

## **Step three: Assessment – establishing the health impacts**

### **Purpose**

46. This is the key stage of health impact assessment. It gathers information about the potential nature, size, likelihood and distribution of the proposal's impacts. It also provides an opportunity to suggest possible ways of maximising the health benefits and minimising the risks, particularly to the least healthy or most disadvantaged population groups.

### **Gathering and using information**

47. 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 also can suggest that no judgement can be made without very robust and scientific information to back it up.

48. However, in the real world, where the relationships between people and the places they live in are highly complex, research 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 below). Research information exists. Use what is available and useful to you. With electronic communication, this is becoming easier to find and use.

### **Knowledge**

49. You should not only focus on evidence of 'what works', but also on knowledge and understanding of factors that affect people's health and well-being. You should have a great deal of additional knowledge available to you locally and/or nationally.

50. 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 your Local Authority, Local Health Board, in the National Public Health Service, Wales Centre for Health or in other agencies. Environmental Health Practitioners are a prime example in this regard. Universities could also be a useful resource.

51. Remember that local residents will be able to give their views of how a proposal is likely to impact on their living conditions. They can provide the contextual knowledge that is often missing from the mainstream research evidence.

## Population profiles

52. You should make use of any information or data that is available on the characteristics of the local population. You may wish to make use of the needs assessment conducted and published as a part of your Local Authority's Health, Social Care and Well-Being Strategy. These documents are a key resource for health impact assessments conducted at a county, or sub-county, level.
53. A profile may include some or all of these as appropriate:
- General attributes of the population (including size, density, age, gender, income and employment, socio-economic status and so on).
  - Health status, particularly of the population groups that you have already identified as 'at-risk' and stand to benefit or be harmed by the proposal.
  - Quality of life indicators.
  - Environmental conditions – housing, transport, and condition of air, water and soil.
  - Local people's views of the area and of the services provided.
54. This not only provides you with a current picture of the locality or the population in question but it can provide a basis for any subsequent evaluation. For instance, an activity aimed at supporting children and young people with homework may see change in the rate of unauthorised school absences.
55. The amount of time devoted to evidence collection depends on the resources available. However these tasks can sometimes be divided between steering group members.
56. At this stage, you can use the health impact assessment screening/assessment tool at Appendices 4a-c. Checklists for health and well-being determinants and vulnerable population groups can be found in Appendices 1 and 2 respectively. A note on evidence and knowledge-based resources on the Internet is provided at Appendix 5.

## What evidence is acceptable?

57. It is likely that you will need a combination of both qualitative and quantitative types of evidence.
58. 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.
59. However, some potential impacts are not easily measured, but may be equally or more important in terms of their effects on local people's health and well-being. The closure of a school, for instance, can have a range of impacts. Such impacts will express themselves in ways that may only be accessed through more qualitative methods that explore people's experiences, perspectives and feelings.

### Quick summary on sources of evidence

Evidence can exist in many forms. You should make use of what is available within the time and resources that you have. Below is a list of possible sources of evidence. Not all will be appropriate and it is unlikely that you will be able to obtain all of these. The list is a guide and not meant to be exhaustive.

#### **Information on existing population**

- Routinely collected local statistics for example on health, unemployment, crime, 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 (for example 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).



## Describing the impacts

60. There are a number of ways in which you could describe the potential impacts. However where possible you should assess:

- **The likelihood of the impact.** Is the likelihood of the impact of the proposal definite, probable or speculative?
- **The scale of the impact.** What proportion of the population is likely to be affected?
- **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.

## Identifying opportunities to improve health and well-being

61. Once you have identified the impacts that the proposal is likely to have on health and well-being you should explore, with other stakeholders, what opportunities there are to maximise the potential improvements in health and to minimise the potential risks to health. You can record information about impacts on an assessment summary sheet – at Appendix 4b.

62. Involving stakeholders in this process can help to ensure that any recommendations are both feasible and acceptable.

## **Step four: Reporting**

63. 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 or matrix of the findings, to a more comprehensive report. The format and style of the report needs to take account of the target audience(s). An example of a health impact assessment matrix can be found at Appendix 4c.
64. The Welsh Health Impact Assessment Support Unit currently holds a register of completed assessments. These, together with sight of reports available on other web sites (Appendix 5) may inform your report.



