



Mellow Village: A Health Impact Assessment (HIA) Case Study

Practical guidance on how to undertake a HIA

Institute of
Public Health

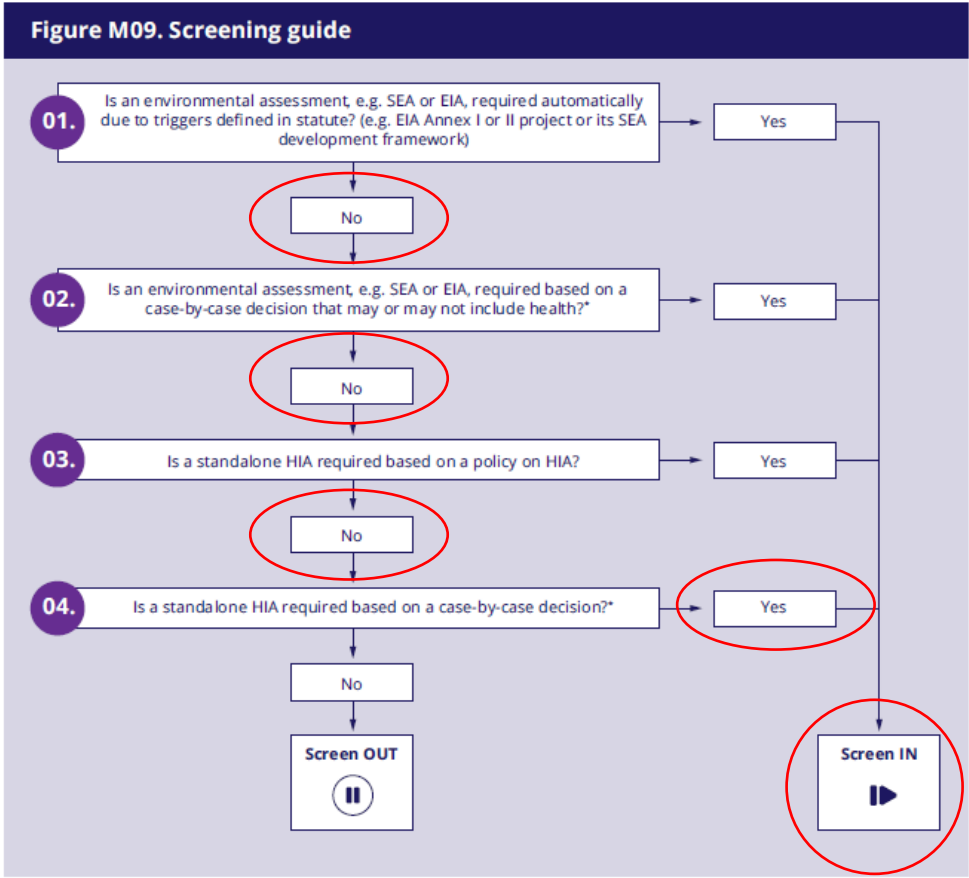


Screening



See Guidance

See Case Study



* When making a case-by-case decision, ask:
Broadly, based on available information, does the proposal have the potential to change 'risks to human health' in a way 'likely' to 'significantly' affect population health?
 Focus on factors that are clearly important or unacceptable.

See Guidance

Screening

Screening tool for case-by-case decisions for health in environmental assessments or a standalone HIA		
Step 1 Record of screening:		
Title of plan, programme, project, policy or legislation	Mellow Village: application from New Horizons Ltd	
Date	10 April 2023	
Organisation(s)/person(s) performing screening	Health Authority, BCC	
Step 2		
Broadly, based on available information, does the proposal have the potential to change 'risks to human health'? Will this happen in a way that is judged 'likely' to 'significantly' affect population health?		
Consider the following determinants that can influence physical, mental and social wellbeing:	Judgement Yes/No	Brief justification see notes below
Health inequalities	Y	Positive due to improvements to the local area and negative due to potential for gentrification. Likely over the medium-term and long-term.
Healthy lifestyles	Y	Positive due to improvements to the local area eg housing, park. Likely over the medium-term and long-term.
Safe and cohesive communities	Y	Positive due to improvements. Likely over the medium-term and long-term.
Socio-economic conditions	Y	Positive due to employment offer. Likely over the medium-term and long-term.
Environmental conditions	Y	Negative due to potential for emissions to air, noise, water during construction. Likely over the short-term.
Health and social care services	Y	Neutral in short-term. Additional population in residential accommodation will require primary care services in medium-to long-term. This is a permanent change.
Notes		
Consider whether effects are		
<ul style="list-style-type: none"> • Positive (+) or negative (-) • Likely (L) or unlikely (U) • Short term (ST), medium term (MT) or long term (LT) • Permanent (P) or temporary (T) • Significant (S) or non-significant (NS) 		
A likely effect is 'plausible and probable'.		
A significant change is clearly 'important or unacceptable'.		
'Yes' would be associated with likely and significant effects, particularly negative, medium- or long-term and permanent effects (also consider the opportunity cost of missed positive effects).		

See Guidance

Screening tool for case-by-case decisions for health in environmental assessments or a standalone HIA		
Population health vulnerability includes age (young and old); income (job insecurity or low income); health status (existing poor health and carers); social disadvantage (social isolation or discrimination); and access and geographic (areas of deprivation or barriers to services).		
Step 3 Decision	Screened IN or OUT:	Health in environmental assessment (SEA or EIA) or standalone HIA
If one or more answers in step 2 is 'yes', then an SEA or EIA is warranted on human health grounds. If neither an SEA nor an EIA is applicable, then a standalone HIA is warranted.	IN	HIA
Step 4 Notification		
New Horizons to be informed of the results of this screening process and invited to prepare an HIA		

Scoping



[See Guidance](#)

[See Case Study](#)

- What will the proposal do and who will be affected?
- How can this be shown across different determinants of health?
- Use a source-pathway-receptor model. Consider whether any likely effects are potentially significant.
- Scope by determinant of health and by population group. Look at the general population as well as vulnerable populations.
- A 'comprehensive approach to health' is a guiding principle for HIA during scoping.

Scoping

The governance for the whole assessment process is established at this stage. The scoping stage also identifies the determinants of health and the populations to be assessed, as well as the methods by which they will be assessed. This is an important stage.

The approach at this stage can be high level as there may not be a huge amount of detail available. A given health effect is deemed 'likely' or 'not likely' and then, in turn, 'potentially significant' or 'not significant'.



Part 3 of the *Technical Guidance* shows how 'likely' health effects are those that, based on the scientific literature, have a plausible theoretical link between source-pathway-receptor, the occurrence of which, based on professional judgement, is probable in the relevant context. (See page 114)

Figure M10 provides some questions to help with this. Health effects that are considered to be 'likely' and 'potentially significant' require further analysis and they are scoped in. Those issues that are 'not likely' or 'not significant' should be scoped out.

This ensures that the whole assessment is properly focused. It is known as keeping the assessment **proportionate**.

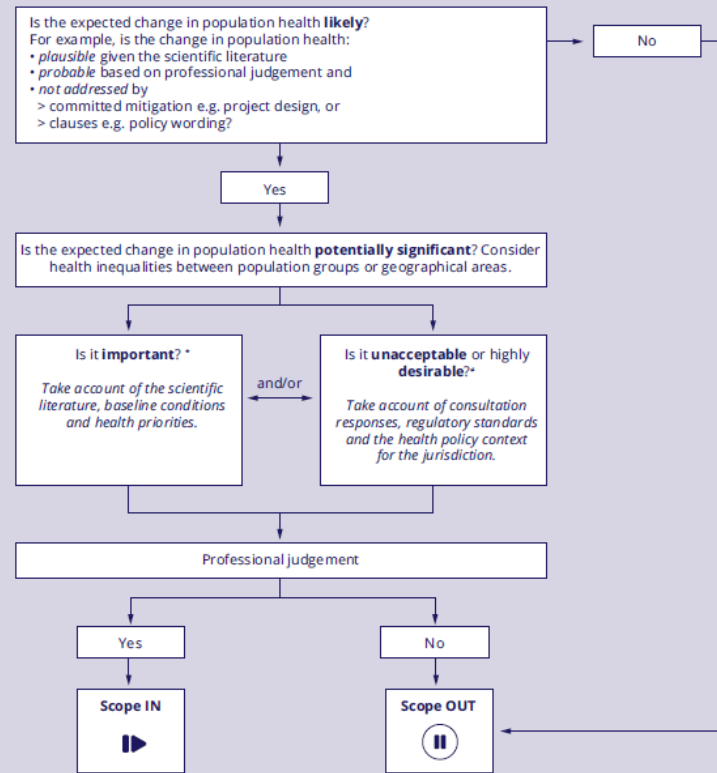
This guidance recommends that the rest of the assessment should focus on those effects that are both 'likely' and 'significant'.

At this point the HIA team will make a best estimate of whether an effect will be significant. This is explored in more detail in the *analysis* stage.



See Guidance

Figure M10. Scoping guide



* For example, is the expected change central to, or influential for, the public health agenda of the relevant jurisdiction (positive and negative effects)?

* For example, is the expected change contentious or a developing agenda (negative effects) or strongly desired and in need of securing (positive effects)?



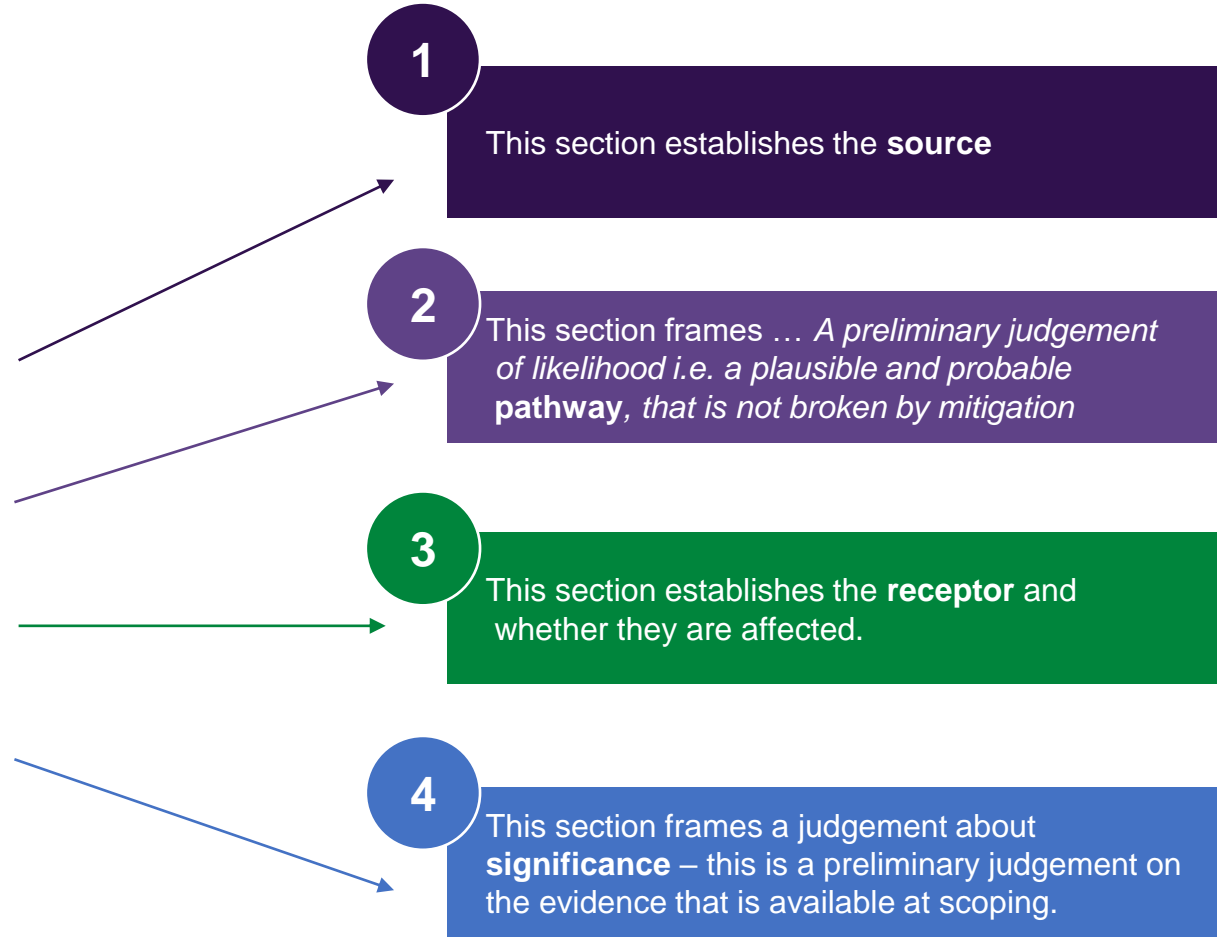
See Guidance



Considerations while scoping health effects

Four sections

- 1 Source
- 2 Pathway
- 3 Receptor
- 4 Significance



4

This section frames a judgement about **significance** – this is a preliminary judgement on the evidence that is available at scoping.

