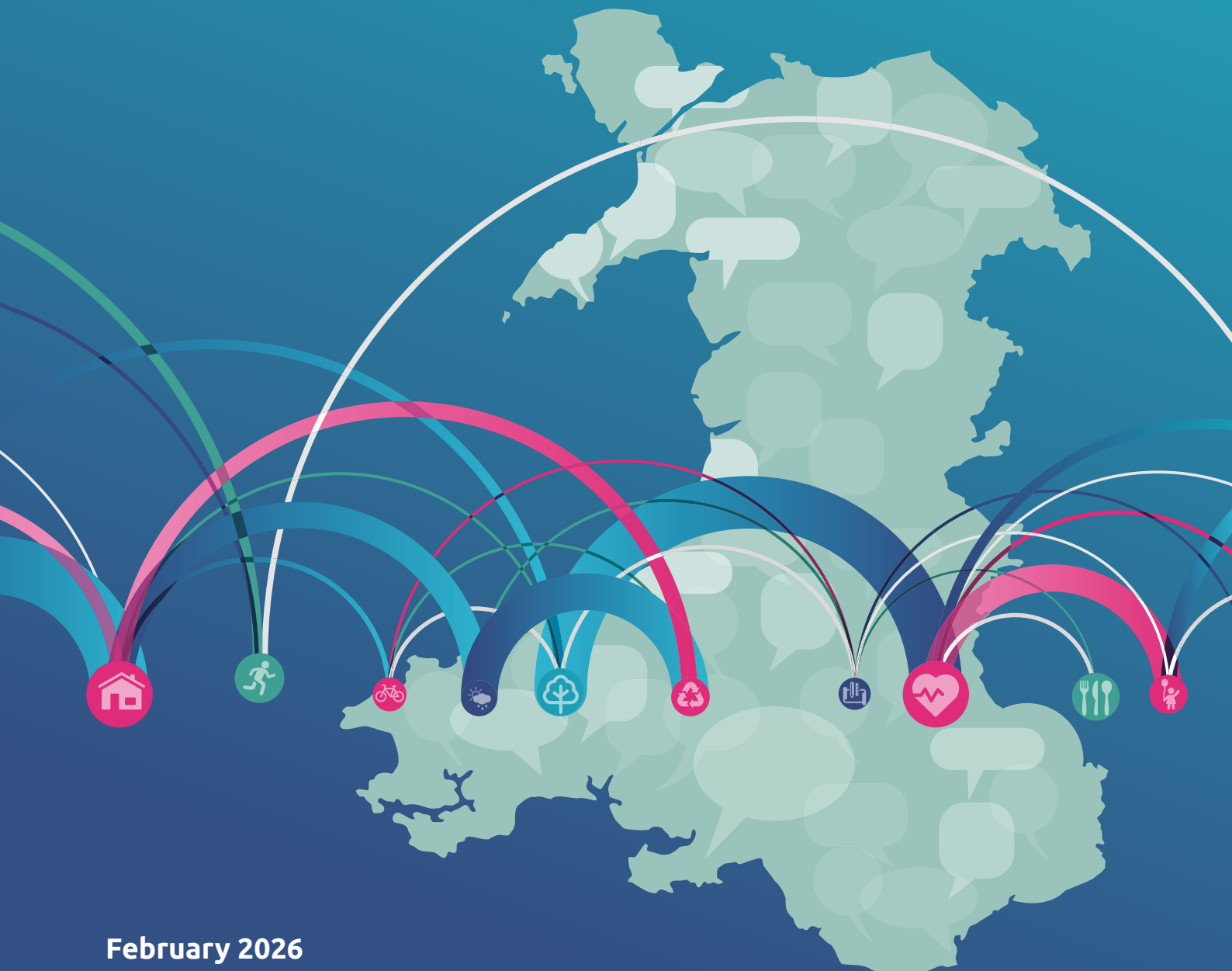


Health Impact Assessment (HIA): *A practical guide for voluntary best practice in Wales*



February 2026

This Guide is intended for anyone wishing to carry out a voluntary HIA.

Health Impact Assessment (HIA): A practical guide for voluntary best practice in Wales (2026) has been developed by the Wales Health Impact Assessment Support Unit (WHIASU), Public Health Wales. It is an update to the previous guide: *Health Impact Assessment – A practical guide* (Wales Health Impact Assessment Support Unit, 2012).

Public bodies in Wales responsible for carrying out statutory HIAs should refer to ***Health Impact Assessment Regulations (Wales) 2025: A guide for public bodies in Wales (2026)***.

Mae'r ddogfen hon ar gael yn Gymraeg / This document is available in Welsh.

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Foreword

Health Impact Assessment (HIA) has long been recognised in Wales as a powerful tool for placing health, well-being, and equity at the heart of decision-making. As our communities face increasingly complex challenges—from climate change and technological shifts to growing social and economic pressures—the need to understand how policies, plans, and decisions affect people’s lives has never been more important.

This new **voluntary HIA Guide for Practice** in Wales complements the guide for Public Bodies carrying out statutory HIAs. It replaces the previous guide for practice, providing an updated, comprehensive and accessible resource for those wanting to learn about and carry out HIAs. While Public Bodies are required to carry out HIAs when making strategic decisions, HIAs also offer an important opportunity to consider the wider health, well-being and equity impacts of a **decision, policy, proposal, plan or project when carried out voluntarily** and demonstrate the collective commitment of communities and organisations across sectors to shape healthier futures proactively and equitably.

The Wales Health Impact Assessment Support Unit (WHIASU), Public Health Wales, has a central role in strengthening the use of HIA. As an internationally recognised centre of expertise, WHIASU provides advice, training, and hands-on support to practitioners, whether new to the process or experienced in HIAs. The tools and advice in this guide are grounded in real-world application, having been shaped by years of practical experience, research, and engagement. This guide offers clear, practical advice for supporting organisations to carry out high quality and proportionate HIAs, grounded in the values of the Well-being of Future Generations (Wales) Act and the principles of equity, participation, and sustainability. Above all, this guide highlights that HIA is more than a tool; it is a way of working. HIA encourages open dialogue, inclusive engagement and involvement, and thoughtful reflection on how our decisions shape the health and well-being of current and future generations.

By embracing the opportunities presented through voluntary HIA, and with the expert support of WHIASU, we can create environments that enable people to thrive. This guide will help ensure that health, well-being and equity remain at the centre of our shared journey toward a healthier, fairer, and more sustainable Wales.

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Overview

Health Impact Assessment (HIA) is a process that can be applied across all policy areas, sectors, and settings to assess how the health, well-being, and equity of a population—or specific groups within it—may be, or have been, affected by a policy, programme, plan, decision, or project (collectively referred to as a ‘proposal’ throughout this guide). It can help to strengthen and maximise the positive health and well-being impacts of a proposal or decision and can support the mitigation of any negative or unintended negative consequences of proposals. It also places an emphasis on considering the impacts on population groups and addressing inequalities.

This guide contributes to Wales’s vision for HIA. The HIA process can support the implementation of the concept of Health in All Policies (HiAP) which means working across systems and settings to consider health and well-being and can help to assist in the reduction of health inequalities.



The guide does this by **providing context for HIA in Wales, an overview of the HIA process** based on best practice, and some **practical resources to help support the implementation of HIA** at a national, regional, and local level in a high quality, time and resource effective, **proportionate** and **systematic** way.

The guide is divided into three sections:

- **A: Key definitions and policy context**
- **B: What is HIA**
- **C: HIA best practice process and practical resources for how to conduct a HIA**

Who is this guide for?

The guide is aimed at anyone from any sector who wants to or needs to lead, commission, or participate in a voluntary HIA or anyone affected by a proposal who believes a HIA is a useful process for them.

Guidance for public bodies in Wales who are looking to carry out a HIA as a statutory requirement under the Public Health (Wales) Act 2017 is available in a separate guide: ***Health Impact Assessment Regulations (Wales): A guide for public bodies in Wales (2026)***.

The guide focuses on HIA in Wales and includes references to Welsh resources. However, the information contained in this guide can also be applied within other countries and contexts, in conjunction with any country specific guidance that is available.

