Chapter 7
Use of Policy Risk Assessment Results in Political Decision Making

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Introduction

The RAPID project established, during the first period, a thematic network of risk assessment experts, including relevant partners in the ten countries involved, the “Risk assessor database”. RAPID partners selected relevant policies (for top-down approach) and health outcomes (for bottom-up approach), as a starting point to develop and practise RAPID full-chain methodology.

The project devoted a specific activity, a single work package, to the dissemination and discussion of the methodology developed during the first 2 years of the project.

National workshops were planned in each country to facilitate integrated knowledge translation activity, using a participatory approach to increase potential knowledge-users awareness on the RAPID project, and to engage them in using the RAPID guidance.
Workshops were conceived to present case studies and the RAPID guidance to a targeted audience, to discuss and collect further insights, and integrate different perspectives in the final version of the policy evaluation methodology.

However, national workshops also actively contributed to develop evidence based methodological guidance and increase its quality and relevance for potential users by bridging know–do gap between researchers and stakeholders; by involving decision makers and potential users in the knowledge creation process; by facilitating diverse stakeholder participation from governmental, academic and private sectors, carefully identified by national RAPID surveys as having direct expertise in the field of risk assessment. The cultural and administrative differences existing in the countries involved in RAPID guarantee the inclusion of a wide range of perspectives.

Results of the national workshops helped to identify barriers and solutions for using the guidance, for adapting necessary changes to it and for communicating results to other potential users.

One-year time to organize workshops was planned, facilitating the discussion of needs and requirements of partner organizations. This chapter describes the process and content of national workshops.

The differences existing in legislation and competence in each country explain the variability to be expected in national workshops organization and implementation. One of the distinctions is in the legal context of the countries involved in RAPID, referred to the existence of a binding legislation about Health Impact Assessment, HIA. In fact, where legislation exists, there is a more generalized knowledge of the issue of assessment, as well as a higher background level of expertise in the country.

Notwithstanding the differences in scientific and political contexts, the discussion around risk assessment has been growing up during the last years, and several methods and tools have been developed and presented, with particular reference to the evaluation of specific projects or technologies. In the ten countries promoting RAPID project, there was a general interest by the experts included in the database, particularly to identify a methodology to analyze policies.

**Methods: Organization of the Workshops**

When the RAPID dissemination and implementation work package started its activities, the discussion among partners was carried out via email, conference calls and during meetings, in particular the European Public Health Association (EUPHA) annual conferences. The discussion was intense and focused around the need of fine-tuning methodologies, through an appropriate exchange of experiences and knowledge.

A 2-day RAPID seminar was held in Pisa, Italy, in January 2011. The objective was to have a comprehensive discussion among partner organizations:

- To discuss the obstacles met during the case studies development
- To plan together the national workshops and explain workshop implementation process and
- To practise together the workshop methodology
The national workshops target group was composed by: public health experts working in risk assessment area; environmental health experts; policy makers; local level politicians; administrators at national, regional and municipal level; university lecturers and researchers; private consultants in the field of risk assessment.

It has been agreed that the Metaplan technique is going to be used as workshop conduct method. The Metaplan technique (Copyright by Thomas Schnelle GmbH; www.metaplan.com), also called the “card technique”, consists in a brainstorming process with different steps, allowing people to collect ideas, suggestions or to take decisions. In the case of Pisa meeting, it was adapted with minor changes by the developer, based on her professional and personal experience (L’Astorina, 2011). The formalized procedure is easy: it needs a skilled coordinator that is crucial to guide and monitor the process. The participants answer to a starting question individually, writing on cards, attached to a pin board. A discussion and sharing of ideas helps to build clusters of answers by topics, a process also called “framing”. Another discussion round helps to assess the weight of topics as priorities. A written report illustrates results to be further discussed, to draw conclusions at the end of the process. By using this method, participants can express their ideas anonymously, without pressure to disclose thoughts or evaluations of specific experiences. It encourages active involvement among the participants even in case of different levels of hierarchy. The crucial roles for workshop organization are: one coordinator and one facilitator. One or more members of the RAPID national team can support them, and the additional presence of an international representative can be attractive for the audience.

The production of a common set of materials was proposed and accepted. The dissemination and information format included: a general presentation of RAPID Project; a presentation of RAPID risk assessment method; a four pages/slides presentation for each of the cases (ten top-down, eight bottom-up); a slide presentations in English, to be translated if necessary; a draft press release format.

