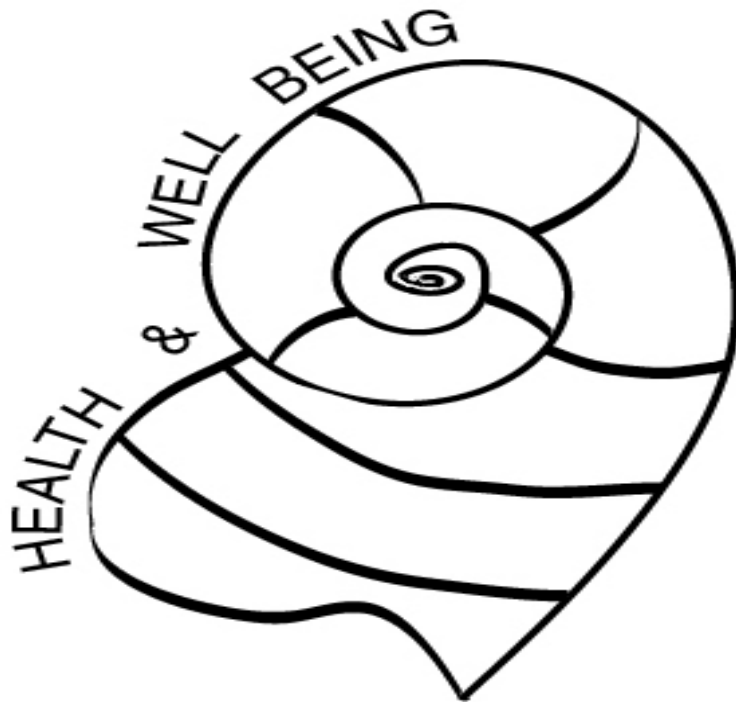


RAPID HEALTH IMPACT ASSESSMENT

A GUIDE TO RESEARCH



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Foreward

The purpose of this guide is to provide groups, NDC staff, and others, with the basic knowledge and skills to undertake Health Impact Assessment. In particular, it is intended for those undertaking a *Rapid* Health Impact Assessment.

HIA is a form of research that will seek to explore all the potential future impacts of a project, and to modify and enhance project delivery. A *rapid* assessment is used to investigate impacts in a short time period. It usually involves a participatory stakeholder workshop, and is often used by groups as an entry point for HIA.

This guide will explain the purpose and the benefits of HIA, and provide step-by-step suggestions on how to undertake each stage of the research. It will also introduce a wider *social* understanding of the term health, which views a person's and a community's health as being influenced by a range of economic, environmental and social factors.

Consideration of the many factors that can influence health and well being and the use of Health Impact Assessment can inform the development of projects, involve local people, and can contribute to sustainable development. New Deal for Communities will be using Health Impact Assessment to help ensure that projects are of benefit to local communities now, and in the future.

NDC's Research and Evaluation Team run HIA training sessions, and hold regular evaluation surgeries¹, where you are welcome to discuss HIA. We are also available for further one-to-one assistance when required.

Other documents that may be of use are:

- *Comprehensive Health Impact Assessment: A Guide to Research*
- *Health Impact Assessment: A Guide to Managing the Research*

¹ Surgeries take place every Tuesday morning between 10am and 12 noon. If you would like to come along to discuss research and evaluation, or Health Impact Assessment, could you please telephone the team beforehand, so that we can ensure there is sufficient time for discussion.

The Research and Evaluation Team can be contacted on 0115 9788553 at New Deal for Communities Units 1-3 Provident Works, Newdigate St, Radford, Nottingham, NG7 4FD.

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1. Introduction to Health Impact Assessment

This section will introduce Health Impact Assessment (HIA), the benefits it can bring, and its place within New Deal for Communities.

1.1 What is Health Impact Assessment?

The factors that can influence a community's health are wide-ranging. For example, where people live and work, the services they receive, and the relationships they form with friends and neighbours can all influence a person's health and sense of well-being.

The development of a project (any project) can influence health. When a project is delivered it will alter some of the things that in turn will influence health.

For example, a project that creates local employment opportunities will impact upon the health of local people.

Employment is generally considered to have a positive effect on health. It will usually increase income, and thus may impact upon material conditions such as diet or housing. It may also improve health psychologically, by increasing life choices & social networks, and by promoting feelings of control & self-worth. However, not all jobs are good for health. Consider; pay, job security, working hours & conditions, social networks & support, employer policies & organisational culture.

Further, consider (for example) the populations accessing employment opportunities, the impact of the industry or the services provided on local populations, and the impact upon other local employers.

Health impact assessment (HIA) will use research techniques to identify and evaluate the future health effects of a project, and to identify and implement positive changes in project delivery.

1.2 Why do Health Impact Assessment?

All projects have the ability to greatly impact upon people's health. We need to be sure that projects developed within and funded by NDC do not adversely affect the health of local people. Further, opportunities to enhance projects and benefit the community need to be identified and acted upon.

1.3 What can Health Impact Assessment do?

HIA can involve local people in the development of projects that affect their lives, and can feed their opinions and experiences into the project development and decision-making process. It can be used to make informed decisions, and can encourage openness & transparency in decision-making.

HIA considers the health and well-being of the local community, particularly the health of disadvantaged groups. It can bring health issues into a wider arena, and has a particular focus of tackling health inequalities

HIA draws upon the experience and knowledge of a variety of people, from a range of backgrounds and interests. It is work that must be carried out in partnership, and thus HIA can provide an opportunity to help develop effective local partnerships.

HIA will focus upon the overall effects of a project, and will aim to increase understanding of the processes that occur following project intervention. This knowledge can enhance projects and contribute to sustainable development.

1.4 Health Impact Assessment at NDC

NDC is committed to using HIA to help ensure that projects benefit the local community. Within NDC, a working group has been formed and a Research & Evaluation Officer appointed to develop and establish Health Impact Assessment.

The approach taken within NDC will be to encourage projects to consider factors that can influence health, and potential health impacts during the early phases of project development. Development Officers will be working with groups to help develop projects, and they will be encouraging groups to consider the health and well-being of local communities.

It is intended that by encouraging those involved in projects to consider health at an early stage, and by incorporating this thinking into project development, the need to undertake further research will be reduced. However, for those projects not developed with the support of Development Officers, or those likely to have a significant impact upon the health of local people further research work may be required.

Bear in mind that any project looking to NDC for funding may be asked to conduct HIA; and groups are asked to consider potential health impacts within their Project Application Form.

The Research & Evaluation Officer is available to provide groups with more information about HIA, and can assist groups with HIA research².

² Please contact Amanda Harris on (0115) 9788553 ext.210

2. Getting Ready for Research

This section will introduce some of the factors that can influence health, and discuss the use of HIA to identify and evaluate those influences.

2.1 Factors that influence health

The basic procedure in HIA is to identify and explore the possible health effects of a project. The intended effects should be clear from the project plan, and Health Impact Assessment will uncover the unintended effects.

