Health Impact Assessment

a baseline report for Ireland and Northern Ireland

THE INSTITUTE OF
PUBLIC HEALTH IN IRELAND

Health

Impact

Assessment

a baseline report for Ireland and
Northern Ireland

The Institute of Public Health in Ireland

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Health Impact Assessment: a baseline report for Ireland and Northern Ireland

CONTENTS

Foreword

The Institute of Public Health in Ireland aims to improve health in Ireland and Northern Ireland by working to combat health inequalities and influence public policies in favour of health. The Institute is committed to reducing inequalities in health, developing and strengthening partnerships for health, and influencing public policies in favour of health.

This document reports the findings of the Institute's Health Impact Assessment (HIA) work programme in 2001, in order to (a) record the baseline of HIA awareness, activity and thinking in Ireland and Northern Ireland, and (b) identify the issues around its implementation.

The work programme has included the following:
- Publication of 'Health Impact Assessment: an introductory paper' [1]
- Research with inter-sectoral colleagues in Ireland and Northern Ireland
- Organisation of the first HIA seminar in Ireland (4 October 2001)
- Contribution to national policy developments: Investing for Health in Northern Ireland, and the National Anti-Poverty Strategy, the National Health Strategy and the National Health Information Strategy in Ireland
- Participation in the WHO European Centre for Health Policy's meeting: 'Health Impact Assessment: building partnerships for health and development' (11-13 October)
- Participation in a successful bid to DG Sanco G/3. The 'Policy Health Impact Assessment for the European Union Project' will commence in 2002.

The Institute looks forward to continuing to contribute to the development of HIA in Ireland and Northern Ireland, and internationally. It intends that this document will stimulate further discussion on how HIA will be progressed.

The Institute welcomes comments on this paper. These can be forwarded using the information given at the front of this document. The Institute thanks all those who contributed to the research and the seminar.

Introduction

Health Impact Assessment (HIA) is 'a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population and the distribution of those effects on the health of a population and the distribution of those effects within the population' [2].

The aim of this document is to report on the current state of play regarding HIA awareness, activity and thinking on the island of Ireland, in order to inform its future implementation. It is based on the findings of HIA research (a postal survey and scoping study) conducted by the Institute of Public Health in Ireland during 2001 and the proceedings of the first all-island seminar on HIA held in October 2001. The purpose of this introduction is to briefly note aspects of the national and international context for HIA, and to outline the Institute's HIA research including a detailed account of the postal survey findings.

National and international context

The Institute's introductory paper on Health Impact Assessment (HIA)[1] outlines the opportunity that this global movement presents for collaborative partnerships between the community, voluntary, state and private sectors to maximise the health benefit and minimise the health risk of policies, programmes and projects. At national, regional and local governmental levels HIA can realise political commitments to inter-sectoral working, i.e. 'joined up thinking and action'. It has the potential to affect the determinants of health, and to promote health equity.

The new national health strategy in Ireland 'Quality and Fairness: A Health System for You' [3] has committed the government to the introduction of HIA as part of the public policy development process. The target date of June 2002 has been set for HIA to be carried out on all new government policies.

Developments in Ireland and Northern Ireland have a European and global context. HIA is included in the proposed European Union programme of community action in the field of public health[4]. The World Health Organisation's European Centre for Health Policy is facilitating ongoing discussion and learning at a time of substantial HIA activity across Europe. It recently held a meeting in Brussels (11-13 October 2001) entitled 'Health Impact Assessment: building partnerships for health and development' and has published a learning curve paper 'Strategies for institutionalising HIA'[5].

These initiatives highlight the importance of maximising the potential of each nation to institutionalise the HIA process into routine policy-making, and into programme and project development processes in a sustainable manner. The Institute's research indicates that HIA is at an early stage of development in Ireland and Northern Ireland. Both places are therefore in a strong position to learn from and contribute to international HIA practice and debate.

Health Impact Assessment research

The Institute's research was comprised of a postal survey and a scoping study that were conducted during June-August 2001. The aim of the survey was to gather information on past, current and proposed HIAs. The information requested included the number of HIAs, topics, depth, funding arrangements and number of participants. It was intended that the process of receiving the questionnaire and accompanying information would raise awareness about HIA amongst colleagues who are anticipated to be key players in this initiative. Two further objectives were the compilation of a 'bank' of past, current and proposed HIAs and the identification of colleagues interested in the future development of HIA.

The scoping study was designed to inform the planning of the Institute's introductory seminar by identifying levels of awareness and interest in HIA, capacity building needs, and issues surrounding the development of HIA in Ireland and Northern Ireland.

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The postal survey

The postal survey was sent to Directors of Public Health, Health Promotion Officers/ Managers, Senior/ Chief Planning Officers, Principal/ Chief Environmental Health Officers, and selected academics and community health organisations in Northern Ireland and Ireland (N=151) on three occasions during June and July 2001. The sample frame was developed from information provided by the Institute's database, professional organisations and government departments. It was refined by telephone contact with organisations where a named individual had not been identified. The first mail-out of the questionnaire (see Appendix II) included an information booklet on HIA developed by London's Health [6]. A response rate of 58% (N=87) was achieved. Sixty-nine per cent of respondents from Northern Ireland (N=35) and 53% (N=52) from Ireland returned their surveys. Forty per cent of the returned surveys was from Northern Ireland, 60% from Ireland.

The key finding from this survey was that there has been little HIA activity on the island as a whole. The 87 completed surveys identified nine initiatives that were considered to be completed HIAs. Reports on five of these were available. One report was not available but an alternative report on the same service was provided [11]. In total six reports were reviewed [7-12].

