

Health Impact Assessment

an introductory paper

The Institute of Public Health in Ireland

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Health Impact Assessment: an introductory paper

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Foreword

The Institute of Public Health aims to improve health in Ireland, North and South, by working to combat health inequalities and influence public policies in favour of health. The Institute is committed to reducing inequalities in health, developing and strengthening partnerships for health, and influencing public policies in favour of health.

Health Impact Assessment (HIA) is increasingly referred to as a way of bringing together partners from the community, voluntary, state and private sectors, to identify and address how initiatives developed and implemented in these sectors affect the determinants of health.

The importance of HIA has led the Institute to develop this paper which is intended to be a resource for colleagues in these sectors who may wish to assess the impact of their projects, programmes and policies on health. This paper will focus on HIA of public policy.

The Institute is commencing a HIA work programme. This programme intends to stimulate discussion on how to implement HIA on the island of Ireland, North and South.

The Institute welcomes comments on this paper. These can be forwarded using the contact information given at the front of this document.

Introduction

Health Impact Assessment (HIA) is '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' [World Health Organisation Regional Office for Europe 1999 4]. Its purposes are minimising health loss and maximising health gain [Winters 1997]. In Ireland, the term 'health proofing' is sometimes used interchangeably with HIA.

HIA generally assesses the health effects of interventions that are not primarily aimed at effecting health [Boothroyd 1995 in Burney 1999]. A formal HIA should be considered when there is uncertainty or concern about possible health risks of a proposal, or possible opportunities to increase health gain [Scottish Needs Assessment Programme 2000].

HIA is developing globally as a significant opportunity to make policies, programmes and projects 'health conscious' [Milner 1999 54].

HIA's strengths include its provision of a tool which:

- a) Informs policy decisions by providing a valid and explicit assessment of their potential health impacts
- b) Adds health awareness to policy making at every level
- c) In the long run, makes concern for improving public health the norm within public policy development

[Barnes and Scott-Samuel 2000]

HIA's development in Ireland has a statutory context. In Europe, Article 129 of the Maastricht Treaty [1992] and Article 152 of the Amsterdam Treaty [1997] require the

European Union to check that policy proposals do not have an adverse impact on health or create conditions that undermine health promotion [World Health Organisation Regional Office for Europe 1999, Lock 2000].

The World Health Organisation Regional Office for Europe's Health 21 Strategy's Target 14.2 [1999] states that 'By 2020 Member States should have established mechanisms for health impact assessment and ensured that all sectors become accountable for the effects of their policies and actions on health.' It notes 'policies (that) are the most successful in sustaining and improving the health of the population are those which deal with economic growth, human development and health in an integrated way'. The new European Public Health Strategy 2001-2006 includes HIA as one measure to ensure that key areas of community activity promote health protection [COM (2001) 302 final of 1 June 2001 – 2000/0119 (COD)]. The World Health Organisation European Centre for Health Policy is co-ordinating a Health Impact Assessment Project (see section on the future development of Health Impact Assessment).

One indicator of progress toward the realisation of these European commitments is the inclusion of the terms HIA or 'health proofing' in policy documents on the island. In Northern Ireland, the Department of Health, Social Services and Public Safety's public health consultation document 'Investing for Health' proposes the introduction of a systematic assessment of health impacts, with particular reference to health inequalities [2000]. In the Republic of Ireland, the Department of Health and Children's National Health Promotion Strategy 2000-2005 identifies the development of a health proofing policy as a key prerequisite for the realisation of the strategy.

HIA can 'add value' to the *existing* policy development process, for example by:

- Identifying factors (harmful or favourable) that would not otherwise have been identified
- Quantifying the magnitude of harmful and beneficial impacts more precisely than could otherwise have been done
- Clarifying the nature of trade-offs in policy making by better identification and description of the elements involved
- Allowing better mitigation of harmful factors or enhancement of beneficial factors
- Making the decision-making process more transparent and leading to more participation by stakeholders.

[Kemm 2000]

This paper has been developed following a review of international HIA literature. It has been informed by discussions with colleagues who are contributing to the development of HIA in the UK, and learning from IMPACT (the International Health IMPACT Assessment Consortium). In the following sections this paper considers HIA methodology, outlines the Institute of Public Health's approach to HIA, and concludes by identifying opportunities for the future development of HIA in Ireland, North and South.

