

Health Impact Assessment

A practical guide



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Foreword



It gives me great pleasure to write a brief foreword to this practical guide to health impact assessment. HIA in Wales has developed strongly over the last few years. It was first proposed, in Better Health, Better Wales (1998), as an important strand in the development of public health policy for the new Wales. That seminal document, published at the point of transition from a Welsh Office to a Welsh Assembly, proposed HIA as a mechanism for action across policy areas, and as a means to facilitate decisions relating to longer term, sustainable health gains. The new Assembly tested the methodology on a small number of pilot projects before committing itself to the development of a Wales (formerly Welsh) Health Impact Assessment Support Unit in 2001, which has just entered its second decade.

The purpose of the Unit was to develop the capacity of local government and other organizations to undertake HIA. This was largely achieved through training, often using real HIAs as a training opportunity, and providing a web-based resource. The Unit also had a remit to respond to members of the public or community groups who might be interested in the use of HIA in relation to developments that affected them. From the outset research skills in WHIASU have improved the evidence-gathering components of HIA, and case studies have been used as a way of reflecting on and evaluating different kinds of HIA as well as theorizing the contribution of HIA to health knowledge more broadly. HIAs on housing regeneration and opencast mining have yielded influential papers in environmental, health, and sociological publications, giving HIA in Wales an international profile.

The combination of practical guidance and theoretical development has been the hallmark of the Unit, and it is perhaps for this reason that it has continued to grow, notwithstanding the changes and developments taking place around it. It now stands as an excellent example of what can be done in a partnership arrangement between an NHS body, Public Health Wales, and an academic institution, Cardiff University. As the themes of 'health in all policies', 'sustainable health' and 'connected communities' become more and more prominent in Wales, and beyond, the role of health impact assessment will become increasingly important. This practical guide is an excellent contribution to that continuing process.

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Introduction

This guide, produced by the Wales Health Impact Assessment Support Unit (WHIASU)¹ describes the process, provides methods and lists resources to support Health Impact Assessment (HIA). HIA is a process that considers how the health and well-being of a population may be affected by a proposed action, be it a policy, programme, plan, project or a change to the organisation or delivery of a particular public service.

The Welsh Government has taken a keen strategic policy interest and international lead in HIA (Welsh Assembly Government, 2003; 2007) and is committed to developing its use as a key part of strategies to improve health and reduce inequalities. This stems from a need to improve the health of a population where the data still demonstrate high and unacceptable levels of poor health and health inequality (Data Wales, Welsh Index of Multiple Deprivation 2011).

The guide is aimed at anyone who might lead, commission, participate or be affected by the recommendations of a HIA. It is intended as a generic assessment tool which can be used to support the process at national and local levels. However, the tool may need to be adapted and developed to suit the particular organisation and proposal in question. This guidance document is complemented by a range of downloadable resources to use when undertaking a HIA. There are also additional 'mini' guides on quality review and commissioning health impact assessments.

What do we mean by health and well-being?

HIA is underpinned by a social or holistic model of health rather than a biophysical model which is narrowly focused on the avoidance of disease and illness. Within HIA, health is understood as a positive concept which encompasses mental, physical and social well-being. It is difficult to understand the concept of health as something distinct from the ways in which we live and the society of which we are a part. This implies two things - firstly, that health means different things to different people living in particular times and places and secondly, that health outcomes, however we may understand and/or measure them, are shaped by wider social and economic processes.

The best known definition of the social model of health is one that was produced by the World Health Organisation (WHO) in 1948 which stated that:

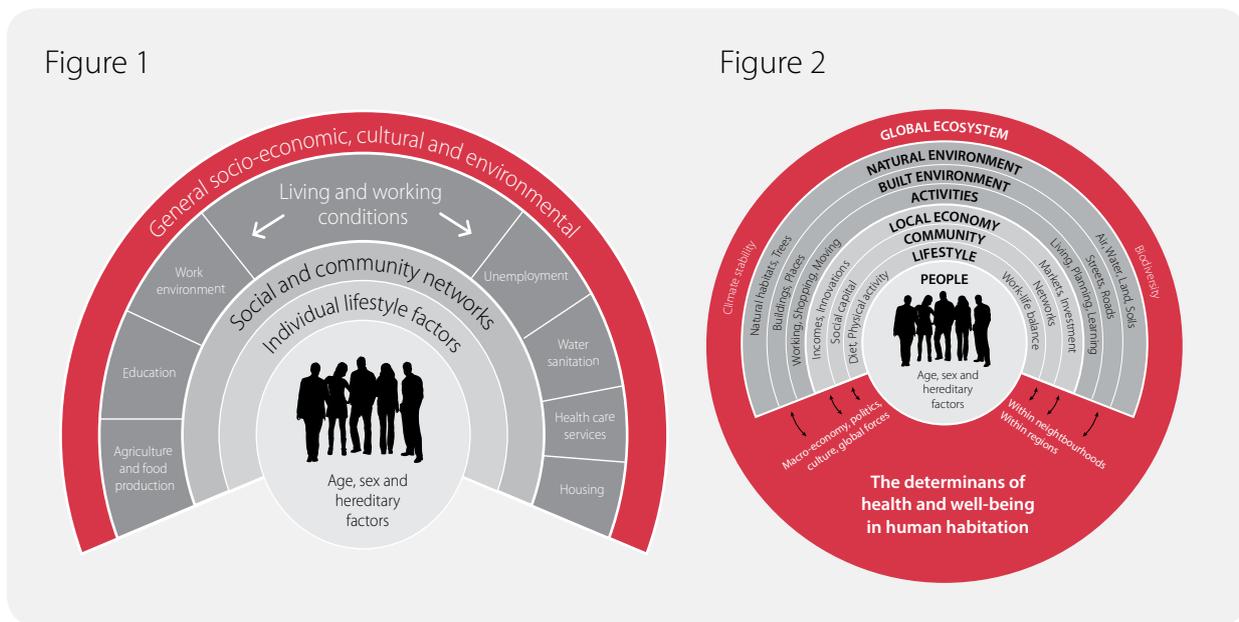
'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'

(WHO, 1948)

¹ WHIASU was established in 2001 and provides advice, support, guidance, training and research for health impact assessments across Wales. Funded by the Welsh Government through Public Health Wales, the unit has an international reputation for best practice in HIA.

If we see our health as being shaped by wider social processes, then the policies, programmes and projects that national or local governments develop and support are likely to be important opportunities or threats to the health of individuals, groups, communities and whole populations. Whilst the availability and quality of health services are likely to be important, particularly when we are ill, the quality and distribution of social and economic resources are likely to be more important to the health of a population.

A social determinants framework, such as the model developed by Dahlgren and Whitehead (1991) (Fig.1), provides an opportunity to consider how a proposal may impact in different ways on different groups of people, and focuses on the particular contexts in which people live. Barton and Grant (1998) (Fig. 2) adapted and developed this model to provide an ecologically based framework that was aligned more with the planning of people’s lived environments.



Some impacts on health determinants may be direct, obvious and/or intentional, whilst others may be indirect, difficult to identify and unintentional. HIA tries to anticipate and mitigate for these effects.



What is Health Impact Assessment?

