

Health Impact Assessment (HIA) as a tool to mobilise 'Health in All Policies'

Citation for published version (APA):

Green, S. E. (2023). Health Impact Assessment (HIA) as a tool to mobilise 'Health in All Policies'. [Doctoral Thesis, Maastricht University]. Maastricht University. <https://doi.org/10.26481/dis.20230906sg>

Document status and date:

Published: 01/01/2023

DOI:

[10.26481/dis.20230906sg](https://doi.org/10.26481/dis.20230906sg)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

- A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
- The final author version and the galley proof are versions of the publication after peer review.
- The final published version features the final layout of the paper including the volume, issue and page numbers.

[Link to publication](#)

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal.

If the publication is distributed under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license above, please follow below link for the End User Agreement:

www.umlib.nl/taverne-license

Take down policy

If you believe that this document breaches copyright please contact us at:

repository@maastrichtuniversity.nl

providing details and we will investigate your claim.

Summary

The main objective of the thesis was to explore and identify how Health Impact Assessment (HIA) can be or is used as a tool to mobilise 'Health in All Policies'. It is centred around the hypothesis:

'The practice of Health Impact Assessment (HIA) in Wales has positively demonstrated that it can be used to support the concept of 'Health in All policies' in practice and offers transferable learning for nation states and public health institutes and agencies internationally'.

The research is viewed using Wales as a best practice example/early adopter, and it uses a mixed methodological approach of case studies, scoping reviews and open and closed question digital surveys and expert interviews. The research investigates the contribution of HIA to advance HiAP in reality, both in Wales and globally, in Public Health Institutes (PHIs). It shares learning from HIA practice in Wales to better understand how HIA has been, and can be, used to inform policies, projects and decisions and the thesis concludes by assessing the accuracy of prediction in HIA. It suggests some tangible ways forward for the field and next steps. The thesis is broken down into several peer reviewed published chapters and papers. These reflect four areas of focus for the research:

- Mapping the current status of health impact assessment in Chapters 2 and 3
- Mapping health impacts in specific broader policies in Chapters 4, 5 and 6
- Mapping health impacts in multiple broader policies and innovative methods in HIA in Chapter 7
- Evaluating predictive accuracy in HIA in Chapter 8.

Main findings of the chapters

Current Status of HIA

The findings from this literature review in Chapter 2 highlight that HIA is widely respected as a public health tool and is used to support the practical implementation of HIAP. HIA can be used to identify both positive and negative impacts on health, wellbeing and inequalities and inform decision making and policies, plans and projects to mitigate for these. It can be practiced as a standalone process or integrated into other assessments. The practice of HIA is more advanced in some regions and nations than others. There are opportunities and challenges around the implementation of HIA and how it is used to promote and enable HIAP. Challenges include lack of capacity, time, resources and the need for training whilst opportunities can be provided be through legislation and integration into other legally required impact assessments such as Environmental Impact Assessment (EIA) or Strategic Environmental Assessment (SEA). .The post pandemic recovery and the increased profile of public health, the wider determinants and inequalities can also be used as a platform on which to advance HIA and HIAP.

Chapter 3 highlighted how HIAs are being promoted or used currently (or not) by PHIs across the world. It captured some of the barriers and enablers for HIAs in PHIs. Respondents recognised HIAs as an important tool to drive HiAP approaches to improve health and reduce inequalities and inform policy and decision making. HIAs are recognised as a prevention tool and the practice of HIA in Wales was identified as an example to follow. The post pandemic landscape presents a 'window of opportunity' for PHIs to utilise and advocate for HIAs to be carried out. The results from this study can serve as baseline for future work and a platform to help build knowledge, networks and expertise to promote capturing the co-benefits of investing in HIAs.