## **Step five: Monitoring and evaluation of the process**

65. 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 health impact assessment 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 health impact assessments are reviewed in the light of decisions made.
66. Reports also provide an opportunity to reflect on the health impact assessment, 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 ([www.whiasu.cardiff.ac.uk/index.html](http://www.whiasu.cardiff.ac.uk/index.html)) and will provide you with an opportunity to share your experiences with other people and organisations that are using health impact assessment throughout Wales.

## Appendix 1:

### Health and well-being determinants checklist

Please note that this list is a guide and is not exhaustive.

<b>1. Lifestyles</b>	<ul style="list-style-type: none"> <li>• Diet</li> <li>• Physical exercise</li> <li>• Use of alcohol, cigarettes, non-prescribed drugs</li> <li>• Sexual activity</li> <li>• Other risk-taking activity</li> </ul>
<b>2. Social and community influences on health</b>	<ul style="list-style-type: none"> <li>• Family organisation and roles</li> <li>• Citizen power and influence</li> <li>• Social support and social networks</li> <li>• Neighbourliness</li> <li>• Sense of belonging</li> <li>• Local pride</li> <li>• Divisions in community</li> <li>• Social isolation</li> <li>• Peer pressure</li> <li>• Community identity</li> <li>• Cultural and spiritual ethos</li> <li>• Racism</li> <li>• Other social exclusion</li> </ul>
<b>3. Living/environmental conditions affecting health</b>	<ul style="list-style-type: none"> <li>• Built environment</li> <li>• Neighbourhood design</li> <li>• Housing</li> <li>• Indoor environment</li> <li>• Noise</li> <li>• Air and water quality</li> <li>• Attractiveness of area</li> <li>• Community safety</li> <li>• Smell/odour</li> <li>• Waste disposal</li> <li>• Road hazards</li> <li>• Injury hazards</li> <li>• Quality and safety of play areas</li> </ul>
<b>4. Economic conditions affecting health</b>	<ul style="list-style-type: none"> <li>• Unemployment</li> <li>• Income</li> <li>• Economic inactivity</li> <li>• Type of employment</li> <li>• Workplace conditions</li> </ul>
<b>5. Access and quality of services</b>	<ul style="list-style-type: none"> <li>• Medical services</li> <li>• Other caring services</li> <li>• Careers advice</li> <li>• Shops and commercial services</li> <li>• Public amenities</li> <li>• Transport</li> <li>• Education and training</li> <li>• Information technology</li> </ul>
<b>6. Macro-economic, environmental and sustainability factors</b>	<ul style="list-style-type: none"> <li>• Government policies</li> <li>• Gross Domestic Product</li> <li>• Economic development</li> <li>• Biological diversity</li> <li>• Climate</li> </ul>

## **Appendix 2: Vulnerable and/or disadvantaged population groups**

The target groups you identify 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 in living poverty. This list is therefore just a guide and you may like to focus on groups that have multiple disadvantages.

### **1. Age related groups\***

- Children and young people
- Older people

### **2. Income related groups**

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

### **3. Groups who suffer discrimination or other social disadvantage**

- People with disabilities
- Refugee groups
- People seeking asylum
- Travellers
- Single parent families
- Lesbian and gay people
- Ethnic minority groups\*\*
- Religious groups\*\*

### **4. Geographical issues**

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

You will also want to assess the impact on the general adult population and/or assess the impact separately on men and women.

Please note that this list is a guide and is not exhaustive.

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

\*\* May need to specify.





