

Health Impact Assessment ToolKit

For

**Public Health
Practitioners**

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The purpose of this toolkit

There is an increasing amount of literature about the concept of Health Impact Assessment (HIA) and examples of its use; some of which are referenced in the appendix. Other than outlining some basic principles, it is not the purpose of this toolkit to describe the history and philosophy of HIAs.

The over-riding purpose of the toolkit is to provide public health practitioners with the means to undertake a viable HIA of a relevant one-issue activity in which they are likely to be involved or currently engaged.

Bearing in mind the time resource needed to conduct a HIA, it is important to be realistic about what a HIA can achieve to ensure that it is used in situations where it can most effectively contribute to the decision making process. This toolkit therefore concentrates on addressing:

- Is a HIA appropriate in these circumstances?**
- How is a HIA carried out?**

More and more emphasis is being placed on quantifying outcomes when evaluating an activity. Consequently HIA's are particularly valued as they focus on measuring outcomes rather than outputs.

Introduction

What is Health Impact Assessment (HIA)?

HIA is a tool which brings public health, and particularly health inequality issues, into the forefront of decision making. It serves as a support to decision making, not a substitute for it.

HIA recognises that policies, plans, projects & services etc. where health care is not the main focus, can still have major implications for the health and well-being of individuals and communities. For the purposes of this ToolKit the areas of work described above are referred to collectively as 'activities'.

HIAs therefore seek to identify and estimate the impact of the activity on the health of a defined population. These impacts can be positive or negative, intended or not, single or cumulative. In addition the range of impacts may or may not be evenly distributed across the population. This potential for uneven differences, or health inequality, is a major concern for many HIAs. The underlying purpose is to make recommendations with respect to the activity in order that positive effects are enhanced and negative ones are reduced.

HIAs have been seen as an extremely useful tool for enabling non – health care organisations and professionals to think about the impact their activities have on the health and wellbeing of the population.

One of the added benefits of undertaking a HIA is that it sends the message to stakeholders that the organisation is taking public health seriously and that health is a relevant and significant cross cutting issue.

Some basic principles

Health & Health Determinants

HIAs are based on a socio-environmental model of health as opposed to a medical model. Consequently the focus is on the many different factors that affect health rather than on what health is. This can be seen in the now familiar diagram of Whitehead & Dahlgren. Other researchers e.g. Labonte (1993) would include 'risk condition' such as poverty, stressful/dangerous work, polluted environments, discrimination and income inequality.



Dahlgren & Whitehead (1991) modified to reflect environmental impacts

Types of HIA – when can it be done?

Prospective - (This is generally regarded as the most useful and is to be recommended) - conducted before an activity takes place to predict likely health impacts to enable adjustments that will maximise the beneficial effects of the activity and minimise any harmful effects.

Concurrent - conducted while the activity is being undertaken, it has the advantage of enabling prompt mitigation to counter negative effects associated with the activity. It can be used to monitor the accuracy of predictions about potential health impacts.

Retrospective -conducted after the activity has finished. Can be useful if the activity is to be repeated.

The scale of a HIA – How detailed does it have to be?

The complexity and depth of a particular HIA will depend on the criteria below but will also have regard to the time and resources available.

HIA literature refers to numerous types dependant on the level of detail required. These are not consistently described and include terms such as 'policy audits', 'rapid assessments', 'desktop' and 'comprehensive HIAs'.

For the purpose of this toolkit three types of HIAs have been defined:

- **Basic**

Use: e.g. for policy review, assessment of service plan, initial thoughts on outline planning application or new intervention proposal, situations where there is little scope for altering deliverables.

Time - a desk based exercise of approximately 2-3 days duration.

Personnel - one or more people directly involved with the 'activity' and preferably an outside critical friend who has some knowledge of HIAs.

Detail - evaluation of likely health impacts (see 'screening'), use of readily available information, brief review of current evidence – no new research.

