

## 2. スクリーニングとは

### (目的)

スクリーニングの目的は、限られた時間や人員を有効に活用するために、提案されている事案が健康および社会的健康規定要因へ与える影響について予備的な評価を行い、次のスコوپングに進むかどうかを決定することである。

### (対象となる事業)

企業において HIA の対象となりうる事業を表 1 に示す。これらは、産業保健部門のみならず、人事施策、事業施策等を含む。

### (実施)

スクリーニングは可能な限り施策、事業の計画段階に実施することが望ましい。しかし、事業の決定後であっても、産業保健部門が起こりうる健康影響に備えるために有用である。実施に際しては、産業保健部門、人事、労働組合等の関係者が共に実施することができれば、より良い。

## 3. スクリーニングツール使用の具体的手順

### \*添付 1 スクリーニングシート

### 添付 2 スクリーニングシート記入例

### 3.1. 影響を受ける集団を考える

一般的には、年齢、性別、人種、民族や社会経済状況によって健康影響の受け方が異なる。企業においては、下記のような例が考えられる。

- ・ 退職者/残留者
- ・ 従業員/家族/地域住民
- ・ 雇用形態(正規/パートタイム/アルバイト/派遣/請負など)
- ・ 年齢(若年/中堅/老年など)
- ・ 職位(管理職/一般職など)
- ・ 職能(技術/技能など)

### 3.2. 影響が生じる段階を考える

対象としている事案の実施段階によって異なる健康影響が想定され得る場合、実施段階ごとにシートを分けて考えることもできる。

### 3.3. 集団ごとに影響を検討する

#### ① 健康影響の列挙

シートの列に影響を受ける集団を記し、健康影響を列挙する。社会的健康要因を踏まえた健康影響の例を表 2 に示している。

#### ② 便益(positive: P)と不利益(negative: N)の区別

列挙された健康影響が便益(positive: P)か不利益 negative: N)かの区別を記入する。一つの健康影響が便益と不利益の両面が考えられる場合、健康影響を 2 つ記載し、それぞれを便益(P)、

不利益(N)とする。

注)同一の健康規定因子のカテゴリー内で便益と不利益の偏りがある場合(特に不利益しか挙げがない場合)は、逆の影響が考えられないか立ち止まること。

### ③ 可能性

健康影響が生じる可能性を確実( definite: D)、ほぼ確実(probable: P)、可能性がある(speculative: S)の3段階で記入する。情報不足のため判断を保留するものは、不明(unknown: N)と記入する。

### ④ 影響の推移

健康影響の推移について、増大(↑)、不変(→)、減少(↓)の3種の矢印で記入する。

## 3.4. 次の段階へ進むかどうかの決定

記入された全てのシートを基に、次の手順であるスコーピングへと進むかどうかを決定する。協議の結果、次の手順へ進まないことを決定した場合、その理由を記述する。

表 1 企業における HIA の対象となりうる事業の例

1. 企業のあり様に関するもの	企業合併
2. 経営戦略	経営方針の転換時 開発領域の変更 新製品開発
3. 企業の組織	海外工場・事業場の開設 部門・組織の再編
4. 事業所の状況	本社オフィスの縮小 オフィスの移転 事業所の統合・合併 工場、事業場の閉鎖 ライン増設 社員の高齢化 大量退職 新システムの導入
5. 個別の人事等の施策	早期退職制度 給与体系の見直し 高齢者雇用 定年延長 リハビリ勤務導入 人事評価制度の変更 海外出向社数の適正配置 労働時間(36 協定)、裁量労働 在宅勤務 採用 人材のアウトソーシング(請負、非正規) 終身雇用
6. 個人の健康関連施策	スポーツクラブの契約 喫煙ルール EAP の導入 AED の導入 健診項目の変更
7. 福利厚生	社員の食堂(開設、メニュー) 育児休暇 持ち家・社宅制度 保養所
8. その他	通勤手段の変更

表 2 健康の社会的規定因子(Improving Health and Reducing Inequalities: a practical guide to health impact assessment, Welsh Health Impact assessment Support Unit, 2004 より)

