

Introducing health impact assessment (HIA): Informing the decision-making process

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The Health Development Agency (HDA) was created to support and enhance efforts to improve health and reduce inequalities of people living in England. Working with a range of national and regional partners, it plays an important role in assessing – and then disseminating – information to improve the public's health. It offers expert advice and guidance, support for the development of standards, and resources and training for those involved in improving public health.

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Overview

About this booklet

This booklet provides a simple, straightforward overview of the developing health impact assessment (HIA) approach, aiming to highlight its potential value and encourage people to use it to inform and enhance equitable, health-aware decision-making at all levels.

It highlights that HIA is a flexible and adaptable approach, and acknowledges that, while people are currently undertaking it in a range of different ways, there is a growing consensus about its core elements and purpose.

In developing and pre-testing this resource, it became clear that people want a wide range of information and support for undertaking an HIA. It is not possible to cover all aspects of planning and undertaking HIA in this brief publication. It is, however, possible to provide a broad framework for understanding the developing approach, highlight key questions, and introduce basic concepts and stages associated with HIA. The booklet also provides some practical advice and tips, and useful sources of further information and support (page 18) as a starting point for those planning to undertake, commission or promote HIA.

Informing better decisions

The experience of practitioners who have led the way in developing and undertaking HIA has highlighted that it is crucial – whatever methods and approaches are used – to maintain a clear focus on the ultimate purpose of the HIA, namely to **inform** and **influence** subsequent **decision-making**.

Health impact assessment provides a useful, flexible approach to helping those developing and delivering proposals to

consider their potential (and actual) impact on people's health and wellbeing and on health inequalities, and to identify practical ways to improve and enhance the proposal. While HIA is still a relatively new, developing approach, it draws on experience and skills in existing areas, and is something everyone can potentially contribute to.

Looking at equity and health in the round

When thinking about health, many people focus on individual choices or lifestyles, and on particular health-related services. These can be important, but there are other issues influencing the health of individuals and communities. It is now widely recognised that many factors can influence health and health inequalities – including income/poverty, housing, employment, the environment, transport, education, and access to services (Figure 1, page 2; Box 2, page 6).

For example, encouraging people to eat a healthy diet with plenty of fresh fruit and vegetables is one thing, but helping them to achieve this is another. Someone living in a run-down or isolated area may not have easy access to cheap, good quality food outlets. If they are reliant on public transport, buying and carrying home bulky fresh supplies can present very real problems, particularly if they are having to care for a young child at the same time.

Similarly, while giving up alcohol can be difficult, it is less easy if a person is living in depressing and poor housing conditions, with few employment prospects, fear of crime, and little sense of control over their life. In this situation, messages to limit alcohol intake may have a limited effect, unless they are combined with efforts to improve living and working conditions.

Figure 1: The wider determinants of health



Source: adapted from Dahlgren (1995) [1].

Local government, community and business contributions to health

While the NHS plays an important role in health, this is only part of the picture. Many of the wider influences on health lie outside the NHS's remit or control, and it is increasingly recognised that local government, the voluntary sector and community groups, businesses and commercial firms all have

important contributions to make. Figure 1 is one way of viewing the interrelationship between the different factors that affect health and wellbeing. There are a wide variety of factors, and their effects are felt in different ways. This diagram helps demonstrate the breadth of potential influences. Health impact assessment provides a practical way to consider what these contributions are, and engages a range of people in identifying ways to improve proposals.

What is HIA?

The purpose of HIA – equity and health

There are a number of different formal definitions for what people consider HIA to be. For the purpose of this booklet, we have chosen to describe HIA as a **developing process that uses a range of methods and approaches to help identify and consider the potential – or actual – health and equity impacts of a proposal on a given population.**

Its primary output is a set of **evidence-based recommendations** geared to informing the decision-making process. These recommendations aim to highlight practical ways to enhance the positive impacts of a proposal, and to remove or minimise any negative impacts on health, wellbeing and health inequalities that might arise or exist.

Wherever decisions are being made that may have an impact on health and equity, HIA can provide a valuable tool to help inform the decision-making process at different levels and in a range of contexts, for example:

- policy development and analysis
- strategy development and planning
- programme and/or project development
- commissioning or providing services
- resource allocation and capital investment
- community development and planning, including community participation/service user involvement
- preparing or assessing funding bids
- developing sustainable approaches and initiatives.

An adaptable approach that can be integrated

Health impact assessment draws on a range of methods, techniques and skills that can be adapted and tailored to

individual circumstances. It draws on elements of project management and research and evaluation, as well as experience and expertise from other forms of impact assessment, such as environmental impact assessment, economic impact assessment, social impact assessment, and regulatory impact assessment.

Where other impact assessments are required, there is the option to consider whether a separate HIA would be useful, or whether it should be integrated with the other assessment area/s. For example, there is a health element in environmental impact assessments, and in some situations it may be worth considering enhancing the health and equity element of environmental assessment, rather than undertaking a separate HIA.

Concerned with evidence and judgement

A key consideration in HIA is identifying and assessing potential evidence. Evidence for actual or potential impacts on health can come from many sources, and a good HIA will strive to ensure different types of evidence are properly identified and considered. However, the evidence base available to support the HIA process, for example on various wider determinants of health and interventions to improve health, may in some areas be patchy or difficult to locate. For this reason, it is important to acknowledge that HIA can only make use of the **best available evidence** given the time and other resource constraints.

