Health impact assessment developments in Sweden

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Abstract
Aims: The contextual prerequisites in a country are crucial to the implementation and effectiveness of health impact assessment (HIA). This article aims to show how the Swedish government has been working to create supportive contextual prerequisites for HIA. These prerequisites are described based on the following factors: stewardship, including public health policy, party politics and legal preconditions; organization, including resources and funding; and delivery, which is dependent on the public health culture. The aim has also been to draw conclusions about facilitators of and obstacles to HIA implementation. Methods: The article is based on a review of relevant literature. Results: Since 2000, the Swedish government has taken a number of initiatives to increase the application of public health and HIA. National agencies and all of Sweden’s county administrative boards have received government assignments with the National Institute of Public Health in a supportive role. Conclusions: Some facilitators of HIA implementation are: utilizing existing impact assessment knowledge; connecting HIA with the concept of a sustainable social development; and awareness of the time needed to adopt complex information. Obstacles detected are: the lack of a mandatory law for HIA; a lack of funding; and an occasional lack of public health skills. The final conclusion is that the public health policy adopted by the Swedish Riksdag, with its overarching aim of equality in health and its 11 domains of objectives, has had a crucial effect as a framework for HIA in Sweden.

Key Words: Contextual prerequisites, determinants, facilitators, government assignment, health impact assessment, implementation, legislation, obstacles, organization, public health policy

Background
Health impact assessment (HIA) is an important tool to analyze systematically the effect of a decision on public health. This may be a decision about projects, plans, programmes, activities or proposals for individual measures. The overall aim of an HIA is to provide planners and decision-makers with knowledge about the overall health effects prior to a decision and to show how these effects will be distributed among different population groups [1].

Over the last ten to 20 years, HIA has been high on the public health agenda in Europe and the subject of considerable research. Between 2004 and 2007, the Swedish National Institute of Public Health (SNIPH) participated in an European Union-funded research project entitled “The effectiveness of health impact assessment”, which pointed to the contextual prerequisites in a country being crucial to the implementation and effectiveness of HIA [2]. The term “contextual prerequisites” refers here to factors such as: stewardship, including public health policy; party politics and legal preconditions; organization, including resources and funding; and delivery, which is dependent on the public health culture [3]. According to concepts used in health systems research, these factors affect the scope for implementing HIA [4]. The concepts have also been used for analyzing the implementation of HIA in European countries [2]. Similar concepts have also been discussed in other work [5,6].

Rogers’ conceptual model of diffusion theory has been used to analyze and discuss the implementation of HIA. According to Rogers, there are four main elements of diffusion of innovations.
This study focuses and discusses: (1) Innovation, including relative advantage, compatibility and complexity, (2) Communication channels, (3) Time, including time of adoption and (4) Social system and change agents [7].

Aims
The aim of this article is to show how the Swedish government has been working to create supportive contextual prerequisites for health impact assessments. The aim has also been to draw conclusions about facilitators of and obstacles to HIA implementation on the national, regional and local level.

Approach
This article is based on a review of national policy documents, reports from agencies and relevant research findings that discuss implementation and contextual prerequisites for HIA.

Results
Public health policy and party politics
The basis of Sweden’s public health policy was established in 2003 when the Swedish Riksdag adopted Government Bill (2002/03:35) Public Health Objectives [8]. An important strategic choice was made and a paradigm shift occurred in the work with the new public health policy. Whereas objectives had previously been based on diseases or health problems, health determinants were now chosen instead. Health determinants are factors in society or in our living conditions that contribute to good or bad health. Using health determinants as a basis means the vast majority of public health promotion must take place outside the health and medical care service and formulating public health objectives in terms of health determinants requires public health promotion to be both knowledge-based and scientifically underpinned [9].

