Health Impact Assessment (HIA) Overview

HIA is 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’.

HIA is the key instrument to apply a ‘Health in All Policies’ (HiAP) approach to policy making.

A major objective or purpose of an HIA is to inform and influence decision-making; however, it is not a decision-making tool per se. HIA is a process that considers to what extent the health and well-being of a population may be potentially affected by a proposed action - be it a policy, programme, plan, or project. It provides a systematic, objective, yet flexible and practical way of assessing potential positive and negative health impacts associated with a particular activity. It also provides an opportunity to suggest ways in which health risks and unintended consequences can be minimized and health benefits and opportunities maximized.

In most uses of HIA, ‘health’ is viewed as holistic and encompasses mental, physical and social well-being. Based on a social determinants framework, HIA recognizes that there are many, often interrelated factors that influence people’s health, from personal attributes and individual lifestyle factors to socioeconomic, cultural and environmental considerations.

1 Gothenburg Consensus. ECHP
While some impacts on health determinants may be direct, obvious, and/or intentional, others may be indirect, difficult to identify, and unintentional. An HIA can identify health inequalities in not only the general population but in potentially more vulnerable population groups (i.e. children, young people or older individuals) as well. The main output of any HIA is an evidence-based set of recommendations that should lead to the minimization of risks/unintended consequences and maximization of potential benefits. It can provide opportunities for health improvement and to fill in any identified ‘gaps’ in service provision or delivery.

HIAs can vary in terms of their timing and depth. They can be undertaken prior to implementation of a proposal (prospectively), during implementation (concurrently) and after implementation (retrospectively). Prospective HIAs give the greatest opportunity for influencing change while concurrent and retrospective HIAs are more monitoring and evaluation exercises, respectively. A number of factors, including the nature and complexity of the proposal being assessed, the availability of resources, the type of data that is needed, and the decision-making timescales, will determine the scope of an HIA.

HIA assesses a mixture of evidence – both quantitative and qualitative. Wales emphasizes the inclusion of all stakeholders including local communities and citizens as part of the HIA process. Including this type of qualitative evidence is important to assess individual concerns, anxiety, fears, for example, and the data can be quantified for use in decision-making and/or mitigation and can give a holistic and contextual view of impacts.

HIAs generally take one of three forms – desktop, rapid or comprehensive. A desktop HIA may take only a few hours or a day to execute; a rapid HIA may take a few days to a few months to complete; and a comprehensive HIA is more in-depth/time and resource intensive and can take many months to complete. The most appropriate type to conduct can be decided through a short scoping meeting and discussion of timeframes and resources and levels of stakeholder involvement.

The Public Health (Wales) Act 2017 requires HIA to be carried out by public bodies in specific circumstances (as yet undefined). Statutory Regulations are anticipated to be published which clarifies the circumstances and provides further direction in 2020/21.