Rapid Health Impact Assessment

A Screening Tool for
Registered Social Landlords &
Social Housing Providers

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Acknowledgements

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1.0 INTRODUCTION

1.1 Purpose of this HIA Screening Toolkit

The Housing Corporation requires that all housing associations consider whether their development and refurbishment proposals are contributing to sustainable communities, improving health and well-being is a key part of this.

This toolkit has been developed to assist Registered Social Landlords (RSLs) and Social Housing Providers (SHPs) with identifying how their programmes have an impact on health. This, in turn, will suggest indicators that can assist with monitoring the impact, thus making best use of available resources in achieving a number of aims.

It has been developed following a pilot study with three RSLs/SHPs whose experience demonstrated that Health Impact Assessment (HIA) is a useful tool for the identification of a wide range of impacts of their programmes on health. These impacts are both positive and negative, and present an opportunity to adjust planning accordingly.

1.2 A social model of health

HIA works with a broad social model of health, concerned not only with ‘ill-health’ but with addressing ‘upstream’ determinants which can lead to or contribute to ill-health. This is best illustrated by the diagram below:

![Diagram of the main determinants of health]

As a starting point for a definition of health the World Health Organisation (W.H.O.), 1947, suggested that ‘health is a state of complete physical, mental and social well being and not merely the absence of disease’. This model of health, supported by W.H.O., demonstrates that health is affected by a range of factors. These range from individual genetic and lifestyle factors, to macro socio-economic, cultural and environmental conditions, with ‘social cohesion’ playing a vital role particularly for vulnerable less well off communities. The importance of housing as a key ‘upstream’ health determinant is now well documented.

1.3 Health, Housing and Sustainability

Strategies for building healthier communities share many similarities with those for sustainable development (1): the need to address issues such as income, employment, opportunities for a healthy lifestyle, housing, education and the cohesion of the community itself (2). Health and sustainability are linked because the causes of ill-health are closely linked with unsustainable social, economic and environmental conditions. Measures that promote sustainability also contribute to a thriving, inclusive economy, with equal equality for all to enjoy a decent quality of life without wasting the earth’s resources. As a result they should also help to reduce risks to health and to reduce the health gap between rich and poor (3).

We are now firmly in an era of partnership and multi-agency working and Government policy has emphasised the need to consider the health impact of all public policy and regeneration is no exception (4). The 300 Directors of Public Health based within Primary Care Trusts across England will be expected to work in partnership to deliver sustainable communities. This should lead to more progress on community transport, work / life balance, and healthy initiatives and bring the work piloted in area based initiatives – e.g. in regeneration and Health Action Zones – into the mainstream. RSL’s, are increasingly required to demonstrate their contribution to sustainability and have a key contribution to make to local strategies.

Health and Regeneration

To date much ‘regeneration’ activity has been based on the premise that the renewal of the built environment in deprived areas will automatically lead to improvements in people’s health and well-being. There has been a tendency to assume that if the housing is improved and the built environment renewed then all will be well. Certainly, local people consulted about proposed regeneration and renewal initiatives will often identify housing or environmental issues as being of paramount importance to their health and well-being.(5)

However, improving people’s health and delivering sustainability is not and must not simply be a question of the refurbishment, redevelopment or re-housing. Consideration has also to be given to issues of quality:-
- design, internal air quality, cost and type of heating, space etc;
- the relationship between the dwellings; and
- the way in which people use the internal and external spaces and how safe they feel.

Addressing these issues can reduce levels of injury, levels of respiratory disease, and improve peoples’ mental health and there are a number of authors who report on positive health changes as a result of regeneration.

Where redevelopment leads to there being fewer homes in an area, and often homes of a smaller size, tenants may be anxious about how many people are going to be able to stay in the area and the size of the accommodation they are going to return to. Concerns have also been highlighted about rising costs associated with estate or housing improvement. Housing improvements can bring about substantial health gains and higher resident satisfaction levels. The same regeneration process can have a negative impact if it leads to an increase in household costs (6). Such ‘improvements’ may also displace key groups and this tends to redistribute inequalities rather than reduce them.
Assessing and Measuring the Impact

So the key to successful Health Impact Assessment is the information available to and provided by stakeholders. Health Impact Assessment carried out early in the life of a project or initiative will provide invaluable information about the different was in which the project might affect people’s health. In Appendix 1 there is a list of resources giving access to information about available evidence and case study examples. The Sustainability Works web-site sponsored by the Housing Corporation provides a summary of the evidence to support sustainability, makes links to wider health and well-being issues and enables subscribers to produce reports, develop feasibility studies and monitor projects (7).

