HIA/HSIA Meeting Lisbon, 5-6 November 2007

Workshop 1, The quality of prediction in HIA and organisational constraints

Input for discussion:

- "Sources considered"
- Tentative "building blocks"

Rainer Fehr, Institute of Public Health (loegd) NRW, D, rainer.fehr@loegd.nrw.de

1. Intro: Prediction

- Predicting what? Δ health (BoD) originating from PPPP;
 while taking into account: timing of events, and subgroups affected
- Relevance of predictions in HIA: basis for assisting rational decision-making
- Types of prediction: qualitative (e.g., PPP scenario leading to "better health"), quantitative (e.g., PPP scenario leading to "1000 DALYs" to be lost) ...
- Always needed to consider both variation (i.e., subgroups affected differently) and uncertainty (due to knowledge limitations)



Quality; constraints

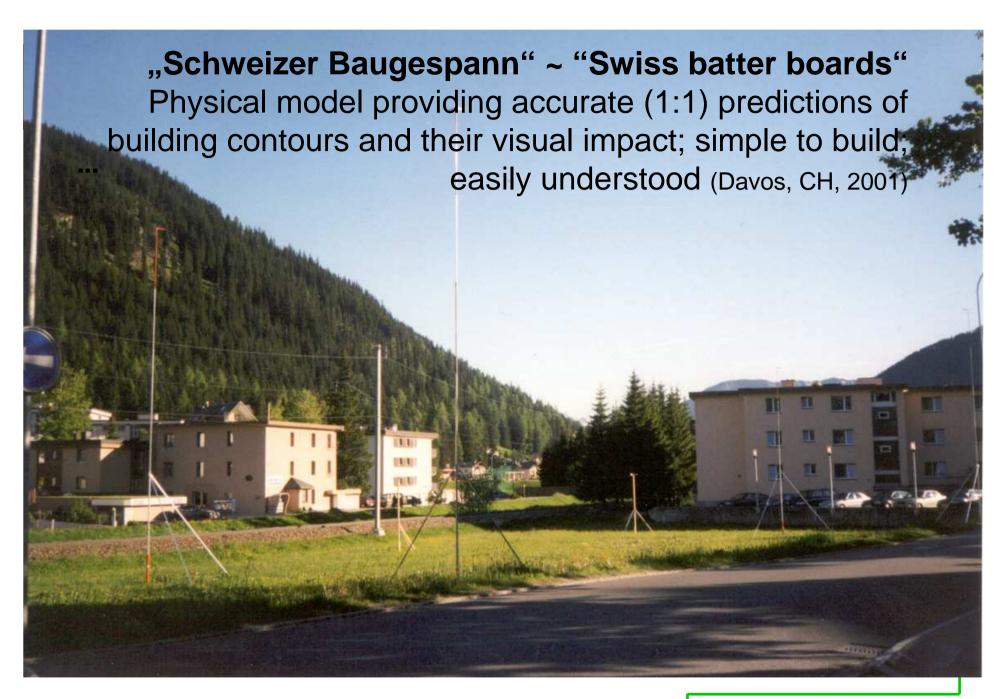
"Quality of prediction"

- Accuracy = conformity to truth; absence of bias; consideration of variation (subgroups) and of interaction
- Uncertainty small enough for given HIA and its context

"Organisational constraints"

- Motivation and priority, or lack of
- (Sectoral, inter-level) cooperation, or lack of
- Deadlines
- (Qualified) humanpower available
- Data and information available, accessable
- Infrastructure, etc.





Why are HIA predictions more difficult?

Systems:

- Health, incl. organ systems (e.g. CV, nervous, endocrine...)
- Health determinants, incl. habit syndromes, social / physical environmental systems, incl. networks, media...
- PPPP: Policies, plans, programs, projects, often incl. multitude of components and interrelations, e.g. European Agricultural Policy (CAP), Europ. Employment Strategy (EES)
- Health (care) "systems", sets of intertwined (sub)systems ...
- Plus other factors, incl. (ethical, practical) limits to experimentation; professional traditions, lack of modeling capacities ...



2. Sources considered

Can the following sources shed light on the issue of prediction in HIA?

