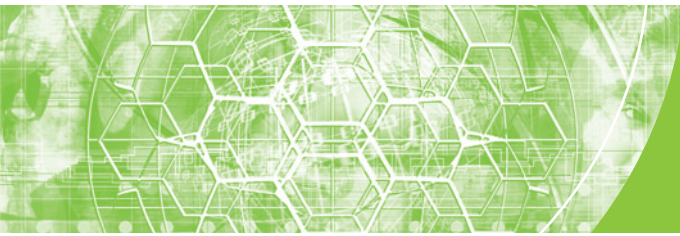


Health Impact Assessment Guidance

April 2006

Developed by the Institute of Public Health
in Ireland on behalf of the
Ministerial Group on Public Health



Health Impact Assessment Guidance

Published by The Institute of Public Health in Ireland

©The Institute of Public Health in Ireland, 2006

Reproduction authorised for non-commercial purposes provided the source is acknowledged

Prepared by Owen Metcalfe, Claire Higgins, Cathal Doyle, Institute of Public Health in Ireland

Stephen McDowell, Investing for Health Team, Department of Health, Social Services and Public Safety

Contents

	Page	
1	The Purpose of this Document	4
2	Overview of Health Impact Assessment (HIA)	5
2.1	Definition of health	5
2.2	What is Health Impact Assessment?	5
2.3	HIA's contribution to reducing health inequalities	5
2.4	How HIA intersects with other areas	5
2.5	What are the benefits of HIA?	6
2.6	The policy context	6
2.7	What is involved in doing a HIA?	6
2.8	When to conduct a HIA	6
2.9	What are the steps involved in HIA?	7
2.10	Schematic representation of HIA procedure and methods	8
3	Guidance on the Methodology	9
3.1	Gaining knowledge of health and the determinants of health	9
3.2	Screening	9
3.2.1	What are the steps involved in screening?	9
3.3	Scoping	10
3.3.1	What are the steps involved in scoping?	10
3.4	Appraisal	12
3.4.1	Methods used to gather evidence	12
3.4.2	Making recommendations	15
4	Statement of Influence on Policy/Programme/Project	16
5	Monitoring and Evaluation	16
6	Further Information and Advice on HIA	17
7	List of Appendices	17
Appendix 1	Screening Tool	18
Appendix 2	Checklist of items to consider when establishing and managing the Steering Group	22
Appendix 3	Checklist of possible HIA resource items	23
Appendix 4	Tool for Framing Recommendations	24
Appendix 5	Examples of Recommendations from Case Studies	27
Appendix 6	Reporting Format for Statement of Influence	29
Appendix 7	Health Impact Assessment Case Studies	31
Appendix 8	Overview of Health Impacts of Transport Policies and Projects	34
Appendix 9	Overview of Health Impacts of Employment	36
Appendix 10	The Health Impacts of Housing	38
Appendix 11	Information Sources on HIA	40
Appendix 12	Documents and other Sources of Information for this Publication	42

This guidance document has been written using a wide range of sources on HIA (Appendix 12). Elements of the document are adapted from the work of the DG Sanco funded project 'Policy Health Impact Assessment for the European Union'.



1. The Purpose of this Document

This document describes Health Impact Assessment (HIA) and the steps involved in HIA. It gives advice based on the experience of HIA practitioners and provides tools to help carry out these steps and to adapt HIA to local circumstances. It aims to provide a user friendly and practical framework to guide not only policy makers but those developing specific proposals through the HIA process and to enable them to undertake a HIA. This guidance document is available in both hard copy and downloadable pdf which may be obtained or requested from the Investing for Health website (www.investingforhealthni.gov.uk) or the Institute of Public Health in Ireland (www.publichealth.ie/hia). Word versions of the worksheets contained in the appendices section may also be downloaded for ease of use.

This is the first detailed methodology for HIA in Northern Ireland. The development of methodology is an iterative process and this document will be reviewed in the light of feedback from users and ongoing developments in HIA.

Background

Health and well-being is largely determined by the social, economic, physical and cultural environment. The Investing for Health Strategy launched in March 2002 sets out how the health and well-being of all the people of Northern Ireland can be improved, and, in particular, how the unacceptable inequalities in health can be reduced by taking action to tackle the factors which impact on health. The Strategy was developed by all Government Departments through the Ministerial Group on Public Health (MGPH), which is chaired by the Minister for the Department of Health, Social Services and Public Safety (DHSSPS).

Investing for Health contained a commitment to develop a methodology to enable all Departments to identify and evaluate the health impacts of new policy developments as they emerge in order to ensure that any positive impacts on health can be maximised and negative impacts minimised. MGPH commissioned the Institute of Public Health in Ireland to assist in this task by advising on methodology, producing guidance and facilitating training. A small number of policy areas have been put forward by Departments on which to pilot HIA and findings have been incorporated into this guidance document. It is intended that DHSSPS will continue to work with MGPH and the Institute of Public Health in Ireland on the monitoring and evaluation of the strategic implementation programme for HIA.

The Institute aims to improve health in Ireland and Northern Ireland by working to combat health inequalities and influence public policies in favour of health. The Institute has a key role in the development of HIA and is committed to reducing inequalities in health, developing and strengthening partnerships for health and influencing public policies in favour of health.

The MGPH will oversee the implementation of HIA in Northern Ireland and adopted this guidance on 5th December 2005.

2. Overview of Health Impact Assessment (HIA)

2.1 Definition of health

The World Health Organisation's definition of health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' serves to emphasise the range of factors that influence health and is the definition adopted in this guide.

Investing for Health highlights that in addition to genetic factors and lifestyle decisions, health is also determined by social, environmental and economic factors. The policies and programmes of many Departments therefore have significant impacts on health.

For example, a decision on housing renovation to tackle damp and heating problems will improve the health of residents. Similarly, a transport policy that favours other forms of transport over cars will affect the amount of exercise people take.

By raising awareness of these connections between public policy and health and by addressing the health implications of policy decisions HIA attempts to maximise health gain and minimise health loss from decisions taken in the policy arena.

2.2 What is Health Impact Assessment?

HIA is commonly defined as a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population. It is designed to inform and influence decision-making and to reduce health inequalities.

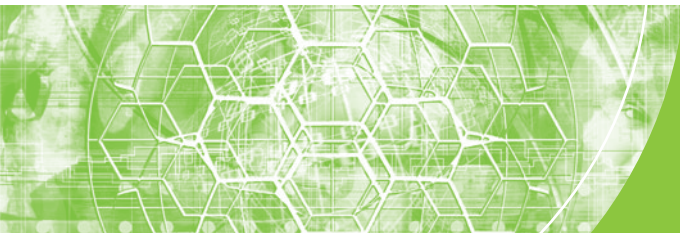
2.3 HIA's contribution to reducing health inequalities

HIA aims to reduce health inequalities by informing policy makers of the potential health impacts of a proposal on different population groups and, where appropriate, recommending changes to enable a more equitable distribution of impacts.

All stages and methods of the HIA should consider the implications for health inequalities. For example, a profile of the population should assess how the vulnerable sections of a population are adversely affected by the policy. Priorities and recommendations of the HIA should aim at 'levelling up', i.e. raising the health status of the least healthy population groups to that of the healthiest.

2.4 How HIA intersects with other areas

There is considerable overlap between HIA and other policy assessments, in particular Environmental Impact Assessment. An Integrated Impact Assessment (IIA) approach is being developed in Northern Ireland by the Office of the First Minister and Deputy First Minister (OFMDFM) and HIA will form an important component of this. Alongside the IIA, OFMDFM have developed - 'A Practical Guide to Policy Making in Northern Ireland' which refers to the requirement to proof policies for HIA. The new Green Book (Treasury, London) also suggests HIA, along with other more traditional outputs such as business cases, as an output of either economic appraisal or evaluation. In so doing, they have taken HIA to the heart of the Government decision-making process.



2.5 What are the benefits of HIA?

Some of the main benefits of HIA are:

- It can extend the protection of human health and reduce the burden of ill health.
- It can enhance the coordination of action to improve health across various sectors.
- It can promote greater equity in health.
- It offers the potential to reduce the costs (transferred to the health care sector) of treating the health consequences of non-health policies that have been overlooked during planning and development.

2.6 The policy context - Where has HIA come from and why the current interest?

HIA is an approach that has been developing internationally over the past ten to fifteen years. It has been used extensively in the UK, Canada, Sweden, the Netherlands, Australia and other countries.

In the European Union, the Amsterdam Treaty makes provision for HIA in policy making, and the public health action programme which commenced in 2003 promotes the development of HIA across Europe. The World Health Organisation has developed a HIA programme and has set targets for member states to develop HIA mechanisms by 2010.