\* このリストは一例であり、包括的なものではありません。

1. 個人の生活習慣	<ul style="list-style-type: none"> <li>・ 食事</li> <li>・ 身体活動</li> <li>・ アルコール、喫煙、処方されていない薬物</li> <li>・ 性活動</li> <li>・ その他のリスクとなる活動</li> </ul>
2. 社会的、地域的影響	<ul style="list-style-type: none"> <li>・ 家族形態、役割</li> <li>・ 住民の力、影響</li> <li>・ 社会的支援や社会的ネットワーク</li> <li>・ 隣人性</li> <li>・ 所属意識</li> <li>・ 地元のプライド</li> <li>・ 地域区分</li> <li>・ 社会的孤立</li> <li>・ 仲間からの圧力</li> <li>・ 地域アイデンティティ</li> <li>・ 文化的、精神的規範</li> <li>・ 人種差別</li> <li>・ その他の社会的排斥</li> </ul>
3. 生活環境	<ul style="list-style-type: none"> <li>・ 建築物</li> <li>・ 近隣デザイン(<i>Neighbourhood design</i>)</li> <li>・ 住宅</li> <li>・ 室内環境</li> <li>・ 騒音</li> <li>・ 大気や水の質</li> <li>・ 地区の魅力(<i>Attractiveness of area</i>)</li> <li>・ 地域の安全</li> <li>・ におい/悪臭</li> <li>・ ごみ処理</li> <li>・ 道路のハザード</li> <li>・ ケガのハザード</li> <li>・ 遊び場の質と安全性</li> </ul>
4. 労働環境(経済環境)	<ul style="list-style-type: none"> <li>・ 失業</li> <li>・ 収入</li> <li>・ 経済的不活発</li> </ul>

	<ul style="list-style-type: none"> <li>・ 雇用の種類</li> <li>・ 職場環境</li> <li>・ (労働時間)</li> </ul>
5. サービスへのアクセスと質	<ul style="list-style-type: none"> <li>・ 医療サービス</li> <li>・ その他のケアサービス</li> <li>・ キャリアアドバイス</li> <li>・ 買い物</li> <li>・ 公共施設</li> <li>・ 交通手段</li> <li>・ 教育や訓練</li> <li>・ 情報技術</li> </ul>
6. マクロ経済、環境、持続可能性	<ul style="list-style-type: none"> <li>・ 政府の政策</li> <li>・ GDP</li> <li>・ 経済環境</li> <li>・ 生物多様性</li> <li>・ 気候</li> </ul>

### III. 研究成果の刊行に関する一覧表

雑誌

発表者氏名	論文タイトル名	発表誌名	巻号	ページ	出版年
藤野善久、 松田晋哉	Health Impact Assessmentの基本的概念および日本での今後の取り組みに関する考察	日本公衆衛生雑誌	第54巻 第2号	1-8	2007年
藤野善久、 松田晋哉	「新しい自律的な労働時間制度」に関するHealth Impact Assessment	日本産業衛生学雑誌	第49巻 第2号	45-53	2007年

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## EIA/SEA と HIA に関する資料 目次

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Draft Guidance on Health in Strategic Environmental Assessment: Consultation Document. (Edit) Colleen Williams, Department of Health and Paul Fisher, Chemical Hazards and Poisson Division, Health Protection Agency. 2007.

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World Health Organization, Regional Office for Europe  
Weltgesundheitsorganisation, Regionalbüro für Europa  
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Всемирная организация здравоохранения, Европейское региональное бюро

# **Health impact assessment as part of strategic environmental assessment**

A review of Health Impact Assessment concepts, methods and practice to support the development of a protocol on Strategic Environmental Assessment to the Espoo Convention, which adequately covers health impacts.

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**ADVANCED COPY**

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## **ABSTRACT**

This document has been prepared for policy makers in different sectors of the economy and representatives of Governments participating in the negotiations of the Protocol on Strategic Environmental Assessment (SEA) to the Espoo Convention.

It draws on a wide body of knowledge and experience in developing and implementing Health Impact Assessment (HIA) in Europe and elsewhere. These were brought together for the purpose of the review, by meetings of international experts convened by the Rome Office of the WHO European Centre for Environment and Health.

