



Health Impact Assessment Toolkit for Cities

Document 2.

Training Module



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The WHO health impact assessment toolkit

The project Promoting and Supporting Integrated Approaches for Health and Sustainable Development at the Local Level across Europe (PHASE Project) was funded by the European Commission, Directorate-General for the Environment, under the Community Framework for Cooperation to Promote Sustainable Development (2003–2005). The WHO Healthy Cities and Urban Governance Programme has coordinated the Project together with health impact assessment experts across Europe and the coordinators of the Italian Healthy Cities Network and Association of Healthy Cities of Slovakia. The PHASE Project aimed to promote the integration of health and social aspects into the sustainable development by focusing on and introducing the process of health impact assessment (HIA). The objective was to develop an HIA toolkit to be used for introducing and implementing HIA at the local level. The toolkit consists of five documents:

1. Health impact assessment – from vision to action (background paper)
2. **Health impact assessment – a training module**
3. Health impact assessment – how can it support decision-making? (brochure)
4. Introducing health impact assessment in Trnava, Slovakia: a case study
5. Introducing health impact assessment in Bologna, Italy: a case study

Health impact assessment – a training module was written for trainers and is intended to be used in municipalities. The training module includes seven exercises about definitions of health and the determinants of health; the values and aims of HIA; the stages of HIA; and the development of a screening tool. The introduction provides more information about how this module is to be used.

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The paper was reviewed by an expert group on health impact assessment consisting of Elisabeth Bengtsson, Project Officer, WHO Healthy Cities and Urban Governance; Rainer Fehr, Head, Department of Environmental Health, Landesinstitut für den Öffentlichen Gesundheitsdienst, Bielefeld, Germany; Geoffrey Green, Researcher, Centre for Regional Economic and Social Research, Sheffield Hallam University, Sheffield, United Kingdom; and Gabriel Gulis, Institute of Public Health, Unit of Health Promotion Research, University of Southern Denmark, Odense, Denmark.

Introduction

Audience

This training module has been designed for people who may not have a background in health or health care but who are responsible for developing policies, programmes or projects (referred to as proposals here) that may affect people's health and well-being when implemented. The training module may also be of interest to people who might be affected by the implementation of a proposal.

The training module has been written for use in a facilitated training programme. However, individuals can use the tasks in the exercises as part of self-directed learning in health impact assessment (HIA).

Structure of the training module

The module comprises seven exercises, which cover key concepts, methods and procedures related to HIA. Each exercise has a common structure, outlining:

- the aims of the exercise;
- the learning output – what participants will be able to do at the end of the exercise;
- a facilitator's introduction to the exercise and reference to the relevant section of the background paper (Health impact assessment – from vision to action) that is part of the WHO HIA toolkit;
- the tasks, methods and materials needed and the time required; and
- notes for the facilitator to accompany the exercise.

Time needed to undertake the training

Table 1 shows the amount of time needed to undertake the exercises within this training module.

- Exercises 1–3 require a half day each to complete the tasks.
- A full day is needed to complete the tasks in Exercise 4.
- Less than half a day is needed to complete the tasks in Exercises 5–7. Exercises 5 and 6 could be completed within a half day, and Exercises 5–7 could be completed within a full day.
- If all of the exercises are undertaken as a course, then 3.5 days are needed.

Table 1. Amount of time needed to undertake the HIA training in this module

Exercise and task	Input before or after task (minutes)	Time for task (minutes)	Time for feedback or discussion and input (minutes)	Total time for task (minutes)	Total time for exercise (hours and minutes)
<i>Exercise 1</i>					<i>3 h 30 min maximum</i>
• Task 1		10	20 maximum	30 maximum	
• Task 2		30	30–45	75 maximum	
• Task 3	5–10 (before)	20	20–30	60 maximum	
• Task 4	5 (after)	30	10	45	
<i>Exercise 2</i>					<i>3 h 30 min maximum</i>
• Task 1		45	30–45	90 maximum	
• Task 2		30	30	60	
• Task 3		30	30	60	
<i>Exercise 3</i>					<i>2 h 40 min</i>
• Task 1		30	30	60	
• Task 2		20	20	40	
• Task 3		30	30	60	
<i>Exercise 4</i>					<i>5 h 25 min maximum</i>
• Task 1		60	30	90	
• Task 2		45	30	75	
• Task 3		45–60	30	90 maximum	
• Task 4		40	30	70	
<i>Exercise 5</i>					<i>1 h 45 min</i>
• Task 1		30	15	45	
• Task 2		30	30	60	
<i>Exercise 6</i>					<i>2 h</i>
• Task 1		15	15	30	
• Task 3		30	15	45	
• Task 3		45	–	45	
<i>Exercise 7</i>					<i>1 h 45 min</i>
• Task 1		60	45	105	

Facilitator's experience

The facilitator leading the training on HIA should optimally have some experience in and/or knowledge of HIA. Although facilitators who do not have experience in or knowledge of HIA can lead the training, they must fully understand the content of the background paper. Table 2 shows the topics in the background paper about which the facilitator must be informed to be able to facilitate the tasks contained in various exercises.