2.7 What is involved in doing a HIA?

There are a variety of approaches to undertaking HIA but most of them follow a similar step-by-step and methodical approach as laid out in this guidance. Experience shows that the different stages laid out here sometimes overlap with each other. For example, screening and scoping are sometimes carried out as one exercise. Aspects of HIA can be adapted depending on local circumstances, resources or subject matter. Each HIA is uniquely determined by local conditions, such as:

- The status and complexity of the policy, programme or project.
- Whether the HIA is to be undertaken before, during or after decisions on the policy, programme or project are made.
- The likelihood of health impacts occurring.
- The scale and severity of the impacts.
- The resources available.
- The quality of the evidence base and availability of data.
- Locally determined health priorities and targets.

Whatever the approach, it should be rigorous, systematic and transparent.

2.8 When to conduct a HIA

Ideally HIA should be carried out early in the policy-making process when health considerations can still influence the decisions at stake. In deciding when to undertake a HIA, it is important both to be clear about who is making key decisions, and to identify key decision points in a given proposal for a new policy, programme or project.

The following is a classification to denote the stage at which the HIA is undertaken:

Prospective HIA - A prospective HIA is carried out when a policy, programme or project is in its developmental stage and findings and recommendations can influence decision-making. This is the ideal time to carry out a HIA.

Concurrent HIA - A concurrent HIA takes place while the policy, programme or project is being implemented. This might be applicable when the policy, programme or project is subject to review.

Retrospective HIA - A retrospective HIA is carried out on a policy, programme or project that has already been implemented. This can be useful where something similar is being suggested for the near future and it is important to learn from the lessons of previous exercises.

2.9 What are the steps involved in HIA?

This section gives an overview of the stages typically involved in HIA. These steps are described in detail in Section 3.

Screening

Screening quickly and systematically establishes whether a particular policy, programme or project has an impact on health and whether a HIA is appropriate or necessary.

Scoping

If screening has determined that HIA is to be carried out, the next stage is then scoping. This stage produces the blueprint for the HIA, establishes a steering group and produces a work plan for the HIA.

Appraisal

The appraisal stage is the main part of the HIA where health impacts are considered, evidence is gathered and recommendations are framed.

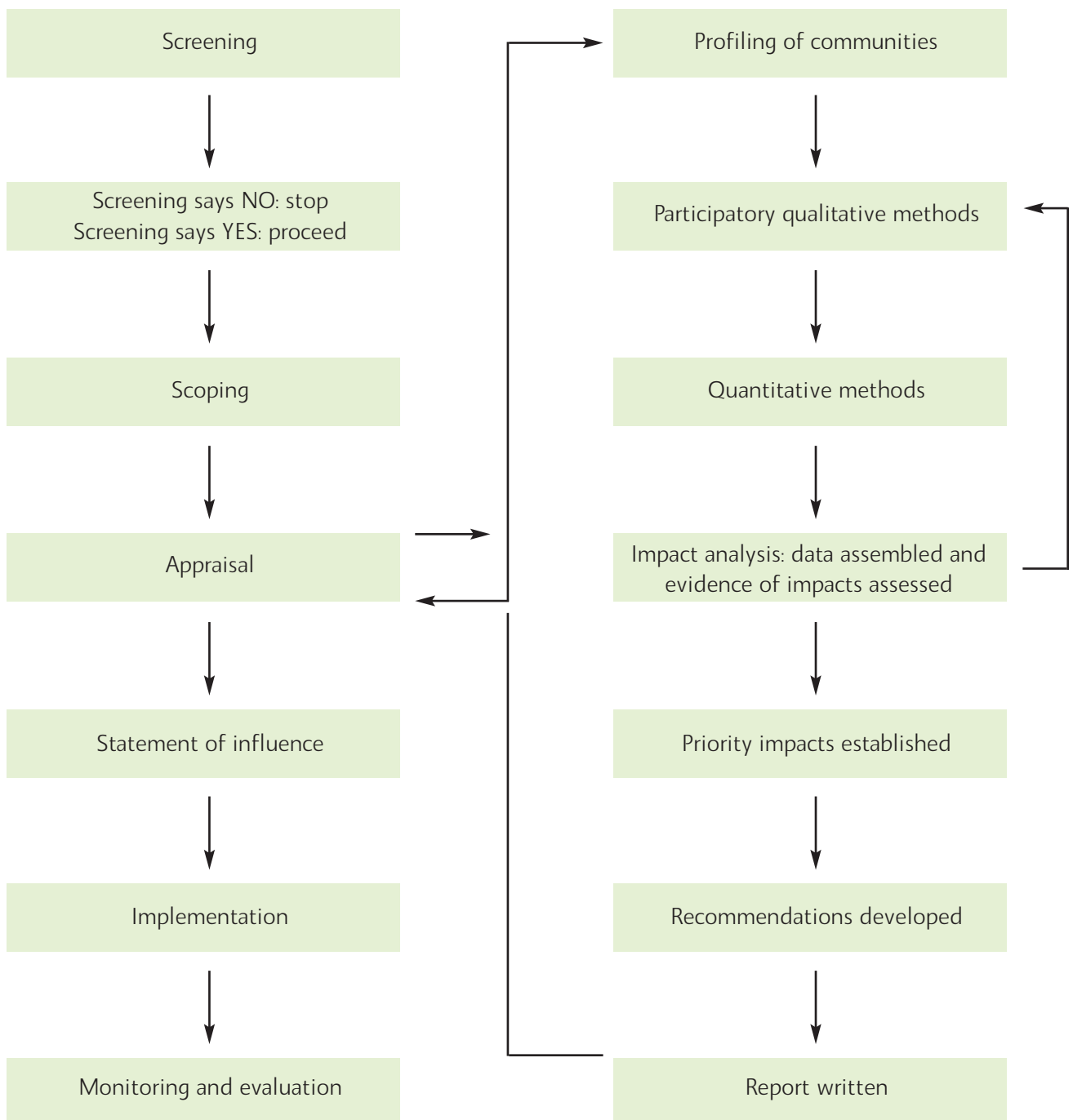
Statement of influence

Once the assessment is complete a statement of influence is produced showing how the HIA has influenced both the decision-making process and outcomes.

Monitoring and evaluation

This stage assesses whether the aims and objectives set at the beginning of the HIA were achieved and whether the methodology used was effective or suitable.

2.10 Schematic representation of HIA procedure and methods



3. Guidance on the Methodology

3.1 Gaining knowledge of health and the determinants of health

To begin the process an awareness of the main determinants of health in the relevant policy area is required. This awareness will help judge where a HIA might be appropriate, what research needs to be carried out, what expertise may be required and who needs to be consulted. Evidence to illustrate the effects on health of policy in non-health areas is increasingly available.

One important source of such evidence is the HIA website developed by the former Health Development Agency and now managed by the National Institute for Health and Clinical Excellence (NICE) (<http://www.publichealth.nice.org.uk/page.aspx?o=hia.resources>). Additionally, appendices 7 to 9 summarise some useful sources of information regarding the health impacts of transport, housing and employment.

3.2 Screening

A screening process quickly and systematically establishes:

- Whether a particular policy, programme or project has an impact on health.
- How a policy may affect the health of the vulnerable sections of the population.
- The likely direction and scale of the health impacts - are they negligible, serious or speculative.
- Whether the effects are short term or long term and whether effects are direct or indirect.
- If there is a need for a more detailed assessment.
- If HIA is the best way to effectively address health and equity issues.

Screening should be kept as simple as possible. Even if the decision is not to do a HIA, screening will be beneficial because it can raise awareness of health impacts among decision-makers and prompt them to consider these in the future.

3.2.1 What are the steps involved in screening?

Set up a core group

It is strongly recommended that screening is carried out by more than one person. A core group of key informants and major stakeholders will help ensure a wide perspective and promote ownership of the process at an early stage. Core group members may include, for example, the initiator of the policy, someone with health knowledge and representatives from relevant government, non-government, community and voluntary sectors likely to be affected by the proposal.

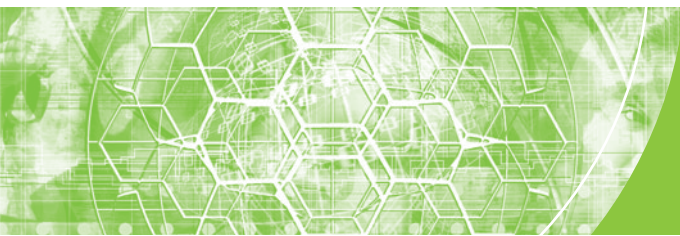
Understand the proposed policy, programme or project

Study the policy, programme or project and its background context and understand its rationale and aims and objectives. Consider the health impacts of similar policies elsewhere.

Use a screening tool

A tool is provided (Appendix 1) which helps with the tasks involved in screening.