Just as important as the available evidence are the perceptions and experiences of the people whose lives will be affected. Traditional methods of consultation are often hide bound by decisions that have already been made. Health gain will only be delivered if all ‘perspectives’ are acknowledged (8). Current policy requires user involvement to be on every one’s agenda – but there are no formal mechanisms for joining it up.

Health Impact Assessment provides an opportunity to build a new relationship between professionals and community members. Resident concerns can too often be met with standardised professional solutions. For example, resident concerns about noise may be met with a proposal to install double-glazing. Over the life of the programme this may get reduced to the statements that “the residents want double glazing”. The original concern about noise has been lost. Here there may be a need to look at the underlying concerns such what is the source of the noise – traffic, young people, neighbours (beside, above and below)?(9). There is then a need to look at different scenarios, some of which may need input about evidence and what has worked elsewhere (10).

There is a need for a different approach that recognises that people rarely behave “according to plan” and that decisions taken in one place will lead to unforeseen actions elsewhere. Diagnostic uncertainty is common, particularly in primary care, and diagnostic agreement between clinicians is surprisingly poor even over ‘hard’ observable data. This is no less true in other areas such as housing or regeneration. Poor housing has been used both as an indicator of poverty and as a target for interventions to improve public health and reduce inequalities in health. Although housing has a prime place on the health inequalities agenda in its own right, it also has wider implications because small health effects can have a large impact at a population level (11).

Ultimately, the only way to know exactly what is needed in a particular area or what will happen is to observe it: it is not a question of better understanding of the agents of better models or of better analysis but of ensuring a proper compact between different types of evidence and a proper exploration of different scenarios and a recognition of the need to be adaptable and to respond as things change.

1.4 What is Health Impact Assessment and how can it help?

‘Health Impact Assessment (HIA) can be described as “a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population” ’ (Gothenburg concensus.) Examples of completed HIAs are contained in Appendix 2.

HIA is a useful way of assessing positive and negative health impact of an existing or proposed service or development. It can be conducted before, during or after implementation of the intervention. If conducted before or during it can offer an opportunity to maximise potential positive impacts, and to minimise potential negative impacts. It includes a set of processes which allow for various levels of HIA to be conducted from rapid to in-depth. This HIA Screening Toolkit is concerned with assessing whether or not to do any further HIA and at what level.
1.5 What is Screening?

This is a process that enables us to identify aspects of a policy that have the potential for impacting on health, and helps us to make a decision as to whether further investigation in the form of an HIA is needed. By undertaking the ‘screening’ process alone, it is possible to identify aspects that through small amount of adjustment might bring significant health gains. For example, all three RSLS/ShPs in the pilot screening study identified work they could do to maximise health gain for their clients, and did not need to undertake any further HIA process. However, all three recognised that the HIA process was an important one for them in understanding just how much they do that impacts on health. The following flow chart is designed to give a basic outline of these various processes:

![Flow Chart](image)

A possible Health Impact Assessment process for social landlords

**The project development process**

- **PROJECT BRIEF & SPECIFICATION**
- **DESIGN AND DEVELOPMENT OPTIONS**
- **OPTION APPRAISAL AND DETAILED DESIGN**
  - Which option best meets the brief within budget with least
- **MODIFIED DESIGN**
- **PLANNING APPLICATION & DECISION**
  - If approved, DEVELOPMENT STARTS
  - DEVELOPMENT COMPLETED & HANDBOVER TO OPERATORS

**The Health Impact Assessment**

- **COMMUNITY PROFILING**
  - What are the characteristics of the local population?
- **SCREENING**
  - In what ways might the community be affected by this development? Are there likely to be adverse social and health effects?
- **SCOPING**
  - How might these be eliminated or minimised?
- **FULL HEALTH IMPACT ASSESSMENT**
  - What are the + and – health effects of each option? Which option has the most health gains and the fewest adverse health effects? Is the ‘best’ option acceptable on health and social grounds?