Output – brief Health Impact Statement of e.g. 1 side A4. Refer to any positive impacts on health and any areas of concern, particularly for disadvantaged groups. It may recommend a more detailed HIA.

- **Advanced**

Use: e.g. for service reviews and modifications, new interventions. Varied scales of plans and projects – includes those which would be recommended for a 'comprehensive' HIA but prohibited by costs, time or other reasons. e.g. regeneration schemes.

Time – 2-4 months.

Personnel – working group (WG) made up of persons from teams involved with the activity, one or two critical friends, at least one being familiar with HIAs. A stakeholder group (SG) who can be accessed individually or together by the WG .

Detail – Qualitative and quantitative evidence gathering – some original research e.g. interviews/questionnaires/workshops.

Output – Full report with details of health impacts, evidence and recommendations. Ideally process should be evaluated and outcomes monitored

- **Comprehensive**

Use – Large multi issue schemes or schemes where there is a considerable degree of uncertainty as to likely effects on health.

Time - Months

Personnel - External contractor.

Detail - Full report, new research.

Cost - Thousands of £'s

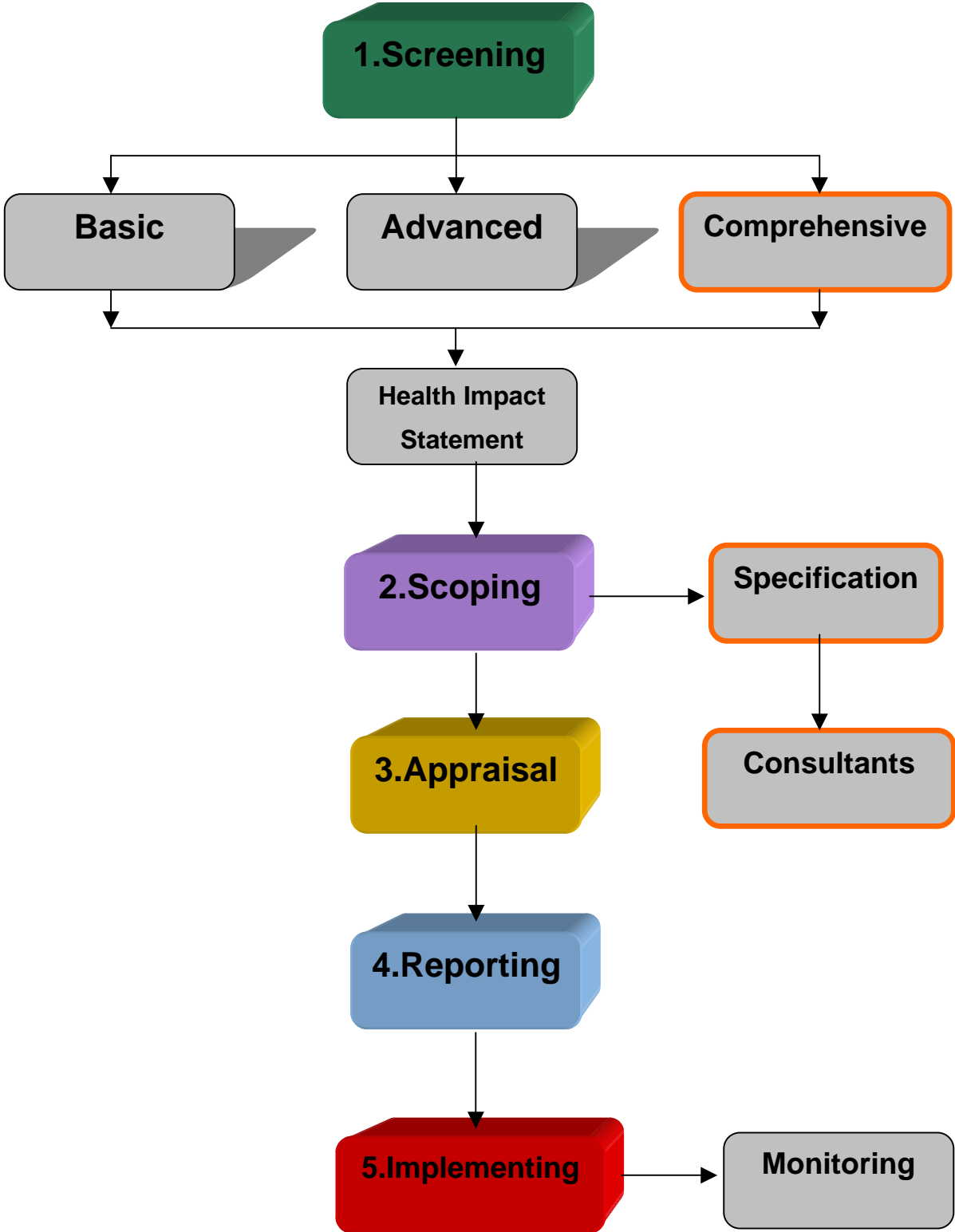
Using the Toolkit

The following pages describe the HIA process. Each stage is briefly explained and some rationale is given where necessary. Worksheets are provided to guide you through the steps and to provide a stimulus to thinking about the issues.

It is recommended that you complete the worksheets and retain them to aid the completion of the tasks, the compilation of the final report and to provide evidence of your decisions.

Examples of completed worksheets are provided in the appendix, where there are also notes on information gathering and tips on interviews and focus groups.

The HIA Process Simplified



Step 1 - Screening

This is the selection process which addresses the question:

“Is a HIA appropriate in these circumstances?”

Here activities are quickly assessed for their potential to affect the health of the population. This initial review will determine whether a HIA may be appropriate and at what level i.e. basic, advanced or comprehensive.

It should also be recognised that some activities may be so complex and far reaching that a single all encompassing HIA is unrealistic. In such cases screening can be used to identify more discrete areas suitable for a HIA. Even small scale activities can consist of several stages which may have different health impacts e.g. the construction/development stage of an activity as well as the activity itself.

