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Health Impact Assessment: environmental management versus healthy public policy perspective - exploring the nexus between the two.

Mary Mahoney

School of Health Sciences, Deakin University, 221 Burwood Highway, Victoria, 3125, Phone: (03) 9251 7268, email: marym@deakin.edu.au

Acknowledgments:

This paper draws on the research project: *Health Impact Assessment: a tool for the development of healthy public policy* being completed by Mary Mahoney & Gillian Durham in conjunction with Mardie Townsend, Daniel Reidpath and John Wright for the Commonwealth Department of Health and Aged Care PHERP Innovations Program.

Abstract:

This paper will explore the links between the traditional role of HIA in an environmental management context and the new and emerging trend internationally to subject government policy to prospective HIA. The goal of this new iteration of HIA is to develop healthy public policy across all sectors of government creating a more inclusive and evidence-based approach to public policy formation. The risk-based, health protection approach is more widely understood, as it draws on existing health protection experience and is allied with risk assessment theory. The new model is based on the health promotion perspective, and emphasizes social determinants of public health. This latter approach draws on the foundations of the former. It is vital that the links between the two are therefore considered especially from the perspective of transfer of knowledge between the two. The paper will explore the similarities, the differences, the tensions and the lessons that can be learned. It will report on the progress of a national study being conducted by Mary Mahoney and Gillian Durham that is looking at what is happening (or has happened) in other countries including Canada, New Zealand, Sweden, Netherlands, Germany and the United Kingdom.

Background

My interest in the area of health impact assessment began in 1999 when I was involved in the social impact assessment component of an Environmental Effects Statement for a proposed development in Victoria. My experiences of the processes were less than favourable. The social impact components were marginalised within the formal processes and the health impacts were largely ignored and, those that were considered were done so from a non-social perspective. This experience led me to want to know more about the links between health and impact assessment processes, particularly the way health is defined and interpreted and by whom.

Whilst undertaking this research, I became aware of developments in the UK which were focused on the application of health impact assessment to government policy. My readings indicated that this form of health impact assessment involved anticipatory action, community participation and an acceptance of the need to broaden out the interpretation of health. This approach struck a chord with me and linked to two areas of personal interest - futures research and participatory democracy.

After extensive consultation with people around the world, in both the environmental and health fields, on this “new” form of health impact assessment, I decided that it was worthy of further investigation. In conjunction with Gillian Durham (who was then working in Western Australia) we sought funds from the Commonwealth Department of Health to explore the potential application of health impact assessment to policy in Australia. Funding was secured through the Population Health Education and Research Program (PHERP) Innovations Program. (Mahoney & Durham, 2000)

In this presentation I want to look at policy-linked health impact assessment, explain the goals of our research project, and make connections to environmental health impact assessment by exploring the differences, similarities, tensions and lessons that can be learned. The primary goal of this presentation is really to speak to people who have a wealth of understanding about health impact assessment and to seek your support in our goal of gaining a greater acceptance of the importance of human health in policy development. At this stage, there are only limited levels of understanding or acceptance of the value of health impact assessment amongst health professionals in Australia so one of the crucial tasks of the project is to explain what it is and what we are seeking to achieve. This is a battle you will be very familiar with so if, as Mark Jacobs suggested to me, we utilise the combined experience of environmental expertise as our starting point, the project will be a success.

What is our project?

I would like to describe the project to you, then explore what policy-linked health impact assessment is, what the drivers for it have been and who is working on it, prior to considering the links to environmental dimensions.

The aims of our project are: to develop an understanding of health impact assessment as a tool for policy development in the Australian context – the strengths/weaknesses, obstacles and limitations, opportunities, lessons learned from overseas and potential appropriate applications - and to identify the training and capacity building needs of the public health workforce.

