The effectiveness of health impact assessment

Conceptual framework for task 2, the interviews

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Introduction

The purpose of this document is to clarify on the general and specific conceptual frameworks and methodologies employed to conduct the HIA effectiveness analysis.

Regarding the aims of the project, the effectiveness analysis contributes towards the achievement of the overall aim and towards objective 4 (box 1). Objectives 1 and 2 are covered by the mapping exercise which is facilitated by task 1 the literature review. Currently, results of this mapping exercise are produced by the partners. Objective 3 will be dealt with at a later point in time. Objective 5 is an ongoing process.

Box 1: Aim and objectives of the project on “the effectiveness of HIA”

The overall aim of the project is to map the use of HIA, evaluate its effectiveness and identify the determinants for its successful implementation. Effectiveness in the context of the project refers to the capacity to influence the decision-making process and to be taken into account adequately by the decision-makers. Five specific objectives are derived from this overall aim:

1. To map the use of health impact assessment in Member States;
2. To map the use of other impact assessment methodologies that have taken up health;
3. To develop a set of indicators to measure the implementation of HIA;
4. To assess the factors that enable or hinder the implementation of HIA including the institutional, organisational and cultural contexts as well as the decision-making process;
5. To disseminate the findings to improve the use of HIA in the decision making process in the Member States;

According to the project proposal the research work for the effectiveness analysis is covered by task 2, the interviews. Task 2 and task 1, complement each other. An overview of the differences is provided in table 1.
Table 1: Comparison of task 1 and task 2 by selected features

<table>
<thead>
<tr>
<th></th>
<th>Task 1 literature review</th>
<th>Task 2 interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition of HIA/effectiveness</td>
<td>“Open”, according to domestic definition</td>
<td>Specific, three dimensions and four categories of effectiveness</td>
</tr>
<tr>
<td>Methodology employed</td>
<td>Literature review using a detailed template (aggregated or global data)</td>
<td>Interviews (single case)</td>
</tr>
<tr>
<td>Key concepts</td>
<td>• Terminology and definitions</td>
<td>• effectiveness of HIA</td>
</tr>
<tr>
<td></td>
<td>• HIA-systems</td>
<td>• factors that facilitate or hinder effectiveness</td>
</tr>
<tr>
<td></td>
<td>• HIA-usage</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Other assessments</td>
<td></td>
</tr>
<tr>
<td>Style</td>
<td>Descriptive</td>
<td>Analytical (causalities)</td>
</tr>
<tr>
<td>Outcome</td>
<td>European map of HIA</td>
<td>Case studies and analytical chapters</td>
</tr>
</tbody>
</table>

The document falls into three main parts: the general conceptual framework, the outline and specific conceptual frameworks of the questionnaire and the methodologies employed.

The document does not contain a questionnaire. The questionnaire will be developed and distributed once the Steering Group and the Expert Panel reach a common agreement.

**General conceptual framework**

A uniform conceptual framework is required to specify the key terms and categories and relate them as closely as possible to the aim and objectives of the project. Furthermore, a conceptual framework is an indispensable pre-requisite to produce meaningful results and allow for systematic comparisons.

This part sets out the general conceptual framework of the effectiveness analysis. The development of the questionnaire will be built on this concept. Four issues will be addressed in this part. The first issue provides a rationale as to why results are put at the centre of the effectiveness analysis and not outcomes. The second issue provides reasons why a common concept of effectiveness is required and why it is inevitable to focus on dimensions of effectiveness instead of single definition. The selection of three key dimensions (health, equity and community effectiveness) will be discussed. The third issue specifies four categories of effectiveness. The categories are derived from crossing two variables (acknowledgement and
The effectiveness of health impact assessment: conceptual framework for task 2, the interviews

decision modification). These categories describe the effects evoked by a specific HIA: direct, indirect, opportunistic effects and no effects. Finally, part four addresses factors that influence the effectiveness of HIA.

Figure 1 depicts key elements of the conceptual framework. The four modules presented in the figure are inputs, processes, results and outcomes. The first three modules are separated from the outcomes by a dashed line, indicating that outcomes will not be researched.

