

Health Impact Assessment – where now and what next?

The aim of this Technical Brief is to review current approaches to Health Impact Assessment (HIA), examine overlaps with other impact assessments, explore possible developments in the way both are undertaken, outline legal issues and identify ways in which the profile and value of HIAs might be increased.

Background

There is an increasing trend to undertake more comprehensive impact assessments of planning and development activities than has occurred in the past.

Health Impact Assessment (HIA) offers a different perspective from some other types of impact assessment. It places greater emphasis on stakeholder views, considers qualitative as well as quantitative evidence, and focuses on people's health and (increasingly) their well-being.

In contrast with Environmental Impact Assessment (EIA) and Health Equity Audit (HEA), there is no statutory requirement to undertake HIA. While there is a strong policy steer encouraging its use, particularly in some planning applications, there are limited resources and skills available to support comprehensive HIAs.

This Technical Brief is based on the findings of an expert group of practitioners, academics, developers and policy makers involved in HIA, EIA and Strategic Environmental Assessments (SEAs) who contributed to a one-day seminar, held on 21 February 2006.

The seminar was organised to explore how HIAs could have greater effect, in particular by complementing, contributing to or being undertaken alongside EIAs.

The event was organised and sponsored by HLSP, an international health and healthcare consultancy company and part of the Mott MacDonald Group, a global professional services firm that has wide-ranging experience of Impact Assessments.

What are Impact Assessments?

There are many types of impact assessment, used for a variety of purposes, particularly as part of planning applications. There is a growing debate concerning their use, and how to exploit overlaps while avoiding unnecessary duplication.

1. Health Impact Assessment

Health Impact Assessment (HIA) is a way of ensuring that decision making considers the potential impacts on health and health inequalities. The aim is to enhance the positive and reduce or eliminate the negative effects of decision making.

HIA is a developing technique and although there are guidelines on how best to undertake them, there is no single agreed national approach or methodology. The value of HIA is increasingly being recognised by policy makers and planners, and opportunities for enhancing HIA are being investigated worldwide.

2. Environmental Impact Assessment

Environmental Impact Assessment (EIA) aims to ensure that the environmental effects of a proposed development are fully understood and taken into account as part of the planning application process. In contrast to HIA, there are numerous statutory regulations covering the use of EIA, for example:

- requiring a developer to provide an EIA with a planning application;
- governing when local planning authorities can order an EIA ("screening opinion"); and,
- governing the information that planning authorities can request ("scoping opinion").

	HIA	EIA and SEA
Indications	Infrastructure projects. Policy development.	Infrastructure projects. Plan and programme development.
Legal requirements	None.	Many EU Directives and at least 30 legal instruments defining requirements.
Target	Examine effects on (broadly defined) health and well-being of sub-groups within defined populations.	Narrow definition of population in EIA. Comparison of key indicators of environmental damage against defined standards. Health-related emphasis on air and water quality and noise as these are most easily measured.
Methods	Quantitative (but lack of data). Qualitative (consultative, participatory approach).	Quantitative emphasis although EU Directive 96/61/EC incorporated into UK law now requires public participation.
Process	Screening. Scoping. Analysis. Mitigation.	Screening. Scoping. Analysis. Mitigation.
Typical value	£10k +	£30k - £3m
Areas needing further development	Data on health impacts. Standardisation of approach. Evidence on positive social dimensions of development.	More comprehensive / meaningful assessment of health-related impacts. Links to social / health impacts.

3. Strategic Environmental Assessment

SEA is a process to ensure that any significant environmental effects arising from proposed plans and programmes are identified, assessed, made subject to public participation, considered by decision-makers and monitored. Only certain plans and programmes are

statutorily required to have an SEA which sets the framework for future assessment of development projects e.g. through an EIA.

4. Regulatory Impact Assessment

A Regulatory Impact Assessment (RIA) analyses the likely impacts of policy changes and the different ways in which they might be implemented. It is a comprehensive, flexible tool that applies to formal legislation, codes of practice and information campaigns. RIA is used to assess the full range of potential economic, social and environmental impacts and where those impacts may fall – the public or voluntary sector, business or other groups.

5. Race Equality Impact Assessment

The aim of a Race Equality Impact Assessment (REIA) is to ensure that the implications of policy changes on race equality have been thoroughly assessed. The approach aims to ensure that full account has been taken of views expressed and to provide assurance that any steps needed to mitigate adverse impacts have been made.

6. Health Equity Audit

Health Equity Audit (HEA) identifies how fairly services, staff, facilities, commodities, expertise and other resources are distributed in relation to the health needs of different groups and areas. The aim is not to distribute resources equally but, rather, relative to health need. The HEA is a cycle of activities that is only complete when changes are made that demonstrably reduce inequalities.

Policy issues

Regulation

A key issue for HIA practitioners and those commissioning these studies is how to manage the expectations of developers, the public and politicians. There are no statutory requirements for HIAs to be undertaken and there is little or no enthusiasm amongst UK policy makers to change this. The current focus is on integration with other types of impact assessment. The UK Government has adopted a policy that requires population health to be considered when local authorities are assessing land use planning options and applications.

Interestingly, in a small number of countries such as the Netherlands, Government Departments have assumed responsibility for registration and licensing. The Department does not participate in standard setting, but applies a set of rules developed by the medical profession.

Evidence

HIAs draw on existing health and demographic data and published research evidence – they are not in themselves research projects. However, there is a lack of robust data on the consequences of development on health or social cohesion, and minimal investment in research to improve the evidence base.

