

## ***Annex 1: Tool for health impact assessment ~ the determinants of health***

**For use during core workshop tasks**

**The tool falls into two main parts:**

- 1. factors that have a direct effect on health and well-being (mental and physical)**
- 2. determinants of health, i.e. factors that mediate an effect, or have an indirect effect, on health and well-being (mental and physical)**



**Direct Effects on Health**

<b>Physical Health</b>	<b>Mental Health</b>
<ul style="list-style-type: none"><li>• Accidents and injuries</li><li>• Communicable diseases, including foodborne diseases</li><li>• Non-communicable diseases, e.g. coronary heart disease, stroke, diabetes</li><li>• Birth defects</li><li>• Conditions, e.g. low birthweight, hypertension, obesity</li><li>• Dental health</li></ul>	<ul style="list-style-type: none"><li>• Self-esteem and confidence</li><li>• Stress</li><li>• Anxiety</li><li>• Depression</li><li>• Self-harm and suicide</li><li>• Other mental health problems</li></ul>

**Determinants of Health**

Lifestyle	Personal circumstances	Access
<ul style="list-style-type: none"> <li>• Diet</li> <li>• Exercise and physical activity</li> <li>• Smoking habit</li> <li>• Exposure to passive smoking</li> <li>• Alcohol intake</li> <li>• Dependency on prescription drugs</li> <li>• Illicit drug and substance use</li> <li>• Sexual behaviour</li> <li>• Other health-related behaviours, such as tooth-brushing, bathing, food preparation</li> </ul>	<ul style="list-style-type: none"> <li>• Structure of family unit</li> <li>• Cohesion of family unit</li> <li>• Parenting</li> <li>• Childhood development</li> <li>• Life skills</li> <li>• Personal safety</li> <li>• Employment status</li> <li>• Working conditions</li> <li>• Level of income, including benefits</li> <li>• Level of disposable income</li> <li>• Housing tenure</li> <li>• Housing conditions</li> <li>• Educational attainment</li> <li>• Skills level</li> </ul>	<ul style="list-style-type: none"> <li>• to Employment opportunities</li> <li>• to Workplaces</li> <li>• to Housing</li> <li>• to Shops (to supply basic needs)</li> <li>• to Community facilities</li> <li>• to Public transport</li> <li>• to Education</li> <li>• to Training and skills development</li> <li>• to Healthcare</li> <li>• to Social Services</li> <li>• to Childcare</li> <li>• to Respite Care</li> <li>• to Leisure and recreation services and facilities</li> <li>• to Basic amenities</li> </ul>

**Glossary**

**Diet:** consider intake of fruit and vegetables, saturated fat, dietary fibre, salt, sugars, fish, folate, cereals and pulses, refined energy-dense foods

**Personal safety:** consider domestic abuse or violence, safety in the home or living accommodation, e.g. fire alarms, security arrangements, etc.

**Employment status:** consider secure employment, temporary employment, unpaid volunteer, long-term unemployed (>52 weeks) and short-term unemployed

**Other health-related behaviours:** consider behaviours such as tooth-brushing, bathing, food preparation, etc.

**Housing tenure:** consider status as owner-occupier, tenant, temporary accommodation, homeless

**Housing conditions:** consider overcrowding, damp, cold, mould

**Access to Education:** consider pre-school, primary, secondary, tertiary, adult/continuing education

**Access to Healthcare:** consider access to primary, secondary and tertiary care

**Basic amenities:** consider access to potable water, power source for heating, lighting, and cooking, waste disposal, sewage disposal, etc.

