Health Impact Assessment of Government Policy

A guide to carrying out a Health Impact Assessment of new policy as part of the Impact Assessment process

How to carry out good quality HIAs

✓ Use HIA screening questions
✓ Make it evidence-based
✓ Look for positive health impacts
✓ Think beyond the health service when considering health
Health Impact Assessment of Government Policy

A guide to carrying out a Health Impact Assessment of new policy as part of the Impact Assessment process

Health Impact Assessment of Government Policy

Authors: Nannerl Herriott, Colleen Williams

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Part of a series:

Health Impact Assessment – case studies from government departments
Health Impact Assessment – evidence on health
Health Impact Assessment – a guide to quantifying health impacts of government policy
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Health Impact Assessment (HIA) is a specific impact test within the mandatory impact assessment process.\(^1\) It is a means of developing better, evidenced-based policy by careful consideration of the impact on the health of the population.

A good HIA will guide policymakers to consider the positive and negative impact of their proposed policy on health. It will identify any unintended health consequences that may either lend support to the policy or suggest improvements to it. It will also contain a clear analysis of whether the health of the whole population or just certain sections within the population will be affected.

This guide is to help policymakers to decide the level of HIA their policy requires, and to carry it out.

As well as advice, a simple framework for recording the outcomes is provided at Appendix A.

Also available are a number supporting publications that provide more detailed advice on specific aspects of HIA. These include:

- *Health Impact Assessment – case studies from government departments.*
- *Health Impact Assessment – evidence on health.*
- *Health Impact Assessment – a guide to quantifying health impacts of government policy.*

These are referred to at appropriate places within this guidance.

Though it is designed primarily for those doing HIA, as part of Impact Assessment, health may also be assessed in the main body of the Impact Assessment. In addition, the process described here will be helpful for assessing the health impacts of policy more generally.

\(^1\) [http://bis.gov.uk/19-guidance](http://bis.gov.uk/19-guidance)
1. Benefits of Health Impact Assessment

The NHS treats and can prevent many health problems through helping people live healthier lives, to give up smoking and to drink and consume in moderation. But most of the determinants of health lie outside the health care system. Many of the strongest levers on health therefore lie in the hands of other government departments.

Over the last 50 years, there have been impressive socioeconomic and health improvements in the United Kingdom. People from every class and region are healthier and living longer than ever before. Nonetheless, inequalities in health remain.

These are the result of a complex and wide-ranging network of factors. People who experience material disadvantage, poor housing, lower educational attainment, insecure employment or homelessness are among those more likely to suffer poorer health outcomes and an earlier death, compared with the rest of the population.

It is estimated that inequalities in illness account for productivity losses of £31-£33 billion per year and lost taxes and higher welfare payments in the range of £20-£32 billion per year. Using HIA to address health inequalities could have wide ranging benefits for the economy and society as a whole.

A cross-government approach

HIA can identify ‘win-wins’ across policy areas. For example, green space and green infrastructure improve mental and physical health and have been shown to reduce health inequalities. Green infrastructure networks reduce urban temperatures and improve drainage, reducing the risk to health associated with heat waves and flooding. Being explicit about delivering these ‘win-wins’ is likely to be an increasingly important feature of policymaking.

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2. What is health Impact Assessment?

HIA is defined as: *A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population*”\(^3\).

HIA will produce a set of evidence-based practical recommendations that will inform decision-makers on how best they can promote and protect the health and wellbeing of local communities they serve\(^4\). The HIA should maximise the positive impacts and minimise the negative impacts of the policy and address health inequalities.

![Diagram of HIA process](image)

**What is health?**

Health is defined by the World Health Organisation as: *A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity*\(^5\), and this definition is used in HIA. It covers both the factors that support health, the determinants of health and ill health.

Well-being is defined as: *A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment*\(^6\). Wellbeing is therefore distinct from mental illness and relates to a wide range of Government policy.

