Increasing the use of health impact assessments: Is the environment a model?

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Summary: Increased rates of chronic illnesses will overwhelm health systems and negatively impact economic growth if current trends are not reversed. Health impact assessment (HIA) helps policymakers gauge the impact of decisions on health, ensure coordinated cross-government action and meet the goal of health in all policies. HIAs are under-utilised at the European Commission and are not a mandatory requirement for Member States in the same way as environmental impact assessments. This paper, which is part of a longer report by the National Heart Forum, analyses the position of health and environmental impact assessments and sets out an agenda for policy development to ensure that health impacts are assessed as regularly and thoroughly as environmental impacts.

Keywords: health impact assessment, environmental policy, Europe

The increase in avoidable chronic diseases such as heart disease, stroke, diabetes, obesity and cancer is having a serious impact on quality of life across Europe. With forecasts showing skyrocketing obesity levels in the coming decades, along with increases in linked avoidable chronic diseases among younger generations, the cost of treating these diseases is likely to overwhelm health systems and negatively impact on economic growth if current trends are not reversed.

The Foresight report on Tackling Obesities, published in October 2007 in the United Kingdom, mapped the complex drivers of the obesity epidemic and demonstrated the health and economic impact if the rising rates of obesity are not reversed. The report also highlighted similarities between the challenges of obesity and climate change: both require systemic cultural change, across government sectors and throughout society. In fact some of the proposed actions to address obesity, such as increasing physical activity by encouraging active travel, may also help to address climate change by reducing carbon emissions.

Sustainable economic development and long-term economic growth are only possible if both environmental and health impacts are considered in all government policies. Impact assessments are an important tool to help make this goal a reality, but in practice health impact assessments (HIA) tend to be under-utilised, particularly in comparison to environmental impact assessments, and their results often overlooked. This is in part due to the fact that the European Commission has established formal requirements for Member States to carry out environmental impact assessments and strategic environmental assessments, while no similar requirement exists for health impact assessments. Increasing the usage of health impact assessments at the European Commission and Member State level is one important strategy to incorporate health into all policies and reduce the growing rates of chronic disease.

Including health in all policies is a necessity to improve health and well-being. Tackling Obesities illustrated what the public health community already knows, namely that many of the factors impacting on health and well-being stem from sectors external to health, such as planning and transport, food, the environment and fiscal policy. In order to improve health and well-being, and stem the rising tide of chronic illnesses, health impacts must be considered in all policies, by all government departments.

HIA is a tool to determine the health effects of a policy, programme or project, and the distribution of those effects within the population. It can help policy makers gauge the impact of decisions on health, ensure coordinated cross-government action, and meet the goal of health in all policies. Council Conclusions on Health in All Policies issued at the close of the Finnish presidency (June–December 2006) cited Article 152 and called on the European Commission (EC), Member States and the European Parliament “to ensure the visibility and value of health in the development of EU legislation and policies by... health impact assessments”. The 2007 EU Health Strategy also called for the use of HIA to strengthen the integration of health in all policies, which is one of the strategy’s four fundamental principles.

The WHO Commission on the Social
Determinants of Health report, Closing the Gap in a Generation, also recommends that regular health equity impact assessments be institutionalised in national and international policymaking.5

Health impacts not fully considered by the EC

The EC has a rigorous system of integrated impact assessment, but in practice public health implications are not fully considered outside the health sector. The result is many EU policies have negative unintended impacts on health. Integrated impact assessments cover such a large number of issues that health, considered as a part of overall “social impacts,” is often overlooked while other top-line issues, more easily expressed in economic terms, are emphasised. An internal review by the UK’s National Heart Forum (NHF) found that in 2005 and 2006 73 out of 137 impact assessments carried out by the Commission did not mention the word ‘health,’ either in regard to health systems or public health.

While there is still a long way to go to fully address the challenge of climate change, the environmental movement has successfully mainstreamed environmental concerns into government decisions and environmental impact assessments are carried out on a more regular basis than HIA. This difference comes despite similar language in the EU Treaty regarding the EU’s obligations toward protecting human health and the environment.

Although Member States have the ultimate responsibility for health, Article 152 of the Amsterdam Treaty explicitly states “a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities.” The Treaty also states that Community policy should “contribute to the preservation, protection and improvement of the quality of the environment.” That obligation is strengthened by the Directive on Environmental Impact Assessments6 (EIAs) and the Strategic Environmental Assessment (SEA) Directive,7 which establish a legal obligation for Member States to carry out environmental impact assessments. Currently there is no legal obligation to carry out an HIA either at Member State or EU level.

