



# Health Impact Assessment Toolkit for Cities

Document 3.

**Brochure on how Health Impact Assessment can  
Support Decision-making**



This document results from work coordinated by the WHO Centre for Urban Health as part of the project “Promoting and Supporting Integrated approaches for Health and Sustainable Development at the Local Level across Europe” (PHASE EC Contract SUB 02-344294) funded by the European Commission, Directorate-General for the Environment.

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## The WHO health impact assessment toolkit

The project Promoting and Supporting Integrated Approaches for Health and Sustainable Development at the Local Level across Europe (PHASE Project) was funded by the European Commission, Directorate-General for the Environment, under the Community Framework for Cooperation to Promote Sustainable Development (2003–2005). The WHO Healthy Cities and Urban Governance Programme has coordinated the Project together with health impact assessment experts across Europe and the coordinators of the Italian Healthy Cities Network and Association of Healthy Cities of Slovakia. The PHASE Project aimed to promote the integration of health and social aspects into the sustainable development by focusing on and introducing the process of health impact assessment (HIA). The objective was to develop an HIA toolkit to be used for introducing and implementing HIA at the local level. The toolkit consists of five documents:

1. Health impact assessment – from vision to action (background paper)
2. Health impact assessment – a training module
3. **Health impact assessment – how can it support decision-making? (brochure)**
4. Introducing health impact assessment in Trnava, Slovakia: a case study
5. Introducing health impact assessment in Bologna, Italy: a case study

*Health impact assessment – how can it support decision-making?* is written for policy-makers and decision-makers. The aim is to present how health impact assessment supports and informs policy-makers; the movement towards health impact assessment across Europe; the benefits of health impact assessment; and the main drivers and the necessary factors to get started.

## Acknowledgements

This document was written by Erica Ison, Specialist Practitioner in Health Impact Assessment, affiliated with the Public Health Resource Unit, National Health Service, Oxford, United Kingdom and edited by Louise Nilunger, Project Manager, WHO Healthy Cities and Urban Governance. The work has been supervised by Agis Tsouros, Regional Adviser, WHO Healthy Cities and Urban Governance. David Breuer considerably improved the language and style of the document.

The document was reviewed by an expert group on health impact assessment consisting of Elisabeth Bengtsson, Project Officer, WHO Healthy Cities and Urban Governance; Rainer Fehr, Head, Department of Environmental Health, Landesinstitut für den Öffentlichen Gesundheitsdienst, Bielefeld, Germany; Geoffrey Green, Researcher, Centre for Regional Economic and Social Research, Sheffield Hallam University, Sheffield, United Kingdom; and Gabriel Gulis, Institute of Public Health, Unit of Health Promotion Research, University of Southern Denmark, Odense, Denmark.

## **1. Why health impact assessment? What is the rationale?**

As a politician or decision-maker you face important decisions every day that could affect the well-being of the community in your care. These decisions are made difficult by the demands of competing priorities and the constraints of limited resources. Further, decisions have to be made under increasing scrutiny to meet political requirements for accountability and transparency.

In recent years, a movement has emerged to incorporate a concern for health and well-being into the political agenda at all levels – local, regional, national and international – in part due to pressure from the public. Health impact assessment (HIA) is an innovative method that has been developed to provide politicians and decision-makers with robust and accessible information about the potential any proposal has to affect health. The information that HIA provides means that decision-makers can now be clear about:

- the implications for health of any decision they might take; and
- the choices they have related to how to optimize any benefits a proposal may have for health and how to manage any potential harm.

Thus, HIA gives decision-makers a framework in which the normal business of a municipality and the provision of key services can take into account the vital dimension of the health and well-being of a community.

From some of the largest cities in Europe to the smallest rural areas, political commitment has been made to use HIA during strategic decision-making. The Lord Mayor of London – a city of 7–8 million people – took the proactive step of overseeing HIA on all 10 of the draft mayoral strategies, including spatial development, economic development, transport, culture, energy, waste management and biodiversity.

The Municipal Council of Nordborg in Denmark – 14 000 inhabitants – scrutinizes all its political proposals for their impact on the health of citizens. Technical staff who set out the agenda for Council meetings indicate whether a proposal is likely to impact health and, if so, the Director of the Department of Health is asked to conduct an HIA. During the first year this routine was in operation, 13 proposals were subjected to HIA, two proposals were sent back to the technical staff and one proposal was altered as a result of the HIA.

### **1.1 What is the purpose of health impact assessment?**

The overall purpose of HIA is to achieve health gain, as added value, from proposals that are indirectly and directly related to health. Thus, HIA is not an academic exercise. The purpose of identifying potential effects on health is to inform how they can be enhanced if positive or avoided or minimized if negative.