The European Centre for Health Policy (1999) Gothenburg Consensus is widely accepted as the seminal definition of Health Impact Assessment and defines it 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.'

However, alternative definitions have recently been proposed (Elliott et al. 2010) as the practice of HIA has evolved:

'...a process through which evidence (of different kinds), interests, values and meanings are brought into dialogue between relevant stakeholders (politicians, professionals and citizens) in order imaginatively to understand and anticipate the effects of change on health and health inequalities in a given population.'

The second definition recognises that the direction and nature of health impacts are not obvious or universally accepted, are subject to debate and involve different ideas about what health is and what the conditions for health should be. HIA nonetheless provides a framework through which different views of evidence and health can both be made explicit and scrutinized.

HIA is a systematic, objective and yet flexible and practical way of assessing both the potential positive and negative impacts of a proposal on health and well-being and suggests ways in which opportunities for health gain can be maximized and risks to health minimised. HIA looks at health in its broadest sense, using the wider determinants of health as a framework (Appendix 1 – Health and Well-Being Determinants Checklist). Importantly, HIA highlights the uneven way in which health impacts may be distributed across a population and seeks to address existing health inequalities and inequities as well as avoid the creation of new ones. HIA is a tool to support decision making (Taylor, 2002) and, as such, it can inform decision makers and communities of the potential health and well-being impacts and consequences of a proposal or policy. HIA is not in itself the means of making a decision on whether a policy, proposal or programme should proceed. It is a way of harnessing a wide range of evidence and assessing its relevance and application to a particular local, regional or national context.

However, there are different kinds of knowledge, some of which is the contextual knowledge that communities have of the places in which they live. Furthermore, the decisions that are made may have a profound effect on people's quality of life. Questions of knowledge and values are therefore closely connected and there is a need to ensure that the processes for assessing evidence of all kinds are robust, inclusive and transparent.

Principles of HIA

The Gothenburg Consensus makes explicit the values of HIA: the HIA process should be open, involving a wide range of stakeholders; **transparent**, including the documenting of the process; **ethical**, in its use of evidence and methods of participation; **equitable**, through a presumption in favour of reducing health inequalities; **robust**, in its methods for consideration of evidence and participation; **participatory**, by actively engaging with and involving stakeholders from a wide range of organisations through appropriate methods; **sustainable**, through consideration of impacts that are short and long term, direct and indirect, in order to inform sustainable policies, programmes and projects; and **democratic**, emphasising the rights of people to participate in major decisions that affect their lives and, through HIA, enabling people to actively participate and contribute to decision making processes.

Benefits of HIA

Health Knowledge and Action

- Increases awareness across sectors of how decisions may affect health
- Identifies the connections between health and other policy areas
- Co-ordinates action between sectors to improve and protect health

Organisational Development

- Potentially reduces demand on NHS and social care services by investing in healthy policies, programmes and projects that prevent ill-health
- Makes the decision making processes more transparent
- Promotes evidence-based planning and decision-making

Communities

- Promotes greater equity in health
- Proposes actions to maximise health benefits and minimise the health risks
- Involves the communities who will be affected by a proposal
- Supports the development of environments and services that meet local needs
- Enhances public/citizen engagement

HIA and Equity

A consideration of health inequalities and action to improve equity is a key driver for HIA in Wales and should be a component of any health impact assessment. All HIAs that have been conducted and supported by WHIASU in Wales have systematically considered inequalities and the impacts on a range of vulnerable groups within the population and assessed the extent and distribution of them. These groups can, for example, include older people, children and young people, those who suffer from chronic conditions, or those who are geographically isolated.

Whilst health inequalities refer to systematic differences in the health status of different groups of people in a population, health inequities have an explicitly ethical dimension. A useful way of understanding health inequities is to see them as differences in health status which are unnecessary, avoidable, unfair and unjust (Whitehead 1992). The Welsh Government's Public Health Strategy technical document 'Fairer Health Outcomes for All' (WAG, 2010) reflects this notion.

The public sector Equality Duty (that came into force in April 2011) requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. The Equality Duty supports good decision making – it encourages public bodies to understand how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people's needs. By understanding the effect of their activities on different people, and how inclusive public services can support and open up people's opportunities, public bodies can be more efficient and effective.

HIAs that have an equity focus are based on the principle of social and environmental justice and fairness for all. A framework to ensure that HIAs have an explicit equity focus is being developed in Wales along with a number of European Union countries. Resources to accompany this guidance will be updated as more equity-focused HIAs are conducted and evaluated. However, it should be emphasised that the aim of HIA in Wales is to avoid inequity and promote equity within this framework using the best available knowledge and evidence. The framework will ensure that future HIAs improve their capacity to inform the development of equitable policies, programmes and projects.

HIA in Wales

In preparation for a new National Assembly for Wales, 'Better Health, Better Wales' (Welsh Office 1998) described the need to tackle the social and economic determinants of health and aimed to develop HIA in Wales as a means to support health promotion and prevention initiatives. At a strategic level, the publication of 'Making the Connections' (Welsh Assembly Government, 2004) aimed to support the integration of health across all sectors and a consideration of 'Health in all Policies' (HiAP) (WHO, 1999). A focus on integrating 'Health in All Policies' has led to HIA being seen as a key element of raising awareness of health and well-being in other sectors within Wales and supporting this preventative and health promotion agenda.

An example of political recognition that HIA has gained is in the 'One Wales' document of the Labour/Plaid Cymru Coalition government (2007) which committed the Welsh Government to the use of HIA in relation to open cast mine applications.

HIA is not a statutory requirement in Wales (or anywhere in the UK) but the Welsh Government increasingly regards it as best practice to consider health and well-being specifically in non-health domains. In a wide range of areas, including road and rail transport, minerals, waste and land use planning, HIAs are referred to in Welsh Government guidance:

- Technical Advice Note (TAN) 21² for waste advises that HIAs be conducted for the Wales Waste Strategy and its associated Plans;
- Draft Ministerial Interim Planning Policy Statement (DMIPPS) 02/06³ supports a consideration of health and well-being at a local level and is supplementary guidance to Planning Policy Wales for large planning applications and Local Development Plans (LDPs);
- Welsh Transport Appraisal Guidance (WelTAG)⁴ for transport requires a HIA to be undertaken for certain types of transport proposals;
- Minerals Technical Advice Note (MTAN) 2: Coal⁵ for minerals and coal mining developments requires a HIA with community participation to be conducted.

Whilst these are examples of where HIA is explicitly identified as a requirement, it should be recognized that the considerable benefits conferred by conducting a HIA should ensure that this is a preferred and normal process for all strategic policy, programme and project developments, across all departments, directorates and sectors.

The increased use and application of HIA has highlighted some major challenges - including the knowledge and resources required to undertake a HIA, who and how to commission a HIA and the impartiality and quality of HIAs undertaken by private consultants. The understanding of 'health' has also proved problematic in many traditionally 'non-health' arenas and this can cause tension in the practice of HIA as it encompasses a broader view of health.