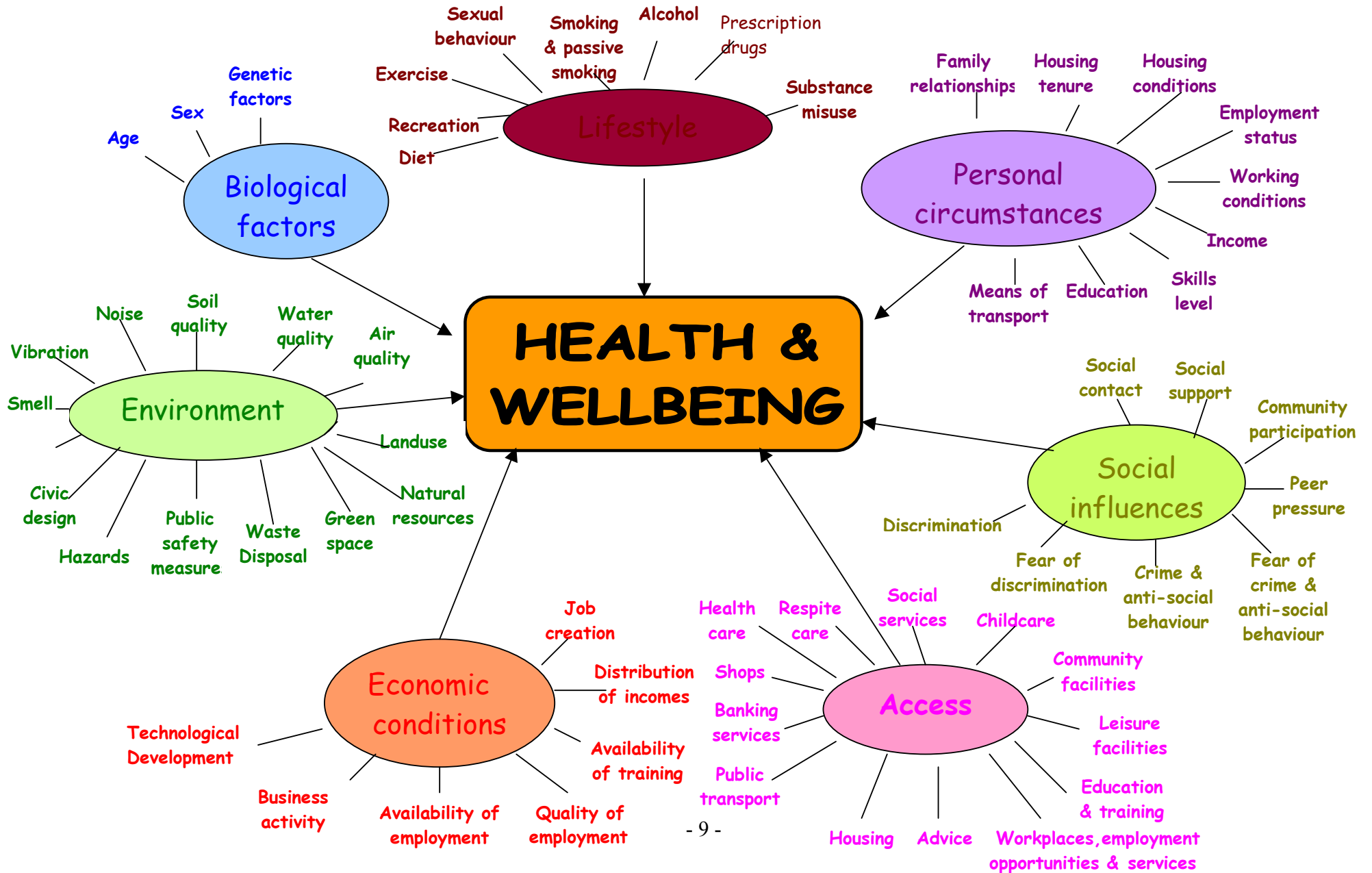
Factors that can influence health are wide ranging. Figure 1 identifies a variety of factors that can influence health. The development of a project will influence some of the factors that, in turn, will influence the health of local people. When conducting HIA, these influences and their impact need to be fully explored through research.

2.2 Using research to identify & evaluate health impacts

HIA research will be used to identify and evaluate the health impacts of a project. When potential health impacts have been identified, the various aspects of each impact will need to be explored. *(See section 6.6 Identifying impacts upon health).*

Bear in mind that characterising health impacts can be difficult; causal relationships between health and the factors that influence health are often not well understood. Further, it is difficult to isolate a single influencing factor since it can often be the interaction of several factors that will affect health. Do not be put off; it is the health effects of a project that need to be investigated, not the exact process that leads to the health impact. Knowledge of processes that impact upon health will increase as the project develops (through monitoring & evaluation), and as HIA work continues.

Factors that can Influence Health

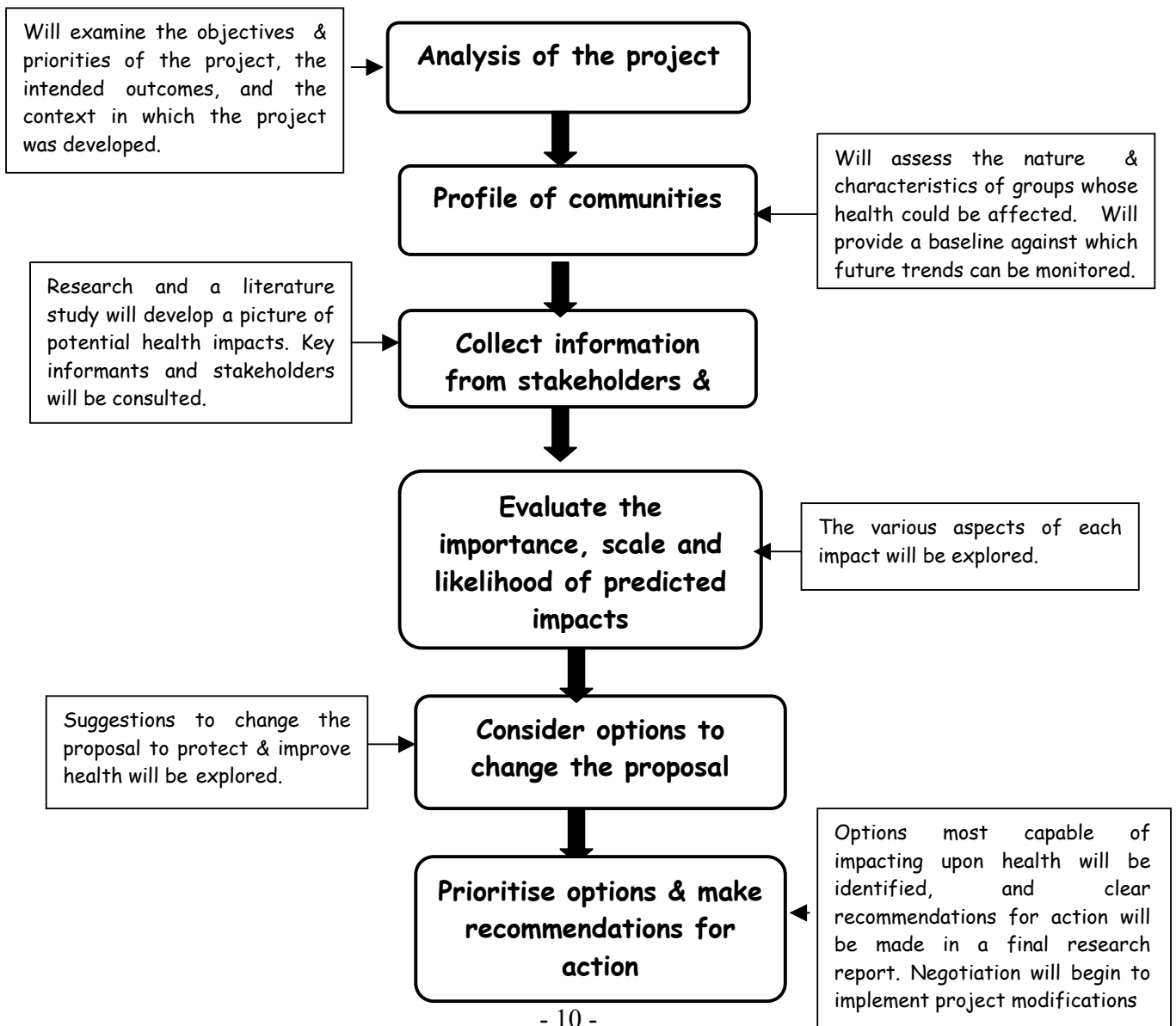


2.3 The basic form of HIA research

Reaching a collective understanding about the health impact of a project and developing recommendations for positive change is the purpose of HIA research. To reach this point of understanding, a number of research activities will need to take place. The proposed project will be analysed, local communities profiled, and potential health impacts explored through literature and research activities. Later a written report will be produced, making recommendations for changes in project delivery, and following implementation the delivery and impact of the project will be monitored and evaluated.