It discusses how decisions taken outside of the health sector can affect the health of individuals and populations by modifying their physical and social environment, and how this in turn affects social and economic development.

The document describes methods, procedures and practices to carry out health impact assessments of policies, plans and projects, highlighting the similarities with and opportunities for integrating health impact assessment within strategic environmental assessments, and other forms of impact assessment under use. It draws attention to the opportunities for achieving health benefits and avoiding health costs by considering health impacts early in the planning process. It is aimed at inspiring policy makers to include health considerations early in their planning process by showing how different perspectives can feasibly be incorporated into everyday decisions.

The document also highlights how governments are increasingly becoming aware of the health implications of decisions in different sectors of the economy, and how this is reflected in the WHO Health for All targets and in the Amsterdam Treaty of the European Union, which requires that a high level of health protection be ensured by all community policies and activities.

As yet there are no institutional mechanisms for integrating health concerns into other sectors decisions. This has consequences for people's health and results in health systems bearing the costs of health being overlooked during the planning of other sectors activities. Over the last few years, a number of countries have started developing mechanisms for HIA of policy decisions. International gatherings (such as the 3<sup>rd</sup> Ministerial Conference on Environment and Health and meetings of the Parties to the Espoo and Aarhus Conventions) have also asked for the development of instruments to facilitate the implementation of strategic environmental assessments where impacts on people's health are fully addressed. This special emphasis on health aspects intends to improve the present practice according to which, although health considerations are formally part of environment impact assessments, they are not or poorly covered in the real assessments.

The developments on health impact assessment and on strategic environmental assessments could come together in the new SEA protocol. If health issues can be adequately addressed by this instrument, there would be no need for further requirements and instruments for including HIA in other sectors policies. This could save resources, and integrate different concerns into day to day policy making.

## **FOREWORD**

Over the last few years, Member States of the European Region have repeatedly called for mechanisms to be established to facilitate and promote the implementation of strategic environmental assessments (SEA) where impacts on people's health are fully addressed. At the 3rd Ministerial Conference on Environment and Health (London, 1999), and meetings of the Parties to the Convention on Access to Information, Public Participation and Access to Justice in Environmental Matters ("Aarhus Convention"), and of the Convention on Environment Impact Assessment in a Transboundary Context ("Espoo Convention"), governments specifically called for the development of a protocol on Strategic Environmental Assessment, and agreed to begin negotiations for this protocol under the Espoo Convention. The World Health Organization Regional Office for Europe and representatives of the Aarhus Convention were invited to join the preparation of that protocol, providing their perspectives to the draft text under negotiation.

This review has been prepared to inform policy makers and parties negotiating the SEA protocol about the health implications of projects, plans and strategies not primarily meant to affect health, and how these can be assessed. It describes the methods and practice of health impact assessment (HIA), highlighting its similarities with other forms of impact assessments in terms of process and procedure. It provides an overview of the different types and levels of complexity of HIA and of the skills needed for their implementation. The emphasis is on the need for selecting HIA methods and tools that are fit for purpose, provide just enough detail to support decision making, and focus in identifying the key health impacts.

This is a concise document, meant to raise the awareness of policy makers about the range of health benefits that can be achieved and health costs that can be avoided by considering health impacts early in the planning process. It is meant to inspire them to take action on implementation of HIA, by highlighting how procedures and processes for HIA are straightforward, and their similarities and synergies with other impact assessments that are regularly being implemented. It is meant to encourage the integration of different sustainable development goals into common practice, by showing how different perspectives can feasibly be incorporated into everyday policy making.

Over the last few years there has been increasing awareness of the need to make more explicit the human/social dimension of development, and the links between health and sustainable development, including the contribution of health to poverty alleviation. This document informs of practical tools to make those links more clear, advocates the added value of mechanisms to include health concerns into policies and strategies, and calls for their implementation at the different levels of decision-making processes.