None of these reports used an explicit HIA methodology. Two reports involved other forms of impact assessment – an Environmental Health Impact Assessment (EHIA) [12] and an Equality Impact Assessment [11]. Both assessments had (a) used procedures, that are comparable to HIA, including inter-sectoral working, (b) highlighted public health issues, and (c) made specific health-related recommendations. The other four reports are evaluations of health service initiatives [7-10].

A review of these reports highlighted the need for clarity about what constitutes an HIA, and how this differs from other forms of impact assessment or proofing measures and evaluations of health service initiatives whose objectives include impacting on public health.

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The survey also identified four proposed HIAs that are at different stages of development. Their subjects include air quality and waste management. One HIA is being developed by a health partnership as part of an integrated Quality of Life Impact Assessment. Current HIA activity also includes two PhD studies and academic involvement in a European Union study on HIA methodology.

Eighty-two per cent of survey respondents registered their interest in participating in the future development of HIA: 73% of these were interested in training, 55% in the development of networks and 43% in piloting HIA. A database has been set up to hold this information. Other activities mentioned included (a) developing a strategy for HIA, criteria for initiating an HIA, tools, and the evidence base; and (b) clarifying: roles and accountability within HIA, and the relationship between HIA and other impact assessments.

The scoping study

The scoping study involved twenty-eight interviews (in person or by telephone) with key informants in the public, community and private sectors in Ireland and Northern Ireland. Public sector participants were drawn from government departments, health services and local authorities. A set of questions covering knowledge, relevance, capacity building and involvement in the development of HIA was used (see Appendix III).

The low levels of HIA knowledge and activity highlighted by the Institute's research, indicate that it is timely to consider the opinions of interviewees and seminar participants on the following:
- What they know about this major policy initiative
- How relevant HIA appears to the community, voluntary, state and private sectors
- What capacity building is needed to successfully implement and institutionalise HIA across the island
- The role of the health sector.

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Data from the scoping study and seminar discussion are reported in the following four sections. At the start of each section the views of participants in the scoping study and seminar are reported. Some quotations are used to illustrate points and to provide a flavour of the discussion. The quotations are from scoping study participants unless otherwise indicated. Although the quotations are anonymised to protect confidentiality, the participant's sector is given in order to locate the view being expressed. Each section concludes with a Commentary in which the Institute comments on the issues raised by participants.

Having reported these areas of knowledge, relevance, capacity building and role of the health sector, the Institute makes concluding comments with reference to national and international HIA developments. The summary recommendations made in the Institute's introductory paper are included in Appendix I to prompt discussion and planning for the incremental implementation of HIA in Ireland and Northern Ireland.

Section 1   Knowledge

Current HIA knowledge in Ireland and Northern Ireland is relatively limited. The studies suggest that there is little knowledge of HIA as a term or concept outside of a core group of organisations and workers engaged in high-level policy and service development.

The knowledge continuum

The knowledge continuum ran from participants who had never heard of HIA, through those familiar with the term by way of an introductory guide or by hearing the term used in partnership contexts, to others who had a general understanding of the concept. Sources of participants' HIA knowledge included national and international policy documents, journal-articles and other literature, websites, policy discussions, seminar presentations, short training courses, examples of HIAs, and experience of other forms of impact assessment.

Participants who had had direct involvement in policy-making processes reported the greatest comprehension of HIA. These processes included the Ministerial Group on Public Health in Northern Ireland and the Investing for Health consultation process, and, in Ireland, the preparation of the National Anti-Poverty Strategy, the National Health Strategy, the National Health Information Strategy, the National Health Promotion Strategy and the City and County Development Plans. Participation in community based health research provided participants with learning about the broad determinants of health.

Resonance with existing knowledge

HIA is a term that is now used more frequently. This has led to increasing awareness of it. Health and community sector workers and those experienced in partnership working commented that as their understanding of HIA develops it has resonance with

their professional training and existing work. Private sector participants highlighted the links between HIA and Corporate Social Responsibility (for further information on Corporate Social Responsibility see www.CSREurope.com). Large organisations such as local authorities may already have a remit to explore how their functions impact on health.

> If you attempt to work within an integrated framework you must
> know or have some comprehension about the impacts of various
> actions on various outcomes. I think that people have known
> intellectually about health impacts but not necessarily known or
> comprehended the HIA strategy in a more formal sense.
> [Community Sector]

The use of a broad definition of health and increased awareness of the determinants of health may lead others to recognise that they are engaged in health-related work. However, some participants commented that many sectors regard health as the domain of statutory, curative, professional health service providers. They suggested that the implementation of HIA could involve the identification of key actors in each sector and organisation, whose understanding of health and its determinants would be developed so that they could, in turn, cascade this knowledge through their sector.

> There is a bit of a battle about how people understand health. I think
> that the discussion ... about 'what do you think leads you to be
> well? what allows you to be healthy?' is a better discussion than
> 'what you understand health to be' because it always seems to be
> interpreted as a deficit. [Community Sector]

The consensus across all sectors and disciplines, in Northern Ireland and Ireland, was that knowledge of HIA is limited to a few at the centre of policy making, partnership and service development. It has not substantially penetrated any sector or group,

including the health departments and services. HIA is not yet established in the policy 'mindset', in the way that it is in Britain and elsewhere in Europe. For some, HIA is a 'term that has come out of the blue', about which 'there is no understanding at all' [Community Sector]. Other participants considered that their colleagues 'know that it exists, but not necessarily what it is' [Public Sector/ Health Promotion].

