
Final Report

REVIEW OF HEALTH IMPACT ASSESSMENT for the Institute of Public Health in Ireland

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1. Introduction

1.1 Context

This report is the response from Community Evaluation Northern Ireland (CENI) to complete a review of Health Impact Assessment (HIA) in Ireland for the Institute of Public Health in Ireland (IPH). HIA is 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'*.¹ HIA utilises a range of information, including policy analysis, demography, evidence of health impacts, quantitative and qualitative research data and community consultation to enable a systematic identification of health impacts, and provide recommendations to maximise the positive and minimise the negative health impacts of policies, programmes and projects.

Since 2001, the Institute of Public Health in Ireland has developed HIA as a key component of its work throughout Ireland. From 2004, in particular, with the employment of two dedicated staff (based in Dublin and Belfast respectively), the number and range of activities have increased. These include the provision of training, awareness-raising, and practical support and guidance in undertaking assessments. Support is also provided through the development and provision of a range of relevant guidelines, tools and resources on HIA, including website materials. Other work includes input on the development of HIA through engagement with other international bodies and conferences.

In 2001, a baseline report was produced by IPH to gauge levels of awareness and activity in relation to HIA at that time. The study, which was based on a postal survey and a scoping exercise (using telephone interviews), found relatively low levels of knowledge and activity in relation to HIA and included a number of recommendations to support the promotion of higher levels of HIA activity across Ireland.

Following the subsequent period of activity on HIA, the Institute decided to commission this external review which would:

- Detail progress and achievements of HIA for the period 2001 to 2009;
- Assess current levels of awareness and activity;
- Provide suggestions for the direction of future work.

¹ World Health Organisation Regional Office for Europe (1999) 'Gothenburg Consensus Paper Health Impact Assessment: Main concepts and suggested approach', Brussels: European Centre for Health Policy: 4

In commissioning the exercise IPH acknowledged that, while it is relatively straightforward to quantify its HIA activities and outputs, the outcomes are more difficult to capture, but that it is important to gain an understanding of the effectiveness of previous work, and lessons for future development. It was also recognised that, while much of the work relating to HIA in Ireland is being taken forward through IPH, and although not a mandatory or legal requirement, other organisations and agencies are also involved in Health Impact Assessment. The review was therefore required to include an element of scanning other organisations in relation to their awareness of, and activities in relation to, HIA. In view of these requirements, our approach to the review includes capturing some of the achievements made in taking forward HIA, combined with some assessment of levels of HIA awareness and activity amongst those not directly involved in the IPH's work in this field.

1.2 Policy Context

The World Health Organisation, in its suggested approaches to HIA, recognised that it would be a complex process². This is a position that has since been confirmed by those involved in the process, not least due to the numerous cross-cutting policy areas that health impacts on and/or is affected by. This was recognised by the DHSSPSNI in developing its main strategic direction and vision for the health and wellbeing of the population in Northern Ireland, when it referred to *'the success of much of the proposed agenda for action will depend on the impacts of all Departments policies and programmes'*³, and its reference to health impact assessments of non-health policies being increasingly seen as a key tool to facilitate cross-sectoral action, and as a means to promote health and reduce inequalities (in health)⁴.

Policy commitments and objectives for HIA are included in a number of documents in Ireland, including the health strategy 'Quality and Fairness: A health system for you' [2001], which states under National Goal No.1: 'Better health for everyone', that *'the health of the population is at the centre of public policy'*. The strategy notes that *'many agencies and government departments whose role may appear more peripheral or indirect have a vital contribution to make in achieving an integrated strategic approach to promoting and improving the health of the whole population'*. This objective is concerned with ensuring *'a joint approach, co-ordinated under one coherent strategy, to maximise the impact on health of existing policies, structures and initiatives'*. Health Impact Assessment is expected to play an important role in promoting this joint approach and other objectives refer to the idea that HIA *'will be introduced as part of the public policy development process. The health impact assessment process identifies the*

² World Health Organisation Regional Office for Europe 1999: 2

³ DHSSPSNI (2002) Investing for Health: 172

⁴ *ibid*

factors, which have a potential impact on health. Accordingly, it is a means for all sectors to determine the effects of their policies and actions on health and it has the potential to bring greater transparency to the decision-making process by clarifying the nature of trade-offs in policy.' (Objective 1:1). It further states that the Department of Health and Children will develop the *'procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of the population and the distribution of those effects within the population'*, and will have a key role in supporting other departments and agencies in carrying out health impact assessments.

HIA is also a key theme in 'Better Health for Everyone, A Population Health Approach for Ireland' (Chief Medical Officer Annual Report (2001) and the 'Review of the National Anti-Poverty Strategy' (2001) The latter stated that: *'It should be government policy that all relevant sectors recognise and accept their responsibility for health by developing multi-sectoral working and the adoption of Health Impact assessment by 2007'*.

An earlier review of the literature on HIA, carried out by IPH⁵, indicated that there were a number of actions that would support the future development and implementation of HIA. These were identified as:

- Creation of a co-ordination system;
- Capacity building;
- Piloting HIAs;
- Developing HIA tools;
- Ring fencing resources;
- Developing HIA networks;
- Quality assurance.

While this informed much of the Institute's subsequent work on HIA, the need to develop a co-ordinated system remains a key challenge – given that there is no legislative requirement to implement HIA in the way that there is a legal requirement for departments to implement Environmental Impact Assessments (EIAs).

However, it is apparent that, just as environmental issues are impacted on by other policies and developments, the same is true of health. This is widely recognised by health professionals and others⁶ who are cognisant of the social determinants of health and current issues in relation to the health of the population. Furthermore, the implications that the health

⁵ IPH (2001) 'Health Impact Assessment: an introductory paper': 15

⁶ Including WHO (2008) 'Commission on Social Determinants of Health. *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health.* Geneva: World Health Organization.

status of the population has for other key policy areas – such as those related to sustainable economic development and long-term economic growth - have never been more profound⁷. There is a need to avoid the vicious circle where ill health inhibits economic growth, which in turn impacts (negatively) on health inequalities and the general health of the population, with further subsequent (negative) implications for economic activity. In this sense the point has been made that, in order to improve health and wellbeing, and *'stem the rising tide of chronic illnesses, health impacts must be considered in all policies, by all government departments'*⁸. The cited WHO report on the Social Determinants of Health⁹ also recommended that regular health equity impact assessments be institutionalised in national and international policymaking. However, unlike environmental impact assessments, HIAs tend to be under utilised and their results often overlooked and that, although the EU has a rigorous system of 'integrated impact assessments', in practice their public health implications are not fully considered outside the health sector. This, it has been argued¹⁰, is largely due to there being no current legal obligation to carry out an HIA, either at Member State or EU level. This has led to a situation where, in the context of Ireland North and South, although HIA forms a central component of government strategy for tackling ill-health and health inequality, it has not been widely implemented. It is within this context that this review was carried out and within which the IPH's work on promoting and supporting HIA needs to be considered.

1.3 Methodology

This review was informed through the following sources of information that were agreed with IPH at the commencement of the exercise. In developing the methodology, we took into account the need to incorporate the views of a range of stakeholders from a diversity of sectors, and from throughout Ireland. We also adopted a variety of methodologies to capture a range of data, both quantitative and qualitative, to enable us to address the terms of reference for the review.

Phase One: Initiation of the assignment

At the beginning of the assignment a Review Reference Group comprising of the Associate Director from IPH and the CENI consultants was established to meet initially to discuss and refine the objectives of the review, agree the specific issues to be addressed and to finalise the

⁷ As illustrated, for instance, in the Foresight Report on *Tackling Obesities* and the implications for economic growth if the rising rates of obesity are not reversed.

⁸ See Salay, R. and Lincoln, P. (2009) 'Increasing the use of health impact assessments: Is the Environment a model?'. *Eurohealth* Vol. 15 No 2: 20-22

⁹ WHO (2008) op. cit.

¹⁰ Salay and Lincoln op. cit. p.21.

detailed methodology, plan and schedule. This included IPH facilitating access to relevant background information and to details of stakeholders, including those who have previously engaged with the HIA programme of activity as well as other bodies/individuals who could potentially input to the review. It was agreed that the RRG would also be reconvened to consider this draft report on the findings and recommendations from the review.

