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Quality Assurance Review Framework for Health Impact Assessment (HIA)

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Public Health Wales (PHW) • Revised March 2020



Contents

Appendix One – Review Criteria Matrix

Appendix Two – Explanatory Notes

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About the Wales Health Impact Assessment Unit

The Wales Health Impact Assessment Support Unit (www.whiasu.wales.nhs.uk) is part of the Policy, Research and International Development Directorate of Public Health Wales. It was established in 2001 to improve health and address inequalities in Wales. The unit has provided a mechanism to harness the collective efforts and knowledge of all sectors, policy areas and communities in developing and advancing both “Health in All Policies” approaches and policy and practice underpinning health impact assessment (HIA) in Wales.



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Executive Summary

In Wales, Health Impact Assessment (HIA) practice has been developing for over 15 years. Wales has become internationally respected in the field of HIA due to a focus on participatory methods, health inequalities, a holistic vision of health and wellbeing, cross sector engagement, support for community led HIAs, and an ability to inform policy at a local and national level¹.

This Quality Assurance Review Framework is a critical appraisal tool for HIA. It sets out to ensure that HIA practice in Wales continues to reflect the important values, standards and approaches that have underpinned the development of HIA practice in the country to date.

The Framework has been written to support and guide individuals and organisations to undertake a quality assurance review of a Health Impact Assessment and has been designed as a standalone document. It aims to provide guidance for both commissioners and reviewers of HIAs. It is set against the Welsh policy and practice context and supplements the Welsh HIA guidance 'HIA: A Practical Guide'².

The framework has been based on the extensive experience gained through the practice of HIA by the Wales Health Impact Assessment Support Unit (WHIASU), literature on effectiveness and quality in HIA, and engagement and review by a wide range of HIA practitioners, academics and policy officers who will utilise the framework as part of their work.

It aims to:

- Provide a common framework and understanding of what a high quality HIA looks like
- Raise the standard of HIAs carried out in Wales
- Ensure that the evidence used to inform decisions that affect health and wellbeing is robust and inclusive
- Aid a wide range of commissioners, practitioners and decision makers to form an opinion on any HIA and its output(s)

The HIA Quality Assurance Review Framework contains:

- Guidance on how to undertake a quality assurance review of a HIA using the framework
- A framework with criteria which need to be demonstrated in a high quality, credible and robust HIA.
- Explanatory notes
- Signposts to useful resources and support

On completion, it will give a clear picture and analysis of the contents of a HIA. The reviewers will be able to form an opinion on the completed HIA and its associated report, and the level of trust and confidence they can place in the content, findings and process. The reviewers will be able to give clear feedback to those who requested the review or directly to the author.

¹ British Medical Association Wales. Response to Stage One of Public Health (Wales) Bill 2016.

² Wales Health Impact Assessment Support Unit. **Health Impact Assessment: A Practical Guide.** (2012a)

Introduction

The publication of this Quality Assurance Review Framework is an important step forward in the journey of development for Health Impact Assessment nationally and internationally. It aims to strengthen the practice and use of HIA in Wales in order to maximise the benefits and minimise the risks to health and wellbeing of a wide range of cross sector policies, programmes, services and developments.

The Welsh Government (WG) has taken a long term policy interest and international lead in Health Impact Assessment (HIA) for well over a decade³. There has been a commitment to developing the use of HIA in policy and legislation to improve health and wellbeing and reduce inequalities. For example, the Wellbeing of the Future Generations (Wales) Act 2015⁴ and the Public Health (Wales) Act 2017⁵ share an ambition that Health Impact Assessment (HIA) and a 'Health in All Policies' approach are implemented more widely.

BOX 1: The Wellbeing of Future Generations (Wales) Act (2015)

“Wales faces a number of challenges now and in the future, such as climate change, poverty, health inequalities and jobs and growth. To tackle these we need to work together. To give current and future generations a good quality of life **we need to think about the long term impact of the decisions we make”.**

Welsh Government (2015) The Wellbeing of Future Generations (Wales) Act: The Essentials

The Public Health (Wales) Act 2017⁶ was passed by the Senedd and this will strengthen the role of HIAs in Wales by requiring Welsh Ministers to make regulations about the circumstances in which public bodies in Wales must carry out HIAs. Once the statutory regulations take effect (estimated to be in 2020/21) appraisal of the quality of HIAs completed in Wales will need to become more systematic in order to ensure that they have been undertaken to a high standard. This ambition needs to be supported by increasing the numbers of practitioners and policy makers from both health and other sectors who are skilled in conducting and quality assuring HIAs and who have access to high quality tools, training and guidance available to them.

³ Welsh Office. **Better Health, Better Wales**. 1998

⁴ Welsh Government. **Wellbeing of the Future Generations (Wales) Act**. 2015

⁵ Welsh Government. **Public Health (Wales) Act**. 2017

⁶ Welsh Government. **Public Health (Wales) Act**. 2017

Purpose

This document aims to set out a clear practical framework to support and guide people and organisations to review the quality of a Health Impact Assessment.

It is aimed at a wide audience which could include policy makers, commissioners, decision makers, private consultants, planning officers, public health and environmental health specialists.

It aims to:

- Provide a common framework and understanding of what a high quality HIA looks like
- Raise the standard of HIAs carried out in Wales so that they are carried out robustly
- Ensure that the evidence used to inform decisions that affect health and wellbeing is robust and inclusive
- Ensure that people have opportunities to participate in decisions that affect their health and wellbeing via high quality HIAs
- Support decision making in respect of policies, projects, plans, planning applications or the commissioning and reconfiguration of services
- Ensure that health, wellbeing and inequalities have been considered in a holistic, systematic and robust manner
- Support Welsh Government and other designated Public Bodies to meet any requirements of the Public Health Bill (2016) and the Well-being of the Future Generations (Wales) Act (2016)
- Support Wales-wide commissioners, policy makers and practitioners in meeting their responsibilities to a high standard when they are required to undertake or review HIAs by providing a framework to critically appraise them
- Provide resources to support international HIA practitioners and commissioners in their work

Methodology

This Quality Assurance Review Framework for HIA has been developed over a two year period which has allowed the framework and the thinking behind it to evolve in response to practice based learning, delivery of training in HIA, a growing focus on wellbeing and long term impacts in Welsh Government policy, and collaboration with practitioners and experts in the field.

