

Case-study 8.1.2

South Essex Health Authority Health impact assessment tool

Glyn Pritchard

In 1999, work began in South Essex Health Authority on a tool for health impact assessment, as part of my work on environmental issues in public health. The format of the tool follows the style of current national and Regional work in developing health impact assessments (*see* Matrix 8.SE.1). An example of the application of the tool is shown in Matrix 8.SE.2; it shows the potential health impacts of a compressed working week, which was worked up as part of developing the health authority's Green Commuter Plan.

The tool has been used during simulated exercises by health authority staff, and some of the public health consultants have applied it when preparing papers for the Management Executive.

Response to the use of this tool has been positive, and the tool has been adapted following feedback.

We are about to embark on two health impact assessments with the local authority, and this tool will be offered as a starting point.

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Matrix 8.SE.1:

South Essex Health Authority health impact assessment grid

	Potential factor	Nature of impact
Perceived environment	<ul style="list-style-type: none"> • Sound • Sight • Smell • Taste • Sensation • Beliefs (e.g. of organisational inefficiency/exemplar role) 	
Socio-economic factors	<ul style="list-style-type: none"> • Employment • Access • Social network • Finance (personal income/spending) • Other resources (e.g. time) • Community profile (e.g. vulnerable groups) • Crime 	
Psychosocial factors	<ul style="list-style-type: none"> • Control • Stress • Anxiety • Choice • Community • Status 	
Lifestyle factors	<ul style="list-style-type: none"> • Exercise • Smoking (active) • Diet • Sexual activity • Health behaviour (e.g. tooth brushing) • Alcohol • Drugs 	
Environmental factors	<ul style="list-style-type: none"> • Accident risks (mechanical, chemical etc.) • Radiation • Air quality • Passive smoking • Importation of disease • Health and safety at work • Water quality • Food contamination • Temperature • Noise levels • Traffic • Pathogens • Broader environmental issues (e.g. CO2 emissions) 	
Services	<ul style="list-style-type: none"> • Resource availability • Access to emergency services • Routine access to health services (primary/ secondary) • Routine access to other services (schools, shops etc.) • Access for specific groups (e.g. vulnerable, social exclusion) 	

Matrix 8.SE.2:

<p align="center">The potential health impacts of a proposal for a compressed working week (as part of South Essex Health Authority's green commuter plan)</p>			
	Potential factors	Nature of impact	
Perceived environment	<ul style="list-style-type: none"> • Sound • Sight • Smell • Taste • Sensation • Beliefs (e.g. of organisational inefficiency / exemplar role) 	<p>10% reduction in commuter traffic from HA alone may have imperceptible impact on the overall traffic volume, but will marginally reduce adverse sensory impacts to others</p> <p>Adverse sensory impacts to staff will be reduced.</p>	+
		<p>Conversely, the effect of this small reduction will have a disproportionately large benefit through the HA being seen to espouse Green issues.</p>	++
Socio-economic factors	<ul style="list-style-type: none"> • Employment • Access • Social networks • Finance (personal income/spending) • Other resources (e.g. time) • Community profile (e.g. vulnerable groups) • Crime 	<p>Longer working days may disadvantage those with inflexible domestic routines, but suit others able to use an additional non-working day to social, financial or the community's advantage</p>	+/-
Psychosocial factors	<ul style="list-style-type: none"> • Control • Stress • Anxiety • Choice • Community • Status 	<p>Flexibility of approach to the proposal would increase control and choice. There is some evidence this could reduce stress-related ill health.</p>	+
		<p>Pressure on HA car parks eased</p>	++
		<p>Absence from work on a given day may be stressful for those who cannot/will not relinquish control</p>	-
Lifestyle factors	<ul style="list-style-type: none"> • Exercise • Smoking (active) • Diet • Sexual activity • Health behaviour (e.g. tooth brushing) • Alcohol • Drugs 	<p>An additional non-working day per fortnight allows greater opportunity for either health related/health directed activity or conversely, unhealthy indolence.</p>	+/-

Environmental factors	<ul style="list-style-type: none"> • Accident risks (mechanical, chemical etc.) • Radiation • Air quality • Passive smoking • Importation of disease • Health and safety at work • Water quality • Food contamination • Temperature • Noise levels • Traffic • Pathogens • Broader environmental issues (e.g. CO2 emissions) 	<p>The proposal reduces HA 'commuter' traffic but the free day may encourage social car use, even to the point of increasing damaging environmental impacts.</p> <p>There would be no overall reduction in energy used by the HA offices, but an increase in domestic energy use on the day off would probably be required.</p>	<p style="text-align: center;">- /+</p> <p style="text-align: center;">-</p>
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Services	<ul style="list-style-type: none"> • Resource availability • Access to emergency service • Access of emergency services • Routine access to health service (primary/ secondary) • Routine access to other services (schools, shops etc.) • Access for specific groups (e.g. vulnerable, social exclusion) 	<p>Overall working hours remain the same but the level of the HA service could be affected by absences on additional leave days (10% less individual availability; 20% reduction in the change of two people arranging to meet on a given day)</p> <p>Improved planned access for HA staff on a non-working day for healthcare, use of other services etc.</p>	<p style="text-align: center;">-</p> <p style="text-align: center;">+ +</p>
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