**Planning Application**

- **HIA does not support Planning Application**
  - NO
  - **HIA supports Planning Application**
  - YES
  - **MONITOR DEVELOPMENT PROCESS**
  - **MONITOR ONGOING OPERATIONS**

*source: Peter Moloney & John Palmer, A Partnership Approach to Health, UK PHA 2000*
2.0 THE HIA SCREENING TOOL-KIT

2.1 What do you need to start with?

Before you begin to undertake the HIA screening process you will need to collect the following:

- input from a range of key stakeholders. These might include an existing or potential tenant/s, a planner, a funder, an operational manager, and a public health specialist. You might want to organise for this group to meet for half a day to undertake the HIA Screening process. This shared working has proven beneficial in building a more complete picture and understanding of health and social needs, as well as strengthening networking and ownership of the recommendations of the exercise. It will require organising well in advance, with one person taking responsibility;

- information regarding the policy, programme or project (referred to hereafter as the proposal) you wish to screen. This could relate to who the key stakeholders are, known information regarding their demographic profile i.e. are a significant number on housing benefit, any known health and social needs and details of the proposed intervention;

- clarity of the scope to influence decisions and the timescale. If there is no scope or time to influence, it might be worth re-thinking whether the proposal you have chosen is the right one!

- it is worth appointing one person as the ‘scribe’ to ensure records are kept of the discussion and key decisions. This role can be shared at the various stages of the process.

2.2 Getting started

STAGE ONE - IDENTIFYING YOUR KEY STAKEHOLDERS

In the matrix below is a list of possible stakeholder groups that your proposal might affect. Feel free to add in any that you are concerned with that are not mentioned, or occur to you whilst completing this exercise.

As you consider each group, consider any information you have available to you and whether you believe there will generally be a positive or negative impact on these stakeholders, and estimate to what degree you think this will be.

*Please circle the appropriate numbers. If you are not sure what the impact will be, circle “Not sure”.*
TABLE A - Estimated impacts on key stakeholders

For each stakeholder group for which you identify a potential negative impact (4 or 5) you might want to transfer your attention directly to considering the points raised in TABLE B, thus working through negative impacts in depth without losing your flow of thought.

<table>
<thead>
<tr>
<th>Stakeholder groups</th>
<th>Positive</th>
<th>Negative</th>
<th>Note key points raised in your discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black and ethnic minority communities</td>
<td>1</td>
<td>2</td>
<td>3 4 5 Not sure</td>
</tr>
<tr>
<td>Women</td>
<td>1</td>
<td>2</td>
<td>3 4 5 Not sure</td>
</tr>
<tr>
<td>Young people (13-21 years)</td>
<td>1</td>
<td>2</td>
<td>3 4 5 Not sure</td>
</tr>
<tr>
<td>Children (6-12 years)</td>
<td>1</td>
<td>2</td>
<td>3 4 5 Not sure</td>
</tr>
<tr>
<td>Young children (0-5 years)</td>
<td>1</td>
<td>2</td>
<td>3 4 5 Not sure</td>
</tr>
<tr>
<td>People with disabilities</td>
<td>1</td>
<td>2</td>
<td>3 4 5 Not sure</td>
</tr>
<tr>
<td>People with mental health problems</td>
<td>1</td>
<td>2</td>
<td>3 4 5 Not sure</td>
</tr>
<tr>
<td>People with substance or alcohol mis-use problems</td>
<td>1</td>
<td>2</td>
<td>3 4 5 Not sure</td>
</tr>
<tr>
<td>Older people</td>
<td>1</td>
<td>2</td>
<td>3 4 5 Not sure</td>
</tr>
<tr>
<td>Refugees and asylum seekers</td>
<td>1</td>
<td>2</td>
<td>3 4 5 Not sure</td>
</tr>
<tr>
<td>Rough sleepers</td>
<td>1</td>
<td>2</td>
<td>3 4 5 Not sure</td>
</tr>
<tr>
<td>Other(s) – please specify</td>
<td></td>
<td>1</td>
<td>2 3 4 5 Not sure</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Before leaving table A, were there any other impacts - positive, not sure or mid-way that you might want to record here to explore at a later stage?