1

This section establishes the **source**

Considerations while scoping health effects See Guidance

Four sections

1 Source

2 Pathway

3 Receptor

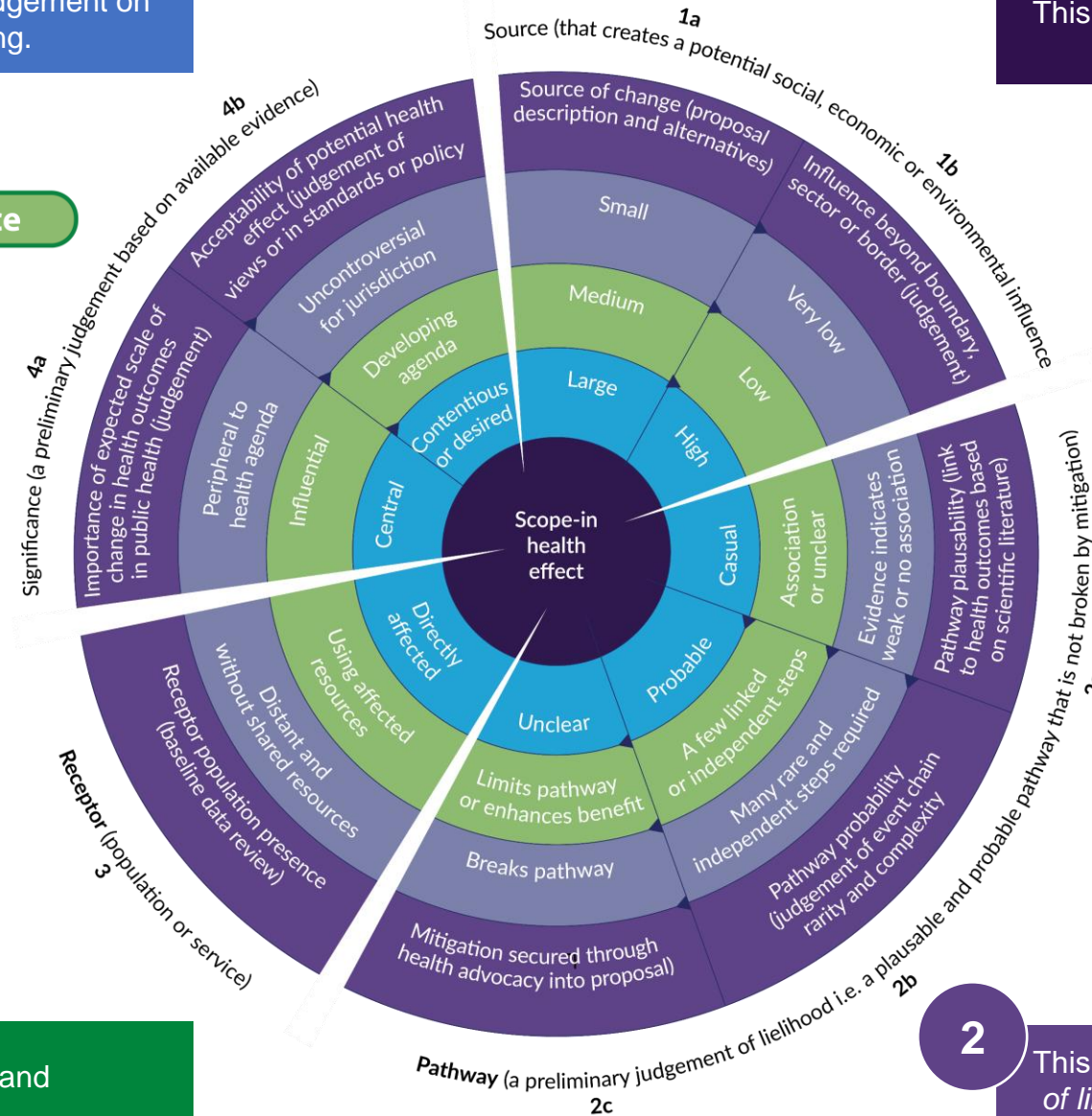
4 Significance

3

This section establishes the **receptor** and whether they are affected.

2

This section frames ... A preliminary judgement of **likelihood** i.e. a plausible and probable pathway, that is not broken by mitigation



Transport:

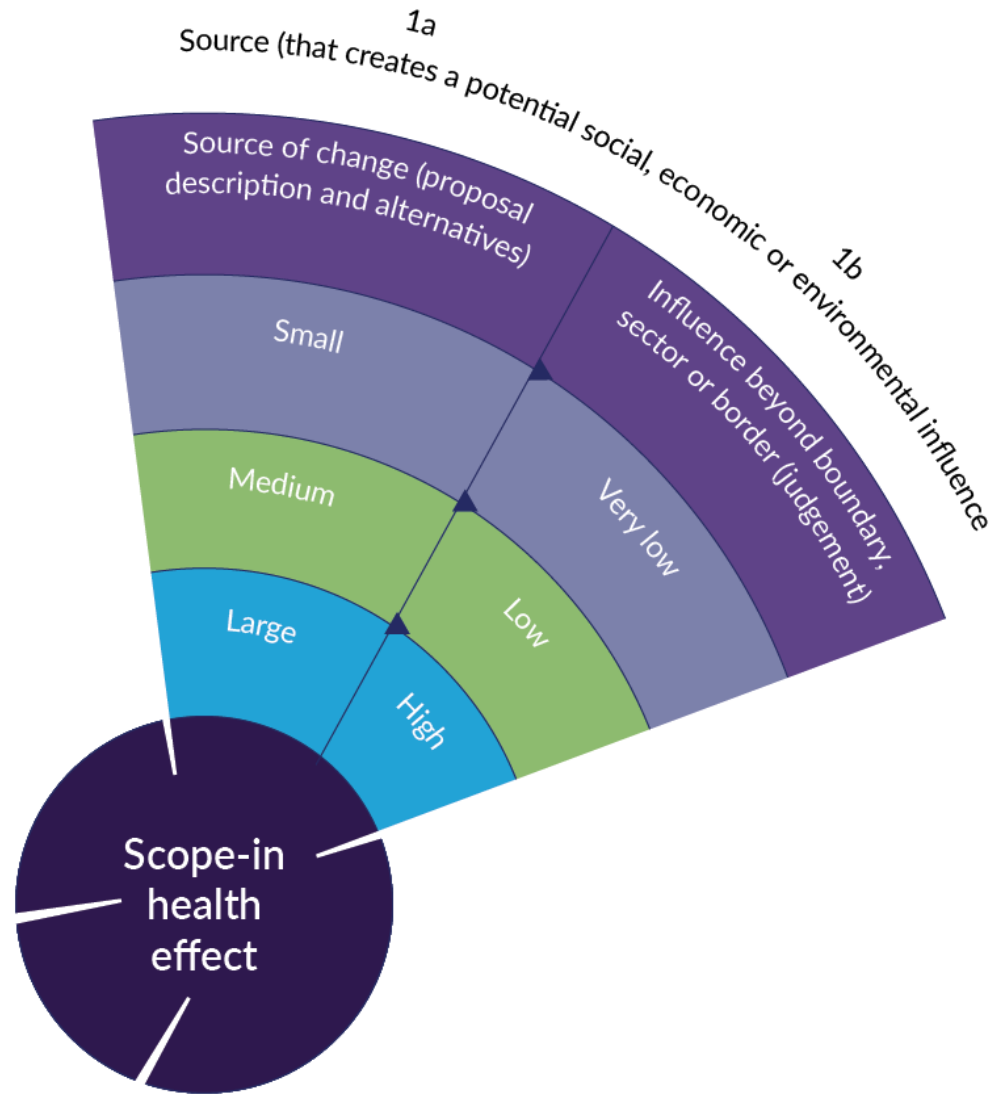


The next steps show how this conceptual model helps establish whether a determinant should be scoped in or out.

Transport:



See Case Study



SOURCE

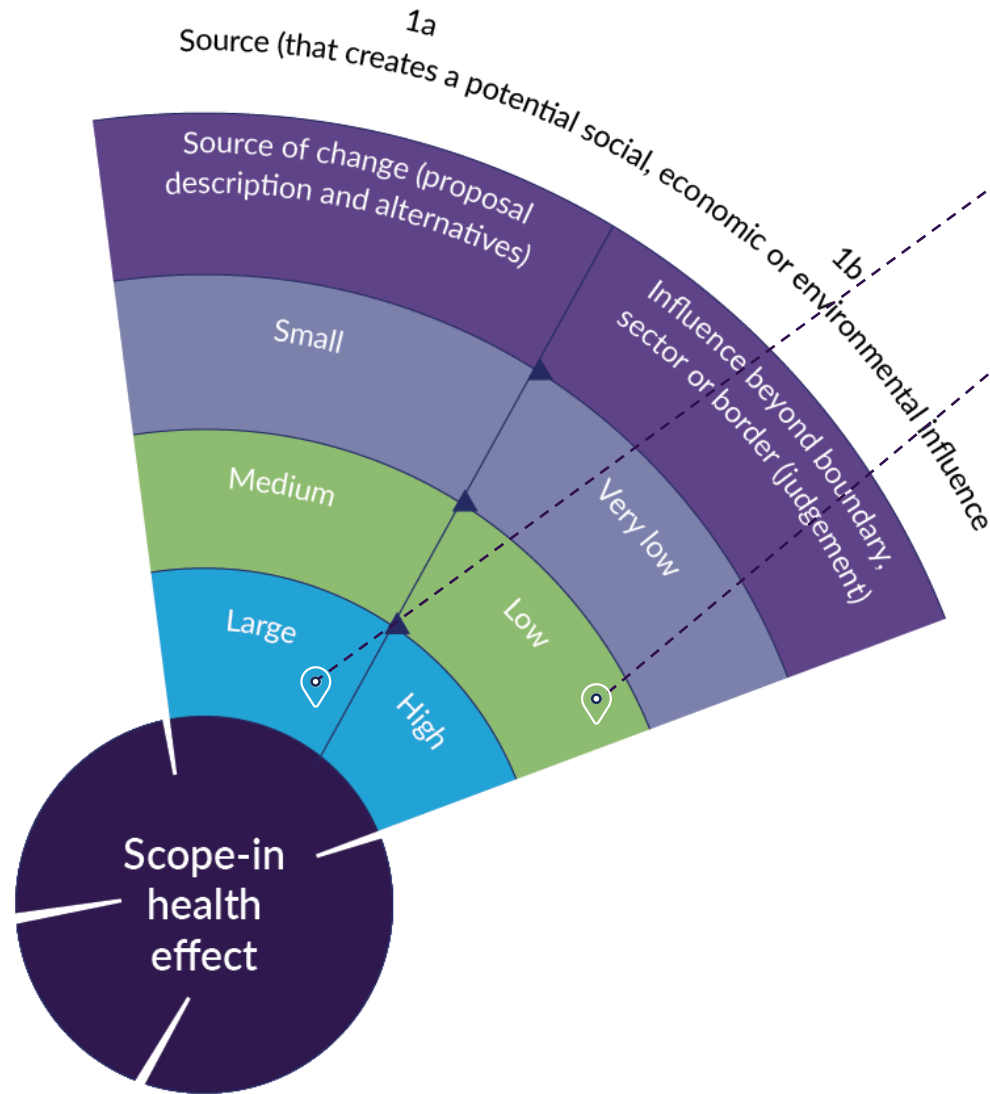
The construction transport from the Project, including the health implications of changes in road traffic and road works affecting: road safety; travel times; accessibility; and active/sustainable travel (health issues).

Influence beyond boundary: The effect will be felt beyond the construction site and across Tulip Park.

Transport:



See Case Study



SOURCE

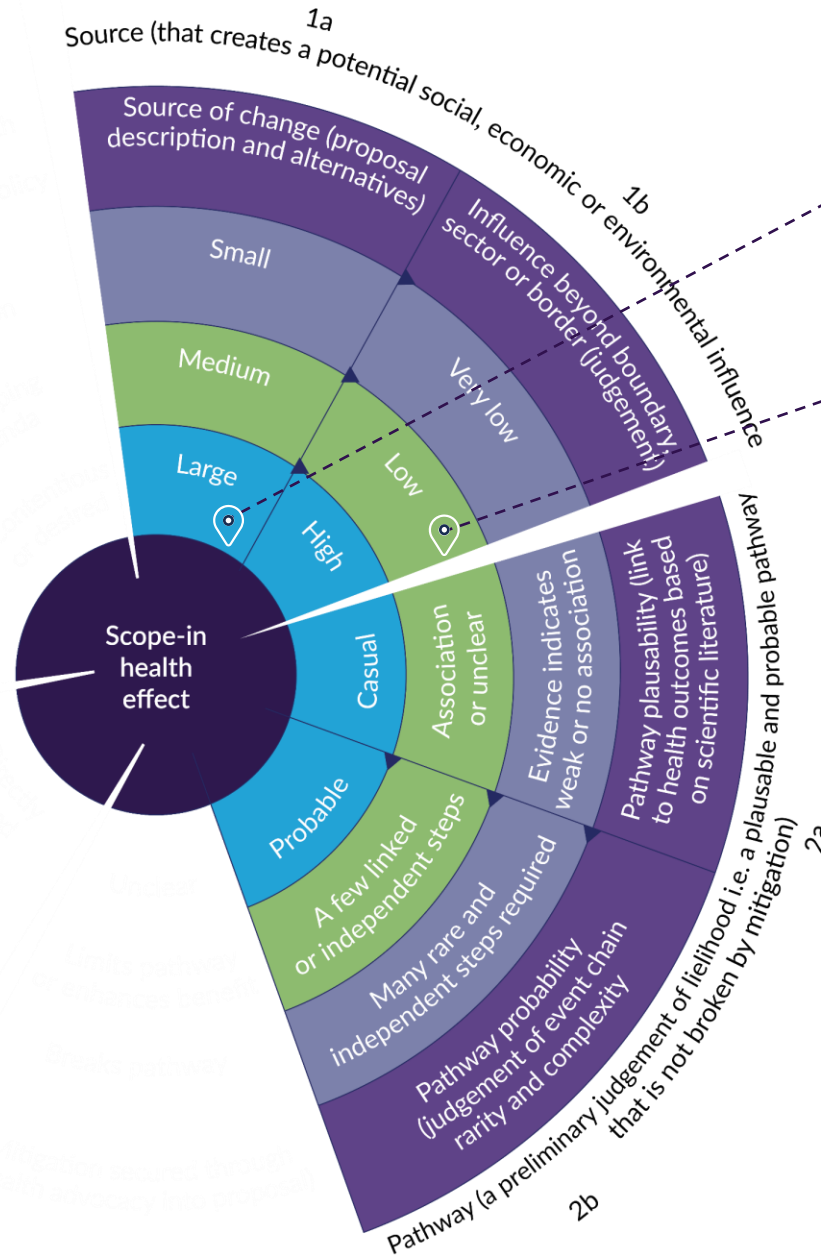
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See Case Study



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PATHWAY

Changes in driver delay, severance, pedestrian delay, pedestrian amenity and accidents and safety. This links with physical activity and active travel

Pathway plausibility Strong scientific evidence that active travel can result in substantial health benefits etc ... Transport infrastructure and facilities are important for enabling access to goods and services for older people and other populations etc ...