² <http://wales.gov.uk/topics/planning/policy/tans/tan21/?lang=en>

³ www.wales.nhs.uk/sites3/docopen.cfm?orgid=522&id=124565

⁴ <http://wales.gov.uk/topics/transport/publications/weltag/?lang=en>

⁵ <http://wales.gov.uk/topics/planning/policy/mineralstans/2877461/?lang=en>

Types of HIA

There are three main types of HIA - Prospective, Concurrent and Retrospective.

Prospective HIA – at the start of the development of a project, proposal or plan.

Concurrent HIA – runs alongside the implementation of the project (or policy)

Retrospective HIA – assesses the effect of an existing project or policy and can be used as an evaluation tool. Retrospective assessments can also be made of unexpected events, as a way of learning lessons for future similar events.

HIA is best used prospectively during the development of a proposal. The process should be activated late enough in a proposal's development to be clear about its nature and purpose, but early enough to be able to influence its design and/or implementation.

Within any of the above, HIA can take one of three different forms, depending on the focus and the time and resources available - Desktop, Rapid or Comprehensive.

A *Desktop* HIA exercise can take hours or a day and can encompass a small number of participants around a table using existing knowledge and evidence to assess a proposal, policy or plan.

A *Rapid* HIA can take days or weeks and usually includes the establishment of a small steering group and often uses the approach of a participatory stakeholder workshop – it typically involves a brief investigation of health impacts, including a short literature review of quantitative and qualitative evidence and the gathering of knowledge and further evidence from a number of local stakeholders.

Comprehensive HIAs are more in-depth and can take months to complete. They may be time intensive, financially costly, require extensive literature searches and the collection of primary data. This type of HIA is more suited to more complex proposals.

Often, however, a HIA may fit in between two of these categories as the approach taken will be determined by the nature of the proposal, the timescales involved and the human, organisational and financial resources available to undertake the process.

Conducting a Health Impact Assessment

There are five main steps to HIA and, while some may regard it as a linear process, HIAs are most useful and effective when the process is iterative. It is systematic yet flexible to particular timescales and circumstances and, although it may appear technical, it is very straightforward to follow. The five steps are:

- Screening
- Scoping
- Appraisal of Evidence/Assessment
- Reporting and Recommendations
- Monitoring and Evaluation

STEP 1: Screening – Deciding whether to undertake a HIA

Screening takes an initial look at the potential impacts of the proposal on the local population and any specific vulnerable groups defined within it. It should highlight any potential health risks or benefits and any groups that may be particularly affected. The outcome of screening is a decision whether or not to undertake HIA and, if so, to determine what type of HIA will be required. It should also provide an explanation of how the decision was reached.

Purpose

There needs to be a simple way of identifying which proposals should undergo a desktop, rapid or comprehensive assessment. In its simplest form 'screening' means stepping back as early as possible in the planning and development process to ask the question:

"Could this proposal have an impact on, or implications for, people's health and well-being or any factors which determine people's health?"

This stage provides a preliminary picture of the potential health impacts on relevant populations in order to help the decision making process. In particular it will indicate:

- Whether the proposal is likely to impact on health.
- Which sections of the population, particularly vulnerable groups, are likely to be affected (An indicative list of vulnerable and/or disadvantaged groups is provided in Appendix 2)
- The possible scale of the impacts and whether these are likely to be positive or negative.
- Whether a desktop, rapid or comprehensive HIA is needed.

Screening sessions can be completed by a small group with input from the proposer of the HIA and other relevant stakeholders including local authority representatives, public health professionals, the developer or proposer of the project (where possible), and relevant experts and representatives from key stakeholder groups, including community and voluntary sector members. It may be done at a short meeting or through individual discussions. This stage should not be conducted by one person.

Preparation

Before meeting with wider stakeholders it is important to ensure that there is a clear description of the proposal and its rationale, aims and objectives. A basic profile of the people living in the population area likely to be affected, where possible, may also be helpful. These should be circulated to all participants in good time before the meeting. Participants may not be familiar with HIA so an overview of what HIA is and what is expected at this stage is important.

Recording the information

The health impact assessment screening/appraisal tool (Appendix 3) provides a means of recording the information behind the decision whether or not to undertake a HIA, thus providing the justification as to why a health impact assessment has or has not taken place.

It is important to note that screening is not always undertaken. This could be for a number of reasons including; national legislation and guidance which makes it mandatory to carry out a HIA; it may be deemed best practice by local policy makers and planners; it may be thought to support community health concerns; or it may be required by a funding organisation.

STEP 2: Scoping – Determining the focus, methods and work plan

Purpose

This stage involves asking a number of questions and making a number of decisions to establish the terms of reference, roles and responsibilities and agreed plan for the health impact assessment.

Timescales

It is essential to establish the decision-making timescales of the proposal to ensure that the HIA can have an opportunity to inform decisions. There may be a number of opportunities to do this but knowing the timings of these and what evidence or recommendations might usefully be provided by the HIA is essential.

Geographical boundaries

It is important to agree the geographical boundaries of the HIA. There may be impacts that impinge on populations beyond those directly affected by the proposal so it will be important to make a decision as to where the boundaries are set and the reasons for this decision.

Resources

There is a need to clarify what resources are available in terms of additional funding and people's time. It is important to develop an approach which makes the best use of the resources available.

Internal and External support

Concerns about the time and costs of HIA are sometimes expressed. Whilst in some cases HIA can be free from specific costs and viewed as a different approach to developing a proposal, in many cases additional costs may be required to co-ordinate, gather evidence and write a HIA report. Commissioning someone experienced in HIA is one option whilst alternative options, such as secondments, are another. Secondments are an opportunity for the individuals who are seconded to develop HIA skills and for the organisation to test the usefulness of the process.

Type of assessment

How in-depth the assessment will be is dependent on the timescales, the resources available and the complexity of the project. Rapid assessments usually involve a small number of meetings, a stakeholder workshop and production of a short report. More comprehensive assessments can take months and involve systematic literature reviews, new data collection and expert analysis. It is important for the type of HIA being undertaken to be appropriate for the proposal under consideration.

Previous research has suggested that a three meeting approach is the one that most organisations have the capacity to accommodate whilst allowing time for research based and other evidence to be identified and assessed (Lester, 2004).

Steering group

A steering group is not essential but can provide an effective means of sharing ownership and responsibility for the HIA and enable the distribution of tasks. The size will depend on the length and complexity of the project, with an ideal number being between 6 and 12. Representatives of key stakeholder groups or organisations should be involved as this helps to promote wider participation in, and ownership of, the process.

A mix of skills and expertise also helps to ensure that the process maximises the practical and academic resources required to develop a good quality HIA. Depending on the type and complexity of the proposal, these skills may include community involvement or development, research, project management and policy analysis.

People with specific knowledge and expertise may be needed. This is likely to include public health, but may also include specialist knowledge in the social sciences, epidemiology, environmental health or health economics. Community representatives and local residents have particular insights as to how proposals will affect local people and their involvement in a steering group should be considered.

The decision to set up a steering group will depend on circumstances, though a preliminary steering group should be identified at the end of the screening process. This will enable a broad group of people to participate in the scoping process. One of the first tasks of the steering group is to agree membership and how often the group should meet within the timescale available.

The appointment of a chair should be someone who is felt to be fair, impartial and respected by different interest groups.