**Determinants of Health**

Social Factors	Economic Factors	Environmental Factors
<ul style="list-style-type: none"> <li>• Social contact</li> <li>• Social support</li> <li>• Neighbourliness</li> <li>• Participation in the community</li> <li>• Membership of community groups</li> <li>• Reputation of community/area</li> <li>• Participation in public affairs</li> <li>• Level of crime and disorder</li> <li>• Fear of crime and disorder</li> <li>• Level of antisocial behaviour</li> <li>• Fear of antisocial behaviour</li> <li>• Discrimination</li> <li>• Fear of discrimination</li> <li>• Public safety measures</li> <li>• Road safety measures</li> </ul>	<ul style="list-style-type: none"> <li>• Creation of wealth</li> <li>• Distribution of wealth</li> <li>• Retention of wealth in local area/economy</li> <li>• Distribution of income</li> <li>• Business activity</li> <li>• Job creation</li> <li>• Availability of employment opportunities</li> <li>• Quality of employment opportunities</li> <li>• Availability of education opportunities</li> <li>• Availability of training and skills development opportunities</li> <li>• Technological development</li> <li>• Amount of traffic congestion</li> </ul>	<ul style="list-style-type: none"> <li>• Air quality</li> <li>• Water quality</li> <li>• Soil quality</li> <li>• Noise levels</li> <li>• Smell/odour</li> <li>• Vibration</li> <li>• Hazards (e.g. radiation)</li> <li>• Land use</li> <li>• Natural habitats</li> <li>• Biodiversity</li> <li>• Landscape</li> <li>• Townscape</li> <li>• Green spaces and parks</li> <li>• Civic areas</li> <li>• Use/consumption of natural resources</li> <li>• Carbon dioxide and other greenhouse gas emissions (energy efficiency)</li> <li>• Solid waste management</li> <li>• Public transport infrastructure</li> </ul>

**Glossary**

**Social contact:** consider the number and frequency of contacts in various networks, e.g. community, school, work, etc.

**Social support:** consider emotional and practical support

**Discrimination/Fear of discrimination:** consider discrimination by age, sex, sexual orientation, race, religion, disability

**Availability of education opportunities:** consider pre-school, primary, secondary, tertiary, adult/continuing

**Technological development:** consider domestic, commercial, industrial, agricultural, infrastructure, medical

**Water quality:** consider quality of controlled waters, i.e. rivers, streams, lakes, ponds, estuaries, seas, etc.

**Land use:** consider residential, industrial, commercial, agricultural/horticultural, leisure, conservation

**Natural habitats:** consider availability and quality

**Landscape/ Townscape:** consider visual and aesthetic factors

**Solid waste management:** consider disposal, recycling, reuse, composting, collection, transport and storage



## ***Annex 2: Using the determinants of health as prompts***

**Examples from Pilots ~ we have reproduced a ‘tailored’ version of the tool in which the direct effects on health and the determinants of health it was a priority for the various small workgroups in the HIA of the Food and Health Strategy to address are highlighted (the small workgroups asked to consider specific direct effects on health/determinants of health are shown in italic type after each listing as relevant).**

***NB: The Glossary is not shown in this example ~ please refer to Annex 1.***



**Direct Effects on Health**

Physical Health	Mental Health
<ul style="list-style-type: none"> <li>• Accidents and injuries</li> <li>• Communicable diseases, including foodborne diseases - <i>Groups A, B, D, E</i></li> <li>• Non-communicable diseases, e.g. coronary heart disease, stroke, diabetes, cancers - <i>Groups A, B, C, D, E</i></li> <li>• Birth defects - <i>Group D</i></li> <li>• Conditions, e.g. low birthweight, hypertension, obesity - <i>Groups A, B, C, D, E</i></li> <li>• Dental health - <i>Groups A, B, C, D, E</i></li> </ul>	<ul style="list-style-type: none"> <li>• Self-esteem and confidence - <i>Groups A, B, C, D</i></li> <li>• Stress</li> <li>• Anxiety - <i>Groups B, D</i></li> <li>• Depression</li> <li>• Self-harm and suicide</li> <li>• Other mental health problems</li> </ul>