Table 2. Topics in the background paper (*Health impact assessment – from vision to action*) and the brochure (*Health impact assessment – how can it support decision-making?*) about which the facilitator must have knowledge to facilitate the tasks in each exercise

Exercise and task	Topics dealt with in exercise or task	Cross-reference to background paper or brochure
<i>Exercise 1</i>		
• Task 1	Definition of health Models of health	Background paper: Fig. 1, section 1.2
• Task 2	Determinants of health Relationship between determinants of health and health outcomes	Background paper: sections 1.2–1.3 Brochure: section 2.1
• Task 3	Presentation before: definition of HIA and purpose of HIA Feedback: values for HIA	Background paper: sections 1.1 and 1.3 Brochure: section 1.3
• Task 4	Input: drivers for the introduction of HIA Presentation after: steps in the HIA process and characteristics of HIA	Background paper: section 1.3 Brochure: section 3.1 Background paper: sections 2.1.1–2.2.3 Brochure: section 3.2
<i>Exercise 2</i>		<i>Background paper: sections 2.1.1–2.1.3 and Annex 1</i>
• Task 1	Information in the text of the training module	
• Task 2	How screening is done and who does it	Background paper: sections 2.1.1–2.1.3
• Task 3	Not applicable	
<i>Exercise 3</i>		<i>Background paper: sections 2.1.4–2.1.6</i>
• Task 1	Stakeholders for HIA	Background paper: Box 2, section 2.1.5
• Task 2	Information in the text of the training module	
• Task 3	Scoping checklist	Background paper: Annex 2
<i>Exercise 4</i>		<i>Background paper: sections 2.2.1–2.2.2</i>
• Task 1	Analysing the proposal	Background paper: section: 2.2.2
• Task 2	Profiling	Background paper: section 2.2.2
• Task 3	Importance of quantitative and qualitative information	Background paper: section 2.2.2 Brochure: section 3.2
• Task 4	Impact analysis	Background paper: section 2.2.2

Exercise and task	Topics dealt with in exercise or task	Cross-reference to background paper or brochure
<i>Exercise 5</i>		<i>Background paper: section 2.2.3</i>
• Task 1	Framing suggestions or recommendations for HIA	Background paper: section 2.2.3
• Task 2	Content of the HIA report	Background paper: Box 3, section 2.2.3
<i>Exercise 6</i>		
• Task 1	Information in the text of the training module	
• Task 2	Benefits and advantages of HIA	Background paper: section 1.1–1.3 Brochure: section 1.3
• Task 3	Involving decision-makers in the HIA process	Background paper: sections 2.1.4–2.1.6
<i>Exercise 7</i>		
• Task 1	Monitoring and evaluation	Background paper: sections 2.3.1–2.3.2

Effectiveness of a facilitated training programme

To ensure that a facilitated programme is effective, it is best:

- to start with introductions and an icebreaker exercise; and
- to agree on the ground rules for the group that will apply during the training (for example, mutual respect).

Facilitated training groups are recommended to have a maximum of 15 people per facilitator; this number can be increased if additional facilitators are available. Small group work for most of the tasks is for groups of 4–5 people. The facilitator is advised to spend some time with each group as they work through the tasks in each exercise.

Exercise 1. Key concepts in health impact assessment

Aims

- To develop an understanding of various perceptions and concepts of health
- To explore what affects health
- To examine the relationship between what affects health and HIA
- To develop an awareness of the local, national and international policy context for HIA

Learning output

At the end of the exercise, participants will be able:

- to describe various concepts of health;
- to appreciate various definitions of health;
- to describe the relationship between health outcome and the determinants of health;
- to define HIA and its purpose;
- to define the values underpinning HIA;
- to identify key policy drivers for HIA; and
- to define the key stages in the HIA process

Task 1. What is health?

Facilitator's introduction

See section 1.2 of the background paper.

Exercise 1 comprises several tasks. Task 1 involves discussing the meaning of health based on your experience and personal knowledge.

Task 1. What is health?

From your personal experience and knowledge, what does health mean to you?

Discuss in pairs and record the main points from your discussion on flip-charts.