The decision whether or not to conduct a HIA (and of which stage(s) of an activity) will be a value judgement made by a small group of people directly involved in the activity, with input from a critical friend. The decision will be based on:

- their own knowledge of the activity
- the capacity of the organisation to resource the HIA
- existing evidence about the potential health impacts

The screening tool has been developed to help make this decision. It will ensure that all relevant aspects of the activity are considered and prioritised accordingly.

General Characteristics

see WORKSHEET 1

Affected Populations

see WORKSHEET 1a

A. Identify the populations which the activity will have a significant impact on. The impact may be intentional or unintentional, targeted or not. Remember health impacts may occur whilst work associated with a particular activity is ongoing e.g. dust & noise from installing a central heating system may be a negative impact yet be associated with the subsequent positive health benefit of a warmer home once the work has been completed.

B. Sub groups:

- **Children and young people** are likely to be particularly vulnerable to any negative effects of an activity. They have little or no power to avoid or minimise any negative effects they may experience and the views and needs of children and young people are rarely taken into account in the policy making process. It is extremely important to promote and protect the health of children since people's life chances are determined to a very great extent by their level of health and well being in childhood
- **Older people** face social exclusion and discrimination. They are likely to be less able to deal with or avoid negative effects of policies and are likely to suffer more from them. They are more dependent on public services and provision than other groups and it is important that these are set up to meet their needs. Efforts should be made to ensure that older people have as good a quality of life as possible for as long as possible.
- **Disabled people** may be socially excluded and experience discrimination.
- **People from minority ethnic groups** may face social exclusion and discrimination. They may experience racism from both institutions and individuals. As a result they are more likely to be living on a low income and more likely to suffer ill health than the majority ethnic population.
- **People on low incomes** may experience social exclusion and disadvantage. They are likely to have fewer choices and therefore less opportunity to avoid or minimise any negative effects of policies on their lives. They are likely to be more dependent on public services.