Figure 2 outlines each stage involved in conducting HIA research.

Figure 2: Stages in Conducting HIA Research



3. Rapid Health Impact Assessment

This section will introduce the research techniques suitable for undertaking a rapid HIA.

3.1 Rapid HIA

A rapid HIA is the investigation of health impacts undertaken in a short period of time. It usually involves a participatory stakeholder workshop followed by report writing. It is usually conducted when there is limited time and resources, or a limited opportunity to influence the decision-making process. Many organisations use rapid appraisal as an entry point for HIA.

3.2 A participatory workshop

A participatory workshop usually takes place over half a day, with the involvement of all of those affected by, or interested in a proposal. There will be some preparation and research activities required prior to the event, and a final report required afterwards. During the workshop, presentations will be made, and discussion will take place to identify all the intended and unintended health effects of the project.

The presentations, discussions and tasks undertaken during an HIA participatory workshop will be discussed in detail later on (*see Chapter 6*).

In the sections that follow, step-by-step instructions will be provided about how to prepare for, and undertake a rapid HIA involving a participatory workshop. (*see Sections 4, 5 & 6*). In the final couple of sections, what to do after the HIA has taken place will be discussed. (*see Sections 7 & 8 for how to report results, and monitor and evaluate the impact of the project*).

4. Identifying participants & providing them with information

In this section, possible HIA participants will be identified, and the information required by them will be outlined in detail.

4.1 Identifying HIA participants

One of the distinguishing characteristics of HIA is that it is participatory. Many people must be involved in the HIA process and the workshop, and participants must be identified fully. The participants of HIA are likely to be: -³

Stakeholders	those who are involved in or affected by a proposal
Key informants	people whose standing in the community result in them having knowledge of relevance to the proposal.
Specialists	those who have specialist knowledge in relation to the HIA.
Researchers	those responsible for leading the health impact research; accountable to the steering group.
Steering Group	those responsible for overseeing the HIA; may or may not be decision makers
Decision makers	those responsible for taking decisions on recommendations from the HIA.

Those who are involved in or affected by a proposal are likely to be:

Adapted from Ison, E. (2002) Rapid Appraisal Tool/ 10th Iteration- Draft NHS Executive London

List of possible stakeholder groups

Members of the community affected by the proposal • Community groups & organisations • Community representatives • Representatives from neighbouring communities • Project Sponsor • NDC Board Directors • Representatives from public sector agencies • Representatives from the voluntary sector • Local business sector representatives • Political

³ Ison, E. (2000) *Resource for Health Impact. Vol. 1.* NHS Executive London
At: www.ohn.gov.uk/ohn/making/HIA_Publications/VOL_1_Resource_for_HIA_1.doc

4.2 Overview of the information required for rapid HIA

The first correspondence with potential HIA participants will, of course, be the invitation to attend the workshop, alongside some basic information about HIA and the purpose it can serve.

Once responses have been returned, and you know who will be attending the workshop, then further information will need to be sent to participants. Information required will probably include an agenda, the project proposal, and summaries of the available evidence and experience base relating to potential health impacts and project modifications.

Each piece of information required will be discussed in turn below.

4.3 Preparing the invitation

The invitation to potential workshop participants should include the following information:

- Notice of intention to conduct an HIA on the project proposal
- Date, time and venue for the workshop
- Brief introduction to HIA & overview of HIA process within NDC
- Reply slip and date by which a response is required
- Named contact available to respond to queries about the workshop

4.4 Brief introduction to HIA

Providing participants with some basic information about HIA, may make them feel more confident about attending the workshop, and can save precious time on the day. The introduction should be kept as simple as possible. Figure 3 overleaf suggests some information that could be presented.

Figure 3: Suggested information to be presented as an introduction to HIA.

- **What is HIA?** HIA uses research techniques to explore health impacts and to identify opportunities to modify projects, in order to enhance and protect the health of the local community.
- **Developed as a way of assessing non-health policies and proposals**
- **Distinguishing characteristics of HIA**
 - Partnerships - *HIA draws upon the experience and knowledge of a variety of people, from a range of backgrounds & sectors working together.*
 - Participatory - *Requires the participation of all stakeholders.*
- **Underpinning values of HIA**
 - Sustainability - *HIA will focus upon the overall effects of a project; it will aim to enhance projects and contribute to sustainable development.*
 - Health Promotion - *HIA will work to attain maximum health gain.*
 - Equity - *HIA considers the health of disadvantaged groups and has a particular focus of tackling health inequalities.*
 - Democracy - *It can be used to encourage openness & transparency in decision-making.*
 - Equality - *It will involve all potential stakeholders.*
- **HIA Methods** - Participatory workshop
- **HIA Process** - Screening → Scoping → Appraisal → Decision-making → Evaluation
- **Outline of how HIA is used locally** - HIA framework within NDC & developments to date
- **Expected outcome following HIA** - Recommended changes to project implemented, growing knowledge about the influences upon health and of the interventions that work under different circumstances.

4.5 Information required by workshop participants

For those willing to attend a workshop, further information will need to be prepared and sent, prior to the workshop taking place. Steering group members must outline the information they require workshop participants to receive, and nominate a person to be responsible for this activity. Information sent to participants should be accompanied by a letter, which once again confirms the time, place and date of the workshop with contact details. The covering letter should also emphasise the need for participants

to read the enclosed information (particularly the proposal) before attending the workshop.

If participants are to generate useful information, it is necessary to provide information to help participants identify health impacts and opportunities to modify projects. Careful preparation is key to achieving good quality outputs from a participatory workshop. The following information needs to be prepared for workshop participants:

- An agenda
- Project proposal documentation
- Population profile (with particular attention paid to vulnerable groups)
- A summary of local environmental conditions relevant to the proposal
- A summary of the available evidence and experience base relating to the potential health impacts of the proposal, and to the effectiveness of potential project modifications (public health research /other HIAs)

4.6 Preparing an agenda

Providing workshop participants with an agenda beforehand will help them to appreciate the structure of the workshop, and their role within it.

The agenda should include the following information:

- Date, time and venue for the workshop
- List of each agenda item, distinguishing between presentations, tasks and feedback sessions. For tasks give a brief outline of what the task involves, and for presentations & feedback give the name of the presenter and facilitator.

4.7 Project proposal documentation

The most up-to-date version of the project proposal should be circulated to participants prior to the workshop taking place. This will be a summarised version of the Project Application Form, an Expression of Interest form, or a written description of the project following meetings between the project sponsor and NDC Development Officers.

