

## Rapid Health Impact Assessment Toolkit



Version 3.0

DESIGN FOR HEALTH is a collaboration between the University of Minnesota and Blue Cross and Blue Shield of Minnesota that serves to bridge the gap between the emerging research base on community design and healthy living with the every-day realities of local government planning.

**Design for Health**  
**[www.designforhealth.net](http://www.designforhealth.net)**

© 2007

University of Minnesota

Permission is granted for nonprofit education purposes for reproduction of all or part of written material or images, except that reprinted with permission from other sources. Acknowledgment is required and the Design for Health Project requests two copies of any material thus produced.

The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation.

Design for Health is collaboration between the University of Minnesota and Blue Cross and Blue Shield of Minnesota.

The following people were involved in the development of the Health Impact Assessment Series:

Series Editor: Dr. Ann Forsyth

Contributors: Dr. Ann Forsyth, Dr. Kevin Krizek, Dr. Carissa Schively, Laura Baum, Amanda Johnson, Aly Pennucci

Copy Editor: Bonnie Hayskar

Layout Designers: Anna Christiansen, Tom Hilde, Kristen Raab, Jorge Salcedo, Katie Thering, Luke Van Sistine

Website Managers: Whitney Parks, Aly Pennucci, Joanne Richardson

Suggested Citation: Design for Health. 2008. Rapid Health Impact Assessment Toolkit. Version 3.0.  
[www.designforhealth.net](http://www.designforhealth.net)

## Contents

<b>What Is a Rapid Assessment?</b>	<b>4</b>
Rapid Assessment in Brief	4
How Is the Design for Health Rapid Assessment Different from Traditional HIAs?	5
How to use this HIA Rapid Assessment Tool	5
<b>HIA Rapid Assessment Workshop Checklist</b>	<b>6</b>
<b>The Process</b>	<b>7</b>
Step 1: Screening and Scoping	7
Step 2: Getting People in Place for a Rapid HIA	7
Step 3: Identifying the tasks for preparing to do the HIA	9
<b>Getting Information Together for a Rapid HIA</b>	<b>10</b>
Step 4: Doing an Inventory of Existing Plans and Policies	10
Step 5: Creating a Profile of the Area--What to Include	10
Step 6: Talking with People Who Are Affected, Interested, or Have Expertise	11
Step 7: Predicting Impacts and Figuring Out Their Importance	12
Step 8: Developing Alternatives	13
Step 9: What to Send in Advance	13
<b>Running the Workshop</b>	<b>14</b>
Step 10: Developing the Agenda	14
Step 11: Developing Specific Activities	15
<b>Writing the Results and Moving Forward</b>	<b>17</b>
Step 12: Write the results and move forward	17
Step 13: Implementing the Results	17
Step 14: Evaluating the Process	17
<b>References</b>	<b>19</b>

## Figures

Tasks for Preparing to do an HIA (Ison 2002, 1-1)	9
Area Profile Data Types	10
Example Matrix for Stakeholder Analysis	12
Prioritization of Key Issues and Health Determinants	13
Sample Workshop Agenda	14
Workshop Questions for Identifying and Assessing Health Impacts	15
Examples of Health Determinants	15
Project / Plan related questions	16
Example Outline of Report from Rapid HIA	17
Excerpt from Alconbury HIA Final	18

# Health Impact Assessment Rapid Assessment Workshop

## What Is a Rapid Assessment?

The Design for Health (DFH) rapid assessment, a participatory workshop, is part of a suite of health impact assessment (HIA) tools that includes a preliminary checklist and a threshold analysis. The three HIA tools are unusual because they specifically focus on health issues related to urban and comprehensive planning. *This workshop process is meant to be used by those engaged in planning and targets issues where there is some evidence that aspects of the built environment—over which planners have some control—actually influence human health.*

Health-impact assessment is “a combination of procedures or methods by which a policy, program or project may be judged as to the effects it may have on the health of a population” (WHO 1999). This is related to two key topics: health impacts and health determinants. A health impact is a “change in health status (or in the determinants of health status) of an individual or group attributable to a project, programme, or policy.” In contrast, a health determinant is a “factor known to have the potential to cause changes in health status” (Scott-Samuel et al. 2001, 4). A health-impact assessment needs to focus on factors that could change health.