Methodology

Whilst healthy public policy is a widely accepted ideal, few practical methods are available to implement it [Scottish Needs Assessment Programme 2000]. HIA may prove to be one such method. However, at present, there is no agreed 'gold standard' or simple, validated method [Lock 2000]. Many of the existing HIA tools may take years to validate [Ison 2001]. This noted, HIA will never become rigidly uniform as 'each HIA is uniquely located in time, space and local conditions' [Scott-Samuel 1999 67].

It is essential that HIA is multi-method, inter-disciplinary and employs both qualitative and quantitative approaches to data collection. Methodological triangulation (i.e. the use of a range of qualitative and quantitative techniques to collect data from a range of sources) promotes the overall validity of HIA. [Scott-Samuel, Birley and Ardern 1998] Examples of HIA methodology and practice are referenced in the resource box on the following page.

Ideally HIA is *prospective* so that modifications to a policy can be made in a timely and constructive way [Scott-Samuel 1998]. Winters points out that traditional HIAs have lacked a long-term view, and considered only current or recent past health issues. However, given the current lack of health impact data, and the early stages of development of many HIA tools, *retrospective* HIA is viewed as a useful means to test models and tools, to accumulate data and develop knowledge on health impact of policies, programmes and initiatives. Retrospective studies also have value when health impacts are difficult to predict and to identify unanticipated impacts. [Winters 1997]

Writers variously describe five or six key stages to HIA [Kemmm 2000, Ison 2001]. In practice the HIA process is not necessarily sequential but a series of iterative stages [Kemmm 2000]. These are:

Screening – a preliminary assessment to see:

- a) If the project is likely to pose any significant health problems
- b) If a HIA is therefore required
- c) What 'depth' of HIA is required

Scoping – setting the boundaries of the assessment by broadly outlining the context for the HIA including management arrangements, possible hazards and benefits – their nature, size and measurability – at different stages of the initiative, and the questions and issues to be addressed in the assessment process

Appraisal – assessment of the nature and magnitude of hazards and benefits, as evidenced by all stakeholders

Decision making – choosing whether to proceed and if so, with any health protecting and/or enhancing modifications to the proposal

Monitoring and evaluating the process – evaluation needs to involve all stakeholders, and monitoring needs to include observing effects over a long time line