### **1.2 Why is health impact assessment important?**

HIA gives decision-makers valuable information not only about potential effects on health but also how to manage them. HIA therefore provides decision-makers with an opportunity to change the design, development or implementation of proposals to protect and promote health.

If decision-makers take advantage of the information generated by HIA and change a proposal accordingly, not only will implementing the proposal be more likely to promote health but also be less likely to cause ill health in the community and the need to consume resources to reduce inequality in health and other types of inequality. Thus, HIA can help decision-makers in targeting the use of resources to prevent ill health rather than unwittingly creating problems for health and having to spend more resources in solving these problems.

### **1.3 What advantages does health impact assessment bring?**

- With the support of HIA, politicians and decision-makers are given more comprehensive information on which to base decisions and to set priorities for action.
- When decisions are taken, politicians have a greater capacity to respond to an issue about which people are deeply concerned – their health.
- Politicians and decision-makers can take health into account as an important dimension of sustainable development.
- Local government and other organizations have an increased ability:
  - to improve and promote health;
  - to reduce inequality in health;
  - to protect health and well-being;
  - to focus resources on ways to prevent inequality in health and other types of inequality rather than cure;
  - to take a long-term perspective when developing proposals; and
  - to make decision-making “healthy”.

### **1.4 What benefits can health impact assessment bring to decision-makers and other stakeholders?**

- Conducting HIA helps to demonstrate concern and commitment to the health and well-being of local people.
- It can enhance the capacity to achieve added value in health from proposals indirectly related to health and to make this clear.
- Conducting HIA can promote organizational development and learning, not only in terms of health and its determinants but also in the process of working to improve health across sectors and disciplines.
- For organizations involved in providing services, HIA encourages a shift from using resources to solve the problems people are already experiencing to using resources to prevent problems from arising.

## **1.5 What benefits can health impact assessment bring to the community?**

- Greater involvement in the processes of making policy and decisions;
- Potential to extend the democratic process, especially to the groups in society who are or feel excluded;
- Empowerment;
- The development of skills;
- Consideration of how to reduce sources of disadvantage or inequality; and
- The development and provision of services that better meet the needs of local people.

## **1.6 The growing movement for health impact assessment**

Throughout Europe, a movement is growing for the use of HIA to achieve health gain from proposals that are both indirectly and directly related to health, not only in individual countries but also in networks that span several countries, such as the 170 cities that have signed the Aalborg Commitments.

The European Commission has been instrumental in highlighting the need for HIA at every level: pan-European, national, regional and local. Indeed, the European Commission has commissioned the development of a method so that HIA can be carried out on all its major policies.

WHO itself is promoting the use of HIA on a global scale. In particular, the WHO Healthy Cities and Urban Governance Programme requires all cities that are part of the WHO European Healthy Cities Network to undertake HIA as one of the key themes in the fourth phase of the project. This involves about 50 cities introducing and developing the use of HIA from 2003 to 2007, building on pilot projects in Bologna, Italy and Trnava, Slovakia.

HIA is applied to all national-level policies in the Netherlands, and the new public health policy in Sweden in 2002 highlighted the use of HIA. In most of the German Länder, public health service laws require that health authorities participate in planning procedures whenever human health might be affected.

The United Kingdom has applied HIA at a local and subregional level since 1997, and in many other countries, such as Finland, Hungary, the Netherlands, Norway and Slovenia, HIA has been undertaken at different levels of policy-making and decision-making.

As the momentum for an HIA approach grows, a culture for HIA is developing in which:

- awareness and understanding of health is encouraged at every level of policy-making and decision-making;
- efforts to improve public health are established as routine during policy-making and decision-making; and

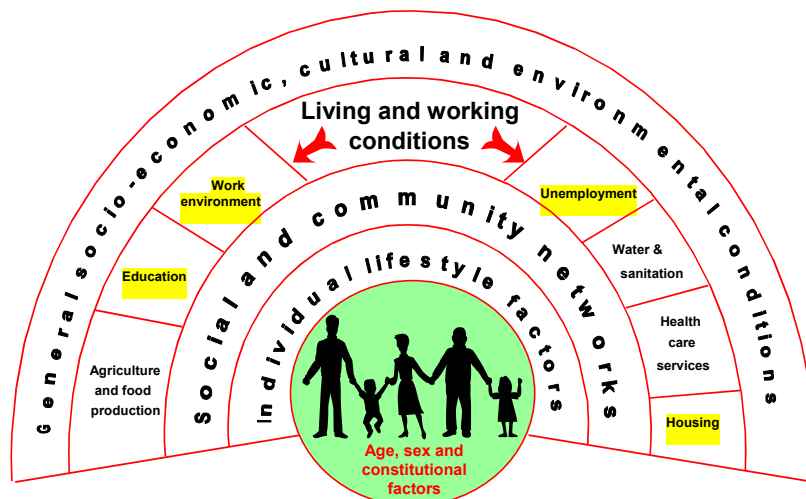
- the potential to minimize the harm and maximize the benefits to health of various proposals is realized and there is a move towards sustainable development by supporting people's health.