Health-impact assessment is a growing field that comes in a number of forms, including the following:

- *Audits, scoping tools, screening tools, or preliminary checklists.* Often described as a two-step process of screening and scoping, the shorter versions of these tools take a few hours and are meant to screen potential projects (developments, plans, policies) to determine if they are worth assessing or to scope out the important issues.
- *Rapid assessment workshops.* These are focus group-like workshops that are the topic of this guide. Rapid assessments likely take a half day to a day to conduct, a few weeks to prepare for, and can take some weeks to write up. In fact, some are not very rapid (though the approach in this manual tries to be on the rapid side).
- *Assessment tools, such as spreadsheets.* These may take a month or more to conduct.
- *Comprehensive HIAs.* Akin to an environmental impact assessment these can be very time consuming (Harris no date; Scott-Samuel et al. 2001).

HIAs can be done before, after, or during the preparation of a project or plan. This manual is aimed at projects or plans in preparation, so the HIA approach is “prospective.”

For more information on HIAs, please visit [www.designforhealth.net](http://www.designforhealth.net).

## Rapid Assessment in Brief

A Rapid HIA centers around a workshop bringing together stakeholders to identify and assess health impacts. A summary checklist of key steps in the HIA process is provided on page 6, with additional details about how to plan and implement a Rapid HIA provided in this toolkit.

Completing a Rapid HIA requires significant preparation by both the plan proponents and the workshop participants, however:

- Much of the information is the same as will be collected for the comprehensive plan.
- Background information on health is available from the Design for Health Key Question series and Information Sheets.

Rapid Assessment requires reporting, which can be part of the comprehensive plan. However, it can be useful to have a more accessible summary, for example a summary flier, which can be a real enhancement to the planning process.

There are several manuals available for creating Rapid Assessment HIAs (e.g. Ison 2002). They are referred to throughout the text. Many provide additional detail.

### *How is the Design for Health Rapid Assessment Different from Traditional HIAs?*

As is explained in the other tools, most HIA approaches tend to be either very broad (considering a range of social issues potentially associated with health and well-being) or narrowly focused (dealing only with those issues where significant public-health data is available). In contrast, this domain-specific or subject-specific HIA tool focuses on the work of urban planners through policy formation, plan implementation, and development review. Urban planners already undertake a wide variety of environmental impact assessments, fiscal impact assessments, visioning processes, and sustainability and livability assessments. This tool is designed to be an easy way to supplement these activities and focus attention on human health.

Many HIA manuals are intended for public-health practitioners; they focus on the social environment and on policies not related to urban planning. They provide significant detail about dealing with political issues and developing participatory processes. This is at least in part, however, because municipal public health has been further removed from political and participatory processes than has urban planning. In contrast, this manual is specifically focused on using HIA in urban planning, particularly comprehensive and area planning.

It assumes participatory processes are in place and also assumes a more focused set of issues of concern.

### *How to use this HIA Rapid Assessment Tool*

As mentioned above, the DFH Rapid Assessment is designed to be used by those engaged in planning, and it targets issues where there is some evidence that aspects of the built environment-over which planners have some control- actually influence human health. The following information is a step-by-step guide on how to prepare for and execute a workshop in your community. Often, these steps can be done simultaneously. We also provide a one-sheet checklist for communities to use so they can track their progress. It is available at <http://www.designforhealth.net/techassistance/hiarapidassessment.html> and is included on page 6.



Aun Forsyth



## Health Impact Assessment Rapid Assessment Workshop Checklist

### The Process

- ☐ Step 1: Screening and Scoping
  - ☐ Complete HIA Preliminary Checklist
  - ☐ Determine if further assessment is needed
- ☐ Step 2: Getting People in Place for a Rapid HIA
  - An organizer or project manager
    - ☐ \_\_\_\_\_
  - A technical staff member or members
    - ☐ \_\_\_\_\_
    - ☐ \_\_\_\_\_
  - A steering committee
    - ☐ \_\_\_\_\_
    - ☐ \_\_\_\_\_
  - Informants
    - ☐ Workshop participants
- ☐ Step 3: Identifying the tasks for preparing to do the HIA

### Getting Information Together for a Rapid HIA

- ☐ Step 4: Doing an Inventory of Existing Plans and Policies
- ☐ Step 5: Creating a Profile of the Area
- ☐ Step 6: Talking with People Who Are Affected, Interested or Have Expertise
- ☐ Step 7: Predicting Impacts and Figuring Out their Importance
- ☐ Step 8: Developing Alternatives
- ☐ Step 9: Preparing and Sending Materials to Workshop Participants

### Running the Workshop

- ☐ Step 10: Developing the Agenda
- ☐ Step 11: Developing Specific Activities
  - ☐ Step 11a: Workshop Questions for Identifying and Assessing Health Impacts
  - ☐ Step 11b: Examples of Health Determinants/Factors Affecting Health Related to Comprehensive Planning
  - ☐ Step 11c: Plan/Project related questions

