Social Science & Medicine 108 (2014) 46–53

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

The fit between health impact assessment and public policy: Practice meets theory

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ARTICLE INFO

Article history:
Received 18 July 2013
Received in revised form
31 January 2014
Accepted 20 February 2014
Available online 20 February 2014

Keywords:
Health impact assessment
Public policy
Theory
Critical realism

ABSTRACT

Purpose and setting: The last decade has seen increased use of health impact assessment (HIA) to influence public policies developed outside the Health sector. HIA has developed as a structured, linear and technical process to incorporate health, broadly defined, into policy. This is potentially incongruent with complex, non-linear and tactical policy making which does not necessarily consider health. HIA research has however not incorporated existing public policy theory to explain practitioners' experiences with HIA and policy. This research, therefore, used public policy theory to explain HIA practitioners' experiences and investigate 'What is the fit between HIA and public policy?'

Methods: Empirical findings from nine in-depth interviews with international HIA practitioners were re-analysed against public policy theory. We reviewed the HIA literature for inclusion of public policy theories then compared these for compatibility with our critical realist methodology and the empirical data. The theory 'Policy Cycles and Subsystems' (Howlett et al., 2009) was used to re-analyse the empirical data.

Findings: HIAs for policy are necessarily both tactical and technical. Within policy subsystems using HIA to influence public policy requires tactically positioning health as a relevant public policy issue and, to facilitate this, institutional support for collaboration between Public Health and other sectors. HIA fits best within the often non-linear public policy cycle as a policy formulation instrument. HIA provides, tactically and technically, a space for practical reasoning to navigate facts, values and processes underlying the substantive and procedural dimensions of policy.

Conclusions: Re-analysing empirical experiential data using existing public policy theory provided valuable explanations for future research, policy and practice concerning why and how HIA fits tactically and technically with the world of public policy development. The use of theory and empiricism opens up important possibilities for future research in the search for better explanations of complex practical problems.

1. Introduction

The past decade has seen increasing use of health impact assessment (HIA) to influence the development of public policy outside the Health sector (Wismar et al., 2007; National Research Council, 2011; Lee et al., 2013). However, there have been limited explanations of how HIA, a relatively new area, fits with public policy, which has a long established history.

The broader body of research, practice and theory to which HIA belongs falls under the rubric of 'healthy public policy' (most recently 'health in all policies'). The early literature situated the required knowledge for progressing healthy public policy as falling into two camps (Milio, 1987). One was substantive and 'what?' focussed, concerning the provision of technically proficient information to inform the development of public policy options. The other was strategic, process and 'how?' focussed, concerning the conditions within which policy is developed. Early in the development of HIA, these categories were picked up as central to progressing HIA for healthy public policy (Kemm, 2001). Since then however, with some notable exceptions (Banken, 2001; Bekker, 2007; Nirlunger-Mannheimer et al., 2007; Wismar et al., 2007), HIA research and practice has tended to focus on the technical 'what?' questions which are internal to the conduct of HIAs – how to conduct each of the structured steps of an HIA, who to involve,

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http://dx.doi.org/10.1016/j.socscimed.2014.02.033
0277-9536/

and the type of evidence to base predictions on? HIA practice incorporates some consideration of the broader policy context, for example in the early 'screening' and 'scoping' steps which determine the focus of the assessment. However HIA research to date has not engaged with the external tactical conditions associated with what HIA is ultimately trying to influence, public policy (Harris et al., 2012).

Concurrently the healthy public policy literature has largely focussed on the tactical procedures and conditions within which public policy is made (Koivusalo, 2010; McQueen et al., 2012). HIA, in this literature, is either not mentioned or becomes one component in this broader strategic picture (Gagnon et al., 2007; Ollila, 2011).

HIA is now recognised as an important activity to achieve 'healthy' public policy (Bacigalupe et al., 2010; Collins, 2009; Gottlieb et al., 2012; Winkler et al., 2013). HIA is a prospective activity which offers a structured, stepwise process to influence the early development of policies (Harris et al., 2012). However, the need for better explanation about how HIA fits with public policy persists. HIA has difficulty accounting for the complex conditions in which policy is made (Koivusalo, 2010) including how health is positioned as a valid policy issue (Ratner et al., 1997). Exactly when to undertake an HIA within the policy cycle remains poorly defined (Lee et al., 2013).

