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Health Impact Assessment In government policy-making: Developments in Wales

A case study

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European Centre for Health Policy

Health Impact Assessment in government policy-making: developments in Wales

Ceri Breeze¹, Ruth Hall²,

Introduction

Health impact assessment is attracting considerable attention across Europe. In Wales, its development has taken place in the context of constitutional change that resulted in the establishment of the National Assembly for Wales.

This paper has been prepared at the request of the World Health Organization as a means of sharing experience and information on health impact assessment. By way of an overview, it does two things. First, it describes the Assembly Government's approach to health impact assessment and reflects on its development and use to date. Drawing on the experience of applying it to a major economic development programme and on wider developments, it highlights issues that are relevant to the use of health impact assessment in government policy-making. Second, it offers a more conceptual discussion about health impact assessment as a contribution to the development of a common understanding of the approach across Europe.

The constitutional context

The United Kingdom Government put forward its proposals for an Assembly for Wales in July 1997 as part of its pledge to modernize British politics and to decentralize power (1). The National Assembly for Wales was established on 1 July 1999 following a public referendum.

Until 1999, responsibility for policies and public services for Wales lay with the Secretary of State for Wales, a member of the Cabinet of the United Kingdom Government. This involved some £7 billion of expenditure in Wales on services delivered directly by the Welsh Office and indirectly through local

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authorities, health service providers, non-departmental public bodies and other agencies.

The National Assembly provides Wales, which has a population of 3 million, with more control over its own affairs and enables it to set policies to meet its specific needs. On its establishment, the Assembly took over nearly all of the powers and duties of the Secretary of State for Wales. These are summarized in Table 1.

Table 1. Broad policy responsibilities of the National Assembly for Wales

<ul style="list-style-type: none">• Agriculture• Industrial and economic development• Education and training• Health and health services• Housing• Local government	<ul style="list-style-type: none">• Social services• Arts and cultural heritage• Sport• Tourism• Transport, planning and environment
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The structure of the Assembly is set out in the Government of Wales Act 1998. The Assembly comprises 60 elected Members. The Assembly's First Minister heads a Cabinet of 8 ministers. Seven subject committees cover the policy areas listed above. these are supplemented by four regional committees and several standing committees, including a European Affairs Committee.

The creation of the Assembly required the transformation of a territorial government department into the effective permanent secretariat of a new elected body (2). Among the challenges that this brought was the need for a broader approach in order to capture themes that carry major implications across functional areas, such as social inclusion, equal opportunities, sustainable development and health. The establishment of the Assembly altered fundamentally the way business was transacted. This is illustrated, for example, by the new committees as vehicles for policy development, and formal partnership arrangements replacing ad hoc arrangements with external bodies(3).

The policy context

The Assembly Government's first strategic plan, "Better Wales", prepared following consultation with local government in Wales, business and voluntary agencies, provides a framework not only for the Assembly Government but also for other organizations in Wales.(4) Inherent in the plan was the

commitment to work in new ways and, as part of this, to forge links between different policy areas.

Drawing on the report of the Chief Medical Officer, Wales (5) “Better Wales” highlighted the relatively poor levels of health in Wales, which is the result of a combination of factors. Life expectancy in Wales is 3–4 years less than the best in Europe. It is up to 5 years less in some communities than in others. Infant mortality has declined but not enough, and remains higher than in most European countries. A much higher proportion of people in Wales report a limiting long-term illness compared to the United Kingdom average. “Better Wales”, which provided the overarching framework for implementing the Assembly Government’s policies and programmes, had five strands (Table 2).

Table 2. The broad priorities of “Better Wales”

A better, stronger economy
Better opportunities for learning
Better health and wellbeing
Better quality of life
Better, simpler government.

“Better Wales” also featured three major themes, all of which are relevant to, or feature, health. The themes – sustainable development, equal opportunities and tackling social disadvantage – are also the guiding principles in *Plan for Wales 2001*,(6) which set out the Cabinet’s strategic plan and vision for the longer term.

The Assembly Government’s statutory obligations on equal opportunities stem from the Government of Wales Act 1998, which requires it to “have regard for all” in its business and functions. This commitment has been operationalized by way of a baseline audit of the extent to which current policy takes account of equal opportunities, and an annual audit to review progress. Developments are based on a range of criteria, all of which are designed to create a culture of equality within the Assembly Government.