Maintaining a culture of HIA by creating “healthy” decision-making as an ongoing process requires developing skills and capacity among people in the organizations and communities who will be involved in carrying it out and among the politicians who will be responsible for applying the results. Moreover, HIA is a prime example of learning by doing. An important part of the process is to take the learning from one assessment and build on it to improve the quality and process of other assessments in future.

## 2. What influences health?

Many factors can influence the health of communities and the health of individuals within communities. These factors can have positive or negative influences. Factors that influence people's health and well-being are known as the determinants of health (Fig. 1). The figure summarizes the main determinants of health in terms of spheres of influence, starting with those at the individual level and moving through to those in the wider society.

Fig. 1. The main determinants of health



Source: Whitehead M. & Dahlgren G. What can we do about inequalities in health? *Lancet*, 1991, 338:1059–1063.

Lifestyle factors include diet, physical exercise, smoking, alcohol consumption, sexual behaviour and drug use. Social and community networks include family and friendship and cultural and religious groups.

Some of the factors that affect health are completely outside an individual's control, such as age, sex and genetic make-up, but individuals may have more control over other factors, such as lifestyle factors.

However, the activities of local government influence many of the determinants of health by fulfilling their statutory duties and exercising their various powers, roles and responsibilities.

Figure 1 does not include all the determinants of health. For example, transport significantly influences people's health by providing access to workplaces, education, religion, leisure and recreation. Another determinant not explicitly mentioned is the policy or political context in which people live and work, which also influences health and well-being.

## **2.1 What does “inequality in the determinants of health” mean?**

Inequality in the determinants of health means that some individuals or whole communities may have poor or nonexistent access to decent housing, employment or education or any other factor that affects health.

This lack of access could lead to social exclusion: being prevented from participating fully in society and gaining access to what society has to offer.

Social exclusion describes what can happen when people suffer from a combination of types of inequality in the determinants of health. This can also be described as deprivation, where several factors combine to provide limited facilities and opportunities and lead to poor health and quality of life.

## **2.2 How are health and sustainable development linked?**

In 1987, the World Commission on Environment and Development defined sustainable development as: “development that meets the needs of the present without compromising the ability of future generations to meet their own needs”.

At the Earth Summit in 1992, the Rio Declaration on Environment and Health stated: “Human beings are at the centre of concern for sustainable development. They are entitled to a healthy and productive life in harmony with nature.”

This statement makes explicit the link between sustainable development and health: a community is not sustainable if it is not healthy, and in the absence of sustainable development, health for all cannot be maintained in the long term.

With respect to health, Agenda 21 identified the need for action in primary health care and communicable diseases, to protect vulnerable groups, to meet the challenges for urban health and to reduce risks to health from the environment.

Ten years later, at the World Summit on Sustainable Development (Johannesburg Summit 2002), WHO drew attention to key areas that still needed to be addressed by Agenda 21. These include how ill health causes worsening poverty and socioeconomic decline and how environmental degradation, mismanagement of resources and unsustainable consumption patterns and lifestyles can affect health. In addition, the potential effects of development policies on health need to be considered. It is here that HIA can contribute towards realizing goals for sustainable development by investigating the effects of proposals through the many determinants of health and providing the opportunity to change these proposals to protect and improve the public's health and to make communities more sustainable.



