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France: “Building bridges for solidarity and public health”

Pre-conference: HIA institutionalization and multisectoral
collaboration in Europe, 20 Nov 2019

Health Impact Assessment (HIA) in context

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Presentation structure

1. Background, HIA and *impact assessments*
2. Governance-supporting *health assessments*
3. Commonalities / shared features
4. Beyond commonalities
5. Discussion incl. research topics

1. Background

In all societal sectors, decision-makers often give too little consideration to health issues

Quality-assured knowledge (“evidence”) on health tends to be underutilized for decision-making

-> The intersection of science and governance needs improved approaches

Existing concepts include: “Transdisciplinarity”, “Public Policy Making”, “Transformative research”, “Consequentialist epidemiology”, etc.

Consensus: there is still a long way to go -

Health Impact Assessment (HIA)

One organized approach to better integrate health into societal decision-making is HIA

The basic idea is widely applauded

The practical implementation tends to be tenacious

For efforts to institutionalize HIA, the success varies (among regions, and over time).

Impact assessments

From the beginning of work for HIA in Germany (early 1990s):

- a *double* pathway was pursued, with both options: “health in Environmental Impact Assessment (EIA)” and “stand-alone” HIA; and
- a focus was on *comparative analyses* – which were seen as useful for supplementing own experiences, incl. avoidance of pitfalls, and for improvement of efficiency.

Health Impact Assessment (HIA)

Adriane-Bettina Kobusch/Rainer Fehr/Hans-Jürgen Serwe (Hrsg.)

Gesundheitsverträglichkeitsprüfung

Grundlagen – Konzepte – Praxiserfahrungen

1997



Nomos Verlagsgesellschaft
Baden-Baden

Part I Basics, Concepts

- Methods, Procedures
- Role of quantitative risk assessment
- Valuation criteria
- Strategies to resolve conflicts
- Urban planning
- International comparison

Part II Practice

- Waste disposal (dump site expansion)
- Transport (new road)
- Local practice
- Administrative networking
- Cost and benefit

Part III

- Perspectives
- Ministerial resolution 1992

8 selected approaches: WHO-Europe, CPHA, EPA, ATSDR, CAPCOA, AUS, NZ, NL

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Rainer Fehr, Hans-Jürgen Serwe

GVP-Ansätze im internationalen Vergleich

Australien, Kanada, Neuseeland, Niederlande, USA, WHO

- 1 Chronologischer Überblick
- 2 Acht ausgewählte GVP-Ansätze
- 3 Die GVP-Ansätze in Einzeldarstellungen
 - 3.1 WHO-Europa
 - 3.2 Kanada, Canadian Public Health Association (CPHA)
 - 3.3 US-Environmental Protection Agency (EPA):
"Baseline Risk Assessment"
 - 3.4 US-Agency for Toxic Substances and Disease Registry (ATSDR):
"Public Health Assessment"
 - 3.5 California Air Pollution Officers Association (CAPCOA):
"Air Toxics 'Hot Spots' Program"
 - 3.6 Australien, National Health and Medical Research Council:
"Environmental and Health Impact Assessment"
 - 3.7 Neuseeland, Public Health Commission:
"Health Impact Assessment"
 - 3.8 GVP-Ansätze in den Niederlanden
- 4 Synopse
Anmerkungen
Literatur



Family of health-related Impact Assessments

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Context, objectives: Internationally, a host of Impact Assessments (IAs) has emerged, many of them at least partially related to human health. In order to harness the potential mutual benefits and to avoid the pitfall of an welcome interference between them, an initiative was started in 2009 to scientifically and practically deal with this "family" of IAs.

Methods: The initiative involves colleagues from institutions with both experience in HIA and interest to carry the issue forward. Discussions were held at various occasions, including: HIA09, Rotterdam (NL), with "World cafe" workshop; EUPHA 2009, Lodz (PL); German Epidemiologic Association (DG Epi) 2010, Charité Berlin (DE).