Phase Two: Familiarisation and review of project activities

This phase of the review included familiarisation with the Health Impact Assessment programme as developed by IPH, and its key activities and outputs over the period from 2001-2009. This included documentary desk research focussing on:

- The current strategic / policy context for the promotion and use of HIA in Ireland;
- Key stages of, and timeline for, development of the programme, including reference to activities undertaken to implement the recommendations outlined in the 2001 baseline report, and any significant barriers or challenges experienced to taking the work forward over the last eight years;
- Details of development and delivery of HIA training, including types of training (awareness raising, through to three-day comprehensive programme), numbers of courses delivered, dates of delivery, numbers and types of participants (organisational background);
- Details of other forms of support and guidance provided in relation to undertaking HIAs, including support materials, website and other publications;
- Details of HIAs which have been undertaken through the programme, including client and area of interest;
- Details of other programme activities, including work at an international level;
- Workplans and activity reports on the work associated with the programme;

In addition, consultation was undertaken with the IPH Associate Director with responsibility for overseeing the programme.

Phase Three: Consultation

This phase of the review involved consultation with key stakeholders, using a variety of complementary methods, as follows:

1. Postal survey of a sample of participants on the 3 day training course

The survey was circulated to 190 individuals who were drawn from the IPH database of course/seminar participants. Of these, 48 were returned. These were representative of those working across a range of fields, including public health, planning, regeneration and community development, and reflected participants in both Northern Ireland and the Republic of Ireland. The survey reviewed the perceived benefits of engagement in the training and other forms of support received, the extent to which participants had taken forward work on HIA in their own organisations, and perspectives on possible areas of future development for the work of IPH or other agencies, in relation to HIA.

2. Telephone interviews with representatives of other bodies who have been supported by the Institute

This consisted of six interviews with those who have received support to undertake an HIA in their particular field of work. This group included representatives from 3 organisations in Northern Ireland and 3 in the Republic of Ireland. These included HSE, Belfast Healthy Cities, and CAWT. The interview schedule reflected similar issues to those addressed through the postal survey, including perspectives on the benefits of the support provided through the IPH's HIA programme, in this case including support with carrying out HIAs.

3. Telephone interviews with those who have not engaged in IPH activities on HIA, but who could potentially apply HIA, or are already doing so

This included representatives from a number of organisations which have independently engaged in some form of Health Impact Assessment and a number of other bodies for which the HIA process may be relevant, including those involved in a range of areas including health, environment, education and planning. The interviews were used to elicit information on respondents' current levels of awareness of, and activity (current or projected) in Health Impact Assessment, their views on the relevance of HIA and anticipated needs in taking the HIA process within their particular context.

4. Telephone and face-to-face interviews with other strategic level stakeholders

This included representatives from a number of agencies who had a view on the future development and implementation of HIA and the potential development of the Institute's work in this field.

A list of all those consulted through 2, 3, and 4 is included in appendix 1.

1.4 Structure of the Report

The following sections of this report present and assess IPH's progress, outputs and achievements with particular reference to its awareness raising, training provision, practical support and guidance in undertaking assessments. The final section presents our conclusions in a format that draws on the key findings from the other sections, including an overview of the current relevance of the work of IPH on HIA and the challenges facing it and other agencies in relation to its future direction and implementation. It also provides suggestions for the future development of work in this field.

2. Progress and Achievements - Awareness Raising

2.1 Introduction

The baseline study conducted by IPH in 2001¹¹ indicated that HIA knowledge throughout Ireland was relatively limited and that there was *'little knowledge of HIA as a term or concept outside of a core group of organisations and workers engaged in high-level policy and service development'* (p. 8). It added that:

'the consensus across all sectors and disciplines, in Northern Ireland and Ireland, was that knowledge of HIA is limited to a few at the centre of policy making, partnership and service development. It has not substantially penetrated any sector or group, including the health departments and services. HIA is not yet established in the policy "mindset", in the way that it is in Britain and elsewhere in Europe.'

The previous section of this review indicated some of the ways in which the training provided by IPH had contributed to raising awareness of HIA not just with the participants but also, through them, with others. This was achieved through the participants taking the learning back to their respective agencies or organisations and disseminating it to others or, as in a number of cases, applying it to planning, practice and service delivery. Through this, awareness of HIA was reaching a much wider audience and there was also evidence that participants, either directly or through others, were engaging with those involved in policy formulation and development. IPH has also, however, been involved in raising awareness of HIA in a number of different ways, and these are outlined here.

2.2 Awareness Raising Seminars

To date IPH have held 5 of these, specifically for a range of representatives from different government departments and agencies, with the aim to:

- Give the broad policy context for HIA;
- Provide information on HIA – the concept, the rationale, practical implementation, and expected outcomes;
- Promote discussion and debate and give opportunities to consider experientially the issues involved in a HIA;
- Consider how HIA can be moved forward in Departments.

¹¹ IPH (2001) 'Health Impact Assessment: a baseline report for Ireland and Northern Ireland' Dublin, IPH.

The Institute also provides organisational/project specific courses over full and half day sessions. To date approximately 10 of these have been held.

2.3 Newsletter

A dedicated HIA newsletter was produced on a quarterly basis throughout 2005 and 2006. Since then HIA articles have appeared as regular features in the IPH Newsletter which has been circulated to 3563 contacts.

2.4 Website and E-mail Network

A dedicated HIA website is regularly updated and an e-mail network currently has 371 members.

2.5 HIA Forum

The HIA Forum provides an opportunity for those with an interest in HIA to meet, share experiences, hear about new developments and consider how to progress HIA. The Forum has met on six occasions to date.

2.6 HIA Network Group

The IPH established a HIA Network group which met to review the current environment for HIA in Ireland and work collectively to promote an understanding in the field. The network members were:

- Belfast Healthy Cities;
- Cooperation and Working Together (CAWT);
- Department of Health and Children (Republic of Ireland);
- Department of Health, Social Services and Public Safety (Northern Ireland);
- Health Services Executive (HSE);
- IPH.

2.7 HIA Resources and Publications

The following resources and publications relating to HIA have been produced by IPH:

- Health Impact Assessment Guidance 2009;
- Health Impacts of Education: a review 2008;
- Health Impacts of the Built Environment: a review 2006;
- Health Impacts of Employment: a review 2005;
- Health Impacts of Transport: a review 2005;

- Health Impact Assessment Guidance 2006;
- Policy Health Impact Assessment for the European Union: Final Project Report 2004;
- Health Impact Assessment - a practical guidance manual 2003;
- Wraparound (Summary Report) 2002;
- Wraparound: the health impact assessment of the all-inclusive Wraparound scheme 2002;
- Health Impact Assessment: a baseline report for Ireland and Northern Ireland 2001;
- Health Impact Assessment: an introductory paper 2001.

2.8 Conferences

To date IPH has presented on HIA at over 50 conferences and seminars. This included hosting, in Dublin, the annual international HIA conference in 2007 which was attended by 190 delegates.

2.9 Conclusion

In addition to the 3-day Comprehensive Training course IPH has also been involved in a range of strategies to raise awareness of HIA throughout Ireland. This has reached a wide audience and has undoubtedly made a substantial contribution to raising awareness from the baseline level in 2001 as shown by the increase in the level of impact on knowledge reported by informants in Section 2 as well as the range of participants across sectors undertaking training on HIA. This review has found that knowledge of HIA is no longer limited to a few people at the centre of policy making, partnership and service development and it has certainly established itself, at least as a concept, across other sectors as well as throughout the public health sector. HIA has made significant in-roads towards attaining the same status that it has acquired elsewhere in Europe for some time and this is largely as a result of the work of IPH which has been acknowledged by senior health sector personnel North and South:

'Raising awareness (about HIA) has been one of the key achievements of IPH' (Senior Strategic Level Representative, NI Public Health Agency)

'When you ask anybody in this part of Ireland (the South) about HIA they will invariably think about the work of IPH' (Senior Strategic Level Representative, Department of Health and Children).

Awareness raising is a critical issue in relation to developing the implementation of HIA in both parts of Ireland as, although it has been recognised as a key component of social planning, across a wide range of policy areas in a number of strategic policy documents, it has not been given the priority, or interest, that those involved in planning social interventions would admit it deserves. In this sense the work of IPH on HIA is ensuring that HIA is being placed firmly on the agenda of those involved in policy

development across departments and policy areas at a time when there are a number of competing statutory requirements when resources are scarce:

'There's very little of it (HIA) here compared to England and Europe. There seems to be a lack of interest... maybe it's because there are so many statutory requirements. No one seems to deny that it should be done. It's just that they don't think it should be them. I suppose the main difficulty is the lack of statutory responsibility and there is a role for IPH to push this along' (Senior Environmental Research Management [ERM] Representative).

'It's an important resource for advocacy across departments. In (policy terms) ...it has suffered from what can be termed the "dilution effect" in that there are number of competing (impact) issues that need to be considered e.g. Section 75 equality, of which health is one of a long list. However, through raising awareness of HIA, IPH is sending out clear messages to those involved in policy development' (Senior Strategic Level Representative, DHSSPSNI).

