

## Health Impact Assessment: how the Canton of Ticino makes health a common issue

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### Summary

HIA is based on the theory of health determinants, which recognizes that well-being is determined by a wide range of economic, social and environmental factors, by heredity and medical intervention. The intended HIA procedure represents a new approach to the evaluation of all cantonal policies in order to assess their potential health impacts and to improve the quality of governmental decisions, through recommendations to enhance predicted positive health impacts and minimize negative ones.

### Background

*“Life expectancy is shorter and most diseases are more common further down the social ladder in each society”* (Wilkinson & Marmot 2003). In plain words, we are living with a contradiction: health policy alone is unable to grant the health of the population by its means intended to restore it, whereas other major policies – environment, welfare and most of all economic policies – determine or jeopardize it at an earlier stage without taking responsibility.

The acknowledgement of the theory of the social determinants of health, the unequal distribution of the health effects within the population as well as the rising cost of the health care system (in Switzerland near to 11.5 % of GDP) highlight the need of a better collaboration between public health and non-health sectors in order to set health as a multisectoral aim. This also points out the usefulness of assessing prospectively any public policy in view of the compatibility with the population's health.

From this point of view, the success of Impact Assessment (IA) has been a turning point as a process and as an assessment tool for promoting sustainable development and for ensuring that actions are economically viable, socially equitable

and environmentally sustainable. IA is a generic term that includes environmental impact assessment, strategic environmental assessment as well as many specialized assessment processes such as health and social impact assessment. It describes a process and a tool which can be applied across the spectrum of planning and development activities, from policies and plans to programs and projects, from national policies to regional or local projects.

The use of Environmental Impact Assessment (EIA) is one of the key principles of the Rio Declaration on Environment and Development (1992). Already the Brundtland Commission, five years earlier, identified the integration of environmental considerations into the mainstream of policy-making as one of the major institutional challenges of the XX century. This challenge still remains to be addressed and IA still constitutes an important vehicle for such integration.

### The Ticino HIA project and its purpose

On 12 January 2005, the government of the Canton of Ticino, one of the 26 Swiss cantons, has endorsed the project for the prospective assessment of public policies in terms of their compatibility with public health, in response to the motion of the minister of Health and Social Welfare. The central element of the project, which will be run experimentally throughout the present legislation period until 2007 and will focus on the procedure to screen and assess a limited number of policies, is the Health Impact Assessment (HIA). HIA can be defined as “a combination of procedures, methods and tools by which a policy, program 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” (European Centre for Health Policy 1999), shortly as “the estimation of the effects of a specified action on the health of a defined population” (Scott-Samuel 1998).

The technical objective of every HIA is the identification of potential risks for health which can be caused by a particular policy and the indication of the necessary corrective measures. The result is a qualitative improvement in the decisions made and the potential optimization of the resources invested due to a reduction in the repairing expenses and to the increase in value of the factors which benefit health. Therefore it can be assumed that HIA can contribute to reorienting the health system's management logic (and indirectly the priorities of public spending), replacing the pathogenesis approach with that of health genesis, with the appreciable result that the population and policy decision makers take on more responsibility with regard to health determinants.

In the strategical view of the Ticino project, HIA is also intended to promote the practice of multisectoral policy in order to improve the quality of public policies and to promote healthy and sustainable policies. In fact, if HIA is both an approach and a technical tool to evaluate single policies, programs, projects or laws, introducing HIA is a way to change the quality of the decision making process in itself through the application of its major principles – participation, equity, multisectoral and multidisciplinary approach, sustainability, use of quantitative and qualitative evidence, transparency.

The consistency of these principles within health promotion, sustainability and health impact assessment make the setting of a new approach in the policy agenda realistic. HIA is not strictly a science even if it most certainly draws on a scientific knowledge base. Scientific evidence on health impacts of specific determinants forms the backbone of this creative, interdisciplinary form of enquiry. The range of methods and approaches to HIA should reflect the nature and complexity of the subject. This does not merely implies that qualitative and quantitative methods should be used, but also that multi-method and interdisciplinary approaches are required (Scott-Samuel et al. 2001), which means there is no standardized or fixed methodology to introduce and run HIA.

The idea launched by the Ticino project on HIA consists of the merging of the developing instruments for sustainable assessment with those for health impact assessment. To achieve this target the interdepartmental “HIA Commission” is in charge of the experimental procedure of HIA under the chairmanship of the public health authorities; moreover contacts are open with other similar projects or programs such as the Healthy Cities Network (WHO).

