

Improving Health and Reducing Inequalities

A practical guide to health impact assessment



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The preparation of this guidance has benefited from multi-disciplinary advice from professionals and practitioners from the Welsh Collaboration for Health and the Environment. It reflects experience of working with NHS organisations in Wales, including the National Public Health Service, Welsh Local Government, Communities First Partnerships and the Welsh Assembly Government on using and developing Health Impact Assessment and draws on guidance used elsewhere in the UK. This document follows the Assembly Government's original guidance on health impact assessment¹. This document focuses on the practical application of the approach.

The Welsh Health Impact Assessment Support Unit is funded by the Welsh Assembly Government and is operated by the Wales Centre for Health in partnership with Cardiff University. The role of the Unit is to provide advice, guidance and support – including training.

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Foreword

I am very pleased to see the publication of this practical guide to the use of health impact assessment.

Improving health is one of the most important priorities of our strategic agenda Wales: A Better Country. We have made clear our intention to do this by developing more integrated policies and programmes that not only help people to improve their lifestyles but which also tackle the social, economic and environmental factors that affect people's health and well-being.

Health impact assessment is a flexible approach that can help organisations both inside and outside the health sector to identify the connections between their work and people's health and well-being. It can ensure that people's health is taken into account in plans and decision-making and by doing so, help reduce any possible negative impacts on health and increase opportunities to improve health. By considering the possibility of different impacts across parts of the population, health impact assessment can also help to reduce the health inequalities and inequities in access to services that exist between some of our communities and between some groups of people.

I wish to see even more use of health impact assessment in Wales and it is for that reason I established the Welsh Health Impact Assessment Support Unit to help organisations throughout Wales to use the approach. This step-by-step guide, which has been produced by the Unit in partnership with the Assembly Government and with other organisations, will be a valuable source of information for a wide range of organisations and groups. It is particularly relevant to local health boards and to local authorities for local Health, Social Care and Well-Being Strategies and for Community Strategies.

By helping organisations to consider how their services and actions affect people's health and well-being, health impact assessment can also help organisations to play a part in Health Challenge Wales, which is our new national focus for improving health in Wales. Ill health continues to impact on individuals and their families, on business and the economy, and on the demand for our health and social services, yet much of it can be prevented. Health Challenge Wales is a call to all organisations and individuals to join together as part of a national effort.

I commend this guide and encourage you to use it to develop your use of health impact assessment.



Minister for Health and Social Services

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Introduction

1. Health impact assessment is a tool that can help organisations to assess the possible consequences of their decisions on people's health and well-being, thereby helping to develop more integrated policies and programmes.
2. This document has been developed as a practical guide to health impact assessment. It is designed to meet the needs of a variety of organisations by explaining the concept, the process and its flexibility, and by providing templates that can be adjusted to suit.
3. The Welsh Assembly Government is committed to developing the use of health impact assessment in Wales as a part of its strategy to improve health and well-being and to reduce health inequalities. This practical guide has been prepared by the Welsh Health Impact Assessment Support Unit, which was established by the Welsh Assembly Government to encourage and support organisations and groups in Wales to use the approach.
4. The development and use of health impact assessment will contribute to the ongoing development and implementation of local health, social care and well-being strategies, which is a joint statutory responsibility for Local Health Boards and local authorities. It can also contribute to Community Strategies which, given their overarching nature and breadth and depth, can address social, economic and environmental determinants of health, and to the implementation of Communities First, the Welsh Assembly Government's crosscutting regeneration programme.
5. The development of Health Challenge Wales as the national focus for improving health in Wales reinforces efforts to prevent ill health. Tools such as health impact assessment can help organisations and groups in all sectors to identify ways in which they can help people to improve their health.