Sweden’s public health policy is based on 11 domains of objectives focusing on life conditions, environments, products and lifestyles [10]:

1. Participation and influence in society
2. Economic and social prerequisites
3. Conditions during childhood and adolescence
4. Health in working life
5. Environments and products
6. Health-promoting health services
7. Protection against communicable diseases
8. Sexuality and reproductive health
9. Physical activity
10. Eating habits and food
11. Tobacco, alcohol, illicit drugs, doping and gambling

The overarching aim of Swedish public health policy is to create social conditions that will ensure good health on equal terms for the entire population. Improving the health of those groups that are most vulnerable to ill health is particularly important. According to the Public Health Objectives Bill (Government Bill 2002/03:35), age, sex, disability, socioeconomic status, ethnic background and sexual orientation shall receive special consideration when promoting public health [8]. The Swedish public health policy was renewed by the current government through Government Bill 2007/08:110, A Renewed Public Health Policy [11].

Objectives need to be monitored systematically. Doing this effectively requires indicators that show the development of the various determinants. It is crucial that there is a clear connection between the indicator and the determinant. The indicator must also be relevant to public health development and measure something that actually affects human health [9]. In June 2002, the government asked SNIPH to submit proposals for indicators. The work was done in cooperation with a large number of national agencies and in 2004, about 70 indicators were established for the 11 domains of objectives [12].

Legal preconditions
While the Public Health Objectives Bill (2002/03:35) was being drafted, the National Public Health Committee proposed an overarching public health law obliging Swedish municipalities and county councils to establish special public health plans. The government rejected this proposal, arguing that public health promotion should be a voluntary undertaking and that a special public health law could jeopardize the desired development and lead to public health promotion becoming a separate area of activities. Another reason was that the municipalities and county councils were already doing commendable public health promotion and there was therefore no need to regulate something that was already working successfully [12].

Organization – capacity building and funding
In Sweden, work with HIA began in the late 1990s when the Federation of Swedish County Councils in partnership with the Swedish Association of Local Authorities took the initiative to implement HIA on
the local and regional level [13]. The aims of this development project were:

- To stimulate HIA of political decisions in municipalities and county councils
- To develop a tool to support such a working method.

Initial inventories showed that there was considerable interest in HIA at the local and regional level but that it was difficult to apply in the Swedish public sector [14].

In recent years, the Swedish government has taken a number of initiatives to rectify this [15]. Since 2000, the government has tasked SNIPH to help develop HIA methods within strategically important areas and to support the application of HIA on the central, regional and local level [16]. In 2005, SNIPH published a general HIA guide together with a checklist of evidence-based determinants for public health [1]. One important aim of the guide has been to build on existing forms of impact analyses, i.e. the intention is to make it easy to combine HIA with Environmental Impact Assessments (EIA) and other environmental analyses that are already mandatory under Swedish law. The guide has been tested in a number of HIA case studies in cooperation with actors on the regional and local level, including road traffic projects [17], mobile telephone expansion [18], physical planning [19] and regional structural fund programmes [20].

Until now, the government’s strategy to highlight public health issues has been to start the process with assignments at a limited number of central agencies and then gradually spread it to other authorities later on. This has also been the case with HIA [12]. Between 2005 and 2008, 11 central agencies and all Sweden’s county administrative boards (CABs) received governmental tasks to implement HIA within their own remits. They were to do this in consultation with SNIPH [21,22].

The reports to SNIPH from e.g. the Swedish Rescue Services Agency and the Swedish Integration Board show that the assignment has heightened the interest in public health issues and HIA among the agencies. The opinion is, however, that gaining support for HIA among agency executives and internally presents a pedagogical challenge. It takes time and strong will to build up knowledge and interest so that HIA can become a natural component of an organization’s activities. The reporting also indicates that the implementation of HIA is of an interdisciplinary nature, requiring cooperation across organizational boundaries. Agencies still often take a “drainpipe approach” to their work, i.e. functioning and acting separately with very little cross-organizational cooperation.

