

**Utilisation of Health Impact Assessment (HIA) Evidence in Decision-
Making:
An Exploratory Study of Policy Formulation in Ireland**

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ABSTRACT

The key focus of this paper is upon decision-making processes within policy-making circles in Ireland. Health Impact Assessment (HIA) provides an appropriate policy-aiding instrument for this study. It is a timely policy-aiding tool that aims to enhance the processes of policy formulation. With its conceptual roots firmly within Environmental Impact Assessment (EIA), policy analysis and healthy public policy, HIA has been recognized time and again as a worthwhile policy-aiding mechanism to ensure prospective, concurrent and retrospective policies undergo health-proofing (Scott-Samuel, 1996; Kemm *et al.*, 2004; Davenport, *et al.* 2006)

In order to investigate HIA processes and outcomes within the Irish perspective, a research framework has been devised. This framework draws upon the contextual factors which influence the utilisation of HIA knowledge in decision-making procedures, namely from the socio-historical Institutional perspective (Skocpol, 1985; Przeworski, 1990; Cortell and Peterson, 2001). Also, previous work conducted, which examined the use of HIA knowledge in decision-making, cited the influence of local politics (Elliott and Francis, 2005).

Factors pertaining to the content of policy are vital in understanding the degree to which the HIA knowledge has been utilised in decision-making processes. In this instance, understanding draws from the influences of political discourse theories, with particular reference to the argumentative approach (Majone, 1989; Fischer and Forester, 1993).

In Ireland, a number of HIAs have been conducted, which provide the appropriate case studies for this research. This paper aims to illustrate how, in using the research framework that draws upon the abovementioned theories, the utilisation of HIA knowledge can be better understood. Currently the wide range of other Impact Assessments (EIA, Strategic Environmental Assessment, Social Impact Assessment, Regulatory Impact Assessment), and amongst the cacophony of calls for evidence-based policy-making, there is growing need for appropriate investigation of the phenomenon.

1) INTRODUCTION

Health Impact Assessment (HIA) is a policy-support tool which is concerned with the biomedical and social health of populations (WHO, 2006), and seeks to enable political actors to make evidence-based decisions (Bekker, 2004; Putters, 2005). The tool is aimed to involve all relevant stakeholders in the political process, and to ensure that evidence, as derived from this process, is utilised. It is the latter goal that I am concerned with in this PhD research. Previous academic and practitioner work has been concerned with the input of stakeholders in the policy process (Mittelmark, *et al.* 2004; Cooke, 2006). However, it is increasingly the politicisation of evidence-utilisation that determines the level of usage from this process. If policy formulation is not understood then it is difficult to assimilate evidence into the decision-making environment.

HIA is a relatively “young field of endeavour” (Kemmm, *et al.* 2004: vi), and requires academic investigation from a policy science viewpoint if it is to maintain credibility as a policy-aiding tool. This paper will outline the definition of HIA, and its current location within academic examination, and practice on the ground. Ireland is the country under study in this PhD research, and the practice of HIA will be further outlined. The place of HIA within the decision-making process, and the influence of the Impact Assessment framework, will be looked at in this paper. A research framework, designed to enable investigation of the contextual environment within which HIAs operate, will be expanded upon thereafter.

2) LOCATION OF RESEARCH WITHIN THE CURRENT LITERATURE

Health Impact Assessment: Defined

Although the concept that all public policies affect health is not new (Krieger, *et al.* 2003), the systematic appraisal of such policies, as endorsed by HIA, is novel. HIA enables the exploration of policy, programme or project effects in a more systematic and rigorous manner (Kemmm, 2001; Barnes and Scott-Samuel, 2006). Definition of the nature and purpose of this mechanism is best understood from the starting point of Scott-Samuel’s (1996) seminal paper, entitled ‘Health Impact Assessment- An Idea Whose Time has come.’ Although discussion of HIA had begun in the 1980’s and early 1990’s, in its relation to the two separate streams of healthy public policy

(Milio, 1981) and Environmental Impact Assessment (EIA) (Birley, 2003), this paper initiated the debate of the tool as a serious instrument for better policy making and prediction of unforeseen effects of policies and projects. Scott-Samuel (1996) called for HIA to sanction features such as of emphasising equitable outcomes, addressing social inequalities, enabling full community participation, and endorsing the use of both qualitative and quantitative evidence.