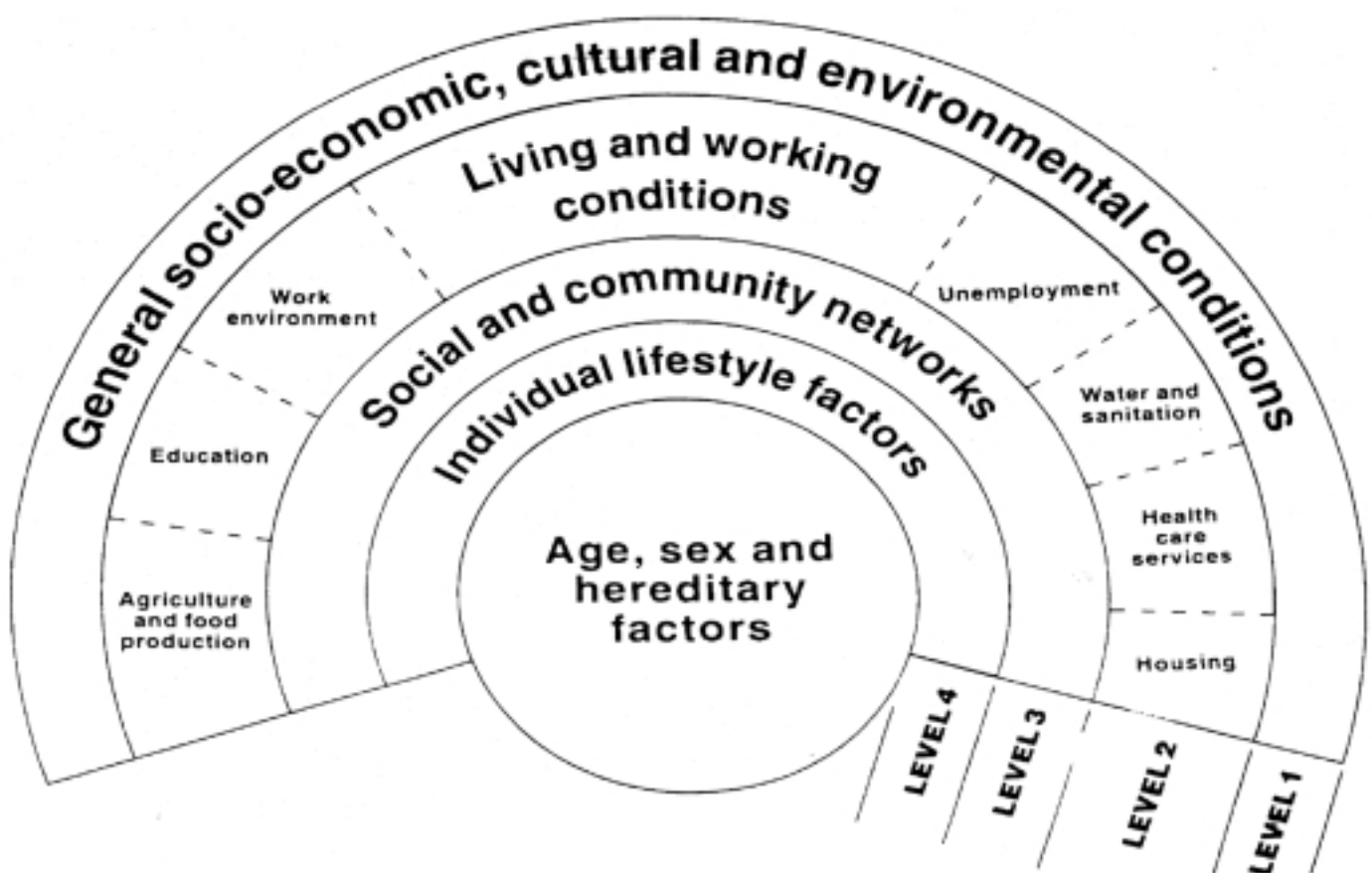
What is 'health and well-being'?

6. 'Health' is often perceived as simply the absence of disease. However, the World Health Organisation (WHO) defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. This suggests:
 - Health is a positive concept to which governments, statutory agencies, voluntary organisations, businesses, communities and individuals can all contribute.
 - People's sense of well-being can be poor even where there is no 'identifiable disease'.

7. As the WHO points out 'the policies that are the most successful in sustaining and improving the health of the population are those which deal with economic growth, human development and health in an integrated way'.²

What affects people's health and well-being?

8. The environment, income, employment, education, the organisation of transport, the design and condition of houses, crime, and the social and physical condition of local neighbourhoods all contribute to good and poor health. These factors are often called the determinants of health. Health impact assessment considers how a proposal or policy might affect these determinants in order to assess the likely impact on the health of different groups in a population.



Source: Based on Dahlgren G and Whitehead M (1991) *Policies and strategies to promote social equity in health*. Stockholm, Institute for Futures Studies.

A list of factors that can affect people's health and well-being is provided in Appendix 1.

What is health impact assessment?

9. Health impact assessment has been defined as

...a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.³

10. It provides a systematic yet flexible framework that can be used to consider the wider effects of local and national policies or initiatives and how they, in turn, may affect people's health. Some of the effects may be positive, while others could be more harmful. The aim is to remove or mitigate any possible negative impacts on people's health and well-being and to maximise opportunities to help people improve their health.
11. The above definition is useful in that it reflects the fact that there is no single way of conducting an assessment. The combination of procedures, methods and tools used will depend on both the decision-making structures of the organisation undertaking health impact assessments and the proposal in question. Flexibility is necessary to ensure the best approach is taken in the given circumstances.⁴
12. The definition also highlights the inequalities dimension as policies, programmes or other developments can affect groups within a given population in different ways.

Why use it?

