



# Canterbury Health in All Policies Partnership (CHIAPP)

## Background Information on Health in All Policies (HiAP)

### Information Sheet 3 (January 2015)

Different countries around the world are at different stages of working with Health Impact Assessments (HIA) and Health in All Policies (HiAP).

#### What is happening with HiAP and HiA in Europe?

The Health in All Policies (HiAP) strategy was formally legitimated as a European Union [EU] approach in 2006<sup>1</sup> with intersectoral collaboration as an important pre-requisite<sup>2</sup>. However the implementation of this approach is variable and differs for different partner nations or communities.

The 1992 Treaty of Maastricht, Article 129 and the 1997 Amsterdam Treaty, Article 152, outlined the European Union's responsibility for health protection in all their community policies and activities<sup>3</sup>. The European Environment and Health Action Plan (2004-2010) promoted the requirement for the HiAP approach and outlined the European Community's response for environmental and health monitoring to reduce adverse health impacts<sup>3</sup>.

The voluntary status of Health Impact Assessment (HIA) in the EU contrasts with the statutory requirement to carry out Environmental Impact Assessments of high-level policies such as the Strategic Environmental Assessment, which means the use of HIA is patchy. There are however, some excellent examples of its use<sup>4</sup>. Sweden, Finland, Norway and Netherlands across the European Union have governments which address health inequalities through HiAP<sup>1</sup> with a whole of government approach. This approach has a "broad vision of health, with commitment from high levels, exerting influence such as co-ordination and collaboration mechanisms, with support on intersectoral action e.g. concrete objectives and visible results, capacity building and transfer of knowledge on HiAP, and evaluation"<sup>1</sup>.

**Sweden (HiAP and HIA)** – Sweden has a Federation of Swedish County Councils which works with the National Public Health Institute and the Karolinska University<sup>5</sup> as the main supporters of HIA. Their HIA procedures are a regular part of decision making at the local level<sup>3</sup>.

This country and their policy makers take the 'learning by doing' process seriously with an emphasis on their health sector working with other sectors. Their focus is on a small critical mass of staff who are proficient in HiAP to make things happen<sup>6</sup>. The policy sectors in Sweden using HIA include agriculture, alcohol policy and the EU common agricultural policy (Swedish Institute of Public Health)<sup>4</sup>.

The Swedish approach would seem to be centralised through the National Public Health Institute working with other sectors.

**Finland (HiAP)** – When Finland was responsible for the European Union Presidency in 2006, their main theme was the development of HiAP. Finland's aim was to review policy making at all levels of governance in Europe<sup>7</sup> and they wanted to promote practical measures to review the health impacts of key decisions and policies.

Finland uses their health and welfare report on population health, and health determinants as a common point for planning and taking action for the different sectors<sup>6</sup> and they have institutionalised HIA at a national level<sup>3</sup>. One of their demonstrated HiAP successes was reductions in cardiovascular disease rates<sup>8</sup>.

**Norway (HiAP)** –The Ministry of Health in Norway plays a central role in co-ordinating and supporting HiAP<sup>1</sup>. This country has a whole of government challenge and commitment for a "society in which there is equal opportunity for a healthy life for every individual"<sup>1</sup>. The Norwegian approach would seem to be centralised through their Ministry of Health.

**Netherlands (HiAP and HIA)** – The Ministry of Health has been the key organisation for the uptake and use of HiAP<sup>1</sup> with broad political agreement on reducing health inequalities across other ministries. They want to build up business cases with social benefits and economic analyses included ... "as it is always money that matters"<sup>6</sup>. Netherlands has a focus on reducing inequalities and wants to use HiAP but there is no formal strategy for implementation as yet<sup>1</sup>.

The Netherlands developed an Intersectoral Policy Office within their School of Public Health in 1996 to deal with HIA development and practice<sup>5</sup> and have



institutionalised HIA at the national level<sup>3</sup>. The policy sectors in the Netherlands using HIA include housing, employment, environmental energy tax, national budget as well as antismoking policy, and licensing legislation<sup>4</sup>.

The Netherlands approach would seem to include HiAP and HIA and be centralised and co-ordinated through their Ministry of Health with fiscal implications considered.

**England, UK (HIA)** – Since 2000, England has made some measurable progress with the practice and development of their HIA practices as part of their public health science. They have developed their methodologies, practical applications, and have incorporated HIA into policy and professional regulation<sup>8</sup>. HIA is regarded as “crucial in the campaign for healthy public policy”<sup>9</sup> and a rough estimate would put the number of HIA practitioners in the UK at 250<sup>8</sup>.