The process of development has included:

- A brief literature review on quality and effectiveness in health impact assessment practice
- Engagement and discussions with HIA and other Impact Assessment practitioners, academics and representatives from a wide range of sectors i.e. environmental health and planning
- The development of a draft quality review framework based on HIA knowledge and practice
- Testing and reviewing of the draft framework by HIA practitioners, academics, and cross sector practitioners in three engagement workshops
- Internal Public Health Wales Quality Assurance and governance processes

WHIASU has engaged with a range of HIA practitioners and experts in the development of the framework. This is in order to ensure that the presented criteria represent professional consensus about the content of robust HIAs. WHIASU and the participants have drawn on experience of assessing and marking HIAs carried out during training and have also used learning from other Quality Assurance tools and processes^{7 8}.

The framework is published as a working document that we expect to revise and update in the light of feedback and the evolving policy and research context. Initially, we propose to update the framework in 2020. A contact email is included at the end of this document for people to send in their feedback for areas of improvement.

⁷ Institute of Environmental Management and Assessment (IEMA). **Quality Mark Scheme**. IEMA, 2011

⁸ NHS Centre for Equality and Human Rights (CEHR). **Equality Impact Assessment Toolkit**. CEHR, 2012

Health Impact Assessment: An Overview

What is HIA?

Health Impact Assessment is a process that considers how the health and wellbeing 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 service.

The Gothenburg Consensus⁹ is widely accepted as the key definition of Health Impact Assessment (HIA):

Health impact assessment is:

“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”.

Health impact assessment is aimed at:

- Preventing harm to health and wellbeing
- Maximizing benefits to health and wellbeing
- Reducing health inequalities

It does this by providing a robust assessment of impacts and seeking to maximize health gain and minimize possible unintended consequences of policy decisions which may lead to risks to health and wellbeing.

The wider determinants of health, such as the model developed by Barton and Grant (2006)¹⁰ (see Figure 1 below) provide the broad assessment framework for HIA. In HIA the assessment is focused firstly on how the proposed project or policy might impact on the wider determinants of health. Secondly, HIA aims to tackle health inequalities and so focuses on the distribution of possible impacts in specific population(s). HIA assesses how the proposed project or policy might impact on different groups of people. Particular attention should be paid in an HIA to any groups that may experience health inequalities and inequities. HIA is based on a holistic view of health and wellbeing, so a HIA should consider physical, mental, social and community impacts.

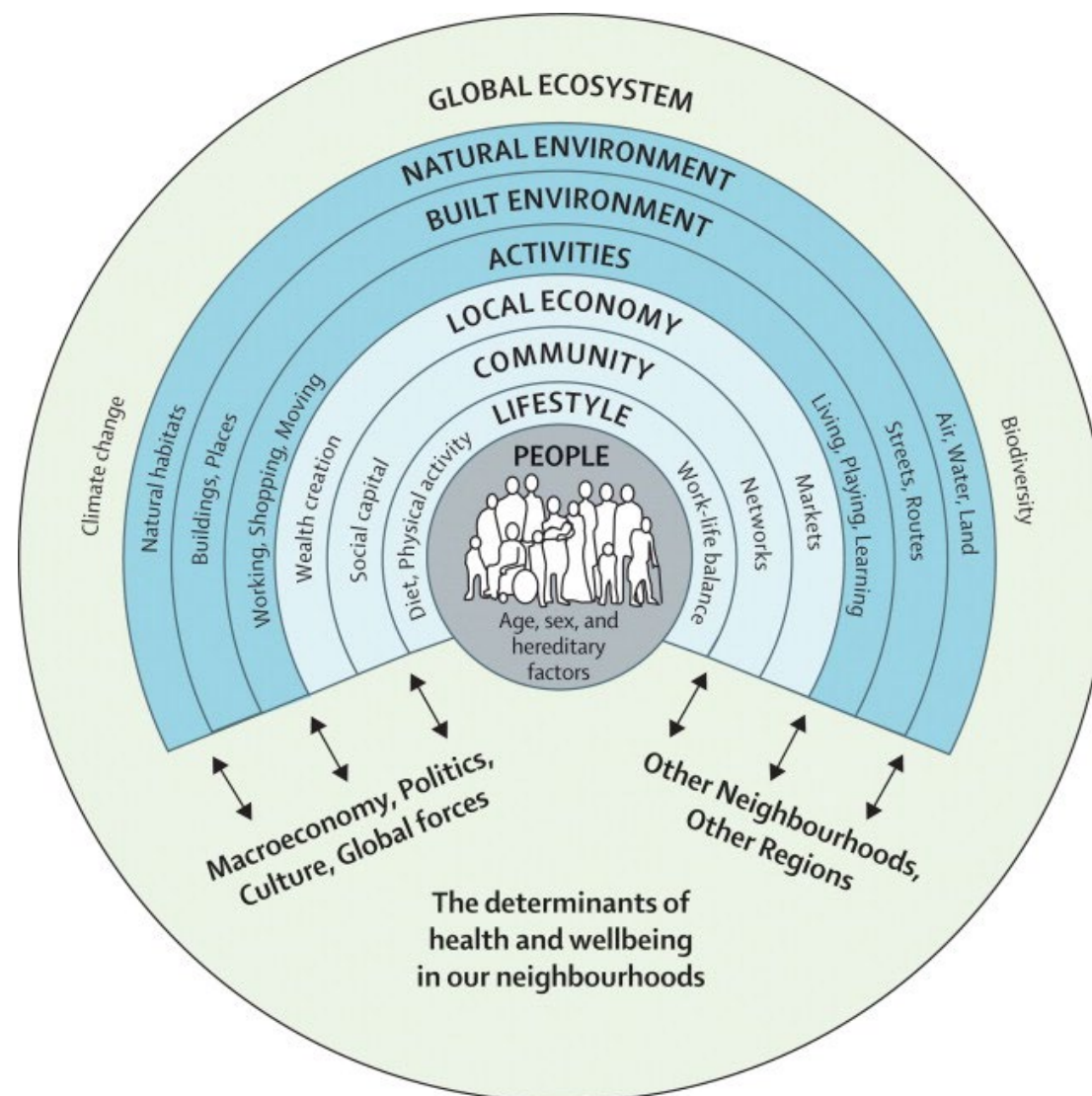
WHIASU has published a **practical guide** to carrying out a HIA¹¹ which provides further information about the methodology used in HIA. The guide provides a reference point for the expectations for how a high quality HIA should be conducted and the approach to HIA in Wales.