13. The benefits of using health impact assessment include:

- Promotion of greater equity in health.
- Increased awareness amongst policy and decision-makers across sectors of how the decisions may affect health.
- Identification of the connections between health and developments in other policy areas.
- Better co-ordination of action between sectors to improve and protect health.
- Promotion of evidence and knowledge-based planning and decision-making.
- Action to allow health benefits to be maximised and health risks to be minimised.
- Investment in more action to enable people to prevent ill health.

14. Health impact assessment can also help to make decision-making processes more transparent. It can, in some cases, provide opportunities to involve the people who will be affected by, or have an interest in, the decision.⁵

Is there a single approach?

15. Most health impact assessments follow the stages outlined in this guidance but where necessary, some of these can be combined. This may need to happen due to the time and resources available, the quality and availability of appropriate evidence and/or the level of complexity of the proposal in question. This highlights the flexibility of the health impact assessment approach.
16. Health impact assessment can be used as a stand-alone tool or as an integrated part of other impact assessment tools. Develop it in ways that fit the circumstances, that makes the best use of resources in your organisation, within the time available.
17. The templates and working sheets appended to this guidance can be adapted to suit your needs.

When should you use health impact assessment?

18. Health impact assessment is best used prospectively during the development of a proposal. The process should be activated late enough in a proposal's development to be clear about its nature and purpose but early enough to be able to influence its design and/or implementation.
19. As well as prospective health impact assessments, it can also be done concurrently or retrospectively:
 - *Concurrent* assessments can be used when a proposal is being implemented and when it is subject to review.
 - *Retrospective* assessments can be undertaken after action has been completed. Retrospective assessments can also be made of unexpected events and as a way of learning lessons for future similar events.⁶
20. Assessments can be:
 - 'Rapid' (completed in hours or days).
 - 'In-depth' (completed in weeks or months).

Principles underlying health impact assessment

21. Policy in Wales emphasises many of the principles that are reflected in the health impact assessment concept. For example, a way of working that promotes openness, partnership and participation. The overall vision is for a *'sustainable future for Wales where action for social, economic and environmental improvement work together to create positive change'*.⁷

Openness

22. The process should be recorded to ensure openness and transparency.

Participation

23. Health impact assessment works best when people with the relevant knowledge and skills work in partnership. This includes people working in public, voluntary and private organisations as well as local communities.

Democracy/listening to people's views

24. This emphasises the rights of people to participate in major decisions that affect their lives. Health impact assessments can provide a means of enabling citizens to participate in decision-making processes.

Sustainability

25. Taking in consideration impacts that are long-term as well as short-term, indirect as well as direct, provides a strong basis for the sustainability of policies, programmes and projects. The involvement of citizens can also contribute to the development of proposals that are acceptable and appropriate to local people, and are therefore more likely to be sustained.

Equity

26. There should be a presumption in favour of reducing health inequalities. The health impact assessment process provides a mechanism to ensure that any potential negative impacts are minimised and that opportunities are taken to improve the health and well-being of vulnerable population groups.

Ethical use of evidence

27. Evidence should not be used selectively to support one particular viewpoint or interest. As comprehensive assessment of the evidence as possible should be undertaken within available time and resources.

How to use health impact assessment

Understanding the approach

- 28.** Health impact assessment offers a systematic yet flexible way of gathering information to inform plans and decision-making, based on available evidence. By being flexible and realistic, it is an approach that can improve decision-making without imposing excessive demands on resources or creating unnecessary bureaucracy. Although the process can sound rather technical, it is a simple process with five main stages. Throughout the document we refer to 'the proposal' by which we mean the project, programme, policy or other development for which the impacts are to be assessed.
- 29.** As you work through steps 1-5, refer to Appendices 1 to 5 at the end of the document. Where you see references to the 'tool', it includes Appendices 4a to 4c.

Step one: Screening – deciding whether a health impact assessment is necessary

Purpose

- 30.** There needs to be a simple way of identifying which proposals should undergo a 'rapid' or an 'in-depth' assessment. In its simplest form 'screening' means stepping back as early as possible in the planning and development process to ask the question: *could this proposal have an impact on, or implications for, people's health or any factors which determine people's health?*
- 31.** This stage is quick to do and provides a preliminary picture of the potential health impacts on relevant population in order to help you make the decision. In particular it will indicate:
- whether the proposal is likely to impact on health;
 - which sections of the population, particularly vulnerable groups, are likely to be affected? An initial list of vulnerable and/or disadvantaged groups is provided in Appendix 2;
 - the possible scale of the impacts and whether these are likely to be positive or negative;
 - whether a 'rapid or 'in-depth' health impact assessment is needed.

The people involved

32. Ideally, this stage should be more than a desktop exercise conducted by one person. It may be done at a short meeting or through individual discussions. Input from public health professionals, relevant experts and representatives from key stakeholder groups is important.

