

Part II

SECTION 5

Embarking on health impact assessment

Overview

Now that you have a strategic view of the role of health impact assessment within your organisation/partnership, you need to identify and select some basic building blocks for use during the process. You also need to identify suitable entry points to health impact assessment.

This section discusses the building blocks you need to have in place before embarking on health impact assessment, along with those that can be settled upon during the process.

Practical advice is offered on two suitable entry points to health impact assessment:

- *Rapid appraisal*
- *Policy review.*

The advice is accompanied by illustrative case-studies.

5.1 “Learning health impact assessment by doing”

When embarking on HIA for the first time, be aware that HIA is an **iterative process**; it is not a one-off activity, but needs to be integrated into the culture of all organisations and partnerships such that the consideration of health and health gain becomes routine.

The iterative nature of HIA makes it suitable for application under the *'Learning by doing'* philosophy. With each HIA undertaken, you will be able to identify learning points that can be applied to the next HIA, such that:

- the design and development of proposals will improve with respect to optimising health gain as the level of awareness increases;
- the evidence base for HIA will be enlarged;
- the experience base for HIA will be extended;
- routine data collection may be refined;
- a common understanding of health, and of the role of HIA will be achieved.

This is why it is essential that monitoring and evaluation, not only of the outcomes of proposal implementation but also of the process, are viewed as an integral part of any HIA (*see Section 2.5*).

One ingenious approach to learning HIA by doing was taken by Leicestershire Health Authority, which conducted a “dummy run” on a traffic calming scheme. This approach ensures that stakeholders can gain experience, and learn what could be done better, without the possibility of compromising the implementation of a “real” proposal.

Another approach to learning HIA by doing is for the officers and other policy- and decision-makers in an organisation to undertake HIA without involving other stakeholders. This provides an opportunity to gain both experience and confidence in conducting HIA before partner organisations and the community are engaged in the process. A valuable feature of the Kirklees Metropolitan Council Model of HIA (*see Section 6.4*) is its two-phase structure:

- Phase 1: a transitional model intended for use by practitioners or employees;
- Phase 2: the final model to be used as part of a consultative and participative process for HIA.

Another approach to learning by doing is to learn from what others have done – see the Signposts below for the *case-studies* in which learning points are given.

As HIA is a relatively young methodology, it is also possible to learn from the results of evaluation of other forms of impact assessment that have longer histories of use, such as environmental impact assessment (EIA) and social impact assessment (SIA). For an overview of other forms of impact assessment and their relationship to HIA, *see Section 6.7*. Perennial problems in the application of EIA are shown in *Inset 5.A (1)*, and these provide valuable insights into how best to apply and manage the process of health impact assessment.

Inset 5.A:

Perennial problems in environmental impact assessment (EIA) implementation <i>[Source: Ref.1]</i>
<ul style="list-style-type: none">• EIA requirements are often avoided• EIA is not often carefully integrated into planning• EIA does not ensure environmentally sound projects• EIA is primarily conducted on projects not policies or programmes• Cumulative impacts are not assessed frequently• Public participation is often inadequate• Proposed mitigations may not be implemented• Post-project monitoring is rarely conducted• Assessments of risk and social impacts are often omitted from EIAs

Signposts

- For examples in which Learning Points are given, see *Case-study 5.3.1, Case-study 8.1.1, Case-study 8.3.2, Case-study 8.4.2, Case-study 8.4.4 (see Evaluation Section), Case-study 8.4.7, Case-study 8.5.1, Case-study 8.5.2 and Case-study 8.5.3 (strategic level)*.
- For examples in which Hot Tips are given, see *Case-study 8.3.1, Case-study 8.3.3 and Case-study 8.5.2*.

There are two general tasks you need to undertake before you embark upon health impact assessment as an integral part of an organisation's or partnership's work programme. You should identify:

- the basic building blocks necessary for the conduct of HIA (*Section 5.2*);
- suitable entry points to HIA (*Section 5.3*).

5.2 Building blocks of health impact assessment

To undertake HIA, it is necessary for you to identify and select certain building blocks for use during the process:

- values about health, and about the use of HIA;
- a model of health;
- a definition of health;
- a model of health impact assessment;
- various determinants of health;
- indicators;
- health outcomes.

The manner in which these building blocks relate to, and influence, one another is shown in *Inset 5.B*.

