

About HIA

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The Wales Health Impact Assessment Support Unit (WHIASU) is based in the World Health Organization (WHO) Collaborating Centre on 'Investment for Health and Well-being', Policy and International Health Directorate, Public Health Wales.

This site provides information on the Wales HIA Support Unit, Health Impact Assessment (HIA) and the process as practiced in Wales, news and recent developments. It provides a resource to those currently practicing HIA, policy makers and those who are new to the process and who are looking for information and evidence. There are links to completed HIAs in Wales and other HIA activities from the Unit, for example training and information plus links to useful resources and guides.



Definition:

“Health Impact Assessment (HIA) is a combination of procedures, methods and tools by which a **policy, program 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”

(WHO Europe 1999, The Gothenburg Consensus)

Alternative definition:

`...a process through which evidence (of different kinds), *interests, values and meanings* are brought into *dialogue* between relevant stakeholders (politicians, professionals and citizens) in order imaginatively to understand and *anticipate the effects of change* on health and health inequalities in a given population" (Elliott et al. 2010).

Elliott E, Harrop E, and Williams GH (2010) Contesting the science: public health knowledge and action in controversial land-use developments, in P. Bennett, K Calman, S Curtis and D Fischbacher Smith (eds) Risk Communication and Public Health (second edition), Oxford: Oxford University Press



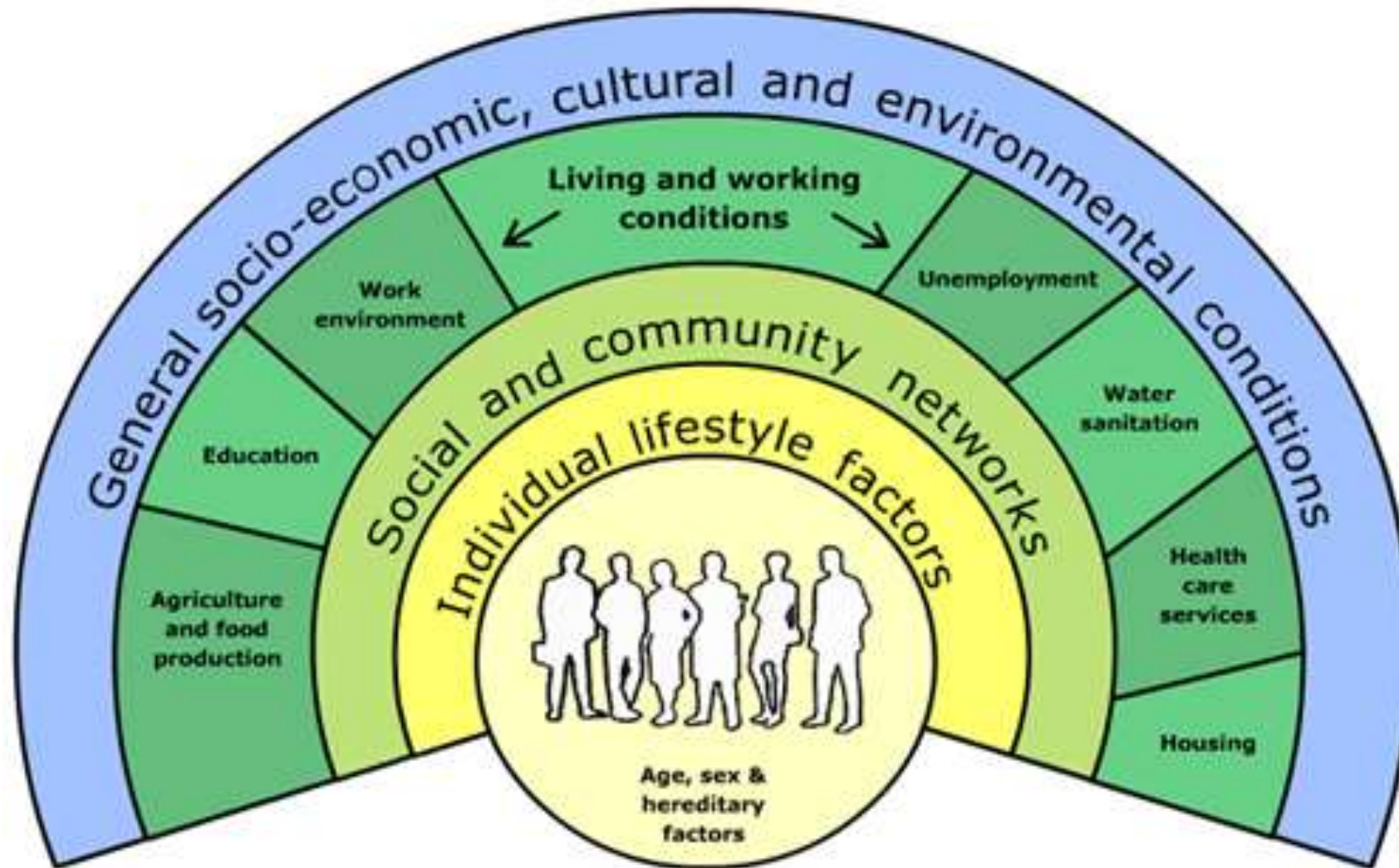
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About HIA