Implementation of recommendations – acting fully on the decisions

Resource Box

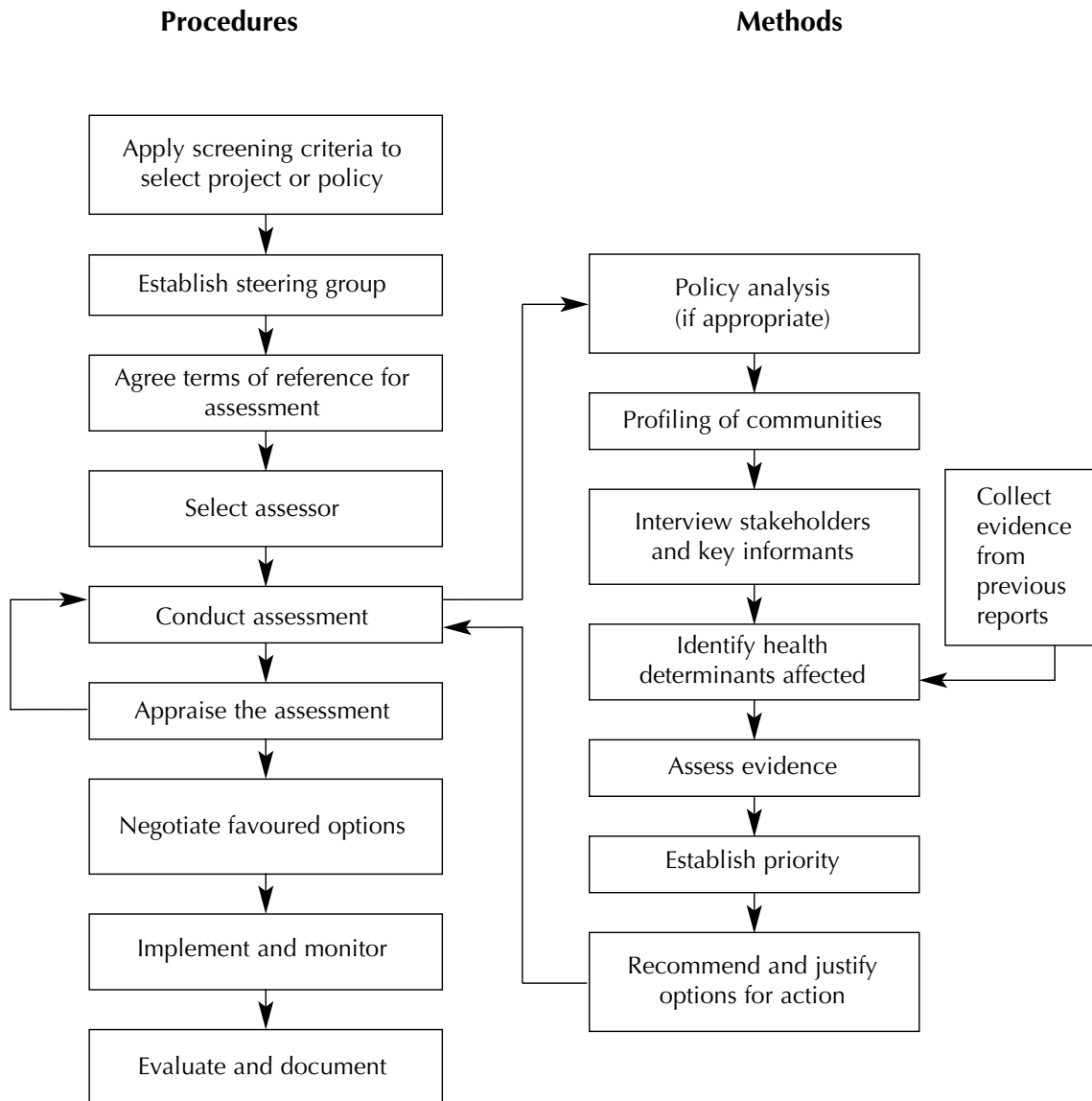
www.doh.gov.uk/london/resource a summary guide and a comprehensive manual produced by London's Health, funded by the Department of Health

www.ihia.org.uk a web site with a range of information on HIA methodology, completed HIAs, and training courses. The Merseyside Guidelines HIA process is illustrated on the following page.

www.hc-sc.gc.ca the current Canadian guide located on the Health Canada web site

The Merseyside Guidelines HIA Process

[Scott-Samuel, Birley and Ardern 1998 Figure 1 6]



Once the screening exercise indicates the need for a HIA, the next step is to establish a stakeholder group [Milner 1999, Ison 2001]. The nature of the stakeholder group, and measurement issues and methodological challenges that it may encounter, are discussed below.

The Stakeholder Group

The stakeholder group should be inter-disciplinary, inter-sectoral and inclusive. Members should be authoritative, credible and influential. Winter states that the early involvement of all stakeholders progresses the integration of 'technical and value-driven perspectives' [The National Health and Medical Research Council 1994 in Winters 1997 33].

Understanding, recognising and valuing diversity within such a partnership for health is a guiding principle. In practice, this means 'respecting and honouring the validity of the unique contribution, role and position which each person, group and organisation brings to the partnership. It is recognising the interdependence of all of the constituent parts, as members of a wider system, and how important each is to the whole' [Institute of Public Health in Ireland 2001 16].

At an early stage the group needs to reach agreement on a shared set of values. In addition there needs to be a working definition of health, based on a social model, a common understanding of the determinants of health, and a set of health indicators to guide the HIA process. Partnership working requires a shared vision and purpose [Institute of Public Health in Ireland 2001].

Further, the group needs to set and provide support for the HIA's terms of reference (including inputs and outputs) and to ensure their fulfilment [Scott-Samuel 1999]. The stakeholder group negotiates the HIA model and values, which will guide the assessment [Ison 2001]. Given the value judgements inherent in many aspects and stages of HIA, the approach used needs to include a framework for gathering, interpreting, and prioritising evidence from different sources, and recording the judgements made [Lock 2000]. The group takes responsibility for appointing the individual, team or agency that will conduct the HIA.