Box 1:	Choice of family members	Yahoo® hits	Potential inspirations derivable for HIA (for comparison: HIA = 814,000 hits in Yahoo®)
EIA	Environmental IA	6,210,000	Worldwide spread; legal basis, EC directives; systematic procedures to identify, describe and assess impacts; established routines; community of practitioners; strives to consider interaction between factors, and to establish post-decision monitoring activities
SEA	Strategic Environmental Assessment	1,200,000	> Europe-wide spread; legal basis, EC directives; "upstream" orientation ("causes of causes" / policy-related decision-making instead of project-related decision-making; range of impacts incl. secondary, cumulative, synergetic, short- and long-term, permanent or transient, positive and negative
SIA (1)	Social IA	651,000	Broad view of social determinants; Interorganizational Committee on Guidelines and Principles for SIA: "all social and cultural consequences... of any public or private actions that alter the ways in which people live, work, play, relate to one another, organize to meet their needs, and generally cope..."
SIA (2)	Sustainability IA	94,700	Environmental sustainability refers to the ability of the functions of the environment to sustain the human ways of life. Socio-cultural sustainability: objective is to secure people's socio-cultural and spiritual needs in an equitable way, with stability in human morality, relationships, and institutions
GIA	Gender IA	49,700	EU Guide on Gender Impact Assessment: objective is to compare and assess, according to gender relevant criteria, the current situation and trend with the expected development resulting from the introduction of the proposed policy
IIA	Integrated IA	34,700	Standardized, wide-ranging and ambitious IA system for policy proposals within EC; strives to analyse both benefits and costs; transparency; all IAs and all opinions of the IA Board on their quality are published online
HEIA, HIIA (In)E	Health (In)Equalities IA	11,300	Efforts to identify and analyse health-related (in)equality / (in)equity issues of new initiatives; high-ranking support, e.g. incorporated in the Jakarta Declaration (1997) and called for by the United Kingdom's Independent Inquiry into Inequalities in Health (1998)
HSIA	Health Systems IA	641	Acknowledging that policies may have unintended impacts on health systems, due to their large and complex structures; EC DG Health and Consumers' tool providing information about the objectives and health system functions that a proposal may impact on, either in a positive or negative way
(HTA)	(Health Technology Assessment)	1,790,000	A specialized version of IA dealing with (medical) technologies in health care; typically featuring strong infrastructure in dedicated (inter-)national institutions; standardized procedures; focus on "evidence" as assessed by systematic review, evaluation, and integration of scientific literature



Box 2: Selected options for "integration", incl. respective pro's and con's
Option A: No integration. Pro: Requires no "extra" effort, strengths of existing IAs are maintained. Con: Risk of duplication of efforts; risk of confusing stakeholders; risk of producing contradictory input into decision-making and other policy contexts which could then contribute to "IA fatigue".
Option B: "Partial" integration, e.g. where EIA or SEA is being performed, integrate "health" into it. Pro: Opportunity to involve stakeholders comprehensively and efficiently; results might be more easily communicated to decision-makers. Con: Difficult to establish "equal footing" of topics, disciplines.
Option C: "Full" integration, cf. EC "integrated approach". Pro: Is "natural" approach since overall (not sectoral) impact is needed for policy-making; easiest to handle for stakeholders. Con: Requires all-round expertise; may be extremely demanding; alternatively, could fall way behind its potential. Existing IA cultures could go extinct without being adequately replaced.

Results / Conclusions: Selected results obtained in this initiative are shown in Boxes 1 & 2. Conclusions include the following:

- Although the list of IAs for which names have been coined is long (and growing), a smaller number of IAs is supported by specific "cultures", e.g. legal basis, political support, legacy of experience, material infrastructure, etc. (A range of rather specific IAs, e.g. Mental Well-being IA and Environmental Health IA was not included here but could provide additional insights.)
- Each of the major IAs has features potentially inspiring for the further development of HIA; so it is clearly beneficial to look at the "IA family" from this perspective
- In contrast, avoiding mutual interference of IAs and the related issue of integrated IAs seem rather hard to come by. All suggestions are welcome.

Prelim recommendations

- Continue the exchange of information, and the joint discussion, within the "family"
- In HIA publications (cf. books currently being prepared; gateways / websites), include chapters on other (health-related) IAs
- Establish ongoing discussion on "family" within emerging HIA development efforts in professional associations, e.g. EUPHA.

2011



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Links / references: available from the authors
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(Health-related) Impact assessments



Health in Impact Assessments

Opportunities not to be missed

2014

Fehr R, Viliani F, Nowacki J, Martuzzi M (eds.) (2014) by WHO-Europe, EUPHA, IAIA: Health in Environmental Impact Assessment (EIA) in Estonia, Norway, Sweden Health in Strategic Environmental Assessment (SEA) Sustainability assessment & Health Health in Social Impact Assessment (SIA) Health Impact Assessment (HIA) Enhancing health in Impact Assessments Annex: Chronology 2009-2014



2. Governance-supporting *health assessments*

HIA can be seen as a member of:

- of the group of “*impact assessments*”, and
- of the larger group of “health assessments” (which support governance, decision-making)

The common goal of these two perspectives is to explore how the respective expert groups can benefit from an integrative view on the “tools”:

- by *learning* from each other
- by *supporting* each other.