Influence on Health

see **WORKSHEET 1b**

The first four categories (on the worksheet) are known to have an impact on health in its widest sense. These categories can be broken down into a number of distinct areas and are shown in the table under the heading 'specific influences on vulnerable populations'. For example, included in the category "social and economic environment" is employment. If the screening process indicated that the activity was likely to have significant impacts on one or some of these areas, or if there was uncertainty about what health impacts there might be, then this would suggest that a higher level HIA might be appropriate.

It is important to consider the fifth category since, in order for policies and projects to be most effective they should be "joined-up" and not undermine each other. There should be dialogue within and between different service providers in order to ensure that there is continuity of provision and access across the board, with the no costly overlaps.

Checklist of potential health impacts

see **WORKSHEET 1c**

Use the information you have recorded in the previous worksheets to answer the questions in the checklist. This will help you to decide whether or not to proceed with a HIA.

HIA decision tree

see **WORKSHEET 1d**

By working through the decision tree and answering each of the questions you should arrive at a decision as to which is the most appropriate type of HIA. Bear in mind that the capacity of an organisation to act on recommendations is based on 3 factors:

- political will
- time
- resources.

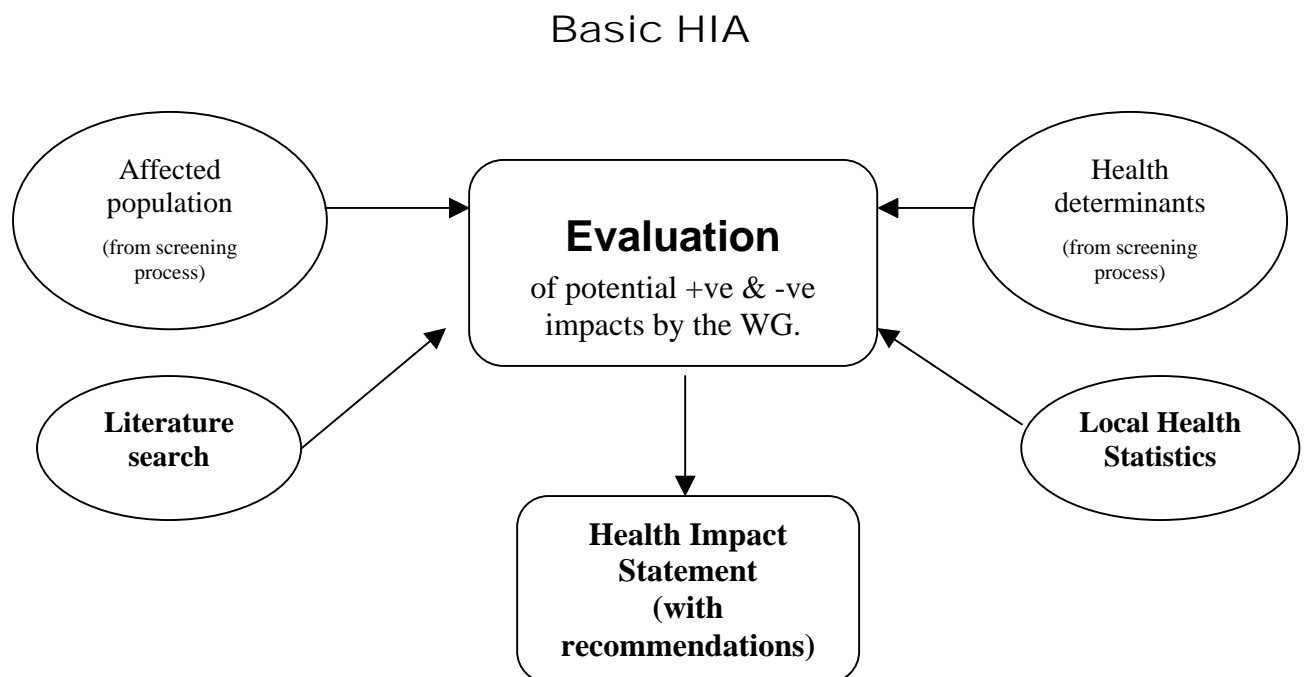
If there is no way the recommendations could be implemented e.g. because, the department is fulfilling a statutory obligation or because the proposal is set to begin in just a few weeks, it would be difficult to justify going further. However, lack of resources to make alterations should not necessarily be seen as a reason for not carrying out a HIA since not all recommendations will have resource implications and the findings of the HIA might be used to bid for additional funding. However, if the budget is tight and there is limited flexibility about how resources are distributed then moving beyond this stage may be of limited value.