In the international arena, HIA was becoming more recognised and placed upon a legitimate footing. In the ratification of the Maastricht Treaty (1993) and the Amsterdam Treaty (1999), health protection across all public policies in the EU emerged as a common health policy theme (European Commission, 1995; Joffe and Mindell, 2002; WHO, 2005). Article 129 of the Maastricht Treaty stated that “health protection shall form a constituent part of the Community’s other policies (Lock and McKee, 2005), and article 152 of the Amsterdam Treaty called for a “high level of human health protection (to) be ensured in the definition and implementation of all community policies” (*ibid*; Hubel, 1999). Such recognition from the supranational institution lended much needed credence to the policy-aiding tool. In addition, Strategic Environmental Assessment (SEA) EU Directives, as well as the WHO ‘Health for All’ policy framework, embrace and acknowledge HIA as a necessary tool to ensure all policies are examined as to their possible health effects (WHO, 2005). There certainly has been international and national pressure upon governing authorities to assess for health impacts (Official Journal of the European Communities, 1999; Morrison, *et al.* 2001).

The WHO Gothenburg Consensus Paper (1999) offers the widely accepted definition of HIA, stating that is comprises of:

“A combination of procedures, methods and tools by which a policy, a programme, or project may be judged as to its potential effects on the health of a population and the distribution of effects within the population”

(Kemmm and Parry, 2004a:2)

Evidence-based policy-making has always been an integral consideration in policy development (Nutbeam, 2001; Petticrew, *et al.* 2004; Dobrow, *et al.* 2004). The need for such policy based on prediction-evidence and involving relevant stakeholders, means that HIA is a tool whose time has certainly come, and will certainly be here to stay for the foreseeable future (Kemmm, 2005). HIA is a means of evidence based

policy-making that assesses all policies, programmes or projects for effects on population health, which do not necessarily have health as their primary concern (Lock, 2000). Decision-makers are under pressure to produce informed policies, and HIA is an appropriate mechanism to enable intersectoral coordination and teamwork among the relevant stakeholders (Maeland and Hagland, 1999; Mittelmark, 2001). HIA is defined as a decision-support tool that adds value to a policy decision by providing analysis of the possible positive and negative effects of a particular policy, project or programme (Morgan, 1998; Parry and Stevens, 2001; Kemm, 2003; Davenport, *et al.* 2006). A successful HIA is one where the findings are considered by decision makers in the policy process (WHO, 1999; Kemm, 2001; Kemm and Parry, 2004a). It is accepted that health is determined by factors outside the control of the health services and sector (Townsend and Davidson, 1982; Acheson, 1998; Marmot, 1998; Marmot and Wilkinson, 2003; Mindell, *et al.* 2004). Health inequality is a determinant of health (Mackenbach, 1994; Petticrew, *et al.* 2004; Williams, 2006), as it has long been recognised that those wealthier are healthier, and those poorer live shorter lives (Wilkinson, 1996; Acheson, 1998). HIA provides a necessary framework which facilitates the use and presentation of best available evidence of possible health impacts (Douglas, 2000; Conway, *et al.* 2000). The framework enables the estimation of possible health effects (Ratner, *et al.* 1997), and has been deemed by those working with health considerations within the EIA process as the best method for eliciting base-line data for the long-term follow-up of the impact of development on health (Cooper-Weil, *et al.* 1990; Lerer, 1999).

The values underpinning HIA are those of democracy, equity, sustainable development and the ethical use of evidence (WHO, 1999; WHO, 2005). Such values set a high standard for HIA to aspire towards, and aim to ensure the mechanism is not only utilised by experts and academics, but as a tool also for community participation in local decision making procedures (Mittelmark, 2001; Health Impact Assessment Gateway, 2006). The features of HIA indicate it as a multidisciplinary tool which draws on many diverse fields of study, from epidemiology, statistics and public health to political science and community advocacy (Kemm and Parry, 2004a). It focuses upon the complex determinants of health, involves a wide range of stakeholders, and a short-timescale for the HIA process and report production is the norm (Mindell, *et al.* 2004). HIA seeks to operate as a mediator in the health promotion movement and in

shaping the decision making process, although its influence in this process has yet to be firmly established (Macintyre and Petticrew, 1999; Mahoney and Durham, 2002; Morrison, *et al.* 2004; Elliott and Francis, 2005). More research examining the policy process and the decision making procedures, is urgently required (Putters, 1997; 1999; Williams, 2006; Dallaire, 2006).

Alot Done, More to Do

HIA has been promoted in the international and national arenas as an appropriate and necessary mechanism for the consideration of possible health effects of all public policies (Dora, 1999; Department of Health and Children, 2001; Institute of Public Health Ireland, 2003; Lock and McKee, 2005; WHO, 2005). Health economic analyses of possible health outcomes from policies are insufficient in providing a clear and representative picture of policy impacts (Scott-Samuel, 1996; Mindell, *et al.* 2001; Mindell and Joffe, 2003). Impact assessment, as a policy-support tool and framework, has already been firmly established (International Association for Impact Assessment, 2006), and HIA draws much of its conceptual and methodological origins from EIA (Joffe and Sutcliffe, 1997). Many examples of completed HIAs exist in Ireland, as will be illustrated further below. This demonstrates the practicability and usefulness of the mechanism. HIA is a necessary tool to further advance the ever-progressing health promotion movement (WHO, 2005).