This will be achieved through the following strategies:

- To fill the research gap that currently exists in Australia in respect to health impact assessment in the policy context,
- To contribute to the debate at state, national and international levels on this innovative new tool for linking policy formation in other sectors with health outcomes,
- To establish partnerships with appropriate Australian, New Zealand and international organisations and researchers engaged in health impact assessment in a policy context,
- To learn theoretical and practical lessons from overseas partners about the issues impacting on health impact assessment in a policy context and identify gaps in knowledge in respect to process and methodology,
- To establish working links between appropriate Australian partners including the enHEALTH initiative on health impact assessment, relevant Commonwealth and State departments, and impact assessment and public health professionals,
- To identify the key questions that need to be answered in the Australian context about applying health impact assessment to the policy context,
- To identify workforce development, training and capacity building needs, and
- To identify ways forward including, if appropriate, an area of rural policy that would be suitable for a pilot health impact assessment to assess the costs, benefits and workforce needs (Mahoney & Durham, 2000).

The project will run for 12 months with a report to the Commonwealth submitted at the end of June 2002. At the moment we are identifying the political drivers for the idea, engaging with the broad areas of debate and identifying what is happening overseas. We are also keen to ascertain what is happening, if anything, in the States and Territories of Australia. Once these steps are completed we will be conducting a forum of appropriate and interested people who can provide advice and direction on the application of health impact assessment in the Australian policy context.

As most people would be aware, the Commonwealth has made an extensive commitment to health impact assessment by funding 3 projects. It is wanting to take a leadership role in understanding the application of health impact assessment as a potential tool both under environmental and public health policies and programs nationally. As well as our study into healthy public policy, the two projects currently being undertaken by the working groups of the National Public Health Partnership – the enHealth Council and the Legislation Reform Working Group are:

Health Impact Assessment – Implementation Guidelines which are seeking to:

- Improve the consideration of health impacts through promoting and facilitating the incorporation of health impact assessment into environmental and planning impact assessment generally, and
- Assist those involved in the conduct of health impact assessment with specific guidance on each of the key steps required, and

Health Impact Assessments – Incorporating Environmental Health into Environmental Protection Legislation, w/ch is seeking to address:

- The issues of best practice mechanisms for requiring health impact assessment, and
- Whether health impact assessment requirements should be enshrined in legislation.

This second project takes a broad focus and looks beyond existing impact assessment laws within the environment to examine whether current approaches represent best practice in terms of health impact assessment (Hancock, 2001).

What is policy-linked Health Impact Assessment?

The English government public briefing summary states that the aim of health impact assessment *in a policy context* is ‘to improve *public health* by adding health awareness to policy making at every level and making concern for improved public health a norm in all policy making’. (Cabinet Office, 1999)

The difference between environmental-linked health impact assessment and policy-linked health impact assessment is in the intention. In the former, the environment is the primary focus with health impacts of the environment being a *component*. With the latter, health is the *primary* focus with environmental links being important in determining health status.

One of the key drivers for policy-linked health impact assessment comes from the goal of strengthening the focus of governments on health and health outcomes rather than personal health care. When one shifts the focus away from personal health care the result is the need for governments to recognise the importance of taking a “whole of government approach”. This, in turn, has to be tempered by the need to consider competing policies to promote the wellbeing of people. The use of formal health impact assessment tools seeks to introduce a more rational basis for considering these policy dilemmas, and for anticipating future policy considerations, than the current approaches used by the public sector. Where once policymaking drew on *policy analysis and evaluation* to determine whether or not policies were meeting their defined objectives, health impact assessment will supplement this process by applying formal tools to provide empirical data on the unintended consequences, side-effects and spin-offs of the policy on health prior to, or after, its implementation. Moreover, the application of health impact assessment to the policies of other sectors provides a mechanism to legitimise health outcomes as important goals for governments alongside other social and economic outcomes.

Whilst the international groundswell occurring in respect to health impact assessment has at its heart a desire to create a more inclusive and evidence-based approach to public policy formation, determining whether this is achievable or not in the short or long term has yet to be ascertained. One of the main reasons for this is that policy processes are carried out in the context of a set of social values, goals and objectives. They are described but rarely evaluated. Research, therefore, needs to focus on the specific social and policy settings in which health impact assessment would operate alongside an understanding that it cannot be applied universally i.e. specific contextual issues will vary from country to country and at differing times.