The Assembly Government has fulfilled its statutory duty to make a Sustainable Development Scheme and will report on it regularly. The Scheme requires the Assembly Government to do three things: (a) to take all aspects of sustainable development into account in decision-making on its future policies and programmes; (b) to review all its existing policies and programmes against its obligations to sustainable development over a 5-year period; and (c) to work in partnership with others to promote sustainable development. The components of the Sustainable Development Scheme are

the range of social, economic and environmental factors, including health and its determinants.

Factors such as employment, income, housing and social cohesion are acknowledged as having a much greater effect on people's health than health services,(7) and the importance of addressing the social, economic and environmental determinants of health was emphasized in the work used to inform the Assembly Government's approach.(8)(9).

Consequently, the Assembly Government's overall approach to improving health is driven by clear recognition at the political level of the range of health determinants and of the need to address such factors as a key part of any strategy to improve people's health.(10). Planning for the National Assembly recognized that an agenda tailored to the needs of Wales would have to capture themes that are relevant across functional areas.(11). As such, "health" is firmly on the policy agenda. The challenge for policy-makers is to translate that commitment into action and to identify and make explicit the connections between health and other policy areas, and also to seek wider policy actions that could contribute to efforts to improve health and to harness them to the best effect. Health impact assessment is seen as a tool that can assist that process. The Assembly Government made a public commitment to develop its use and set about encouraging other organizations in Wales to do the same. This included local authorities, since their roles and responsibilities gives them the potential to make a major contribution to protecting and improving people's health through an integrated (multisectoral) approach.

The European imperative

Health has moved up the European policy agenda in recent years, partly as a result of issues such as BSE. A report to the European Commission's Directorate-General for Employment and Social Affairs suggests that, as a social phenomenon, health has never been so central to people's concerns and that the trend is likely to become even more pronounced.(12). It has also been emphasized that it is in the interests of the Commission itself, the other Community Institutions and the member states to demonstrate clearly how health requirements are integrated into Community policies and activities, and for information on the impact of a policies on health to be sought (13).

Article 152 of the Amsterdam Treaty(14) strengthens considerably the health dimension of European Union policy, and gives greater prominence to health protection requirements. It introduces a reinforced obligation to ensure a high level of health protection in the *definition and implementation* of all Community policies and activities.

The Health Council, the European Commission and the European Parliament have all highlighted the importance of health impact assessment (15)(16)(17). The Health Council urged member states to contribute to Community-wide

work by assessing, at national level, the health impact of Community policies and activities and by informing the Commission about the development of intersectoral policy at national level. The latter is particularly relevant to the Assembly Government, given its aim of an integrated approach to policies and programmes, and discussion with the Commission is in progress.

The European Community's communication on its health strategy emphasized the need to develop ways of assessing the potential impact on health of policy proposals. The second version, amended following the comments of the European Parliament,(18) is more explicit about the use of health impact assessment.

The WHO Regional Office for Europe, in suggesting that most policy areas other than the social sector do not perceive their role in (potentially) creating or damaging health, has also advocated the use of health impact assessment and reinforced this with a specific target as part of its strategy for health for all.(19)

Developments at the international level, such as European Community directives, will have implications for the governments of individual countries. At the same time, developments in member states of the European Community can influence international developments. Thus on concepts such as health impact assessment, which is designed for use at both levels, generating a common understanding is essential.

Health impact assessment

The momentum for health impact assessment is growing, but so are expectations of it. There are many questions about what it can do for policy-making and how it can be utilized by the European Commission, by governments at Member State level, by devolved governments and regional governments within Member States and by governments in other countries.

Health impact assessment has been defined in several ways. The following is perhaps one of the more useful definitions.

... a combination of procedures, methods and tools by which a policy, programme 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.(20)

The fact that health impact assessment has a number of elements needs to be emphasized. It is best thought of as an approach rather than a single methodology in its own right. The definition above indicates that different methods may be needed in order to consider health impacts. The precise way in which such methods are deployed may also differ between organizations, but there is flexibility within the health impact assessment framework for this to happen and for stakeholders to be drawn into the process. The definition

also highlights the health inequality dimension, which is also emerging as a key theme across Europe.

