

When to Perform a Health Impact Assessment (HIA)?

March 2015

Foreword

The practice of health impact assessment (HIA) is gaining popularity in Canada. HIA is different from, but also similar to, common public health practices. This not only feeds confusion about HIA, but also leads to its association with similar practices that have different aims. Although HIA is a powerful tool for promoting and protecting health, as well as a means of improving equity, its use is not relevant in all situations. Recognizing the conditions that make HIA an appropriate choice for a given situation is an issue central to the consolidation of the practice in Canada. This briefing note aims to clarify the specificity of HIA as compared to similar public health practices.

Introduction

HIA is now recognized worldwide as an effective practice for promoting the adoption of healthy public policies (Bourcier, Charbonneau, Cahill, & Dannenberg, 2014; Harris et al., 2013). Its aim is to estimate in advance the potential effects of a proposed policy or project on population health and to make recommendations to support decision making. This field benefits from practice frameworks that have been developed by international authorities and those frameworks have built consensus among a variety of public health actors and organizations throughout the world (European Commission, 2004; World Health Organization [WHO] European Centre for Health Policy, 1999; WHO Regional Office for Europe, 2005).

The values and principles on which HIA is based were established at the time of its introduction into the health promotion field at the end of the 1990s and they have been upheld over time (Bhatia et al., 2010; Martuzzi, Cave, Nowacki, Viliani, & Vohra, 2014; Quigley et al., 2006; WHO European Centre for Health Policy, 1999). HIA promotes equity, democracy, the ethical use of knowledge and sustainable development. It adheres, moreover, to certain principles, which are, namely, a holistic approach to health, the use of an inclusive process structured into successive

stages, the use of quantitative and qualitative data, and the formulation of realistic recommendations (European Commission, 2004).

These values and principles help to characterize HIA. At the same time, many other public health practices can also claim adherence to these values and principles, in whole or in part. Also, several impact assessment methods can be characterized as decision support tools and the structuring of a process into successive steps based on logical reasoning is not new to those familiar with research methods. Finally, intersectoral action involving public health actors and sectoral decision makers does not occur solely within the context of HIAs. Consequently, it is not surprising that questions about the specificity of HIA emerge, in particular, from the community of professionals who have experience with similar practices. Despite numerous publications focused on HIA, confusion surrounding this practice persists (Gulis & Paget, 2014).

What distinguishes HIA from other public health practices that seek to influence policies or projects to make them more conducive to health? The issue regarding the boundaries that define the practice of HIA is frequently raised (Fakhri, Maleki, Gohari, & Harris, 2014; Harris, Kemp, & Sainsbury, 2012; Harris-Roxas & Harris, 2010; Kemm, 2013; Kemm, Parry, & Palmer, 2004). This is all the more important given that HIA is required to adapt to the specific context of its application ('fit for purpose') without losing its specificity. To effectively communicate the specific characteristics of HIA to partners in other sectors, the public health sector must possess a shared understanding (Gulis & Paget, 2014).

This briefing note is intended to clarify what defines HIA in the Canadian context in order to foster the shared understanding needed for its implementation. It offers reflective tools that assist in distinguishing HIA from other processes promoting healthy public policies used in Canada. For instance, HIA is sometimes confused with needs assessments, with policy making or advocacy processes put in place to meet specific health objectives, with risk assessments of

Briefing Note

For up-to-date knowledge relating to healthy public policy



Centre de collaboration nationale
sur les politiques publiques et la santé

National Collaborating Centre
for Healthy Public Policy

Institut national
de santé publique

Québec



exposure to contaminants, or with knowledge syntheses focusing on particular risks. While all of these practices may contribute to public decisions favourable to health, they are nonetheless distinct from HIA, as we shall see in the following sections.

What is and what is not an HIA

In examining abstracts of activities described as HIAs submitted within the context of three European public health conferences (in 2012, 2013, and 2014), Gulis and Paget (2014) were surprised by the number of proposals related to HIA describing activities that did not correspond to the conceptualization of HIA. In fact, nearly 40% of the accepted proposals did not meet the three recognized basic criteria for an HIA, namely, the presence of a decision-making context, a description of the distributive effects of the expected impacts and the participation of stakeholders (Kemmm, 2013). A similar finding was observed during preparation for the twelfth international conference on HIA held in Québec in 2012, and we can presume that this was also the case for the preceding international conferences.