## **Appendix 3:**

### **Notes on using health impact assessment screening/ assessment tool**

The tool provided (available electronically on [www.whiasu.cardiff.ac.uk](http://www.whiasu.cardiff.ac.uk)) can be used as a framework and starting point for both 'screening' and 'assessment' but it is flexible and should be adapted for local use. It is important that you begin to consider who is likely to be affected by a proposal alongside your judgement about what the impacts might be. A list of population groups that are particularly vulnerable to the causes of ill health is provided to assist you. However this is not exhaustive and you should be guided by knowledge of your local area. You should also assess the overall impact on the population. A more detailed health and well-being checklist is provided to help you make a judgement about what health determinants are likely to be affected by the proposal. Again, this list is not exhaustive.

If used for 'screening' you should 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 you are using it just as the basis for a rapid assessment, more detail should be considered in line with question 1 of the summary appraisal sheet.

The optional matrix can be used as a summary sheet providing a more visual idea of what the effects might be. It can also be useful in determining what potential effects the appraisal should focus on.

There is no fixed way of making a decision to conduct a health impact assessment. However the screening tool should help you 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 health impact assessment then an appraisal should be conducted.

## Appendix 4a: Basic screening record sheet

### 1. Title of programme, policy or project

### 2. Description (including key aims and objectives)

### 3. Key population groups affected by the programme, policy or project.

Vulnerable groups

Other groups

### 4. Summary of significant or moderate impacts

Is the proposal likely to impact on, or have implications for:

#### A. Individual lifestyles?

(If there are no likely impacts or they are minimal, move to next item)

#### Brief explanation of impact and who it is likely to be affected from No. 3

**B. Social and community influences?**

(If there are no likely impacts or they are minimal, move to next item)

**Brief explanation of impact and who it is likely to be affected from No. 3**

**C. Living conditions?**

(If there are no likely impacts or they are minimal, move to next item)

**Brief explanation of impact and who it is likely to be affected from No. 3**

**D. Economic conditions?**

(If there are no likely impacts or they are minimal, move to next item)

**Brief explanation of impact and who it is likely to be affected from No. 3**

**E. Access and quality of services?**

(If there are no likely impacts or they are minimal, move to next item)

**Brief explanation of impact and who it is likely to be affected from No. 3**

**F. Other direct or indirect effects on health and well-being?**

**Brief explanation of impact and who it is likely to be affected from No. 3**

**5. Recommendations**

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

Yes/No

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

**If Yes, outline next steps**

(for example, date and time of scoping meeting)

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

Yes/No

**If Yes, please outline**

# Appendix 4b:

## Assessment summary sheet

### 1. Summary of impacts

For each impact describe where possible:

- whether positive (that it helps to improve health) or negative (that it poses risks to health);
- population group(s) affected;
- how the impact may come about (for example whether direct or indirect effects);
- the scale of the impact;
- when the impact may occur;
- nature of evidence to support the above conclusions.  
(NB Check to ensure that further available evidence is not needed).

### 2. Opportunities to address negative impacts

For each potential negative impact, consider ways in which it could be removed or mitigated.

### 3. Opportunities to maximise potential positive impacts

For each potential positive impact, suggest ways in which the benefits to health can be maximised.

### 4. Additional opportunities to improve health and reduce inequalities

Try and identify any additional opportunities to improve health through further development of the proposal or during the health impact assessment process.

### 5. Reducing health inequalities

Comment on how different groups within the population may be affected in different ways, and consider ways of minimising the negative impacts and maximising the positive impacts.

### 6. Prioritised recommendations

The criteria for recommendations will depend on the circumstances of the health impact assessment. The following could be used:

- The likelihood of the impact.
- The scale of the impact.
- The effect of the impact in reducing health inequalities.
- The feasibility of the recommendations (including cost-effectiveness).

## Appendix 4c: Optional health impact assessment matrix

Key influences on health	Target groups							
	1							Whole population
Individual lifestyles	2							
Social and community influences on health								
Living conditions influencing health								
Economic conditions influencing health								
Access and quality of services								
Other direct or indirect effects on health and well-being								

**1** Identify affected and vulnerable groups along here.

**2** Assess impact in these cells: significant, moderate, minimal or nil.

## **Appendix 5: Evidence and knowledge-based resources on the Internet**

### **Health impact assessment**

The following provide tools, resources and other learning associated with using the health impact assessment 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.