<table>
<thead>
<tr>
<th>Stakeholder groups</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Not sure</th>
<th>Do you have any initial thoughts of action you could take to minimise the potential negative impact?</th>
</tr>
</thead>
</table>

If you have identified a negative impact (a score of 4 or 5) for any of the Stakeholder Groups, try to characterise the nature of that negative impact in the matrix below? Please tick the appropriate box.
TABLE B

<table>
<thead>
<tr>
<th>Stakeholder Groups (Fill in this column as appropriate)</th>
<th>Might the negative impact for the group be:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Serious?</td>
<td>Complex?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What, if anything, else do you need to know to be assured of your decisions? What might you want to recommend?</td>
</tr>
</tbody>
</table>

2.3  STAGE TWO - IDENTIFYING KEY DETERMINANTS OF HEALTH

Which of the following determinants of health might be affected by the policy, and, if so, will that impact be positive or negative? Circle the appropriate numbers. If you are not sure what the impact will be, circle ‘Not sure.’
<table>
<thead>
<tr>
<th>Determinant of health</th>
<th>Potential impact</th>
<th>Note</th>
<th>key points raised in your discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Positive</td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td>Age, sex and constitutional factors</td>
<td></td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Age – young children, older people?</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Gender</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Race</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Disability</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Lifestyle factors</td>
<td></td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Diet</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Physical activity</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Smoking</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Alcohol</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Sexual behaviour</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Drugs</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Social &amp; community networks</td>
<td></td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Isolated from main identified community</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Language</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Immigration status</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Fear of crime</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Lack of local community facilities</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Experience of ‘harassment’</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Access to services, local environment</td>
<td></td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Education – such as local schools</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>GP - is there a local one?</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Other health services - specify</td>
<td></td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Social services</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Transport</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Leisure</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Housing</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Community Safety</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Others?</td>
<td></td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>General socio-economic, cultural and environmental conditions and policies</td>
<td></td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Poverty</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Employment</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Air quality</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Water quality</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Social environment</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
<tr>
<td>Others?</td>
<td>1 2 3 4 5</td>
<td></td>
<td>Not sure</td>
</tr>
</tbody>
</table>
Were there any other impacts - positive, not sure or mid-way that you might want to record here to explore at a later stage?

<table>
<thead>
<tr>
<th>Health determinant</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Not sure</th>
<th>Do you have any initial thoughts of action you could take to minimise the potential negative impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have identified negative impacts on health (a score of 4 or 5) acting through any of the determinants of health listed in the previous question, try to characterise the nature of the negative impact. Tick the appropriate box(es) in the matrix below. If you are not sure what some of the impacts might be, tick “Unknown?”.

<table>
<thead>
<tr>
<th>Determinant of health (Fill in the column as appropriate)</th>
<th>Are any of the impacts: (Fill in the column as appropriate)</th>
<th>Do you have any initial thoughts of action you could take to minimise the potential negative impact?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Serious?</td>
<td>Complex?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.4 STAGE THREE - Assessing the confidence level of your work so far

How confident are you that you have enough information and knowledge to assess whether further health appraisal is needed?
Please circle the response below which most closely reflects your opinion.

<table>
<thead>
<tr>
<th>Response</th>
<th>Self-assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>I/we feel completely confident that I/we have had enough information and knowledge to feel confident with the estimations I/we have made.</td>
</tr>
<tr>
<td>(b)</td>
<td>While there are some areas of uncertainty in the knowledge and information we have used, I/we feel confident enough with the estimations I/we have made.</td>
</tr>
<tr>
<td>(c)</td>
<td>There are several uncertainties about the information and knowledge I/we have used and I/we need to be more confident with the estimations I/we have made.</td>
</tr>
</tbody>
</table>

If you answered (a) or (b), continue to next question.

If you answered (c) stop now and consider what you need to do to gain the information and knowledge you require to continue. You may, for instance, need to gather further information on:
- the aims, objectives, and intended outcomes of the policy, programme or project.
- the evidence relating to health impacts that might arise in relation to the policy, programme or project.
- the results of HAs on similar policy, programme or project.

2.5 STAGE FOUR - Summarising your findings so far, deciding whether further health impact assessment is needed?

Summarise your findings so far by answering the questions below.
For each question in the central column, circle the appropriate answer.