Based on the consensus established during production of authoritative reference documents on HIA, it is possible to identify seven key elements that characterize this practice. According to these sources, HIA is:

- **Intended to inform a decision**

HIA is a decision support tool. If there is no decision to be made, there is no HIA (Kemmm, 2013). Indeed, the purpose of an HIA is to inform decision making by supplying evidence, and to do this at a pivotal point in the policy or project development process. By tying in with the policy development cycle¹, HIA intervenes at the formulation stage, that is, before a final decision is made. As with other impact assessment processes (environmental, social, economic, regulatory, etc.), HIA is prospective in nature. Some HIAs, though these are rare, are conducted retrospectively at the evaluation stage, their aim being to shed light on whether or not to pursue the project or policy in question. An example of this would be the study of the effects of Québec's rural policy (2002-2014), which was conducted to inform the government prior to the policy's renewal.

¹ For more information, please see Benoit (2013).

- **Based on a holistic view of health**

The specificity of HIA is most certainly tied to its global approach to health. In examining the potential effects of a health proposal, it considers the full set of determinants: physical, environmental and social. For instance, an HIA of a plan to build a new highway will consider its impact not only on air quality, but also on access to services and on social cohesion. While such a requirement is demanding, it nevertheless constitutes the strength of HIA. It requires a multidisciplinary approach that draws equally on knowledge about health protection and health promotion. Such an approach allows for a more complete vision of potential health impacts, as well as for the formulation of recommendations based on an integrated reading of the various health issues.

- **Concerned with social inequalities of health**

Concern for health equity is inherent to the HIA process. It is exercised in three ways: by focusing on the social determinants of health, by considering the distribution of effects among different population categories, and by taking into account the opinions and knowledge of the groups that are likely to be most affected by the proposed change (Povall, Haigh, Abrahams, & Scott-Samuel, 2013).

- **Focused on a project or policy whose main objective is not health related**

The objective of HIA is to propose improvements to projects that are not aimed directly or strictly at improving health (for example, a housing development project, a tourism and recreation project, or a social policy). It is based on the need to act on health determinants that are not intrinsic to the health sector.

- **Carried out in successive stages following a standardized process**

The practice of HIA is characterized by its standardized process, structured into successive stages, that supports logical planning and analysis of relevant information, while inviting dialogue with various stakeholders (Harris et al., 2012). The number of steps in the HIA process varies according to current practice guides, but a consensus exists concerning the following five steps: screening, scoping, appraisal, recommendations and evaluation (Bhatia et al., 2014; Fredsgaard, Cave, & Bond, 2009; Hebert, Wendel, Kennedy, & Dannenberg, 2012;).

- **Focused on contextualizing evidence**

As with any public health activity seeking to

influence the policy or project development process, HIA relies on evidence gathered from the literature and from expert groups. To this search for evidence, which demands objectivity and rigour, must be added, 'in accordance with democratic principles.' That is, it must include consideration of the opinions and knowledge of stakeholders (including population groups) affected by the proposed change. This type of information enriches scientific knowledge and improves the interpretation of potential impacts as well as the content of recommendations formulated for decision makers.

• **Interested in both positive and negative effects**

Another distinctive feature of HIA is that it seeks to identify both positive and negative impacts. Thus, the aim here is to go beyond risk analysis to also identify the positive impacts on health determinants of a given project or a policy. This concern should give rise to recommendations for ways of maximizing these positive effects such that the proposal becomes more conducive to health.

These seven key elements describe the substance of the practice of HIA. It is not always possible to optimally incorporate all of these essential characteristics. Citizen participation, for example, is sometimes absent or minimal due to the context of the policy, the resources available or the abilities of practitioners (Mahoney, Potter, & Marsh, 2007). A different means must then be found to contextualize scientific information (for example, reading the published opinions of groups in the sector). Similarly, evidence may be unavailable or may be difficult to find in the time allotted. To be beneficial, HIA must remain flexible and adapt to existing constraints. As a general rule, it is better to produce an imperfect HIA that is useful to the decision-making process, than to miss an opportunity to integrate health concerns into a sectoral policy. In such situations, however, it is essential to acknowledge the shortcomings of the process followed and to communicate these clearly so as to avoid any ambiguity regarding the design of your HIA.

This necessary adaptability must not, however, dilute the essence of HIA. There is a fine line between what HIA is, what it can be in a given context, and what it is not. The aim of Table 1 is to allow you to determine at what point the process you are

engaged in is no longer an HIA. If it is impossible to confirm the inclusion of those elements identified as indispensable, then you are practising something other than HIA.

This table summarizes the key elements outlined above as well as other aspects of the practice recommended in the literature as good practice.