Roles and responsibilities

There will be a range of tasks involved at various stages during the HIA, responsibility for which should be agreed at this stage. These may include:

- chairing of meetings
- taking and circulation of minutes
- booking venues for meetings
- sending invites to stakeholders
- writing reports

More general roles of the steering group also need to be agreed so that members are clear what is expected of them. For instance, members of the steering group may themselves be responsible for providing access to certain forms of information or evidence, or in accessing specific groups of people as part of gathering particular viewpoints. They are also expected to make comments on any drafts of the scoping report (where one is produced) and on the final report or set of recommendations.

Stakeholders

Stakeholders are those that are involved in the development of the proposal and those who are likely to be affected by the proposal. Their involvement is important for the reasons stated above. Representatives of key stakeholders should be invited onto the steering group if one is formed. However, it may also be appropriate to obtain particular stakeholder views as part of the appraisal. It is important that methods used for involving people in HIA are appropriate to the group or individuals being engaged; for example, some people may be more comfortable in a small focus group than a participatory workshop.

Focus of appraisal

To ensure the best use of scarce resources, there is a need to focus on those impacts that are most likely to occur and have the greatest potential impact on health and inequalities. The screening sheet should be used to identify which areas of impact the appraisal should focus on. However, it is important to remember that HIA is an iterative process, and impacts may emerge during the assessment stage that were not identified during screening or scoping.

Identifying methods

The methods for assessing potential health impacts will depend on the nature and complexity of the proposal, the approach to HIA adopted (desktop, rapid or comprehensive) and the resources and time available. This will be partly a pragmatic decision and partly a decision about what kind of evidence will provide the best judgement or prediction of impact on the determinants in question and on which population groups. Options include a coherent mix of literature review, policy analysis, quantitative modelling, qualitative data collection (in the form of focus groups, interviews or workshops) and/or stakeholder meetings. It is likely that a combination of qualitative and quantitative data will provide the most useful and robust evidence base, and these are explored in more detail in the next section.

A scoping checklist is provided in Appendix 4.



STEP 3: Appraisal of Evidence – Identifying the health impacts

Purpose

This is the key stage of health impact assessment. The purpose is to gather information about the potential nature, size, likelihood and distribution of the proposal's health impacts. It also provides an opportunity to suggest possible ways of maximising the health benefits and minimising the risks, particularly to those whose health may be most vulnerable or the most disadvantaged population groups. It also provides an opportunity to identify and suggest actions that might address 'gaps' in the proposal or plan.

Although HIA is not in itself a research method, it draws upon a range of sources of information and methods for collecting and analysing data, to which appropriate methodological rules and procedures will apply.

Evidence, data and methods

HIA has traditionally favoured more quantitative, epidemiological methods to collect and analyse data. However, many HIAs are concerned with investigating and answering questions about the likely impact on the general health and well-being of populations and communities, for which a combination of qualitative and quantitative methods and data sources will be necessary to provide the most holistic view of impacts.

Where an estimation of the size of an impact is measurable and desirable then quantitative methods may be most appropriate. For instance, it may be possible to estimate the increase of pollution particulates due to changes in traffic flow and the resultant impact on the health status of nearby residents. However, the closure of a school, for example, can have a range of impacts which may only be accessed through more qualitative methods that explore people's experiences, perspectives and feelings.

The amount of time devoted to evidence collection will depend on the nature of the proposal being assessed and the resources available. However, tasks can sometimes be shared between steering group members.

Quick Summary of Sources of Evidence

Evidence can exist in many forms and it is important to make use of what is available within the time and resources available. Below is a list of possible sources of evidence (the list is a guide and not meant to be exhaustive). Some may not be appropriate and/or easily attainable for the proposal or population being assessed.

Information on existing population

- Routinely collected local statistics (e.g. on health, unemployment, crime and air quality)
- Surveys of local conditions
- Community profiles (e.g. through community mapping)
- Local concerns and anxieties (where documented)
- Secondary analysis of existing local data
- Opinion surveys
- Other local surveys/research

Expert opinion (knowledge)

- Views of residents and professionals with local knowledge and insight
- Views of individual academics or professionals with knowledge in a specialist area
- Organisations which provide advice on particular subjects (e.g. on transport research)

Wider evidence

- Research published in academic journals accessed through special literature searches in libraries or on the Internet
- Research conducted or commissioned by statutory, voluntary or private organisations
- Predictions from models
- Information about similar proposals implemented elsewhere (case studies)

Gathering and using information

The term 'evidence' can be off-putting. It has legal and scientific overtones that suggest that only people with highly specialist skills can access and understand it. It can also suggest that no judgement can be made without very robust and scientific information to back it up.

However, in the real world, where the relationships between people and the places where they live are highly complex, evidence to predict a future effect is thin on the ground. In fact, some of the most valuable evidence is already available in the form of local insights, both professional and lay (see section on knowledge). With high speed electronic communication accessible to most organisations and the increasing sophistication of search engines, research evidence is becoming more easy to find. There are a number of interactive public health and other data websites available. However, there is a need to ensure that the information gathered from the internet is valid, reliable and credible.

'A Guide to Reviewing Published Evidence for use in Health Impact Assessment' (Mindell, 2006) provides useful information to support HIA practitioners when assessing the quality and type of evidence included in HIAs.

Thus, skills in the critical appraisal of qualitative and quantitative research evidence will be valuable here. The aim is to apply the research evidence to the particular local contexts in question and this is where local professional and scientific experts as well as local communities will be important.

Population profiles

Use should be made of any information or data that is available on the characteristics of the local population. A population profile may include some or all of the following as appropriate:

- General attributes of the population (including size, density, age, gender, income and employment, socio-economic status etc.)
- Health status, particularly of the population groups already identified as vulnerable and likely to benefit or be harmed by the proposal
- Quality of life indicators
- Environmental information – housing, transport, and condition of air, water and soil
- Local people's views of the area and of the services provided

This will not only provide a current picture of the locality or the population in question but can also provide a basis for any subsequent evaluation.

At this stage, the Screening/Appraisal Tool can be completed using the checklists for health and well-being determinants and vulnerable population groups respectively (see Appendices 1 and 2).

Describing the impacts

There are a number of ways in which the potential impacts may be described. Where possible, the following should be assessed:

- The nature of the impact – how will the proposal affect health and will the impact be positive or negative?
- The likelihood of the impact - is the likelihood of the impact of the proposal definite, probable or speculative?
- The scale and significance of the impact - what proportion of the population is likely to be affected? How severe or beneficial will the impact be?
- The timing of the impact - will the impact be in weeks, months, years? In some instances the short-term risks to health may be worth the long-term benefits.
- The distribution of the effects - will the proposal affect different groups of people in different ways? A proposal that is likely to benefit one section of the population may not benefit others. In some cases, the assessment will identify ways in which members of the least healthy or most disadvantaged populations could be helped. This can be an important contribution to reducing the health inequalities that exist between some communities.

Involving people in HIA

Knowledge

There should be a focus not only on evidence of 'what works', but also on knowledge and understanding of factors that affect people's health and well-being. People with specialist knowledge may be helpful on technical questions. For instance, what levels of pollutants a process will produce, how smoke will be distributed, how a particular chemical is likely to affect humans, what the traffic flows will be along a road, how many jobs a particular proposal could create and so on. Some of this specialist knowledge may be available within the Local Authority, Health Board, Public Health Wales, Health Observatories or in other agencies. Environmental Health Practitioners are a prime example in this regard. Universities could also be a useful resource.