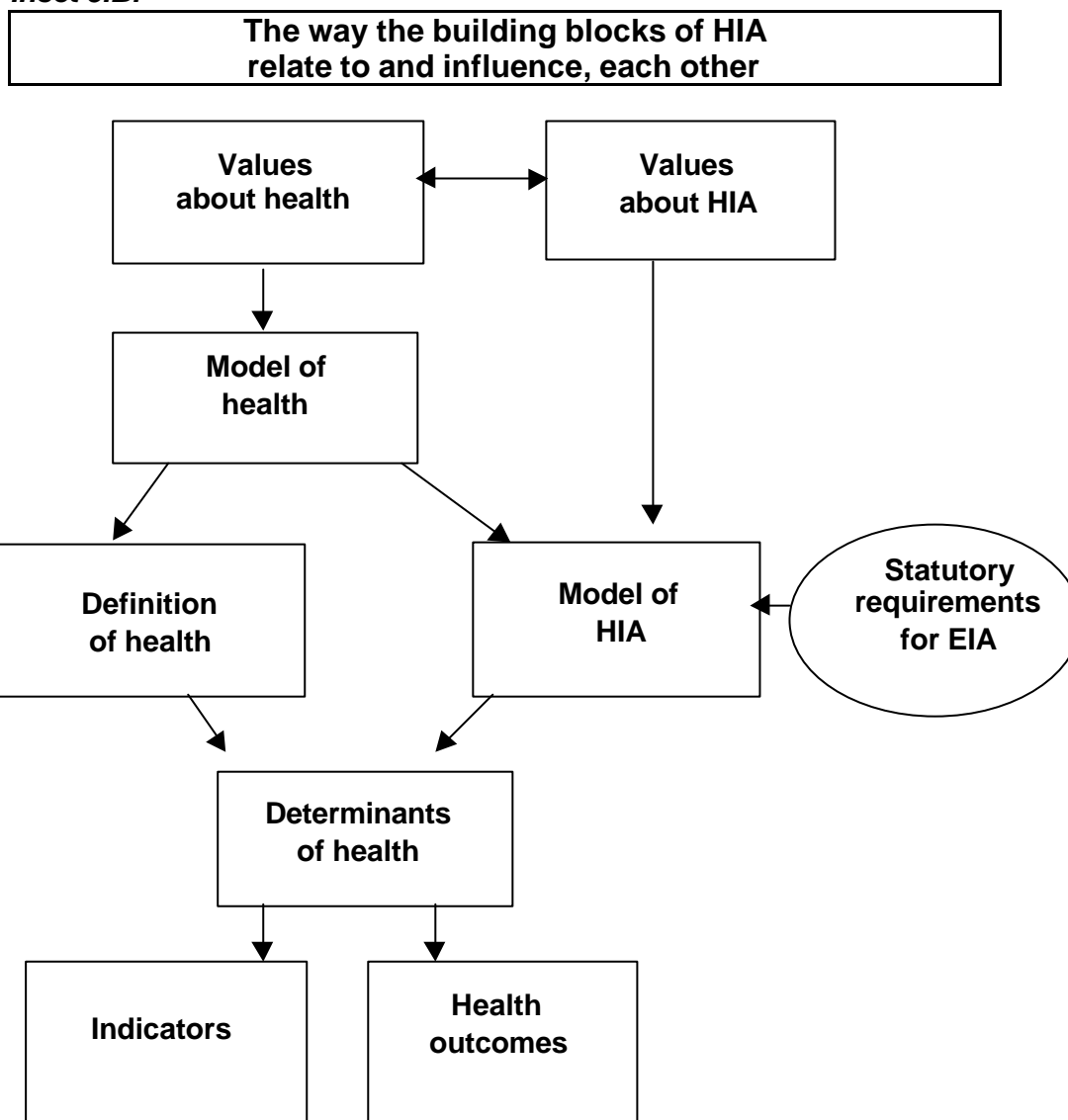
It is best if you determine some of these building blocks **before** embarking on health impact assessment because they provide a foundation for the entire process; for instance, values about health, and general values about the use of HIA.

Other building blocks will be selected **during** the process of health impact assessment in order to match the specific requirements of assessing particular proposals; for example, indicators and health outcomes for monitoring and evaluation will be defined during scoping and appraisal for a specific HIA.

However, the remaining building blocks (i.e. definition of health, and the model of health impact assessment and/or the determinants of health) could be selected before or during a specific health impact assessment, depending on:

- the content of the policy and strategy for conducting HIA in an organisation/partnership;
- the specific circumstances surrounding the HIA for a particular proposal.

Inset 5.B:



5.2.1 Values

There are two sets of values you need to explore:

- **values about health;**
- **values underpinning the use of HIA.**

This exploration of values is important because many value-based judgements are made during HIA. You and your colleagues will benefit from the transparency that being explicit about values will bring to the process. It will engender a greater understanding of different people’s viewpoints, thereby making it easier to work together and negotiate from various standpoints. If values are allowed to remain implicit, however, they will be a potential source of misunderstanding, incomprehension, and, in some circumstances, conflict.

Values about health and general values underpinning the use of HIA could be defined while developing an overarching policy to engage with HIA (*see Section 4.2.1*). The exploration of these values during policy-making will also provide an indication of the model of health to be used. However, the values underpinning a specific HIA may be explored during scoping. If values were set during policy-making, it is important to keep them under regular review to ensure a degree of responsiveness to external factors and the evolving needs of the local population.

Value-setting around a specific HIA should involve as many stakeholders as possible, including those from the community. The advantage of this approach is that it maximises the degree of stakeholder ownership of the eventual outcome. The prior identification of values will be an important source of guidance in situations where benefit and harm have to be weighed against each other.

It is therefore vital that key decision-makers are involved in establishing the value set, otherwise there is a possibility that the decision taken after the appraisal may not accord with the values with which the particular HIA was to be conducted. Such an eventuality could cause bewilderment or frustration to the assessor(s) and other stakeholders.

Both value sets should provide a reference point for all stakeholders and the assessor(s) throughout the HIA process.

The value sets identified by members of the Healthy Hillingdon partnership prior to embarking on an HIA of the Interim Local Transport Plan are shown *in Inset 5.C*.

Inset 5.C:

The value sets identified by members of the Healthy Hillingdon Partnership prior to embarking on health impact assessment
<p>Values about health</p> <ul style="list-style-type: none">• Equality• Equity• Fairness• Openness• Accessibility• Promotion of independence for individuals and communities• Promotion of choice (awareness and understanding) for individuals and communities• Promotion of self-esteem• Promotion of physical and mental well-being, and prevention of ill-health• Promotion of quality of life• Promotion of social interaction
<p>Values underpinning the use of health impact assessment</p> <ul style="list-style-type: none">• Credibility• Legitimacy• Equity• Accessibility• Social inclusion• Community involvement• Ownership• Working in partnership• Best Value• Improving the environment

Signpost

- For the values underlying the approach to health and health gain, and the general values underpinning the use of HIA in Brent HAZ, *see Case-study 5.3.1.*

5.2.2 Model of health

It is important for you to establish a model of health in order to define the general compass of HIA in an organisation/partnership. The model of health chosen will reflect both the value set about health, and the organisation's or partnership's approach to health gain.

