Health impact assessment (HIA) seeks to expand evaluation of policy and programmes in all sectors, both private and public, to include their impact on population health. While the idea that the public’s health is affected by a broad array of social and economic policies is not new and dates back well over two centuries, what is new is the notion—increasingly adopted by major health institutions, such as the World Health Organisation (WHO) and the United Kingdom National Health Services (NHS)—that health should be an explicit consideration when evaluating all public policies. In this article, it is argued that while HIA has the potential to enhance recognition of societal determinants of health and of intersectoral responsibility for health, its pitfalls warrant critical attention. Greater clarity is required regarding criteria for initiating, conducting, and completing HIA, including rules pertaining to decision making, enforcement, compliance, plus paying for their conduct. Critical debate over the promise, process, and pitfalls of HIA needs to be informed by multiple disciplines and perspectives from diverse people and regions of the world.

**THE PROMISE OF HIA**

- Enhance recognition of societal determinants of health—and of intersectoral responsibility for health—among a broad audience, inside and outside the field of public health.
- Engage health professionals, policy makers, policy analysts, and affected communities in structured discussions about the public health implications of public and private sector activities, so as to inform strategic planning involving members of all of these groups.
- Encourage interdisciplinary work by health professionals, intersectoral work by policy makers and policy analysts, and creation of advocate-academic-policy initiatives to spur informed action to promote health and reduce health disparities, within and across diverse populations.

**Abbreviations:** HIA, health impact assessment; EIS, environmental impact statement
Increase awareness of the need for transparency and greater clarity is required regarding criteria for initiating, conducting, and completing HIA, including rules pertaining to decision making, enforcement, and compliance.

Aim to improve the environmental impact statement (EIS) development process by encouraging: (a) inclusion of health impacts on human populations as part of EIS, (b) public input from the start, rather than only at the end of the process, and (c) follow-up assessment of the predictions of EIS (which rarely, if ever, is done).

Aid the further development of human right impact assessment by providing guidance regarding useful criteria, structures, and processes for conducting these assessments.

Increase awareness of the need for transparency and accountability in the policy-making process and of intersectoral responsibility for health, but pitfalls of HIA warrant critical attention.

Greater clarity is required regarding criteria for initiating, conducting, and completing HIA, including rules pertaining to decision making, enforcement, and compliance.

**THE PROCESS OF HIA**

Greater clarity is required regarding criteria for initiating, conducting, and completing HIA, including rules pertaining to decision making, enforcement, and compliance:

- Who or what initiates the conduct of an HIA? Is it mandated by law if certain conditions are met (as occurs for environmental impact assessment in the United States), or is it conducted on an ad hoc basis?

- Who pays for the HIA? Do they have control over who conducts the HIA?

- Who determines who will be involved in the HIA? By what process are members from affected populations, diverse academic and professional disciplines, policy makers and policy analysts, and other relevant actors chosen? Will the HIA be led by a neutral party without a direct interest in the outcome?

- Who defines who constitutes the “affected populations”? Is there recognition of heterogeneity and inequalities within these populations, especially related to the impacts being assessed?

- What is the process by which agreement is reached on the approach and scope of HIA, including choice of theoretical models, methodology, and spatial and temporal scales delineating the impact assessment? Who ensures the HIA’s conduct as an interdisciplinary and intersectoral activity that takes into account the legal and policy, and also economic, social, and cultural context in which it is conducted?

- Who has the authority to determine if the HIA has been adequately and ethically conducted and is complete and accurate? If the parties involved in an HIA disagree on its quality or comprehensiveness, who has the authority to adjudicate disagreements?

- Who ensures that results of an HIA are made available to the general public, rather than kept confidential?

- If an HIA is done and the results are ignored, will there be any consequences?

- Procedurally, HIA should, from the outset, involve researchers, policy makers and analysts, and members of the affected population(s) in joint discussions regarding: (a) which kinds of questions should be asked, from what theoretical perspectives, and (b) what kinds of data are needed.

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**Table 1 Definitions and characteristics of “health impact assessment” (HIA) as a “concept”, “process”, and “tool” to promote “evidence based policy making”**

<table>
<thead>
<tr>
<th>Definition</th>
<th>Source</th>
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<td>Health impact assessment is a means of evidence-based policy making for improvement in health. It is a combination of methods whose aim is to assess the health consequences to a population of a policy, project, or programme that does not necessarily have health as its primary objective.</td>
<td>Lock (2000)</td>
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<tr>
<td>Health impact assessment is defined as any combination of procedures or methods by which a proposed policy or program may be judged as to the effects it may have on the health of a population.</td>
<td>Frankish et al (1996)</td>
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<td>Health impact assessment can best be described as a decision-making tool, one that is designed to take account of the wide range of potential effects that a given proposal may have on the health of its target population. Thus, it is a process that:</td>
<td>UK National Health Service (2001)</td>
</tr>
<tr>
<td>considers the scientific evidence about the relationships between a proposed policy, programme, or project and the health of a population;</td>
<td></td>
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<td>takes account of the opinions, experience and expectations of those who may be affected by a proposed policy decision;</td>
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<td>highlights and analyses the potential health impact of the proposed policy decision;</td>
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<tr>
<td>enables decision makers to make fully informed decisions and to maximise positive and minimise negative health impacts; and,</td>
<td></td>
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<tr>
<td>enables consideration of effects on health inequalities.</td>
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<td>Health impact assessment is a developing approach that can help to identify and consider the potential—or actual—heath impacts of a proposal on a population. Its primary output is a set of evidence-based recommendations geared to informing the decision making process.</td>
<td>Taylor and Quigley (2002)</td>
</tr>
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<td>Health impact assessment provides a structured framework to map the full range of health consequences of any proposal, whether these are negative or positive. It helps clarify the expected health implications of a given action, and of any alternatives being considered, for the population groups affected by the proposal. It allows health to be considered early in the process of policy development and so helps ensure that health impacts are not overlooked.</td>
<td>WHO, European Region (2002)</td>
</tr>
</tbody>
</table>