Local residents will be able to give their views of how a proposal is likely to impact on their living conditions, a perspective that can only come from lived experience. They can provide the contextual knowledge that is often missing from purely quantitative evidence. This type of qualitative data for HIA can be obtained through participatory workshops (see section on rapid participatory workshops below), interviews or focus groups, with the stakeholder groups using the wider determinants of health as a systematic and flexible framework. It is also possible to use more innovative techniques such as walking interviews or photographs. Photovoice⁶ is a community development approach that enables people to highlight issues that are important to them through the use of photographs. These approaches are particularly useful in HIAs of neighbourhood regeneration programmes, where people may feel that they can express themselves more clearly if they can show the researcher or HIA leader their neighbourhood or use visual materials that they have produced.

Citizen and Communities Participation in HIA

There is a strong political commitment both within Wales and the UK as a whole to increase participation and improve the nature of democracy, by giving local populations and people a voice and attempting to put the citizen and communities at the heart of decision making processes (WAG 2008). However, the idea of 'community' is not straightforward and can be even more complicated by the way that researchers, policy makers and citizens themselves use the term.

The range of published and unpublished literature on the subject of HIA and citizen/community involvement seems to agree that participation is something that should be encouraged. Participation can be a key contributor to informing both the population and the decision makers of the way that policies can have a real impact on people's day to day lives - that lay knowledge can provide a richer understanding of community and the issues that more 'traditionally robust evidence' cannot give (Elliott and Williams, 2008).

There are a number of potential ways to involve people in HIA: these include steering groups (see previous section), participatory workshops, focus groups and interviews which will be discussed in further detail.

⁶ www.photovoice.org

WHIASU's research 'Involving the Public in Health Impact Assessment in Wales' (Chadderton et al., 2008) identified numerous benefits of public participation in HIA. These included:

- *For individuals...*
 - Self-efficacy, self-esteem and self confidence
 - Awareness of the determinants of health
 - Knowledge of partnership working and decision making
 - Empowerment
 - Access to decision makers
- *For communities...*
 - Collective efficacy, action and empowerment
 - Strengthening and creating new social networks and relationships
 - Collective responsibilities
- *For organisations...*
 - Partnership working
 - Better understanding of local knowledge and personal experience
 - Understanding of and effectiveness in meeting local needs
 - Collective responsibility in decision making

However, it has to be acknowledged that there can be potential pitfalls to avoid. These include:

- Apathy and consultation fatigue
- Poor timing of workshops and lack of resources
- Lack of confidence to participate
- Participants and environment – not just the 'usual suspects' (e.g., not necessarily local councillors or leaders of pressure groups, but people who actually live in the relevant localities and are likely to suffer the greatest impact)
- Jargon and terminology – need to tailor language appropriate to the audience
- Mis-selling and raising expectations – it must be made explicit what the HIA can and cannot do
- Difficulty in making contact with 'hard to reach' groups
- Ensuring that HIA does not just focus on negative impacts to prevent a proposal

Rapid Participatory Workshops

A participatory stakeholder workshop can be a useful tool for engaging with stakeholders and also provides an insightful source of data which can inform the HIA by highlighting important issues that may not have been considered without input from stakeholders.

A participatory workshop is easy to organise and can take several hours to a day to conduct. The scoping checklist (see Appendix 4) can help identify potential stakeholders to invite to attend. Workshops need to be tailored to the needs of the stakeholders (particularly avoiding unfamiliar language/jargon), explain the HIA and what it can and cannot do. Importantly, accountability must be maintained throughout the process with public contributions recognised and respected within it.

The format of the workshop is flexible but should contain a number of key elements: an overview of the proposal being considered, an outline of what HIA is and what it can achieve, and a systematic working through of the wider determinants of health checklist identifying potential positive and negative impacts. A further output from the workshop should be a series of recommendations (based on discussion around the wider determinants), formulated to inform decision making.

Community (led) HIA

Community HIA is a term that encompasses HIAs that may be led by communities, ones with a significant community involvement or ones in which the HIA is requested or initiated by the community but led by, for example, the local authority, public health team or health board. Community HIAs follow the same systematic and robust process. WHIASU has supported several community led HIAs and the reports and case studies are published on the WHIASU website (www.whiasu.wales.nhs.uk)

Interviews and focus groups

If a participatory workshop is not appropriate as a method of engagement and data collection, or where issues may need to be explored in more depth, interviews and focus groups are useful tools to use to collect primary data as part of the assessment.

Focus groups- these provide an opportunity to discuss potential health and well-being impacts in more detail and can either be used as a stand-alone methodology or to investigate issues raised in the participatory workshop setting in more detail. Advantages of the focus group approach are:

- Interaction may be easier in a smaller group and participants may feel more comfortable discussing issues within that environment
- Existing groups (e.g. mother and toddler groups) can be tapped into
- They provide the opportunity to focus on those groups likely to be most affected by the proposal
- That more clarification and discussion of points may be possible and a greater depth of understanding about local contexts and concerns can be sought

An experienced facilitator will be able to ensure that the discussion remains 'on topic' and that all participants have the opportunity to participate in the discussion.

Individual interviews - as with focus groups, individual interviews provide the opportunity to collect detailed primary data to inform the HIA. By conducting one-to-one interviews, people's experiences can be explored more deeply and concerns over potential health impacts can be more meaningfully contextualised. However, one-to-one interviews can be time consuming and resource intensive so may be more suited to comprehensive HIA.

Quantification and Prediction of Effects

Exposure and Dose Response

Exposure and dose response can be useful to estimate exposure in mainly clinical or environmental situations – instances in which one can obtain large amounts of precise technical data and measurements (although it is important to remember that quantification of health impacts can be just as speculative as other forms of prediction and is heavily reliant on the quality of data used for estimation). It will assess how big a change there will be within the population exposed and what the resulting effect on that population will be. However, using this form of evidence can be complex and there are detracting factors to using this methodology alone in predicting potential health impacts. In the example of exposure to pollutants, there may be a time delay in any positive or negative outcomes presenting themselves. A dose response curve looks only in isolation and does not consider any cumulative effects, nor any other contributing factors, and there may be groups within the population who could be more susceptible to any effect or disease than the population as a whole. This can make quantifying impacts in public health terms challenging.

Formal Modelling

Formal modelling can be helpful in identifying, describing and predicting potential health effects and impacts on the population. Modelling techniques can be used alongside those of dose response methods and can be particularly helpful when used to assess clinical and environmental interventions such as prediction of impacts of smoking, alcohol consumption or particulate emissions into the atmosphere. Again, these tend to use epidemiological and/or toxicological evidence in order to forecast impacts. These techniques are a mathematical way of identifying potential health impacts by making a set of assumptions about causality and making logical projections to predict the size of any effects or outcomes. For example, a model may assume that if A happens, at B time or circumstances then, C will be the result. Data and assumptions can be modified to give different scenarios and project different outcomes – which may be described as beneficial or detrimental. These can be used to support decision making processes.