### Writing the Results and Moving Forward

- ☐ Step 12: Writing the results and moving forward
- ☐ Step 13: Implementing the Results
- ☐ Step 14: Evaluating the Process

## The Process

### Step 1: Screening and Scoping

Before starting a rapid assessment workshop process, it is important to assess the plans and projects to identify those likely to have significant health impacts, which might require further analysis through a more in-depth HIA. The companion DFH preliminary checklist is one method of screening and scoping. Screening and scoping is typically carried out to ensure that HIAs are conducted on important plans, policies, and projects—those that are large in scale, causing significant changes or with some certainty about risks, and have some potential for the HIA to influence changes in the plan or policy (Scott-Samuel et al 2001, 8). Scoping identifies important health issues and while it may start with the checklist, other parts of the process will likely identify additional issues. If the community decides to proceed with the Rapid Health Impact Assessment, based on the initial screening a scoping effort, they should move through the steps below.

### Step 2: Getting People in Place for a Rapid HIA

The rapid assessment involves up to six main people or groups of people. The list provided identifies each group/person and explains the role that each plays. Each community has the flexibility to shift responsibilities from one group to another based upon their own needs and resources. As can be seen, while such a process is more rapid than a full HIA, it is still relatively complex:

*Agency Staff—members of the departments who own the HIA—and Consultants*

- An **organizer or project manager** will ensure that the HIA happens, and they are responsible for managing the collaboration. It is the job of the organizer to manage the collaborative process. This person may be a staff member or a consultant. Agency staff coordinate steering meetings, manage the process, and integrate the HIA into a larger planning effort. Traditionally, the organizer and project manager is from the agency – usually the planning department. While the agency is the HIA lead, staff often reach out to other support agencies such as public health, public works, and parks and recreation. In terms of defining roles within an HIA, consultants are often considered part of agency staff.
- A **technical staff member or members** may be employed to do the more technical aspects of the assessment. In the field, the assessor role, often assigned to technical staff, includes compiling information and writing the final report.
- Another technical role is **workshop facilitator**. The project manager may take on some of these roles or they could be done by a consultant or someone else in the organization conducting the HIA.



Ann Forsyth

### Steering Committee

- A **steering committee** may be needed and can be useful in bringing together people from various areas of interest such as representatives of different government departments and important nonprofits, residents or business groups. In a comprehensive planning process, typical members would include:
  - o Government departments
    - ☐ Planning
    - ☐ Economic development
    - ☐ Education
    - ☐ Parks and recreation
    - ☐ Public health
    - ☐ Public works
  - o Nonprofits
  - o Business groups
  - o Residents
- It is important to have representatives from planning as well as public health and other allied fields. Other participants can include individuals from public works, parks and recreation, and local schools.

If there is a great deal of existing understanding, cooperation, and consensus about the need for an HIA, and a staff member rather than a consultant is the project manager, this committee may meet infrequently and communicate through the project manager. In addition, such steering groups are routinely set up for comprehensive planning processes and, with some minor modifications, could such a group could be used for the HIA. That is to say, while these groups are useful, organizing them does not need to be time-consuming or an added burden.

### Informants and Workshop Participants

- **Informants** may provide background information but may not necessarily be part of the workshop. This group includes residents, proponents of plan or projects, other experts, health professionals, voluntary organizations, and key decision makers. Informants are interviewed and information from these interviews is given to workshop participants.
- **Workshop participants** are chosen to reflect a range of views. Participants work to identify health impacts and suggest changes to the plan or project. They also need to commit to reading background materials. In general, they should represent stakeholder groups including affected and disadvantaged populations, government, civic groups, businesses, etc.

Now that the HIA partners have been identified, the following steps should be coordinated by the HIA organizer or project manager with additional help as needed.



Aim Forsyth



### *Step 3: Identifying the tasks for preparing to do the HIA*

In general, the steering committee and organizer/project manager will need to make some decisions for the workshop. In her excellent and lengthy manual on rapid assessment, Ison (2002, 1-1) points to the tasks, listed on the following page, for preparing to conduct a rapid assessment workshop.

#### **Tasks for Preparing to do an HIA**

1. Establish the aims for the HIA
2. Decide which elements or aspects of the plan/project will be the focus
3. Identify physical and social boundaries for the HIA
4. Identify stakeholders
5. Identify key information necessary to undertake the HIA
6. Establish the management arrangements for the HIA
7. Assign responsibility for workshop administration, information preparation, and workshop facilitator
8. Create the workshop agenda
9. Clarify the process for results, monitoring, and evaluation

Source: Adapted from Ison (2002, 1-1)

Most of these steps are straight forward. Some need a little explanation, however.