### 3. What is health impact assessment?

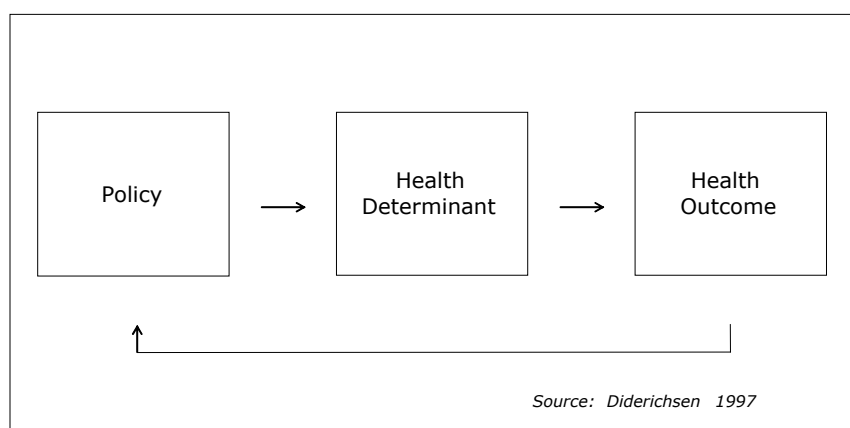
The Gothenburg consensus paper published by the WHO European Centre for Health Policy defined HIA as “a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population and the distribution of those effects within the population”.

A proposal can affect health in two main ways:

- directly, such as reducing a speed limit reducing deaths from road crashes; and
- indirectly, through the many determinants of health.

In both cases there are outcomes for health, and HIA seeks to predict these outcomes (Fig. 2).

Fig. 2. A model of health impact assessment



Source: Focusing on health – how can the health impact of policy decisions be assessed? Stockholm, Federation of the Swedish County Councils and Association of Swedish Local Authorities, 1998.

#### 3.1 What drives health impact assessment – what are its values?

At the heart of HIA is promoting health and improving the health of every member of any community involved in or affected by a proposal.

Other core values of HIA are commitment:

- to people’s democratic right to participate in a transparent and open process of decision-making;
- to work towards sustainable development;
- to aim for equity for all, taking into account how vulnerable, disadvantaged and marginalized groups might be affected; and
- to the ethical use of evidence: that is, assigning equal value and importance to the various types of evidence used in HIA, such as valuing research that shows what people in the community think and feel as much as research that provides statistical facts and figures about a community’s health.

## **3.2 What are the main characteristics of health impact assessment?**

### ***HIA is multidisciplinary***

This means that knowledge, information and experience are drawn from all disciplines relevant to a proposal.

### ***HIA is intersectoral***

This means that people from all sectors are involved and interact in addressing the range of effects on health. The results and recommendations are rarely applicable to just one sector. The public sector (and its many subsectors), the voluntary sector, the community and the private sector need to be involved if the effects on health are to be properly identified and understood. The community and the private sectors are often underrepresented and sometimes not represented at all.

### ***HIA is participatory***

Good practice in HIA means trying and involve all stakeholders, including the community. The benefit of obtaining knowledge from many different perspectives can then be applied to the same proposal to arrive at the best possible solutions.

### ***HIA uses a range of methods, techniques and procedures***

This gives great flexibility and means being able to select the most appropriate and effective methods of consultation, taking into consideration whom you want to consult and how much time you have to do it.

### ***HIA focuses on inequality in health***

It is not enough to assess the effects on the health of the whole community. Assessing the effects on various vulnerable groups is vital. This is especially important in assessing whether the proposal not only does not increase inequality but is likely to reduce inequality by addressing how the proposal will affect vulnerable people.

However, simply taking account of the potential effects on vulnerable groups is not enough. Determining how the proposal will affect the vulnerable groups relative to the whole community or population is important. Otherwise there is no benchmark against which to assess whether inequality is likely to stay the same, increase or decrease.

### ***HIA uses quantitative and qualitative evidence***

HIA should use both quantitative and qualitative evidence and not focus on one being more important than the other. Quantitative and qualitative evidence can provide different types of information in HIA.

Quantitative evidence indicates:

- whether there is a problem: for example, the number of people unemployed;
- the causes of the problem: for example, the number of factories in the area that have closed; and
- if solutions have been put in place, whether they worked: for example, the number of people who were able to get another job.

Qualitative evidence indicates:

- the origins of a problem: for example, the reasons why the factories closed or why people may not be able to get jobs elsewhere;
- what could be done to help to solve the problem: for example, encouraging new employers to locate in the area or encouraging transport companies to provide bus service between the community and the places where there are jobs; and
- if solutions are put in place, why they worked (or why they did not): for example, new companies arrived providing jobs that required the skills local people already have, or people were able to get to access to work or job opportunities through new or better public or community transport.

### **3.3 What are the limitations of health impact assessment?**

Similar to any other type of impact assessment, HIA attempts to predict the likely future. Predictions can be made with varying degrees of accuracy and therefore validity. This mostly depends on the quantity and quality of information, data and evidence available, which depends in part on the financial and human resources that can be invested in HIA.