Many HIA’s are rapid and prospective assessments and are mostly commissioned by government agencies<sup>8</sup>.

The policy sectors in England using HIA include burglary reduction initiative, national alcohol strategy, London Mayoral strategies, regeneration projects and farmers markets<sup>4</sup>. Some other HIA projects in England have included: road and airport projects, development policies, sea port projects, housing programmes and neighbourhood renewal strategies<sup>8</sup>.

**Wales (HIA)** – Wales has “institutionalised HIA at the legislative level with the absorption of an existing health promotion organisation into the new Welsh Assembly Government”<sup>10</sup>. This Assembly Government made a public commitment to develop the use of HIA and published guidance in 1999<sup>9</sup> with updates in 2004. However, Elliot & Williams<sup>10</sup> described the Welsh Assembly Government as a vehicle with an unclear direction and an unknown speed of travel in relation to HIA work.

There is a Welsh Health Impact Assessment Support Unit (WHIASU) to aid (non-health) organisations develop their HIA approaches. Local authorities have committed themselves to use HIA on a routine basis but struggle with how HIA’s inform decision making directly. They have Health Challenge Wales for organisations to work together to meet national health targets set for 2012<sup>9</sup>. The policy sectors in Wales using HIA include home energy efficiency, tourism, economic development, power station development, landfill sites and housing<sup>4</sup>.

The Wales approach would seem to be more organised through central government with incentives for local groups and much support through their WHIASU.

**Ireland (HIA)** – HIA is endorsed in the Health strategies of both the Republic of Ireland (National Health Strategy, Department of Health and Children, 2001) and in Northern Ireland (2002)<sup>11</sup>.

The Republic’s Health Strategy states “HIA will be introduced as part of the public policy development process and regional authorities need to consider the impact of their decisions on population health in their area”<sup>11</sup>. They proposed at the time that HIA be carried out on all new government policies in relevant government departments with effect June 2002.

The lead agency in the Republic of Ireland is the Institute of Public Health which is the focal point for promoting and implementing HIA, and has been granted an annual budget. They put out a HIA guidance manual to assist practitioners and produced literature reviews to support HIA in employment, transport, built environments and health<sup>3</sup>.

Northern Ireland’s public health strategy is a cross department document which recognises HIA as a mechanism to try and reduce health inequalities and as a means of promoting health and wellbeing.

It has an HIA Steering Group made up of local authority decision makers, statutory health practitioners and community representatives.

HIA in practice in Ireland is predominantly done at a local government level<sup>11</sup>. Some examples of HIA’s completed in Ireland include traffic and transport, air pollution levels in Ballyfermot in Dublin (2004), the Dove Gardens housing estate proposal (2006), the County Donegal Travellers Accommodation (2006) and the Air Quality Action Plan for Belfast (2006).

However overall the actual practice of HIA in the Irish public sector is underdeveloped, and widespread uptake has not occurred<sup>3</sup>.

**Eastern Europe: Czech Republic and former Eastern block nations (HIA)** – The countries of Central and Eastern Europe have had a long tradition of health impact assessments going back to 1966,<sup>5</sup> although not explicitly called HIA’s and they lacked the ability to influence central decision making. As early as 1995, legislation in the then Czechoslovakia made the Public Hygiene service responsible for assessment of health impacts<sup>5</sup>.



The policy sectors in Slovenia using HIA include their agriculture policy which they completed to prepare for entering the European Union<sup>4</sup>.

## What is happening with HiAP and HiA in the United States and Canada?

### United States (HIA)

The United States has the International Association for Impact Assessment (IAIA) that provides a forum for innovation, development and best practice in impact assessments. However it would seem that the US is slow to adopt HIA<sup>12</sup> and it is yet to achieve broad integration within US public policy<sup>12</sup>.

HIA is an emerging practice in pockets around the United States and has been advanced through efforts at the San Francisco Dept of Public Health, the University of California in Los Angeles (UCLA), Alaska Inter-Tribal Council, King County in Washington State, Multnomah County in Oregon and other federal, state, tribal and local partners.

One example is the Health Impact Assessment (HIA) project which is a joint endeavour of the Washington, D.C. based Partnership for Prevention and researchers at the UCLA School of Public Health. The project aims to develop prototype HIA's that contribute to more informed decision-making about public policies impacting health<sup>13</sup>. Some of their projects have included the Los Angeles City Living Wage Ordinance, After School programmes, Federal Farm Bill (2002), Safe Routes to School, Highway redevelopment in Atlanta, and potential modifications to Physical Education requirements in California<sup>13</sup>.