- Existing HIA guidelines
- EC-funded international HIA projects
- "Family of impact assessments"



2.1 HIA Guides / guidelines

(# guides / guidelines identified)

Australia: 2

Canada (in 4 vol.s)

England: 7

Ireland: 2

New Zealand: 2

Scotland

Sweden: 2

Wales

EU

WHO

Total ≥ 20 guides / guidelines



Ex.: EPHIA guide

A number of different quantitative approaches can be used to estimate the changes of health determinants or to quantify the change in health state health outcomes of some population groups in the future due to a policy's development or implementation. Forecasting, scenario building and mathematical modelling are established methods in other fields. Quantitative data can also be generated using participatory approaches, for example, consensus panels. Health economics approaches, such as cost benefit analysis, 'willingness to pay', can also be employed to quantify the impacts on health.



... Guides / guidelines

Guidelines: prelim conclusions

(based on previous knowledge / use):

In many (most) guidelines:

- the sections on appraisal seem to be among the weakest
- sections on prediction may be ultra-short or missing altogether

But: still seem worth the effort to be screened systematically...



2.2 Six EC-funded international HIA Projects

- 1. Air Pollution and Health: European Information System: APHEIS, 1999-2003
- 2. European Policy HIA: EPHIA, 2001-2004
- 3. Promoting and Supporting Integrated Approaches for Health and Sustainable Development at the Local Level across Europe HIA: PHASE, 2003-2005
- 4. Establishment of Environmental Health Information System Supporting Policy Making: ENHIS, Work package HIA, 2004-2007
- 5. The effectiveness of HIA, 2004-2007
- HIA in New Member States and Accession Countries: HIA NMAC, 2005-2007





PHASE

2003ff

ENHIS, WP HIA

2004ff

EPHIA

2001ff

HIA effect.

2005ff

APHEIS

1999ff

HIA NMAC

2005ff



sbon 2007_11_05.ppt

Sample approaches re: prediction

APHEIS:

Quantitative: use of monitoring air pollution; exposure estimation (trends in Europe over time), dose-response estimation, based on meta-analysis of studies, risk assessment: estimation of attributable numbers of persons affected -> RA type of predictions

EPHIA:

Qualitative: document and literature (content) analyses, group discussions, interviews

Quantitative: profiling of countries and EU; (OR-based) modeling health effects of, e.g., "work flexibility"

-> Integration of approaches for prediction



More sample approaches re: prediction

PHASE:

Qualitative: document and literature analyses, group discussions, interviews

-> qualitative, participatory methods for prediction

ENHIS WP HIA

Quantitative: exposure estimation; dose-response estimation, risk assessment: estimation of attributable numbers of persons affected

-> RA type of predictions



... 6 HIA projects

HIA projects / prelim conclusions

(based on preliminary cross-project analysis):

The projects provide reasoning on, and examples of:

- RA type of predictions
- qualitative, participatory methods for prediction
- Integration of approaches for prediction

Seem worth the effort to be analysed systematically



2.3 Family of impact assessments (IA)

Google (24 July 2007):

"impact assessment" - c. 2,170,000 hits

"health impact assessment" - c. 373,000 hits

"integrated impact assessment" - c. 34,400 hits



Impact assessments (IA)

Business IA (BIA) Environmental IA (EIA)

Health IA (HIA)

Health Inequalities IA (HIIA)

Health Systems IA (HSIA)

Integrated IA (IIA)

Race Equality IA (REIA)

Regulatory IA (RIA)

Social IA (SIA)

Socio-Economic IA (SEA)

Strategic Environmental (I)A (SE(I)A)

(Trade) Sustainability IA (SIA)

Related assessments (A):

Health Needs A (HNA)

Health Technology A (HTA)

Life Cycle A

(Quantitative) Risk A

(Q/RA)

Technology A (TA)

