

# Overview of the World Health Organization Health Impact Assessment (HIA) Web Page

(Selected text from the WHO web site, [www.who.int/hia/en](http://www.who.int/hia/en))

HIA provides decision-makers with information about how any policy, programme or project may affect the health of people. HIA seeks to influence decision-makers to improve the proposal. WHO supports the use of HIA because of its ability to influence policies, programmes and/or projects. This provides a foundation for improved health and well-being of people likely to be affected by such proposals.

The WHO web site provides information listed below (items in **bold** are in this document).

## **About HIA** (page 2)

- **Why use HIA** (page 2)
- Short Guides (you will review several of these in the last section of the Study Guide)
- **Tools and Methods and The HIA procedure** (page 4)
- **International Policies for HIA** (page 5)
- **Definitions of HIA** (page 6)
- **Evidence that HIA works** (page 7)
- **Glossary of terms used** (page 8)
- Frequently Asked Questions (FAQs)

On tools and methods to do HIA

- Toolkits, guides, overviews and helpful documents
- Evaluating your HIA

On examples of HIA covering different topics, with a form for you to submit your work to this site.

## **HIA in Policy Making** (page 15)

How HIA contributes to policy making:

- How to make HIA work with policy making and decision making
- The role of HIA in decision making
- Barriers cited to using HIA in Government policy making

We describe the evidence used in HIA

- **The determinants of health** (page 16)
- Evidence base for many topics that can be used in HIA

We also provide links to other websites and describe our work in HIA:

- HIA related sites
- WHO Regional Offices
- WHO HQ - work in HIA
- WHO collaborating centres on HIA
- The reference group for this web site
- HIA capacity building

- HIA news & - HIA events

Finally, information on methods that can be confused with HIA is provided:

- Other tools
- Other impact assessments

## About HIA

HIA is a practical approach used to judge the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups. Recommendations are produced for decision-makers and stakeholders, with the aim of maximising the proposal's positive health effects and minimising its negative health effects.



In this section you will find information on:

## Why use HIA?

### Values

HIA is based on four values that link the HIA to the policy environment in which it is being undertaken.

- **Democracy** – allowing people to participate in the development and implementation of policies, programmes or projects that may impact on their lives.
- **Equity** – HIA assesses the distribution of impacts from a proposal on the whole population, with a particular reference to how the proposal will affect vulnerable people (in terms of age, gender, ethnic background and socio-economic status).
- **Sustainable development** – that both short and long term impacts are considered, along with the obvious, and less obvious impacts.
- **Ethical use of evidence** – the best available quantitative and qualitative evidence must be identified and used in the assessment. A wide variety of evidence should be collected using the best possible methods.

### Reasons to use HIA

#### Promotes cross-sectoral working

The health and well-being of people is determined by a wide range of economic, social and environmental influences. Activities in many sectors beyond the health sector influence these determinants of health. HIA is a participatory approach that helps people from multiple sectors to work together. HIA participants consider the impacts of the proposed action on their individual sector, and other sectors – and the potential impact on health from any change. Overlaps with other policy and project initiatives are often identified, providing a more integrated approach to policy making. "Joined up thinking" and "cross-sectoral working" are phrases that apply to the HIA way of working.

#### A participatory approach that values the views of the community

An initial stage within the HIA process is to identify the relevant stakeholders. This process usually produces a large number of relevant people, groups and organizations. The HIA can be used as a framework to implicate stakeholders in a meaningful way, allowing their messages to be heard.

Stakeholders commonly include:

- The local community/public, particularly vulnerable groups

- Developers
- Planners
- Local/national governments
- Voluntary agencies, nongovernmental organizations
- Health workers at local, national or international levels
- Employers and unions
- Representatives of other sectors affected by the proposal
- The commissioner(s) of the HIA
- The decision-makers
- The network of people and organisations who will carry out the HIA.

HIA provides a way to engage with members of the public affected by a particular proposal. An HIA can send a signal that an organization or partnership wants to involve a community and is willing to respond constructively to their concerns. Because the HIA process values many different types of evidence during the assessment of a proposal, the views of the public can be considered alongside expert opinion and scientific data, with each source of information being valued equally within the HIA. It is important to note that the decision makers may value certain types of evidence more than others, and community expectations must be managed to avoid 'over-promising what an HIA can deliver. An HIA does not make decisions; it provides information in a clear and transparent way for decision makers'.