<table>
<thead>
<tr>
<th>Favours further appraisal</th>
<th>Question</th>
<th>Not favouring further appraisal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/Don’t know</td>
<td>Does the policy affect in a negative way any of your Stakeholder Groups?</td>
<td>No</td>
</tr>
<tr>
<td>Yes/Don’t know</td>
<td>For some of the determinants of health, are some of the effects of the policy unknown</td>
<td>No</td>
</tr>
<tr>
<td>Yes/Don’t know</td>
<td>Does the policy, programme or project have any serious or complex negative effects through any of the determinants of health?</td>
<td>No</td>
</tr>
</tbody>
</table>

If you have answered “Yes” to two or more questions under the above question then you favour further appraisal under the HIA process.
If you answered “No” to two or more questions then you do not favour further appraisal under the HIA process.
Circle the appropriate box below:

<table>
<thead>
<tr>
<th>In favour of further appraisal</th>
<th>Not in favour of Further appraisal</th>
</tr>
</thead>
</table>

Note: It is important to test this decision against other factors that may influence it. See next question.

Testing the result from previous question.
For each question in the central column, circle the appropriate answer.

<table>
<thead>
<tr>
<th>Favoursing further appraisal</th>
<th>In your opinion:</th>
<th>Not favouring further appraisal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nil/don’t know</td>
<td>Did you draw on a robust and readily available evidence base to draw on appraisal of the health impacts?</td>
<td>Yes</td>
</tr>
<tr>
<td>Nil/don’t know</td>
<td>Do you feel you have sufficient information to develop Recommendations for action without further appraisal?</td>
<td>Yes</td>
</tr>
<tr>
<td>Yes</td>
<td>Are there concerns among stakeholders, particularly the affected community/ies about potential health impacts?</td>
<td>Nil/don’t know</td>
</tr>
</tbody>
</table>

If you find that ‘don’t know’ is the response that comes most readily to you, you will probably find it helpful to discuss the issues with a colleague from your local Primary Care Trust public health department. Otherwise, turn to the next question to explore the options now open to you.
2.6 STAGE FIVE - Where do you go from here?

Read the main options and courses of action summarised below. Which of the actions identified do you need to take? Note that you may well want to discuss your decisions with a colleague from your local Primary Care Trust public health department.

Tick actions as appropriate.

- **In favour of further health impact assessment, which might include a literature search, community participation, reviewing the evidence.** You will need to explore resources and time available including time to influence the decision making process and who needs to be involved. A guide to resources to assist you with taking forward further HIA is included in Appendix 1. However, you might also want to consider any key points that you have noted whilst undertaking the Screening of your proposal, and identify how you want to progress them:

  - Record the decision here. Now continue to the final box/question.

    In making a recommendation for further Health Impact Assessment work, you might want to draw on a number of resources to assist you with this process. See Appendix 1.

- **Not in favour of further health appraisal, however, you might want to consider any key points that you have noted whilst undertaking the Screening of your proposal, and identify how you want to progress them.**

  Either – because the potential health impacts of implementing the policy – set out in Question 7 – are judged to be negligible, that is neither positive nor negative (given a score of 3)

  - Record the decision here. Then continue to next question.

  Or – because the potential health impacts are judged to be well known, as are the ways in which negative impacts can be eliminated or ameliorated, and/or positive impacts can be enhanced (‘Yes’ to Questions 1 and 2 within Question 11).

  - Record the decision here. Then continue to next question. Write a report to accompany the completed screening tool document. This should describe the potential impacts of the policy and the groups affected and include a set of recommendations to modify the policy, with reference to the supporting evidence/HIA experience base.
Complete the following.

- *Record in the box at the bottom of this page who is responsible for screening the policy, programme or project and the documents that were used during the process.*
- *Ensure that a completed copy of the screening is kept with the documentation along with any report and a completed HIA if carried out.*

Personnel responsible for screening the policy, programme or project:

Documents used during screening:
APPENDIX 1

Resources for Health Impact Assessment

Websites

Health Development Agency  www.hiagateway.org.uk
European Centre for Health Policy  www.who.dk/hp/ECHP/index.htm
International Association of Health Impact Assessment  www.iaia.org.uk
London’s Health website  www.londonshealth.gov.uk.
Institute of Public Health in Ireland  www.publichealth.ie

Resources

A two-volume ‘Resource for Health Impact Assessment’, containing a comprehensive range of practical information and tools, including a series of HIA case studies, is available at www.hiagateway.org.uk.

