Learning from practice bulletin

NHS

Health Development Agency

Deciding if a health impact assessment is required (screening for HIA)

Introduction

This bulletin provides information for practitioners involved in planning, leading or contributing to health impact assessments (HIAs). It is one of a series of HIA Learning from Practice bulletins. The full series covers:

- Evaluating health impact assessment
- Addressing inequalities through health impact assessment
- Influencing the decision-making process through health impact assessment
- Deciding if a health impact assessment is required (screening for HIA).

The information in this bulletin is based on the real-world, practical experience of HIA practitioners, leading academics, policy makers and commissioners involved in a variety of HIAs across the country. Much of it was shared at a Learning from Practice workshop organised by the Health Development Agency (HDA) in January 2003. It also makes use of new research commissioned by the HDA and undertaken by Jane Lethbridge. The research aimed to identify, map and review existing screening practices and challenges, as well as to review toolkits and resources for screening and rapid HIA. It involved interviews with 21 developers and users of toolkits, as well as analysis of the five screening toolkits identified. The findings from the research mirrored the points made at the workshop, and the two pieces of work provide a comprehensive picture of current practice. A full report of the research findings (Lethbridge and Taylor, forthcoming) will be available through www.hiagateway.org.uk

This bulletin aims to highlight and explain the issues associated with screening for HIA, and to offer advice and guidance based on ways in which other practitioners have overcome challenges and achieved success. It provides pointers to other sources of information about screening, including toolkits.

Further information about the Learning from Practice workshop and copies of the other summary bulletins in this series can be found at www.hiagateway.org.uk

Screening for HIA

What is screening?

The starting point for any HIA is deciding when it is needed – commonly referred to as 'screening'. Health impact assessment is a practical approach that determines how a proposal will affect people's health. Recommendations that will increase the positive and decrease the negative aspects of a proposal are produced to help inform decision makers. The HIA begins with a selection process – screening – in which a proposal is quickly assessed for its potential to affect the population's health, and a decision is made about whether or not to undertake an HIA.

Screening is sometimes confused with the next stage in the HIA process, scoping, and certainly

Screening for HIA (continued)

the boundaries can become blurred in practice. Once it has been decided that it would be useful to undertake an HIA, it becomes necessary to scope the scale and significance of the proposal, and the resources available to carry out the HIA. Some of these issues may also need to be considered as part of the screening stage, to ensure that recommendations are feasible.

Types of screening

Health impact assessment can be undertaken at a rapid, intermediate or comprehensive level. Similarly, screening for HIA can be undertaken at varying levels. Systematic screening involves subjecting all the proposals and developments within a given area to a screening process, to establish the need to subject either a whole package of proposals, or specific options, to full HIA. This can be a very resource-intensive process – in Sweden, screening is carried out in relation to all government policies, and to be practicable has been limited to a desk-based exercise that relies heavily on standardised checklists and assessment tools.

Alternatively, proposals can be subjected to more in-depth screening which considers the likely positive and negative impacts in greater detail. The Learning from practice examples featured on pages 3 – 5 show what can be achieved through very different screening approaches.

Some examples of this in-depth approach to screening begin to resemble rapid appraisal HIAs. In practice there may well be an overlap, with screening exercises sometimes incorporating activities that are normally associated with rapid appraisal. The distinction is in the aims of the exercise: the purpose of screening is to establish whether to subject proposals to further assessment, whereas rapid appraisal is designed as a self-contained exercise.

Finally, it is possible to incorporate qualitative methods into screening, particularly through the early involvement of stakeholders. There will always be debates about the relative value of information gathered through qualitative and quantitative methods, and this occurs in relation to screening for HIA, as for other fields of practice.

How do decisions about undertaking screening happen?

The HDA report on screening (Lethbridge and Taylor, forthcoming) analysed the decision-making pathways that can result in both screening and full HIA being undertaken. The report found that these occur through a number of common routes: a 'political or policy' pathway, in which local political processes or statutory requirements necessitate an activity to be undertaken; a 'funding' pathway, where the availability of resources to undertake screening or HIA stimulates activity; and a 'champion' pathway, where a local practitioner sees the potential to solve problems or achieve goals through screening and gathers organisational support.

What can screening for HIA achieve?

Screening for HIA is recognised by many practitioners as providing a systematic way of deciding whether an HIA could usefully be undertaken, and whether it is the best way to ensure health and health inequality issues are effectively addressed within the appraisal process.