### **The best available evidence is provided to decision-makers**

The purpose of an HIA is to provide decision-makers with a set of evidence-based recommendations about the proposal. The decision-makers can then decide to accept, reject or amend the proposal, in the knowledge that they have the best available evidence before them. Evidence used in an HIA can be both qualitative and quantitative, and each is valuable. HIA should consider a range of different types of evidence – going beyond published reviews and research papers, to include the views and opinions of key players who are involved or affected by a proposal. Often, information of the quality and quantity demanded by decision-makers cannot be found, a note of this is made within the HIA and the best available evidence is provided.

### **Improves health and reduces inequalities**

Addressing inequalities and improving health is a goal for many organisations and all governments. One way of contributing to the health and inequalities agenda is through the use of HIA. At the very least, HIA ensures that proposals do not inadvertently damage health or reinforce inequalities. HIA uses a wide model of health and works across sectors to provide a systematic approach for assessing how the proposal affects a population, with particular emphasis on the distribution of effects between different subgroups within the population. Recommendations can specifically target the improvement of health for vulnerable groups.

### **It is a positive approach**

HIA looks not only for negative impacts (to prevent or reduce them), but also for impacts favourable to health. This provides decision-makers with options to strengthen and extend the positive features of a proposal, with a view to improving the health of the population.

### **Appropriate for policies, programmes and projects**

HIA is suitable for use at many different levels. HIA can be used on projects, programmes (groupings of projects) and policies, though it has most commonly been used on projects. The flexibility of HIA allows these projects, programmes and policies to be assessed at either a local, regional, national or

international level – making HIA suitable for almost any proposal. However, choosing the right moment to carry out an HIA is important (see [screening](#)).

### Timeliness

To influence the decision-making process, HIA recommendations must reach the decision-makers well before any decisions about the proposal will be made. This basic principle of HIA highlights the practical nature of the approach. Experienced HIA practitioners can work within most timeframes, undertaking comprehensive (longer) or rapid (shorter) HIAs.

### Links with sustainable development and resource management

If the HIA is undertaken at a sufficiently early stage in the project process, it can be used as a key tool for sustainable development. For example, an HIA on building a road would enable inclusion of health and other sustainability aspects - such as cycle lanes, noise and speed reduction interventions - to be included from the very beginning, rather than at a later date. This enables health objectives to be considered at the same level as socio-economic and environmental objectives, an important step towards sustainable development. Another feature of HIA is its possible combination with other impact assessment methods. This integration allows proposals to be assessed from a sustainable development perspective including: health, education, employment, business success, safety and security, culture, leisure and recreation, and the environment. Drawing on the wider determinants of health, and working across different sectors, HIA can play an important role in the sustainability agenda.

### Many people can use HIA

Because it is a participatory approach, there are many potential users of HIA, including:

- Decision-makers who may use the information to select options more favourable to health;
- Commissioners of the HIA, who use it to consult widely and gather differing views, to build capacity and develop strong partnerships;
- HIA workers who carry out the individual components of the HIA, including consultants, local staff from a wide variety of organizations, and the community;
- Stakeholders, who want their views to be considered by decision-makers.