The document is grounded on the understanding that a wide range of factors can affect health. These include policies and projects implemented in all sectors of the economy, not just those directly aimed at affecting health or health care. There is therefore considerable scope for action outside the health sector to prevent ill health and promote good health. Governments increasingly recognize these social, economic and environmental determinants and the need for greater integration of policies and programmes, as reflected in the WHO Health for All policy and the Amsterdam treaty of the European Community (article 152), which calls for "a high level of human health protection ... in the definition and implementation of all community policies and activities" and urges that "public health... be a consideration of policies of non-health sectors".

Against this background and policy objectives, there is however still a lack of institutional mechanisms to integrate health in other sectors' decisions. This has consequences for people's health and for Europe's health systems, which end up bearing the consequences of health being overlooked during planning and development in other sectors of the economy.

Health Impact Assessment (HIA) is a combination of procedures, methods and tools by which a policy, programme, projects or legislative procedure may be judged for its potential effects on the health of a population, and the distribution of these effects within it.

There are many similarities between processes and procedural steps of HIA and those used in Environment Impact Assessment (EIA), which are already successfully being used to integrate environmental concerns into sector policies.

Although the principle of health protection is established as a primary concern in EIA processes, in practice health is scarcely mentioned or the discussion is limited to a description of effects through the biophysical environment. The whole range of possible effects on health, including those mediated by socio-economic factors is often ignored, and no effective mechanisms are in place to successfully incorporating health criteria and expertise into environmental assessments.

The development of the new protocol on Strategic Environmental Assessment to the Espoo Convention, creates an opportunity for adequately covering health aspects as part of that instrument. This can potentially be an important mechanism for the institutionalisation of HIA in Europe. It can also obviate the need for developing other international instruments focusing on health impacts, saving resources, and allowing for processes that facilitate the integration of different concerns into policy making.

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### **ACKNOWLEDGEMENTS**

This review draws a wide body of knowledge and experience in developing and implementing HIA in Europe and elsewhere. These were brought together for the purpose of the review, by a meeting of experts convened by the WHO in Budapest on 25 November 2000. This HIA meeting took place back to back with another meeting, co-organised by the Governments of the Czech Republic, Norway, and Italy, and by the WHO, the UNECE, and the Regional Environmental Centre in Szentendre on 23/24 November 2000, where the different perspectives regarding the new SEA protocol were openly discussed by health and environment experts, as well as by other actors on public participation and access to information.

The review is part of the WHO Regional Office for Europe activities on HIA, led by the European Centre for Environment and Health, Rome Office.

The WHO is grateful to all the experts who contributed their time, knowledge and experience towards the development of this review, and participated in the relevant meetings. We are especially thankful to the editors of this report who have managed to communicate complex matters in direct, every day language, without compromising on the scientific rigour of the information provided.

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# 1. Introduction

At the 3<sup>rd</sup> Ministerial Conference on Environment and Health (London, 16-18 June 1999) and at meetings of parties to the Aarhus and Espoo Conventions<sup>1 2</sup>, Member States of the World Health Organization asked for negotiations to start on the development of a protocol for strategic environmental assessment<sup>3</sup>.

The request was for a protocol within which the impacts on people's health are fully addressed. The World Health Organization (WHO) Europe was asked to support Member States by considering, in close collaboration with the Sofia Initiative and the UN/ECE programme on the Espoo Convention, how health impact assessment could be integrated into strategic environmental assessment.

At the second meeting of the Parties to the Espoo Convention (UN/ECE Convention on Environmental Impact Assessment, Sofia, Bulgaria 27 February 2001), it was agreed that a legally binding protocol on Strategic Environmental Impact Assessment would be prepared. This will supplement the existing provision of Environmental Impact Assessment in a transboundary context. The aim is for its possible adoption at the 5<sup>th</sup> Ministerial Conference 'Environment for Europe' at an extraordinary meeting of the Parties to the Convention scheduled for May 2003 in Kiev, Ukraine<sup>4</sup>.

This document, which responds to the request of Member States of the WHO, has been prepared for policy makers and government representatives negotiating the Protocol on Strategic Environmental Assessment (SEA). It provides an overview of the health impact assessment approach and its relevance to SEA. It highlights the benefits of a multi-sectoral approach to protecting and improving people's health and identifies, as the basis for further discussion, key issues relevant to integrating health impact assessment as part of SEA.