Commentary

Both the level of knowledge about HIA - as a term, concept or method - and its degree of penetration within each sector are limited. These findings indicate the need for an immediate and comprehensive awareness-raising programme. Each sector has established channels for disseminating information in a manner relevant to its constituency. These could be accessed with the support of key actors.

The lack of knowledge and information around HIA (or 'health proofing', the term often used interchangeably in Ireland) has led to confusion and inaccurate assumptions. There is a need firstly to clarify definitions of health and its determinants, and secondly to identify how HIA differs from current partnership work, routine evaluation of the impacts of health initiatives, and other forms of impact assessment or proofing.

Also, it will be important to highlight the comparability of HIA knowledge, skills and practices with those already existing in each sector. The implementation of HIA involves the development of each sector's knowledge base, not the introduction of a completely new one.

Section 2 Relevance

> HIA is a way of putting health and well-being on to all policy
> makers' agendas and creating the requirement for a 'health check'.
> [Community Sector]

Perceptions of the relevance of Health Impact Assessment

Some participants who were overwhelmingly supportive of HIA commented that it has a 'profound potential impact' [Public Sector/ Civil Service] which is 'crucial' [Public Sector/ Civil Service] to policy development. It is:

> extremely useful and at its very best it is a very disciplined tool.
> [Community Sector]

In the view of this cross-sectoral group of HIA proponents, HIA promotes reflection, and provides both a measurement tool and a common language for inter-disciplinary and inter-sectoral partners. Furthermore, the implementation of HIA is timely due to the increasing democratisation of the policy formulation process. Some participants in the public (civil service) and private sectors expressed a minority view - that the implementation of HIA would lead to minimal disturbance of work practice because it would represent a small increase in the substantial work already in process in existing civil service impact assessments and planning applications. It was noted that HIA might involve only minor changes to policies, to gain significant health benefit. For those for whom HIA has resonance with their existing practice, HIA was welcomed as a way of legitimising partnership working.

This enthusiasm is tempered by other participants who suggested that 'the jury is out' on this apparently 'broadly useful approach' [Community Sector]. HIA needs to be operationalised to find out how reality matches potential. This may depend on 'who instigates HIA and how it is couched' [Community Sector], and how the theory relates to practice.

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> HIA has the potential to be a platform for change but it depends
> how it is done ... In the past communities have been done to rather
> than with and HIA provides an opportunity for 'we' rather than
> 'them and us'. [Community Sector]

Those who have had negative experience of other impact assessments expressed significant caution about HIA. Some participants described existing impact assessments as bureaucratic, resource-consuming and unfair. There was a perception that they can result in little change. For example, a private sector participant commented that Environmental Impact Assessment has had 'great intent, little enforcement'. Participants were concerned that another impact assessment would cause the whole system to 'grind to a halt' [Seminar Discussion Group]. Proponents of HIA need to build credibility by producing significant recommendations that they have the authority to implement and monitor.

Ways to enhance the relevance of Health Impact Assessment

Participants stated that HIA could become more relevant to the core business of all sectors if it had political and legislative support, and was well marketed: a combination of enforcement and persuasion.

Political support

In both jurisdictions, the view was expressed that central government support is necessary in order that HIA be prioritised in national policy and funding commitments; this support in turn cascades down to political support at regional and local levels. Participants suggested that, as HIA begins with the precept that health is a cross-cutting issue, it requires the authority and co-ordination of the Office of the First and Deputy First Minister (OFDFM) in Northern Ireland and the Office of the Taoiseach in Ireland. At the most basic level this may involve 'rubber stamping from above' [Community Sector] so that government departments are obliged to undertake HIAs.

In Northern Ireland, a civil service participant suggested that devolution has provided opportunities to address 'bread and butter' issues such as health because local

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politicians have a greater understanding of the determinants of the health of communities than those based in London.

Legislative support

Participants highlighted the need to explore whether HIA should be a statutory obligation. In the first instance a review of how HIA links to existing equity and/or health-related legislative commitments may be useful, for example Targeting Social Need in Northern Ireland. At European level, current discussions on the inclusion of public health within Strategic Environmental Assessment (SEA) may lead to a statutory requirement for public health impacts to be assessed, (for further information on the SEA protocol see www.unece.org/env/eia/.) The legal status of decisions made using HIA needs to be clarified. A local authority participant queried whether organisations would be open to compensation claims, for example, for refusing planning permission on the basis of an HIA.

Marketing Health Impact Assessment

The point was made repeatedly by participants across all sectors that the successes of the HIA initiative will not only depend on how it is *operationalised*, but also how it is *marketed*. Positive messages can be communicated by health advocates and HIA ∴ champions who have time, skills and authority to strategically influence colleagues regarding the relevance of health to their work and the value of HIA. There is support for HIA to be implemented incrementally, using a medium-term time frame, in order to keep everyone on board with this initiative.

Cross-sectoral consensus affirmed that over-worked public sector employees, over-stretched and under-funded community organisations, and businesses overwhelmed by legislative requirements all need to see a direct benefit for doing HIA.