- HIA is a public health tool for ensuring that health, wellbeing and equality considerations are addressed in policy and planning outside of the health sector
- Health impact assessment is aimed at supporting the:
 - ✓ prevention of harm to health and wellbeing
 - ✓ maximizing benefits to health and wellbeing
 - ✓ reducing health inequalities

The Main Determinants of Health



Dahlgren and Whitehead (1991)



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Definitions – Health and Wellbeing

"A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"

(World Health Organisation, 1948)

*"Well-being is about being **emotionally** healthy, feeling able to **cope** with normal stresses, and living a **fulfilled** life. It can be affected by things like worries about money, work, your home, the people around you and the environment you live in. Your well-being is also affected by whether or not you feel in **control** of your life, feeling **involved** with people and communities, and feelings of anxiety and isolation."*

Coggins,T., Cooke,A. (2003)

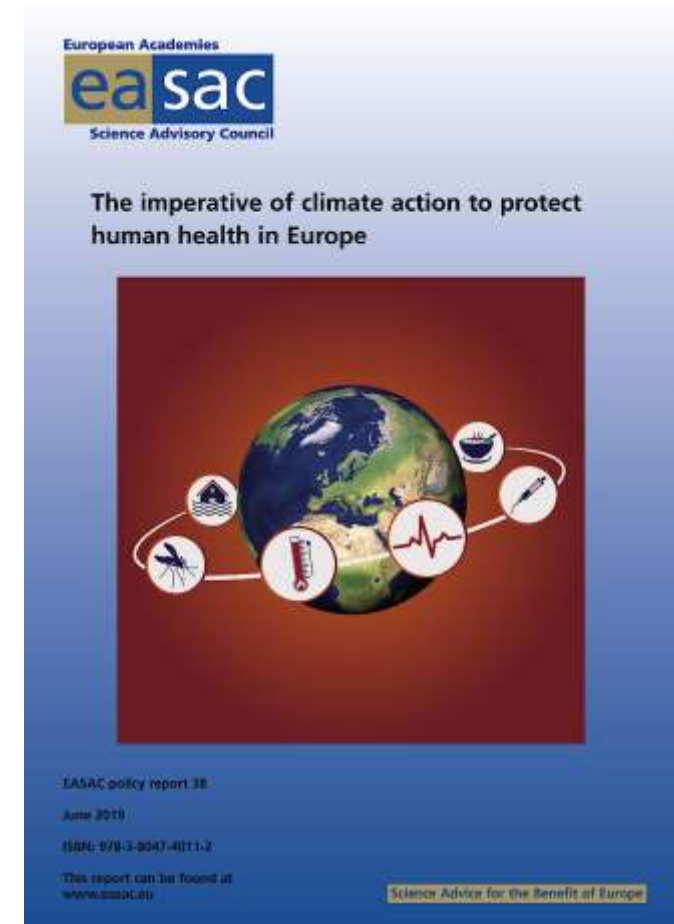
Health in All Policies

“Health in all policies is an approach to public policies that systematically takes into account the health implications of decisions, seeks synergies, and **avoids harmful health impacts**, in order to improve population health **and health equity**”

(8th Global Conference on Health Promotion, Helsinki 2013)

- HIA is recognised as the tool to support the understanding and implementation of HiAP

The European Academies' Science Advisory Council (2019) identified that health and wellbeing are poorly integrated into adaptation planning and recommend that HIA is conducted across all sectoral climate change adaptation and mitigation initiatives, e.g. housing, urban design, transport.