⁹ European Centre for Health Policy. **Health impact assessment: main concepts and suggested approach**. Gothenburg consensus paper. Brussels: WHO European Centre for Health Policy. 1999

¹⁰ Barton, H. and Grant, M. A health map for the local human habitat. **The Journal for the Royal Society for the Promotion of Health**, 126 (6). pp. 252-253. 2006

¹¹ Wales Health Impact Assessment Support Unit. Ibid. 2012a.

Figure 1: Barton and Grant (2006). The Health Map



Why do we need a Quality Assurance Review Framework for HIA?

In Wales, HIA practice has been developing for over 15 years supported by the establishment of a dedicated HIA Support Unit in 2004¹². Wales has become internationally respected in the field of HIA due to a focus on participatory methods, health inequalities, a holistic vision of health, cross sector engagement, support for community led HIAs, and an ability to inform policy at a local and national level^{13 14 15 16} through the use of pragmatic Rapid HIAs. This Quality Assurance Review Framework sets out to ensure that HIA practice in Wales continues to reflect the important values, standards and approaches that have underpinned the development of HIA practice to date.

According to the Oxford English Dictionary 'Quality' is defined as *'the standard of something as measured against other things of a similar kind; the degree of excellence of something'* and *'general excellence and standard level'*¹⁷. 'Quality assurance' is defined as 'the maintenance of a desired level of quality in a service or product, especially by means of attention to every stage of the process of delivery or production'¹⁸.

It is essential for the credibility and effectiveness of HIA that it is applied in a consistent and robust way and to a satisfactory standard. This can be ensured through a number of methods:

- The provision of high quality training, advice and support
- Consistent adherence to best practice guidance e.g. 'Health Impact Assessment: A Practical Guide'¹⁹
- The use of quality assurance review tools for completed HIA reports
- Provision of evidence, resources, case studies, and e-learning²⁰
- Opportunities to share and develop best practice at workshops and conferences
- Opportunities to evaluate the effectiveness of HIA

Without quality assurance, HIAs may not reach their potential to influence policy and decisions for better health and wellbeing. Resource restraints within public bodies may limit high quality HIAs and there is the possibility that HIA could become a 'tick box' procedural exercise rather than providing high quality evidence to inform better long term

¹² Wales Health Impact Assessment Support Unit website. www.whiasu.wales.nhs.uk (last accessed 20/3/2017)

¹³ Welsh Assembly Government . **Welsh Transport Appraisal Guidance** (WelTAG). 2008

¹⁴ Welsh Assembly Government . **Minerals Technical Advice Note** (MTAN) 2: Coal. 2009

¹⁵ Welsh Government . **Planning Policy Wales Edition 9**. Chapter 4: Planning for Sustainability. 2016

¹⁶ NHS Wales . **NHS Wales Infrastructure Investment Guidance**. March 2015

¹⁷ Oxford English Dictionary. https://www.google.co.uk/search?client=safari&channel=ipad_bm&site=&source=hp&ei=QizSWKL2NsWRaJTmt9AL&q=definition+of+quality&oq=definition+of+qua&gs_l=mobile-gws-hp..1.0.0l5.2793.8566.0.9675.18.18.0.6.6.0.246.2512.5j11j2.18.0.....1.1.64.mobile-gws-hp..1.17.1523.3..41j46j0i131k1j0i46k1j0i70k1.PThX-3RQLRo#dobs=quality (last accessed 21/3/2017)

¹⁸ Oxford English Dictionary website. <https://en.oxforddictionaries.com/definition/us/quality> (last accessed 21/3/2017)

¹⁹ Wales Health Impact Assessment Support Unit . *ibid*. 2012a.

²⁰ Wales Health Impact Assessment Support Unit website. www.whiasu.wales.nhs.uk (last accessed 20/3/2017)

and preventative decision making to improve health and wellbeing and reduce any inequalities in the population.

WHIASU regularly provides training, advice and support to practitioners across local government, health and wellbeing, planning and other sectors. The WHIASU, International Association of Impact Assessment, the World Health Organisation and other websites provide access to case studies, resources and evidence on HIA²¹. International and national best practice standards exist for conducting and reporting Health Impact Assessment^{22 23 24}. These provide helpful guidance for those carrying out HIAs. However these standards do not provide guidance on reviewing both the processes and the final reports of HIAs to ensure that they are fit for purpose and comply with best practice.

Whilst there are a number of tools available to critically appraise academic and clinical papers²⁵, very few tools exist to review the quality of IAs or HIAs^{26 27}. Those that are available are either not specific to HIAs^{28 29 30} or they are focused on a specific type of project (e.g. Ben Cave and associates have developed a review package for HIA reports regarding development projects only³¹). Therefore, there is a need for a comprehensive framework which enables the

quality of an HIA to be rated and is suitable for a wider range of HIAs, including those assessing policies, projects, plans, services, developments and programmes.

A standardized form of quality assurance for HIAs will provide greater clarity regarding the criteria for conducting and completing an HIA in Wales. It will help ensure that the HIA is conducted in an interdisciplinary and inter-sectoral manner which takes into account the legal, policy, economic, social, environmental and cultural context of Wales.