There are several examples of models being used by groups in Europe including BoD, ENHIS X-Prob (Mekel 2007). These also include DYNAMO-HIA⁷, which is a European web based tool created as part of a project that was established in 2007 to support the prediction of health impacts on the wider determinants of health in European policies.

Whilst this technique can be helpful there are, as with dose response methods, some drawbacks. The model is only as good as the assumptions made and the data used in them and again they do not give a broader picture of how the population or community's health and well-being will be affected. Whilst predictions can be made, it may be hard to assure the certainty of these predictions or variation in them. Therefore, any results from models or quantitative methods should always be synthesised with other evidence and research – including collaboration with other agencies and participation with communities to build a more rounded and balanced view of any health and well-being impacts.

⁷ http://www.dynamo-hia.eu/object_class/dyhia_features.html

Causal Diagrams and Mapping

Causal diagrams⁸ and mapping of impacts can be a useful way of visualising the potential health impacts of a proposal. Drawing a diagram can pictorially differentiate any impacts, their nature and size and any potential changes on health and well-being. This type of map should be refined and evolve as the HIA progresses.

A causal diagram can link paths together and highlight interactions between them. It can be used as a brainstorming start to a HIA, at the scoping stage or to illustrate the impacts as you go along. Pathways can be discussed and left in or removed during the process (depending on the knowledge and evidence gathered) to provide a final diagram or map.



⁸ <http://www.apho.org.uk/resource/view.aspx?RID=82294> – Examples of causal diagrams and mapping for HIA

STEP 4: Reporting and Recommendations

Once the evidence and data have been collected and the HIA coordinator and/or steering group is satisfied that there are no major gaps, a set of recommendations should be developed, informed by the previous stages of the HIA. These recommendations should aim to maximize any potential health and well-being benefits and mitigate potential negative impacts. They can be an opportunity to 'fill in' any identified gaps within the proposal and readdress any health (or other) inequalities that may be caused.

Recommendations need to be:

- Clear and concise
- Realistic
- Achievable
- Manageable in number
- Impartial
- Reflective of all evidence and representatives' views
- Agreed by consensus

Reporting

The information gathered in the assessment stage should be collated and presented in a form that is accessible to the intended audience. There are many possible formats ranging from a simple list, table of the workshop findings or completed screening tool, to a more comprehensive report. The format and style of the report needs to take account of the target audience(s) and be fit for purpose in terms of length, language and use of terminology. In terms of best practice, if a comprehensive, technical HIA has been completed with several hundred pages and appendices, then a non-technical summary and a glossary of terms should also be provided in an easy to understand format.

A draft report should be circulated to agreed reviewers and/or participants to incorporate comments, additions and alterations and reach an agreed consensus. The final report should then be disseminated to key decision makers and other agreed individuals and organisations.

The Wales Health Impact Assessment Support Unit currently holds a database of completed assessments and reports on its website which may be useful when looking for guidance on how to compile a report.

STEP 5: Monitoring and Evaluation

Purpose

This should be an integral part of the process post implementation of the decision, but this important step is often neglected or overlooked. As the aim of a health impact assessment is to inform decision-making, it is useful to evaluate how the information was used, its usefulness as seen by its target audience(s) and whether or not it influenced decision-making and developments. This will help to assess how effective the HIA process is in influencing decisions within individual local authorities and throughout Wales. Organisations may like to develop their own monitoring forms and systems to ensure that HIAs are reviewed in the light of decisions made.

Reports also provide an opportunity to reflect on the HIA, the time and resources used, what worked well, and how difficulties were overcome. Documents of this kind provide a source of learning and should be shared as the basis for future development. A dissemination form is available on the WHIASU website which provides the opportunity for sharing experiences with other people and organisations that are using HIA throughout Wales.

Quality Review for HIA

How do we ensure that HIAs are fit for purpose, representative of the views of a wide range of relevant stakeholders, robust and conducted according to best practice?

HIAs are conducted by a whole range of individuals and organisations – from community groups to private specialist consultancies. To be confident that a HIA report is of high quality, it may be useful to undertake a quality review using a structured tool. This will enable a critical appraisal of the report, the outcome of which can then influence what happens next, for example, whether further work needs to be undertaken. A formal review may need to be undertaken to provide reassurance that a HIA being submitted as part of a funding bid has covered all bases, to approve the report or to address community concerns. A number of review tools are available, and these can be downloaded from the resources section of the WHIASU website.

APPENDIX 1 – Health and Well-Being Determinants Checklist

(This list is a guide and is not exhaustive)

1. Lifestyles

Diet	Sexual activity
Physical activity	Other risk-taking activity
Use of alcohol, cigarettes, non-prescribed drugs	

2. Social and community influences on health

Family organisation and roles	Social isolation
Citizen power and influence	Peer pressure
Social support and social networks	Community identity
Neighbourliness	Cultural and spiritual ethos
Sense of belonging	Racism
Local pride	Other social exclusion
Divisions in community	

3. Living/ environmental conditions affecting health

Built environment	Green space
Neighbourhood design	Community safety
Housing	Smell/odour
Indoor environment	Waste disposal
Noise	Road hazards
Air and water quality	Injury hazards
Attractiveness of area	Quality and safety of play areas

4. Economic conditions affecting health

Unemployment	Type of employment
Income	Workplace conditions
Economic inactivity	

5. Access and quality of services

Medical services	Public amenities
Other caring services	Transport including parking
Careers advice	Education and training
Shops and commercial services	Information technology

6. Macro-economic, environmental and sustainability factors

Government policies	Biological diversity
Gross Domestic Product	Climate
Economic development	

APPENDIX 2 - Vulnerable/Disadvantaged Groups Checklist

(Please note that this list is a guide and is not exhaustive)

The target groups identified as vulnerable or disadvantaged will depend on the characteristics of the local population and the nature of the proposal itself. The most disadvantaged and/or vulnerable groups are those which will exhibit a number of characteristics, for example, children living in poverty. This list is therefore just a guide and it may be appropriate to focus on groups that have multiple disadvantages.

*Age related groups**

- Children and young people
- Older people

Income related groups

- People on low income
- Economically inactive
- Unemployed/workless
- People who are unable to work due to ill health

Groups who suffer discrimination or other social disadvantage

- People with physical or learning disabilities/difficulties
- Refugee groups
- People seeking asylum
- Travellers
- Single parent families
- Lesbian and gay and transgender people
- Black and minority ethnic groups**
- Religious groups**

Geographical groups

- People living in areas known to exhibit poor economic and/or health indicators
- People living in isolated/over-populated areas
- People unable to access services and facilities

The impact on the general adult population should also be assessed. In addition, it may be appropriate to assess the impact separately on men and women.

* Could specify age range or target different age groups for special consideration.

** May need to specify.

APPENDIX 3 - HIA Screening/Appraisal Tool and Record Sheet

This Screening/Appraisal Tool can be used as a framework and starting point for both 'screening' and 'appraisal' but it is flexible and should be adapted for local contexts. It is important to consider who is likely to be affected by a proposal alongside the assessment about what the impacts might be and how they might be mitigated. A list of population groups that are particularly vulnerable to the causes of ill health is provided in Appendix 2. The overall impact on the population should also be assessed. A more detailed health and well-being checklist is provided in Appendix 1 to help with the identification of which health determinants are likely to be affected by a proposal. Again, this list is not exhaustive.