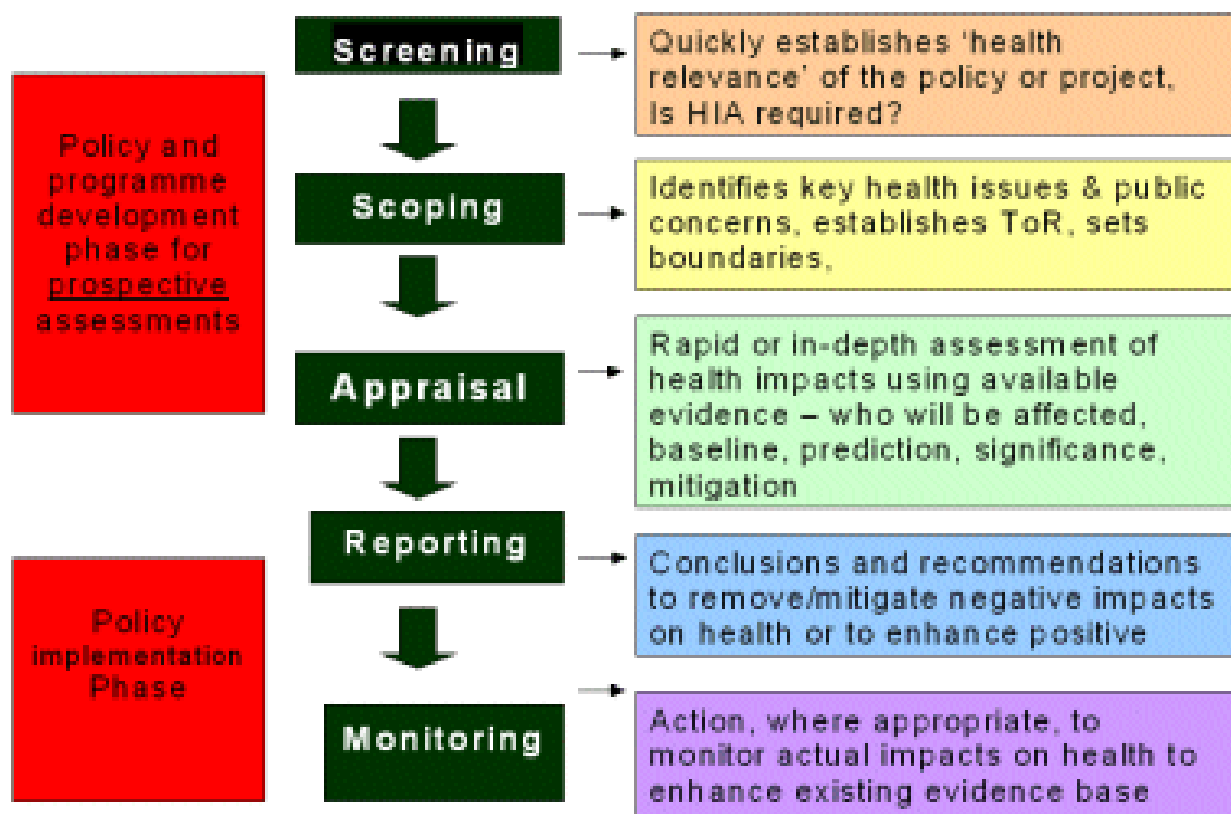
## Tools and Methods

### How to undertake an HIA

This section will draw on a number of case studies to briefly describe the theory and practice of carrying out an HIA. Many [HIA guidance documents](#) have been produced, from all regions of the world and we encourage you to use these for detailed work. While there is no single agreed method for undertaking HIA, a general pattern has emerged amongst methods and there is much overlap between them.

Guidance documents often break HIA into four, five or six stages. Despite the differing number of stages, it is important to note that there are no significant differences between the methods. Also, the theoretical stages often overlap and intermingle, and a clean separation is not often obvious in practice. The stages are:

## HIA Procedure



## International Policies for HIA

Several international policies and regulations make provisions for HIA or recommend its use, such as:

- **Strategic Environmental Assessment**  
Health effects are often poorly assessed within Environmental Impact Assessments (EIA), or not at all. The establishment of a Strategic Environment Assessment (SEA) Protocol – to supplement the UNECE Convention on EIA - has addressed this problem. In Kiev, in May 2003, governments of 35 European United Nations members signed the SEA protocol, whose provisions place special emphasis on human health, going beyond existing legislation. This reflects the political will of the governments, and the technical support of the health sector including WHO. The protocol also recommends that SEA be undertaken early enough in the decision-making process of proposals for environmental and health issues to be considered as part of a wider sustainability agenda. [More information on this protocol.](#)
- **Article 152 of the Amsterdam Treaty**  
[The Treaty](#) calls for the European Union (EU) to examine the possible impact of major policies on health. The treaty states that "A high level of health protection shall be ensured in connection with the formulation and implementation of all Community policies and all Community measures". The European Commission's Health Strategy proposal states that policies must ensure that public health aspects be considered in all EU decisions and actions, therefore health impact assessments should be conducted.

- Environmental Impact Assessment**  
 Many countries have statutory requirements for an Environmental Impact Assessment (EIA) to be undertaken on every important project. The [EU directive](#) on EIA was introduced in 1985 and amended in 1997 and 2003. Country-specific links for environmental and strategic impact assessments can be found at the [Impact Assessment Research Centre at the University of Manchester](#) or the [International Association for Impact Assessment](#). Unfortunately, an EIA does not typically include an assessment of the health effects, and when it does, it may be narrowly focused and only quantitative in nature.
- EU Strategic Environmental Directive**  
 The European Commission began negotiations for a directive on the environmental assessment of plans and programmes in 1996. Several amendments to the proposal were made, leading to the [SEA Directive](#) being adopted by the European Council on 5 June 2001. The purpose of the SEA-Directive is to ensure that environmental consequences of certain plans and programmes are identified and assessed during their preparation and before their adoption. Member states were required to introduce the directive into their own legislation by 27 June 2004.
- Health21 – Health for all**  
 The 51 countries comprising the WHO European Region have a common policy framework for health development, which outlines strategies to transform national policies into practical operational programmes at the local level. After consultations with Member States and several important organizations in the Region, four main strategies for action were chosen to ensure that scientific, economic, social and political sustainability drive the implementation of [Health21](#). The first is that "multisectoral strategies tackle the determinants of health, taking into account physical, economic, social, cultural and gender perspectives and ensuring the use of health impact assessment".
- Environmental Health Conferences**  
 The 3rd ministerial conference on environmental health, held in London in 1999, recognized access to information, public participation and access to justice in environment and health as important issues. Several countries supported the idea of a protocol on strategic environment and health impact assessment, and the theme was submitted to the following environment and health conference in Budapest, in 2004.
- Libreville Declaration**  
 In 2008, the [Libreville Declaration on Health and Environment in Africa](#) encouraged governments to integrate health and the environment within public policies, poverty reduction strategies and national development plans. The implementation of health and environment intersectoral programmes at all levels is considered to be one of the decisive factors that may lead to the achievement of the [United Nations Millennium Development Goals](#).