'Although it is highlighted in a number of strategies, including "Quality and Fairness", in reality it is not being done. How it's applied in the South is varied. There are some specific examples, for instance in relation to employment where the connections between unemployment and poor health are well established, and localised developments, such as the HIA of the transport initiative in Ballyfermot in Dublin. But it's not been applied systematically' (Strategic Level Representative, Department of Health and Children).

3. Progress and Achievements – Comprehensive Training Provision

3.1 Introduction

This section of the review assesses the progress made by the IPH in relation to the training it provides on HIA. Since IPH established HIA as a key component of its work it has delivered training events on HIA to the following number of participants.

Event	Number of Participants
3 day comprehensive programme	191
1 day course	48
Half day course	127

In addition IPH has delivered 10 organisation/project specific courses in response to specific requirements for customised training programmes.

The comprehensive three day training programme was informed by the Institute's experience of courses in the London Health Observatory and IMPACT at Liverpool University. To date 190 participants have taken the course – 121 in the South and 69 in the North. We circulated questionnaires to all of these and received 48 valid responses – a response rate of 25.3 percent. 27 out of 121 of the returns were from the South (response rate 22.3%) and 21 out of 69 from the North (response rate 30.4%). 5 out of 25¹² questionnaires that were sent out to participants from the voluntary/community sector were returned – giving a response rate of 20% for that sector which was somewhat lower than the overall response rate. We did make considerable efforts to boost the response rate through sending out reminders/telephoning those who had not responded a few days before the return by date and we adjusted our figures to take in to account several questionnaires that arrived up to a week late (five of which – all from HSE - arrived on the same day, a week late).

¹² This was an estimate as we did not have accurate information to ascertain how many of those who were sent questionnaires came from each sector. Although in most cases this could be reasonably assumed by their organisation name it was far from certain. Responses were more accurately recorded as respondents indicated (by ticking a box) which sector they belonged to – although there may be some problems with this (e.g. at least one instance where a respondent ticked the voluntary/community sector box although, in a separate interview, the Director of the same organisation confirmed that it was in fact a partnership organisation).

Table 1 outlines when the respondents indicated that they had taken the training.

Table 1: Length of time since respondents took HIA training

	Frequency	Valid Percent	Cumulative Percent
Less than a year ago	8	16.7	16.7
One to two years ago	11	23.0	39.7
Two to three years ago	15	31.2	70.9
Three to four years ago	9	18.7	89.6
Four to five years ago	4	8.3	97.9
More than five years ago	1	2.1	100
Total	48	100	100

Table 1 shows that all but one of the respondents had taken the course within the last 5 years. Thirty six of the respondents (75%) were from the public sector at the time they took the training and five (10.4%) were from the voluntary/community sector (although that sector accounted for approximately 13% of the questionnaires that were sent out. Three indicated that they were from the academic sector, two were from the private sector, and one from a partnership. One respondent stated that they were 'unemployed' at the time (although they had previously worked in the public sector).

3.2 Usefulness of the Training

Table 2 summarises participants' responses in relation to how useful they found the training.

Table 2: Usefulness of Training (on a scale of 1 to 5 where 1 was not useful and 5 very useful)

Score	Frequency	Percent
1	0	0
2	2	4.2
3	14	29.2
4	21	43.7
5	11	22.9
Total	48	100.0

Table 2 shows that none of the respondents reported the training as not useful, with two-thirds rating its usefulness highly, i.e. as 4 or 5 out of 5. One of the main strengths of the training was reported as its emphasis on the practical application of the learning generated (reported by 14 of the respondents in different ways).

'How to apply the training by including real examples of where it has been used in the past'.

(Voluntary and Community sector)

'Practical instruction in HIA method, augmented by real world examples and supported by access to a range of HIA resources. Real-world training is always more useful than any amount of theory'. (Public Sector)

'To see what type of tools there was available in relation to impacting on communities. To be aware of how to use HIA and what were the necessary conditions for use. To hear how it worked in DOVE gardens and the importance of a cross board support from agencies'. (Voluntary and Community Sector)

'Understanding and being able to apply Health Impact Assessment principles and methodology.' (Public Sector)

'Training provided very clear step by step guide to HIA and its uses. The worked examples in teams were useful to help understand the HIA process and how to apply it'. (Public Sector)

Twelve participants referred to the presentation of or referral to case studies as being useful as they helped them to understand the practical application of the learning and respondents also generally referred to the usefulness of the course materials, including their relationship to practical applications, and the benefits of meeting and learning from others in similar or complementary areas of work.

'The materials of HIA carried out in practice, opportunities to meet and greet others in our area to support implementation'. (Public Sector)

'Getting to meet others interested in HIA'. (Public Sector)

'Information on HIA and methodologies promoted by IPH were most useful (as) also was the networking opportunity offered by the training days'. (Academic Sector)

In addition, a few of the respondents referred to the way in which the course helped to provide a rationale for doing HIAs:

'I found the exercise very useful because they underpinned methodology and rationale for why people and representatives should participate in HIA to help shape policies and programmes that impact their lives'. (Voluntary/Community Sector)

In relation to the least useful aspects of the course, only 13 (27.1%) of the respondents found it appropriate to comment on these with the statement, *'I was able to find use in all aspects of the course and could not cite any aspects as being least useful'* being fairly typical of the responses given by the rest of the respondents to this question.

Most of the least useful aspects of the training given pertained to its practical application in one form or another.

There were six responses in this category. One referred to a *'lack of time to look at the practical application of HIA'*, although this was reported as one of the main strengths by other respondents. Another referred to a specific example of a HIA - Ballymun Transport – as being *'unclear and seemed not as well matched with HIA steps'*, although the case studies were also reported by other respondents as one of the main strengths of the course.

One respondent referred to how the model was *'not applicable to communities of interest e.g. lesbian and gay community or migrant community and I was very disappointed that no relevance was made to either of these communities - a very monochromatic model'*. Similarly, one referred to *'realising that there was little or no scope for applying HIA within my realm of work'*. Another referred to how they would *'like to see it applied to small community projects as I found it difficult to relate to it without having huge resources/budget/staff'*.

Another respondent referred specifically to the *'practicality of implementation - a software package would need to be developed to make it as easy as possible to implement and record'*.

One respondent referred to the terminology being unhelpful:

'I came from the training very confused about the HIA process. The language I found unhelpful and unclear'.

Another referred to *'subjective dimensions in assessment'* (as being least useful).

Two respondents referred to aspects of HIA's relationship to the decision making process in relation to the least useful aspects of the training:

'(There was) insufficient explanation of obstacles (barriers to utilising and implementing HIA in real-world situations) e.g. absence of evidence. More help (is) needed on how to use HIA for decision making in such cases'.

'Maybe not enough focus/ feedback on where HIA has influenced actual decisions - programme, government or otherwise i.e. impacts'.

One respondent referred to the duration – 3 days - for the course being *'extensive. I expect the course has been further refined'* while another referred to *'some presentations to illustrate examples were too long'*.

In general though the respondents rated the usefulness of the training highly, particularly in relation to; Its emphasis on the practical application of the learning generated; the presentation of and referral to case studies and, (to a lesser extent) through providing a rationale for doing HIAs.

3.3 Relevance of Training to Work

27 (56.2%) of the respondents reported that the training would, or did, have relevance to their work. However, one reported that it was *'not so relevant now that I am no longer in (the) public sector. Not so easy to use in community sector since HIA is conducted by experts for professional use'*. Another respondent (who had completed the course in the past year) referred to, *'hopefully in the future when developing policy I will be able to incorporate the principles of HIA into the process'*. One respondent referred to how it was *'very relevant to a North/South study which was about to commence'* (and that it was) currently *'useful for a review of Population Health and Health Services Research'*. Another referred to how they were *'attempting to incorporate aspects of HIA into a Human Health section of an EIA'*. One (Health Promotion Officer) referred to how *'I felt that for my role I needed to understand what HIA is and how it works. The course certainly fulfilled that'*. Another respondent referred to its specific relevance to work with Travellers. Two respondents had found it relevant to PhD's

they were completing at the time, (one of whom was now using the materials for teaching students).

On the whole, however, most of the respondents who noted that the training had been relevant to their work only reported this in a generalised way (e.g. by statements such as *'yes it was very relevant'* or *'ongoing general relevance'*). Other respondents qualified their responses by referring to some of the limitations of its relevance. One referred to how *'it was difficult to find a piece of work in our organisation to apply it to as much of our work is about health improvement and many of the projects we tried to apply it to didn't get past the screening questions'*. This does, of course, indicate that the respondent did find the training relevant (contrary to the tone) as they were able to at least apply some of it (the screening stage). One (community) respondent referred to it being *'relevant to community development (but) need resources to implement it'*. Another (public sector) respondent referred to it being *'very relevant - but struggle to get going due to perceived lack of relevance by other partners'*.