Health Impact Statement

Having completed the screening exercise (which shouldn't taken more than 2-3 hrs), a decision should have been reached about whether further HIA work should be done and at what level. At this stage a Health Impact Statement (HIS) must be produced explaining the reasoning behind the decision (see appendix 6). If for whatever reason an actual HIA was considered inappropriate this statement should justify that decision and be kept as a reference document.

In many respects the HIS will be similar to the output from a Basic HIA (see diagram below). As such the screening process and subsequent HIS may be considered sufficient for reviewing policies and service plans.

If a Basic HIA is warranted then additional material (to the screening process) in the form of a brief literature search and collating readily available local data is all that is required. Appropriate recommendations can then be included in this H.I.S.



- If an **Advanced** or **Comprehensive** HIA is warranted proceed to 'scoping'

Step 2 - Scoping

Having decided that a HIA is appropriate 'Scoping' is the next step and includes the planning and designing of the work involved in carrying out the HIA. It is important not to set the terms of the enquiry too widely and to stay focused on the main objectives of the activity.

If it has been decided that a Comprehensive HIA is needed, it is at this point that the external assessor will be appointed. They will follow the same steps as an Advanced HIA and it is likely that those commissioning the HIA will be part of the assessor's working group and will give guidance as to the scope of the HIA to be conducted.

It is not the purpose of this toolkit to identify selection criteria for the external assessor.

Working group/steering group & stakeholders

see **WORKSHEET 2**

The first step in scoping is to review the membership of the working group. If the interests of all relevant parties are to be considered and in order to address health inequalities, it is imperative that the working group includes all appropriate persons.

Depending on constraints of time etc. the working group can be expanded to include a range of stakeholder representatives and become in effect a steering group for the HIA. Alternatively it may be more appropriate for stakeholders to be identified and for the working group to meet these individually or together as necessary during the process to seek their views, knowledge and experiences.

Stakeholders include:

- those groups of people having an interest in the activity
- those affected or likely to be affected by the activity
- those responsible for commissioning the HIA
- those responsible for analysing/commenting on the HIA.

They can be sub-divided into the following categories:

Primary stakeholders – are those who are directly affected by an activity, as beneficiaries, losers or implementing agencies or those who can directly influence the activity.

Secondary stakeholders – are indirectly affected by the activity e.g. traders may benefit from a new road that is built to connect a remote community to

the city or from the increased productivity that results from a technology project.

Key informants – individuals as opposed to groups/organisations selected on the basis of criteria such as knowledge, previous experience and capacity to provide information or comment in the context of the activity. May actually include some primary & secondary stakeholders.

Terms of Reference (TOR) (which can be revisited and refined as the process proceeds) should define:-

see **WORKSHEET 2a**

- areas of responsibility of the working/steering group members,
- resources available
- timetable.
- the extent or stages of the activities subject to the HIA
- boundaries of the HIA e.g. geographical area/people/community group
- method(s) of assessment/appraisal e.g. workshops/forums, semi structured interviews, questionnaires etc.
- outputs

Ideally the HIA should be jointly owned by the decision makers, the investigators, the affected communities and other stakeholders.

The scope of the HIA and the implementation of its recommendations should be agreed with decision makers.