Health impact assessment can be used for planned and unplanned developments. Its use in a prospective sense (i.e. for policies or programmes that are in the process of being developed) is perhaps one of its main applications, as it offers the chance to consider possible outcomes and for health to be taken into account. The outcome of an assessment may, or may not, influence or change a policy, programme or other development. Nevertheless, at the very least it should help to ensure that decisions are taken on an informed basis so that any potential implications for health are not overlooked.

Health impact assessment can also be used during the implementation of policies and programmes (concurrent assessment) and retrospectively for policies and programmes that have already been implemented and for unplanned developments or events that have occurred. The Assembly Government's current study of the impacts of foot and mouth disease on people's mental health and wellbeing is one such example. While influencing outcomes is beyond the scope of most retrospective assessments, it may help to guide the policy response to such situations and provide learning opportunities.

The Assembly Government's approach

The Assembly Government aims to develop an integrated approach so that its policies and programmes add value to each other. The overall aim is to ensure that policies and programmes not only protect people's health but produce, as far as possible, a health benefit. Health impact assessment is seen as a tool that can help to achieve this.

The Assembly Government set out its plans to develop the use of health impact assessment in a document published at the end of 1999 (21). The purpose of the document, which was endorsed by all members of the Cabinet, was twofold. First, it sought to raise awareness of the health impact assessment concept. Second, it provided a base for a development programme to explore and test the use of health impact assessment.

The programme is helping the Assembly Government to develop its use of health impact assessment and other organizations in Wales are being encouraged to use it as part of their planning and decision-making. It takes a pragmatic approach, with learning from the experience of applying health impact assessment being a key feature. The programme comprises pilot projects at national and local levels, and awareness-raising through developmental/training events. The Assembly Government has recently established a new support service for the development of health impact

assessment across Wales and this unit, which is based in an academic institution, will facilitate the programme's continued expansion.

Case study: the Objective 1 Programme

Between 2000 and 2006, Wales will receive some €1.8 billion in aid from European Structural Funds. The Objective 1 Programme, which covers nearly two thirds of the Welsh population, is the key element and comprises an extensive effort to stimulate and support economic development and regeneration.

Development of the Objective 1 Programme commenced well before the Assembly Government set out its plans for health impact assessment, so an assessment early in the process was not possible. The Programme development process involved several working groups with representatives from different sectors, such as local authorities, the public sector, the voluntary sector and business. One of the groups established was a working group on health; this was encouraging, but its suggestions were not included in the initial draft of the Programme. Health was thus conspicuous by its absence. The precise reasons for this are not clear, but it appears that health was not considered sufficiently relevant by other sectors. The health dimension was subsequently added later in the development process.

It could be argued that a prospective health impact assessment undertaken in the early stages of discussion on the proposed programme would have been useful. For example, it may have led to more formal recognition of the involvement of health sector representatives and of the output of the health working group. That said, an assessment at that stage would have encountered some difficulties, as the shape and structure of the Programme were still in the formative stage.

A health impact assessment of the Objective 1 Programme was undertaken. The assessment was based on a draft of the Programme Complement Document, which sets out the action to be taken under the specific priority themes of the Programme. The report used available evidence to highlight the Programme's potential impacts on health. It mapped the Programme's priorities and measures, and their relationship to people's health and wellbeing.

Reflections on the health impact assessment of Objective 1

The Objective 1 Programme was an important opportunity to test the use of health impact assessment. But, if health was already part of the Programme, why was an assessment needed? The answer lies in two issues – awareness and implementation. First, it was clear that the majority of stakeholders in other sectors did not understand the Programme's relevance to health. Second, the action that will take place during the implementation of the

Programme presents a major opportunity to develop action to improve people's health as an integrated part of wider social and economic regeneration. This signalled the need to get health on the agenda, and into the minds, of any organization or group that could develop projects, as early as possible.

Several factors affected the approach chosen for the health impact assessment, and these reflect the issues that policy-makers face. Time was a major constraint given the pace of the development process as it sought to meet deadlines, and a "window of opportunity" was spotted that would provide maximum exposure for an assessment report.

The assessment was undertaken using in-house resources to a very tight time scale. The time scale ruled out any option of commissioning the work from an external agency. While the in-house approach created pressures and had to be balanced with other priorities, it had some advantages. For example, the detailed knowledge of the Programme reduced significantly the time needed for the assessment.

