks and benefits.
4. Information and decision-making – this step is about reporting. HIA is done to add new knowledge to decision making, therefore it is extremely important to produce good quality report regarding their content and propose the best

possible way of dissemination of findings. The objective of HIA is to add to decision-making process. In this step of methodology the recommendations for decision makers are listed both regarding minimalisation of negative impacts and maximalisation of positive ones.

5. Monitoring and evaluation – it is extremely important to evaluate both the process of HIA and its outcomes to get information for future development of methodology. Out of set up of evaluation a monitoring plan is set up in this step to allow for long-term monitoring of real impacts once the assessed program, policy, plan or proposal is implemented.

Democracy, solidarity, equity, respect for human rights, and participation become the major values of international and national health policies by introduction of Health for All policy of the World Health Organization (12). Health impact assessment shares these values and wants to add to transparency of decision-making processes. Health impact is applicable on local, regional, national and international level across all types of documents and acts (strategy, plan, policy, project).

Does HIA differ from risk assessment; needs assessment or other impact assessments?

Health impact assessment is frequently confused or compared to different other assessments such as risk assessment, needs assessment or other types of impact assessments.

Risk assessment is an epidemiological technique usually focusing on relation between a well-defined risk and a health outcome in a well-described population. Health impact assessment is a much broader concept, which uses risk assessment in risk appraisal part. Within screening and scooping part of a health impact assessment we usually describe different risk hazards or positive factors for different population groups and over different time periods (short, medium, long term risks). In the risk appraisal step of methodology a set of “small” risk assessments is conducted for these well-defined relations. These small risk assessments are then summarized in reporting and decision making proposals toward use the decision making process.

Needs assessment is used in population health and usually contains description of health and health related needs of a well-defined population. So, as such it frequently serves both the basic input document and a reference document for a HIA.

Other types of impact assessments although discusses health, focuses usually on one group of health determinants such as environment, social determinants, human relations etc. Health impact assessment aims to include all these determinants under one umbrella of health. While in specific issue impact assessments health impacts are evaluated and discussed with respect to individual determinant, in HIA the relations between determinants and health are assessed in space, including relations among determinants also. Instead of

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simply determinant - health relation, we deal with a spatial, determinants – health relation as described by famous “wheel of health” of Whitehead and Dalhgren (13).

Transition and health - the best place to introduce HIA

The transition process aims to introduce more democracy, to change the economic, social and environmental conditions of people. All these are major determinants of health with crucial impact on human behaviour and therefore lifestyle.

Change from authoritative way of decision making to democratic decision making is the main objective of transition in part of democracy. Increased participation, improved transparency, move toward evidence based policymaking are the main signs of transition in this part. As described above, HIA comes from value of democracy and one of its objectives is to add to democratic evidence based decision-making.

Figures 1-3 show some obvious and well-known relations between economic, social and environmental determinants and life expectancy. Data are coming from World Health Organization “Health for all database” and year 2002 data are employed in figures. The human development index is a composite index measuring average achievement in three basic dimensions of human development - a long and healthy life, knowledge and a

decent standard of living (14). For details on how is the index calculated, see latest UNDP Human Development Report (figure 1) (15).

As higher the value of the index is, as longer people live and in better health. Many decisions are being made during the transition process regarding education as well as living standard. There are cases when foreign models are taken without careful analysis of background causing harm and on other side there are cases when domestic models are preferred without looking to experience from other countries. The decision making process is a complicated and sometimes very quick issue. It is well known that development of a well-established, evidence-based decision-making takes a while. The transition period is a period when this establishment goes on. Health impact assessment, becoming an organic part of decision-making process can help to increase participation, transparency and therefore democracy of this process. The connection to health is obvious.

Economic transition is the most frequently discussed among different “sub-transitions”. Again the relation of economy and health is well known and established. Figure 2 shows the relation of real gross domestic product expressed as per capita purchase power parity (GDP-PPP); as higher the GDP-PPP is as longer people live.

Human development index of UNDP and life expectancy at birth of males and females, 2002, European countries

