Use of Health Impact Assessment at National Policy Level in England

Salim Vohra, Gifty Amo-Danso, Judith Ball
Centre for Health Impact Assessment, Institute of Occupational Medicine
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This presentation reflects the views of the IOM CHIA team and not the views of the English Department of Health or other Government Departments.
HIA within the overall Policy Impact Assessment Framework

- England is unusual internationally in that HIA is an embedded part of a mandatory impact assessment (IA) for national policy interventions.

- IA process and the HIA process has changed over time – before 2007, 2007-11, post 2011 – because of external scrutiny.

- Each Government Department undertakes IAs on their own policy interventions.

- IAs consider economic, social and environmental issues including health and wellbeing.
2011 HIA process

1. Screening (whether to do a full HIA by answering five questions)

2. Identifying health impacts

3. Prioritising health impacts

4. Quantifying or describing impacts

5. Providing recommendations to enable the greatest health gains to be achieved
Current Use of Health Impact Assessment in the English Government

• No HIAs undertaken that covered all the key domains of a HIA

• Some in-depth and systematic analysis of health and wellbeing impacts in some policy areas

• Half of IAs reviewed had some mention of health and wellbeing impacts

• Quality of analysis varied greatly both between Government Departments and within them
The Depth of Analysis of Health and Wellbeing

- No explicit mention of health/wellbeing impacts: 51 (19%)
- Statement that there would be no impact or no detrimental impact on health/wellbeing: 48 (15.5%)
- Basic/screening questions consideration of some health/wellbeing impacts: 60 (16.5%)
- Fairly systematic, rapid or in-depth analysis of health/wellbeing impacts: 151 (49%)

Total: 276
What We Looked For

- Awareness of the determinants of health is apparent
- Decisions NOT to conduct HIA are explicit and appropriate
- Baseline health issues and linkages are described, where relevant, with reference to statistics and research evidence
- The appropriate range of health determinants is considered and potential impacts analysed
- Distributional impacts and health equity /inequality are considered
- Research evidence is used to predict potential health impacts
- Health impacts are quantified, where possible
- Evidence gaps, assumptions and uncertainties are made explicit
- Conclusions in relation to health impacts are valid
- Health and health equity considerations are integrated into the body of the IA
## Health & wellbeing impacts considered in IAs

<table>
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<tr>
<th>Policy area</th>
<th>Health and wellbeing impacts routinely considered</th>
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| Crime reduction              | Reduced health cost to victims & NHS  
Health costs of imprisonment on offenders and their families  
Global health effects of reduced organised crime e.g. drugs, people trafficking  
Victims of white collar crime – stress, loss of life savings/income |
| Alcohol                      | Cost to NHS  
Cost to victims of alcohol-related crime                                                                                   |
| Terrorism                    | Chronic stress  
Catastrophic risk                                                                                                         |
| Apprenticeships              | Wellbeing impact of increased skills & wages  
Equity impact of access to apprenticeships for women, disabled and minority groups.                                          |
| Formal and informal learning | Associated with uptake of health promotion messages, improved mental wellbeing  
Better job opportunities, reduced unemployment.  
Poor health/disability a barrier to learning                                                                           |
| Climate Change               | Fuel poverty  
Outdoor and indoor air quality  
Excess deaths associated with heat waves  
Death/injury due to flooding                                                                                             |
| Housing/ Regeneration        | Decent homes  
Overcrowding  
Security  
Enabling people to staying in their existing homes                                                                             |
| Fire Service                 | Safety - deaths and injuries due to fire                                                                                     |
| Environmental Protection     | Air Quality  
Noise                                                                                                                                 |
| Aviation                     | Air quality  
Noise                                                                                                                      |
| Road network                 | Traffic safety  
Noise  
Physical fitness - health benefits of cycling and physical activity                                                        |
(Potential) Influence of HIA on IAs

- Support policy with fuller cost benefit analysis: 31%
- Inform the selection of a preferred option: 12%
- Support policy and modify policy: 11%
- Support policy and modify the implementation: 20%
- Support policy and modify both policy and implementation: 17%
- Oppose the policy: 9%

Of 118 IAs...
Implications for Improving HIAs of National Policies

ISSUE 1:
Evidence base for policy-making is different from that for projects. Need to support policy-makers by developing a policy-specific evidence base that helps them navigate the conflicting evidence and uncertainties without having to read the health impact literature.

ISSUE 2:
Analytical methods needed for policy are different from project methods.

ISSUE 3:
Need to identify and develop general consensus methods for undertaking cost-benefit analyses of health impacts in particular thematic policy areas.

ISSUE 4:
HIAs are focused on assessing primary GD objectives, that is what they are judged on, secondary benefits/costs such as health can be useful but are not seen as often relevant in judging the value of a policy.
Thank you for Listening