Despite such a glowing report-card, HIA must meet the challenges it faces ahead, in order to continue as a credible and worthy decision-aiding tool. It must be more than just the 'flavour of the moment' (Quigley and Taylor, 2003; Banken, 2001). A number of challenges have been outlined by Kemm (2005), who is one of the authoritative voices in the HIA field. Kemm (2005) states that although HIA is clearly an accepted framework within many countries, practitioners and academic researchers alike must now face the challenge of understanding the decision-making process as it relates to HIA (Mindell and Boltong, 2005). This challenge, of informing the policy process, requires understanding of the various levels of policy-making, agenda-setting, decision-making procedures within Government Departments, 'windows of opportunity,' and timeliness of entering or influencing the process (Kemm, 2005). HIA has been found to influence the policy process indirectly (Elliott and Francis, 2005), and although no direct links have been made, it may still influence the construction of policy in the future (Dobrow, *et al.* 2004). It has been found that

effects of policies are oftentimes not realised or experienced by the public for many years after a particular policy action (Scott-Samuel, 2006), which makes further research of the tangible and intangible effects of policies even more pressing (Putters, 2005; Elliott and Francis, 2005). HIA also faces the challenge of being viewed as yet another authorized checklist activity and a bureaucratic burden within administrative structures. In addition, HIA may give the impression that all impacts can be measured, which is oftentimes not the case (Krieger, *et al.* 2003). Judging by the success and rise of HIA in the past, such challenges will be overcome, in line with academic research and practitioner experience (Kemmer, 2001; 2005).

Health Impact Assessment and the Decision Making Process

Although much work has been conducted of HIAs of local and regional projects and programmes, less experience exists of HIA at national policy making level (Lock, *et al.* 2003). The local level offers greater opportunities for networking, efficiency of evidence utilisation, and transparency of use of HIA evidence (Davenport, *et al.* 2006). In their study, which investigated the barriers and enablers associated with successful use of health considerations in decision making, from evidence and influence deriving from the HIA, Davenport *et al.* (2006) concluded that the politico-administrative environment within which HIA must operate, and seek to influence, must be better understood so as to maximise the use of HIA evidence, and to ensure the HIA requirements 'fit' the organisational and political realities (*ibid*). Enabling factors towards health consideration in decision-making included a balance required between HIA credibility, as an objective policy-aiding mechanism on the one hand, and on the other, as a tool which the decision-maker has some degree of ownership. In addition, the lack of organisational and statutory commitment to HIA ('mainstreaming' (Elliott and Francis, 2005)), and provision of pragmatic recommendations and conclusions, were cited by decision-making participants in the study as enablers to better use of HIA evidence in the policy process. The most striking barrier regarded a lack of knowledge and realistic understanding of the policy process on the part of the HIA assessors and practitioners. Certainly, understanding the decision-making procedures at policy level is vital if HIA evidence is to be used in the policy process, as each situation is different with a unique set of actors and contextual characteristics. These individual set of circumstances will thus determine how research and HIA evidence will be used (den Broeder, *et al.* 2003; Bekker,

2004). It is essential also, in understanding the usefulness of HIA for the policy process, that less tangible aspects of the process are comprehended, which will indirectly influence the outcomes of the policy process. In addition, the networking opportunities and health awareness-raising features of the process are undeniable albeit difficult to quantify as influences on the policy process (Elliott and Francis, 2005; Davenport, *et al.* 2006).

Unlike EIA, the HIA process is concerned with the means as well as the ends (Banken, 2001). That is to say, the process of the HIA, which involves the networking of the relevant stakeholders across the varying sectoral domains and the raising of health on the agenda of policy makers, is as important as the outcome HIA report (Mindell, *et al.* 2001). The HIA process is first and foremost, where influencing the policy process is concerned, a political activity and a course of action which requires connection within the political structures (Health Development Agency, 2002). From this perspective, HIA is more than the outcome report, as with other impact assessments (Morgan, 1998; Birley, 2003; McCarthy, *et al.* 2005). It more than just about providing information, but pertains to achieving change within the policy process so as to better inform policy-makers of trade-offs inherent within the various policy alternatives; to enabling intersectoral networking and communication; and raising awareness of the health agenda across non-health sectors (Putters, 1999; Health Development Agency, 2002). It is a horizontal mechanism which seeks to mobilize partners in the health and non-health sectors (Dallaire, 2006). The time to investigate the policy process is now (Frowen, 2006), so as to better inform practitioners and policy-makers of the process (Morrison, *et al.* 2001), as little knowledge of how HIA relates to the policy process is understood (Kemmm, 2005). Indeed, if the HIA process and framework offers little to decision-makers but tokenistic gestures, it will be cast aside and attributed little credibility as a policy-aiding tool (Kemmm, 2001; Milner, *et al.* 2003; Department of Epidemiology and Public Health, 2006). In relation to the usefulness of HIA to the policy process, it offers a necessary framework for evaluation of policy options; is an instrument for intersectoral working; and provides assessment of policy effectiveness (Bekker, *et al.* 2004; Department of Epidemiology and Public Health, 2006; Abrahams, 2006).