As a result of screening an initiative or proposal prior to HIA, it should be possible to:

- Develop a starting level of knowledge of the specific proposals and options involved
- Gain an initial view about whether a proposal is likely to have a significant positive or negative impact on the health of the population
- Gain an initial view about whether a proposal is likely to have a positive or negative impact on existing health inequalities, or the health of specific groups or communities
- Establish whether it is feasible (as well as desirable) to carry out an HIA, or whether other approaches, for example an integrated or environmental health impact assessment, may be more suitable.

However, it may also be possible to:

- Develop recommendations for changing proposals as a result of the screening exercise, negating the need for a HIA.

Screening for HIA can deliver five key benefits:

- **Efficient use of resources** – screening helps ensure that resources (money, staff, organisational time) are used to maximum effect, by making sure only the proposals with the most significance for health and health inequalities are subjected to HIA and, in turn, that HIAs are not carried out on proposals that have little relevance to health. The screening process also provides an early opportunity to lay the practical foundations for any future HIA, by beginning to indicate the likely resources required and identifying priority areas on which it should focus.

Screening for HIA (continued)

- **Objective decision making** – screening provides a means of applying systematic appraisal to the task of deciding between many proposals that could potentially be subjected to HIA. By ensuring that a comprehensive level of initial appraisal is applied, including the use of screening tools and checklists identifying key issues, a clearer picture should emerge of priority questions and topics for an HIA. Screening can provide order in organisational decision-making processes that may otherwise be influenced by individual enthusiasms or minority concerns, and can improve transparency and accountability by showing how decisions were reached.
- **Engagement from the outset** – there are opportunities to involve stakeholders in screening for HIA. This can be important in ensuring that decisions about which proposals should be subjected to HIA are taken in an open and transparent manner, helping to secure stakeholder support for any resulting HIA. The screening process will also benefit from stakeholders' views and knowledge. Importantly, the involvement of stakeholders at this early stage can help to establish whether specific interest groups welcome the prospect of HIA, and whether opposition is likely, which could affect the approach taken.
- **Better quality HIAs** – a well considered screening exercise can enhance the quality of any HIA resulting from it by ensuring that key aspects of the proposal have been accurately identified, and that a clear focus is achieved. This is best accomplished by a combination of methods, including assessing the best available evidence and involving stakeholders in contributing both expert and experiential knowledge.
- **Proposal change** – undertaking the screening exercise may in itself facilitate gathering sufficient information to make recommendations for amending a proposal; a full HIA would not then be necessary. Interviews with practitioners reveal that, on occasion, the process of participating in stakeholder screening workshops has led to policies and proposals being changed in ways that are supportive of better health, although it is often difficult to measure this influence directly (Lethbridge and Taylor, forthcoming).

Screening for HIA can also have unexpected benefits. These stem from the effects of bringing together people working in different fields to consider the health impact of proposals. Many respondents recorded examples of how their awareness was raised as a result of working with other groups with different perceptions and viewpoints (Lethbridge and Taylor, forthcoming). Screening for HIA can provide a focus for strengthening partnership working, and help raise understanding of health and the actions partners can take to support better health.

Learning from practice examples

Screening for HIA in the housing sector: Testing one model in practice

As part of work initiated by the Housing Corporation and the London Health Observatory, three registered social landlords (RSLs) or social housing providers (SHPs) agreed to pilot an HIA screening tool that had originally been developed for the Greater London Authority. The aim was to establish its appropriateness for use by RSLs and SHPs as a way of ensuring they are achieving the best possible health benefits through their work, and to illustrate in practical ways how housing associations can improve the health of the communities in which they work. The pilot also aimed to identify any necessary changes to the toolkit. The final report and amended toolkit can be found at www.hiagateway.org.uk

All three RSL/SHPs were asked to identify a piece of work in which they were involved to use as a case study. The three examples selected were:

- An estate regeneration programme
- Service team working
- Supported housing services.

A workshop was organised and facilitated for each RSL/SHP, with stakeholders including clients and public health practitioners also in attendance. Each workshop included an explanation of HIA, and contextual information about the topic selected. The RSL/SHPs then used the integrated screening toolkit to undertake a process of screening for HIA. The HIA screening tool was adapted from a model developed by the GLA to assist with the HIA process for several of their strategies. A simplified version of this tool was developed for the London Health Observatory and the Housing Corporation (London Region), and this is the version tested with the three RSL/SHPs in this study. It consisted of:

- Questions about perceived impact on stakeholders
- Questions about perceived impact on health determinants
- Guidance to help users assess the robustness of their responses and to seek out further information if needed
- Finally, guidance in making a decision – HIA or not?