There are two main models of health from which to choose:

- **social** (or predominantly social)
in which the focus is the promotion of health and well-being through a broad range of factors, e.g. social, psychological, and economic;
- **biomedical** (or predominantly biomedical)
in which the focus is the causation of disease and illness through specific agents.

The assessment of non-health proposals usually requires the application of a social model of health because the proposal impacts will arise by acting through a spectrum of factors affecting health (otherwise known as the determinants of health).

In the assessment of health policies and proposals relating to health services provision, there may be a tendency to use a biomedical model of health. However, in such cases, it is important to ensure that appropriate social factors are included, and that the concerns of the broader public health agenda are also considered.

In an innovative study of the influences on health of an NHS Trust and GP practice in Lewisham, SE London, the researcher will be using the principles and procedures developed by the New Economics Foundation for social audit (*see Case-study 8.6.1*).

When selecting the building blocks for HIA, it is important not to confuse the **model of health** with the **model of HIA** (*see Section 5.2.4*). Models of HIA are designed on the basis of a model of health; for instance, the Merseyside and British Columbia Models of HIA are based on a social model of health, whereas the Bielefeld Model of HIA is based predominantly on a biomedical model of health. (*see Section 6 for further details about these particular models of HIA.*)

5.2.3 Definition of health

It is also important for you to establish a definition of health that can be used in the context of undertaking health impact assessment. This is necessary for two reasons:

- to provide a boundary for the HIA;
- to facilitate a common understanding of health that all stakeholders and the assessor(s) will be working to.

The definition of health selected will be influenced by the model of health the organisation or partnership favours.

There are various definitions in the literature that can be used, several of which are presented in *Inset 5.D*. For example, in *Case-study 5.3.1*, the definition in the WHO Constitution is used, whereas in *Case-study 8.3.2*, the definition in the WHO Health Promotion Glossary is used. Alternatively, the knowledge and experience of stakeholders could be used to originate a definition, or to alter nuances in an established one.

Inset 5.D:

Definitions of health in the literature	
<ul style="list-style-type: none"> • <i>“Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or injury.”</i> 	<p style="text-align: right;"><i>World Health Organization Constitution</i></p> <p>This definition is favoured by many, but has been criticised for expressing an unattainable ideal.</p>
<ul style="list-style-type: none"> • <i>“Health is the reduction in mortality and disability due to detectable disease and disorder, and an increase in the perceived level of health.”</i> 	<p style="text-align: right;"><i>World Health Organization/EURO Health21</i></p> <p>This definition has been proposed as one that lends itself to objective measurement, unlike the first.</p>
<ul style="list-style-type: none"> • <i>“Health is a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources as well as physical capabilities.”</i> 	<p style="text-align: right;"><i>World Health Organization, Health Promotion Glossary</i></p>
<ul style="list-style-type: none"> • <i>“Health is the capacity of people to adapt to, respond to, or control life’s challenges and changes.”</i> 	<p style="text-align: right;"><i>Frankish et al, 1996</i></p>

5.2.4 Model of health impact assessment

Another building block you need to give consideration to is the model(s) of HIA that will suit your requirements and needs for undertaking HIA. There are now several models available that have been applied to various types of proposal (*see Section 6*). Your selection will be determined partly by the model of health the organisation or partnership already favours (*see*

Section 5.2.2); this is because the various models of HIA tend to be based on either a social or a biomedical model of health.

Models derived from environmental impact assessment (EIA) tend to be based on a predominantly biomedical model of health, with some social factors included. Thus, if an HIA is being undertaken as part of an EIA in order to comply with certain statutory requirements, this will influence the choice of model of HIA.

If an HIA is being commissioned and external assessors are to conduct the appraisal, the various applicants who tender for the job may favour the use of a particular model of HIA, especially if one has been originated by their own organisation. In these cases, the commissioners must ensure that the assessors selected apply a model of HIA that accords with the value set that has been established in their organisation or partnership, and with the model and definition of health that has been agreed for use.

There are several options available when selecting a model of HIA:

- tailor the core process outlined in *Section 2* to your own needs/circumstances (*see for example, Case-study 8.1.2, for the matrix developed by South Essex Health Authority*);
- choose to follow one of the five models presented in *Section 6*;
- tailor one of the models featured in *Section 6* to your own needs/circumstances (*see, for example, Case-study 8.4.2 in which a modified version of the Merseyside Model is used*);
- use one of the models of HIA available but not featured in *Section 6* (*see, for example, Case-study 8.5.2 in which the model developed by the Ministry of Health in New Zealand was used*).

Signpost

- For a discussion of “broad” and “tight” perspectives in health impact assessment, *see Section 6.1*.

5.2.5 Determinants of health

Health impacts are assessed through changes in the underlying determinants of health (*see Section 1.1.1*). Although the set of determinants of health used to assess the health impacts will be framed or bounded by the definition of health chosen, in the various models of HIA, a set of health determinants is specified. However, as the determinants of health are numerous, the set of determinants used in any model of HIA can serve as prompts for stakeholders and assessors to add to, as appropriate, according to the proposal under investigation.

