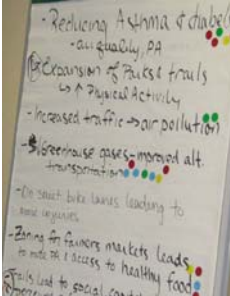


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Rapid Health Impact Assessment

1. Big idea
2. Participants
3. Information required
4. Agenda/workshop
5. Results
6. Case: Bloomington, MN



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1. Big Idea

Rapid HIA Focuses on a Workshop

- Rapid HIA is a workshop bringing together stakeholders to identify and assess health impacts
- It requires significant preparation, however:
 - Much of the information is similar to information collected for project and planning purposes
 - Background information on health is available from the Design for Health Key Question series and Information Sheets and other sources
- It requires reporting:
 - This can be part of a standard report
 - It can be useful to have a more accessible summary

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1. Big Idea

Resources about Rapid HIA

- Common form of HIA
- Ison (2002) is a 160 page manual down to letters of invitation and agendas for steering committee meetings
- [And other resources](#)
- URL
http://www.hiagateway.org.uk/media/hiadocs/rapidappraisal%20tool_full_document.pdf

Rapid Appraisal Tool
for
Health Impact Assessment
A task-based approach
Eleventh iteration

Commissioned by the Directors of Public Health of Berkshire, Buckinghamshire, Northamptonshire, and Oxfordshire

Supported by the Faculty of Public Health Medicine

Principal tool develop and author: Erica Ison
Institute of Health Sciences
Old Road, Headington
Oxford OX3 7LF
e-mail care of: rosemary.ison@hsc.nhs.uk

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2. Participants

Who Participates

- Several groups of people participate in a Rapid HIA
 - **Agency staff**—members of the departments who “own” the HIA
 - **Consultants** who may perform the work
 - **HIA steering committee**—to guide the HIA, includes staff, consultants, and some stakeholders
 - **Informants**—people who may or may not live in the area, who provide background for the meeting
 - **Workshop participants**

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2. Participants

Agency Staff--What They Do

- Coordinate steering committee
- Manage steps: participants, information, workshop, results
- Integrate into larger planning effort

Agency Staff—Who They are

- Lead and collaborating agencies
- Likely includes:
 - Organizer or project manager
 - Technical staff who may be allocated to the HIA
 - A facilitator for the workshop
- Can include [consultants](#)

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2. Participants

HIA Steering Committee—Who They Are

Potential members for a city plan:

- Government departments
 - Planning
 - Education
 - Parks and recreation
 - Public health
 - Public works
- Nonprofits
- Business groups
- Residents

In situations where a staff member (rather than a consultant) is the project manager and where there isn't a lot of controversy, the SC can meet infrequently.

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2. Participants

HIA Steering Committee—Who They Are

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- Residents

In situations where a staff member (rather than a consultant) is the project manager and where there isn't a lot of controversy, the SC can meet infrequently.

Make a list of potential Steering Committee members for your project. Is there an existing committee as a base?

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2. Participants

HIA Steering Committee--Decisions

1. Specific aims of HIA (e.g. inform a plan element, examine a policy, evaluate a project)
2. Which aspects will be the focus
3. Physical and social boundaries of HIA
4. Identifying stakeholders
5. Identify key information
6. Establish management of HIA
7. Assigning responsibility for workshop administration, technical information, and workshop facilitator
8. Workshop agenda
9. Clarify process for results, monitoring, evaluation
(Summary of list on page 9 of version 3.0 of Rapid HIA Toolkit)

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2. Participants

Steering Committee Issues

- What is the purpose of your HIA?



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2. Participants

Steering Committee Issues

- What is the purpose of your HIA?
- In your opinion, which department or agency should be responsible for a health impact assessment?

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2. Participants

Steering Committee Issues

- What is the purpose of your HIA?
- In your opinion, which department or agency should be responsible for a health impact assessment?
- As an agency or a steering committee, who has identified:
 - Project manager?
 - Technical staff?
 - Facilitator (if doing a Rapid HIA)?
 - Steering committee members?