- Task 1, addresses the need to be specific about for whom the HIA is being performed; which plans, policies, and projects it will affect; and on what core issues and values it will focus.
- Task 2, deciding on elements or aspects to be assessed, requires an assessment of level of priority, potential health effects, and community concern (Ison 2002, 1-4). It also involves an assessment of what areas can be changed and improved through an HIA process. The companion DFH preliminary checklist can help in that assessment
- Task 3, identifying boundaries, may involve geographical boundaries but could involve focusing on particular groups such as older people, the unemployed or single parents.
- Task 6, on management of the HIA, needs to deal with issues of budget. It also needs to identify an assessor (the person who does the technical aspects of the HIA, prepares background materials described below and writes the final report), a workshop facilitator and someone to manage the details of the workshop.
- Task 8, on the agenda, is self-explanatory; however, it is important to note that the exercises provided for the workshop are meant to be flexible and organizers should feel free to use alternative methods for participation.
- Task 9, on monitoring evaluation, is difficult to do and often is avoided.

## Getting Information Together for a Rapid HIA

Compiling information for the workshop is often the most time-consuming part, however, most of the information you need will be similar to what is being pulled together for the comprehensive plan. The information collected will be used to prepare both staff and participants for the workshop.

### *Step 4: Doing an Inventory of Existing Plans and Policies*

This includes a brief summary of what policies and plans are in place in the area. Even if a comprehensive plan is being reviewed, it is important to look at other plans addressing the area, such as parks and open space plans, transportation plans and policies, etc. Often, these summaries are developed in the plan update process.

Example format for summarizing existing plans and policies:

Policy Context for HIA in Ireland and Northern Ireland.

<http://www.nice.org.uk/media/hiadocs/Policy%20context.pdf>

### *Step 5: Creating a Profile of the Area – What to Include*

The profile, which will be read by workshop participants and others, has several dimensions and the scale of the data will depend on the scale of the project or plan. Much guidance on community profiles in HIAs focuses mainly on social characteristics but the following examples also deal with environmental features:

These data are likely to come from a variety of sources including members of the steering committee, health and environmental agencies and existing plans. Engagement of experts and others with local knowledge early in the process may be helpful in identifying much of the information that is needed.

### Area Profile Data Types

A good example of data types comes from *Health Impact Assessment: A Guide for Service Providers* by Queensland Health (2003, 18):

- Characteristics of the existing and, where appropriate, new or transient residents of the region (size, age structure, socioeconomic status, groups at risk)
- Physical characteristics of the region (e.g., weather, geography)
- Existing and proposed land uses (and their compatibility with proposed developments)
- History of the region (e.g., land use, institutions, populations)
- Current environmental quality (e.g., levels of pollution and environmental degradation over time)
- Current health status of the population (e.g., morbidity, mortality, social and psychological health indicators)
- Information from previous studies of similar projects in similar locations (can be problematic as data reliability needs to be given careful consideration)
- Existing living conditions of the population, especially in relation to access to food and water supplies, as well as access to health-care facilities and other community-level services.

In general, planners will be able to pull some information from the comprehensive plan and other supportive documents, including:

- Characteristics of residents (census, Met Council);
- Geography and history;
- Existing and proposed land uses; and
- Environmental quality (e.g. pollution).

Some additional information may be needed related to local health issues:

- Information from studies/HIAs of similar situations in other places—this information is available on the Design for Health web site where there are annotated links to other HIAs (<http://www.designforhealth.net/techassistance/hiaexamples.html>)
- Living conditions (access to food and water, health care, etc.) — this is the area where most work will need to be done. The Design for Health web site contains links to Minnesota resources. (<http://www.designforhealth.net/techassistance/measuringhealth.html>)

The DFH Key Question Research Summaries may be used to help educate staff, steering committee members, and participants about the evidence on human health issues and topics. Topics include: accessibility, air quality, environment and housing, food, mental health, physical activity, safety, social capital, and water quality. The summaries are available at <http://www.designforhealth.net/techassistance/researchsummaries.html>. The DFH website also provides a series of annotated links to useful health resources at <http://www.designforhealth.net/techassistance/websites.html>.