Related to this, developers are increasingly keen that the findings of negative health impacts are balanced, where justified, by a similar emphasis on positive health impacts. This must, of course, be supported by equally robust evidence and an acknowledgement where such impacts are limited.

Technical issues

Methods

EU Directive 97/11/EC states that EIAs should “identify, describe and assess” the effects of projects on human beings, to “take account of concerns to protect human health”. However, the indicators used in EIA are only proxies for ill health, not direct measures.

The participative element of HIA is relatively well developed, and there is potential for these techniques to inform and improve other types of impact assessments (i.e. EIAs). However, there is limited consensus on how to weigh up relative and absolute impacts on different groups of people, ie: how to address equity.

There is also a drive to understand how skills, knowledge and methods can be transferred and shared between the UK, EU, US and low and middle-income countries.

Timing

Developers and planners are increasingly conscious of the need to address the concerns of the public when major infrastructure projects are planned, particularly if a public enquiry is likely. However, HIAs are often commissioned and completed too late to inform key decision making, and are therefore poorly integrated into the planning process. This has led to an increasing interest in conducting EIAs and HIAs at the same time or as a single project.

Integration

Current UK guidance stresses the need to involve health professionals in SEAs, and there is ongoing work (e.g. in the Department of Health) to integrate health into regulatory impact assessments. However, there are weak links between environmental and health professionals working in these areas.

Legal issues

Legal Framework

Although there is no express legal requirement to carry out a HIA in connection with planning matters, it is arguable that EU law requirements for EIAs to assess the effects of projects on “human beings” and “take account of concerns to protect human health” give rise to an obligation (albeit not a directly enforceable one) to assess the public health impact of certain proposals.

There is also a growing recognition of the importance of HIAs in contributing to policy formulation and planning, and this principle has been embodied in Regional Planning Guidance issued in the UK by the Office of the Deputy Prime Minister.

Risks and Challenges

Against this background, those involved in decision-making relating to planning and development projects need to have regard for the potential legal risks of failing to give proper consideration to health impacts.

Failure to consider the health impacts of a policy or proposal - either because it was not addressed at all, or because the screening process to determine whether a HIA should be carried out was flawed - could give rise to a ground for legal challenge if it led to a clearly relevant consideration not being taken into account in the decision-making process.

That said, this risk is likely to be mitigated by a reasonable screening process that takes account of relevant factors in determining whether to conduct a HIA. This is because a Court of Law will not generally look beyond the adequacy of the process adopted to the merits of the decision.

Mitigation

If a HIA *is* undertaken, a flaw in the process may provide grounds to invalidate the decision arrived at. There are, as yet, no hard and fast rules as to how HIAs should be conducted, although a number of recognised guidelines have been published which set out suggested concepts and procedures. These give rise to a number of points which should be borne in mind:

- regard should be had where appropriate to existing guidelines and best practice;
- the scope, methodology and limitations of the HIA should be transparent;

- consideration must be given to the appropriate methodology having regard to, *inter alia*, likely impact, significance and complexity of the project or policy, available data, and cost and time limitations;
- There may be circumstances (eg: if there is no existing data, or if a potential health impact is very significant), where new research is needed, but the use of limited but existing research evidence does not in itself make a decision based on that HIA vulnerable to a legal challenge;
- Care must be taken to identify and assess all material relevant factors during the HIA;
- Where consultation is undertaken, it will need to be adequate (in terms of information, scope and timing) to allow consultees to provide an informed response at a formative stage; and
- the results of the HIA must be properly taken into account in subsequent decision-making.

Although there have not yet been any legal challenges in this area, in the case of significant projects with potentially important public health impacts, expert legal advice should be sought at an early stage to ensure a legally robust assessment process.

Conclusions

Current EU Directives can be interpreted as a requirement to include health impact as part of EIA. However, the methods used must be robust to withstand legal challenge, and more funding is needed to develop the evidence base and identify quantifiable health impacts of social and environmental developments.

Similarly, work needs to be undertaken to develop a consensus and credibility on HIA methodology. This would help to justify the need for and illustrate the additional value of HIA in informing decisions, and also help HIA practitioners and commissioners understand the legal context better.

There are opportunities to link HIA with the EIA process. HIA naturally draws on much of the data generated for EIAs and the techniques used for HIA could inform the way in which EIAs are conducted. HIA could become incorporated into the EIA process for big development projects, however, stand-alone HIAs will still be needed for RIAs and smaller infrastructure projects.

A practical way to achieve this is to exploit new technology and tools which map the impact of development on specific population groups and sub-groups. This would lead to more efficient and effective, higher quality and more comprehensive assessments.

Geographic Information Systems (GIS) are an example of such a new technology. GIS are software systems which can be used to visualise geographical, demographic or health status changes and can include "What If" scenarios. GIS techniques can also be used to calculate travel time and distances (and hence costs) to and from the object of interest and assist in the planning of transportation changes which might alleviate social impacts.

HIA needs to be undertaken earlier in the planning cycle. Nonetheless, there will still remain the need to demonstrate clearly the advantages of undertaking an HIA rather than an alternative form of assessment – hence screening and scoping processes are very important.

Given the current emphasis on incorporating health into regulatory and other assessments, this is a good time for interested parties to raise the profile of HIAs, attract increased funding from developers, recruit more practitioners into the field and improve training opportunities.

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