The main purpose of the screening tool is to give a structure to discussions or meetings with stakeholders. It aims to prompt consideration of health implications that may otherwise be



overlooked and give pointers on the affected population groups that should be considered. Keeping the number of people involved fairly small at this stage (perhaps 5 or 6 people) will make it easier to manage.

Prepare for the meeting

Prior to the meeting it might be useful to:

- Circulate to stakeholders a summarised description of the policy, programme or project.
- Establish what aspects of the policy, programme or project are open to negotiation and what are not.
- Produce and circulate a basic profile of the population, environment, living conditions, and access to services. (See section 3.4.1 on profiling).
- Identify the vulnerable, marginalised groups.

Establish health impacts and affected population groups

At the meeting have a brainstorming session to get the stakeholders' and key informants' perspectives on what the health impacts might be and what population groups might be affected and how. From the list of potential health impacts identified, attempt to prioritise them. This will help to focus scarce resources on the most significant impacts. The screening tool can help to structure this exercise.

Make the process transparent

The screening tool also provides transparency for the process, enabling the recording of decisions and will demonstrate a quality consideration of the health implications.

The outcome of the screening process will determine whether it is necessary and appropriate to conduct a more detailed HIA. If the decision is to proceed with a HIA, the following steps should be followed.

3.3 Scoping

The scoping stage produces the blueprint for the HIA and how it is managed. It establishes a foundation for the rest of the assessment.

3.3.1 What are the steps involved in scoping?

Set up a steering group

A HIA steering group is normally set up. The nature and size of the group depends on the complexity of the policy, the resources available and the time available to do the HIA. There may be the core of a steering group from the group already assembled at the screening stage.

Who should be on the steering group?

Identify the main stakeholders and get them involved. Professionals from the relevant policy areas, representatives from affected communities, the voluntary sector and others should be represented. Their input will contribute to informed and balanced results at the end.

Attempt to get a good mix of skills on the steering group

Useful skills include community involvement, public health knowledge and understanding of evidence, research skills (such as literature review, data analysis, qualitative research, stakeholder consultation) negotiation skills, project management and policy analysis. Representatives with access to relevant data could be very useful. Other skills required vary according to the policy type and the depth of the assessment but could include specialist skills in social sciences, epidemiology and health economics.

Who will manage the HIA process?

The group can determine this. In some cases it may be the person with lead responsibility for developing the policy but in other situations, it may be the person who initiated the HIA process or another organisation interested in health.

Decide whether or not to engage an external HIA consultant

It may be advantageous to engage an external consultant. This person could be used to coordinate the process from beginning to end or to undertake one aspect of it. They could be used for a number of resource-intensive tasks such as documenting decisions, recording the results of appraisal, identifying the impacts missed by stakeholders, finding evidence, prioritising health impacts and helping frame recommendations. An external HIA consultant should have public health knowledge and skills and expertise in conducting HIAs.

Find out what is open to negotiation

There may be aspects of the policy, programme or project that are not open to negotiation. These should be clearly identified at the outset. Energy might be better spent in mitigating the negative effects on health.

Record decisions for transparency

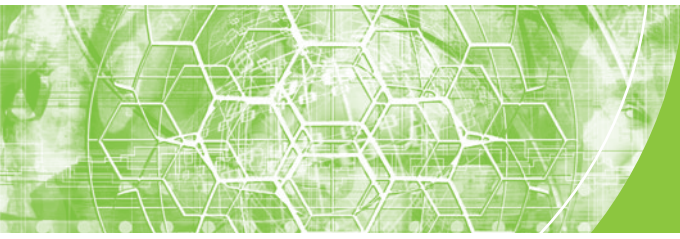
An archive should be kept and a record of all activity should be documented. This is important to ensure that the assessment is transparent.

Have a work plan or timetable

Have an agreed work plan or programme with clearly defined deadlines and measurable outputs. Find out what the key decision points are, work out how much time there is to make recommendations and decide on what can realistically be achieved by that date.

Decide what methods to use to assess impacts and gather evidence

What communities will be looked at and to what extent can they be involved to get their perspective? Decide on the methods to be used to obtain this information, such as surveys, focus groups, meetings and interviews. Decide whether or not secondary data will be collected and how it will be applied to local circumstances. There is a detailed description of methods used to gather evidence in section 3.4.1.



Draw up terms of reference

Draw up and agree the Terms of Reference (TOR) for the HIA. The contents of the TOR will be largely dictated by the elements mentioned above.

Appendix 2 provides a checklist of items to consider when setting up and managing a steering group. Appendix 3 includes a checklist of possible resources to consider for the HIA.

3.4 Appraisal

The appraisal stage is the main part of the HIA. It includes:

- Gathering evidence.
- Assessing and prioritising health impacts.
- Framing recommendations.
- Producing a final report.
- Producing a statement of influence.

3.4.1 Methods used to gather evidence

One of the main outputs of the appraisal stage is a set of evidence-based recommendations. The methods used for data collection and analysis will vary according to the depth of the HIA. Here is an outline of the main methods used.

Profiling the population

The population profile helps to establish an overview of the affected population, helps to identify potentially vulnerable groups and establishes a baseline against which possible future health impacts can be assessed. A profile might include:

- General attributes of the population including size, density, distribution, age and sex breakdown, birth rate, ethnicity, socio-economic status.
- Health status of the population, particularly the at-risk groups, gained from mortality, disability and morbidity data.
- Levels of employment or unemployment.
- Health behaviour indicators.
- Environmental conditions - transport infrastructure, housing makeup, details on air, water and soil.
- Geographical location of at-risk groups.

Information for profiling is available from the Northern Ireland Statistics and Research Agency (NISRA), Northern Ireland Neighbourhood Information Service (NINIS) and from other sources such as INISPHO (Ireland and Northern Ireland's Population Health Observatory - <http://www.inispho.org>), district councils and voluntary groups. Belfast Healthy Cities has developed guidelines for developing a community profile based on experience of conducting HIA. This resource provides a guide for further sources of information and a structure on how to compose the profile and is available at <http://www.belfasthealthycities.com/chiapublications.htm>

Analysis of policy proposals

This includes the analysis of:

- The proposed policy and supporting documents.
- Other policies that relate to the policy under investigation.
- The social, economic, political, cultural and scientific context of the policy.

Literature review

A review of the literature should be conducted to source evidence of the effects of related policy interventions on health.

Participatory, qualitative approaches

Qualitative research gathers evidence from the experience, knowledge, opinions and perceptions of populations affected by the policy (stakeholders) and people with expert knowledge (key informants). This evidence:

- Provides a more in-depth picture of the range of health determinants affected by the policy, programme or project.
- Provides a detailed understanding of how this impacts on health outcomes and why.
- Contributes to the prioritisation of impacts.
- Provides a valuable perspective on inequalities.

Typical methodology used to consult or incorporate the views of the major stakeholders include focus groups, interviews, surveys and workshops.

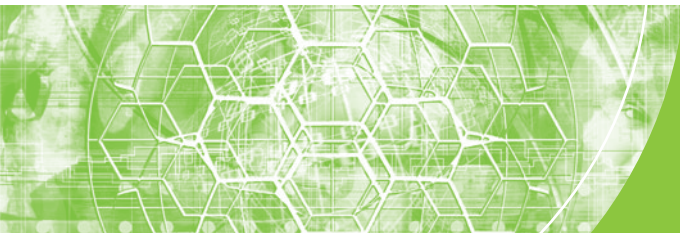
The community is a very important source of evidence, providing insight into how a policy, programme or project may affect their health and community participation forms an important component of many HIAs.

While this kind of resource-intensive evidence gathering and original research may be outsourced to people with research expertise, it is important that the HIA assessor and the steering group keep control of the process and ensure quality control.

A toolkit has been developed for groups to use when gathering evidence in the appraisal stage of HIA. The 'Rapid Appraisal Tool' provides practical advice and is an excellent resource for further information to input into this stage of HIA. The toolkit may be accessed at: http://www.phe.gov.uk/hiadocs/rapidappraisal%20tool_full_document.pdf

Quantitative approaches

Quantitative approaches can be used to estimate changes in health status in the future due to a policy's implementation or estimate changes in health status of some population groups. Surveys are commonly used. Other methods might include forecasting, scenario building, epidemiological analysis and mathematical modelling.



Issues around gathering evidence

The HIA aims to provide a number of evidence-based recommendations but there is disagreement over what constitutes acceptable evidence. These are some of the issues encountered around evidence and suggested ways of dealing with them.

Lack of evidence

It may be difficult to find evidence to show the direct health impacts of public policy decisions, particularly at a local level. For this reason evidence from other geographical areas is frequently used and applied to local conditions.

Time constraints on gathering evidence

To carry out a rapid assessment, there may not be time to carry out local research and it may be necessary to rely on readily available evidence.

