

For each policy element, policy option, or policy outcome scenario:

- go through the screening checklist (Table 1) and circle **one** of the three responses – ‘yes’, ‘don’t know’ or ‘no’
- then for each question, estimate the level of certainty of your responses by classifying each as high, medium or low
- the final step is to make a judgment call, based on the information in the table. As every situation will be different, it is important to use common sense. A judgment call should be made on whether the table suggests a need for HIA or not. If the majority of your answers are either “yes” or “don’t know”, then you should consider conducting an HIA.
- If good ideas about impacts, enhancements or mitigations are raised, note them down for later consideration in the appraisal and reporting stage,
- It is important to think very broadly about what influences health and wellbeing at this early stage. Refer to Table 3 in the Appraisal section to help identify these influences (determinants of health).

Write down the decision as part of the overall record of the HIA process.



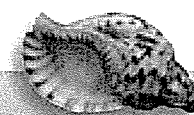
The results of the table will help indicate whether a health impact assessment should be done. The information gained may also be useful in justifying a decision to conduct an HIA (or a decision not to go ahead). If this process leads to a decision to undertake an HIA, proceed to the next step – the scoping stage.

Table 1: Screening Checklist¹⁹			
Pose these questions	Put your answers here		
To your knowledge:	Should conduct an HIA	No need to conduct an HIA	Estimated level of certainty for your response to the questions (high, medium, low)
Is there potential for positive health impacts as a result of the proposed policy change? (Think about whether it will affect the determinants of health such as socioeconomic or environmental factors or lifestyle – see Table 3 in Appraisal section.)	Yes/don't know	No	
Is there potential for negative health impacts as a result of the proposed policy change?	Yes/don't know	No	
Are the potential negative health impacts likely to affect a large number of people? (Include consideration of future and intergenerational impacts.)	Yes/don't know	No	
Are the potential negative health effects likely to cause death, disability or hospital admission?	Yes/don't know	No	
Are the potential negative health impacts likely to be disproportionately greater for disadvantaged or vulnerable groups in the population? (Think about which groups in the population could be affected.)	Yes/don't know	No	
Are the potential negative health impacts likely to be disproportionately greater for Māori?	Yes/don't know	No	
Are there public or community concerns about potential health impacts of this policy change?	Yes/don't know	No	
Is there uncertainty about what the potential health impacts might be?	Yes/don't know	No	
Is there support from the policy-makers involved, or political support within the organisation to carry out an HIA?***	Yes/don't know	No	