Much of the impetus for the application of policy-linked health impact assessment came from the UK and the European Union. The Blair government, through the *Saving Lives: Our Healthier Nation (SLOHN)*, (and its equivalent in Scotland and Wales) requires health impact assessments to be undertaken on all new policies.

Sections 4/45 and 4/46 of SLOHN says that major new government policies should be assessed for their impact on health and Section 4/47 refers to the role and responsibility of local decision makers to take the health effects of their policies into account. The sentiment is based on the intention to make health impact assessment a part of the routine practice of policy-making in government. One of the underlying reasons for this is really because of the success of health impact assessment within environmental processes. These have clearly demonstrated impacts of environmental processes on human health and this new requirement seeks to achieve the same within health contexts.

Other countries have similar requirements for health impact assessment to a greater or lesser extent. For example, the European Union through Article 129 of the Maastricht Treaty (1992) and Article 152 of the Amsterdam Treaty (1999) requires that all proposals including integration into the European Union be checked for health impacts. The World Health Organisation urged the application of health impact assessment to all policies and programs likely to have an effect on health. More recently, equity focussed health impact assessment as an integral part of policy development was nominated by the Jakarta Declaration as a priority for health promotion in the 21st Century.

Let us now consider the links between policy-linked health impact assessment and environmental health impact assessment.

Similarities: the research implies three areas of similarity:

1. Shared meaning

Health impact assessment whether from an environmental or policy-linked perspective shares a common definition. Health impact assessment is defined as

A combination of procedures, methods and tools by which policy, program or project may be assessed and judged for its potential, and often unanticipated, effects on the health of the population and the distribution of those effects within the population. "(modified Gothenburg definition, in Mahoney & Morgan, 2001)

2. Commonality of process

Health impact assessment, as an approach shares all the characteristics and the problems of the wider family of impact assessment approaches. The core methodology is that seen in any impact assessment (screening, scoping, prediction, evaluation, communication, decision making and impact management) (Mahoney & Morgan, 2001). Similarly where there is involvement of stakeholders in decision making at whatever level, there is an increased chance of acceptance of the decision by people (Jacobs, 2001)

3. Difficulties in gaining recognition of the value of environment/health and locus of responsibility

An additional area of agreement or similarity is in getting other stakeholders, policy makers, bureaucrats and even proponents to see that the responsibility for human health and the environment is universal rather than the responsibility of a specialist department or agency. This can impact as directly as where does the onus of responsibility rest for the work to be commissioned and paid for?

Differences

Interestingly, the main differences between the two fell into three very similar categories:

1. Aims

As stated earlier there is a subtle but very fundamental difference between the two types of health impact assessment. Policy-linked health impact assessment is linked to both the goals of *health* which are to deliver some form of health gain to the community and to put health on the agenda where it currently is not, and to the goals of *policy*. These include the desire for more rational decision-making and the move towards outcome based decision making rather than a balanced score card approach which is currently used as the basis for accountability in policy-making. The goals of environmental-linked health impact assessment are those of sustainable development and the public health impacts of proposed developments and projects.

2. Processes

Scott-Samuel, speaking from the public health perspective, states that in policy-linked health impact assessment “process is outcome” (in Department of Health, 1999) warns of the importance of a balance between process and outcome when approaching policy-linked health impact assessment. A very strong community development perspective is required and so the process adopted must be mindful of the inherent need to build community and partnerships. Although this is important at some levels in environmental health impact assessment, the degree differs significantly so, whilst commonality exists with impact assessment methods, the perspective taken and emphasis are extremely different. Morgan states

“the risk-based, health protection approach is more widely understood, drawing on existing health protection experience and allied with risk assessment theory. This model of HIA arises from EIA processes and its origins and approaches are more clearly understood. The other model is based on a broader perspective emphasizing social determinants of public health” (Mahoney & Morgan, 2001)

By necessity modifications to processes are required, in particular, the strengthening of the qualitative dimensions in policy-linked health impact assessment.