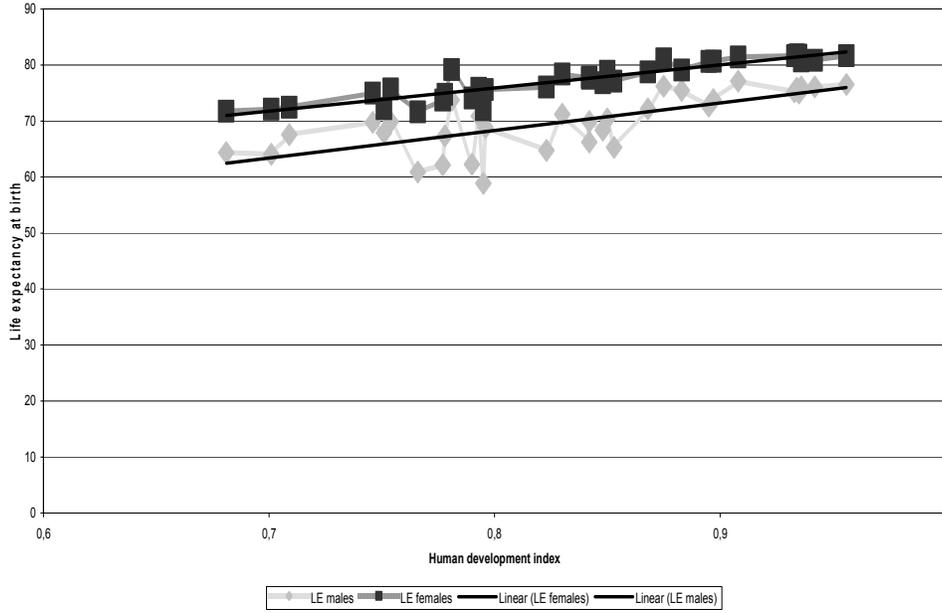


Fig. 1 Calculation of the human development index

Real gross domestic product as PPP and life expectancy at birth

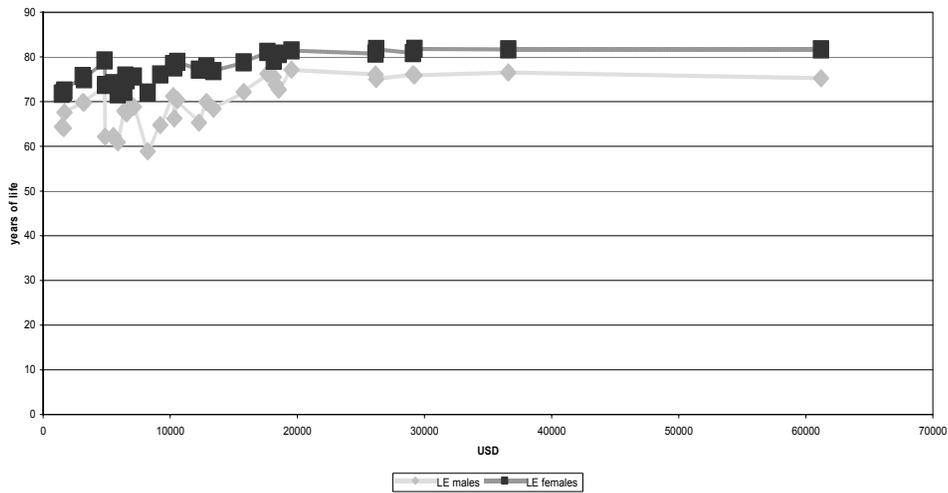


Fig. 2 The relation between economy and health

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On other side we all know that bad economy causes unemployment, unequal distribution of goods and property, environmental pollution, bad social conditions and all these factors are cause of ill health of the population. Introduction of health impact assessment into economic planning on strategic, project or policy

levels is therefore highly required and again, it is much easier (however, not easy) to introduce it during the transition process as later, once the system is clearly established.

The third figure shows relation of environmental indicator coverage of population by public drinking water supplies (fig. 3).

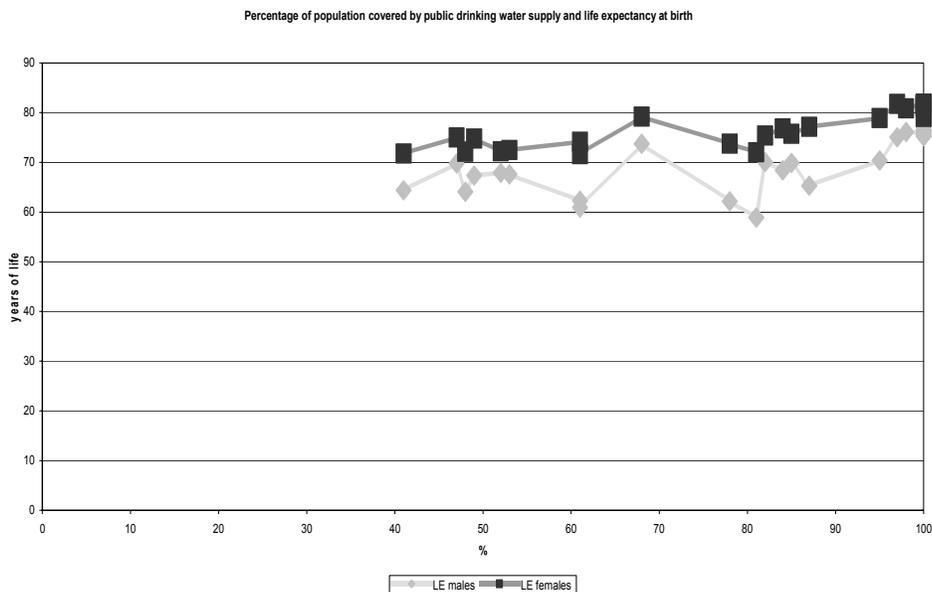


Fig. 3 The relation of environmental indicator coverage by drinking water

The relation of safe drinking water to health does not need any more debate. The point included in transition period is at least threefold. First of all, there is a need to increase the percentage and provide safe drinking water to entire population. At second, this has to be followed, or in some cases even preceded by sewage collection and treatment. And this issue, under rather strict economic constraints is frequently

hard to decide. What do we need first: a public drinking water supply or a sewage collection and treatment system? Health impact assessment might help to find the locally appropriate answer. The third point is on border of environment and economy. Privatisation touches also drinking water systems and their operation. Health impact assessment can help to solve this simple question

to privatise or not, by putting health into centre of decision-making process.

CONCLUSIONS

Health impact assessment is certainly not a universal tool to solve all problems of a country or a public health system within country. As the examples as given above certainly do not cover all the width of neither the transition period nor possibilities of health impact assessment. But health impact assessment does motivate and initiate inter-sectoral, partnership based value based work. It does require new type of thinking, asks for teamwork and provide therefore recommendations, which could be acceptable for larger part of population. Public health systems shall be leaders in introduction of health impact assessment.

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