

## Executive Summary

### **Background/Aims**

Article 152 of the Treaty of Amsterdam (EC, 1999) made explicit the commitment of the European Union (EU) to ensure that human health is protected in the definition and implementation of all Community policies and activities. Also, the proposal for a decision by the European Parliament and Council in the field of public health (Commission of the European Communities, 2002a) included objectives to 'support the development of health impact assessment methodologies and other relevant tools' (Commission of the European Communities, 2002a, objective 4.2) and to 'support pilot projects on the health impact of Community policies and actions' (Commission of the European Communities, 2002a, objective 4.3). A call for proposals by the Health and Consumer Protection DG in (2001/c 147/06) sought to develop work on Health Impact Assessment (HIA) in the EU.

IMPACT (The International Health Impact Assessment Consortium) successfully co-ordinated a bid with partners from Germany, Ireland and the Netherlands to develop and test a HIA methodology for use by the European Community and its institutions in EU policy development.

### **Methods**

#### **Search for existing methodologies**

A search strategy was developed and used to locate secondary data on HIA methodologies and methods used in selected EU Member States and other countries. It defined the scope of the search, the data sources and locations, methods, search terms and inclusion and exclusion criteria. This provided a framework to ensure a consistent approach between the partners. The search yielded over 114 contacts in 19 countries with more than 160 HIA articles, reports and case studies retrieved for content analysis.

#### **Critical Review of HIA Material through Classification Framework**

The collected HIA case studies, methodologies and methods were critically reviewed in order to select appropriate methods to adapt for use. A classification framework defining typology and quality criteria was developed to aid in this selection.

#### **Synthesis of Generic Methodology**

The first draft EU Policy HIA ('EPHIA') methodology was then developed by synthesising HIA 'features' selected by the research partners in the critical review.

#### **EU policy selection**

An overview of EU policy types, levels and activities was undertaken, as well as a mapping of the decision-making process in the EU. An EU policy was then chosen to test the draft EPHIA methodology. The partners agreed on a set of selection criteria, the most important of which were timing (i.e. a policy that would enable a prospective HIA) and the availability of evidence to demonstrate the links between the policy area and health outcomes. The selection criteria were applied to EU policies in the 2002 and 2003 work programmes. A short-list of 10 policies were identified and submitted to DG SANCO in December 2002 and from this, the project partners selected the European Employment Strategy.

#### **Conducting Pilot HIAs**

To test the draft methodology, the partners conducted pilot HIAs in their own countries and an EU-wide HIA. Some aspects of these pilots were similar including national policy analysis, a review of the employment and health evidence-base and community profiling. A core health and employment related indicator set common to all partners was identified and corresponding data collected for population profiles. Supplementary Member State data was also collected.

Different partners also experimented with different aspects of the methodology. For example, in Germany the partners developed mathematical models illustrating potential future health impacts of increased job flexibility. In the UK partners conducted a series of in-depth interviews to explore stakeholders views on the links between employment and health. Partners in the Netherlands and Ireland assembled participative stakeholder groups of employment experts to provide guidance and to raise awareness of HIA.

Executive summaries of all of the pilot HIAs are included in this report (section 4) and full reports are provided separately. They provide an illustration of how EPHIA methodology can be practically applied.

### ***Evaluating EPHIA Methodology***

The partners evaluated the process of conducting the HIA pilots. The objective was to methodically review all aspects of the draft methodology in light of the experience of conducting the pilots, assess its adequacy and refine where necessary. An evaluation framework based around the criteria of effectiveness, practicality, transparency and equity was developed and applied. All aspects of the draft methodology were considered in detail. Some of the most important revisions to the methodology included:

#### ***Ensuring a practical orientation***

The refined version is more practically orientated with examples of how to conduct aspects of the methodology to help demonstrate ease of use, such as data collection, participatory methods and health impact analysis.

#### ***Emphasising flexibility***

The flexible nature of the methodology and the ability to select appropriate methods was emphasised to prevent misconceptions that it was necessary to implement all aspects of the methodology.

#### ***Focus on ease of use***

To enable decision-makers in the European Commission with limited time and resources to undertake HIAs quickly, a 'Rapid HIA procedure' was added to the methodology.

#### ***Addressing the complexity of European policy making***

Material was added concerning the potential variety of health impacts in different countries and regions of Europe. However it is recognised that this dimension needs further work.

### ***Results and Concluding Remarks***

Following comprehensive piloting, evaluation and refinement, a robust, flexible and pragmatic methodology has been produced for DG SANCO, which will assist policy makers in undertaking or commissioning HIAs. This EPHIA methodology is applicable for conducting HIAs relatively quickly and also for undertaking detailed assessments.

The project has also produced a completed HIA of a major EU policy and a detailed description of how the methodology was applied. This provides a practical demonstration of what the EPHIA methodology can achieve when assessing complex EU policies and an example for EPHIA practitioners in DG SANCO to consult in the future. It also provides a wealth of material for wider dissemination to raise awareness and interest in EPHIA in Member State countries and internationally.

Finally, the reports of the pilot HIAs used to test the methodology provide detailed high quality assessments of the potential health impacts of the European Employment Strategy and will be of interest to European policy makers, including DG Employment & Social Affairs.

The EPHIA methodology is described in section 6. An independent version of this chapter is published in English, Dutch, French and German.

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