HIA

Is a flexible and scalable tool used to look at a policy, project or programme and asking and identifying:

- **Who** is likely to be impacted and how – (understanding existing or potential inequalities) - a **population health focus**
- Intended and unintended **benefits and possible negative consequences**
- Identifies changes, mitigation or **actions to maximise the benefits and reduce or prevent unintended impacts / inequality**

Types of HIA

Proportionality/pragmatism/scoping is key to rationalising

Timing

- Prospective – at the proposal stage or before the plan or policy has been commissioned
- Concurrent - during the lifespan of the plan, policy
- Retrospective - after implementation, useful for evaluation

Depth/scale

- In depth standalone screening
- Desktop – hours/days
- Rapid – hours/days
- Intermediate -days/weeks
- Comprehensive – weeks/months



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Purpose and benefits of HIA

- Aims to **promote greater equity** in health and wellbeing and reduce inequalities by focusing on population groups who may be at risk of experiencing them.
- Identifies **positives, unintended consequences and potential mitigation** if required (gaps, opportunities, added value).
- Promotes evidence and **knowledge-based** planning and decision making.
- **Facilitates links between public health and other sectors** using the wider determinants framework.

Purpose and benefits of HIA continued...

- Strengthens **partnership working and co-production**.
- Increases understanding across policy areas of their contribution to **maximise positive health outcomes and reduce inequalities**.
- A **systematic way of assessing health and well-being** using the wider/social determinants of health framework.
- **Useable, scalable and flexible tool** for all stakeholders.
- **Participatory** - Involves the people who will be affected by, or have an interest in the decisions taken– stakeholder involvement essential

