What is and what is not Health Impact Assessment

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Health Impact Assessment (HIA) is a broad methodology widely used in Europe since at least 20 years. However, it is often considered abstract, especially by policy makers and practitioners. One of the main reasons is that there is an ongoing confusion about what is and what is not HIA in practice, even among public health professionals. In order for HIA to reach its full potential, it would be useful to know what people consider being a HIA.

There are two key definitions that clearly outline the boundaries of HIA. The first comes from the Gothenburg consensus paper¹ where a HIA is described as ‘a combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population and the distribution of those effects within the population’. The second comes from Elliot et al.² and defines HIA as ‘Health impact assessment is a Process through which evidence (of different kinds), interests and Values are brought to dialogue between relevant stakeholders (politicians, professionals and citizens) in order better to understand and anticipate the effects of change on health and health inequalities in a given population’.

On the basis of these two definitions, John Kemm, in his recent book³, makes some observations on the lingering confusion about what is a HIA: ‘If one accepts these definitions then it is clear that there are many activities that call themselves HIAs but are not HIAs. Equally, many activities that do not call themselves HIAs are in fact HIAs. However for public health the important issue is that the health consequences of decisions are considered, not the name that is given to that process or the precise means by which it is done’. He also claims that—as HIA exists to support and assist decision-making—if no decision is taken, there is no HIA. But, even if HIAs did not start with a particular policy, programme or project in mind, they might still be valuable if in fact these assessments then prioritized important issues and successfully addressed these in terms of promoting change. The lack of information about the distribution of impact and the impact itself, however, makes this questionable. Moreover, only seven submitted abstract (19.4%) provided signs of dialogue among different stakeholders. This seems to be the most alarming fact, which could signalize lack of respect to key values behind HIA (democracy, equity, sustainable development, ethical use of evidence⁴). It is also important to highlight that the other (22) abstracts that were submitted as being on HIA, but dealt with health system analysis or discussion, population health descriptive studies or environmental epidemiology studies. In this regard, we should see it as positive that these abstracts dealt with implementation or capacity building issues, as those issues should be part of the discussion with a broader audience.

It is clear that there is confusion on what is and what is not HIA. If this confusion already exists among public health professionals, action to clear up the confusion is definitely needed. Especially, as we see the public health professionals as the leaders in all HIA actions. We need more knowledge and capacity building here. We also need more visibility and emphasis on the necessity and usefulness of HIA in the public health community. The European Public Health Association (EUPHA) has a special section on HIA that we hope can help clarifying issues.

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References