



Research article

Institutionalizing Health Impact Assessment: A consultation with experts on the barriers and facilitators to implementing HIA in Italy

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ABSTRACT

A Health Impact Assessment (HIA) is an evidence-based methodology that includes health promotion and protection goals in decision-making. HIA has been introduced and/or institutionalized to various extents in different countries. In order to promote HIA and preventive health assessments in Italy, a research methodology was followed to identify specific obstacles or facilitators. The experiences of various countries reported in the literature were analyzed in terms of facilitating or hindering the introduction and institutionalization of HIA. A consultation with the proponents of projects and plans in Italy was carried out with a multi-approach methodology in order to characterize the national context. A general implementation plan was drawn up from the international experiences. In Italy this is not yet in place. Specific areas of intervention need to be addressed, including: 1) data availability; 2) tools and methods; 3) engagement of stakeholders; 4) capacity building. The research suggests that the institutionalization of HIA in Italy rests on the government's commitment to providing specific legislation regarding HIA so that skills, intersectoral coordination and dedicated budgets can be built and maintained.

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1. Introduction

Health Impact Assessment (HIA) is a combination of procedures, methods and tools, which are used to assess the health impacts on populations and subgroups, as a result of changes to social and environmental health determinants (Quigley et al., 2006). HIA is fundamentally predictive and participatory, and is based on a comprehensive definition of health which includes the broad determinants of health (Harris-Roxas et al., 2012). HIA is diverse in practice and application worldwide, however it is underpinned by general values such as the recognition of human rights, democracy, equity, sustainable development, and the ethical use of evidence (ECHP, 1999). These characteristics have made HIA one of the key

tools available to countries for assessing the health implications of different policies, plans, programmes and projects. In fact, current tools for environmental assessment do not make a holistic assessment of complex systems, nor are there tools and methods that have been developed for specific geographical locations (Cappuyns, 2016; Loiseau et al., 2012).

Impact assessment tends to be adopted in order to anticipate the implications of public policy interventions on environment and health issues and to reveal possible conflicts with affected subjects (Carnevale et al., 2011; Davies and Mazumder, 2003; Moy et al., 2008; Silveira et al., 2016; Tetteh et al., 2004; Tilt et al., 2009). Opportunities to increase the assessment of health impacts before decisions are taken can be developed both within the framework of Health in All Policies (HiAP) (Rudolph et al., 2013) and environmental assessments (EA) (Loiseau et al., 2012). For example, HIA can be integrated into the environmental impact assessment (EIA) and/or strategic impact assessment (SEA) legislation (Vohra et al., 2016). The HiAP approach mainly recognizes HIA practices as facilitating synergies across non-health sectors in order to ensure

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that public policies systematically take into account the implications of health and health system decisions, aimed at improving population health and health equity (Ståhl et al., 2006). EA legislation has addressed public health challenges by the systematic application of foresight to human activities on a societal level. In EIA, the focus is on environmental health and in SEA a more comprehensive coverage of health is addressed (Fehr et al., 2014).

Developing a formal national framework for HIA is a key requirement for a systematic integration of HIA into decision-making processes. The institutionalization of HIA is thus achieved through the creation of a “permanent demand for HIA” (Banken, 2001). However, despite the significant work carried out internationally to introduce the systematic use of HIA in decision-making (Lee et al., 2013; Wismar et al., 2007), successful HIA implementation remains low (Vohra et al., 2016). Fundamentally, the legislative and administrative context is challenging for the realistic implementation of HIA at a national level (NPHP, 2005), and wide variations in the use and implementation modalities of HIA have been observed in Europe and in other countries (St-Pierre, 2013; Wismar et al., 2007).

HIA institutionalization at a national level requires learning from other countries' experiences (Morgan, 2008; NRC, 2011) together with consultations with national experts (Ahmad et al., 2008; Byambaa et al., 2014; Cole et al., 2004; Fakhri et al., 2016; Haigh et al., 2015; McCallum et al., 2015) in order to map those factors that influence its introduction and use, and to identify specific local barriers and opportunities.

