Glossary of terms used for Health Impact Assessment (HIA)

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Appraisal (assessment)
Appraisal or assessment follows on from the scoping stage of a HIA, where the potential health impacts which have been identified are assessed and evaluated using the available evidence base.

Best available evidence
Conclusive evidence of the links between, for example, socio-environmental factors and health or the effectiveness of interventions is not always available. In such cases, the best available evidence – that which is judged to be the most reliable and compelling – can be used, but with caution.

Capital investment
Funding for resources such as buildings or other “one-off” purchases such as computer hardware and software and other office equipment.

Commissioning services
The process of identifying the need for services and making a contract with those able to provide them.

Community participation
Involving the community in an activity such as the planning of projects or carrying out a HIA. There are a number of models of community participation, some of which are outlined in the Gothenburg consensus paper on HIA (WHO, 1999).

Comprehensive (maxi) HIA
A comprehensive or “maxi” HIA is a much more detailed rigorous exercise than either a rapid or intermediate HIA. It usually involves the participation of the full range of stakeholders, an extensive literature search, secondary analysis of existing data and the collection of new data. “Control” populations may also be used (Parry and Stevens, 2001).

Concurrent HIA
Concurrent HIA is carried out whilst a policy, programme or project is being implemented.

Decision making
The process of reviewing the findings and recommendations of a HIA and making choices about how they should be taken forward.

Determinants of health
Determinants of health are factors which influence health status and determine health differentials or health inequalities. They are many and varied and include, for example, · natural, biological factors, such as age, gender and ethnicity; x behaviour and lifestyles, such as smoking, alcohol consumption, diet and physical exercise; x the physical and social environment, including housing quality, the workplace and the wider urban and rural environment; and x access to health care. (Lalonde, 1974; Labonté 1993) All of these are closely interlinked and differentials in their distribution lead to health inequalities.

Disadvantaged / vulnerable / marginalized groups
These terms are applied to groups of people who, due to factors usually considered outside their control, do not have the same opportunities as other, more fortunate groups in society. Examples might include unemployed people, refugees and others who are socially excluded.

Economic impact assessment
Economic impact assessment involves exploring and identifying the ways in which the economy in general, or local economic circumstances in particular, will be affected by a policy, programme or project.
Employment Zone

15 Employment Zones (EZs) were launched in March 2000 in areas experiencing high levels of long term unemployment in order to help long term unemployed people get and keep work. Employment Zones pool funds for training, Employment Service support and the equivalent of benefit to maximise flexibility and choice. The areas selected were amongst the worst 150 unitary authorities or local authority districts in Great Britain when ranked by a composite measure of the share of unemployed claimants aged 25+ who were long term unemployed, the employment rate and the number of people unemployed for over two years as a percentage of the working age population based on 1997 data. Participants in the EZ schemes work with a personal adviser to establish their needs and identify any barriers preventing them from moving into sustainable work. A costed action plan is then drawn up between adviser and participant. Once the participant has started work, they continue to be supported to ensure that their move into employment is sustained where possible. A range of different organisations were contracted through a tendering process to administer the zones and their performance is monitored and linked to the funding process (Department for Work and Pensions, 2002).

Environmental impact assessment

Environmental impact assessment (EIA) is a well developed discipline, both in terms of theory and practice, having been in operation for nearly 30 years in the United States (Glasson et al. 1994). Its origins lie in the US National Environmental Policy Acts of 1969. In the same way that HIA explores the effect of policies, programmes and projects on health, EIA does the same in terms of environmental effects. In many countries, including those of the European Union, there is now a statutory requirement for EIA to be undertaken under certain circumstances. The rules vary from country to country but generally EIA should lead to proposals which are likely to have any significant adverse effects on the environment being abandoned or modified (Hendley et al., 1998). There are numerous definitions of EIA, including the following an assessment of the impact of a planned activity on the environment (UN Economic Commission for Europe, 1991 in Glasson et al, 1994) the process of evaluating the likely environmental consequences of a proposed major action significantly affecting the natural and man-made environment (Walthern 1988, cited in Wood 1995) a technique and a process by which information about the environmental effects of a project is collected, both by the developed and from other sources, and taken into account by the planning authority in forming their judgements about whether the development should go ahead (Department of the Environment, Welsh Office 1989)

Equity in health

Inequity – as opposed to inequality – has a moral and ethical dimension, resulting from avoidable and unjust differentials in health status. Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential if it can be avoided. (WHO EURO, 1985) More succinctly, Equity is concerned with creating equal opportunities for health and with bringing health differentials down to the lowest possible level. (Whitehead, 1990). HIA is usually underpinned by an explicit value system and a focus on social justice in which equity plays a major role so that not only both health inequalities and inequities in health are explored and addressed wherever possible (Barnes and Scott-Samuel, 1999).