## What is health?

According to the definition provided by the Constitution of the World Health Organization (1948), "health" is defined as:

*"A state of complete physical, social and mental wellbeing, and not merely the absence of disease or infirmity".*

In this sense, health is seen as a resource for everyday life, as a positive concept that emphasises social and personal resources as well as physical capabilities. This definition is broader than the way in which 'health' or 'human health' is interpreted by organisations and decision-makers in most sectors but it fits well within the full meaning of the sustainable development concept. It recognises that a wide range of economic, political, social, psychological, and environmental factors affect people's health. These factors are interrelated and can affect groups of people within a population in different ways.

People's health and wellbeing is recognised as the ultimate aim of social and economic development<sup>5</sup> but the converse is also true, human health and wellbeing is fundamental to sustainable economic growth<sup>6</sup>.

## **Health cuts across all sectors**

Impacts on human health are not limited to specific health policies. Policies and programmes in all sectors affect – directly or indirectly – on people’s health and wellbeing. Health is a theme that cuts across all sectors although awareness and, perhaps to some extent, acceptance of this by policy and decision-makers is not as high as it might be. While health care services play a vital role in improving people’s health by treating disease and ill health, the need to prevent ill health in the first place is an essential requirement for successful sustainable development policy in any country.

Considerable scope exists outside the health sector to help to prevent ill health and to encourage and help people to achieve better health and wellbeing. Increasingly, Governments and supra-national institutions are acknowledging the wider determinants of people’s health and thus, the relevance of health impacts. In some cases, awareness of health impacts has increased as a result of major issues of public concern. Examples, such as Agricultural policy, BSE and food safety for example, have highlighted the impact on human health of decisions made in other policy areas and the knock-on effects that such developments can have, including effects on people’s perceptions of risks and on public confidence in policy makers and scientists.

The impact(s) of policies, programmes or other developments on people’s health and wellbeing may be positive and/or negative, and may vary in their magnitude. The impact(s) may also vary across different groups of people within the population or between people living in different local communities. Groups in society that can be affected to a much greater extent by the adverse health effects of some policies, plans or programmes include children, elderly people, people with disabilities and people from ethnic minorities. Furthermore, some impacts are of transboundary nature, such as those resulting from energy and transportation policies, and those that have an effect on transboundary water courses. These effects may manifest themselves in locations that are geographically remote from the primary source of impact, or on a global scale (e.g. effects of global climate change).

## **Health impact assessment**

Action to consider the impact of plans on people’s health is not new. It has featured in the development of modern environmental policies<sup>7</sup>. However, there is clearly scope for much greater notice to be taken of the potential effects on health of policies, programmes and other developments, and of their potential to contribute to efforts to improve health. Harnessing the full potential of different sectors to contribute to protecting and to improving people’s health means that health needs to be taken into account during the development and review of policies and programmes.

A key issue has emerged recently through reviews of practices and of available literature. Despite the fact that several international policy instruments - the Espoo Convention, the Amsterdam Treaty and the European Directives on Environmental Impact Assessment, for example – cite emphasis on human health protection as a major reason to carry out EIAs<sup>8</sup>, in practice the consideration of health impacts has largely been neglected or has been inadequate.

Health impact assessment is an approach that provides a systematic but flexible means of doing this. Based on the broader model of health, it enables the wide range of factors that can affect human health – directly or indirectly – to be identified and taken into account at an early stage in planning and decision-making. The approach puts great emphasis on the

involvement of stakeholders including the public so that the expertise and/or opinions of those who may be affected by a proposed policy or development are taken into account during planning and decision-making processes.

The most important aspect of health impact assessment is not its title but what it can do to improve policymaking by contributing to informed and transparent decision-making. It can also help to:

- make the links between health and other policy areas more explicit, thus helping to generate a better understanding of the interactions between 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;
- facilitate greater integration and co-ordination between policies and action across all sectors by identifying new opportunities to protect and improve health and by informing discussions and decisions on appropriate action.

