

NSW HEALTH IMPACT ASSESSMENT PROJECT

E-News

Scoping 101: An Introduction to the Scoping Step

As identified in previous editions, health impact assessment is only one method for measuring health impact and is generally defined by five specific steps. In the last edition we looked at the first step, screening. In this edition, we look at the second step of HIA, scoping - providing an overview of the purpose, suggested strategies and expected outcomes from scoping.

The purpose of this step is to determine the scope of the work to be undertaken, what's included and excluded based on the time and resource constraints that apply to the proposal under consideration. This includes consideration of issues such as:

- whether the HIA should be rapid (eg. desk top audit), intermediate (eg. health impact statement) or comprehensive
- the definition of health and health outcomes to be considered
- what kinds of evidence will be gathered and how will it be assessed
- the range of stakeholders who need to be engaged
- mechanisms for making recommendations.

Usually a Steering Committee/Group is established between the screening and scoping steps to oversee the conduct and progress of the HIA. The Steering Committee can be as large or as small as required - eg. it may only be 3 or 4 people. Also when the Steering Group is considering the range of stakeholders who

need to be engaged in the HIA they may make a decision to invite other stakeholders to join the Group. Sometimes however, the timeframe for the conduct of the HIA will determine the level and type of participation and engagement.

Focus On..



Scoping

The manuals on HIA present a wide variety of ways in which scoping can be undertaken - some are extremely detailed, involving scoping tools and others are less so (some HIA manuals combine the screening and scoping steps). A list of some of the HIA manuals is included at the end of this article. Whatever approach is selected for scoping the HIA it's

important for the Steering Group to:

- Agree on the definition of health to be applied.
- Agree on the type of HIA to be undertaken.
- Agree on what counts as "evidence".
- Develop the methods and processes for collecting the information on potential health impact.
- Agree on the criteria and/or a process for the decision making step.
- Agree on the principles that underpin the HIA.

The main outcome of the scoping step is an outline of how the HIA will be conducted and how the results will be assessed. A written protocol setting out the conduct of the HIA should usually be developed. As

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by Sarah Simpson
CHETRE

The stages of HIA
are:

1. Screening
2. Scoping
3. Assessment of potential impacts
4. Negotiation and decision making
5. Evaluation and monitoring

"The main outcome of the scoping step is an outline of how the HIA will be conducted and how the results will be assessed."

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part of the scoping step a matrix that reflects the agreed definition of health, criteria for assessing the health impact and then weighting it for significance may also have been developed.

In effect the scoping step sets the scene of the HIA, making the assumptions on which decisions will be based transparent. Being thorough in the scoping of the HIA is important because it could save time, work and resources further on in the HIA process. For example, it's important that

by the decision-making stage of the HIA to have an agreed process for negotiating "trade offs" and for areas where there is disagreement.

The **Scoping 102 article** provides an overview of what's involved in each of the three different levels of HIA – rapid, intermediate and comprehensive. This information can be used by a Steering Committee to decide on the type of HIA to be undertaken, which is an important part of the scoping step.

NSW HIA Project E-News

Welcome to the sixth edition of the Health Impact Assessment Project E-News. The purpose of the newsletter is to keep you informed about the NSW Health HIA Project, HIA resources and websites and new developments in the field.

The NSW HIA Project E-News is issued every two months. If you have any ideas about issues that you would like to see covered in future editions please e-mail your ideas to **Ben Harris-Roxas**.

NSW HIA Project E-News

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Disclaimer

CHETRE is supported in this project by NSW Health. Views expressed here are not necessarily the views of NSW Health.

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HIA in Practice: Finningley Airport Health Impact Assessment

In response to readers' suggestions we are launching a regular section on HIA in practice, focusing on real-world cases where HIA has been used.

The Proposal

A redevelopment of the former Royal Air Force base in Doncaster in the United Kingdom was proposed in 2000. The project sought to transform the disused base into a domestic airport that would carry over two million passengers and 62,000 tonnes of cargo a year by 2014.

There were several factors that had the potential to impede the proposal however. In the period since the RAF base had ceased operations local property values had increased by 250%. In response to concerns from a number of stakeholders the Doncaster Health Authority and Doncaster Metropolitan Borough Council commissioned a HIA in May 2000 which was then published in September¹.