A: Key definitions and policy context



Health and well-being

HIA is underpinned by a social or holistic model of health, rather than a biological model which simply focuses on the absence of ill health or being ill. The World Health Organization's (WHO) 1948 defines health as: '*Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*' (World Health Organization, 1948)

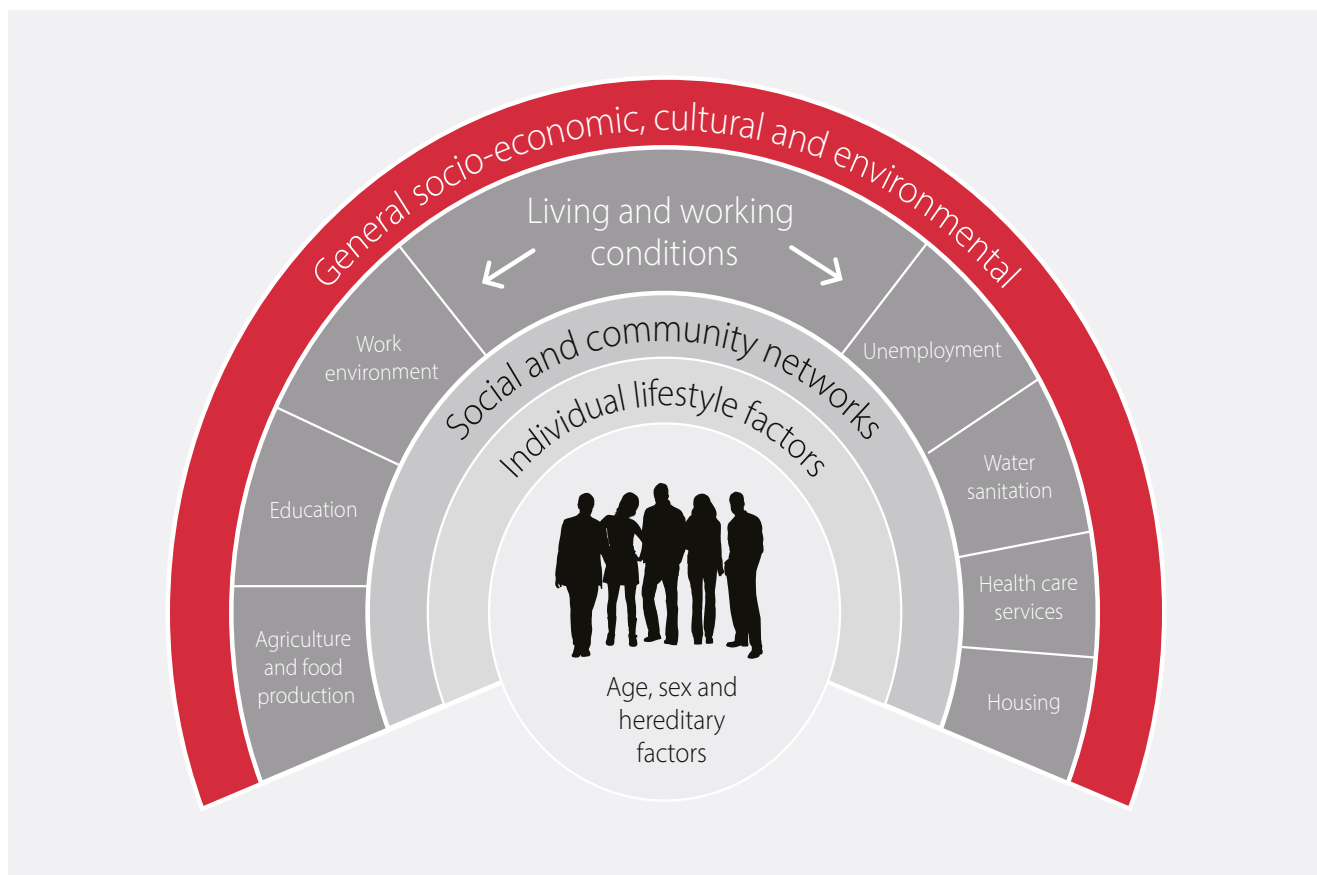
Looking at health in a holistic way means two key things:

1. Health can mean different things to different people depending on their lives and experiences.
2. Health is influenced by broader social, environmental, cultural, and economic factors — these are known as the *wider determinants of health* (WHO, 2017).

Wider determinants of health

Many sectors outside of the health sector itself, including social, economic, cultural and environmental settings and sectors, for example education or housing, can have a direct or an indirect impact on health and well-being. These influence the conditions in which people are born, grow, live, work, play and age. These factors are known as the 'wider or social determinants of health' (Dahlgren and Whitehead, 2021; The Health Foundation, 2023; Figure 1). Differences in how these factors impact people can influence health and may create or increase health and social inequalities. These impacts may be direct or indirect; obvious and/or intentional; difficult to identify and/or unintentional.

Figure 1: The wider determinants of health (Dahlgren and Whitehead, 2021)



Health inequalities and inequities

Health inequalities can be defined as the systematic differences in the health and well-being status of different groups (McCartney *et al.*, 2019). Health inequities can be defined as differences in health status which are unnecessary, avoidable, unfair and unjust (The Kings Fund, 2025; See Figure 2).

Figure 2: Equality versus Equity*

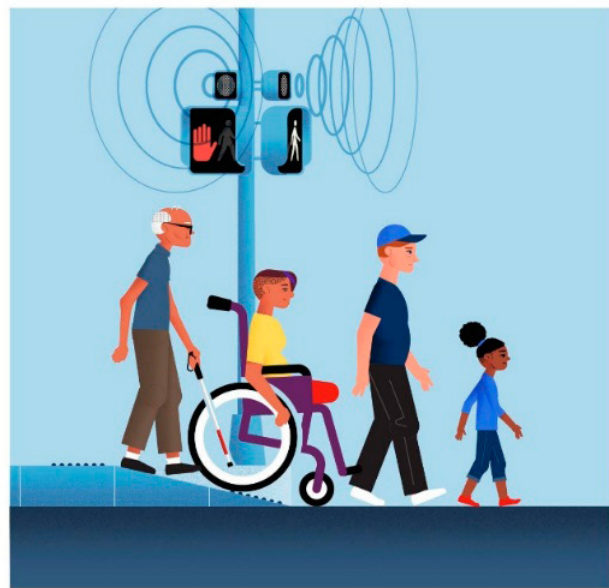
EQUALITY:

Everyone gets the same – regardless if it's needed or right for them.



EQUITY:

Everyone gets what they need – understanding the barriers, circumstances and conditions.



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HIA in Wales systematically considers inequalities both existing, and potential, within a range of population groups who may be affected by the proposal, including those with protected characteristics as outlined in the Equality Act (2010) and income groups in the Socio Economic Duty in Wales (UK Government, 2010; Welsh Government, 2021). However, HIA considers a much broader range of population groups when carrying out a HIA than just protected characteristics and those legally required. These groups include any population groups who are or who may be, vulnerable to unintended negative impacts of a policy, plan, proposal or decision such as those in rural communities, those who have chronic conditions, those at risk of social isolation and exclusion, and carers.

HIA aims to promote equity and maximise a proposal's potential to improve and protect health and well-being and reduce any negative impact or unintended impact.

HIA uses the best available evidence and data and includes stakeholder experience and knowledge. Understanding the health inequalities experienced by different stakeholders and groups within the population is an important part of HIA.

Policy context

Wales has long-championed a HiAP approach where public bodies 'systematically takes into account the health implications of decisions and avoids harmful health impacts, in order to improve population health and equity' (European Centre for Health Policy, 1999).

The **Public Health (Wales) Act 2017** (Welsh Government, 2017) places a duty on Welsh Ministers to develop Regulations that outline the circumstances when public bodies are required to undertake HIA. All public bodies in Wales, as defined by Welsh Government, **must** carry out a HIA **in the circumstances specified** in the regulations. This duty has been enacted within the Regulations which are due to come into force on 6th April 2027.

The **Well-being of the Future Generations (Wales) Act 2015** (WFG Act; Welsh Government, 2015) sets out the sustainable development principle this means that a public body must act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs. A public body does this when it takes into account **integration, long-term thinking, prevention, collaboration, and involvement** in the setting, taking steps and meeting of its well-being objectives. These 'five ways of working' aim to incorporate HiAP principles—albeit implicitly and without naming them directly—to advance seven well-being goals, which encompass health, equity, the economy, the environment, and society, and offer a framework for achieving them. These goals relate to the United Nation's seventeen Sustainable Development Goals (United Nations, 2020).

The policy landscape in Wales includes other statutory duties, and evidence gathered to inform HIAs may be useful in informing other regulatory impact assessments. For example, the *Socio-economic Duty (SED)* and the *Public Sector Equality Duty (PSED)*. Like HIA, other duties also have a common purpose to address inequalities experienced by population groups, specifically for those groups who have protected characteristics (such as age, disability or ethnicity) or circumstances (such as socio-economic disadvantage).

The *Wales Specific Equality Duties 2011 (WSED)* place a requirement on public bodies to assess the likely impact of policies and practices on their ability to comply with the PSED; namely, how they a) eliminate discrimination, harassment and victimisation, b) advanced equality of opportunity for people with protected characteristics, and c) foster good relations between those with protected characteristics and those without. Equality Impact Assessments (EqIAs) are routinely used as the tool to understand likely impacts on groups with protected characteristics, to comply with the duty. Carrying out a HIA can help to populate or provide evidence to support other impact assessments that demonstrate that other duties are being considered and met without duplicating time and resources. Using HIA can help to meet requirements outlined in many of the other duties.

