



National Public Health  
Service for Wales

Gwasanaeth Iechyd Cyhoeddus  
Cenedlaethol Cymru

## Health Inequalities Impact Assessment: Screening

When contemplating a new project, or significant changes to existing policies or services, the planning process should take into account health determinants, especially their effect on disadvantaged groups. Services and amenities should be targeted according to need. This means that those who are most disadvantaged should be prioritised and protected from negative health impacts.

This checklist focuses on vulnerable groups and completing it **at an early stage of the planning process** will assist planners to address these issues. Many negative responses in section 2 may indicate the need for a more detailed assessment.

### Section 1

Title of Project:	
Date of Assessment:	Completed by:
Whose needs will the project address? (e.g. whole administrative area, a named, prioritised group)	
What is the project designed to achieve?	
Will people whom the project could potentially benefit be subject to access problems?? Please consider matters such as location, gender of practitioner, medium and language.	

## Section 2

Please consider the following issues and briefly describe in the appropriate box the project's potential impacts.

Population characteristic	Potential impact on health		
	Positive	Negative	No change
<b>Material disadvantage</b> (e.g. low income, no car, poor housing, unemployment, homelessness)			
<b>Minority culture or ethnic group</b> (e.g. those who find communication in English difficult, cultural and religious beliefs)			
<b>Families with children</b> (e.g. pregnant women, babies, children and teenagers)			
<b>Physical or mental frailty</b> (e.g. advanced age, learning difficulties, physical disability, carers)			
<b>Gender or sexuality</b> (e.g. access to services, issues of prejudice)			

How will the impact of this project on health in general and vulnerable groups in particular be monitored?



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## Health Inequalities Impact Assessment Screening Guidance Notes

The Health Inequalities Impact Assessment (HIIA) checklist can be used to screen a project for its likely positive or negative impact. It aims to raise awareness and encourage planners and service developers to begin to consider the impact their projects will have on health inequalities. This may be part of a cultural change within the organisation, whereby every effort is made to provide services as equitably as possible. Though most projects are not initially aimed at reducing health inequalities, there may be opportunities to ensure that the overall impact is positive.

Some projects may be designed to meet the needs of a named group, for example children, or to work within a specified geographical area, whereas others may be designed to benefit a whole administrative region. The HIIA Screening Checklist should be completed early in the planning process and the following aspects of the project should be considered:

### **Accessibility**

What steps have been taken to ensure that people who may be affected understand the project and will be able to benefit from it? Have issues such as language, literacy and hearing/visual impairment been considered when producing information? Written information should be clear and concise, avoiding over complicated language and abbreviations that may be unfamiliar to members of the public.

### **Material disadvantage**

Those who are economically disadvantaged, such as people who are unemployed, or on low income often have greater needs and worse health than the more affluent. They may have difficulty in accessing appropriate services and amenities. Where will the project be sited, are there regular public transport services and are they affordable? If these services are limited, any opening or appointment times should be planned to coincide with transport availability. Alternatively, improved services could be negotiated as part of the project.

### **Minority culture or ethnic group**

Interpretation services should be available to facilitate access to information and services for non-English speaking people. Members of black and minority ethnic (BME) communities may have additional needs based on their experience of social exclusion and it may be necessary to provide link workers. There can be cultural reasons why some people fail to use services, for example, many women from BME communities will not access a service provided by a male practitioner. Cultural awareness should be developed on matters including diet, traditional beliefs and religious practices.

### **Families and children**

The health of the pregnant woman has a significant effect on the health of the newborn baby and low birth weight is linked to worse health in later life, especially cardiovascular disease. Reducing health inequalities involves breaking this cycle of deprivation.

Consideration should be given to crèche facilities: services aimed at families with young children should have pushchair access and baby/child-friendly facilities. Children do not always live within families: some are in care or are homeless. Services should be accessible to every child and young person who could benefit.

### **Physical and/or mental frailty**

The needs of frail elderly people, and those with physical or mental disabilities or learning difficulties should be considered. Facilities such as wheelchair access and hearing or visual aids should be considered.

### **Gender and sexuality**

Lesbian, gay or bisexual people can experience discrimination due to prejudice or lack of awareness. Provision should be based on need rather than on gender or sexual orientation.

### **Monitoring**

Monitoring is important, as it can demonstrate whether or not the project is following the principles of equity. Progress is often impossible to measure in the short term, but monitoring processes and proxy measures, such as increased contact with previously under-represented groups, can indicate a positive impact on reducing health inequalities. Monitoring will not necessarily involve setting up special surveys, as routinely collected data can often be used.



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## **HEALTH INEQUALITIES IMPACT ASSESSMENT: RAPID APPRAISAL**

Title of project.....

Geographical area.....

Population group.....

## 1. Determinants of Health Brainstorm

Understanding the factors that contribute to population health can help to plan projects so as to maximise their positive impact on health and on reducing health inequalities. A multidisciplinary approach to this exercise will help to identify relevant health determinants and how they apply to the project.