Thus, the resources available for collecting and interpreting information, data and evidence and the time this requires must be balanced with the nature of the output required. Many people undertaking HIA operating within resource and time constraints decide to conduct a rapid appraisal using the best available information, data and evidence. In contrast, comprehensive appraisal collects new information, data and evidence, which requires considerable resources and time. Comprehensive HIA is likely to generate more accurate predictions but requires investing more resources. However, the accuracy of appraisal can probably be increased as the evidence base and methods for HIA develop.

### **3.4 Where did the idea of health impact assessment come from?**

HIA was derived from environmental impact assessment. The initial idea was to identify how proposals indirectly related to health, such as a housing programme or a transport plan, affect health. HIA is now also used on proposals directly related to health.

### **3.5 How did health impact assessment develop?**

One reason HIA was developed was the perception that environmental impact assessment did not adequately address the likely effects of a proposal on human health. Although effects on human health are meant to be included in environmental impact assessment, a review for the British Medical Association showed that about two thirds of environmental impact assessments in the United Kingdom did not address health effects at all or did not address them properly. Another disadvantage of relying on environmental impact assessment to identify potential effects on human health is that environmental impact assessment is conducted only on projects and not on policies or programmes, although strategic environmental assessment has been introduced to address this gap.

When environmental impact assessment does address effects on human health, health tends to be viewed in terms of the biomedical model of illness and disease. This describes health based on the presence or absence of definable physical or mental conditions, in contrast to the

socioeconomic model of health and well-being, which focuses on all the factors that may influence the health of individuals and communities. A biomedical model of human health probably means ensuring that people have access to health care services and nothing more.

### **3.6 What else has influenced the development of health impact assessment?**

The development of HIA has also been influenced by other types of impact assessment.

- Social impact assessment predicts the likely social effects of a proposal, including how people live, work, play and relate to one another. Interestingly, social impact assessment developed because environmental impact assessment did not adequately address the potential social effects of proposals.
- Economic impact assessment predicts the likely economic effects of a specific proposal. The monetary values associated with the outcomes identified are estimated.

### **3.7 How might health impact assessment develop in the future?**

Integrated impact assessment has been developed in recent years. This identifies all the main types of effects – social, economic and environmental – during the same process and using the same tool. Many people feel that HIA should be included within integrated impact assessment, and this is an attractive idea.

However, because identifying potential effects requires considering many factors, integrated impact assessment requires time, resources and practitioners who have good knowledge of the wide range of factors likely to be involved in implementing various proposals. Integrated impact assessment also requires assigning equal weight to all the aspects of the assessment – social, economic and environmental – and this can be difficult.

In most cases, people have tended to use integrated impact assessment as a screening tool. Although this can be helpful, it is sometimes vital to examine the potential effects on health in more detail to change a proposal and to be able to design health into the proposal.

## **4. Introducing health impact assessment – where do you go from here?**

The most vital factor in introducing HIA into any organization or partnership is making the political commitment to both the concept and process of undertaking HIA or using an HIA approach. More than 50 cities across Europe are taking this step as part of the fourth phase of the WHO European Healthy Cities Network.

For an organization to use HIA effectively, political commitment needs to be backed up by tangible political support and action based on a strategic approach that is carried through to operations. Examples of how this has been achieved in other cities are:

- making a policy statement that the major proposals in an organization or partnership will be subjected to HIA or that an HIA approach will be taken when proposals are designed

and developed, in which case HIA can be integrated into other ongoing processes such as environmental impact assessment or integrated impact assessment;

- developing a strategy for introducing and integrating HIA into basic management systems and processes and delegating responsibility for this to a specific person or group of people who can manage the process;
- allocating resources – financial, human and time – to undertaking HIA and implementing the results;
- creating an understanding of HIA and what it can offer, which could include conducting a pilot study;
- developing skills and building capacity to undertake HIA, with the objectives of mapping skills and expertise that are already available and training key staff who will be instrumental in using the process or approach;
- gaining support from partners outside the organization to promote an intersectoral approach; and
- linking up with like-minded cities to share learning and solutions.

## **5. What is available to help you and your staff?**

This document is part of a WHO HIA toolkit. As companions to this leaflet, WHO has also produced:

- a background paper, Health impact assessment – from vision to action, for the people who will actually carry out HIA;
- an HIA training module designed to help build capacity and skills for HIA in any organization or partnership; and
- two case studies on the introduction of HIA in two cities – Bologna, Italy and Trnava, Slovakia – and the lessons of these pilot projects.

All the documents in the WHO HIA toolkit are available at the web site of WHO Healthy Cities and Urban Governance: <http://www.euro.who.int/healthy-cities>.