B: What is Health Impact Assessment (HIA)?



HIA is an evidence-based practical, systematic yet flexible process which can be used to identify any positive physical and mental health, and well-being impacts or opportunities and any negative or unintended negative impacts. It identifies and breaks down who in a population may be positively or negatively affected by a decision and how any health inequalities can be addressed. It also provides practical and realistic recommendations for action to maximise positive and mitigate for negative impacts identified. HIA is suitable for use across a range of settings and sectors and offers evidence and information to inform decision-making processes.

The European Centre for Health Policy (1999) Gothenburg Consensus defines HIA¹ as:

'a combination of procedures, methods and tools by which a policy, intervention or service may be judged as to its potential effects on the health of a population, and the distribution of those effects within a population' (European Centre for Health Policy, 1999).

HIA is one of the main vehicles through which to drive the implementation of the concept of HiAP which is an 'approach to public policies that systematically takes into account the health implications of decisions and avoids harmful health impacts, in order to improve population health and equity' (European Centre for Health Policy, 1999). HIA is also a process which promotes cross-sector collaboration, enables participation and engagement with all stakeholders.

1 Other definitions of HIA exist (International Association for Impact Assessment, 2014).

What are the benefits of carrying out a HIA?

HIA is a process that allows you to systematically consider how people's health and well-being may be affected by decisions in areas across sectors and settings at a variety of levels - national, regional, local, community and across different decision-making levels – from strategic to operational.

HIA has several benefits for health and well-being, for communities and organisations, by focussing on tackling prevention. These include:

- Identifying risks early (primary prevention).
- Working to make physical and mental health fairer for everyone, as a pathway to prevention of ill health and reducing inequalities (targeted prevention), especially for groups who may be at risk.
- Identifying both positive and unexpected effects of decisions and suggest ways to address any problems (system-level prevention). HIA also helps find gaps and opportunities.
- Strengthens protective factors that encourage planning and decisions that are based on evidence and knowledge.
- Helping different policy areas understand how their work can improve health and well-being, prevent ill health and reduce inequalities.
- Supporting teamwork, collaboration across sectors, consulting with communities, and involving people in decision-making.
- Encouraging the inclusion of people who will be affected by or interested in the decisions.
- Being a practical, flexible, and easy-to-use tool for everyone involved.
- Helping consider health and inequalities alongside other duties or assessments, so work isn't repeated.

Understanding both direct and indirect impacts is essential for identifying where a decision may create health benefits or risks. Recognising these pathways using a HIA supports:

- More comprehensive analysis.
- Stronger, evidence-informed recommendations.
- Better alignment of planning and public health goals.
- Early mitigation of unintended negative impacts.
- Promotion of environments that foster long-term well-being.

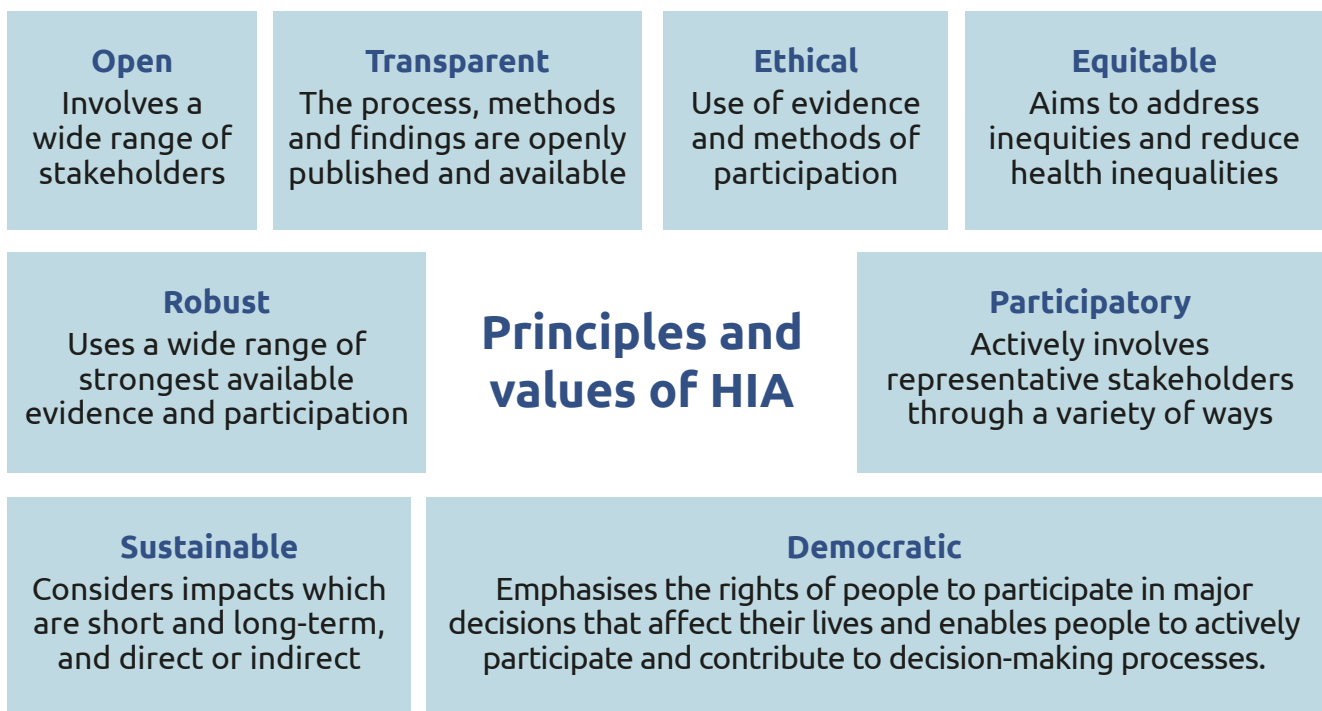
By examining how decisions could influence the wider determinants—and how these translate into direct and indirect effects—HIA provides a structured approach to prevention, improving population health and reducing inequalities.



Principles of HIA

HIA is based on eight core principles and values (Figure 3). The HIA process should also be impartial and independent.

Figure 3: Principles and values of HIA (European Centre for Health Policy, 1999)



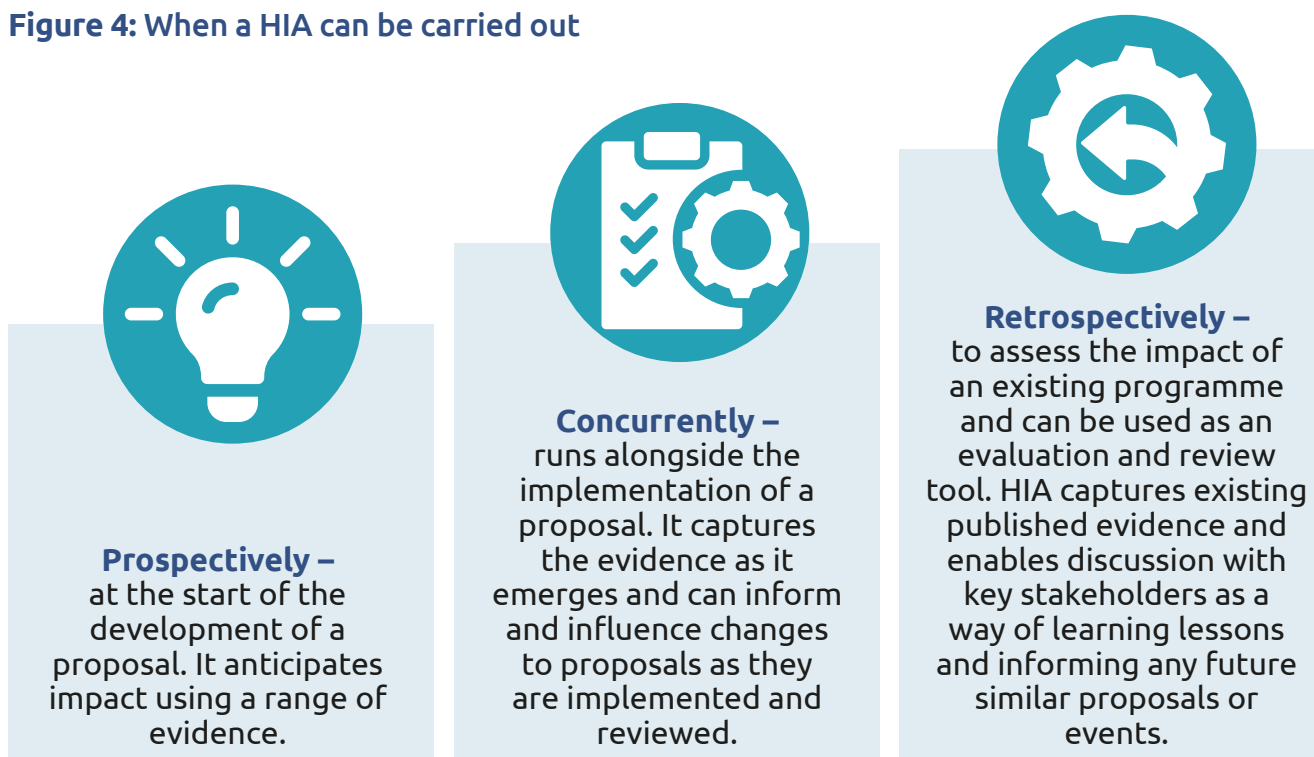
When to carry out a HIA?