Finally, to drive the collection of conclusions and recommendations, an evaluation and outcome format was proposed, including: a description of workshop organization (people contacted, instruments, participation); a copy of dissemination documents used, article published, press releases, etc.; a detailed workshop report; a collection of proposals and recommendation produced as a result.

**Preparatory Survey**

A preparatory questionnaire to identify common issues to be covered was completed by RAPID partner organizations, before the meeting, and the Pisa seminar completed the first phase, developing a format for national workshops. A synthesis of questionnaire results offers an outline of the topics discussed to prepare RAPID workshops.

The first issue emerged in relation to the *differences in national contexts* already mentioned. The two central topics, *legislation regarding HIA* and *competence*, present variability and change both in administrative levels and in field of competence.
In Germany, for example, the HIA situation is notoriously “sensitive”. A first book completely dedicated to HIA was published in 1997 (Kobusch, Fehr, & Serwe, 1997), the first national workshop was held in 2002, and the efforts to establish HIA started earlier than in many other European countries. Even if the implementation of HIA was limited, a scientific competence exists in the country, especially in Universities. HIA practice facilitated a discussion among experts, and the scientific community currently uses different approaches. There are reservations from various actors, pointing at specific issues like tackling the lack of time and resources, the existence of already well-established methodologies for impact evaluation, or the lack of reliability of results.

In Italy, the experience in HIA practice is more recent but is experiencing a phase of intense development, especially applied to plans and policies impacting the environment. Epidemiologists and public health officials operating in research bodies (National Research Council), Universities (Hygiene and Public Health Departments), the National Health Service, Regional Public Health and Prevention Services and Environment Protection Agencies, developed the first experiences of HIA in early 2000s (Bianchi & Cori, 2013; Figueras & McKee, 2012). The core reason for introducing this practice was the weak or absent inclusion of the assessment of health impacts in Environmental Impact Assessment (EIA), and Strategic Environmental Assessment (SEA), even if it is required. In many critical circumstances, like building of new or industrial plants, when the awareness of an existing environmental problem emerges or when cases of unexpected diseases emerge in a limited area, citizens complain and require information. HIA have been frequently the best answer, as it is directly linked to the people well being, and provides answers about the health status of the community. The debate around its potential uses is interesting and includes several disciplinary areas; it is quite polarized, from a negative position stating that HIA is proposed to block activities and innovation to strong supporters, maintaining that HIA is an essential tool for public health protection. A lively debate is going on in Italy related to health condition of population living in high-risk areas: part of the debate regards the opportunity to implement binding instruments for health impact evaluation such as HIA.

In Spain, the recent introduction of HIA in national legislation provides the opportunity to spread information, train specialists and administrators, enhance expertise and support active citizenship.

Another important question is the significant difference between EU countries as regards to the administrative structure, competences, decision making process and legislative procedures.

Most EU Member States have some basic political and administrative structures for the delivery of public services at national, regional and local levels common, but they differ and depend on how responsibility is divided among levels. The most important parameters for assessing the different institutional models for decision making process including health goals across the European Union include effectiveness, efficiency, responsiveness, sustainability, integration and financing (Figueras and McKee, 2012). Decentralized governmental structures may be more responsive to the expectations and needs of the local communities. Local decision makers
are often better informed; regional strategies may be more effective in balancing inequities in resources and coordinating activities in communities than national interventions. On the other hand a centralized function has more potential to take a strategic and whole of government approach and to respond to main health risks and challenges.

The national level is responsible for the framework and guidance for national policies. In many countries like Spain, Poland, Italy and Germany, health priorities differ across regions, as a consequence the importance of regional level decision making is increased. Authority is needed at the local level where it is necessary to coordinate action efficiently. Local level is often defined as operational because at this level is the most direct access to the population in implementation process of policies.

Over past years, some EU Member States adopted several intersectoral policies but the capacity to implement them is still weak, local governments and municipalities have no formal structures to support intersectoral working. Responsibility for health risks and consequences of political decisions is almost divided among departments and decision makers with unclear lines of communication. Experts recommendations, if only appear, although often evidence-based, are also implemented very selectively. Decision making process represents a complex process with formal and informal influences. There is also a lack of good documented research on the complex mechanisms of decision making process in most EU states. Analyzing the decision making processes across Europe it is important to raise some conceptual backgrounds. In some countries the national role is relatively limited compared to the responsibilities and autonomy of the regions.