Measurement

HIA tools need to reflect the complexity of public health issues [Scott-Samuel 1996 in Winters 1997] and capture constructive, destructive and synergistic effects [Milner 1999]. It is important that HIA tools have a facility to identify the measurability and certainty of effect. For example, the Merseyside Guidelines categorise effects as *calculable, estimable, definite but not measurable or speculative* [Arden 1996 in Winters 1997 9].

Methodological Challenges

Commentators have noted a number of methodological challenges within HIA. It can prove problematic to reach consensus on a *definition of health* and its *determinants*. The lack of knowledge around *causal pathways* of and between these determinants can create difficulties in judging if an action (or inaction) will be benign, detrimental to or enhancing of health.

The inadequacy of the *current evidence base* may limit the strength of the recommendations an assessment can make in terms of the certainty and size of an impact. The Scottish Needs Assessment Programme notes that the 'lack of evidence is not the same as evidence for no health impact. Some areas of impact are well recognised by communities but are less well researched' [2000 22].

The Institute of Public Health's approach to Health Impact Assessment

The Institute of Public Health advocates an approach to HIA that synthesises the values, principles and good practice evidenced in a number of HIA models that are developing globally. It endorses the perspectives of the World Health Organisation and the Scottish Needs Assessment Programme. The World Health Organisation recommends that democracy, equity, sustainable development and ethical use of evidence are the values which should underpin HIA [World Health Organisation European Centre for Health Policy 1999 in Scottish Needs Assessment Programme 2000]. The Scottish Needs Assessment Programme's set of principles for guiding HIA is included in Appendix II.

In summary, the Institute recommends the use of a social model of health, which recognises that the main determinants of health are social and economic circumstances. This approach implies that most public policies have potential health impacts [Lock 2000]. It stresses the importance of all government departments and sectors within society working together to promote and protect health. It is essential that HIA promotes equity and health enhancement. The Institute considers that HIA should be an inclusive process that builds partnerships for health. These partnerships generate, in turn, relationships and practice which will create sustainable development. As it will require a substantial endeavour to integrate HIA into policy development processes, an incremental approach is recommended. Ultimately HIA should be undertaken prospectively, with retrospective studies contributing to the knowledge and evidence base. This approach is explored in more detail below.

The reduction of inequalities is essential to improving the health of society. It is also a matter of social justice. [Institute of Public Health in Ireland 1999] The Institute recognises that 'vulnerable communities and groups...have the least economic and

social power and are usually affected the first and the most by the adverse effects of public policy' [Winters 1997 7]. In the UK, the Acheson Inquiry into inequalities and health proposed HIA as a means of identifying and addressing the needs of such groups [1998 in Lock 2000]. To promote equity, HIA assesses and states explicitly the differential impacts borne by different groups within a population [Scottish Needs Assessment Programme 2000]. It recommends actions to reduce any health inequalities and maximise opportunities for health equity.

Learning from the Institute's work on partnerships for health, the HIA is ideally characterised by the inclusion and active participation of all stakeholders who will be involved or affected by the policy or initiative [2001]. Comprehensive, informed, supported and resourced public participation and scrutiny are essential [Lock 2000, Scott-Samuel 1997, Barnes and Scott-Samuel 2000, Winters 1997]. Also, decision makers who will oversee the development, implementation and monitoring of the initiative need to be included [Ison 2001]. This active involvement of all interested parties or stakeholders from an early stage is vital to the creation of a sense of joint ownership of the process and outcomes of HIA. HIA has the potential to support the development of substantial partnerships for health. These could generate significant recommendations that will promote sustainable development and health improvement over time.

The comprehensive introduction of HIA on the island of Ireland is most likely to be successful if it occurs on an incremental basis. The views and ideas of those who will be responsible for, and affected by, HIA's successful delivery can usefully inform the development of the model and tools for HIA. An incremental approach provides time for all parties to identify their capability and capacity building needs. These stakeholders can highlight work already conducted on HIAs, and may wish to assist a pilot programme of HIA on the island.