10 minutes

Facilitator's notes

During the discussion, draw out the themes that are emerging concerning various perceptions of health. Provide input concerning various definitions of health (see Box 1, section 1.2 in the background paper). Draw out the two basic models of health – biomedical and social or socioeconomic – and explain that the model of HIA WHO uses in the background paper and other supporting documents is underpinned by a social or socioeconomic model of health.

Allow 15–20 minutes for feedback and input.

Task 2. Determinants of health

Facilitator's introduction

Task 2 involves considering the determinants of health and their relationship to health outcome when implementing proposals.

Task 2. Determinants of health

Identify various determinants of health and list them under the following general categories taken from the Dahlgren & Whitehead model.

Categories of determinants of health

- A. Biological factors
- B. Individual lifestyle factors
- C. Social and community influences
- D. Living and working conditions
- E. General socioeconomic, cultural and environmental conditions

Take, as an example, a proposal that someone in your group is currently in the process of developing. Which of the determinants of health you have listed would this proposal affect? What health outcomes would you expect if these determinants of health were affected?

Discuss this in small groups. Record the determinants of health affected by the proposal in a table on flip-charts and the health outcomes you might see.

30 minutes minimum

Facilitator's notes

During the discussion, ensure that participants develop a comprehensive range of the determinants of health and provide input on examples of the determinants of health when necessary. Discuss with the group the relationships between various categories of determinants of health. Provide input about their relationship to health outcome. Use Fig. 2 in section 1.3 of the background paper to illustrate the relationship between the determinants of health, health outcome and proposals.

Allow 30–45 minutes for feedback and discussion.

Task 3. Values for health impact assessment

Facilitator's introduction

Before introducing the task, the facilitator should present information about:

- the definition of HIA (the Gothenburg consensus definition in section 1.3 of the background paper); and
- the purpose of HIA (section 1.1 of the background paper).

Allow 5–10 minutes for brief presentation.

When HIA is undertaken, the values underpinning it should be made explicit. A range of values could be used. Task 3, based on the definition of HIA and its purpose, explores what could be core values for HIA and what they might mean in practice.

Task 3. Values for HIA

Given the definition of HIA and its main purpose, what values do you think would be important if your organization decided to introduce HIA? What might these values mean in practice when carrying out HIA?

Discuss these questions in pairs and record your responses.

20 minutes

Facilitator's notes

During the discussion, provide input on the values identified in the Gothenburg consensus (section 1.3 of the background paper). It is important that the values for HIA have some meaning in practice. Give participants examples of how the values could apply in practice.

Allow 20–30 minutes for feedback.

Task 4. Drivers for the introduction of health impact assessment

Facilitator's introduction

Task 4 involves considering the political and other drivers for introducing HIA both as a concept and as a process.

Task 4. Drivers for introduction of HIA

- **Identify political and other drivers at a national and/or regional level that would support the introduction of HIA.**
- **Identify drivers at a local level that would support the introduction of HIA in your organization.**
- **Identify ways to integrate HIA into the strategic and operational processes of your organization.**

Discuss in plenary.

30 minutes

Facilitator's notes

During the discussion, provide input on the drivers for the introduction of HIA (section 1.3 of the background paper).

Allow 10 minutes for input on Task 4.

Before drawing Exercise 1 to a close, the facilitator should present information about:

- the main stages in the process of HIA (background paper sections 2.1.1–2.3.2); and
- the characteristics of HIA (brochure, section 3.2).

This information should be presented as the context for work on Exercises 2–7 in the training programme, which deal with the HIA process.

Allow 10 minutes for short presentation.

Exercise 2. Screening

Aims

- To understand the importance of screening when identifying proposals that might need HIA
- To identify appropriate screening criteria for use in HIA
- To develop skills in using HIA screening tools and in identifying elements important to determine whether HIA screening tools should be used

Learning outputs

At the end of the exercise, participants will be able:

- to select criteria that could be used in HIA screening tools;
- to develop and apply a prototype HIA screening tool; and
- to identify the considerations that are important when deciding whether HIA is needed.

Task 1. Screening criteria

Facilitator's introduction

See sections 2.1.1–2.1.3 of the background paper.

The first step in the HIA process is called screening. This term has been derived from environmental impact assessment. HIA cannot be conducted for every new proposal. Screening is the procedure used to set priorities and select the proposals requiring HIA. Task 1 considers what kind of criteria could be used to select a proposal for HIA and the basic principles of how they could be applied.

Task 1. Screening criteria

Identify criteria that could be used to screen proposals for HIA and your reasons for selecting those criteria.

Using your criteria, which of the following proposals are likely to require HIA?