Five (10.4%) of the respondents indicated that the training was not relevant to their work (although two of them qualified this by adding *'not immediate'* and *'not at present'*). Another referred to how *'I struggled to find ways as to how HIA was relevant to a regulation health body and was unable to see how it could be applied'*.

3.4 Impact of Training on Work

Table 3 illustrates some of the ways in which respondents reported that the HIA training had an impact on their agency's/organisation's work.

Table 3: Type of Impact of Training on Participants Agencies/Organisations by Level of Impact

Type of Impact	Level of Impact									
	Substantial		Moderate		Not sure		Limited		No impact	
	Num ber	%	Num ber	%	Num ber	%	Num ber	%	Num ber	%
Increasing knowledge of HIA	13	27.6	22	46.8	4	8.5	5	10.6	3	6.4
Increasing promotion of HIA	8	17.4	11	23.9	6	13.0	15	32.6	6	13.0
Increasing capacity for implementing HIA	6	13.9	19	44.2	6	13.9	6	13.9	6	13.9

Table 3 shows that most of the respondents tended to feel that the training had some sort of impact on different aspects of their agencies'/organisation's work. In relation to increasing their knowledge about HIA, almost three quarters (74.4%) reported that it had either substantial or moderate impact with only 3 (6.4%) reporting that it had no impact. Well over half (58.1%) reported that it had substantial or moderate impact in relation to increasing the capacity for implementing HIA. Although the table shows that the impact in terms of their agencies'/organisations increasing the promotion of HIA was lower than the impact in relation to the other two variables, it is still significant that over 40% reported that it had substantial or moderate impact in relation to increasing their agencies'/organisations promotion of HIA. 'Promotion' tended to be interpreted by respondents as referring to a number of different activities ranging from their organisations becoming involved in formal awareness raising campaigns (including disseminating information on HIA to wider audiences), to encouraging other members of staff to adhere to HIA practice and principles.

3.4.1 Increasing Knowledge

In relation to how the training had increased agencies'/organisations' knowledge about HIA, one (community and voluntary sector) respondent indicated that they *'knew nothing about it before'*.

Other (public sector) respondents reported on how the learning had been brought back to their organisations and disseminated:

'There have been other support information days on HIA and an undercurrent of support for the concept of HIA'

'We have been able to take aspects of the model and the training and integrate it into the agency's work'

This was also likely to have implications for policy in that:

'(There is) recognition that it can be applied to proposed plans and policies and elements of it included in assessment of EIA or encouraged to incorporate HIA into scoping of EIA'

'I would suggest that it provided me with the basic tools in conducting a HIA when formulating any new policies in the future'

However, one respondent noted that the *'impact will depend if policy makers from the department attend HIA training'*.

A few respondents suggested reasons for why it might not necessarily add to their organisations body of knowledge about HIA:

'The knowledge gained from my training has not been shared with the rest of my colleagues as there was no real reason to do so'.

'I think my knowledge may have been useful in discussion about HIA but I didn't deliberately go back to share knowledge'.

One respondent added that *'it was more about my promotion of HIA - my organisation was not going to take it up but it was important for them to know about it'*.

3.4.2 Increasing Capacity

As indicated in Table 3, the training had a significant impact in relation to raising organisations' capacity for implementing HIA.

One respondent referred to how the availability of the *'Training/ Course material and access to relevant materials online (was) very useful'* in this respect.

Another (voluntary sector) respondent referred to more specific roles where it could be applied:

'This would take form of lobbying council and other boards to carry out HIA for major projects'.

While increasing capacity, however, it did not necessarily follow that this capacity would be utilised.

'If necessary I could conduct a HIA on behalf of our organisation, but there has never been a need for such' (Public Sector respondent who took training 4-5 years ago).

'Feel that it was more high level projects. No pressure to implement so that it gets left as more things to do!' (Public Sector respondent who took training 2-3 years ago)

'If my skills had been required I certainly could have made a useful contribution, but the opportunity didn't arise- yet!' (Public Sector respondent who took training 2-3 years ago).

Interestingly all three of the above respondents were in the field of health promotion.

One respondent did refer to *'doing our best with limited resources'* and this was a recurring issue that was further emphasised in our consultations with other stakeholders.

Overall, in relation to capacity, the evidence suggests that while the training has increased this, it has not necessarily followed that the capacity is being applied on a large scale in terms of implementing HIA. However, one area of potential for possibly utilising the increased capacity may be in the academic sector as one respondent indicated:

'Two staff are trained and we have a wide circle of contacts from recent trainings and the Southern HIA network' (Academic Sector Respondent).

3.4.3 Promotion

Although 40 percent of the respondents reported that the training had substantial or moderate impact in relation to increasing their agencies/organisations increasing their promotion of HIA, it was somewhat lower, than the impact reported in relation to increasing the knowledge of, or increasing the capacity for implementing, HIA. One explanation for this may be simply that the impact of the other two variables was more easily assessed by the respondents (as they were the recipients of the training which was, after all, designed to increase knowledge and increase capacity) while promotion of HIA was an activity that they did not have a direct remit for. Another explanation may be that, although there was initial enthusiasm about the potential for HIA, when it came to actually implementing or taking it forward, other activities took priority as was the case with one public sector agency; *'all were enthused immediately after the training but it fizzled out after a while'*. This may be due to a lack of resources (especially with the voluntary sector) or commitment on behalf of personnel when they fully realise what the promotion would entail. There does, however, appear to be some ambiguity with health promotion professionals about their own roles in relation to promoting HIA, and this may be that, although they have a role in relation to promoting health, this does not necessarily extend to promoting HIA.

'No-one has taken it and run with it as it seems a big challenge and who are "we" to start telling/insisting people to use it' (Health Promotion Officer)

One respondent (in the field of environmental health) noted that *'policy makers etc. have not directed that we have input into HIAs'*.

However, there was also evidence of the course having substantial or moderate impact on promotion of HIA with a significant number of the participants' organisations (including others involved in health promotion), either externally:

'We have been able to put health on the agenda of other statutory and voluntary organisations, e.g. Department of Education, City Council, Regeneration, Youth Services' (Health Promotion Officer)

or internally:

'Attendance at the course has enhanced mine and my organisation's awareness of the importance of a HIA in the policy making process'.

Another participant in the field of environmental health reported how they now *'included (HIA) in reports to organisations/ agencies as recommendations'.*

Although relatively low in terms of impact (compared to the other two aspects of the impact of the training considered here), promotion was the most commonly recurring theme when respondents reported on ways in which they were applying the learning, as discussed below.

3.5 Applying the Learning

Respondents reported a number of ways in which they were applying the learning generated through the training and we have summarised them here under appropriate headings (although we emphasise that a number of the ways in which the learning was being applied could transcend more than one heading).

1. Promotion

This was the most commonly recurring theme (and should be differentiated from the responses discussed in 2.4.3 above which referred to impact the training had on increasing organisations promotion of HIA) and it included respondents reporting on how they were able to *'contribute to discussions on the value of it...noticed more about where HIAs were being done - generally better informed and would promote it'.* One respondent referred to how all the (positive) comments they made on the training would relate to how the learning could be included *'in talks/lectures rather than day to day HSE work'.* Another referred to how they were *'able to recommend it to groups with whom I work'.*

2. Raising Awareness of Social Determinants of Health

This was related to the above theme but was focussed on one particular aspect of the training. It included *'raising awareness of environmental issues related to development'*. The same respondent added that *'When we were designing needs analysis it increased awareness in relation to the broader determinants of health'*. Another referred to how they used it in *'briefing of community networks- thus trying to increase awareness of holistic health and its determinants'*. This particular respondent had also applied the learning *'in relation to (the design of) playgroups and an activity area for older people'*.

3. Policy Development

This was another key theme (although it did not cut across others to the same extent as promotion). It ranged from more general policy considerations such as one respondent referring to how *'consideration (was) now being given to policy implications in relation to impacting on health'*, to the more specific such as another respondent referring to *'monitoring use of HIA by local authority in large projects.....(They're now) looking at public policy through the lens of HIA'*. One respondent referred to how consideration was being given to *'how HIA could be used as a tool for assessing health under SEA (Strategic Environmental Assessment)'*.

4. Supporting Others

There were several general statements in relation to this, such as one respondent adding that they used it as *'a template in consultations etc'*. Another referred to the co-ordination role of the *'HIA network, keeping it going, providing expertise to community groups'*.