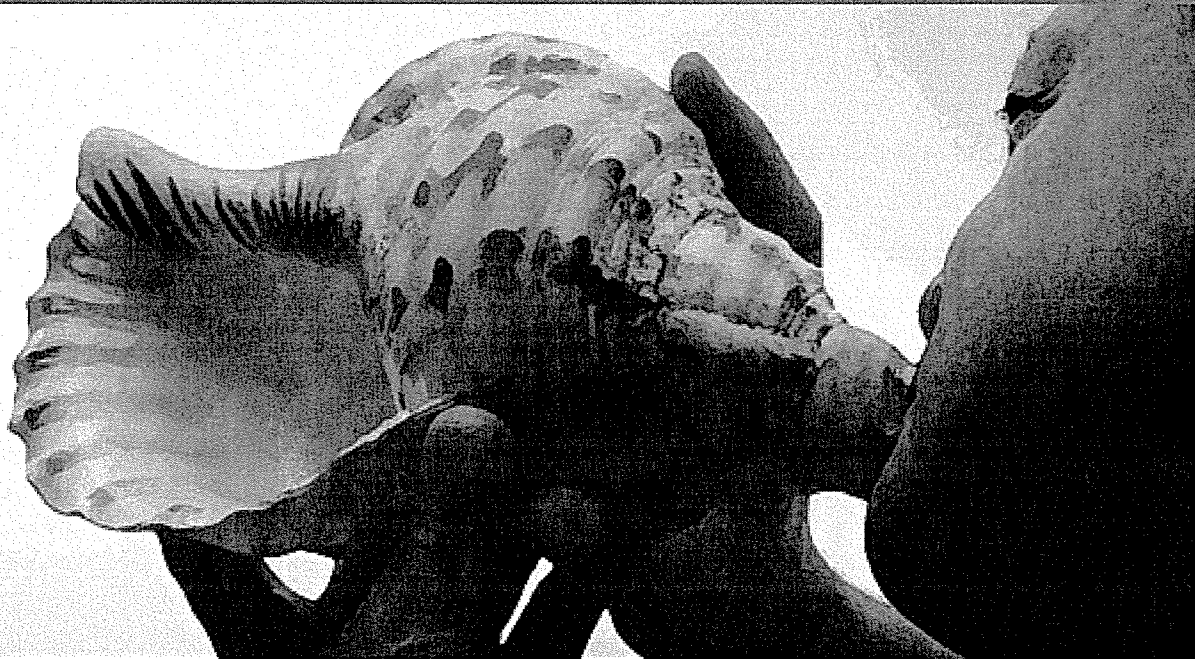
NEXT STEP

After you have completed this table, make a decision as to whether it is necessary to conduct a health impact assessment. If so, the next step is to proceed with the scoping stage.

***If there is not sufficient political will in the organisation, evidence gathered at the screening stage can be used to advocate for that support at a later date.



Stage Two: Scoping



Stage Two:
Scoping

STAGE TWO: SCOPING

Scoping aims to establish the foundations for undertaking the health impact assessment. The goal is to highlight the key issues that need to be considered to define and shape the health impact assessment, and to set aside others that may divert time and money from the core issues. Scoping is simply good project management.

Particular aspects to consider in scoping are public concerns about the policy proposal, as well as technical concerns, and the practical questions of organising how to do the HIA.

GUIDANCE

In this stage you will:

- a) write an **assessment plan** (or project plan) to set out the work
- b) decide on the depth of the HIA and which **appraisal tool** to use.

Health impact assessment is an iterative process and scoping may continue throughout the HIA process. For instance, if information comes to light that challenges some earlier assumptions, you may return to the scoping stage later on and re-scope the work in some way. It helps to remember it is seldom possible to identify all of the relevant issues.

A particular aim of the scoping process is to define the boundaries of the work (including scale and depth of analysis needed), and how it relates to other work. The objectives for the work should be identified. It will also be important to identify the resource needs for the health impact assessment, including identifying the project team.

Based on the responses to these questions (and any others that may be relevant), an assessment plan can be drawn up to set out the parameters for the work. This will establish exactly what the work will involve, who will do it, and when it will be done (ie, the process as distinct from content).

There are two functions of the HIA process:

- 1) Ownership – ensuring that policy-makers have a sense of ownership of the HIA process, see the HIA as part of their agenda and ensure that they seriously consider the results of the HIA.
- 2) Assessing – doing the work of the HIA.

The ownership function requires one or two senior policy-makers or managers to take responsibility for the HIA (or for a large HIA, a project board may be required). For the second function, a working group of those policy-makers or contractors who actually do the work is required.

Selection of appropriate people to participate in the HIA working group is crucial – usually technical or specialist qualifications or experience will be required. It may be best to restrict this group to those involved in the ‘hands-on’ work rather than including advisors. In some circumstances it may be helpful to have an additional advisory group to comment on the work as it progresses.



Consideration of how the work will be recorded is also important. For instance, you may consider tape-recording significant events such as workshops or consultation meetings.

As part of the assessment plan, it is important to develop a participation and communication strategy even if it involves only a limited expert group of people or organisations. The nature and degree of participation required will depend on the policy in question. If the HIA is not being led by Māori, it is important to involve Māori as part of the HIA team.

Finally, it is important to consider the issue of evaluating the HIA as part of scoping.

For instance:

- how will the HIA be evaluated to show whether it was done well and whether it added anything to the quality of the policy decision?
- what are the resource implications of evaluating the work?
- how realistic is it to evaluate the work?

Evaluation requires both reflecting on the process and getting feedback from the policy-makers as to what extent the HIA met their requirements. Suggested sets of questions to help with this are provided in the evaluation section.