Measurable changes in the health status of an individual, group or population are described as ‘health outcomes’. These may be intended or unintended, and may not become apparent for many years. The main kinds of health outcomes are described in Table 1.

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3. Lehto & Ritsatakis, 1999
4. Taylor et al 2002
5. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. The Definition has not been amended since 1948
Table 1: Types of health outcomes considered in HIA

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Examples</th>
</tr>
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<tbody>
<tr>
<td>Infectious diseases</td>
<td>Tuberculosis, HIV and influenza</td>
</tr>
<tr>
<td>Chronic diseases</td>
<td>Heart disease, cancer, bronchitis and asthma</td>
</tr>
<tr>
<td>Nutritional disorders</td>
<td>Obesity and vitamin deficiencies</td>
</tr>
<tr>
<td>Physical injury</td>
<td>Accidents, heavy metal and chemical poisoning and community violence</td>
</tr>
<tr>
<td>Mental health and wellbeing</td>
<td>Suicide, depression, stress and anxiety</td>
</tr>
</tbody>
</table>

Determinants of Health

The determinants of health are the focus of HIA. They are the social, economic, environmental and cultural factors that indirectly influence health and wellbeing. They include what we eat and drink; where we live and work; and the social relationships and connections we have with other people and organisations. Some, such as gender, age and family history of illness, cannot change or are difficult to change, while others can be changed by policy interventions. The diagram below shows the determinants of health in a community context.

Diagram: Determinants of health

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Who should do the HIA?

The team doing the assessment will consist of the policy lead, supported by economists, analysts, social researchers should carry out the HIA, drawing in expertise from a range of subject specialists where needed. The evidence gathered during policy development should be incorporated into the HIA.

When should the HIA be completed?

The HIA should be started at the beginning of the policy development process, with adequate time and resources available to support it. The consequences for health of all the options can then be fully considered, and the HIA can have a genuine influence on the chosen option.

The policy will develop over the course of the policy cycle and may change significantly. The HIA will need to be revisited with each iteration of the policy, to ensure that significant changes have been assessed and that it relates to the final policy document.

If the HIA is left until late on in the policy development process, sufficient time will need to be factored in to the project plan to revise the policy in light of the findings of the HIA.
2. Carrying out a Health Impact Assessment

The diagram below gives an overview of the Health Impact Assessment process, and the rest of this section explains the content of each of the 5 stages of HIA.

STAGE 1
Screening.

Answer yes to screening questions

STAGE 2
Identify health impacts.

STAGE 3
Prioritise important health impacts.

STAGE 4
Analysis: quantify or describe health impacts.

STAGE 5
Recommendations to improve policy.

Finish HIA. Include findings in Impact Assessment.
Stage 1: Screening

At the end of this stage, the policy team will have used the screening question to decide whether to proceed to further stages.

A recent review of how health was considered in government Impact Assessments\(^8\) found that where the HIA screening questions were used, the right decision was made about whether or not to proceed to further stages. When the screening questions were not used, either an HIA was done when it was not needed, or left out when it was needed.

The screening questions should be answered by the policy team, who understand the background, context, rationale and objectives\(^9\). The results of the screening, including a brief explanation of any evidence and advice used to make the judgement, should be recorded and included as part of the completed Impact Assessment.

Table 1 in Appendix A provides an HIA Screening Form with the 5 questions.

If the answers to any of the screening question is yes, then the next HIA Stages should be completed.

Stage 2: Identify health impacts

At the end of this stage, a long list of all the potential impacts on the health of the population – major or less serious, direct or indirect and occurring at any stage of the implementation of the policy will be identified.

Use the information and prompts from the screening questions to help you develop a list of all the potential impacts of the policy on health.

Learn from the past

Seek out Impact Assessments and evaluations of similar policies that may have been considered or implemented in the past.