Germany for instance reflects the decentralized responsibility for public services delivery and population health status. The federal role in decisive process is limited and the Lander have almost complete autonomy. The Lander are subdivided into administrative regions, district presidents are appointed by the land president. The smallest administrative units are the municipalities. The Land level is most relevant to decision making process.

In Denmark, the county/municipal level has considerably political autonomy and the national level coordinates national programmes, develops national policies and monitors their implementation.

In Slovakia, public health and risk assessment are related mostly to environmental and occupational issues, done either by regional and district based public health authorities or by private occupational health assessment institutions. The second are dealing naturally with occupational hazards only. HIA and health related impact assessment is mandatory; the regional public health authority on one hand gives license those who wants to do it, and on other hand evaluates the reports produced.

HIA procedure is not presently binding in Italy, neither at national nor at regional level, with the exception of limited provisions that will be described. The Italian National Health Service, NHS, applying a universalistic model, has the responsibility for public health prevention, cure and rehabilitation for the general population. In this domain, there is a potential interest in adopting HIA as a formalized process for evaluating programmes and policies. The organization and functioning of the
prevention, cure and rehabilitation services is assigned to regional health systems administered by Regional Governments. Although HIA could represent a useful method and a tool to evaluate programmes, policies and projects of regional and local interest, up to now only in few Regions significant applications were done. Moreover, even if the amount of economic resources is planned at national level and it is distributed to each Region on the basis of homogeneous criteria (number of inhabitants, population-age structure), the regionalization of the health system (i.e. devolution of responsibility for management and decision making) is producing wide differences among regions, both in prevention and in health care service, depending on cultural, economic and political factors (Costa et al., 2011). In this context, it’s easily comprehensible that HIA has been up to now differently considered and used (Bianchi & Cori, 2013). Even the definition of Health Impact Assessment is controversial, because it is sometime used for studies concerning the evaluation of past exposures or facts, omitting two HIA distinguished features, recently properly defined by Kemm (2013): “HIA has two essential features: It seeks to predict the future consequences for health of possible decisions. It seeks to inform decision making” (Kemm, 2013, p. 3) and “One confusing aspect of some of the early literature on HIA is the use of the terms ‘prospective’, ‘concurrent’ and ‘retrospective’. If HIA is concerned with prediction then clearly it is prospective and the term ‘prospective HIA’ is tautologous, while the terms ‘concurrent HIA’ and ‘retrospective HIA’ make no sense. Those activities that were called retrospective HIA should more accurately be called evaluation and those that were described as a concurrent HIA should be described as monitoring” (Kemm, 2013, p. 4). This misuse of concepts generates confusion both in decision makers and citizens, which are often highly interested in understanding and participating in the fulfillment of HIA studies. The circulation of information around RAPID development and guidance production was used as a further opportunity to build knowledge and training around those topics.

The example of Poland clearly shows the complexity of risk assessment implementation.

In Poland there is a three-level administrative division with the following units: voivodeship, poviats and municipalities. Each of the administrative level has its own authorities, which are divided into decision making and executive. Implementation of law on all three authority levels is similar. The decision making body, i.e. municipality, city, poviat council, the voivodeship parliament promulgates, within its competences and in accordance with the delegation resulting from primary acts, normative acts, as well as legal acts, which do not contain binding legislation. These acts are published in the form of resolutions, which undergo control of suitable voivodes in terms of their coherence with primary law-acts. The executive authority, i.e. administrator, mayor, city mayor, poviat board, voivodeship board, executes resolutions of the decision making authority by a detailed specification of the manner of their execution in the form of orders. The majority of local government units hold binding strategic documents: development and sector strategies, action, plans and the majority of them are drawn up mandatorily. This results from acts, part of them for the purpose of participating in aid programmes, or they are created because
of a specific need of a given unit. The resolution-passing initiative in local government units belongs generally to those authorities as well as their commissions, clubs and members as well as executive authorities. The authors of bills of decision-making authorities are most often executive authorities. The order-passing initiative is the sole competence of executive offices and most often it also undergoes a procedure of verifying the coherence with binding law, in this case, also with local law. The process of implementing policy health risks assessment methods in local government units should be discussed on several levels: strategic management concerning long-term strategies and programmes, current establishment of law, including: by the decision making authority (resolutions) and by the executive authority (orders) and finally by current administration (issuing administrative decisions).