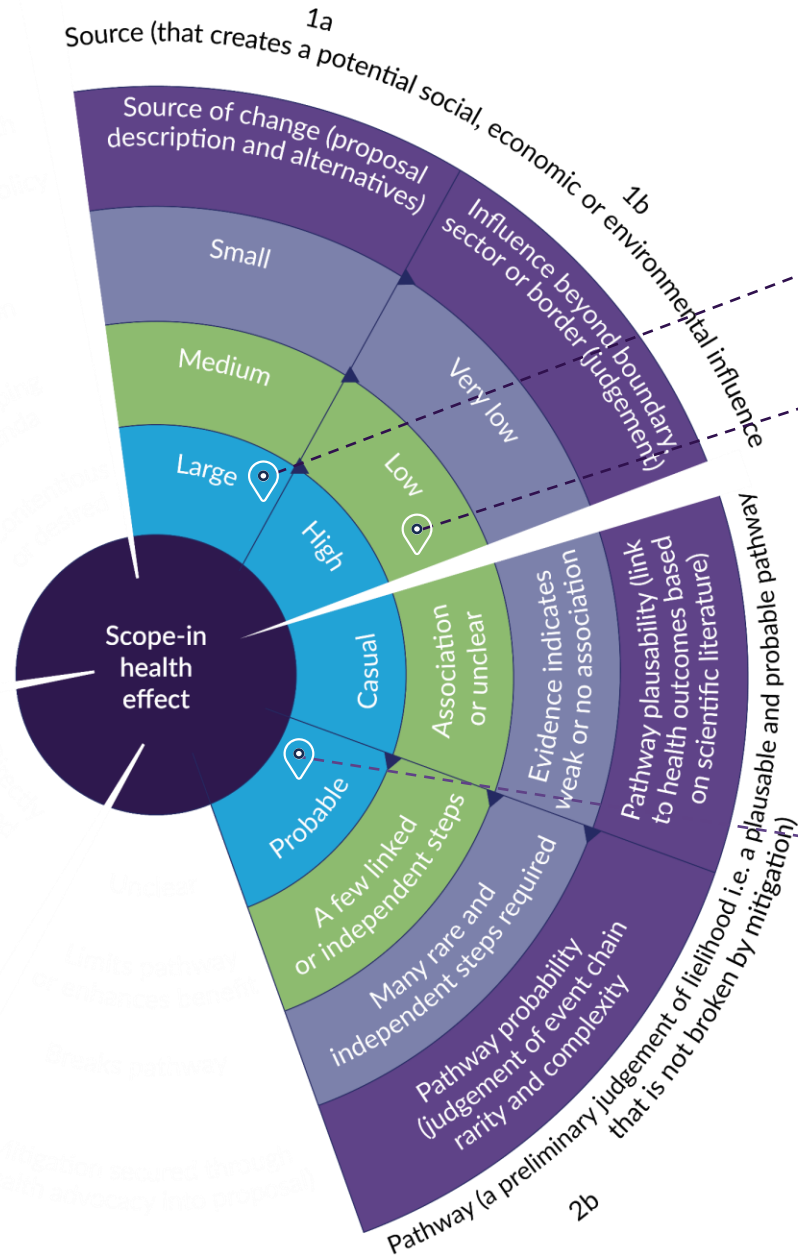
Pathway probability

No highly unusual conditions are required for the source-pathway-receptor link.

Transport:



See Case Study



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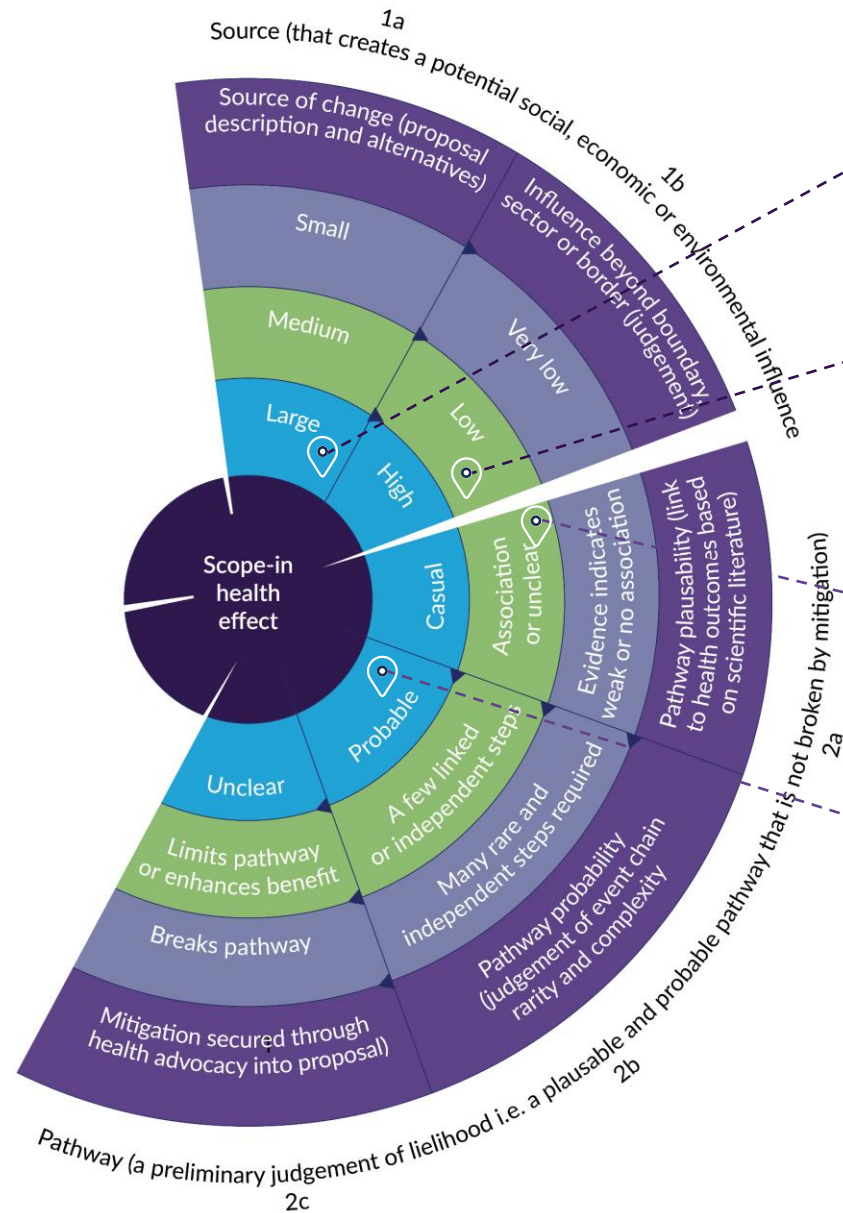
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See Case Study



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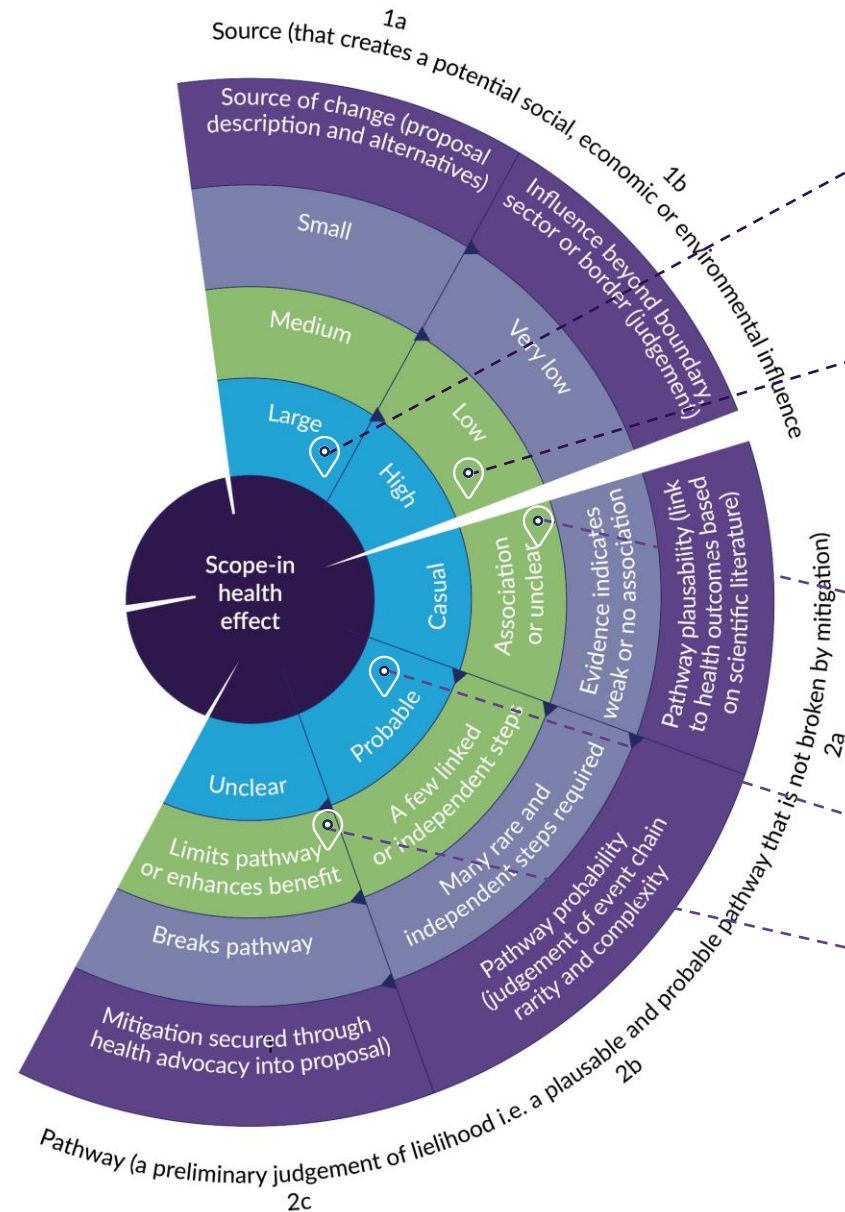
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See Case Study



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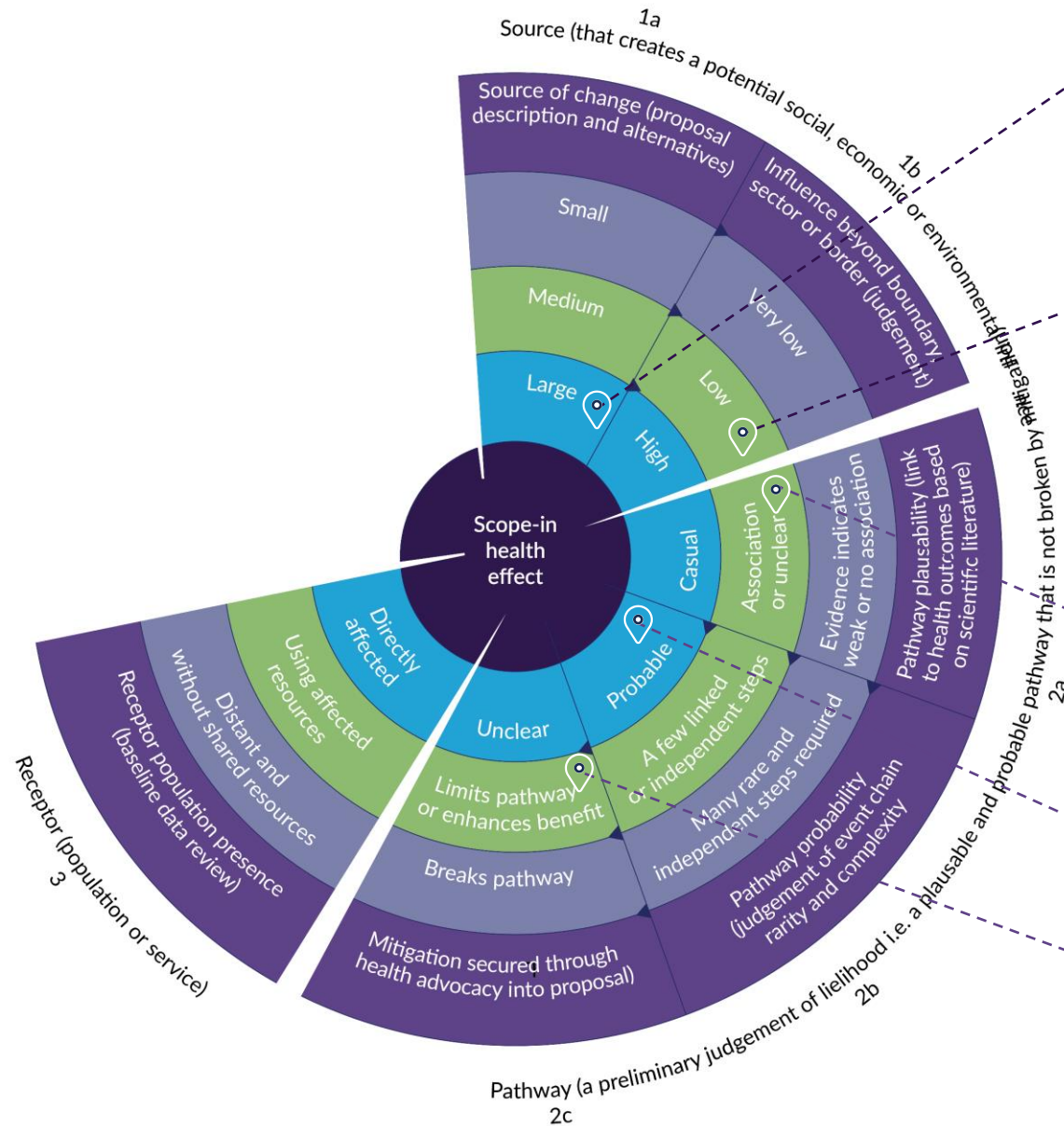
Pathway probability No highly unusual conditions are required for the source-pathway-receptor link.