Above all, the aim of the experimental procedure of HIA is to define a functional, efficient modality for the selection of the government projects which have important potential impacts on the population's health and, secondly, to integrate HIA into the practice of the cantonal administration. The procedure

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thus introduces a process with various stages involving government officials of various levels of each department (Figure 1) and is set up in the following phases:

1. the interdepartmental “HIA Commission” selects the measures which could exercise a potentially important impact on health and indicates these to the government (screening proposal);
2. the government indicates which of these projects should be subjected to HIA (final screening);
3. the selected projects are evaluated and possibly modified (scoping and assessment);
4. finally the government definitely approves or rejects the projects (introduced by the proposing department).

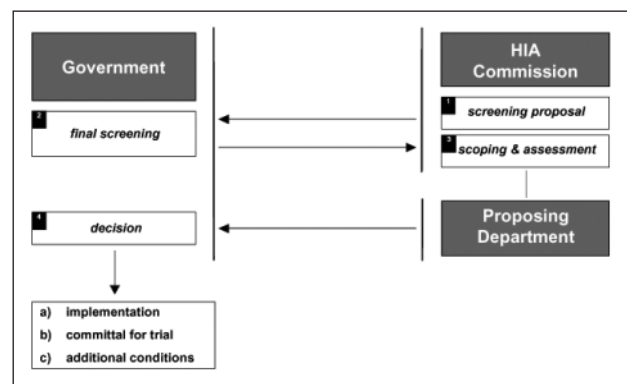


Figure 1 HIA procedure for public policies in Canton Ticino

Briefly, the relevant goals of this procedure are i) to allow the decision makers to effect informed choices for health and sustainability, ii) to equally distribute the effects on the population's health, iii) to minimize the risks and maximize the advantages in terms of health, iv) to promote interdepartmental collaborations and multisectoral policies.

### Characteristics and implications

The testing of an HIA screening procedure of the cantonal public policies is not intended to lead to a formal piece of legislation – codifying a practice in the form of a law is not the way to bring about a change, even if the latter could end up in the former. It can rather be considered an attempt to break down the strong influence of the medical approach, which encourages the pathogenesis approach on all health issues, whereas the HIA starting point is the acknowledgement of the role of the determinants of health, which force public authorities to reconsider the allocation of the resources appointed for health. The HIA project has therefore been stated in the form of a governmental resolution shaping the decision mak-

ing process and the drawing up of the departmental projects (Figure 2).

Yet another contradiction has to be faced: even if consensus is a goal of HIA – i. e. participation (of all stakeholders) and negotiation are methodological cornerstones – the potential long term impact of the project on the status-quo is clearly perceived by any subject involved. This fact sets the degree of controversy of this project at a high level. In fact the discussions and negotiations which have been held up till now by the health officials within the different departments (economic, environmental, interior and education) as well as the activities carried out by the interdepartmental “HIA Commission” do not show an overall consensus with the goals and with the implications of this proposal. What is feared most is a slowdown of the decision making process and the interference of public health in major governmental sectors (“health imperialism”) (Banken 2001). Pragmatically, also the overwork of the government officials involved in running the HIAs, in collaboration with the public health officials, and the doubling of already executed assessment procedures represent a perceived danger. In order to overcome this problem we will try, on one hand, to involve as much as possible the “HIA Commission” members in training and in communication activities to make them feel part of a team. On the other, it is our aim to stress that HIA is profitable as it potentially reduces the need for cure and care and contributes to avoid political opposition by taking better decisions.

### The Ticino project in a wider context

Experimenting in this domain is a pioneer undertaking and Ticino is still on the cutting edge, yet not alone. In Switzerland together with Ticino some cantons of the French speaking side (Geneva, Jura, Valais) are interested in HIA as well as the *Swiss conference of cantonal ministers for health and social affairs* (SDK), the *Swiss Federal Office of Public Health* and the Swiss foundation *Health Promotion Switzerland*. Moreover, the Ticino project will be watched, enhanced and spread by means of an intercantonal developing platform the aim of which is to foster multisectoral health policies and HIA as a tool.

The World Health Organization supports this approach and promotes international collaboration through its various networks such as the Healthy Cities Network based in Geneva. Finally, the EU also acknowledges that tackling the major health determinants has the potential to reduce the burden of disease and promote the health of the population. This is the reason why the European Parliament and the Council decided to introduce HIA as an assessment tool (Abrahams et al 2004) through its “*Programme of Community action*