*Air freight operations at
Gatwick Airport in the UK*

increase would primarily take the form of increased local road passenger and freight traffic.

The amelioration measures included building a ring road to limit the increase in local street traffic and the establishment of an airport health impact assessment group to monitor future and ongoing health impacts^{1,3}.

Take Home Message

The Finningley Airport HIA illustrates some of the benefits that can be gained by initiating the process during the earliest stages of planning. It also shows that tangible benefits can be achieved, such as the inclusion of the ring road and the establishment of a group for the ongoing monitoring of health impacts and the improvement of the evidence base in this area.

Methods Used

The HIA used a mixed methods approach to assess the proposal's potential impacts. This included:

- reviewing the proposals planning documents;
- profiling the affected communities;
- key stakeholder interviews; and
- a literature review of likely health impacts.

These investigations were then consolidated in order to prioritise the likely health impacts using the Trent HIA scoring scheme².

Recommendations

The HIA found that the potential increase in local employment would have a positive health impact. Projected negative impacts were likely to arise in the form of an increase in noise and air pollution. This

References

1. Abdel Aziz M, *Health Impact Assessment: Finningley Airport*. Doncaster: Doncaster Health Authority and Doncaster Metropolitan Borough Council, 2000.
http://www.doncasterhealth.co.uk/documents/finningley/finningley_report.html
2. NHS Trent Regional Office. *A Simple Guide to Health Impact Assessment*. Sheffield: National Health Service, 2001.
<http://www.nhsetrent.gov.uk/ph/hia/documents/capital.doc>
3. Abdel Aziz M. *Evaluation of the Finningley Airport Health Impact Assessment*. Fifth UK and Ireland Health Impact Assessment Conference; 2003 February 5-6; Birmingham.

A HIA was carried out on a proposal for a new airport at Finningley

"[The Finningley Airport proposal] illustrates some of the benefits that can be gained by initiating the process during the earliest stages of planning."

by Ben Harris-Roxas
CHETRE

The purpose of the screening step is to identify whether a HIA is required.

In response to readers' suggestions we have launched a new section on *HIA in Practice*

NSAHS Screening and Scoping Workshop

CHETRE recently conducted a workshop with staff from Northern Sydney Area Health Promotion and local government. The session focused on screening and scoping potential HIAs based on projects that were being developed.

Participants found that a HIA may not always be the most appropriate way to add value at a given stage in the planning process. If a project is in the earliest stages of inception a needs assessment may be appropriate, if it is subsequent to the project's rollout an evaluation may be more useful. HIA is most useful when there is a tangible proposal to examine.

Participants reported that HIA also had the potential to improve partnerships between stakeholders. However they also felt that unless HIA was shown to genuinely add value it would have limited uptake. Fears were also expressed about undertaking HIA. "I still don't feel confident enough to do a HIA," reported one participant. CHETRE is hoping that by working with the NSW development HIA sites in coming months it will be able to develop workers' confidence through a focus on "learning by doing". We will report on the progress of the developmental sites in future editions.

Screening HIAs: Doing Yourself Out of a Job

We initially saw conducting a HIA associated with Councils social planning process as a way of putting health inequity on Council's agenda, with Families First proposed as the potential project to assess. However at the CHETRE workshop on HIA we realised that we couldn't really proceed as Families First had not yet developed a concrete project to assess. We realised we needed to support Council further in project planning and development before we could assess potential health impacts.

As an example of another occasion where it was inappropriate to conduct a HIA was the Healthy People in Healthy Places project. The worker conducted a study to identify priorities to address health inequity issues for disadvantaged groups in the Hornsby LGA and compiled a report. A HIA was inappropriate as the needs of those groups needed to be established before further planning could be undertaken and specific proposals developed.

by Barbara Humphrey
and Peter Whitecross

Results of the Reader Survey

A small number of positive responses to our readers' survey in the last issue were received. The E-News was regarded by our readers as being useful or very useful. Interestingly most respondents had the E-News forwarded to them, suggesting that there may be more of you out there than we realise!