A number of countries have been conducting HIAs for several years. Some HIAs have adopted a risk framework for (usually physical) health. Their findings have been

expressed in terms of impacts on morbidity (disease) and mortality (death) rates rather than salutogenesis (positive health). Whilst assessment of risks to health ensures that an initiative 'does no harm', HIA can be used to promote as well as protect health. The Institute of Public Health in Ireland advocates a positive approach that identifies, affirms and reinforces those aspects of proposals that contribute to health enhancement. Of itself, employing an inclusive, empowering process has potential health promoting consequences for stakeholders.

The utility of HIA is of central importance. For HIAs to be influential in the (non-health care) policy making arena, they need to be useful and be seen to be valuable [Appleby 1999]. Concerns are expressed that HIA can be expensive, time consuming, and have limited practical effect; an additional burden for over-stretched policy makers [Burney 1999].

To maximise utility and use, methods for HIAs of different depths need to be developed. A valid, authoritative and usable screening tool is essential to indicate what degree of comprehensiveness is required. Decisions regarding the 'depth' of the HIA are also informed by availability of resources (including skills and time). Scott-Samuel, Birley and Ardern [1998] highlight the options of:

- Comprehensive Health Impact Assessment (taking a number of months, if personnel are suitably trained)
- Health Impact Rapid Appraisal (conducted through a stakeholder conference)
- Health Impact Policy Audit (completed by an individual policy worker in a matter of hours)

One way of judging HIA's usefulness is the authority that it lends to health advocates. They will need to be able to argue that the predicted health impacts and recommendations for mitigating risk, and safeguarding and promoting health, are reliable and realistic [Birley 1999].

To be successfully included in the policy development process for the 'long haul', the integration of HIA needs to be systematically 'bedded-down' within departments and organisations which are responsible for its delivery [World Health Organisation Regional Office for Europe 1999]. The National Assembly for Wales highlights the need to develop an approach to HIA which 'is neither academic nor bureaucratic but 'fit for purpose'' [1999 5], and which, through participatory mechanisms, makes it relevant and significant to people and communities. This will require genuine, considered collaboration to develop administrative systems to screen policies, programmes and projects for their potential health impacts and to deliver HIA. Capacity building programmes for all stakeholders will enable full participation in HIA.

The Future Development of Health Impact Assessment

'Health impact assessment promises to be a complex process ... the ramifications of the HIA process are so broad that consensus ... must be built up gradually.'

[World Health Organisation Regional Office for Europe 1999 2]

The literature indicates a number of actions that would support the future development and implementation of HIA. These are:

- Creation of a co-ordination system
- Capacity building
- Piloting HIAs
- Developing HIA tools
- Ring fencing resources
- Developing HIA networks
- Quality assurance

This paper uses these seven areas as a framework for identifying how HIA could be incrementally implemented in Ireland, North and South. It makes recommendations, staged in three phases, to provide a sense of how HIA could be progressed on the island. These areas are discussed below and then summarised in Appendix I.

Creation of a Co-ordination System

It is important to :

- a) Map policy areas which may require HIA (including the planning cycles of health-relevant policy activity)
- b) Review past and current HIA activity (including approaches / models employed)

An example of where this work has been started is the Northern Ireland public health consultation document 'Investing for Health' [Annex 2]. This lists the key responsibilities that may impact on health for each government department. Annex 4 begins to identify accessible sources of routinely collected health information. [DHSSPSNI 2000]

These first steps will generate data to inform discussion on how to integrate or link HIA with other forms of impact assessment and 'proofing' measures. The World Health Organisation Regional Office for Europe comments that 'synergy between different impact assessments may be attained, and overlap or overburden prevented with various impact assessments, by co-ordination' [1999 8].

Appleby [1997 7] promotes the idea of a pro-active co-ordination role by government health departments (or commissioned organisations), to include:

- Identifying policies, programmes or projects which are likely candidates for assessment and where health is an important and obvious dimension
- Provision of either help in carrying out assessments and/or identifying individuals or groups in the private sector or academe who can be commissioned to carry out assessments
- Collation of completed assessments (perhaps a searchable, internet computer database) to be made available to other departments and the public

The health-proofing of national and local policy could be further supported by cross-departmental audit, and the external auditing of national and local organisations, to find out whether or how health has been appropriately included in policy development. Also, government initiatives, particularly those promoting inclusion and equity, should be required to review the relevance of HIA for their work. The Chief Medical Officers' Annual Report in each jurisdiction could be used to highlight the health implications of national policies in different sectors, including the findings of formal HIAs. [Scottish Needs Assessment Programme 2000] Public sector and publicly

funded agencies could be required to undertake HIAs, and be monitored and held accountable for doing so. [Milner 1999]

Capacity Building

'The aim must be to develop, on the basis of testing and experience, an incremental approach to (HIAs) use. The immediate priority is to increase awareness of health consequences amongst decision makers, professionals and practitioners at all levels and to identify ways in which people and communities can be engaged in the process.'