4.8 Population profile

HIA aims to explore the impact of a proposal on a community's health. Therefore, it is necessary to provide information on the current status of the population (and in particular vulnerable groups) affected. This profile will form a baseline for monitoring and evaluation following project implementation.

Figure 4: Information to be included in a population profile

Taken from Ison, E. (2002) Rapid Appraisal Tool/ 10th Iteration- Draft NHS Executive London

Information that may be included in a population profile

- Number of individuals within the local community
- Age/sex profile of the local community
- Ethnic minority groupings within the local community
- Socio-economic groupings within the local community
- Index of deprivation
- Employment figures
- Uptake of benefits
- Lone parent households
- Carers
- Teenage pregnancies
- Free school meals
- Special needs register
- Number of schools in Special Measures (OfSTED)
- English as an additional language
- Literacy & numeracy skills levels
- Housing tenure, overcrowding & state of repair
- Crime statistics
- Nuisance complaints /cases of neighbourhood mediation
- Prevalance of mental health difficulties
- Drug misusers
- Indicators of health behaviour (smoking / exercise etc.)
- Figures on accidents/ admissions to hospital or A&E departments
- Mortality & morbidity figures for key diseases (eg coronary heart disease)

HIA has a particular focus upon tackling health inequalities, and therefore particular attention must be paid to identifying vulnerable, disadvantaged or marginalized groups that may be affected by the project. Those involved in the HIA must ensure that the needs and concerns of these groups are given particular attention, and that they have an opportunity to participate in the HIA process.

Examples of vulnerable, disadvantaged or marginalized groups.

Older people • Lone parents • Families • Children • Young people • Pregnant women • Unemployed people • Homeless people • People from black & ethnic minority groups • People who have a physical disability • People who have a learning disability • People with long-term illnesses, including mental health difficulties •

Ensure that participants are not swamped with data, and present data in an easily accessible format. For rapid HIA it is necessary to use routine data that is easily available. Remember, the Research and Evaluation Team can help you to locate and present this kind of information. Please speak to Amanda Harris, Research & Evaluation Officer.

4.9 A summary of local environmental conditions

For some proposals, particularly projects that involve construction or redevelopment, local environmental conditions may be relevant to the impact a project may have. Dependent upon the proposal the following types of information may be required:

- Transport flows, areas of traffic congestion & accidents
- Current levels of pollution (water, soil, air)
- Areas of high noise levels
- Geographical locations where vulnerable groups are concentrated (schools, nursing homes, hostels)

Please speak to Amanda Harris, Research & Evaluation Officer for information.

4.10 A summary of the available evidence base

To enable workshop participants to make informed decisions, they should be provided with a summary of the potential health impacts of a proposal, and of the effectiveness of potential recommendations. Where possible, evidence should also be provided about any *differential effects* experienced by vulnerable & disadvantaged groups, and gaps in the evidence identified.

Once again, ensure that you do not swamp participants with information - be selective! Presenting the information in the form of a diagram or grid may make it more accessible. A contact with knowledge of public health may be a

useful person to assist with the compiling of this information. Please speak to Amanda Harris, Research & Evaluation Officer for more information.

4.11 A summary of the available experience base

To further assist participants in their appraisal of a proposal, the experience gained from other HIAs on similar proposals, or on the same local community can be presented. When examining similar proposals, it is important to bear in mind the local picture, and identify differences that might affect the effectiveness of the project and of future recommendations. Other local HIAs can give a flavour of how the local community could be affected by a proposal. Amanda Harris, Research & Evaluation Officer will be able to provide information about other HIA activity.

5. Preparation for the Workshop

This section will outline further activities (other than information preparation) that will need to take place prior to the workshop.

5.1 Workshop Administration

If the workshop is to run smoothly, the following activities will need to take place, with responsibility assigned for each.

Workshop Admin Activities

- Book venue and refreshments and make childcare and travel arrangements
- Develop an invitation list and send out invites with background information (*see Section 4*)
- Prepare information packs for participants and send them out prior to the workshop (*see Section 4*)
- Recruit workshop facilitators

Adapted from Ison, E. (2002) Rapid Appraisal Tool/ 10th Iteration- Draft NHS Executive London

5.2 Recruiting workshop facilitators

To be successful, the workshop needs to be led and facilitated well. It is recommended that a number of individuals contribute to workshop facilitation. The following roles are advised:

- Main workshop facilitator
- A team of small group facilitators (numbers dependant upon attendance at the workshop - *see Section 5.3*)
- Main workshop scribe
- Main workshop observer

Contact individuals who have been suggested for these roles and make sure they are willing and able to take part.

5.3 Allocating participants & aspects of the proposal to small workgroups

Small group work is recommended to make the best use of the limited time available. Participants will be allocated to a small workgroup to complete core tasks (*see Table 2: HIA workshop structure, page 17*). Each small work group

will be allocated a particular aspect of the proposal to appraise. It is recommended that small groups comprise of about five people. Calculate the number of groups and facilitators required when attendees are known.

Small group facilitators require information to enable them to manage discussions effectively. Similar information should be sent to facilitators as to participants. In addition, small group facilitators should be given information about the specific aspects of the proposal that the facilitator's small group will be appraising. They should be provided with a schedule of questions for core workshop tasks (see page 21 and 22), the names and basic information about the participants of their group, and a list of factors that can influence health, tailored for each small workshop group (see Figure 3).

Once the number of small groups required has been established, allocate participants & facilitators to small groups according to their knowledge, experience and areas of interest. Obviously, if there are a large number of groups, there will be greater opportunity to cover the proposal. It is recommended that no more than two or three aspects of the proposal be allocated to each group, although some duplication of attention may ensure a thorough appraisal is conducted, and new impacts and opportunities are identified.

An example of the various aspects of a proposal is shown in Table 1. The example is based upon a proposal to develop a Food & Health Strategy.

Table1: Example of the various aspects of a proposal that can be appraised

Workshop group	Action Plan Areas	Target Groups
A	Healthcare-Primary Care Healthcare-Secondary Care Older People	Clients attending primary care Clients in hospital/nursing homes Older people in community/residential homes
B	Schools Young people Mass Media Supermarkets	School age children Young people General public People purchasing food
C	Reducing inequality/community settings Minority ethnic groups	Low income families & individuals Ethnic minorities/refugees
D	Women of childbearing age Infants & pre-school children	Women of childbearing age, particularly pregnant women & new mothers Infants and pre-school children in community and local nurseries
E	Workplace Catering	Workforce Consumers visiting food preparation outlets Consumers eating at institutions (public/private)

From Ison, E. (2002) Rapid Appraisal Tool/ 10th Iteration- Draft NHS Executive London

6. The Workshop

This section will outline in detail all of presentations, discussions and activities that will take place during the HIA participatory workshop.

6.1 Structuring the Workshop

When conducting HIA, influences upon health and their impact need to be fully explored through research. Reaching a collective understanding about the health impact of a project and developing recommendations for positive change is the purpose of HIA. To reach this point of understanding, a number of research activities will need to take place.

The workshop should be developed and delivered to enable health impacts and potential project modifications to be identified and explored. The way that the workshop is structured will influence the quality of outputs generated. At the workshop, there should be balance between the time allocated to tasks and discussion. Ensure that participants do not feel bombarded with information. Allocate more time to tasks if people are unfamiliar with HIA.