Preparation

33. Before meeting with other stakeholders you should ensure that there is a clear description of the proposal and its rationale, aims and objectives. A basic profile of the people living in the population area likely to be affected, where possible, may also be helpful. Circulate these to all participants in good time before the meeting.

Recording the information

34. The health impact assessment screening or appraisal tool provides a means of recording the information behind your decision. This will be important if you are asked to justify or give reasons why a health impact assessment has or has not taken place. For this stage, you may find the notes on using the screening/assessment tool and the screening record sheet useful. These are at Appendix 3 and Appendix 4a.
35. If you have decided that there is a need to do more to consider the possible impact(s), follow steps 2-5.

Step two: Scoping – determining the focus, methods and work plan

Purpose

36. This stage involves asking a number of questions and making a number of decisions to establish the terms of reference and agreed plan for the health impact assessment:
- What are the timescales for undertaking the assessment?
 - Geographical boundaries of project?
 - What impacts/determinants should the appraisal focus on?
 - What financial and human resources are available?
 - What kind of assessment is necessary and/or possible in the time available – rapid to in-depth?
 - Should a steering group be set up and who should be involved?
 - Roles and responsibilities?
 - How should decision-makers be involved?
 - Who are the stakeholders and how should they be involved?
 - Should the assessment be an in-house exercise or should it be commissioned?
 - What methods to collect evidence could be used?

Timescale

37. Consider the decision-making timescales of the proposal to try and ensure that the health impact assessment can have an opportunity to influence the final decisions. The timescale will also shape the decision you make about the kind of health impact assessment you are able to undertake.

Geographical boundaries

38. Consider any geographical boundaries of the health impact assessment, i.e. is it an electoral ward, local authority area or a region? Some impacts may impinge on populations beyond those directly affected by the proposal so it will be important to decide your boundaries and the reasons for this.
39. Depending on the geographical focus of your assessment, you may wish to make use of the needs assessment undertaken as part of the development of local Health, Social Care and Well-Being Strategies. These documents are key resources for health impact assessments conducted at a county, or sub-county, level and are available from your Local Health Board.

Focus

40. To ensure the best use of scarce resources, focus on those impacts that are most likely to occur and have the biggest potential impact on health and inequalities. Using the screening tool (Appendices 4a-c), identify which areas of impact the appraisal should focus on. In other words, which determinants are likely to be most affected and have the greatest impact on health? In addition, on which population groups should the assessment focus?

Resources

41. Clarify what resources are available in terms of additional funding and people's time. You will need to develop an approach that makes the best use of the resources you have at your disposal. If health impact assessment is to develop as a routine aspect of decision-making then in most cases it should not need additional resources. It should be viewed as an opportunity to improve planning and decision-making process. However there may be some health impact assessments, for example large policy developments, that require more extensive work, involving additional data collection or a literature review. Appointing someone external to undertake this task is one option, but alternative options such as secondments where someone within your organisation has the opportunity to acquire skills may prove to be more valuable and create a sustainable resource for the organisation in the longer term.

Scale of assessment

42. The scale of your assessment will depend on the timescales, the resources available and the complexity of the project. Rapid assessments can involve a single stakeholder meeting and a report. More comprehensive assessments can take months and involve systematic literature reviews, new data collection and expert analysis. The rapid form of assessment is likely to be suitable, and the most feasible, in most cases.

Steering group

43. A steering group is not essential but can provide an effective means of distributing tasks and helps to promote wider participation in, and ownership of, the process. It may not be appropriate in the case of a rapid assessment. If you decide to establish a group, you will need people who can provide specific knowledge. Community representatives in particular may have particular insights as to how proposals will affect local people, and you may also wish to include specialists from your local public health team, and others with specialist knowledge in the social sciences, epidemiology, environmental health or health economics, as appropriate.

Stakeholders

44. Those who are likely to be affected by, or involved in the development or implementation of the proposal should be identified. Decide how they should be involved in the process, perhaps as providers of expert evidence, as members of the steering group or as recipients of the report.
45. In particular, consider the involvement of key decision-makers as experience of conducting health impact assessments highlighted the importance of identifying these at the outset and involving them in the process in an appropriate way.⁸ This might include being informed of progress made by the steering group. In some cases, their involvement in public meetings where local people are present can have benefits.⁹

Step three: Assessment – establishing the health impacts

Purpose

46. This is the key stage of health impact assessment. It gathers information about the potential nature, size, likelihood and distribution of the proposal's impacts. It also provides an opportunity to suggest possible ways of maximising the health benefits and minimising the risks, particularly to the least healthy or most disadvantaged population groups.

Gathering and using information

47. The term 'evidence' can be off-putting. It has legal and scientific overtones that suggest that only people with highly specialist skills can access and understand it. It also can suggest that no judgement can be made without very robust and scientific information to back it up.