HIA has successfully been used voluntarily by a range of organisations and sectors in Wales to date due to the benefits it brings in the development of proposals and to decision-making (Drane et al., 2024). A HIA should be carried out when a proposal is considered to have a potential, or actual, impact on people's health and well-being and inequalities, or on any factors which determine people's health in the short to long term.

HIA is a process that can be used for small scale projects, for example a land planning development or community project, through to large scale proposals such as climate change plans and strategies or infrastructure projects. The scale of the HIA should be proportionate and consider needs such as evidence, involvement and timescales.

A HIA can be undertaken at three time points (Figure 4).

Figure 4: When a HIA can be carried out



HIAs can provide the most value when applied prospectively during the development of a proposal to inform decision-making. The process should be initiated late enough in a proposal's development to be clear about its nature and purpose, but early enough to be able to effectively influence design and implementation. This aims to maximise positive health outcomes and reduce the risk of worsening health inequalities.

Please note: if you are a public body carrying out a HIA under the HIA Regulation in Wales refer to *Health Impact Assessment Regulations (Wales) 2025: Guide for public bodies in Wales (2026)*.

Types of HIA

HIA is proportionate to the context and the degree of complexity of the proposal under assessment.

There are two different types of HIA practiced in Wales. It is possible for a HIA to fit between two types, using elements of each type, determined by the nature of the proposal being assessed (Figure 5):

1. Rapid (A 'standard') HIA

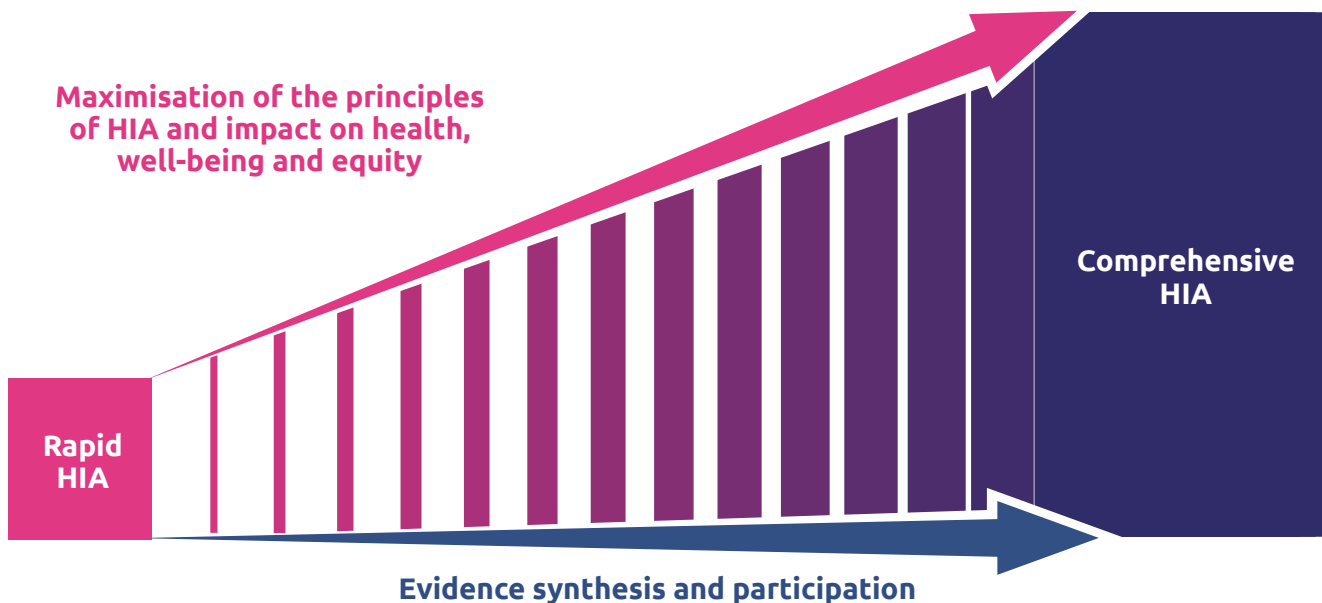
2. Comprehensive HIA

The difference between a **Rapid (Standard) HIA** and a **Comprehensive HIA** mainly lies in their depth, scope, time requirements, and resource utilisation. In summary, a Rapid (Standard) HIA is quicker and less resource-intensive than a Comprehensive HIA and is focussed on providing timely insights with a narrower scope of analysis. In comparison, Comprehensive HIAs are more detailed, time-consuming and resource intensive allowing for in-depth analysis and participation.

	Rapid (Standard) HIA	Comprehensive HIA
Time and resources	<ul style="list-style-type: none"> Completed in a few days to a few weeks. Requires fewer resources, such as staff and funding. A condensed, less resource-intensive proportional process, usually relying on existing data, expert knowledge, and stakeholder input. 	<ul style="list-style-type: none"> Can take several months to over a year to complete. Requires more resources, including more extensive staff involvement, funding, and technical expertise. A thorough process that may include new data collection, detailed analysis, and extensive stakeholder engagement.
Scope	<ul style="list-style-type: none"> Focuses on identifying key potential health impacts quickly. Provides a high-level analysis, often with less detailed exploration of all possible health impacts. 	<ul style="list-style-type: none"> Explores a wide range of health impacts in depth. Involves a more detailed examination of health pathways and potential impacts across multiple population groups.
Stakeholder Involvement	<ul style="list-style-type: none"> Involves less extensive stakeholder involvement Stakeholder evidence may be gathered through existing consultations or a participatory HIA workshop with key stakeholders. 	<ul style="list-style-type: none"> Allows for more thorough feedback and evidence gathering from affected communities and organisations.

It is important to remember whatever type is adopted, **it is recommended all assessments include active participation of stakeholders**. Further information on the types of HIA, including how to undertake these, can be found in [Appendix 1: Types of HIA and process, including useful resources](#).

Figure 5: Types of HIA and maximisation of the principles of HIA and impact on health, well-being and equity*



*dependent on the time and resources available

Involvement and Participation in HIA

Involvement and participation in HIA places citizens and communities at the heart of decision-making processes.

In HIA, stakeholders are those:

- who are likely to be impacted or potentially affected by a proposal. This can include for example, specific population groups, service users or communities.
- involved in the planning of a proposal and decision.
- involved in the implementation of a proposal.

Stakeholders can contribute to a HIA in a range of ways such as being part of a steering/ advisory group (where applicable), contributing evidence and/or local or national knowledge, helping to identify mitigation or recommendations for action and in monitoring or reviewing a HIA.

Participation is recommended as a key element of HIA practice in Wales and can support the sustainable development principle.

Roles, skills and knowledge within HIA

It is recommended that HIAs are undertaken by a team of people. Collaboration is often a key component of any HIA and the process benefits from a collaborative approach to maximise its power. Resource efficient HIAs are carried out by small (often multidisciplinary or multiskilled) teams (Edmonds et al., 2019; Figures 6-7).

Useful roles, skills and knowledge are dependent on the type of HIA being carried out.