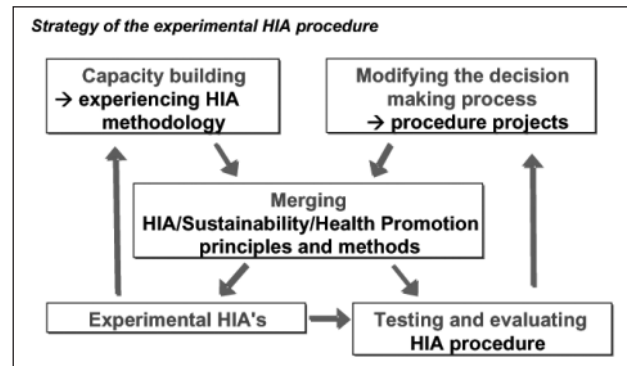


Figure 2 Strategy implied by the experimental HIA procedure

in the field of public health (2003–2008)” of 23 September 2002.<sup>1</sup>

### Perspectives and expected outcomes

It is of no help that long-term economic advantages generated by a widespread use of HIA have not been proven yet, as too many variables need to be analyzed to quantify the weight of the factors at stake. However, if we look at the various experiences<sup>2</sup> it is possible to state that it works, as long as fundamental principles of HIA are respected. In these cases, indirect benefits such as empowerment of the population, increase in the assets for health and development within the communities involved, will be added to direct benefits as, for example, the minimizing of health risks.

What about equity that we mentioned as another important feature of this project? Different meanings of equity have to be considered. First of all, if equity is understood as the fair access to treatment or care quality – according to the prevalent approach that links health with the health care system – results of HIA will probably be nil in our canton because this is neither the focus of the HIA approach in itself nor that of our project. Moreover, if the key principles of HIA, and especially the participation of the groups affected, should be systematically neglected by oversimplifying the process of conducting HIA or by running HIA as a process strictly managed by public officers, equity – understood as power of self-representation – would be strongly compromised and an important socio-political determinant of health would be missing. But in terms of distribution of health effects, the equity of public policies should turn out to be improved as the

<sup>1</sup> Decision No 1786/2002/EC of the European Parliament and of the Council. Official Journal L 271, 09/10/2002 P. 0001 - 0012

<sup>2</sup> For some examples [http://www.hiagateway.org.uk/Contacts/Personal\\_experiences/personal\\_experiences.asp](http://www.hiagateway.org.uk/Contacts/Personal_experiences/personal_experiences.asp)

more serious incongruities would probably be singled out by an HIA and therefore avoided.

However, the project for the systematic HIA of the cantonal public policies do not have to be estimated only under its capacity to institutionalise the HIA internal procedure or to produce direct and measurable effects such as health gain or health loss. As already stated the question is not just whether HIA works, but also what works and in which context (Wismar 2004). In other words, both HIA and its practical "translation" have to be considered as their capacity to influence the decision making process, i. e. by raising awareness among decision makers, by helping decision makers identify

and assess possible health consequences and by helping those affected to play a role in decision making. Briefly, the outcomes of this project should be estimated at least for having successfully fostered the multisectoral approach to health among all the non-health sectors. This potential has already been demonstrated when recently public health representatives were invited to join special non-health working groups and commissions and, most of all, by the fact that the fitting of HIA into the pre-existing (by law) Environmental impact assessment (EIA) is now under joint consideration by the Department of territory and by the Department of Health and Social Welfare.

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### Zusammenfassung

HIA basiert auf der Theorie der Gesundheitsdeterminanten, die besagt, dass Wohlbefinden durch ein breites Spektrum von ökonomischen, sozialen und umweltbedingten Faktoren, sowie durch Heredität und medizinische Interventionen bestimmt wird. Die vorgesehenen HIA-Prozesse stellen einen neuen Ansatz zur Evaluation aller kantonalen Strategien dar, um einerseits deren potentielle Auswirkungen auf die Gesundheit zu beurteilen und andererseits die Qualität der Regierungsentscheide zu verbessern, indem Empfehlungen ausgearbeitet werden, die vorausgesagte positive Auswirkungen auf die Gesundheit verstärken, während negative minimiert werden sollen.

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### Résumé

Les études d'impact sur la santé se basent sur la théorie des déterminants de la santé: le bien-être est déterminé par une variété de facteurs économiques, sociaux et environnementaux, ainsi que par l'hérédité et les services de soins. Les études d'impact sur la santé représentent une nouvelle approche pour l'évaluation de toutes les politiques cantonales: elles permettent d'analyser leurs potentiels effets sur la santé et d'améliorer la qualité des décisions gouvernementales en fournissant des recommandations propres à augmenter leurs impacts positifs prévus et à en réduire les effets négatifs.

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Wilkinson R, Marmot M (eds.) (2003). The Solid Facts – Social Determinants of Health. 2<sup>nd</sup> ed. World Health Organization.

Wismar M (2004). The effectiveness of health impact assessment. *Eurohealth* 10 (3–4): 41–43.

### Major sources of Information – Internet sites

**EUROHEALTH** [http://www.euro.who.int/observatory/Publications/20020524\\_26](http://www.euro.who.int/observatory/Publications/20020524_26)

**HIA Assessment Gateway:** <http://www.publichealth.nice.org.uk/page.aspx?o=HIAGateway>

**IMPACT – International Health Impact Assessment Consortium:** <http://www.ihia.org.uk/>

**WHO – World Health Organization HIA:** <http://www.who.int/hia/en/>

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