A review by SNIPH of the CABs’ reports of their government assignments shows that HIA is generally considered to be useful for many types of matters and decisions. The overall picture is that the CABs feel the assignment has helped to strengthen and broaden their view of public health issues in a local and regional perspective. On the other hand, they also feel that they have few projects within their remits to which HIA can be applied. They also believe that legislation or political demand is required to ensure public sector actors implement HIA on a regular basis. One preference expressed by the CABs is the option of being able to deal with all the “impacts” of a decision, i.e. social, environmental and economic, in one single impact assessment [23].

Local authority self-governance is prescribed by Swedish law, which is why similar government HIA assignments cannot be given directly to the municipalities. An as-yet unpublished report from SNIPH describes the use and implementation of HIA in municipalities and county councils/regions. Four factors of particularly major significance for the implementation of HIA on the local and regional level are identified in the study: surrounding factors; own organization; roles and skills of politicians and civil servants; and the design of the HIA tool. This study also shows that actors on the local and regional level are asking for mandatory HIA legislation as well as decisions on the various political levels to sanction its use. The study also highlights the issue of resources as an obstacle to successful HIA implementation on the local and regional level. Similarly, public health knowledge among politicians and civil servants can be a crucial factor and active commitment to public health on the part of decision-makers facilitates the implementation of HIA on the local level [24]. The same conclusion is derived from Nilunger et al., that politicians have a significant impact on policies and implementation by agreeing on common goals [15].

As stated above, resources are a crucial factor for implementing HIA. Funds to conduct HIAs often come from the regular budget of central and regional agencies or local administrations [2]. This has also been the case in Sweden and the governmental assignments have been received by the authorities without any accompanying extra funding.

Public health culture

Sweden has a long tradition of influencing the population’s health by means of a combination of general welfare policy and targeted measures. The health of the nation is among the best in the world. The country’s work with environment, road
safety, injury prevention and anti-smoking efforts, work to combat HIV/AIDS and maternity and child health care are examples known the world over. Sweden developed an integrated public health policy, including measures to reduce social inequalities, at a relatively early juncture. Swedish county councils began developing concrete health plans and organized health-promotion and disease-prevention programmes as early as the 1970s. Local public health promotion has been conducted in different kinds of networks. The municipalities are currently responsible for most public health promotion. The new public health policy, which has evolved since the Riksdag’s adoption of the bill in 2003 and which is mainly focused on influencing health determinants, is almost unique by international comparison [12]. Almost all those who work with public health now have an understanding of the paradigm shift towards preventive efforts, but this is lacking to a large extent among those working in other areas such as planning, technology and finance [2].

Discussion

The innovation – its relative advantage, compatibility and complexity

When HIA work began in the 1990s, the national frameworks for public health policy were relatively poorly developed. With the advent of the new public health policy in 2003, aims and measures were clarified and guidelines for public health promotion were established [8]. This also provided new pre-requisites for HIA work and the frameworks have been very significant in the national design of a methodology and the HIA guide. The Swedish general election in 2006 brought about a change in government from social democratic to more liberal/conservative party politics. Shortly after the new government took office, a new bill was adopted by the Riksdag, A Renewed Public Health Policy [11]. Prior to its adoption, there were misgivings about the content of the new bill among those who had begun to apply the earlier public health policy frameworks. A major shift in the public health policy would have been detrimental to the work that had already begun. The new government realized, however, that continuity in public health promotion was important and decided to keep the overarching aim and the existing domains of objectives. The focus of HIA work was clarified as a result of the following wording: “Another important tool is health impact assessment (HIA), which supplements and enhances the quality of the information used as a basis for decision-making, and which therefore can help to produce decisions that are better underpinned from a public health point of view” [11]. Thus, the framework for the innovation, i.e. HIA, has been stable, which is important when implementation stretches over a long period of time.

Sustainable development is high on the Swedish agenda. There has been a lack of knowledge among central agencies and CABs about the social dimension of sustainable development. The government’s assignments to start working with public health and HIA have filled a knowledge gap, thus providing a relative advantage in the capacity building. Giving the agencies the assignment in two steps, first to describe how their remits affect public health and then start to apply HIA, has raised compatibility, i.e. the degree to which the innovation is perceived as being consistent with existing experiences and knowledge [7,23].