A number of regional Public Health Observatories (PHOs) as well as many universities are developing expertise in HIA and producing various resources, and/or provide access to local-level health information. Examples include Northern and Yorkshire PHO, London PHO, Liverpool University, the Institute of Public Health in Ireland.

Training

There are a few dedicated training courses currently available. Two examples include:

- **IMPACT**, the International HIA consortium, which runs a series of related courses - information about these and other HIA work undertaken by IMPACT can be accessed via their website www.iaia.org.uk
- **London’s Health Observatory** is running a series of short introductory courses, and a more in-depth course bi-annually - further information can be obtained via their website www.lho.org.uk
APPENDIX 2

Examples of HIA in practice

There are a number examples of HIAs which have been completed and some of these can be found in the literature. Three examples are also shown below.

HIA of the Ferrier Estate, Greenwich

This example draws on experience gained in undertaking a prospective, in-depth health impact assessment (HIA) of a large regeneration project in Greenwich, south London. The project is part of a Single Regeneration Budget (SRB) programme which has three main aims:

- tackling social exclusion and promoting opportunities for employment and education;
- addressing crime and raising the level of public safety in the area; and
- transforming the housing stock and local infrastructure.

It involves proposals for a radical transformation of local housing on the Ferrier estate, one of the most disadvantaged areas of the borough. The estate is home to 6,800 people and, given the established links between health and housing, the potential health impacts are sizeable. The broad aims of the HIA were

- to assess the potential health impacts on residents, both positive and negative, of changes in housing and land use on the Ferrier estate;
- to highlight the impact of the proposed development on health inequalities; and
- to make recommendations to enhance the predicted positive impacts and minimise the negative ones.

The HIA focussed on the land use options - refurbishment, demolition or a combination of the two - which were being developed for consideration by the local authority and SRB Partnership Board. It was timed to come at a strategic planning stage where its recommendations could be most effective not only in informing the options for the future development of the estate but also in assessing the health impacts of the transitional phase of the changes.

The HIA led to the identification of a number of possible short- and longer-term health outcomes for the local population, including potentially substantial benefits, including

- a decrease in accident rates as a result of the provision of better designed and better quality housing;
- lower rates of respiratory disease and of stress and anxiety amongst residents as a result of more appropriate central heating systems and the elimination of infestation in their homes;
- improvements to diet and other health-related choices as a result of increasing opportunities for paid employment and higher income levels; and
- better psychological health and well being as a result of improved security measures and a reduction in levels of crime and the fear of crime.

However, significant “health warnings” also emerged in the form of potential health impacts which would be detrimental to health and which needed to be addressed as a matter of urgency at an early stage. As a result a series of recommendations was developed together with suggestions as to how their
Implementation could be facilitated. The recommendations were summarised as key areas for action relating to:

- support to existing communities;
- management of the redevelopment process;
- asbestos;
- sustainability; and
- health inequalities.

In addition there were a number of recommendations relating to specific issues and client groups which emerged from the HIA in connection with

- poverty and income;
- women and young children;
- elderly people; and
- people from black and minority ethnic groups.

Each of these was addressed in turn as the recommendations were developed. The recommendations of the HIA have subsequently been taken on board by the SRB Partnership and the local authority in the consideration of the options for the future of the estate and in the development of plans to implement the chosen options. It has also been agreed that the HIA should form the basis for a longer term consideration of health issues as work on the estate progresses.


**Health Living for the Shepherds Bush Area**

The second example comes a rapid, prospective HIA of the Healthy Living Centre (HLC) bid in Shepherds Bush which was undertaken as part of the HIA of regeneration programmes in Hammersmith and Fulham and used in the development of the toolkit for rapid HIA. The findings of this rapid HIA have been published as a case study in Part 2 of this series of reports. In summary, its aim was

- to identify the key health issues in the area covered by the HLC;
- to identify projects and activities within the HLC programme which would address these issues;
- to assess the potential health impacts – both positive and negative – of the HLC programme and the projects within it; and
- to make recommendations regarding areas which are not currently addressed in the HLC programme – or which are not addressed in sufficient detail – so that the potential health impacts of the programme can be maximised and the negative ones minimised.
The rapid HIA found that some of the projects within the proposed HLC programme will go some way towards addressing the key health issues in the area and towards having a positive impact on them although a number of potential negative impacts were also identified.

The main recommendations emerging from the rapid HIA relate to

- community participation and involvement;
- staff issues;
- public policy, and
- project management during the initial stages of the programme.

