

# Strengthening the implementation of health impact assessment in Latvia

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## ABSTRACT

Health impact assessment (HIA) is a means of assessing the health impacts of policies, plans and projects in diverse economic, social, and environmental sectors using quantitative, qualitative and participatory techniques. The recent Latvian strategy for protecting and promoting public health provides an important legal and policy entry point for the strategic goal of health in all policies and the more operational objective of strengthening HIA implementation at the national and local levels. This could be achieved by enabling the health sector to take leadership for HIA in Latvia. For instance, the Ministry of Health or National Health Service could establish a national HIA support unit.

## KEY WORDS

Health policy  
Policy-making  
Public policy  
Outcome assessment (Health care)  
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## List of Abbreviations

EIA	environmental impact assessment
EU	European Union
HIA	health impact assessment
HiAP	Health in All Policies
WHO	World Health Organization

## Foreword

Revitalizing efforts to protect and promote public health is a major focus in Latvia, as in other countries in the European Region. Latvia's public health strategy includes efforts to strengthen good policy governance in health and other sectors, namely a whole-of-government approach, for ensuring the health of populations. Poor health outcomes unfortunately often fall disproportionately on people who are less socially advantaged. Latvia's public health strategy also focuses on improving outcomes and opportunities for all. Improving public health, including addressing health inequity, is a policy priority in Latvia.

Health impact assessment (HIA) is a structured process to strengthen the consideration of health in a proposed policy, program, project or plan in any sector. It brings together quantitative and qualitative methods. HIA is an important methodological approach that brings to life the whole-of-government approach and health in all policies concept outlined in Latvia's public health strategy, 2011-2017.

This report synthesizes existing knowledge on internationally recognized HIA methods and approaches, how HIA has been implemented in other European countries, along with practical advice on how HIA can be implemented using the existing expertise and institutional arrangements in Latvia. The report is an output of ongoing collaboration between the Latvian Ministry of Health, the WHO Country Office of Latvia, and the WHO European Centre for Environment and Health. It complements a growing base of literature on how HIA can be implemented in new European Union countries, and should be read in conjunction with them. This report is part of an ongoing process – comments and contributions are welcome.

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## Foreword

It has been long recognized that the health sector alone cannot tackle the complex, far reaching health determinants of modern societies. Health systems do play a key role in determining public health in Europe, but the active involvement of other sectors and civil society is essential, if we are to protect and improve the health of all European citizens, including the most vulnerable groups. Policies in sectors such as environment, industry, agriculture, economy and so forth can and do influence powerful health determinants, of various nature.

Intersectoral work is difficult – there are conceptual and practical challenges. The scientific bases, the use of sound evidence, the consideration of equity issues, the methodology for assessing the health implications of policies in different sectors, the mixing of quantitative and qualitative data, the involvement of relevant stakeholders, the management of the multidisciplinary work: all these issues, and many more, have been addressed over the years and invaluable experience has been made in many settings internationally. The understanding of how the health sector can initiate, promote and engage in intersectoral action has been making progress over the last three decades. Nowadays, governance models where health is integral part of policy in all sectors has gained high prominence.

Intersectoral work is being approached in many ways, and such wealth of views and experiences is invaluable, in order to sustain the efforts. Among such approaches, health impact assessment (HIA) has established itself as one of the main means to achieving intersectoral action and for considering health in all policies. HIA has by now a strong tradition, as it has been adopted and applied in many countries, at various levels. HIA has proven to be an effective approach to understanding and dealing with the health implications of policy choices in all sectors. Not surprisingly, therefore, more and more countries or health authorities have invested in capacities for HIA. This requires human, intellectual and financial resources. Besides the expertise, adequate institutional arrangements are essential to initiate and use HIA in a sustainable way, and to promote the underlying intersectoral “culture”. Concrete implementation of HIA and intersectoral work, therefore, is a key component of the process. Careful consideration of opportunities and constraints for implementation is at least as important as ensuring the necessary technical capacities. The Latvian Government is to be praised for including health in all policies in its agenda, and for its willingness to explore the available options for an effective adoption and implementation of HIA.

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## Contribution and Editors

This report was produced as a result of ongoing collaboration held between the Latvian Ministry of Health, the WHO Country Office of Latvia, and the WHO European Centre for Environment and Health.

Gabriel Gulis (University of Southern Denmark), Marco Martuzzi, and Julia Nowacki (World Health Organization Regional Office for Europe) co-authored this report. Matthew Soeberg (University of Otago, Wellington) edited and co-authored the report.

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## Introduction

Prior to the 1970s, health system resources in many countries were primarily prioritized towards actions within the health system itself to protect and promote public health. However, since 1974 there has been a suite of scientific evidence and statements of political commitment that has placed increasing evidence for the allocation of health system resources on broader factors that determine people's health, namely economic, environmental, social, and cultural factors(see for instance [1-5]).

The health in all policies approach articulated in Latvia's new public health strategy builds upon this recognizing that public health is the responsibility of not only the health sector but also many other economic, environmental, social, and cultural sectors and institutions [6]. Health impact assessment (HIA), a tool that aids with decision-making, is one way through which the health in all policies approach can be put into action. In many countries over the last twenty years, HIA has been accepted as an effective and evidence-based decision-making aid to ensure that health is considered in the policies of all sectors.

### Health in all policies in Latvia

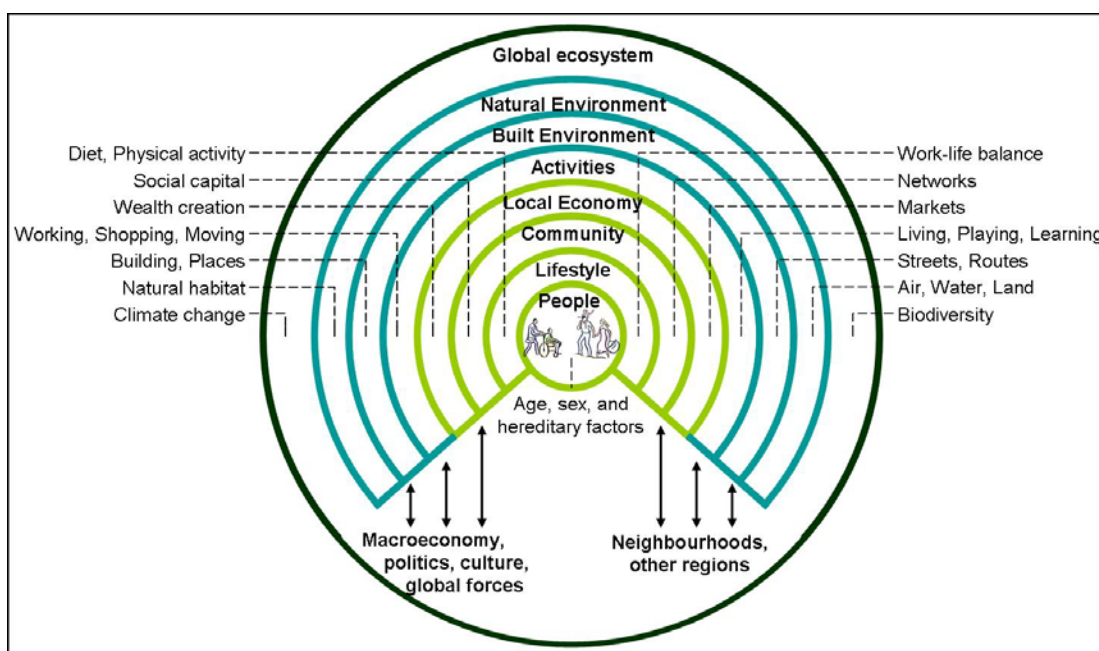
Latvia's new public health strategy gives priority to health in the policies of all sectors. Specifically organizations and institutions and other sectors should be jointly responsible for maintaining and improving public health by recognizing and addressing the broader economic, social, environmental, and cultural determinants of health in policy development. Further and recognizing that health outcomes often fall disproportionately on less advantaged populations, Latvia has also given priority to ensure equal rights and opportunities for all.

### Determinants of health

A relatively easy way to think about economic, environmental, social and cultural determinants of health is to conceptualize them as layers of causation. The model developed by Dahlgren and Whitehead (1991) and further developed by Barton and Grant (2006) is commonly used to provide a representation of these layers of causation [7]. This model is shown in Fig. 1.

From this figure we can see that while factors such as age, sex and genetic factors are important in determining health, there are a number of other factors that matter. Individual life styles, such as physical activity, nutrition, and tobacco use, are important but social and community influences, our living and working conditions, and finally general environmental, economic, social and cultural factors shape these. A health in all policies approach attempts to address this layered set of causal factors on health. HIA is a tool that aids with decision-making in health and other sectors to consider these determinants of health as well as distribution of health outcomes within and between population groups.