Figure 6: Roles in HIA

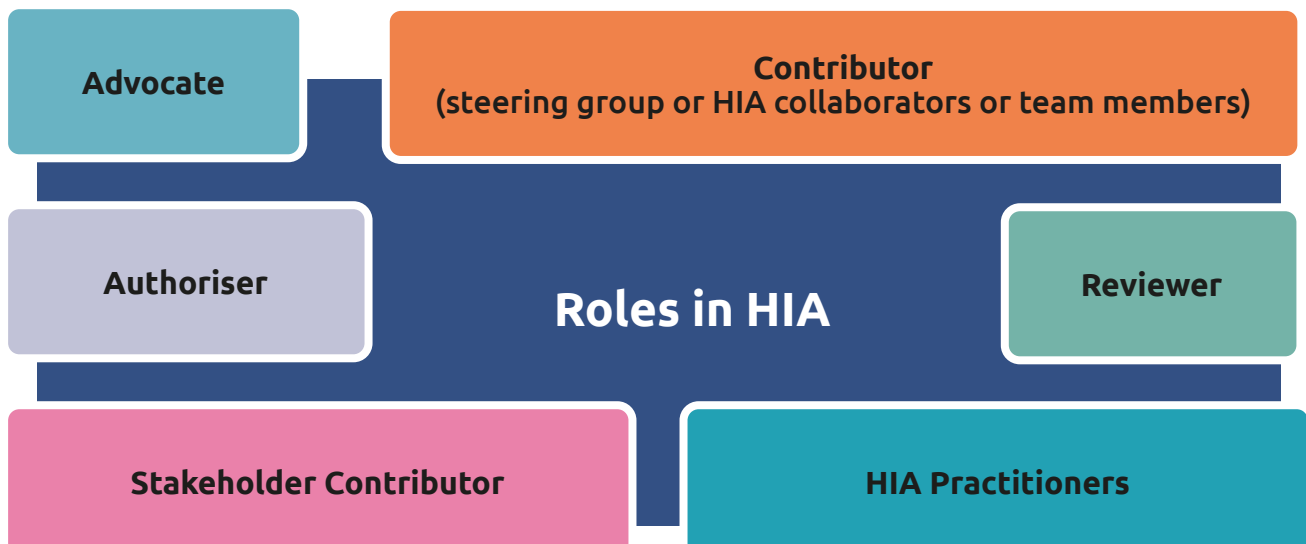


Figure 7: Knowledge and skills for HIA (Edmonds, Parry-Williams and Green, 2019)



Competency and expertise for HIA

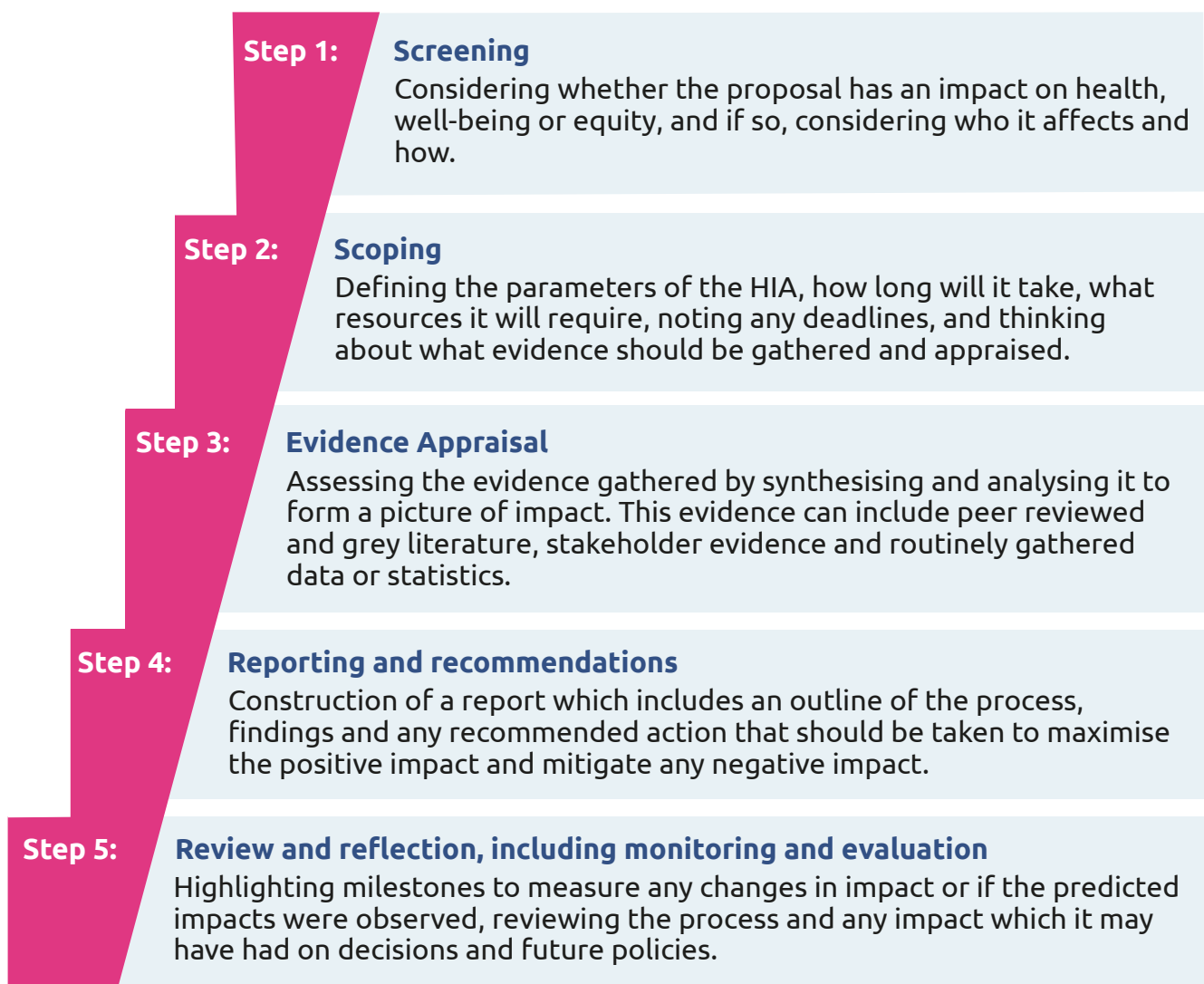
Many people are hesitant to carry out a HIA because they feel they lack the necessary experience, time, skills, knowledge, confidence or competence. However, HIA is designed to be a practical and accessible process that anyone can undertake with the right guidance.

Practitioners, corporate governance officers, commissioners who regularly use routine skills in their daily roles such as those outlined in Figure 7, and who maintain continuing professional development (CPD) and competence as part of their professional practice, can conduct or lead a HIA for the first time. Full support, resources, and advice are available throughout the process to ensure that anyone undertaking an HIA feels confident and well-equipped, even if it is their first experience.

C: Best Practice Steps in the voluntary HIA process

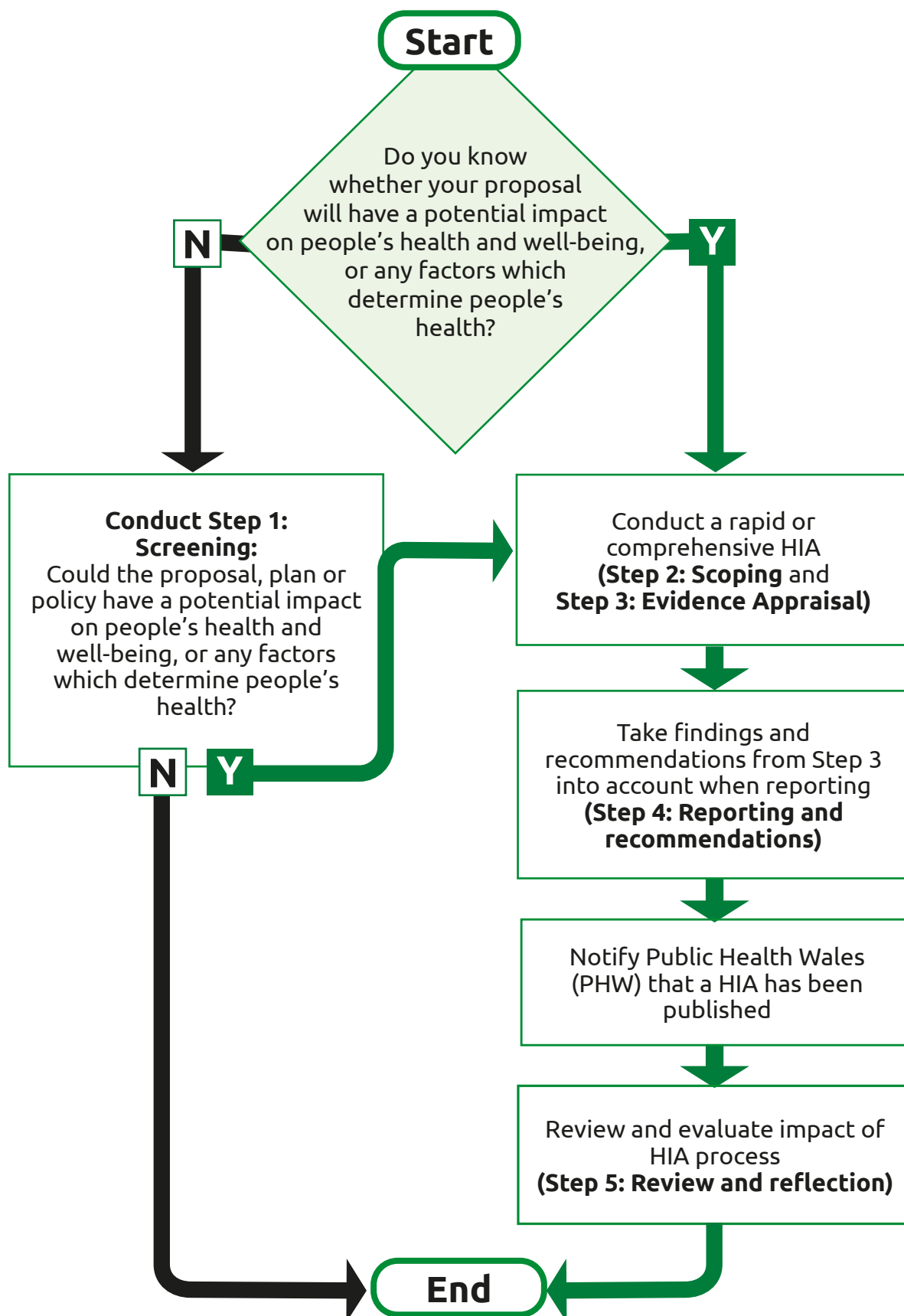
The HIA process routinely consists of several main steps, which are internationally recognised in HIA practice (Figure 8). Whilst some may think of it as a linear process, HIAs are iterative processes. It is sensitive to evidence, timescales and circumstances. For example, the scope of a HIA should be kept under review as new information may emerge during the later steps of the process.