### **The Welsh Health Impact Assessment Support Unit**

[www.whiasu.cf.ac.uk](http://www.whiasu.cf.ac.uk)

Contains a list of case studies, a guide to using health impact assessment, information on evidence based resources, a form to disseminate local experience, and up-to-date news on developments in health impact assessment in Wales.

### **Chief Medical Officer Wales**

[www.cmo.wales.gov.uk/content/work/health-impact/index-e.htm](http://www.cmo.wales.gov.uk/content/work/health-impact/index-e.htm)

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

### **Health Impact Assessment Gateway**

[www.hiagateway.org.uk](http://www.hiagateway.org.uk)

Information, resources, case-studies, sources of evidence and networks to support the use of health impact assessment.

### **London Health Commission – health impact assessment section**

[www.londonhealth.gov.uk/hia.htm](http://www.londonhealth.gov.uk/hia.htm)

Contains useful guidance on health impact assessment and has details of the assessments conducted on all the statutory mayoral strategies.

### **Queen Mary, University of London – Health Research Group, Department of Geography**

[www.geog.qmul.ac.uk/health/](http://www.geog.qmul.ac.uk/health/)

Includes 'The East London Guide to Health Impact Assessment of regeneration projects'. The three-volume work includes a literature review on four areas relevant to regeneration and how they relate to health.

### **The World Health Organization**

[www.who.int/hia/en/](http://www.who.int/hia/en/)

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

### **The European Centre for Health Policy**

[www.who.dk/echp](http://www.who.dk/echp)

Part of the WHO Regional Office for Europe it provides workshops and meetings to develop and disseminate ideas and good practice on health impact assessment.





### **The International Health Impact Assessment Consortium (IMPACT)**

[www.ihia.org.uk](http://www.ihia.org.uk)

Database of resources and access to the Merseyside Guidelines on health impact assessment.

### **The International Association for Impact Assessment.**

[www.iaia.org/](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 and 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.

### **Health Development Agency**

[www.hda-online.org.uk](http://www.hda-online.org.uk)

Contains summaries of reviews and full reports commissioned or carried out by the HDA, as well as links to those of other organisations. The resources and links section contains all their reports, and the research and evidence section also contains useful information.

### **World Health Organization Regional Office for Europe**

[www.who.dk/healthtopics/TopPage](http://www.who.dk/healthtopics/TopPage)

Information on the links between determinants and health. Also hosts the Health Evidence Network [www.who.dk/HEN/20030602\\_2](http://www.who.dk/HEN/20030602_2), 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/](http://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 includes the comprehensive Evidence from Systematic Reviews of Research Relevant implementing the Wider Public Health Agenda (See reviews conducted in 2000). 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](http://www.campbellcollaboration.org)

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

### **Trip Database**

[www.tripdatabase.com](http://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 on-line 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://heb.w.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/index.html>

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.

### **MRC's Social and Public Health Science Unit, University of Glasgow**

[www.msoc-mrc.gla.ac.uk/Default.htm](http://www.msoc-mrc.gla.ac.uk/Default.htm)

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. They focus on non health-care-sector areas such as housing and regeneration. Also host the ESRC Centre for Evidence Based Public Health Policy.

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

[www.msoc-mrc.gla.ac.uk/evidence/evidence.html](http://www.msoc-mrc.gla.ac.uk/evidence/evidence.html)

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](http://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](http://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**

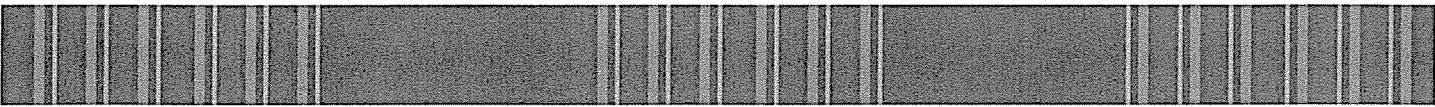
[www.trl.co.uk](http://www.trl.co.uk)

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](http://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](http://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 (IHR)**

[www.rural-health.ac.uk](http://www.rural-health.ac.uk)

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



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