**Figure 1: conceptual framework effectiveness analysis**

![Conceptual Framework](image)

**Results at the centre of the effectiveness analysis**

Ideally, the effectiveness of an HIA would be assessed against its outcomes in terms of population health gains and losses. Unfortunately, for methodological reasons this assessment is very difficult if not impossible to carry out. The long latency of the health effects, the changing composition of the affected population over time, and the difficulty to control confounders in social interventions do not allow for an outcome related effectiveness analysis that could answer the scientific questions at stake (Kemm, Parry 2004, Wismar 2005). It would also be impossible to accommodate decision-makers’ information requirements regarding the introduction of new or extension of existing HIA-schemes.
Alternatively, the analysis of the effectiveness of HIA will be based on the results of the HIA-process. Results in this context are endpoints that relate to the determinants of health and are assumed to have the capacity to affect them. Eventually, changes in the determinants of health will result in health gains or losses.

**Dimensions of effectiveness**

On the one hand, the key problem in conceptualizing effectiveness in regard to HIA is allowing for enough latitude for context-specific definitions of effectiveness. On the other hand, there must be enough commonalities to provide for a meaningful comparison and exchange of experience and evidence.

Today, according to the literature, there is no common definition of HIA. Despite the wide variety of HIA-definitions, most researchers agree on two key central features of HIA (Kemm 2003, Kemm, Parry 2004):

- It attempts to predict the consequences of different options;
- It is intended to influence and assist decision-makers;

Although these are convincing statements, it should be noted that research is expected to bring experiences and practices to light which have not been adequately reported by the international literature. An outlook on some of these variations were reported by the pan-European HIA survey (The Welsh Assembly Government & EuroHealthNet 2003). Additional insight has been provided by a report from Central and Eastern Europe (Gulis 2004) Therefore, variations in terminologies, HIA-systems, practices and the role of other assessments need to be taken into account. If the assumed variations are substantive, a common definition of effectiveness might generalize in a single experience gained in a specific context.

This may be illustrated by the standardized answers provided in the template for the literature review (task 1).

**Box 2: Question 12: According to the policy/regulation what is the objective of HIA?**

- To maximize the health gain or minimize the loss.
- To tackle health inequalities/inequities.
- To raise awareness among decision makers on the relationship between health and the physical, social, and economic environments, thereby ensuring that they always include a consideration of health consequences in their deliberations.
• To help decision makers identifying and assessing possible health consequences and optimize overall outcomes of the decision.

• To help those affected by policies to participate in policy formulation and contribute to decision-making.

• Others.

We now know that countries have different profiles in terms of their HIA-objectives. Some countries focus on health, others on inequalities/inequities. Most countries have chosen a combination of objectives. And quite a number of countries have not yet specified their objectives. An effectiveness analysis, however, would need to take the specific domestic mix of objectives seriously. Otherwise, an effectiveness analysis that uses e.g. health gain as the one and only yardstick for the effectiveness may provide misleading results if the objective of HIA was to help those affected by policies to contribute to decision-making. And the issue is even more complex since there are other possible objectives of HIA.

In short, a specific notion of effectiveness would be imposed on other countries and regions.

To undertake task 2 without a concept of effectiveness is not an option either. It would endanger the comparability of the research. Each case study would focus on a very specific set of assumptions of effectiveness. In the worst case, they would reflect features unique to a single HIA, which may have little in common with other HIAs in a given country, region or municipality.

A possible solution is to focus the analysis on dimensions of effectiveness. Dimension in this respect refers to important objectives related to HIA. Three dimensions are included in the research design:

• health effectiveness;

• equity effectiveness;

• community effectiveness

These aspects are extracted from the literature according to the project’s purpose and objectives. Health does not need a special justification to be included in the analysis. The same seems to be true for equity, since most concepts address equity. Still it remains questionable if equity is really addressed in the HIA. The analysis of equity issues may pose methodological
problems that can not be resolved in a short period of time. For example the spatial distribution of negative impacts may be difficult to predict. Or the impact for vulnerable groups can not be predicted (Abdel Aziz et al. 2004). Community participation is a rather frequently mentioned feature of HIA. Despite the conceptual inclusion of the community, it has been argued that there was a gap between rhetoric and reality of participation and that barriers to community participation may be substantial and institutionalized (Kearney 2004). Furthermore, the decision-making cycle does not always allow for meaningful participation (Cook & Kemm 2004). On the other hand, examples have been reported on the contribution that local people can make to both evidence and decision-making. Effectively, this is challenging the traditional demarcation between different forms of evidence (Elliott et al. 2004, Elliott & Williams 2004).