Health impact assessment should not necessarily be viewed as something that is different from or separate to many forms of impact assessment. The main difference is often the interpretation of 'health' with health impact assessment taking the broader definition of health as set out by the WHO. The different forms of impact assessment share many common features and therefore provide opportunities for utilising one as an integrated part of another.

## **2. Health impacts and determinants**

The health impact assessment approach is grounded in the broad determinants of human health. These are defined as the personal, social, cultural, economic, and environmental factors that influence the health status of individuals and populations. Some factors that affect health, such as age, sex and the genes people inherit, cannot be changed. However, policies, programmes, and the way they are implemented represent important influences on people's health and wellbeing.

To understand the health impacts, there is a need to consider all the health determinants that may be affected by the proposed policy, programme or other development. Two broad groups of determinants are particularly important, namely the bio-physical environment and the socio-economic environment.

### **What affects people's health and wellbeing?**

Many health determinants are interrelated and there are several cross cutting issues that affect health e.g. poverty and education. The systematic nature of health impact assessment recommends that health impacts are considered by way of a number of categories. The categories encompass a series of intermediate factors that are determinants of health, through which changes due to a policy or project can impact on people's health. The precise categories used and their component parts may vary according the nature of the proposed policy, programme or other development thus



providing sufficient flexibility in the application of the health impact assessment concept in different circumstances. Table 1 illustrates one example of such a classification.

**Table 1: Categories of health determinants**

<b>Principal categories</b>	<b>Sub-categories</b>	<b>Examples of health determinants</b>
Individual/ family	Physiological	Age, nutritional status, disability, gender, immunity, ethnicity
	Behaviour	Risk taking behaviour, occupation, education, risk perception
	Socio-economic circumstances	Poverty, unemployment
Environmental	Physical	Air, water and soil media, infrastructure, vectors, housing, energy, land use, pollution, crops and foods
	Social	Family structure, community structure, culture, crime
	Financial	Employment, investment
Institutional	Organisation of health care	Primary health care, specialist services
	Other institutions	Police, transport, public works, municipal authorities, local government, project sector ministry, local community organisations, non-Government organisations, emergency services
	Policies	Regulations, jurisdictions, laws, goals, thresholds, priorities

Taking this approach to health determinants a stage further, it is possible to relate them to specific policy sectors. The following table illustrates this aspect.

**Table 2: Examples of the association between policy sectors and the determinants of health**

Sectors	Determinants of health			
	Individual/ family	Physical environment	Social environment	Public services
<b>Transport</b>	Fear of assault, physical activity choice	Air pollution, collisions	Social severance, exclusion	Speed regulation, casualty units
<b>Agriculture</b>	Food safety and availability, Food choice	Irrigation water quality, Pesticide residues	Rural livelihoods e.g. farmers	Regulation of food safety and food price
<b>Housing</b>	Shelter, comfort, dignity	Damp, cold, indoor air pollution	Crime rates in some deprived areas; safety	Land use designation and planning, Building codes
<b>Energy</b>	Energy poverty	Gas and particulate emissions		Power station siting, energy pricing policy
<b>Industry</b>	Occupational health and safety	Chemical safety	Employment opportunities	Environmental monitoring institutions
<b>Mining</b>	Migration	Dust and explosion Water pollution	Crowded housing	Regulation of working environments
<b>Water resources</b>	Hygiene behaviour	Chemical and microbiological contaminants	Conflict over water scarcity	Water treatment, protection of sources

### Protecting and improving health through a multi-sectoral approach

There is increasing recognition of the need not only to take positive action to protect people's health but also to take advantage of all opportunities to improve people's health and wellbeing. The provisions of Article 152 of The Amsterdam Treaty of the European Community, which stipulates that "*A high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities*" is but one example of this<sup>10</sup>. That said, all countries have some way to go before it can be said that a truly integrated approach has been achieved. Protecting and improving people's health is important for the public and governments alike. This means a multi-sectoral approach which takes health into account across all policy areas and, where possible, integrating action to promote better health and wellbeing as part wider policies and programmes.