Step 3 - Appraisal

This is the 'engine room' of the HIA process, generating some practical outcomes.

Key actions in this stage are around data collection and analysis and include: Activity analysis, population profiling, as well as identifying and appraising the potential health impacts using new and existing qualitative and quantitative data.

The screening and scoping stages will have identified some of the areas where there may be potential health impacts and these are a good place to start. Equally though, it is important to recognise that other potential health impacts, not previously identified, may emerge.

Activity Analysis - WORKSHEET 3

A more in-depth analysis of the activity (than at the screening stage) is required to generate ideas for the design and focus of the research methodology. It is about identifying on who? and how? the activity might impact and out of this developing a methodology for assessing the extent of the impact. The key is 'keeping things simple' and to focus on how best to demonstrate the activities impact on health. Unfortunately it is beyond the scope of a Toolkit to specify a generic approach that 'fits all'. It is for the working group to devise a bespoke methodology for the activity to be assessed using this guidance. As a starting point it can be helpful to work logically through an activity using previously completed worksheets 1a & 1b as a guide to identifying what the key issues are. Composing a 'research hypothesis' with a brief commentary and a methodology process map can also be helpful (see appendix 6).

It's not unusual for the working group to be unable to reach a unanimous decision as to the best option to take, but as long as it fulfils the following criteria it should be sufficiently robust to demonstrate the impact of the activity on health.

1. Focus on an outcome of the activity, where a plausible link exists between the activity and its impact on the health of the defined population.
2. Identify specific health or wellbeing benefits derived either directly or indirectly by the activity impacting on health determinants.
3. Ensure the impact assessment methodology is deliverable within the context of the chosen HIA time framework. This should be determined as part of scoping. But it is all too easy to lose sight of how time consuming this phase can be and to 'bite off more than you can chew'. There are a wide range of techniques that can be used to collect

information & evidence (see appendix 4) and you don't have to use them all or on everybody. With the latter in mind be realistic about the sample size that you can effectively process.

4. Where available make use of existing information and evidence by conducting a simple literature review.

With the above in mind consider the following questions:

Activity development:-

- what are the issues associated with the activity? e.g. regeneration/housing
- why was the activity initiated?
- who was involved?

Activity assessment:-

- what are the aims, objectives and targets?
- what considerations of health effects were taken?
- what is the relationship between the activity and health?
- where should we look for evidence?
- how can we collect evidence?

This is probably the most difficult part of the HIA process but is vital to generating the right questions to ask stakeholders & key informants as well as about the subject areas to be explored.

Population Profiling Checklist - **WORKSHEET 3**

The population whose health is being considered should be defined and its health status, health problems and capacity should be profiled. This provides baseline information of the affected community(ies) which can be used to predict likely impacts and will subsequently be used to assess any future changes as a result of the activity. Relevant information contributing to profiling:

- Characteristics – size, age structure, socio-economic status, groups at risk.
- Current health status – morbidity, mortality, psychological health indicators.
- Physical characteristics of the area e.g. house types, topography.
- Current environmental quality e.g. pollution levels, environmental degradation, open spaces.
- Existing living conditions – access to health services, food, leisure facilities

Data Collection.

Evidence to support profiling is usually obtained from existing publications e.g. local Index of Multiple Deprivation data, reports of Directors of Public Health, and council committee reports.

Evidence to determine the health impacts of the activity can come from existing qualitative and quantitative data and/or 'new research depending on the scope of the HIA. The use of existing evidence is likely to involve some form of literature review. Systematic reviews of available research are particularly useful. Some sources of reviews are listed in appendix 3 together with a cautionary note from the Guide 'European Policy Health Impact Assessment' ISBN 1 874038 75 9

New qualitative data can be obtained in a variety of ways e.g. by the use of stakeholder interviews, focus groups or questionnaires. The participation of the identified population groups is vital in HIAs because of their insight into how an activity might affect their community, their well-being and their behaviour. Stakeholders may suggest changes which can maximise the health gains of an activity.