Scoping – getting started

Some questions that may be asked to help with the scoping process include the following:

- What are the aims and objectives of the health impact assessment?
- What will be the extent and boundaries of the HIA?
 - What is to be included and excluded?
 - What are the boundaries in terms of timing and location?
 - When will the assessment be done?
 - How much time will it take?
- Who will conduct the HIA and what skills are needed?
- What stakeholders are involved in assessing the policy?
- What is the geographic scope of the HIA? (ie, what is the community under consideration – a particular region or local authority area, the whole of New Zealand, families with children in New Zealand?)
- What is the temporal scope of the HIA? (ie, are you concerned about the next five years or what happens in 20 years?) How heavily will you discount future impacts?
- If the whole policy is not being assessed, what parts are being assessed?
- What comparison policy will be used for the HIA: alternative policy option(s) or comparison with the status quo?
- What data are available, or need to be collected, to help describe the alternative policy option(s) or the status quo?
- If the outcomes of the policy are not known, what assumptions need to be made to predict the potential outcomes?
- What public or community concerns have been raised about the policy area?
- Who are the key people to consult with as part of the HIA? (Think systematically about whom it is important to involve).
- Can an assessment plan be drafted to set out the key milestones and timeframes of the HIA?
- What are the parameters for evaluating the HIA?
- What is the budget and sources of funding for the HIA and any associated work?
- What methods could be used in the HIA? (See also the appraisal stage to help with providing an initial answer to this).
- Are there any relevant relationships to statutory requirements? (eg, resource consent processes [section 32 of the Resource Management Act], gender analysis, requirements for consultation, legislative impact statements).



Deciding on the level of health impact assessment

Different health impact assessment tools can be used to achieve more or less detailed examination of the policy. They can range from a brief appraisal to more thorough health impact assessment. In this document, two tools are set out – the Health Lens and the Health Appraisal. You need to make a decision as to the level of HIA to use. The two outcomes to the decision, and the corresponding appraisal tools are as follows:

Depth of assessment	Corresponding appraisal tool
a brief HIA	the Health Lens
a more thorough HIA	the Health Appraisal Tool

A brief assessment (the Health Lens) is used when limited time and resources constrain the ability to undertake a more thorough assessment. In the policy environment, this is likely to be the most realistic level of assessment. However, a more detailed assessment (the Health Appraisal Tool) can provide more thorough and convincing information.

The following table can be used to help you decide which level of HIA is appropriate (and therefore which of the two appraisal tools to use). It should be completed in two steps:

- 1) respond to questions, then
- 2) identify the most appropriate level of comprehensiveness – either less or more comprehensive.

It is important to remember that each situation will be different, however, and unique circumstances should be taken into account. In the end, the decision as to the best level of assessment in each situation will come down to judgment and common sense.



Table 2: Scoping Checklist – choosing the appropriate level of HIA

Question	Response to question	Guidance on the appropriate level of tool	More/less comprehensive
Is the magnitude of the proposed policy change significant?		The greater the magnitude of the policy shift, the more comprehensive the tool should be	
Are there significant potential health impacts of the policy change?		The greater the significance of potential health impacts, and the higher the degree of uncertainty, the more comprehensive the tool should be	
How urgent is the need for policy change?		If there is relatively high urgency then select a less comprehensive tool	
Is the timing critical in relation to other policies/issues?		If timing is critically linked to other policy developments and timeframes are short, select a less comprehensive tool	
What is the level of political interest?		The higher the level of political interest, the more comprehensive the tool should be	
Are there other political considerations?		The more politically complex the policy change is, the more comprehensive the tool should be	
What is the level of public interest?		The higher the level of public interest in the policy change, the more comprehensive the tool should be	
Is there a 'window of opportunity' for the work?		Consider if there is a window of opportunity (ie, timeliness, currency, political support). If the window is likely to close, select the less comprehensive tool	
What level of staff resource is available?		The higher the resource level, the more comprehensive the tool should be	
Are there funds available for HIA?		The higher the level of funding, the more comprehensive the tool should be	



GUIDANCE

- In light of your responses in the table, decide which appraisal tool is most appropriate (the Health Lens or the Health Appraisal Tool).
- Write down the decision and justify your choice.
- If there is a range of policy options, repeat the table for each policy alternative.
- Please note that the guidance provided in the third column is suggested as a guide only. You may wish to make a different choice.
- If good ideas about impacts, enhancement or mitigation are raised, note them down for later consideration in the appraisal and reporting stage.