**Characteristics**

Scope: variously categorised along a continuum, ranging from “mini” or “rapid”, to “intermediate” or “standard”, on up to “comprehensive” and “long term”

Timescale: prospective, concurrent, retrospective

Type of data: qualitative and/or quantitative; epidemiological and/or ethnographic
Adequate conduct of HIA requires careful consideration of
the probable time lag between when a given policy may be
enacted and its expression in diverse health outcomes (that
is—etiological period). It also requires adequate baseline
data and continual monitoring of the health profile of the
population(s) at risk over a sufficient time period in order to
assess (in quantitative or semi-quantitative terms) the
actual impacts on population health, including among vul-
nerable subgroups.

THE PITFALLS OF HIA

• HIA can—and often has—been conducted without clear
ebulation of the theoretical framework(s) guiding its
implementation, and without interdisciplinary expertise,
thereby producing only partial assessment of the potential
health impacts and potentially protecting decision makers
from unanticipated consequences.

• HIA tends to emphasise policies that enact changes rather
than policies that facilitate neglect (that is—commission
rather than omission), focuses on the consequences of poli-
cies rather than the determinants of policies, and also typi-
cally does not take into account policies that have been
hazardous to health for extended time periods.

While many hold that HIA is best undertaken prospectively
and from a multilevel vantage, its appropriate (or optimal)
timing is hard to define, and complexities of conceptualis-
ing and measuring health determinants and outcomes at
multiple levels in relation to multiple pathways cannot be
underestimated.

• HIA might lead to an erroneous impression that impacts
can be precisely measured or predicted, hence there is a
need for sensitivity analysis along with explicit considera-
tion of plausible biological pathways connecting the policy
under scrutiny to its hypothesised health impacts.

• HIA might inadvertently imply that health is the key arbi-
ter of all policy decisions, rather than promote recognition
of health as one of many outcomes meriting policy
attention; charges of “health trumping all” can harm efforts
to promote intersectoral and interdisciplinary work.

• HIA might become another mandated checklist activity
mired in bureaucracy, rather than a catalyst to engage
affected populations, academics, and policy makers and
analysts in a genuine participatory process of strategic
planning to improve population health and reduce health
disparities.

• Costs of HIA can be very high, and it is unclear who will
bear this burden or provide the necessary staff; if HIA is
required as a state obligation, it could further strain
resources for addressing health problems in poorer coun-
tries and poorer areas of wealthier countries.

• HIA could be a significant waste of money, time, and effort,
in part because evidence of impacts is only one of many
factors affecting implementation of policies.

• HIA might be an impediment to action if an emphasis on
“evidence based policy” ends up precluding informed
analysis of policies that cannot be studied as randomised
trials or whose probable impact extends over a long time-
frame.

In summary, HIA has the potential to be a promising tool for
promoting awareness of societal determinants of health and
reducing social disparities in disease, disability, death, and
wellbeing. Realising this promise, however, will require
considerable work and careful attention to both process and
identified pitfalls. It will also require reckoning with the ulti-
mately political nature of HIA. Whether the public’s health
will concretely benefit from implementation of HIA remains
unknown; achieving this objective will minimally require
engaged and sustained dialogue and debate, among and
between researchers, practitioners, affected populations,
and policy makers and analysts, about the utility, limitations,
and practice of HIA.

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HIA “PROMISE AND PITFALLS” CONFERENCE
(GROUP in alphabetical order)
I. Badgett (University of Massachusetts, Amherst, USA), A-E Birn
(New School University, NYC, NY, USA), P Braveman (University of
California, San Francisco, USA), J Breilh, (Centro de Estudios y
Asesoría en Salud, Quito, Ecuador), P Carter (HSPH, Boston, MA,
USA), P Epstein (Harvard Medical School, Boston, MA, USA), S
Koch-Weser (HSPH, Boston, MA, USA), S Kunitz (University of
Rochester, NY, USA), J Lynch (University of Michigan, Ann Arbor, MI,
USA), M Maluwa (UNAIDS, Geneva, Switzerland), S Marks (HSPH,
Boston, MA, USA), T McMichael (Australian National University,
Canberra, Australia), J Pflaumy (CEPIA, Rio de Janeiro, Brazil), T K
Sundari Ravindran (WHO, Geneva, Switzerland), E Sclar (Columbia
University, NYC, NY, USA), F Sihlongonyana (University of Witwater-
strand, Wits, South Africa), A Scott-Samuel (University of Liverpool,
UK), M Shaw (University of Bristol, UK), D Tarantola (WHO, Geneva,
Switzerland), C Victoria (Federal University of Pelotas, Brazil), M C
Wollson (Statistics Canada, Ottawa, Canada)

-----------------------

Authors’ affiliations
N Krieger, S Gruskin, D H Rehkopf, C Miller, Harvard School of
Public Health, Boston, MA, USA
M Northridge, Columbia University, NYC, NY, USA
M Quinn, D Kriebel, University of Massachusetts, Lowell, USA
G Davey Smith, University of Bristol, UK
M Repetto, New York City Department of Health and Mental Hygiene,
NY, USA
REFERENCES