There are several options available when selecting the determinants of health to be appraised:

- if you have chosen a particular model for HIA, use the set developed for that model, although you may wish to modify it;
- if you have chosen to use the HIA framework presented in *Section 2* to develop your own model of HIA, devise a set according to your needs/circumstances.

Signpost

- For the set of determinants of health developed for the rapid appraisal of the National Stadium at Wembley, *see Case-study 5.3.1*.

5.2.6 Indicators and health outcomes

In order to track trends in health status after the implementation of a proposal, indicators must be chosen that reflect the determinants of health prioritised for amelioration during the appraisal.

It is important to be explicit about the method of selection of indicators. Potential selection criteria are shown in *Inset 5.E*.

At present, there is no core set of indicators that has been designated for use either nationally or internationally in the conduct of HIA. Moreover, the indicators it is possible to use will be constrained to a certain extent by data that are already available, especially at this early stage in the development of HIA in the UK. Nonetheless, the discovery of a potential health impact entails the identification of the mechanism that may bring it about, and this can be used to develop a measurable indicator of progress.

The indicators the Government has recommended in its strategy for sustainable development relating to building sustainable communities are shown in *Inset 5.F (2)*. It may be useful to review this set and ascertain whether any are suitable for use especially as sustainability is the key value underpinning the use of HIA and is the one from which all the others stem (see *Section 3.2*).

In order to monitor and evaluate health impacts **after** the implementation of the proposal, it is important to choose health outcomes that not only relate to the indicators used to track trends in health status but also reflect the determinants of health prioritised for amelioration during the appraisal. Therefore, it is important that the outcomes chosen are **not** restricted to data that are readily available, such as mortality statistics or hospital admissions, but include outcomes relating to less serious illness. It is also important that the outcomes selected are meaningful to the community stakeholders.

The process of selecting indicators and outcomes to track health status should include identifying sources of the data, and whether additional arrangements for data collection need to be made, and, if so, how they can be incorporated into the existing framework.

Signposts

- For websites detailing routine data sets that can be used in HIA, see *Section 7.1.4*.
- For the indicators for health outcomes (and the sources of the data) used in the HIA of a Local Transport Plan, see *Case-study 8.3.2*.
- For indicators of short-term transitional outcomes and of long-term changes in health status, and long-term health outcomes being monitored in an HIA of a regeneration project, see *Case-study 8.4.2*.

Inset 5.E:

Potential criteria for selection of indicators/benchmarks
<ul style="list-style-type: none">• Availability• Accessibility• Feasibility• Validity• Reliability• Timeliness• Interpretability• Minimum bias• Actionable/Usefulness in decision-making• Linked with organisational/partnership strategy• Comprehensiveness• Comprehensibility to decision-makers (e.g. politicians), and to local people• Flexibility• Comparable over time

Inset 5.F:

Indicators for building sustainable communities
<i>[Source: Ref.2, Chapter 7]</i>
<ul style="list-style-type: none"> • Index of Local Deprivation (see Section 7.1.4 – DETR1999) • Regional variations in gross domestic product (GDP) • Indicators of success in tackling poverty and social exclusion (to be developed as at May 1999) • New business start ups and failures • Ethnic minority unemployment • Proportion of people of working age who are in work (headline) • Workless households • Long term unemployment • Proportion of lone parents, long term ill and disabled in touch with the labour market • Low pay • People in employment working long hours • Working days lost through illness, work fatalities and injury rates • Qualifications at age 19 (headline) • Adult literacy/numeracy • People without qualifications • Learning participation • Businesses recognised as Investors in People • Ethical trading • Expected years of healthy life (headline) • Health inequalities • Health indicators on heart disease and strokes, cancer, accidents and mental health • Respiratory illness • Hospital waiting lists • Road traffic (headline) • Average journey length by purpose • Passenger travel by mode • Traffic congestion • Distance travelled relative to income • How children get to school • People finding access difficult • Access for the disabled (to be developed as at May 1999) • Access to rural services • Participation in sport and cultural activities • Homes judged unfit to live in (headline) • Temporary accommodation • Fuel poverty • Household and population growth • New homes built on previously developed land (headline) • Retail floorspace in town centres and out of town • Vacant land and properties and derelict land • Noise levels • Quality of surroundings • Access to local green space (to be developed as at May 1999) • Buildings of Grade I and Grade II* at risk of decay • Level of crime (headline) • Fear of crime • Number of local authorities with Local Agenda 21 plans • Community spirit (to be developed as at May 1999) • Voluntary activity (to be developed as at May 1999)

5.3 Entry points to health impact assessment

5.3.1 Starting with rapid appraisal

Rapid appraisal is only one technique in the range of methods and approaches offered by health impact assessment (*see Section 1.3*). But it is an important technique, providing many managers and practitioners with a starting point for embarking on health impact assessment. Working through this section (with reference to *Section 2* in particular, but *also Section 4*) will help you to identify the issues and steps involved in carrying out a successful rapid appraisal.

Many managers and practitioners are likely to think of ‘rapid appraisal’ and ‘health impact assessment’ in the same breath. You have already seen in *Section 1* that rapid appraisal is only one way of approaching one step in the process of health impact assessment. However, because it can be undertaken in a short space of time and does not require the intensive use of resources, for many organisations and partnerships, rapid appraisal will offer a real and appealing opportunity to make a practical start in health impact assessment.

It is important that any rapid appraisal initiative is based on sound foundations. Success depends, in particular, on:

- sharing within the organisation or partnership a clear understanding of the role and purpose of health impact assessment;
- establishing or identifying the overall policy or strategy framework within which health impact assessment is to be conducted (*see Section 4.2.3*);
- ensuring, through adequate screening and scoping, that rapid appraisal is indeed the most appropriate form of assessment for a particular proposal at that time.