Other examples include:

- Finningley Airport HIA, Appendix 2: Community Profile. [http://www.hiagateway.org.uk/media/hiadocs/269\\_Finningley\\_%20Airport\\_HIA\\_%20annex2.pdf](http://www.hiagateway.org.uk/media/hiadocs/269_Finningley_%20Airport_HIA_%20annex2.pdf)
- Healthy Living Center HIA. Available on page 3-7 in Ison (2002). <http://www.fph.org.uk/resources/AtoZ/default.asp#H>

## *Step 6: Talking with People Who Are Affected, Interested or Have Expertise*

What organizations and groups are interested in or affected by these issues? Who might have relevant expertise? This analysis involves listing all important groups and summarizing their positions. Scott-Samuel et al. (2001, 10) suggest the following as likely stakeholders:

- representative(s) of affected communities;
- proponents of the project;
- experts whose knowledge is relevant to the project (or particular aspects of it) and who may or may not be from the locality concerned;
- relevant health (or related) professionals, e.g., general practitioners, health visitors, social or community workers;
- relevant voluntary organizations; and
- key decision makers.

If stakeholders have written positions or information, Step 6 may involve summarizing those materials but it may also involve short interviews. Some of the questions used in the workshop may be helpful to address with stakeholders, such as identifying and assessing health impacts related to the project or plan that is being addressed by the HIA. For example, Scott-Samuel et al. (2001) suggest asking the stakeholders about the following concerns:

- potential health impacts during project development and operation phases;
- positive and negative health impacts (e.g., a potential negative impact might be increased levels of asthma);
- health categories and determinants (see explanations below) resulting in the impacts identified (e.g., air pollution leading to asthma);
- project activities altering determinants (e.g., increased traffic flow);
- nature and size of potential impacts;
- measurability of potential impact (qualitative, estimable or calculable); and
- certainty (risk) of potential impact (definite, probable or speculative).

Example format: Stakeholder interests may be summarized as a narrative, a series of lists of issues, or a matrix. The example below modifies a table from Barnes (2003, 26).

### ***Step 7: Predicting Impacts and Figuring Out their Importance***

Using the available information the organizer, an agency staff member, or consultant should provide a short narrative about projected impacts.

Sources for predicting the impacts include the:

- DFH preliminary checklist (<http://www.designforhealth.net/techassistance/hiaprimchecklist.html>) and threshold analysis (<http://www.designforhealth.net/techassistance/hiathresholdanalysis.html>) categories outlined in the companion documents;
- Materials from the stakeholder interviews;
- Research summaries in the Key Questions series on the Design for Health Web site; and
- Other related information and independent judgment.

This analysis will help focus the rapid assessment workshop on areas of important health effects. There are a number of factors that affect health: biology, lifestyle, personal circumstances, access, social and economic factors, and environment (Ison 2002, A-11; Public Health Advisory Committee 2005). The planning process only affects some of these. So while biological, personal, social, and economic factors are key, in this city planning related rapid assessment, it is important to also include those areas where planning does have some leverage.

The impacts should be estimated in some way and then ranked, though this is a complex issue. As Scott-Samuel et al. (2001, 14) explain: "Risk perceptions are recorded using simple three point scales of measurability (potential impacts are characterized as qualitative, estimable or calculable) and of certainty of occurrence (definite, probable or speculative). The temptation to quantify such scales should be resisted - such numbers could not be compared with validity and would carry a wholly spurious authority." It is possible to quantify some effects, of course, but this likely involves significant additional work to model effects and quantify costs and benefits.

#### **Example Matrix for Stakeholder Analysis**

<b>Plan Proposal</b>	<b>Predicted Health impact</b>	<b>Risk of Impact</b>	<b>Measurability</b>	<b>Comments</b>
Zoning change to allow super-markets closer to residential areas	Changed Dietary Habits	Speculative	Qualitative	There is no baseline information for measuring changes in diet, although there are plans for the measurement of vegetable sales locally.
Improved trail system	Lower rates of Coronary heart disease and obesity	Speculative	Estimable	Evidence base has mixed findings

Source: Barnes (2003, 26)



Once the assessments of importance have been created, it is possible to rank the most important impacts, a task which may fall under the responsibility of the steering committee or a larger group.

Example format: Barnes (2003, 11) has an example format from a report following a workshop that ranks, using a system of up to six stars. This format can be found below.