Health impact assessment also goes beyond examining the evidence – evidence can be mixed, contradictory or limited, so it is important to be able to judge its significance. Judgement ideally also involves a process of discussion and engagement with key stakeholders to ensure any recommendations developed are grounded in a clear understanding of their different perspectives.

International, national and local relevance

The importance and value of HIA have been recognised at many levels. While there is currently no direct statutory requirement in this country to use HIA, its role and value have been endorsed or highlighted in a range of policy and strategy contexts; Box 1 lists some examples of this.

What HIA is not!

It is not a 'magic bullet'. It does not replace decision-making. At best, it provides valuable information to inform and influence decision-making. But many factors will influence decision-making, and it is important to acknowledge that HIA is just one of these – there are also other ways to help ensure that health and equity issues are properly considered during

policy and practice development. In considering whether or not to undertake an HIA, it is important to look at viable alternative options or approaches that could be useful. With the current interest in HIA, it is important to be realistic about what it can achieve and to ensure it is used in situations where it can most effectively contribute to the decision-making process.

While an HIA can be undertaken without the active involvement of decision-makers, it is more likely to be effective if decision-makers can be involved at the earliest stages. Equally, because HIA is a relatively new, developing approach, there is currently limited evaluation information available. However, as more people undertake HIA and monitor and evaluate what it has achieved, the evidence base for what works will grow.

Box 1. HIA – a focus for international, national and local interest

- At the European level, HIA is recognised as an important approach in a number of contexts, for example **Article 152 of the Amsterdam Treaty** calls for the European Union to examine the possible impact of major policies on health [2].
- At the national level, the role of HIA was specifically highlighted in the cross-government public health strategy: ***Saving Lives: Our Healthier Nation*** [3].
- The value and importance of HIA has been strongly endorsed or signalled by a range of other national policies, programmes and guidance, for example:
 - **New Deal for Transport** [4]
 - **New Deal for Communities** [5]
 - **National Service Frameworks such as CHD** [6]
 - **Modernising Government** [7].
- Recommendations from the government-commissioned '**Acheson Report**' on inequalities in health specifically highlight the importance of assessing the impacts of policy on health inequalities [8].
- At the local level, HIA has a potential contribution to make to many areas of activity and, in particular, can provide a valuable tool to support the work of **Local Strategic Partnerships**, and the development of related work, for example:
 - Neighbourhood Renewal
 - Community Strategies
 - Local and Regional Transport and Land Use Plans
 - Health Improvement and Modernisation Plans (HIMPs)
 - Best Value approach in Local Government
 - Integrated Pollution Prevention Control (IPPC) Regulations.
 - Equity audits
 - Regeneration initiatives
 - New power for councils to promote the wellbeing of communities.

Summary

In essence, HIA offers a practical and flexible framework for identifying health and equity impacts and ways of addressing them. It achieves this by providing a mechanism to:

- draw on a range of different experiences, skills and activities, and provide an opportunity to engage and involve different people
- provide a menu of different methods and approaches to gather evidence that can be used to help identify and consider the potential – and actual – impact of the proposal
- identify how the proposal affects health and inequalities in general, but also whether there may be a disproportionate effect on particular populations or areas
- consider specifically the potential – or actual – impacts on health and inequalities, the relative importance of these impacts, and the interaction between impacts

- identify recommendations to inform the decision-making process by highlighting practical ways to enhance the positive impacts of a proposal, and to remove or minimise any health inequalities and negative impacts that might arise or exist.

By using HIA, organisations and agencies can help themselves to achieve goals and targets related to any of their statutory obligations, and health considerations can be introduced into the planning and implementation process in a structured and focused way. This means they can be systematically reviewed alongside other priorities.

And in the long term? All public policy has the potential to improve the population's health and wellbeing. Much public policy could make a contribution to narrowing the gap between those experiencing the worst and the best health. HIA can help in making this potential explicit, by incorporating it as a routine element within decision-making processes.

Why get involved?

There are several specific drivers and benefits for introducing HIA into the work of organisations and partnerships.

Responding to national policies and priorities

A commitment has been made centrally to assess major new government policies for their impact on health. Clear messages have also been sent to decision-makers at the local level that:

- health impact assessment is a structured approach that can be used to inform proposal development and decision-making at the local level, not only within organisations but also within partnerships
- health sector organisations and local authorities are seen as important champions for health, and HIA can provide a valuable support tool when working or liaising with other organisations or sectors
- recent developments in primary care, signalled in *Shifting the Balance of Power* [9], highlight the role of primary care trusts in health improvement and their contribution, with others, to the development of the wider public health agenda.

Multiple factors affecting health and inequality

In order to look at the full range of impacts on health and consider equity issues, it is important to adopt a wider model of health – one that recognises that the health and wellbeing of individuals and communities are determined by a wide range of economic, social and environmental influences, as well as by factors such as family history and access to health services.

Health impact assessment can help ensure the wide range of different factors influencing health and equity are properly

Box 2. Factors affecting health and wellbeing

- **Socio-economic** – eg income and poverty, employment and social exclusion
- **Physical environment** – eg air and water quality, housing, regeneration, crime, noise, infectious and toxic hazards and transport
- **Social and community environment** – eg social and community networks, access to services such as education, health and leisure
- **Individual or family lifestyles** – eg diet, physical activity, smoking, alcohol, sexual behaviour, drugs and mental health
- **Fixed/constitutional** – eg age, sex and genes

considered and addressed. Box 2 summarises the main factors affecting health and wellbeing.