While it can be claimed that the dimensions cover important aspects of effectiveness, it cannot be claimed that they provide for a conclusive or exclusive definition of HIA effectiveness. Furthermore, no hierarchy between the dimensions is suggested, which means no judgement on the grounds of concepts, values or evidence is made to suggest that one dimension is more important than the other.

The three dimensions of HIA are obligatory and should be analysed by all the partners. This does not preclude adding further dimension of effectiveness to the analysis if relevant.

**Categories of effectiveness**

HIA addresses the health aspect of policies, programmes and projects in other sectors. (Lehto, Ritsatakis 2001). It tries to establish a link between knowledge production on one hand and decision-making on the other (Bekker et al. 2004, Wismar 2005). This is in line with earlier definitions of HIA such as the Gothenburg consensus (Anon. 2001) and is considered a rather uncontroversial aspect of the definition of HIA. More specifically, three ways in which HIA might influence decision-making were identified (Kemm, Parry 2004):

- By raising awareness among decision makers of the relationship between health and the physical, social, and economic environments, thereby ensuring that they always include a consideration of health consequences in their deliberations;
- By helping decision-makers identify and assess possible health consequences and optimize overall outcomes of the decision;
- By helping those affected by policies to participate in policy formulation and contribute to decision-making.
These three ways of influencing decision-making indicate that there are direct and less direct effects. Some of the effects may modify pending decisions. Others may contribute to a modification of the contextual circumstances of decision-making.

To bridge the gap between knowledge production and decision-making two things are essential:

- Health/equity/community issues and inputs should be adequately acknowledged;
- Modification of pending decisions according to health/equity/community aspects and inputs should take place

Table 2 brings these two variables into a table creating four delineated categories of effectiveness.

**Table 2: General framework specifying characteristics of effectiveness**

<table>
<thead>
<tr>
<th>Modification of pending decisions according to health/equity/community aspects and inputs</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct effectiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- HIA-related changes in the decision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- due to the HIA the project was dropped</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- decision was postponed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General effectiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- reasons provided for not following HIA recommendations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- health consequences are negligible or rather positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- HIA has raised awareness amongst policy makers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunistic effectiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- the decision would have been taken anyway</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No effectiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- the HIA was ignored</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- the HIA was dismissed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The focus is put on health, equity and community effectiveness. In general terms for each of these foci, four categories are defined:

- The first category, direct effectiveness, refers to cases in which the HIA has contributed to a modification in the pending decision. In theoretical terms, this category is in line with the rational model of policy-making. In this model, research and information play an important part to fill knowledge gaps (Bekker et al. 2004).
• General effectiveness, the second category, comprises cases where the results of the HIA have been taken into account adequately by the decision makers but did not result in a modification of the pending decision. This may be the case if there is a trade-off between health and other orientations. Policy-makers may argue that, for example, employment or mobility are more pressing issues or more important than health. They will accept the negative health consequences in exchange for other benefits. In this respect the HIA’s function was to make the health consequences explicit and accessible, and transparent to a wider public. The need to justify a decision in light of projected negative health consequences implicitly acknowledges the importance of health in other policies and constitutes a general positive effect. There are other cases which can be subsumed to this category. For example, when an HIA fails to confirm health concerns to the disappointment of the (not-)affected population as reported in the case of a proposal to burn tyres in a cement plant (Cook & Kemm 2004). A similar example is the Finningley Airport HIA reporting a positive net effects of all project impacts (Abdel Aziz et al. 2004). The pending decision remained unchanged in both cases because of adequate acknowledgement of the HIA. General effectiveness can also be observed when it helps decision makers to understand the relevance of health issues. Diverse examples refer to this general effectiveness: opening up of contacts within each organization, the development of local working relationships; the exchange of knowledge, the sharing of expertise, the opportunity to address a wide range of health impacts, greater credibility of the assessment during discussion with the decision-makers, the pooling of resources; and greater ownership of the assessment (Hay & Kitcher 2004).

