National Collaborating Centre for Healthy Public Policy

ROUND TABLE ON HEALTH IMPACT ASSESSMENT
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- BACKGROUND PAPER-

HEALTH IMPACT ASSESSMENT (HIA), A PROMISING ACTION PATH FOR PROMOTING HEALTHY PUBLIC POLICIES[1]

Louise St-Pierre
National Collaborating Centre for Healthy Public Policy (NCCHPP)

Establishing healthy public policies is an important health promotion strategy. This strategy aims to make "*explicit [our] concerns for health and equity in all areas*", particularly in non-health sectors (WHO, 1988) Although this idea is not new, creating a public health organization dedicated to developing the skills of health professionals in this field is a first for Canada. The mandate of the NCCHPP, funded by the Public Health Agency of Canada since 2005, is to support the efforts of the public health community and the related partners who want to get involved in the healthy public policy sector. There are several ways to influence public policy, whether through social communication, knowledge transfer, support for community organizations or the production of scientific information (Gagnon et al., 2007). For the NCCHPP, the HIA process appeared to be a particularly interesting option, one that integrates several paths of action.

The Choice of HIA as a tool for working on Healthy Public Policy

The field of applying HIA to policies was influenced by two sources: the environmental impact assessment of development projects, which increasingly takes human health impacts into consideration (Davies & Sadler, 1997; Lock, 1998; Bond, 2004), and the determinants of health approach from the health promotion sector (Scott-Samuel, 1998; Kemm, 2001). The latter influence gave rise to a trend in HIA practice based on a broad definition of health, and includes concerns about health inequities and the participation of citizen groups. It gives equal importance to the influence process and the process of developing scientific data (Kemm, 2001; Mahoney & Durham, 2002). This trend is

[1] This document presents the NCCHPP's current point of view of on health impact assessment and its development possibilities for Canada. It is the result of meetings and a knowledge review completed between 2005 and 2007. It is also a departure point for discussions that will take place at the round table of February 22, 2008.

gaining momentum around the world, notably in Europe where a rich experience and a variety of tools are now available on the net. Recently, a large study on HIA effectiveness conducted with 19 European countries concluded that this practice influences the decision-making process and increases decision-makers' awareness about important determinants of health (EOHSP, 2007). An independent British study also established a positive cost-benefit ratio for this practice (O'Reilly et al., 2006).

On the basis of these reports, and considering the interest being manifested in Canada, the National Collaborating Centre on Healthy Public Policy intends to promote and support this practice with interested public health actors.

HIA as a Support Tool for the Decision-Making Process

The most common definition of HIA is the one developed in 1999 by a group of European countries united under the aegis of the European WHO office, known as the "Gothenburg Consensus". It presents 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*" (ECHP & WHO regional Office for Europe, 1999).

When HIA is applied to policies, it uses a socio-political model of health which assumes that a population's health is closely related to the conditions in which the people live and work (Milio, 1987), and that these conditions are influenced by the decisions of all government sectors. It is also based on the idea that all of the sectors share societal responsibility for the population's health. Consequently, HIA is generally practiced on policies, programs and projects developed by sectors other than the population health sector (Lock, 2000; Cole et al., 2004).

HIA offers a systematic five-step process for structuring actions aimed at identifying which determinants of health a proposal will affect, planning and conducting a study of possible repercussions on a given population's health, and interacting with policy developers based on the results[2]. In addition to obtaining public health information from research, HIA is an accompaniment process for public policy development. Thus, it encourages decision makers and groups of the population to take part in identifying potential health effects (Scott-Samuel et al., 2001; Elliott & Williams, 2004). The HIA process' function in sensitizing and engaging the responsibility of decision makers in non-health sectors is therefore as important as the risk assessment task.

Some authors have suggested expanding the current definition of HIA to encompass this enlarged perspective. It was associated with a *Strategic health assessment* (Mahoney,

[2] See Appendix for a typical example of the suggested process.