- 1 The construction of a hotel and discothèque in a residential area**
- 2 A bypass road**
- 3 A change in the education system in which pupils start primary school a year earlier**

Discuss the criteria for screening in small groups. Use a flip-chart to record the criteria suggested. Stay in these small groups to decide which of the proposals listed above might need HIA.

45 minutes

Facilitator's notes

When you provide feedback, emphasize that no set of screening criteria is perfect. However, typical criteria could be used to frame questions that explore the following issues.

- Is the proposal significant in one or more ways: for example, is it a cause of community concern, or does it represent a large capital investment?
- Does the proposal affect one or more communities, or various groups within a community, including vulnerable or disadvantaged people such as children, older people and unemployed people?
- Does the proposal affect one or more determinants of health, such as housing conditions, access to transport or employment status?
- What will be the nature of the health effects? For example, will the effects be mild or severe; occur occasionally or frequently; appear in the short or the long term; and affect few or many people?
- Does the organization have the resources to carry out HIA in terms of money, personnel and time?
- Does the organization have the capacity to carry out the HIA in terms of the skills and experience necessary?

Allow 30–45 minutes for feedback.

Task 2. Developing a screening tool

Facilitator's introduction

See Annex 1 of the background paper.

The next two tasks involve developing and applying a screening tool. For Task 2, the background paper (Annex 1) provides a framework for a screening tool. Use this framework and your responses to Task 1 in Exercise 2 (screening criteria) and to Task 2 in Exercise 1 (determinants of health) to develop a prototype screening tool. For Task 3 in this exercise, you will apply the prototype screening tool you have just developed to the case study example in this training module (see Annex 1) to decide whether or not the proposal described there requires HIA.

Task 2. Developing a screening tool

Take the framework for the screening tool provided in Annex 1 of the HIA background paper and develop a prototype screening tool by filling in criteria under each of the headings you think are appropriate to use. To help you complete this task, you can use your responses to Task 1 in Exercise 2 (screening criteria) and Task 2 in Exercise 1 (determinants of health). You can also add to or change the framework if you wish.

Develop the prototype screening tool by working in small groups.

30 minutes

Facilitator's notes

During the feedback session, explore which of the criteria participants considered are most useful or important to use. Provide input on how screening is done and who does it (see sections 2.1.2–2.1.3 of the background paper). The results of screening are more likely to have influence and be seen as legitimate if it is carried out by a small group of people (2–4) who represent different sectors and/or disciplines within an organization or partnership.

Allow a maximum of 30 minutes for feedback.

Task 3. Applying a screening tool

Task 3. Applying a screening tool

Use this prototype screening tool to decide whether the case study (Annex 1) requires HIA or not – justifying the recommendation you make.

Apply the prototype screening tool by working in small groups.

30 minutes

Facilitator's notes

During the feedback session, explore which of the criteria helped participants in deciding whether or not to conduct HIA.

Allow 30 minutes for feedback.

Exercise 3. Scoping for health impact assessment

Aims

- To understand the need and considerations for scoping or setting terms of reference for HIA, ensuring that:
 - the HIA is well designed and consistent with the values of HIA
 - the roles and responsibilities of the HIA steering group and whoever is undertaking the HIA (the assessor or assessment team) are clearly defined
- To define the parameters that are included in the scope or terms of reference for HIA

Learning output

At the end of this exercise, participants will be able:

- to identify who are relevant stakeholders to be represented on a steering group for the HIA of a proposal;
- to understand the roles and responsibilities of and skills necessary for steering groups in HIA and HIA assessors or assessment teams; and
- to draft a scope or terms of reference for HIA.

Task 1. Setting up a steering group for health impact assessment

Facilitator's introduction

See sections 2.1.4–2.1.6 of the background paper.

Scoping involves designing and planning the HIA. Ideally, it includes convening a multidisciplinary HIA steering group as a first step and leads to a clearly defined scope or terms of reference for the HIA. This sets out the boundaries for the HIA, such as who will carry out the appraisal (an HIA assessor or assessment team), the time scale, the methods to be used and the steering group's role, membership and reporting arrangements.

Task 1, Setting up a steering group and assessment team for HIA

What range of interests and skills should be represented on the steering group? What skills should the HIA assessment team have?

What is the basis for deciding who should or should not be a member of the steering group?

What responsibilities should the steering group have? What responsibilities should the HIA assessment team have?

Discuss in small groups, and record your responses.

30 minutes

Facilitator's notes

In Task 1, participants need to identify which people and organizations are key stakeholders (anyone who is involved in or affected by HIA) in delivering HIA and the skills and interests needed by members of a steering group and by the HIA assessor or assessment team.