As in *Section 1.3.1*, we will be using the term **rapid appraisal** to denote the form developed by WHO, that is, the use of a participatory workshop to consult stakeholders, followed by report writing in which the assessors report on the results of the workshop, together with recommendations for modifications to the proposal.

For rapid appraisals in which the WHO format is not followed, the choice of mechanism will depend on:

- time available;
- resources and personnel available;
- the capacity to involve stakeholders.

5.3.1.1 Sharing an understanding of the role of health impact assessment

In *Section 4*, you looked at the need for organisations and partnerships to develop an overarching policy to engage with the process of health impact assessment. As you saw, developing a policy of this kind involves:

- discussing the overall meaning health has for the organisation/partnership;
- reaching agreement on the model of health favoured (*see Section 5.2.2*);
- identifying and sharing the values that the organisation/partnership holds in attempting health impact assessment;
- establishing and sharing the overall aims of undertaking HIA.

5.3.1.2 Establishing an overall policy or strategic framework for health impact assessment

Once there is clarity about the overall aims for the use of HIA, you need to move on to think about how exactly it fits into the policy or strategic framework that guides the work of your organisation or partnership. A HImP or a HAZ partnership (*see Case-study 5.3.1*), for example, may offer opportunities to plan to make the most of HIA. Other examples of policy and strategy frameworks in which local HIA initiatives can usefully be conducted are shown in *Inset 4.H*.

The risk you run in not working within an overall policy or strategic framework is that HIA will be undertaken ad hoc on individual proposals in isolation. The results of this are likely to be that:

- efforts may be dissipated
- resources could be wasted on proposals that do not have the most significant impacts on health;
- outputs of the HIA may bear little relation to a wider policy direction.

5.3.1.3 Ensuring that health impact assessment, and the type of appraisal, are appropriate – screening

Once your organisation or partnership has identified a suitable policy or strategic framework in which to conduct HIA, it is important to ensure that:

- it is appropriate to undertake HIA on a particular proposal;
- if HIA is considered necessary, the appropriate type of appraisal is undertaken in relation to the nature of the proposal being considered, the impacts it might have, and the capacity of the organisation or partnership to do the work.

There are no rules of thumb for deciding on factors that would trigger HIA or particular types of appraisal. Each situation needs to be judged on its own merits. However, it is possible to answer these questions by undertaking **screening**, the first step in the process of HIA (*see Section 2.1*).

It is advisable to screen proposals using a screening tool, for which there are two main options:

- use one of the screening tools already available (*see, for example, The Merseyside Model Inset 6.M.1, Section 6.2, and Case-study 8.4.3*);
- use a tool developed for application within your own organisation or partnership, based on the overarching policy to undertake HIA, and any strategic decisions taken about the nature of the proposals and potential impacts that require investigation (*see Inset 2.B* for a framework that could be used to develop a screening tool tailored to your specific needs and circumstances).

For the general circumstances in which it is likely that rapid appraisal will be undertaken prospectively, *see Inset 2.E*.

After an HIA has been completed, it is important to review the appropriateness and effectiveness of any tool used for screening, and decide whether it needs amendment for future use.

5.3.1.4 Scoping the rapid appraisal

Once a proposal has been earmarked for HIA, and a decision has been reached that **rapid appraisal** carried out prospectively is the most appropriate type to use, it is important to define the boundaries of the HIA. This is the second step in the process of HIA, known as **scoping**.

Many organisations and partnerships choose to set up a steering or management group in order to scope the HIA for a proposal (*see Section 2.2*). This is a helpful approach.

The steering or management group is charged with the responsibility of:

- determining some of the building blocks for conducting the HIA (*see Section 5.2*);
- defining the scope of the HIA (*see Inset 2.F* for the elements that need to be addressed);
- selecting the assessor(s) to lead and report on the appraisal – for rapid appraisal, the assessors are likely to be officers from the organisation or partnership;
- overseeing the process of pre-appraisal preparation;
- managing the appraisal step of the HIA;
- defining the responsibility for decision-making about recommendations submitted for the modification of the proposal being investigated
- defining the nature of evaluation of the HIA process, and monitoring and evaluation of the outcomes of proposal implementation.

It is good practice for the steering or management group to reflect the key groups of stakeholders involved in the HIA so that the views of all are given equal status during decision-making. Accordingly, during the identification of stakeholders, a decision may be made to augment the steering or management group – for example, by including community representatives.

One of the advantages of conducting HIA within the context of an overall policy or strategic framework is that there may already be an existing group from which the core of a steering or management group can be built quickly and easily. For instance, in the Sheffield Health Action Zone (HAZ) there is an HIA sub-group.

5.3.1.5 Preparation for rapid appraisal

As time is severely restricted during a participatory stakeholder workshop, it is vital to undertake some pre-appraisal preparation. This will maximise the value (in terms of both quantity and quality) of the outputs.

It is important for the assessors to prepare, under the guidance of the steering or management group, the following documents for circulation to all stakeholders prior to the workshop:

- a **description** of the policy, programme and project under investigation, including any relevant phases of implementation;
- a clear statement from proposal proponents about the **aims and objectives** of the policy, programme or project, along with the **underlying values**, and the non-negotiable aspects (given the very short space of time allocated to appraisal, this statement will serve as a surrogate for proposal analysis);
- a basic or fundamental **profile of the population affected, the environment and physical conditions in which they live, and their access to services** (*see Inset 2.L*). Some of this information may already be available (e.g. a community profile from previously conducted health needs assessment, statistics compiled for the annual report of the director of public health), but need to be adapted in order to fit the geographical area and/or communities affected or involved.