An extensive library of Impact Assessments is available from Better Regulation Executive website.\(^{10}\)

You could also refer to the publication in this series Health Impact Assessment – case studies from across government and the Council for Science and Technology “Health impacts – a strategy across government”.\(^{11}\)

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10 http://www.ialibrary.berr.gov.uk

11 www.2.cst.gov.uk/cst/reports/files/personal-information/csthealthimpacts.pdf
Discuss with colleagues and experts

With the policy team, go through the evidence and advice already gathered in support of the policy to identify any health impacts and consult relevant experts.

Uncover any known links between the proposed policy and health

The Health Impact Assessment Gateway\(^\text{12}\) offers on-line access to a wide range of HIAs. Some are national, or international, others about regional or local policies, plans, programmes and projects. They provide easy access to the health impact assessment literature and show how others have worked to maximise positive and minimise negative health impacts in key areas such as transport, environment, crime, housing and employment.

There may also be research, assessments and evaluations undertaken inside Government, by interested parties and pressure groups, by academic researchers and by international agencies such as the World Health Organisation and by other Governments.

Useful links for accessing the health evidence are given in the publication in this series *Health Impact Assessment – evidence on health*.

Finally, all the possible health impacts identified, both the positive and negative, should be recorded.

Table 2 in Appendix A provides a framework for recording the health impacts.

**Stage 3: Identify impacts with important health outcomes.**

*At the end of this stage, the policy team will have identified the most important health impacts – those that may:*

- impact on the whole population or on specific age groups, ethnic groups, religious groups or socioeconomic groups;
- be difficult to remedy or have an irreversible impact;
- be medium to long term;
- cause a great deal of public concern;
- have cumulative or synergistic impacts.

Table 2 in Appendix A provides a framework for identifying important health impacts.

Expert advice will ensure that the most important impacts have been correctly identified, and that the assessment of their likelihood and level of impact is correct.

\(^{12}\) http://www.hiagateway.org.uk
Amongst the experts who can be consulted are:

- scientists, epidemiologists and health experts within Government;
- external experts (scientists, epidemiologists and health experts in universities, or in the private sector);
- other people with special knowledge of the area, such as stakeholders, voluntary organisations or monitoring agencies;
- health economists working in Government, the NHS, or academic research.

Also useful here will be the publication in this series *Health Impact Assessment – evidence on health*.

If there is a lack of evidence about a particular health impact, or the evidence is equivocal, then the precautionary principle should apply. A lack of full scientific certainty should not be used as a reason for leaving out measures to minimise potentially serious health impacts.\(^\text{13}\)

The decision about whether or not an impact is important is made by the team based on the available evidence. If no impacts are judged to be important then HIA is complete. The findings of Stages 1, 2 and 3 should be recorded. Table 2 in Appendix A provides a framework for recording the assessment.

### Stage 4: Quantify or describe important Health Impacts

*At the end of this stage, the policy team will have made a qualitative and quantitative judgement about the important health impacts; their potential costs and benefits, how health varies in different circumstances and why.*

#### Quantifying health impacts

Where possible, to numerically estimate how many people and to what degree people will be affected. This could include:

- number of lives lost;
- number of people who get an illness or are prevented from getting a disease;
- number of people are more susceptible to ill health because of the determinants of health such as obesity, low educational achievement, low income or lack of social support;
- changes in Quality Adjusted Life Years (QALYs).

#### Distribution of health impacts

At this stage, the effects on particular equalities or socioeconomic groups – such as older people, those with disabilities, socioeconomically deprived or particular ethnic groups – should be considered.

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Monetising health impacts

Some key tools for quantifying and monetising health impacts are set out in Health Impact Assessment – a guide to quantifying health impacts of government policy. The summary guide provides an overview of the full detailed guide to quantifying health impacts.

You may also need to do some further literature review and seek expert advice to identify the best methods of quantifying and monetising the particular health impacts that you have identified.

Describing health impacts

Important health impacts can also be described qualitatively.