A broad range of knowledge and expertise may be required for the HIA. Potential stakeholders are shown in Box 2, section 2.1.5 of the background paper.

Allow 30 minutes for feedback.

Task 2. Defining the elements for the scope or terms of reference of health impact assessment

Facilitator's introduction

The scope or terms of reference for HIA sets the foundation or blueprint for the assessment. A comprehensive scope or terms of reference will help to guide and govern the whole process of HIA and help those involved in managing it effectively. Task 1 involves defining the elements important in a scope or terms of reference for HIA.

Task 2. Defining the elements for an HIA scope or terms of reference

Define the elements you would include in a scope or terms of reference for HIA.

Discuss in small groups, and record your responses.

20 minutes

Facilitator's notes

The scope or terms of reference for HIA should include the design (such as the aims, objectives, type of appraisal and methods), scope (such as geographical boundaries, communities affected, determinants of health affected, time scale of the decision-making process and policy context), management arrangements, outputs, resources and scheduling. See the scoping checklist in Annex 2 of the background paper.

Allow 20 minutes for feedback.

Task 3. Scoping (setting the terms of reference for) health impact assessment

Facilitator's introduction

Using the case study example in Annex 1, scope (set the terms of reference for) the HIA.

Task 3. Scoping (setting the terms of reference for) HIA

Take the scoping checklist (Annex 2 in the HIA background paper) and, using the case study in Annex 1, draft a scope or terms of reference for the HIA.

Discuss in small groups, and record your responses.

30 minutes

Facilitator's notes

Allow 30 minutes for feedback.

Exercise 4. Appraisal

Aims

- To develop an understanding of the purpose of appraisal in HIA
- To appreciate the various tasks, methods and skills needed to undertake an appraisal

Learning outputs

At the end of the exercise, participants will be able:

- to identify the key aspects of a proposal to analyse in order to undertake HIA;
- to identify key data requirements to develop a profile of a community affected by a proposal;
- to identify the types of data – qualitative and quantitative – needed to undertake appraisal; and
- to characterize the likely effects on health and inequality in health.

Task 1. Analysing the proposal

Facilitator's introduction

See sections 2.2.1–2.2.2 of the background paper.

This exercise comprises four tasks, all relating to appraisal. The tasks in this exercise should be undertaken in small groups and your responses recorded on flip-charts. The first task deals with the importance of analysing the proposal.

Task 1. Analysing the proposal

- a) Why is analysing a proposal important?**
- b) What do think you need to know about a proposal before you can identify the effects you think it might have on health?**
- c) Taking into account your answers to the first two questions, what do you think would be key criteria for analysing a proposal and the effect its implementation might have on health?**
- d) Using the set of criteria you have just developed, take the case study in Annex 1 and answer the following questions. Are there any issues associated with the current situation that need to be taken into account? If the proposal is implemented, what do you think the proposal proponents aim to deliver? What effects do you think the proposal proponents intend it to have (intended effects)? What could happen as a result of the proposal being implemented that was not intended by the proposal proponents (unintended effects)? What other information might you need to help you analyse this proposal?**

Discuss in small groups and record findings on flip-charts. Try to organize your thoughts on the intended and unintended effects of the project into categories of determinants of health (as for Exercise 1, Task 2).

60 minutes

Facilitator's notes

During the discussion, provide input about key criteria for proposal analysis. See section 2.2.2 of the background paper. Emphasize that analysing the proposal helps the HIA assessors define the data set for the community profile, design question guides for interviews with stakeholders and identify topics for the literature search.

Allow 30 minutes for feedback.

Task 2. Profiling

Facilitator's introduction

The second task is about profiling. The purpose of profiling is to give a picture of the demography, health and socioeconomic status of the community or population affected by the proposal. Profiling involves collecting data on several indicators relevant to the content of the proposal and its potential impact on the determinants of health and health outcome.

Task 2. Profiling

- a) What information or data do you think would be useful to have in a profile of a community affected by implementing a proposal (a core set)?**
- b) Take the case study in Annex 1 and identify what data, and associated indicators, you would like to have in the profile for the community affected. Identify the possible sources for these data – is the information held by your organization or a partner, or is it recorded in national or international databases?**

45 minutes

Facilitator's notes

Participants should understand that profiling provides a baseline of indicators across several domains, including:

- demography of the resident population, such as age and sex;
- health status, such as mortality rates, life expectancy and self-reported health status; and
- the determinants of health, such as housing conditions, employment status and pollution levels (water, air and soil).

See section 2.2.2 of the background paper.

Allow 30 minutes for feedback.

If computer terminals are available, it would be useful for the groups to search some online databases, such as Eurostat, WHO and OECD.