48. However, in the real world, where the relationships between people and the places they live in are highly complex, research evidence to predict a future effect is thin on the ground. In fact some of the most valuable evidence is already available in the form of local insights both professional and lay (see section on knowledge below). Research information exists. Use what is available and useful to you. With electronic communication, this is becoming easier to find and use.

Knowledge

49. You should not only focus on evidence of 'what works', but also on knowledge and understanding of factors that affect people's health and well-being. You should have a great deal of additional knowledge available to you locally and/or nationally.

50. People with specialist knowledge may be helpful on technical questions. For instance, what levels of pollutants a process will produce, how smoke will be distributed, how a particular chemical is likely to affect humans, what the traffic flows will be along a road, how many jobs a particular proposal could create and so on. Some of this specialist knowledge may be available within your Local Authority, Local Health Board, in the National Public Health Service, Wales Centre for Health or in other agencies. Environmental Health Practitioners are a prime example in this regard. Universities could also be a useful resource.

51. Remember that local residents will be able to give their views of how a proposal is likely to impact on their living conditions. They can provide the contextual knowledge that is often missing from the mainstream research evidence.

Population profiles

52. You should make use of any information or data that is available on the characteristics of the local population. You may wish to make use of the needs assessment conducted and published as a part of your Local Authority's Health, Social Care and Well-Being Strategy. These documents are a key resource for health impact assessments conducted at a county, or sub-county, level.
53. A profile may include some or all of these as appropriate:
 - General attributes of the population (including size, density, age, gender, income and employment, socio-economic status and so on).
 - Health status, particularly of the population groups that you have already identified as 'at-risk' and stand to benefit or be harmed by the proposal.
 - Quality of life indicators.
 - Environmental conditions – housing, transport, and condition of air, water and soil.
 - Local people's views of the area and of the services provided.
54. This not only provides you with a current picture of the locality or the population in question but it can provide a basis for any subsequent evaluation. For instance, an activity aimed at supporting children and young people with homework may see change in the rate of unauthorised school absences.
55. The amount of time devoted to evidence collection depends on the resources available. However these tasks can sometimes be divided between steering group members.
56. At this stage, you can use the health impact assessment screening/assessment tool at Appendices 4a-c. Checklists for health and well-being determinants and vulnerable population groups can be found in Appendices 1 and 2 respectively. A note on evidence and knowledge-based resources on the Internet is provided at Appendix 5.

What evidence is acceptable?

57. It is likely that you will need a combination of both qualitative and quantitative types of evidence.
58. Where an estimation of the size of an impact is measurable and desirable then quantitative methods may be most appropriate. For instance it may be possible to estimate the increase of pollution particulates due to changes in traffic flow and the resultant impact on the health status of nearby residents.
59. However, some potential impacts are not easily measured, but may be equally or more important in terms of their effects on local people's health and well-being. The closure of a school, for instance, can have a range of impacts. Such impacts will express themselves in ways that may only be accessed through more qualitative methods that explore people's experiences, perspectives and feelings.

Quick summary on sources of evidence

Evidence can exist in many forms. You should make use of what is available within the time and resources that you have. Below is a list of possible sources of evidence. Not all will be appropriate and it is unlikely that you will be able to obtain all of these. The list is a guide and not meant to be exhaustive.

Information on existing population

- Routinely collected local statistics for example on health, unemployment, crime, air quality.
- Surveys of local conditions.
- Community profiles (e.g. through community mapping).
- Local concerns and anxieties (where documented).
- Secondary analysis of existing local data.
- Opinion surveys.
- Other local surveys/research.

Expert opinion (knowledge)

- Views of residents and professionals with local knowledge and insight.
- Views of individual academics or professionals with knowledge in a specialist area.
- Organisations which provide advice on particular subjects (for example on transport research).

Wider evidence

- Research published in academic journals accessed through special literature searches in libraries or on the Internet.
- Research conducted or commissioned by statutory, voluntary or private organisations.
- Predictions from models.
- Information about similar proposals implemented elsewhere (case studies).

Describing the impacts

60. There are a number of ways in which you could describe the potential impacts. However where possible you should assess:
- **The likelihood of the impact.** Is the likelihood of the impact of the proposal definite, probable or speculative?
 - **The scale of the impact.** What proportion of the population is likely to be affected?
 - **The timing of the impact.** Will the impact be in weeks, months, years? In some instances the short-term risks to health may be worth the long-term benefits.
 - **The distribution of the effects.** Will the proposal affect different groups of people in different ways? A proposal that is likely to benefit one section of the population may not benefit others. In some cases, the assessment will identify ways in which members of the least healthy or most disadvantaged populations could be helped. This can be an important contribution to reducing the health inequalities that exist between some communities.

Identifying opportunities to improve health and well-being

61. Once you have identified the impacts that the proposal is likely to have on health and well-being you should explore, with other stakeholders, what opportunities there are to maximise the potential improvements in health and to minimise the potential risks to health. You can record information about impacts on an assessment summary sheet – at Appendix 4b.
62. Involving stakeholders in this process can help to ensure that any recommendations are both feasible and acceptable.