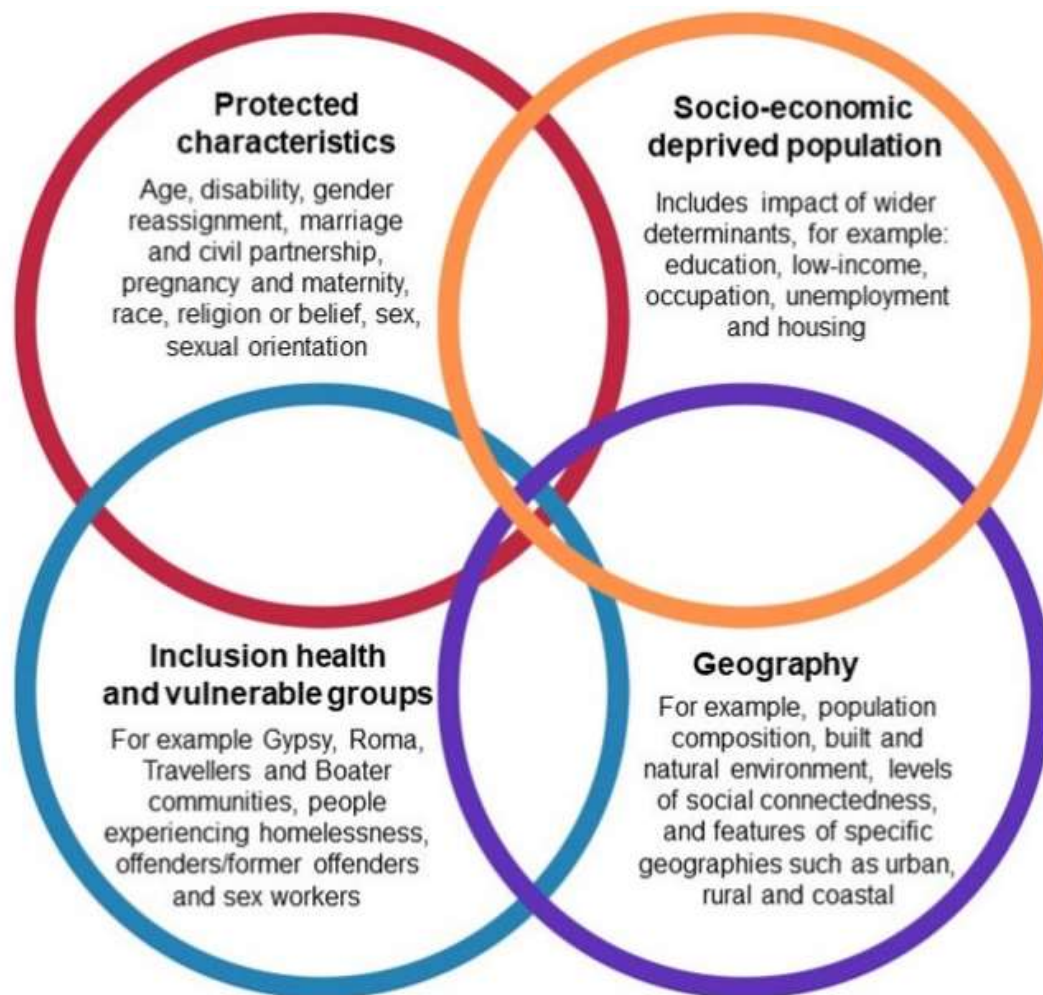
Inequalities and Inequity

Health inequalities-

systematic differences in the health and wellbeing status of different groups

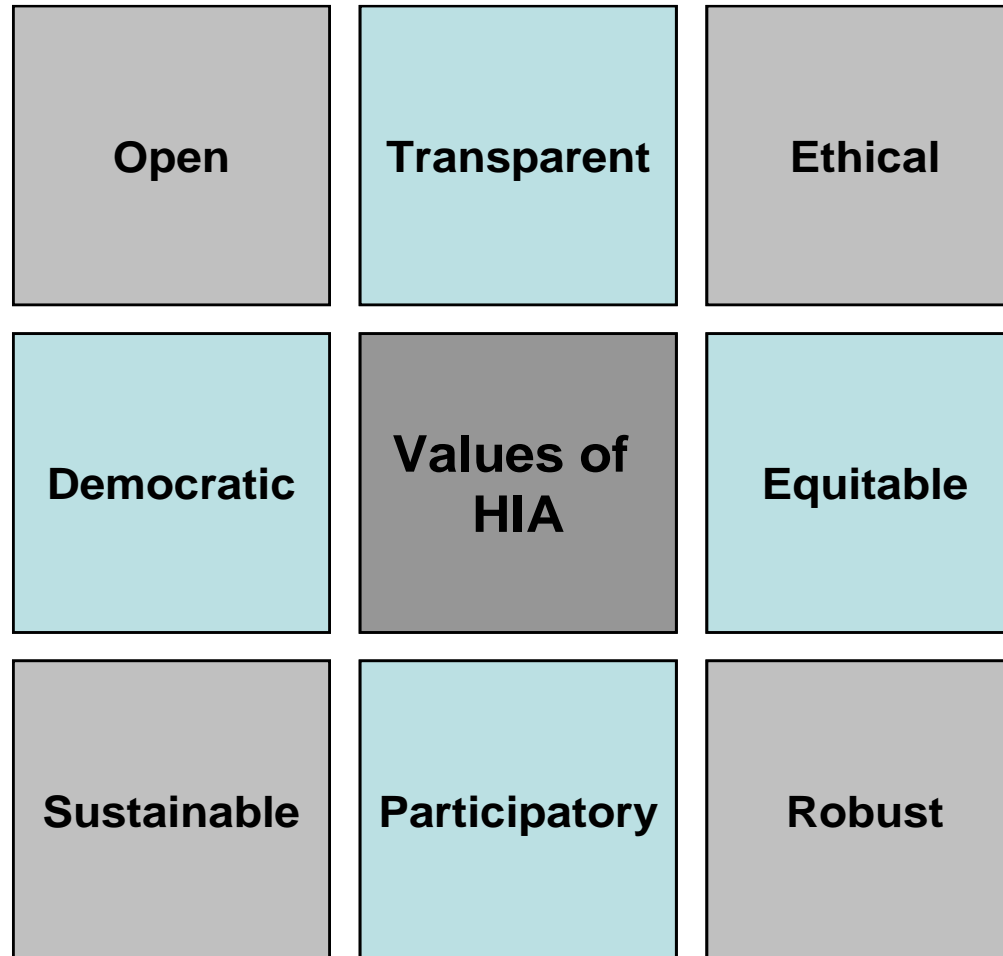
Health Inequities -

the differences in health status which are unnecessary, avoidable, unfair and unjust



Recognise that inequalities can overlap they do not exist in isolation.

Values and principles of HIA



The International Association for Impact Assessment has produced a guide for reference on the ethics of impact assessment practise - https://unece.org/fileadmin/DAM/env/eia/documents/WG2.1_apr2012/Fastips_2_Ethics.pdf

How: the HIA Process

HIA process

1. Screening – is a HIA needed?

2. Scoping – determining focus, methods and work plan, establish a Steering Advisory Group.

3. Appraisal of evidence – establish the health and well-being impacts.

4. Reporting and recommendations

5. Review and reflection (including monitoring and evaluation)



Three main evidence sources for appraisal:

1. Local population data – including health profiles, community profiles, census. Important in the identification/consideration of vulnerable groups and inequalities.

2. Stakeholder knowledge and experience (qualitative)

—

Engagement methodologies such as surveys, focus groups, interviews, participatory HIA workshops



3. Literature/evidence

review - what is known about the likely health impacts of this type of the proposal/ policy/project. Sources - journals, technical, grey literature, reports, briefings, related organisations



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Thank you for attending
Any questions?