Mitigation: controls on the movement of construction vehicles and workers will limit the impact.

Transport:



See Case Study



SOURCE

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RECEPTOR

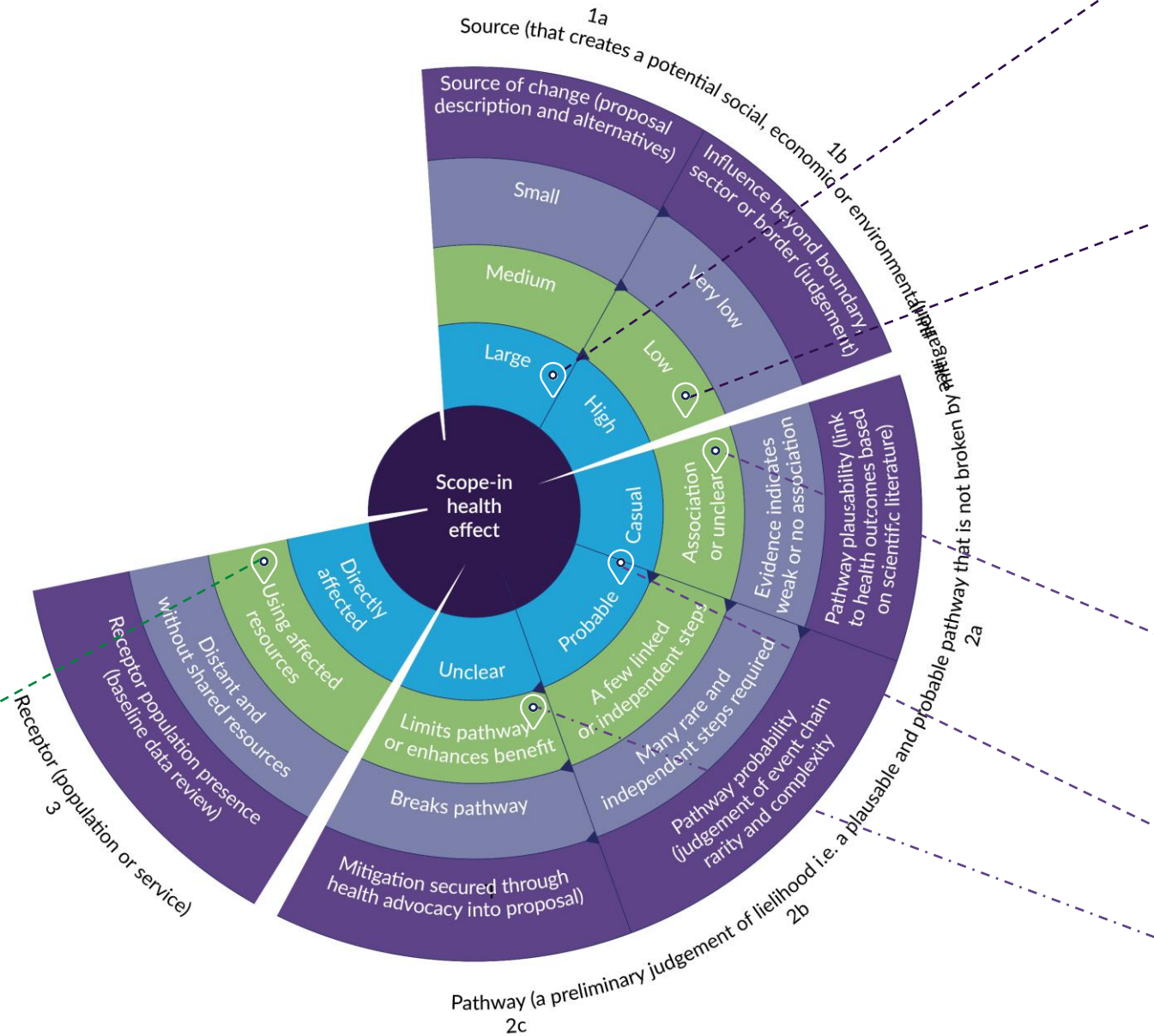
Local road users, including drivers in, and passengers of, motor vehicles; pedestrians; cyclists; public transport; emergency services.

The population close to Mellow Village and the wider community of Tulip Park (site-specific population).

Transport:



See Case Study



SOURCE

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Transport:



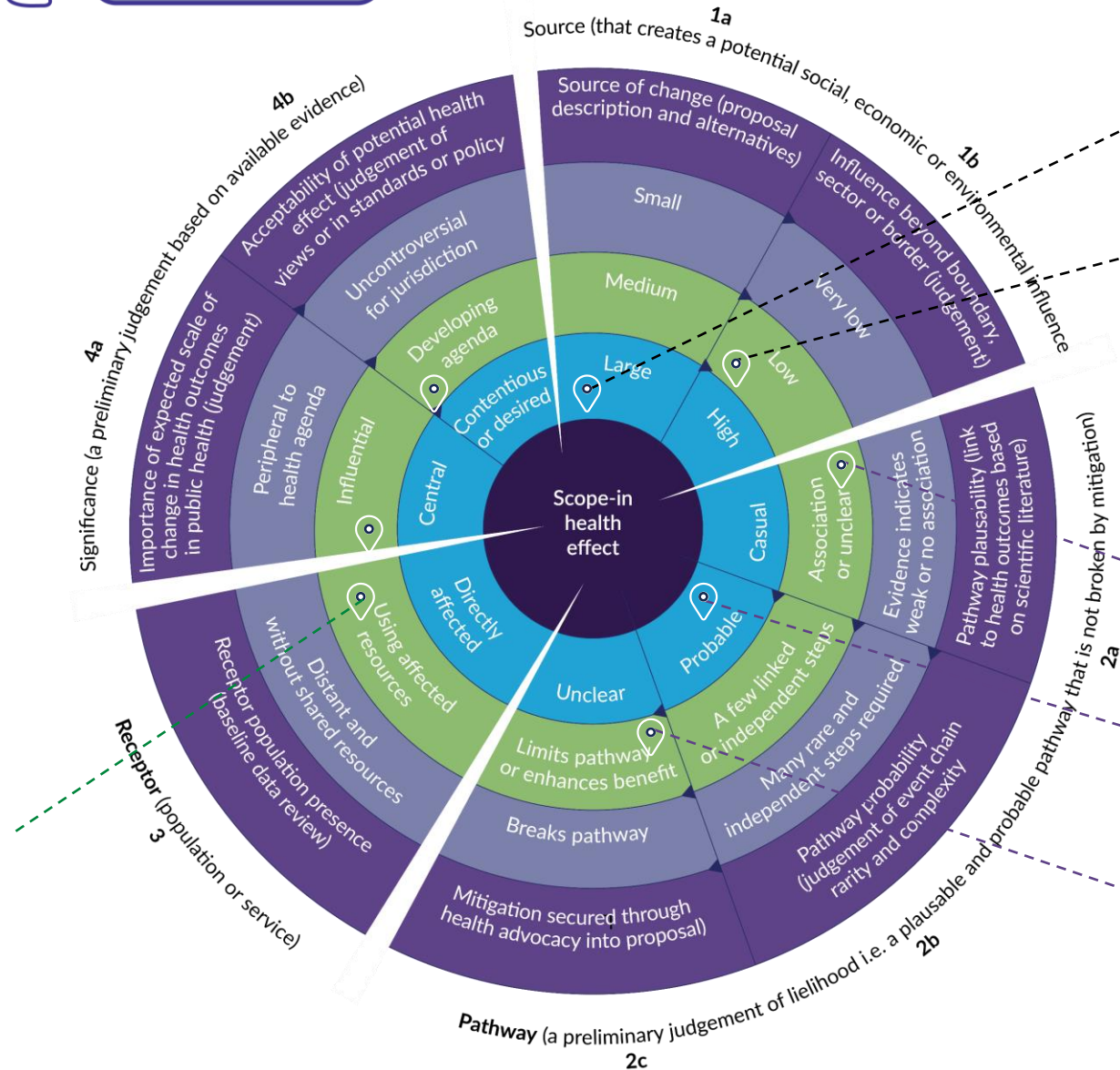
See Case Study

Acceptability of potential health effect to public health: reductions in access to services due to increased traffic is not desirable.

Importance of expected scale of change in health outcomes to public health: policies on access to services.

RECEPTOR

Local road users, including drivers in, and passengers of, motor vehicles; pedestrians; cyclists; public transport; emergency services.
The population close to Mellow Village and the wider community of Tulip Park (site-specific population).



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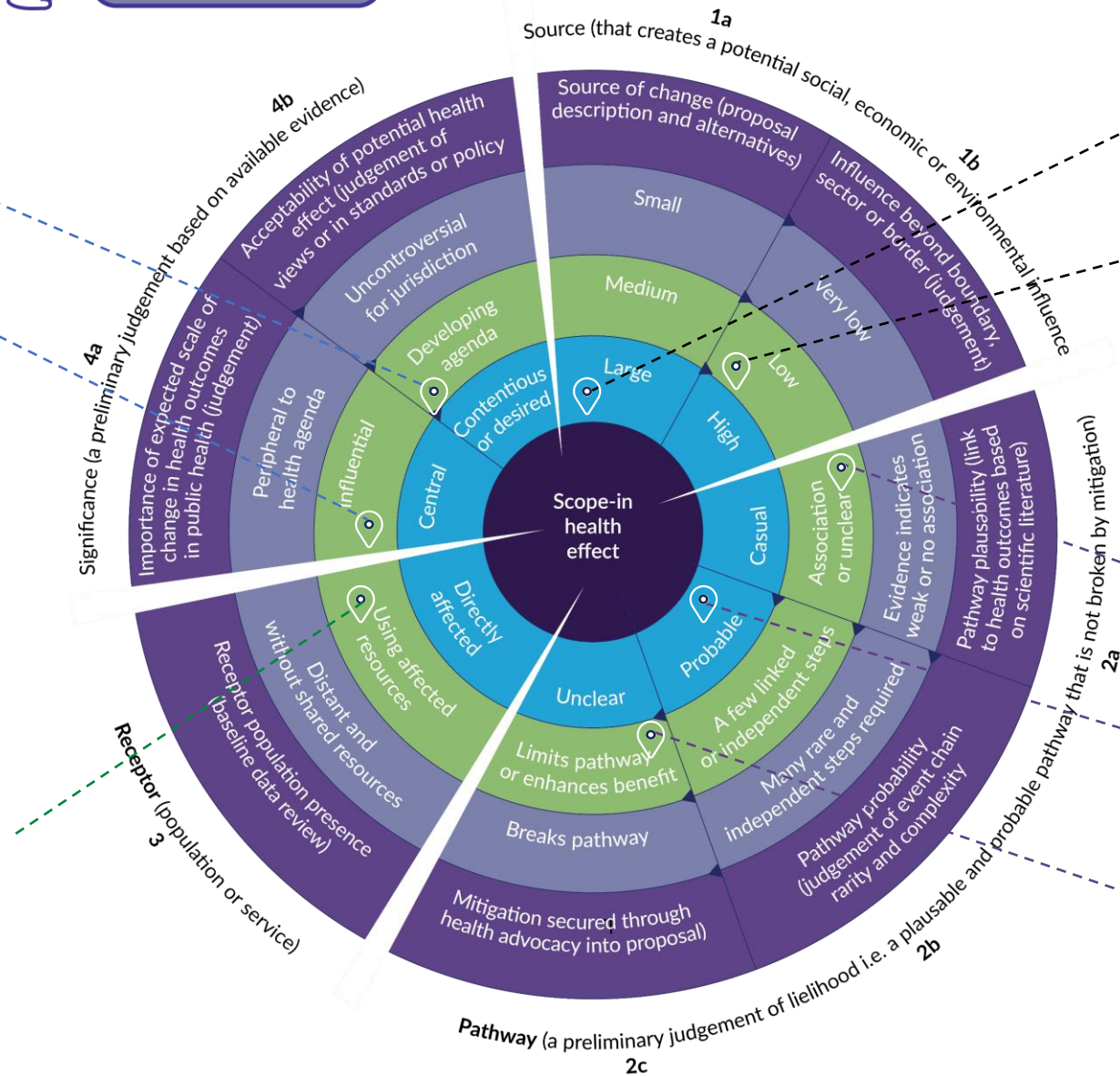
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Pathway probability

No highly unusual conditions are required for the source-pathway-receptor link.