In addition, the following information, defined by the steering or management group during scoping (but some of which may have been established earlier), should form part of the documentation sent to stakeholders:

- the values underpinning the use of this particular HIA;
- the model and definition of health;
- the model of HIA and/or determinants of health to be used;
- the health impacts potentially associated with the policy, programme or project of particular concern, and those determinants of health through which they might act;
- vulnerable, disadvantaged or marginalised groups in the community who may be affected by the implementation of the proposal.

The reasons for providing this information to all stakeholders before rapid appraisal are:

- to give stakeholders enough time to consider the proposal and its potential impacts in the light of local circumstances and needs;
- to consult others who may be affected but not be directly involved in the HIA; this is particularly important for those stakeholders acting as representatives.

5.3.1.6 Who does the appraisal, and how?

The prime task during rapid appraisal is to identify and characterise the impacts of the implementation of a proposal on health, using the model of HIA and/or the determinants of health selected during scoping.

As you will see, two groups of people have responsibilities for carrying out different aspects of this work:

- **stakeholders**
- **assessors.**

The role of stakeholders

Using the determinants of health as a framework, stakeholders characterise the potential impacts of the implementation of a proposal on health. Ideally, stakeholders should identify as wide a range of impacts as possible. Accordingly, if stakeholders wish to add to the list of health determinants during appraisal, they should be given this flexibility.

The aspects of the impact it is useful to characterise are shown in *Inset 2.J*. However, as time is very limited during a stakeholder workshop, it may not be possible to cover all this ground.

It is vital to characterise the impacts for *every* stage of proposal implementation. For example, if a proposal entails major works, it is important to identify the health impacts during both construction and operation. In environmental impact assessment, impacts are also assessed for any decommissioning stage. In HIA, it may be appropriate to address decommissioning in the case of industrial operations that have the potential to cause contamination to the environment and thereby harm to the population.

Beginning to define the evidence for impacts

For each of the impacts identified and characterised, stakeholders should be asked:

- if they have, or are aware of, any evidence, either published or in the grey literature, to support their perceptions;
- if they are aware of any other health impact assessments that have been conducted on similar proposals;

- to identify impacts for which supporting evidence needs to be sought – this information will help the assessors in their task of searching for the evidence/experience base in order to complete the appraisal of impacts, and frame the recommendations.

Beginning to prioritise the impacts

It will be helpful to the assessor(s) if stakeholders can follow up their identification and description of impacts by prioritising them in terms of those that cause them most concern. This exercise will help the assessors in their tasks of completing the appraisal with a brief interrogation of the evidence/experience base, presenting the results of appraisal, and framing the recommendations to manage any priority impacts that might arise from proposal implementation.

The need for sensitivity

Although stakeholders are an important source of information for any HIA, it is important to bear in mind that during the appraisal they may experience feelings that will colour their approach. For instance, someone who has been involved in developing the proposal may feel more threatened by undertaking the HIA than other stakeholders. Some stakeholders may feel sceptical about the process, viewing the HIA as just another exercise that will have little or no effect and, as such, is a waste of time. Others may view the process as merely the most recent management innovation that will not last. These and other feelings may influence the quality of the appraisal, and the interaction of stakeholders. It is important for the workshop facilitator to be aware of these possibilities and manage them as they arise.

Ways of managing such eventualities include encouraging stakeholders to be:

- open;
- focussed on the task in hand;
- critical in their appraisal of the contents of the project brief/documentation (for example, are the projected benefits realistic for the community actually affected by the proposal?);
- innovative in their thinking about the proposal and the impacts it might have on health, including identifying those scenarios that are not immediately obvious.

The role of assessors

The assessors have the responsibility for:

- recording the results of the appraisal of impacts by stakeholders;
- identifying impacts that may have been missed by stakeholders;
- finding evidence in the literature/grey literature that relates to the impacts identified/characterised;
- finding evidence in the literature/grey literature that shows the ways in which the harmful effects can be minimised and the beneficial effects maximised;
- prioritising the impacts for management;
- framing the recommendations to amend the proposal as appropriate; in cases where several options are under assessment, identifying the preferred option on the basis of the potential impacts associated with each option, and the ways in which each option could be improved to optimise health gain.

5.3.1.7 Outputs from rapid appraisal

The main output from *rapid appraisal* is the report compiled by the assessor(s), in which will be presented the results of the stakeholder workshop set in the context of the evidence/experience base available to the assessors. Recommendations for the modification of the proposal will also be made, in order to optimise health gain. However, it is also possible that the assessor(s) could recommend further assessment of the proposal because:

- the potential impacts identified during rapid appraisal need to be explored and characterised in depth using a greater range of techniques and/or procedures and more extensive searches of the evidence/experience base to inform proposal modification – best done within a prospective intermediate or prospective comprehensive appraisal;
- the potential impacts identified during rapid appraisal could not be well characterised and therefore need to be characterised during implementation – best done within a concurrent appraisal;
- the actual outcomes from the modified proposal as implemented need to be monitored and compared with those predicted to ensure the desired outcomes are being achieved – best done within a concurrent appraisal, which enables action to be taken quickly should there be any negative impacts.

In such cases, the results of the rapid appraisal can be used to inform the design and parameters of any subsequent HIA or appraisal.

All stakeholders should receive a copy of the report as sent to the decision-makers.