The NHF’s research found several other impediments to HIAs being regularly carried out at the European Commission. Each Directorate General (DG) has the discretion to decide which of their proposals requires an impact assessment and how it will be designed and organised. These decisions are seldom challenged by other DGs. For example, if DG Agriculture decides there is no need for a health impact assessment on the Common Agricultural Policy (CAP), then that decision is likely to stand with no input from other DGs or stakeholders.

It is also unclear how much core competence the European Commission, Parliament and Council have in this area, both in terms of carrying out HIAs and knowing what questions to ask when reviewing impact assessments. Anecdotal evidence indicates that DG Health and Consumers may not have the capacity to contribute when asked to assist another DG in impact assessment. DG Health and Consumers needs to have staff with the time and the expertise to understand, for example, the impact of agricultural or transport policy on health. Without it those issues may go unaddressed, despite the fact they directly impact on risk factors for chronic disease.

Agriculture and transport policies impact on health

Agriculture and transport are just two examples of sectors which impact on the health of people throughout the European Union, but where health impacts are not fully considered. Agricultural policy affects the type and price of food available for consumers, and the CAP provides an opportunity to target investment to improve nutrition. Currently, relatively small amounts of CAP funding subsidise fruit and vegetable production, while dairy subsidies promote production and consumption of products high in saturated fats. The Swedish Public Health Institute has looked at the health implications of the CAP, but the EC has never commissioned an HIA on the CAP. If they did, one might find that investment in fruit and vegetable production should be increased, with subsidies used to make them more affordable, or that incentives should encourage production of low-fat rather than full-fat milk.

Transport policy is another area which directly impacts on health. Shifting transport priorities to favour walking and cycling would increase physical activity levels, reduce congestion and air pollution, and help address climate change. In September 2007 the EC published a Green Paper on urban mobility. Promotion of walking and cycling is discussed in the context of sustainability, but health benefits must be fully assessed and weighed against other costs and benefits before the final action plan is drawn up.

Proposals to increase the use of HIA

What are the steps policymakers need to take to improve the current process of impact assessment and include health in all policies? Firstly enabling legislation must be passed to create a legal obligation for HIA which mirrors that for SEA and EIA. The directives for EIA and SEA give legal force to the treaty obligation to protect the environment, and could serve as a model to create a legal obligation to carry out an HIA either at the Member State or EC level. Outside Europe, Thailand has set a strong example in enshrining HIA into law in 2007. Citizens have the right to demand that an HIA be conducted, and to participate in the process, while the 2007 Thai constitution also includes strong provisions on HIA.

Secondly, Article 152 should be strengthened to require HIAs on all major proposals. Conducting an HIA on every Commission policy would be prohibitive in terms of cost and staff resources, but significant policies should be required to fully address health either in a separate HIA or within the integrated impact assessment. A potential model operates in England, where policy makers must answer three screening questions relating to impacts on health services, health determinants, and lifestyle related risk factors, to establish whether a full HIA is required.

Thirdly, the EU Health Strategy should require HIA on major proposals and specify the need for public health-focused impact assessments. Finally, DGs should be provided with sufficient resources, including staff training, to allow them to appropriately carry out impact assessments and to contribute expertise to impact assessments in other DGs. The European Parliament and Council should also develop staff expertise in HIA and ensure they are undertaken.

The World Health Organization and others have recognised that including health in SEAs can be an effective strategy to address health impacts without a separate HIA. Protection of human health is included in the SEA directive but Member States have the flexibility to broaden the scope to include health promotion. In England the Department of Health is developing guidance to include a broad interpretation of human health in SEAs and ensure health impacts are addressed early in the planning process. Again, this
could serve as a model for Member States.

Many Member States are acting on their own to institutionalise HIAs, but development differs across Europe and leadership is needed at the highest level. Public health advocates should work with future presidencies to continue the emphasis on health in all policies. In the absence of political leadership, the National Heart Forum believes that one strategy is to find the right partnership to take on a legal challenge to clarify the EU’s obligation about conducting HIAs.

Health, sustainable development and economic growth are inextricably linked. Without a focus on health and sustainability that is integrated throughout all government departments, increasing rates of avoidable chronic illnesses will overwhelm health systems throughout the EU and limit economic growth. In particular reform of the CAP, which consumes nearly half of the EU budget, should not move forward without a comprehensive understanding of its impact on health. The EU’s contribution to public health will only be fully realised if HIAs are made a mandatory core activity of the Commission – otherwise public health will continue to be a hit and miss, marginal consideration.

This article is based on a text which appeared in the Lancet (2008;372:860–61). For the full National Heart Forum report on health impact assessment, please visit http://www.heartforum.org.uk/Publications_NHFreports.aspx

REFERENCES