Assessing Impacts.

Whilst some impacts are clearly measurable, can be accurately modelled and have legislative controls e.g. pollution levels, most impacts will not. As such there is a need to estimate the size of an impact in order that recommendations can be made & prioritised.

The initial screening, profiling and data collection stages will give an indication of the potential health impacts related to the activity. The identification of the health effects of those elements of the activity that need to be rated becomes evident as the information from the literature review and research is gathered and analysed.

Based on the evidence from appraisal, the **likelihood of an impact** can be determined as: **evidenced** or **speculative** for each element of the activity.

The **type of impact** can be identified as being a health gain (+) or loss (-)

The **severity of the impact** on a population could range from causing death or illness to affecting well-being. A scale of **-3 (highly negative) to +3 (highly positive)** can be used. It is important to consider the impacts on different sub-groups within a population in order to take into account the implications of health inequalities.

Worksheet 3a

can now be used to carry out a scoring of impacts based on the collected evidence regarding the activity and an appraisal of various options to enhance the impact of the activity.

Step 4 – Recommendations & Reporting

The function of a HIA is largely two fold:

1) to demonstrate whether or not the activity has associated health benefits and to what extent

and/or

2) to make recommendations to amend the activity to enhance health outcomes or mitigate adverse impacts.

This phase then is firstly about generating recommendations based on the findings of the appraisal stage i.e. from the literature search, questionnaires, interviews, stakeholder events and the assessment of the health impacts.

Generating recommendations

In some instances it may be possible to identify a clear action that will provide the optimum health impact for the activity under consideration. However in most situations a variety of possible actions will present themselves.

The best recommendations are those which can be implemented by the originator of the activity. Ensure those who have been involved in workshops/interviews etc understand how they have contributed to the recommendations – and what will happen next. Consider holding a final workshop to consider consensus around final recommendations.

Prioritising Recommendations

Where numerous recommendations have been made or the activity is to be carried on over an extended period of time it may be appropriate to prioritise the recommendations made and perhaps identify clear actions to be taken to implement the recommendations.

The working group will be involved in this process but it may also be useful to engage with appropriate managers/policy makers who will be involved in implementing the recommendations.

Various tools can be used to prioritise the recommendations.

As a guide, priorities could be based on:

- **The population affected (type and size) and the nature of the effect.**
- **The prospect of health and well-being enhancement and reduction of inequalities.**
- **The perception of risk.**
- **The possibilities of a win-win situation.**
- **The probable resource constraints.**

- **The priorities for health already set locally or nationally**

A report should now be produced for the initiators of the HIA, who may well be different from the originators of the activity.

Whilst the format of the report can vary it should:

- Set the scene and explain the relationship between the activity and health determinants using existing literature and evidence base.
- Put the intended outcomes of the activity into context having regard to local and national policies & priorities.
- Create a population profile using facts and figures to put the scale of the activity into context.
- Describe the appraisal methodology(ies).
- Explain and discuss the appraisal findings.
- Identify the recommendations and priorities - copies of Worksheets can be attached.

This is the last stage of the HIA as far as the working group is concerned.

Step 5 - Implementation

This final stage should involve the organisations' decision makers at an appropriate level, the originator of the activity and the initiator of the HIA. The report should be presented and its findings and any subsequent recommendations discussed.

In appraising recommendations for implementation the following features should be considered:

- The stage of the activity when the recommendation could be implemented
- The timing of the implementation.
- The health determinants that will be affected by the recommendation's implementation.
- The nature of these effects and the benefits they would bring.
- The cost/resource implications of implementing the recommendation.
- Overall feasibility of implementing the recommendation.
- Monitoring and evaluating the implementation of the recommendation.

It would be advantageous for the future development of HIAs for the overall process and the implementation of any recommendations to be evaluated.

This could be done by members of the original working group or others.