Considering and addressing inequalities in health

Health impact assessment can help organisations ensure that they make an active contribution to improving health and reducing inequalities – or, at the very least, that their proposals do not inadvertently damage health or reinforce inequalities. It helps to achieve this by using a wider model of health, and provides a systematic approach for assessing how the proposal affects a population – and more specifically, how these effects are distributed between the different sub-groups of the population concerned.

Demonstrating health gain as added value

Health impact assessment can be used to promote health gain for the local population. It can also highlight the added value of health-aware policies and initiatives. With a social

renewal or regeneration programme, for example, health gain is increasingly viewed as an important outcome, rather than as a by-product of the programme. In a situation where public-sector services are provided on a value-for-money basis, health gain from non-health policies represents added value from the resources invested.

A multidisciplinary and participatory approach

A core strength of HIA is that it provides an opportunity to bring together people from different backgrounds and different perspectives, for a common purpose. It can be based on the participation of a wide range of interested parties, working together to provide a fully considered view on issues affecting the health of the local community. Whether this is local planners and developers, health experts within specific fields, or members of the local population, HIA provides an opportunity for joint learning and partnership working.

Many organisations and individuals have already learned a great deal through involvement in partnerships such as HIMPs and Health Action Zones (HAZs). As other Local Strategic Partnerships and neighbourhood alliances develop, HIA presents a further way of building on this learning and networking. It can help to reduce the chances of unforeseen negative impacts cropping up later on in the partnership's lifetime. It can also be a useful tool for getting prospective partners together, and helping them to develop a set of common objectives.

Health impact assessment is not the preserve of any one group – it draws on the insight, experience and expertise of a wide range of those involved in, or affected by, the proposal. These may include: professionals with knowledge relevant to the issues being addressed; key decision-makers; relevant voluntary organisations; and the local population affected by the proposal.

Contributing to sustainable development

In encouraging collaboration HIA can also contribute to the sustainable development agenda. As well as enabling the assessment of potential (and actual) positive and negative impacts of a proposal, HIA helps to consider if the impacts are likely to be short-, medium- or long-term, and therefore sustainable.

Responding to public concerns about health

It is clear that the public is deeply concerned about health. The opinions, experience and expectations of communities whose lives will be affected by the proposal will provide valuable information, and therefore another important aspect of the evidence that needs to be considered.

Health impact assessment provides a way to engage members of the public affected by a particular proposal. It emphasises the right of people to have a clear view of, and to participate in, the development, implementation and evaluation of proposals that affect their lives. With the growth in partnership working and the requirement to develop Local Strategic Partnerships, public involvement is fast becoming a mainstream activity that can add important value to an end-product or partnership.

There is also an opportunity to transmit a clear message that in carrying out an HIA, the organisation or partnership cares about its population, genuinely wants to involve them, and is willing to respond constructively to concerns.

Values both qualitative and quantitative evidence

The HIA framework is designed to take account of, and to balance, the best available evidence from a variety of both quantitative and qualitative sources. At its best, it aims to consider a range of different types of evidence – going beyond published evidence from specific research findings, to include the views and opinions of key players who are involved or affected by a proposal or area of work.

A number of case studies have used a combination of qualitative and quantitative methods to gather evidence to help inform their HIA. Examples include the Alconbury HIA; the HIA report on the National Botanic Garden for Wales; and the HIA of the City of Edinburgh Council's Urban Transport Strategy.

However, some of the evidence base to inform HIA discussion and consideration is still in its infancy. As each HIA is undertaken, it adds to the collective evidence base in key areas, and thus HIA plays a valuable role, contributing to expanding the evidence base and helping ensure decisions are based on the best available evidence in any situation.

Summary

HIA can offer a range of benefits including:

- assisting organisations in responding to national policies and priorities
- providing an opportunity to assess and address health inequalities by valuing and using a wider (social) model of health and wellbeing
- helping demonstrate the potential health gain of a given proposal
- facilitating the opportunity for multidisciplinary working and contributing to sustainable partnerships
- providing opportunities for the public to express their health concerns and for organisations to respond to them
- informing the decision-making process by using the best available qualitative and quantitative evidence.

When to undertake HIA?

Health impact assessment can be used flexibly, at a variety of levels and on different types of activity, including national policies/strategies, programmes, or local projects. HIA can also be undertaken at different points in the development of a particular proposal.

Before implementation (prospective)

Prospective HIA offers the opportunity to consider the potential health impacts of a proposal, so that steps can be taken at the planning stage to maximise the beneficial effects and minimise any harmful effects on health, wellbeing and inequalities.

The significant benefit here is that adjustments can be made to a proposal at an early stage. Those making decisions about the proposal are helped to see how health and wellbeing fit into the overall picture. They are also provided with information on the likely positive implications for health, wellbeing and inequalities, and an opportunity to ensure that any negative aspects of the proposal are not overlooked. Equipped with this information, they are in a position to make better informed decisions.

