'HIA and Public Policy Internationally: Essential Elements for Sustaining HIA'

Plenary Session 'How to make HIA stick' – Inaugural National Health Impact Assessment Meeting, April 3-4th, Washington DC

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Main messages

- To make HIA stick we need strong HIA methods and techniques but we also need to look outside the HIA process

- This international study identified the essential characteristics of HIA and what else is required to make HIA 'stick' at a policy level

- Two theories are introduced that have been used to explain how we could go about making HIA stick

- A pragmatic way forward: Organisational learning from HIA projects

Method

- Interviews and a workshop with experts working in HIA and 'healthy' public policy
  - Over 200 years experience between them
  - Europe, America, Asia, Australasia
  - Mix of consultants, academics and government
  - Essentially asked what they understand HIA to be, what it is trying to achieve and what influences practice.
- Reviewed HIA literature for 'theory'

Empirical results

HIA essential characteristics	'Healthy public policy' essential characteristics	Public policy influential characteristics	Other contingencies
- Assessment to make predictions - Structured stepwise process - Making recommendations - Equity / distribution of impacts - **Flexibility**	- Broad definition of health - Intersectoral collaboration - Works across policy development and implementation	- Economics, not health - Differing levels: policies and plans - Competing demands, crowded and contested agendas, and struggles based on power and politics	- Health system - **Public Health** - Government: organisation and structure - Personalities, skills, relationships, values - The evidence base - Community - Society - Time

Two types of 'theory' in the HIA literature relevant to findings

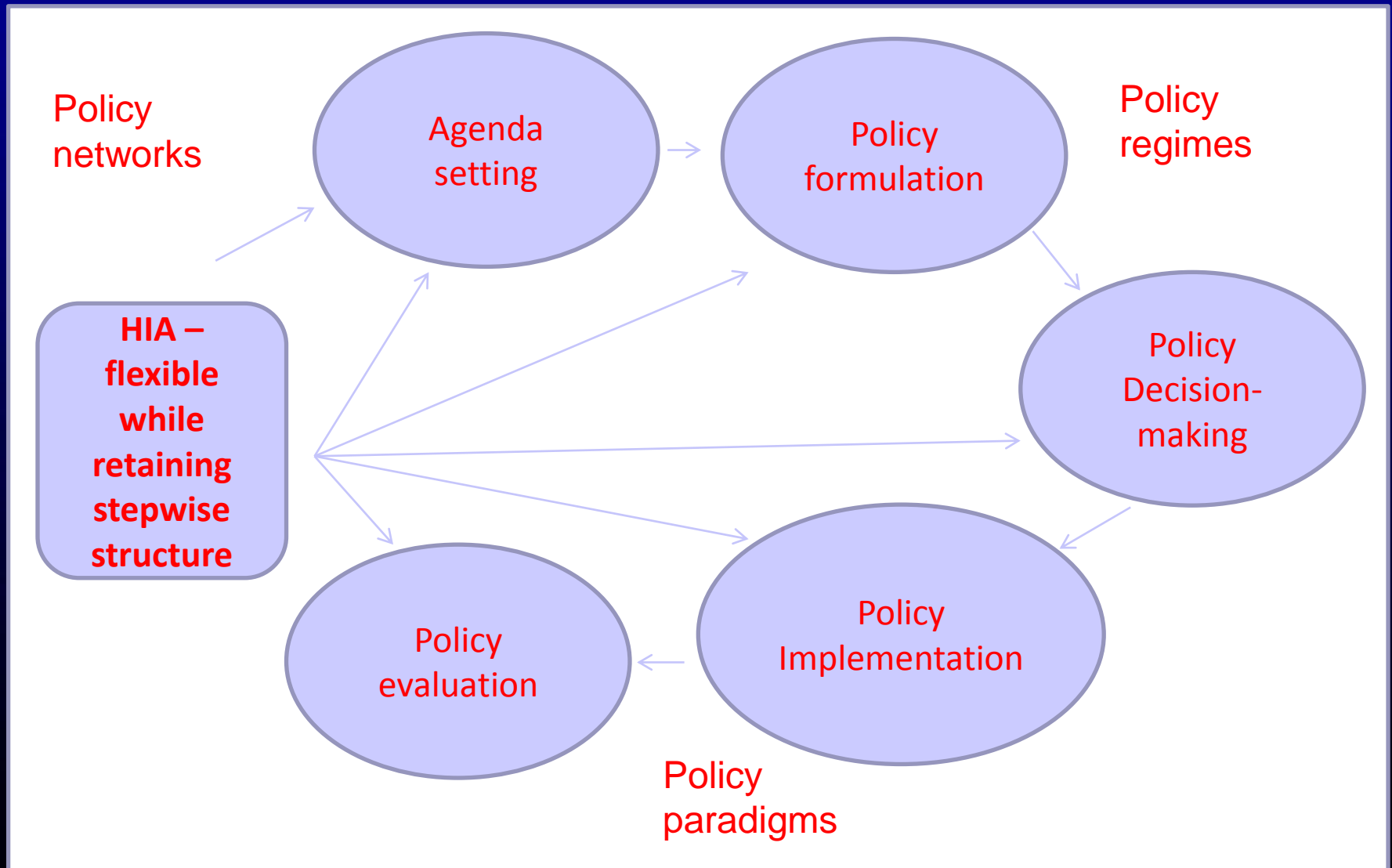| How HIA fits with policy making	How HIA can be institutionalised
• Policy analysis: policy cycles and subsystems • Impact assessment	• Health systems approach • Institutions and organizations • Capacity building • (Diffusion of innovation)