Table 2 presents some suggested tasks and presentations, listed in running order. Alongside each, the recommended time allocated for each activity is also presented. More information about these activities will be provided in the following sections.

Table 2 : HIA workshop structure

Item	HIA Structure : Presentations & tasks	Time (mins)
A	Registration & Task: Graffiti Wall "What does health mean to you?"	30
B	Presentation: Introduction to workshop	5
C	Presentation: The proposal	10
D	Task: Identifying barriers	20
E	Presentation: Population profile/local environmental conditions	10
F	Presentation: Introduction to core tasks	5
G	Task: Identifying impacts <i>(in smaller working groups)</i>	30
H	Task: Identifying changes to the proposal <i>(in smaller working groups)</i>	30
I	Task: Feedback & discussion about impacts & changes	45
J	Task: Prioritisation of changes to the proposal	15
K	Presentation: What next? Reporting the results & decision-making	5
Total time		3 ½ hours

Adapted from Ison, E. (2002) Rapid Appraisal Tool/ 10th Iteration- Draft NHS Executive London

6.2 Information presented at the workshop

The following highlights information that should be presented to workshop participants. Suggestions of the individuals who could present this information are shown in brackets. (Lettered items relate to Table 2).

- Introduction to workshop & aims of the HIA (*Steering Group member*) **Item B**
- The proposal (*Project Sponsor*) **Item C**
- A profile of the local population (*Information personnel from health, local government, NDC, or a community representative*) **Item E**
- Introduction about the structure of the day and the tasks that participants will be asked to do (*main workshop facilitator*) **Item F**
- Information about the reporting of results and the decision-making process (*steering group member or the Research & Evaluation Officer at NDC*) **Item K**

Adapted from Ison, E. (2002) Rapid Appraisal Tool/ 10th Iteration- Draft NHS Executive London

6.3 Tasks undertaken at the workshop

The following tasks will be undertaken by workshop participants:

- Graffiti Wall "What does health mean to you?" (*main workshop facilitator*) **Item A**
- Identifying barriers (*main workshop facilitator*) **Item D**
- Identifying impacts (*small group facilitator*) **Item G - *Core task**
- Identifying changes to the proposal (*small group facilitator*) **Item H- *Core task**
- Feedback & discussion of items G & H (*main workshop facilitator*) **Item I**
- Prioritisation of changes to the proposal (*main workshop facilitator*) **Item J**

Adapted from Ison, E. (2002) Rapid Appraisal Tool/ 10th Iteration- Draft NHS Executive London

Each task will be discussed in turn below.

6.4 Graffiti Wall

The Graffiti wall is a warm-up exercise intended to help participants to interact and relax, and to begin to focus upon the workshop tasks ahead. During registration each participant is asked to describe what health means to them on one or more post-it notes, and then stick these onto flip chart paper attached to the workshop room wall. The main workshop facilitator will

then begin to arrange these into groups of similar definitions, and maybe give some kind of commentary, or pull out illustrative or appealing definitions.

This task will introduce the many different meanings that health has for participants, it will enable participants to appreciate different perspectives and reflect upon their own. Some examples of definitions are provided in the box below:

- Being happy and doing what I want when I want
- Not being ill, getting fit and taking control
- Having a quality of life that enables me to enjoy my family, my work and my leisure and hobby/activity
- Not feeling as though I'm drowning
- Healthy is a mental, physical, emotional and spiritual sense of well-being! An optimism, a zest for life
- Condition/efficient working of your body
- Being well, feeling well
- The ability to lead a full and active life
- Happier life, less off days, can achieve more, better self esteem
- Being able to be and do all I can
- Being able to live life to the full and enjoy it at the same time. To make sure that this applies to my family and friends

Extracts taken from HIA on a Food & Health Strategy from Ison, E. (2002) Rapid Appraisal Tool/ 10th Iteration- Draft NHS Executive London

6.5 Identifying barriers

Difficulties surrounding the implementation of the proposal may prevent the positive health impacts occurring. The implementation of a project does not necessarily guarantee positive impacts, even when it has been designed to deliver those outcomes. Workshop participants will be asked to take potential difficulties into account when considering modifications to the project later.

During this task, participants will be asked to consider the proposal in pairs or in small groups, and identify potential difficulties surrounding its implementation. Each pair or group will nominate a scribe and a person responsible for feeding back to the main group. Each group will consider the following:

- The barriers or threats to the implementation of the proposal
- Potential conflicts surrounding the implementation of the proposal

There will be five minutes of discussion on each, followed by quick-fire feedback (not discussion) for ten minutes. The facilitator should ask for information that does not repeat earlier feedback. The main workshop facilitator will then summarise the important barriers, threats and conflicts, and ask participants to bear them in mind when considering changes to the proposal later. Responses should remain visible throughout the workshop.

Barriers - tend to be tangible obstacles, for example: short-term funding, lack of 'take-up' of services, recruitment difficulties, unanticipated costs etc.

Conflicts - tend to difficulties that arise from differences of opinion, behaviour, aims or goals, for example: between different groups accessing services, or between partners providing services.

6.6 Identifying impacts upon health

This is one of two core tasks for the workshop. The responses to this task will enable the effect a proposal may have on health to be understood, and will form the basis for suggesting changes to the proposal to protect and improve health.

This task will be undertaken in small workgroups (see Section 5.3). Each small workgroup will be allocated its own facilitator, and specific aspects of the proposal to focus upon and appraise. The facilitator will lead the workgroup in identifying both positive and negative impacts on health arising from the implementation of specific aspects of the proposal. Some participants may experience difficulties with this task, and the workgroup must be facilitated well; careful explanation and leadership is required. It may prove useful for the main workshop facilitator to move around groups and assist with discussion. Facilitators must encourage participants to explore the following:

What will the implementation of this particular aspect of the proposal mean?

Will outcomes have a *direct* effect on health? Will outcomes have an *indirect* effect on health (through the factors that can influence health)? What are the factors that result in the health impact?

What is the nature of the impact? (Positive/negative? Severe? Frequent? Likely to happen?)

Who will be affected by the impact? Will the impact upon health be different for different population groups? (Pay attention to vulnerable and disadvantaged groups).

Facilitators can use a list of those factors that can influence health as prompts to aid discussion. It may prove useful to tailor this list to the needs of each small workgroup. For each aspect of the proposal allocated to a group, highlight those factors through which there is likely to be an impact upon health.

Table 3, takes the example of the proposal to develop a Food and Health Strategy (developing further the information presented in Table 1), and demonstrates a tailored list of the factors that can influence health. All health influencing factors are listed in the table, and those factors that relate to workshop group C: 'Reducing inequality/community settings & minority ethnic groups' are highlighted in red.

Be wary of presenting a complete or tailored list of those factors that can influence health to workshop participants. At first sight it can seem overwhelming, but use your judgement.