Mapping the health and inequality impacts in specific policies and projects – evidence from Wales

Chapter 4 maps the relationship and overlap between HIA and SDGs and is the first case study example of a social determinant, community participative HIA of a power cable development. The wider determinants of health and population groups were mapped across to the Wellbeing Goals in Wales (which enshrine the SDGs) and then mapped across to the corresponding SDGs. This approach enabled the HIA to demonstrate how the process can be explicitly tied to the SDGs and community contributions to the HIA and the issues which were important to them. The HIA was used to inform the decision-making process and refine further consultation with the community. Although the Welsh context is different to many nations, the mapping of SDGs through HIA could be carried out by these to tie their HIA delivery with a HiAP and SDG approach.

Chapter 5 articulates the process of carrying out a complex policy (Brexit) HIA in Wales. It captures the 'learning from doing' the HIA (positives and negatives) and the workforce implications. The HIA demonstrates continued leadership by Wales in the field of HIA and HiAP and has demonstrated how HiAP can be practically implemented in this context. It has transferable learnings obtained from practice, which can be used by many nations and devolved regions. HIA can provide health policy leads, grappling with complex novel policies with a lens to think these through.

Chapter 6 demonstrates how the HIA process has been a beneficial tool to inform and understand a policy decision and the unknown challenges which emergency and unpredicted major events such as the COVID-19 pandemic present. Using a 'real time' approach the HIA identified the health and equity impacts as they emerged and allowed for future policies and plans to be adjusted to mitigate for negative health impacts and maximise positive impacts on the population and any inequalities. It involved key cross-sectoral stakeholders and enabled an evidence based HiAP approach. The impacts identified have added to the evidence base. HIA can be utilised by policy and decision-makers and the HIA community in the future to inform, promote or carry out similar HIAs. The HIA has transferrable learnings in relation to the use of HIA in promoting a better understanding of the immediate and the long-term ramifications of policy decisions. It also raises awareness of how PHIs can use HIA.

Mapping the health impact in multiple and broader policy contexts

Chapter 7 provides an overview of the novel mapping of multiple (three), comprehensive HIAs of complex policies in Wales. It provides a synopsis of the results, details the methods and discusses the learning from carrying out the mapping process and work itself. Results indicate the three components of the Triple Challenge must not be viewed as separate silos as they have cumulative multi-faceted impacts such as the impact on mental wellbeing or the environment. Some population groups are more negatively affected than others for example, rural populations. The HIA approach can enable a range of stakeholders to critically view similar challenges not just as single issues but as a holistic whole to mobilise action and inform policy and decision making based on evidence from a range of sources.

Evaluation of HIA predictive accuracy

Chapter 8 evaluated the impacts identified in two HIAs that assessed the impact of 'lockdown' in Scotland and Wales in 2020. It provides an overview of the results and how the evidence was mapped and graded in comparing the predicted impacts against the observed ones. It demonstrates the value of prediction in HIA and fills a gap in the literature. The results from this paper can provide

some confidence and assurance to decision and policy makers in the predictive nature and accuracy of prospective HIA as a tool to enable healthy public policy and decision making and its effectiveness.

Main results

1. Conceptual considerations

HIA as a tool to implement 'Health in All Policies' in practice

The research confirms that HIA as a process supports a consideration and the implementation of HiAP in practice using the example of Wales (albeit with its own particular political strategic policy levers and drivers) and the HIAs articulated and discussed. Several case study examples of HIAs from Wales which have been successfully carried out across traditionally described 'non-health sectors' and health systems and for policies, projects, events and decisions are presented.

A practice at a juncture

HIAs can be standalone or integrated, focused on social determinants and equity or environmental determinants and risk and be qualitative or quantitative in nature. Whilst this affords flexibility to practitioners, it can lead to a fractionalisation across the field with different perspectives and practice being presented as 'HIA'. This could unintentionally lead to HIA becoming synonymous with EIA and environmental determinants in many PHIs and organisations to the detriment of wider health determinants and equity issues. Academia shows similar patterns in research in the field with most focussing the environmental aspects of practice and integration. The enhanced awareness of the impact of health on a wide range of sectors during the pandemic means that the recovery space presents a 'window of opportunity' and an avenue for HIAP and HIA to be utilised more to incorporate a consideration of wider determinants focused public health and equity into policies and plans.