Policy analysis and institutionalisation can help to explain most findings

HIA essential characteristics	'Healthy public policy' essential characteristics	Public policy influential characteristics	Other contingencies
- Assessment to make predictions - **Structured stepwise process** - Making recommendations - Equity / distribution of impacts - ***Flexibility***	- Broad definition of health - ***Intersectoral collaboration*** - **Works across policy development and implementation**	- **Economics, not health, is the driver** - **Different levels: policies and plans** - **Competing demands, crowded and contested agendas, and struggles based on power and politics**	- **Health system** - ***Public Health*** - **Government: organisation and structure** - **Personalities, skills, relationships, values** - The evidence base - **Community** - **Society** - **Time**

Note the 'rest' can be explained by methodological approaches to HIA / evidence

HIA and policymaking

Policy networks

Agenda setting

Policy formulation

Policy regimes

HIA – flexible while retaining stepwise structure

Policy Decision-making

Policy evaluation

Policy Implementation

Policy paradigms

Howlett, Ramesh, and Perl (2009). *Policy cycles and subsystems* (3rd ed.)

- Useful because:
  - 'HIA comes too late' and
  - '(Rational) HIA does not really work on (Irrational) policy development'
  - 'We need to understand how policy is made'

BUT

  - Is this HIA or is this good policy making?
  - HIA, as a rational process, has been demonstrated to be effective in influencing policy decision-making!