Table 3: An Example of a Tailored list of Factors that can influence health

Biological	Lifestyle factors	Personal circumstances	Social & community influences	Environmental conditions	Economic conditions	Access to facilities & services
<ul style="list-style-type: none"> -Age -Sex -Genetic factors 	<ul style="list-style-type: none"> -Diet -Smoking -Passive smoking -Alcohol -Prescription drugs -Substance misuse -Exercise -Recreation -Sexual behaviour -Other health behaviours 	<ul style="list-style-type: none"> -Family relationships -Employment status -Working conditions -Income -Skills level -Level of education -Means of transport (cycle/car ownership) -Housing tenure -Housing conditions 	<ul style="list-style-type: none"> -Social contact -Social support -Neighbourliness -Participation & membership of local groups -Peer pressures -Discrimination -Fear of discrimination -Level of crime & anti-social behaviour -Fear of crime & anti-social behaviour 	<ul style="list-style-type: none"> -Air quality -Water quality -Soil quality -Noise levels -Vibration levels -Smell levels -View -Civic design -Land use -Green spaces -Waste disposal -Use of natural resources -Hazards -Public safety measures -Public transport infrastructure 	<ul style="list-style-type: none"> -Business activity -Job creation -Availability of employment -Quality of employment -Distribution of income -Availability of training -Technological development 	<ul style="list-style-type: none"> -Workplaces -Employment opportunities -Employment services -Housing -Shops -Banking services -Community facilities -Advice & Info. -Public transport -Education -Training -Health care -Social services -Child care -Respite care -Leisure facilities

Adapted from Ison, E. (2002) Rapid Appraisal Tool/ 10th Iteration- Draft NHS Executive London

6.7 Identifying changes to the proposal

This is the second core workshop task, again to be completed in small workgroups. This task will provide suggestions about the ways to change the proposal to protect and improve health.

To begin, it is necessary for the facilitator to recap the results of the first core task, and review the factors affecting health which resulted in an impact upon health. This information will form the foundation from which participants need to work, and will help to ensure that suggestions for change are capable of bringing about an improvement in health. During this review, those factors that seem particularly influential in causing health impacts should be noted.

Further, those barriers and conflicts to successful implementation identified earlier in the workshop, should be reviewed. Since, they may exacerbate some of the negative health impacts, and compromise some of the positive ones.

Having identified those factors that can influence health and the corresponding health impact, the facilitator must encourage participants to explore the following:

Are there modifications that can be made to change the way these factors influence health?

- Is there an intervention that could prevent or reduce a negative impact?
- Is there an intervention that could introduce or increase a positive impact?

How can that intervention be incorporated into the proposal?

- Do changes need to be made to the particular part of the proposal that gives rise to the impact?
- Do changes need to be made to other parts of the proposal?
- Do new parts need to be introduced?

(For negative impacts that cannot be prevented or minimised)

- Does an existing part of the proposal need to be removed?

When devising modifications to the proposal, it is important to pay particular attention to those impacts that only affect vulnerable or disadvantaged groups, or impacts that are disproportionately experienced by these groups. It is also important to ensure that suggestions for change do not have a negative impact upon the health of those that are vulnerable or disadvantaged.

6.8 Feedback of health impacts & suggested changes

A feedback session will allow participants to share knowledge, and bring together the outputs from each of the small workgroups. Discussion will provide an opportunity to further develop some of the suggestions for change.

Each group will introduce the particular aspect of the proposal considered, and present the main health impacts identified and their suggestions for change. (If more than one group considers the same aspect, ask them only to feedback other items, and to just mention areas of agreement). If impacts have been identified without corresponding suggestions on how to remedy or enhance them, put this to the wider group for discussion.

The facilitator should try to allow each group to feedback before detailed discussion begins. It is important to allow equal time for each group to feedback. However, if useful discussion begins around suggestions for change, it is probably best to capture it at that time. Responses obtained during feedback will be recorded on flip-chart sheets, and each suggestion for change should be recorded on a separate sheet. After each group has given feedback, the main workshop facilitator will pull together emerging themes as a way to start discussion. Encourage discussion about health impacts and suggested changes.

6.9 Prioritising changes to the proposal

It is necessary to prioritise suggested changes to the proposal to give decision-makers a clear indication of the priorities of stakeholders and to inform the decision-making process. The quickest and simplest way to do this is to give all participants five coloured dots and ask them to place dots next to the suggestions they wish to prioritise.

The disadvantage with this method is that criteria that participants use to prioritise suggestions is not made explicit, although priorities will have been affected by the feedback and discussion session. Further, the capability of suggested changes to influence health may not be reflected in the priorities identified by workshop participants.

In order to test the capability of suggested changes to influence health:

- Draw a diagram of all the factors involved in influencing health
- Distinguish between those factors that can be defined as a cause, as a symptom, and as an outcome.
- Identify the most influential factors and the main routes between cause and effect.
- Highly influential factors can be identified as:
 - initial causes
 - or those that occur early on in the chain of cause and effect
 - or those factors that impact upon more than one aspect of the proposal
- Assess the capability of suggested changes to influence health

See Appendix 1 for such a diagram

This diagram, based upon the suggestions for change identified during the workshop, can be used to develop strong recommendations for the modification of the project, and provide decision-makers with the rationale behind it.

Once the workshop has been completed and recommendations have been identified, it is necessary to present findings in a written report to those responsible for decision-making.

7. Reporting the Results

This section will discuss how to report the results of the HIA as a written report. Each section to be included in the report will be discussed in turn.

7.1 The structure of the report

When reporting results to stakeholders, the following information should be included:

- A statement about what the research intended to achieve
- A summary of the proposal (or aspects of the proposal) that were appraised
- A summary of the boundaries for HIA:
 - -Communities affected
 - -Geographical area affected
 - -Vulnerable groups within the community that were considered
 - *(see Section 7 'Setting Boundaries' in HIA Guidance)*
- A description of the research method used
- Barriers and conflicts surrounding the implementation of the proposal
- The impacts upon health identified
- Recommendations made to change the proposal
- Recommendations prioritised by workshop participants
- A summary of the analysis made to test the capability of suggested changes to influence health
- A list of workshop participants as an appendix

Optional

- Diagram to test the capability of changes to influence health as an appendix
- Graffiti wall responses as an appendix

Many of the sections listed above have been discussed earlier. Those that have not been covered will now be discussed in turn.

▪ **The purpose of the research**

State the research problem in a few sentences. State aims and objectives and provide any background information that is necessary to place the study in context. The researcher should introduce themselves and their work, so that the reader can see the relevance of the research, and the impact it might have. Draw attention to the limitations of the study.

- **Description of research methods**

Explain how the problem was investigated and why particular methods and techniques were employed. Detailed accounts of procedures (where? when? how? why?) should be provided. Problems encountered during the course of the research should also be discussed.

The number of participants and their characteristics, and the method of selection and recruitment should be discussed, alongside any difficulties encountered and response rates. A list of participants and their affiliations (i.e. Are they a resident? Are they from the PCT? etc.) will be included as an appendix.

- **Identification of Barriers & Conflicts**

It is important to report these responses to ensure that decision-makers and those responsible for the proposal are aware of any potential difficulties surrounding the proposal's implementation. It will also provide important contextual information, since recommendations have been made with these difficulties in mind. Once again, transcribe responses and group them into themes. This section should be included in the main body of the report.

- **Impacts upon health**

Impacts upon health are the first of two key outputs from the workshop. This information will allow the reader to understand why certain recommendations have been made, and why changes to the proposal are needed.

For both the wider population and for disadvantaged groups present the both the positive and negative health impacts identified, alongside the specific area or part of proposal that the impact relates to, and the factors influencing health through which the impact acts.

Pull together and transcribe the results from each of the workgroups. This can be presented as text, or as a flow diagram. A diagram can communicate the inter-related nature of the proposal's impact upon health more readily than linear text, and will facilitate the capability of suggested changes to influence health to be tested. (*see Section 6.9*)

The best way to construct such a diagram is to develop a diagram for each part of the proposal considered by each individual work group, to identify common themes, and then to construct a 'master' diagram of the important factors in the proposal's overall impact upon health.

