

CURRENT THINKING AND ISSUES IN THE DEVELOPMENT OF HEALTH IMPACT ASSESSMENT IN AUSTRALIA

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Health Impact Assessment (HIA) offers a prospective method of:

- ensuring that government health policies improve the position of disadvantaged people;
- assessing the differential impact of health policies across the whole population;
- identifying potential impacts of health policies on specific groups within a population.

Despite there being no agreement on the significance of this process—and the process still needs to be evaluated—HIA is being extensively trialled in many other countries as a way of informing the policy-making processes of government. This article describes some of the discussion around these three applications of HIA. It draws on the findings of a recently-completed study for the Commonwealth Department of Health and Ageing on the potential application of HIA to population health and to the reduction of health inequalities in Australia.¹

THE AUSTRALIAN HIA STUDY

The Australian HIA study sought to understand HIA as a tool for the development of healthy public policy—its strengths and weaknesses, obstacles and limitations, the lessons learned from overseas, appropriate applications, and the training and capacity building needs of health professionals. It involved extensive overseas consultations with key informants working with HIA, a review of the literature, an appraisal of the institutionalisation of HIA in selected countries, and a consultation process within Australia.

THE 'WHY', 'WHO', 'WHEN', 'WHAT', AND 'HOW' OF HIA

HIA has its origins in Environmental Impact Assessment (EIA), which has been used to varying degrees of effectiveness around the world to determine the effects of developments on the environment and specifically on the health of people. In recent years there has been considerable international interest in the specialist application of HIA to policies and programs as they affect health. This application is more akin to Strategic Environment Assessment, which is the policy arm of EIA. Given Australia's extensive history of HIA within EIA processes,² it is important to consider this new application of HIA as a means of increasing population health gains through more evidence-based and healthier public policies.

Impetus can be linked to a number of initiatives including: the WHO European Centre for Health Policy, especially the Gothenburg Consensus Document on HIA;³ the European Union commitment to monitoring the impacts

of integration and the effects of policies on population health; commitment to HIA through policy initiatives in each of the individual countries of the United Kingdom; activities in the Republic of Ireland, New Zealand, and some provinces of Canada; and, the ongoing commitment to HIA in Scandinavian countries and the Netherlands.

HIA is defined as 'a combination of procedures, methods, and tools by which a 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'.^{3,4} It builds on the notion that a community's health is not only determined by its health services but is also governed by a range of economic, social, psychological, and environmental influences. Health impacts refer to both positive and negative changes that occur to individual and community health, which are attributable to a development or policy. HIA can provide knowledge about the potential impact of a policy or program, inform decision-makers and affected people, and facilitate adjustment of the policy or program in order to mitigate the negative and maximize the positive impacts.³ The term 'policy' is very broad; it can exist at a range of levels and in a range of settings both inside and outside government. 'Policy' also includes actions (such as service plans and advice),⁵ and is often described using alternative titles such as 'strategy', 'plan', 'program', or 'project'.

HIA is underpinned by the desire to create a more inclusive and evidence-based approach to the formation of public policy. Conventionally, policy-makers draw on policy analysis and evaluation to determine whether policies are meeting their objectives. HIA complements this process by applying tools that provide information on the unintended consequences and side effects of a policy on health, before and after a policy's implementation. Additionally, the application of HIA to the policies of other related sectors such as transport, housing, education, or immigration, provide a mechanism to legitimise health outcomes as important goals for governments alongside other social and economic outcomes.

Macintyre acknowledges that most of the major drivers of population health and of the distribution of health lie outside formal national health services and health structures. When describing the United Kingdom, she states: 'Health ministers have acknowledged the importance of air pollution, unemployment, crime and disorder, poor housing, poverty, limited educational achievement, the general environment, and other forms of social exclusion. These influences on health are only rarely under the control of the doctors, nurses, or managers who are described as being the key architects in drawing up the plan for a new National Health Service'.⁶

Policy directly affects people's lives; it is a value-driven activity. These values include the desire for democracy, equity, sustainable development, and ethical use of evidence.³ In addition, the goal of HIA is to add value to the decision-making process so the procedures used must display how HIA will lead to better decisions than would otherwise have been made. HIA may add value through, for instance, quantifying the magnitude of effects, clarifying the nature of trade-offs, increasing transparency of decision-making, and changing organisational culture towards health across government.⁷

Process is crucial to outcome in HIA,^{7,11} so aspects such as rigour, inclusivity, thoroughness, and predictive accuracy, are essential features. Another perceived benefit of HIA is through the opportunities it creates to build alliances both across sectors of government and with the community. Consequently, HIA can be used to improve the quality and openness of public policy decision-making.⁸

The review of overseas case studies shows two main types of HIA being used:

- full or comprehensive HIAs;
- rapid appraisals of health impacts.