2: Institutionalisation: 'Health systems' approach
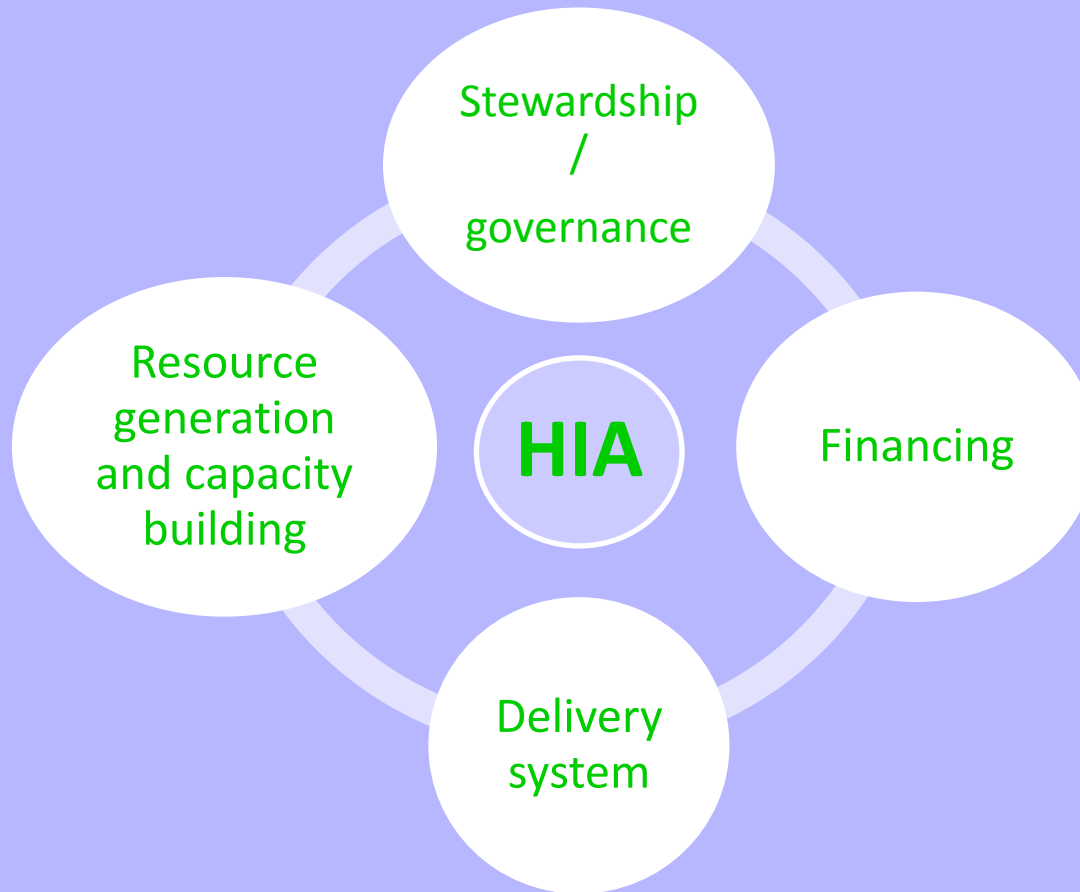
Wismar. M., J. Blau, et al. (2007). Implementing and Institutionalising HIA in Europe
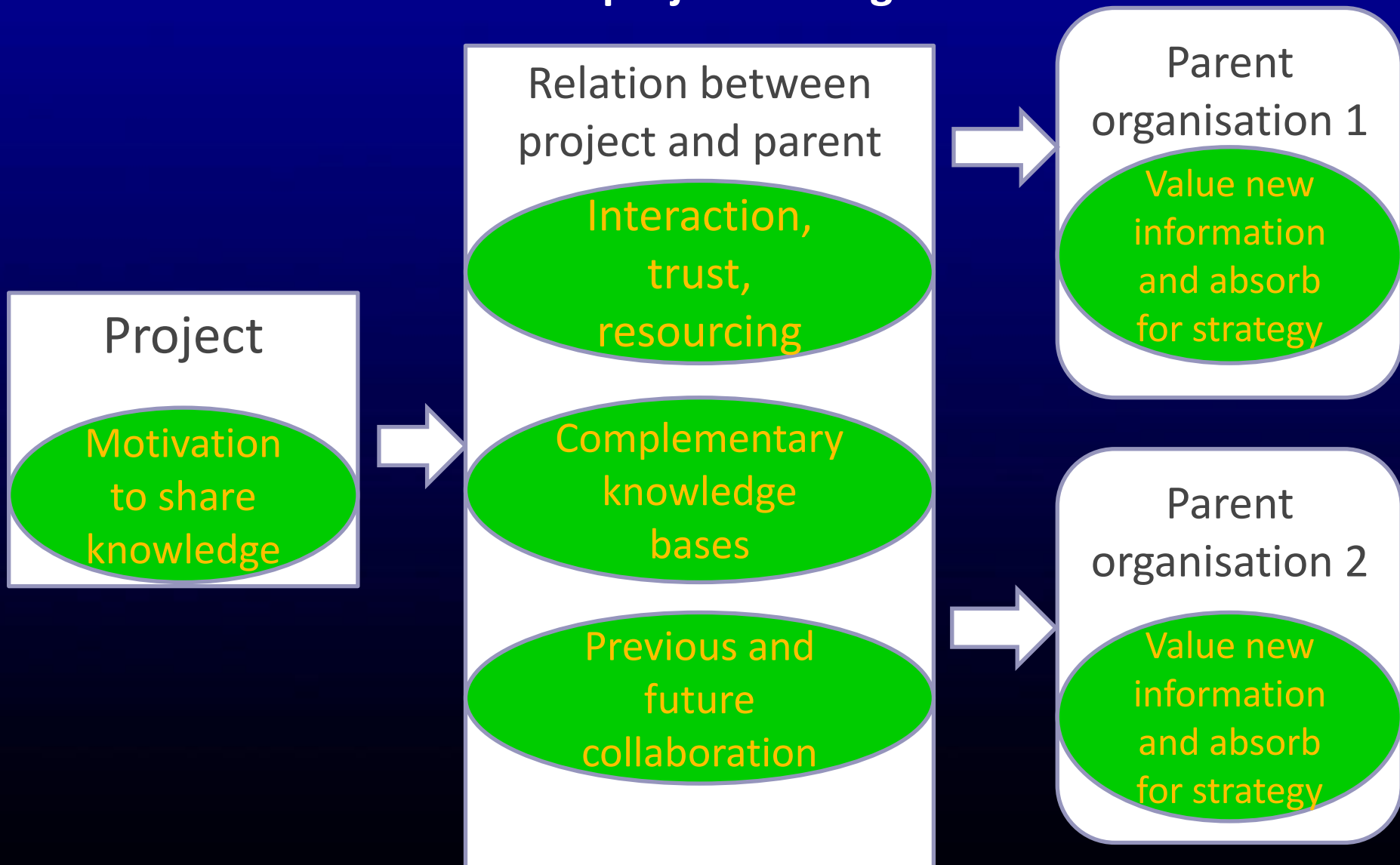
BUT...to make HIA stick

This has proven difficult to achieve fully in European countries, and maybe better conceived as an important, but long term, goal.

A more realistic approach may be to ensure HIAs, as discrete projects, create organisational change and build institutional support for the consideration of health and equity in policy development.

Emphasising Public Health organisations and their collaborating organisations in the HIA

E.g. factors influencing successful knowledge transfer from collaborative projects to organisations

Project
- Motivation to share knowledge

Relation between project and parent
- Interaction, trust, resourcing
- Complementary knowledge bases
- Previous and future collaboration

Parent organisation 1
- Value new information and absorb for strategy

Parent organisation 2
- Value new information and absorb for strategy

A wrap up on values and goals

- The real question for HIA practitioners and public health is what do we want on the policy agenda?

How about you? Why do you get out of bed in the morning to go to work?

"Equity, inequality, social justice, population health, public health, health protection, health promotion, distribution of health, subsequent proposal funding, feeding my family, community involvement in democracy, societal change, sustainability, increasing or lessening the role of government…"

Or all these things?