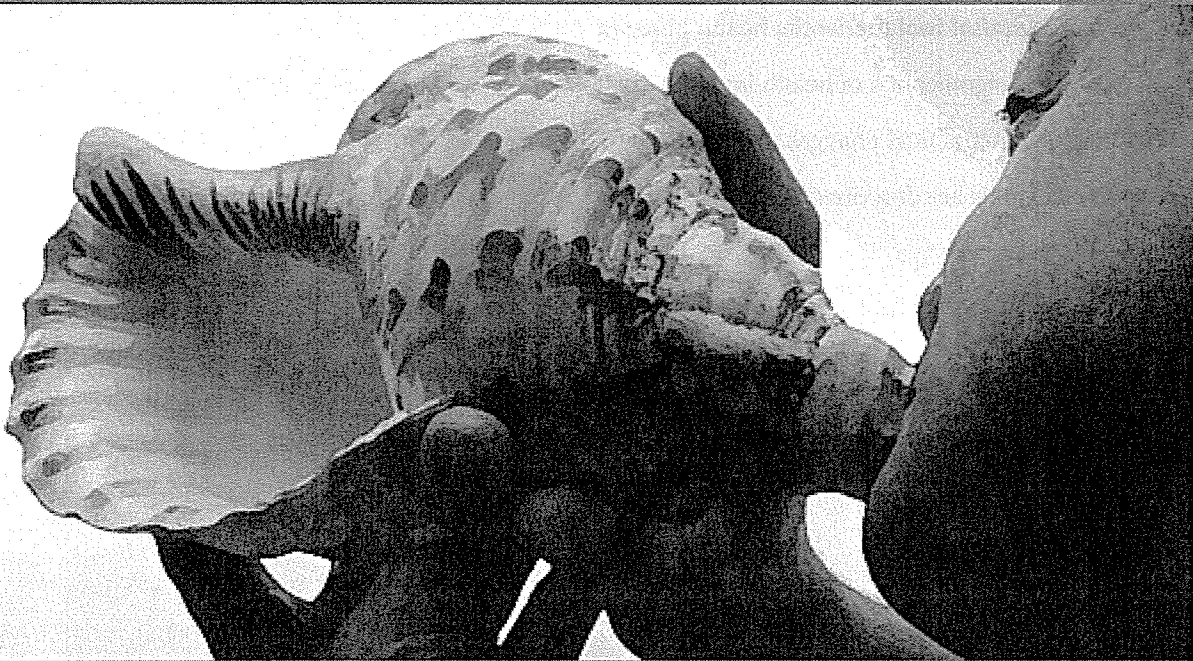
NEXT STEP

In summary, scoping includes developing an assessment plan, deciding how comprehensive the work will be, and identifying the relevant determinants of health.

The information gathered and produced during scoping will be used in the next stage of HIA – the appraisal and reporting stage. The appraisal tools provided in this package include the Health Lens and the Health Appraisal.



Stage Three: Appraisal and Reporting



Stage Three:
Appraisal and Reporting

STAGE THREE: APPRAISAL AND REPORTING⁺⁺

Introduction

This stage of health impact assessment concentrates on describing the potential benefits and risks to health, then determining their nature and magnitude. In order to do this, the determinants of health relevant to the policy need to be identified. Once the scale of potential impacts on health is determined, there is a need to assess the importance or significance of the health impacts. The aim is to appraise a policy proposal's potential to affect the population's health when implemented. Finally, this stage also determines what practical changes can be made to the policy to promote and protect health and wellbeing.

The appraisal stage has four distinct parts to it:

- 1) identifying the determinants of health that are relevant to the policy being assessed
- 2) using an **appraisal tool** to identify health impacts
- 3) assessing the significance of health impacts – called the **impact assessment** phase
- 4) **reporting** what practical changes can be made to the policy.

