

# Comprehensive Health Impact Assessments (HIA) Guidance for use

## What is the HIAP approach?

Health in All Policies (HiAP) is a collaborative, evidence-based approach to improving the health of all people by incorporating health considerations into decision-making across a range of organisational sectors and their work programmes, strategies and policy areas.

HiAP is based on the recognition that our greatest health challenges (such as health inequalities / spiralling health care costs), are complex issues lacking straightforward solutions, which are not the responsibility of any single department or organisation. These issues are often linked to the social determinants of health, requiring a co-ordinated partnership response.

## What is a Health Impact Assessment and why do we use them?

A **Health Impact Assessment** (HIA) is a tool to assist people to work together to improve health and reduce health inequity and inequality.

A HIA will consider individual factors, like lifestyle, as well as the wider determinants of health such as education, housing, green spaces, environment and employment.

A HIA can create “win-win” solutions e.g. good spatial planning has many non-health benefits but if designed appropriately it can increase physical activity, improve mental health and reduce carbon emissions, all of which improve health.

HIAs give invaluable information not only about potential effects on health, but also how to manage them. It therefore provides the opportunity to amend the design of a proposed plan, strategy, policy, or project if necessary.

It can be used to assess the positive aspects of a proposal (e.g. the creation of good jobs), and the negative effects (e.g. air pollution impacting vulnerable groups). It is particularly focused on looking at how disadvantaged groups may be affected, to minimise the risk of widening inequalities.

Ultimately the purpose of a HIA is to inform decisions on how we can maximise the positive and minimise the negative health impacts. It informs decisions as to whether the impact on health of a particular proposal is acceptable or not. It assists the decision-makers by giving them better information, but it does not make the decision for them. The approach uses a range of quantitative, qualitative, and participatory techniques.

This guidance will take you through the steps to complete a HIA and it is designed to be completed by you and your department, with support from colleagues and other stakeholders.

## **Aims and objective of HIAs**

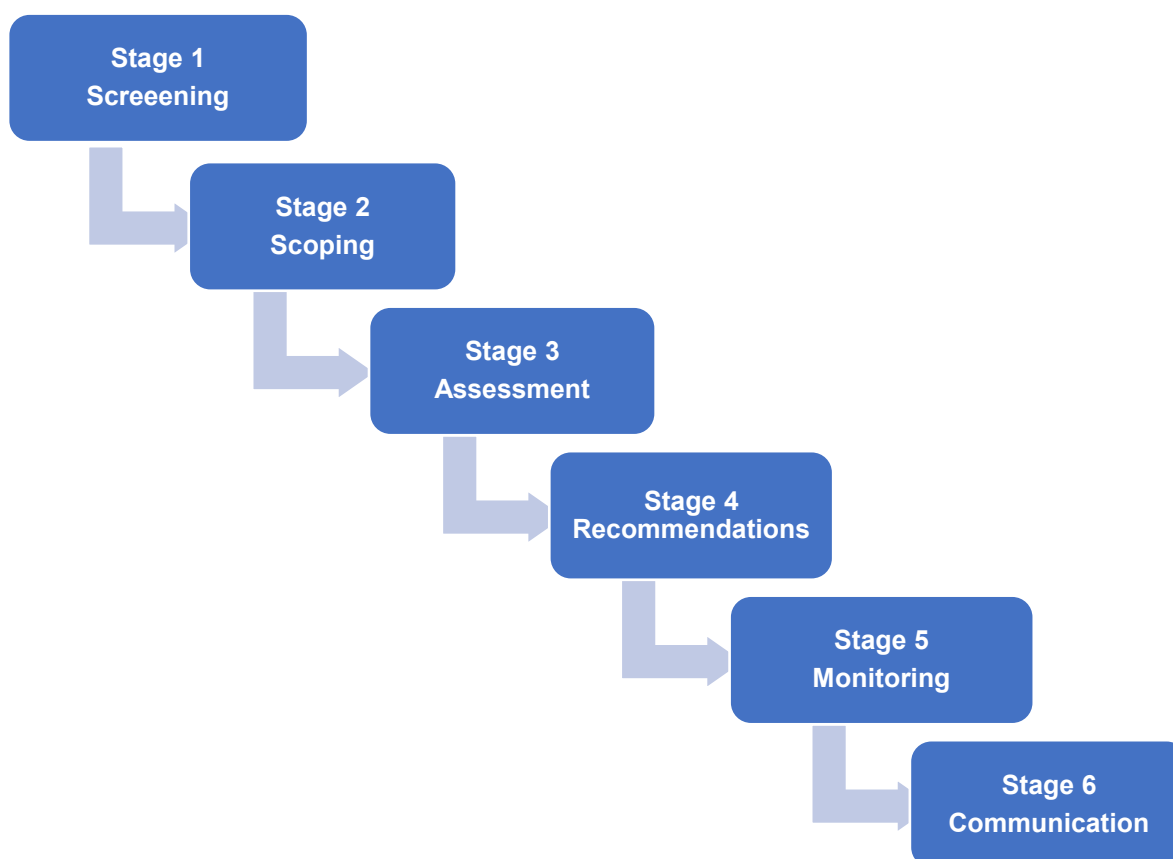
A HIA should:

- identify the potential positive and negative health and well-being impacts of the proposed project or development on all communities and neighbourhoods that are likely to be affected.
- highlight any differences in health impacts on sub-population groups - sub-population groups include:
  - BAME communities
  - people of any gender
  - LGBTQ+ individuals

- people of any age, including children, young people, working age adults and older people
- disabled people or people suffering from poor physical or mental health
- religious or faith group
- pregnant women
- any other key population groups locally
- make recommendations to mitigate against any potential negative health impacts and maximise potential positive health impacts, highlighting where possible the most affected vulnerable groups.

## 6 Stages of a Core HIA

This tool is based on a 6-stage model as set out below. You are advised to follow each of the stages in turn.

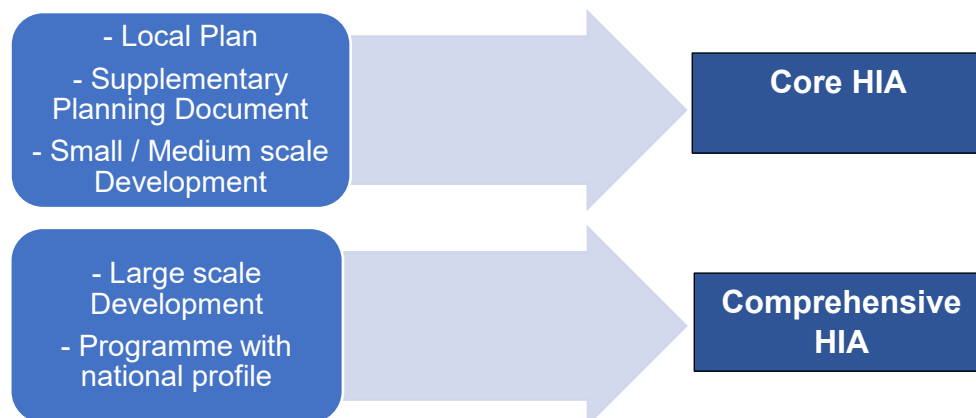


### Stage 1 – Screening – What type of HIA do I need?

Not all proposals require a HIA. This will depend on the type, scale and location of the strategy, policy or programme. Issues such as timing and the likely impact on residents should be considered here. Most strategies, policies or programmes will require a Core HIA to be completed. In some cases, a Comprehensive (or full) HIA is required. The latter is typically co-led or supported by Staffordshire County Council's Public Health and Prevention Team.

Slightly different paths are followed depending on the strategy, policy or programme you are developing or reviewing. The extent of the HIA undertaken will depend on the type and size of the proposal. For example, most Planning projects are likely to require Core HIAs, with only nationally significant proposals or large-scale developments or projects expected to undertake a Comprehensive HIA

Using planning policies as an example, the diagram below gives an indicative guide of the type of HIA that may be suitable depending on the nature of the proposal. The likely scale of impact should be determined through discussion with stakeholders at this stage rather than as a data led exercise. The same approach should be considered for other strategies, policies or programmes.



## **Stage 2 – Scoping**

### What are the objectives?

These should be set out in plain language that reflects the reality of the situation. The following examples may be chosen:

- To establish whether and to what degree this strategy / policy / programme will impact on the health and health inequalities (of the defined population)
- To establish whether the impacts will be positive, negative or neutral and the scale of same
- To establish whether different population groups (e.g. based on ethnicity or levels of deprivation) will experience different health effects. Consider the risk of creating or increasing a health inequality.

### Who are the key stakeholders and how to consult them?

- A lead should be identified to oversee the HIA process and enable key stakeholders to take responsibility for sections where they have expertise.
- A stakeholder mapping exercise will help you to identify those stakeholders who need to be properly engaged in the HIA process and who may be asked to lead some of the sections. Equally, you need to identify those who only require updates for information.
- You may wish to undertake a small consultation exercise in certain circumstances (for example, hold a focus group with local population). This process can be used to demonstrate to those who challenge a proposal or policy that sufficient consultation was carried out in a robust manner.