Vulnerability A



Chapter 7: Predicting Environmental Impacts

Impact Prediction

Basic Requirements of Impact Predictions

Accuracy and Precision

Techniques for Impact Prediction

Mechanistic Models

Statistical Models

Balance Models

Experimental Techniques

Analogue Techniques

Judgemental Techniques

Predicting Impacts on the Biophysical Environment

What to Predict

Techniques

Challenges to Impact Prediction

Addressing Uncertainty in Impact Prediction

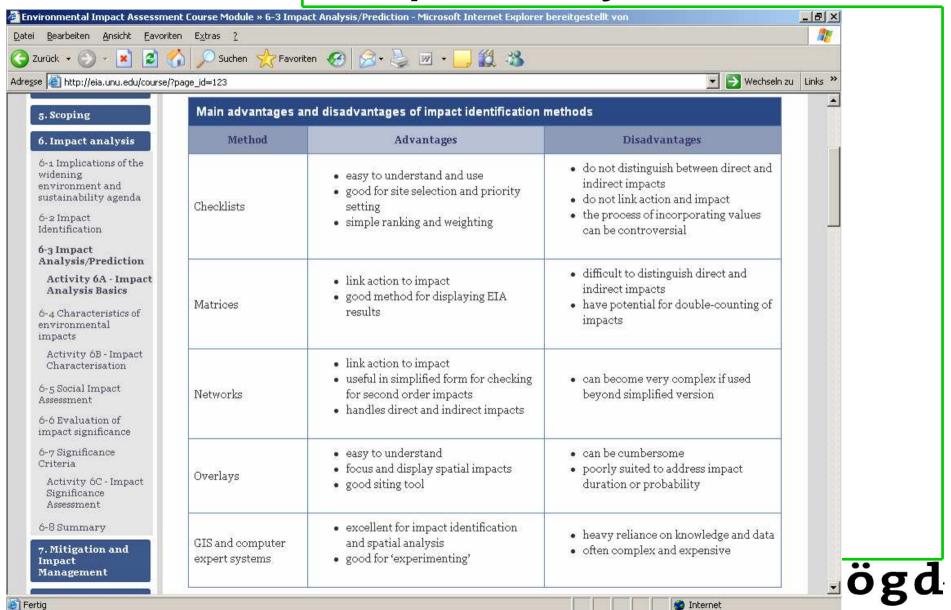
Verifiable Impact Predictions

EIA book publication:

B. Noble, U Saskatchewan (2005): Introduction to EIA - Guide to Principles and Practice. Oxford U Press



UNU: EIA course Module 6-3: "Impact Analysis/Prediction"



... familily of IAs

IAs: prelim conclusions

(based on accidental knowledge of some IAs, espec. EIA):

- Practice apparently leaning more towards the "UNU" side compared that of EIA guide from Saskatchewan
- but: multitude of concepts and methods available

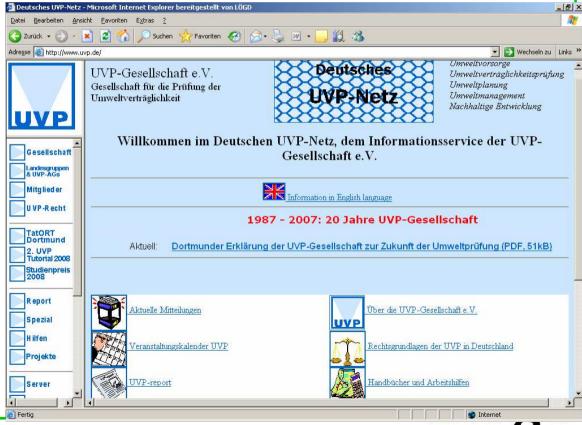
Seem worth the effort to be analysed systematically



side remark

loegd institute joined the German EIA association (UVP-Gesellschaft)

-> started to cooperate on H in EIA, inc. discussion of concepts, data, methods



3. Tentative building blocks

Building blocks for high-quality predictions:

- integration of approaches, incl. literature reviews, stakeholder opinions / participation and mathematical modeling (classical and probabilistic)
- pathway diagrams, e.g. extended DPSEEA model
- existing comprehensive data systems, e.g. ENHIS information system



4. Discussion: Quality of predictions

Each HIA takes place in a specific *context* determining both:

- the level of "quality" needed in a given HIA, and
- the level of "quality" achievable in a given HIA

Context determining the quality *needed* includes:

- type / "size" of PPPP
- # persons affected
- conceivable consequences (on BoD, other), incl. duration, reversability, (in)equity of distribution ...

Context determining the quality *achievable* includes:

- resources (humanpower, finance...) available
- information access, cooperation
- deadlines / time constraints ...



Uncertainty of predictions = a fact of life, cf. weather forecasts, financial investments...

(cf. "certainty": ± with simple mechanical devices, eclipses of sun and moon, "Baugespann")

Options:

- Decomposition of complexity, espec. via causal pathways (incl. "exposure")
- More "causal" knowledge about the system(s) -> better chances for "quality" predictions
- "Standard" predictions (e.g. demographic change) = helpful for predictions in HIA