Remember where possible, to support and supplement the impacts identified at the workshop with evidence from other HIA's or public health research where possible.

- **Recommendations made to change the proposal**

Since the purpose of HIA is to inform decision-making and future project development it will be necessary to emphasise key research findings and make clear recommendations for the future. Ensure that recommendations are drawn directly from the research findings. Remember, clear organisation, argument and use of evidence is crucial, if HIA is to aid decision-making and project implementation.

It is important to include all recommendations made during the workshop because even if they were not prioritised they may be effective in minimising negative and maximising positive health impacts, and it is important to present decision-makers with all of the options open to them.

However, it is also important to present the prioritised recommendations, as they represent the combined priorities of the stakeholders that participated in the workshop.

For each recommendation, report the following:

- The nature of the recommendation
- The health impact the recommendation is trying to influence
- The factors influencing health the recommendation is trying to influence
- Whether the recommendation was prioritised
- If available, evidence to support the effectiveness of the recommendation from other HIA's
- A summary of the analysis made to test the capability of suggested changes to influence health

- **Graffiti wall Responses**

It is helpful to include these responses because they give the reader an indication of participants' understanding of health, and of the perspective from which the proposal was addressed.

Transcribe the responses and if possible group them together into themes, and insert this text as an appendix to the report. Include a very brief description of the exercise and its purpose.

7.2 Writing the report

Organising material and writing the first draft of a report is always the hardest. However, some of the sections of the report will be written in some form before and during the data collection process, (the purpose of the research, the methods used, etc.) all that may be required of these sections is some 're-working'. Report writing should not become a frantic activity carried out at the end. Every researcher must find their own way of working, but writing regularly, setting deadlines, breaking down the task of writing into manageable units may make writing easier.

Writing sections in small 'takes'; selecting one of the key research themes, and then writing about half a page. When you have written 'takes' for all of the themes, try to organise them, inserting introductions and transitional sentences for a very rough first draft. Keep developing your understanding of the information and your writing, making sure that it flows and holds together well. Remember to use clear language, avoid jargon and to keep the report short. Finally, read and re-read what you have written to ensure that it is clear.

Consider the best way to communicate findings; the report should be accessible to your audience. Diagrams are able to communicate complex information clearly. The computer package Excel can produce a variety of diagrams and tables, these can be used to illustrate and highlight research findings and break up the text. Remember, the Research and Evaluation Team are available to advise and comment on draft reports.

7.3 Writing the report for different audiences

Accountability and transparency of decision-making are underlying values of HIA, therefore it is important to communicate the results and the process of appraisal to all stakeholders, and not just to participants and decision-makers.

If the research report is to be read and acted upon it is vital that it be tailored to the needs of different audiences. Consider detail, length of document, and format, and remember to avoid the use of jargon.

Examples of how the report might be adapted for specific audiences

Steering group & Decision-makers	Full report with an <i>executive summary</i> , highlighting project recommendations
Research participants	A summary, highlighting project recommendations, with the opportunity to obtain the full report.
Project proponents	Full report with an <i>executive summary</i> , highlighting project recommendations
Public, private, voluntary & community organisations	A summary highlighting health impacts alongside project recommendations, with the opportunity to obtain the full report
Local community	A summary highlighting project recommendations, with brief background information and contact details.

8. After the Research

8.1 Decision-making and implementation

The fundamental reason for undertaking HIA is to effect change. Once research has taken place, and potential health impacts have been explored, and recommendations made, the future development of the project must be negotiated between the project proponents and the decision makers. Decision-making must be viewed as an integral part of HIA, and those responsible for decision-making must be involved in the HIA process.

At NDC project applications are appraised by a contract manager and are taken to an Approval Committee for discussion and decision-making. In some cases the Approval Committee may conditionally approve a project subject to HIA work being conducted, or to the suggested changes being implemented following HIA activity having taken place.

Before undertaking research activities a steering group will be established to oversee the HIA process. Groups should aim to include representatives from the local community, from the Approval Committees⁴, the project proponents', NDC staff, and professionals from relevant public sector and voluntary agencies on steering groups.

The involvement of those responsible for decision-making can enable the steering group to develop an understanding of the decision-making process, and can enable decision-makers to gain understanding of the HIA process and the benefits it can bring.

Following HIA research activities, recommendations can be implemented with the support of Development Officers, those involved in the project and with the HIA.

The recommendations that have been accepted by decision-makers should be recorded. This will provide a baseline against which the outcomes of the project can be evaluated. Further, the implementation of recommendations to change a project should be monitored. If recommendations have been accepted, but then not implemented, this will distort the results of the evaluation.

⁴ If decision-makers are not involved as members of the HIA Steering group, they should be invited to participate in stakeholder workshops, to give them some insight into the HIA process.

8.2 Monitoring and evaluation

HIA is used to assess the potential future impact of a project upon health, to inform project delivery and deliver health gains. HIA is in itself a research activity and a form of prospective evaluation. However, to ensure health gain, to contribute to understanding about the influences upon health, and to improve HIA as a tool, then it too must be monitored and evaluated.

Following HIA the modified project will be monitored and evaluated to determine the impact it has had. It is important to measure and assess the health impact on local people over time, so that those health impacts that were explored during the HIA process, and those that were *not* picked up can be identified, monitored and responded to.

Careful monitoring and evaluation of the project following implementation can ensure prolonged and sustainable health gain for local people. It can increase understanding about health and the factors that influence health, and can allow HIA to develop and be recognised.

There are two main types of monitoring and evaluation that can be conducted:

Process evaluation will assess the effectiveness of the HIA process, and the extent to which agreed modifications have been implemented. It will be used to identify what went well and where improvements can be made, and will inform future HIA work. It can also help to ensure implementation and provide accurate information on which to base outcome evaluation.

Outcome evaluation will track & analyse trends in selected health indicators & outcomes. This information can be used to test health impact predictions, enhance understanding about health, and inform the development of other projects. This study will also enable early detection of negative health impacts that were not identified or fully understood.

Like all monitoring & evaluation, activities must be considered before project implementation if they are to be capable of collecting the required information and responding to the questions that you seek to answer. It is important to know how the project will be monitored and evaluated *before* it is implemented.

Arrangements for monitoring & evaluation must be made during the early stages of the HIA process. The HIA Steering group should appoint someone responsible for undertaking monitoring & evaluation activities.

The NDC Research & Evaluation Team will also be able to provide further advice and guidance, and assist groups in developing an evaluation plan. Please note that all projects that are looking to NDC for over £50,000 lifetime funding are required to develop an Evaluation Plan. Those projects that are required to undertake HIA work will still only produce one evaluation plan, which will include health outcomes.

In order to evaluate the *actual*/health impact of a project (as opposed to the *predicted* health impact; which is HIA activity) it is necessary to decide the information that will be needed. Indicators need to be selected in order to measure and communicate the impact upon health.

Indicators can be discussed and selected both during the early stages of the HIA process, or during and following the participatory workshop. Those involved in overseeing the HIA process, the Project Sponsor and the participants of HIA research can all be involved in selecting health indicators.

When a health impact has been identified, so too will be the process that may bring the change in health about. The process will inform the identification of measurable indicators. Some examples of health indicators might be: changes in local incidences of accidents or ill-health, access and take-up of local services and facilities, levels of traffic congestion, participation in community events and groups, business start-ups, changing working patterns or employment levels. Remember both health outcomes (levels of mortality or morbidity etc.) and the factors that influence health (health determinants) can be monitored to assess health impacts.