Mitigation: controls on the movement of construction vehicles and workers will limit the impact.

Transport: scoped IN

Source-pathway-receptor identified

The preliminary judgement on the evidence that is available at scoping is that, notwithstanding the mitigation that will be in place, the effects from this aspect of transport are likely (plausible and probable) and significant (important in policy terms and not acceptable).

Transport: scoped IN Population(s) affected, including vulnerabilities



See Guidance

See Case Study

HEA HIA SL PL	
Table 09. Scoping tool for population groups	
Population groups to consider when completing Table 10 in relation to potentially significant inequalities.	
Population and associated characteristics within population	
General population	
Residents	✓
Construction workforce	
Operational workforce	
Decommissioning workforce	
Service providers	
Visitors to the area	
Road users	✓
Users of the proposal's services or the proposal's target population	
Vulnerability due to young age	
Children	✓
Young adults	
Unborn children (and their mothers)	
Vulnerability due to older age	
Older people	✓
Frail older people	
Vulnerability due to income (low income or insecure income)	
Unemployed people	
People on low incomes	✓
People with shift work	
People with low job security or with few progression prospects	
People unable to work due to poor health	
Vulnerability due to health status	
People with existing poor physical or mental health (including where related to disabilities)	✓
Carers of people with existing poor physical or mental health	
Vulnerability due to social disadvantage	
People who experience social isolation	
People who experience discrimination (including people from black and minority ethnic groups and people who identify as being part of faith and belief groups)	
Vulnerability due to access and geographic factors	
People experiencing barriers in access to services, amenities or facilities (including barriers experienced by service providers)	✓
People living in areas known to exhibit high deprivation or poor economic and/or health indicators	
People in close proximity to the location of changes occurring as a result of the proposal activities. Although these groups may not be 'vulnerable', they are likely to be more sensitive to the changes	✓

The population groups relevant to this assessment, due to either proximity or another sensitivity are the population close to Mellow Village and the wider community of Tulip Park (site-specific population). Road users are included.

Populations that are considered vulnerable are:

- young-age (children and young people as potentially more vulnerable road users)
- old-age (older people as potentially more vulnerable road users)
- low-income (people living in deprivation, including those on low incomes for whom travel costs or alternatives may be limiting)
- poor health (people with existing poor physical and mental health in relation to health trip journey times)
- disability
- access and geographical vulnerability (people who experience existing access barriers or for whom close proximity to project change increases sensitivity).

Transport: scoped IN Population(s) affected, including vulnerabilities



See Guidance

See Case Study

Table 09. Scoping tool for population groups	
Population groups to consider when completing Table 10 in relation to potentially significant inequalities.	
Population and associated characteristics within population	
General population	
Residents	✓
Construction workforce	
Operational workforce	
Decommissioning workforce	
Service providers	
Visitors to the area	
Road users	✓
Users of the proposal's services or the proposal's target population	
Vulnerability due to young age	
Children	✓
Young adults	
Unborn children (and their mothers)	
Vulnerability due to older age	
Older people	✓
Frail older people	
Vulnerability due to income (low income or insecure income)	
Unemployed people	
People on low incomes	✓
People with shift work	
People with low job security or with few progression prospects	
People unable to work due to poor health	
Vulnerability due to health status	
People with existing poor physical or mental health (including where related to disabilities)	✓
Carers of people with existing poor physical or mental health	
Vulnerability due to social disadvantage	
People who experience social isolation	
People who experience discrimination (including people from black and minority ethnic groups and people who identify as being part of faith and belief groups)	
Vulnerability due to access and geographic factors	
People experiencing barriers in access to services, amenities or facilities (including barriers experienced by service providers)	✓
People living in areas known to exhibit high deprivation or poor economic and/or health indicators	
People in close proximity to the location of changes occurring as a result of the proposal activities. Although these groups may not be 'vulnerable', they are likely to be more sensitive to the changes	✓

The population groups relevant to this assessment, due to either proximity or another sensitivity are the population close to Mellow Village and the wider community of Tulip Park (site-specific population).

Road users are included

young-age (children and young people as potentially more vulnerable road users)

old-age (older people as potentially more vulnerable road users)

low-income (people living in deprivation, including those on low incomes for whom travel costs or alternatives may be limiting)

poor health (people with existing poor physical and mental health in relation to health trip journey times)

disability

access and geographical vulnerability (people who experience existing access barriers or for whom close proximity to project change increases sensitivity)

Transport: scope



See Guidance

HEA HIA SL PL

Table 10. Tool for the technical, temporal and spatial scopes of health

Select one or more terms from each row for each determinant of health that is scoped in (i.e. create one row per determinant of health). Aim to keep a focused scope in all columns. Column 1 is informed by [Table 07](#) or [Table 08](#); and columns 4 and 5 by [Table 09](#).

1) Determinant of health	2) Stage	3) Study area	4) General population characterisation	5) Vulnerable population groups	6) Indicative health outcomes/measures
Strategic level:	All stages	Neighbouring community	Residents	Young age	Quality of life
Healthy lifestyles	Strategic level:	(site-specific population)	Construction workforce	Older age	Morbidity risk
Safe and cohesive communities	Piloting/ formulating	Wider community (local population)	Operational workforce	Income	Mortality risk
Socio-economic conditions	Commencement/ transition	Regional	De-commissioning workforce	Health status	Cardiovascular risk
Environmental conditions	Full rollout/ implementation	National	Service providers	Social disadvantage	Respiratory health
Health and social care services	Maintenance/ end-point transition	International	Visitors to the area	Access and geographic	Mental health
Project level:	Project level:		Road users		Communicable illness incidence
Healthy lifestyles	Construction		Users of the proposal's services		Non-communicable disease prevalence
Housing	Operation		Proposal's target population (specify)		Injury risk
Built environment	De-commissioning				Toxicology
Transport	Commencement/ transition				Obesity
Community safety	Full rollout/ implementation				Life expectancy
Community identity and society	Maintenance/ end-point transition				Hospital admissions
					Cancer risk

Table 10. Tool for the technical, temporal and spatial scopes of health (continued)

Select one or more terms from each row for each determinant of health that is scoped in (i.e. create one row per determinant of health). Aim to keep a focused scope in all columns. Column 1 is informed by [Table 07](#) or [Table 08](#); and columns 4 and 5 by [Table 09](#).

1) Determinant of health	2) Stage	3) Study area	4) General population characterisation	5) Vulnerable population groups	6) Indicative health outcomes/measures
Education					Time to diagnosis
Socio-economic status					Time to treatment
Climate change					Wellbeing
Air quality					Sleep disturbance
Water					Cognitive performance
Soil					Nutrition
Noise					
Radiation					
Health and social care services					
Wider societal benefits					
E.g. Housing	Operation	Wider community (local population)	Residents	Older age	Injury risk
				Income	Quality of life
				Health status	Respiratory health

This shows the components of the scope for transport. There are links to other determinants, such as physical activity.

Some examples of topics that were scoped out

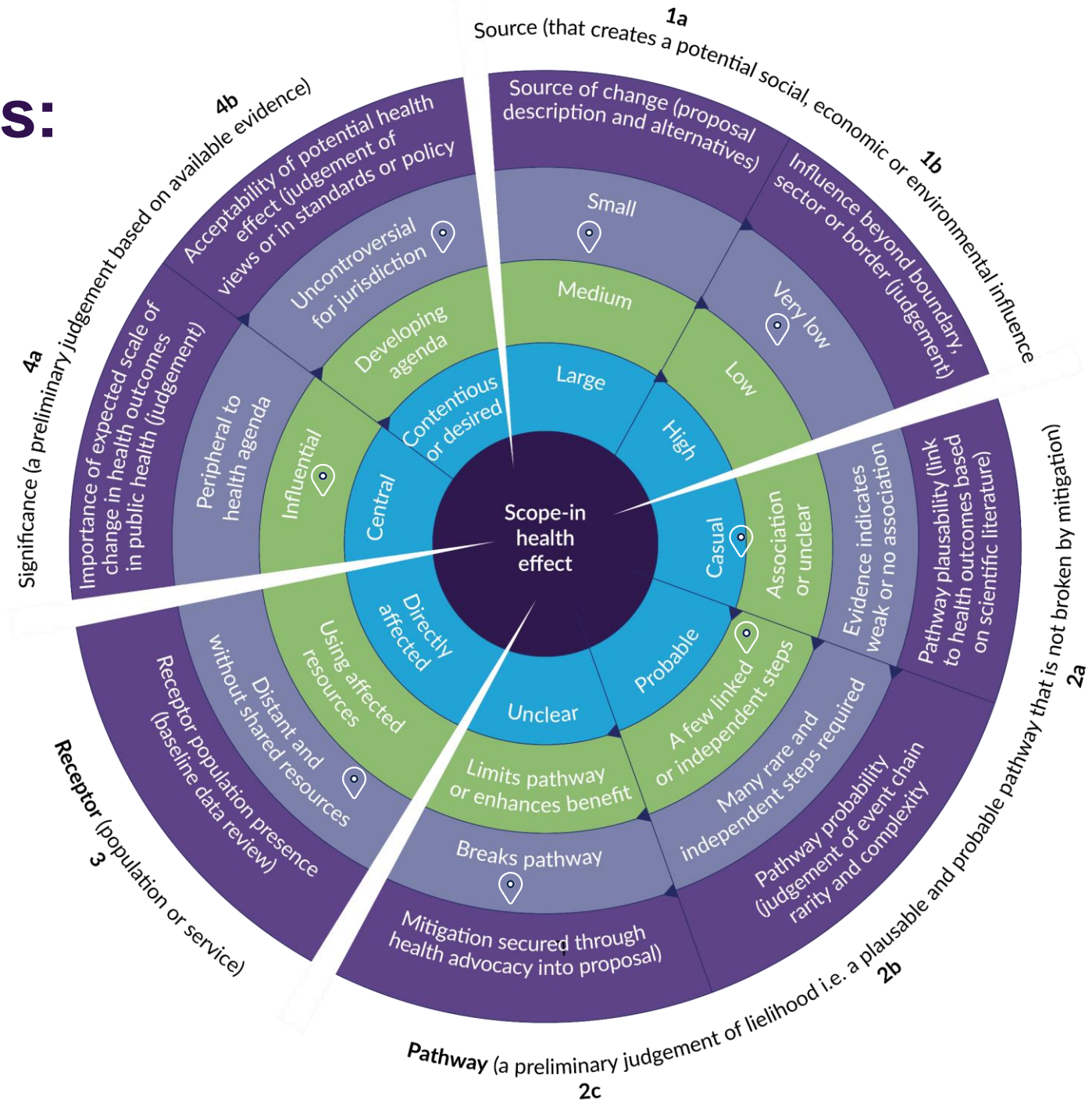
Do you agree with these decisions?

Environmental conditions: radiation

Source-pathway-receptor identified for the effects of the project on radiation.

The preliminary judgement on the evidence that is available at scoping is that, with the mitigation that will be in place, the link between source, pathway and receptor is broken.

This topic is therefore scoped out.