The development of what was termed a "preliminary health impact assessment" was an appropriate response to the particular circumstances, including the available time and resources and the scale and complexity of the programme. It demonstrates the flexibility of the health impact assessment approach and ways of tailoring it to prevailing circumstances.

While the preferred option would have been to involve stakeholders directly in the assessment (as a means of generating ownership), this was not possible as many stakeholders were under pressure themselves to finalize the Programme document. Instead, stakeholders were involved at the draft report stage and subsequently in discussion following the publication of the assessment. Feedback suggests that nothing was lost through this approach.

Post-assessment action and effects

Interest in the health impact assessment of Objective 1, both from within Wales and from other countries, has been considerably greater than had been anticipated. As an example of the practical use of health impact assessment, it has helpfully raised awareness of the concept in Wales. More importantly, it has increased awareness of, and stimulated discussion on, the links between health and economic development, and on the links between health and other policy areas. Positive feedback on the usefulness of the report has also been received from areas not covered by the Objective 1 Programme, as the information is seen to be relevant to developments elsewhere.

The publication of any health impact assessment report should not be seen as the end point. In the case of Objective 1, one of the goals is to ensure that its findings are translated into action. Simply because action to improve people's health was negotiated into the Objective 1 Programme, and the Programme's wider potential for health was highlighted by the assessment, does not

guarantee that action will take place as a result. Therefore, the publication of the assessment was followed up by the publication of a short guide designed for more extensive distribution to potential bidders for projects. The purpose of this was to help organizations and groups to consider the relevance of health to their ideas, so that it could be taken into account as an integrated part of wider development action. The document includes a simple assessment tool for this purpose (22).

While it is early days, the assessment has encouraged consideration of health by some local economic development organizations and by some of the Partnership Boards that are part of the Programme's management arrangements. Evidence is also emerging of projects that feature health as an integral part of action. Inevitably, uptake has been quicker in some parts of Wales than in others, and observations suggest that the relative strengths and comprehensiveness of local partnerships between sectors is an important factor.

Action to explore how to measure the actual impact of policies and programmes on people's health and on inequalities in health is also being pursued as one of the recommendations of the health impact assessment report. This poses numerous methodological challenges, but is important to expanding the existing evidence base.

Where are we now?

The Assembly Government's guidance document envisaged a number of ways in which health impact assessment might be useful. To date, health impact assessment activity has focused on making the connections between policy areas, as this has been identified as an important early goal.

Since the development of the Assembly's approach to health impact assessment took place in the months following its establishment, the opportunity to apply it to the considerable policy-making activity that took place at that time was missed. As a result, most testing of health impact assessment so far has taken place relatively late in the policy development process. While it has not reduced the usefulness of the experience gained in exploring approaches, methods and the availability of data sources for assessment purposes, it needs to be tested more fully through its application much earlier. This is starting to happen; examples are the Employment and Skills Action Plan for Wales and, outside the Assembly Government, a health impact assessment of a local housing regeneration strategy.

The Employment and Skills Action Plan was circulated internally in early draft form. Encouragingly, the draft was accompanied by a request for advice, since policy officials considered that health might be relevant to the Plan. For a number of reasons – including time and resources – a rapid health impact assessment was undertaken and a report produced. The report used

available evidence to explain in broad terms the impacts that might be expected from the Plan's implementation. It also identified, as the basis for further discussion, how health could be integrated within the action set out in the Plan. The usefulness of this health impact assessment will be examined after the Plan has been finalized.

Assessment of the local housing regeneration strategy is taking place as an integral part of a local authority's decision-making process and, for that reason, should provide another valuable test of the usefulness of health impact assessment. Given that health impact assessment emphasizes the importance of involving stakeholders – including the public – in the assessment process, a key feature of this pilot project is the involvement of local people.

In trying to determine what health impact assessment can add to policy- and decision-making processes, the availability of quantitative data is clearly an important issue. Indeed, in some cases, there appears to be an expectation that all health impact assessments produce quantified data on impacts and, in the case of prospective assessments, highly accurate forecasts of health impacts. While quantitative data are perhaps the ultimate goal, there is a need to manage expectations of health impact assessment if disappointment is not to result. Assessments depend on available evidence and, while quantitative data on health impacts are available for some policy areas (environment and transport, for example), there are gaps in the existing knowledge base.