Full HIAs are based on traditional impact assessment methods including screening, scoping, impact appraisal, decision-making, monitoring, and evaluation. Rapid appraisal uses an audit or checklist method of determining impacts such as an equity audit, or an inequalities impact assessment. Generally, but not exclusively, rapid appraisals are based on expert consultation and are commonly used in situations where evidence is available but has not been applied to a specific context or proposal for action.

WHAT IS HEALTH INEQUALITIES IMPACT ASSESSMENT (HIIA)?

For HIA to help tackle health inequalities, it is essential that the different impacts borne by different groups are made explicit. Recommendations can then be made that seek to reduce any health inequalities. Acheson, in the *Independent inquiry into inequalities in health* (1998), recommended the application of specialist Health Inequality Impact Assessment (HIIA).⁹ He argued that specific attention is required within HIA to inequalities, citing immunisation and cervical screening as two policies that have widened inequalities.¹⁰ A well-intended policy that improves average health in a population may have no effect on inequalities; therefore, HIIA is a specific application of HIA. It seeks to make explicit not only the ways that a proposal will affect health but also the ways in which groups in the population will bear these health impacts.

Scott-Samuel defines HIIA as a decision-making tool that can be used for 'the estimation of the effects of a specified action on the health of a defined population'.¹¹ However,

many practitioners argue on the relative merits of two different approaches: should HIA always include an assessment of the impact on inequalities, or should two discrete types of impact assessment be retained—HIA and HIIA? Additionally, regardless of the answer to this question, should an assessment of the impact on inequalities focus on the most disadvantaged groups or should it look at all groups? Essentially this second question focuses on whether the policy has an effect only on the most disadvantaged group(s) or on inequalities in the whole population.

At the *Equity and HIA Conference* in 2000,¹² participants concluded that all HIAs (and the methods and procedures adopted within each such as screening, community profiling, and consultation processes) should focus on health inequalities, explicitly considering both impacts on disadvantaged groups and the distribution of impacts across the population. The advantages were seen to be: that there would be an increased awareness of inequalities in health and of their causes; that an improvement in decision-making that sought to prevent inequalities would occur; and that decision-making would be more transparent and accountable. However, there is still no widespread agreement on which is the best option.

IMPORTANT LESSONS

There is potential within HIA that the process itself might inadvertently compound health problems. As the appraisal process involves identification and characterisation of impacts on specific population groups, it is possible that trade-offs will occur when impacts are mapped and weighted. This may compound existing health problems—there may be trade offs between improving average health, improving the health of the most disadvantaged people, and reducing inequalities in health.¹³

Barnes, who has worked extensively on the application of HIA to regeneration programs in the UK, states that issues about equity and inequalities are similar, whatever the level of HIA.¹⁴ She identifies three important considerations arising from her work. First, disadvantage does not equal inequality and there are inequalities and inequities within other social groups rather than just in the most disadvantaged. In defining the scope of the HIA it is important to consider the question: inequalities between whom?¹⁴ Second, despite the focus of the HIA in a disadvantaged area being on inequalities, and despite equity being a core value of HIA, the HIA undertaken may not explicitly focus on equity. Third, in an HIA focused on a disadvantaged area, it is important to understand whether the focus is on the impacts of a proposal on the current population of the area or on the area itself and its future residents. Unless this is clear, the HIA can potentially compound inequalities by making recommendations to introduce schemes that result in residents moving away. This compounds the disadvantage in the area or drives residents away because of the

increasing cost of living that is a direct consequence of the development. The result is that the disadvantage is simply moved elsewhere.

HIA itself can assist in addressing inequalities through community participation. If HIA is truly participatory—allowing people who have little opportunity to express their views—then self-esteem can be raised. Social exclusion infers exclusion from power structures; HIA and HIIA can reduce this. Finally, transparency of the process is essential if the community is to believe that they have an active and long-term role in the development of policies that affect their health and wellbeing.

CONCLUSION

With the increased understanding of the influence of 'upstream factors', such as social or fiscal policies, on population health and inequalities in health outcomes, Australia needs to be actively engaged in processes that will change these factors. HIA is one of the many important mechanisms available to policy-makers and will enable Australia to be part of an international development about the factors that impact on population health. There is indeed considerable scope for this to occur; it is heartening to see incorporation of HIA in the NSW Health and Equity Statement.

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USEFUL WEB SITES

European Centre for Health Policy at www.who.dk/eprise/main/WHO/Progs/HPA/Home; International Health Impact Assessment Consortium (IMPACT) at www.ihia.org.uk/links.html; London's Health at www.londonhealth.gov.uk; Netherlands School of Public Health, Health Impact Assessment Database at www.hiadatabase.net; and Deakin University HIA at www.hbs.deakin.edu.au/HealthSci/Research/HIA.

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