During implementation (concurrent)

Concurrent HIA enables decision-makers to act promptly – to maximise the opportunities for positive health impacts; to counter any negative effects associated with implementation of the proposal; and to monitor the accuracy of predictions about potential health impacts.

After implementation (retrospective)

Retrospective HIA allows all those involved to learn from what has actually happened, and to capture this learning for the benefit of others. In particular, retrospective HIA helps

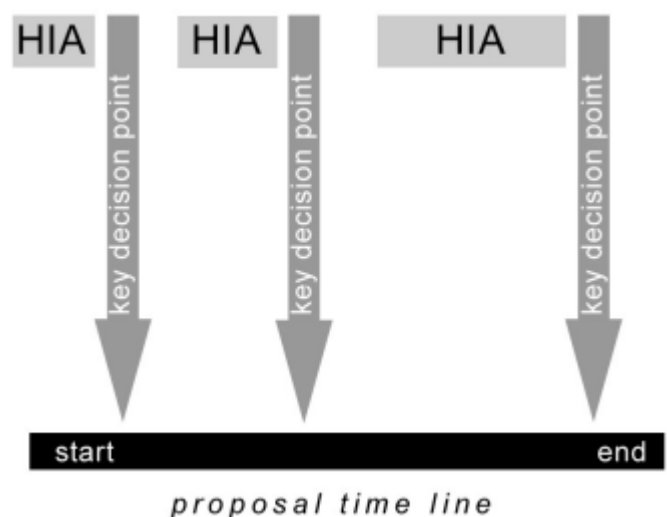
guide the future development of other relevant proposals – and enlarges the evidence base for future HIAs.

Focusing on key decision points

In deciding when best to undertake HIA, it is important both to be clear about who is making the key decision, and to identify the key decision points in a particular proposal. In this way, any HIA can produce recommendations in time for the key decision-makers to consider and, hopefully, adopt them.

Experience shows that even an otherwise well carried-out HIA, which identifies and prioritises a range of evidence on the potential impacts, will have limited value if the recommendations arrive after key decisions have already been taken – so considering and staging the timing of any recommendations is crucial to deciding both when and how to undertake an HIA. Figure 2 (below) shows how the HIA process needs to be scheduled ahead of the relevant decision points.

Figure 2: Ensuring HIA recommendations arrive ahead of relevant key decision points



Summary

When deciding whether to undertake or when to do an HIA, it is important not only to focus on how and when to engage with those who will be making the decisions, but also to identify the timing of relevant key decision points.

Ensuring the HIA is undertaken ahead of the key decision points can be achieved by:

- having from the start a clear focus on who the key decision-makers are in relation to the proposal
- identifying from the start where potential key decision points are likely to be
- timing the HIA so that recommendations arrive before key decisions are made.

What are the basic stages in HIA?

Health impact assessment can take months, weeks or just days, depending on the scale and significance of the proposal, and on the resources available to those carrying out the assessment.

To date, HIA has been undertaken in a wide range of different ways. While this can be confusing for people trying to consider how best to undertake an HIA in a given situation, it does serve to highlight the flexibility inherent in HIA, and the possibility of tailoring the process to the requirements of particular situations.

Although there is no fixed, formally agreed way of doing HIA, there is a developing consensus about the core elements or stages of the process. A variety of terms may be used to describe these stages – like the approach itself, the language of HIA is still evolving, although there is a general understanding of the terms used below.

Stage 1 – deciding whether an HIA is likely to be the best way to ensure health and equity issues are effectively addressed in a given situation – often referred to as **‘screening’**.

Stage 2 – deciding how to undertake an HIA in a given context – often referred to as **‘scoping’**.

Stage 3 – identifying and considering a range of evidence for potential impacts on health and equity – sometimes referred to as the **‘appraisal or assessment’** stage.

Stage 4 – formulating and prioritising specific recommendations for the decision-makers, based on the best available evidence – sometimes referred to as **‘developing recommendations’**.

Although the main part of the HIA process will have been achieved once the prioritised recommendations are produced, it is also worth considering the following additional stages as part of a fuller HIA process.

Stage 5 – further engagement with decision-makers to help reinforce the value of the evidence-based recommendations and encourage their adoption or adaptation in the proposal.

Stage 6 – ongoing monitoring and evaluation to assess if the adoption (or adaptation) of any specific HIA recommendations did occur, and if they contributed to positive effects on health and equity; if not, to review and consider the reasons for this, and how plans might be further adapted.

Figure 3 (page 16) provides a summary framework for the HIA process.

The following text provides a short outline of what and who may be involved in each stage.

Stage 1: deciding whether to undertake an HIA (screening)

What is it?

This first stage acts as a selection process, where proposals are quickly assessed or **‘screened’** for their potential to affect the population’s health. It provides a systematic way of deciding whether an HIA could usefully be undertaken, and if it is the best way to ensure health and equity issues are effectively addressed.

It is not possible within a booklet of this size to explain everything you may need to do at this stage. Some of the key issues to consider when deciding whether or not to undertake an HIA include:

- having a good understanding of the key elements of a particular proposal (or area of activity)
- taking an initial view of the potential scale of impact on the wider determinants of health and equity
- taking an initial view of the potential impact on different populations, particularly the extent to which any disadvantaged, vulnerable or marginalised groups might be affected
- considering the extent of any existing evidence base and data sources, and if a similar type of HIA has been undertaken that might inform or negate the need for a dedicated HIA in this case
- considering if any alternative to undertaking an HIA would be possible to ensure health and equity issues are effectively considered by decision-makers
- considering what capacity and resources are needed and exist.