Policy areas such as economic development, agriculture, transport, education, housing and social support can make an important contribution to improving the health of a country's population. The converse is also true. While policy areas other than health can contribute to improving population health, there is also growing economic evidence that investing in action to improve human capital, including health, can contribute to sustainable economic development and to equity within societies. Ill health can constitute a barrier to economic development in that it can result in economic inactivity. It can also transfer hidden costs to the health care sector in respect of treatment which consumes public resources to correct the underlying problem.

### **Benefits of a multi-sectoral strategy**

A multi-sectoral strategy which targets people's health and wellbeing as an explicit component of sustainable development brings with it a number of potential benefits<sup>11</sup> including:

- strengthened health and productivity (of individuals) throughout life
- reduced burden of ill-health and injury
- profit from greater equity in health
- unlocking of new resources by an integrated approach.

#### **Case study (Netherlands) <sup>12 13</sup>**

In a debate on Regulating Environmental Tax on Energy (Ecotax) in the Netherlands Government in 1995, parliamentary parties expressed their concern for the income impact on chronically ill and handicapped people amongst others. An investigation of possible increase in energy consumption by chronically ill and handicapped was carried out in relation to the introduction of regulating environmental tax on energy.

The development of health impact assessment by the Ministry of Health led to a health impact assessment being one of the three research reports presented as a result of the investigation. This led to better insight for Government into the income status of chronically ill and handicapped. To improve this status, the fixed deduction in the area of extra taxation was increased in the Report on the Amendments to the Tax Plan by 511 DFL up to the maximum of 1532 DFL among other things. Following this line, the tax relief for elderly and for disabled was increased by 50%. 75 million DFL are assigned from the budget for this matter. Next to this, a sum of 225 million DFL has been allocated to accommodate a stronger appeal to the Health Care Services Act. After the health impact assessment, the Government decided to earmark an extra sum of maximum 10 million DFL for the income status improvement of chronically ill through tax facilities.

### 3. Health impact assessment

The purpose of health impact assessment is to consider the health consequences – positive and/or negative - of a policy, project, or programme that does not necessarily have health as its primary objective. Health impact assessment is a combination of procedures, methods, and tools by which a policy, programme, or plan may be judged as to its potential effects on the health of population and the distribution of those effects within the population<sup>14</sup>.

Health impact assessment provides a framework with which to identify the impact – or potential impact – on people’s health of a proposal. It is a multi-disciplinary and participatory process that takes into account the opinions of those who may be affected by a proposed policy or development. As such it fits well with, and complements the approach and principles proposed for strategic environmental assessment. The consideration of health and any subsequent analysis of impacts and potential impacts will inform various stages of the decision-making process.

Health is of course, not the only consideration in policymaking and final decisions will be the result of a number of other considerations or factors. The aim is to ensure that possible health consequences of actions are not overlooked. In this way, any negative impacts on people’s health and wellbeing can be anticipated, removed or mitigated. However, health impact assessment extends beyond simply identifying the negative or adverse effects. It can help to identify how policies outside the health sector can benefit health and create new opportunities to help people to improve their health and that of their families

Health impact assessment has emerged in response to the need to focus on health as a strategic priority and as something that can be addressed through intersectoral action<sup>15</sup>. It shares many common features with other forms of impact assessment – including environmental impact assessment and strategic environmental assessment – and thus opportunities exist for an integrated approach.

Furthermore, health impact assessment does not mean that health considerations will take primacy over all others in policy making<sup>16</sup>. Decision-making often needs to take into account a number of priorities and, in some cases, may involve trade-offs between different objectives. The use of health impact assessment alongside, or as part of, other impact assessments means that decisions can be made in the knowledge that health, as a common priority across Europe, has not been overlooked, and with an understanding of what effects the proposal might have on people’s health and wellbeing or factors that affect it.

#### Types of health impact assessment

There are three main types of health impact assessment:

- *Prospective assessment*: undertaken during the development of a new or revised policy or development. It aims to consider, and if possible predict, the effects on health and wellbeing that might be expected as a result of implementing the policy, and to identify corrective measures that could prevent or mitigate these effects.
- *Retrospective assessment*: looks at the consequences for health of a policy, programme or other development that has already been implemented, or at the