**Determinants of Health**

Lifestyle	Personal circumstances	Access
<ul style="list-style-type: none"> <li>• Diet - <i>Groups A, B, C, D, E</i></li> <li>• Exercise and physical activity - <i>Groups A, B, C, E</i></li> <li>• Smoking habit - <i>Groups A, E</i></li> <li>• Exposure to passive smoking</li> <li>• Alcohol intake - <i>Group A</i></li> <li>• Dependency on prescription drugs</li> <li>• Illicit drug and substance use</li> <li>• Sexual behaviour</li> <li>• Other health-related behaviours, such as tooth-brushing, bathing, food preparation</li> </ul>	<ul style="list-style-type: none"> <li>• Structure of family unit</li> <li>• Cohesion of family unit</li> <li>• Parenting</li> <li>• Childhood development</li> <li>• Life skills</li> <li>• Personal safety</li> <li>• Employment status</li> <li>• Working conditions</li> <li>• Level of income, including benefits</li> <li>• Level of disposable income</li> <li>• Housing tenure</li> <li>• Housing conditions</li> <li>• Educational attainment - <i>Group B</i></li> <li>• Skills level - <i>Group C</i></li> </ul>	<ul style="list-style-type: none"> <li>• to Employment opportunities - <i>Group C</i></li> <li>• to Workplaces - <i>Group C</i></li> <li>• to Housing - <i>Group C</i></li> <li>• to Shops to supply basic needs - <i>Groups B, C, D</i></li> <li>• to Community facilities - <i>Group C</i></li> <li>• to Public transport</li> <li>• to Education - <i>Group C</i></li> <li>• to Training and skills development - <i>Groups B, C, D</i></li> <li>• to Healthcare</li> <li>• to Social Services</li> <li>• to Childcare</li> <li>• to Respite Care</li> <li>• to Leisure &amp; recreation services and facilities - <i>Group C</i></li> </ul>

**Determinants of Health**

Social Factors	Economic Factors	Environmental Factors
<ul style="list-style-type: none"> <li>• Social contact - <i>Groups A, B, C, D</i></li> <li>• Social support - <i>Groups A, B, C, D</i></li> <li>• Neighbourliness - <i>Groups C, D</i></li> <li>• Participation in the community - <i>Groups A, B, C, D</i></li> <li>• Membership of community groups - <i>Groups A, B, C, D</i></li> <li>• Reputation of community/area</li> <li>• Participation in public affairs</li> <li>• Level of crime and disorder</li> <li>• Fear of crime and disorder</li> <li>• Level of antisocial behaviour</li> <li>• Fear of antisocial behaviour</li> <li>• Discrimination</li> <li>• Fear of discrimination</li> <li>• Public safety measures</li> <li>• Road safety measures</li> </ul>	<ul style="list-style-type: none"> <li>• Creation of wealth</li> <li>• Distribution of wealth - <i>Group C</i></li> <li>• Retention of wealth in local area/economy</li> <li>• Distribution of income - <i>Group C</i></li> <li>• Business activity - <i>Group C</i></li> <li>• Job creation - <i>Group C</i></li> <li>• Availability of employment opportunities - <i>Group C</i></li> <li>• Quality of employment opportunities - <i>Group C</i></li> <li>• Availability of education opportunities</li> <li>• Availability of training and skills development opportunities - <i>Groups A, B, C, E</i></li> <li>• Technological development</li> <li>• Amount of traffic congestion</li> </ul>	<ul style="list-style-type: none"> <li>• Air quality</li> <li>• Water quality</li> <li>• Soil quality - <i>Group C</i></li> <li>• Noise levels</li> <li>• Smell/odour</li> <li>• Vibration</li> <li>• Hazards, e.g. radiation, chemicals, micro-organisms</li> <li>• Land use - <i>Group C</i></li> <li>• Natural habitats</li> <li>• Biodiversity</li> <li>• Landscape</li> <li>• Townscape</li> <li>• Green spaces and parks</li> <li>• Civic areas</li> <li>• Use/consumption of natural resources</li> <li>• Carbon dioxide and other greenhouse gas emissions (energy efficiency)</li> <li>• Solid waste management - <i>Groups A, B, E</i></li> <li>• Public transport infrastructure</li> </ul>



## **Annex 3: Schedule of questions for use during core workshop tasks**

### **A. Identifying impacts on health ~ for use during Task 5.3**

Two levels of questions have been provided for use during core workshop tasks:

- Level 1 questions are for use when the majority of workshop participants have little or no knowledge and experience of HIA.
- Level 2 questions are for use when workshop participants are already skilled at HIA or have gained experience during the introduction of HIA locally.