1.1. Policy and legal framework associated with facilitating HIA in Italy

The Italian Ministry of Health has developed a public health strategy which introduced the HiAP approach into the political agenda (IMH, 2014). The public health strategy is built around a national health plan and a national prevention plan, with a strong focus on integration among different levels of government, sectors, and communities. Health departments are expected to play an active role in this integration, as well as sharing knowledge and tools. In the health promotion setting, the HIA approach has been recognized as being appropriate for health interventions, and technicians and officials have received specific training in several regional health departments. In addition, a voluntary-based rapid HIA tool has been developed for a special simplified EA procedure (“*Conferenza dei servizi*”) involving a large number of stakeholders and carried out at a regional level. The tool was designed to support health departments by providing advice for projects with a potential impact on the environment and health (NCDPC, 2010).

In Italy there is a chronic gap between environment and health institutions due to the different rules, procedures and cultures (Bert et al., 2010). However, some recent regional laws pertaining to the implementation of EIAs have strengthened the attention on population health by introducing special procedures to include the consideration of human health impacts in the approval of projects and plans (Apulia Region, 2012; Lombardy Region, 2014; Tuscany Region, 2005). This has led to the establishment of an inter-institutional collaboration for defining national guidelines which incorporates HIA and health into EIA and SEA. Today most HIA work in Italy is focused on the content and process of the HIA (Bert et al., 2015; Linzalone et al., 2014, 2017) rather than the legislative and administrative framework that supports this process (Bert et al., 2010). Clarity on the possible introduction of a legislative requirement on HIA is therefore needed to complement the work already done and for future developments.

The aim of the paper is to identify the barriers and opportunities to HIA introduction and institutionalization, with a review of what

is currently being done within countries. Recommendations are provided for a generalized implementation plan which may contribute to a greater institutionalization of HIA.

A specific local consultation with experts has provided advice on the most viable interventions for an effective implementation of HIA in Italy.

2. Methods

This study was informed by two data sources. In fact, when implementing HIA at a national level, a review of legal and policy frameworks and a consultation with stakeholders are especially recommended (CBEH, 2013; Gulis et al., 2012). A comparative review of the international literature, documenting experiences in different countries, was carried out to identify the general mechanisms that enhance the implementation of HIA. Subsequently, various private and public technical experts were consulted to facilitate the introduction of HIA into the mandatory assessment procedures of EIA and SEA in Italy.

2.1. Contextual factors at a country level based on the literature

The terms *HIA* or *health impact assessment* and *institutionalization* or *institutionalizing* were used for a literature search on Google, and also in the Web of Science, PubMed and Scopus databases. Peer-reviewed papers were then selected in terms of relevance according to the title, abstract or content. Reports from the World Health Organization (WHO) were also included. A final list of 30 documents publicly available in English and two in Spanish were included in the analysis. The full-texts of all items were examined to retrieve country-specific factors that facilitate or hinder HIA. Factors were categorized either as facilitators to the introduction/institutionalization of HIA, or as barriers. A counterfactual validation of positive and negative ranking was carried out by assessing the findings from three reviews (Gulis et al., 2012; Lee et al., 2013; NRC, 2011) included in the documentation data base. A grid was used to convey the most cited factors by country and summarized in a table.

Within each country's experience, the facilitating factors identified were either already in place or recognized as a potential trigger within the national context (see list in Table 2). Likewise, barriers (or obstacles) were defined as factors that limit the introduction of HIA in the country or aspects that need to be strengthened in order to improve HIA. Based on these criteria, an algebraic sum of plus (facilitator) and minus (barriers) was obtained for each factor. The number of overall citations of those factors retrieved from the texts analyzed provided the qualitative ranking of positive and negative factors, for the most-cited positive triggers and the most-cited negative factors, respectively. Within national experiences, factors were sometimes identified as particularly relevant and were counted twice in the analysis. The scoring system was based on the rounded percentage of the sum of citations.

2.2. Technical expert consultation and contextual factors in Italy

A mixed method approach was used to document the views and experiences of stakeholders selected from the private and public sectors, to obtain a wide representation of current and potential users of HIA at local, national and international levels (Kaur, 2016; Mehryar et al., 2017). The 11 participants were selected based on their particular interest in the issue, business sector, and expertise in EIA and SEA processes (see Supporting Information Table S1 for the detailed description). The sample was compliant with effective engagement criteria (Briggs, 2008), as early links and a continuing dialogue had been previously established with the participants,

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