Despite early interest (Banken, 2001; Bekker, 2007; Bekker et al., 2004; Love et al., 2005; Nirlunger-Mannheimer et al., 2007; Putters, 2005; St. Pierre et al., 2009; Sukkumnoed and Nuntavorakarn, 2005) public policy theory has yet to be used to explain what is now a global field of practice. This article draws on practitioner experiences globally and public policy theories to explain how and why HIA fits within the broader world of public policy making. Our intentional focus is on HIA as conducted in policy and planning rather than project development. Specifically, we investigate the question, 'What is the fit between Health Impact Assessment and Public Policy?'

We first present our methodology and method. Our findings initially focus on how practitioners' experiences of HIA fit with theoretical dimensions of the institutions governing policy development, and then on how HIA fits with theories of policy formulation.

2. Methods

Our methodology has been detailed previously (Harris et al., 2012). This qualitative study follows critical realist methodology, which combines empirical data with theory to provide deeper explanations of phenomena under investigation (Bhaskar, 1978; Danermark et al., 2002; Sayer, 1992). Here we report the third and fourth of the established phases of critical realist research (Table 1).

Phases one and two empirically identified the various elements in the relationship between HIA and healthy public policy operationalized by practitioners working in the field (Harris et al., 2012).

Table 1
The steps in critical realist research – adapted for this research from Danermark et al. (2002) and Bhaskar (1978).

Phase	Purpose/title	Tasks
1	Description	Empirically describe phenomena and events
2	Analytic resolution	Work out dimensions of phenomena and isolate what to investigate further
3	Comparison between different theories	Reject some theories in favour of others more appropriate to the objects of research
4	Theoretical redescription	Re-describe the events of interest, based on theoretical concepts

A core finding was that practitioners positioned both HIA and healthy public policy as being presupposed by that which they attempt to influence, 'Public policy'. Phases three and four then redescribed these practitioner experiences against a framework of established public policy theory.

Our own backgrounds are important. PH and LK are university based academics who have used HIAs on policies, plans and projects as part of their applied research and capacity building activities. PS is a practitioner and policy maker who funds and uses HIAs in his population health work in Sydney. All our work revolves around developing, implementing and evaluating interventions to improve health and health equity. The research informed PH's doctoral thesis, supervised by LK and PS.

Ethical approval was granted by UNSW Human Research Ethics Committee (HREC 10270).

2.1. Data collection

2.1.1. Practitioner experiences through interviews

PH conducted nine interviews with HIA and healthy public policy practitioners, the detail of which has been reported elsewhere (Harris et al., 2012). Briefly, in 2010 unstructured in-depth interviews were conducted with a purposive (Rubin and Rubin, 1995) sample of practitioners working in HIA and/or healthy public policy from six different countries UK ($n = 2$), Ireland ($n = 1$), US ($n = 2$), Australia ($n = 2$), New Zealand ($n = 1$), and Netherlands ($n = 1$) to elicit experiences about HIA and healthy public policy in different contexts. Chosen Participants (following Rubin and Rubin, 1995) were:

1) knowledgeable about one or both of HIA and 'Healthy' Public Policy and the relationship between them
2) willing to talk, and
3) representative of a range of potential points of view.

The interviews were supported by data from a workshop of international practitioners and discussions at international HIA meetings and conferences. In line with critical realist method, for the theoretical redescription phase reported here, we re-interpret the same unstructured interview data against public policy theory to provide deeper explanations of this data than our original empirically focussed analysis allowed for.

2.1.2. Comparison between theories

Critical realist analysis requires initial comparisons of potential explanatory theories. We therefore systematically searched for use of the term 'theory' – truncated to 'theor$' – in the peer reviewed literature on HIA and public policy between 1998 and 2011 ($n = 22$), PhD dissertations ($n = 6$), and published books on HIA and healthy public policy ($n = 6$).

From this review we chose as our analytic focus the historical institutionalist theory 'Policy cycles and subsystems' (Howlett et al., 2009), introduced to the HIA literature by Banken (2001) but subsequently not used as a framework in HIA research. Our review also found this theory provides fundamental constructs which have become the basis of 'environmental assessment' research (Cashmore, 2004) but which have not been utilised fully in HIA research.

For the purposes of this research the theoretical framework is useful for several reasons. True to its 'historical institutionalist' roots (Howlett et al., 2009), 'Policy Cycles and Subsystems' is a composite of public policy research and theory to date, allowing explanations of the empirical data which incorporate other theories found in our review (policy analysis, evidence and methods, and impact assessment). Given our interest in the empirically defined