Task 3. Collecting qualitative and quantitative data

Facilitator's introduction

There are two main types of appraisal in HIA: rapid and in-depth (or comprehensive). Rapid appraisal does not collect new data but only compiles information or data already available. For in-depth appraisal, new data are collected and analysed, which involves primary research. In either type of appraisal, evidence is collected on the likely effects of the proposal on the determinants of health and health outcome. In general, the only additional information most assessments use is gained through participatory qualitative approaches involving stakeholders and key informants. In most cases, collecting new quantitative data is generally not practicable, although quantitative data may be generated by further analysing previous studies, such as mathematical modelling. A useful source of evidence is the published literature, especially high-quality systematic reviews.

Task 3. Collecting qualitative and quantitative data

- a) Identify what contribution quantitative data can make to HIA and what contribution qualitative data can make.**
- b) Identify what sources of information you would use to conduct an HIA.**
- c) Identify what data might be available to conduct HIA on the case study. What participatory, qualitative methods would you use to collect data from stakeholders? What would be your question themes?**

45–60 minutes

Facilitator's notes

See section 2.2.2 of the background paper and section 3.2 of the brochure.

During the discussion, draw out how both qualitative and quantitative data are important in HIA.

Allow 30 minutes for plenary discussion.

If computer terminals are available, evidence from the literature on the health impact of policy interventions could be searched, such as from the Health Evidence Network (WHO), Evidence 2000 (Health Development Agency, England) or the Cochrane Centre.

Task 4. Impact analysis

Facilitator's introduction

Impact analysis is the procedure during which data from all the sources of information is examined. Impact analysis includes characterizing potential effects on health, and the HIA assessors must collate, analyse and interpret the evidence, whether qualitative or quantitative, of the likely effects on health from the various sources of information.

Task 4. Impact analysis

a) From the list below, what are the key characteristics of health effects that you wish to analyse?

- **Activity giving rise to the health effects**
- **Health effects – determinants of health affected and the subsequent effect on health outcomes**
- **Direction of change – positive or negative**
- **Distribution of health effects – different population groups affected and effects on inequality in health**
- **Magnitude – the number of people in a community affected**
- **Severity – of health outcome (mortality, morbidity or injury and well-being)**
- **Likelihood of effects – based on the strength of the evidence**
- **Latency – when the effects will occur – in the immediate, short, medium or long term**
- **Frequency – how often the effects occur**
- **Duration – for how long the effects occur**
- **Potential for interaction with other effects**

b) Develop your own health impact matrix from the characteristics selected in a). Define the characteristics of at least some of the potential effects from the case study using this health impact matrix.

40 minutes

Facilitator's notes

See section 2.2.2 of the background paper. If you can, provide examples of health impact matrices or causal models or webs (Fig. 3 in section 2.2.2 of the background paper) for participants to see how evidence of health impact can be presented. Matrices are visual tools that can be used to present information characterizing potential health impact. Causal models or webs can show the interrelatedness of potential effects on health and the eventual health outcome.

Allow 30 minutes for feedback.

Exercise 5. Reporting

Aims

- To develop understanding of the importance of the reporting stage of the HIA process
- To develop awareness of the tasks involved in reporting

Learning outputs

At the end of this exercise, participants will be able:

- to describe quality criteria for suggestions or recommendations for interventions relating to the proposal and its implementation; and
- to define a report structure for the results and suggestions or recommendations of the HIA.

Task 1. Developing suggestions or recommendations in health impact assessment

Facilitator's introduction

Framing and developing suggestions or recommendations about a proposal and its implementation are as important as identifying potential effects on health. Suggestions or recommendations in HIA should ideally be practicable and achievable and, when evidence is available, based on evidence of effectiveness and/or appropriateness.

Effects on health are not necessarily reversible: that is, removing negative health effects does not automatically produce a positive effect on health.

Task 1. Developing suggestions or recommendations in HIA

Using your responses to Task 4, Exercise 4 (impact analysis), frame suggestions or recommendations about the proposal in the case study to minimize any potential negative effects and maximize any potential positive effects.

Once a set of suggestions or recommendations is framed, assess each one to see whether it is practicable, achievable and based on evidence.

Discuss in small groups, and record your responses.

30 minutes

Facilitator's notes

See section 2.2.3 of the background paper.

Allow 15–20 minutes for feedback.

Task 2. Writing a health impact assessment report

Facilitator's introduction

When a report on an HIA is being written, the content should be presented objectively and technical competence should be demonstrated. The contents should also be accessible to all the stakeholders involved in or affected by the HIA. Any limitations of the HIA should be stated clearly, and the report should assess whether these limitations may affect the reliability and validity of the findings and therefore the likelihood of the various potential effects on health.