The respondents liked the substance of the E-News, in particular the *New Resources* section. In response to your requests we have launched our

new section *HIA in Practice* that aims to review real-world examples of HIA.

Respondents requested that we update them on the project rollout and the progress of the developmental HIA sites. We're aiming to bring you more information on this in our next issue.

If you have any further comments or ideas please **send them to us**.

Scoping 102: The Forms of HIA

Sarah Simpson's **article on scoping** emphasises the importance of getting the scope of a HIA right. This process throws up a major question for those undertaking a HIA: now that we've screened the proposal what sort of assessment do we undertake? The table below shows how difficult it can be to disentangle the issues of desired information and the methods you have at your disposal to get it.

One of the most overwhelming aspects of taking on a HIA is the proliferation of terms used to describe types of health impact assessments – statements, checklists, rapid appraisals, audits, analyses and reviews. These are usu-

ally grouped into categories according to the timeframe and resources available for the assessment¹⁻⁴. What follows is an account of the three different kinds of HIA identified in the Phase 1 HIA report where the level of HIA may be related to the level of investment and potential health impacts.

Rapid Appraisal

Rapid appraisal involves the structured assessment of the health impact of a policy, program or project by an individual or small number of stakeholders. It may involve sharing existing knowledge or checklist approaches to reviewing potential health impacts. Rapid appraisals are typically carried out with minimal

As part of the scoping phase we need to ask:

- When?
- Limited to?
- How?
- Degree of detail?
- Who?
- HIA on its own?
- For whom?
- Involvement of stakeholders?
- Where is the data?
- Definitions?

Key Questions in Scoping a HIA

When?	Prospective? Retrospective? Concurrent?
Limited to?	Boundaries: spatial, jurisdictional and temporal?
How?	Checklist? Rapid Appraisal? Focused analysis? Extensive Assessment? Post-hoc evaluation?
Degree of Detail?	Specific? Exhaustive? cursory?
Who?	In-house? 'Experts'? Independent party?
HIA on its own?	Or combined with other assessments, such as environmental impact assessment? Impact on whom? Focus on health inequalities and equity? Population as a whole? How to weigh different impacts in different areas (e.g. rural/urban)?
For whom?	Target audience: decision-makers, general public or others?
Involvement of stakeholders?	Should the process be more consultative? Will it increase ownership of the assessment's outcomes? Will the stakeholders be able to provide information to guide the HIA?
Where is the data?	Existing evidence? Official/routinely collected data? Specifically collected data?
Definitions	How is health defined? How is equity defined?

Adapted from: Hübel M & Hedin A (2003) *Developing Health Impact Assessment in the European Union*, Bulletin of the World Health Organization, 81(6), p 463-464. <http://www.who.int/bulletin/volumes/81/6/en/hubel.pdf>

The three types of HIA are rapid health impact appraisals, health impact statements and comprehensive health impact assessments

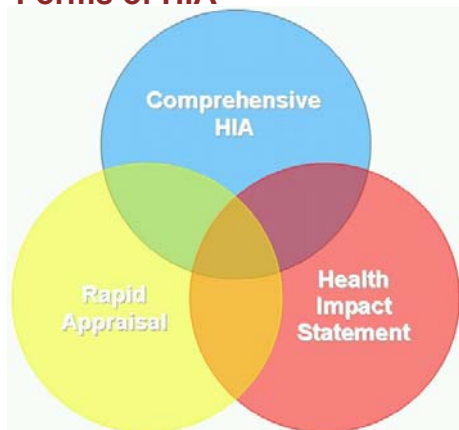
“Generally a comprehensive HIA is undertaken when there are thought to be:

- *potentially significant health impacts on a small number of people;*
- *a high level of investment that may be recurrent; or*
- *potential health impacts on a large number of people and where it was felt that more evidence needed to be collected before an assessment could be made.”*

Scoping 102: The Forms of HIA cont.

resourcing within a shorter timeframe. The benefits of rapid appraisal are that it allows the consideration of a broad range of interrelated health issues within a shortened period and resource constraints. This is linked to its most cited weakness, namely that it is at risk of being superficial and insufficiently flexible. As such it may fail to add substantial value to the planning process.