The HIA framework has made significant progress in the last decade (Kemmm, 2005), in relation to establishing a standardised methodological approach, usefulness as a

community-participative instrument, and in its successful use in various projects, programmes and policies (Winters, 1997; Mindell, *et al.* 2003b). Now that the broad definition of HIA has been firmly recognized by the international community (World Bank, 1997; Wismar, 2004; WHO, 2005), and its existence has been justified through various evaluations of the process (Quigley and Taylor, 2003; Atkinson and Cooke, 2005; O'Reilly, 2006), challenges ahead relate to ensuring better use of HIA evidence in policy making processes (Kemmer, 2000; 2001; 2005; Banken, 2001; Wismar, 2004; Bekker, *et al.* 2004; Putters, 2005; Petticrew, *et al.* 2004). Indeed, Putters (1999; 2005) argues that efforts should not be spent on defining HIA, but by investigating the policy context and process that it is expected to influence, manipulate, integrate and advocate. According to Putters (2005), this policy process, and the organisational culture which is unique to each institutional context, requires examination that should supersede all research pertaining to HIA; if the tool is rendered as a misunderstood administrative burden and barrier to policy initiative (Parry and Stevens, 2001; Krieger, *et al.* 2003), it will be scrapped by decision makers. Efforts are required to ensure HIA is viewed as a positive process, seeking to improve positive outcomes and decrease negative outcomes from the policy process (WHO, 2006c). Although the debate regarding understanding of the policy process and its relationship with HIA is still in a fledgling state (Milner, *et al.* 2003), it is increasingly viewed as an area requiring urgent research. This message was prevalent in every discussion forum by delegates at the most recent International Health Impact Assessment Conference (April, 2006). In light of the voluntary status of HIA, in contrast to the statutory recognition of EIA and Strategic Environmental Assessment (SEA) (O'Reilly, 2006), proactive research into the understanding of the policy process is required.

HIA, as a mechanism of healthy public policy, is currently the focus of a research programme in Quebec, Canada (Dallaire, 2006). This research seeks to investigate how, and why, some people in organisational departments would support the HIA process as part of the overall healthy public policy agenda and 'joined-up governance' structures, and other do not support such activity. By investigating the policy process, and more specifically by looking at the vertical and horizontal dimensions of decision-making, may greater understanding be sought of the process that will ultimately reject or accept HIA evidence (*ibid*; Frowen, 2006).

Many commentators have found difficulty in determining how to appropriately evaluate the HIA tool, in terms of its relationship with the policy process (Putters,

1999; Kemm, 2001; Bekker, *et al.* 2004). It is a fundamental yet conceptually difficult one to answer, due to the multidisciplinary nature of the tool, and its various values and principles (Barnes and Scott-Samuel, 2006). However, the European Observatory on Health Systems and Policies (2006) is currently pursuing a research programme, aiming to answer the abovementioned conundrum (Wismar, 2004). Instead of assessing the effectiveness of HIA in terms of the health gains and outcomes resulting from interventions, evaluation will in its place pertain to the influence of HIA on the policy process, particularly on the decision making dimensions of this process. It is difficult to directly link the results of the HIA process with improved population health gain (Elliott and Francis, 2005), as such results may not become realisable for decades to come in terms of the burden of disease throughout the defined population (Scott-Samuel, 2006). Therefore, it is far more practicable and researchable to investigate the influence of HIA upon the decision making process, either in terms of evidence retrospectively used from HIAs conducted (Kemm, 2001), or regarding evaluation of the process in relation to potential use of such evidence (European Observatory on Health Systems and Policies, 2006).

Ireland and HIA

The HIA mechanism in Ireland can be best understood from its recognition in policy statements. Since the policy document, 'Health: The Wider Dimensions' (1986), health, as a factor which should be considered in all public policy making, was acknowledged. The policy document, 'Shaping a Healthier Future: Working for Health and Wellbeing' (1998) also called for intersectoral coordination on population health issues. On paper, such declarations are undeniably noble. However, in reality such statements are more professions of rhetoric than calls for action on the ground (Butler, 2002). The National Health Promotion Strategy (2000) and its review (McKenna, *et al.* 2005) both stated the importance of HIA as a policy proofing tool, and an instrument to further the health promotion agenda. The national health strategy, 'Quality and Fairness: A Health System for You' (2001) reiterated this message of incorporating HIA in the formulation of all public policies. Although Ireland's use of HIA has been commended in international reviews of HIA utilisation (Mahoney and Durham, 2002; Wismar, 2004), anecdotal evidence from the cross-border Institute of Public Health indicate usage of HIA at national policy-making is

almost non-existent (*ibid*), apart from the HIA conducted on Irish employment strategies (Doyle and Metcalfe, 2004).