Task 2. Writing an HIA report

Taking into account your responses to tasks in Exercise 4 and to Task 1, Exercise 5, what do you think should be included in the report of the HIA?

How would you make the contents of the report accessible to all audiences – decision-makers, other stakeholders and key informants?

What factors could influence whether the contents of the report are seen as objective? What could you do to address these factors?

Discuss in small groups, and record your responses.

30 minutes

Facilitator's notes

See section 2.2.3 of the background paper.

Reports should be written clearly and simply, and the contents need to be comprehensive (see Box 3, section 2.2.3 in the background paper).

As the report may address several different audiences, it should be accessible. This includes:

- use of language – avoiding unnecessary jargon;
- design;
- how information or data are presented, including the use of visual or graphic elements;
- format;
- dissemination – how the report and information about the report will be distributed to the various audiences, such as printed copies or electronic web access; and
- affordability – cost of the printed report to the potential reader.

A good report should be objective. Even with an adequate scope or terms of reference as the foundation or blueprint for the HIA, objectivity can be compromised by the following potential sources of bias:

- conflicts of interest;
- timing of the HIA in relation to the decision-making process about the proposal;

- the nature or type of proposal;
- the availability of resources, including financial and human;
- the degree of impartiality of the people involved; HIA assessors, the steering group, proposal proponents, stakeholders and key informants;
- access to sources of information, including stakeholders;
- the availability of data and/or evidence; and
- the design of the HIA and methods used.

Considering these potential sources of bias and how one or more of them may have influenced the HIA will help in assessing whether the validity, reliability and completeness of the work presented in the report have been affected. Using these criteria, a framework can be developed that allows the results of HIA to be appraised critically.

Allow 30 minutes for feedback.

Exercise 6. Supporting decision-makers

Aims

- To appreciate the nature of the decision-making process in relation to developing and implementing proposals
- To understand the role of HIA within the decision-making process;
- To understand the role of decision-makers in HIA

Learning outputs

At the end of the exercise, participants will be able:

- to identify the main influences on decision-making;
- to define the benefits HIA can bring to decision-making; and
- to define how and when involving decision-makers in the HIA process is appropriate or effective.

Task 1. Drivers in decision-making

Facilitator's introduction

The purpose of HIA is to inform and influence the process of decision-making when proposals are being developed and implemented. Good understanding of the decision-making process is crucial to the effectiveness of HIA. This task explores the main influences on decision-making.

Task 1. Influences on decision-making

What are the main influences on decision-making?

Discuss in plenary.

15 minutes for participants to address the question

Facilitator's notes

Provide input to help participants identify what affects or influences the decision-making process in reality, such as:

- political considerations, including political systems and structures;
- the values of decision-makers;
- local, regional or national priorities;
- the vested interests of various stakeholders or stakeholder groups;
- the policy context; and
- the evidence base

Allow 15 minutes for input into the discussion.

Task 2. Building health impact assessment into the decision-making process

Facilitator's introduction

As the purpose of HIA is to inform and influence the process of decision-making about proposals, the benefits of using the results of HIA in decision-making should be made clear. This task discusses the role HIA could have in decision-making.

Task 2. Building health impact assessment into the decision-making process

What benefits or advantages could be brought to the decision-making process by using the results of HIA?

What might limit the influence of HIA during the decision-making process?

Identify ways to overcome any potential limitations on the use of HIA in decision-making.

Discuss in small groups, and record your responses on flip-charts.

30 minutes

Facilitator's notes

Sections 1.1 and 1.3 of the background paper and section 1.3 in the brochure discuss the advantages and benefits of using HIA in the decision-making process.

Allow 15 minutes for feedback.

Task 3. Involving decision-makers in HIA

Facilitator's introduction

The effectiveness of HIA will be improved if decision-makers understand not only the process but also how specific results and suggestions were achieved. One way to increase this understanding is to involve decision-makers in the process of HIA. This task discusses the potential ways to involve decision-makers.

Task 3. Involving decision-makers in HIA

Identify the reasons why involving decision-makers during the process of HIA could be advantageous.

Identify the points in the HIA process when involving decision-makers would be appropriate and what the nature of that involvement could be.

Identify the potential disadvantages of involving decision-makers in HIA and how you would manage any potential disadvantages.

Discuss these questions in plenary.

45 minutes

Facilitator's notes

Sections 2.1.4–2.1.6 of the background paper provide information on involving decision-makers in the HIA process.

Exercise 7. Monitoring and evaluation

Aim

- To understand how monitoring and evaluation contribute to the process and output of HIA

Learning outputs

At the end of the exercise, participants will be able:

- to define the various types of evaluation used in HIA; and
- to appreciate the basic principles of how to conduct monitoring and evaluation in HIA.