[Milner 1999 54]

Capacity building will be necessary amongst the stakeholders in the HIA process including funders, decision makers, public health and allied practitioners, community and voluntary organisations. Birley [1999] envisages including HIA in professional training.

As well as increasing awareness and understanding of, and developing skills and tools for, HIA amongst all stakeholders, the long-term integration of HIA into policy making requires it 'to become grounded in the everyday reality of ... business' [Milner 1999 53]. Administrative systems to flag appropriate policies and to track action on HIA need to be established. The mapping of how policies, programmes and projects are initiated within organisations will assist timely screening during the policy development cycle. [Milner 1999]

In addition to such governmental administrative systems, civic systems need to be developed to enable citizens to be catalysts for HIA (rather than having to wait for HIA to 'cascade down' from the government to the public arena). In Sweden, politicians (as citizens' representatives) lead the HIA process [Lehto and Ritsatakis 1999].

Piloting HIAs

Because of the early stage of the development of HIA, Appleby [1999] suggests that a number of exemplar prospective and retrospective HIAs be commissioned. These

could explore and test the emerging HIA methodologies and build the knowledge base for future prospective studies. Pilots may be on regional, national and international policy initiatives. For example the National Assembly for Wales conducted a 'preliminary HIA' on 'the health potential of the Objective 1 programme for West Wales and the Valleys' [2001]. The Scottish Executive has also commissioned pilot HIAs [Scottish Needs Assessment Programme 2000]. Pre-existing programmes addressing inequality such as regeneration initiatives could provide a framework for such pilots.

Potential learning from the pilots includes:

- Guidance on the stage of a policy, programme or project development at which a HIA needs to commence and criteria for deciding its depth
- Resource costs (monetary, personnel etc.) of different types of HIA
- Development of benchmarked thresholds for risk to health

Developing HIA Tools

HIA requires the development of valid, standardised tools to conduct the assessment. Tools and models need to be used repeatedly on different types of policies, programmes and projects to facilitate appraisal of their strengths and weaknesses [James Pratt Consulting 1996 in Winters 1997]. One of the challenges is the length of time it will take to validate a HIA tool [Ison 2001]. It may not be necessary for an original HIA tool to be developed on the island of Ireland. Instead, a tool from another country with a similar approach to HIA may be adapted.

Guides on HIA, such as that produced by the National Assembly for Wales for public, private and voluntary sector organisations [2001], are additional useful resources.

Ring Fencing Resources

Birley [1999] comments that the development of HIA in the UK was delayed by the lack of available resources. Its inter-disciplinary and inter-sectoral nature meant that

HIA fell outside of budgetary headings. In Northern Ireland and the Republic of Ireland ring fenced government funding for an incremental HIA development programme is required. This may include cross-departmental ownership of HIA budgets. Resources (financial and human) also need to be ring fenced within policy, programme or project budgets. [Birley 1999, Scottish Needs Assessment Programme 2000] Agreement needs to be reached as to how HIAs are to be funded on an ongoing basis [World Health Organisation Regional Office for Europe 1999].

Developing HIA Networks

Local, regional, European and global partnerships underpin the successful realisation of HIA's potential. The Health Impact Assessment Project of the WHO European Centre for Health Policy is designed to:

- Develop a network of decision-makers and experts, supporting each other in a continuous learning process
- Create a common understanding of the basic concepts, and consensus on the definitions of the main terms used
- Build on existing knowledge by reviewing and learning from related or similar evaluation and assessment processes, and from existing models and methods of health impact assessment
- Define possible principles and approaches to the implementation of health impact assessment , highlighting issues of concern
- Test and evaluate the results in pilot countries and regions, and revise the suggested approaches accordingly

[Ritsatakis 2000]

In addition to the activities flagged under 'Creation of a Co-ordination System' above, a HIA Network could facilitate training, quality standards, links with international experience, awareness raising for HIA, auditing the use of HIA, and developing frameworks for topic areas or sectors [Scottish Needs Assessment Programme 2000].