Table 1 Checklist of essential and desirable characteristics of HIA

Characteristics of HIA	YES
Indispensable	
Holistic approach	
To inform a pending decision	
For a non-health project or policy	
Follows a standardized process (includes at least screening, scoping and appraisal)	
Multidisciplinary approach (at least within the public health sector)	
Concern for inequality (distribution of effects)	
Based on an evidence search	
Neutral, objective (without a priori solutions), transparent	
Realistic recommendations	
Recommended as good practice	
Participation of citizens and stakeholders	
Based on a reading of the political and socio-economic contexts	
Recommendations validated by contextual information	
Use of a screening grid	
Development of a logical framework	
Establishment of profile of affected community	
With a monitoring plan	
Easily understood report	

When to perform an HIA

Clarification of the key elements that characterize HIA facilitates reflection on which approach to choose from among several possibilities for promoting the adoption of healthy policies or projects. Table 2 describes situations commonly encountered by public health practitioners, discusses the relevance of HIA for each of them, and points to the most suitable similar practices, if applicable.

Table 2 The relevance of HIA for some commonly-encountered situations in public health

Situations	Is HIA relevant?	Comments/alternative processes & tools
I wish to determine whether our immunization practices are effective and whether they effectively reach all our clientele, including marginalized persons.	No. What is called for is a retrospective evaluation of a health program.	For the evaluation of a public health program, refer to this annotated inventory of program evaluation tools and resources: http://www.phred-redsp.on.ca/Docs/Annotated%20Inventory%20of%20Evaluation%20Tools%20and%20Resources_PHRED_Oct%202009.pdf For a health equity impact assessment, refer to: http://www.health.gov.on.ca/fr/pro/programs/hea/tool.aspx Inventory of tools focused on equity: http://www.ncchpp.ca/docs/Equity_Tools_NCCDH-NCCHPP.pdf
Our local public health branch has received a request from the municipality for an analysis of the impacts on respiratory health of its compost plant.	Yes. However, to fulfill the principles of HIA, the analysis must go beyond considering the impacts on respiratory health to take into account other determinants that can be affected by the plant, including, for example, the positive and negative impacts on employment.	An environmental impact assessment (EIA) may also be requested. It would then be preferable to combine the two processes, making sure to go beyond examining the biophysical impacts that are usually considered in EIAs to assess human health impacts.
I wish to know to what extent my planned program for promoting physical activity will achieve the desired health objectives.	No. What is called for is a study of the relevance of a public health program (to address health goals).	An evidence-based program planning tool can be useful here. Refer to: http://www.publichealthontario.ca/en/servicesandtools/ohpp/pages/default.aspx Refer also to the process for constructing a logic model to assist in examining the assumptions of efficiency: http://www.ncchpp.ca/172/publications.ccnpps?id_article=898
Faced with a road safety problem, we are seeking the most effective measures for addressing it.	No. This situation calls instead for a search for best practices.	The Health Evidence site may be useful here for finding measures that have been proven effective: http://www.healthevidence.org/ Additionally, the NCCHPP's method for analyzing public policies can be used to produce more in-depth analyses of a few select options, so that the most appropriate one for the given context can be identified: http://www.ncchpp.ca/172/publications.ccnpps?id_article=827
A community group would like us to assess the health impacts of a shale gas extraction project.	Yes, within or in parallel with an environmental impact assessment.	However, one must be careful to examine all the potential impacts, including those on job creation, and not to just support the community group's position.
A municipality has asked us to participate in an intersectoral committee to help identify needs related to the creation of social housing.	No. What is called for is a needs assessment.	Several tools are available to assist in performing such analyses. See for example: http://www.hqontario.ca/portals/0/Documents/qi/qi-rq-needs-assessment-0901-en.pdf
I wish to demonstrate the importance of a regulation controlling the marketing of sugary foods to children.	No. The preferred approach here would be evidence-based advocacy (promotion of a new policy).	The framework for producing scientific advice on health referenced by the NCCMT could be useful here. See: http://www.nccmt.ca/registry/view/eng/195.html As well as the NCCHPP's framework: http://www.ncchpp.ca/docs/Guide_framework_analyzing_policies_En.pdf