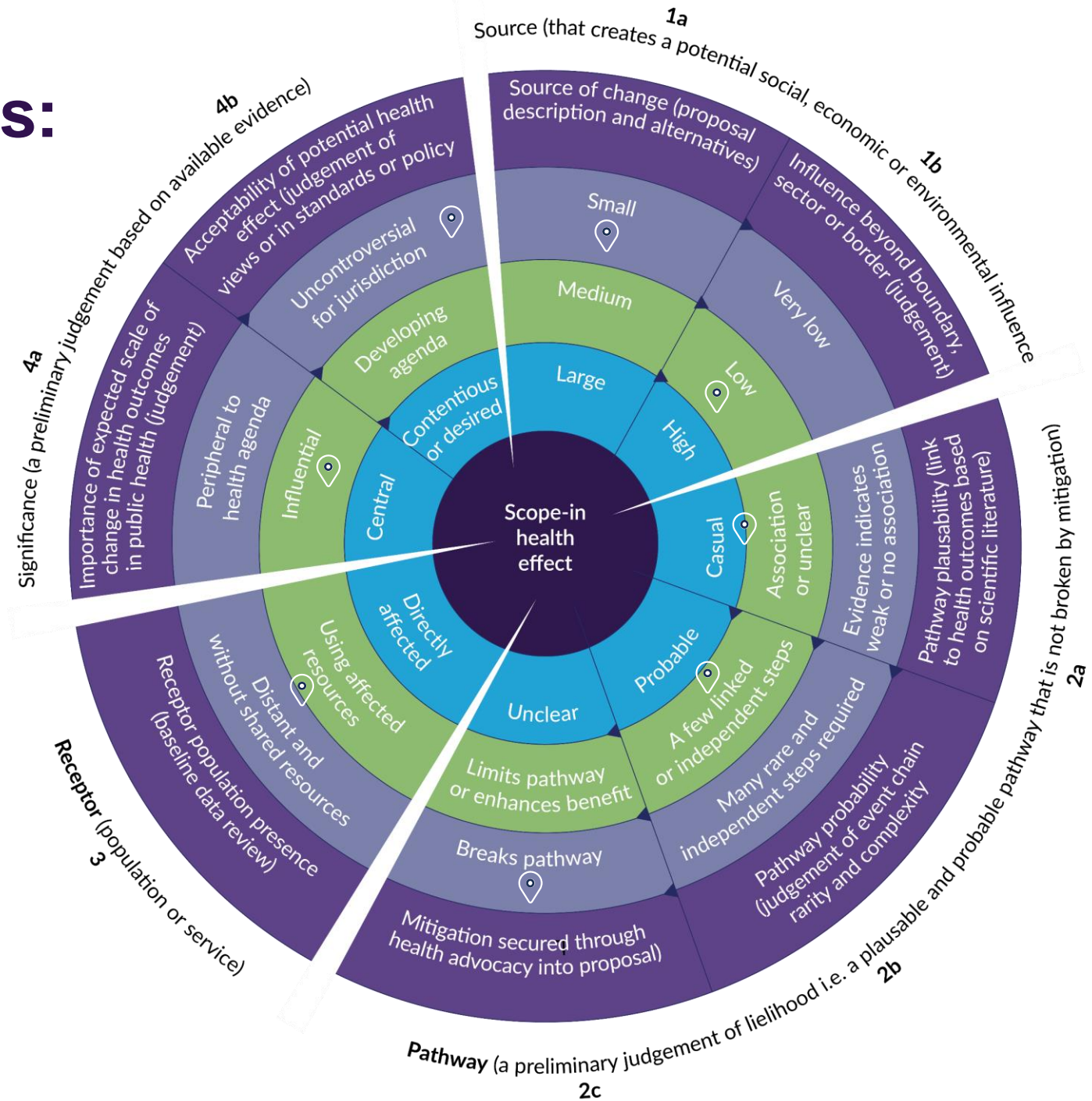


Environmental conditions: water

Source-pathway-receptor identified for the effects of the project on the quality and quantity of water.

The preliminary judgement on the evidence that is available at scoping is that, with the mitigation that will be in place, the link between source, pathway and receptor is broken.

This topic is therefore scoped out.



Analysis



See Guidance

- Decide on the sensitivity of the population.
- Decide on the magnitude of change that the proposal will cause.
- Decide on the significance of each effect.
- 'Equity and equality' and 'ethical use of evidence' are guiding principles for HIA during analysis.

Sensitivity

Figure T09



See Guidance

We need to work out the sensitivity of the population to effects from each determinant.

Figure T09 helps to record the decisions taken. This is background working.

It uses information from the baseline and from consultation.



Table 11



See Guidance

Table 11. Terms for defining sensitivity	
Term	Definition
Life stage	Life-course analysis is often used in public health and reflects differing health sensitivities and needs at different ages. Typically, children and older people are particularly sensitive to change, including due to being dependants. Those providing care may also be more affected by proposal changes or less able to take advantage of proposal opportunities. Consider if particular age groups are likely to experience effects more strongly, e.g. pregnant women and their unborn children; the very young; the very old; or working-age people (benefiting from jobs). Also consider if some groups are more likely to use certain areas or environments, such as being at home during the day (for example, due to low economic activity or shift work); or whether people with higher levels of dependence on cars or public transport can access alternatives to, or respite from, proposal effects.
Deprivation	Deprivation is assessed and reported in both Ireland and Northern Ireland, albeit in slightly different ways. Regardless of the appropriate measure for the context, deprivation reflects an increased sensitivity due to lack of ownership of or access to assets, including those that support good health. Deprivation differences between areas are indicative of social gradients, which are central to the consideration of health inequalities. The potential for localised high deprivation within wider areas showing average or low deprivation should always be considered. Consider if the population is already stressed by limited resources or high burdens as well as if groups are affected that have reduced access to financial, social and political resources.
Health status	This is an overall self-reported measure of population health within the census statistics of both Northern Ireland and Ireland. Areas with a poor health status are typically of higher sensitivity. Consider the degree to which the population includes those with pre-existing conditions and/or a disability that would make them more susceptible to the change (particularly multiple or complex long-term health conditions).
Daily activities	People's ability to perform day-to-day activities is relevant, particularly where there are changes in access to services or community amenities. Ireland census asks about long-lasting conditions or difficulties affecting basic physical activities. The Northern Ireland census asks whether day-to-day activities are limited because of long-term health or disability. Consider the extent to which people affected are particularly reliant on access to healthcare facilities, staff or resources.

Table 11. Terms for defining sensitivity (continued)	
Term	Definition
Inequalities	This refers to descriptive measures of difference in exposure to health risk factors, and to differences in health status between groups of people (13). Where inequalities between areas or populations are wide (or at risk of widening), this indicates greater sensitivity. Principles of equity may also be relevant. Consider if the population experiences a high degree of inequalities (disproportionate effects between groups, not only those defined in relation to discrimination such as age and gender, but also in relation to other factors that may affect health outcomes, such as socio-economic status) (13).
Outlook	People's understanding or views of the proposal can be highly influential in terms of their psychological and even physiological response to proposal changes. Such views may change as the proposal is developed and may depend on trust in the proposal proponent and regulators. Where there are strong and persistent concerns, sensitivity, particularly to mental health effects, is higher. Consider if there are people with strong views (or high degrees of uncertainty) about the proposal who may anticipate risks to their health and wellbeing and thus be affected not only by actual changes, but also by the possibility of change.
Capacity to adapt	This is also known as resilience; the ability of the population or service to absorb the change or voluntarily (consciously or unconsciously) make small changes to their behaviour that lessen the effects of the proposal. For example, where a proposal causes a minor increase in use of health services, this may be within the usual capacity of the services. If this is the case, it will have no adverse effect on service quality for the resident population (or service providers). It should be noted that in line with the mitigation hierarchy, expecting behavioural change as a formal way to avoid or reduce an adverse effect is not recommended.
Resource sharing with the proposal	Where a proposal affects a resource (service, power supply, water supply, highway capacity, school places etc.), the effects may extend a great distance from the development boundary, e.g. regional hospital capacity being affected by a large workforce moving to an area as a result of a proposal. Where there is high resource sharing and a lack of easily accessible alternatives, the population that is sharing the resource may be more sensitive.

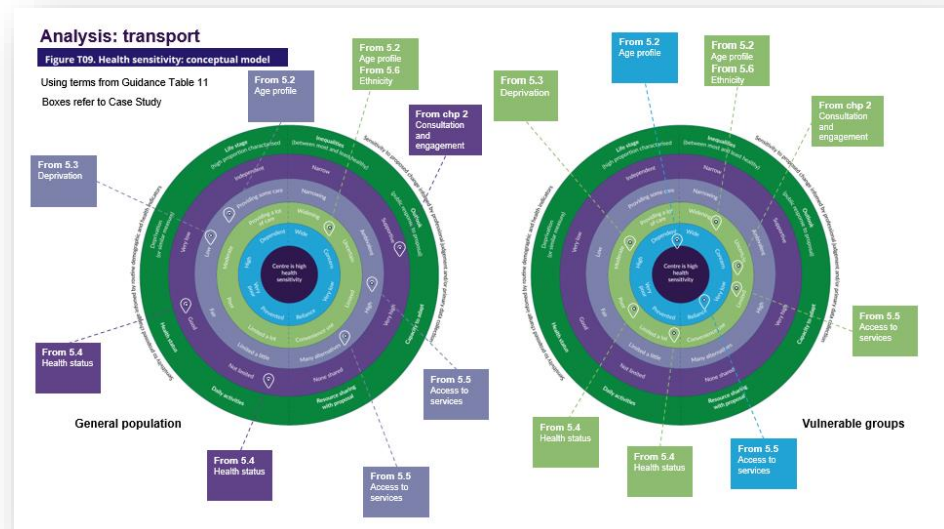
Table 11 defines each term to help with your decision.

The next slides show completed diagrams and the source of the information.



