



Second Health Impact Quantification (HIQ) workshop

International composite workshop 13 April 2011, Granada (Andalusia)

Preceding the 11th Health Impact Assessment (HIA) International Conference, 14-15 April 2011

This workshop was held in coordination with the World Health Organization (WHO) and organized by:

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Summary of results

1. Building on the 1st Health Impact Quantification workshop, held in Düsseldorf, Germany, in April 2010 (www.liga.nrw.de/service/downloads/pub-gesundheit/pub-tagung/100316_quantifying_health_impacts/index.html), the 2nd workshop aimed to provide information on what is going on in this field; and to further promote the discussion on HIQ. It was organized as a composite workshop: in the morning, there were two parallel workshops on Health Impact quantification toolkits: (i) DYNAMO-HIA hands on training, EMC Rotterdam, and (ii) INTARESE / HEIMTSA toolbox, IOM Edinburgh, University of Stuttgart and University of Thessaloniki. In the afternoon, there was a joint workshop: "Status and perspectives". The morning workshops were attended by about 30 persons each, the afternoon workshop by about 50 persons. In the view of the workshop organizers, the workshop objectives were achieved well.
2. There are now a number of promising models, platforms and toolkits supporting health impact assessment and allowing quantification for a range of health-relevant social and environmental health determinants. It was agreed that there is a number of key questions still waiting to be answered comprehensively: How does quantification fit into the wider Health Impact Assessment? – For whom is it done? – What exactly should be quantified, and how? – On what spatial and temporal scale and with what level of population disaggregation? – How should results from health impact quantification be communicated? – How can we ensure that quantification of health impacts includes quantification of how policies affect health inequalities also? – How will the maintenance and continued availability of the models and toolkits be ensured? etc.
3. The development of models, platforms and toolkits for health impact quantification has received strong support from the European Commission, partly under the heading of environmental health impact assessment within the "environment" arena, partly under the heading of health impact assessment within the public health field. The morning part of the 2nd workshop focussed on results from what could be called "flagship projects" of health impact quantification, especially DYNAMO-HIA (www.dynamo-hia.eu) and the "twin" projects HEIMTSA / INTARESE (www.heimtsa.eu, www.intarese.org, www.integrated-assessment.eu). The reasoning was that the results of these recently completed projects should be taken notice of by the scientific community, without much delay. It was stressed, however, that a number of other models do exist, some of which have been around for a considerable length of time. These models (some of which also inspired the current "flagship" developments) continue to deserve careful attention. In addition, there are EC co-funded projects which – without developing additional specific models – also deal with health impact quantification; these include, e.g., the EPHIA (www.liv.ac.uk/ihia/IMPACT%20Reports/EPHIA_A_Guide.pdf) and the ongoing RAPID (www.sdu.dk/RAPID/) projects.

4. There was discussion on the foreseeable range of users of health impact quantification, incl. policy-makers (or persons working in a “policy-making environment”) on various administrative levels; citizens, health professionals incl. researchers, and health administrators. Given the complexity of issues involved, the issue of how to “reach” the policy arena deserves careful consideration.
5. Currently, concerning health impact quantification, the science-policy interaction seems predominantly driven by *supply* of modeling and results, whereas the *demand* is less easily discernible. Appreciation of HIA in general and of health impact quantification in particular in the policy arena depends on political priorities and cannot always be taken for granted. It was stressed that interest can grow quickly, facilitated by “word of mouth”.
6. Model makers are not necessarily the best persons to promote modeling results; maybe a task force would be useful. There may be a case for “intermediaries” or mediatorial support teams. Social marketing concepts might be of use. Researchers often seem to lack sufficient levels of “*Health policy literacy*”.
7. Beyond dissemination and communication, a number of technical questions continue to be of relevance. They refer, e.g., to data availability; reliability, uncertainty; user-friendliness, and the presentation of results. As for reliability, the case of Manchester airport additional runway demonstrated differences in health gains estimates, based on different approaches. How to integrate uncertainty issues, and how to communicate them, deserve continued attention. The same is true concerning the relationship of HIA / HIQ methodology with health economic analyses.
8. It may be too early to fully appreciate the value of health impact quantification, because the scope and scale of what can be quantified continues to be expanded, and it is unclear to what extent existing limitations are temporary or are more lasting. But existing projects and experiences indicate that quantification may have a crucial role to contribute to wider HIA, and this potential deserves to be fully explored.
9. As a next step, there needs to be more focus on practical examples of health impact quantification and how it fits into the overall HIA; how to transform numerical details (incl. uncertainty) into comprehensive, meaningful information; and more generally, how to include quantification in HIA studies in a way that supports stakeholder involvement in the overall HIA process. This should be pursued in appropriate cooperation, including policy-makers and potential intermediaries.
10. Finally, it needs to be stressed that the real underlying goal of all these efforts is to increase population health, especially by reducing the burden of disease, and to reduce health inequalities. There are indications that HIA as a comprehensive, participatory approach can benefit significantly from quantified input. From this perspective, in the longer run, the *process* of health impact quantification (including the thorough debate necessitated by this) may turn out just as important as the specific numerical results.

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