In the practical experience, HIA knowledge and implementation is more and more linked to the activity of international research groups that should contribute to strengthen the methodology as well as the effectiveness of the instrument.

**Workshops Experience**

The methodology for workshop organization was another issue emerged in preparation of the RAPID national workshops, strictly linked to each national context.

Three different programme formats were distributed, for a two days or one day workshop. National partners had to decide about the main focus of the workshop, and, consequently, to choose the best organization setting. A format for dissemination and information provides a presentation of RAPID project and instruments; the explanation of top-down and bottom-up methodologies for risk assessment, as well as one or two case studies; the participants are required to present their experience, with a limited discussion session. The presentation of RAPID can be also articulated giving an international and national background about risk assessment and HIA implementation. A format for proposal and discussion provides short presentations, done by the organizers and the participants sharing their professional experience and presenting one of the case study developed by RAPID partners; a discussion around critical points, obstacles and perspectives focused on the case examined; recommendations can be drawn as a conclusion, aimed at improving the process and supporting the best use of the RAPID guidance. A format for practicing the methodology includes presentations of the RAPID top-down or bottom-up methodology, and the application on a case-study, one of the cases developed within RAPID project, or a new one identified by workshop participants; focusing around possible practical developments, obstacles and improvements; recommendations could be drawn in this case to improve the methodology and its application to perform policy evaluation.

Considering the different situation in the countries involved, in addition to a dissemination function, both around HIA thinking and RAPID thinking, a collection of information will be even more crucial, on the current European HIA landscape and by country. This perspective was proposed and included in the format for national workshops.
An interactive discussion session was proposed, to be organized as a group exercise, discussion rounds or a proper working session, where people can share experience and competence, to be carefully adapted to the specific situation. The proposal of Metaplan technique, to be practiced during the meeting in Pisa, was identified for this reason. The RAPID team directly experienced a time saving procedure, a method to discuss and work together, which makes participants feel deeply involved in the group process with a common objective. During the meeting in Pisa, the Metaplan question, “when I think of risk in my life I think of …”, was particularly stimulating for the group. Apparently simple and well known, it gave the possibility to open a broad discussion involving several professional and personal aspects.

As for the participants, the involvement of national health sector and academia in national workshops was established, as well as an accurate selection of the reference people to invite in the discussion, with the differences due to the local situation and the network built around RAPID project. To raise the attention around national RAPID workshops and attract participants, each partner will choose the suitable information channels, using the experts’ database and mailing list, relationship with professional associations and other sources, as well as press releases, articles, specific instruments to be identified and produced.

The issue of language is central and different in each country, to allow an open discussion within the workshop, and to decide about the participation of RAPID team members. As we will see, most of the seminars were held in national languages.

The preferences expressed by partners during the preparation phase composed a complex picture, to be integrated and combined.

One of the main differences is the level of knowledge and implementation of risk assessment by researchers and scholars, the demand for evaluation by public bodies and private organizations in each country. The risk assessment of policies is an innovative field of application, but there might be a positive ground for acceptance or a negative prejudice, specifically by public officials. The network of experts and officials is also different in the ten countries involved in RAPID project.

During the seminar held in Pisa the choice among different approaches was focused around the three proposed formats: dissemination and information, proposal and discussion and practice of the methodology. Each of them was translated in timing and content organization.

As a deliverable of each national workshop it was established to produce a document describing: the organization (people contacted, instruments, participation); copy of the dissemination documents used, article published or press releases, if any; a short report on workshop development; a collection of recommendation produced as a result of national workshops.

Finally, the practice of Metaplan technique during the Pisa seminar was useful to understand its potential use in national workshops, the added value of introducing participation methodologies within group discussions. It was also a positive and collaborative relationship-building exercise for the RAPID group.

A synthesis of the whole experience of national workshop implementation is presented in the following Table 7.1.
It is possible to observe here: the differences in the agenda, the issues covered, the explanation of the whole methodology or part of it, the presentation of one or more case-studies and the use of Metaplan technique; the time-span, only one country held a 2-day workshop; the number of participants.