There has been greater activity at local level, where HIAs have been conducted on local authority planning (Donegal), housing (Glackin, 2006), traveller accommodation (Doyle, 2006), transport (Eastern Regional Health Authority, 2004), and on a health cross-border initiative ('Wraparound' and 'CAWT') (Institute of Public Health, 2005a). The local level HIAs show great potential as to their influencing the decision making choices of local authorities and such cases demonstrate vital learning of the Irish context for HIA. It has been established by academic researchers in the field that each country institutionalises HIA at different levels and using different approaches (Banken, 2001; Lock, *et al.* 2003). Further investigation of such cases, using systematic modelling (Bekker, et al. 2004; Putters, 2005), would contribute greatly to informing practitioners of the policy process, and would add to the growing academic study of HIA and the policy process. The Institute has also collated literature reviews of the health impacts of transport (2005c), employment (2005b) and the built environment (2006a). Such evidence-base documents provide rationale and research for further investigation of health impacts within such sectoral domains. Training has recently been delivered to 49 senior civil servants in Northern Ireland in order to inform policy-makers of the broad determinants of health (Institute of Public Health 2006b), and the Institute will deliver its fifth national three-day comprehensive training in May 2007.

However, despite such activity regarding Health Impact Assessment in Ireland, there exists a glaring gap in academic research of the area in an Irish context, as no such study has been conducted to date (Institute of Public Health, 2003). This is an area of study that requires Irish academic involvement, in order for this country to contribute nationally and internationally to the conceptual and methodological development of Health Impact Assessment.

Impact Assessment in the Policy Making Process

Impact Assessments are viewed as policy-aiding tools, which are generally categorised under the umbrella of 'rational decision making' or 'rational techniques' (Carley, 1980; Parsons, 1995; Putters, 1996; Hertwich and Hammitt, 2000). However,

these policy-aiding mechanisms can be utilised successfully, albeit differently, within other decision making policy models (Bekker *et al*, 2004).

Although a text that was produced almost three decades ago, Michael Carley's (1980) work provides insight into some pertinent issues surrounding the use of impact assessment frameworks in current day policy making (Davenport, *et al*. 2006; IAIA, 2006). Although Carley locates impact assessment as being grounded in rational decision making, he acknowledges the undeniable pluralistic nature of the policy making process. No matter how rational or logical policy makers intend to operate, their institutional setting and context will influence the policy outcome (Department of Taoiseach, 1996). Instead of bowing to this pluralistic deference, impact assessment techniques must adapt and become institutionalised appropriately into the policy making arena, whilst accounting for pluralistic decision making processes.

A major criticism of impact assessments is that they "obstruct new development, are overly pessimistic, and generally slow down progress" (Carley, 1980:138). However, it has been noted by those involved in impact assessment processes (EPA, 2002; Byrne, 2006) that it is a useful tool in bringing scientific evidence to the policy makers' attention, and in ensuring the local community voices being affected by development projects, are heard. Certainly, the following illustrates the differential and pluralistic attitude towards impact assessments:

"One man's pessimism is another's healthy scepticism, and the optimal rate of progress depends, of course, entirely on one's definition of progress."

(Carley, 1980:139)

Oftentimes, in policy making the process is far from apolitical, and the information and knowledge as presented in impact assessment reports must adhere to the political nature of the policy making processes (Deelstra, *et al*. 2003).

Decision Making Models: Framing Impact Assessment Techniques

The implementation of impact assessment processes and frameworks has been found to be reliant upon the overall political-administrative context of the decision making procedures (Gazzola, 2006). This has been found to be the case in an examination of Strategic Environmental Assessment (SEA) practices throughout the EU (Glasson and Gosling, 2001). Indeed, as much as impact assessment is deemed an appropriate, informative and methodologically-systematic decision-aiding tool (der Vorst, *et al*.

1999), the importance of such tools to inform policy making remains marginalised to a large extent. Most work pertaining to impact assessment is based upon the assumption that by providing decision makers with predictive and systematic information, the policy making process overall will be improved (EPA, 2002; Harris, 2006). However, this rational and logical approach, although is the logical process all policy makers strive for (Davies, 2000), is not always possible due to a number of constraints. Such limitations, which are the characteristics of real-world decision making (incrementalism), including cognitive constraints, behavioural biases, variability of preferences and norms, distribution of decision makers over actors and time, and the concept that the decision making process is one composing of bargaining and negotiation between multiple actors and institutional layers (Krnv and Thissen, 2000).