A key function at this stage is to filter out proposals that are unlikely to benefit from HIA. For example, if:

- a proposal is seen as having little potential impact on health and equity issues, then a dedicated HIA may be unnecessary
- there are likely to be impacts but the evidence for these is already well documented it may be possible to develop evidence-based recommendations without the need for a fuller HIA
- decision-makers are unlikely to be receptive to considering any evidence-based recommendations.

If, however, a proposal is likely to have an impact on the local population; you have access to evidence; and you have the capacity and resources to influence the decision-making process, then it is probably useful to undertake an HIA.

Who does it?

Who undertakes and contributes to screening can vary according to the organisational context. While, in principle, the process of screening can be undertaken by anyone, it is likely to have more influence if it is done in the context of a wider multi-sector process. Also, while it may not always be possible to engage the proposal's decision-makers during this

stage, the potential for any HIA to inform subsequent decision-making is likely to be enhanced if they can be engaged at this early stage.

Whoever decides that an HIA would be useful, it is helpful to document the initial assumptions that have informed this decision, to assist others who become involved to understand the initial rationale. It will also assist the next stage in deciding how a particular HIA might best be undertaken.

Stage 2: deciding how to undertake an HIA in a given context (scoping)

What is it?

If a decision is taken that an HIA would be useful, the next task is to consider how it can best be undertaken. This stage involves establishing the practical foundations for the assessment, and is often referred to as **scoping**. Key tasks involved in this stage may include identifying:

- how and by whom will the HIA process be overseen?
- which decision-makers need to be engaged?
- when are the proposal's key decision points, and what time is available to undertake the HIA?
- to what extent can those who may be affected by the proposal be involved?
- which specialists and practitioners could usefully be involved?
- what skills and human and financial resources are required and available?
- what are the boundaries for the appraisal of health impacts in terms of time, place and relevant population group and/or geographical area?
- which potential health impacts need further consideration with regard to which population and/or geographical area?
- what range of methods will be used, given the resources available, to gather the evidence base needed to undertake the HIA?
- how will responsibility be divided up for different HIA tasks?
- how will the HIA process be monitored and evaluated?

Identifying and addressing the above tasks, in particular the scale and significance of the proposal, and the resources available, will in turn also determine the level of detail required for the HIA. As Box 3 illustrates, an HIA can be undertaken at a **rapid, intermediate** or **comprehensive** level.

Box 3. HIA – levels of detail

Rapid – a brief investigation of the health impacts of a proposal (days). Usually involves an exchange of existing knowledge and expertise, and research from previous HIAs. Rapid HIA is usually carried out quickly, and with relatively minimal resources.

Intermediate – a more detailed investigation of health impacts (weeks). Usually involves a review of the available evidence and any similar HIAs; exploration of opinions, experiences and expectations of those concerned with, or affected by, the proposal; and sometimes the production and analysis of new information.

Comprehensive – an intensive investigation of health impacts undertaken over an extended period (months). Usually involves a review of the available evidence base along with the other elements mentioned under Intermediate HIA. Comprehensive HIA would usually also involve the production and analysis of new information.

Who does it?

This can be handled in different ways; but many organisations, especially when working in partnership, find it helpful at this point to set up a steering group to help oversee and manage the HIA. The steering group will plan and allocate responsibility for tasks and outputs.

Typically, such a steering group will comprise representatives of the different organisations, agencies and communities involved. In some cases the organisation or partnership responsible for setting up the HIA will not have ultimate responsibility for making decisions on the proposal being assessed. For example, a Local Strategic Partnership may wish to carry out an HIA on a major property development project being carried out by the private sector. In this kind of situation, it is helpful if one or more of the decision-making team from the companies involved is on the steering group. This will help ensure that the final recommendations take account of the decision-making context and help improve their subsequent adoption and implementation.

Different types of partnership will expect different kinds and levels of input from the members of the steering group. With some extended projects, for example, a relatively hands-off steering group might be appropriate with, say, 3-monthly meetings, and attention mainly focused on key review points. For other projects the steering group might also take on some of the functions of a working group, with members committing time to the day-to-day work of the HIA.

Stage 3: identifying and considering a range of evidence for potential impacts on health and equity (appraisal or assessment)

What is it?

In many respects this can be considered the ‘engine’ of HIA, moving the whole process along towards practical outputs. It involves investigating, appraising and reporting on how the proposal’s implementation is likely to affect the health of the population/s. This usually involves the following.

Examining the proposal – identifying key elements of the proposal and considering their relationship to the range of wider determinants of health and inequality. Appraisal often starts with considering potential positive and negative impacts of the proposal against each of the categories identified in Box 2 (page 6), or a similar set of health determinants.

Collecting and collating the best available qualitative and quantitative evidence – this can involve collating existing sources of evidence, or collecting and collating new data. Evidence sources and data can be collected using a range of qualitative and quantitative methods. Box 4 (page 14) illustrates some of the methods that can be used to assemble the evidence base.