A total of 197 experts were involved in ten countries. The participants to the workshops were primarily contacted from the list of risk assessors that had been composed in a previous phase of the project. However, policy makers from the local, regional and national levels were also invited to reach a broader audience and increase diversity of participants. Their willingness to participate reflected the interest in evidence based policy-making and policy risk assessment, and the need for training. The involvement of policy makers was a critical area: the countries where decision makers participated in the seminar were Hungary and Poland. In other countries like Italy, Spain, Germany and Denmark, the participation was mainly from risk assessment experts, public health practitioners, lecturers and students as well as public administrators, whose competence is relevant for policy implementation. Participants represented various expert areas linked to risk assessment and environmental impact assessment, such as health policy, health promotion, epidemiology, environmental health, occupational health and radiation health. Diverse professional backgrounds of the participants reflected that multiple sectors are the multiplicity of potential stakeholders. Few representatives participated from NGOs and from the private sector. Finally, this participation reflected the already mentioned historical, legal and scientific status of risk assessment and HIA in different countries: whether HIA is mandatory or not; which component and levels of government are responsible for impact assessment, what is the role of private sector, what technical and practical capacities are available (e.g. competency

<table>
<thead>
<tr>
<th>Partner country</th>
<th>Date</th>
<th>Agenda</th>
<th>RAPID tool and method</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italy</td>
<td>16-12-11</td>
<td>Wide picture + RAPID + case study</td>
<td>Top-down Metaplan</td>
<td>13</td>
</tr>
<tr>
<td>Denmark</td>
<td>19-01-12</td>
<td>RAPID + EU case study</td>
<td>Top-down Metaplan</td>
<td>12</td>
</tr>
<tr>
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<td>3-11-11</td>
<td>RAPID + case studies</td>
<td>Top-down Metaplan</td>
<td>14</td>
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<tr>
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<td>25-10-11</td>
<td>Wide picture + RAPID + case studies</td>
<td>Top-down Metaplan</td>
<td>14</td>
</tr>
<tr>
<td>Germany</td>
<td>19-10-11</td>
<td>Wide picture + RAPID + case studies</td>
<td>Top-down Metaplan</td>
<td>13</td>
</tr>
<tr>
<td>Poland</td>
<td>5-11-11</td>
<td>RAPID + case studies</td>
<td>Top-down bottom-up</td>
<td>9</td>
</tr>
<tr>
<td>Slovak Republic</td>
<td>20-10-11</td>
<td>Wide picture + RAPID + case studies</td>
<td>Top-down bottom-up</td>
<td>30</td>
</tr>
<tr>
<td>Slovenia</td>
<td>6/7-12-11</td>
<td>Wide picture + RAPID + case studies</td>
<td>Top-down bottom-up</td>
<td>46</td>
</tr>
<tr>
<td>Romania</td>
<td>20-01-12</td>
<td>RAPID + case studies</td>
<td>Top-down bottom-up</td>
<td>16</td>
</tr>
<tr>
<td>Lithuania</td>
<td>19-01-12</td>
<td>WAPID + case studies</td>
<td>Top-down bottom-up</td>
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frameworks, guidelines, expertise) highly influence the awareness and the interest of stakeholders.

During the RAPID workshops, the rationale of the project and selected top-down and/or bottom-up RAPID case studies were presented. The discussion around RAPID guidance produced the suggestions presented in the next paragraph, and included in the last revision of RAPID guidance methodology.

The results of workshops, including the evaluation by participants, were summarized quantitatively, and analyzed qualitatively. A wide range of contextual issues in relation to risk assessment practice in participant countries emerged, to be used to understand how to use RAPID products, the object of the next paragraph.

In general, the RAPID workshop findings showed the differences in policy health risks assessment and HIA implementation reflecting the already mentioned wide diversity in decision making process among project partner states, consistent with constitutional arrangements of the countries, which affect legislative procedures, formal mechanisms, governance, financing and provision of public services. The workshop findings reflect the complex decision making process and competences and different tradition in policy health risk approach also because of the broad national priorities in public health policy of the different countries, they in certain sense illustrate how public health objectives are implemented and in some cases evaluated across Europe. As we already noted above, over past years intersectoral policies have been implemented in many States, but the capacity to support them is still weak. The promotion of formal mechanisms to prioritize political activities and interventions would be beneficial, with the objective of connecting more strictly health objectives, population health status and the available resources, and to strengthen local and regional capacities through good governance, monitoring and surveillance.

How to Use the RAPID Products

The main results and suggestions emerged from national workshops are described in the following pages. Most of the recommendations directly related to the RAPID guidance tool were accepted and included in the last version. Further elements are also added here as a support for the users, for example regarding communication and public participation.