## Definitions of HIA

Many different people and organizations have defined HIA. Each definition is similar, differing through the emphasis given to particular components of the HIA approach. There is no 'correct definition'; this is merely a sample of ways to describe HIA:

### Main definition

*A combination of procedures, methods and tools by which a policy, programmes or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.*

[European Centre for Health Policy, WHO Regional Office for Europe. Gothenburg Consensus Paper \(1999\)](#)

### Other definitions

*Assessment of the change in health risk reasonably attributable to a project, programmes or policy and undertaken for a specific purpose.*

Martin Birley. The health impact assessment of development projects. London: HMSO (1995).

*A structured method for assessing and improving the health consequences of projects and policies in the non-health sector. It is a multidisciplinary process combining a range of qualitative and quantitative evidence in a decision making framework.*

Karen Lock. British Medical Journal, 320, pp. 1395-1398 (2000).

[Frequently Asked Questions \(FAQs\)](#)

[Glossary of terms used](#)

[PowerPoint presentations](#)

## Evidence that HIA works

### London Mayoral Strategies HIA (England)

#### What was the HIA on?

An independent retrospective evaluation of two HIAs carried out on the London Mayoral Strategies and a concurrent evaluation of another two.

#### How did they evaluate it?

The methodology used a qualitative approach with interviews with workshop attendees, observation of the HIA workshops and preparation meetings, and use of self-completed questionnaires. Work to track what recommendations the respective strategy development teams will take forward was undertaken.

#### What did it show?

The HIAs raised the awareness of the social model of health amongst those whose roles were not primarily health related. This resulted in the strategy development teams taking greater account of public health issues when drafting the strategies. HIA played a role in public health considerations becoming embedded within the development of the Mayoral strategies. Most importantly, the HIAs have influenced strategy. The strategy development staff report that they have taken health into account during the drafting stages because they knew it would be subjected to HIA and they have revised the strategy as a result.

#### Where can I get more information on this?

- [Full evaluation document](#)
- [Evaluation executive summary](#)
- [Website](#)

# Glossary of terms used

Special thanks to Ruth Barnes and the Health Development Agency (HDA) for creating this glossary.

## Appraisal (assessment)

Appraisal or assessment follows on from the scoping stage of a HIA, where the potential health impacts which have been identified are assessed and evaluated using the available evidence base.

## Best available evidence

Conclusive evidence of the links between, for example, socio-environmental factors and health or the effectiveness of interventions is not always available. In such cases, the best available evidence – that which is judged to be the most reliable and compelling – can be used, but with caution.

## Capital investment

Funding for resources such as buildings or other “one-off” purchases such as computer hardware and software and other office equipment.

## Commissioning services

The process of identifying the need for services and making a contract with those able to provide them.

## Community participation

Involving the community in an activity such as the planning of projects or carrying out a HIA. There are a number of models of community participation, some of which are outlined in the Gothenburg consensus paper on HIA (WHO, 1999).

## Comprehensive (maxi) HIA

A comprehensive or “maxi” HIA is a much more detailed rigorous exercise than either a rapid or intermediate HIA. It usually involves the participation of the full range of stakeholders, an extensive literature search, secondary analysis of existing data and the collection of new data. “Control” populations may also be used (Parry and Stevens, 2001).

## Concurrent HIA

Concurrent HIA is carried out whilst a policy, programmes or project is being implemented.

## Decision making

The process of reviewing the findings and recommendations of a HIA and making choices about how they should be taken forward.

## Determinants of health

Determinants of health are factors which influence health status and determine health differentials or health inequalities. They are many and varied and include, for example, · natural, biological factors, such



as age, gender and ethnicity; x behaviour and lifestyles, such as smoking, alcohol consumption, diet and physical exercise; x the physical and social environment, including housing quality, the workplace and the wider urban and rural environment; and x access to health care. (Lalonde, 1974; Labonté 1993) All of these are closely interlinked and differentials in their distribution lead to health inequalities.