See Guidance

See Case Study

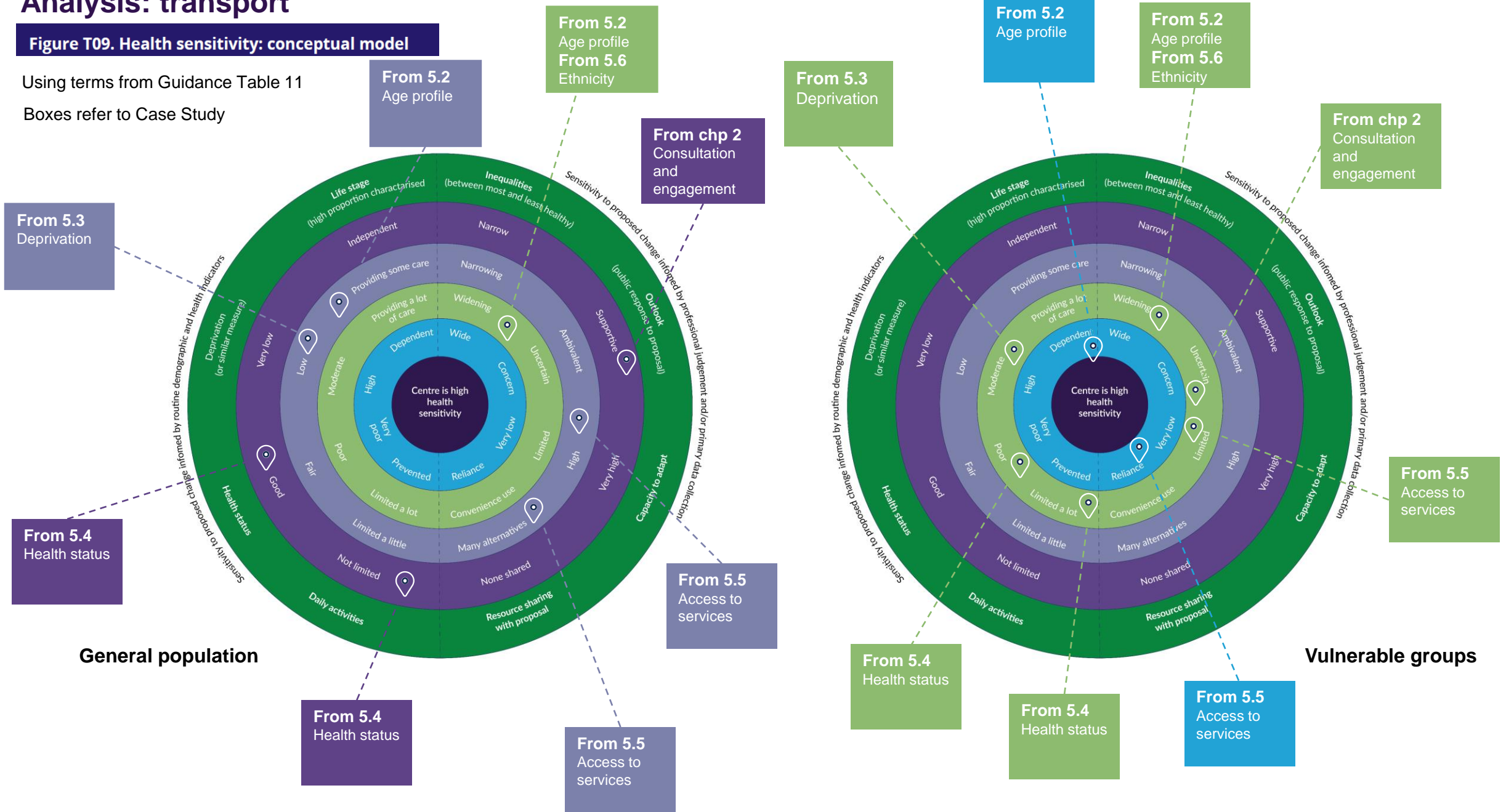


Analysis: transport

Figure T09. Health sensitivity: conceptual model

Using terms from Guidance Table 11

Boxes refer to Case Study



General population

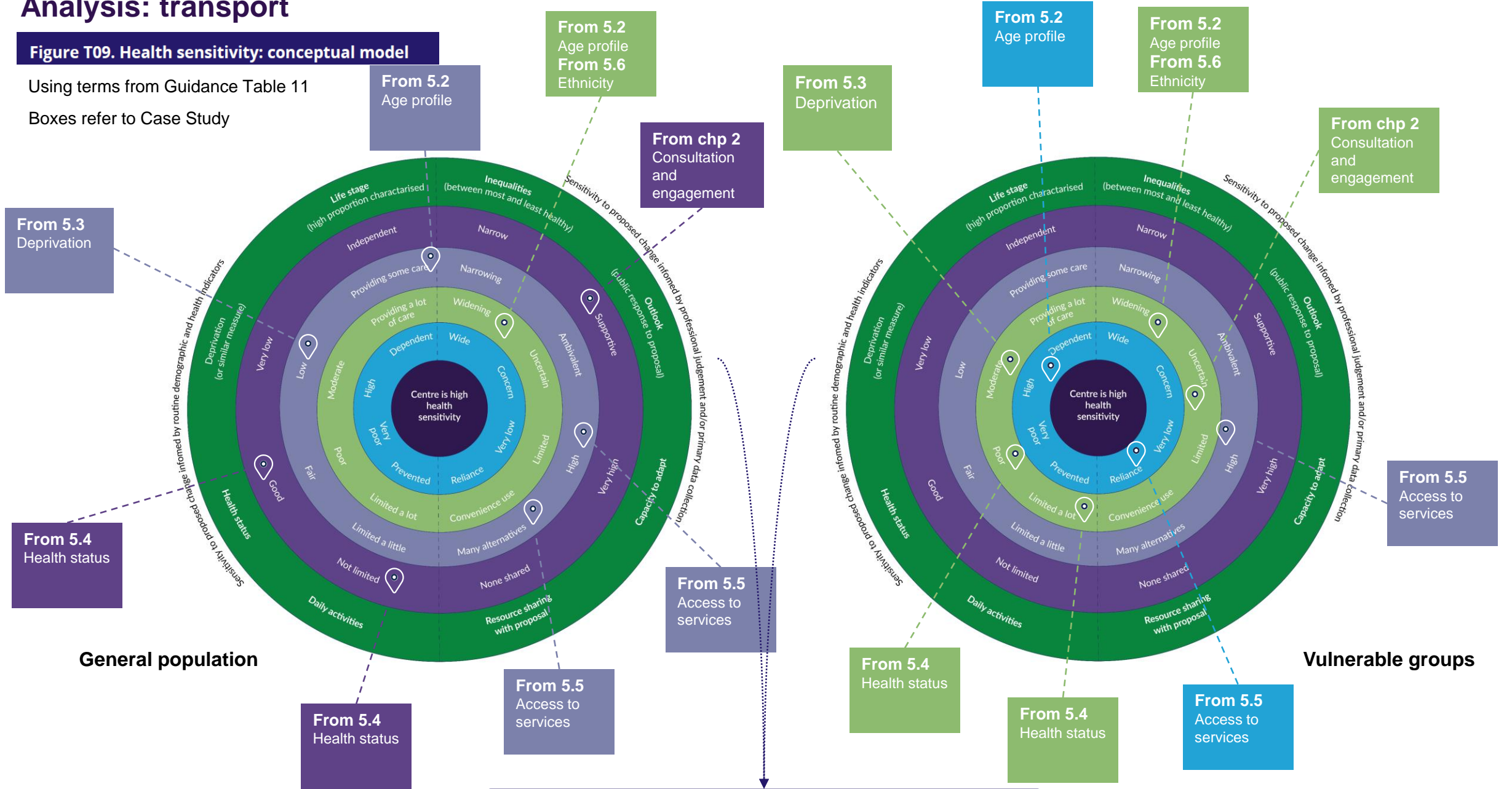
Vulnerable groups

Analysis: transport

Figure T09. Health sensitivity: conceptual model

Using terms from Guidance Table 11

Boxes refer to Case Study



The sensitivity of the general population is considered **low**.
The sensitivity of vulnerable groups is considered **high**.

Magnitude

Now we work out the magnitude of the change caused by the project.

Figure T11 helps to record the decisions taken. This also is background working.

This uses information about the project and other studies or assessments that have been conducted.

It relies more on professional judgement.

Table 12 defines each term to help with your decision.

The next slides show a completed diagram and the source of the information.

Figure T11  [See Guidance](#)

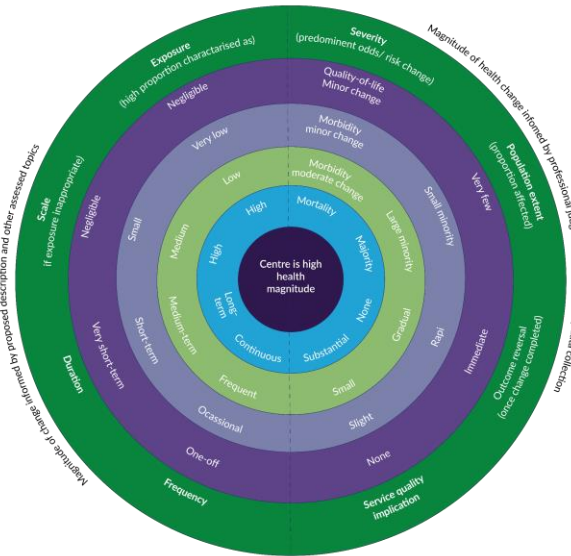

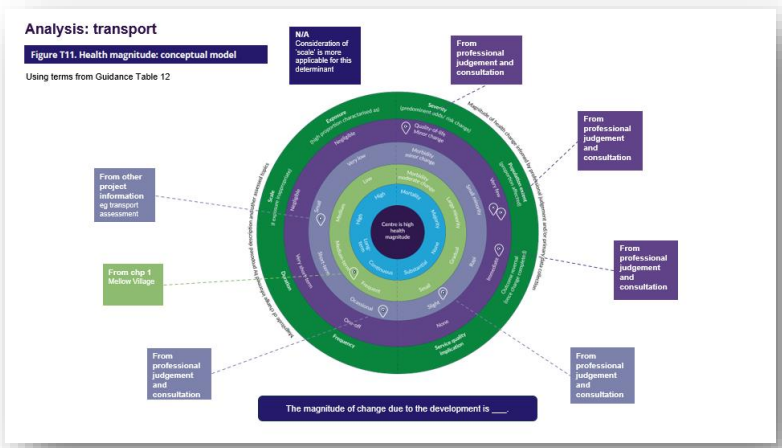


Table 12  [See Guidance](#)

Table 12. Terms for defining magnitude	
Term	Definition
Exposure	Exposure tends to vary with proximity of the population to the source, but also has an important time dimension relevant to health, e.g. low concentrations over a long period, or high concentrations over a short period. Exposure may particularly relate to projects.
Scale	The scale of change is a useful characterisation, particularly when exposure is not a relevant descriptive for the type of effect, for example, the scale of change in open space that is available for physical activity.
Duration	The length of time an effect occurs for is a key consideration for health. Typically, effects that continue for a long duration are of greater magnitude (including inter-generational effects). Where effects are best characterised as short term, other factors such as scale or exposure may still indicate that the change is of high magnitude (i.e. short-term effects are not automatically low magnitude). Appropriate reference periods for duration should be selected, as some proposals' activities can span weeks while others span decades. Strategic-level proposals will have longer-term implications than project-level proposals.
Frequency	How often would the population or service be affected? Effects that are frequent or continuous are likely to indicate greater magnitude. However, even where the effect would be occasional, other factors such as scale or exposure may still indicate that the change is of high magnitude (i.e. occasional effects are not automatically low magnitude).
Severity	Health severity relates to the type of health outcome affected, such as changes predominantly related to mortality, disease, nuisance or wellbeing. It may also relate to the type of change relative to the baseline conditions (for example, onset of new conditions, a change affecting existing conditions or change to day-to-day functioning). While changes in mortality indicate a higher magnitude than changes in wellbeing or quality of life (less severe), this should not preclude a large change in quality of life from being a high-magnitude effect. This underlines the importance of using this analysis of multiple criteria as a guide for writing a comprehensive narrative that contextualises each decision and the interrelationship between factors.

Table 12. Terms for defining magnitude (continued)	
Term	Definition
Population extent	The proportion of the population (defined by the assessment) that is affected informs the decision on magnitude. Where most of the study area's population is affected, this would indicate a higher magnitude. This is not to downplay cases where only a few people are affected to a high degree. However, given that a population health conclusion is being reached, it is helpful to understand how widespread the change may be. For example, where only a few people are affected, this may indicate greater potential for targeted mitigation. Where feasible, the size of the affected population should be estimated quantitatively. It is noted that this measure is influenced by how the 'population' is defined. Also consider if there is likely to be substantial population displacement or influx. Where the effect is best characterised as only affecting a few individuals, this may indicate that a population health effect would not occur. Such individuals should still be the subject of mitigation and discussion, but in assessment and public health terms, the effect may not be a significant population health change.
Outcome reversibility	Some changes in health outcomes rapidly reverse once the source is removed, for example, the cessation of nuisance will lead to reduction in anxiety. In other cases, health effects may reverse at a slower rate, for example, gradual returns to physical activity levels once access is resorted to amenities. However, in some cases health effects should be considered permanent, indicating a higher magnitude.
Service quality implication	As well as direct changes to population health, there may be an associated or independent change in the quality of services that support or facilitate good health (including health services, schools, social care, etc.). For example, where direct population health reductions (or population influx) increase demand on services that consequently reduce in quality, the magnitude of the effect on health is amplified. Appropriately supporting services to avoid this can be an important aspect of mitigation.

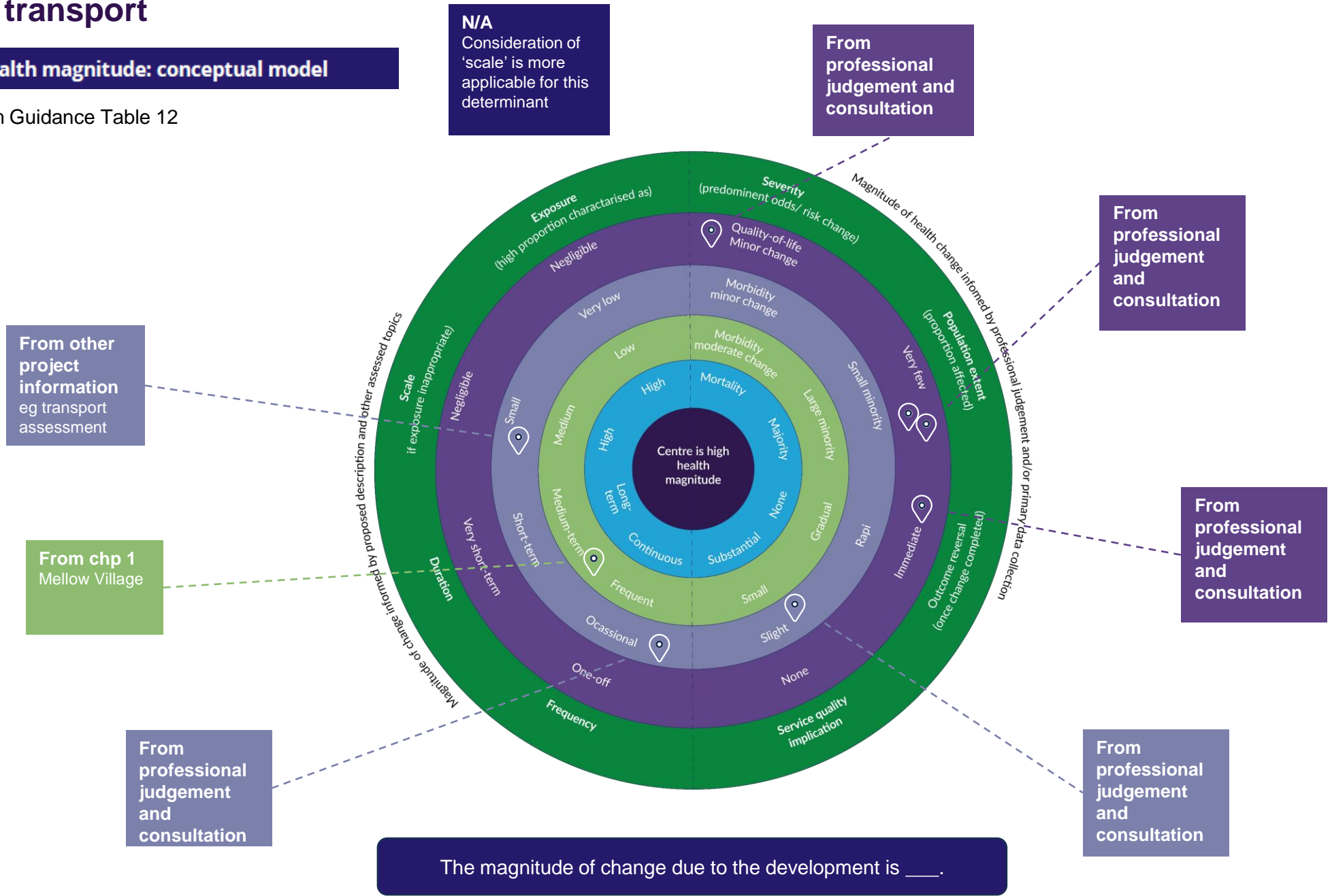
 [See Guidance](#)
[See Case Study](#)