Step four: Reporting

63. The information gathered in the assessment stage should be collated and presented in a form that is accessible to the intended audience. There are many possible formats ranging from a simple list or matrix of the findings, to a more comprehensive report. The format and style of the report needs to take account of the target audience(s). An example of a health impact assessment matrix can be found at Appendix 4c.
64. The Welsh Health Impact Assessment Support Unit currently holds a register of completed assessments. These, together with sight of reports available on other web sites (Appendix 5) may inform your report.

Step five: Monitoring and evaluation of the process

65. As the aim of a health impact assessment is to inform decision-making, it is useful to evaluate how the information was used, its usefulness as seen by its target audience(s) and whether or not it influenced decision-making and developments. This will help to assess how effective the health impact assessment process is in influencing decisions within individual local authorities and throughout Wales. Organisations may like to develop their own monitoring forms and systems to ensure that health impact assessments are reviewed in the light of decisions made.
66. Reports also provide an opportunity to reflect on the health impact assessment, the time and resources used, what worked well, and how difficulties were overcome. Documents of this kind provide a source of learning and should be shared as the basis for future development. A dissemination form is available on the WHIASU website (www.whiasu.cardiff.ac.uk/index.html) and will provide you with an opportunity to share your experiences with other people and organisations that are using health impact assessment throughout Wales.

Appendix 1:

Health and well-being determinants checklist

Please note that this list is a guide and is not exhaustive.

1. Lifestyles	<ul style="list-style-type: none">• Diet• Physical exercise• Use of alcohol, cigarettes, non-prescribed drugs• Sexual activity• Other risk-taking activity
2. Social and community influences on health	<ul style="list-style-type: none">• Family organisation and roles• Citizen power and influence• Social support and social networks• Neighbourliness• Sense of belonging• Local pride• Divisions in community• Social isolation• Peer pressure• Community identity• Cultural and spiritual ethos• Racism• Other social exclusion
3. Living/environmental conditions affecting health	<ul style="list-style-type: none">• Built environment• Neighbourhood design• Housing• Indoor environment• Noise• Air and water quality• Attractiveness of area• Community safety• Smell/odour• Waste disposal• Road hazards• Injury hazards• Quality and safety of play areas
4. Economic conditions affecting health	<ul style="list-style-type: none">• Unemployment• Income• Economic inactivity• Type of employment• Workplace conditions
5. Access and quality of services	<ul style="list-style-type: none">• Medical services• Other caring services• Careers advice• Shops and commercial services• Public amenities• Transport• Education and training• Information technology
6. Macro-economic, environmental and sustainability factors	<ul style="list-style-type: none">• Government policies• Gross Domestic Product• Economic development• Biological diversity• Climate



Appendix 2: Vulnerable and/or disadvantaged population groups

The target groups you identify as vulnerable or disadvantaged will depend on the characteristics of the local population and the nature of the proposal itself. The most disadvantaged and/or vulnerable groups are those which will exhibit a number of characteristics, for example children in living poverty. This list is therefore just a guide and you may like to focus on groups that have multiple disadvantages.

1. Age related groups*

- Children and young people
- Older people

2. Income related groups

- People on low income
- Economically inactive
- Unemployed
- People who are unable to work due to ill health

3. Groups who suffer discrimination or other social disadvantage

- People with disabilities
- Refugee groups
- People seeking asylum
- Travellers
- Single parent families
- Lesbian and gay people
- Ethnic minority groups**
- Religious groups**

4. Geographical issues

- People living in areas known to exhibit poor economic and/or health indicators
- People living in isolated areas
- People unable to access services and facilities

You will also want to assess the impact on the general adult population and/or assess the impact separately on men and women.

Please note that this list is a guide and is not exhaustive.

* Could specify age range or target different age groups for special consideration.

** May need to specify.

Appendix 3:

Notes on using health impact assessment screening/ assessment tool

The tool provided (available electronically on www.whiasu.cardiff.ac.uk) can be used as a framework and starting point for both 'screening' and 'assessment' but it is flexible and should be adapted for local use. It is important that you begin to consider who is likely to be affected by a proposal alongside your judgement about what the impacts might be. A list of population groups that are particularly vulnerable to the causes of ill health is provided to assist you. However this is not exhaustive and you should be guided by knowledge of your local area. You should also assess the overall impact on the population. A more detailed health and well-being checklist is provided to help you make a judgement about what health determinants are likely to be affected by the proposal. Again, this list is not exhaustive.

If used for 'screening' you should remember that this is a preliminary assessment of what the impacts might be. Not too much detail is necessary or possible at this stage. However if you are using it just as the basis for a rapid assessment, more detail should be considered in line with question 1 of the summary appraisal sheet.