The major discussion points and participants opinions focused on terminology, specific concept such as health determinants and risk factors, structure of the tool, different contexts of policy and risk assessment, consultation process and communication strategies.

The terminology was one of the first discussion points, both in the workshops done in national languages and in English. One of the main reasons is that several participants brought together different knowledge and background in risk assessment practice. The definitions of “risk assessment”, “impact assessment” and “policy evaluation” had to be clarified in order to enable further discussion around specific
features and potential uses of the RAPID guidance. Differences between lay and professional knowledge generated questions around the meaning of terms such as “scope of policy”, “strength of evidence”, “transparency” which impeded to understand checklist tasks. As noted by participants an initial chapter or a glossary of terms would be desirable in the final guidance. Participants were lacking precise the definition of “health outcome” in order to make it easier to evaluate. One suggestion was to change the wording “tool” in “guidance” in the title of the RAPID document.

Referred to this topic, the RAPID working group suggests that an ad hoc glossary presented in national languages can be a useful supporting tool when a multidisciplinary group is beginning the activity of policy evaluation; the discussion and clarification of terms is an initial task that can be highly productive for relation building as well as definition of boundaries and scope of the work to be developed.

The distinction between health determinants and risk factors is one of the operative difficulties that clearly appear when a policy evaluation is needed.

There were even conflicts among different areas of expertise when discussing how to define and identify “determinants” and “risk factors”. As implied by some participants these terms, in fact, could be merged and determinants can be considered as clusters of risk factors, or maintained separated. The relation to health effects is more apparent in some cases, yet caution is needed to avoid over-simplification. Some experts underlined that during practical use of the guide, problems concerning separation between health determinants and risk factors can emerge because of the close interactions between them. A lack of solid and clear differentiation between “determinants” and “risk factors” is challenging for terminology and translation as well, therefore an operative discussion and a clarification seemed necessary. In order to reach a scientifically sound agreement on the debate around “determinants of health” as well as to support the analysis of possible interactions among health determinants, a list of determinants were recommended to be compiled, based on the updated model of the WHO Commission on Social Determinants of Health (CSDH, 2008). Definition of “socio-economic” exposure was debated as well as a lack of focus on the protector was noted in the model.

In relation with the structure of the RAPID guidance several points were underlined during national workshops. In terms of quantification, participants agreed in the feasibility of quantifying impacts from risk factors to health effects (sufficient literature was thought to be available in most cases), but they noted difficulties in relation to the strain from determinants of health towards risk factors. Interactions between risk factors were considered to be too complex and their full investigation as impossible. In order to enhance the use of the guidance participants recommended incorporating a descriptive summary from guidelines on how to use the best scientific evidence, as well as to provide brief summary of quantitative tools available.

The RAPID guidance was positively considered by participants in general, judged as an applicable and useful tool, with specificities like in Spain, where mandatory HIA is being finally adopted, and training is needed. They deliberated both approaches (bottom-up and top-down) as necessary and valuable as a starting point. If the user has prioritized which strain is going to be analyzed, the duality might be eliminated. It is important to harmonize both approaches in order to avoid confusion.
The first step—analysis of the policy—seemed to be of crucial importance for the participants; the “translation” of policy contents into health determinants was deemed to be one of the most difficult steps. Top-down tool was referred by some participants as being easier to implement, and as a useful tool at regional, municipal and local level, rather than on national level; those differences should be reflected in the guidance as well. In general, the top-down approach was better accepted to fit in a prospective HIA. The bottom-up approach is more complex to identify as directly applicable for decision making, but very useful for the evaluation and planning of several connected policies as well as putting health issues on agenda of all sectors. More information on the links to HIA as broader framework of assessment was noted as desirable to include.

Specific suggestion were formulated regarding the aim and target users of the guide that can be more clearly defined, making special emphasis on the appraisal phase of policy level HIA. Someone ask for a more detailed technical description of each steps, providing examples, as well as a guideline on how the final report should be presented considering the different stakeholders (policy makers, general public, etc.), acknowledged as a possible addition to the guide. It was suggested to provide a description on how to bridge the information gathered in the scoping and screening phases, with the characterization of the impact itself in the appraisal phase.