All three decided they did not need to proceed with other HIA processes as they had identified much that they could do to improve their work through the screening process. They reported that they found the initial HIA process useful; they valued the facilitation process; and they had many comments on the screening tool, which has subsequently been amended. The workshop also included discussion about how they would take forward the action plan that came out of the screening exercise, and about the lessons they had learned.

With thanks to Anthea Cooke, Independent Health Policy Specialist

Screening of single regeneration bid initiatives

An example of a desktop screening process involved screening Single Regeneration Budget (SRB) projects in East London to identify projects that could test a rapid HIA toolkit. Information on all fifth-round SRB projects was obtained from the Government Office for London. The seven aims of the SRB Challenge Fund were chosen as criteria against which to assess each project. Each aim covers the wider determinants of health. Summaries of over 50 SRB projects were examined.

To identify projects appropriate for a prospective HIA, the focus was on those at an early stage of development. Ten projects were identified that addressed the following group of health determinants:

- Education, employment and training
- Housing and environmental conditions
- Social capital and social support networks.

Further information was gathered on the ten projects. Two criteria were also considered:

- Timing – was the project at a stage where HIA could make a contribution?
- Capacity – could the project cope with HIA?

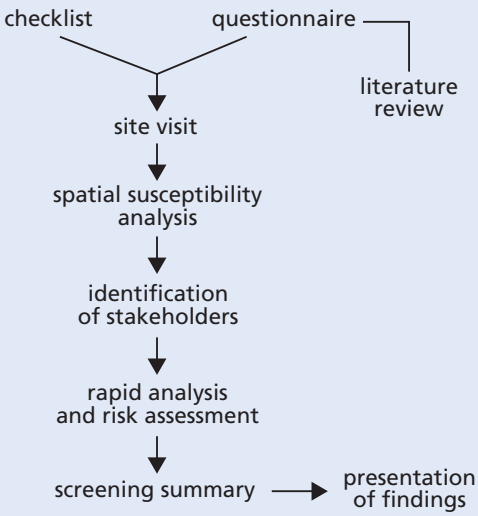
Three projects were chosen and approached to see if they would be interested in working with the toolkit development project, and further information about this project can be obtained from the author (for contact details see www.hiagateway.org.uk).

Source: Cave, B., Curtis, S. et al (2001).

Falmer North Community Stadium: Testing a spatial susceptibility screening model for HIA

The spatial susceptibility screening toolkit is a method of profiling the health of a defined population in order to determine whether a formal HIA is required, and what it might include. The proposed community stadium at Falmer was used as a test case for this model. The stadium will have a footprint of approximately 18 hectares. Once completed, it will have a seating capacity of 22,374, extending to approximately 35,000 for concerts, resulting in an expected 450,000 visitors a year to Brighton & Hove. The aim was to screen the proposals systematically for their likely impact on health.

The toolkit process involved the following steps (figure reproduced from Buroni et al., 2002):



The model uses a range of information and resources, including indices of multiple deprivations layered with schools, hospitals, parks, roads, train links, rivers and water level, and available environmental indicators of quality and general demographic information. It enabled a comprehensive assessment of the proposed spatial developments, including consideration of:

- Construction issues
- Operational issues, including employment
- Transportation issues.

As a result of this exercise, it was recommended that further health assessment was needed. The exercise was successful in identifying a range of positive and negative impacts on health. The development was likely to result in profound improvements in the health of the local area, ranging from socioeconomic through to physical and educational benefits. However, there was a need to assess detailed aspects of the proposals, such as increased traffic frequency and duration, noise and parking strategies, in terms of their impact on short- and long-term health, mental wellbeing, and environmental impacts including pollution which could affect respiratory health. The exercise found no shortage of health data, but revealed that many choices needed to be made about how to structure and apply the data. The model was felt to provide a rapid, cost-effective platform for making comparisons and evaluations. However, it is relatively complex and does not include public input in its current form.

With thanks to Andrew Buroni, University of Brighton

Screening in a local authority

North Tyneside Council wanted to assess the effect of council policies on the wellbeing of the local population. Council officers were invited to a workshop and asked to bring the strategies for their own work areas. A paper-based screening tool had been developed, with a set of 16 questions relating to social and economic factors, asking about the impact of proposals on the determinants of health.