A Strategic Growth Council [SGC] was established in California in 2008 (SGC 2011c) to promote inter sector working in natural resources, housing, and public health. This was further developed in 2010 with legislation championed by the Governor, Arnold Schwarzenegger. This legislation noted the determinants of health, and stated that the health and well-being of all people is critical for a prosperous and sustainable California. It stated that agencies should collaborate with each other to ensure that health is considered when policies are developed.

To facilitate this, it legislated for a Health in All Policies Task Force (2010) which identified priority programs, policies, and strategies to improve the health of Californians while advancing the SGC's goals of improving air and water quality, protecting natural resources and agricultural lands, increasing the availability of affordable housing, improving

infrastructure systems, promoting public health, planning sustainable communities, and meeting the state's climate change goals.

The Center for Chronic Disease Prevention and Health Promotion (CDPH) leads this HiAP Task Force, to which high-level staff from key government departments have been seconded. The Taskforce developed a set of recommendations to advance its work.

### Canada (HiAP)

The Ottawa Charter for Health Promotion (1986) was developed in Canada so they have some history in population health and are aware of the importance of improving health and the determinants of health<sup>14</sup>.

Quebec however is the only province to have formalised a "system of assessing policies for health impacts"<sup>14</sup> as HIA is included in Section 54 of their Public Health Act (2002).

The reasons the other provinces have not developed their HIA/HiAP is that a) the silos of government departments do not work together well and 46% of the provincial budgets are spent on health and so they are often the largest ministry or department<sup>14</sup> b) there is currently insufficient evidence of the usefulness of HIA and HiAP and c) the short term nature of electoral cycles vs the long term nature of HIA influenced change.

It is argued in Canada that more economic modelling needs to be done, that Health Equity Impact Assessments need to be done and the HIA rhetoric needs to be backed up by solid analyses with solid data for health predictions. They also need a shared paradigm and HiAP mainstreamed in policy circles and that HiAP "needs to become one of those platform commitments against which government performance is judged"<sup>14</sup>.

## What is happening with HiAP and HiA in Asia?

**Thailand (HIA)** – Thailand has enshrined HIA in law in the Thai National Health Act BE 2550 (2007) and in the Thai constitution. The Health Act gives citizens the right to demand that a HIA be done and that they participate in the process<sup>15</sup>. Thailand had carried out over 30 HIA's by 2007 on policies, programmes and projects and used it as a tool to improve trust between the government and civil society<sup>4</sup>. Their Health Systems Research Unit carried out a HIA on high rise developments and urban planning in Chiang Mai and showed that unplanned



development was changing the historical, cultural and spiritual significance of Chiang Mai.

**Korea (HIA)** – Korea has incorporated their HIA procedures within their existing Environmental Impact Assessments (EIA). The Korean Institute of Health and Social Affairs has begun a HIA programme in conjunction with Healthy Cities. These two complementary approaches share the aim to improve the Korean population's health<sup>16</sup>.

**China (HIA needed)** – China is experiencing 'rapid environmental and lifestyle changes associated with its socio-economic development' (Wu, Rutherford & Chu, 2010, p.423) and its associated population challenges. Environmental Impact Assessments (EIA) which are generally limited to land planning have been applied across China since 1979 and currently there is no social impact legislation or guidelines. The EIA has similar steps to HIA<sup>17</sup>.

HIA is relatively unknown in China as few government officials or academics are familiar with it. Some argue that it would be invaluable to address and "manage the many interconnected environmental, social, demographic, cultural and biological determinants underpinning the contemporary population health problems such as exposure to unsafe environments (pollution, poor design of the built environment, workplace hazards, unsafe products) access to health services, social inequity, lifestyle and consumption patterns"<sup>17</sup>.

Suggestions for going forward in China include a HIA framework to be developed by their health department, followed by training for a group of public health practitioners in HIA methodology, participation between different departments and organisations, using community engagement, intersectoral collaboration and full stakeholder involvement<sup>17</sup>.

## What is happening with HiAP and HiA in Australia?

### Australia – HIA and later HiAP

Since the early 1990s, HIA activity in Australia has increased and diversified in application and practice<sup>18</sup>. HIA is viewed as a state, territory and local government responsibility with emphasis on a) addressing social determinants of health while b) promoting collaboration and stakeholder participation in the HIA process<sup>18</sup>.

Australia was one of the first internationally to promote integration of health and the wider determinants of health and was one of the first to

assess both positive and negative health impacts in Environmental Impact Assessments<sup>18</sup>.

They also printed guidelines on HIA as early as 2001<sup>18</sup>.

Australia has been a world leader in considering **equity** (or inequity) within HIA<sup>18</sup>. Equity driven HIA was developed to explicitly consider differential distributions of impacts at each step in the assessment process<sup>18</sup>.