### **Disadvantaged / vulnerable / marginalized groups**

These terms are applied to groups of people who, due to factors usually considered outside their control; do not have the same opportunities as other, more fortunate groups in society. Examples might include unemployed people, refugees and others who are socially excluded.

### **Economic impact assessment**

Economic impact assessment involves exploring and identifying the ways in which the economy in general, or local economic circumstances in particular, will be affected by a policy, programmes or project.

### **Employment Zone**

15 Employment Zones (EZs) were launched in March 2000 in areas experiencing high levels of long term unemployment in order to help long term unemployed people get and keep work. Employment Zones pool funds for training, Employment Service support and the equivalent of benefit to maximise flexibility and choice. The areas selected were amongst the worst 150 unitary authorities or local authority districts in Great Britain when ranked by a composite measure of the share of unemployed claimants aged 25+ who were long term unemployed, the employment rate and the number of people unemployed for over two years as a percentage of the working age population based on 1997 data. Participants in the EZ schemes work with a personal adviser to establish their needs and identify any barriers preventing them from moving into sustainable work. A costed action plan is then drawn up between adviser and participant. Once the participant has started work, they continue to be supported to ensure that their move into employment is sustained where possible. A range of different organisations were contracted through a tendering process to administer the zones and their performance is monitored and linked to the funding process (Department for Work and Pensions, 2002).

### **Environmental impact assessment**

Environmental impact assessment (EIA) is a well developed discipline, both in terms of theory and practice, having been in operation for nearly 30 years in the United States (Glasson et al. 1994). Its origins lie in the US National Environmental Policy Acts of 1969. In the same way that HIA explores the effect of policies, programmes and projects on health, EIA does the same in terms of environmental effects. In many countries, including those of the European Union, there is now a statutory requirement for EIA to be undertaken under certain circumstances. The rules vary from country to country but generally EIA should lead to proposals which are likely to have any significant adverse effects on the environment being abandoned or modified (Hendley et al., 1998). There are numerous definitions of EIA, including the following an assessment of the impact of a planned activity on the environment (UN Economic Commission for Europe, 1991 in Glasson et al, 1994) the process of evaluating the likely environmental consequences of a proposed major action significantly affecting the natural and man-made environment (Walther 1988, cited in Wood 1995) a technique and a process by which information about the environmental effects of a project is collected, both by the developed and from other sources, and taken into account by the planning authority in forming their judgments about whether the development should go ahead (Department of the Environment, Welsh Office 1989)

## Equity in health

Inequity – as opposed to inequality – has a moral and ethical dimension, resulting from avoidable and unjust differentials in health status. Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential if it can be avoided. (WHO EURO, 1985) More succinctly, Equity is concerned with creating equal opportunities for health and with bringing health differentials down to the lowest possible level. (Whitehead, 1990). HIA is usually underpinned by an explicit value system and a focus on social justice in which equity plays a major role so that not only both health inequalities and inequities in health are explored and addressed wherever possible (Barnes and Scott-Samuel, 1999).

## Evidence base

The evidence base refers to a body of information, drawn from routine statistical analyses, published studies and “grey” literature, which tells us something about what is already known about factors affecting health. For example, in the field of housing and health there are a number of studies which demonstrate the links between damp and cold housing and respiratory disease and, increasingly, the links between high quality housing and quality of life (Thomson et al., 2001).

## Health gain

Improvement in health status.

## Health impact

A health impact can be positive or negative. A positive health impact is an effect which contributes to good health or to improving health. For example, having a sense of control over one’s life and having choices is known to have a beneficial effect on mental health and well being, making people feel “healthier” (Wilkinson, 1996). A negative health impact has the opposite effect, causing or contributing to ill health. For example, working in unhygienic or unsafe conditions or spending a lot of time in an area with poor air quality is likely to have an adverse effect on physical health status.

## Health inequality and inequity

Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population groups. For example, differences in mobility between elderly people and younger populations or differences in mortality rates between people from different social classes. It is important to distinguish between inequality in health and inequity. Some health inequalities are attributable to biological variations or free choice and others are attributable to the external environment and conditions mainly outside the control of the individuals concerned. In the first case it may be impossible or ethically or ideologically unacceptable to change the health determinants and so the health inequalities are unavoidable. In the second, the uneven distribution may be unnecessary and avoidable as well as unjust and unfair, so that the resulting health inequalities also lead to inequity in health.

## Healthy public policy

Healthy public policy is a key component of the Ottawa Charter for Health Promotion (1986). The concept includes policies designed specifically to promote health (for example banning cigarette advertising) and policies not dealing directly with health but acknowledged to have a health impact (for example transport, education, economics) (Lock, 2000).