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2. Participants

Who Participates

- Several groups of people participate in a Rapid HIA
 - Agency staff—members of the departments who “own” the HIA
 - Consultants who may perform the work
 - HIA steering committee—to guide the HIA, includes staff, consultants, and some stakeholders
 - Informants—people who may or may not live in the area, who provide background for the meeting
 - Workshop participants

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2. Participants

Informants—Who They Are

- Informants have useful background but don't need to be part of the workshop
- Include residents, proponents of plan or projects, other experts, health professionals, voluntary organizations, key decision makers

Informants—What They Provide

- Input via interviews
- Questions may include: potential health impacts (positive and negative), other health topics to consider, nature and size of impacts, whether impacts can be measured, how certain they are
- Other questions are in Rapid HIA toolkit

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2. Participants

Workshop Participants--Who They Are

- Need to represent stakeholders groups including affected and disadvantaged populations, government, civic groups, businesses, etc.
- Need to be prepared to read materials in preparation
- Number depends on scale of project

Workshop Participants—Getting a Mix of Views

- Invite list of stakeholders
- Get RSVPs
- If there are obvious gaps in who will attend, invite others or interview key informants

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3. Information

Information for Workshop Participants

Participants receive background information **before** the HIA including as many of the following as is possible:

1. Brief introduction to HIA—could use the DFH web site
2. Summary of the HIA process being undertaken locally
3. Most up to date version of the proposal (plan, project)
4. Inventory of relevant policies and plans
5. Profile of the area
6. Summary of the evidence base relevant to the proposal
7. Summary of other local HIAs or HIAs on similar projects in other locations
8. Predicted impacts
9. Possible alternatives, if available (Ison 2002)

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3. Information

Policy and Plan Inventory

- Brief summary of plans and policies affecting the topic e.g. comprehensive plan, parks and open space, transportation, state level plans
- Likely being done already for any proposal (plan, policy, project)
- However, may want to add some additional items e.g. health-related, non health-related

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3. Information

Area Profile

Much information already collected in typical project design and planning

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

Some additional information may be needed

- Information from studies/HIAs of similar situations in other places
- Living conditions (access to food and water, health care, etc.)

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3. Information: Area Profile



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3. Information

Evidence Base and Other HIAs

- May need to provide information on “determinants of health” or factors causing better or worse health including:
 - Individual characteristics and behaviors
 - Social and economic environment
 - Physical environment
- The DFH Key Questions/Research Summaries Provide:
 - Accessibility, air quality, environmental and housing quality, food, mentally healthy environments, physically active environments, safety (traffic, crime), social capital, water quality
- [Other sources too!](#)

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3. Information

Evidence Base

- DFH Key Questions sheets are designed to provide easy access to the evidence base
- DFH Web Sites page has annotated links to useful health resources by topic:
<http://www.designforhealth.net/websites.htm>

Other HIAs

- DFH has an Existing Resources about HIA that we will be updating continuously:
<http://www.designforhealth.net/techassistance/websites.html>
- Can use
<http://www.ph.ucla.edu/hs/hiaclic/links.htm#information>

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3. Information

Predicted Impacts

- Draw on HIA Preliminary Checklist, informant interviews, Design for Health materials, other sources
- Create a short narrative about projected impacts--qualitative
- Focus on areas where planning/policy has an effect--compared with ones dominated by social, economic, individual characteristics
- Rank impacts--roughly

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3. Information

Predicted Impacts—Narrative in Matrix

Plan Proposal	Predicted health impact	Risk of Impact	Measurability	Comments
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

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From Toolkit and Barnes (2003, 26)

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3. Information

Predicted Impacts—Ranking Example

Key issue or health determinant	Stanhope	South Ashford
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		*

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From Toolkit and Barnes (2003, 11)

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Rapid Health Impact Assessment

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4. Agenda/Workshop

Armed with Information--Do the Workshop

Workshop tasks include:

1. Developing an overall agenda
2. Developing specific activities
3. Inviting participants
4. Sending background information
5. Logistics (room, facilitator, food, etc)
6. Running the workshop
7. Documenting it