Council officers were requested to come up with the net effect – to assess the balance between perceived positive and negative impacts. They were then asked to score the overall effect of the policy on factors identified as influencing wellbeing. Participants were encouraged to talk to other officers from different departments to inform their decisions in the workshop. Scoring was on a scale of –4 to +4. If officers scored either of these two extreme scores, they could go on to a further series of questions which formed a type of rapid appraisal exercise. Participants also recorded their comments in relation to primary and secondary impacts in the short and long term.

This screening tool, and the process it supports, are being incorporated into the working of the local authority. Screening is beginning to serve as a means not just of identifying policies that may need a fuller HIA, but also of identifying initiatives that can be adjusted early in their development.

Source: Lethbridge and Taylor, forthcoming.

Challenges in screening for HIA

When screening for HIA, experienced practitioners report a similar range of concerns and challenges. Ideas based on promising practice relating to these challenges can also be found on the following page.

Building it in

In 2001 the HDA commissioned a retrospective evaluation of completed HIA studies (Jackson, Taylor, Quigley, forthcoming). This evaluation found that, although screening is advocated in a number of HIA models/resources, none of the respondents had been involved in screening for the HIA studies included in the evaluation. Two main reasons were cited: lack of agreed screening tools and resources; and lack of a formal or statutory obligation to screen.

The first challenge facing practitioners is to build better understanding of the benefits that screening can bring to HIA (see page 2 - 'what can screening for HIA achieve?'). It may also be necessary to convince managers and senior decision makers that resources will be well invested in screening, and that doing so will make any HIA that follows more effective and more efficient.

Deciding how far to go

A second challenge is often how to make the task of screening for HIA seem manageable. Given the vast number of issues that can influence health, how can practitioners hope to keep abreast of all the relevant proposals being generated in an area, and then decide which among these is most deserving of being subjected to HIA?

As a general rule, screening should start at an early stage, when a range of options are still being considered. In reality, a certain level of screening takes place either implicitly or explicitly before the formal screening process takes place. Organisational constraints or agreed working practices may help to limit the choice at an early stage. The London Health Commission, for example, committed itself to appraising all eight of the GLA's Mayoral strategies, but decided not to include HIAs of other GLA policies within this ambitious initial work plan.

So an organisation may well develop its own ways of establishing where the process of screening for HIA should start. But where should it stop? The level of detail that should be examined depends largely on what those involved in screening are being asked to deliver. This can range from a simple 'yes' or 'no' to the question of whether an HIA should be conducted at all, to more detailed advice about when and how this should occur.

Using toolkits

The retrospective process evaluation (Jackson, Taylor, Quigley, forthcoming) found that the lack of formally evaluated toolkits was a major deterrent for practitioners interested in undertaking screening. Lethbridge and Taylor, (forthcoming) report that a number of screening toolkits have now been developed and – because HIA is still a developing field – further toolkits are still in the process of development. Many of these vary widely in design and approach, so the conclusions reached using different toolkits may not be comparable. The review found that, despite variations, two features are common to almost all toolkits:

- Desk-based research and evidence review
- Stakeholder workshops.

The majority of toolkits required a degree of external support, usually an external facilitator. It was unclear whether this was because the organisations commissioning screening lacked the necessary skills and capacity; or lacked confidence in these skills; or simply lacked time.

Resources

Interviews with practitioners (Lethbridge and Taylor, forthcoming) confirm that carrying out both screening and/or a full HIA can be resource-intensive and labour-intensive, often involving people within organisations giving their time for 'free'. The development of toolkits to support screening is particularly consuming of time and effort, as even off-the-shelf tools tend to require adaptation for local circumstances (Lethbridge and Taylor, forthcoming).

Although screening can be challenging, it provides an essential foundation for any HIA that follows.

Promising practice guidance

Getting it right from the start

Successful screening for HIA requires a number of factors to be considered.

Be clear about purpose and methods to be used

- Agree on the aims of the screening exercise from the outset. Are you being asked to advise on whether an HIA should or should not take place; or to advise on the aspects of a proposal that are most relevant to health? Use this clarity to inform the approach you take.
- Identify the level of screening indicated – is it systematic screening, or more in-depth screening of a proposal?
- Use a recognised screening toolkit to develop an initial view of the potential positive and negative impacts of the proposal. Build in time to adapt the tool if necessary. Ensure you consider not just health and its determinants, but health inequalities. How will the proposal affect vulnerable or marginalised groups or communities?
- Draw on a range of methods – including qualitative and quantitative data, the best available evidence, and stakeholder and community views – according to your available resources.