It is important to bear in mind that the existing evidence base for various health determinants and interventions to improve health can be patchy, and may not be readily accessible. In

Box 4. Examples of evidence and data-collection methods

- depth/key informant interviews
- focus group discussions
- equity audits
- surveys/questionnaires
- secondary analysis of existing data
- community profiling
- health needs assessment
- expert opinion
- documentary sources

many situations this may involve deciding to go ahead with the best information that is readily available at the time. This may mean being clear with all those involved that there are significant gaps in the evidence base used.

Considering the evidence and appraising impact – this includes identifying and describing the nature and magnitude of the potential – and actual – beneficial and harmful health impacts associated with the proposal. However, considering evidence can be complex because of the interrelationship between different health determinants. Also, it is not always easy to isolate the influences of particular interventions on complex and dynamic social systems. It is therefore important to consider a range of different types of evidence and encourage discussion about their nature, value and potential limitations.

Reporting on the impacts – this needs to be done in a way that helps people understand how the proposal might affect the different groups and communities potentially affected by the proposal, and to focus constructively on the most important health and equity aspects.

Who does it?

As part of the scoping stage, the steering group will usually identify the skills required and who should be involved during appraisal. While gathering, collating and analysing relevant research evidence can be considered to be a specialist activity, it is important to note this does not mean this stage should be dominated by experts. A variety of people from diverse backgrounds and with a range of skills can be involved at differing levels.

For example, the steering group may feel it is a better use of resources to ask an HIA expert to collate the available

evidence base, and a skilled researcher to collect any additional information required. Some HIAs have chosen to commission an expert in a specialised field to collate the available evidence on a specific topic area.

Considering and appraising the evidence can also be undertaken in a variety of ways. Some HIA steering groups have chosen to appoint an assessor with the necessary skills and knowledge. Assessors may come from within the organisation or partnership, or they may be specialists in HIA who are brought in from outside. Other HIAs have chosen to run workshops and other participatory events to explore the views of those concerned with the proposal (experts and/or health- and non-health-sector professionals), or those affected by the proposal (community members). A coordinator or facilitator is usually appointed, and is responsible for structuring these events.

Some of the outputs may be achieved through a half-day workshop; for example, in London people from different sectors concerned with the proposed Mayoral Strategies were invited to attend half-day workshops to appraise the potential health and equity impacts ahead of a fuller public consultation.

Stage 4: deciding on and prioritising specific recommendations for the decision-makers (making recommendations)

What is it?

Whether or not the steering group has the power to make direct decisions on the proposal, members will be in a position to recommend potential changes to the proposal, highlighting practical ways to maximise the health gain and to minimise any potentially harmful impacts. Prioritising the recommendations will also be important, so that decision-makers are clear about stakeholders' views. This is particularly important if resources for implementing the proposal are limited, or there are competing priorities, such as economic or employment considerations.

Reaching an agreed set of recommendations may also involve reconciling conflicting impacts. For example, a proposal to increase physical activity as part of a local transport strategy could lead to some health gain, but may also affect the rate of accidental injuries. In this situation you will not only have to assess the quality of the available evidence, but also consider action to remove or mitigate any potential negative impacts associated with the recommendation.

Recommendations are usually produced in the form of a report. Consideration should also be given to feeding back the findings and recommendations from the HIA process to the local population affected by the proposal.

Who does it?

As with the appraisal stage, these activities can be undertaken in a variety of ways. An expert or assessor can be appointed to lead the discussions and the final production of a report and recommendations; or a series of workshop-style events could be convened. Again, a coordinator or small team would commonly draw together the outputs from the various groups. All those involved can offer insight based on their experience, expectations and opinions, and the final decision should, as far as possible, aim to reflect the consensus based on the best available evidence.

Stage 5: further engagement with decision-makers

What is it?

In order to help encourage adoption of recommendations, further engagement with the decision-makers responsible for the proposal is usually helpful. HIA serves as a support to decision-making, not a substitute for it. Complex judgements still have to be made; arguments have to be developed and presented; and difficult decisions have to be taken. At its best, HIA can contribute to informed decisions based on a valid assessment of potential health impacts – and has the potential to improve the quality of decision-making.

Many potentially conflicting priorities and issues can also affect the process of decision-making and the subsequent decisions made. A good HIA should take account of these different influences, to ensure that recommendations are not only based on the best available evidence, but also consider the decision-making context so that any recommendations have the greatest chance of being valued and acted on.

It is therefore important to consider who actually makes the decisions about specific proposals, and to remember that:

- they may (or may not) have been involved in the HIA process
- health is unlikely to be the only priority they have to consider.

Evidence from practice indicates that recommendations are

more likely to be adopted if the decision-makers have either been involved throughout or at least engaged in part of the process; if the report and recommendations are presented in a concise format; and if they arrive before the key decision points are reached.

Who does it?

As with the other stages, further engagement with the decision-makers can be undertaken in a variety of ways. However, it is usually the task of the steering group to consider how best to do this, and good understanding of the decision-making context is essential.

Stage 6: ongoing monitoring and evaluation

What is it?

It is important to consider both how to monitor and evaluate the proposal's development and implementation, and the effect of the HIA on the proposal (ie, did it make a difference?).

A good HIA process will aim to monitor and evaluate its activities to help those involved in the assessment to:

- improve the process of HIA
- modify future proposals to achieve health gains
- observe whether the recommendations were implemented
- assess the accuracy of predictions made during appraisal.