However, depending on participants' knowledge and experience of HIA, it may be appropriate to use a combination of questions from Levels 1 and 2.

#### **Level 1 Questions**

For *each element or aspect* of the proposal, ask:

- What will be the outcome(s) of proposal implementation?
- Will these outcomes have a direct impact on health?
- Will these outcomes have an indirect impact on health?
- If so, which of the factors affecting health/determinants of health are key to mediating that impact?

For *each impact on health* identified, ask:

- What is the nature of the impact ~ positive or negative?
- Whom will it affect ~ the whole community/population, or various groups in the community/population?
- Will the nature of the impact be different for any of the vulnerable, marginalised or disadvantaged groups in the population?

*If time is available*, explore the **implications for service planning** of each health impact, as follows:

- Will this impact have implications for service planning:
  - in the public sector ~ if so, which service(s)?
  - in the private sector ~ if so, which service(s)?
  - in the voluntary sector ~ if so, which service(s)?
- If proposal implementation involves changes to service provision, will any of these changes have an impact on health and therefore the need for services, and thereby have implications for service planning:
  - in the public sector ~ if so, which service(s)?
  - in the private sector ~ if so, which service(s)?
  - in the voluntary sector ~ if so, which service(s)?

## ***Level 2 Questions***

In addition to Level 1 Questions, explore the following.

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?’. *For positive impacts:* ‘How beneficial will it be?’ [Severity/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
  - information in the experience base; if so, please give details
  - your own experience; if so, please give details

*If time is available*, explore the ***implications for service planning*** of each health impact, as follows:

- Will this impact have implications for service planning:
  - in the public sector ~ if so, which service(s)?
  - in the private sector ~ if so, which service(s)?
  - in the voluntary sector ~ if so, which service(s)?
- If proposal implementation involves changes to service provision, will any of these changes have an impact on health and therefore the need for services, and thereby have implications for service planning:
  - in the public sector ~ if so, which service(s)?
  - in the private sector ~ if so, which service(s)?
  - in the voluntary sector ~ if so, which service(s)?

## B. Suggesting changes to the proposal to address the health impacts ~ for use during Task 5.4

Two levels of questions have been provided for use during core workshop tasks:

- Level 1 questions are for use when the majority of workshop participants have little or no knowledge and experience of HIA.
- Level 2 questions are for use when workshop participants are already skilled at HIA or have gained experience during the introduction of HIA locally.

However, depending on participants' knowledge and experience of HIA, it may be appropriate to use a combination of questions from Levels 1 and 2.

### *Level 1 Questions*

1. Recap the results of the first core workshop task, including the factors affecting health/determinants of health key to mediating the impacts on health that were identified.
2. For each of the factors affecting health/determinants of health key to mediating one or more impacts on health, ask:
  - Is there an intervention that could change or alter the way in which the factor/determinant has an effect on health, that is, could the intervention minimise a negative impact or maximise a positive impact?
  - How could that intervention be incorporated into the proposal:
    - Do we need to change the element/aspect that actually gives rise to the impact?
    - Do we need to change another element/aspect to moderate the negative impact or supplement the positive impact of the original element/aspect?
    - Do we need to introduce a new element/aspect into the proposal to moderate the negative impact or supplement the positive impact?  
*For negative impacts it is not possible to prevent, minimise, or moderate, ask:*
    - Is it feasible to remove from the proposal the element/aspect that gives rise to this impact? Remember to take into account whether this element/aspect is non-negotiable.