Perspectives on health, wellbeing and equity

Many impact assessments for example, EIA, SEA and Mental Wellbeing Impact Assessment, or frameworks such as Social Return on Investment (SROI) which captures social value, have scope for a consideration of health, wellbeing and vulnerable population groups to a greater or lesser extent (Cooke et al, 2011, Fischer, 2013, Ashton et al, 2020; Cave et al, 2021; Edmonds et al, 2022). This is highly dependent on not only the model of health that they utilise but also the perspectives of health they take i.e. social or environmental determinant. A better understanding of wider determinant focussed HIA is essential and the differences in definitions of health used in HIA can, and do, make a major difference. However, there is a challenge in defining health in some sectors for example, spatial planning.

2. Practical implementation issues

Role of legislation and an enabling environment

The importance of legislation is viewed as critical to providing strategic levers and direction for HIAs to be carried out in national, regional or local contexts. However, it can be an enabler or inhibitor for example, mandating is clearly cited as being important and that for many, without it, it makes making the case for HIA or to carry out a HIA challenging but it could risk becoming a 'tick box exercise' like in some other legislative or mandatory impact assessment examples. HIAs are and

should be carried out voluntarily (as they still are in Wales and currently in many jurisdictions) so that they are valuable. The examples from Wales demonstrate clearly that legislation specifically for HIA is not essential but that an enabling policy context and implementation infrastructure are.

Organisational aspects and workforce at Public Health Institutes

For HIA and HIAP to be of benefit more broadly across different contexts, it must have practical policy and organisational support. This research highlights examples of the conduct of HIAs which have been carried out in one PHI. For the PHI in question the organisational aspects and workforce supportive environment was incredibly helpful. It is very clear that workforce development, training, capacity and confidence building are essential for the promotion, implementation, evolution and institutionalisation of HIA in organisational settings. However, a number of barriers can exist. Barriers to capacity building activity and HIA implementation are frequently reported. Wales is a leader in the field of HIA supported by an enabling environment and is supported by a dedicated HIA Unit with clear strategies and plans. Critical to this is the need for organisational leads to understand that for the workforce to carry out a HIA does not mean that one person, one team or indeed one organisation carries them out by themselves. The successful integration of HIA/P into PHIs can also be enabled by some small steps. Ultimately HIA and HIAP approaches need to be embedded in a PHI or other organisations who wish to take this approach.

3. Centres of excellence, learning and diffusion

For those who wish to drive HIA, as mentioned above, units such as WHIASU in Wales, agencies such as WHO and their collaborating centres or academic units such as the Centre for Health Equity Training, Research and Evaluation (CHETRE) at the University of New South Wales can have a key role to play in diffusing the practice of HIA regionally and globally. Other PHIs and organisations can learn from these and the knowledge and experience gained by them and use them to make their case for investment in HIA/P, or to increase capacity and knowledge. Additionally, other institutional support and resources would be welcomed by PHIs, including support from organisations such as the WHO in advocating for HIAs and learning from expert units such as that in Wales.

Main conclusion and reflections

The thesis contributes to expanding and enhancing the evidence base for HIA and fills gaps in the peer reviewed literature with HIA case studies of high-level policies, including a cumulative and complex HIA of multiple policies, reflects on the learning from carrying these out and the impact they have had to date. This research provides evidence to support the hypothesis of HIA as a method to mobilise HIAP using the example of Wales and by meeting the definition of HIAP in identifying synergies between sectors policies, addressing inequalities and mitigating for health harms. The findings contribute confidence to policy and decision makers and can promote acceptability of the process as a useful and impactful tool. Ideas and ways forward are suggested, and the 'real life' case study examples and the learning captured from doing them support practitioners to advocate for HIAs, to carry them out as part of their work and to academics who are interested in the field of HIA and health in other assessments. It can be used as a platform for future work, actions around policy, research and practice and foster discussions. Some of the follow up activities based on this thesis have started with a cross-national collaboration.