HIAs are instigated and carried out in a number of ways. Organisations may carry out their own HIAs internally; engage a partner organisation to complete a HIA on their behalf, or they may commission an external agency. If agencies who are commissioned to carry out a HIA have a financial or other interest in the project that is the subject of the HIA then there may be a risk of bias which could result in an unbalanced process and reporting. The value framework that guides HIA practice (see Figure 2 below) means that data should be presented in a transparent, independent and balanced way. This review framework provides a methodology to assess a HIA critically and impartially and flag up any possible issues of bias in the assessment methods or reporting³².

21 See Section 10 for more details about these organisations and websites.

22 Bhatia R, Farhang L, Heller J, Lee M, Orenstein M, Richardson M and Wernham A. **Minimum Elements and Practice Standards for Health Impact Assessment**, Version 3. 2014

23 Harris, P., Harris-Roxas, B., Harris, E., & Kemp, L. **Health Impact Assessment: A Practical Guide**, Sydney, 2007: Centre for Health Equity Training, Research and Evaluation (CHETRE). Part of the UNSW Research Centre for Primary Health Care and Equity, UNSW. (last accessed 20/3/2017) http://www.globalgovernancewatch.org/docLib/20140206_Health_Impact_Assessment_A_Practical_Guide.pdf (last accessed 20/3/2017)

24 International Association of Impact Assessment (IAIA). **Health Impact Assessment; International best practice principles**. 2006. http://activelivingresearch.org/files/IAIA_HIABestPractice_0.pdf (last accessed 20.3.2017)

25 <http://www.casp-uk.net/checklists> (last accessed 21/3/2017)

26 WHIASU. **Assessing the Quality of a HIA report**. WHIASU, 2012b

27 Fredsgaard M.W. Cave B. Bond A. **A review package for Health Impact Assessment reports of development projects**. Leeds, 2009. <https://www.scams.gov.uk/sites/default/files/documents/HIA%20Review%20Package%20-%20Ben%20Cave%20Assoc.pdf> (last accessed 20/3/2017)

28 Institute of Environmental Management and Assessment . **Environmental Impact Assessment Guide to: Delivering Quality Development**. 2015

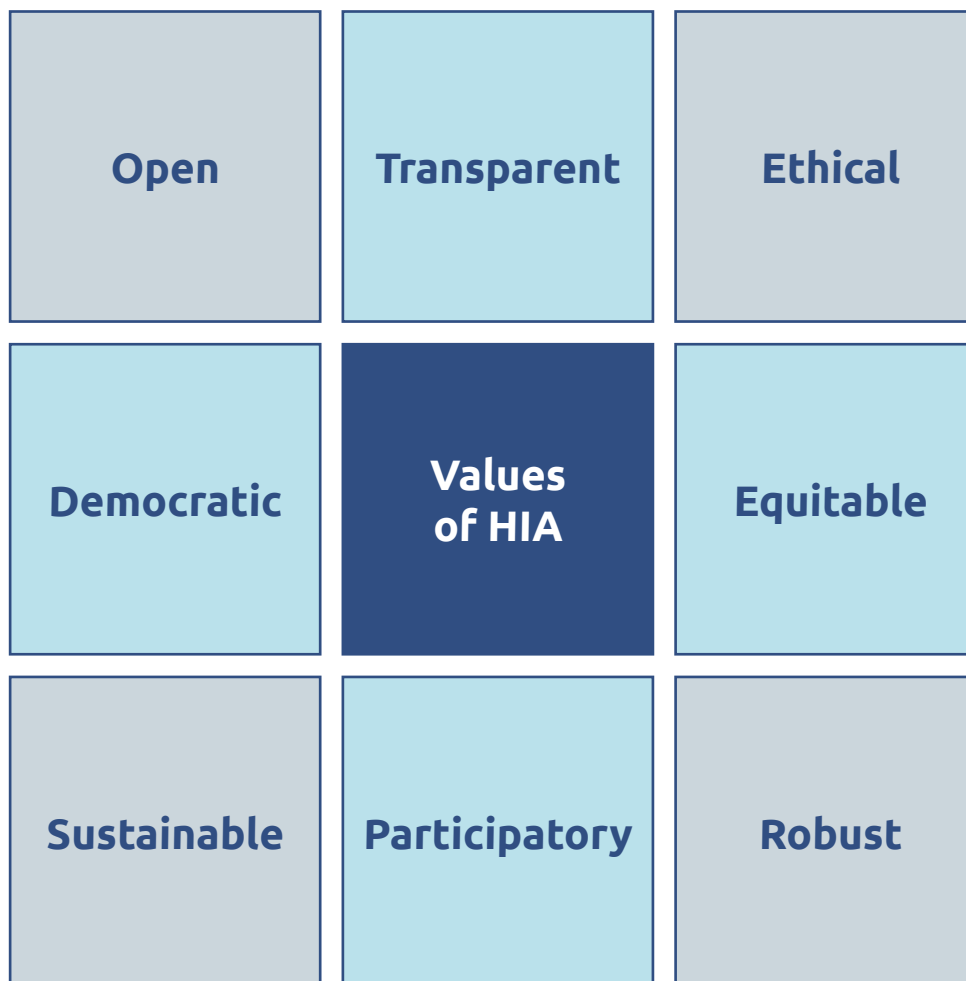
29 Institute of Environmental Management and Assessment . **Quality Mark Scheme**. 2011

30 Institute of Environmental Management and Assessment . **Strategic Environmental Assessment (SEA) Environmental Report Review Criteria**. 2006

31 Fredsgaard M.W. Cave B. Bond A. *Ibid* . 2009

32 Krieger N. et al. Assessing health impact assessment: multidisciplinary and international perspectives. *J Epidemiol Community Health* 57:659–662. 2003. <http://jech.bmj.com/content/57/9/659.full.pdf+html> (last accessed 20/3/2017)

Figure 2: The values of HIA³³



33 WHIASU . ibid. 2012a

Guidance on Using this HIA Quality Assurance Review Framework

When to use this framework?