Two appraisal tools are described in this document:

- The Health Lens
- The Health Appraisal Tool

Understanding the policy

Key aspects to consider:	
<p>Policy components:</p> <ul style="list-style-type: none">• aims and objectives• content and dimensions• values – explicit or implicit – and assumptions• priorities/goals• target populations/communities/groups• outputs• intended outcomes.	<p>Issues that affect the policy process:</p> <ul style="list-style-type: none">• trade-offs• social, political and policy context – nationally/locally• relationship to other policies or strategies• non-negotiable aspects of the policy.

⁺⁺This guidance has drawn on the following sources: Scott-Samuel et al 2001¹⁷, Mahoney and Durham. 2002¹¹, NHS Executive 'Resource for HIA'¹⁹.



Health impact assessment of policies requires initial policy appraisal to identify the key aspects that the HIA will need to address. This may build on or use material already available from earlier policy development work. It is crucial to have a clear agreement on the policy definition and potential outcomes. There are always at least two options with regard to a policy – to retain the status quo, or to make a change. As raised earlier, an HIA should consider both of these alternatives and compare them.

Human resources for health impact assessment

Using information sources beyond the normal reach of the traditional policy development process is central to effective health impact assessment. Sources of information from the community are a critical component in addition to the usual expert groups involved in research, allied policy areas and service delivery agencies.

Community sources may be groups or key individuals. They are drawn on for identifying the 'site' of the impact (in the scoping stage), its scale and significance (scoping and appraisal) and opportunities for mitigation or enhancement of the policy.

The following participant categories could be referred to in preparing an HIA work programme:

- government agencies and statutory advisory bodies
- hapū, iwi, Māori communities
- tertiary educational institutions or senior practitioner knowledge
- professional bodies
- councils, community boards
- community based NGOs.

Methods for appraisal

There is no one perfect method for health impact assessment. Every method has both advantages and limitations. However, all methods should be able to identify and measure effects in some way, as well as be capable of providing interpretation of effects.

Ideally, a range of methods can be used at different stages in the process. Some methods, such as checklists, are better suited to screening and scoping stages while others, such as systems models, are useful for understanding environmental systems and the processes linking different environmental components.

Selection should be appropriate to the particular policy issue in question (ie, "horses for courses"). A combination of methods is ideal, and both qualitative and quantitative methods should be used where possible. Some examples of methods that can be used in HIA are provided below.

Examples of methods that could be used in health impact assessment:

- focus groups
- population and regional analysis (either quantitative or qualitative)
- scenario assessments (either quantitative or qualitative)



- health hazard identification and classification (either quantitative or qualitative)
- stakeholder workshops
- ‘with-proposal’ and ‘without-proposal’ scenarios
- surveys
- key informant interviews
- brainstorming
- citizens’ juries (inviting members of the public to hear evidence from experts and make an assessment)
- Delphi processes (panel of individual experts and key people engaged in consensus decision-making, where the group decides the weighting and scaling using an iterative process)
- environmental monitoring (either quantitative or qualitative)
- risk assessment, risk communication and risk management
- cost-benefit analysis
- evaluation.

Appropriate methods should be selected to match the level of detail of the HIA. Any of these methods can be used in conjunction with the tools described here.

Identifying the relevant determinants of health

The first step in the appraisal process is to understand the determinants or underlying influences on health that may be affected by the particular policy being assessed. This was undertaken as a preliminary exercise when screening the HIA, and is carried out in more detail at this appraisal and reporting stage. (Refer also to the section on determinants of health in the “What else do you need to know?” section).

It is increasingly accepted that the health of the population is not primarily determined by health services, but mostly by social, cultural, economic and environmental influences. The selection of determinants of health should be carried out irrespective of the appraisal tool selected.

Table 3 on the following page lists a wide range of potential determinants of health and wellbeing. It gives a general determinant and specific examples under each heading. Only some of them will be relevant to the policy being assessed.

The particular determinants and examples provided here do not form an exhaustive list, or a list of priorities. Using the table as a starting point, identify your own list of relevant determinants that apply to the particular policy under study. This process should be carried out irrespective of the appraisal tool selected. Guidance to help with identification of determinants is provided after Table 3, as well as two examples of determinants relevant to a public transport policy and a gene patenting policy.