## Impact assessment

Impact assessment is about judging the effect that a policy or activity will have on people or places. It has been defined as the “prediction or estimation of the consequences of a current or proposed action” (Vanclay and Bronstein, 1995)

## Inequalities audit / equity audit

A review of inequalities within an area or of the coverage of inequalities issues in a policy, programmes or project, usually with recommendations as to how they can be addressed.

## Integrated impact assessment

Integrated impact assessment brings together components of environmental, health, social and other forms of impact assessment in an attempt to incorporate an exploration of all the different ways in which policies, programmes or projects may affect the physical, social and economic environment.

## Integrated Pollution Prevention Control regulations

In October 1996 the European Commission published a Directive on Integrated Pollution Prevention and Control (IPPC) which came into effect on 30 October 1999. As a result, European Union Member States were required to introduce a regulatory system to ensure that particular industries take action to ensure “an integrated approach to pollution control” in order to achieve “a high level of protection for the environment as a whole” when considering both routine and accidental releases. The definition of pollution in the Directive includes releases to air, land or water “which may be harmful to human health”. In the UK, Pollution Prevention and Control regulations were introduced in 2000 and they require that health authorities are consulted on IPPC. There are around 7,000 sites affected across the country and the types of activity which are covered by the regulations include the energy, metals, oil, chemical and waste management industries, paper production, food production and some intensive livestock rearing (University of Birmingham, 2002).

## Intermediate HIA Monitoring and evaluation

An intermediate HIA may combine a workshop with key stakeholders followed by desk based work to build up a more detailed picture of the potential health impacts than those which would be identified during a rapid or “mini” HIA. It may involve a limited literature search, usually non-systematic, and is mostly reliant on routine, readily available data (Parry and Stevens, 2001).

## Monitoring and evaluation

Monitoring is the process of keeping track of events. For example, the monitoring of a project may involve counting the number of people coming into contact with it over a period of time or recording the way in which the project is administered and developed. Evaluation involves making a judgement as to how successful (or otherwise) a project has been, with success commonly being measured as the extent to which the project has met its original objectives. Both the “process” (activities) and “outcomes” (what is produced, for example in terms of changes in the health of those targeted by the project) can be monitored and evaluated.

## Multidisciplinary

HIA is not the preserve of any one disciplinary group. Instead, it draws on the experience and expertise of a wide range of “stakeholders”, who are involved throughout the process. These may include

professionals with knowledge relevant to the issues being addressed, key decision makers, relevant voluntary organisations and – perhaps most importantly – representatives of the communities whose lives will be affected by the policy (Barnes and Scott-Samuel, 1999).

## Neighbourhood

The term neighbourhood usually refers to a local area which is defined in some way physically (for example, an estate or an area bounded by major roads) or by people's perceptions of what constitutes their local area. Neighbourhoods are usually fairly small. For example, neighbourhoods designated for New Deal for Communities funding are usually made up of around 4,000 households or around 10,000 people.

## Outcomes

The effect the process has had on the people targeted by it. These might include, for example, changes in their self-perceived health status or changes in the distribution of health determinants, or factors which are known to affect their health, well-being and quality of life.

## Outputs

The products or results of the process. These might include, for example, how many people a project has affected, their ages and ethnic groups or the number of meetings held and the ways in which the findings of the project are disseminated.

## Partnership

A group of people or organisations brought together with a common purpose such as developing a regeneration programmes or undertaking .

## Policy

A policy can be defined as an agreement or consensus on a range of issues, goals and objectives which need to be addressed (Ritsatakis et al., 2000). For example, "Saving Lives: Our Healthier Nation" can be seen as a national health policy aimed at improving the health of the population of England, reducing health inequalities and setting objectives and targets which can be used to monitor progress towards the policy's overall goal or aims.

## Process

A course of action or series of activities.

## Programme

The term programme usually refers to a group of activities which are designed to be implemented in order to reach policy objectives (Ritsatakis et al., 2000). For example, many Single Regeneration Budget programmes and New Deal for Communities initiatives have a range of themes within their programmes – often including health, community safety (crime), education, employment and housing – and within these themes are a number of specific projects which, together, make up the overall programme.

## Project

A project is usually a discrete piece of work addressing a single population group or health determinant, usually with a pre-set time limit. For example, “Private Rented Dwellings” was a three year project in Southport, Merseyside which provided money to private landlords in order to bring their rented properties up to housing fitness standards (Hirschfield et al., 2001).

## Prospective HIA

Prospective HIA is carried out before any action has been taken, either in terms of drafting a policy, putting together an action plan or implementing it so that steps can be taken, at the planning stage, to maximise the positive health impacts of a policy, programme or project and to minimise the negative effects (Scott-Samuel et al., 1998).