**Northern Territory** – The Northern Territory Department of Health and Families (DHF) is building capacity in HIA through their Health Promotion Strategy Unit and playing an advisory and advocacy role for HIA across government. They have commissioned and supported HIA specific work on mining, construction and bush camps<sup>18</sup>.

**West Australia** – West Australia government is developing a new Public Health Act which includes mandatory HIA. Local government authorities are expressing more interest in the use of HIA<sup>18</sup>. Housing, Fire, Emergency services, Fisheries and Transport have all done sector impact assessments with the West Australia Dept of Health. Work on "climate change mitigation and adaptation in West Australia uses the HIA framework to develop priorities and adaptation strategies for impacts on public health in the event of the climate change predictions being realised"<sup>18</sup>.

**Queensland** – Queensland is turning to HIA to balance their need to sustain health and wellbeing while ensuring economic development and prosperity. They are trying to establish systematic considerations of health impacts on state and local policies. They want HIA to "assist in ensuring the protection and promotion of public health and wellbeing which includes population growth, urbanisation, environmental change and economic growth and development"<sup>18</sup>.

**New South Wales** – The NSW Dept of Health has spent the last 5 years investing in their HIA Project which aimed to build the capacity of the health system to undertake HIA... to improve population health and reduce health inequalities<sup>18</sup>. HIA is incorporated into the NSW State Health Plan and the Population Health Plan 'Healthy People NSW'<sup>18</sup>. NSW has a centre for Health Equity Training Research and Evaluation which has been involved in supporting or conducting 45+ HIA's to date<sup>18</sup>. In addition, the NSW Dept of Health Environmental Health Branch is involved in HIA through the environmental projects approval and development assessment process.



**Australian Capital Territory (ACT)** – HIA’s are not mandatory in ACT. ACT Health is involved in the scoping phase of Environmental Impact Statements as they are able to raise any public health issues at the early stages of a development application process<sup>18</sup>.

**Victoria, Australia** –Victoria has HIA legislation and capacity building incorporated into the first State Public Health and Wellbeing Act (2009) which is supported by the statutory Municipal Public Health Planning requirements. The Act and Wellbeing Plan focuses attention on how to progress HIA as an enabler of healthy public policy. HIA Training for staff in Victoria focuses on technical components, rationale and principles for HIA and HIA information is used to inform local decision making<sup>18</sup>.

**Tasmania** –Tasmania are the leading jurisdiction in legislating for HIA within Environmental Impact Assessments but they are hindered by their lack of workforce capacity to maintain the momentum. Some of their challenges in implementing HIA include regulatory processes of other non-health agencies, communications (inter sectoral), timeframes and public consultation problems.

**South Australia** –The South Australian Government has embraced Health in All Policies as a key strategy. This cross sector capacity to ensure healthy public policy is a goal shared by all sectors. They have been working to bring together key decision makers from across government, academics and health personnel to deliver improved policy health and wellbeing outcomes. Their win-win approach to ensure that the HIAP process must advance the core business of other sectors, aids them in achieving economic and social objectives. They use a Health Lens Analysis which relies on the methods and structures of health impact assessments.

### What is happening with HiAP and HiA in New Zealand?

The National Health Committee (NHC) proposed the adoption of HIA in New Zealand<sup>19</sup>. This proposal arose from their work on inequalities in health and their recognition that HIA had potential for addressing the health impacts of the determinants of health<sup>19</sup>.

New Zealand has been active since 2002 developing their Health Impact Assessment expertise with the Health Impact Assessment Support Unit at the Ministry of Health. To date, over 40+ HIA’s have been written up and included on the Ministry of Health website.

The Public Health Advisory Committee (2007) produced a guidance document to encourage HIA activity around New Zealand.

There has been less work carried out nationally to develop Health in All Policies approaches and work. Refer to Information Sheet 4 for more information on HIA activity within New Zealand.

### What are some key HiAP messages?

- Health begins long before illness where we live, learn, work, and play<sup>20</sup>.
- HiAP is an approach that acknowledges that the causes of health and wellbeing lie outside the health sector and are socially and economically formed<sup>20</sup>.
- HiAP highlights the connections and interactions between health and other sectors and how together the sectors can contribute to better health outcomes<sup>20</sup>.
- HiAP aims to address health inequalities<sup>20</sup>.
- HiAP highlights that many of the factors that affect health and wellbeing are multiple and multi layered and lie beyond the reach of health services and health policies<sup>21</sup>.
- HiAP desires to generate a “win-win” situation such as promoting the message that “taking account of health means more effective government: more effective government means improved health”<sup>21</sup>.

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