**Fig. 1. A layered model of the socioeconomic determinants of health (Source: adapted from Barton and Grant, 2006, p. 252)**

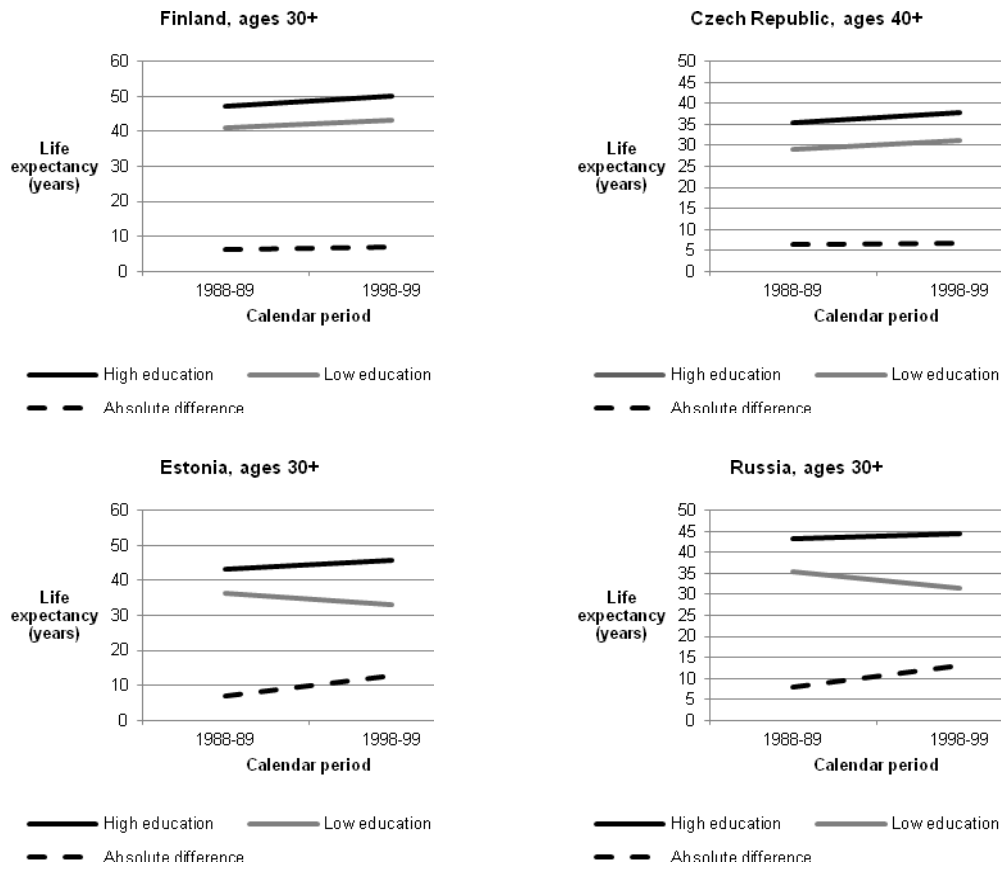


### Distribution of health outcomes

Latvia's public health strategy identifies socio-demographic differences, such as between urban and rural populations, in a number of health outcomes [6]. Poor health outcomes unfortunately often fall disproportionately on people who are less socially advantaged. Poorly educated people die at a higher rate than highly educated people, people from lower social classes die at a higher rate than those from higher social classes, and poor people die at a greater rate than rich people, and so on [8]. Life expectancy is commonly used to describe population health, including describing and monitoring population health by socio-demographic groups [9]. Life expectancy differences in central and eastern Europe are shown here as an example.

Fig. 2 shows changes in life expectancy in Estonia, the Czech Republic, Finland, and the Russian Federation by calendar period (1988-89 and 1998-99) and education level (high and low education), using previously published data [10]. Fig. 2 also shows the change in the absolute difference in the life expectancy between high and low education groups between the two calendar periods. Life expectancy improved between 1.20 and 2.67 from 1988-89 to 1998-98 for high education populations in all four countries, namely Finland, the Czech Republic, Estonia, and the Russian Federation. Life expectancy also improved over time between 1.92 and 2.11 for low income groups in Finland and the Czech Republic. However, life expectancy decreased over time between 3.36 and 4.09 for low income populations in Estonia and the Russian Federation. There was little increase in the absolute life expectancy difference between low and high education groups in Finland and the Czech Republic, 0.74 and 0.27 respectively. However, there was a substantial increase in the life expectancy gap between low and high education groups in Estonia and the Russian Federation, 5.93 and 5.3 respectively.

**Fig. 2. Life expectancy by calendar period and educational level in Finland, Czech Republic, Estonia and the Russian Federation, 1989-99 and 1998-99 (Source: adapted from Shkolnikov et al, 2006)**



While socioeconomic inequalities in health have been reported in a large number of countries, they are not unchangeable. HIA is a tool that helps decision-makers to identify populations who are more likely to be adversely affected by proposed policies, programs and projects as well as to develop recommendations to mitigate the negative health impacts on these socio-demographic groups.

## Health impact assessment (HIA)

### Defining HIA

A commonly accepted definition for 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 within the population. (European Centre for Health Policy, WHO, 1999, p. 4)*

This definition is articulated in the Gothenburg Consensus Paper.[11] This consensus paper also describes the values (listed below) and stages of a HIA (more fully discussed in Appendix 1 of this report).

- **Democracy**, emphasizing the right of people to participate in a transparent process for the formulation, implementation and evaluation of policies that affect their life, both directly and through the elected political decision-makers.
- **Equity**, emphasizing that HIA is not only interested in the aggregate impact of the assessed policy on the health of a population but also on the distribution of the impact within the population, in terms of gender, age, ethnic background and socioeconomic status.
- **Sustainable development**, emphasizing that both short term and long term as well as more and less direct impacts are taken into consideration.
- **Ethical use of evidence**, emphasizing that the use of quantitative and qualitative evidence has to be rigorous, and based on different scientific disciplines and methodologies to get as comprehensive an assessment as possible of the expected impacts.

Dialogue on the role of HIA has revolved around a desire to build healthy public policy. The term 'healthy public policy' was formalized in the 1980s by the World Health Organization[12], particularly through its articulation in the Ottawa Charter for Health Promotion.[5] As a starting point for discussion, the following definition of healthy public policy has been proposed:

*Healthy public policies improve the conditions under which people live: secure, safe, adequate, and sustainable livelihoods, lifestyles, and environments, including housing, education, nutrition, information exchange, child care, transportation, and necessary community, and personal social and health services. Policy adequacy may be measured by its impact on population health. (Milio, 2001, p. 622)[12]*

HIA is an approach that assists with meeting two generally agreed conditions for healthy public policy:

- the health consequences of different policy options have to be correctly predicted; and
- the policy process has to be influenced so that health consequences are considered.[13]

The ideas underlying HIA are not new: “policy-makers have always intended outcomes for their policies and frequently those outcomes embraced improvement in the health and well-being of populations” (Kemmer, 2001, p. 80)[13]. The HIA process needs to be integral with the policy-making processes and that if policies and legislation are to contribute to a high level of health protection, the main objective is to put health considerations high on the agenda of policy-makers [14].

HIA has emerged to support intersectoral decision-making for healthy public policies [15]. It offers a practical means to increase the level of cooperation between health and other sectors to improve population health.[16] Within the European Union, one of the initial advantages of using HIA appears to be a strengthened understanding among policy-makers of the interactions between health and other policy areas [17].

More broadly, it is commented that:

*Awareness raising amongst decision-makers and establishing dialogues between stakeholders are also positive outcomes of the health impact assessment process, which indirectly feed into decision-making. It is paramount that these wider benefits and indirect links to decision-making continue to accrue and are recognized in the health impact assessment literature. (Elliot & Francis, 2005, p. 756)[18]*

HIA aims to influence the decision-making process in an open and structured way [19]. However, much still remains to be done before evidence based policy-making can become a reality [20]. For example, gathering evidence on whether HIA is an effective tool for policy-makers and balancing quantitative and qualitative evidence against the experience of policy-makers and stakeholders.

## HIA in the European Union

It is now commonly agreed by researchers and decision-makers that there are many factors that determine the health of individuals and communities. Some of these factors are the responsibility of the health sector, such as the provision of health care services. However, many of the factors that protect and promote the health of populations are strongly influenced by the policies and actions of sectors outside of the health sector. For example, there is a strong relationship between the physical environment and health outcomes (for example, air quality and water quality) and often these issues are managed by environmental agencies.