One study (Bekker, *et al.* 2004) has examined the use of information from Health Impact Assessment (HIA) in the decision making procedures, and how such knowledge utilization differentiates depending on the decision-making approach. In the rational decision making model, policy makers optimize knowledge utilization and produce policy decisions, based upon complete and independent information (Putters, 1996). Alternatively, the incremental decision making model explains policy making by conceptualising the process as one where decisions are made gradually, one marginally different decision upon another, and over time and human resources, a decision emerges. The mixed scanning approach is presented in this research as being a 'compromise' approach between the rational and incremental schools of thought. In this approach, decision making is viewed as utilizing limited available knowledge and choice, although the sequence of policy making actions depends upon the overall formulation strategy. Bekker *et al.* (2004) concludes that each decision making event is policy, time and place specific, and this in turn reflects the decision making model of the policy in question. By examining the values, beliefs and ideologies of decision makers, one may elucidate understanding of the reasoning behind non-use of scientific evidence (Lomas, 2000). In addition, the authors conclude that actor-institutionalism, which derives from the rationality school of thought, and discourse analysis, are other theoretical insights that will further aid understanding of the actor's perspective, and perception, of utilising information in decision making. Academic investigation, which moves away from the theoretical application of decision-making

models, and draws from institutionalist and political discourse theories, can further illuminate the evidence-utilisation of HIAs.

The Contribution of the Policy Sciences

Policy Science and Public Policy

The discipline that is now known as ‘policy science’ is a relatively young field of endeavour (Lasswell, 1951; Lindblom, 1959; Lowi, 1972). Indeed as astutely articulated by Peter DeLeon, it has a long history and short past (DeLeon, 1994; Howlett and Ramesh, 2003). That is to say, that although government policies have been studied over the years, methodical analysis of such began over half a century ago. It emerged in North America and Europe in the post-World War II era, in order to examine possible solutions to unprecedented challenges faced by Western governments at that time (Sabatier, 1991; Ham and Hill, 1993). Attention that was focused on public policy was spurred by increasing political and academic interests in policy-related issues, and in the relationship between government and citizens (Howlett and Ramesh, 1995). Certainly, the rise in academic concentration on policies and decision-making procedures is characteristic of the second half of the twentieth century (Robinson, 1999). Scholars of the political process, as observers of government institutions at micro- and macro-levels, found that there existed a glaring gap in research “between prescriptive political theory and the practices of the modern state” (Howlett and Ramesh, 1995:2). In order to resolve political theory with practice, empirical analysis of government policies was pursued (*ibid*). Analysis of government policy required a brand new field of endeavour, separate from the political science field (Hecl, 1972). Indeed, within political science, empirical observation and detailed analysis of government policies would have been subordinated continually by the study of other approaches to political phenomena (Cairns, 1974). In the changing context of the post-World War II era, a novel approach was sought to enable descriptive, prescriptive and normative analyses of government policies, and of the manner in which they are formulated and executed (Easton, 1953; Dror, 1971; Hecl, 1972; Ham and Hill, 1993; Davies, 2000).

Policy science developed as a branch of political science, albeit as a distinctive and theoretically self-sufficient arm of the discipline. It seeks to establish analytical and theoretical frameworks of government actions.

Socio-Historical Neo-Institutionalism/ Statism

Like its deductive cousin above (actor-centered institutionalism), this institutionalist approach seeks to explain and analyse the influence institutions hold over the policy-making process. However, here the familial similarity ends, as this statist approach differs from its counterpart in a number of fundamental ways. Firstly, this approach does not attempt to focus primarily upon individuals or their behaviours. Secondly, the existence of institutions is taken for granted, without questioning their origins. Finally, the statist approach is not inclined to downgrade institutions into variables such as norms, rules, or customs (Howlett and Ramesh, 2003). This perspective views the state as having a leading role institutionalism society and an integral actor in the political process. Sociological theorists have propounded the approach as one in which the state's hegemonic role allows it to structure and form societal relations and organisations (Nettl, 1968; Hintze, 1975; Weber, 1978; Howlett and Ramesh, 2003). This approach recognizes that the policy process is best understood within the concept of the state being unavoidably 'nested' in society's affairs (Therborn, 1986). Since the state is the central and most powerful entity in this theoretical equation, the extent to which it is 'strong' and is able to dominate in areas of culture, economy, society and , indeed, policy-making, is a key focus in this approach (Skocpol, 1985). However, it is difficult to digest this distilled 'state-centric' approach, which views the state as strong and coercive, for two reasons. Firstly, no matter how autonomous a state's powers are, its will may not always be enforced (Howlett and Ramesh, 2003). Indeed, in democratic nations, the electoral system guarantees a curbing of statist powers. Secondly, no matter how similar 'strong' or 'weak' state tend to be, there will always be factors which differentiate the way in which similar problems are dealt with another way. Thus, other societal and cultural factors must be taken in account (Przeworski, 1990). However, this approach is generally used in its more diluted form, whereby the state's role in society is assessed, and the impact such has on institutional actions (Cortell and Peterson, 2001).