Figure 8: Five steps of HIA



***Quality Assurance.** This should be incorporated into the reporting step, or post publication. It enables a review of the HIA to be carried out to ensure confidence in the content, findings and robustness of the process of the HIA.

Process for conducting a voluntary HIA



Step 1: Screening - Deciding whether to conduct a HIA

Key purpose: To determine whether the proposal in question could have an impact on, or implications for, people's health, well-being or equity or any factors which determine people's health.

Screening takes an initial look at the potential impacts of a proposal on health, well-being and equity through the lens of the wider determinants, and those population groups who could be affected. It is the first opportunity to understand where inequalities exist between population groups and consider how these will be affected. An understanding of the context, for example the population is essential.

Depending on the circumstances, the screening step will act as a decision-making aid to decide whether a more in-depth HIA is required, or if no further assessment is needed.

A screening conducted during the development phase of a proposal can also provide evidence to show decision-makers that health, well-being and inequalities have been, or have not been, considered.

If a HIA has already been agreed then the screening step is not required, and the HIA can proceed to the scoping step.

How?

A screening workshop or meeting is completed by a small group of key stakeholders. This can include for example, local authority representatives, public health professionals and representatives from community and voluntary sectors. **This step should not be conducted by one person.**

As a guide, participatory screening workshops or meetings should be around two to three hours in duration, depending on the nature and scale of the proposal. Be mindful of the number of people attending the workshop to ensure all attending have an opportunity to participate in discussions. If the group is over 15 stakeholders, consider using break out groups during the discussions. A facilitator and scribe(s) when needed, should be assigned in advance of the workshop, and it should be agreed who will be responsible for writing up the notes after the workshop. An example **HIA workshop agenda** can be found at [Appendix 2](#).

A **HIA Screening record sheet** will help you to record the information discussed at the screening meeting, providing a record of the decision as to whether a full HIA should be undertaken or not ([Appendix 3](#)).

Importantly, discussions in the meeting can be guided by the **Population Groups and Wider Health and Well-being Determinants resource** ([Appendix 4](#)). This resource is critical to identifying the population groups and wider determinants that could potentially be affected or are known to have been impacted by the proposal in question.

Following this the notes recorded on the **HIA Screening record sheet** ([Appendix 3](#)) should be circulated to workshop attendees for checking and approving, and any requested changes then made.

Key tips:

- **Ensure a clear description of the proposal, rationale, aims and objectives are shared with key stakeholders ahead of the workshop.** A basic existing population profile of the local area may also be useful to aid discussions (See [Step 3 Evidence appraisal](#) for guidance around the creation of a population profile).
- Circulate the **Population Groups and Wider Health and Well-being Determinants** resource ([Appendix 4](#)) to workshop attendees in advance of the workshop.
- Provide an overview of the definition of HIA and what is expected to happen at this step as not all participants may be familiar with the process, or circulate an HIA overview sheet or FAQs (Wales Health Impact Assessment Support Unit, 2024).

It is important to note that a screening exercise may not always be carried out. This would mean that you start the HIA process at Step 2: Scoping. This could be the case in the following scenarios:

- it may be deemed best practice by local policy makers and planners.
- if a HIA is required by a funding organisation or in specific circumstances for decision-making.

However, screening may be a useful step to undertake to help start the discussion on the identification of the wider determinants and population groups affected by the proposal.

An example comprehensive **Screening exercise** can be found at [Appendix 5](#).

Step 2: Scoping – Establishing the type and scope of the HIA

Key purpose: To establish how the HIA will be carried out including noting the governance and logistics of the HIA and clarifying key roles and responsibilities alongside agreeing a plan of action for the HIA.

Scoping is recognised as the key step to ensure the delivery of a quality HIA. The main aim is to determine how the HIA will be carried out and provide clarity and transparency about its focus - specifically, the wider determinants, the population groups affected, and the methods to be used. It is important the scope and depth of the HIA are revisited and amended (as needed) as it progresses to ensure the HIA continues to meet the aims identified. For example, as evidence is gathered throughout the HIA process, new determinants and population groups may be identified by new evidence which weren't acknowledged through the screening step or there may be no evidence of impact so that that topic areas can be closed.

Scoping includes the consideration of:

- **Objectives and focus** – aim and objectives for the HIA, the determinants to be focused on, the elements of the proposal to be focused on, geographical boundaries.
- **Process** – the type of HIA, the scale and proportionality, tools and assessments frameworks to use, stakeholder analysis for engagement and an outline of evidence gathering, reporting, quality review.
- **Project Management and Governance** – time scales, steering group, whether the HIA will be completed by a team within an who need a HIA, or whether the HIA will be commissioned to an external private contractor to complete the work, resources required, roles and responsibilities.

How?

The establishment of a **Steering Group is not essential** for a rapid HIA but can provide an effective means of sharing ownership and responsibility for the process and enable the distribution of tasks. The size will depend on the length and complexity of the project, with an ideal number being between four and 12 people. Representatives from key stakeholder groups or organisations should be involved as this helps to promote wider participation in, and ownership of, the process.

A **HIA Scoping template** ([Appendix 6](#)) is available to guide conversations and make a record of decisions. It is important roles and responsibilities are also assigned at this step (Table 1).

Table 1: Roles within HIA

Role	Definition
Advocate	Advocates for HiAP, champions the use of HIA, provides leadership and identifies opportunities to use HIA.
Authoriser	Commissions and/or allocates resources to HIA. Holds overall ownership and accountability for HIAs that they authorise or commission (governance).
Contributor - Steering Group	Contributes to a HIA with a particular skill set or knowledge as either a member of the team undertaking the HIA or as a member of the steering group.
Stakeholder Contributor	Participates in a HIA as a key stakeholder, contributing qualitative insight drawn from their knowledge and experiences or signposting to additional sources of relevant evidence. They could be topic experts, community members, and lay representatives. Contributing stakeholders are identified during the stakeholder analysis as part of the scoping process.
Reviewer	Conducts quality assurance reviews, monitoring and evaluation of HIAs. Provides clear feedback to commissioners and decision-makers.
Lead HIA Practitioner (Intermediate) Rapid HIAs	Leads the planning, design and delivery of HIAs focused on a discrete project, policy or service area. Ensures that the HIA process follows guidance and benchmarks for high quality HIA.
Lead HIA Practitioner (Advanced) Comprehensive HIAs	Leads the planning, design, delivery, and evaluation of participatory, complex, contentious and/or large scale comprehensive HIAs. Ensures that the HIA process follows guidance and benchmarks for high quality HIAs.

Key tips:

- Treat this as **the key planning step**. This step will help clarify the purpose and proportionality of the HIA and how it is going to be carried out and which determinants and groups will be focussed on
- Ensure you have the right people around the table to make the HIA a success.
- Be realistic and only plan for what you can achieve in the timeframe and within the resources you have available.

Step 3: Evidence Appraisal to support the Assessment

Key purpose: To gather evidence (including local, regional or national contextual knowledge, data and peer-reviewed published and grey literature) about the potential nature, size, likelihood and distribution of the proposal's impacts on health, well-being and equity.

This is the main step of the HIA process in which the evidence is gathered and appraised to identify the potential or actual health impacts. By gathering existing and new evidence, this step provides the opportunity to identify possible ways of maximising the health, well-being and equity benefits and minimising and mitigating the risks or unintended negative consequences, particularly to different population groups in a timely and resource effective way. Conclusions will then be drawn up alongside requirements for further considerations, actions or recommendations whichever is appropriate for the purpose of the HIA and who the report is intended for (decision-makers).

Evidence is gathered to inform:

- An assessment of the impacts.
- A community/population profile.
- An understanding of the policy context associated with the proposal.