> I can't see community workers and community organisations buying
> into it unless there is something in it for them. It is difficult to even
> lift their heads up. It is also difficult to go out from the direct work
> on projects which they are funded to deliver. |Community Sector|

Participants identified that the key messages to be communicated are the relevance of HIA to the lives of communities, and to the core business of organisations. HIA's success will be measured by its usefulness to all partners:

> Does the HIA make a difference or is it a bureaucratic hoop to jump through? [Public Sector/ Civil Service]

Therefore, it should not be about 'window dressing' [Public Sector/ Local Authority] or 'paper shuffling' [Public Sector/ Health Promotion] but rather a genuine, inclusive process leading to valued outcomes. For example, a private sector participant commented:

> Developers have had experience of lengthy public enquiries with uncertainty as to the outcome. It is to their benefit to prove health benefits – things that are inherently unhealthy are risk controlled already through planning permission.

This participant continued, in a similar vein, that HIA is a means for the private sector to inform itself about the 'lay of the land' and thus avoid the negative media, bad local relationships and vandalism that have resulted from poor community consultation in the past.

Although there were divergent views about the relevance of HIA, there was cross-sectoral consensus, in both jurisdictions, about the issues that would arise with the implementation of HIA. Participants expressed concerns about the following:

* The resources of time, staff and money required for training, conducting HIAs, providing expert input, and generating research data and other information. HIA needs to be built into the work of staff and recognised, not simply 'added on' without additional resources
* 'Consultation fatigue' leading to a reluctance by communities and civil servants to engage in yet another consultation process. 'The challenge of engaging communities in HIA is to identify how HIA is different from the last consultation' [Community Sector]

- Whether this will be a bureaucratic process, because 'box ticking exercises are increasing everywhere' [Community Sector]
- Whether this will be an exclusionary process: 'HIA could become another barrier, another jargon, another way of disconnecting people who are out of the circle' [Community Sector]
- How HIA will contribute to the 'bottomless pit' [Public Sector/ Local Authority] of inter-sectoral working and impact assessments, and detract from or further delay 'core business'.

There was further cross-sectoral agreement on the importance of a strategic approach to HIA, so that the complexity of the process is managed centrally to promote internal (e.g. methodological) and external (e.g. relationship with other impact assessments) coherence. Good co-ordination between government departments is essential to reduce duplication of consultation processes with the same groups on related policy agendas. This wastes essential resources including staff and community goodwill.

HIA could become 'another impact assessment which will burden the consultation process' [Public Sector/ Civil Service]. One participant suggested the creation of an overarching Quality of Life Impact Assessment to address some of these issues. There is considerable learning to be gained from the experience of existing impact assessments/ proofing measures and planning practices. One suggestion is for HIA to have a learning phase comparable to the equality proofing initiative in Ireland.

Criteria for the successful development of Health Impact Assessment

> Ensure that (HIA) is about partnership and not bureaucrats, not just set up but used, set up in a way that won't kill them (the community), flexible enough to be adapted to different HIAs and become packaged common sense. [Community Sector]

Participants suggested the following criteria for success. HIA needs to:

- Promote a broadly defined, positive understanding of health and its determinants and focus on health gain
- Have a direct, authoritative mandate, with high level support
- Gain acceptance for the view that health is the responsibility of all government departments and sectors
- Make connections between health, HIA and government priorities such as economic progress and sustainability
- Integrate or link synergistically with other impact assessment/ proofing measures to deliver a coherent, streamlined system whilst retaining a strong and explicit voice for health
- Move HIA, with other impact assessment/ proofing measures, into the mainstream of policy formulation
- Engage all stakeholders, particularly marginalised groups, in an inclusive and - -relevant-manner, and operate equitably
- Develop comprehensive structures that link HIA at international, national, regional and local levels
- Fit with existing structures (service provision, health initiatives etc) and maximise their potential for health, equity and partnership working
- Permeate all levels of sectors and organisations so that there is a comprehensive, collective ownership of HIA and the most appropriate organisational location of HIA (recognising that this may vary in each sector)
- Be a clear and simple process: 'if people are afraid, or view something as too complicated or difficult they won't do it' [Public Sector/ Civil Service]. Part of this is agreeing a common language that is accessible, focused and engaging
- Be purposeful and fit for purpose with clear gains for participants
- Use a robust evidence base
- Feed into a research programme relating to the determinants of health and the HIA process itself
- Be sensitive to the current sector or organisational context, for example devolution, the restructuring of government departments, the management of a sector-wide crisis (e.g. Foot and Mouth), community conflict, economic instability.

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Commentary

Participants were open about the challenges facing the implementation of HIA. They also provided clear criteria for success. A key message to promote is that the HIA programme can integrate with and develop current practice, rather than be a totally new, stand-alone initiative. It is essential that the development of HIA takes note of the views of its wholehearted supporters, cautious allies and assessment weary sceptics. HIA champions within each sector need to be supported in (a) identifying how HIA is relevant to their organisations' core work, (b) marketing these key messages and (c) feeding back to those co-ordinating the implementation of HIA. They may also require the authority of political and/or legislative support.

Section 3   Capacity Building

Participants from all sectors identified their need for capacity building. The first stage of the capacity building process will be the opening of a dialogue between all partners, to identify their specific needs and the preferred manner of meeting those needs, appropriate to their organisational or cultural context. The tone of capacity building is ideally one of sharing, learning, respect, equity, accountability and pragmatism.

Comprehensive and significant capacity building may involve substantial organisational change and reorientation of practice. Therefore capacity building takes time and investment. HIA will require advocates and champions. These key influencers, particularly those in umbrella, representative organisations, are a priority for capacity building as they are positioned to cascade learning for HIA.

> HIA needs to be brought in with sufficient support and capacity, particularly in the (community) sector where people are contributing unpaid voluntary time and are working with constrained resources.
> [Community Sector]

Participants saw opportunities for an assessment of capacity building needs for HIA to be set within current policy developments in Northern Ireland and Ireland. As HIA is an inter-sectoral, inter-disciplinary initiative, the capacity building process can support partnership working.