Health Determinant	Source of evidence
<b>Individual characteristics</b> (e.g. age, sex, hereditary factors, ethnicity)	
<b>Lifestyle</b> (e.g. diet, smoking, drugs, exercise, personal choices, sense of control)	
<b>Social and community</b> (e.g. social isolation, peer pressure, cultural beliefs)	
<b>Home, education and work</b> (e.g. housing, services, amenities, school, jobs)	
<b>External environment</b> (e.g. pollution, hazardous waste, neighbourhood)	
<b>Economic factors</b> (e.g. income, benefits, economic policy)	

## 2. Impacts on Health and Health Inequalities

Based on the determinants identified in the relevant population (section 1), please list the potential positive and negative impacts on health and health inequalities likely to result from the project.

Health determinant	Positive impact of project	Negative impact of project
<b>Lifestyle</b>		
<b>Social and community</b>		
<b>Home, education, work</b>		
<b>External environment</b>		
<b>Economic factors</b>		

### 3. OPPORTUNITIES FOR IMPROVING HEALTH/REDUCING HEALTH INEQUALITIES

Please list below evidence to support the health impacts listed in the previous section and all potential opportunities to maximise positive and minimise negative impacts, paying particular attention to health inequalities.

Evidence for identified health impacts	Opportunities for action
	Option 1
	Option 2
	Option 3
	Option 4
	Option 5

## 4. IMPACT ASSESSMENT

This is a simple grading system for rating opportunities for action. It is a somewhat subjective process, aiming to incorporate diverse information and should, therefore, be a multidisciplinary group exercise.

Identified opportunity	Strength of evidence			Likely impact			Contextual probability of change			Time-scale for achieving change		
	High	Med	Low	High	Med	Low	High	Med	Low	Long	Med	Short
<b>Option 1</b>												
<b>Option 2</b>												
<b>Option 3</b>												
<b>Option 4</b>												
<b>Option 5</b>												

## 5. PROCESS EVALUATION AND MONITORING

This section will help to evaluate the H(l)IA process and should be completed once the action plan has been agreed **by the relevant organisation(s)**.

Which, if any, of the potential opportunities listed at stage 3 have been included in the final action plan?

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Which, if any, of the potential opportunities listed at stage 3 have been rejected and what were the reasons?

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Please outline how the impact of this project on health and health inequalities will be monitored as it progresses.

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## Health Inequalities Impact Assessment Rapid Appraisal: Guidance Notes

*Rapid Appraisal HIIA provides a planning framework based on a determinants of health model. It should be a multi-disciplinary group activity beginning early on in the planning process. The process is designed to take three half-day meetings, interspersed with evidence collection and report preparation.*

### Determinants of Health

Some health problems are hereditary or more prevalent in men or women, children the elderly or certain ethnic groups. Lifestyle factors such as poor diet, lack of exercise and smoking are often related to socio-economic status, and individual behaviour and choices are influenced by cultural norms. Family and social support, education and employment are all factors that can effect individuals' lifestyle choices. Cultural beliefs about the place of women in society and attitudes to minority groups can effect their socio-economic position and standard of living. The economic state of the country and labour market conditions can effect all areas of life, and attitudes to economic growth influence how much industrial pollution the population is prepared to tolerate.

### 1. Local Profile

The ways in which determinants of health apply in the locality or community in question should be noted. For example, certain localities may have especially high numbers of older people or ethnic minority groups for whom particular illnesses are more common. Some areas are more disadvantaged in terms of income, housing, education, employment opportunities and transport provision. Agreement should be reached on what evidence needs to be sought to substantiate the initial assessment, and who will be responsible for collecting data and reporting back.

### 2. Positive and negative impacts

The project is likely to have a mixture of positive and negative impacts on health and health inequalities. The assessment should attempt to be a balanced approach to identifying all of these. The time taken to collect the necessary evidence will depend on access to relevant data sources. It is essential that the assessment should not be based on hearsay or selective evidence. Local knowledge and experience should, however, be considered alongside relevant literature and statistical information. When the necessary evidence has been assembled, it will be possible to carry out a review and reassess the key issues. For example, evidence may disprove or confirm assumptions that were made in the initial assessment.

### 3. Opportunities

Once the evidence has been reviewed, realistic opportunities for improving health and reducing health inequalities within the project should be outlined.

### 4. Impact Assessment

This is a simple grading system to rate the opportunities that have been identified. It is, to an extent, a subjective process, aiming to incorporate diverse information, so it is important that this should be a multi-disciplinary group exercise.

### 5. Evaluation

This stage should be completed after the project plan and action plan have been finalised. The aim is to evaluate the impact that HIIA Rapid Appraisal has had on the planning process. This will be indicated by whether any of the 'opportunities' listed at stage 3 were included in the action plan. Project monitoring methods for impact on health and health inequalities should be outlined.