#### Prioritization of Key Issues and Health Determinants

<i>Key issue or health determinant</i>	<i>Stan-hope</i>	<i>South Ashford</i>
Social isolation	*****	****
Employment	****	*****
Education	***	***
Crime	*****	**
Community facilities	**	*****
Stress	*	*
Self esteem	*	*
Housing	*	*
Discrimination against stanhope residents	**	
A negative sense of community		**
A collection of communities		*
Cultural Poverty		*

Source: Barnes (2003, 11)

#### Step 8: Developing Alternatives

What are the alternatives to the plan or project? It is important to at least consider the option of no change and use the DFH Preliminary Checklist (<http://www.designforhealth.net/techassistance/hiaprimchecklist.html>) on that existing condition. If other options are identified they should be reported. They will be very helpful to workshop participants.

#### Step 9: What to Send in Advance

Overall, the following list represents the type of information that should be sent in advance to workshop participants. The following is based on a list by Ison (2002, 3-1), but modified to reflect a planning focus:

- background information: brief introduction to HIA;
- background information: resume of the HIA process being undertaken locally;
- proposal documentation: most up-to-date version of the proposal;
- policy and plan inventory (see previous section);
- profile of the area (see previous section);
- summary of the evidence base relevant to the proposal. The Design for Health Key Questions series is helpful here (<http://www.designforhealth.net/techassistance/researchsummaries.html>);
- summary of the experience base relating to the proposal, i.e., other local HIAs or HIAs on similar projects in other locations; and
- predicted impacts (see previous section).

## Running the Workshop

Most planners are experienced in running workshops; therefore, we focus more on the elements with which they may not be familiar from the perspective of a subject-specific HIA. The main tasks for running the workshop include:

- developing an overall agenda;
- developing specific activities;
- inviting participants;
- sending background information (see above);
- planning for the logistical issues (room, facilitator, food, etc);
- running the workshop; and
- documenting it.

Since many planners are familiar with these tasks, we only focus on a few of them in this toolkit.

### Step 10: Developing the Agenda

A typical Rapid HIA agenda is 3-4 hours long. Agendas for rapid health impact assessments usually include presentations about the proposal, small group discussion to gather input, and workshop-wide discussions. There is not a set format and the process is designed to be flexible, particularly for group exercises. Ison (2002, 1-21, and section 5) suggests a number of potential agendas including the one in the following column for a 3.5-hour workshop.

Beyond the overall facilitator, it helps to have helpers at each table. In addition, it also helps to think about the skills and expertise balance for the overall meeting and in small groups. It is also a good idea if food and/or other incentives are provided during registration and/or after the workshop. The most challenging task is perhaps identifying impacts. To do this, one needs materials prepared in advance.

### Sample Workshop Agenda

Agenda Item	Time(min)
1. <i>Registration</i> and graffiti wall	30
2. <i>Introduction</i>	5
3. <i>Presentation</i> about the proposal	10
4. <i>Task</i> : Identify barriers/ conflicts	20
5. <i>Presentation</i> of population profile/ local environmental conditions	10
6. <i>Introduction</i> to core tasks	5
7. <i>Task</i> : Identify impacts (sm. groups)	30
8. <i>Task</i> : Identify changes to the proposal (small groups)	30
9. Report back about impacts/ changes	15
10. Discussion about impacts/ changes	15
11. <i>Task</i> : Prioritization of changes to the proposal	15
<ul style="list-style-type: none"> <li>• Note, Ison (2002, 5-14) suggests either voting with dots or a more complex ranking process</li> </ul>	
12. <i>Closing remarks</i>	5
<ul style="list-style-type: none"> <li>• What next? (includes reporting and dissemination of the results, and the process for decision-making about the proposal)</li> </ul>	

Source: Ison (2002 1-21, and section 5)

## Step 11: Developing Specific Activities

While the agenda above gives a comprehensive overview of the workshop, this section contains some specific questions to help identify impacts on health and examples of topics that a group might want to cover (Ison 2002, A-14).

This format and the questions resemble practice in Britain but there are many other potential questions that could be asked and a number of ways that the format can be modified, although it is important that people are provided with information about the area in advance.

As was explained earlier, there are a number of determinants of health; that is, factors affecting health, such as biology, lifestyle, personal circumstances, access to health care, social and economic factors, and environment (Ison 2002, A-11; Public Health Advisory Committee 2005). Most lists of determinants emphasize the first five, and indeed they may be the most important health determinants. In comprehensive planning only a few of these determinants are relevant—and the emphasis is on the final category, environment, which is something over which comprehensive planning has more control.