Evidence base

The evidence base refers to a body of information, drawn from routine statistical analyses, published studies and “grey” literature, which tells us something about what is already known about factors affecting health. For example, in the field of housing and health there are a number of studies which demonstrate the links between damp and cold housing and respiratory disease and, increasingly, the links between high quality housing and quality of life (Thomson et al., 2001).
**Health gain**

Improvement in health status.

**Health impact**

A health impact can be positive or negative. A positive health impact is an effect which contributes to good health or to improving health. For example, having a sense of control over one's life and having choices is known to have a beneficial effect on mental health and well being, making people feel “healthier” (Wilkinson, 1996). A negative health impact has the opposite effect, causing or contributing to ill health. For example, working in unhygienic or unsafe conditions or spending a lot of time in an area with poor air quality is likely to have an adverse effect on physical health status.

**Health inequality and inequity**

Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population groups. For example, differences in mobility between elderly people and younger populations or differences in mortality rates between people from different social classes. It is important to distinguish between inequality in health and inequity. Some health inequalities are attributable to biological variations or free choice and others are attributable to the external environment and conditions mainly outside the control of the individuals concerned. In the first case it may be impossible or ethically or ideologically unacceptable to change the health determinants and so the health inequalities are unavoidable. In the second, the uneven distribution may be unnecessary and avoidable as well as unjust and unfair, so that the resulting health inequalities also lead to inequity in health.

**Healthy public policy**

Healthy public policy is a key component of the Ottawa Charter for Health Promotion (1986). The concept includes policies designed specifically to promote health (for example banning cigarette advertising) and policies not dealing directly with health but acknowledged to have a health impact (for example transport, education, economics) (Lock, 2000).

**Impact assessment**

Impact assessment is about judging the effect that a policy or activity will have on people or places. It has been defined as the “prediction or estimation of the consequences of a current or proposed action” (Vanclay and Bronstein, 1995)

**Inequalities audit / equity audit**

A review of inequalities within an area or of the coverage of inequalities issues in a policy, programme or project, usually with recommendations as to how they can be addressed.

**Integrated impact assessment**

Integrated impact assessment brings together components of environmental, health, social and other forms of impact assessment in an attempt to incorporate an exploration of all the different ways in which policies, programmes or projects may affect the physical, social and economic environment.

**Integrated Pollution Prevention Control regulations**

In October 1996 the European Commission published a Directive on Integrated Pollution Prevention and Control (IPPC) which came into effect on 30 October 1999. As a result, European Union Member States were required to introduce a regulatory system to ensure that particular industries take action to ensure “an integrated approach to pollution control” in order to achieve “a high level of protection for the environment as a whole” when considering both routine and accidental releases. The definition of pollution in the Directive includes releases to air, land or water “which may be harmful to human health”. In the UK, Pollution Prevention and Control regulations were introduced in 2000 and they require that health authorities are consulted on IPPC. There are around 7,000 sites affected across the country and the types of activity which are covered by the regulations include the energy,
metals, oil, chemical and waste management industries, paper production, food production and some intensive livestock rearing (University of Birmingham, 2002).

**Intermediate HIA Monitoring and evaluation**

An intermediate HIA may combine a workshop with key stakeholders followed by desk based work to build up a more detailed picture of the potential health impacts than those which would be identified during a rapid or “mini” HIA. It may involve a limited literature search, usually non-systematic, and is mostly reliant on routine, readily available data (Parry and Stevens, 2001).

**Monitoring and evaluation**

Monitoring is the process of keeping track of events. For example, the monitoring of a project may involve counting the number of people coming into contact with it over a period of time or recording the way in which the project is administered and developed. Evaluation involves making a judgement as to how successful (or otherwise) a project has been, with success commonly being measured as the extent to which the project has met its original objectives. Both the “process” (activities) and “outcomes” (what is produced, for example in terms of changes in the health of those targeted by the project) can be monitored and evaluated.