There is also evidence to support causal links between socioeconomic conditions and health outcomes. Income and education levels as well as occupational class and employment status often measure the relationship between health and socioeconomic position. This further emphasizes the need for the health sector to work with other agencies to protect and promote health. The expansion of the number of countries in the European Union has raised some important public health issues. For instance, there are issues of scale. The EU surface area has increased by 34% and its population by 28% [21]. There are also substantial differences in economic and social development between EU countries; this has led to significant public health issues such as the life expectancy differences between EU countries.

It is with this picture in mind that Health in All Policies (HiAP) was prioritized during the Finnish Presidency of the EU that took place during 2006 and more recently during the Polish Presidency of the EU. This component of the Finnish Presidency recognizes that many sectors need to be involved in policy development and implementation processes in order to protect and promote health. This intersectoral approach mirrors one of the underlying principles of HIA. It also reflects the commitment in EU treaties of a high level of health protection across all community policies (see Box 1 below). It is anticipated that HiAP will contribute to the building of healthy public policy across the EU. Further discussion on the state of health in all policies in Europe is described by Kouivusalo, 2010 [22].

**Box 1. The EU basis for assessing health impacts of non-health sector policies (Source: Lock and McKee, 2005)**

Impact assessment methodologies are applied at the level of the EU and individual Member States. The first European directive on environmental impact assessment (EIA) was adopted in 1985. There is also experience with social impact assessment, sustainability assessment, and integrated impact assessment. The last of these has been developed in the context of the complex challenge of identifying the implications of long-range trans-border pollution and entails the integration of many diverse sources of data. A legal basis for assessing policy health impacts emerged in article 129 of the Maastricht Treaty (1993) and remained in article 152 of the Amsterdam Treaty (1997). Article 129 on public health stated that 'health protection shall form a constituent part of the Community's other policies'. However, as article 129 precluded harmonising legislation it had little influence on policy within Member States. It also did little to foster an intersectoral approach to policy at a European level as despite the intentions of article 129 the means to carry it out are lacking. Article 152 of the Amsterdam treaty (ratified in 1999), stated that 'a high level of human health protection shall be ensured in the definition and implementation of all community policies and activities'. (Lock and McKee, 2005: 357)[17]

HIA is also supported within the EU context through the Protocol on Strategic Environmental Assessment. Strategic Environmental Assessment (SEA) is a further development on Environmental Impact Assessment (EIA). While EIA has traditionally focused on the physical environment (air, water and soil issues for instance), the SEA Protocol promotes a broader view by referencing both the environment and human health. The Protocol provides a valuable opportunity for protecting and promoting health across sector-wide policies. WHO is placing efforts to increase knowledge and capacity in this area.

Strategic environmental assessment (SEA) builds on environmental impact assessment (EIA) and broadens its scope by addressing, in a more pro-active fashion, as many implications as possible of proposed projects, plans and policies. The relationship between health and SEA in the European Region is detailed elsewhere [23].



## The HIA experience in other countries

Despite the need to develop HIA within the political, legal and policy contexts of each country [24], developments in both EU and non-EU countries may be useful for guiding HIA implementation in Latvia. A complete analysis and critique of the HIA experience in EU and non-EU countries is outside the scope of this report. However, a useful starting point is a description of key HIA developments in EU and non-EU countries as well as understanding the factors that may contribute to greater institutionalization of HIA. In general, international experience shows that successful HIA implementation is associated with having a national HIA framework, either a policy document or legal framework, establishing an HIA support unit, and identifying and building upon existing environmental and health impact assessment capacity and capability.

The following section describes the political, legal and policy contexts for HIA in a range of European Union and non-European Union countries. The experiences of HIA in Estonia and Lithuania are discussed first in the EU section, due to similarities with the Latvia. HIA implementation experiences in Ireland, the Netherlands, the United Kingdom and other countries are then discussed. Non-European Union countries have also implemented HIA, including Australia and New Zealand, Switzerland, Thailand, and the United States. The experience of these countries may be value in strengthening the implementation of HIA in Latvia.

## EU countries

### Estonia

A number of opportunities to support the implementation of HIA at a municipal level exist in Estonia. The requirement for local authorities to develop long-term plans, and to articulate the associated resources, is seen by health professionals as a significant new opportunity to put health on the agenda. In addition, there are health promotion programmes, plans and actions within counties and municipalities. For example the existence of a Healthy Cities network has enabled an increased understanding of the benefits of implementing HIA at a local authority. A recent survey, undertaken through the Healthy Cities network, to decision-makers in local authorities identified that most local authorities consider that their decisions affect health. However, there has been little follow-up discussion within or between local authorities on this issue. Implementation of HIA at the municipal level in Estonia is made difficult by a number of issues.

Barriers to HIA implementation in Estonia have included:

- the availability of basic demographic data at the national, regional and local levels;
- limited visibility of health terminology, including HIA, at the political level of councils;
- compared to other forms of impact assessment, HIA is not required by law;
- local authorities are generally reluctant to undertake new activities or projects, particularly when there is little political support and a lack of knowledge about HIA at a political and practical level.

Factors that have assisted local authorities to undertake HIA have included:

- incentives through either being mandated or through the provision of additional human and financial resourcing;
- the implementation of a unified impact assessment and HIA methodology as well as the need to understand social, economic, cultural and environmental well-being in one framework rather than being separate factors;
- developing and using information from local health profiles in local authority policy-making processes and in information used for health impact assessments;
- identifying work that is likely to be HIA-oriented and ensuring that this work is coordinated and perhaps placed under an HIA methodology; and increased information at the political and practical level on how to address health within a municipality context.

### **Lithuania**

In Lithuania, there has been substantial progress on implementing HIA, and this experience was thought to be useful for Estonia. HIA was introduced and promoted in Lithuania through a number of capacity building activities, adopting a learning by doing' approach through implementation of HIA at a policy level (see the case study outlined in Box 2 below), and the implementation of legal and regulatory requirements relating to HIA. All these achievements have increased exposure to, and implementation of, HIA within a specific environmental context and more importantly within a broader, intersectoral policy context.

Since 2002, a number of capacity building activities have taken place to support HIA in Lithuania. As a starting point, Lithuania participated as a partner in the Phare Twinning Project focusing on strengthening public health management in compliance with EU requirements. This project focused on both health impact assessment and health risk assessment. In 2004, the WHO European Centre for Environment and Health delivered a three-day course on environmental health impact assessment. Most recently, Lithuania is participating in the European Commission co-funded HIA-NMAC project within two case studies relating to HIA in the EU context.

## Box 2. The national housing strategy – an example policy-level HIA in Lithuania

The draft housing strategy (2003) was selected for a health impact assessment as it was a broad policy document, reflecting a desire to shift to more strategic-level HIAs. There was also support from the Ministry of the Environment and the Housing Department to undertake the HIA. The draft document, along with other health policy documents, also included specific references to the relationship between housing and health. Furthermore, a number of HIAs on housing and health work were available internationally as a reference point.

A rapid appraisal following the steps of HIA was undertaken including collection of data, information and analysis. Expert comments were also sought. The rapid appraisal approach was taken as there was short time available. However, a rapid appraisal provided stakeholders with a general understanding of health impacts of the strategy and guided them to areas which required deeper assessment and analysis.

The main questions for the HIA were:

- What strategy objectives may have impacts on health or health determinants?
- How and to what extent these objectives influence health determinants?
- Will the strategy objectives help to reduce health inequalities between different social groups, regions, urban and rural populations?

The HIA identified that the strategy could impact on a number of population groups in relation to physical, social, and economic environments as well as access to health care services. Specifically:

- improve legal measures for housing construction;
- improve existing programmes for state support for housing acquisition;
- improve legal and normative bases for use, maintenance and administration of living stock;
- activate financial and credit mechanisms for multifamily housing renovation; and
- improve the programme on social housing support for low income household.

Recommendations from the HIA fell into a number of areas including the need for health stakeholder involvement in policy development and implementation, addressing health inequalities, identifying the impacts on vulnerable population groups, and opportunities for wider public health gain such as promotion of physical activity and safe indoor environments.

Consistent with the principles of health promotion, cooperation with other sectors was seen as one of the key lessons from the HIA. This could be supported through early involvement of key stakeholders, more specific identification of issues to be addressed in the scoping phase (either at a national, regional, or local level), documentation of the HIA process (including achievements and difficulties), and strengthened capacity through dedicated personnel for leading HIA processes.

Lithuania's 'Law on Public Health Care', passed by the Parliament on 16 May 2002, makes specific a requirement to undertake HIA with a focus on economic activity. The law states that the HIA should be carried out with the same procedure as EIA and a methodology will be drafted by the Ministry of Health. Further, there is a requirement to ensure public

health safety when carrying out spatial planning activities as well as when initiating or expanding economic activities.