Quality Assurance

Common quality assurance criteria need to be developed for HIA. For individual HIAs, criteria can be linked to the terms of reference for the assessment, and ideally evaluated independently for precision, rigour, feasibility and influence [Birley 1999, Burney 1999].

Quality assurance may relate to:

- The HIA *process* (including appropriate and timely involvement of stakeholders)
- The *evidence* gathered (e.g. full access being provided to all relevant information, key informants and health statistics; proper searching of the literature)
- Its *analysis* (e.g. the logic of the analytic process and the (explicit) assumptions made where there are gaps in the evidence)
- The *actions* agreed (that they should be 'specific, timely, technically adequate, socially acceptable, affordable and economically feasible' [Birley 1999 24] and fully carried out)
- Its *predictive accuracy*

Further quality dimensions include:

- *Objectivity* of the assessment [Birley 1999]
- Adequate exploration of *alternative options* [National Assembly for Wales 1999]
- *Promotion of equity* through the review of both the overall impact and the distribution of health impacts within a population [National Assembly for Wales 1999, Scottish Needs Assessment Programme 2000]

Centrally, systems of review for HIA need to be created to promote quality, identify learning and evolve methodology. A system of accreditation of HIA assessors may be developed from the capacity building training programme. This would also create the opportunity for a system of peer review of HIAs.

Concluding Comments

Discussions are timely on how signatories to the European Health 21 Target 14.2 (referred to in the introduction) will successfully implement HIA by 2020. One issue for early consideration is where HIA will be 'located' within each jurisdictions' policy frameworks. A challenge for both governments on the island of Ireland is to embed HIA within the policy processes. This includes addressing 'issues such as a legal mandate, responsibilities and rules for HIA, developing public authorities to administer HIA, determining a permanent base for funding of HIA and determining the range of policies, or criteria for choosing policies, which should go through HIA' [Lehto and Ritsatakis 1999 37].

Lehto and Ritsatakis [1999] consider that the development of HIA in Europe may vary from other continents. They highlight the strong links of the current European models with health advocacy, promotion of healthy public policies and development of inter-sectoral health policies.

The scope of the tasks recommended by the Institute of Public Health in Ireland requires a range of expertise. Such expertise cannot reside in a single organisation. We anticipate that the development of HIA on the island of Ireland will be an opportunity for a number of organisations to contribute to this process.

Given the early stage of development of HIA in both jurisdictions, the Institute of Public Health in Ireland concludes that HIA could be usefully developed on an all-Ireland basis in order to build capacity and share learning.

APPENDIX I

Future Development of Health Impact Assessment Summary Recommendations

Area	Activity
<p>Co-ordination</p>	<p>Phase 1</p> <ul style="list-style-type: none"> • Establish an all-Ireland group to oversee HIA development and its integration within health policies in both jurisdictions • Map health relevant policies and policy development cycles • Begin to identify sources of accessible, routinely collected health-relevant information • Initiate a central ‘bank’ of HIAs <p>Phase 2</p> <ul style="list-style-type: none"> • Establish a HIA function within the Department of Health and Children, Department of Health, Social Services and Public Safety or commissioned agency to co-ordinate HIA on a national or all-island basis, which would (itself, or through other organisations): <ul style="list-style-type: none"> – Identify policies, programmes or projects for HIA – Provide assistance to those conducting HIAs – Review the quality and learning from HIAs – Act as a central ‘bank’ of HIAs on the island of Ireland – Co-ordinate capacity building programmes – Ring fence funding for HIAs – Lead cross-departmental audits of government departments regarding their inclusion of health in policy development