The definition of target population should be broadened, different population subgroups, should be described according to social class, gender and other axis of inequalities. Latency of policy impacts should also be taken into consideration. Concern was raised about the possibility that quantification approaches, although very important, might hide relevant health determinants and risk factors that modulate the final results of the impact of a policy on health. Participants agreed on the importance of the quantification process in providing more robust HIA outputs for policy makers. However, in many fields the scientific evidence available does not allow currently to move forward in this direction. It would be very useful to provide some information on how to proceed when the quantification is not possible (instructions on how to conduct qualitative assessment in a systematic way, description of sources of information, databases).

Cautions were raised by participants when discussing the comprehensiveness of the assessment. They agreed in the limitations of the risk assessment process, as not all the negative and positive health impacts can be assessed. The need for recommendations on how to prioritize factors (e.g. how many should be analyzed) was articulated by participants, along with the importance of strengthening analytic focus on socio-economic determinants and vulnerable populations.

All these issues require further practice based research. The developed RAPID guidance needs to be applied on different policies under different societal and policy making contexts and experience should be gathered and evaluated.

Regarding the context of risk assessment implementation and use, the decision makers participating in workshops mainly focused on differences and contradictions sometimes existing among national, regional or local strategies. Conflict of interests, political culture and economic influences were noted as the most important contextual factors that influence implementation and use of the guidance. As
noted by a participant, models of health determinants (e.g. Dahlgreen & Whitehead model, Lalonde model) are not taken into consideration during decision making process in health departments of the municipalities. Even health department employees often lack basic knowledge concerning those aspects. It can be challenging for them to identify and describe health determinants and risk factors or to undertake a literature review. Existing local level procedures at the local level may hamper the application of health risk assessments as well.

As regards to professional communities, there is still an issue of poor knowledge about the difference between HIA, SEA and policy risk assessment, such questions should always be discussed at the beginning of any workshop. In some cases problems arise in using quantification methods/tools because of the limited expertise available in health risk assessment, lack of data, difficulty in reaching consensus among specialists, interaction with politicians. Although there is a theoretical possibility of using expertise in the decision making process there are administrative obstacles concerning indication of expert or institution, which would be preferred to support the policy making process. Participants agreed in the importance of institutionalizing health impact assessment by mandatory legislation across Europe, in which process the European Union could take a leading role along with HIA experts and research community.

The consultation process is a topic of interest. The participation of policy makers and citizens in the policy risk assessment was identified as an essential element throughout the whole process in order to ensure the acceptance and application of recommendations. However, a “real” participation of the civil society was visualized as a complex issue not easy to accomplish due to political conflicts. Participants suggested incorporating recommendations on how to overcome those barriers in the final guidance. Participants recommended extending the consultation around the guidance and its validation by the wider involvement of health and public policy makers, national public health agencies, non-health sectors, academic institutes, NGOs.

Closely linked, there is the issue of the different dissemination and communication strategies. The participants, as main barriers to promote RAPID guidance noted the limited knowledge regarding social determinants of health as well as low awareness on the use of impact assessment. Suggestions to overcome these challenges were focusing on the availability of detailed information on the RAPID case studies and guidance via Internet, and through publications, roundtables, workshops and conference presentations.

Use of sector-specific communication strategies as well as direct communication with relevant ministries, institutions, local health authorities and NGOs were recommended. Tailored dissemination of the results to risk assessors and impact assessment experts through professional societies and mailing lists were noted as of high importance.

Referred to this topic, the RAPID working group suggests RAPID guidance users to dedicate a specific attention to communication and participation, to understand if participation is necessary and its scope. Crucial elements to understand are, for example: is the policy controversial? Is there a risk connected to its
implementation? It is to consider that the involvement of stakeholders implies a methodological and ethical commitment to transparency and protection of people (privacy, health, culture). In the recent period, several activities have been devoted to the relationship between scientific production and policy making. It is a controversial relation, and a specific attention is needed when those spheres of competencies and interests are closely connected. A first possible exercise, that is defining roles and competencies of stakeholders, is crucial. A second step can be the draft of a “context analysis”, simply describing the situation, the expectations of each actor, the foreseen objectives, in order to share and agree about future development.

Before starting the activities of risk assessment, it is possible in this way to discuss and understand many issues that can have an influence on the analysis and on future developments. Each actor can be further supported, for example the ERA ENVHEALTH network has developed a checklist for researcher, to facilitate the research results transfer to decision making (www.era-envhealth.eu).

References