Applying evidence from elsewhere

Local evidence may be difficult to find so it will often be necessary to consider evidence from elsewhere. Where possible, this should be applicable to local circumstance – for example, from a similar geographical area or somewhere with a similar population profile.

Speculative nature of evidence

Where evidence exists, much of it shows associations rather than direct causal connections between policy actions and health impacts. For example, there is an association between poor housing conditions and certain types of illness but there is disagreement about the strength of the association and whether one directly causes the other.

To address this issue, HIA adopts the World Health Organisation approach and applies the **precautionary principle** when dealing with evidence. This means that where there are threats of serious damage to health, a lack of full scientific certainty should not be used as a reason for postponing measures to minimise this damage.

Different views about acceptable evidence

Different views about what is acceptable evidence may lead to challenges to HIA. Some believe only quantitative evidence can apply the required scientific rigour to a HIA while others believe only qualitative research can do justice to the complexity of the social determinants of health. HIA uses the following guiding principles:

Quantitative and qualitative evidence are both important to HIA. The HIA should focus on the quality of the evidence regardless of whether it is quantitative or qualitative. The crucial test of the validity of evidence for HIA should be the quality or robustness of the research design and the validity of its conclusions.

Quantitative and qualitative evidence can complement each other. Qualitative evidence can validate quantitative evidence used from another geographical area and can help shape quantitative surveys and ensure issues of importance to the community are measured.

3.4.2 Making recommendations

If prioritisation has not taken place at the screening or scoping stage there may be a large number of potential health impacts of the policy, programme or project identified. To frame recommendations to promote health, these impacts need to be ranked in some way.

A tool to help prioritise impacts and frame recommendations can be found in Appendix 4.

A ranking or prioritisation strategy should be agreed by the steering group. The following criteria and issues should be considered.

Strength of the evidence and likelihood of the impact

Is the evidence for the health impact convincing? Is the likelihood of the impact occurring for this particular policy, programme or project definite, probable or speculative?

Some impacts can be measured by direct indicators or quantitatively estimated indirectly by proxy measures. Others are non-quantifiable and are measured instead by opinions or perceptions. Both types of evidence are important to HIA.

Scale of the impacts

If the impact is likely to occur then what will be the likely scale? What proportion of the population might be affected?

The distribution of effects in the population

A policy, programme or project may impact positively on one section of the population and negatively on another. For example, a traffic calming measure will reduce accidents in one part of the community but potentially increase them in another.

Additionally, there may be both negative and positive impacts for the same community from a proposal. For example, a new airport may cause increased traffic and pollution but this may be offset by increased employment opportunities and poverty reduction. The steering group needs to consider how one balances against the other.

Health inequalities

The assessment needs to consider the impact on the health of the more vulnerable sections of the population and as outlined in section 2.4 the recommendations should aim at raising the health status of the least healthy population groups to that of the healthiest.

Latency

The steering group needs to distinguish between long-term impacts and medium or short-term impacts. For example, a regeneration housing scheme will have longer term positive impacts for the population as a whole but may have short term negative impacts for some due to the disruption caused by construction.

Appendix 5 lists some examples of recommendations made taken from completed HIAs.

Final report

Once the appraisal is complete, impacts have been identified and recommendations for policy revision developed. A report describing the process, findings and policy revision options would be produced.



4. Statement of Influence on Policy/Programme/Project

Once the proposal has been finalised, a Statement of Influence is written to record how the HIA has influenced both the decision-making process and outcomes. The statement involves a comparison of the HIA's recommendations with the final proposal, commentary on how the HIA influenced the decision-making process and any budget changes. This statement provides important evidence regarding the effectiveness of HIA and is a milestone in the monitoring and evaluation process. Appendix 6 suggests a format that could be used.

5. Monitoring and Evaluation

Monitoring and evaluation is an integral stage of HIA. Ideally, responsibility should be allocated and resources identified at the steering group stage. They are used to assess whether the aims and objectives set at the beginning of the HIA were achieved. Monitoring and evaluation looks at the following areas:

Process

It assesses how the HIA process was undertaken, who was involved, and how useful and valuable the process was. It determines whether the HIA added value to the decision making process.

Impact

The monitoring and evaluation tracks whether recommendations are subsequently accepted and implemented by the decision-makers and if not, tries to determine why not.

Monitoring and evaluation of the process and methodology can be conducted by reading output documents, minutes, agenda, and other material and getting steering group members points of view through a survey or interview.

Monitoring the longer term impacts of the HIA

Monitoring and evaluation should also consider the health outcomes of a proposal after a HIA has been conducted. It should aim to assess whether the anticipated positive effects on health, well being and equity were, in fact, enhanced and whether negative ones were minimised.

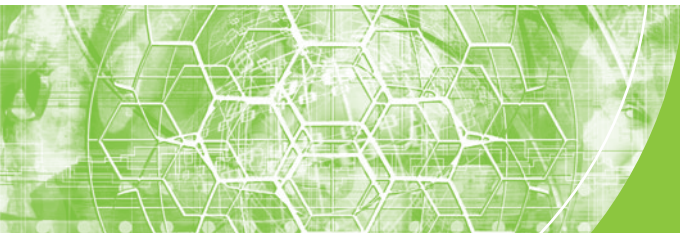
The health impacts of a policy may take many years to become apparent and the organisers of a HIA may not be available to measure these impacts once the assessment is complete. For this reason, indicators to measure the longer term health impacts of the proposal should be framed while doing the HIA and these should be included as a discrete strand of the ongoing monitoring of the policy or project.

6. Further Information and Advice on HIA

Further information and advice on conducting HIA can be obtained from the Investing for Health Team, DHSSPS, located in Room C4.12 Castle Buildings, tel. no. 90522133, (web site: www.investingforhealthni.gov.uk), or from the Institute of Public Health in Ireland, tel no. 90648494 (website: www.publichealth.ie/hia).

7. List of Appendices

- Appendix 1 - Screening Tool
- Appendix 2 - Checklist of items to consider when establishing and managing the Steering Group
- Appendix 3 - Checklist of possible HIA resource items
- Appendix 4 - Tool for Framing Recommendations
- Appendix 5 - Examples of Recommendations from Case Studies
- Appendix 6 - Reporting Format for Statement of Influence
- Appendix 7 - Health Impact Assessment Case Studies
- Appendix 8 - Overview of Health Impacts of Transport Policies and Projects
- Appendix 9 - Overview of Health Impacts of Employment
- Appendix 10 - The Health Impacts of Housing
- Appendix 11 - Information Sources on HIA
- Appendix 12 - Documents and other Sources of Information for this Publication



APPENDIX 1: Screening Tool

1. **Title of the policy, programme or project**

2. **Reference code**

3. **Description**

4. **Type**

5. **Health determinants**

Is the initiative affecting any of the following determinants of health?

Lifestyle

	Positive effect	Negative effect	No effect
Diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use: alcohol, tobacco, illegal substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanation: If there is likely to be a positive or negative effect on lifestyle factors, note briefly here what those effects are.

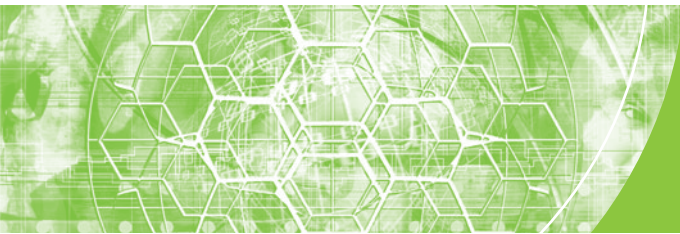
Physical environment

	Positive effect	Negative effect	No effect
Air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Built environment and land use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanation: If there is likely to be a positive or negative effect on the physical environment, note briefly here what those effects might be.

Socio-economic environment		Positive effect	Negative effect	No effect
Crime -	will the proposal have an effect on crime or the fear of crime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education -	will the proposal have an effect on educational opportunities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment -	will the proposal have an effect on Employment opportunities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The working environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family cohesion -	will the proposal have an effect on levels of family contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing -	will the proposal affect the opportunity to live in a decent affordable home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income -	will the proposal have an effect on poverty levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation -	will the proposal have an effect on recreational opportunities such as exercise, social contact, cultural activities and other areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social cohesion -	will the proposal have an effect on levels of community interaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport-	will the proposal have an effect on:			
	Pollution levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Exercise levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Accident levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanation: If there is likely to be a positive or negative effect on socio-economic factors, note briefly here what those effects may be.



6. Health care

Access to health services

Positive effect

Negative effect

No effect

Explanation: If there is likely to be a positive or negative effect on access, to health service, note briefly here what those effects are.