If particular elements/aspects of the proposal have been found to have negative impacts on vulnerable, marginalised, or disadvantaged groups but positive (or neutral impacts) on the community or population, it is vital to identify changes to address those negative impacts ~ the same series of questions can be used.

*Towards the end of the time allocation for this task (~5 minutes remaining), explore the following:*

‘Are there ways of adding to the proposal that would confer further positive impacts on health?’

***For both levels of questions,*** ensure that any of the suggestions to change the proposal will ***not*** have a negative impact on any of the vulnerable, marginalised, or disadvantaged groups in the population.

## ***Level 2 Questions***

In addition to Level 1 questions, explore the following.

When participants suggest interventions to address the impacts arising through key determinants of health, ask:

- Is this intervention effective according to:
  - the evidence base; if so, please give details
  - the experience base; if so, please give details
  - your experience; if so, please give details

If there is time, ask:

- Bearing in mind the determinants of health through which proposal implementation will act, what indicators would you use to monitor the proposal's impact?
- Bearing in mind the impacts on health you have identified, what health outcomes would you use to monitor and evaluate the proposal's impact?

For each indicator or health outcome, explore whether:

- The data is collected routinely.
- If so, identify the agency responsible for data collection and analysis.
- If not, identify the resource implications for collecting this data *de novo*.

***For both levels of questions***, ensure that any of the suggestions to change the proposal will ***not*** have a negative impact on any of the vulnerable, marginalised, or disadvantaged groups in the population.

## **Appendix 1: The process of tool development**

### **The Commission**

Towards the end of 1999, the Directors of Public Health (DsPH) of Berkshire, Buckinghamshire, Northamptonshire, and Oxfordshire (known as the Four Counties) commissioned the Public Health Resource Unit, Oxford, to develop a rapid appraisal tool for health impact assessment (HIA). The tool was commissioned in response to a request from partners in local government who wanted to use HIA in their work.

### **Survey of DsPH**

In preparation for the commission, a survey of DsPH was undertaken during Autumn/Winter 1999 to ascertain the following:

- HIA activity at a local level
- the availability of tools and/or models for HIA

The questionnaire was also posted on EH.net. A summary of the results was published in the *Health Service Journal* (Ison and Griffiths, 2000).

### **Specifications for the Commission**

The general specifications for tool development were:

- the tool should be aimed at those working on the broader public health agenda at a local level – health, local government, voluntary sector, commercial and business sector, and community organisations;
- the tool should be designed and refined in conjunction with potential users;
- the process should be iterative.

The specified criteria for tool development are shown in Box A1.1.

#### **Box A1.1: Criteria for tool development**

- ◆ Usability – how easy is it to use the tool?
- ◆ Usefulness – are the outputs from the tool useful?
- ◆ Comprehensibility – is the tool easy to understand?
- ◆ Comprehensiveness – does the tool cover a range of determinants of health appropriate to the type of proposals to which it will be applied?

### **Preparatory Work**

A Steering Group was set up, chaired by Professor Sian Griffiths, comprising representatives in health and local government from the Four Counties. The Steering Group took two fundamental decisions.

1. The tool and process to support its use should be devised for application in participatory stakeholder workshops.
2. The process of tool development should be undertaken through a series of pilots.

Tools for, and models of, HIA that were already available (or that had been sent to us as a result of the survey) were reviewed. A prototype tool and process were originated, which were trialled on the Steering Group.

### **Piloting the Tool**

After the trial with the Steering Group, the first iteration of the tool was developed for use in the first pilot. The original intention was to pilot the tool on proposals for implementation in the Four Counties. However, a bid made to the Policy Committee of the Faculty of Public Health Medicine was successful, which meant that pilots could also be undertaken outside the Four Counties.

In total, 10 pilots have been conducted on a variety of proposals at a local level, involving a diversity of stakeholders, including where possible members of the community (see Table A1.1). A new

iteration of the tool, and instructions to support the process of organising the participatory workshop, were produced after each pilot.