These kind of indicators and the information that they capture, will probably be available from existing sources of data, such as published documents or previous surveys.

See Appendix 2 for a list of indicators that have been used by the Department of the Environment, Transport and the Regions, to measure and communicate the impact intervention has had on contributing towards developing sustainable communities.

Some indicators are harder to develop than others. For example, measuring changes in levels of community empowerment or self-confidence can seem daunting, but it can be done.

The Prove It! publication (New Economics Foundation, 2000) offers a range of possible indicators used to measure perceptions of self and others, and the quality of relationships within communities. These indicators often take the form of a statement, which community members are asked to respond to.

For example⁵,

Table 4: List of indicators used to collect 'softer' information

THEME	INDICATOR
PERSONAL AND COMMUNITY ATTITUDES TOWARDS:	
Local Activism	I would like to help in the local community
Place	I'm proud of my neighbourhood
Trust	Can most people be trusted?
'Community Spirit'	Percentage of people saying 'Neighbours around here look out for each other'

Some of these types of questions may be included in existing surveys, or have been explored during group discussions or interviews. At other times it may be necessary to undertake your own research to generate the kind of information required.

To find out more information about how to conduct primary research, and analysing existing data please refer to the document 'NDC Evaluation Resource Pack: A Manual for Assessing Impact'. This pack is available from the Research & Evaluation Team, at NDC.

Evaluation findings following the implementation of the modified project will enable the *actual* impact of the project to be assessed. Remember that evaluation is conducted in order to make a difference, and to feed findings and lessons learnt back into service delivery.

⁵ A detailed list of these kind of indicators can be found in the publication Prove It! The Prove It! publication is available free of charge from the New Economics Foundation and from Groundwork UK.

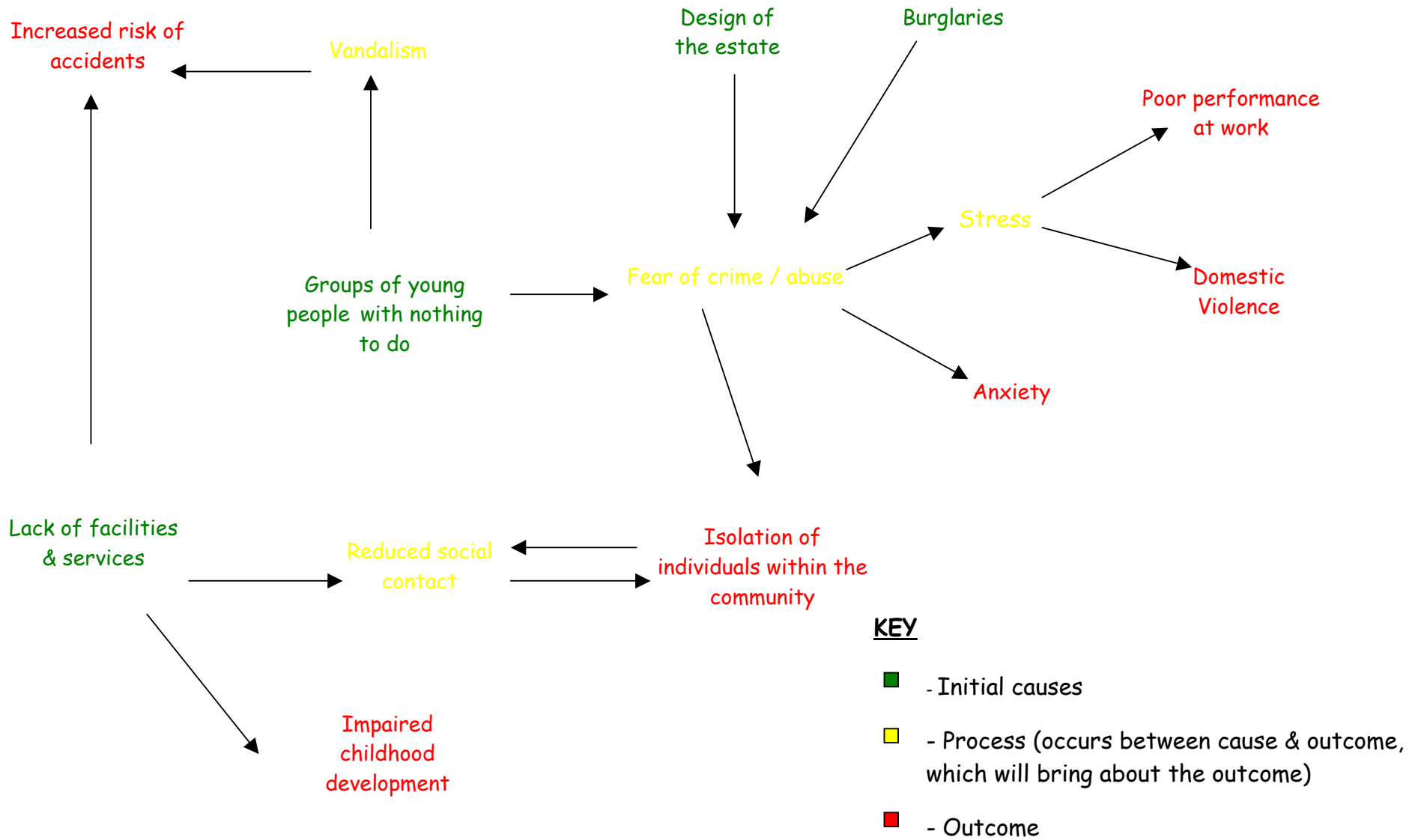
New Economics Foundation
6-8 Cole Street, London SE1 4YH
Tel: 020 7407 7447
www.neweconomics.org

Groundwork UK
85-87 Cornwall Street, Birmingham B3 3BY
Tel: 0121 236 8565
www.groundwork.org.uk

Following evaluation, those responsible for the project must ensure that findings are responded to. It may be useful to highlight positive messages, and to try and encourage difficulties and gaps to be thought of positively - 'they are just lessons that need to be learned'. Disseminate findings widely, (possibly using a range of methods - discussion sessions, presentations, news letters etc.). Draw up a Learning and Development Strategy for the organisation, where evaluation forms part of it. Remember that structures then need to be in place to ensure that it is delivered.

Appendix 1

Diagram to test the capability of suggested changes to impact upon health



Appendix 2

Indicators for building sustainable communities

Source⁶

- Index of Local Deprivation (DETR1999)
- New business start ups and failures
- Ethnic minority unemployment
- Proportion of people of working age who are in work
- Workless households
- Long term unemployment
- Low pay
- People in employment working long hours
- Working days lost through illness, work fatalities and injury rates
- Qualifications at age 19
- Adult literacy/numeracy
- People without qualifications
- Learning participation
- Businesses recognised as 'Investors in People'
- Ethical trading
- Expected years of healthy life
- Health inequalities
- Health indicators on heart disease, strokes, cancer, accidents & mental health
- Respiratory illness
- Hospital waiting lists
- Road traffic
- Traffic congestion
- How children get to school
- Access for the disabled
- Participation in sport and cultural activities
- Voluntary activity
- Homes judged unfit to live in
- Temporary accommodation
- Fuel poverty
- Household and population growth
- Vacant land and properties and derelict land
- Noise levels
- Access to local green space
- Level of crime

⁶ Adapted from Ison, E. (2000) *Resource for Health Impact. Vol. 1*. NHS Executive London. Original source -DETR (1999) *A better quality of life*. The Stationery Office, London