7. Population affected

Considering the health impacts identified above, which of the following sections of the population will be affected? (includes Section 75 groups)

Whole population

	Positive effect	Negative effect	No effect
Sub-populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children [0-18 years]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marital status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons with dependants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Political opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronically ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economically disadvantaged people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender [specify male/female]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racial and ethnic minority groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note - there may be other population groups specific to the proposal or policy area being considered not included here (see guidance notes for an example). The exercise may also require one of the above categories to be subdivided further. Additional sub-groups can be added here.

Explanation: If there is a positive or negative effect on the whole or a section of the population, note briefly here what those effects are.

Note, the proposal may have a positive impact on one section of the population and a negative effect on another. Specify where this occurs.

8. Recommendation

Considering the health impacts, if any, identified above, are these significant enough to warrant a health impact assessment?

Yes

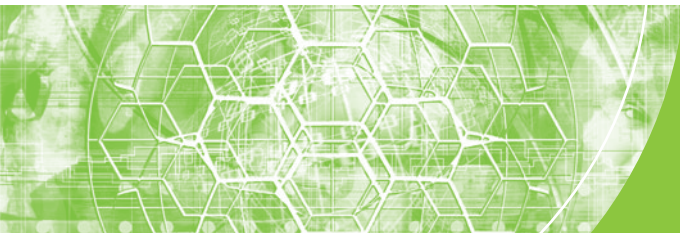
No

(This decision will be based on a judgement of the strength of the available evidence and its applicability to local conditions and the strength of feeling of stakeholders and key informants.)

If No, what are the reasons for not carrying out a HIA?

Note, possible reasons might include:

- health impacts not considered important enough
- lack of evidence to show health impacts
- not enough time to influence decisions on the proposal
- lack of resources to carry out required level of research



APPENDIX 2: Checklist of items to consider when establishing and managing the Steering Group

	To be agreed by:	
Include the decision-makers of the policy, programme or project on the group	<input type="checkbox"/>	<input type="checkbox"/>
Limit the number on the steering group (generally no more than 12)	<input type="checkbox"/>	<input type="checkbox"/>
Establish the group's values or perspective on health to provide a reference point	<input type="checkbox"/>	<input type="checkbox"/>
Agree how often the group should meet and set dates at the outset	<input type="checkbox"/>	<input type="checkbox"/>
Set up sub-groups to conduct elements of the work if necessary	<input type="checkbox"/>	<input type="checkbox"/>
Find a chair with facilitation skills to deal with potential conflict between group members	<input type="checkbox"/>	<input type="checkbox"/>
Allocate responsibility for different aspects of the HIA and record decisions	<input type="checkbox"/>	<input type="checkbox"/>
Take minutes of each meeting and circulate	<input type="checkbox"/>	<input type="checkbox"/>
Line up potential replacements if members can not attend a meeting	<input type="checkbox"/>	<input type="checkbox"/>
Draw up Terms of Reference (TOR)	<input type="checkbox"/>	<input type="checkbox"/>

Details to consider in the TOR include:

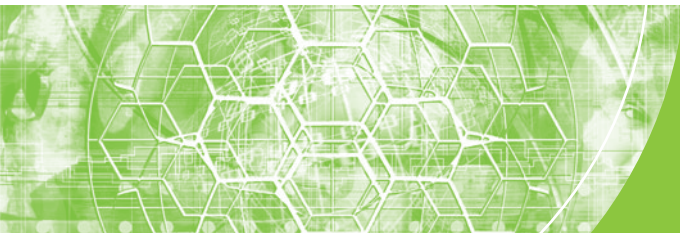
- Membership
- Responsibilities of individual members
- Methods of assessment to be used
- Expected outputs of the group
- Outline of work programme
- Deadlines
- Budget
- Sources of funding

(See checklist of resource items to consider in Appendix 3)

APPENDIX 3: Checklist of possible HIA resource items

		*Responsibility:	
Office accommodation		<input type="checkbox"/>	<input type="checkbox"/>
Staffing		<input type="checkbox"/>	<input type="checkbox"/>
	Researcher	<input type="checkbox"/>	<input type="checkbox"/>
	Outside validator/Consultant	<input type="checkbox"/>	<input type="checkbox"/>
	Administration staff	<input type="checkbox"/>	<input type="checkbox"/>
Travel		<input type="checkbox"/>	<input type="checkbox"/>
	Agreed mileage for car travel	<input type="checkbox"/>	<input type="checkbox"/>
	Train	<input type="checkbox"/>	<input type="checkbox"/>
	Flights	<input type="checkbox"/>	<input type="checkbox"/>
	Taxis	<input type="checkbox"/>	<input type="checkbox"/>
Equipment		<input type="checkbox"/>	<input type="checkbox"/>
	Computer terminal/laptop	<input type="checkbox"/>	<input type="checkbox"/>
	Tape recorder	<input type="checkbox"/>	<input type="checkbox"/>
	Photocopying	<input type="checkbox"/>	<input type="checkbox"/>
	Mobile phone	<input type="checkbox"/>	<input type="checkbox"/>
Research		<input type="checkbox"/>	<input type="checkbox"/>
	Focus groups/community meetings	<input type="checkbox"/>	<input type="checkbox"/>
	Hall/room hire	<input type="checkbox"/>	<input type="checkbox"/>
	Transport for participants	<input type="checkbox"/>	<input type="checkbox"/>
	Catering	<input type="checkbox"/>	<input type="checkbox"/>
	Surveys/Interviews	<input type="checkbox"/>	<input type="checkbox"/>
	Survey design	<input type="checkbox"/>	<input type="checkbox"/>
	Fieldwork	<input type="checkbox"/>	<input type="checkbox"/>
	Analysis and report	<input type="checkbox"/>	<input type="checkbox"/>
	Statistical software	<input type="checkbox"/>	<input type="checkbox"/>
	Other research costs	<input type="checkbox"/>	<input type="checkbox"/>
	Access to data sources/literature	<input type="checkbox"/>	<input type="checkbox"/>
	Library resources	<input type="checkbox"/>	<input type="checkbox"/>
	Travel costs	<input type="checkbox"/>	<input type="checkbox"/>
Production of HIA report		<input type="checkbox"/>	<input type="checkbox"/>
	Design and printing	<input type="checkbox"/>	<input type="checkbox"/>
	Dissemination/distribution	<input type="checkbox"/>	<input type="checkbox"/>
	Putting report on internet - PDF file	<input type="checkbox"/>	<input type="checkbox"/>
Additional possible steering group expenses		<input type="checkbox"/>	<input type="checkbox"/>
	Room hire	<input type="checkbox"/>	<input type="checkbox"/>
	Catering	<input type="checkbox"/>	<input type="checkbox"/>
	Consultancy fees	<input type="checkbox"/>	<input type="checkbox"/>

* Indicates Officer responsible to carry out duty if applicable e.g. Administrator or Project Officer



APPENDIX 4 - Tool for Framing Recommendations

This tool suggests one approach to framing recommendations for the HIA. The purpose of the tool is to enable:

- 1) documentation of the health impacts identified by stakeholders and steering group
- 2) prioritisation of these impacts based on accepted criteria
- 3) framing of recommendations for the policy, programme or project based on these prioritised health impacts.

Step 1

Information accessed at the gathering evidence stage should be collated into a format to ensure the material can be easily understood by the group who will be framing recommendations. The following table may be used as a guide to structure the information gathered.

Health determinant category (Listed in appendix 1, section 5)	Positive or negative health impact	Evidence	Source of evidence

Step 2

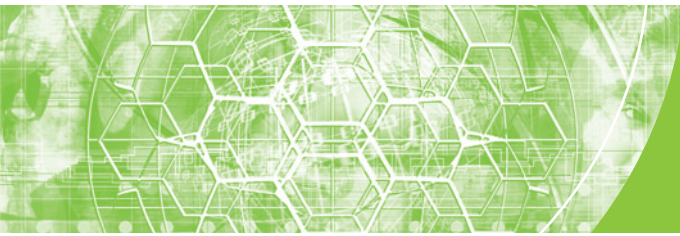
List in the columns provided both the negative and positive health impacts of the policy, programme or project identified by stakeholders and steering group. Then discuss which of these impacts should be prioritised and indicate in the adjoining columns the reason why.

The criteria for prioritisation will depend on the specific circumstances of the HIA but some of the following could be used.

- L = The predicted health impact is likely or very likely and supported by evidence
- I = The health impact will have an effect on health inequalities
- C = The predicted health impact is considered significant or a cause for concern by the community or population or stakeholders affected by the policy, programme or project.
- S = The health impact is speculative
- U = The health impact is unlikely in this case
- O = Other (Where this is indicated, explain in more detail in the text box provided)

Negative health impacts	Priority	Positive health impacts	Priority

Other - Explanation



Step 3

Based on the criteria above, list again the health impacts prioritised in Step 1. Then after discussion list the recommendations to maximise health gain or minimise health loss.