Capacity building may take many forms. Those identified by participants are listed below using subheadings and an order that relates to Appendix I.

Co-ordination
A non-bureaucratic system for HIA, integrated with other impact assessments, and built on comparable initiatives, would help to avoid duplication and reduce work

overload, according to participants. Maximising the potential for HIA within existing structures such as local partnerships, Peace and Reconciliation partnerships, Health Action Zones, Healthy Cities and Health Promoting Hospitals will also promote the efficiency and usage of HIA, and engage a wider range of people.

The creation of a co-ordinating HIA agency, or function, within an existing independent organisation, would help to hold HIA together as a coherent initiative. Seminar participants valued the diversity of HIA, but commented that it will need to be located within a central framework informed by a core set of principles. Cautionary words were expressed in a seminar discussion group:

> Everyone is thinking about HIA. HIA should be looked at
> strategically, on an all-Ireland basis, to ensure a consistent approach.
> A central direction is needed.

Participants suggested that the mapping of national, regional and local policy formulation processes would provide information about (a) when to conduct HIAs (so that recommendations could be taken into account), and (b) where to locate HIA within government structures to ensure its effectiveness and sustainability. Participants suggested that HIA would be most effective in addressing health determinants by targeting high-level policies and major funding strategies such as European monies.

Awareness-raising and information

> Help people to work through where this sits with their concept of
> the world; take time to 'be with people'. [Community Sector]

As reported in Section 1, there is little knowledge of HIA as a term or concept outside of a core group of organisations and workers engaged in high-level policy and service development. Consequently, awareness-raising is the first step to building HIA capacity.

Information needs range from the basic to the complex. They include information *about* HIA, and information or evidence *for* HIA. Information is needed to address basic questions:

> What (HIA) is, what does it do. (There is) the need for clear
> messages about the concept, benefits – clear positive messages and
> clear information about what questions need to be asked, what
> evidence used. [Community Sector] ·

Information resources about HIA could include:

- Awareness raising brochures
- A 'Janet and John type guide' [Public Sector/ Civil Service] providing clear, short, simple advice (particularly on screening) which is Ireland specific or has been ·'Ulsterised' [Public Sector/ Civil Service],
- A HIA website (linked to evidence base websites).

These materials should be co-ordinated to prevent duplication. Ireland can make use of the substantial HIA resources available internationally, for example gateway websites such as the one being developed by the Health Development Agency, England.

Regarding information for HIA, participants stated that quality assured evidence on health impacts and the determinants of health, which is strong, persuasive and inclusive, will need to be identified and/or developed. Evidence from different sources, for example epidemiology and community organisations, needs to be given equal consideration. This will require:

> being prepared to work with uncertainty, to let go of the RCT
> (Randomised Control Trial). [Public Sector/ Public Health].

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The authority of the HIA evidence base would be strengthened by adherence to European Union and World Health Organisation standards, and the use of recognised methods of systematic review. Cross-national collaboration, particularly with British partners, would promote efficiency in the substantial task of creating an HIA evidence base.

Participants identified the need for all sectors to produce and obtain quality information in order to make good judgements. HIA should not be based on 'snap shot' research.

Priorities include the following:
- Establishing a system for ongoing gathering, collating, disseminating and monitoring of inter-disciplinary, health-relevant information and evidence
- Highlighting and addressing gaps in evidence
- Establishing a public register of current and completed HIAs to promote transparency
- Establishing a public register of proposed HIAs to inform practitioners about opportunities to exchange their services for on-the-job learning
- Agreeing ongoing, flexible funding to support this system
- Mapping and disseminating information about decision-making processes particularly in policy making and planning.

In Ireland this work would link with the new National Health Information Strategy.

Training

All sectors identified training as an important capacity building process. However, some participants indicated that their organisations have reached saturation point with training courses and prefer to learn by doing.

Organisations need to identify whom they wish to train in HIA. Will all workers be trained or a pool of specialists created? There is a concern that HIA work 'should not

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be the preserve of the few' [Public Sector/ Public Health]. On the other hand some participants considered it inefficient to have all workers each doing only a handful of HIAs and therefore not building up a substantial bank of confidence and ability.

Training content will be at different levels, from general awareness briefings to skill development. It needs to include aspects such as screening, data handling, facilitation and role clarification. In terms of methods, participants were interested in experiential learning, for example through simulated HIAs. Ongoing training could take the form of short courses, seminars and workshops for updates and to promote discussion. Mentoring arrangements would promote ongoing development and the sharing of learning. Regarding location, there was interest in the option of work-site delivery.

HIA could be included in existing professional training courses. Some participants noted that existing professional and community training courses included HIA-relevant skills such as facilitation, research, and community development.

Piloting of Health Impact Assessments

> We need to get on and do it. We shouldn't think of it as a new
> science. [Public Sector/ Civil Service]

A pilot programme could provide practical examples of HIA to create Ireland-specific experience, provide opportunities to model good practice and develop skills, and clarify the roles of organisations and workers. Pilots will need to include long-term monitoring of their recommendations to generate data on their implementation, accuracy and appropriateness, and also evidence about the actual benefit of conducting HIAs. They are opportunities to deliver 'early wins' [Public Sector/ Civil Service] in the field of HIA and therefore are potentially valuable marketing tools.