In addition to legal frameworks, HIA practice is also subject to licensing requirements. As at 2006, there were 10 public agencies and 6 private companies licensed to undertake HIA. It was discussed that there were a number of advantages and disadvantages to legal frameworks requiring or regulating HIA. The benefits include a standardized methodology and the development of HIA capacity in health and other sectors. However, a legal framework can be less flexible, have limited application, and can lead to overlaps with legislative requirements for other types of impact assessment, for example EIA.

### **Ireland, The Netherlands, the United Kingdom and other countries**

A number of EU countries, including Ireland, the Netherlands, Sweden, and the United Kingdom, have developed institutional frameworks and capacity for HIA. These are briefly described below.

Several key steps have helped to institutionalize HIA in the Republic of Ireland including the development of a national environmental health action plan and a national health strategy in 1999 and 2001 respectively.[25] In addition, the Institute of Public Health was established with its main focus on HIA training, resources, guidance and reviews of HIA practice. Another factor that helped to strengthen HIA implementation in Ireland was the active membership in the WHO healthy cities movement.

The Netherlands was one of the first European countries to strengthen its HIA frameworks and capacity. This process is described elsewhere.[26] In summary, HIA was part of a broader intersectoral policy initiative established in 1986 with the Netherlands School of Public Health set up as the lead HIA agency in 1996.

The United Kingdom consists of England, Wales, Scotland and Northern Ireland. The development of HIA in the United Kingdom is described elsewhere.[27] However, the importance of government level support is shown in the example from Wales.[28] The change in the Welsh parliamentary system led to the publication of a set of government priorities in 1999 including health and well-being as well as sustainable development, equal opportunities, and tackling social disadvantage. Further, the Welsh government also released a report stating that HIA is an important tool to protect and promote public health. A Welsh HIA Support Unit was established.

There are differences in how European countries have implemented HIA, for example in Germany, Sweden, Slovakia, and Bulgaria. Following international consensus to integrating HIA within the context of EIA[29], several states in Germany established legal frameworks to apply HIA within the context of EIA. HIA at the local level is well-established in Sweden but until recently there has been less focus on national-level HIA.[30, 31] Slovakia introduced HIA provisions into its public health legislation in 2007, with an HIA expert group established but implementation has been delayed until recently. In addition, a licensing system for HIA practitioners has also been established in Slovakia. HIA linked to environmental assessment and regulatory public health approaches has also been introduced in the last few years in Bulgaria.

## Non-EU countries

Understanding the experience of non-EU countries, including Australia and New Zealand, Switzerland, Thailand, and the United States, may also be helpful in strengthening HIA implementation in Latvia.

The development of HIA in Australia and New Zealand has focused on three main issues: a) protection of health through assessing environmental causes of ill health and injuries including toxin exposure; b) assessing the broader determinants of health impacted on by government policies and programs; and c) to minimize health inequalities arising from governmental policies and programs.[32] Health in environmental assessment has played an important role in the development of HIA in Australia, and to a much lesser extent in New Zealand. Addressing broader determinants of health through HIA methods become more of a focus in Australia and New Zealand in from the early to mid-2000s. Equity-focused HIA guidelines have been developed in Australia, whereas New Zealand's approach has been integration of health equity issues within existing HIA guidelines.

Environmental assessment frameworks have primarily driven the development of HIA in Switzerland and Thailand. More recently, Switzerland has also moved to a cross-sectoral approach to HIA built upon the healthy cities movement. In addition, Thailand's HIA model includes a strong public consultation process within HIA as well as clearly articulated requirements for HIA within national health legislation.

Similar to Australia and New Zealand, the development of HIA in the United States draws upon both health within environmental assessment and more recently health impacts from the broader determinants of health.[33, 34]

## International experiences of institutionalizing HIA

A review of HIA in Canada (British Columbia), the Netherlands, New Zealand, and the United Kingdom[35] found that across these countries there were a number of common experiences when institutionalizing HIA, including:

- national-level legal frameworks are likely to be an important tool for institutionalizing HIA;
- a knowledge-transfer model between the health and non-health sector should be adopted for effective HIA practice to ensure that non-health sectors have increased capacity and capability to produce public health, such as assessment of health impacts;
- public health agencies should provide ongoing scientific and technical support to non-health sector agencies to ensure that the public health knowledge produced by the non-health sector agencies has scientific and technical validity; and
- the values of the HIA process must be integrated into existing decision-making processes and frameworks.

## Elements of HIA implementation

### Diffusing the HIA innovation

The adoption of a new decision-making tool, such as HIA, is a consequence of multiple factors. Implementing an innovation, such as HIA, in the health system requires consideration on various factors such as the innovation itself, the style of communication, the decision to adopt the innovation, and the social context.[36-38]

- The innovation: An innovation is more likely to be adopted if it is better than the idea it supersedes, if it is perceived as being compatible with existing values or needs of the adopting institution, if the innovation is simple and well-defined, if it can be trialed and modified, and if the results of the innovation can be seen by others.
- The communication style: adoption of an innovation is more likely to occur if there communication style if face-to-face, if the information is tailored to the audience, and where the message is communicated by someone in a similar profession or level.
- The decision to adopt the innovation: The decision to adopt an innovation is likely to be influenced by whether there is sufficient knowledge about the innovation, whether an individual or institution accepts the advantages of the innovation, and whether the innovation is included in the daily activity of the individual or institution.
- The social context: Innovation is more likely to occur if systems and institutions have strong leadership and a culture of creativity and innovation.

The adoption of HIA as an innovation in the health and non-health sectors can be strengthened by: a) promoting it as decision-making tool that is simple and well-defined; b) analysing whether it is compatible with existing decision-making processes; c) giving information that is tailored to particular audiences; d) ensuring information is provided about the advantages of HIA compared to other impact assessment of decision-making tools; and e) ensuring there is strong HIA leadership.

### Factors that support HIA implementation in EU countries

A recent project funded by the European Commission, the Health Impact Assessment in New Member and Accession Countries (HIA-NMAC) assessed what the HIA success factors might be for new member and accession EU countries. This project found that the success of HIA implementation was associated with HIA awareness in institutions and agencies, the approaches in place for intersectoral action, existing frameworks for HIA or other impact assessment, data availability, and existing resources allocated to HIA implementation.

Several questions can be asked to help prioritize where efforts should be placed to support successful HIA implementation. These questions include:

- are institution employees familiar with the theory and evidence on the determinants of health, intersectoral approaches, risk management and assessment principles, and impact assessment methods?;
- is there an atmosphere or culture for intersectoral approaches, including transparency and participation?;
- are there adequate national-, regional-, and local-level data sources available to support the scoping and appraisal stages of an HIA?;
- is there a good understanding about how HIA fits within existing intersectoral approaches and impact assessment methods, such as environmental assessment, and decision-making tools?; and
- is there an implementation plan for HIA at the national, regional or local level?

### **Steps to support HIA implementation**

When a country is considering action to strengthen HIA implementation, one way to ensure that there is greater success is to establish an HIA working group. The focus of the working group is to develop an implementation plan to identify and address issues such as stakeholders, processes and timelines. A HIA working group's core role is to agree on who should have responsibility for the long-term implementation of HIA. The development of a HIA implementation should include:

- identifying existing individuals and institutions with public health and environmental management backgrounds that may have knowledge and experience in HIA or other forms of impact assessment;
- developing a national policy document to provide a framework for HIA implementation;
- identifying available data sources that can be used in the scoping and appraisal stage of a HIA;
- establishing partnerships with other sectors and their institutions; and
- developing budget allocations for HIA training, HIA tool development and HIA pilot studies.

### Changing political, resource and decision-making priorities

Given that HIA is associated with a country's political, resource and decision-making context, it is likely HIA implementation is impacted (either positively or negatively) where there is change in any one of these factors. For example, the introduction of the Latvian public health strategy provides a framework for positive impact on HIA implementation. Conversely, changes in political administration and priorities in some countries have resulted in reduced HIA implementation compared to previous arrangements where HIA implementation had higher importance.

Despite the implementation of HIA in a number of countries, there is little evidence regarding how HIA activities have changed over time due to political, resource prioritization, or decision-making landscape changes. Some patterns can be inferred from the experience in several countries. Decreases in HIA activity have been observed in British Columbia, Canada, the Netherlands, New Zealand, and the United Kingdom.[39] There is differing evidence regarding how HIA activities have changed with the introduction of a new government with one study suggesting there has been no change[31] and one study indicating that HIA activity has reduced following a change in political administration.[40]

A number of activities can be put in place to help mitigate negative HIA implementation impacts resulting from changes in political, resource or decision-making priorities. First, having HIA capacity at both the governmental, academic, or community levels ensures that when government priorities change that academic institutions are in a position to continue some or all aspects of HIA implementation. Second, a systematic approach to delivering HIA raising awareness and training activities should be carried out across health, environment and other sector to increase the HIA knowledge base at the organizational rather than individual level. Third, evaluating the effectiveness of HIA should be undertaken so that the strengths and weaknesses of HIA can be shown to decision-makers across the political spectrum.