Situations	Is HIA relevant?	Comments/alternative processes & tools
A local community group wants to set up a working group to gather public concerns about a policy proposal on social development and to provide alternatives.	Yes. This is a community-led model of HIA.	The contribution of the public health unit will be to provide advice on the process for it to be as rigorous as possible, according to the HIA principles, and to provide the relevant evidence.
In the course of my work I am asked to produce notices of compliance for environmental impact assessments.	No. This type of intervention, along with notices of admissibility, is not consistent with the holistic approach of HIA.	However, this situation may offer an opportunity for broadening the public health lens to include all determinants.
My organization is concerned about the negative health impacts of the new alcohol policy and wishes to produce an opinion report.	No. This situation calls more specifically for a risk analysis, which is part of HIA but does not cover all of its parameters.	In this case, methods for synthesizing targeted scientific knowledge would be the most appropriate.
I'm doing scientific research to assess the health impacts of an existing policy.	No. Although it involves the evaluative study of impacts, HIA is not designed to be an academic research method.	The term HIA is often used in this situation, which is understandable since it does, in fact, involve carrying out an impact assessment. However, generally speaking, a research study does not include all of the constituent elements of HIA.
My organization is producing an advisory report on the health impacts of air pollution.	No. The aim here is to link a specific determinant to the population's health.	However, this type of information is very useful to HIAs that must examine the determinant 'air quality' and formulate well-founded recommendations.

Conclusion

Several work methods can be used to influence a policy or project. While all those cited here seek to draw attention to evidence, and while some include a concern for health inequalities or for the participation of persons affected, they are not necessarily suitable for situations where HIA is the most useful method (decision to be made, sectoral policy or project); nor do they encompass all of the other characteristic elements of HIA: a holistic approach, following a systematic process, and considering both the negative and positive aspects of a project or policy, so as to anticipate its effects.

HIA is the product of the confluence of several current practices originating, in particular, from the field of health protection and promotion. Thus, it incorporates methods and approaches that have demonstrated their usefulness. It also draws on lessons learned in fields connected to public health, such as those of citizen participation, knowledge sharing and public policy analysis. Therefore, several of the tools and principles associated with the HIA process may well be useful to other public health processes aimed at influencing public policies so that they may become more conducive to health.

References

- Benoit, F. (2013). *Public policy models and their usefulness in public health: The stages model*. Montréal: National Collaborating Centre for Healthy Public Policy. Consulted on February 5, 2015: http://www.ncchpp.ca/65/publications.ccnpps?id_article=966
- Bhatia, R., Farhang, L., Heller, J., Lee, M., Orenstein, M., Richardson, M., & Wernham, A. (2014). *Minimum elements and practice standards for health impact assessment*. Version 3. Oakland: North American HIA Practice Standards Working Group. Consulted on February 5, 2015: https://drive.google.com/file/d/0B43BY3PXC_YR2c0I4aGNybm03Q3c/edit
- Bhatia, R., Branscomb, J., Farhang, L., Lee, M., Orenstein, M., & Richardson, M. (2010). *Minimum elements and practice standards for health impact assessment (HIA)*. Version 2. Oakland: North American HIA Practice Standards Working Group. Retrieved from: [http://nnphi.org/CMSuploads/GHPC-HIA%20Presentation%20\(combine\).pdf](http://nnphi.org/CMSuploads/GHPC-HIA%20Presentation%20(combine).pdf)
- Bourcier, E., Charbonneau, D., Cahill, C., & Dannenberg, A. L. (2014). *Do health impact assessments make a difference? A national evaluation of HIAs in the United States: Supplement*. Seattle: Center for Community Health and Evaluation. Consulted on February 5, 2015: http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2014/rwjf409204/subassets/rwjf409204_1
- European Commission. (2004). *European policy health impact assessment: A guide*. Retrieved from: http://ec.europa.eu/health/ph_projects/2001/monitoring/fp_monitoring_2001_a6_frep_11_en.pdf
- Fakhri, A., Maleki, M., Gohari, M., & Harris, P. (2014). Investigating underlying principles to guide health impact Assessment. *International Journal of Health Policy Management*, 3, 17-22. doi: 10.15171/ijhpm.2014.50
- Fredsgaard, M. W., Cave, B., & Bond, A. (2009). *A review package for health impact assessment reports of development projects*. Leeds: Ben Cave Associates Ltd. Consulted on February 5, 2015: <http://www.apho.org.uk/resource/item.aspx?RID=72419>
- Gulis, G. & Paget, D. Z. (2014). What is and what is not health impact assessment. *The European Journal of Public Health*, 24, 874.
- Harris, E., Haigh, F., Baum, F., Harris-Roxas, B., Kemp, L., Chok, H. N. ... Dannenberg, A. L. (2013). *The effectiveness of health impact assessment in New Zealand and Australia 2005-2009*. Sydney: Centre for Primary Health Care and Equity, Faculty of Medicine, University of NSW. Retrieved from: hiaconnect.edu.au/wp-content/uploads/2013/12/ARC_report_2013.pdf
- Harris, P., Kemp, L. A., & Sainsbury, P. (2012). The essential elements of health impact assessment and healthy public policy: a qualitative study of practitioner perspectives. *BMJ Open*, 2. doi: 10.1136/bmjopen-2012-001245
- Harris-Roxas, B. & Harris, E. (2010). Differing forms, differing purposes: a typology of health impact assessment. *Environmental Impact Assessment Review*, 31(4), 396-403. doi: 10.1016/j.eiar.2010.03.003
- Hebert, K. A., Wendel, A. M., Kennedy, S. K., & Dannenberg, A. L. (2012). Health impact assessment: a comparison of 45 local, national, and international guidelines. *Environmental Impact Assessment Review*, 34, 74-82. doi: 10.1016/j.eiar.2012.01.003
- Kemm, J. (Ed.) (2013). *Past achievement, current understanding and future progress in health impact assessment*. Oxford: Oxford University Press.
- Kemm, J., Parry, J., & Palmer, S. (2004). *Health impact assessment: Concepts, theory, techniques, and applications*. Oxford: Oxford University Press.