Pilot HIAs will ideally:
• Involve a range of organisations of different types, sizes, functions

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- Provide opportunities for a range of sectors, organisations and disciplines to 'lead' the HIA process
- Link with existing partnership structures
- Link with existing programmes that have health, equity and social inclusion agendas, for example RAPID in Ireland.

Developing Health Impact Assessment tools

A strong screening tool (preferably web-based) is required to ensure HIAs are conducted on substantial, health-relevant policies, programmes and projects, and to give decision-makers confidence to say when an impact is not sufficiently strong to trigger a HIA, thus avoiding unnecessary assessments. Participants would value a toolkit to guide practitioners through different types of HIA using clear, direct, simple procedures and methods. The tool kit could also include materials to help people think through connections between themselves, their communities or organisations and health. Some participants wanted simple tools to be developed in the near future so that they could learn how to conduct HIAs, and market HIA to others.

Developing Health Impact Assessment networks

There is strong interest in the development of some form of HIA network for policy makers, researchers, and practitioners. This may involve working with existing networks, particularly those of representative organisations.

Ring fencing resources

The introduction of a substantial new initiative such as HIA requires resources. Resources need to be:

- Sufficient
- Agreed up-front
- Ring-fenced
- Used to support both the process and outcomes of HIA:

> HIA should not be a paper exercise but should employ community
> workers to work with people to support their engagement ... if the
> only way that people can get involved is through paper then it won't
> mean anything. [Community Sector]

- Allocated through national, regional and local levels in a manner that promotes partnership and participation.

Participants commented that previous impact assessments or proofing initiatives had had limited effect because there were insufficient resources to provide follow-through. As well as resourcing an overall HIA strategy, the allocation of small grant funding could be used to promote health-related work and thus stimulate health capacity in community and voluntary sector organisations.

Commentary

HIA has the potential to be a substantial inter-sectoral initiative. All participants indicated that a capacity building programme is required in the near future. A systematic, comprehensive assessment of needs should be conducted immediately. (This could be repeated periodically to identify changing capacity building needs.) Considering the views expressed to date, it is anticipated that this will recommend a multi-strand, multi-level programme. Ideally such a programme would be (a) developed through ongoing consultation with all potential partners and (b) delivered in ways that promote partnership working.

Section 4 The Role of the Health Sector in Health Impact Assessment

The precept of HIA is that health is a cross-cutting issue and therefore the responsibility of all sectors. HIAs generally assess the health effects of interventions that are not primarily aimed at affecting health [13]. The implementation of HIA will nevertheless raise uniquely significant issues for the health sector.

Discussion on the role of the health sector in relation to HIA needs to take place. Health sector participants wanted clarification on whether the health sector will be expected to provide facilitators, leaders, a professional resource, and/or evidence sources for HIA. Many participants were anticipating the potential for the health sector to lead by example by conducting HIAs of health initiatives. It was also recognised that the primary focus of the health care sector is 'care and treatment' |Public Sector/ Civil Service|.

The health sector mirrors the range of perceptions about the relevance of HIA reported in Section 2. Those participants who employ a holistic definition of health and who engage in pro-actively addressing health determinants thought that HIA will legitimise this way of working. They viewed HIA as an opportunity to contribute to the policy-making arena: 'HIA is an opportunity for health promotion to be a stronger arm in policies and strategies; otherwise it will be an arm of health education' |Public Sector/ Health Promotion|. The opportunity to progress the health equity agenda through HIA was also valued.

These participants anticipated how HIAs will use their existing skill base, and could be an effective way to lobby for health change through interagency partnership working, community empowerment and networking. They envisaged themselves as resources for HIA because of their existing health knowledge and skills.

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However, this group of health sector HIA champions recognised that some colleagues (within their government department, service or discipline) may not view HIA as relevant, desirable or appropriate to their professional work. A health promotion participant commented that there might be resistance from health promotion specialists who focus on health topics, settings or risk factors rather than the structural determinants of health. Likewise a public health doctor suggested that colleagues might ask of HIA: 'is this my job?' [Public Sector/ Public Health].

One participant noted that the health sector has experienced a raft of initiatives and suggested that negative reactions to HIA may be based on 'apathy rather than antagonism' [Public Sector/ Public Health]. The HIA initiative could be viewed as 'another "flavour of the month" coming over the hill' [Public Sector/ Public Health]. Health sector workers may feel threatened, or exhausted, by further change; anxious regarding the resource implications; and concerned about whether they have the appropriate skills.

Relationships within the health sector

The health sector includes policy-makers and service providers. Participants commented on the value of connecting those working in these two arenas so that their respective challenges and successes could be shared. One health policy-maker commented that 'connecting with the energy and passion of "real people" is itself energising' [Public Sector/ Civil Service] and motivational. The HIA initiative may be a way to promote exchange between the policy and practitioner spheres.

Relationships with other sectors

The development of HIA presents an opportunity for the health sector to explore its role in existing inter-sectoral partnerships, including how it becomes involved in the agendas of other sectors. Health sector participants queried how 'hard-pressed non-health sector workers' could be persuaded to 'look at health, above and beyond their own issues' [Public Sector/ Public Health]. Some health workers anticipate the retort that health should get its:

own house in order first before commenting on the health impacts of others' work. [Public Sector/ Public Health]

The need to market health is recognised by health and non-health sector workers. Non-health sector colleagues commented that they have already set policy objectives, and that whilst health is a driver for their policy and practice, it is competing with a range of other priorities.