2001), *A health-centred policy analysis* (Kemm, 2001) and an *Interactive coordination strategy for promoting the integration of health in public policy* (Bekker, 2007*).*

The Practice of HIA in Canada

In Canada, the most consistent HIA efforts have been made in the environmental health field, specifically through Environmental Impact Assessments (EIA), which are now mandatory in all provincial and federal jurisdictions. Canada is internationally recognized for the integration of the health perspective into EIAs (Sadler, 1996; Noble, 2002; Cole et al., 2004). This is due in part to the broad definition of the environment in legal frameworks, which often includes human health. Added to these legislative levers are the considerable efforts of Health Canada and the Federal-Provincial-Territorial Committee on Environmental and Occupational Health to support the practice of HIA within the mandatory EIA processes. These efforts, which culminated during the second half of the 1990s, gave rise to the production of very comprehensive guides, which are available on the Internet (Santé Canada, 2004a; Santé Canada, 2004b; Santé Canada, 2005), and to a series of training meetings across Canada. However, in practice, the ability to systematically and satisfactorily integrate the different aspects of health, particularly the social aspects, varies from one province to another, and it generally proves to be quite limited. (Yap, 2003; McCaig, 2005; Noble & Bronson, 2006).

Outside the field of environmental health, British Columbia made the greatest efforts during the same decade. In 1993, the B.C. government introduced an HIA component for all of the proposals submitted to the Cabinet. This practice spread quickly to the regional level, and a number of tools were developed for the different stakeholders. However, this commitment did not make it past the year 2000. According to some analysts, this was due to a change of government and dwindling political support for the practice (Banken, 2001). This experience is internationally recognized as the first attempt to institutionalize HIA in a government. It served as an example for the Quebec Ministry of Health and Social Services (MHSS) which made a proposal to the Quebec government in 2001 to legislate in favour of HIA in order to insure its longevity within the government. In this province, as stipulated in article 54 of the *Public Health Act*, all ministries and agencies must make sure that their laws and regulations have no significant negative impacts on the health and well-being of the population (Gouvernement du Québec, 2001). The MHSS supports government authorities in this responsibility by producing guides and a variety of knowledge transfer activities.

Alongside these well-known examples at the provincial level, others have developed or are developing at the local level, promoting the convergence between public health and the municipal milieu (or local communities) by implementing HIA projects. This is the case in Toronto, Ontario, in the regional county municipality of Haute-Yamaska in Quebec and with the PATH project in Antigonish, Nova Scotia (Gillis, 1999). These local-scale HIA developments sometimes work in conjunction with the international

Healthy Cities movement, created in 1986 and still active in at least four Canadian provinces. These developments offer a favourable framework for establishing healthy public policies at this level of government decision-making.

Issues and Potentialities

There are many challenges surrounding the practice of HIA. An important one is related to methodological issues, mainly to the ability to predict the effects of a policy. This issue is amply discussed in the literature (Parry & Stevens, 2001; Mindell et al., 2004; Veerman et al., 2007). Another attracts more and more attention. It is the ability of HIA, which is based on rational and linear logic, to influence the public policy development process, which does not always respond to linear and rational logic giving precedence to scientific information. Over the years, in addition to the methodological aspect, the combined experiences of a growing number of countries have revealed this other important issue, highlighting the need for a better understanding of the policy making context (Bekker et al., 2004; Putters, 2005; Kemm, 2005; Davenport et al., 2006). These two issues call for strengthening the skills of public health players and their partners in these two areas.

Besides developing the abilities of those who conduct health impact assessments, a series of organizational, structural and socio-political conditions have also been identified as factors promoting optimal HIA practice. A variety of analyses identified the following: the need for firm support from organizations in terms of human and financial resources, the advantage of political and institutional commitment, the existence of research, training and knowledge dissemination units, and a favourable socio-political climate (Mahoney & Durham, 2002; Lock & McKee, 2005; Davenport et al., 2006; Lee et al., 2006). A number of observers also consider it easier to apply this type of process at the local level than at the central level, while recognizing that applying the practice at both levels results in mutual reinforcement (Phoolcharoen et al., 2003; Finer et al., 2005; Stahl et al., 2006).

With regard to these conditions, the Canadian situation varies from province to province. However, overall, Canada has assets that make it possible to envisage reinforcing and extending the use of HIA as a strategy for promoting healthy public policies. Today we are witnessing a consolidation of the public health sector across Canada[3], where for a number of years there have been research capabilities in population health and public health fields, knowledge transfer organizations, rich experience in environmental health and health promotion, in addition to well-established community vitality. It should therefore be possible to create synergy among all of these strengths and give a new

[3] Examples: the creation of the Public Health Agency of Canada and its National Collaborating Centres, development of Public Health Schools, etc.

momentum to this practice, to which the NCCHPP intends to devote itself in the coming months and years.