There are a wide range of contexts in which this framework could be applied and we do not intend to be prescriptive about its use. However, here we give some examples from our practice experience on when the tool may be relevant:

- Community members seek an independent assessment of the findings and methods of a HIA
- Decision makers e.g. planning officers, want to be confident in the findings of a HIA related to a local development or policy and form an opinion on it
- Commissioners of an HIA wish to verify that the HIA they requested has met best practice criteria
- An HIA practitioner seeks a peer review of a HIA
- Educators require criteria on which to base conclusions about HIA assessments

Who should undertake a review?

We advise that a review of a HIA report should be carried out by at least two people independent of the HIA authors, both of whom have a good understanding of HIA methods and process, and an ability to critically appraise research reports. Reviewers do not need to be “experts” in HIA.

Once they have appraised the HIA individually, they should discuss their findings and come to an agreement on any opinion or feedback to be provided to the commissioner, decision maker, or organisation that require it.

The framework is aimed at a wide cross sector audience including policy makers, commissioners, decision makers, private consultants, planning officers, public health and environmental health specialists, local councillors and community representatives.

How to use the HIA Quality Assurance Review Framework

Key messages

The purpose of the review is to carry out a critical analysis of the HIA in the context that it was undertaken.

Each HIA will be unique to a specific context, proposal and decision making processes.

The criteria are to be used as a tool for the process of critical analysis, review and discussion rather than as a scoring system. However, the grading should make providing feedback easier.

The outcome of the review process should be that the reviewer(s) have a better understanding of the HIA, the quality of the both the HIA process and the report, and how much confidence they can place in the findings.

They can then form an opinion and give comprehensive and clear feedback

1. Before you start

Key to reviewing the quality of an HIA is getting a clear understanding of what the aims and objectives of the HIA were, why it was commissioned and what type of decision it was designed to influence. Different decision and project planning processes or evaluations will require different types of evidence. They may also carry varying expectations regarding public consultation and engagement. Some HIAs will require quantitative evidence on possible health outcomes e.g. air quality impacts of a new road or clinical health outcome indicators. In other cases qualitative evidence from community members (most likely to be affected by the proposal) or from other relevant and appropriate stakeholders, might be important. One of the strengths of HIA is the integration and value placed on different types of evidence and the mixed methodology approach.

Most HIAs will face some constraints on what evidence is practical to obtain within a certain timeframe or budget.

Your job as a reviewer is to make a judgement in four key areas:

1. That the HIA has been carried out in a way that follows recognised guidance
2. You are confident in both the quality of the HIA that was conducted and the report documenting the process and findings.
3. That the evidence gathered is sufficiently robust to justify the impacts identified and recommendations made, and is also appropriate for the nature, scale, scope, significance and severity of possible health and wellbeing impacts.
4. That the HIA was planned and carried out in a manner that met the needs of the decision making or project management process and is likely to make a difference.

2. How to approach your review

- The purpose of the review is to carry out a critical analysis of the HIA in the context that it was undertaken.
- The outcome of the review process should be that the reviewer(s) have a better understanding of the HIA and the quality of the both the HIA process and the report. This is in recognition that each HIA will be unique to a specific context, proposal and decision making processes. The reviewer(s) will be able to form an opinion on the completed HIA and the level of trust and confidence they can place in the content, findings and the process and any feedback which they provide.
- The criteria are to be used as a tool for this critical analysis rather than as a scoring system.
- The criteria should be applied proportionately to the scale, complexity and potential severity of the proposal and possible health impacts.
- There are accompanying explanatory notes for selected criterion that act as a companion and guide to clarify or give more detail.
- The framework is aimed at reviewing both the quality of the report and the process that the report describes.
- Once both reviewers have completed their individual assessment of the HIA, they should share their findings and come to a consensus on the outcome of the review.
- An agreed review summary can then be prepared for those requesting the review.

3. Grading Structure

Each criterion should be awarded a grade. Grades should not be averaged out across a section as this may hide important strengths or inadequacies.

G Good

S Requires **strengthening** - this could be at three levels:

1. **Clarification** needed
2. **Minor** revision needed
3. **Major** revision needed

I Inadequate

Comments should be made against each criterion, and a reason given for the grading.

4. What to do with the findings

Using the comments made against each criterion and the grading structure, the reviewers will be able to give clear, articulate feedback to those requesting the review, making clear where there are requests for clarification and/or revision and what the strengths and weaknesses of the HIA and report are.

The HIA Quality Assurance Review Framework and Explanatory Notes

The 'WHIASU HIA Quality Assurance Review Framework Criteria Matrix' section contains all the criteria and expected parameters which a robust HIA and any associated report will need to contain. It is accompanied by a set of 'Explanatory Notes' which provide extended information and guidance to support reviewers and practitioners to better understand some of the criteria defined in the actual Review Matrix document itself.

The Review Matrix is included as Appendix One and the Explanatory Notes are included as Appendix Two. This is to facilitate their use as standalone resources.

Resources

For further information and links to Health Impact Assessment resources and/or critical appraisal tools are listed below:

Wales Health Impact Assessment Support Unit. Provides advice, training. Guidance and resources for practitioners and policy makers in Wales. Available at: www.whiasu.wales.nhs.uk. This includes a short checklist 'Quality assessing a HIA Report' - <http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgid=522&id=196293>

The World Health Organisation (WHO). Provides access to case studies, tools, sources of evidence on the relationships between key determinants of health and other information on current developments. Available at: <http://www.who.int/hia/en/>

The International Association for Impact Assessment (IAIA). 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. These sites provide information on both the links between determinants and policy areas and health as well as what is known about the impact of particular interventions on health. Available at: <http://www.iaia.org/>

The International Health Impact Assessment Consortium (IMPACT). Database of resources and access to the Merseyside Guidelines on HIA. Available at: <http://www.liv.ac.uk/ihia/>