**Table A1.1: Pilots undertaken during the development of a rapid appraisal tool for HIA**

<i>Proposal</i>	<i>Type of HIA</i>	<i>Lead organisation</i>	<i>Community involvement?</i>
Affordable Housing Policy *	Prospective	Oxford City Council	No
Handyvan Scheme for the Elderly	Concurrent	Chiltern District Council	No
Tenancy Support Officer Scheme for Recently Homeless	Concurrent	Milton Keynes Council	No
Single Regeneration Budget – Housing Programme	Prospective	London Borough of Newham	Yes
New Settlement and Rapid Transit System*	Prospective	Cambridge and Huntingdon Health Authority	No
Single Regeneration Budget – Housing Programme*	Prospective	Cambridge and Huntingdon Health Authority	No
Housing Estate^	Retrospective	Reading Borough Council	Yes
Healthy Living Centre	Prospective	Aylesbury Vale District Council	Yes
Food and Health Strategy	Prospective	Merton, Sutton and Wandsworth Health Authority	Yes
Air Quality Management Plan	Prospective	Oxford City Council	No

\* These pilots were undertaken as training sessions for staff to introduce them to the methodology of HIA.

^ For this pilot, 2 participatory stakeholder workshops were undertaken; there was also a survey conducted of 200 households on the housing estate, the results of which informed the structuring of the workshops.

## ***Appendix 2: Brief introduction to HIA***

### ***What is HIA?***

The term health impact assessment can be used to describe:

- a concept
- a process
- a tool
- a complex of methodologies

### ***Definition***

‘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’

*The Gothenburg Consensus Paper, European Centre for Health Policy, WHO Regional Office for Europe*

### ***Development***

The methodology of HIA was developed in the context of assessing **non**-health policies.

### ***Types of HIA***

- Prospective - conducted **before** the implementation of a proposal
- Retrospective - conducted **after** the implementation of a proposal
- Concurrent - conducted **during** the implementation of a proposal

### ***Distinguishing characteristics of HIA***

- Multidisciplinary
- Intersectoral
- Participatory
- Use of more than one method
- Use of quantitative and qualitative evidence
- Focus on health inequalities

### ***Underpinning values of HIA***

- Sustainability
- Promotion of health
- Democracy
- Equity
- Equality
- Ethical use of evidence

### ***Process of HIA***

There are five main stages in the process of HIA:

1. Screening - ‘Which proposals should be subject to HIA?’
2. Scoping - ‘What are the boundaries for this particular HIA?’
3. Appraisal - ‘What are the health impacts of this proposal, and what changes could we suggest to minimise the negative and maximise the positive?’
4. Decision-making - ‘Which recommendations to change the proposal should we adopt?’
5. Monitoring and evaluation - ‘What are the health outcomes of implementing the proposal as modified by the HIA, and can we improve the process of HIA?’

### ***Types of appraisal***

- Rapid - Limited timeframe; use of information/data that are readily available
- Comprehensive or in-depth - Extended timeframe; collection of new information/data and a review of information/data that are already available
- Intermediate - A term sometimes used to describe an appraisal that is of a relatively limited timeframe and includes some new information/data

### ***Policy drivers for the introduction of HIA***

#### 1. *Saving Lives: Our Healthier Nation* (Department of Health, 1999)

‘Local decision-makers must think about the effect which their policies may have on health, and in particular how they can reduce health inequality. In most cases this will require a change in the way that health authorities, local authorities and other local agencies see their role. They will in future need to act much more as health champions at a local level and ensure health is on the agenda of all local organisations and agencies outside the health field. An important part of their role will be to encourage all local agencies to make local health impact assessments when planning investment in, for example, amenities, buildings or local communities and in the location of services.’ (*Paragraph 4.47*)

#### 2. National Service Framework for Coronary Heart Disease (NSF for CHD)

#### 3. Research and Development Strategy for Public Health

### ***Context in the UK***

- HIA is a relatively young methodology
- Many different models and tools are in circulation/being developed
- For most models/tools, there is not a long history of use
- Relatively few evaluations have been performed on the models/tools currently available
- Evaluation of the process of HIA in its infancy
- There have been relatively few evaluations of health outcomes following the implementation of proposals modified during HIA

### ***The benefits of applying HIA to proposals***

- The potential for health gain
- Achieving added value from non-health proposals
- The use of best available evidence in decision-making
- Community participation in decision-making
- Accountability/transparency in decision-making

### ***The hallmark of HIA***

The hallmark of HIA is flexibility/adaptability.