### Step 11a: Workshop Questions for Identifying and Assessing Health Impacts

For each *impact on health identified*, ask as relevant:

- ‘How many people will it affect?’ [magnitude]
- ‘Will the impact be continuous? If not, how often will it occur?’ [frequency]
- ‘When will the impact occur?’ [time of occurrence]
- ‘Will the impact be widespread, or will it be confined to certain geographical areas or locations?’ [point of occurrence]
- ‘How likely is it that the impact will occur?’ [likelihood of occurrence]
- For negative impacts: ‘How harmful will it be?’ [severity]
- For positive impacts: ‘How beneficial will it be?’ [benefit]

When participants identify impacts on health, ask:

- What is the basis for identifying this impact, is it: information in the evidence base, if so, please give details; your own experience, if so, please give details.

Source: Ison 2002, A-14

### Step 11b: Examples of Health Determinants/Factors Affecting Health Related to Comprehensive Planning

- Social interaction: membership of community groups, neighboring
- Safety: level/fear of crime, disorder, antisocial behavior; public and road safety measures
- Employment: availability/quality of employment opportunities
- Traffic: amount of traffic congestion
- Environmental quality: air, water and soil qualities; noise levels; smell/odor; vibration
- Hazards: e.g., radiation, chemicals, micro-organisms
- Land use
- Natural habitats
- Biodiversity
- Green spaces and parks
- Civic areas
- Use/consumption of natural resources
- Carbon dioxide and other greenhouse-gas emissions
- Solid-waste management
- Public-transport infrastructure

Source: Ison (2002)

The Design for Health project has developed research summaries and links to information on a number of topics including:

- Accessibility
- Air quality
- Environment and housing quality
- Food
- Mental health
- Physical activity
- Safety
- Social capital
- Water quality

These summaries are available at <http://www.designforhealth.net/techassistance/researchsummaries.html>

#### **Step 11c: Plan/Project related questions**

- What are the barriers or threats to the implementation of the plan?
- Are there any potential conflicts that may affect the successful implementation of the plan?
- What are the potential impacts on health, positive and negative, arising from the implementation of your plan?
- What changes could be made to the proposal to enhance the positive impacts on health?
- What changes could be made to the proposal to prevent, minimize or moderate the negative impacts on health?

The above questions target more of the physical plan and/or project and encourage workshop participants to consider potential health impacts.

As mentioned previously, communities should feel free to be flexible and creative when designing these small group exercises. These are some additional options:

- Participants could use a SWOT format for identifying health strengths, weaknesses, opportunities for improvements, and threats to wellbeing. After the analysis, stakeholders can propose how the plan can build on the strengths and mitigate the weaknesses.
- Using a future search model, the workshop participants can talk about what their city would be like in 20 years time in health terms if current trends continue; what it would look like in their ideal future; what they can do to reach the desired future; and suggest 3-4 initial steps that can get them started on making these changes, such as, identifying stakeholders.
- Using existing maps prepared for the meeting, have people mark areas that promote health, that undermine health, and areas where improvements can be made.

For more ideas on participatory exercises, visit <http://www.designforhealth.net/techassistance/participation.html>. The Design or Health website hosts a number of HIA rapid assessment examples (<http://www.designforhealth.net/techassistance/hiaexamples.html>).



## Writing the Results and Moving Forward

Now that the workshop is complete, the planners can focus on how to report on the workshop as well as how to take the information and use it for the planning process.

### *Step 12: Write the results and move forward*

The outline in the right column for a final report is modeled on Ison (2002, 6-4), modified to reflect the summary HIA process in this outline:

It is worth considering creating a colorful, short, user-friendly summary of findings. In addition, it is helpful to create a simple format for recommendations focused on action.

### *Step 13: Implementing the Results*

The assessment is not the last word on what will be done. A more detailed HIA may be warranted. In addition, some important health impacts may be too expensive or politically cumbersome to change (Scott-Samuel et al. 2001, 9). It is thus important for the steering committee to plan implementation—for example making changes to the plan or project.

The chart on the following page from the Alconbury HIA (CITE) is a terrific model. It would also be useful to add in a column for who is responsible for an action

### *Step 14: Evaluating the Process*

HIAs, almost by definition, deal with complex problems, so it can be difficult to measure and monitor health outcomes, even if issues have been precisely defined in the initial HIA. Compared with outcome evaluation, process evaluation is more simple and merely involves checking that the HIA process covered all issues that were proposed and whether implementation is proceeding (Scott-Samuel et al. 2001, 9).