The optional matrix can be used as a summary sheet providing a more visual idea of what the effects might be. It can also be useful in determining what potential effects the appraisal should focus on.

There is no fixed way of making a decision to conduct a health impact assessment. However the screening tool should help you ask; are there significant impacts, missed opportunities or scope for improvements for all or some groups? If, on balance, the proposal would appear to benefit from a health impact assessment then an appraisal should be conducted.

Appendix 4a:

Basic screening record sheet

1. Title of programme, policy or project

2. Description (including key aims and objectives)

3. Key population groups affected by the programme, policy or project.

Vulnerable groups

Other groups

4. Summary of significant or moderate impacts

Is the proposal likely to impact on, or have implications for:

A. Individual lifestyles?

(If there are no likely impacts or they are minimal, move to next item)

Brief explanation of impact and who it is likely to be affected from No. 3

B. Social and community influences?

(If there are no likely impacts or they are minimal, move to next item)

Brief explanation of impact and who it is likely to be affected from No. 3

C. Living conditions?

(If there are no likely impacts or they are minimal, move to next item)

Brief explanation of impact and who it is likely to be affected from No. 3

D. Economic conditions?

(If there are no likely impacts or they are minimal, move to next item)

Brief explanation of impact and who it is likely to be affected from No. 3

E. Access and quality of services?

(If there are no likely impacts or they are minimal, move to next item)

Brief explanation of impact and who it is likely to be affected from No. 3

F. Other direct or indirect effects on health and well-being?

Brief explanation of impact and who it is likely to be affected from No. 3

5. Recommendations

Are the impacts that have been identified above enough to warrant a health impact assessment?

Yes/No

If No, what are the reasons for not conducting an assessment

If Yes, outline next steps

(for example, date and time of scoping meeting)

Do any additional actions need to be taken as a result of this process?

Yes/No

If Yes, please outline

Appendix 4b:

Assessment summary sheet

1. Summary of impacts

For each impact describe where possible:

- whether positive (that it helps to improve health) or negative (that it poses risks to health);
- population group(s) affected;
- how the impact may come about (for example whether direct or indirect effects);
- the scale of the impact;
- when the impact may occur;
- nature of evidence to support the above conclusions.
(NB Check to ensure that further available evidence is not needed).

2. Opportunities to address negative impacts

For each potential negative impact, consider ways in which it could be removed or mitigated.

3. Opportunities to maximise potential positive impacts

For each potential positive impact, suggest ways in which the benefits to health can be maximised.

4. Additional opportunities to improve health and reduce inequalities

Try and identify any additional opportunities to improve health through further development of the proposal or during the health impact assessment process.

5. Reducing health inequalities

Comment on how different groups within the population may be affected in different ways, and consider ways of minimising the negative impacts and maximising the positive impacts.

6. Prioritised recommendations

The criteria for recommendations will depend on the circumstances of the health impact assessment. The following could be used:

- The likelihood of the impact.
- The scale of the impact.
- The effect of the impact in reducing health inequalities.
- The feasibility of the recommendations (including cost-effectiveness).

Appendix 4c: Optional health impact assessment matrix

Key influences on health	Target groups							Whole population
	1							
Individual lifestyles	2							
Social and community influences on health								
Living conditions influencing health								
Economic conditions influencing health								
Access and quality of services								
Other direct or indirect effects on health and well-being								

- 1 Identify affected and vulnerable groups along here.
- 2 Assess impact in these cells: significant; moderate, minimal or nil.

Appendix 5:

Evidence and knowledge-based resources on the Internet

Health impact assessment

The following provide tools, resources and other learning associated with using the health impact assessment process. Some provide access to case studies which are particularly useful as evidence to support or challenge preliminary judgements about the potential impacts of proposals.

The Welsh Health Impact Assessment Support Unit

www.whiasu.cf.ac.uk

Contains a list of case studies, a guide to using health impact assessment, information on evidence based resources, a form to disseminate local experience, and up-to-date news on developments in health impact assessment in Wales.

Chief Medical Officer Wales

www.cmo.wales.gov.uk/content/work/health-impact/index-e.htm

Includes case studies of health impact assessments funded by the Welsh Assembly Government. Also provides access to relevant policy documents and information on other areas of relevant work in public health being conducted in Wales.

Health Impact Assessment Gateway

www.hiagateway.org.uk

Information, resources, case-studies, sources of evidence and networks to support the use of health impact assessment.

London Health Commission – health impact assessment section

www.londonshealth.gov.uk/hia.htm

Contains useful guidance on health impact assessment and has details of the assessments conducted on all the statutory mayoral strategies.

Queen Mary, University of London – Health Research Group, Department of Geography

www.geog.qmul.ac.uk/health/

Includes 'The East London Guide to Health Impact Assessment of regeneration projects'. The three-volume work includes a literature review on four areas relevant to regeneration and how they relate to health.