5. Strategic Development and Planning

The training had specific relevance to this for those involved in inter-agency working, in that it helped to ensure that the agencies involved were aware of their responsibilities in relation to how interventions in other areas of work had implications for health and needed to be considered within the context of wider policy areas – for instance, as in this case, family policy:

'I'm working on HSE strategy development, particularly in relation to services for parents and children recognising the need for integrated inter-agency working since so many aspects of family life are affected by services provided by other agencies – education, local authorities, justice, finance etc. In developing a guide for primary care team development within the HSE this way of working through Children's Services Committees is promoted'.

Another respondent referred to applying the learning in *'facilitating groups and in project planning with partnerships'*.

6. Other Aspects of Applied Learning

The most common cross-cutting theme not specifically referred to above is the way in which the learning was being used to **improve practice** and **service delivery** by consideration being given to all of the above. Others had been applying the learning to **'commissioning decisions'**, making a **'business case development for new health initiatives'**, and applying it to research.

3.6 Barriers to Applying the Learning

As with the above section, most of the barriers to applying the learning were interrelated. However, they may be summarised under the following broad headings.

1. Roles and Responsibilities

The single most recurring reason for why respondents had not applied the learning was that it was not an aspect of their job descriptions or responsibilities to deliver HIA or disseminate the learning from the course. Eight respondents referred directly to this (or not having had opportunities to do so) and some of the reasons given below were related to this.

2. Lack of Resources/Capacity

This referred to constraints such as time, human resources, and the financial implications of applying the learning.

3. Lack of Commitment/Direction from others (and policy restraints)

Four respondents directly referred to this as a barrier by comments such as *'lack of commitment by other key stakeholders'* and *'policy makers etc have not directed us to do HIA'*. The latter respondent, who was in the field of environmental health, indicated that they actually had the capacity to deliver HIA, while another respondent, from an environmental planning background, added that *'SEA is a mandatory process while HIA is voluntary (so we can't insist it is used)'*. Another respondent (who was also a commissioner) referred to how the:

'time frames for spend mean that project proposals tend to be applied for in a short time frame, and often subject to an existing economic appraisal process adhered to by Departments. Any form of large- scale comprehensive HIA sits outside the

experience/commitment of departments other than Health'. They referred to how 'it might be useful to draw up a "mini-HIA" checklist to start to sensitise other departments to this approach'

This was an issue raised by some of the other stakeholders we consulted with.

3.7 Further Support/Training from IPH

Respondents referred to several ways in which they felt that further support/training from IPH might have helped to enable them to apply the learning from the training.

1. Refresher Sessions

This was mentioned specifically by five of the respondents and one (partnership respondent) suggested including an *'annual "update" of how HIA has been used and also (how it) has been developed/refined'*. Another (public sector) respondent thought this would be particularly useful *'when carrying out an HIA to be able to contact for refresher training etc. guidance'*. Another (public sector) respondent suggested establishing *'local forums/ get together of agencies'* for this purpose.

2. Support to Community/Voluntary Sector

Three respondents referred to further support for the voluntary and community sectors, including one (public sector) who suggested that:

'HIA training (should be provided) for the community/voluntary sector to enable/empower them as initiators/commissioners of HIA rather than as passive contributors or stakeholders without an equal degree of influence'.

Another (community/voluntary sector) respondent added:

'I think community groups should get involved in training to make it more widespread. A lot of agencies are involved which is good but not so many community groups'

One respondent referred specifically to more support for communities of interest – particularly in relation to the training being focused on addressing the health impact of issues such as discrimination and societal attitudes, adding that *'our communities are no longer as homogeneous as the training seemed to imply'*.

Individual respondents referred to 'coaching, **mentoring**', more '(comprehensive) **support with online resources**', and '**more locally focused examples**'. The latter (a community/voluntary sector respondent) explained that:

'I do believe that more locally focused action-led examples of supported HIA would serve to raise awareness, improve learning about usefulness and the benefits of HIA. Also it would serve to ensure that HIA is rolled out purposefully and with key stakeholders involved in real projects and addressing real issues. This surely would foster partnership working across communities'.

3.8 Impact of Training on Health

Table 4 below summarises respondents' views on what they felt was the level of impact, or likely impact, on the health and wellbeing of the population they work with/provide services to in relation to the activities they were able to do as a result of the training they received from IPH on HIA.

Table 4: Respondents Views on Health and Wellbeing Impact of Training on Population

Level of Impact	Frequency	Percent	Cumulative Percent
Substantial impact	6	12.5	12.5
Moderate impact	13	27.1	39.6
Not sure	14	29.2	68.8
Limited impact	9	18.7	87.5
No impact	6	12.5	100.0
Total	48	100.0	

Table 4 shows that almost 40% of the respondents felt that the activities they were able to carry out as a result of the training they received on HIA had an impact on the respective populations they work with/provide services to.

1. Substantial or Moderate Impact

Only two of the respondents who felt the activities carried out as a result of the training had substantial impact offered comments on this. One referred to their work in coordinating a HIA network as having a substantial impact and the other referred to how their activities were now

providing a *'wider consideration of the elements of impact on human health both positive negative'*.

Those who felt it was having, or likely to have, a moderate impact, similarly offered few explanations for their responses. One referred to how:

'Taking the HIA framework and applying it to North/South environment will inform the strategic review of Population Health and the Health Services Landscape and thinking regarding the drafting of future funding programmes'.

One (voluntary/community sector respondent) referred to how it was likely to have a moderate impact through *'raising awareness when carrying out a Health Survey of the area'*. In this sense the training had enabled them to select the most appropriate research tools for the study to ensure that it considered the broader determinants of health.

2. Uncertain Impact

There was some ambiguity around this whole area (an issue that was also raised by our discussions with other stakeholders), which perhaps resulted in the high proportion of 'not sure' responses to this question, as measurable impacts as a result of HIA work are difficult to quantify. There are a number of reasons for this – not least the difficulties with measuring the negative impacts on health as a result of the implementation of a policy where a HIA had not been carried out. There are also many other factors that may account for positive or negative impacts on health in addition to the policy/programme/project being assessed, as indicated by one respondent:

'Having conducted 3 HIAs to date and currently evaluating process, it is difficult to ascertain the impact as there are so many variable factors; recession, politics etc. (While) we can be sure that health is being put on the agenda of planners and strategists, the extent of the impact is unsure'.

The health impact of a specific policy, programme, or project is also something that can only usually be accurately measured in the longer-term – longer than the period since most of the respondents received their training.

3. Limited or No Impact

Of the (3) respondents who commented on how they felt that it had no impact, one of them commented that they were not engaged in the whole HIA process, and were using the

knowledge gained in order to *'critically review local authority's use of HIA in making decisions'* and the other two referred to not using HIA at all as part of their roles. The (2) respondents who referred to it having a limited impact gave similar responses; that is that although they were using the concepts/techniques learned to aspects of their roles, they were not engaged in the HIA process, or have direct knowledge of any other benefits gained, as a result of the application of the learning, as such.

3.9 Other Benefits

Almost half of the respondents (48%) indicated that there were other benefits to themselves/their communities as a result of the training on HIA provided through IPH. These may be summarised under the headings of; networking, awareness raising, links to IPH, and capacity building.

1. Networking Opportunities

This was the most commonly recurring theme in terms of what participants and/or their organisations/communities had gained from the training. This was commented on by six of the respondents who referred to benefits such as:

'Access to HIA resources and, hopefully, experts willing to share knowledge'.

'Networks expanded and greater awareness of its current (2005) and potential usage'.

'Good chance to come together with other people working in a similar field'.

2. Awareness Raising

Four of the respondents referred specifically to benefits pertaining to the ways in which the training had raised awareness such as:

'It has been very useful for me to be aware of what a HIA is when working with other organisations in addressing the wider determinants of health (e.g. housing, education, environment, etc.)' (Public sector).

'Greater awareness of the breadth of disciplines and practitioners with an interest in these issues and who would be willing to engage in research in the future' (Academic sector).

'We are much more aware of how our work and our learning can help with shaping policies and services. We are much more aware of how HIA can help to assess proposals that are directed at the wider population (the macro level) and yet how they can have a major impact on the very vulnerable (like those we work with)'
(Voluntary/community sector).

3. Links to IPH

The establishment of links to IPH were specifically referred to by three of the respondents as further benefits accruing from the training. One of them referred to *'contact with IPH team if needing clarification on aspects of HIA'*. Another referred to how it gave them *'an insight into how HIA is integrated into the overall work of the IPH and public health agenda. (It is) very different than having training provided by an external consultancy company'*. The latter statement may also be interpreted as another aspect of awareness raising (see above).

4. Capacity

Two respondents referred to further benefits, specifically *'the capacity to do the work' and 'advice on engagement with communities (was) most beneficial'* (Public sector).