At the same time local authority participants reported that their recent community consultations (which are informing the development of local policies) have highlighted the importance of health and its determinants. These findings have created local authority interest in strengthening relationships with the health sector. The potential benefit of joint planning is recognised by some. However, both health and non-health sector participants expressed cynicism about the reality of current inter-sectoral working. There was a suggestion that local authorities and the health services may require a statutory impetus to work together.

Non-health sector workers are seeking a more 'responsive relationship with health' [Public Sector/ Local Authority]. One participant commented that beyond ad hoc relationships it is 'hard to get people to discuss health or medical issues across the desk' [Public Sector/ Local Authority]. There is the need for formal structures in which these relationships can develop, probably through partnership arrangements. (The potential for such working was brought to the fore for some during the recent Foot and Mouth outbreak when the 'needs must' of a cross-sectoral crisis generated beneficial working relationships.)

Challenges for the health sector

In conclusion, participants from across the sectors said that the development of HIA provides challenges to the health sector by:

* Measuring how its provision impacts on health

- Bringing rigour to the health sector's evidence base and rationale for decision-making on initiatives
- Broadening the focus of its work beyond health care and medical perspectives
- Exploring its role as a health advocate as well as a health protector ,
- Recognising that others have shared ownership of and expertise on health, which raises the question 'are we willing to share health with others?' [Public Sector/ Civil Service]
- Committing to real partnership with communities and service users.

Commentary

The health sector includes a range of disciplines whose members may hold many different perspectives on health and its determinants, and on their role in relation to health protection, promotion and policy development. Some health sector colleagues may view HIA as a way of reorienting the health sector towards their policy or practice vision, whilst others may experience HIA as a diversion or a threat. The health sector will be involved in HIA, not only when conducting HIAs on its own policies and provision, but also as a source of expert evidence and opinion.

HIA raises the following key questions for the health sector:
- How can it bring everyone on board with this initiative?
- How can it develop partnership working and stronger bilateral relationships with colleagues in the community, voluntary, private and public sectors?
- What is the health sector interested in delivering in terms of HIA (and has it the capacity to do so)?
- What organisational and professional changes will the implementation of HIA involve?

Concluding Comments

> To be effective, HIA needs to be comprehensive and there must be
> a recognition that it has to be well planned and that it takes time.
> [Seminar Discussion Group]

HIA is at an early stage of development in Ireland and Northern Ireland. The findings of the Institute's work programme indicate that the knowledge outlined, opinions expressed and experiences shared in this report represent the baseline of activity and thinking in Ireland at the start of the HIA endeavour.

There is support for the implementation of HIA proceeding as an incremental strategy between the two jurisdictions. The development of HIA will need to be co-ordinated by central direction and protocol, supported by high-level governmental commitment (cascaded down to regional and local levels) and realised with ring-fenced, adequate resources. Strong partnership working, and collaboration between and within sectors, and across the island of Ireland will guide its success.

Northern Ireland and Ireland can both contribute to and learn from the HIA movement within Europe, as both governments make progress toward realising the European Health 21 Target 14.2. This states: 'By 2020 Member States should have established mechanisms for health impact assessment and ensured that all sectors become accountable for the effects of their policies and actions on health.' [2] The SEA protocol, referred to in the introduction, might bring forward the date for Member States to be statutorily required to consider the public health impacts of policies.

During 2002 the Institute will continue to contribute to the development of HIA by:
- Conducting pilot HIAs in partnership with other organisations
- Reviewing HIA tools

- Developing HIA training
- Disseminating information on HIA
- Establishing a web-based bank of HIA activity across the island of Ireland
- Beginning to identify the information and evidence base for the development of health-relevant policies, and link with the health information strategies and monitoring of the National Anti-Poverty Strategy in Ireland
- Developing a research agenda to support HIA
- Participating in the Policy Health Impact Assessment for the European Union Project
- Continuing to develop a HIA network across the island of Ireland
- Continuing to develop strong international relationships with HIA colleagues.

As indicated in the Institute's introductory paper on HIA [1], the early stage of development of HIA in both jurisdictions leads the Institute to conclude that HIA could be usefully developed jointly by Ireland and Northern Ireland.

APPENDIX I

Future Development of Health Impact Assessment
Summary Recommendations [1]

Area	Activity

Co-ordination	**Phase 1**
	• Establish an all-Ireland group to oversee HIA development and its integration within health policies in both jurisdictions
	• Map health-relevant policies and policy development cycles
	• Begin to identify sources of accessible, routinely collected health-relevant information
	• Initiate a central 'bank' of HIAs
	Phase 2
	• Establish a HIA function within the Department of Health and Children, Department of Health, Social Services and Public Safety, or commissioned agency to co-ordinate HIA on a national or all-island basis, which would (itself, or through other organisations) :
	  – Identify policies, programmes or projects for HIA
	  – Provide assistance to those conducting HIA
	  – Review the quality and learning from HIAs
	  – Act as a central 'bank' of HIAs on the island of Ireland
	  – Co-ordinate capacity building programmes
	  – Ring fence funding for HIAs
	  – Lead cross-departmental audits of government departments re their inclusion of health in policy development

	– Co-ordinate a research programme on the development of HIA in Ireland **Phase 3** • Establish administrative systems within government departments and agencies to flag policies, programmes and projects suitable for HIA • Conduct a review of the HIA development process to include consideration of placing the HIA function on a statutory footing and of establishing a legal mandate for the inclusion of HIA into national and local governmental policy development processes
Capacity Building	**Phase 1** • Consult with stakeholders in the public, community, voluntary and private sectors on their capacity building needs re HIA • Develop and evaluate pilot programmes of capacity building **Phase 2** • Mainstream capacity building programmes on HIA within community, professional and in-service training
Piloting HIAs	**Phase 1** • Develop and run a programme of prospective and retrospective, rapid and comprehensive pilot HIAs, using a range of tools
Developing HIA Tools	**Phase 1** • Review international HIAs tools • Adapt an international tool(s) or develop an Irish tool