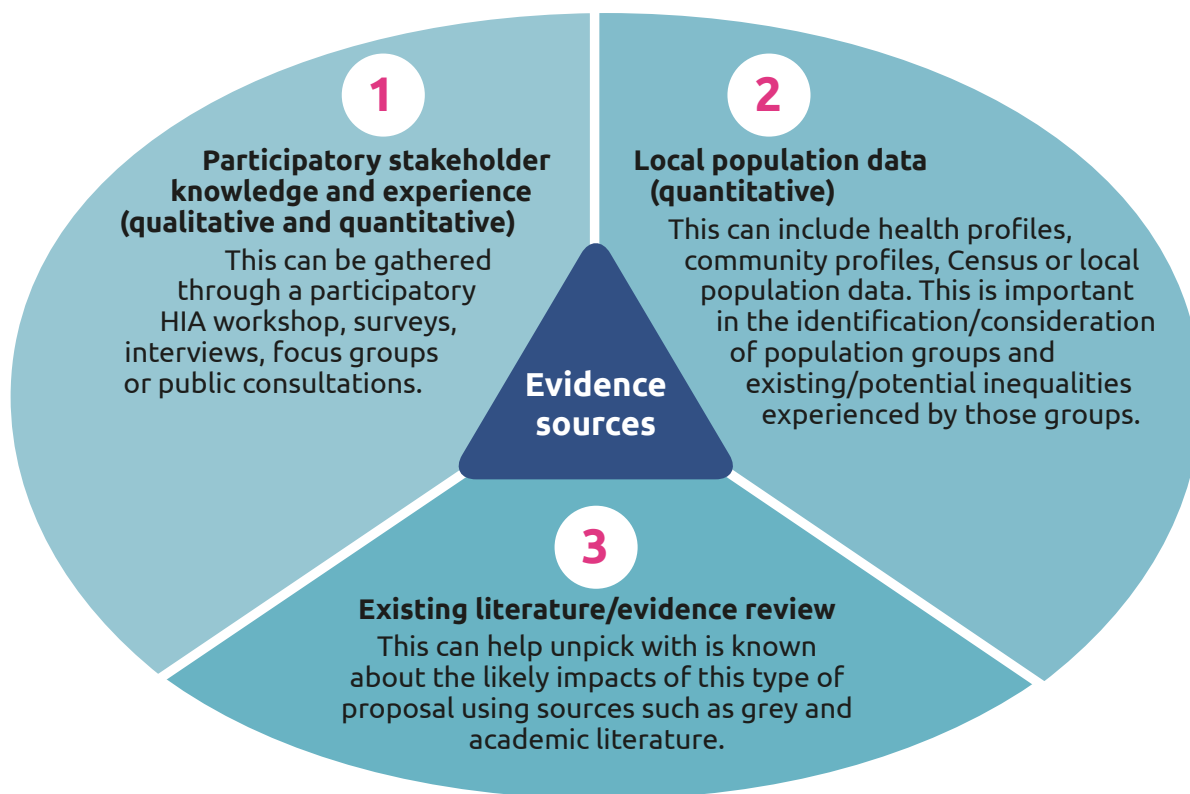
This step is proportionate to the type of HIA being carried out. A Rapid (Standard) HIA could rely mainly on existing data and knowledge, alongside a consultation or qualitative workshop with stakeholders. A Comprehensive HIA will rely on a more complex range of evidence sources.

What evidence can be used within a HIA?

HIA can use **both qualitative and quantitative** types of evidence, proportionate to the type of HIA being undertaken. Evidence can be gathered through a combination of primary data collection (new information), and secondary data collection using existing evidence (Figure 10).

Participation from key stakeholders is an essential requirement for a HIA. This can provide important local or national contextual information and evidence.

Figure 10: Example of evidence sources



How?

Using the *Population Groups and Wider Health and Well-being Determinants* resource ([Appendix 4](#)) as a guide and using what you found at the screening step as a starting point, this step should be completed by a group of individuals (the team undertaking the HIA), not undertaken by one individual. Evidence gathering can be shared out between members of the team, who then come together to assess the impacts, collate and analyse the evidence.

1. Participatory stakeholder knowledge and experience

Stakeholder knowledge and experience is qualitative evidence which is crucial to a HIA and other impact assessments as it can provide local or national knowledge.

Stakeholders' knowledge and experience is representing a valuable source of evidence, providing insight into local or national issues. It helps us understand the experiences of people affected by a proposal and their specific knowledge about the topic, area, or community.

Such knowledge often highlights unexpected positive or negative impacts that those leading the proposal might not identify, particularly if they are not from the local community.

Example methodologies:

- Participatory HIA workshops - bring together many stakeholders to discuss the proposal, discuss evidence of impact, and generate possible solutions. An example **HIA workshop agenda** can be found at [Appendix 2](#) and a **HIA workshop recording template** can be found at [Appendix 7](#).
- Responses from existing or ongoing consultation(s) relating to the decision (if it is part way through the strategic decision-making process), data and feedback from workshops and focus groups which have been carried out to date on the decision.
- Questionnaires/surveys - can be useful to gather both quantitative and qualitative information from a wide range of stakeholders
- HIA specific focus groups - gathering detailed information from a small group of people. A person to guide the group discussion is required.
- Individual interviews - gathering detailed information from one or two people at a time.
- Questionnaires/surveys - can be useful to gather both quantitative and qualitative information from a wide range of stakeholders.

Ethics approval is not routinely required for stakeholder or community involvement in HIA. However, informed consent from stakeholders is essential and the purpose for gathering evidence must be made clear.

2. Local population data and population profiles

A population profile should be relevant to the proposal and context – interpretation is critical to an informative HIA profile.

Profiles often can include:

- General attributes of the population (including size, density, age, gender, income and employment, socio-economic status etc.).
- Health status, particularly of the population groups already identified as vulnerable and likely to benefit or be harmed by the proposal/project/policy.
- Quality of life indicators.
- Additional information relevant to the topic under assessment. This could include data on housing, transport, environmental factors experienced, community assets, access/uptake of services.

Suggestions for quantitative data sources (not exhaustive):

- StatsWales.
- National Survey for Wales.
- Public Health Wales Observatory.
- Office for National Statistics, including Census data.
- Welsh Index of Multiple Deprivation (WIMD).

- Welsh or other government statistics.
- Office for Health Improvement and Disparities – *Research and statistics*.
- Local authority data.
- Local Health Board data.
- Natural Resources Wales.
- Routinely collected data from your organisation.
- Organisational reports that include quantitative data.
- Local Public Health Teams in Health Boards.
- World Health Organization (WHO).

Quantitative analysis methods can also be used to identify and then quantify and predict health impacts. These can be important to assess a range of issues including environmental and policy health impacts. For example, air quality. More information on this can be found at [Appendix 8](#).

3. Literature/evidence review

Sources of existing literature could include:

- Academic and grey literature.
- Systematic reviews.
- Existing HIA reports conducted on the same topic/sector.
- Technical data and reports.
- Reports from Government or sector organisations.
- Briefings.
- Wales Health Equity Status Report initiative (WHESRI).
- Word of mouth – signposted by key stakeholders.

For a more comprehensive HIA, a literature review protocol with key search terms and inclusion/exclusion criteria should be developed to help guide the process. Criteria to consider are year of publication, language published in, and evidence prioritisation, for example whether the focus should be on evidence from the United Kingdom.

After reading all the identified evidence and assessing the suitability and quality, all relevant information should be used to populate an extraction table which should include the following:

- Information on the source – title, author/s, publication date, type of evidence.
- Key population groups identified.
- Key findings – positive/negative impacts across the wider determinants of health, including evidence of impacts.

Bringing the evidence together

Following the collection and recording of the evidence, it needs to be interpreted and used to inform your HIA analysis. If more than one evidence source is being used, it needs to be triangulated and interpreted.

It can be a simple process of theming and discussing the evidence through to, in a more comprehensive HIA, constructing a table of impact.

Often in comprehensive HIAs, the impacts identified can then be categorised into:

- **Magnitude/significance of impacts** – minimal, moderate, major.
- **Likelihood/certainty of impacts** - possible, probable, confirmed.
- **Duration of the impact** – short, medium, long-term.
- If needed, then they can further be broken down into direct/indirect impacts.

A table of impact allows for the creation of a clear narrative for the HIA output for example, report or infographic, and it can provide a guide for prioritising the impacts to be addressed, and any recommendations can be developed from it.

Key tips:

- **Keep in mind how much information, evidence and data are needed for the size of the HIA.** The depth of the evidence gathered should be proportionate and appropriate to the form of HIA and the scope, scale and depth.
- Follow the process or a clear protocol to ensure the process is systematic.
- Ensure that the information gathered is valid, reliable and credible. Skills in the critical appraisal of qualitative and quantitative research evidence will be valuable.
- Think of the evidence gathered in relation to the context in question. This is where key stakeholders, and local communities will be important.
- Keep a record of how you have gathered evidence (methods used), and the sources of evidence used. Include website links to the evidence in your table of impacts if possible, so you can easily revisit the evidence later if needed.