In Appendix 5 there are some examples of recommendations made from completed Health Impact Assessments.

Prioritised positive health impacts	Recommendations to maximise health gain

Prioritised negative health impacts	Recommendations to minimise health loss

APPENDIX 5 - Examples of Recommendations from Case Studies

Listed below are examples of recommendations included in completed HIAs that would maximise the health gains and minimise the health loss.

Liverpool Observatory, 1997 - HIA of a Community Safety Initiative

- Involve local people in designing out crime
- Develop opportunities for employment and training in the community
- Carry out a before and after survey of residents to test effectiveness of initiative
- Get children involved in participatory safety education
- Create recreation facilities for local people
- Reduce the environmental causes associated with fear of crime

Liverpool Observatory, 1998 - Development of King George V Playing Fields

- Make maximum use of established local networks, sporting clubs and national and local associations in the design of facilities
- Give careful thought to the marketing - especially pricing, to ensure maximum use by deprived communities
- Make public transport links and road safety a priority
- Continue to monitor the health status of the community to assess the impact of the development upon all members of the community, especially the vulnerable groups

Liverpool Observatory, 1999 - Merseyside Integrated Transport Strategy

- Monitor air quality and build data sets for the key traffic-related pollutants
- Link air quality to available health data sets on a geographical basis
- Continue to promote low emission buses
- Consider phasing traffic management measures
- Continue to promote bus patronage and promote accessible buses
- Maintain non-commercial public transport systems and avoid excessive saturation on commercial routes
- Reduce real and perceived dangers of using public transport at night
- Target mitigation methods for communities adjacent to priority traffic routes
- Minimise the impact of construction of transport infrastructure

Melbourne road by pass

- Noise attenuation - restrict trucks during sleeping hours



Manchester Airport

- Actively pursue policies that will maximise the percentage of passenger journeys using public transport
- Limit the number of on-site parking spaces
- Plan and control the number of off-site parking places
- Maintain and expand the air quality monitoring system
- Contribute to monitoring of health effects of air pollution and contribute to research and development aimed at minimising adverse health effects
- Action by those responsible for the increase in noise to ameliorate the effects by sponsorship of local schools
- Enforce noise legislation
- Structure job package to include part-time work in hours suitable for single parents and a stated minimum number to be filled by people with disabilities
- Advertise jobs in media accessible to single parents, people with disabilities, unemployed and people from deprived areas. Give priority to local people.
- Provide affordable crèche facilities with the appropriate number to cater for likely demand
- Provide transport between the airport and local centres of population at times related to staff working hours

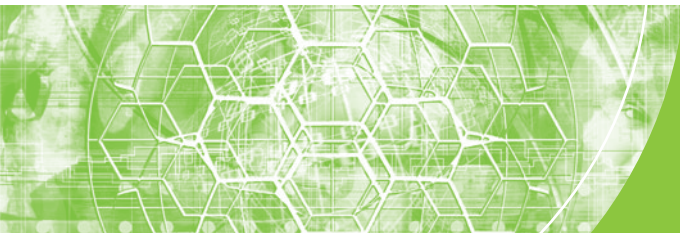
APPENDIX 6 - Reporting Format for Statement of Influence

What recommendations of the HIA were accepted as part of the policy, programme or project?

--

How will these recommendations be implemented in the policy, programme or project?

Accepted recommendations	Method of implementation



How will the potential health impact of these accepted recommendations be monitored on an ongoing basis in the policy, programme or project?

Accepted recommendations	Method of monitoring

What recommendations from the HIA were rejected and why?

Rejected recommendations	Reasons for rejection

APPENDIX 7 - Health Impact Assessment Case Studies

The following case study illustrates a multi-agency approach that was undertaken to conduct a HIA on the built environment.

Finningley Airport, Doncaster, England

Background

In 2000 a planning application was submitted to Doncaster Metropolitan Borough Council (MBC) to develop a former RAF Airbase into a commercial airport. At the statutory public consultation stage, Doncaster Health Authority expressed the need to carry out a HIA before the planning application was considered. The prospective HIA was therefore initiated and funded by Doncaster Health Authority in partnership with the Directorate of Environment and Health and Housing section of Doncaster MBC and complemented the environmental, economic and transport impact assessments that had been conducted.

Findings and Recommendations

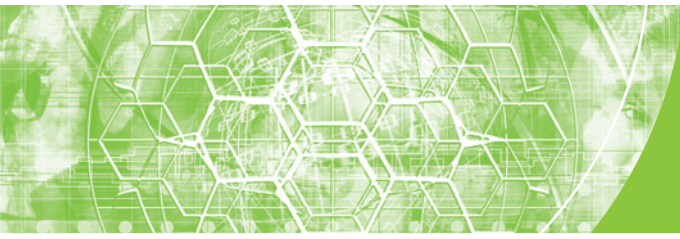
The prospective HIA ensured that the findings would inform the planning decision on Finningley Airport. The approach ensured that local residents within the Doncaster area alongside stakeholders and key informants were given the opportunity to identify perceptions as to how the development would affect health both positively and negatively. A number of recommendations were then developed by the multi-agency HIA Steering Group which clearly detailed specific health impacts to be incorporated into the final plan for the commercial airport. These recommendations highlighted:

- Main positive health impacts
 - Employment
 - Regeneration Activities
- Main negative health impacts
 - Noise
 - Pollution
- Consideration was also given to
 - The need for ongoing HIA activities during both the construction and operational phase to ensure any changes could be assessed.
 - The need for a review of the potential impact on public services infrastructure on a daily basis and emergency response action for Health Services, Emergency services and schools etc.

The comprehensive HIA was initiated in May 2000 and completed by September 2000. The recommendations were taken into consideration in the planning decision for Finningley Airport which took place in October 2000.

Further details may be sourced at:

http://www.phel.gov.uk/hiadocs/79_finningley_airport_hiareport.pdf



This case study demonstrates how HIA can effectively assist in making more informed decisions in the policy arena.

Pilot HIA of Northern Ireland Air Quality Strategy

As part of the Department of the Environment's (DoE) commitment to improve air quality and to meet its obligations under the Investing for Health Strategy, the Local Air Quality Management Policy Guidance Strategy was identified as a subject area on which to conduct a HIA. This work was undertaken to enable a pilot study to be carried out in 2004 using the draft Health Impact Assessment Guidance.

Process

The DoE established a small interdepartmental Steering Group to oversee the HIA process which included representatives from DoE, DHSSPS, and the Institute of Public Health.

The Steering Group progressed through the HIA guidance clearly identifying the positive and negative health impacts and recognising the population groups to be affected by the Air Quality Strategy. Overall in terms of the HIA guidance 'there was a broad welcome of its layout and the process it proposes' (Draft Air Quality Strategy, Health Impact Assessment Workshop, 24th February 2004).

Clear key future actions were identified by the group which would enable the recommendations to be fed into a forthcoming review of the Air Quality Strategy. These recommendations focus on maximising the positive health impacts of Air Quality Management and minimising the negative health impacts.

Recommendations/Outcomes of conducting a HIA on the Air Quality Strategy

- The process contributed to more effective joined-up Government.
- An analysis of the economic benefits of improved health resulting from better air quality was produced by a Health Economist which provided additional evidence for the interdepartmental group to base their recommendations on.
- A workshop was carried out to identify health impacts which laid the foundations for future inter-sectoral collaboration between Government departments.
- Recommendations as outlined in the HIA final report are to be incorporated in the Air Quality Review paper.

The HIA pilot exceeded the expectations of the DoE who valued the exercise as a very worthwhile developmental process.

Enler Site Proposal, Ballybeen Estate, Northern Ireland

Background

Belfast Healthy Cities received funding from the Investing for Healthier Communities Grant Programme to pilot a Community HIA model. The Community HIA has been defined by Belfast Healthy Cities as 'a process which is community-led, guided by community development principles and carried out by members of the community in a 'learning by doing' approach on a project within their local area.' (Belfast Healthy Cities: 2003). The chosen community was situated within the Ballybeen Estate, Castlereagh and identified as an area that could undertake the pilot programme.

Findings and Recommendations

A Community Steering Group was established which was comprised of community, voluntary and statutory sectors to ensure a multi-sectoral approach. This group identified a local derelict area known as the Enler site, as a suitable project on which to conduct a Community HIA. A total of six options were identified for the development of the site, all of which were included in the HIA to ensure consistency. A key element of the Community HIA process was training, which not only empowered the local community, but increased local awareness of the process through engagement. It also assisted community development by increasing knowledge and skills and providing networking opportunities amongst local residents and statutory organisations.