Involve stakeholders and decision makers

- Screening provides an opportunity to make first contact with decision makers.
- Use the process to establish whether they will be receptive to the recommendations of an evidence-based HIA. Political will can be essential for HIAs to move forward. This will affect the feasibility of your recommendations.
- Consider how best to involve stakeholders in screening. A half-day workshop may be useful.
- Ensure you provide decision makers and stakeholders with information about HIA and about the determinants of health.

Consider resources and time

- Recognise that while screening can be a reasonably rapid activity, it still requires time and staff effort. Ensure adequate resources are available.
- Establish the key decision points for the proposals, and make sure you know how much time is available to carry out screening and any resulting HIA.
- Begin to identify the practical considerations for any future HIA, including who it could be undertaken by, and when. This will inform the scoping process, and help ensure your recommendations can be implemented.

Understand the issues

- Aim to gain a good understanding of the key elements of the proposal, and obtain specialist advice if you need it.
- Identify and gather the information you will need. As a minimum, this is likely to include a community profile and the best available evidence relating to the health determinants affected by the proposal. Additional quantitative data may also be required.
- Ensure the evidence review adequately addresses inequalities, making best use of the evidence available from a range of sources.

Consider the alternatives

- Aim to establish whether an alternative to HIA would be possible to ensure decision makers consider key issues.
- Even if your conclusions reject HIA, think about other ways in which the process could improve health. The screening process can still generate useful action points and organisational learning, which can influence practice or the further development of proposals.
- Be prepared to say 'no', especially where the evidence relating to a proposal is very clear, making it possible to develop evidence-based recommendations without having to conduct an HIA.
- See if an HIA has been conducted on similar proposals elsewhere, which could mean there is no need to do one again.
- Make sure you record the decisions you reached, and how you reached them. Be prepared to be accountable for your decisions as part of the screening process.

References and further information

The HIA Gateway website

www.hiagateway.org.uk provides access to HIA-related resources, networks and information to assist people participating in the HIA process. The site is designed for beginners and seasoned HIA practitioners.

The first and third 'Learning from Practice' examples used in this bulletin (pages 4 and 5) are available as full reports on the website, under the 'Resources' section (Completed HIAs). The other two (pages 4 and 5) will be found in Lethbridge and Taylor (forthcoming).

This bulletin also refers to the following publications, all of which will be available through www.hiagateway.org.uk

- Cave, B., Curtis, S., et al., (2001) *The East London Guide to health impact assessment of regeneration projects*. Volumes I – III London, East London and the City Health Action Zone, Queen Mary, University of London.
- Jackson, N., Taylor, L., Quigley, R. (forthcoming) *Findings from a retrospective process evaluation of five HIA studies*. Health Development Agency, London.
- Lethbridge, J. and Taylor, L. (forthcoming) *Screening and rapid appraisal tools for health impact assessment – context, processes and issues*. Health Development Agency, London.

The following screening toolkits can all be found at www.hiagateway.org.uk

- Buroni, A. Hill, D. Miller, A. and Foley, R. (2002) *Health Impact Assessment Spatial Susceptibility Screening Toolkit*. University of Brighton.
- Cooke, A. (2002) *A Screening Tool for Registered Social Landlords and Social Housing Providers*. Based on the 'HIA Screening Tool for the GLA' developed by Erica Ison. Health and Housing Network, www.healthaction.nhs.uk
- Ison, E. (2001) *Health Impact Assessment: A Screening Tool for the GLA, Strategic Level*. Greater London Authority, London.
- Milner, S. (2002) *Wellbeing Impact Assessment*. University of Northumbria at Newcastle for North Tyneside Council.

The following resources, more general guides on how to undertake all stages of HIA, also provide some useful information about screening:

- Department of Health (2002) *Health and neighbourhood renewal: guidance from the Department of Health and the Neighbourhood Renewal Unit*, Chapter 4.
- Scott-Samuel, A., Birley, M. and Ardern, K. (1998) *The Merseyside Guidelines for Health Impact Assessment*. Public Health Observatory, Liverpool.

The HDA is also committed to disseminating practical information about HIA, and new examples of toolkits are continually being updated on www.hiagateway.org.uk – to add to the website information about your HIA, toolkit or resource, or your contact details, go to the 'Contact us' section and follow the simple instructions.

Learning from Practice workshops

The HDA held a series of Learning from Practice workshops at the end of 2002. Attended by expert practitioners and academics, these workshops demonstrated the value of sharing real-life experience of a number of aspects of HIA. A report of the workshops can be found at www.hiagateway.org.uk ('Resources', 'Other materials').

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