Signpost

- For an example of a rapid appraisal the recommendations of which have led to the conduct of an in-depth appraisal, *see Case-study 8.4.1*.

5.3.1.8 What happens immediately after rapid appraisal?

Immediately after *rapid appraisal*, the two remaining steps in the process of HIA need to be undertaken:

- decision-making about the recommendations (*see Section 2.4 for further details*);
- evaluation of the process of HIA, and monitoring and evaluation of the process and outcomes of implementing the proposal (*see Section 2.5 for further details*).

It must be emphasised that irrespective of the decisions made about modifications to the proposal under investigation it is important to have conducted the HIA and recorded the potential health impacts of the implementation of the proposal. Even if there is no other tangible outcome, undertaking the HIA is a first step in the process of change.

Case-study 5.3.1:

Rapid appraisal of the National Stadium at Wembley

*Brent Health Action Zone was chosen as one of the pilot sites for the development of this Resource for health impact assessment. They chose to undertake a **rapid appraisal** of the potential health impacts of the proposal to build the new National Stadium at Wembley. Components of the HIA are presented below following the general structure of this section of the Resource.*

Overarching policy/strategic framework: Brent Health Action Zone

Values underlying the approach to health and health gain

The Brent HAZ priorities were taken as the values underlying the partnership's approach to health and health gain:

- to build the capacity of local communities
- to mainstream health and local authority regeneration programmes to tackle health inequalities
- to develop effective joined up working at local and neighbourhood level in the modernisation of services

General values underpinning the use of HIA

The HAZ Principles were taken as the general values underpinning any HIA conducted within the HAZ:

- putting people first
- partnership
- learning from each other
- inclusion
- openness
- innovation and creativity

Overall aims for the use of HIA in the HAZ

- To use the process of health impact assessment to influence the development of regeneration activities in Brent (Wembley SRB Round 6; New Deal for Communities; European Objective 2)
- To develop further the process of partnership working using the HAZ principles

Aims of the specific appraisal

- To identify the impact of the National Stadium at Wembley on local communities and local services
- To pilot the use of rapid appraisal in the health impact assessment of new projects/development

Model of Health: Predominantly social

Definition of Health: Definition in WHO Constitution (*see Inset 5.D*)

Specific Model of HIA: None used

Determinants of Health: A set was originated that was specific to particular needs/circumstances (*see Case-study Box 5.A*)

Vulnerable communities in the population

The following vulnerable communities were identified for special consideration during the appraisal. They were selected on the basis of two of the cross-cutting themes for the health action zone (and HImP) which are to tackle inequality and social exclusion.

- refugees
- carers
- black and minority ethnic communities
- disabled

Phases in the project

- Short term: Demolition and redevelopment of the stadium over 2-4 years
- Long term: Operation of the stadium over 4-10 years

Case-study Box 5.A:

The determinants of health used in the rapid appraisal of the National Stadium, Wembley
<ul style="list-style-type: none"> • Disease groups Including: Our Healthier Nation areas – cancer, coronary heart disease, mental health, sexual health • Socio-economic factors Including: housing, homelessness, unemployment, poverty • Community safety Including: fear of crime, domestic violence, racial attacks • Regeneration and lifelong learning Including: creation of jobs, better housing, training and education opportunities • Emergency planning Including: major disaster at the stadium or surrounding areas, or severe crash on North Circular • Community involvement and social capital Including: capacity building in local community, community participation, democratic renewal • Environment and transport Including: air quality, pollution, traffic congestion • Leisure and entertainment Including: access to sporting facilities, pubs, restaurants • Modernisation of services and amenities at neighbourhood level Including: co-ordination of health, social care and environmental services

Learning points

What worked well?

- Excellent pre-appraisal documentation was sent out to all stakeholders
- Splitting the stakeholder workshop (over 20 people were present) into smaller groups of 4 stakeholders each to identify and characterise the potential health impacts.
- Asking people from similar professional/organisational backgrounds not to work together so that stakeholders in each group could bring a range of different perspectives to the appraisal, and learn from each other

Room for improvement?

- Owing to the pressure of time, not having a discussion about the values held by the various stakeholders about health
- Not establishing a clear set of ground rules for brainstorming about the potential health impacts. Although stakeholders were instructed about the aspects of the impacts to characterise, no instruction was given about the **process** of brainstorming. Some stakeholders were reluctant to identify, characterise and record impacts that they felt it might be impossible to do anything about. This was a source of tension for other stakeholders who did want to perform this task.
- Owing to the limitations of time in relation to the size of the proposal and the diversity and number of potential health impacts, asking each small group of stakeholders to identify and characterise the impacts arising through the entire set of determinants of health. However, when the problem became obvious during appraisal of the impacts arising from the first phase of demolition and construction, we asked each group to concentrate on only 2 of the 9 determinants (different determinants for each group, apart from an overlap of one determinant for 2 groups), and also used this strategy when appraising the potential health impacts of the second phase, operation. Although this meant that greater coverage was achieved in the short time available. It also meant that stakeholders were somewhat constrained in their identification of impacts, and therefore the potential for learning about the application of HIA and from the knowledge, experience and perceptions of other stakeholders may have been limited.
- One stakeholder thought that the impact of the operation of the National Stadium should have been addressed first, rather than the demolition and construction phase, because the results would be of potentially greater strategic significance. On the other hand, because the period for demolition and construction will extend over 4 years, thereby causing considerable disruption to the local community, it was considered vital to address this phase of the project, and it was appraised first because it was the first phase to have an impact on the community.