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4. Agenda/Workshop

Overall Agenda

- 3-4 hours long
- Presentations about the proposal
- Small groups for input and priorities
- Workshop-wide discussions

- No set format



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4. Agenda/Workshop (Ison 2002)

Agenda Structure

- | | |
|---|-----------------|
| 1. Registration and graffiti wall [blue = whole] | 30 mins |
| 2. Introduction | 5 |
| 3. Presentation about the proposal [green = presentation] | 10 |
| 4. Task: Identify threats/conflicts [red = groups] | 20 |
| 5. Presentation of population profile/local environmental conditions | 10 |
| 6. Introduction to core tasks | 5 |
| 7. Task: Identifying impacts | 30 |
| 8. Task: Identifying changes to the proposal | 30 |
| 9. Report back about impacts/changes | 15 |
| 10. Discussion about impacts/changes | 15 |
| 11. Task: Prioritization of changes to the proposal (vote with dots) | 15 |
| 12. Closing remarks: What next? (to include reporting and dissemination of the results, and the process for decision-making about the proposal) | 15 |
| Total Time | 200 mins |

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4. Agenda: SWOT, Future Search

- SWOT: Strengths, weaknesses, opportunities, and threats
- Future search:
 - What would “x” be like in 20 years if current trends continue?
 - What would you like “x” to be, ideally?
 - How do you get from the current future to the desirable future?
 - What are the first steps?
- Many other possible formats, see <http://www.peopleandparticipation.net/display/ProcessPlaner/Home> for ideas

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4. Agenda/Workshop

Specific Activities

1. Graffiti wall
2. Answer questions in small groups
3. Prioritize with dots



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4. Agenda/Workshop

Activity 1: Graffiti Wall

- On a post-it answer the question—“what does good health mean to you?” and stick it on the wall
- Then you can have lunch

- We'll report back later!

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Rapid Health Impact Assessment

1. Big idea
2. Participants
3. Information required
4. Agenda/workshop
 - Overall agenda
 - Specific questions
 - Running the workshop
5. Results
6. Case: Bloomington, MN

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4. Agenda/Workshop

Activity 1: Graffiti Wall

- On a post-it answer the question—"what does good health mean to you?" and stick it on the wall
- Then you can have lunch

- We'll report back later!

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4. Agenda/Workshop

- "Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity," as defined by the Preamble to the Constitution of the World Health Organization (WHO 1948).
- "Health is the reduction in mortality, morbidity, and disability due to detectable disease or disorder, and an increase in the perceived level of health," WHO Regional Office for Europe in "HEALTH21: The Health for All Policy Framework for the WHO European Region" (WHO Regional 1999).
- "Health is the capacity of people to adapt to, respond to, or control life's challenges and changes," in Health Impact Assessment as a Tool for Population Health Promotion and Public Policy (Frankish et al. 1996).

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4. Agenda/Workshop

Activity 2: Answer Questions

Questions in the toolkit are from Ison and are guides only:

- What are the potential impacts on health, positive and negative, arising from the implementation of your plan or policy?
 - 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?
- Help following....

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4. Agenda/Workshop

Health determinant	Examples of conditions and changes that affect health determinant	What do we know about this project that affects this health determinant?	Positive Impacts	Negative Impacts	What could be done to study the potential impacts?	Design strategies and mitigations to improve health outcomes
Air Quality: pollutants in outdoor air and indoor air; environmental tobacco smoke	*Proximity to busy roads leads to increased exposure to vehicle emissions that exacerbate respiratory disease and increase cardiovascular mortality; *Indoor aero-allergens cause or exacerbate		Housing: Air Quality: Noise: Safety: Social Networks Nutrition: Parks and Natural Space: Private Goods and Services:		Public Services: Transportation: Social Equity: Livelihood: Water Quality: Education:	

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November 2009 From Human Impact Partners Rapid HIA worksheet:
<http://www.humanimpact.org/Tools.html>

4. Agenda/Workshop

Examples of Workshop Questions for Identifying and Assessing Health Impacts

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

1. How many people will it affect?
2. Will the impact be continuous? If not, how often?
3. When will the impact occur?
4. Will it be widespread?
5. How likely is it that the impact will occur?
6. How harmful/beneficial will it be?
7. What is the basis for identifying this impact, is it information in the evidence base? experience?