## Options for implementing HIA in Latvia

On the basis of the current developments on HIA described above, of the recent international experience, and above all considering the Latvian situation, this section presents the outlook and the most viable options for an effective implementation of HIA in the country.

### Findings from key informant interviews

A number of key informant interviews and discussions with relevant stakeholders were undertaken by WHO in May and August 2011. The interviews and stakeholder meetings were held with representatives from the National Health Service, the Faculty of Public Health at Stradins University, the Ministry of Health, the Ministry of Environment and Regional Development, and the Environment State Bureau.

### Existing resources that could be modified to strengthen HIA implementation

Key informants noted that there are a number of areas in Latvia that could be built upon to implement HIA, including:

- there is strong support drawn from Latvia's new public health strategy that could be leveraged against to implement HIA;
- there are existing good governance tools, such as intergovernmental committees, that could be used to support HIA;
- health issues arising from inter-governmental assessment or consultation processes are addressed by the Ministry of Health where the scope of issues is quite simple and by the National Health Service or other relevant institutions where more complicated assessment is required;
- good data sources and highly skilled personnel able to undertake data analyses are available for HIA implementation;
- a useful resource already in existence is a database of institutions or individuals with health expertise held by the Environmental State Bureau;
- there is already a strong impact assessment tradition through environmental impact assessment; and
- there is strong support from academic institutions to support HIA implementation.

### Areas where efforts would need to be prioritized

To face increasing demand of evidence-based policy, there is a need to strengthen capacity and capability in the area of:

- translation of evidence into policy;
- evaluation methods and approaches;
- academic resources to support HIA implementation, resources are already committed to teaching and research activities;

- risk management and risk assessment principles and their application. One option to address this would be to explore the establishment of a HIA support unit across Baltic countries.

### **Options for HIA implementation**

Based on findings from the key informant interviews and discussions with stakeholders, there are two main options for strengthening HIA implementation in Latvia. The first option is to focus the leadership for HIA implementation within the health sector. The second option is to focus HIA implementation within the environment sector. Multiple factors will contribute to the decision about which sector should lead the implementation of HIA. However, the findings from this report suggest that most appropriate location for HIA implementation is within the health sector. This is primarily due to the current allocation of resources, leadership and expertise for HIA within the health sector. Under this option, activities could include:

- establishing a national HIA support unit within the National Health Service or the Ministry of Health;
- strengthening existing whole-of-government consultation processes to improve how health is considered in government decision-making;
- development of an HIA screening tool to be used by the Ministry of Health on draft policies, proposals, and projects led by a government ministry or agency in any sector. The HIA screening tool could be developed through collaboration between the Ministry of Health, the National Health Service and the Department of Public Health at Stradins University;
- if an HIA is triggered by the above HIA screening tool, the national HIA support unit, or institution nominated by the unit, would undertake the HIA;
- development of an HIA training program led by the health sector;
- development of a strategy led by the health sector to maximize existing environmental assessment frameworks; and
- development of a strategy led by the health sector to demonstrate and increase the use of HIA at the municipal level.

### **National HIA support unit**

It is proposed that a national HIA support unit be established to support HIA implementation at the national and local level in Latvia. The overall aim of the support unit could be to strengthen HIA practice in Latvia's policy-making process to support a whole-of-government response to improving the health of the population, including those who are most disadvantaged. The specific objectives of the support unit could include: a) developing and delivering HIA training and awareness raising programs for health, environment and other sectors b) building partnerships with key government and academic institutions to support good HIA practice; c) identifying and creating opportunities and capacity for HIA implementation such as HIA leaders at the national and local level, supporting organizational commitment to HIA, and opportunities for funding HIA activities including training; and d) building the evidence-base for HIA through monitoring evaluation.

### ***Whole-of-government approach***

A whole-of-government approach is suggested. It is important to differentiate between the conceptual framework for whole-of-government approaches and the tools, including HIA, available to health and non-health sectors for putting this concept into practice [41]. While HIA is commonly used to achieve this goal, there are other governance tools that can be helpful such as target setting, cabinet level (executive arm of the government) coordination, interdepartmental committees, public health or environmental legislation, public policy formulation processes, public hearings, cross-departmental spending reviews, and cross-governmental analytical and intelligence services [42]. Ensuring that HIA practice is linked into these other governance tools is important.

### ***HIA screening tools***

The purpose of the HIA screening step is to decide, preferably with colleagues in other departments or sectors, whether an HIA is needed and if it can add value to the decision-making process. An HIA screening process includes consideration of whether the draft policy, program, plan, or project has health relevance, whether there is an opportunity to influence the decision-making process, and whether there is data and analytical capability to allow for adequate consideration of the likely health impacts. While there are many HIA screening tools available, it is more valuable to develop an HIA screening tool that is 'fit-for-purpose' to the decision-making context such as adherence to relevant law or policy development requirements.

### ***HIA guidelines***

A number of countries have developed HIA guidelines. Many of which follow the stages of an HIA – screening, scoping, appraisal, reporting, decision-making, and monitoring and evaluation. It may be helpful to review the guidelines currently available, particularly guidelines developed for neighboring countries, and to decide how these existing resources could be adapted to the Latvian context. Efforts should remain on putting into place other activities, such as training and capacity building workshops, that focus more directly on HIA implementation. An overview of the capacity building program delivered in Estonia in 2006 by the WHO is provided as an example in Appendix 2.

### ***HIA training programs***

Various countries and institutions have developed HIA training programs; a number of these are publicly available. Common to these training programs are discussion on the determinants of health, the link between HIA and other impact assessment approaches, and the stages of the HIA process. Efforts should be placed on delivering the HIA training across environment, health and other sectors to ensure a base-level of HIA knowledge. Following the development of HIA training programs designed for a generic audience, training programs could be developed specific to a particular sector such as housing, agriculture, or land-use.

### ***Maximizing HIA interest and implementation in other sectors***

At the core of HIA is a whole-of-government approach. There are natural relationships between health and environment sectors that benefit HIA implementation. Policies in other sectors, such as energy, transport, agriculture and housing, also play a strong part in the health of populations. HIA can benefit the policy development processes in these sectors.

The health sector has an important role to play in supporting other sectors to identify policies and policy proposals with potential health consequences. Other sectors will need input from the health sector on this identification step, particularly if it is considered that a HIA is needed. Trained health sector personnel with expertise in public health protection and promotion are required to assist with this process.

There are a number of challenges for implementing a whole-of-government approach that enables health to be considered in the policies of other sectors [43]. These include:

- the timeframe for establishing institutional support with a non-health sector agencies, in some cases where there are natural relationships with health the timeframe may be short, but for less obvious relationships the timeframe will be much longer;
- effective improvements in health outcomes may require policy development across a range of sectors and it may be difficult to actively engage with some of these sectors;
- implementation of policies at the local level may be limited if there has been insufficient public involvement in the policy-making process; and
- longer-term perspectives may be required to address some health outcome measures, this may be in contrast to shorter term gains sought by other sectors.

### ***Municipal-level HIA implementation***

While this report focuses on HIA at the national level, HIA in a number of countries has been more rapidly implemented at the local level. Decisions at the local level assessed through an HIA process often focus on environmental, land-use policy and social policies that are likely to impact on the health of the local population. Placing emphasis on raising awareness and building expertise in municipal governments and other local-level institutions and agencies is likely to ensure the ongoing implementation of HIA in Latvia.

Multiple factors contribute to effective implementation of HIA at the local level. These include:

- ensuring that key actors and decision-makers are informed about the benefits and limitations of HIA in the decision-making process;
- providing knowledge about HIA to a range of individuals and organizations at the local level;
- having a regulatory framework that supports HIA or a health in all policies implementation process;

- ensuring that the costs of HIA are recorded to help measure the effectiveness of the resources allocated; and
- the decision by local health and environmental agencies to revitalize efforts to protect and promote public health through public health as well as health care activities.