- It can be applied to a policy, programme, or project (referred to as a proposal) – from strategic through to tactical use
- It can be applied to a wide range of policy areas, e.g. housing, regeneration, transport, economic development, health services provision, etc.
- It encompasses different types of appraisal, models, tools, and techniques, which means it can be adapted to fit a range of different situations and circumstances
- It involves a diversity of stakeholders

### ***Introducing HIA into an organisation/partnership***

- Gain commitment to the principles of HIA at a strategic level
- Identify policy and/or strategic frameworks suitable for the introduction and piloting of HIA in organisation/partnership (see Table A2.1)
- Integrate HIA into organisation’s/partnership’s planning and development cycle
- Build the capacity to undertake HIA

**Table A2.1: Examples of policy and strategy frameworks in which HIA can be applied at a local level**

<i>Partnerships</i>	<i>Local government</i>	<i>Health services</i>
<ul style="list-style-type: none"> <li>• Local strategic partnerships</li> <li>• HAZs, Education Action Zones, Employment Action Zones</li> <li>• Health Improvement Programmes (HIMPs)</li> <li>• Local Agenda 21 (LA21)</li> <li>• Single Regeneration Budget (SRB)</li> <li>• New Deal for Communities (NDC)</li> <li>• Neighbourhood Renewal Schemes</li> <li>• Sure Start initiatives</li> <li>• Drug Reference Group-Drug Action Teams</li> <li>• Joint Investment Plans</li> <li>• Community Safety Plans</li> <li>• Healthy Living Centre (HLC) initiatives</li> <li>• Health For All (HFA) initiatives</li> <li>• Healthy Cities initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Best Value</li> <li>• Unitary Development Plan</li> <li>• Local Plan</li> <li>• Sustainability appraisal</li> <li>• Environmental impact assessment (EIA)</li> <li>• Social impact assessment (SIA)</li> <li>• Local Transport Plan</li> <li>• Anti-poverty strategy</li> <li>• Procurement and Contracting</li> </ul>	<ul style="list-style-type: none"> <li>• Our Healthier Nation (OHN) priority areas</li> <li>• National Service Frameworks (NSFs )</li> <li>• Access to services</li> <li>• Provision of services</li> <li>• Location of services</li> <li>• Reconfiguration of services</li> <li>• New build</li> <li>• Development of Primary Care Trusts (PCTs) and Care Trusts</li> <li>• Health promotion</li> </ul>



### ***Appendix 3: Reporting the results ~ the proposal's potential impacts on health***

**Example from Pilot ~ diagrammatic presentation of the factors involved in the causation of health impacts which were developed for the report of the retrospective HIA of the housing estate**

- **Figure 1 shows the initial causes, intermediary nodes and outcomes within the theme of Community Safety**
- **Figure 2 shows the initial causes, intermediary nodes and outcomes within the theme of Housing and Estate Design**
- **Figure 3 shows the initial causes, intermediary nodes and outcomes within the theme of Access to Services and Facilities**
  
- **Figure 4 is a simplified version of Figure 1**
- **Figure 5 is a simplified version of Figure 2**
- **Figure 6 is a simplified version of Figure 3**



## References

- Department of Health (1999) *Saving Lives: Our Healthier Nation*. The Stationery Office.
- European Centre for Health Policy (1999) *Gothenburg Consensus Paper*. WHO Regional Office for Europe.  
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Follow links to HIA.
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