• Opportunistic effectiveness can be seen when the HIA “seems to have” an effect on the decision. In fact, the HIA was only brought into the equation to justify or support a decision that was already determined. This means, that the assessment reported by the HIA was never adequately acknowledged. While the outcomes in terms of health gains may be positive, it remains arguable if the HIA was exploited on the grounds that the results were predictably in line with the dominant political force.

• The last category comprises all cases which do not fit into either of the above categories.
Disentangling factors influencing the effectiveness of HIA

The project seeks to understand under what circumstances HIA may work, therefore, the factors that facilitate or hinder the successful implementation must be included in the analysis. In real life, these factors may seem to be rather chaotic as presented in figure 2.

Figure 2: disentangling factors that facilitate or hinder effective HIA

There are various ways to conceptualize factors that influence results or outcomes. A common set of factors are political, social, and economic factors. A recent literature review and Delphi study on the factors that influence innovation within health care organizations has synthesized 50 factors grouped together under four headings (Fleuren et al. 2004):

- socio-political context;
- organization;
- adopting user/person/health professional;
- innovation;
facilities needed for implementation

For the effectiveness analysis a different approach is suggested. The factors defined relate, rather, to the most pressing issues, as in the literature, and not so much to an abstract model. Three different influences have been suggested: In this respect, the influences as depicted in figure 1 refer to inputs, processes and contextual factors.

Inputs define who is in the driving seat, who is giving the HIA directions. Three inputs are distinguished: political, legal/administrative and community pressure. The input may occur at the launch of an HIA. Additional input may also take place at a later point. It may refer to the proactive initiative of the political system, or the political motivated attempt to avoid or restrict an HIA. Inputs may come form the administration too, or may follow a legal requirement. In this case, the administration is in the driving seat. The third unit refers to the pressures of the affected community. It has been argued that community pressure is most effective at the local level, while it proved much harder to gain influence at the regional and national level (Greig et al. 2004). In some cases stakeholders have initiated an HIA, like, for example, the case of an utility supply company in England (Laburn-Peart et al. 2004).

The second set of influences focuses on three processes that influence effectiveness: the policy cycle in which the pending decision is processed, the HIA stages such as screening, scoping risk assessment and reporting, and the community dynamics. In order to be effective these three processes need to be synchronised. This is a difficult task since all three processes follow different logics. It was argued previously that the understanding of the policy cycle is important to an effective HIA. But in many cases the policy cycle runs too fast to allow for employing adequate methodologies or facilitate meaningful community participation. In some cases policy proposals may surface at the last minute impeding any form of HIA.

A third set of influences on the effectiveness of HIA relates to contextual factors. These are factors which may be unspecific to the HIA but shape many inter-sectoral or public health policy initiatives. Among them are public health culture, party politics, institutional settings personal networks and institutional capacities.
Outline and specific conceptual frameworks of the questionnaire

This part presents the specific frameworks for questionnaire. The questionnaire falls in three parts: general description of the chosen HIA, specific dimensions of effectiveness, factors influencing effectiveness and implementation. From these frameworks the actual interview questions will be derived.

General description of the chosen HIA

By the time the interviews are conducted, Task 1: the literature review will be concluded. The HIA for the effectiveness analysis will be chosen out of the abstracted fact sheets. The questions in the fact sheet need to be complemented by additional questions.

Specific dimensions of effectiveness

The following three sub-sections adapt the general framework to the characteristics of effectiveness as set out in table 2.

Health effectiveness

Table 3 provides a conceptual framework for identifying and analysing the health effectiveness of an HIA. In analogy with the general model presented in table 2, variables will be crossed to generate four sets of categories subsuming various effects. The two variables are:

- The health aspect as addressed in the HIA is adequately acknowledged in the decision making process;
- The pending decision is modified according to the health aspect as addressed by the HIA