Health assessments

“Assessments”: organized procedures in support of decision-making

Health-related assessments:

- Health Reporting (incl. Monitoring, Surveillance)
- Health Needs Assessment (HNA)
- Health Impact Assessment (HIA)
- Health Technology Assessment (HTA)
- Health Systems Performance Assessment (HSPA)
- Health-related evaluative activities.

Health assessments

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Health assessments for health governance—concepts and methodologies

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2017

[19_06] “Family of health assessments” approach

Chapter 9 Relating Population Health Monitoring to Other Types of Health Assessments

Rainer Fehr and the EUPHA Sections working group
on Health Assessments

9.1 About This Chapter

While population health monitoring, as presented in this book, qualifies as one key approach to using information and evidence for health policy-making, additional organized approaches are frequently used at the interface of (health) science and (health) governance. This is largely due to the fact that in public health, most of the professional purposes and activities are for bettering the public health conditions are such as monitoring and assessment. It covers definitions, goals, procedures, and methods of such assessments, in a comparative way. It outlines practical examples, describes how various assessment types relate to population health monitoring, and sketches current and future

In: Verschuuren M, Oers H von, (eds.) (2019): Population Health Monitoring – Climbing the Information Pyramid. Springer Nature Switzerland, Cham (CH)

Working group members: Kristina Alexanderson, Carlo Favaretti, Rainer Fehr, Judith de Jong, Giuseppe La Torre, Tek-Ang Lim, Piedad Martín-Olmedo, Odile C.L. Mekel, Kai Michelsen, Nicole Rosenkötter, Marieke Verschuuren, Chiara de Waure and Dineke Zeegers Paget
EUPHA sections involved: Health Impact Assessment, Health Services Research, Health Technology Assessment, Public Health Economics, Public Health Epidemiology, Public Health Monitoring & Reporting, Public Health Practice and Policy

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Questions studied:

- 1) What do the various types of health assessment have **in common**, and how do they differ?
- 2) Which assessment(s) to apply for which purpose?
- 3) Which are the **needs and options for future (joint) development?**

Approach and methods used:

Human ecology perspective, combining multiple facets into a (+/-) coherent picture

Multiple EUPHA sections involved (representing multiple disciplines & workfields)

Synoptic tables based on systematic comparisons:

- **Definition, history, typology**, incl. goals, legal basis
- **Projects & practice**, incl. examples, recent projects
- **Procedures, infrastructure**; methods, tools, actors
- **Issues** of current debate; key references

3. Commonalities / Shared features

These health assessments ...

... take place “in society” (not research environments) – on legal basis, or initiated by NGOs etc.

... are meant to inform policy-making and solve “real-world” problems, by organizing “evidence”

... are based on assumptions and involve uncertainty -> the assessors are endowed with high levels of responsibility.

For each type of assessment, there is a (dynamic) “*culture*” of traditions, terminology; resources, infrastructure; associations, conferences ... for the group as a whole: rather little exchange / interaction / cross-fertilization ...

Commonalities (ctd.)

Typically, these health assessments are “institutionally embedded”, so the political system (modes of governance) and stakeholders with open or vested interests may exert influence

Challenges include:

- Justifying the assumptions and decisions made
- Handling of (strongly) opposing views.

Communality: Limited output visibility

The assessment *output* typically materializes in an “report” document, meant to support the decision-making process

Authors often abstain from publishing in the first place, or submissions are not accepted

-> health assessments tend to be (unpublished) “grey” literature, incl. website materials - not included in standard scientific databases. This results in highly limited visibility.

4. *Beyond commonalities*

Also numerous *differences* among health assessments:

partly related to the character of each assessment type; but other differences may point to useful features which could be transferred, e.g. methods, resources (cf. Ws 7.L “Health in EIA”)

Further benefits of looking beyond commonalities:

- existing local *health reports* provide baseline information, as required in impact assessments
- existing *ex-post evaluations* of similar projects can inform prospective IA.

5. Discussion: Research topics

Topics of interest *for each assessment type*:

- Ethical issues (“assessment responsibility”) concerning ethical dilemmas, undue influence, fraud
- Quality assessment and quality assurance
- Modes of weighing (& synthesizing) evidence
- Fuller understanding of assessment “cultures”.

(And there are, of course, *cross-cutting* research topics of interest, too.)

Summary

Health assessments are routinely applied in many countries, but rarely studied together

They enshrine a wealth of concepts and experiences for evidence-based policy-making both within and beyond the health sector

The *family* perspective of health assessments can help to derive impulses for learning, and to support each other. It helps to make best use of existing knowledge and capacities.