For the Assembly Government, health impact assessment is proving to have some benefits. In reality, however, there is still much to be done to test more fully its usefulness and to utilize it in a coordinated way alongside the other priorities against which policies need to be considered.

Applying health impact assessment

Drawing on the experience of the Objective 1 assessment and on wider discussions on the health impact assessment concept both inside and outside the Assembly Government, several issues relevant to its development and use can be identified:

- terminology and “jargon”;
- a means to an end;
- embedding health impact assessment in policy-making; and
- institutional or organizational factors affecting the use of health impact assessment.

These issues are clearly relevant to the future of health impact assessment and, at this stage in its development, to persuading others of its potential as a policy tool. Experience has pointed to the usefulness of health impact

assessment to date but, in promoting its use, caution is needed to avoid overselling it or in raising unrealistic expectations about what it can do.

Terminology and “jargon”

In anything seeking to break new ground, the right title or term can help to stimulate interest, discussion and involvement in developments. As a term that trips neatly off the tongue, and that sums up the thrust of the concept, “health impact assessment” has some usefulness. It follows in the wake of terms such as environmental impact assessment, which is now widely recognized and enshrined in European Union legislation but which is also subject to interpretation as far as health is concerned.

Useful though it is, however, experience suggests that the term health impact assessment has some inherent difficulties. For example, there is a still a tendency for “health” to be too narrowly interpreted by some policy-makers, professionals and others outside the health sector as ill health and disease within the context of the health care services. The net effect of this is sometimes an early, and instant, dismissal of health as an issue that may be relevant or even worth considering.

In addition, but perhaps to a lesser extent, the meaning of “impact” is also open to debate on what can be measured, while the term “assessment” seems to imply to some that it is a highly technical process that is the domain of experts only.

Terms such as “screening”, “scoping”, “rapid assessment” or “detailed assessment” are also used in the health impact assessment process. While these terms are similar to those in environmental impact assessment, from which health impact assessment has been derived, concern has been voiced about the terms being jargon, with the risk that some people may be deterred from using health impact assessment (23). This is a relevant point. Most policy areas and approaches are characterized by their own jargon and terminology, and it can present barriers to intersectoral working (or perhaps make it more difficult in the early stages until a common understanding can be reached).

The jargon associated with health impact assessment could be a potential barrier to progress. Health impact assessment is designed for use by organizations and groups at all levels, and the terms used should thus be secondary to what the approach and its component parts are seeking to do. In the same way, not everything that considers the potential effect of something on health is, or needs to be called, “health impact assessment”.

Take screening, for example, the first step in the health impact assessment process. Setting aside the fact that the term “screening” itself can mean different things and involve different processes and tools (some of which may be technical) in different circumstances, it is an essential element of the health

impact assessment approach. Some perceive health impact assessment as a single action that runs its full course in all circumstances, but this is not so. Applying health impact assessment means at the very least screening policies and programmes that are being developed (or reviewed). The importance of the screening stage, in posing the initial question as to whether the policy is relevant to health, is perhaps underplayed. There is evidence of alternative terms being used, such as “health proofing”, but provided the question on health relevance is asked it does not really matter what it is called. Other stages in the health impact assessment process would come into play only if a policy were relevant to people’s health or perhaps if there were uncertainty about its relevance.

Similarly, newer terms such as “health inequalities impact assessment” and “community-led health impact assessment” can lead to confusion. While, on the one hand, these demonstrate uptake of the concept and are encouraging, some believe that they are separate approaches as opposed to themes inherent to the health impact assessment concept. The definition of health impact assessment given earlier in this paper refers to the assessment of inequalities issues, while health impact assessment is designed to be utilized (and led if necessary) by any organization or group. The way a health impact assessment is undertaken is the key to its quality, not necessarily who leads it. The approach is flexible enough to be focused on specific priorities. For example, the inequalities dimension of health impact assessment is particularly relevant to those planning and delivering health services. Whereas all their decisions are relevant to health, consideration of the impact(s) of their plans and decisions on different groups within the population or on different geographical areas is vital. A means of considering the impacts of policy and policy changes on health inequalities has been developed by one health authority in Wales (24).