During the scoping stage, a community profile was developed and it was agreed to gather a wide range of information relating to issues such as housing, transport, employment and health. This in itself developed into a resource for the local community and provided valuable evidence for on-going information needs required in a number of areas e.g. grant applications. Alongside the community profile, extensive community consultation was undertaken to identify vulnerable groups, contact key informants and host open information gathering events. This opportunity enabled participants to present findings that detailed specific community concerns on both positive and negative impacts on health and well-being of each of the six options. The Steering Group agreed to focus recommendations on the development option selected by the economic appraisal and potential suggestions were outlined in relation to this area only. The recommendations from the HIA workshop were received positively by the owners of the site, Landmark East.

The Community HIA focused on training the local community and gathering evidence at a local level to inform the decision making process. HIA can assist this capacity building process within communities by gathering local views to ensure an inclusive approach to improving the quality of life within an identified area.

Further details may be sourced at: <http://www.belfasthealthycities.com/programme3.htm>



APPENDIX 8 - Overview of Health Impacts of Transport Policies and Projects

"Everyone is exposed to some degree of health risk from transport, but the adverse health effects fall disproportionately on the most vulnerable groups in our societies: people with disabilities or hearing or sight impairments; older people; the socially excluded; children and young people and people living or working in areas of intensified and cumulative air pollution and noise."
(WHO, 1999)

Adapted from 'Carrying out a Health Impact Assessment of A Transport Policy - Guidance from the Transport & Health Study Group, Faculty of Public Health Medicine, Stockport Health Authority' - available from www.nhs.uk/transportandhealth

Air pollution

Motor vehicles are responsible for nitrogen dioxide, carbon dioxide and PM emissions. Air pollution episodes are associated with rises in death and hospital admissions. Ambient levels of air pollution are associated with raised morbidity and mortality. Air pollution also contributes to climate change.

Road traffic injuries

The effects include mortality and injury for bicycle users, pedestrians and passengers. Perceived danger from traffic restricts children's independent mobility and reduces the amount children exercise, with long term implications for children's physical and mental well-being.

Physical activity

Physical activity reduces the risk of heart disease, stroke, diabetes, hypertension, depression, cancer and osteoporosis. A transport policy that encourages exercise through cycling or walking will maximise health.

Community severance

This is caused by major roads being built through a community, with residents cut off from safe access to shops, school and other parts of their social network. Social contact is beneficial to health but studies in the USA show that social contact tends to fall as traffic increases.

Noise

Traffic noise contributes to stress-related health problems such as hypertension and minor psychiatric illness. It can also cause loss of sleep and may interfere with concentration.

Access/Mobility

Access to education, work, shops, health care and social networks are important determinants of health. A transport policy needs to ensure that access is enabled for all sectors of the community, not just car users.

Inequalities

The effects of a transport policy do not fall evenly on all sectors of society. Pedestrians and cyclists are more prone to injuries than drivers. People with higher incomes can live away from a main road and will not suffer as much from air pollution, noise or community severance. Those with easier access to leisure facilities will exercise more.

Checklist of potential health impacts of transport proposals

Health Promoting	Health Damaging
Access to : employment shops recreation social support networks health services countryside Recreation Exercise Economic Development	Road traffic injuries pollution: particulates carbon monoxide nitrogen oxides hydrocarbons ozones carbon dioxide lead Noise Stress and anxiety Danger Loss of land and planning blight Community severance by road Constraints on mobility, access and independence Reduced social use of outdoor space

Examples of transport HIAs

HIA of a Local Transport Plan (LTP) for West Yorkshire

HIA of the City of Edinburgh Council’s Urban Transport Strategy

On the move: Informing transport health impact assessment in London

<http://www.hiagateway.org.uk/>

Carrying out a health impact assessment of a transport policy: Published jointly by the Transport & Health Study Group and Faculty of Public Health Medicine. (<http://www.ihia.org.uk/>)

A Prospective Health Impact Assessment of the Merseyside Integrated Transport Strategy (MERITS), Liverpool Health Observatory, 1999 (Available at a charge of £5)

<http://www.liv.ac.uk/PublicHealth/>

Some sources of evidence on transport and health

The European Centre for Environment and Health - gives information on the WHO work programme around transport, environment and health, provides evidence on the links between transport and health and discusses policy options. <http://www.euro.who.int/ecehrome>

World Health Organisation, Regional Office for Europe - Website on Transport and Health:

http://www.who.dk/healthy-cities/UHT/20050201_4

HIA Gateway Website, National Institute for Health and Clinical Excellence (NICE), U.K.,

<http://www.hiagateway.org.uk/>



APPENDIX 9 - Overview of Health Impacts of Employment

The review document is adapted from the work of a European Commission DG Sanco funded project 'Policy Health Impact Assessment for the European Union' involving research partners in the UK, Germany, The Netherlands and Ireland.

Unemployment and low income

Unemployment tends to affect both physical and mental health and is an important determinant of health inequalities in adults of working age. Unemployment carries a higher risk of morbidity and premature mortality. In England and Wales, mortality from all causes is higher than average for unemployed men. Unemployed women in England and Wales have higher mortality from coronary heart disease and injuries and poisonings, including suicide. Unemployed people tend to have lower levels of psychological well-being ranging from symptoms of depression and anxiety to self harm and suicide. Unemployment affects family income levels that impact on other health determinants, for example, housing or nutrition.

Job insecurity

Job insecurity is associated with negative attitudes to work and negative impacts on health - for example, mild depression and self-reported health status tends to deteriorate among those anticipating a job loss. Insecure jobs also tend to involve high exposure to work hazards of various kinds.

Less skilled, manual workers tend to be most exposed to low paid, temporary or insecure jobs. Downsizing, which can lead to increased job insecurity, has been shown to be associated with long periods of sick leave due to musculo-skeletal disorders and trauma.

Working conditions

Working conditions of non-permanent workers are worse than those of permanent workers. They have a greater exposure to vibrations, loud noise, hazardous products and repetitive tasks.

Type of work

Jobs involving a high psychological demand but with low control over working conditions are associated with health-related harm. High demand, low control work is more common with lower socio-economic groups and non-permanent workers and is associated with increased risk of heart disease, musculo-skeletal disorders, mental illness and sickness absence. Social support in the workplace has been shown to mitigate this job strain. There is some evidence showing an association between effort-reward imbalance and incidence of coronary heart disease, and precursors of cardiovascular disease.

Employment interventions and health

Improvements in psychological health have been demonstrated with workplace changes. These include workforce participation in planning and problem-solving and altering shift patterns to accommodate worker needs.

Explicit commitment and leadership at a national level also promotes good practice. High-levels of perceived co-worker, supervisor or trade union support can help offset negative effects of job insecurity.

A longer term study of Whitehall civil servants in the UK suggests that health could be improved by giving workers in low control environments a greater variety of tasks and a stronger say in decisions related to the workplace.

Some sources of evidence on employment and health

The European Foundation for the Improvement of Living and Working is a European Union body that contributes to the planning and establishment of better living and working conditions. Its work includes substantial research on the impacts of health on employment.
www.eurofound.ie

The National Institute for Working Life - a Swedish Institute that carries out research and development on working life including links with health. To access the English version use this link:
<http://www.niwl.se/en>



APPENDIX 10 - The Health Impacts of Housing

This is a brief summary of some of the main impacts of housing on health. Much of this has been adapted from the document 'Housing Improvement and Health Gain: A summary and systematic review' by Hilary Thomson, Mark Petticrew, David Morrison, MRC Social & Public Health Paper No 5, January 2002. This report is available for download at: <http://www.hiagateway.org.uk/>

Temperature and warmth

Research in the UK shows a 30% increase in death rates between the summer and winter months and suggests that these variations are related to indoor rather than outdoor temperature. The elderly and the very young are most at risk in the cold weather and helping them reduce exposure by tackling fuel poverty and improving insulation will improve health. Health problems associated with cold indoor temperatures are often linked to the ability to pay fuel bills, rather than the condition of the home itself.

Indoor air quality

The most common airborne particles arise from environmental tobacco smoke, cooking, certain heating appliances and human activity. Hazards associated with the highest health risks (identified by the Building Research Establishment) were hygro-thermal conditions, radon, house dust mites, environmental tobacco smoke and carbon monoxide. Short term elevations in ambient particles are strongly associated with increased mortality and morbidity (especially acute cardio-pulmonary impairment) especially within vulnerable groups such as the elderly and asthmatics who are most at risk.

Dampness and hygrthermal growth

If a home is damp or mouldy there is a small increase in the risk to respiratory health. Housing should be designed to prevent the proliferation of indoor allergens.

Home ownership

Home ownership may generate a degree of security and control and in some cases may be associated with good health. However, health (in particular mental health) may be negatively affected by insecure home ownership and mortgage arrears.