5.3.2 Starting with policy review

Policy review is only one technique in the range of methods and approaches offered by HIA (*see Section 1.3.4*). It is a useful technique, providing many managers and practitioners with another starting point for embarking on HIA. Because it can be undertaken in a relatively short space of time and does not require the intensive use of resources, for many organisations and partnerships, policy review will offer a real and appealing opportunity to make a practical start in HIA.

Another factor that may influence the use of policy review as an entry point into HIA is that it does not necessarily require the participation of stakeholders. Policy review is usually undertaken by the officers employed in an organisation or working for a partnership. For those organisations and/or partnerships that do not have much experience in community participation and HIA, the prospect of embarking on both at the same time may seem daunting, even threatening.

Policy review provides an opportunity to start to identify the health impacts of an organisation or partnership in the broadest terms before moving on to more specific proposals in which relevant stakeholders including the community need to participate. In these circumstances, policy review will provide a set of learning points that can be used:

- to raise the awareness of health within an organisation/partnership;
- to educate and train personnel who will be involved in HIA.

The results of policy review can be used to inform:

- the development of an organisation- or partnership-specific screening tool;
- the development, design and conduct of future HIAs within an organisation or partnership;
- the development of future policies, programmes, projects, and service provision.

Signpost

- For a set of HIA Policy Audit Questions, *see Case-study 8.3.1, heading 9.3*

Case-study 5.3.2:

Review of projects and services provided by Chiltern District Council

As their entry point for embarking on HIA, Chiltern District Council (DC) instituted a review of projects and services to determine whether they had an impact on residents in the district.

Overarching policy/strategic framework: Health for All (HFA)

Overall aim of the review

To produce an information resource entitled *Index of Projects and Services which Have an Impact on Health*.

Objectives

- To provide a central database that is easily and readily accessible to any member or officer of Chiltern DC
- To enable personnel in other organisations to be able to identify rapidly what projects and services are provided by Chiltern DC, and the appropriate person to contact, to facilitate joint working with partner agencies
- To give an overview of the health-related activities of the Council, in order to facilitate the development of strategy and the prioritisation of work
- To facilitate the dissemination of information within the Council and thereby increase the corporate awareness of health

Timing of review

- Any new activities will be added to the review as they are developed.
- Annual dissemination of results of review, both internally and to partner agencies

Subjects for review

- One-off projects
- Ongoing projects
- Ongoing services that the Council is not required to provide
- Statutory services
- Internal projects/services for Chiltern DC personnel

Information presented in Index

- Description of project or service;
- Partner organisations that contribute to work;
- Which members of the community receive the service/are targeted for the project;
- How the work impacts on health (presented across 7 determinants of health; *see Case-study Box 5.B*).

Developments arising from the review

- A tool was developed for use by officers responsible for planning one-off or ongoing projects to ensure that potential health impacts are considered during project design (*see Case-study Box 5.C*).

Case-study Box 5.B:

Chiltern DC: Determinants of health developed for use in the review of projects and services
<ul style="list-style-type: none">• Lifestyle (matters about which individuals have a choice) Including: diet, drugs, alcohol, tobacco, exercise, sexual lifestyle• Social Including: stress, crime, community safety, poverty, employment• Working environment• Physical health Including: mental illness, disease, accidents, age, sex, genotype• Facilities and amenities Including: transport, local amenities, social services, education, leisure, health services• Home environment Including: housing conditions• Environmental Including: pollution, air quality

Case-study Box 5.C:

Chiltern DC: Planning tool
<p>Project title: Brief description of project:</p> <p>Project lead officer and department:</p> <ul style="list-style-type: none">• What are the main objectives of the work, and how does it impact on health?• Which other departments and/or agencies are involved in the work (in terms of planning, resources or other significant assistance)?• Are the community being consulted about/involved in the project, and how?• How was the need for this work assessed, and whom does it target?• Does the project have an impact on inequality?• What financial and human resources are available?• How is the success of the project to be evaluated, particularly in meeting health-related objectives? <p>Once the work has been completed:</p> <ul style="list-style-type: none">• How successful was the project? <p style="text-align: right;">© Chiltern District Council</p>

References – Section 5

1. Ortolano, L. and Shepherd, A. (1995) Environmental Impact Assessment. In: Vanclay, F. and Bronstein, D.A. (eds) *Environmental and Social Impact Assessment*. John Wiley.
2. Department of the Environment, Transport and the Regions (1999) *A better quality of life*. The Stationery Office, London

Review questions – Section 5

- In your organisation/partnership, how would you go about exploring values held about health and health gain?
- In your organisation/partnership, how would you go about exploring the values that would underpin the corporate approach to HIA?
- Does your organisation/partnership already favour a particular model of health? If not, how might you agree on a model?
- How would you go about selecting a model of HIA suitable for your organisation's/partnership's needs?
- Which screening tools, if any, do you currently use in carrying out HIA? How satisfactory are they, and what is your evidence for this view? How might you usefully extend the range of tools you use?
- Does your organisation/partnership use a steering or management group in order to scope the HIA for a proposal? If so, are you satisfied with the role and composition of this group? Why? If there is currently no steering or management group, what might be the advantages to your organisation/partnership of setting one up?
- How does your organisation/partnership currently carry out HIA? What ways do you use to encourage stakeholders to identify and characterise impacts on health, and then prioritise those that cause them most concern? If you use *rapid appraisal*, how satisfactory has this form of appraisal proved to be? How could its effectiveness be improved?
- Can you anticipate a situation in your organisation/partnership where *policy review* would offer a useful entry point into HIA? What would you see as being the main benefits involved?