This can be undertaken in a number of ways:

- **process** – assessing how the HIA process was undertaken, who was involved, and how useful and valuable the process was
- **impact** – tracking how far recommendations are subsequently accepted and implemented by the decision-makers – and if not, why not?
- **outcome** – assessing whether the anticipated positive effects on health, wellbeing and equity were in fact enhanced, and any negative ones minimised – and if not, why not, and how can plans be further adapted?

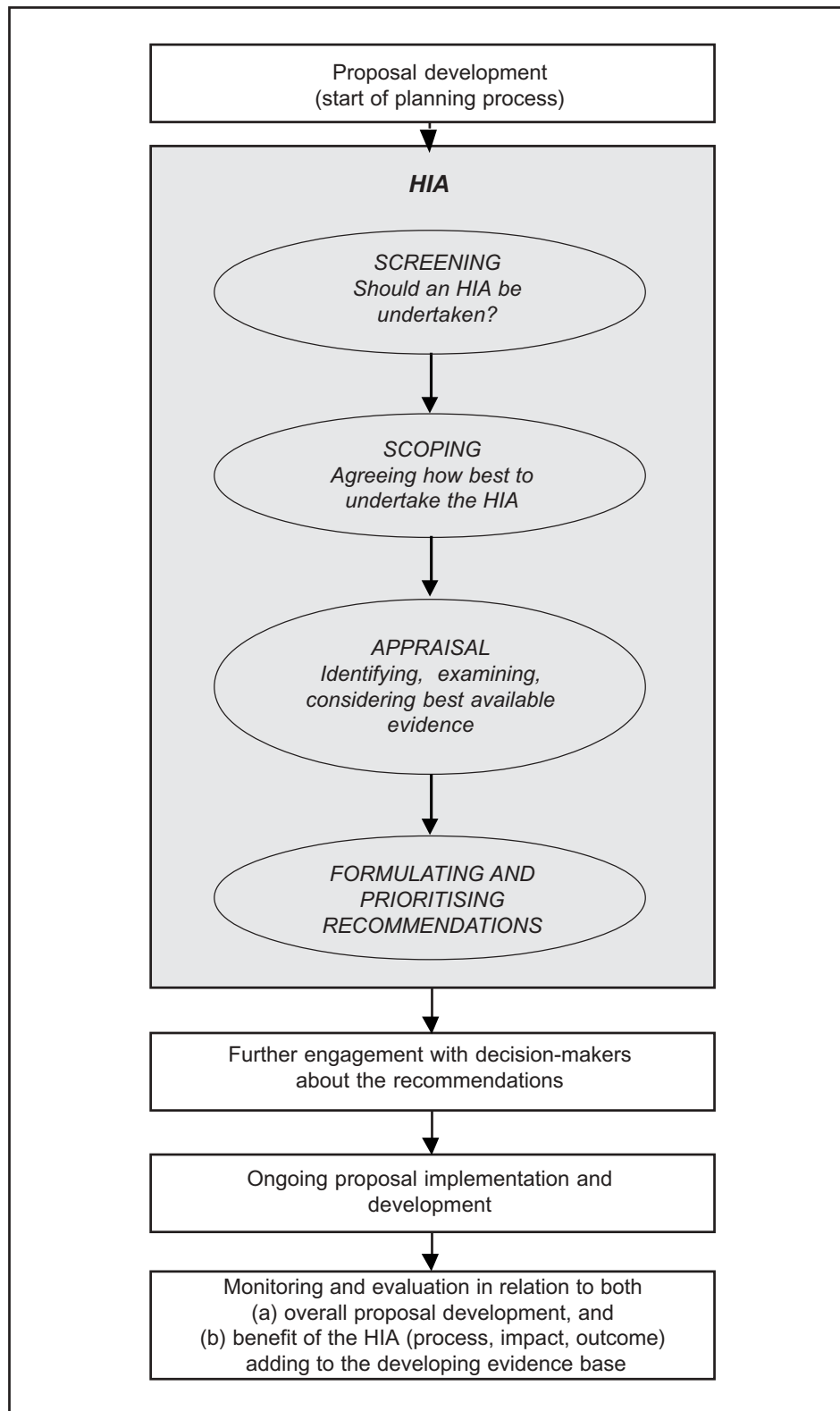
Who does it?

As with the previous stages, the financial and human resources and the time constraints available will determine the extent of monitoring and evaluation activities. For example, some HIAs have been able to

dedicate resources to commissioning an external evaluation; others have audited their activities; and some have monitored whether their recommendations were taken on board. The resources and skills required, and the time available to undertake monitoring and evaluation activities, should be

identified during the scoping exercise. As with the other stages, while specialists and experts in the field may be needed for some activities, simple monitoring of the acceptance and implementation of HIA recommendations can easily be undertaken by the steering group.

Figure 3: A summary framework for the HIA process



How to get started?

Health impact assessment has much to offer – to the community, to partnerships, to organisations, and to individuals working within different settings. Its flexibility means it is relatively easy to integrate HIA into existing processes.

But there can sometimes be understandable hesitation about introducing the approach – issues may include:

- limited resources – time, money, personnel or facilities
- an already overcrowded agenda
- in some areas, minimal experience in public or community involvement
- lack of expertise or skills in HIA
- perceptions that the HIA might restrict the range of decision options rather than add value or strengthen them.