Analysis: transport

Figure T11. Health magnitude: conceptual model

Using terms from Guidance Table 12



N/A
Consideration of 'scale' is more applicable for this determinant

From professional judgement and consultation

From professional judgement and consultation

From professional judgement and consultation

From professional judgement and consultation

From other project information
eg transport assessment

From chp 1
Mellow Village

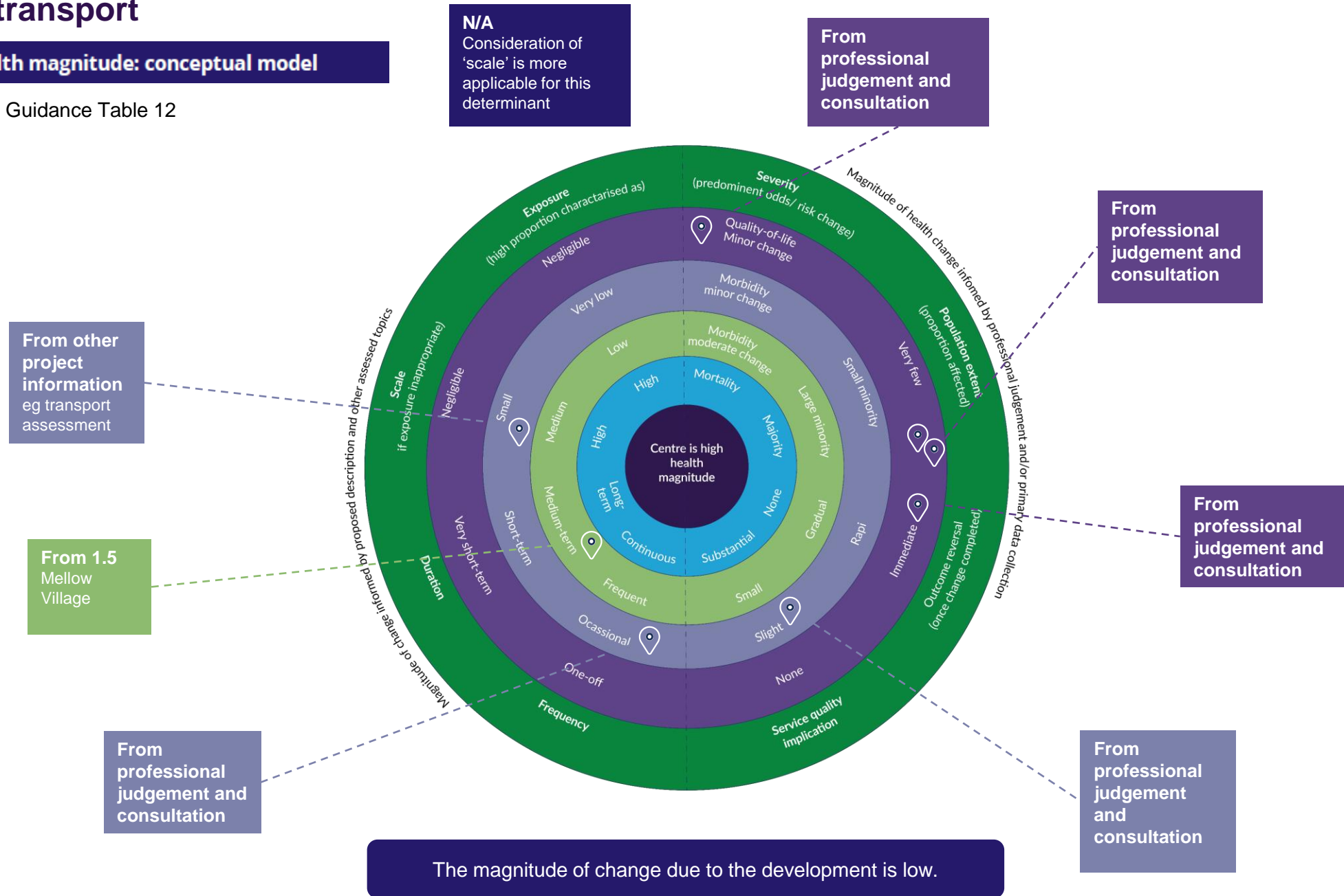
From professional judgement and consultation

The magnitude of change due to the development is ____.

Analysis: transport

Figure T11. Health magnitude: conceptual model

Using terms from Guidance Table 12



Significance

See Guidance

See Case Study

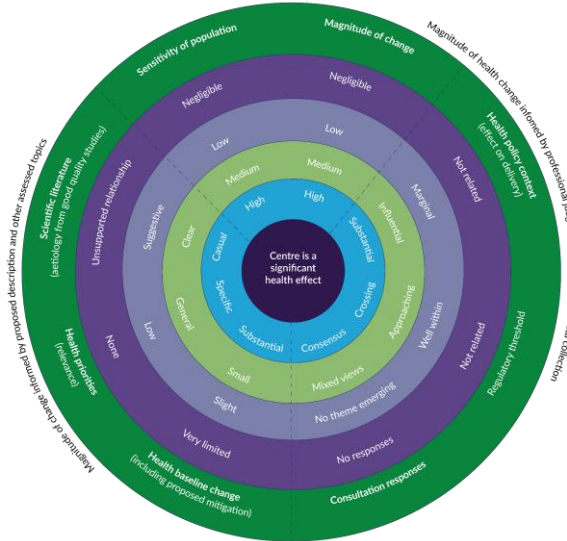


Figure T12



See Guidance

Table 13



See Guidance

Term	Definition
Sensitivity	This refers to the sensitivity of the population affected (as informed by the analysis of multiple criteria discussed in Figure 9). It includes consideration of both the general population for an area and vulnerable groups as a sub-population relevant to sensitivities for the health issue being assessed. Conclusions on sensitivity may be influenced by contextual factors discussed below.
Magnitude	This means the magnitude of the proposed change and/or the magnitude of the health change (as informed by the analysis of multiple criteria discussed in Figure 11). Conclusions on magnitude may be influenced by contextual factors discussed below.
Scientific literature	The literature can indicate if there is evidence to support an association between the proposal-related change, a relevant determinant of health and a relevant health outcome. It may be relevant to note well-evidenced thresholds, prerequisite conditions or population groups identified as being particularly susceptible. If appropriate, the type of relationship can be described, e.g. linear, exponential, etc. Databases such as PubMed can be searched for systematic reviews and meta-analyses. Scientific literature can indicate the aetiology and potentially the degree of change, but careful consideration should be given to the internal validity (quality of the study), the external validity (the generalisability of those findings to the particular context) and to the strength of evidence (including emerging evidence since the last systematic reviews or meta-analyses). Recognised hierarchies of study quality should be followed (i.e. searches for and use of systematic reviews, meta-analyses in the first instance and only resorting to grey literature where no better-quality studies are available).
Health priorities	These can identify if relevant determinants of health or health outcomes have been identified as particularly important locally, regionally or nationally. Health and wellbeing strategies, health needs assessments or similar can be reviewed.

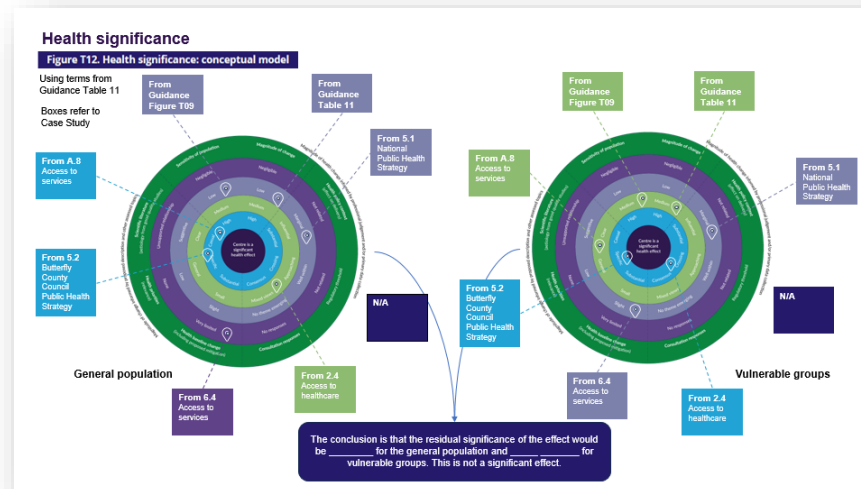
Term	Definition
Baseline conditions	These can establish if relevant sensitivities or inequalities identified in the scientific literature are present. It may be relevant to note whether conditions differ from local, regional, national or international comparators, or if geographic or population features may amplify effects. Public health profiles and indicator sets can be used. The change in the health baseline will be informed by: <ul style="list-style-type: none"> the magnitude of any changes caused by the proposal and the sensitivity of the population who will experience, or be exposed to, those changes factors which are specific to the proposal for example, measures for mitigation and enhancement factors which are external to the proposal and which affect the future baseline, for example, the cumulative effects of other proposals
Health policy context	This can identify published local or national government position statements that raise particular expectations for the relevant proposal change, determinant of health or health outcome. The proposal may also affect existing health policy delivery to varying degrees (e.g. a substantial, influential or marginal effect on health policy delivery). The health policy context may include adopted local area development plans or references (implicit or explicit) to health in published planning or other sectoral policies. Wider international health policies or treaties may also be relevant. Where government policy has specific reference to delivering local health benefits in a project's study area (in contrast to a policy agenda of geographically unspecified or wider societal benefits), this can be partially relevant at the project level (i.e. the acceptability of certain effects may depend on whether the project supports delivery of those policy expectations or not).
Consultation response themes	These can indicate the extent to which stakeholders and the public support, or have concerns, uncertainty or ambivalence about, relevant determinants of health or health outcomes. Where there is consensus on a health issue (particularly between the affected community and the health authority), this may be influential in terms of the reasoned conclusion as to whether that effect is significant for the context.

Term	Definition
Regulatory standards	Such standards (if applicable) can identify where there would be formal monitoring by regulators. Discussion may include modelling results on the extent to which regulatory or statutory limit values would be met, for example, the EU Directive 2008/50/EC (1120) based Air Quality Standards Regulations 2011 (1121) and The Air Quality Standards Regulations (Northern Ireland) 2010 (1122). It may also be relevant to discuss advisory guidelines. Limit values for occupational exposure tend to differ from non-occupational exposure. Where thresholds have been set, these do not mean that there would be no health effect below these levels. For example, in the case of fine particulate matter and nitrogen dioxide, there are non-threshold health effects (i.e. no known limit below which health effects may not occur). In such cases, an informed discussion about what is acceptable for the jurisdiction is appropriate, for example, giving the public confidence in thresholds set by government for the purpose of health protection having taken into account other social, economic and environmental considerations.

Now we work out the significance of the change caused by the project. Figure T12 helps to record the decisions taken. This also is background working.

This uses information about the project and other studies or assessments that have been conducted. It relies more on professional judgement.

Table 13 defines each term to help with your decision. The next slides show a completed diagram and the source of the information.

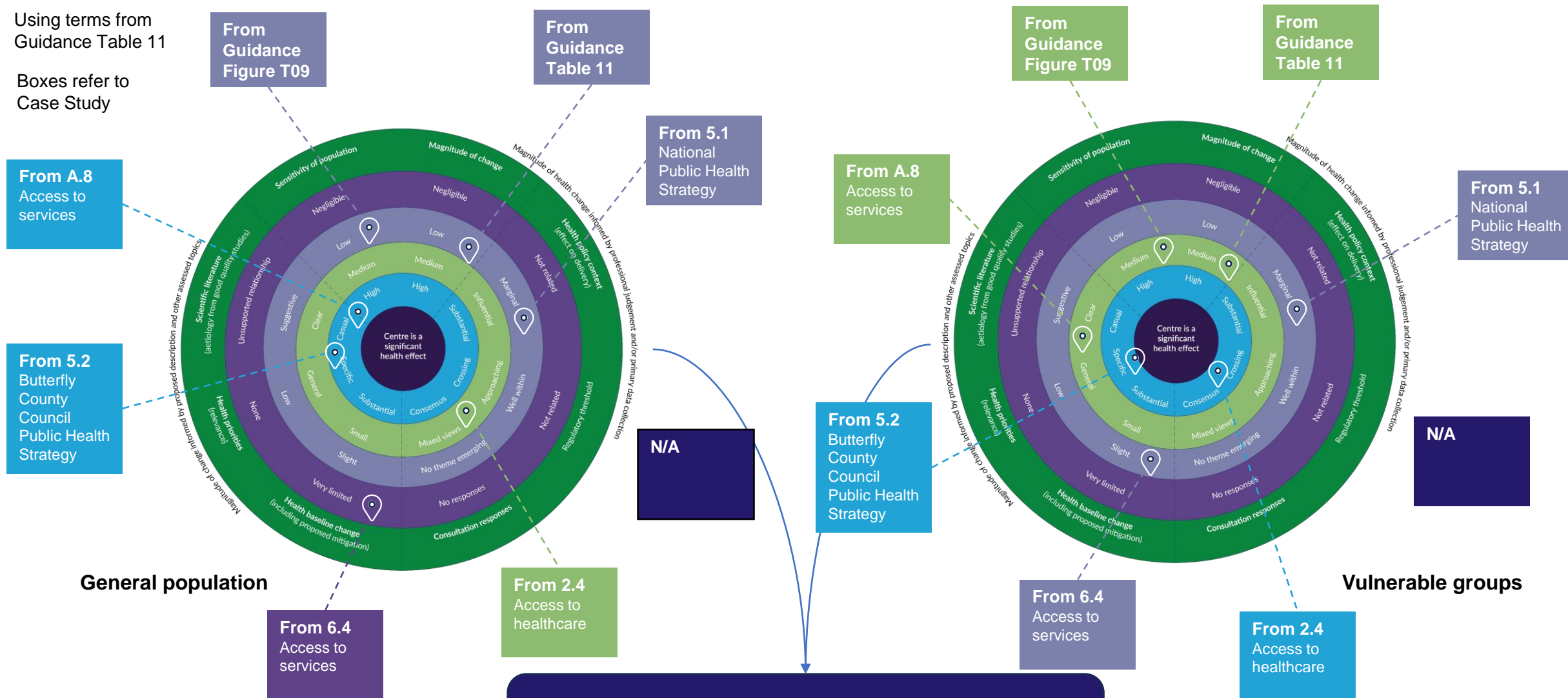


Health significance

Figure T12. Health significance: conceptual model

Using terms from Guidance Table 11

Boxes refer to Case Study



The conclusion is that the residual significance of the effect would be _____ for the general population and _____ for vulnerable groups. This is not a significant effect.

Health significance

Figure T12. Health significance: conceptual model

Using terms from Guidance Table 11

Boxes refer to Case Study