### **Key steps in implementing HIA at the country-level**

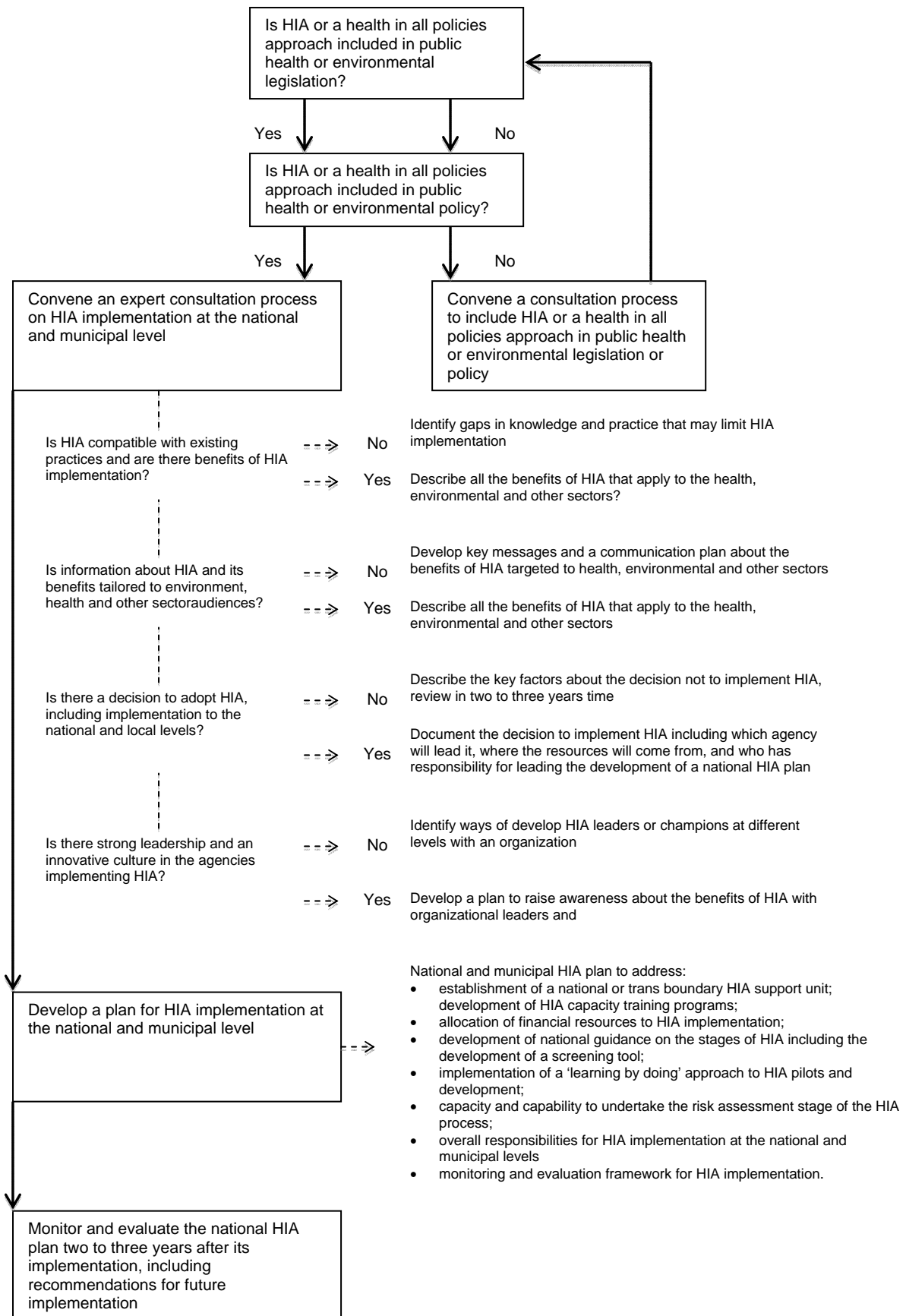
Despite the fact that HIA has matured in the last fifteen to twenty years, little has been published on the steps that countries should follow when strengthening their implementation of HIA methods and approaches.

Based on the information gathered for this report, Fig. 3 shows the key steps in implementing at the country-level, based on recent experiences particularly in EU countries. This figure is a guide. Like HIA itself, the steps have been designed so that countries can include other factors that are relevant to their own legal, policy or administrative requirements.

The major steps are:

- identification and review of the legal and policy frameworks in the environmental and health sectors that require or enable HIA or a health in all policies approach;
- convening an expert consultation process on HIA implementation at the national and municipal level;
- developing a plan for HIA implementation at the national and municipal level; and
- and monitoring and evaluating the national HIA plan two to three years after its implementation, including recommendations for future implementation.

**Fig. 3. Flowchart for country-level implementation of health impact assessment (HIA)**



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## Appendix 1. Stages in the HIA process

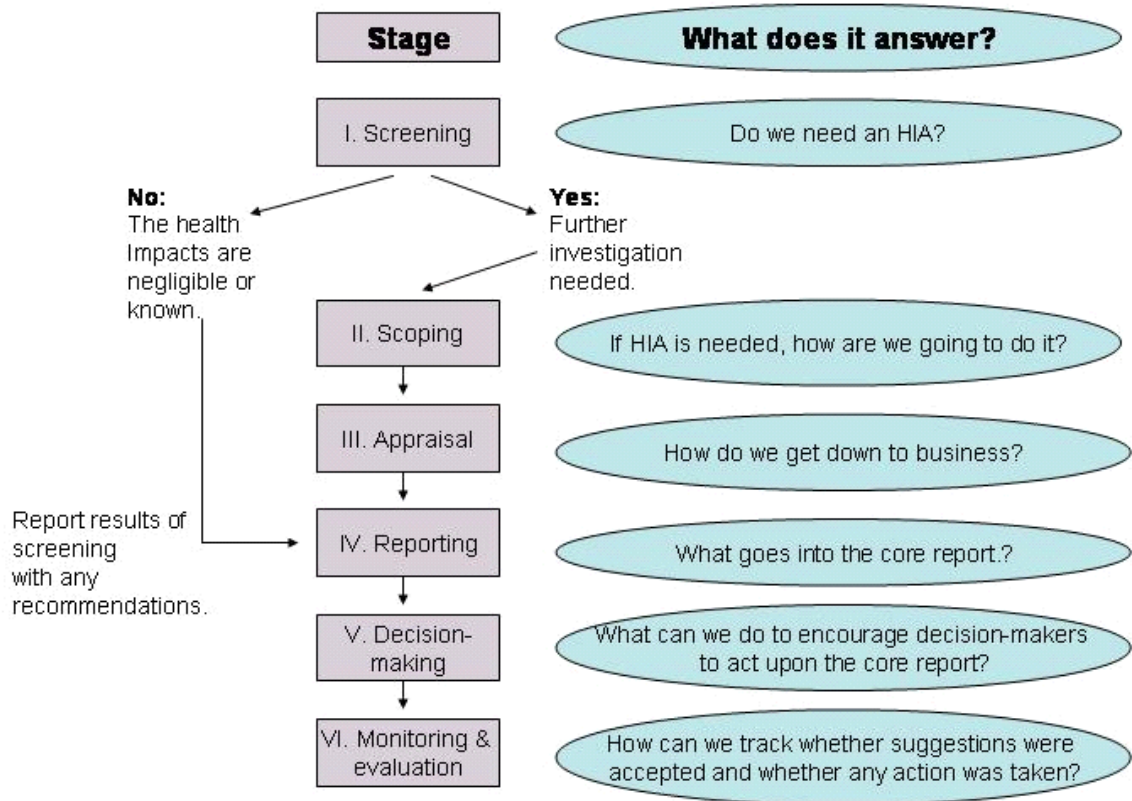
There are six commonly used stages in the HIA process: i) screening; ii) scoping; iii) appraisal; iv) reporting; v) decision-making; and vi) monitoring and evaluation. The purpose of this Appendix is to show the relation between these steps and of more detailed information about each of the stages.

### An overview of the HIA process

Fig. 4 summarizes the stages of the HIA process and the purposes of each stage. As described by Wernham (2011):

- **Screening** helps to determine whether an HIA is needed and likely to be useful.
- **Scoping** develops a plan for the HIA, including the identification of potential health risks and benefits; communities and subgroups likely to be affected; stakeholder concerns; and available data sources.
- **Assessing** draws on multiple data sources, describes the baseline health status of affected communities; identifies vulnerable populations; and describes existing conditions that influence health
- **Recommending** develops recommendations that are feasible in the political, economic, regulatory, and technical context of the policy, program or plan being assessed
- **Reporting** disseminates the findings to decision-makers, affected communities, and other stakeholders
- **Monitoring and evaluation** involves process, impact or outcome evaluation and monitoring collects information to inform each type of evaluation.[34]

Fig. 4. Stages of the HIA process (Source: Gothenburg consensus paper, WHO, 1999)



## Screening

The purpose of HIA is to determine whether an HIA is needed and whether it can usefully contribute to the decision-making process for the proposed policy, program or project. HIA screening tools include consideration of relevance of the proposed policy, program or project to health and whether it is possible for the HIA to contribute to the decision-making process for the proposed policy, program, or project.

