Using health impact assessment within the university context

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What is HIA?

A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.

Source: WHO Gothenburg consensus paper, 1999

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Important characteristics of HIA

• Prospective
• Decision support tool, not evaluation method
• Trade-off between brevity and rigour

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Uses of HIA

- creation of healthy public policies / projects
- social and economic development
- health advocacy
- advocacy for disadvantaged groups
- personal development
- partnership building

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Policy context

- EIA / HPP
- 1980s - ‘LDCs’
- 1993 - Manchester 2nd runway
- 1993 - British Columbia
- Mid-90s - Australasia and Europe
- Liverpool Public Health Observatory
- Late 90s - WHO / European Union
- IMPACT
- USA - early 21c – CA, MN

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Closing the gap in a generation

Health equity through action on the social determinants of health
Closing the Gap in a Generation – HIA recommendations

• competent, regular health equity impact assessment of *all policy-making and market regulation* should be institutionalized nationally and internationally

• Institutionalize and strengthen technical capacities in health equity impact assessment of *all international and national economic agreements*

• National and local governments should build capacity to use health equity impact assessment as *a standard protocol in all major policy-making*

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Marmot Review

All national and local policies and strategies should be routinely scrutinised through a health equity impact assessment


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Some IMPACT HIA projects

- Foresight Vehicle Initiative
- Castlefields regeneration
- Policy HIA for the EU – European Employment Strategy
- Capacity building in Liverpool
- Antisocial behaviour - Citysafe
- Community HIA
- ‘Making it Better’
- Birmingham International Airport

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Liverpool 08 European Capital of Culture: Mental Well-being Impact Assessment
## Two perspectives of HIA

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<th>Broad perspective</th>
<th>Tight perspective</th>
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<td><strong>View of health</strong></td>
<td>Holistic</td>
<td>Definition and observation</td>
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<td><strong>Disciplinary roots</strong></td>
<td>Sociology, epidemiology</td>
<td>Epidemiology, toxicology</td>
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<td><strong>Ethos</strong></td>
<td>Democratic</td>
<td>Technocratic</td>
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<td><strong>Quantification</strong></td>
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<td><strong>Precision</strong></td>
<td>Low</td>
<td>High</td>
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Ron Labonte. Inequalities in Health in the City of Toronto. 1991
3 levels of HIA

- Desktop – usually <1 week
- Rapid – usually 1 week - 2 months
- Comprehensive – 2-6 months+

Main differences – depth of evidence review; type(s) of fieldwork and of quantitative methods

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The Merseyside approach to HIA - 1

- Screening
- Scoping: steering group; terms of reference; select assessor
- Policy analysis
- Profiling of communities
- Collect data from stakeholders and key informants
- Identify health determinants affected

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The Merseyside approach to HIA - 2

- Assess new and published evidence
- Establish priority impacts
- Recommend and justify options for action
- Appraise assessment
- Negotiate favoured options
- Implement and monitor
- Evaluate and document

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Data collection from stakeholders and key informants

RAPID
- Stakeholder workshops

COMPREHENSIVE
- Stakeholder workshops
- Interviews / focus groups
- Delphi exercises
- Scenarios
- Mathematical / economic modelling

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Health inequality in HIA

• inequality a **screening** (selection) criterion
• vulnerable groups identified in **profiling** and **policy analysis**
• **distributional impacts** (as well as population impacts) identified
• **recommendations** take account of impact inequalities
• **monitoring** and **evaluation** based on inequality indicators and outcomes

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Equity in HIA

- choice of paradigm (expertist vs participatory)
- public involvement in HIA steering groups
- ‘lay’ people as stakeholders and key informants
- equitable valuation of lay evidence and of evidence on lay priorities
- ‘bias to the poor’ in recommendations
The impact of HIA

- input
- process
- impact
- outcome

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Birmingham International Airport runway extension

- establish a health forum to guide health conscious decision making within the airport company
- within 12 months...prepare a health management plan...to progress the recommendations set out in the HIA
- investigate cause and extent of transport barriers which may hinder employment opportunities
- encourage non car means of transport including public transport and cycling
- investigate feasibility of modifying sound insulation scheme in terms of sleep disturbance at night and report to council
- develop a Site Employment and Training strategy

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Methodological controversies

- science and politics
- value-free and value-laden
- holism and reductionism
- qualitative and quantitative
- expertism and participation
- duration and depth
- equity and inequality
Gaps in current practice

- limited application - especially re public policy
- *macroeconomic policy*
- *human rights*
- *foreign policy*
- *Trade policy*
- *social and gender policy*

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Gaps in current theory

- distributional effects poorly operationalised
- political determinants of health insufficiently acknowledged, *eg* power, ideology, class, interest groups, institutions
- participatory research
- feminist research, *eg* intersectionality

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Capacity building

- a limiting factor
- training
- advocacy
- policy development
- organisation development

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