A Diagnosis to Share

During the meetings and consultations conducted by our National Collaborating Centre, people showed interest in HIA, notably at the local level of government decision-making. A series of Canada-wide and international exchanges in January 2008 in the Click4hp (www.click4hp.ca) electronic discussion group, recently reconfirmed the need for working tools for local and regional public health practitioners to support their practices. Until now, we have only had limited knowledge about the real practices and specific needs of these professionals and other players interested in taking action on healthy public policy across Canada. We see the potential collaboration zones between the public health sector and municipal or regional decision-making sectors as priority areas to explore. It would also be beneficial to learn lessons for HIA from the policy-influencing experiences in the environmental assessment sector. Finally, a clear portrait of research and training interests remains to be drawn.

We hope that the discussions at the round table of February 22, 2008 will allow the validation and enlargement of this diagnosis and help us create the blueprint for future developments in this promising field of action.

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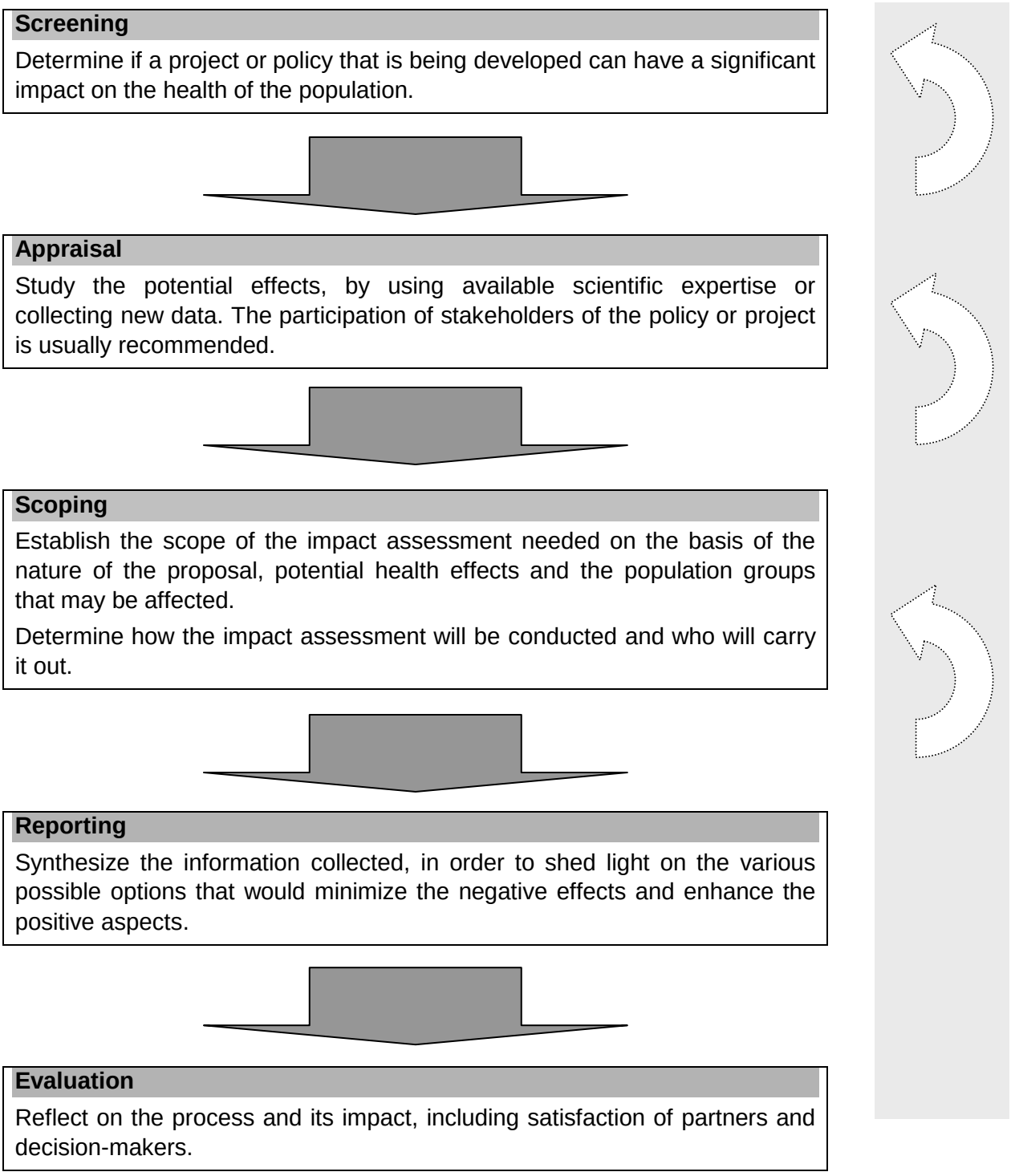
APPENDIX

A five-step process



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