## Qualitative and quantitative

HIA tries to balance qualitative and quantitative evidence. It involves an evaluation of the quantitative, “scientific” evidence where it exists but also recognises the importance of more qualitative information. This may include the opinions, experience and expectations of those people most directly affected by public policies and tries to balance the various types of evidence (Barnes and Scott Samuel, 1999). Generally speaking, quantitative evidence is based on what can be counted or measured objectively whilst qualitative evidence cannot be measured in the usual ways and may more subjective, for example, encompassing people’s perceptions, opinions and views.

## Rapid (mini) HIA

A rapid or “mini” HIA, as the name suggests, is done quickly. It may be a “desk top” exercise, reliant on information which is already available already available “off the shelf” (Parry and Stevens, 2001), or through a half day or one day workshop with key stakeholders (Barnes et al., 2001). In either case, there is usually a minimum quantification of the potential health impacts which are identified.

## Regeneration

Regeneration is a broad concept used to describe a wide variety of measures that are designed to revive disadvantaged (mainly urban) areas. This might include · modifying the physical environment; · altering lifestyles; · improving leisure opportunities; · enhancing the training and employment prospects of local residents · reducing stress, anxiety and fear; · strengthening control over people's lives and fostering empowerment; · improving access to public services; and · enhancing relationships between local residents and public sector agencies. Since the second world war there have been many regeneration initiatives – the most recent being the neighbourhood renewal and other related programmes – and many inner city areas have been “regenerated” more than once. ((Hirschfield et al., 2001).

## Resource allocation

The process of deciding what is needed to carry out an activity and providing for those needs. This can include making provision for financial resources (money), capital resources (such as buildings and computer hardware) and staff resources (including the number of staff needed and the skill mix required).

## Retrospective HIA

Retrospective HIA is carried out after a programme or project has been completed. It is used to inform the ongoing development of existing work.

## Scoping

Scoping refers to the process of identifying the potential health impacts of a policy, programme or project before they are quantified, as in a rapid HIA. It may include reviewing the relevant literature and evidence base and collecting the views of key stakeholders (those with expert knowledge of the project, those involved and those potentially affected) followed by the tabulation of the potential health impacts (Parry and Stevens, 2001).

## Screening

In relation to HIA, screening usually refers to an initial step being taken in order to determine whether a policy, programme or project should be subject to a HIA. The criteria used for this process may include, for example, the size and cost of the activity in question, the extent of any obvious or immediate health effects or the perceived extent of longer term effects. A new road transport policy, for example, might meet these criteria in view of its potentially high financial cost, the possibility of immediate health effects in terms of road traffic accidents and likely longer term effects in terms of air quality.

## Service user involvement

Involving those who use services in their planning and organisation by, for example, inviting them to give feedback on the quality of services and ease of access to them or by having service user representatives on the steering groups which monitor service provision and plan future developments.

## Social impact assessment

Social impact assessment is “the process of assessing or estimating, in advance, the social consequences that are likely to follow from specific policy actions or project development, particularly in the context of appropriate national, state or provisional policy legislation” (Vanclay and Bronstein, 1995). It is based on the assumption that the way in which the environment is structured can have a profound effect on people’s ability to interact socially with other people and to develop networks of support. For example, a major road cutting across a residential area can have the effect of dividing a community with implications for social cohesion (Hendley et al., 1998).

## Steering group

A group of people brought together to oversee a piece of work such as a HIA. Typically, a steering group might be made up of up of representatives of relevant professional groups, key statutory agencies and the local community and its terms of reference might include · overseeing development and progress of the work; · agreeing the methodological framework and timescales; · providing an input of local knowledge and information; · acting as a bridge between partners; · facilitating the implementation of the assessment’s recommendations; and · helping to assimilate and disseminate the emerging lessons. (Barnes, 2000).

## Strategic environmental assessment

SEA has been defined as “the environmental assessment of a strategic action: a policy, plan or programme (Therivel and Partidario, 1996). SEA developed out of the recognition that the environmental impact assessment of specific projects, whilst an extremely valuable device, does not allow sufficient scope for the examination of the effect of a combination of projects. A commitment to sustainable development requires that a strategic approach to the environment be adopted. (Wood, 1995).

## Strategy

The term strategy usually refers to a series of broad lines of action intended to achieve a set of goals and targets set out within a policy or programme (Ritsatakis et al., 2000). For example, within the themes of Single Regeneration Budget or New Deal for Communities initiatives it is usual to set out the strategic direction needed to be taken in order to achieve the goals and objectives of each theme, such as reducing unemployment, improving health or raising educational attainment.