The rapid HIA was included in the bid document as were its recommendations, and it was felt that it strengthened the bid – which was successful – by identifying, in advance, problems which were likely to arise in the future and by putting forward suggestions as to how they could be addressed at an early stage.


"Building Sustainable Communities: Forest Gate and Plaistow"
Ben Cave & Sarah Curtis

The third example comes from an HIA of a comprehensive regeneration project in the London Borough of Newham which has a strong focus on housing, education and tackling social exclusion. The HIA looked at how the proposed changes in housing might anticipate the expected health impacts of the programme. It was also that the HIA would help to develop milestones for monitoring or evaluating the actual health impact during the project.

The HIA involved :-

- Review of documentation
- Interviews with key stakeholders
- Summarising the links between housing and health
- Multi-agency stakeholder workshop

Figure 1 shows how the improvements to housing and other environmental improvements are intended to change the project area.

**Figure 1 Housing change**

<table>
<thead>
<tr>
<th>Context</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young, mobile, ethnically diverse population, high levels of deprivation</td>
</tr>
<tr>
<td>Poor living conditions in privately rented houses</td>
</tr>
<tr>
<td>Private landlords have little incentive to maintain their properties</td>
</tr>
<tr>
<td>Large population of the tenants are state benefit claimants</td>
</tr>
</tbody>
</table>
Figure 2 shows the links which the participants identified between project outcomes and health outcomes. It was agreed that improving housing could bring long-term health benefits for those people within the project area whose housing is improved; these benefits might include better mental health, improved quality of life and a sense of community coherence, as well as a reduction in physical health problems such as infectious diseases and domestic accidents. It was also felt that in a more stable community people would have more established links with curative and preventive health services which would benefit their health.

There might be negative health impacts which result from the housing changes; in the long term the scheme may improve average measures of health but the expected demographic changes may also mean that health inequalities increase. In the short term it was acknowledged that some people who were currently in temporary accommodation would have to move out of the area.

**Figure 2 Housing change and health outcome**

**Context**

- Young, mobile, ethnically diverse population, high levels of deprivation
- Poor living conditions in privately rented houses
- Private landlords have little incentive to maintain their properties
- Large population of the tenants are state benefit claimants
Mechanisms

**Housing company**

- Acquire and refurbish properties – community letting – key workers important
- Work with the council and RSLs in directing capital spending programmes
- Use surpluses to build a community investment fund

**Outcomes**

- Residents feel more positively about area
- The area will become more attractive to tenants who want permanent homes and are able to pay higher rents in the private market
- Improved understanding of media issues
- Building works
- Renovation process
- Some people might have to move to new accommodation outside programme area

**Health outcomes**

<table>
<thead>
<tr>
<th>• Strengthen social capital</th>
<th>• Mental stresses, increased pollution and accident hazards from building works</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Positive health outcomes from improved housing</td>
<td>• Accident hazards from building works</td>
</tr>
<tr>
<td>• Improve average measures of health but will not reduce health inequalities</td>
<td>• Negative health outcomes associated with continuing problems with housing and possibly homelessness for some groups</td>
</tr>
</tbody>
</table>
Recommendations

Prioritise allocation of vacancies.
Target attention on households with vulnerable groups such as the very young, or elderly people whose health might be most affected by their housing.
Develop a programme of brokerage to guide families through reallocation and other encounters with statutory, and other, agencies.
Ensure that building contractors provide health and safety training and are aware of an increased need for road safety near the school.
Need for community development; a mix of tenures does not automatically foster a growth of social capital in the community.
Need to integrate the plans for health care with the development and implementation of the project.
Increased residential stability will give more opportunity for preventive health services to operate.

Ideas for monitoring and evaluation were proposed including following a panel of the same people over time to measure any changes in lifestyle, in social participation and quality of life.


References

7 Goswell J and Broome, J 2002 www.sustainabilityworks.org.uk
This screening tool has been produced by the Health and Housing Network. The Health and Housing Network is an initiative between the Housing Corporation, the Health Development Agency and the UK Public Health Association. It aims to bring together those working on health and housing issues in order to:

- share experience;
- encourage innovation; and
- champion the issue to healthcare, public health and housing audiences.

The Health and Housing Network can be contacted at www.healthaction.nhs.uk.