## Example Outline of Report from Rapid HIA

### *Introduction*

- Background to the proposal, including the proposal in context and results from the HIA preliminary checklist
- Background to the HIA, including the aims, elements or aspects of the proposal that were assessed, boundaries for the HIA

### *Methods*

- Detailed workshop agenda

### *Results*

- Barriers/threats to, and conflicts around, proposal implementation
- Results of the appraisal, including a summary of the health impacts identified, and their implications for service planning
- Recommendations to change the proposal to protect and improve health, including a summary of the recommendations prioritized by participants

### *Testing the Recommendations*

- A summary of the analysis to test whether the recommendations address influential factors in the causation of the proposal's impacts on health

### *Monitoring and Evaluation*

- Suggestions about the monitoring and evaluation of indicators and outcomes to detect health gain

### *Appendices*

- Steering group members, personnel involved in preparations for the workshop and leading the workshop, and workshop participants, including affiliations.
- Stakeholders invited to participate
- Responses on the graffiti wall
- Profile of the area (see previous section)
- Summary of the evidence base relevant to the proposal (designforhealth.net provides a number of research summaries and links to other information)
- Summary of the experience base relating to the proposal; that is, other local HIAs or HIAs on similar projects in other locations

Source: Ison (2002, 6-4)

**Excerpt from Alconbury HIA Final report, Cambridgeshire Health Authority**

	<b>Development Phase</b>	<b>Operational Phase</b>	<b>Action</b>
<b>NEGATIVE</b>	<b>NOISE</b> Some houses will be adversely affected by demolition and construction noise	<b>NOISE</b> Some houses affected by 24 hr site activity (trains & hgv)	Bunding, screening and selected measuring of noise levels. During operation, local measures above may mitigate. Possibly reversing lights instead of beepers. The developers be required to provide noise insulation measures for properties suffering a consistent 10% increase in noise above background as a result of Alconbury Development.
	<b>ACCIDENTS</b> Risks for workers on site	<b>ACCIDENTS</b> Risks for workers on site  Risks associated with 4,200 workers.  <b>Accidents - Increased Risk of RTAs</b> From extra 8,500 vehicles (estimated 1-19 injury accidents a year and 1 death every 3 to 60 years).	Require rigorous enforcement of H&S standards and good practice.  Occupational Health Services on site for minor injuries, which work in liason with local health services.  Green Travel Plans – worker employed on site. Capping measures reduce potential damage. Improvements to road junctions and driver information schemes/installments.

## References

- Barnes, R. 2003. Evaluation of the healthy living centre, Sure Start and Children's Fund initiatives in South Ashford, Kent: Rapid health impact assessment. Ashford: Healthy Living Centre. [http://www.phel.gov.uk/hiadocs/Eval\\_of\\_hlc.pdf](http://www.phel.gov.uk/hiadocs/Eval_of_hlc.pdf).
- Cambridgeshire Health Authority. 2002. Alconbury Health Impact Assessment Final Report. [http://www.nice.org.uk/media/hiadocs/alconbury\\_final\\_summary\\_report\\_February02.pdf](http://www.nice.org.uk/media/hiadocs/alconbury_final_summary_report_February02.pdf).
- Harris, A. No Date. Rapid health impact assessment: A guide to research. [http://www.phel.gov.uk/hiadocs/Rapid\\_HIA.pdf](http://www.phel.gov.uk/hiadocs/Rapid_HIA.pdf).
- Ison, E. 2002. *Rapid appraisal tool for health impact assessment: A task-based approach*. 11th ed. Oxford: Institute of Health Sciences.
- Jain, R. K., L.V. Urban, G. S. Stacey, and H. E. Balbach. 2001. *Environmental assessment*. 2nd ed. New York: McGraw-Hill.
- Public Health Advisory Committee. 2005. A guide to health impact assessment: A policy tool for New Zealand. 2nd ed. Auckland: Public Health Advisory Committee, a subcommittee of the National Health Committee, Ministry of Health. <http://www.phac.health.govt.nz/moh.nsf/indexcm/phac-guide-hia-2nd>.
- Queensland Health. 2003. Health impact assessment: A guide for service providers. Brisbane: Public Health Services, Queensland Health. [www.health.qld.gov.au/phs/Documents/sphun/20364.pdf](http://www.health.qld.gov.au/phs/Documents/sphun/20364.pdf).
- Scott-Samuel, A., M. Birley and K. Arden. 2001. *The Merseyside guidelines for health impact assessment*. 2nd ed. Liverpool: International Health Impact Assessment Consortium.
- World Health Organization (WHO). 1999. Health impact assessment: Main concepts and suggested approach: The Gothenburg consensus paper. Brussels: WHO Regional Office for Europe. <http://www.euro.who.int/document/PAE/Gothenburgpaper.pdf>