HIA screening is commonly undertaken within or across agencies using a short HIA screening tool either developed for a specific country or municipality or borrowed from existing publicly available HIA screening tools.

HIA screening should be carried out even when a proposed policy, program or project states that health issues are addressed. An HIA process can help identify the strengths of the proposal as well as systematically identify health issues that may not yet have been considered such as the how broader determinants of health or particular population groups are likely to be impacted by the proposal.

### HIA screening tools

There are three different types of HIA screening tools:

- an HIA checklist where a set of simple questions with 'yes' or 'no' answers is used to assess whether an HIA is required
- an HIA screening questionnaire where more detailed questions with open-ended answers are required to determine whether an HIA is required;
- an HIA screening matrix where a table is used to score answer to questions to determine whether an HIA is required based on a pre-determined score.

### Content of HIA screening tools

The issues that the HIA screening tool should address include:

- the size of the economic, environmental, social, cultural, or health importance of the proposed policy, program, or policy;
- whether, and by how much, the proposed policy, program, or policy is likely to enhance health outcomes;
- whether, and by how much, the proposed policy, program, or policy is likely to contribute to adverse health outcomes;
- whether these enhanced or adverse health outcomes are likely to be short-, medium-, or long-term;
- whether, and by how much, these enhanced or adverse health outcomes are likely to be affect specific population groups;
- which of the determinants of health does the proposed policy, program, or project impact on;
- will the HIA be considered useful by decision-makers leading the proposed policy, program or project;
- is there sufficient time for the HIA to be undertaken to assist in the decision-making process for the proposed policy, program, or project;
- are there resources available to undertake the HIA; and
- are the health outcomes from the proposed policy, program or project already being assessed by another institution or agency.

### Developing an HIA screening tool

A number of HIA screening tools are publicly available.<sup>1</sup> It may, however, be appropriate to develop an HIA screening tool appropriate to a country's or municipality's decision-making context.

HIA screening tools are generally quite short and are no longer than four to five pages. The HIA screening tool should be clear and concise and be written in a non-technical language able to be understood by academic and government institutions. HIA screening tools can be piloted by various agencies before being finalized.

The benefits of developing an HIA screening tool include contributing to greater collaboration between research institutions, government agencies, ensuring that HIAs are undertaken within specific decision-making contexts, and building HIA capacity in the agencies involved in the HIA screening tool development process.

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<sup>1</sup> A list of HIA screening tools used internationally can be found at the Health Impact Assessment Gateway ([www.apho.org.uk](http://www.apho.org.uk)).

## Scoping

The purpose of the HIA scoping stage is to develop a plan for undertaking the HIA. A steering group with the support of a lead agency who undertook the screening stage commonly oversees an HIA. The agency that undertook the screening stage usually leads the scoping stage by organizing an initial meeting with key stakeholders and experts. At this first meeting, three issues are often discussed and agreed upon by the group:

- the conceptual and contextual issues relevant to the HIA;
- the establishment of the HIA steering; and
- the terms of reference of the HIA steering group.

## Conceptual and contextual issues

HIA is always linked to a specific political, cultural, societal context, therefore discussion of such a context together with discussion about the concept of HIA are important tasks of a steering group.

Some of the HIA context issues that could be discussed are:

- what is the proposed policy?;
- what aspects of the proposal need further consideration, as a result of screening?;
- what specific health impacts should the HIA focus on?;
- what are the aim and objectives of the HIA?;
- what expectations do decision-makers, the proponents of the proposal, public, interest groups have?;
- what definition of health will be used?; and
- what other assessment are being or have been undertaken related to proposal?

Some of the demographic and health profile context issues that could be discussed are:

- what is the current health status of the municipality as whole and population groups of interest?;
- what geographic area will the HIA cover?; and
- which population groups or community groups will be influenced?

Some of the institutional context issues that could be discussed are:

- interests for or against the proposal, strength of evidence on potential health impacts?;
- how the proposal does fit into larger policy context?;
- what is the institutional context? How can HIA connect with it?; and
- who is involved in decision-making process?

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<sup>2</sup>Although municipalities state in their respective health policies that they accept the WHO definition of health for each HIA case there might be some differences in understanding of health among members of steering group coming from different sectors. Therefore it is necessary for the steering group to discuss this issue and find a common understanding.

### **Establishing the HIA steering group**

The following issues should be considered when establishing an HIA steering group:

- who will make up the HIA steering group, what will be the responsibilities of members;
- who will be responsible for the HIA?;
- who are the key experts?;
- timescale and deadlines;
- accountability and mechanisms;
- human and financial resources;
- presentation and dissemination of results;
- legal issues including copyright;
- which stakeholders need to be involved (politicians, decision-makers, relevant public sector professionals, affected communities);
- how should stakeholders be involved in the HIA?; and
- how should stakeholders be consulted about their views, experience and expertise?

### **HIA steering group terms of reference**

The third issue within scoping aims to decide which determinants of health, health outcomes and population groups are going to be included in the appraisal stage. The steering group should discuss include:

- what methods will be used in the HIA and why?;
- what criteria will be used to select those impacts that should be subject to more in-depth assessment?;
- what research and evidence will be used?;
- can existing evidence be readily applied?;
- is it feasible to collect new evidence?; and
- how will the HIA be monitored and evaluated?

## Appraisal

The appraisal stage is central to the HIA process. It uses both quantitative or qualitative processes to assess the likely impacts on the health of the population resulting from a proposed policy, program or project.

### Risk assessment and risk appraisal

During the scoping stage of the HIA, the likely positive or negative health impacts resulting from a proposed policy, program, or plan are identified. Some or all of these impacts, and their determinants, may be chosen to move to the risk assessment and risk appraisal stages. An external institution such as a national environmental center or public health center may undertake the risk assessment stage. The findings from this risk assessment are then appraised by the HIA steering group for their relevance to the proposed program, project, or plan include how likely the risk is, how big it is, and how many people it will affect.

### Quantitative and qualitative analyses

HIA can involve quantitative, qualitative, or combined quantitative and qualitative analyses. Quantitative assessment aims to assess the association between a change in a specific determinant of health and the identified health outcome either at the total population level or by subpopulation groups. Qualitative assessment aims to gather an in-depth understanding of how a policy, program, or project may impact on the health of populations. Compared to quantitative assessment, different methods may be applied (such as interviews, focus groups, and consultation meetings) and the sample size is usually much smaller than quantitative analyses.

### Types of HIA appraisal

There are four main types of risk appraisal.

1. **Desktop risk appraisal** is done where there are good data sources (registry data, epidemiological data, published reports) and there are only one or two determinants of health identified. Desktop appraisal is often undertaken internally by the organizing leading the HIA, e.g. the Ministry of Health.
2. **Rapid risk appraisal** is usually done in case of a single project, but where more than one determinant of health is involved. In this case data are still easily accessible from routine data sources such as local, regional, national statistics unit, databases, registries and the whole process could be completed within a week or two.
3. **Intermediate risk appraisal** is linked to higher level of documentations such as plans, strategies and involves more determinants and health outcomes. In some cases it relies on new data collection, but most of the work can still be done within the municipality with little external help and support. The other end of this continuum is a comprehensive risk appraisal.
4. **Comprehensive risk appraisal** is usually needed for more comprehensive policies, projects, plans involving many different determinants of health and a range of possible health impacts. Registry, epidemiological or published data are used as well, however there is usually a need to collect new data specific for the subject. This increases time and general resource requirements and also set up of additional most often external capacities from outside of the municipality.



## Reporting

Documenting the HIA process is a core stage in the HIA process. A HIA report usually contains a summary of the screening and scoping stages followed with a more detailed section on the appraisal stage with concluding recommendations and a monitoring and evaluation report. A HIA report may be written for different audiences such as the decision-makers, technical institutions or the communities likely to be affected by the proposed policy, program or project.

### Elements of an HIA report

A HIA report should contain the following elements:

- a short description of the proposed policy, program or project;
- a description of the HIA screening tool used (the HIA screening tool could be included as an appendix if it is a new screening tool);
- the results of the HIA screening decision, regardless of whether it was agreed to proceed with an HIA or not;
- a short description of the scoping stage including the HIA terms of reference, the steering group membership, the likely health impacts resulting from the proposed policy program or project assessed in the report, the determinants of health focused on during the HIA process, and the population groups likely to be most affected by the proposed policy, program, or project);
- a short description of the appraisal stage including the data used, how it was analysed, and how any predictions of health impacts were made;
- the recommendations resulting from the HIA process to the lead agency proposing the policy, program, project; and
- a monitoring and evaluation plan for the HIA.