3.10 Other Forms of Support

30 (62.5%) of the respondents indicated that, following the training, they had received further support in their HIA work from IPH. This, together with support provided to others by IPH on HIA, is considered further in sections 3 and 4 of this report. Much of the follow-up support referred to by the participants on the training course tended to focus on (largely informal) follow-up information and advice from IPH staff on aspects of HIA. Several referred to information on IPH work, seminars, workshops, conferences, and further training and one (from the academic sector) referred to *'assistance with sourcing research material'*. One referred specifically to *'conversations with the IPH staff' which they described as 'invaluable'*. However, practical support with developing networks and conducting HIAs were also referred to. This included what one respondent who referred to a *'follow-up meeting (which became a) useful means of networking with local professionals'*. Another referred to support received in relation to *'developing networks'*. Another referred specifically to how the support helped to *'facilitate the establishment of a Forum (on HIA)'*. One respondent referred to *'advice, information and technical support'* and this had a bearing on the HIA subsequently carried out on the West Tyrone Area Plan (see 4.2.2 below). Another referred to how *'we received a lot of support as required while conducting the HIA (which) we found valuable'*. This helped to inform the development of the Limerick Regeneration HIA (see 4.2.2 below).

3.11 Conclusion

Since the inception of its 3 day comprehensive course on HIA, IPH has delivered training to 190 participants across the public, voluntary and community, academic, and other sectors throughout the island of Ireland. It has also delivered shorter 1 day and half day courses to over 300 participants. This section of the review has considered the achievements of the IPH in relation to the experiences of those who have completed the 3 day course. It has found that the participants rated the training highly in terms of its usefulness and were able to apply the learning in a number of ways that had positive implications and relevance for their diverse fields of work. The main strengths of the training were reported as:

- its emphasis on the practical application of the learning generated;
- the case studies presented or referred to, and;
- the provision of a rationale for doing HIAs.

Although the training was relevant to most of the participants' work, this was mainly in relation to their incorporating the principles of HIA into their policies, practice, and reviews, rather than carrying out HIAs. The limitations in relation to the latter included:

- the unavailability of resources (finance, time);
- the unavailability of appropriate projects; and
- getting other agencies and personnel to become involved.

Despite this, however, the training undoubtedly impacted on participants work, including:

- increasing their agencies'/organisations' body of knowledge on HIA;
- increasing their capacity for implementing it;
- the promotion and raising awareness of HIA – although there was some ambiguity in relation to who exactly should take a lead or be charged with actually taking this forward;
- raising awareness about the social determinants, and social models, of health;
- influencing debates and discussions about the health implications of non-health policies, and improving practice and service delivery;
- the development of networks for sustaining discussions between participants.

The latter was an unanticipated key outcome from the training.

The actual impact that the training was having on the health and wellbeing of the population the participants were working with or providing services to was difficult to gauge and a very ambiguous area. Although positive impacts, or perhaps more accurately, likely or anticipated impacts, were reported, this might be more appropriately ascertained in the longer term and

assessed along with the implications of other interventions. There is firm evidence, however, that the training, together with the related forms of support provided through IPH, was having a positive impact on the consideration of health and related issues across sectors, and that the learning generated was being disseminated to a much wider audience.

4. Progress and Achievements - Practical Support and Guidance

4.1 Introduction

In addition to providing training (including ongoing support¹³) in, and raising awareness of HIA, IPH also provides practical support and guidance in undertaking assessments. IPH's approach to HIA *'synthesises the values, principles and good practice evidenced in a number of HIA models that are developing globally'*¹⁴. Its aim, in relation to conducting HIA's, is to *'improve decision-making for better health'*. In the rest of this section we consider the ways in which IPH's practical support and guidance have helped to achieve this aim. In addition to referring back to some of the further support provided to participants on the training programme, it draws more specifically from consultations we held with six representatives from organisations/groups that had received support from IPH with carrying out HIAs in Dublin, Cork, Limerick, Belfast, West Tyrone, and the Southern Health & Social Services Board area (Northern Ireland).

4.2 Practical Support and Guidance

4.2.1 Support provided

As referred to in 3.10 above participants on the training course indicated that they received additional support from IPH after completing the training in relation to:

- Follow up information (including on further training and relevant conferences/seminars);
- Discussions/follow-up meetings with IPH staff;
- Advice, information and technical support;
- Regular meetings and feedback on progress;
- Assistance with sourcing research material;
- Workshops;
- Support days and e-mail alerts;
- Support to develop networks.

Support and guidance has also been provided to other stakeholders by IPH in relation to the development and use of practical tools for conducting HIAs. This has included the

¹³ 30 (62.5%) of the training participants indicated that they had received further support in their HIA work from IPH following the training

¹⁴ IPH (2001) 'Health Impact Assessment: An introductory paper' IPH, Dublin: 11.

development of a Health Impact Assessment tool to assist policy-makers to translate theory into practice. The tool provides a methodology or a process through which a project or proposal is subjected to interrogation to ascertain their health impacts, by following a series of steps in relation to screening, scoping, appraisal, recommendations, and monitoring and evaluation¹⁵.

All of this is a complex process involving in the main step (appraisal) alone, elements comprising population profiling, policy appraisal and literature review, as well as participatory, qualitative approaches to information gathering in addition to sophisticated quantitative data gathering techniques. IPH has developed a number of tools for streamlining this process including a screening tool, a scoping tool, checklists for developing HIA workplans, and various recommendation and implementation tools. These have proved to be of considerable benefit to those involved in non-health as well as the health professions:

'the tools have helped to simplify the whole (HIA) process...making it easier to understand and its relevance to a wide range of interventions' (Senior Environmental Officer)

'the guidelines provided by IPH were very informative and, together with the practical support received, enabled us to develop HIA to a wider audience' (Health Promotion Officer)

They have also developed a tool for framing recommendations and a reporting format for the implementation and monitoring of recommendations. Much of this was drawn from IPH's contacts with practitioners from the London Health Observatory and the International Health Impact Assessment Consortium at the University of Liverpool as well as ongoing work at the European Commission DG Sanco funded project '*Policy Health Impact Assessment for the European Union*'.

One of the participants on the training course (Environmental Health Officer) who subsequently received further support specifically referred to the '*establishment of a Cork Forum (and that the) Forum facilitates the raising of issues and follows up with targeted information*'. Another respondent referred to further (customised) training which they described as '*excellent*'. Other participants had received support with conducting HIAs. Sometimes the support enabled participants to realise that HIA was not necessarily relevant to their work (which was beneficial to them in terms of saving time and resources):

¹⁵ IPH (2009) <http://www.publichealth.ie/publications/healthimpactsassessmentguidance2009>

'As I had difficulty finding a suitable piece of work to apply a HIA to I received support from the IPH in order to try to identify something. It became clear from those discussions that much of our work was not suited for HIAs'. (Health Development Officer, Health Promotion Agency)

4.2.2 HIAs Conducted

HIAs have now been carried out by a wide range of organisations both North and South with support from IPH including the following:

- Wraparound – the Southern Health and Social Services Board (SHSSB) in Northern Ireland conducted a HIA to identify potential health impacts of a multi-agency programme of services for children with disabilities;
- A HIA of transport initiatives in Ballyfermot, Dublin was conducted in 2003/2004;
- IPH was commissioned by an interagency team consisting of the North Western Health Board and Donegal County Council to conduct a HIA screening exercise on planning policy in Donegal;
- IPH was a partner in the development of HIA methodology for the European Commission between 2002 and 2004 and conducted a pilot exercise on the European Employment Strategy;
- Health Impact Assessment of the Accommodation Programme for Travellers 2005 - 2008 for Donegal Travellers Primary Health Care Project. This HIA set out to assess the potential health impacts of the implementation of the Traveller Accommodation Programme on the health of the population and produce evidence-based recommendations to ensure implementation of the programme would improve the health of the Traveller population of Donegal;
- HIA on the Regeneration of Limerick City for Limerick Health Promotion and Population Health Services (HSE West). The HIA was divided into two sections - Health Impacts of the Physical Regeneration of Moyross, Southill and Ballinacurra Weston and Health Impacts of Early School leaving, Absenteeism and Truancy;
- West Tyrone Area Plan 2019 Health Impact Assessment. IPH was commissioned by Western Investing for Health to conduct a HIA of the West Tyrone Area Plan 2019 for submission to the Department of the Environment, Planning Office;
- HIA of Draft Regeneration Framework for the North West quarter Part 2 area of Belfast City Centre. IPH conducted a rapid HIA as a response to the Department of Social Development, consultation on the Draft Regeneration Framework for the North West quarter Part 2 area of Belfast City Centre, the 'Northside Urban Village'.
- Belfast City Air Quality Action Plan HIA. Belfast City Council carried out a HIA on the draft Air Quality Action Plan in 2005. Belfast Healthy Cities supported the Council and chaired the steering group when conducting the comprehensive HIA. A number

of rapid appraisal and community workshops were held in the designated Air Quality Management Areas across the city. IPH was represented on the HIA steering group

- Lower Shankill Health Impact Assessment. This project (conducted in 2006/7) assessed the health impacts of the proposed Northern Ireland Housing Executive (NIHE) Regeneration Strategy for the Lower Shankill estate. IPH was represented on the HIA steering group.