From these two variables a matrix is derived specifying the characteristics of the health effectiveness of a given HIA. According to this matrix, four forms or categories of health effectiveness can be distinguished: The upper left cell of the table establishes the category of direct health effectiveness. The health aspect as addressed by the HIA was acknowledged in the decision-making process and in turn the pending decision was modified. The upper right cell of the table establishes a category of general health effectiveness. The health aspect as
addressed by the HIA was adequately acknowledged in the decision-making process but it did not result in a modification of the decision. Not resulting in a modification does not necessarily mean that the HIA was ineffective in regard to health. A number of various reasons are stated in the table. The lower left cell establishes a case of **opportunistic health effectiveness**. While it seems that the health aspect in the HIA has modified the decision, it is questionable if this was done on the basis of an adequate (serious, unprejudiced and not pre-determined) acknowledgement of the assessment. Opportunistic health effectiveness may take place if the HIA is instrumentalized. The decision would have been taken anyway. The assessment was a tactical means. The lower right cell establishes a category of **no health effectiveness**. The health aspect of the HIA was neither adequately acknowledged nor was the decision modified accordingly.

**Table 3: Framework for identifying and analyzing health effectiveness of an HIA**

<table>
<thead>
<tr>
<th>The pending decision is modified according to the health aspect</th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct health effectiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• health related changes in the decision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• the pending project/programme was dropped in the light of the HIA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• decision was postponed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General health effectiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• report acknowledged and reasons given for not following recommendations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• report acknowledged, health are negligible or rather positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• despite not affecting the decision HIA has raised awareness amongst policy makers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunistic health effectiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• the decision would have been taken anyway</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No health effectiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• the HIA was ignored</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• the HIA was dismissed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Although it was mentioned in the previous section that according to the conceptual framework none of the three dimensions of HIA-effectiveness is superior to the other, health effectiveness plays a specific role. If there is no health effectiveness at all, then there cannot be any equity or community effectiveness. Vice versa health effectiveness may very well go without equity and community effectiveness.
**Equity effectiveness**

Table 4 provides a conceptual framework for identifying and analysing equity effectiveness of an HIA. In analogy with the general model, four forms of equity effectiveness can be derived from a set of two interlinked variables:

- The equity aspect as addressed in the HIA is adequately acknowledged;
- The pending decision is modified according to the equity aspect

The upper left cell in the table establishes the category of **direct equity effectiveness**. The equity issues addressed by the HIA are adequately acknowledged and in turn the pending decision was modified accordingly. The upper right cell establishes the category of **general equity effectiveness**. The equity issues addressed in the HIA are adequately acknowledged, but for various reasons, this did not result in modifying the pending decision. The lower left cell establishes a category of **opportunistic equity effectiveness**. The pending decision seems to be modified in line with the equity issues raised in the HIA, but it is doubtful if this was part of an adequate acknowledgement of the evidence, since the decision would have been taken anyway. The lower right cell establishes the category of **no equity effectiveness**. The equity issues raised in the HIA were neither adequately acknowledged nor was the decision modified accordingly.

**Table 4:** Framework for identifying and analyzing equity effectiveness of an HIA

<table>
<thead>
<tr>
<th>The pending decision is modified according to the equity aspect</th>
<th>Yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>The equity aspect as addressed is adequately acknowledged in the decision making process</td>
<td>Direct effectiveness</td>
<td>General effectiveness</td>
</tr>
<tr>
<td>yes</td>
<td>• equity-related changes in the decision</td>
<td>• reasons provided for not following recommendations on equity</td>
</tr>
<tr>
<td></td>
<td>• the pending project/programme was dropped in light of equity issues</td>
<td>• equity consequences are negligible or rather positive</td>
</tr>
<tr>
<td></td>
<td>• decision was postponed</td>
<td>• equity issue raised awareness among policy makers</td>
</tr>
<tr>
<td>no</td>
<td>Opportunistic effectiveness</td>
<td>No effectiveness</td>
</tr>
<tr>
<td></td>
<td>• the decision would have been taken anyway</td>
<td>• the equity issue was ignored</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• equity issue was dismissed</td>
</tr>
</tbody>
</table>
Community effectiveness

Table 5 provides a conceptual framework for identifying and analysing the community effectiveness of an HIA. Again, the table is defined in analogy with the general model as depicted in table 2. However, due to the differences in subject, the two interlinked variables on which the four categories of community effectiveness rest are defined slightly different compared to the other two dimensions of effectiveness. This difference in definition reflects that community effectiveness is based on the concept of participation and co-decision making. In terms of outcome, community effectiveness relates to conflict resolution. The two variables address two aspects of this. The first relates to the health interests of the community and the second to the political influence of the community:

- The community’s interests are adequately acknowledged in the HIA (this may encompass providing health information for competent involvement);
- The pending decision is modified as a result of the community involvement

The upper left cell in the table establishes the category of **direct community effectiveness**. The community’s interests have been adequately acknowledged and the pending decision was modified as a result of the community involvement. The upper right cell establishes the category of **general community effectiveness**. The community’s interests are adequately acknowledged, but for various reasons this did not result in modifying the pending decision. The lower left cell establishes a category of **opportunistic community effectiveness**. The community involvement seems to make a difference, but the assumed modification of the pending decision would have been done anyway. Community involvement was not open ended in terms of the result. It was instrumentalized in order to justify or support an already predetermined decision. The lower right cell establishes the category of **no community effectiveness**. The community’s interests were not adequately acknowledged and the pending decision was not modified.
Table 5: Framework for identifying and analyzing community effectiveness of an HIA

<table>
<thead>
<tr>
<th>The pending decision is modified as a result of the community involvement</th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>The community's interests are adequately acknowledged in the HIA’s inputs</td>
<td>Direct community effectiveness</td>
<td>General community effectiveness</td>
</tr>
<tr>
<td>yes</td>
<td>• Decision has been modified as a result of dialogue or co-decision making</td>
<td>• Community is adequately informed on health consequences</td>
</tr>
<tr>
<td>no</td>
<td>Opportunistic community effectiveness</td>
<td>• Community’s stance did not affect the decision because it was inconclusive, ignored, dismissed or overruled</td>
</tr>
<tr>
<td></td>
<td>• the decision would have been taken anyway</td>
<td>• Community considered the health consequences negligible</td>
</tr>
</tbody>
</table>

**Factors influencing effectiveness**

The starting point for identifying the factors that influence the effectiveness of HIA is the analysis of the dimensions of effectiveness. The aim would be to gain a better understanding of why a given HIA has a specific effectiveness profile. For example, an HIA that was analysed to be direct health and equity effective but community ineffective would need to look at the inputs, processes and context to understand their influence.

**Inputs**

- Did elected politicians intervene either in favour of or against the HIA or certain aspects?
  At what stage did this occur? What was the immediate consequence? Was the intervention value driven? Did party affiliation matter? Was it predictable or did it come as a surprise?
  Was the HIA conducted in the run up of the elections?
- Did the administration press ahead with the HIA or did it remain indifferent?
- Was the community putting pressure on the decision-making process to launch an HIA?
  Was it an ad-hoc coalition or well established civil society organization?
Processes

- Was the HIA conducted by independent practitioners or by arms length organizations? Was the quality of the assessment adequate? Was the timing of the HIA stages directed towards the decision-making process?

- Were information and consultation processes with community and stakeholders organized in parallel?

Context

- Institutional settings

- Were the scientific capacities in terms of health services research systems available?

- Was there a public health culture that was aware of the importance of health in other polices? Was there a common culture that valued equity highly?

Methodologies

The methodologies employed must focus specifically on quality issues. The quality of the effectiveness analysis depends a great deal on the quality of the conceptual framework and the quality of the interviews. Interviews conducted inadequately will either not reveal the information required or produce avoidable biases. Furthermore, the comparability of the results may not be given. Improving the results of low quality interviews is far more difficult than improving the quality of a literature review. In some cases it will be impossible to gain additional information and relevant insights from interviewees once the initial interview was done. In this respect, the interviews need to be conducted adequately right away.

Selecting an HIA

The HIA that will be subject to the interviews and the effectiveness analysis should be chosen from the HIAs covered by the fact sheets. When choosing a specific HIA some conceptual and practical considerations should be taken into account. Preferably, the HIA selected for conducting the interview should be promising in regard to health effectiveness. This would allow for richer analysis for equity and community effectiveness. Second, it would be an advantage if the HIA was conducted quite recently. Otherwise, interviewees may have difficulties in remembering the concrete developments. And it will be more difficult to trace the people involved. Third, it should be considered if choosing an HIA in which the partner
was involved or which was conducted in the community where the partner is active is of advantage, because the interviewees might be more accessible.