Discourse Analysis: The Argumentative Approach

The theorists considering this approach look to explain power and policy processes by highlighting the important role language plays in shaping society (Parsons, 1995). The key concern of this approach is the examination of how language helps shape society's world view. The analysis of the political discourse and dialogue is important

in order to understand the way messages and arguments are constructed (Majone, 1989; Fischer and Forester, 1993). The ‘argumentative’ approach centres on the ‘articulative dimensions of public policy’ and the way in which political argument and dialogue is formed (Parsons, 1995:151). Some commentators view such dialogue and communication as an input in public policy (Almond and Powell, 1966), while others place greater importance on policy discourse. Edelman (1988) and Hoppe (1993) posit political discourse as the centre stage of politics and policies; it is the theatre within which politics is acted out.

The following illustrates this:

“Policy-making becomes the capacity to define the nature of shared meanings; it is a never ending series of communications and strategic moves by which various policy actors in loosely coupled forums of public deliberation construct inter-subjective meanings. These meanings are continually translated into collective projects, plans, actions, and artefacts, which become the issues in the next cycle of political judgement and meaning constructions and so on.”

(Hoppe, 1993:77)

In relation to the policy process and agenda-setting, this approach looks at how language frames, shapes, and structures a policy issue or problem (Majone, 1989). The beginning of the policy cycle is the most important part where this discourse analysis is concerned, as the initial shaping of a problem or issue may determine how it is dealt with throughout the process. Quantitative textual analysis is one research method that can be used to establish the message or argument within the political communiqués (Edelman, 1988; Fischer and Forester, 1993; Dryzek, 1993).

3) RESEARCH RATIONALE AND AIM

The fundamental rationale for this PhD research is to establish whether or not HIA evidence is used for the purpose it was elicited, which was to contribute to policy-making. In order to investigate HIA processes and outcomes within the Irish perspective, a research framework has been devised. This framework draws upon the contextual factors which influence the utilisation of HIA evidence in decision-making procedures. Institutional and political influences will be examined in this regard.

Looking at factors pertaining to the content of policy communiqués and documents is vital in understanding the degree to which the HIA knowledge is utilised in policy-making processes. Understanding is drawn from theories of political discourse as influences upon what evidence is used, and what is not politically amenable.

The following objectives map the process of this research thesis:

- To investigate why and how the institutional and political (contextual) influences affect the degree to which HIA evidence is utilised.
- To examine why and how political discourses, via policy documents, textual communiqués (content), affect the degree to which HIA evidence is utilised.
- To trace the development of the policy-making process in the case studies in order to establish the use of HIA evidence in policy formulation.
- To identify barriers and enablers towards the utilisation of HIA evidence in the policy-making process.

4) PROPOSED RESEARCH FRAMEWORK

Evidence-based policy-making is increasingly viewed as an integral consideration in policy formulation (Nutbeam, 2001; Dobrow, *et al.*, 2004). HIA is defined as a decision-support tool that adds value to a political decision, by providing analysis of the possible positive and negative effects of a particular policy proposal (Parry and Stevens, 2001; Davenport, *et al.*, 2006). It is cited as an evidence-based technique with a focus upon population health. HIA is an impact assessment framework which promotes intersectoral coordination between policy makers, community groups and health practitioners, across health and non-health sectors alike (Mindell, *et al.*, 2004).

In Ireland, practical application of HIA has been advanced (Irish Institute of Public Health, 2006). However, theoretical research is lacking in the academic field. As was evident during the 7th International HIA Conference in Wales (April 2006), research into the processes, outcomes and consequences of the policy tool, is lacking in Ireland. This is a gap in current Irish academic research.

This PhD research is explicitly multi-disciplinary and is located across various research fields:

Policy Sciences: The policy sciences, a sub-discipline within political science, are concerned with the contextual influences of policy agenda-setting, formulation, implementation, and evaluation.

This project is located within inquiry into the institutional and political norms, values and influences that impact upon the adoption of evidence during policy formulation (Parsons, 1995; Howlett and Ramesh, 2003).

Impact Assessment: Ever since the rise of Environmental Impact Assessment (EIA) in 1969, impact assessment (IA) techniques have been under investigation within the policy sciences, categorised as 'rational decision-making instruments' (Carley, 1980; Bond, 2004; International Association for Impact Assessment, 2006). However, no matter how rational political actors intend to operate, their institutional setting and context will influence the policy outcome.

This research is located within the inquiry into IAs, particularly HIA, and the impact this has upon policy formulation.