The term is less important than its purpose; that is, to ensure that health is considered as part of policy-making. It has been suggested that the term may disappear in time, given difficulties over the word “health” (25). The term “human impact assessment” is also used, as are the terms “social impact assessment” and “integrated impact assessment”. They share the same purpose, that is to enable the impacts of policies on a number of themes – including people’s health - to be considered at the same time. This may help to overcome the resistance that is evident among some policy-makers to what they see as the increasing burden and complexity of impact assessments.

Although not yet explored, further difficulties may be experienced in an international sense depending on how precisely the term “health impact assessment” translates into other languages. The term is currently useful as a means of getting health on the agenda of other policy areas, but no one should be precious about keeping the term at any cost. The most important thing about health impact assessment is not the title but what it seeks to achieve. Provided there is thorough and systematic (and relatively early)

consideration of impacts and potential impacts on people's health within policy-making, what it is called does not really matter.

The above suggests something of a conflict. On the one hand, there is a need for a common understanding, and common terminology can play a part in that. On the other, there is a need to let go of specific terminology where necessary in order to embed the health impact assessment approach in the policy-making and business processes of governments. There is also a need to recognize that policy-making cannot be described in terms of a single fixed process. As a general point, there is a need to demystify health impact assessment for the range of stakeholders and potential users.

In practice, a dual approach may emerge, whereby the term is used in certain circumstances but absorbed into a wider impact assessment theme in some organizations. Providing the health considerations are covered adequately, it does not matter which is chosen. As part of its integrated approach, the Assembly Government has developed a high-level policy tool that will "screen" or "proof" new and existing policies against the range of its priorities. The tool is being tested in 2002. Health and inequalities in health are an integral part of this, and the experience gained of developing and applying health impact assessment has informed, and will continue to inform, its development and use.

The flexibility of the health impact assessment approach is an important feature. There may be times when a separate health impact assessment is required, and others when health will feature as an integral part of other forms of impact assessment. For the latter, the principles and practice behind the health impact assessment approach will help to ensure that the health dimension receives adequate and appropriate attention.

Health impact assessment is (one of) the means, not the end

Health impact assessment must be seen in the wider context, which for this paper is the development and implementation of policy. Useful though it appears to be, it is only one tool. It cannot operate (or be developed) in isolation from other processes, other priorities or other factors. Indeed, to some extent it is dependent on other factors. Promoting and developing the use of health impact assessment is not an end in itself; the real goal is to help people to improve their health and to reduce inequalities in health, and to utilize health impact assessment successfully to achieve this.

Take the Objective 1 Programme, for example. Although a health impact assessment did not take place during the early stages of programme development, health still became an integrated part of the Programme. This was the result of several factors. First, the socioeconomic analysis undertaken as part of the Programme's development identified that health – or more specifically sickness and ill health – was a contributory factor to Wales' lower

levels of economic activity and was a barrier to economic development. Second, the lack of sufficient reference to health in the early draft of the programme triggered discussion between officials within the Assembly Government. It also triggered interest externally in the health sector, which manifested itself in lobbying. Third, and perhaps the most influential, however, was the political will to reinforce the Assembly Government's overall commitment to develop a more integrated approach.

This example highlights the fact that health impact assessment is but one tool to encourage a more integrated or "joined-up" approach to policies. There are other examples in the Assembly Government where health has become part of a programme in another policy area, as a result of effective cooperation between officials as opposed to the formal application of health impact assessment. Nevertheless, health impact assessment can make it more systematic and thus easier. By encouraging policy-makers to think about and take into account the potential wider effects of their policies, health impact assessment can help to:

- generate a better understanding of the interactions between health and other policy areas;
- ensure that the potential health consequences of decisions – positive or negative – are not overlooked, by raising awareness of the relevance of health across policy areas; and
- identify new opportunities to protect and improve health and inform discussion and decisions on appropriate action.

Embedding health impact assessment in policy-making

While challenges exist in generating a common understanding on health impact assessment and in developing its use, embedding health impact assessment within government policy-making – or "institutionalizing health impact assessment, as it has been termed in one particularly useful text (26) – is perhaps the major challenge. The risks of not doing so can be seen in British Columbia where, due to organizational and personnel changes, health impact assessment fell off the policy agenda after having been included in policy analysis at cabinet level.