We consulted with representatives of five of the above projects who indicated on the whole that they found the input from IPH very useful:

'It ensured that planners need to take more cognisance of the health impact of plans and that they need to think outside the box. IPH were very helpful in relation to this...the HIA tools helped to shorten everything and I would rate the work they do on this as excellent' (Local Council Environmental Health Manager [on IPH HIA input to West Tyrone Area Plan]).

'Once I understood its (HIA) value and where it could be used it was of significant value. Having conducted three HIAs to date...we can be sure that health is being put on the agenda of planners and strategists. We received a lot of support as required (from IPH) while conducting the HIA (Limerick Regeneration HIA) which we found valuable. Without the HIA knowledge and links with the IPH we would be unable to progress HIA' (Health Promotion Officer HSE).

'We were looking at Traveller Health (in Cork City) and IPH supported us with this...helped us to clarify needs in relation to HIA. First with training for a range of people and then facilitated a range of stakeholders coming together to process the work on impact. This was most useful as it addressed the practicalities of how to best approach the process of carrying out work on the social determinants of health as well as the familiarisation on aspects of HIA...the developmental approach as well as the training. This impacted a lot on other agencies work with Travellers as it led to joined-up thinking and an approach that was customised to local needs as well as to those of Travellers. ... HIA has helped to underline the point that in the current climate when programmes are being cut that it is the poorest, most disadvantaged who feel it most and that it is the most marginalised who benefit from it (HIA being carried out). We're now looking at rolling HIA out across the Board area' (Principal Community Worker, HSE).

However, another respondent indicated that while they found IPH *'useful for (named project) they weren't particularly useful for other work such as (other named HIA related projects). We*

have our own international expert contacts for this such as (named person): One respondent who commented most positively on the impact of the support received from IPH referred to how this support enabled them to *'focus more effectively on the people who are poorest/most marginalised (through the) social model of health and its determinants and to focus on how they can most benefit from it (the intervention being assessed)'*. They added that this helped to *'promote social inclusion and the HSE agenda'*.

Other stakeholders we consulted with indicated that perhaps IPH needed to get more involved in this type of work, that is, doing assessments as well as linking with other experts in the field who can offer support in areas where IPH have skill deficits. We understand, however, that IPH is already addressing this issue and has drawn on the expertise of individuals and agencies to inform their work. This includes those mentioned in 4.2.1 above as well as other international practitioners such as IMPACT (the International Health Impact Assessment Consortium) and West Midlands Public Health Observatory. From our consultations with representatives of these it is apparent that IPH is *'very highly thought of in the HIA community'* as one described it. Other stakeholders we consulted with, throughout both parts of Ireland, generally concurred with this view: *'if you ask anybody (in the South) about HIA they'll refer to (the achievements) of IPH'*. Similar sentiments were recorded in the North such as *'they're the only ones who seem to be championing HIA'* although the work of Belfast Healthy Cities was also mentioned – although this was mainly confined to its work in relation to the Greater Belfast and Ards areas.

4.3 Conclusion

In conjunction with the formal training provided, the practical support and guidance provided by IPH on HIA amounts to a substantial body of work on HIA. This has not only provided a range of agencies and organisations with a firm knowledge base on HIA but has also provided them with the tools and support to enable them to carry out HIAs and, as in a number of cases, IPH has been actively involved in completing HIAs of a select number of policies, programmes, and projects. The further support provided has helped to alleviate the deficit faced by those involved when it comes to actually implementing HIA – in that appropriate resources are usually not available, and stakeholders have indicated that it is the work of IPH that has placed HIA much more firmly on the agenda of those involved in planning and delivering a range of social interventions. As stated in section 3, the networking opportunities facilitated by IPH, as well as further 'hands on' support from the staff, have been key factors in enabling organisations to take HIA forward and these opportunities have been further developed and enhanced through other IPH HIA related initiatives, such as the awareness raising seminars, newsletter, e.mail network and HIA Network Group, and the HIA Forum. The resources and

publications produced by IPH have also provided essential reference documents as well as practical guides for those involved in developing interest in, or implementing, HIA

In addition to providing training (including ongoing support¹⁶) in, and raising awareness of HIA, IPH also provides practical support and guidance in undertaking assessments. IPH's approach to HIA *'synthesises the values, principles and good practice evidenced in a number of HIA models that are developing globally'*¹⁷. Its aim, in relation to conducting HIA's, is to *'improve decision-making for better health'*. In the rest of this report we consider the ways in which IPH's practical support and guidance have helped to achieve this aim.

¹⁶ 30 (62.5%) of the training participants indicated that they had received further support in their HIA work from IPH following the training

¹⁷ IPH (2001) 'Health Impact Assessment: An introductory paper' IPH, Dublin: 11.

5. The Future of HIA

5.1 Introduction

The previous three sections have focused on the achievements of IPH in relation to the training and other forms of support provided to organisations, as well as its promotion of HIA and awareness raising work. In addition, however, our consultations have also raised issues in relation to the future of HIA in Ireland, North and South, and the relevance that IPH has for this. These issues need to be considered within a wider context pertaining to a number of interrelated factors. These are:

1. The future role of IPH on HIA;
2. The current limitations of the work of IPH on HIA;
3. The difficulties with implementing HIAs;
4. Other support needed;
5. The role of other agencies/organisations;
6. How consideration of all of the above may enhance HIA in future.

Our survey of those involved in the training programme and subsequent discussions with other stakeholders also highlighted a key issue concerning who should take responsibility for co-ordinating HIA work, providing strategic direction, and ensuring that HIA was implemented wherever appropriate. This (and the lack of a cross-cutting policy) was the single most inhibiting factor identified in relation to the practical application of the learning being generated through the training programme.

5.2 The Role of IPH

Clearly, IPH has been making a considerable contribution in relation to developing HIA on the island of Ireland since the baseline study in 2001. The responses to the training programme participant questionnaire, the review of support materials and activities carried out, and consultations with key stakeholders, have all indicated that IPH has had a substantial impact in relation to:

- Developing appropriate HIA tools and guidelines;
- Promoting the use of these;
- Providing appropriate training and capacity building;
- Providing follow-up support;
- Providing networking opportunities;
- Raising the awareness of HIA; and

- Conducting HIAs.

Our consultations with key stakeholders has also indicated that all of this has established IPH as the primary provider of HIA support services and advocacy in the South as well as (with the possible exception of Belfast Healthy Cities in the greater Belfast area and Ards) in the North. *'Although there are others, IPH is the main provider and it has provided an important role in terms of the number of people who have accessed the training and other activities, the publication of the toolkit and guidelines, and through its support in guiding people through HIA initiatives'* Deputy Medical Officer, Department of Health and Children.

Of those who commented on other areas of work where IPH might be able to make a further contribution, these have tended to focus on:

- Lobbying for HIA to be given appropriate legislative/statutory authority; and
- Providing more 'hands on support' (including actually carrying out more HIAs).

The latter of these would, of course, have considerable resource implications if IPH was to take on the role of completing HIAs in every case where they were deemed to be needed. In the case of both the role of other agencies also needs to be considered.

5.3 The Difficulties with Implementing HIA

The difficulties with implementing HIA have been identified at both the strategic as well as the operational/practical level. While the latter refers to issues such as the lack of resources (time, staff, capacity, finance), the former includes issues such as the lack of a legislative requirement and responsibility for implementing HIA.

One of the main difficulties (at both levels) with implementing HIA is that it requires a multi-disciplinary approach as it is not just concerned with health but how all other factors impact on health. The social model of health, on which it is based, indicates that these are varied and widespread. In this respect it poses difficulties in relation to overcoming cultural/professional boundaries and acceptance of a joint approach. This makes it imperative for whoever is doing the HIA to convince other agencies of its value and importance. This process can be problematic especially, as one senior strategic level stakeholder in the health sector informed us:

'I can well understand the reluctance of someone say in the field of transport to become involved as I can imagine myself in the position where if they came to me wanting to transport proof a health policy or project'.