Remember that the determinants of health can either directly or indirectly impact on health and wellbeing.



Table 3: Selected examples of health determinants

Categories of determinants of health ²⁰	Examples of specific health determinants
Social and cultural factors	Social support, social cohesion Social isolation Participation in community and public affairs Family connections Cultural and spiritual participation Expression of cultural values and practices Links with marae or other cultural resources Racism Discrimination Attitudes to disability Fear of prejudice Relationship with the land and water Level and fear of crime Reputation of community/area Perceptions of safety
Economic factors	Creation and distribution of wealth Income level Affordability of adequate housing Availability and quality of employment/education/training Skills development opportunities
Environmental factors (including living and working conditions)	Housing conditions and location Working conditions Quality of air, water and soil Waste disposal Energy Urban design Land use Biodiversity Sites of cultural significance (eg, sacred or historic sites) A change in the emissions of greenhouse gases Public transport and communication networks Noise Exposure to pathogens
Population-based services	Access to, and quality of: employment and education opportunities, workplaces, housing, public transport, health care, disability services, social services, childcare, leisure services, basic amenities, and policing.
Individual/behavioural factors	Personal behaviours (eg, diet, physical activity, smoking, alcohol intake) Life skills Personal safety People's belief in the future and sense of control over their own lives Employment status Educational attainment Level of income and disposable income Stress levels Self-esteem and confidence
Biological factors	Biological age



Guidance to help identify health determinants

Ask the following questions to help select the relevant determinants:

- using the table as a prompt, what are the main factors determining health that may be affected by this policy?
- what other determinants **apart** from those in the table could be relevant?
- how could the initial list of your determinants be grouped or summarised to produce a concise list of the **most** relevant determinants in this situation?

It is unlikely that the HIA will be able to cover all of the identified determinants of health in the next stage of the appraisal, so a decision on which determinants of health should be taken forward is likely to be required. Make a judgment on which ones affect the most people, affect vulnerable groups disproportionately, affect Māori, or are of concern to stakeholders.

Note:

- brainstorming/workshop approaches work well
- involve a range of people outside the policy development group such as social scientists, community workers, public health specialists, etc
- consider the objectives of the policy and its expected outcomes (identified in scoping stage)
- think about particular scenarios or possible impacts on particular groups (eg, women, Māori, people with disabilities, urban residents).

Highlight the chosen determinants in Table 3 to take forward to the impact assessment stage.



Examples of determinants for two policy areas:

The following are example lists of determinants that might be chosen in two specific cases – a policy to fund the provision of public transport, and a policy to allow patenting of human gene sequences.

EXAMPLE

Example 1: Determinants of health related to provision of public transport

Determinants of health – use of passenger transport	Examples
Social and cultural factors	Social support and social cohesion Participation in community, cultural and public affairs, and social isolation Level and fear of crime, and perceptions of safety
Economic factors	Access to education, employment and training
Environmental factors	Air quality Energy use
Population-based services	Access to healthcare, disability and social services, childcare, leisure services and amenities Facilities for people with disabilities
Individual/behavioural factors	Physical activity Personal safety, feelings of anxiety, fear and sense of control over own lives.



EXAMPLE**Example 2: Determinants of health related to the policy allowing patenting of human DNA sequences**

Determinants of health – patenting of human DNA sequences	Examples
Social and cultural factors	Expression of cultural values and practices
Economic factors	Creation and distribution of wealth, skills development opportunities, availability and quality of research
Population-based services	Access to, and quality of, health care
Individual/behavioural factors	Personal choices based on knowledge about genetics.

NEXT STEP

Having chosen the level of appraisal tool that is most appropriate in the Scoping Stage (Health Lens or Health Appraisal Tool) and having identified the relevant determinants of health, the next steps will bring these two aspects together.



Appraisal tools

This Guide describes two appraisal tools:

- 1) the Health Lens – a concise list of questions
- 2) the Health Appraisal Tool, comprising:
 - (A) impacts of the policy proposal on the determinants of health
 - (B) appraisal for partnership, participation and protection
 - (C) inequalities appraisal.