3. Focus:

At its simplest level it is obvious that the focus will be different. For instance, once decision-makers are considering the impacts of specific projects they cannot deal with policy dimensions and vice versa. At a more complex level, the focus of policy-linked health impact assessment is embedded in public health research and issues of power, rights, access, gender, equity and inequality are important. Policy-linked

health impact assessment is grounded in four values: *democracy* (the right of people to participate in transparent policy development), *equity* (the distribution of impacts as well as the aggregate impacts), *sustainable development* and *ethical use of evidence* (using rigorous methodologies to gain comprehensive impacts). Considerable debate is occurring about the extent to which health impact assessment is capable of achieving all of this in the policy context and how it can be institutionalised given competing pressures for scarce resources. There is an increasing push internationally to apply health impact assessment to health inequities impact assessment to determine the embedded inequities in policies and the translation of them within the community.

Tensions:

Some very interesting tensions are evident for our reading of policy linked health impact assessment many of which have been long faced from the environmental perspective. These include:

- Lack of certainty about what it is from the health perspective (i.e. many health professionals are concerned because they think it is risk assessment focused). This is compounded by the fact that public health is located under different headings in different jurisdictions, which means that there is considerable difference with its focus.
- The desire of many health professionals to want to reinvent a wheel already invented within the impact assessment field and to learn from the lessons learnt in environmental impact assessment in particular, and, to a lesser extent, social impact assessment.
- Lack of clarity about the boundaries. For instance, does policy-linked health impact assessment really mean policy and its application into programs and projects? If so, a tension exists with its goals and methods and a potential overlap occurs with environmental health impact assessment.
- The pressure for answers about efficacy before sufficient time, resources and debate has occurred within and between countries. For instance, the move to considering health inequalities impact assessment before health impact assessment is introduced, trialled and evaluated. It may be that there are differences between the two but some a priori work would be advantageous. The interesting tension that is occurring internationally is that the debates about the efficacy of health impact assessment are, by necessity, occurring at the same time as the tools for its implementation are being trialled.
- The tensions between the requirements for highly participatory processes against the confidentiality of policy development processes.
- The confusion about the links between health impact assessment and program evaluation and between health impact assessment and good policy development processes.
- The problems associated with defining health, the challenges of working within biomedical models of health and social models and the difficulties of accessing data to support health impact assessment work.

Lessons learned:

The most critical lesson that I have learned is that policy-linked health impact assessment is not the correct title. What I (and the myriad of other health professionals) am talking about really has stronger parallels with Strategic Environment Assessment than with health impact assessment. What we are really studying is Strategic Health Assessment. To focus on health impact assessment is to

look in the wrong place. We need to refocus and start speaking to people with expertise in this field.

Secondly, there is considerable opportunity for the two (policy-linked and environmental) health impact assessment to be of value to one another. Despite the fact that they are very different, as this talk has set out to show, this new policy-linked health impact assessment with its embedded values and participatory approaches may also be useful to environmental health impact assessment in the longer term. Trends coming out of Europe are hinting at increasing pressure for the inclusion at higher levels of both health and public participation in environmental health processes. The move away (at appropriate times) from expert knowledge and risk determined by experts to 'softer', more inclusive, community-based approaches to assessing the health impacts of environmental developments and projects may be appropriate and necessary in the longer term. Policy-linked health impact assessment (as it is envisaged at the moment) may be able to provide some helpful insights if this occurs.

This is really where I started my talk – with my reasons for an interest in health impact assessment several years ago (my concerns about the nature of health impact assessment within environmental processes including the marginalisation of human factors and the non-social approaches to defining health). It is clear that we have the chance to help one another greatly in our endeavours to get human health taken more seriously within policy, project and program developments at all levels.

Request for assistance

If you are interested in this work in any way please let me know. We would appreciate assistance with identifying contacts in each state who can help us determine whether anything is currently happening. If you know of people who would be interested in policy linked HIA from the health perspective, please let us know by contacting either myself marym@deakin.edu.au or our research fellow, John Wright jsfw@deakin.edu.au at Deakin University in Victoria.

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