When to Perform a Health Impact Assessment (HIA)?

- Mahoney, M. E., Potter, J.-L. L., & Marsh, R. S. (2007). Community participation in HIA: Discords in teleology and terminology. *Critical Public Health*, 17(3), 229-241. doi: 10.1080/09581590601080953
- Martuzzi, M., Cave, B., Nowacki, J., Viliani, F., & Vohra, S. (2014). *Health impact assessment. Fastips 8*. Fargo: International Association for Impact Assessment. Retrieved from: http://www.iaia.org/publications-resources/pdf/Fastips_8%20Health.pdf
- Povall, S. L., Haigh, F. A., Abrahams, D., & Scott-Samuel, A. (2013). Health equity impact assessment. *Health Promotion International*. Health Promotion International. Advance access, published February 28, 2013. doi: 10.1093/heapro/dat012. Consulted on February 5, 2015: <http://heapro.oxfordjournals.org/content/early/2013/02/28/heapro.dat012.full>
- Quigley, R., den Broeder, L., Furu, P., Bond, A., Cave, B., & Bos, R. (2006). *Health impact assessment: International best practice principles*. Special Publication Series No. 5. Fargo: International Association for Impact Assessment. Consulted on February 5, 2015: <http://www.iaia.org/publications-resources/downloadable-publications.aspx>
- WHO European Centre for Health Policy. (1999). *Health impact assessment: main concepts and suggested approach*. Gothenburg Consensus paper. Brussels: European Centre for Health Policy. Consulted on February 5, 2015: http://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CB8QFjAA&url=http%3A%2F%2Fwww.apho.org.uk%2Fresource%2Fview.aspx%3FRID%3D44163&ei=aLDTVzGQlqjyASbqIDQA&usq=AFQjCNEG_AyNn_zf2pL--waVG_pp93jow&sig2=b3t4CZsUc2JKR6MjQIQh_w&bvm=bv.85464276,d.aWw
- WHO Regional Office for Europe. (2005). *Health impact assessment toolkit for cities. Document 1. Background document: concepts, processes, methods vision to action*. Copenhagen: The Regional Office for Europe of the World Health Organization. Retrieved from: http://www.euro.who.int/_data/assets/pdf_file/0007/101500/HIA_Toolkit_1.pdf

March 2015

Author: Louise St-Pierre, National Collaborating Centre for Healthy Public Policy

SUGGESTED CITATION

St-Pierre, L. (2015). *When to perform a health impact assessment (HIA)?* Montréal: National Collaborating Centre for Healthy Public Policy.

ACKNOWLEDGMENTS

The NCCHPP would like to thank Gabriel Gulis (Professor, Unit for Health Promotion Research, University of Southern Denmark) and Tanya Hill (Health Promoter, Hastings & Prince Edward Counties Health Unit) for their thoughtful comments on an earlier version of this document.

The National Collaborating Centre for Healthy Public Policy (NCCHPP) seeks to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge. The NCCHPP is one of six centres financed by the Public Health Agency of Canada. The six centres form a network across Canada, each hosted by a different institution and each focusing on a specific topic linked to public health. In addition to the Centres' individual contributions, the network of Collaborating Centres provides focal points for the exchange and common production of knowledge relating to these topics. The National Collaborating Centre for Healthy Public Policy is hosted by the Institut national de santé publique du Québec (INSPQ), a leading centre in public health in Canada.

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the National Collaborating Centre for Healthy Public Policy (NCCHPP). The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

Publication N°: XXXX

This document is available in its entirety in electronic format (PDF) on the National Collaborating Centre for Healthy Public Policy website at: www.ncchpp.ca.

La version française est disponible sur le site Web du Centre de collaboration nationale sur les politiques publiques et la santé au : www.ccnpps.ca.

Information contained in the document may be cited provided that the source is mentioned.