**Developing additional frameworks for the effectiveness analysis**

The objectives of HIA may vary by countries. As argued above the effectiveness analysis would need to take this into account. This means, that some of the project participants may choose to introduce additional specific frameworks to the effectiveness analysis adding to the three dimensions (health, inequity and community development) that are obligatory to all the research teams. In order to ensure consistency, project participants should liaise closely with the Observatory team when developing them.

**Instrument and additional documents**

All project participants will receive three documents that shall help them to conduct the interviews:

- Conceptual framework (revised version of this document);
- Questionnaire;
- Instructions

The conceptual framework has been revised according to the suggestions of the steering group and the external experts. After discussion with all project partners the framework will be revised accordingly. This lengthy process shall ensure that all project participants can agree to the framework and have a common understanding of it.

From this framework a questionnaire will be derived. We will get external support from a Belgium Professor, experienced in questionnaire design and interview techniques. The revised questionnaire will then be sent out to all project participants in order to comment on it. After revision the questionnaire will be subject to a pre-test and revised according to the results of the pre-test. Additionally, instructions will be written and send out jointly with the questionnaire

**Questions**

The questionnaire will be based on semi-pre-coded questions using key words. The interviews will be recorded but do not need transcription. Semi-coded questions will address facts, opinions and knowledge.
**Selecting interviewees**

Five to seven interviews should be conducted, representing key stakeholders in the process. Suggestions are:

- Decision-makers (or his/her advisor if involved in the HIA);
- HIA practitioners (someone who was responsible for carrying out the research work and was in charge of reporting);
- Community members (a person participating in the process or someone from a civil society organisation/pressure group involved in the HIA);
- Other Stakeholders (the proponent/beneficiary of the project);

**Choosing the interviewer**

An interviewer should be chosen who will be accepted by the interviewees. In some cases this will require an experienced or senior person.

**Briefing the interviewer**

Furthermore, the interviewer will be briefed over the phone by the Observatory. This briefing shall contribute to the uniform application of the methodological questionnaire. It has also been suggested that as soon as the first interview is conducted, the interviewer should report back to the Observatory to discuss problems and possible solutions in regard to the upcoming interviews. In addition to the individual briefings it should be discussed whether telephone conferences with up to five interviewers could be arranged. Group discussions can be a very effective complement to individual briefing, as issues will be raised in the group that might be left out in individual briefings. Furthermore, group discussions may facilitate the development of a common understanding of the frameworks and the questionnaire. This in turn will ensure a common quality of the interviews.
**Timetable**

<table>
<thead>
<tr>
<th>Month</th>
<th>Task</th>
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<tbody>
<tr>
<td>June 05</td>
<td>finalizing questionnaire and instructions</td>
</tr>
<tr>
<td>July 05</td>
<td>pre-test and revisions</td>
</tr>
<tr>
<td>Aug 05</td>
<td>sending questionnaire, conceptual framework and instructions to partners</td>
</tr>
<tr>
<td>Aug/Sep 05</td>
<td>briefing and training interviewers</td>
</tr>
<tr>
<td>Sep-Dec 05</td>
<td>conducting interviews</td>
</tr>
<tr>
<td>Feb 2006 06</td>
<td>submitting first draft case study</td>
</tr>
<tr>
<td>March 06</td>
<td>Project meeting or Steering group meeting on the case studies</td>
</tr>
</tbody>
</table>

**Limitations of the effectiveness analysis**

The in-depth analysis as conceptualized in this document will provide fresh and systematic insights into the effectiveness of HIA. It will fuel the conceptual and theoretical debate and provide new empirical evidence. However, it is important to note a number of limitations to this approach. There are limits to generalization. Indeed, the effective analysis draws from one HIA alone, and there are no criteria for selecting the HIA. The analyzed case might represent a single experience. It may be the case that the chosen HIA is effective for very specific reasons while most other HIA’s in the country are ineffective for general reasons. A second limitation is associated with the methodology. Results from interviews have always a subjective aspect. Some of this can be eliminated by checking the responses of interviewees against those of other interviewees or against published facts. Well grounded interpretation can help a lot to obtaining an adequate picture that moves beyond subjective opinions. Nevertheless, it will be important to present the results carefully and transparent regarding remaining ambiguities.
The effectiveness of health impact assessment: conceptual framework for task 2, the interviews

References


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