It is therefore important to prepare carefully for the introduction of HIA. This will help reduce risks, and increase the likelihood of achieving desired goals. Some steps to consider are listed below.

Identifying and using existing expertise

One of the basic principles of HIA is that the views of all those affected by a proposal need to be acknowledged and valued. Much of the value and creativity of the assessment lies in bringing different voices together and creating a ‘new sound’, with an enhanced understanding of the range of different perspectives about the potential or actual impact of a proposal or area of activity.

In practice, the prospect of setting up and working through an assessment can appear daunting. For example, before a rapid appraisal workshop, one chief executive of a primary care group commented in a worried fashion, “I can’t do this. I need an epidemiologist.” In fact, she went on to offer

incisive insights into the different scenarios that emerged during the session. It was also true, however, that the public health specialists there offered valuable ‘framing’ information and suggested fruitful lines of inquiry.

The lesson here is that HIA should not be viewed as the domain of the expert – all those involved can offer incisive insights and important opinions, experiences and expectations.

Raising awareness about HIA

As HIA is still a relatively new, developing approach, there can be a degree of misunderstanding about it. Several organisations have found it helpful to begin their work by:

- providing people with summary information about HIA – such as this short guide
- holding an introductory seminar or workshop on HIA to allow people to consider the approach.

In the local authority context, it is important that elected members and non-executive directors, as well as staff, have the opportunity to explore the HIA approach. In at least one case, an open session with council members led to further development events, then to the passing of a council motion to carry out HIA on important policies.

Deciding on an appropriate entry point for HIA

Because rapid HIA (Box 3, page 13) can be undertaken in a short time, and with limited resources, it offers many organisations and partnerships a real, appealing and practical starting point for using this approach. One useful example is the Aylesbury Plus New Deal for Communities – rapid HIA.

Sources of further information

The history of the development of HIA is one of ongoing learning and development. Even those who have done a number of HIAs will say that each new one provides a further opportunity for learning and additional experience. An

important way of learning about HIA is to read about how others have approached it or, better still, to talk to them about how they developed their particular approach and the learning that came from it. Box 5 presents a selected list of further information on HIA.

Box 5. Information sources – some selected examples

Websites

A new website is being developed by the HDA to provide people working in HIA with a single place to source HIA-related information. Major features of the site will include:

- completed HIA case studies
- HIA toolkits and resources
- links to HIA-related websites
- contact details of people working in HIA.

The website aims to allow practitioners to share learning, concepts and experience and, importantly, to provide a place for HIA beginners wanting to find out what HIA is, and what activities are ongoing. A prototype site is currently available via www.hiagateway.org.uk, and the website is to be formally launched in May 2002. The HDA is particularly keen to receive information on new HIA case studies, toolkits and resources, and people's contact details so that it can disseminate these more widely via the HIA website. A form provided on the website enables information to be entered easily.

At international level, the European Centre for Health Policy has a section on its website dedicated to HIA, which contains a variety of discussion documents – www.who.dk/hs/ECHP/index.htm. The International Association of Impact Assessment also has a dedicated HIA section as part of its web network – www.iaia.org

Resources

A two-volume 'Resource for Health Impact Assessment', containing a comprehensive range of practical information and tools, including a series of HIA case studies, is available at www.hiagateway.org.uk, or on London's Health website: www.londonhealth.gov.uk. This website also contains another short guide to HIA, and various HIA case-study reports on the completed London Mayoral Strategies.

A number of regional **Public Health Observatories** (PHOs) as well as many **universities** are developing expertise in HIA and producing various resources, and/or provide access to local-level health information. Examples include Northern & Yorkshire PHO, London's Health Observatory (see above), Birmingham University, Imperial College, Northumbria University and Liverpool University, to name a few. It may be worth visiting your local PHO's (via www.apho.org.uk) or universities' websites for further information, or have a look at the HDA's HIA website (see above).

Training

There are a few dedicated training courses currently available. Two examples are:

- **IMPACT**, the International HIA consortium, which runs a series of related courses – information about these and other HIA work undertaken by IMPACT can be accessed via their website at www.ihia.org.uk
- **London's Health Observatory** is running a series of short training courses – further information can be obtained from www.lho.org.uk.

References

1. Dahlgren, G. (1995) *European Health Policy Conference: Opportunities for the Future. Vol. 11 – Intersectoral Action for Health*. Copenhagen: WHO Regional Office for Europe.
2. European Commission (1999) *Fourth Report on the Integration of Health Protection Requirements in Community Policies*. V/99/408-EN. Brussels: European Commission.
3. Department of Health (1999) *Saving Lives – Our Healthier Nation*. Cm 4386. London: The Stationery Office.
4. DETR (1998) *A New Deal for Transport*, Government White Paper on the future of transport. London: The Stationery Office.
5. Cabinet Office (1998) *Bringing Britain Together: A National Strategy for Neighbourhood Renewal*. London: The Stationery Office.
6. Department of Health (2000) *National Service Framework for Coronary Heart Disease: Main Report*. London: DH.
7. Cabinet Office (1999) *Modernising Government*. London: The Stationery Office.
8. Department of Health (1998) *Independent Inquiry into Inequalities in Health* ('Acheson report'). London: The Stationery Office.
9. Department of Health (2001) *Shifting the Balance of Power within the NHS – Securing Delivery*. London: DH.