## Sustainability and sustainable development

The plethora of regeneration and neighbourhood renewal initiatives under way are all intended to provide sustainable changes – that is to say, benefits for the future as well as the present. A commonly used definition of sustainable development is “development which meets the needs of present generation without compromising the ability of future generations to meet their own needs” (World Commission on Environment and Development, 1987).

## Toolkit

The term toolkit is generally held to mean an information resource including, for example, routinely available data which may be required for quantifying potential health impacts, a compilation of literature on health determinants or a template for organising a HIA or parts of the HIA process such as a workshop for key stakeholders.

## Well-being impact assessment

Well-being impact assessment is difficult to distinguish from HIA although it could be argued that, instead of looking at all aspects of health, including medical factors, it concentrates primarily on aspects of quality of life and physical and mental well being.

## Working group

In contrast to a steering group, a working group convened for the purpose of carrying out usually consists of those charged with carrying out the work on a day to day basis. Typically it might include people with a range of complementary public health skills such as project management, epidemiology, statistical analysis and presentation, questionnaire design and community development (Barnes and MacArthur, 2000).

## Workshops

Workshops involve bringing together a group of people for a specific purpose. In HIA this might include, for example, identifying key stakeholders' health concerns in relation to the policy, programme or project being addressed, identifying sources of current knowledge in relation to the evidence base or training staff in HIA techniques. Workshops are usually structured in some way with a mixture of presentations and “hands on” participative work.

# HIA and policy making

In this section we investigate how HIA contributes to policy making.

HIA can be a valuable tool for helping to develop policy and assisting decision-makers. The usefulness and need of HIA within policy and decision making is clear, HIA:

- is used in projects, programmes and policies
- assists policy development
- brings policies and people together
- involves the public
- provides information for decision makers
- addresses many policy making requirements
- recognises that other factors influence policy apart from HIA.
- is a proactive process that improves positive outcomes and decreases negative outcomes
- can provide what policy makers need



Suggestions for how an HIA practitioner might interact with the policy process and policy makers, a description of the different stages in policy making, plus some key steps for HIA practitioners, are also provided.

Some of the [HIA guidance documents](#) that are available on this website also deal with guidance on how to carry out policy level HIA.

[How to make HIA work with policy making and decision making](#)

[The role of HIA in decision making](#)

[Barriers cited to using HIA in Government policy making](#)

## The determinants of health

### Introduction

Many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment. To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access and use of health care services often have less of an impact.

### The determinants of health include:

- the social and economic environment,
- the physical environment (note that in the US the HHS Healthy People 2020 Advisory Committee is making a significant attempt at having us use “built” environment as part of the physical environment), and
- the person’s individual characteristics and behaviours.

The context of people’s lives determine their health, and so blaming individuals for having poor health or crediting them for good health is inappropriate. Individuals are unlikely to be able to directly control many of the determinants of health. These determinants—or things that make people healthy or not—include the above factors, and many others:



- Income and social status - higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in health.
- Education – low education levels are linked with poor health, more stress and lower self-confidence.
- Physical environment – safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health. Employment and working conditions – people in employment are healthier, particularly those who have more control over their working conditions
- Social support networks – greater support from families, friends and communities is linked to better health. Culture - customs and traditions, and the beliefs of the family and community all affect health.
- Genetics - inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses. Personal behaviour and coping skills – balanced eating, keeping active, smoking, drinking, and how we deal with life’s stresses and challenges all affect health.
- Health services - access and use of services that prevent and treat disease influences health
- Gender - Men and women suffer from different types of diseases at different ages.

#### Evidence base of health determinants

An evidence base about the impact that projects, programmes and policies have had on health is required to carry out HIA. The best available evidence is used within the appraisal stage of HIA to determine what impacts may occur (both positive and negative), the size of the impact (if possible) and the distribution of that impact in different population groups. It is generally assumed that the evidence for health impacts exists, and that searching and collating will provide the necessary evidence. Unfortunately this is not often the case, and the evidence of health impacts is often not available. This is because of the long causal pathway between the implementation of a project/programme/policy and any potential impact on population health, and the many confounding factors that make the determination of a link difficult. Within the HIA it is important therefore to be explicit about sources of evidence and to identify missing or incomplete information.

Providing a comprehensive review of the evidence base is not simple. It needs to draw on the best available evidence – that from reviews and research papers, and including qualitative and quantitative evidence. This information must be supplemented with local and expert knowledge, policy information, and proposal specific information.

However, there are examples where the best available evidence has been documented, and in some cases summarised. These are presented below:

- Transport
- Food and Agriculture
- Housing
- Waste
- Energy
- Industry
- Urbanization
- Water
- Radiation
- Nutrition and health

End