Task 1. Monitoring and evaluation in HIA

Facilitator's introduction

See sections 2.3.1–2.3.2 of the background paper.

This task concentrates on the various types of evaluation in HIA, which supplement the ongoing monitoring of the work plan (as detailed in the HIA scope or terms of reference).

HIA has three types of evaluation: process, effectiveness (or impact) and outcome. Process evaluation aims to identify learning points from the HIA process to improve how HIA is conducted in the future. Effectiveness or impact evaluation aims to determine how the proposal is changed as a result of the HIA and whether these changes are implemented. Outcome evaluation aims to monitor and assess the health outcome of implementing the proposal.

Task 1. Monitoring and evaluation in HIA

- a) Identify the reasons why it is important to undertake the various types of monitoring and evaluation in HIA.**
- b) What criteria would you use for process evaluation in HIA?**
- c) What points in the process of developing and implementing a proposal are key to tracking whether an HIA has been effective or had an impact?**
- d) What difficulties might you encounter when monitoring and evaluating health outcome following the implementation of the proposal?**

Discuss in small groups.

60 minutes, with 15 minutes for a and 45 minutes for b–d

Facilitator's notes

Get feedback about responses to question a after the first 15 minutes of the task before participants undertake questions b–d. Allow about 10 minutes for feedback and discussion for question a. Discuss the responses to questions b–d together, allowing 30 minutes for feedback and discussion.

During feedback and discussion, provide input from Chapter 3 of the background paper.

Examples of criteria that can be used in process evaluation include:

- effectiveness – planned output compared with actual output;
- efficiency – estimated cost of input and output compared with the actual cost of input and output; and
- equity – emphasis on addressing inequality in health.

The key tracking points in effectiveness (or impact) evaluation are the points in the design and development of a proposal where changes could be made. The following questions can be posed during this type of evaluation.

- How were the results of the HIA used in the process of developing the proposal?
- How has the proposal changed as a result of the HIA?
- How many of the suggestions or recommendations made in the HIA report did decision-makers accept?
- How many of the suggestions or recommendations decision-makers accepted were implemented?
- Were any other changes made as a result of the HIA?

The challenges associated with outcome evaluation are mainly related to:

- the intervention of HIA: that is, the act of carrying out the appraisal probably changes the likelihood that the predicted effects will occur;
- the suggestions or recommendations not being implemented as intended; and
- the problem of attribution – no proposal is implemented in isolation, and determining whether the health outcome observed a year or more later resulted from a particular proposal or for some other reason or combination of reasons is difficult.

Allow 45 minutes for feedback.

Annex 1

CASE STUDY

One of the largest automobile manufacturers in Europe has announced a search for a new factory site, and the government of your country has put forward your city as a candidate for the tender.

Your city has to make the proposal during a sensitive period of economic transition. The proposal must reflect the main political drivers for your country, which are to attract more foreign direct investment and to increase both the profile and prestige of your country. These drivers are associated with including tax sweeteners in the proposal with the aim of making the proposal more attractive to the manufacturer. As economic development is one of the main priorities for your city, submitting a response to this tender fits with the city's strategy. In addition, this investment will create about 5000 jobs, which will help reduce the unemployment currently being experienced in your city. This is especially important, since a significant industrial site near the city is about to close during the same time period.

Environmental risks are associated with this proposal:

- it will change the landscape close to the city;
- it will increase the volume of motor vehicle transport and the associated effects;
- it might negatively affect air and water quality; and
- it will increase the amount of waste generated.

In terms of benefits, the proposal offers:

- a significant base for secondary business development;
- the potential for an increase in cultural exchange and tourism, not only for your city but also for the country as a whole; and
- opportunities to improve education, training and skills development.

There is substantial public interest in this proposal, although opinions differ. Some people welcome the investment, their main argument being that this will lead to more job opportunities and a higher probability for new development from other foreign or domestic investment. Another group is against the investment in its current form and argues that this is only a temporary solution, that the car producer wants to take advantage of the economic situation in the country and of the period with reduced taxes. However, when this period has expired, the manufacturer will move its operations to eastern Asia, as its main market is Asia. This group points out that there was a similar situation about 15–20 years ago, when the country's industry was exclusively focused on heavy industry and weapons production. After the collapse of heavy industry at the end of the Cold War, the country was faced with huge social problems. They are recommending at least a very careful evaluation of the conditions of the investment.

These two sets of opinions reflect socioeconomic differences in the city's population. Use the tasks in the exercises in the training module to develop an HIA based on this case study.