### Issues to consider in preparing an HIA report

Factors to consider when drafting the HIA report include:

- the report's audience – it may be important to consider whether the report is for decision-makers, technical institutions, or communities and whether separate reports for each audience may be needed;
- the language used in the report – the language should be appropriate to the audience for the report whether it be decision-makers, technical institutions, or communities;
- the structure and length of the report – the report should be concise to ensure it is easy to read and that readers are able to orientate themselves to the different parts of the report;
- the format of the report – the report should be well-formatted to ensure that readers find it easy to read;
- the data used in the report – to help orientate the reader use of maps, graphs, figures and tables relating to the various aspects of the proposed policy, program, or project, or the likely health impacts of the proposed policy, program or project could be considered;
- the dissemination of the report – who are the key institutions or groups the report should be given to and is there any confidential issues that need to be assessed in the report distribution;

- the costs associated with report preparation – have costs associated with the report preparation and publication been included in the HIA process;
- actual or potential conflicts of interests or ethical issues – these should be clarified within the report;
- the ownership of the report – it should be clear to readers who the owners of the report are including any difference between the authors of the report (such as an academic institution) and the institution who commissioned the report.

## Decision-making and recommendations

HIA is strongly linked to the decision-making process. One output of the HIA process is a set of recommendations to decision-makers about how to enhance the health of populations likely to be affected by the proposed policy, program or project. This could include recommendations that promote health (such as recommending walking and cycling measures in land-use decisions) or protect health (such as ensuring that changes to air quality resulting from a proposed policy, program, or project meets internationally recommended standards).

### The decision-making context

The HIA steering group commonly develops the HIA recommendations. The steering group should be aware of the timeframe for the decision-making process, the institutional structures of the main stakeholders involved in the HIA, the formatting requirements of the agency leading the proposed policy, program or project, and the way in which different environment, health or other institutions relate to each other. Much of this information is gathered during the scoping stage so this should be able to translate into the decision-making stage.

Decision-makers should be provided with the following information from the HIA steering group prior to the specific recommendations:

- the aim of the HIA;
- the overall choice of options, including a no action option;
- a concise summary of the findings from the HIA risk appraisal stage;
- an overall message of the findings from the HIA.

### Elements of a recommendation

The recommendations from a HIA process aim to propose adjustments or offer different options to a decision-maker from a proposed policy, program, or project. The recommendations should be developed by the HIA Steering Group taking into account the views of the decision-makers, experts, the public, and HIA process participants.

An HIA recommendation should include:

- who the recommendation is directed at;
- the action associated with recommendation;
- which other agency or institution might need to be involved to action the recommendation; and
- the timeframe for the implementation of the recommendation; and
- who should, if required, monitor and evaluate the implementation of the recommendation.

## Monitoring and evaluation

The final stage of the HIA process involves both evaluation and monitoring.

### Evaluation

Evaluation of an HIA can incorporate three forms of evaluation[34]:

- process evaluation that assesses the process of carrying out the HIA and its fidelity to any applicable best practice or standards;
- impact evaluation focuses on the impact of the HIA on the decision-making process; and
- outcome evaluation assesses how the implementation of the final decision affects health or determinants of health such as air quality.

### Monitoring

Monitoring for HIA collects data to inform each type of evaluation. An example of the types of variables and their data sources that could be used for monitoring health outcomes as part of an HIA outcome evaluation is given below.

Variable	Reporting unit	Collecting unit	Reporting frequency	Source of data	Comments
Number of cars per day recent	Traffic department	Health profile group	Monthly	Data registry	
Number of cars per day planned	Traffic department	Health profile group	Monthly	Data registry	
Traffic injuries	Emergency service + police	Health profile group	Monthly	Hospital and police records	
Noise levels	Environmental Unit	Health profile group	Once in 6 months	Data registry	
Time spent on driving	Professional truck driver association	Health profile group	Once in 6 months	Association files, working time reports	
Air pollution levels	Environmental Unit	Health profile group	Monthly	Data registry	Expressed as NO <sub>x</sub> and PM <sub>10</sub> levels
Fatal injuries	Emergency service + policy	Health profile group	Monthly	Hospital registry, policy records, mortality registration	
Sleeping disturbance	Health unit	Health profile group	Annually	Population survey	
Leisure time	Social service unit	Health profile group	Annually	Population survey	
Chronic bronchitis	Health unit	Health profile group	Once in 6 months	Hospital data	

## **Appendix 2. Summary of the capacity building workshop delivered by WHO in Estonia, 2006**

### **Objectives of the workshop**

The workshop took place in the framework of the Biennial Collaborative Agreement (BCA) between the WHO Regional Office for Europe and the Estonian Government, for 2006-07. WHO stipulates BCAs on a bilateral basis with 27 of its Member States, whose Ministries of Health indicate the priority areas where direct collaboration with WHO is sought. Estonia included, in its areas of work, the need to build technical and institutional capacity for HIA and resources for intersectoral work involving the health sector.

The objectives of the workshop were to:

- get common understanding of HIA and sharing experience of how this is used for policies and strategies in European countries;
- have input to develop a strategy for HIA implementation in Estonia; and
- share evidence from different levels of HIA (policy support and research).

Workshop sessions were targeted to meet the overall objectives and to meet the needs of participants.

Workshop participants The following people participated in the workshop:

- WHO Regional Office for Europe;
- Invited experts.
- Officials from Estonia (Ministry of Social Affairs, Health Protection Inspectorate, National Institute for Health Development, Health Care Board, Estonian Health Insurance Fund, University of Tartu, Praxis Centre for Policy Studies, Ministry of Environment, Ministry of Finance, Keila Municipality).

### **Resources provided during the workshop**

Participants were provided with a folder at the start of the workshop containing a number of hard copy resources:

- A glossary for health impact assessment;
- Health Impact Assessment: assessing opportunities and barriers to intersectoral health improvement in an expanded European Union;
- Health Impact Assessment: main concepts and suggested approach;
- Use of health impact assessment in incorporating health considerations in decision-making;
- WHO Bulletin – health impact assessment issue.

Hard copies of PowerPoint presentations were also made available during the two days.

### Evaluation of the workshop

An evaluation form was completed by 18 of the 27 participants. This information is summarized below.

Evaluation questions	Evaluation score (out of 5)
Quality of speakers	4.4
Relevance of the workshop to current work	3.9
Developed new information from the workshop	3.7
Usefulness of the workshop	4.1
Focus of the learning objectives throughout the workshop	3.8
Extent to which the workshop met its objectives	4.5
Overall usefulness of the workshop	4.4

Participants found the information on HIA methodology as well as practical examples of HIA most useful. Some participants found the working group exercise least useful. In addition, some participants would have liked more specific information about HIA methodology rather than the general overview provided. Overall, participants would find more practical examples of HIA helpful for future training as well as more emphasis on implementing HIA. Some participants also suggested that translation into Estonian would improve the impact of the workshop. Further, it was suggested that county and municipal governments could be involved in future events.

### Appendix 3. Suggested HIA links

A toolkit for cities – [http://www.euro.who.int/healthy-cities/phase/20040719\\_1](http://www.euro.who.int/healthy-cities/phase/20040719_1) -this toolkit contains a detailed description what is HIA, a short brochure for politicians why is HIA needed, a training manual for HIA including a screening tool developing table and reports of two case studies from testing the toolkit in an Slovakia and Italian municipality

General WHO web site on HIA [http://www.who.int/topics/health\\_impact\\_assessment/en/](http://www.who.int/topics/health_impact_assessment/en/) – this site contains general description of HIA, reports and experience with use of HIA as well as useful links

Environmental health and HIA – [http://www.enhis.org/object\\_class/enhis\\_healthimpactassessment.html](http://www.enhis.org/object_class/enhis_healthimpactassessment.html) -this web site contains a tool to conduct risk assessment on environmental health issues including selection of indicators

The HIA gateway – [http://www.apho.org.uk/default.aspx?QN=P\\_HIA](http://www.apho.org.uk/default.aspx?QN=P_HIA) – reports, tools, related references, causal diagrams are enclosed. Links to other HIA web sites included

## **The WHO Regional Office for Europe**

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health.

The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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Spain  
Sweden  
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Turkey  
Turkmenistan  
Ukraine  
United Kingdom  
Uzbekistan

**Health impact assessment (HIA) is a means of assessing the health impacts of policies, plans and projects in diverse economic, social, and environmental sectors using quantitative, qualitative and participatory techniques. The recent Latvian strategy for protecting and promoting public health provides an important legal and policy entry point for the strategic goal of health in all policies and the more operational objective of strengthening HIA implementation at the national and local levels. This could be achieved by enabling the health sector to take leadership for HIA in Latvia. For instance, the Ministry of Health or National Health Service could establish a national HIA support unit.**

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