• This means answering questions such as “what is the health impact, how does health vary in different circumstances and why?” rather than “how many people will be ill and how much will this cost?” Sources of information and evidence on describing health impacts are given in Health Impact Assessment – evidence on health.

Helpful for Stage 4 are two further publications in this series:

• Health Impact Assessment – a guide to quantifying health impacts of Government Policy.
• Health Impact Assessment – case studies from across Government.

Finally, the analysis and description of the health impacts should be recorded. Table 3 in Appendix A provides a useful framework.

HIA Stage 5: Recommendations to achieve most health gains

At the end of this, the most important Stage in HIA, the policy team will propose how the policy will be amended to deliver the greatest possible health gain for the population in relation to the overall costs of the policy.

The recommendations should:

1. Identify the health impact.
2. State whether the impact is positive or negative.
3. Set out changes to the policy that would improve the health outcomes of the population affected by the policy.

It should also propose procedures to monitor whether these health gains have been achieved at appropriate stages in implementation of the policy.

This is the final stage of the HIA, your findings should be recorded and included in the Impact Assessment document. Appendix A provides a useful framework for recording the HIA.

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14 Qualitative Research: Reaching the parts other methods cannot reach: an introduction to qualitative methods in health and health services research -- Pope and Mays 311 (6996): 42 -- BMJ
## Appendix A: Framework for HIA

### TABLE 1. Stage 1 Screening

<table>
<thead>
<tr>
<th>Screening Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Will the proposal have a direct impact on health, mental health and wellbeing?</strong></td>
<td>If there will be no health impact, provide a brief explanation for your response</td>
<td>If there will be health impact(s) provide a brief explanation.</td>
</tr>
<tr>
<td>For example would it cause ill health, affecting social inclusion, independence and participation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You should consider whether any socioeconomic or equalities groups* will be particularly affected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Will the policy have an impact on social, economic and environmental living conditions that would indirectly affect health?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For example would it affect housing, transport, child development, education, good employment opportunities, green space or climate change?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You should consider whether any socioeconomic or equalities groups* will be particularly affected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Will the proposal affect an individual’s ability to improve their own health and wellbeing?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For example will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You should consider whether any socioeconomic or equalities groups* will be particularly affected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Will there be a change in demand for or access to health and social care services?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For example: Primary Care, Hospital Care, Community Services, Mental Health and Social Services?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You should consider whether any socioeconomic or equalities groups* will be particularly affected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Will the proposal have an impact on global health?</strong> To be added</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, go to global health impact assessment tool.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Equalities groups such as race, gender, health, disability, sexual orientation, age, religion or belief.
<table>
<thead>
<tr>
<th>Stage 2</th>
<th>Identify Health Impacts</th>
<th>Stage 3: Prioritise health impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Describe the Health Impacts</strong></td>
<td>Will the health impacts affect the whole population or will there be differential impacts within the population? You should consider whether any socioeconomic or equalities groups* will be particularly affected.</td>
<td>Combining the answers, on balance will the health impacts have an important positive or negative impact on health. Provide a brief overview of the reason for your decision on prioritization.</td>
</tr>
<tr>
<td></td>
<td>Will the health impacts be difficult to remedy or have an irreversible impact?</td>
<td></td>
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<tr>
<td></td>
<td>Will the health impacts be medium to long term?</td>
<td></td>
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<tr>
<td></td>
<td>Are the health impacts likely to generate public concern?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Are the health impacts likely to generate cumulative and/or synergistic impacts?</td>
<td></td>
</tr>
</tbody>
</table>

*Equalities groups such as race, gender, health, disability, sexual orientation, age, religion or belief.
TABLE 3. Stage 4 Analysis: quantify or describe important health impacts

<table>
<thead>
<tr>
<th>Table 3</th>
<th>Content</th>
<th>Table 3</th>
<th>Content</th>
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TABLE 4 Stage 5 Recommendations to improve policy

<table>
<thead>
<tr>
<th>Table 4</th>
<th>Content</th>
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<th>Content</th>
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