HIA Gateway, Public Health England. Information, resources, case studies, sources of evidence and networks to support the use of HIA. Available at: http://www.apho.org.uk/default.aspx?QN=P_HIA

Fredsgaard MW, Cave B, Bond A. A review package for Health Impact Assessment reports of development projects. Leeds, 2009. Available at: <https://www.scams.gov.uk/sites/default/files/documents/HIA%20Review%20Package%20-%20Ben%20Cave%20Assoc.pdf>

Mindell et al. **A Guide to Reviewing Evidence for use in Health Impact Assessment**, London Health Observatory, 2005. Available at: <http://discovery.ucl.ac.uk/122644/>
Critical Appraisal Skills Programme UK. CASP Checklists. 2013. Available at: <http://www.casp-uk.net/checklists>

Public Health Resource Unit. Ten questions to help you make sense of reviews. Critical Appraisal Skills Programme (CASP) 2006. England. Available at www.phru.nhs.uk/Doc_Links/S.Reviews%20Appraisal%20Tool.pdf

Public Health Resource Unit. Ten questions to help you make sense of qualitative research. Critical Appraisal Skills Programme (CASP) 2006. England. Available at www.phru.nhs.uk/Doc_Links/Qualitative%20Appraisal%20Tool.pdf

Institute of Environmental Management and Assessment. Strategic Environmental Assessment (SEA) Environmental Report Review Criteria. 2006. Available at: www.iema.net

Feedback

If you have any feedback about your use of it in practice or academia then we would be pleased to receive it.

You can contact WHIASU at whiasu@wales.nhs.uk and via the WHIASU website – www.whiasu.wales.nhs.uk

Appendix One – Review Criteria Matrix

Criteria		Grading:	Comments
		G Good S Requires Strengthening I Inadequate	<ul style="list-style-type: none"> • What's missing? • Are there any weaknesses? • What's helpful? • What's completed well?
Section 1: Information about the project, policy, plan or proposal			
1.1	There is a clear description of the project or plan being assessed including: <ul style="list-style-type: none"> • Aims and objectives • Organisational relationships (e.g. who "owns" the project? are there any key partnerships?) • Where is the funding coming from for the project and the HIA • The context in which the project or plan 'sits' (e.g. geographic, population, the physical location) • Timeframes (see Explanatory Note) • Links or distance to other neighbouring projects if relevant (as there may be cumulative impacts) (see Explanatory Note) • The national and/or local policy context 	G S I	

Section 2: Methodology: Is it an HIA? Has it followed a recognised HIA methodology?

2.1 There is a clear explanation of the HIA methodology used including:

- Screening
- Scoping - any geographical, population or other limits, and how and why these were agreed.
- Assessment/appraisal
- Recommendations and reporting

G

S

I

2.2 The HIA is planned and timed to inform the relevant decision making/project management processes

G

S

I

<p>2.3 The aims and objectives for the HIA are clear and relevant.</p>	<p>G S I</p>	
<p>2.4 The HIA has been framed around a definition of health and wellbeing that is holistic (physical and mental) and includes the social (wider) determinants of health</p>	<p>G S I</p>	
<p>2.5 The assessment tools/frameworks/ checklists used are included in the report and they include physical, mental, and social health and wellbeing along with the wider determinants of health.</p>	<p>G S I</p>	

<p>2.6 The screening and scoping process identifies the people and vulnerable groups who may be impacted on by the proposal and how they will be engaged in the HIA process</p>	<p>G S I</p>	
<p>2.7 The report identifies all the stakeholder groups who are relevant to making an assessment of health impact for this project and how they were to be engaged in the HIA</p>	<p>G S I</p>	
<p>2.8 There is a clear explanation of the roles and responsibilities in the HIA and the organisations they represent.</p>	<p>G S I</p>	

Section 3: Evidence: Is the evidence used to identify and assess impacts robust?

<p>3.1 The HIA report includes the key types of evidence required.</p> <ol style="list-style-type: none"> 1. Community /population health and socioeconomic data profile 2. Literature/evidence review 3. Stakeholder opinion and experience 4. Technical data (if relevant) i.e. air quality statistics or health outcome projections 	<p>G</p> <p>S</p> <p>I</p>	
<p>3.2 Community /population health profile (quantitative and qualitative).</p> <ul style="list-style-type: none"> • This should provide sufficient information on the physical and mental health and wellbeing and social determinants of health for the affected populations and any vulnerable groups identified in order to assess possible impacts. • The profile should contain indicators of physical and mental health and wellbeing relevant to the project under assessment. • There should be a narrative which interprets the data collected in the context of the HIA. A list of tables and data is not sufficient. 	<p>G</p> <p>S</p> <p>I</p>	

<p>3.3 Literature/evidence review.</p> <ul style="list-style-type: none"> • The search strategy is clear • The methodology and sources used are relevant to the project and scale of the HIA. • The quality and depth of evidence is sufficient to inform the assessment of likely impacts • There is some critical assessment of the literature used 	<p>G S I</p>	
<p>3.4 Stakeholder knowledge and experience (qualitative).</p> <ul style="list-style-type: none"> • The methods of engagement were appropriate and their effectiveness evaluated. • The range of stakeholders and how many people from different groups were engaged is recorded. 	<p>G S I</p>	

3.5 Technical data

The HIA uses robust data sources on air quality, noise, transport or from other key environmental, economical or technical disciplines where relevant to the proposal and possible impacts.

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3.6 Any limitations of the evidence collected are highlighted and a rationale provided.