Public Health and Health Promotion: HIA is underpinned by a social model of health, and is conceptually grounded within the health promotion discipline. One of health promotion's key realisations is the overarching influence of political processes and policy-making upon population health (Acheson, 1998; Marmot and Wilkinson, 2003). The most recent WHO conference (2005) set priorities for the development of appropriate techniques in bringing health onto the political agenda. HIA is noted as an appropriate tool in achieving this aim.

This research is located within the health promotion field, especially the advancement of the healthy public policy concept.

Drawing from the rationale which has been derived from the key literature and practice in the field, a research framework has been devised which will draw from the institutionalist theories within the policy sciences (March and Olsen, 1984; Moe, 1984; Sabatier, 1999; Kiser and Ostrom, 1982) and theories of political discourse as

sources of how and why HIA evidence has been used, or not, in the policy-making processes (Majone, 1989; Fischer and Forester, 1993). Previous research has cited the influence of the political processes, individuals and environment upon the utilisation of HIA evidence in the public policy decision-making procedures (Kemmer, 2001; Elliott and Francis, 2005; Dallaire, 2006). Such political forces will also be investigated as influences upon the decision-making processes.

5) METHODOLOGICAL APPROACH

This is a multiple case study doctoral research which will investigate the influences of the contextual environment upon the phenomenon of policy formulation. This type of research design (case study) is suited to research that focuses upon an intense examination of the contextual environment of research (Yin, 2003). The essence of the case study design is that it attempts to establish why and how a set of decisions were taken and implemented (*ibid*). This research will use the ‘exploratory case study’, design as it seeks to establish the contextual environment of the set of decisions within a contemporary environment. It is vital to note that although the case studies to be used for this project have already been conducted, the use of evidence is still on-going; evaluation reports of the HIA are on-going. The completion of the HIA outcome report is not the conclusion of the decision-making process; in policy-making circles, this is the beginning.

Research Methods

The methodology used will complement the case study research design and theoretical underpinning of this PhD. The mixture of qualitative and quantitative methods will ensure triangulation of findings, thus ensuring reliability and validity. As Yin (2003), the authoritative voice on case study research states, the case study design calls for answers to ‘how’ and ‘why’ research questions. Therefore, it is essential that the methods employed to answer the set questions fulfil their purpose.

The case studies to be used in this research as follows:

Title of HIA	Public-Policy Issue	Policy-making setting
HIA of Traffic and Transport in Ballyfermot (2004) Evaluation of the HIA is on-going	Transport	Health Services Executive (HSE); Dublin City Council; Eastern Regional Health Authority
An HIA of Northern Ireland Housing Executive Proposal to Redevelop Dove Gardens Estate (2005)	Housing	Northern Ireland Housing Executive; Belfast City Council
HIA of Travellers' Accommodation Programme in Donegal, Ireland (2005-2008)	Housing	Local Authority; HSE, Ireland
HIA of the Draft Air Quality Action Plan for Belfast (2006)	Physical Environment	Belfast City Council, Northern Ireland

The case study design cites the use of multiple sources of evidence as essential in maximising the potential of this design type:

Qualitative

Elite Interviews: This specialised interviewing technique will be used. As part of this empirical inquiry of a relatively unexplored research area, it is a technique that will allow great in-depth investigation of the HIA and policy-making processes (Dexter, 2006).

Content Analysis: In order to analyse the relevant documents and texts that will form part of the research data sources, this method will be used. Increasingly, textual analysis is viewed within political science research as adding insightful and lateral depth to findings (Franzosi, 2006).

Quantitative

Questionnaire: A sequential application of qualitative and quantitative methods will be implemented in this research. Therefore, postal questionnaires will be administered to the HIA community in Ireland after the qualitative analysis has been carried out. This will allow for improved survey design and ensure triangulation of research

findings. The Institute of Public Health is collating an open database of all groups and individuals who have conducted HIAs across Ireland. This will provide my research with the necessary contacts for this quantitative survey.

6) CONTRIBUTION TO KNOWLEDGE

The multi-disciplinary, multi-method approach of this research will have the effect of achieving significant contributions to existing and future knowledge:

- Calls have been made for increased efforts for evidence-based policy-making. Generally, in all spheres of policy formulation (Department of Taoiseach, 1996), and specifically in relation to improving population health (National Health Strategy, 2001; National Health Promotion Strategy Review, 2005). It has increasingly been recognised that the ability to influence population health lies outside the realm of the health services sector (WHO, 2005). Therefore, if more informed and preventative policies are to be formulated at local and national level, examination of policy-aiding tools must be fostered.
- The 8th International HIA conference will be held in Ireland for the first time in October 2007. Presentation of this research will add to existing knowledge in the international HIA arena. This academic work will contribute to Ireland's image as fostering scholarly examination of policy-aiding tools.
- Calls for new approaches have been made from previous political science research in examining the role of HIA in policy-making processes (Bekker, 2004; Putters, 2005; Wismar, 2006). This PhD provides a timely addition to the investigation of contextual influences upon policy formulation.

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