

***Évaluer les répercussions des politiques publiques sur la santé des populations : un défi pour les acteurs de la santé publique***

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**Following the Ottawa Charter (1986)**

**local, national, international  
public policy and public interventions  
(outside medical/health sector)**



**social and economic determinants of  
health**



**health and health inequality**

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**'Health Impact Assessment' (HIA).**

HIA has been defined as:

***"... a combination of procedures, methods and tools by which a policy, program 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"***  
(WHO, 1999a).

**HIA is:**

...a form of ***risk (and benefit) assessment***

...applied to ***'actions' outside the health sector***  
(projects, policies and interventions)

...is ***prospective***, aiming to anticipate health impacts ***in advance***

...***transfers and interprets evidence and knowledge***  
from other places/actions

...aims to modify the action to ***maximise potential health gains and minimize disbenefits*** to health & inequalities

Producing scientific evidence to support HIA:

**The challenges**

- *complex interventions* not suited to controlled experiments
- evidence on health inequalities includes little on *reversability of disadvantage*
- *diverse types of evidence*; varying criteria for rigour
- much of the research is *'cross sectional' in time*
- *context* is important
- *communicating* complex information to a diverse, non-expert audience with differing priorities
- *immediate demands for data* for decision making

(Mindell, Boaz, Joffe, Curtis, Pettigrew, Birley (2004) *J. of Epidemiology & Community Health.*)

**linear and non-linear theories of knowledge**  
(after Beck, *World Risk Society*. 1999)

linear	non-linear
unawareness is <i>not central</i>	unawareness of various types is the <i>key problem</i>
<i>closed circles of experts</i> acting on knowledge	<i>an open multiple field of competitors</i> acting on knowledge
knowledge is based on <i>consensus</i> of experts	dissent and conflict over rationality and principles between various networks of people: <i>contradictory certainties</i>
homogeneous expert groups discuss <i>'unintended consequences'</i>	<i>'we don't know what we don't know'</i>

**Is HIA: based on...**

**'evidence' ....or...**

**....'non-linear knowledge'?**

Beck 1999 (p70) calls for greater public engagement in interpretation of scientific findings:

***“...a kind of 'public science' [that] would act as a secondary body charged with the 'discursive checking' of scientific laboratory results in the crossfire of opinions”.***

**So challenges for HIA include:**

**public science of public health**

*(.... an 'evidence based approach',  
.....based on knowledge transfer  
and interpretation  
.....by different stakeholders)*

**'underpinning principles' of HIA  
include participation**

*"Democracy - emphasizing the right  
of people to **participate** in the  
formulation of policies that affect  
their life, both **directly and through  
elected decision makers***

England, NHS 'HIA Gateway'  
<http://www.hiagateway.org.uk>

## **The case for public participation and 'civic intelligence':**

- democratic legitimacy at local level**
- builds public knowledge and skills**
- contextual knowledge about local experience**
- actions will be well adapted to local context**

e.g. Elliot et al (2004)

In Kemm, J., Parry, J., Palmer, S. (eds) (2004) *Health Impact Assessment*. Oxford University Press, Oxford.

## **Obstacles to effective public participation in HIA**

varying knowledge interpretation by stakeholders

most disadvantaged groups often excluded

project 'champions' may be reluctant to consider negative aspects of development

it is often difficult to reach a 'true' consensus

(Curtis et al, *Environment and Planning C*. 2002;  
McCarthy, *European Journal of Public Health* 2004)

# Some selected examples from the UK of strategies to address these challenges..../

## LONDON HEALTH COMMISSION

**London and Londoners: Making the links for health**

All London Strategic Partnerships should develop cross-sector, collaborative work to improve health, wellbeing, employment, housing, education and social health and care services. The poster shows which organisations have functions on issues that affect our health. The poster is available in large print format for those with visual impairments. Contact: London Health Commission, 10th Floor, 100 Broad Street, London, W1P 3JG. Tel: 020 7553 1000. www.londonhealth.gov.uk

**Legend:**

- Cross-cutting
- Policy
- Local white
- Local black
- Other priority

**Key Organizations and Roles:**

- London Health Commission:** The central body coordinating health and wellbeing across London.
- London Strategic Partnerships:** Groups of organizations working together on specific health and wellbeing issues.
- Local Authorities:** Various boroughs and the City of London, each with specific responsibilities in health and wellbeing.
- Other Key Organizations:** Includes the Mayor of London, the London Underground, and various health and social care providers.

## Strategies I Health & wellbeing as goals in the non-medical sector

e.g. London Health Commission

### ‘Making the links for Health’ - a poster on determinants of health like the underground map

[http://www.londonhealth.gov.uk/PDF/FINAL\\_CDF%20POSTERA2.pdf](http://www.londonhealth.gov.uk/PDF/FINAL_CDF%20POSTERA2.pdf)

## A Guide to Reviewing Published Evidence for use in Health Impact Assessment



### How to use this Guide

This Guide provides a step-by-step framework to assist practitioners in reviewing literature for use in a health impact assessment (HIA). A literature review is an essential component of the evidence used in the appraisal stage (see Figure). As there may be limited time and resources available, this guide presents both essential components that must be included, even in a brief literature review, and additional elements that can be included when resources (including time and skills) permit, for more comprehensive literature reviews.

When using this Guide, please consider what type of review you are undertaking. If you are yourself making (or commissioning) a new review of original research papers, this resource should help you ensure your review is rigorous. When commissioning a review, consider what is practical within the available resources (time and people/money) as well as what standards are wanted.

This Guide may also be used to help appraise the quality of an existing review, whether based on original studies or drawing on one or more reviews by other authors. In this case each review will provide 'second-hand' reports of several original studies. This resource aims to help you judge the quality of the review process that other authors have applied.

A glossary of key terms used in this Guide can be found at [www.lho.org.uk/HIA/ReviewingEvidence.aspx](http://www.lho.org.uk/HIA/ReviewingEvidence.aspx).

### The need for this Guide

Evidence in HIA includes:

- published evidence from elsewhere (eg peer-reviewed journal articles and 'grey' literature)



- Local data (eg community profiles, census data)
- Stakeholder experience (brought up from stakeholder workshops, surveys, etc.) (see Figure)

This Guide is limited to helping the reader to review published evidence. Both scientific (research) literature in peer-reviewed journals and grey literature, mostly internal documents from a range of disparate organisations, including other HIAs. This then needs to be integrated with the other sources of evidence. Reviewing evidence for use in HIA presents a number of challenges:

- A focus on complex and/or multiple interventions or policy proposals, and their diverse effects on determinants of health.
- Diversity of the evidence – relevant disciplines, study designs, quality criteria and sources of information. Because of the wide range of interventions and approaches that may contribute to improving health and the broad range of health impacts, there is a need to search, obtain and appraise a broad literature.

## Strategies II: 'practical' tools to assess the research evidence

e.g a guide to reviewing evidence for HIA for non-experts

<http://www.lho.org.uk/>



## Strategies III diverse ways to communicate diverse views

eg. A school poster competition from a project by Groundwork, UK

<http://www.geog.qmul.ac.uk/health/guide.html>



**different views on  
health & wellbeing**

**dynamic  
relationships  
between people,  
places and health  
inequality**

**processes at  
different scales**

**Strategies IV:  
Theories to  
inform HIA**

**e.g social  
theory to  
inform public  
health**