Such an example points to the importance of embedding the impact assessment concept in processes, systems and organizational culture. For this reason, the development of health impact assessment in policy-making cannot be seen in isolation. To view it as something "special" or separate from wider developments in policy-making of, for example, a new government such as the Assembly Government would be unwise. That would simply reinforce the separation of policy areas, which health impact assessment is trying to overcome. Health is important but so are many other policy issues and priorities, some of which may themselves be determinants of health. The Assembly Government's development as an organization is providing

opportunities for a more integrated approach and for embedding the concept of health impact assessment within policy-making.

The Assembly Government's "Better Government" agenda – one of the strands in "Better Wales" and "Plan for Wales" – includes the theme of "better ways of developing policy" as a means of enabling the Assembly Government to develop distinctive policies for Wales and to realize the commitment to open and inclusive policy-making. This, together with collaboration across policy areas on themes such as sustainable development, is facilitating horizontal working. The signs are encouraging, although it should be stressed that it is early days and there is much still to be done. Issues highlighted earlier, such as raising understanding of health and health impact assessment, remain important.

Factors affecting the use of health impact assessment

Work undertaken as part of the "Better Government" agenda, together with results of formal and informal discussion with colleagues across the Assembly Government, has helped to identify a number of factors relevant to the use of health impact assessment and to the development of a more integrated approach. The factors – positive and negative – are summarized in Table 3 (in no set order of priority).

Table 3. Positive and negative factors for the use of health impact assessment and for the development of an integrated approach to policies and programmes

Positive factors/enablers	Negative factors/barriers
<ul style="list-style-type: none"> • Major change that leads to a "shake up" of government organizations and practices, e.g. the Assembly as a new body. • Recognition of social and economic determinants of health. • Political commitment to an integrated/ "joined-up" approach and commitment to follow it through. • Health featured as a high-level strategic objective. • Organizational structure and size, e.g. the Assembly as one organization rather than a series of separate ministerial departments. • Improvements in organizational culture, dynamics and working practices. 	<ul style="list-style-type: none"> • Policy and/or organizational "silos" reinforce vertical structures and hinder horizontal working. • Process failures or lack of processes for screening of policies and programmes for their relevance to health. • Misconceptions of "health". • Lack of awareness and understanding of health impact assessment. • Gaps in the evidence base of the interrelationships between policy areas. • Tight time scales of some policy developments. • Lack of capacity/resources to undertake assessments within the necessary time scales.

<ul style="list-style-type: none"> • Catalysts, including cross-cutting themes as facilitators and drivers for horizontal action by policy-makers. • Capacity/resources for health impact assessment (internal and/or external). • Examples of how health impact assessment has been applied and evidence of how it has helped. • Evidence on the links between health and policy areas, and easy access to it. • Strategic use of research funding programmes to expand the evidence base. • Systems and processes that facilitate working across policy areas in the early stages of policy development and implementation. 	<ul style="list-style-type: none"> • Health impact assessment developed as a “separate” theme without thoughts to it becoming part of wider developments in policy-making. • Organizations that are static in terms of changing their culture and practices. • Business overload resulting in policy-makers concentrating on their own policy field. • Multitude of impact assessments required increases workloads and resistance to impact assessment. • Language and terminology – “jargon” – in different policy areas/sectors. • Lack of, or outdated, guidance for policy making. • Narrow or “traditional” views in some policy areas.
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Discussion of how the above are utilized or overcome (in the case of barriers) is outside the scope of this paper. Approaches are likely to vary between organizations, but common to all is the need to identify potential opportunities and barriers and to agree and implement action to improve policy-making. As organizations vary in structure and size, policy-making too varies in the way it is developed, the reasons behind it and the time scales involved. Joined-up policy-making can be the more complex option. It has been suggested that “joining up” is a mind-set and a culture, not a process or a structure. The key to joined-up government is learning about shared purpose, teamwork, partnerships and building relationships. This is built around the knowledge and know-how of people, which differs from the organizational model of the past, which was built around tasks, units and titles (27). Modern policy-making means taking a holistic view, looking beyond institutional (and policy and professional) boundaries to the government’s strategic objectives, and involving all key stakeholders at an early stage and throughout its development (28).