**Multidisciplinary**

HIA is not the preserve of any one disciplinary group. Instead, it draws on the experience and expertise of a wide range of “stakeholders”, who are involved throughout the process. These may include professionals with knowledge relevant to the issues being addressed, key decision makers, relevant voluntary organisations and – perhaps most importantly – representatives of the communities whose lives will be affected by the policy (Barnes and Scott-Samuel, 1999).

**Neighbourhood**

The term neighbourhood usually refers to a local area which is defined in some way physically (for example, an estate or an area bounded by major roads) or by people’s perceptions of what constitutes their local area. Neighbourhoods are usually fairly small. For example, neighbourhoods designated for New Deal for Communities funding are usually made up of around 4,000 households or around 10,000 people.

**Outcomes**

The effect the process has had on the people targeted by it. These might include, for example, changes in their self-perceived health status or changes in the distribution of health determinants, or factors which are known to affect their health, well-being and quality of life.

**Outputs**

The products or results of the process. These might include, for example, how many people a project has affected, their ages and ethnic groups or the number of meetings held and the ways in which the findings of the project are disseminated.

**Partnership**

A group of people or organisations brought together with a common purpose such as developing a regeneration programme or undertaking.

**Policy**

A policy can be defined as an agreement or consensus on a range of issues, goals and objectives which need to be addressed (Ritsatakis et al., 2000). For example, “Saving Lives: Our Healthier Nation” can be seen as a national health policy aimed at improving the health of the population of England, reducing health inequalities and setting objectives and targets which can be used to monitor progress towards the policy’s overall goal or aims.

**Process**

A course of action or series of activities.
Programme

The term programme usually refers to a group of activities which are designed to be implemented in order to reach policy objectives (Ritsatakis et al., 2000). For example, many Single Regeneration Budget programmes and New Deal for Communities initiatives have a range of themes within their programmes – often including health, community safety (crime), education, employment and housing – and within these themes are a number of specific projects which, together, make up the overall programme.

Project

A project is usually a discrete piece of work addressing a single population group or health determinant, usually with a pre-set time limit. For example, “Private Rented Dwellings” was a three year project in Southport, Merseyside which provided money to private landlords in order to bring their rented properties up to housing fitness standards (Hirschfield et al., 2001).

Prospective HIA

Prospective HIA is carried out before any action has been taken, either in terms of drafting a policy, putting together an action plan or implementing it so that steps can be taken, at the planning stage, to maximise the positive health impacts of a policy, programme or project and to minimise the negative effects (Scott-Samuel et al., 1998).

Qualitative and quantitative

HIA tries to balance qualitative and quantitative evidence. It involves an evaluation of the quantitative, “scientific” evidence where it exists but also recognises the importance of more qualitative information. This may include the opinions, experience and expectations of those people most directly affected by public policies and tries to balance the various types of evidence (Barnes and Scott Samuel, 1999). Generally speaking, quantitative evidence is based on what can be counted or measured objectively whilst qualitative evidence cannot be measured in the usual ways and may more subjective, for example, encompassing people’s perceptions, opinions and views.

Rapid (mini) HIA

A rapid or “mini” HIA, as the name suggests, is done quickly. It may be a “desk top” exercise, reliant on information which is already available already available “off the shelf” (Parry and Stevens, 2001), or through a half day or one day workshop with key stakeholders (Barnes et al., 2001). In either case, there is usually a minimum quantification of the potential health impacts which are identified.

Regeneration

Regeneration is a broad concept used to describe a wide variety of measures that are designed to revive disadvantaged (mainly urban) areas. This might include: modifying the physical environment; altering lifestyles; improving leisure opportunities; enhancing the training and employment prospects of local residents; reducing stress, anxiety and fear; strengthening control over people’s lives and fostering empowerment; improving access to public services; and enhancing relationships between local residents and public sector agencies. Since the second world war there have been many regeneration initiatives – the most recent being the neighbourhood renewal and other related programmes – and many inner city areas have been “regenerated” more than once. ((Hirschfield et al., 2001).

Resource allocation

The process of deciding what is needed to carry out an activity and providing for those needs. This can include making provision for financial resources (money), capital resources (such as buildings and computer hardware) and staff resources (including the number of staff needed and the skill mix required).