Forms of HIA



Many guidelines for rapid health impact appraisal have been developed, both in Australia and overseas:

Queensland Health: HIA Guide for Service Providers

<http://www.health.qld.gov.au/phs/Documents/sphun/20364.pdf>

Bro Taff Health Authority Health Inequality Impact Assessment: Rapid Appraisal Tool

<http://www.whiasu.cardiff.ac.uk/BroTaff/egaRAGuidelines.pdf>

Health Impact Assessment: A Screening Tool for the Greater London Authority

http://www.london.gov.uk/mayor/health_commission/reports/hia_draft_hia_screen.pdf

Health Impact Statement

An impact statement involves a closer scrutiny of the proposed policy, program or project. It typically includes greater stakeholder engagement but typically

doesn't involve extensive data collection. It involves more time and resources than rapid assessment and is often done by a group or panel rather than an individual. Methodologies employed may often include literature and policy reviews, interviews or stakeholder surveys. This approach's strengths lie in its more comprehensive nature. It is often criticised, as many "middle" approaches are, for not being detailed enough on the one hand and for being too labour intensive on the other.

Guidelines for impact statements are more varied and less directive than those developed for rapid appraisals, reflecting a more diverse approach:

NSW Health Aboriginal Health Impact Statement

http://www.health.nsw.gov.au/pubs/a/pdf/ab_impact_state_book.pdf

Swedish Government Guide to Health Impact Analysis

<http://www.lf.se/hkb/engelskversion/analysis.htm>

Comprehensive Health Impact Assessment

A comprehensive health impact assessment is done primarily to ensure that not only are health impacts considered but that the beneficial impacts are maximised and that they are distributed equitably. Generally a comprehensive HIA is undertaken when there are thought to be:

- potentially significant health impacts on a small number of people;
- a high level of investment that may be recurrent; or
- potential health impacts on a large number of people *and* where it was felt that more evidence needed to be collected before an assessment could be made.

Comprehensive HIAs are intensive and often require additional data from diverse sources. This level of assessment is rarely done in-house but usually by commissioning consultants or academics.

Scoping 102: The Forms of HIA cont.

This approach's strengths lie in its more comprehensive nature and scope for rich, detailed analysis. Its main weakness is that it requires a substantial investment of time and resources, not only on the part of those undertaking the HIA but also of the stakeholders involved.

enHealth Health Impact Assessment Guidelines

http://www.health.gov.au/pubhlth/publicat/document/env_impact.pdf

It's important to realise that though both articles on scoping in this issue present different aspects of scoping neither are exhaustive. The real world factors that affect scoping, such as the political context, often play a greater role in determining the scope of a HIA than formal processes of deliberation.

References

1. European Centre for Health Policy. *Gothenburg Consensus Paper: health impact assessment main concepts and*

suggested approach. Brussels: WHO Regional Office for Europe, 1999.

<http://www.who.dk/document/PAE/Gothenburgpaper.pdf>

2. Environmental Health Assessment Services. *Canadian Handbook on Health Impact Assessment*. Ottawa: Health Canada, 1999.

http://www.hc-sc.gc.ca/hecs-sesc/ehas/publications/canadian_handbook/volume1/toc.htm

3. Health Development Agency. *Stage Two: deciding how to undertake an HIA in a given context (scoping)*: UK National Health Service, updated November 14, accessed November 17 2003.

http://www.hiagateway.org.uk/what_is_hia/core_elements_stage_two.htm

4. McIntyre L, Petticrew M. *Methods of Health Impact Assessment: a literature review*. Glasgow: MRC Social & Public Health Sciences Unit, 1999.

http://www.phel.gov.uk/hiadocs/2_Petticrewmethods%20of%20hia20review.pdf

New Resources



Report

Report on the Qualitative Evaluation of Four Health Impact Assessments, London: London Health Commission.

<http://www.londonhealth.gov.uk/pdf/hiaeval.pdf>

Special Issue

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<http://www.who.int/bulletin/volumes/81/6/en/>

HIA of agriculture and food policies; health in transport policy agendas; drinking water privatisation; evaluation as a key part of HIA.

Carlos Doya and Francesca Racioppi's article on including health in transport policy agendas in the special issue of the Bulletin of the World Health Organisation