	• Disseminate tool **Phase 2** • Continue research into the utility of HIAs tools • Contribute to international work on the development of HIA tools .
Ring Fencing Resources	**Phase 1** • Cost a range of HIAs based on the programme of HIA pilots **Phase 2** • Agree permanent base for funding HIAs
Developing HIA Networks	**Phase 1** • Establish an island-wide network of HIA practitioners • Establish strong international relationships • Engage with and contribute to international debate on HIA **Phase 2** • Establish and develop local, national and international networks of HIA practitioners
Quality Assurance	**Phase 1** • Develop quality assurance criteria and guidelines based on the programme of pilot HIAs and international experience **Phase 2** • Continue to evolve, monitor, evaluate and disseminate quality assurance criteria and learning

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APPENDIX II

Health Impact Assessment Survey

The survey is divided into four sections:

- Section 1 contact information;
- Section 2 information on past and current HIAs;
- Section 3 information on proposed HIAs;
- Section 4 registration of your interest in being involved in the future development of HIA.

Please include information on any HIAs that you have knowledge of. You do not have to have had direct involvement in the HIAs.

Guidance on how to complete questions is in bold type. Please write your responses in capitals or print.

The questionnaire includes an appended sheet that can be copied if you are giving information on more than one HIA under Section 2 or 3.

Section One

1. Name:

2. Position:

3. Contact Address:

4. Contact Tel: 5. Fax: 6. Email:

Section Two: Past and Current HIA

7. Have you been or are you involved in a HIA? **[please tick]**
    YES ☐   NO ☐

If NO please proceed to Section Three

If Yes please complete the following questions. If you have been or are involved in more than one HIA, please fill in a copy of the appended sheet for each HIA.

8. Title of the HIA _____

9. Dates of the HIA _____

10. What was / is the subject of the HIA? _____

11. Who was the catalyst for the HIA? _____

12. What was / is your role in the HIA? _____

    _____

    _____

13. Who else was / is involved in the HIA? _____

    _____

    _____

14. How long did / will the HIA last for? _____
    [please estimate in terms of working days, weeks, months]

15. Who funded / is funding the HIA? _____

16. Where is / will a report of the HIA (be) available from? _____

17. Please make any additional comments on this HIA?_____

_____

_____

_____

_____

_____

Section Three: Proposed HIA

19. Title of the HIA _____

20. Date of the HIA _____

21. What is the subject of the HIA? _____

22. Who was the catalyst for the HIA? _____

23. What will be your role in the HIA? _____

_____

24. Who will be involved in the HIA? _____

_____

_____

25. How long will the HIA last for? _____
    [please estimate in terms of working days, weeks, months]

26. Who is funding the HIA? _____

27. Where will a report of the HIA be available from? _____

_____

28. Please make any additional comments on this HIA _____

_____

_____

_____

Section Four: Involvement in the Development of HIA

29. Are you interested in any of the following activities to support the development of HIA on the island?

[Please tick as many as apply]

_____ Piloting HIA

_____ Training in HIA

_____ Developing Networks of HIA Practitioners

_____ Other Activity [please specify]

thank you for taking time to complete this survey

RETURN COMPLETED FORM TO :

Iris Elliott
Institute of Public Health in Ireland
Nore Villa
16 Knockbracken Health Care Park
Saintfield Road, Belfast BT8 8SG

BY: [INSERT DATE]

FOR FURTHER INFORMATION OR ASSISTANCE :
Telephone Iris Elliott *Belfast* 048 90793050 or *Dublin* 01 6629287

ADDITIONAL SHEET

[please copy and append as many copies of this sheet as are required]

Title of the HIA _____

Dates of the HIA _____

What was / is the subject of the HIA? _____

Who was the catalyst for the HIA? _____

What was / is your role in the HIA? _____

Who was / is involved in the HIA? _____

How long did / will the HIA last for? _____
[please estimate in terms of working days, weeks, months]

Who funded / is funding the HIA? _____

Where is / will a report of the HIA available from? _____

Please record below any additional comments on this HIA _____

_____

_____

_____

APPENDIX III

Health Impact Assessment Scoping Study – Interview Schedule

A scoping study on people's views on the development of Health Impact Assessment in Ireland and Northern Ireland

These questions are being asked as part of a semi-structured interview to a selection of people who are or may be involved in Health Impact Assessments on public policy, programmes and projects. This is being carried out to gather some preliminary information prior to a seminar on Health Impact Assessment.

Knowledge

1   What do you know about HIA?

2   What are the sources of this knowledge?

Relevance

3   Do you think that Health Impact Assessment is a useful approach in the development of public policy (programmes and projects)? [Please outline in what ways useful/ not useful]

4   What relevance do you think HIA would have to your area of work?

5   What issues would arise in the introduction of HIA into your area of work?

Capacity Building

6   What support would your organisation (organisations which you represent) require to participate in HIA?

7   Would the introduction of HIA have an impact on your work (the work of organisations that you represent)?

8   If yes, what are these anticipated impacts?

Involvement

9   Would you/ your organisation be interested in participating in the development of HIA in Ireland in terms of

- Piloting
- Training
- Network development?

APPENDIX IV
References

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