### What is the geography?

It is crucial that the geography affected by the strategy, policy or programme is well defined and recorded on the HIA Template on pages 3 and 4. This may be the whole of Staffordshire, at a district / parish level or wards or part of wards but should be clearly identified. The HIA should also consider the impacts to any geography not initially affected by the proposal but likely to be affected in the future, for example a population migrating to another village to use facilities.

## What data/evidence do we need to be aware of?

Are we aware of any evidence that leads us to believe that the proposed strategy, policy or programme will impact on health and health inequalities?

Consider the current and projected demographics of the population potentially affected, including profiles of deprivation, education and economic status.

Also consider current state of the population's health and wellbeing and future trends and the main issues affecting health in the population.

Seek information on evidence of health inequalities and the communities' perceptions of their health.

Stakeholders will be key to this element of the scoping and may have access to evidence, data and other sources of information that prove invaluable to the production of the HIA.

### **Stage 3 – Assessment**

The lead partner will then work with partners to seek co-operation in the assessment exercise and will assign completion of the various 'Impact Assessment Areas' (listed below) in the agreed timescales to the participating partners.

- Housing and Location – Pg 6-8
- Physical Activity – Pg 9 & 10
- Diet and Nutrition – Pg 11 & 12
- Air Quality and Noise – Pg 12 & 13
- Transport – Pg 14 & 15
- Crime Reduction and Community Safety – Pg 16 & 17
- Alcohol, Tobacco and Drugs – Pg 18
- Economy, Enterprise and Employment – Pg 19 - 21
- Climate Change and Energy Usage – Pg 22 & 23
- Water, Resource minimisation and land use – Pg 23 - 26
- Equality, Social Cohesion and Community – Pg 27 - 29
- Access to Public Services – Pg 29 & 30

Each 'Impact Assessment Area' will be assessed on the overall effect to health and wellbeing including the following considerations;

**a) Impact** – considering if the proposal will have an impact of the category listed and if this will be positive, negative or neutral. It will assess the impact separately for the different populations affected if applicable with an explicit aim of the impact assessment being to reduce inequalities wherever possible.

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Proposal has a positive impact	Proposal has a negative impact	Proposal has a neutral impact

**b) Certainty** – from a subjective perspective, how certain the professional completing the assessment considers the impact. As far as possible, decisions should be supported using available evidence. If the professional is uncertain if an impact will occur, it should be marked ? and ! if you are certain / have evidence an impact will occur.

?	!
Assumed impact. You have a gut feeling but may need to do some research.	Known impact. You know that your assessment is correct and is based on evidence.

**c) Description of Impact** - how the proposal will impact on the specific group or population.

**d) Recommendation** - detail how positive impacts could be maximised and negative impacts minimised.

Once the individual Impact Assessment Areas have been completed, they should be returned to the lead partner. They will then be collated into the overarching HIA document and reviewed with assistance from the Staffordshire County Council Public Health and Prevention Team if required.

Requests for assistance can be made using the following email:  
[publichealth@staffordshire.gov.uk](mailto:publichealth@staffordshire.gov.uk)

Feedback and recommendations will be recorded and collated and shared with the Working Group (assigned to have oversight of the HIA process) to inform the development of the project, policy, programme proposal.

#### **Stage 4 - Recommendations**

Following completion of Stage 3 (above), you should discuss the recommendations and suggestions with the relevant stakeholders to explore those that should be taken forward from the HIA.

These should then be presented / reported to the relevant decision maker(s) for consideration and action as appropriate. Where there are any doubts regarding the interpretation of a HIA, additional support is available from the Staffordshire County Council Public Health and Prevention Team.

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#### **Stage 5 - Monitoring**

Evaluation following implementation of recommendations.

Following submission of the HIA recommendations and implementation of the proposals it requires, the extent to which the HIA has influenced the decision-making process should be evaluated. You can follow the framework below:

- *Inputs/Process*  
How are the activities that the HIA is looking to impact changing over time?
- *Impacts*  
Are health-related outcomes changing? For example, are cardiovascular disease rates changing following a green space initiative or a plan to reduce numbers of fast-food outlets?
- *Review and Act*

Once you have completed the steps above, you can discuss with stakeholders, any possible further actions to take.

## **Stage 6 – Communication**

Once the evaluation is complete it is imperative to widely communicate to a variety of stakeholders the impacts identified, the subsequent recommendations and the success in implementation, so that further learning can be replicated, and best practice is shared.

### **Comprehensive HIA Process Flowchart**