In this sense it clearly has capacity/resource implications for other sectors/agencies beyond the control of those usually carrying out the assessment. This is particularly true as a full HIA methodology is resource intensive, time consuming, requires considerable research resources, and community involvement. Currently, the mechanisms/structures for delivering HIAs on a wide scale are not in place in Ireland, North or South.

There is also some confusion around its relationship to Environmental Impact Assessment (EIA), and issues such as social inclusion and health inequalities and how these might be assessed. Indeed there are questions around the willingness of agencies to become involved given the demands they are already facing from other agencies in relation to issues such as equality and environmental proofing that are statutory requirements. Our consultations in relation to these issues have therefore raised the need for both strategic and operational decisions to be taken to ensure, at the strategic level:

1. A legislative requirement/statutory responsibility for HIA; and/or
2. The development of an appropriate Integrated Impact Assessment tool;

And, at the operational level, to ensure that appropriate resources are made available.

These issues need to be addressed even before practical issues with individual HIAs can be resolved. These include process issues such as:

1. Setting up communication processes with decision makers and identifying issues that concern them;
2. Identifying issues that concern different stakeholders – e.g. the local population affected by a motorway/airport extension;
3. Balancing professional opinion with lay opinion e.g. as in the case of telephone masts where 'scientific' opinion supports the view that these are harmless in contrast to the opinions of the local population;
4. Addressing issues about impartiality of those carrying out the assessment – e.g. where these may be at the behest of a local community where the 'Assessor' assumes the role of 'community champion'. This may lead to situations where particular developments aimed at alleviating the ill-health of a particular group (for instance provision of a Travellers site), or the population in general (for instance a wind turbine development), may be contested on 'not in my backyard' grounds (i.e. that it would be detrimental to the health of the community where the facility was being located);

5. Resolving issues concerning conflicts of interest where the HIA is being commissioned/carried out by a commercial enterprise (also potentially applicable to public sector developments where the HIA is being commissioned/carried out by the same department/agency or a partner agency that is also responsible for the proposed policy, programme, or project).

In addition there are issues concerning the knowledge base and capacity for carrying out HIA (i.e. an understanding of the principles throughout the relevant agencies and the availability of appropriate tools and how to use them). There are also issues in relation to roles and responsibilities within and across agencies and departments (e.g. who is responsible for assessing the need for and implementing HIA? who is responsible for co-ordinating and/or driving it? who needs to be gathering/providing the appropriate information?).

In general HIA is, as one of the strategic level informants (who had also undergone the training) described it, *'quite a complicated, long, drawn out process. It's difficult for people to get their heads around it'*. Most of the other stakeholders have concurred with this view and have expressed the opinion that *'the whole process needs to be made simpler'*.

5.4 The Role of Other Agencies and the Future of HIA in Ireland

The future of HIA in Ireland is likely to remain uncertain unless the difficulties referred to in 5.3 above are addressed. While the work of IPH and other agencies is contributing to progressing HIA, there remains a deficit throughout the island in relation to what could be provided/achieved. The single most important development would be for both governments to take steps to ensure that what is already an established and key policy priority is fully implemented. This may be easier said than done and so it should remain, in the interim, the responsibility of all those tasked with promoting the health and wellbeing of the population to lobby at Ministerial level for HIA to be given some sort of legislative recognition. We understand that, in the North, the Ministerial Group on Public Health (MGPH) is already considering a number of cross departmental issues that have a bearing on health and HIA needs to be placed on the agenda. It also needs to be considered on a cross-border basis (similar to other issues of common concern – such as obesity - that are already receiving attention).

Recommendations

The DHSSPS in Northern Ireland needs to review its responsibilities for HIA as outlined in 'Investing for Health'

The DHSSPSNI should also ensure that the future of HIA is included on the agenda of the MGPB

The Department of Health and Children in the Republic of Ireland should review its responsibilities on HIA as outlined in 'Quality and Fairness' and other key strategy documents

However, in acknowledgement of some of the practical difficulties and resource implications that implementing fully fledged HIAs entails, there needs to be a comprehensive re-assessment of how the process is to be carried out in order to make it simpler. This would call for more support to be made available on an organisation-by-organisation basis so it can be identified how HIA can be practically implemented in them. While IPH may be best placed to provide this support, there are obvious resource implications and we would suggest that this might be alleviated by a greater emphasis on 'quick' or desktop HIAs. This would reduce the time and other resources required for implementing full HIAs and other agencies have suggested the efficacy of producing a tool that can be completed on line to expedite this process.

Recommendation

IPH should explore ways of streamlining HIA, possibly through developing a tool that can be completed on line.

In relation to the lobbying role, while IPH should be making a contribution to this (and in a sense it already does this to an extent through its awareness raising), there should also be a role for the HIA Network in relation to this. It already includes representatives of both the main departments charged with public health, North and South, and perhaps this body needs to be targeting those departments in both jurisdictions (as well as the North South Ministerial Council) that are in a position to ensure that policies requiring cross-departmental support and multidisciplinary approaches are implemented – OFMDFM in the North and the Department of the Taoiseach in the South. This may require appropriate legislation to create a legal obligation for HIA which mirrors that for SEA and EIA.

Recommendation

The HIA Network should approach the OFMDFM in the North and the Department of the Taoiseach in the South, as well as the North South Ministerial Council to discuss the drawing up of appropriate legislation to make HIA a legal obligation.

Both Departments also need to consider the allocation of appropriate resources to enable HIA to be carried out as applicable

Alternatively, or in tandem with the above, consideration might be given to developing an Integrated Assessment Tool that could be applied to all relevant policies, programmes, and

projects. Completing this would be the responsibility of all agencies and departments when assessing the implications for all their policies and programmes and it would include a section on health. A potential model for this exists in England where policy makers must answer three screening questions relating to impacts on health services, health determinants, and lifestyle related risk factors, to establish whether a full HIA is required.

Recommendation

IPH should consult with other relevant agencies and government departments with a view to securing resources for, and developing, an Integrated Assessment Tool in the Republic of Ireland

Finally, appropriate organisations, departments, and agencies that are required to implement, or support others in implementing HIA, need to be provided with resources to enable them to do so. This clearly has implications for departments and agencies in the public sector and in the community/voluntary sectors to ensure that staff are appropriately trained, as well as for organisations providing the training – such as IPH.

In short, the main findings emanating from this review emphasise the need for a triadic approach to enhancing HIA throughout the island of Ireland in future. Firstly, the process needs to be streamlined; secondly, appropriate capacity-building needs to be provided; and thirdly, there needs to be the political will, at the highest level, to support the implementation of these developments. A quote from one senior strategic level informant (from HSE) sums this up adequately:

'In order for HIA to be enhanced and advanced, greater support and emphasis or direction from relevant government departments to agencies would help. As in many instances, unless there is a clear requirement on agencies to carry out HIA, it will not happen. At the moment, HIA is too broad, sweeping and generic. It is being seen as applicable to everything, but is ultimately then applied to nothing. Scoping for HIA will need to be incorporated at departmental level to provide leadership'

We feel that, taken together, the findings contained in this review, provide; an assessment of the achievements of the IPH to date in relation to developing HIA on the island of Ireland, an assessment of the barriers and challenges (strategic and operational) to effectively implementing it and, a number of action points that need to be given urgent attention in order to address these.

Appendix: List of those Consulted

Ms Mary Black	Assistant Director of Health and Social Well Being Improvement	NI Public Health Agency
Dr Leslie Boydell	Associate Medical Director for Public Health	Belfast Health and Social Care Trust
Ms Bedelia Collins	Senior Health Promotion Officer	Limerick Health Promotion Team*
Ms Joan Devlin	Director	Belfast Healthy Cities
Mr Martin Devine	Assistant National Director	Health Service Executive*
Dr John Devlin	Deputy Chief Medical Officer	Department of Health and Children
Ms Ronnie Dorney	Principal Community Worker	Health Service Executive South
Mr Andrew Elliott	Director of Population Health Directorate	DHSSPSNI
Dr Brid Farrell	Consultant in Public Health Medicine	NI Public Health Agency
Dr Carrie Garavan	Research Implementation Manager	University of Limerick
Dr Jackie Jones	Functional Manager Health Promotion	Health Service Executive West
Gerard Kelly	Director	Environmental Resources Management
Dr John Kemm	Director	West Midlands Public Health Observatory
Ms Jackie King	Regional Planning and Transportation Division	Department of Regional Development
Prof Christine Liddel	Professor of Psychology	University of Ulster
Ms Lorraine Lindsay	Investing for Health Manager (North Down and Ards)	Eastern Investing for Health
Ms Elaine O'Doherty	Advocate for Health and Wellbeing Improvement (IfH Manager)	Northern Investing for Health
Dr Alex Scott Samuel	Senior Lecturer (Clinical) in Public Health	University of Liverpool

*made written submissions