House type and design

Poor quality housing and overcrowded housing are associated with low levels of mental health and well-being. Flat dwelling has been linked to social isolation, crime and reduced privacy. These stressful conditions can affect physical and mental health. With flat dwelling there are also fewer opportunities for safe play for children.

Moving and relocation

Moving to a new area may have health benefits if the relocation leads to an improved social environment with better educational and employment opportunities. On the other hand, moving to another area can lead to a loss of community or social networks, with negative health impacts. Moving is stressful and can also lead to uncertainty and lack of control over changes and living circumstances, particularly in the case of social housing where tenants have limited relocation choices.

Housing costs

High housing costs can negatively affect health. For example, high rents can affect people's budget for an adequate, nutritious diet. Expensive or inefficient heating systems will discourage people on low incomes from using them leading to health risks associated with fuel poverty.

Displacement during regeneration projects

While housing regeneration and improvement projects will generally have longer term health benefits, residents may suffer shorter term negative health impacts through displacement.

Further sources of information and evidence on housing and health

In addition to the document mentioned above, the following are useful sources of information:

World Health Organisation source of evidence and information
<http://www.who.dk/eprise/main/WHO/Progs/HOH/Home>

The following completed HIAs on Housing available for download at:
<http://www.hiagateway.org.uk/>

Health Impact Assessment of the NEAR Housing Strategy: Scottish Needs Assessment Programme

Housing, Health and Wellbeing in Llangeinor, Garw Valley: HIA

Shepherds Bush Housing Association - Assessing the health impact of housing policy ... work in progress

Targeting Housing Improvement Grant HIA

Preliminary Health Impact Assessment of Housing Policies in the Netherlands



APPENDIX 11 - Information Sources on HIA

Institute of Public Health in Ireland

The Institute of Public Health has a leading role in building the capacity of HIA in Ireland, North and South. This dedicated website provides information on HIA developments in Ireland and internationally and resources for organisations who want to conduct a HIA.

www.publichealth.ie/hia

HIA Gateway Website, National Institute for Health and Clinical Excellence (NICE), U.K.,

Developed by the former Health Development Agency and now managed by the National Institute for Health and Clinical Excellence in England, this website includes information about HIA in England and globally. It includes a database of resources (completed HIA's, toolkits, evidence and other related material), a database of HIA contacts, on-line forms for adding contact details and resources and details of HIA activities in other nations.

<http://www.hiagateway.org.uk/>

The World Health Organisation Regional Office for Europe

The WHO European Office reviews information, models and experience in HIA, discusses the results of international workshops, develops practical tools for policy makers to apply HIA and tests and evaluates these tools in pilot HIA projects. There is also a HIA email discussion group.

www.who.dk

The European Centre for Health Policy gathers information, develops models and methodology and shares experience with HIA. It uses meetings, workshops and an international email network to develop and evaluate practical tools for policy making.

www.who.dk/echp

International Health Impact Assessment Consortium

The International Health Impact Assessment Consortium (IMPACT) is a multi-agency partnership formed to help further research, study and practice of HIA. The site includes a searchable database of resources, the Merseyside Guidelines HIA methodology and information on training and events.

<http://www.ihia.org.uk/>

The Federation of Swedish County Councils

This site includes a general introduction to HIA, a discussion on how policy decisions impact on public health, HIA toolkits and examples of how to implement HIA.

<http://www.lf.se/lfenglish/>

The International Association for Impact Assessment

The International Association of Impact Assessment (IAIA) supports individuals and organisations involved in different forms of impact assessment by providing a forum for the exchange of ideas and opportunities for collaboration. The IAIA has a health impact assessment email discussion group.

<http://www.iaia.org/>

The Welsh Health Impact Assessment Support Unit

This site outlines the work of the Welsh Health Impact Support Unit and HIA activity in Wales.
www.whiasu.cardiff.ac.uk

Other websites in development

The Netherlands School of Public Health is also currently developing a HIA website.
<http://www.hiadatabase.net/>



APPENDIX 12 - Documents and other Sources of Information for this Publication

Elements of the document are adapted from the ongoing work of the European Commission DG Sanco funded project 'Policy Health Impact Assessment for the European Union'.

Training courses:

Some of the guidance in this document was adapted from advice and written material provided in the following 2 training courses:

Health Impact Assessment in Practice, A four day course about Health Impact Assessment, London Health Observatory, February 12th-13th and March 12th-13th.

Health Impact Assessment Training Course, 10-14th March 2003, International Health Impact Assessment Consortium, University of Liverpool.

Documents:

(Many of these documents are available for electronic download from the National Institute for Health and Clinical Excellence (NICE) website: <http://www.hiagateway.org.uk/>).

An easy guide to HIA for Local Authorities; Chimeme Egbutah and Keith Churchill, Luton, Luton Borough Council, Oct 2002

Carrying out a Health Impact Assessment of A Transport Policy - Guidance from the Transport & Health Study Group, Faculty of Public Health Medicine, Stockport Health Authority - www.nhs.uk/transportandhealth

Focusing on health: How can the health impact of policy decisions be assessed; Landstings Forbundet, Svenska Kommunförbundet, Sweden; 1998

Health Impact Assessment: Concepts, theory, techniques and applications, John Kemm, Jane Parr and Stephen Palmer, Oxford University Press, 2004

Health Impact Assessment: Main concepts and suggested approaches. European Centre for Health Policy (1999). The Gothenburg Consensus Paper, Dec 199. WGHO Regional Office for Europe

Health Impact Assessments, A review of reviews, Lorraine Taylor and Rob Quigley, HAD London, Oct 2002

Health Impact Assessment, Piloting the Process in Scotland, Scottish Needs Assessment Programme

Health Impact Assessment Guidelines, Enhealth, National Public Health Partnership, Canberra, Australia, Sep 2001

Health Impact Assessment of the Near Housing Strategy, Scottish Needs Assessment Programme, Scottish Executive, 1999

HIA of the City of Edinburgh Council's Urban Transport Strategy, Scottish Needs Assessment Programme, May 2000

Housing Improvement and Health Gain: A summary and systematic review, Hilary Thomson, Mark Petticrew, David Morrison, Medical Research Council, Social & Public Health Sciences Unit, Occasional Paper No 5, January 2002

Housing, Health and Well Being in Llangeinor, Garw Valley: A Health Impact Assessment, Eva Elliot, Gareth Williams, School of Social Sciences and Regeneration Institute, Cardiff University, 2002

Independent Inquiry into Inequalities in Health (The Acheson Report). 1998, The Stationery Office, U.K.

Introducing Health Impact Assessment: Informing the decision-making process, Health Development Agency, NHS, 2002

Investing for Health, Department of Health Social Services & Public Safety, Belfast, March 2002

Methods of Health Impact Assessment: a literature review; Linda McIntyre, Mark Petticrew, Medical Research Council, Social & Public Health Sciences Unit, Occasional Paper, December 1999

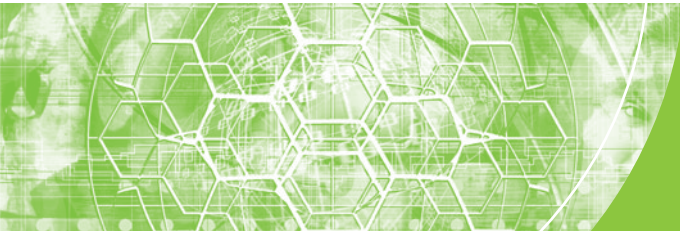
On the move: Informing transport health impact assessment in London, NHS Executive, London, October 2000

Prospective Health Impact Assessment: Pitfalls, problems and possible ways forward: Jayne Parry & Andrew Stevens, BMJ, Vol 323, Nov 17 2001


Rapid Appraisal Tool for Health Impact Assessment in the context of Participatory Stakeholder Workshops: A Task Based Approach, Erica Ison, Institute of Health Sciences, Oxford, 2001

Resource for Health Impact Assessment. Erica Ison, Oct 2001, NHS Executive, London - available for electronic download from www.londonhealth.gov.uk

Wraparound: The Health Impact Assessment of the All-Inclusive Wraparound Scheme, The Southern Health and Social Services Board and The Institute of Public Health in Ireland, August 2002



NOTES:



**Investing for Health
DHSSPSNI
Room C4.4
Castle Buildings
Stormont Estate
Belfast
BT4 35Q**

**Tel: +44 (0)28 9052 2133
Email: publichealth@dhsspsni.gov.uk**

The Institute of Public Health in Ireland

**Forestview
Purdy's Lane
Belfast
BT8 7ZX**

**Tel: +44 (0)28 9064 8494
Email: info@publichealth.ie**

**5th Floor
Bishop's Square
Redmond's Hill
Dublin 2**

**Tel: +353 (1) 478 6300
Email: info@publichealth.ie**

Health Impact Assessment Guidance