	<ul style="list-style-type: none"> – Co-ordinate a research programme on the development of HIA in Ireland <p>Phase 3</p> <ul style="list-style-type: none"> • Establish administrative systems within government departments and agencies to flag policies, programmes and projects suitable for HIA • Conduct a review of the HIA development process to include consideration of placing the HIA function on a statutory footing and establishing a legal mandate for the inclusion of HIA into national and local governmental policy development processes
Capacity Building	<p>Phase 1</p> <ul style="list-style-type: none"> • Consult with stakeholders in the public, community, voluntary and private sectors on their capacity building needs regarding HIA • Develop and evaluate pilot programmes of capacity building <p>Phase 2</p> <ul style="list-style-type: none"> • Mainstream capacity building programmes on HIA within community, professional and in-service training
Piloting HIAs	<p>Phase 1</p> <ul style="list-style-type: none"> • Develop and run a programme of prospective and retrospective, rapid and comprehensive pilot HIAs, using a range of tools
Developing HIA Tools	<p>Phase 1</p> <ul style="list-style-type: none"> • Review international HIA tools • Adapt an international tool(s) or develop an Irish tool • Disseminate tool <p>Phase 2</p> <ul style="list-style-type: none"> • Continue research into the utility of HIA tools • Contribute to international work on the development of HIA tools

Ring Fencing Resources	<p>Phase 1</p> <ul style="list-style-type: none"> • Cost a range of HIAs based on the programme of HIA pilots <p>Phase 2</p> <ul style="list-style-type: none"> • Agree permanent base for funding HIAs
Developing HIA Networks	<p>Phase 1</p> <ul style="list-style-type: none"> • Establish an island-wide network of HIA practitioners • Establish strong international relationships • Engage with and contribute to international debate on HIA <p>Phase 2</p> <ul style="list-style-type: none"> • Establish and develop local, national and international networks of HIA practitioners
Quality Assurance	<p>Phase 1</p> <ul style="list-style-type: none"> • Develop quality assurance criteria and guidelines based on the programme of pilot HIAs and international experience <p>Phase 2</p> <ul style="list-style-type: none"> • Evolve, monitor, evaluate and disseminate criteria and learning

APPENDIX II

Principles To Guide the HIA's Process and Outcomes [Scottish Needs Assessment Programme 2000 6]

Screen: Not all policies can be subjected to HIA. A screening process should be applied to select and prioritise the topics with important health impacts.

Negotiate: The scope of the HIA and implementation of recommendations should be agreed with decision-makers.

Share ownership: The HIA should be jointly owned by the decision-makers, the investigators, the affected community and other stakeholders.

Be timely: The initial HIA should be carried out when the policy is clearly defined but it is still possible to influence decision-making.

Define and analyse the policy: It is important to understand the policy being assessed, including its rationale, its objectives and evidence of the results of similar policies elsewhere. This includes consideration of the policy context.

Define and profile the population: The population whose health is being considered should be defined and its health status, health problems and capacity should be profiled. This should include separate identification and profiling of relevant subgroups.

Use an explicit model of health: The scope of the health impacts to be identified, and the nature of causality assumed should be clear. This requires a framework to define health impacts, health determinants, and influences on health and health determinants.

Be aware of underlying values: HIA is as much art as science. Judgements must be made in prioritising potential impacts, estimating risks and benefits and making recommendations. This is necessarily value laden. Investigators should be explicit about the values or political position from which a HIA is undertaken.

Be systematic: The HIA should be carried out in a systematic way, using a

comprehensive framework to identify all relevant impacts and a transparent, credible approach.

Think broadly: All relevant impacts should be identified and considered, including indirect and long-term impacts.

Use appropriate evidence: Both quantitative and qualitative methods may be used in a HIA and the method mix will vary with circumstances. The evidence and methods gathered should be appropriate to the impacts identified and the importance and scope of the policy.

Involve the community: They have unique insights into how the proposal might affect their lives, their community, and their health-related behaviour.

Take into account local factors: HIA combines evidence from elsewhere with consideration of local differences that might influence how and by whom the impacts are borne locally.

Recognise difference: Communities are not homogeneous. Different impacts are borne by different sectors of the community and HIA should make these explicit.

Monitor impacts prospectively: Having carried out an initial prospective HIA, there should be a procedure for continuous monitoring of resultant impacts, to identify any unexpected impacts and inform future prospective HIAs of similar policies.

Make practical recommendations: Recommendations should seek to mitigate adverse and enhance beneficial impacts, be practical to implement and should aid the most effective use of limited budgets.

[Note: 'policies' is used here to mean policies, programmes or projects]

APPENDIX III

Bibliography

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APPENDIX IV

Further Reading

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