You will have selected **one** of these appraisal tools in the scoping stage.

The appraisal tools are contained in the following pages. Each tool aims to first identify the key impacts on health, and then to assess the size and significance of those impacts. An important ingredient is a component specific to addressing the principles of Treaty of Waitangi. The level of detail for this depends on the comprehensiveness of the tool.

Whatever tool is selected, the starting point is to use the determinants of health that are relevant to the proposed policy alternatives under consideration (selected during the scoping stage). These determinants are used to decide what the key impacts on health and health determinants will be. Each appraisal tool also requires a clear understanding of the policy's definition and potential outcomes.

The Health Lens requires the user/s to consider a range of questions, including identifying the potential impacts of the policy on determinants of health and health outcomes, and identifying potential effects on inequalities and Treaty issues.

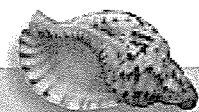
The Health Appraisal Tool requires more consideration and time than the Health Lens. It has several components as outlined above. These are linked and sequential activities, all of which should be used to achieve a satisfactory HIA.

The identification of impacts on health determinants in the Health Appraisal is more comprehensive than the identification done already at the scoping stage. A matrix sets out a wide range of potential determinants for consideration. It is intended that this process will help to highlight unanticipated impacts and it is here where HIA's greatest added value may lie.

The tool then guides the user to undertake appraisal for inequalities and partnership, participation and protection.

GUIDANCE

Irrespective of the particular appraisal tool chosen, the impact assessment stage should be undertaken after using the appraisal tool. This is outlined at the end of this appraisal section (on page 54). As you proceed you should find that each stage provides greater clarity and insight. It is an iterative process.



*The Health Lens*²¹

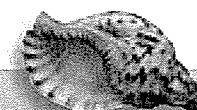
This tool is a concise checklist that helps to identify potential impacts of a policy proposal on both determinants of health and health outcomes. It also considers the implications for inequalities and Treaty issues. It could be used in a range of settings, for example in policy areas such as transport, housing or education. The Health Lens is designed for use by a multi-disciplinary team.

GUIDANCE

The following points offer some guidance in using the Health Lens.

1. Answer the questions in the box either 'in-house' or with the support of external experts. If several people are involved, use a workshop to brainstorm the questions and agree on the priority responses as a group.
2. For question one, consider **each** determinant identified. It may be easiest to group the determinants, and to start with the most obvious set of determinants.
3. Responses to the questions can be presented in a variety of ways – from simply listing the responses to presenting them as a table or matrix. One way to record the answers in a matrix is to use symbols for positive (+), negative (-) and neutral (0) impacts.
4. Use **existing** materials, resources, or evidence to help answer the questions (eg, easily available literature reviews, academic research, policy papers, fact sheets, summaries of research findings, conference papers, etc). There is no need (or time!) to commission specific work to help with this type of appraisal tool.
5. Keep a lookout for regional differences. An impact may be positive or neutral in one region and negative in another.

Record the possible or definite impacts of the policy using the checklist questions, then group and prioritise them before using the impact assessment matrix to further analyse them (see the impact assessment section, page 56).



HEALTH LENS CHECKLIST

1. What are the potential impacts of the policy proposal on the identified determinants of health? (The determinants were identified earlier in the appraisal stage within the following groups)

- social and cultural factors
- economic factors
- environmental factors
- population-based services
- individual and biological factors

2. What are the potential impacts on health *outcomes*?

(Refer to Te Whare Tapa Wha model of health in the section 'What else do you need to know?' – ie, the four components listed. Also refer back to Question 1 to help answer this question. Consider each determinant in turn).

- physical health
- mental health
- family and community health
- spiritual health

3. How will the policy proposal address the principles of partnership, participation and protection? (Refer to the "What else do you need to know?" section for definitions).

4. What are any potential effects on health inequalities?

(Consider whether inequalities could be reduced or widened – refer to background section where there is an explanation of health inequalities. Who would be most affected?)

5. In particular, how will the policy impact on people with disabilities?

6. What might the unintended health consequences of the policy be? How will these be addressed?