If used for 'screening', it is important to remember that this is a preliminary assessment of what the impacts might be - not too much detail is necessary or possible at this stage. However, if used as the basis for a rapid assessment, more detail should be considered and evidence submitted or sought.

Realistic recommendations can be listed at the end of the session. These can be enhancements to maximise opportunities or mitigation for detrimental impacts or a recommendation for a further assessment. Next steps can be documented.

There is no fixed way of making a decision to conduct a health impact assessment. However, the screening tool should help to ask: are there significant impacts, missed opportunities or scope for improvements for all or some groups? If, on balance, the proposal would appear to benefit from a more in-depth HIA, then an appraisal should be initiated.

Health Impact Assessment Screening Record Sheet

Ready to use screening record sheets are available to download from the WHIASU website.

Typically, the following information would be recorded:

- Who is conducting the HIA
- Title of programme, policy or project
- Description (including key aims and objectives)
- Nature of Evidence considered/to be used (including baseline data, technical and qualitative research, expert and community knowledge)
- Key population groups affected by the programme, policy or project (using the list of vulnerable and disadvantaged groups included in Appendix 2) as a guide).

Using the **determinants of health and well-being checklist** (included in Appendix 1), consider how (in what way either positively or negatively), and to what extent (significant/moderate/minimal impact) these groups within the population and the general population itself may be affected by the proposal or that the proposal may have implications for - and summarise it for each section on the screening sheet below.

Ask the question:

'How does this proposal impact upon these determinants, for example, physical activity or diet (within Lifestyles section) in a positive or negative way?'

Sample screening/assessment record sheet

	Lifestyles		Vulnerable Groups/ Distribution
	(Positive) +	(Negative) -	
Diet			
Physical activity			
Use of alcohol, cigarettes, non- prescribed drugs			
Sexual activity			
Other risk taking activity			
Other...			

Recommendations

Are the impacts that have been identified above enough to warrant a more comprehensive health impact assessment?

Yes / No

If No, what are the reasons for not conducting an assessment

Do any additional actions need to be taken as a result of this HIA process?

Yes / No

If Yes, please outline (list recommendations and/or mitigation/enhancement here)

If a further HIA is required, outline next steps (e.g. Date and time of scoping meeting)

Have there or will there be other impact assessments conducted? i.e. Equality Impact Assessment, Environmental Impact Assessment. Or will this form part of one?

If Yes, please outline

APPENDIX 4 – HIA Scoping Checklist

A ready to use HIA Scoping Checklist is available to download from the WHIASU website.

This stage establishes the terms of reference and agreed plan for a HIA. It involves asking questions and making decisions in relation to undertaking the assessment.

It is not necessary for a screening tool or session to have been completed previously. However, a screening tool is useful and beneficial for helping to determine the focus of the HIA. Ideally, the scoping should not be completed in isolation. These questions should be read in conjunction with the earlier Scoping section guidance (STEP 2: Scoping).

- What are the timescales for the assessment? (When do crucial decisions need to be made?)
- What financial and human resources are available?
- What are the geographical boundaries of the project? (Is it necessary to consider the impact on people in other areas or communities that may be affected?)
- What kind of assessment is necessary and/or possible in the time available – desktop, rapid or comprehensive?
- Should the assessment be an in-house exercise or should someone be commissioned to do the appraisal?
- Should a steering group be set up and who should be involved?
- What elements of the policy/project/plan should the appraisal focus on? (The screening tool should determine this.)
- Who are the stakeholders?
- What are the roles and responsibilities of those involved in the HIA? (May not be able to answer this now – could decide after first steering group meeting or at a separate meeting)
- What methods will be used to collect evidence?



Links and Information

The following links provide tools, resources and other learning associated with using the HIA process. Some provide access to case studies which are particularly useful as evidence to support or challenge preliminary judgements about the potential impacts of proposals.

Wales Health Impact Assessment Support Unit

www.whiasu.wales.nhs.uk

Publication of HIA reports, guides, research and news. Includes separate sections on 'HIA and Planning' and 'Case Studies Leaflets' and 'Case Study Reports'.

Welsh Government

<http://new.wales.gov.uk/topics/health/improvement/communities/healthimpact/?jsessionid=L31JTdyCdFrr3YKNM623ch8nSpy7R8H9vLPKWPDFHzJkS0V3x9Nj!136109946?lang=en>

Information with regard to all aspects of Welsh Government policies and strategies in relation to health and well-being.

Chief Medical Officer Wales

<http://new.wales.gov.uk/topics/health/ocmo/?lang=en>

Includes case studies of HIAs funded by the Welsh Government and provides access to relevant policy documents and information on other areas of relevant work in public health being conducted in Wales.

Public Health Wales

<http://www.wales.nhs.uk/sitesplus/888>

Public Health Wales have supported several HIAs and details and information can be found on this site. There is a health data and intelligence section which includes an interactive statistical map of Wales.

HIA Gateway

http://www.apho.org.uk/default.aspx?QN=P_HIA

Information, resources, case studies, sources of evidence and networks to support the use of HIA.

London Health Commission

<http://www.london.gov.uk/lhc/hia/>

HIA section contains useful guidance and has details of the assessments conducted on all the statutory mayoral strategies.

The World Health Organisation (WHO)

<http://www.who.int/hia/en/>

Provides access to case studies, tools, sources of evidence on the relationships between key determinants of health and other information on current developments.

The European Centre for Health Policy (ECHP)

<http://www.euro.who.int/en/home>

Part of the World Health Organisation (WHO) Regional Office for Europe, it provides workshops and meetings to develop and disseminate ideas and good practice on HIA.

The International Health Impact Assessment Consortium (IMPACT)

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

Database of resources and access to the Merseyside Guidelines on HIA.

The International Association for Impact Assessment (IAIA)

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

Provides support and a forum for discussion and ideas for individuals and organisations involved in different forms of impact assessment evidence on links between determinants of health. This site provides information on both the links between determinants, policy areas and health, as well as what is known about the impact of particular interventions on health.

National Institute for Clinical Excellence (NICE)

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

Contains summaries of reviews and full reports commissioned or carried out by NICE, as well as links to other organisations. The 'resources and links' section contains reports from NICE and the 'research and evidence' section contains useful information.

HIA Blog

<http://healthimpactassessment.blogspot.com/>

Contains updated news, reports and information on HIA from around the world.

Institute for Public Health in Ireland

<http://www.publichealth.ie/hia>

Contains useful evidence reviews for HIA, HIA guides, information and reports.

Scottish HIA Network

<http://www.healthscotland.com/resources/networks/HIAresources.aspx>

Contains useful context to using HIA in Local Development Plans and SEAs, HIA guides, information and reports.

Department of Health in England

http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Healthassessment/DH_647

Provision of reports, evidence reviews, policy documents and other HIA related material relevant to England and the devolved nations.

Evidence and Knowledge

Evidence on links between the determinants of health

These sites provide information on both the links between determinants, policy areas and health, as well as what is known about the impact of particular interventions on health.