Retrospective HIA

Retrospective HIA is carried out after a programme or project has been completed. It is used to inform the ongoing development of existing work.
Scoping

Scoping refers to the process of identifying the potential health impacts of a policy, programme or project before they are quantified, as in a rapid HIA. It may include reviewing the relevant literature and evidence base and collecting the views of key stakeholders (those with expert knowledge of the project, those involved and those potentially affected) followed by the tabulation of the potential health impacts (Parry and Stevens, 2001).

Screening

In relation to HIA, screening usually refers to an initial step being taken in order to determine whether a policy, programme or project should be subject to a HIA. The criteria used for this process may include, for example, the size and cost of the activity in question, the extent of any obvious or immediate health effects or the perceived extent of longer term effects. A new road transport policy, for example, might meet these criteria in view of its potentially high financial cost, the possibility of immediate health effects in terms of road traffic accidents and likely longer term effects in terms of air quality.

Service user involvement

Involving those who use services in their planning and organisation by, for example, inviting them to give feedback on the quality of services and ease of access to them or by having service user representatives on the steering groups which monitor service provision and plan future developments.

Social impact assessment

Social impact assessment is “the process of assessing or estimating, in advance, the social consequences that are likely to follow from specific policy actions or project development, particularly in the context of appropriate national, state or provisional policy legislation” (Vanclay and Bronstein, 1995). It is based on the assumption that the way in which the environment is structured can have a profound effect on people’s ability to interact socially with other people and to develop networks of support. For example, a major road cutting across a residential area can have the effect of dividing a community with implications for social cohesion (Hendley et al., 1998).

Steering group

A group of people brought together to oversee a piece of work such as a HIA. Typically, a steering group might be made up of representatives of relevant professional groups, key statutory agencies and the local community and its terms of reference might include:· overseeing development and progress of the work; · agreeing the methodological framework and timescales; · providing an input of local knowledge and information; · acting as a bridge between partners; · facilitating the implementation of the assessment’s recommendations; and · helping to assimilate and disseminate the emerging lessons. (Barnes, 2000).

Strategic environmental assessment

SEA has been defined as “the environmental assessment of a strategic action: a policy, plan or programme (Therivel and Partidario, 1996). SEA developed out of the recognition that the environmental impact assessment of specific projects, whilst an extremely valuable device, does not allow sufficient scope for the examination of the effect of a combination of projects. A commitment to sustainable development requires that a strategic approach to the environment be adopted. (Wood, 1995).

Strategy

The term strategy usually refers to a series of broad lines of action intended to achieve a set of goals and targets set out within a policy or programme (Ritsatakis et al., 2000). For example, within the themes of Single Regeneration Budget or New Deal for Communities initiatives it is usual to set out the strategic direction needed to be taken in order to achieve the goals and objectives of each theme, such as reducing unemployment, improving health or raising educational attainment.

Sustainability and sustainable development
The plethora of regeneration and neighbourhood renewal initiatives under way are all intended to provide sustainable changes – that is to say, benefits for the future as well as the present. A commonly used definition of sustainable development is “development which meets the needs of present generation without compromising the ability of future generations to meet their own needs” (World Commission on Environment and Development, 1987).

**Toolkit**

The term toolkit is generally held to mean an information resource including, for example, routinely available data which may be required for quantifying potential health impacts, a compilation of literature on health determinants or a template for organising a HIA or parts of the HIA process such as a workshop for key stakeholders.

**Well-being impact assessment**

Well-being impact assessment is difficult to distinguish from HIA although it could be argued that, instead of looking at all aspects of health, including medical factors, it concentrates primarily on aspects of quality of life and physical and mental well being.

**Working group**

In contrast to a steering group, a working group convened for the purpose of carrying out usually consists of those charged with carrying out the work on a day to day basis. Typically it might include people with a range of complementary public health skills such as project management, epidemiology, statistical analysis and presentation, questionnaire design and community development (Barnes and MacArthur, 2000).

**Workshops**

Workshops involve bringing together a group of people for a specific purpose. In HIA this might include, for example, identifying key stakeholders’ health concerns in relation to the policy, programme or project being addressed, identifying sources of current knowledge in relation to the evidence base or training staff in HIA techniques. Workshops are usually structured in some way with a mixture of presentations and “hands on” participative work.