

IMPACT – International Health Impact Assessment Consortium

RAPID HIA WORKSHOP TOOL
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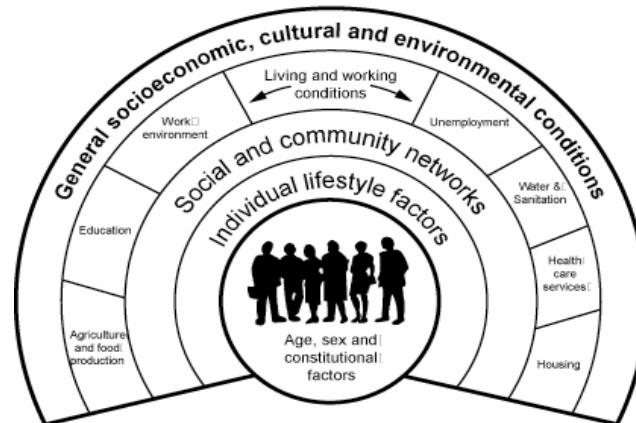
1. Using the social model of health shown below as a general background and Table 1 as a guide, identify the key health issues relating to your group's policy / project and try to reach a consensus within your group about which are the most important.
2. Think about the population groups whose health is most likely to be affected by the policy / project (eg elders; people in poverty; men; ethnic minorities) and record these in column 1 of the framework for rapid HIA (Table 2).
3. In column 2 of the framework, list the elements / activities of the policy / project which are likely to impact on these population groups.
4. Discuss and record the potential health impacts – the beneficial and adverse effects - of the policy / project in columns 3 and 4 of the framework.
5. Where possible, assess the measurability and the probability of impacts. The following codes can be used for this purpose:

Measurability:	Q	=	qualitative
	E	=	estimable / quantitative
	C	=	calculable / quantitative

Probability:	D	=	definite
	P	=	probable
	S	=	speculative

6. In the final column, list any recommendations which arise from your discussions. These might include, for example,
 - ways in which the proposed policy / project could be changed to maximise the positive health impacts, to minimise the negative ones or to reduce inequalities between population groups (eg between affluent and poor; elders and adults; men and women; black and white people)
 - ways in which local partnerships could be strengthened to benefit health; or
 - ideas about further work or information which is needed in order to inform future developments.

A social model of health



(Dahlgren and Whitehead, 1991. Policies and strategies to promote social equity in health. Stockholm: Institute of Future Studies)

Table 1 Key areas influencing health

Categories of influences on health	Examples of specific influences (health determinants)
Biological factors	age, sex, genetic factors
Personal / family circumstances and lifestyle	family structure and functioning, primary / secondary / adult education, occupation, unemployment, income, risk-taking behaviour, diet, smoking, alcohol, substance misuse, exercise, recreation, means of transport (cycle / car ownership)
Social environment	culture, peer pressures, discrimination, social support (neighbourliness, social networks / isolation), community / cultural / spiritual participation
Physical environment	air, water, housing conditions, working conditions, noise, smell, view, public safety, civic design, shops (location / range / quality), communications (road / rail), land use, waste disposal, energy, local environmental features
Public services	access to (location / disabled access / costs) and quality of primary / community / secondary health care, child care, social services, housing / leisure / employment / social security services; public transport, policing, other health-relevant public services, non-statutory agencies and services
Public policy	economic / social / environmental / health trends, local and national priorities, policies, programmes, projects

TABLE 2: FRAMEWORK FOR RAPID HEALTH IMPACT ASSESSMENT

(1) Population group	(2) Activity	Predicted health impacts		(5) Comments / recommendations
		(3) Positive – beneficial effects	(4) Negative – adverse effects	

Measurability: Q = qualitative; E = estimable; C = calculable

Risk of impact: D = definite; P = probable; S = speculative

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