National Institute for Clinical Excellence

www.nice.org.uk/

See 'Links and Information' section.

World Health Organization (WHO) Regional Office for Europe

www.who.dk/healthtopics/TopPage

Information on the links between determinants of health. Also hosts the Health Evidence Network, primarily for public health decision making in the WHO European Region. This has two key components: an 'answers to questions' section where you can post your queries and a 'sources of evidence' resource list.

NHS Centre for Reviews and Dissemination (CRD), University of York

www.york.ac.uk/inst/crd/

Provides summaries of reviews conducted by CRD about what is already known about the effectiveness of interventions to improve health and tackle ill health. Most are about medical treatments but it also includes comprehensive evidence from systematic reviews of relevance to implementing the wider public health agenda. The site also includes the Database of Abstracts of Reviews of Effects (DARE) database which provides abstracts of quality assessed systematic reviews. Some of these deal with the wider determinants of health.

The Campbell Collaboration

www.campbellcollaboration.org

Provides access to evidence on the effects of a number of social, educational and criminal justice interventions.

The Cochrane Collaboration

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

Provides evidence based health and health care research information.

Trip Database

www.tripdatabase.com

Searches over 55 sites with good quality medical and health related information and research. Provides access to 'evidence-based' material on the web as well as articles from highly rated online medical journals such as the British Medical Journal. Although medically focused, it is possible to access evidence relating to the wider determinants of health.

Health Evidence Bulletins Wales

<http://hebw.uwcm.ac.uk>

Reviews a range of evidence for a number of topics, including cancer, injury prevention, healthy environments and mental health.

Bandolier

<http://www.jr2.ox.ac.uk/bandolier/>

The evidence section collects information under a number of health topics. Most of it is medical but the Healthy Living section provides evidence on lifestyle interventions and health.

Medical Research Centre (MRC) Social and Public Health Science Unit, University of Glasgow

www.sphsu.mrc.ac.uk/

The aim of the Unit is 'to promote human health via the study of social and environmental influences on health'. Of particular interest will be the section evaluating the health effects of social interventions. The unit focuses on non healthcare sector areas such as housing and regeneration as well as hosting the ESRC Centre for Evidence Based Public Health Policy.

Economic and Social Research Council (ESRC) Centre for Evidence Based Public Health Policy (based at the MRC's Social and Public Health Science Unit at Glasgow University)

<http://www.sphsu.mrc.ac.uk/index.php>

Set up to 'respond to the growing demand for rational and effective policy interventions based on an informed understanding of 'what works'. A number of studies are currently underway.

The Collaboration for Accidents and Injury Control (CAPIC)

www.capic.org.uk/

A virtual organisation, open to everyone and run by a steering group of people and organisations who have an interest in injury prevention. One of their roles is to promote the evaluation of injury prevention initiatives. They provide references regarding published research, in several topic areas, as well as current research studies conducted by CAPIC members. Also provide information on current initiatives in Wales and beyond.

Crime Reduction

www.crimereduction.gov.uk

Aims to provide community safety and crime prevention practitioners with information and advice to reduce crime and anti-social behaviour in their local area. Contains evidence on a broad range of topics from CCTV to racially motivated crime.

Transport Research Laboratory

www.trl.co.uk

Wide range of research on road safety, impact on traffic flow and environmental issues such as noise and traffic emissions.

Highways Department

www.highways.gov.uk

Commissions and conducts research on a number of road traffic issues such as air quality, traffic calming and the community effects of traffic congestion and its relief.

The European Foundation for the Improvement of Living and Working Conditions

www.eurofound.ie

Describes itself as a tripartite European Union body set up to contribute to the planning and establishment of better living and working conditions. Provides information on the links between employment conditions and health.

Institute of Rural Health (IRH)

www.rural-health.ac.uk

Conducts wide-ranging research on issues relating to health and the rural environment.

Planet Health Cymru

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

Planet Health Cymru provides a 'one stop shop' to aid collaborative working, detailing key information, tools, documents and examples of current practice for use by practitioners working in planning, transport, urban design, development, architecture and public health, as well as anybody who has a responsibility in improving the nation's health.

Public Health Wales Observatory

<http://www.publichealthwalesobservatory.wales.nhs.uk/>

The Public Health Wales Observatory is a team within Public Health Wales. Its staff are skilled in public health data analysis, evidence finding and knowledge management. The Observatory is the place where decision makers and the public can obtain useful public health information about the people of Wales.

Office for National Statistics

www.statistics.gov.uk

Census data and population information related to determinants.

Welsh Index of Multiple Deprivation

<http://wales.gov.uk/topics/statistics/theme/wimd/wimd2011/?lang=en>

The WIMD is the official measure of deprivation in small areas in Wales. It is constructed from data around eight types of deprivation: income, housing, employment, access to services, education, health, community safety and physical environment.

Glossary of terms

Environmental Impact Assessment (EIA):

The process of identifying, predicting, evaluating and mitigating the biophysical, social, and other relevant effects of development proposals prior to major decisions being taken and commitments made (International Association of Impact Assessment).

Environmental Justice:

The fair treatment and meaningful involvement of all people regardless of race, colour, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies (US Environmental Protection Agency).

Health Impact Assessment (HIA):

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 (European Centre for Health Policy).

Health inequality:

Differences in health status or in the distribution of health determinants between different population groups. Some health inequalities are attributable to biological variations or free choice and others are attributable to the external environment and conditions mainly outside the control of the individuals concerned. In the first case it may be impossible or ethically or ideologically unacceptable to change the health determinants and so the health inequalities are unavoidable (World Health Organisation).

Health inequity:

Where the uneven distribution of health inequalities is unnecessary and avoidable as well as unjust and unfair, the resulting health inequalities also lead to inequity in health (World Health Organisation).

Social/wider determinants of health:

Determinants of health are factors which influence health status and determine health differentials or health inequalities. They are many and varied and include: natural and biological factors, such as age, gender and ethnicity; behaviour and lifestyles, such as smoking, alcohol consumption, diet and physical exercise; the physical and social environment, including housing quality, the workplace and the wider urban and rural environment; and access to health care. (World Health Organisation).

Social justice:

the distribution of advantages and disadvantages within a society (Oxford English Dictionary).

Steering group:

A group of people brought together to oversee a piece of work such as a HIA. Typically, a steering group might be made up of representatives of relevant professional groups, key statutory agencies and the local community and its terms of reference might include overseeing development and progress of the work; agreeing the methodological framework and timescales; providing an input of local knowledge and information; acting as a bridge between partners; facilitating the implementation of the assessment's recommendations; and helping to assimilate and disseminate the emerging lessons (World Health Organisation).

Strategic Environmental Assessment (SEA):

SEA aims to increase the consideration of environmental issues during decision making related to strategic documents such as plans, programmes and strategies. It identifies the significant environmental effects that are likely to result from the implementation of the plan or alternative approaches to the plan. The findings of the assessment are presented in an environmental report that is consulted upon, with the public, alongside a draft of the plan. Issues raised in the report and in responses to the consultation must be considered by the plan-maker before the plan is formally adopted (Environment Agency).

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