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Section 4: Appraisal, Assessment and the identification of impacts
















<p>4.1 Any positive impacts or opportunities to maximise health and wellbeing outcomes are identified and how they were identified is presented clearly.</p>	<p>G S I</p>	
<p>4.2 Any negative impacts, gaps or unintended consequences are identified and how they were identified is presented clearly.</p>	<p>G S I</p>	
<p>4.3 There is a balanced approach to the understanding and reporting of impacts i.e. no under-reporting of negative impacts or overstating of positive impacts</p>	<p>G S I</p>	

<p>4.4 Possible cumulative impacts of related policies or projects in the vicinity are considered.</p>	<p>G</p> <p>S</p> <p>I</p>	
<p>4.5 All sources of evidence are triangulated and used to inform the assessment and identifications of impacts.</p>	<p>G</p> <p>S</p> <p>I</p>	
<p>4.6 It is made clear how each impact identified is supported by the evidence gathered. The strength and sources of evidence for each impact is clearly communicated.</p>	<p>G</p> <p>S</p> <p>I</p>	

<p>4.7 It is clear who will be impacted and any potential inequalities in the distribution of impacts are identified.</p>	<p>G S I</p>	
<p>4.8 The degree of likelihood and severity of specific impacts is distinguished</p>	<p>G S I</p>	
<p>4.9 Has the scope of the HIA been fulfilled?</p>	<p>G S I</p>	
<p>4.10 A summary of the appraisal/assessment is provided.</p>	<p>G S I</p>	

Section 5: Recommendations, Conclusions and Monitoring

<p>5.1 There is a clear link between the evidence gathered, assessment and recommendations.</p>	<p>G S I</p>	
<p>5.2 There should be an explanation of how the findings will be used to inform the decision making processes within the project/ programme.</p>	<p>G S I</p>	
<p>5.3 Recommendations should:</p> <ul style="list-style-type: none"> • Be specific, measurable, appropriate, realistic and time bound • Be clearly linked to the impacts identified • Prevent or mitigate potential negative impacts or unintended consequences. • Maximise the benefits and opportunities of positive impacts. • Be clear on who is expected to take action 	<p>G S I</p>	
<p>5.4 If recommendations are prioritised the rationale for this should be clearly stated</p>	<p>G S I</p>	

5.5	Best practice: a process is in place for monitoring the implementation of recommendations and indicators have been identified to monitor key health and wellbeing impacts	  	
5.6	Plans for dissemination of the report and communication of findings are specified.	  	
5.7	The intended audience for the report is clear and the language, information and tone of the report are suitable for this audience.	  	
5.8	The structure of the report is clear and there are relevant and logical sections.	  	
5.9	All appendices or additional documents containing data, evidence, records and details of methodology are signposted / cross referenced and easy to locate and access.	  	

<p>5.10 All sources are clearly and accurately referenced.</p>	<p>G S I</p>	
<p>5.11 Any technical terms used in the HIA are explained in the document or a glossary.</p>	<p>G S I</p>	
<p>5.12 Best practice: An executive summary or non technical summary is provided summarising the key messages , recommendations and the supporting evidence.</p>	<p>G S I</p>	
<p>5.13 Additional criteria for capital/ construction/development type projects:</p> <ul style="list-style-type: none"> • Is there a proposed plan for monitoring the implementation of the recommendations and a clear line of accountability for reporting ongoing outcomes? <p>This could include:</p> <ul style="list-style-type: none"> • Identifying indicators for the ongoing measurement of health and wellbeing impacts. i.e emissions and noise levels • A Health Management Plan 	<p>G S I</p>	

Section 6: Principles and Governance: Has it been conducted in a way that meets the principles and values of HIA?

<p>6.1 Equity A focus on contributing to achieving equity and reducing inequalities is considered throughout the HIA</p>	<p>G S I</p>	
<p>6.2 Transparent & open The governance of the HIA is clear and appropriate to ensure that the HIA was carried out in an effective and balanced way.</p>	<p>G S I</p>	
<p>6.3 Democratic This emphasises the rights of people to participate in major decisions that affect their lives. The stakeholders engaged reflect the diversity of all those who are likely to be affected by the proposal, involved in the development of the proposal or involved in the implementation of the proposal.</p>	<p>G S I</p>	

<p>6.4 Sustainable</p> <p>The HIA set out to maximise health and wellbeing benefits/impacts and minimise unintended consequences by considering both short and long-term impacts</p>	<p>G</p> <p>S</p> <p>I</p>	
<p>6.5 Participatory</p> <p>The HIA used appropriate, effective and accessible methods of engagement for the stakeholders who were relevant for this assessment.</p>	<p>G</p> <p>S</p> <p>I</p>	

Review Summary of the HIA:

Reviewed by:

Date assessed:

Appendix Two – Explanatory Notes

Explanatory notes for selected criterion only.

Further guidance on HIA methodology can be obtained from:

Health Impact Assessment: A Practical Guide. Wales Health Impact Assessment Support Unit, 2012

Section 1: Information about the project, policy, plan or proposal

1.1 Timeframes: it should be clear at what stage the proposal/project is at (e.g. planning/delivery/evaluation/mid-point review). It should be clear if there are a range of phases of implementation which may have different health impacts e.g. construction and operational phases.

The following should be clear:

- the duration of any plan and implementation
- key project decision points and deadlines

Links or distance to other neighbouring projects if relevant (as there may be cumulative impacts):

This may include other development/construction projects that are in close geographical proximity to the project under assessment. It could also include other programmes that are linked because of policy changes, policy implementation or service redesign that may create cumulative impacts on the same population groups.

Section 2: Methodology: Is it an HIA? Has it followed a recognised HIA methodology?

2.1 Is there a reference to a HIA model or guidance? For example: See [WHIASU \(2012\) HIA: A Practical Guide](#)

Not all HIAs will include a Screening as the HIA may be required by legislation or regulation, or it may be part of a programme requiring HIA. Screening should identify if the project or policy proposed is likely to have a significant impact (positive or negative) on health and health inequalities, and the possible scale and severity of that impact. Screening should not be carried out by one person. It should be clear that there were a range of perspectives and knowledge represented within the screening process. These might include the HIA proposer, service user/community member, member of staff, operational manager, other key stakeholders. Screening should identify if an HIA could help inform the decision making/project planning process

Scoping: This should include a clear explanation of which determinants of health and wellbeing were the focus of the HIA including justification for any determinants that were scoped out.