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November 2009 Source: Ison 2002, A-14
www.designforhealth.net

4. Agenda/Workshop

Activity 2: Answer Questions


- What are the potential health impacts, positive and negative, arising from the implementation of your plan, policy, or program?
- Things to think about
 - Changes in services like health care and transit?
 - DFH Topics: accessibility, air quality, climate change, environmental and housing quality, food, healthcare access, mentally healthy environments, noise, physically active environments, safety (traffic, crime), social capital, water quality
 - How many people, how long, when, how widespread, how likely, how strong? How do you know?
- Discuss in large group and write on flip chart

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4. Agenda/Workshop

Activity 3: Prioritize

- What are the most important impacts?
- Vote with dots



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4. Agenda/Workshop

Running the Workshop

- Need overall facilitator plus help at tables
- Need to think about skills and expertise balance in overall meeting and small groups



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5. Results

Several Types of Results

- Report – introduction, information, results of the workshop, recommendations for changes
- Implementation e.g. results incorporated into plan
- Evaluation – Michigan Public Health Institute is doing a process and outcome/implementation evaluation
- Monitoring – of implementation

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Cambridge NHS Health Authority
www.cambs-ha.nhs.uk

5. Results

From Alconbury HIA Final Report, Cambridgeshire Health Authority

	Development Phase	Operational Phase	Action
NEGATIVE	<p>NOISE Some houses will be adversely affected by demolition and construction noise.</p> <p>ACCIDENTS Risks for workers on site.</p>	<p>NOISE Some houses affected by 24 hr site activity (trains & HGV)</p> <p>ACCIDENTS Risks for workers on site. Risks associated with 4200 workers.</p> <p>Accidents - Increased Risk of RTAs From extra 6500 vehicles (estimated 1-19 injury only accidents a year and 1 death every 3 to 60 years)</p>	<p>Bunding, screening and selected measuring of noise levels. During operation, local measures above may mitigate. Possibly reversing lights instead of sleepers. The developers be required to provide noise insulation measures for properties suffering a consistent 10% increase in noise above background as a result of the Alconbury Development.</p> <p>Require rigorous enforcement of H&S standards and good practice.</p> <p>Occupational Health Services on site for minor injuries, which work in liaison with local health services.</p> <p>Green Travel Plans – worker employed on site. Capping measures reduce potential damage. Improvements to road junctions and driver information schemes/ installations.</p>

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6. Case: Bloomington

Rapid Assessment

- Workshop-based health impact assessment for proposed bicycle trail in powerline corridor
- Worked with existing advisory committee
- Identified and evaluated potential health impacts
- Results integrated into Alternative Transportation Plan



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6. Bloomington

Additional Citizen Involvement

- Citizen Advisory Group
- Focus group meeting with targeted stakeholder groups
- Presentations before multiple City advisory groups (Traffic and Transportation Advisory Commission, Parks, Arts, and Recreation Commission, Advisory Board of Health)
- Public hearings before the Planning Commission and City Council

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6. Bloomington: Results

ALTERNATIVE TRANSPORTATION PLAN CITY OF BLOOMINGTON, MINNESOTA



June 2008

- Focused on physical activity, safety, accessibility
- Plan report describes planning context of HIA rapid assessment
- Includes one page detailed summary of the event
- Provides a very detailed description of future facilities, implementation, and operations

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6. Bloomington: Overall Network

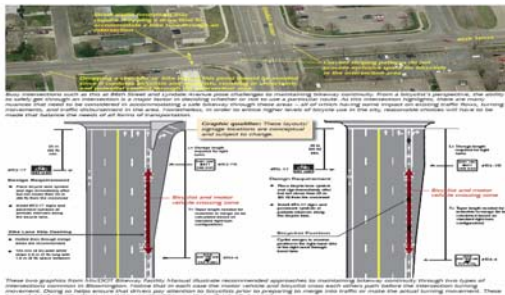


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6. Bloomington

Technical Specifics



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