When developing HIA methods, SNIPH has chosen to build on existing forms and processes, including those associated with EIA. The aim has been to reduce complexity [7]. Most central agencies, CABs and municipalities are well acquainted with EIA, making it easier to apply HIA. SNIPH has also performed case studies in partnership with regional and local actors to build up experience regarding practical conditions.

Communication channel

The Swedish case study in the European Union project “The effectiveness of health impact assessment” shows that health often plays a subordinate role in decision-making. Other policy areas are still of higher priority in societal development [2]. A legal requirement to consider health in impact assessments is written into both the Swedish Planning and Building Act and the Swedish Environmental Code. There is, however, no demand for assessing equity in health, which is a priority in HIA. Legislation was supposed to be a contextual factor that would increase the status of HIA in Sweden [25]. In their reports, the agencies that had received government assignments expressed the opinion that a public health law with clear requirements for HIA would further strengthen HIA implementation. When implementation is voluntary, use of the tool is basically dependent on political will and current political priorities in county councils and municipalities [15]. There is a difference between politically governed organizations and central agencies and CABs. The latter two can be given assignments by the government, providing a formal communication channel that partly compensates for the lack of a mandatory law [7].
**Time and rate of adoption**

The government tasked about 20 agencies to help devise indicators for the 11 domains of objectives in the public health policy. The CABs were given assignments on how their activities affect public health. Eleven agencies and all the CABs have thereafter been allocated HIA-related tasks. These tasks have been important steps in disseminating the new public health policy and incorporating public health into decision-making in other policy areas – precisely in line with the government’s strategy. This work has been done over a period of six years. There has been an understanding from the government that the rate of adoption cannot be rushed when implementing complex innovations such as public health and HIA in organizations with little previous experience in such issues [7].

Something that is often cited as an obstacle to HIA implementation is the shortage of resources and funding. The government provided no extra funding for the assignments. Furthermore, there is a lack of public health competence in many agencies and CABs. Funding could have helped to strengthen and to speed up the adoption process by making it possible to employ public health planners [23].

**Social system/change agents**

Sweden has a long tradition of public health culture, but despite this, the new public health policy and aims are not well known enough in many planning areas that are of major significance for health, including the remits of central agencies and CABs. Public health is much better known among county councils and municipalities. This means that the social system and the prerequisites for implementation differ. The success of HIAs is dependent on greater cooperation between public health planners (i.e. change agents) and planners with other relevant skills [7].

CABs review EIA and environmental analyses performed on the local level. In response to the government assignment, they state that they can encourage the municipalities to perform impact assessments concerning health aspects, thereby strengthening the implementation of HIA on the local level. This means that they can also act as change agents [7,23], indicating that the government assignments can have a ripple effect and lead to a positive development in HIA.

**Conclusion**

The fundamental prerequisites for HIA have been maintained despite a change in government. This has been crucial to the continuity of implementation work. The government’s strategy to implement HIA by giving assignments to different agencies has also facilitated dissemination. The combination of the framework and the way of organizing the work by allocating tasks to agencies and requiring them to report back creates good contextual prerequisites for HIA. A possible additional benefit of government HIA assignments is that they also have a ripple effect on the self-governing local level.

Other facilitators detected are: utilizing existing impact assessment knowledge about EIA when implementing HIA; awareness of the time needed for adoption when implementing complex information; and connecting HIA implementation with the concept of sustainable social development.

Obstacles detected for HIA implementation are: the lack of a mandatory law for HIA, a lack of funding, a lack of public health skills and interdisciplinary cooperation, especially in central agencies and CABs.

The final conclusion is that the bills adopted by the Swedish Riksdag have had a crucial effect as a framework for HIA in Sweden. The cornerstones of HIA, i.e. evidence-based determinants for health and population groups that are to receive priority in the effort to create equality in health, have thereby been laid. The framework is probably unique by international comparison.

**References**


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