2.3 Is it clear who decided that a HIA should be conducted and why? What does the HIA set out to achieve?

2.7 This could include:

- People involved in planning and delivering the project
- People who will be involved in the implementation
- People affected by the project/proposal e.g. local residents, patients, service users, tenants
- Partner or other local organisations
- Views of people with local or relevant knowledge and insight
- Community members and their representatives
- Views of individual academics or professionals with knowledge in a specialist area
- Organisations which provide advice on particular subjects (e.g. on transport research)
- Relevant national organisations

2.8 It should be clear how the HIA was originated, what organisations led or commissioned the HIA and the roles and responsibilities assigned. The Terms of Reference and the membership of any steering group should be documented.

Section 3: Evidence: Is the evidence used to identify and assess impacts robust?

3.2 Community /population health profile could include:

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

3.3 Literature/evidence review

Accessing a guide to reviewing evidence for HIA may be useful for assessing the quality of the literature/evidence review.

For example: [Mindell et al \(2005\) A Guide to Reviewing Evidence for use in Health Impact Assessment](#), London Health Observatory

Some key questions to ask:

- Is the evidence used up to date, of a high quality and from trustworthy sources?
- Have the authors critically appraised the literature? For example, assessing the methods, sample sizes and populations studied.
- Do they cite more than one study identifying similar findings?
- Is the evidence base inconsistent or lacking?
- Have they used the 'precautionary principle'¹ where evidence of potential negative impact is found, but is limited in nature?

Sources for the literature/ evidence review could include:

- 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 and other grey literature (e.g. case studies)

¹ The Precautionary Principle: “when an activity raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause and effect relationships are not fully established scientifically” Wingspread Conference on the Precautionary Principle 1998 <http://sehn.org/wingspread-conference-on-the-precautionary-principle/>

3.4 Stakeholder knowledge and experience (qualitative).

A useful reference guide is Stakeholder Participation Working Group of the 2010 HIA of the Americas Workshop (2012)

Guidance and Best Practices for Stakeholder Participation in Health Impact Assessments -Version 1.0, Human Impact Partners, Habitat.

See 2.7 for examples of some of the stakeholders that could be involved for their views

What methods were used to sample, collect, record and analyse this qualitative data? They might include: surveys, workshop, focus groups and interviews.

Is there interview or workshop data from:

- Residents and professionals with local or relevant knowledge and insight?
- Community members and their representatives?
- Individual academics or professionals with knowledge in a specialist area?

Is there information/guidance provided by:

- Organisations which provide advice on particular subjects (e.g. on transport research)?
- Relevant national organisations?

Were steps taken to ensure that participation in the HIA was accessible to all who wished to take part? Were any steps taken to adapt methods of engagement or to support hard to reach groups to engage?

Further information on the Principles of Participation can be accessed at Participation Cymru - <http://participation.cymru/en/principles/>

3.6 This should be proportionate to the objectives and scale for the HIA undertaken.

Section 4: Appraisal, Assessment and the identification of impacts

4.1	This could be in table or narrative form.
4.2	This could be in table or narrative form.
4.3	Are you confident that there is no bias in the reporting?
4.4	Is this project linked, staged or neighbouring any other developments that may impact on the same populations?
4.5	HIA aims to integrate and use different types of evidence. It should be clear how the evidence gathered is integrated to make the overall assessment.
4.6	Can you identify if an impact is supported by the community health profile, evidence review, stakeholders views or all three? This is often achieved by presenting a table with the key impacts identified alongside which type of evidence supports each finding: community health profile, evidence review, stakeholder's views or a combination of these.
4.7	Are particular groups or vulnerable groups impacted more than others and is this clearly described and explained?
4.8	Are key health impacts distinguished as minimal, moderate or severe? In HIAs with a strong focus on environmental impacts, and/or the health chapter of a Strategic Environmental Assessment or Environmental Impact Assessment these should be explicit. In HIAs with a participatory and qualitative focus, it may be possible to grade the likely importance or severity of impacts, though this may not be quantifiable.
4.9	For example: if the screening and scoping identified a number of potential vulnerable groups and/or determinants have they all been considered in the assessment?



Section 5: Conclusions, Recommendations and Monitoring

5.8	Is the report well organised? Can you easily find the key sections and data? Does it flow well?
5.12	Some HIAs will be part of a larger report and in this case an executive summary would not be expected.

Section 6: Principles and Governance: Has it been conducted in a way that meets the principles and ethics of HIA?

6.1 Equity

The population/community health profile includes indicators of wider determinants, health inequalities and vulnerable groups in the population.
An assessment is made of how the project/proposal may impact on groups that are vulnerable to health inequalities.

6.2 Transparent & open

Was there a steering group overseeing a guiding the HIA process? Who were the members and how were key decisions arrived at?
It is clear how the HIA was originated and funded.
You can identify which organisations led the HIA.
Any conflicts of interest or potential for bias are noted.
Any constraints or limitations in carrying out the HIA are noted in the report.
It is clear how key decisions about the HIA were made and a rationale is provided.
The HIA process included checking that the views of stakeholders have been accurately recorded and reflected in the HIA.
Stakeholders had the opportunity to comment on a final draft.
The full HIA report and appendices are publicly available and accessible to all stakeholders.
Conclusions and recommendations can be clearly linked to the impacts identified and the evidence sources.

6.3 Democratic

The focus is on whether the appropriate number and range of stakeholders has been involved (i.e. representative of groups likely to be affected by the proposal and well as those who have relevant local professional expertise).
Is it clear who has been involved in the HIA and whose views have been included as part of the assessment of impacts and identification of recommendations?
Can you identify any key stakeholders not represented? If yes you might want to seek clarification on if and how they were contacted.

6.4 Sustainable

Short, medium and long term impacts are addressed in the HIA where appropriate

6.5 Participatory

Participation focuses on the process of active engagement /involvement rather than passive consultation.
Were steps taken to ensure that participation in the HIA was accessible to all who wished to take part? Were any steps taken to adapt the methods of engagement or to support hard to reach groups to engage?
Is it clear what stakeholders were engaged and how many participated?