Conclusion

The theme of integrating health across policies has moved centre stage for policymakers in Europe (29) and health impact assessment is seen as something that can facilitate this. Discussion and debate on health impact assessment continue to build, and this paper seeks to inform its future development and use in government policy-making.

In attempting to develop a common understanding of health impact assessment, there is a question of whether it is a process, a function or a philosophy, or a combination of all three.

Health impact assessment has clear processes – often simpler than many perceive them to be. Process issues tend to feature prominently in discussion, given the interest in how health impact assessment can be applied. However, given the concept and what it seeks to achieve, it's about far more than a process.

The notion of “health impact assessors” as a specific function or discipline has been heard but discussion has, more appropriately, focused on who should (or could) do it, who should be involved and their roles. Given that health impact assessment is designed as something that can be used by organizations and groups at all levels, then skills, knowledge, and working practices (as in partnership or multidisciplinary working) are the key issues. The precise arrangements for deploying health impact assessment within government will vary between outsourcing of all or some of the components and “in-house” arrangements. Each has advantages and disadvantages.

While to a greater or lesser extent, process and function are important to the subject of health impact assessment, perhaps viewing it as a philosophy - that is, as a general way of thinking – should guide our overall thoughts for the future. This view would reflect the thrust towards integrated approaches and “joined-up” government and the goal of realizing the contribution that health impact assessment can make to policymaking and integrating health across policy areas. It reflects the need for health strategy to be much wider than health services alone and it reflects the need to change the way that “health” is viewed by other sectors/policy areas. It places less emphasis on the “health” aspect and more emphasis on the basic principle of policymakers considering the wider impacts of their policies. This fits with the issues that need to be considered in modern policymaking, for example, the fact that many health determinants also affect other things, and the need for a coherent approach to the use of different forms of impact assessments. The Assembly Government's development of health impact assessment is informing the implementation of its Sustainable Development Scheme, and which is providing a focus for considering the concept of impact assessment across all policy areas.

There is much to do to develop and exploit the potential of health impact assessment as a contribution towards more integrated policies. Its usefulness needs to be tested out more fully and it is in the interests of government at all levels to do so. Development needs to take place at local, national and international levels. Developments in countries can inform the use of health impact assessment at international level and vice-versa.

Pragmatism is important. While theoretical models are useful to inform approaches, they are sometime at odds with the realities of policymaking.

Policies develop in different ways, to different timescales and for different reasons. While sharing many common features, governments also vary on structures, processes, and organizational culture.

Governments need to utilize health impact assessment in ways that fit their circumstances, and the precise title attributed to it is less important than what it seeks to achieve. Embedding the philosophy of health impact assessment within Government policymaking and the means by which it can be used is both the main aim and the main challenge.

Sharing experience and information on health impact assessment and collaboration on developing its use, particularly at the European level, will be important to generate common understanding and to avoid duplication of effort. It will also inform action as part, and in support, of the European Community's new Public Health Action Programme. With this in mind, the Assembly Government is leading a pan-European survey on health impact assessment in government. The survey, which is covering Member States, European Economic Area countries and the EU Candidate countries, is being undertaken in conjunction with the European Network of Health Promotion Agencies, the European Commission's Public Health Policy Unit, and the World Health Organization (European Centre for Health Policy, Brussels, and WHO Geneva). Collaboration on health impact assessment and the strategic use of research funding programmes to explore the impacts of non-health sector policies on people's health – and vice versa – are some of the areas where European added-value will be found.

Although this paper has focused on the use of health impact assessment in a central government context, there is a need to encourage and support its adoption by other organizations and groups down to local level. The implementation of policy and the delivery of services relies on organizations in the public and private sectors, including statutory and non-statutory organizations, organizations in the voluntary sector and groups in local communities. Efforts to integrate health across policy areas at a national or international level need to be reflected and reinforced by similar action locally, and health impact assessment can help to do this.

The literature on health impact assessment is expanding quickly and offers a rich source of information and experience but more evidence is needed on what it can add to policymaking and this can only come from its application. The journey to explore the development of health impact assessment in Wales began some time ago. Experience gained so far is proving useful, and this paper has sought to draw together some of that as a contribution to discussion on future developments. However, there is still much to be done to develop further the use of health impact assessment as a means of integrating health in other policies.

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