The World Health Organization

www.who.int/hia/en/

Provides access to case studies, tools, sources of evidence on the relationships between key determinants and health and other information on current developments.

The European Centre for Health Policy

www.who.dk/echp

Part of the WHO Regional Office for Europe it provides workshops and meetings to develop and disseminate ideas and good practice on health impact assessment.

The International Health Impact Assessment Consortium (IMPACT)

www.ihia.org.uk

Database of resources and access to the Merseyside Guidelines on health impact assessment.

The International Association for Impact Assessment.

www.iaia.org/

Provides support and a forum for discussion and ideas for individuals and organisations involved in different forms of impact assessment

Evidence on links between determinants and health

These sites provide information on both the links between determinants and policy areas and health as well as what is known about the impact of particular interventions on health.

Health Development Agency

www.hda-online.org.uk

Contains summaries of reviews and full reports commissioned or carried out by the HDA, as well as links to those of other organisations. The resources and links section contains all their reports, and the research and evidence section also contains useful information.

World Health Organization Regional Office for Europe

www.who.dk/healthtopics/TopPage

Information on the links between determinants and health. Also hosts the Health Evidence Network www.who.dk/HEN/20030602_2, primarily for public health decision making in the WHO European Region. This has two key components: an 'answers to questions' section where you can post your queries and a 'sources of evidence' resource list.

NHS Centre for Reviews and Dissemination (CRD), University of York

www.york.ac.uk/inst/crd/

Provides summaries of reviews conducted by CRD about what is already known about the effectiveness of interventions to improve health and tackle ill health. Most are about medical treatments but it includes the comprehensive Evidence from Systematic Reviews of Research Relevant implementing the Wider Public Health Agenda (See reviews conducted in 2000). Also includes the Database of Abstracts of Reviews of Effects (DARE) database which provides abstracts of quality assessed systematic reviews. Some of these deal with the wider determinants of health.

The Campbell Collaboration

www.campbellcollaboration.org

Provides access to evidence on the effects of a number of social, educational and criminal justice interventions.

Trip Database

www.tripdatabase.com

Searches over 55 sites with good quality medical and health related information and research. Provides access to 'evidence-based' material on the web as well as articles from highly rated on-line medical journals such as the British Medical Journal. Although medically focused it is possible to access evidence relating to the wider determinants of health.

Health Evidence Bulletins Wales

<http://heb.w.uwcm.ac.uk>

Reviews a range of evidence for a number of topics, including cancer, injury prevention, healthy environments and mental health.

Bandolier

<http://www.jr2.ox.ac.uk/bandolier/index.html>

The Evidence section collects information under a number of health topics. Most of it is medical but the Healthy Living section provides evidence on lifestyle interventions and health.

MRC's Social and Public Health Science Unit, University of Glasgow

www.msoc-mrc.gla.ac.uk/Default.htm

The aim of the Unit is 'to promote human health via the study of social and environmental influences on health'. Of particular interest will be the section evaluating the health effects of social interventions. They focus on non health-care-sector areas such as housing and regeneration. Also host the ESRC Centre for Evidence Based Public Health Policy.

ESRC Centre for Evidence Based Public Health Policy (based at the MRC's Social and Public Health Science Unit at Glasgow University)

www.msoc-mrc.gla.ac.uk/evidence/evidence.html

Set up to 'respond to the growing demand for rational and effective policy interventions based on an informed understanding of "what works"'. A number of studies are currently underway.

The Collaboration for Accidents and Injury Control (Capic)

www.capic.org.uk

A virtual organisation, open to everyone and run by a steering group of people and organisations who have an interest in injury prevention. One of their roles is to promote the evaluation of injury prevention initiatives. They provide references regarding published research, in several topic areas, as well as current research studies conducted by CAPIC members. Also provide information on current initiatives in Wales and beyond.

Crime Reduction

www.crimereduction.gov.uk

Aims to provide community safety and crime prevention practitioners with information and advice to reduce crime and anti-social behaviour in their local area. Contains evidence on a broad range of topics from CCTV to racially motivated crime.

Transport Research Laboratory

www.trl.co.uk

Wide range of research on road safety, impact on traffic flow and environmental issues such as noise and traffic emissions.

Highways Department

www.highways.gov.uk

Commissions and conducts research on a number of road traffic issues such as air quality, traffic calming and the community effects of traffic congestion and its relief.

The European Foundation for the Improvement of Living and Working Conditions

www.eurofound.ie

Describes itself as a tripartite European Union body set up to contribute to the planning and establishment of better living and working conditions. Provides information on the links between employment conditions and health.

Institute of Rural Health (IHR)

www.rural-health.ac.uk

Conducts wide-ranging research on issues relating to health and the rural environment.

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