Step 4: Reporting and recommendations

Key purpose: To present the findings and recommendations or actions of the HIA and document the process undertaken throughout the HIA.

Once the analysis has been completed, a set of recommendations or suggested actions need to be developed, based on the impacts identified. The recommendations and actions should aim to maximise any potential health and well-being benefits and opportunities and mitigate potential negative or unintended negative consequences (Figure 11). They can provide an opportunity to 'fill in' any identified gaps in the proposal and readdress any health (or other) inequalities that may potentially be caused by it.

Figure 11: Recommendations

Recommendations need to be:

- ✓ **Clear and concise**
- ✓ **Realistic**
- ✓ **Achievable**
- ✓ **Manageable in number**
- ✓ **Impartial**
- ✓ **Reflective of all evidence and representatives' views**
- ✓ **Agreed by consensus**
- ✓ **Sustainable.**

It is essential for the credibility and effectiveness of HIA that the process is applied in a consistent and robust way and to a satisfactory standard. The report therefore not only communicates the findings and recommendations from the HIA but also the process undertaken. The report needs to demonstrate that the HIA has been carried out in a way that follows recognised guidance, who was involved (anonymised as needed) and is underpinned and informed by the values and principles of HIA (as outlined in Part B), regardless of the type of HIA.

How?

The information gathered in the assessment step should be collated and presented in a form that is accessible to the intended audience. The HIA output should be published in an accessible format in an accessible place available to the public, or reasons for not doing so provided. It should also be made available to those who request it. The output is proportionate to the scale and scope of the HIA.

There are many possible output formats ranging from a simple list, infographic, table of the workshop findings or completed screening tool, to a more comprehensive report with an Executive or Non-Technical Summary (NTS). The format and style of the output needs to take account of the target audience(s) and be fit for purpose in terms of length, language and use of terminology.

If a comprehensive, technical HIA report for example, has been completed with several hundred pages and appendices, then a NTS and a glossary of terms should be provided in an easy-to-understand format. The draft output should be circulated to agreed reviewers and/or participants to incorporate comments, additions and edits and reach an agreed consensus. The final output should then be disseminated to key decision-makers and other agreed individuals and organisations.

Key tips:

- Don't make it too long – consider your audience and the amount of evidence presented and how it is presented.
- Clearly outline the impacts the proposal has on health and well-being and equity. Focus on those impacts that are most likely and importance in impact.
- Think about the style of the report and the audience – for example produce a short summary report and/or an infographic to accompany a more detailed technical report/supporting information report which can include additional details.
- Include an acknowledgement of the contribution of the stakeholders involved within the report.
- Publish the output (often a report), including online, so it is accessible, in line with the values and principles of HIA, specifically openness and transparency.

Step 5: Review and reflection, including monitoring and evaluation (optional)

Key purpose: To evaluate how the HIA was used, its usefulness and impact on its target audience(s) and whether it influenced decision-making and developments. This will help to assess how effective the HIA process has been in influencing decisions and if you need to do anything different in the future.

How?

There are two components to this step of the process; the first is for those carrying out the HIA to reflect on the HIA and any learning (if they choose to do so). This can add to the process, capture any impact to date and highlight any lessons to be learnt for future HIAs.

The other element is to assess the 'usefulness' of the HIA to the target audience and whether it influenced the decision-making process and actions taken. One way of assessing this is to track how the HIA was used and by whom through monitoring communications, reactions, requests for information or presentations and responses.

As the aim of a HIA is to inform decision-making, organisations may like to develop their own monitoring forms and systems to ensure that HIAs are reviewed after decisions have been made. Reporting can also provide an opportunity to reflect on the HIA, the time and resources used, what worked well, and how difficulties were overcome. Documents of this kind provide a rich source of learning, highlight any positive impacts of the work and can be shared for future development of people and practice.

Key tips:

- Include plans for monitoring within the HIA report (if known), and as a recommendation where appropriate. Detail which elements of the HIA will be monitored (determinants of health, and/or population group(s) and/or outcomes or decision-making).
- Think about ways in which to assess the impact of the HIA (its usefulness to the target audience) or how the HIA was carried out and what information you have access to - for example monitoring communications and/or engagement with online sites where HIA report is published/promoted (websites/social media).

Quality Assurance

Quality assurance (QA)/critical review of a HIA report is important to enable trust and confidence in both the HIA process undertaken and in the findings. The principles underpinning HIA methodology are fundamental to the integrity of both HIA practice and the process and governance of the HIA.

Poor quality HIAs will affect the confidence of the commissioners, stakeholders involved, and the populations affected and potentially lead to a Judicial Review for public bodies, if challenged. Reduced confidence will lead to a less opportunity to influence decisions that will impact on better health and well-being outcomes. There are several circumstances where quality assurance is recommended to be carried out:

- Organisation's internal governance and review processes prior to publication.
- By the decision-makers, for example planning officers/policy makers, who need to be confident in the findings to inform their recommendations on receiving a HIA report.
- Commissioners of a HIA who must verify that the HIA has met the minimum standards and provide them with confidence in the recommendations or actions.
- HIA practitioners seeking to peer review a HIA.
- Community members seeking an independent assessment of findings and methods of a HIA.
- Educators requiring criteria on which to base conclusions about HIA assessments.

Guidance is available to support the undertaking of QA, and it can be adapted to be proportionate to the circumstances, typology, and form of the HIA (Green et.al., 2017). WHIASU can also provide training and advice on quality assurance.

Glossary

Environmental Impact Assessment (EIA)	A tool used to assess the significant effects of a project or development proposal on the environment.
Equality Impact Assessment (EqIA)	A tool that helps ensure decisions, practices and policies within organisations are fair and do not discriminate against any protected group.
Grey literature	Literature that is produced outside of commercial publishing systems or academia.
Health Impact Assessment (HIA)	A combination of procedures, methods and tools by which a policy, intervention or service may be judged as to its potential effects on the health of a population, and the distribution of those effects within a population' (European Centre for Health Policy, 1999).s
Health inequalities	The systematic differences in the health and well-being status of different groups (McCartney et al., 2019).
Health inequities	Differences in health status which are unnecessary, avoidable, unfair and unjust (World Health Organization, 2024).
Health in All Policies (HiAP)	An approach to policymaking that systematically considers the health implications of decisions across sectors, seeking synergies and avoiding harmful health effects of policies outside the health sector in order to improve both population health and health equity (PAHO, 2023).
Integrated Impact Assessment (IIA)	A tool used by public sector organisations to assess the impact of their decisions and policies on equality groups, the environment, the economy, and other areas of interest (Audit Wales, 2022).
Participatory	Characterised by or involving participation with key stakeholders.
Population group	A population group refers to a group of individuals united by a common factor, for example geographic location, ethnicity, disease, age or gender.
Primary data and evidence	Data or evidence which is collected directly from a first-hand source.
Qualitative	Relating to the nature or standard of something, rather than its quantity.
Quantitative	Measured by the quantity of something.

Secondary data and evidence	Data or evidence that is collected by someone other than the primary user.
Stakeholder	Stakeholders are those that are involved in the development of the proposal and those who are likely to be affected by the proposal.
Sustainable Development	Development that meets the needs of the present without compromising the ability of future generations to meet their own needs. It balances economic growth, environmental protection, and social well-being to ensure long-term health and prosperity for people and the planet.
Sustainable Development principle	<p>Under the Well-Being of Future Generations Act, all public bodies in Wales must act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.</p> <p>This includes the five ways of working: collaboration, integration, involvement, long-term and prevention.</p>
Triangulation	Bringing together data, quantitative and/or qualitative, to develop a comprehensive understanding of a topic.
Wider determinants of health	Diverse range of social, economic, and environmental factors which impact on people's health.

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Wales Health Impact Assessment Support Unit (WHIASU)

Established in 2004, WHIASU, Policy and International Health Directorate, a World Health Organization Collaborating Centre on 'Investment for Health and Well-being', Public Health Wales provides an all-Wales service for **advice, training and guidance** on the practice of HIA and HiAP. It is the global leader in the HIA field.

WHIASU's role is to support the delivery of high quality HIA across Wales through:

- Supporting the development and effective use of the HIA and HiAP in Wales.
- Contributing to embedding the HiAP approach via engagement with Welsh Government and different policy sectors including spatial planning, trade, health, climate change, sustainability, housing, transport.
- Collaborating with a range of public, statutory, voluntary, community, academic and private organisations in Wales and internationally.
- Continuous evolution of, and improvement in the practice of and research on HIA.
- Pioneering the application of HIA in new fields.
- Publishing resources and academic papers.
- Promoting the work of Welsh Government, Public Health Wales and WHIASU in the field of HiAP.

Further information, resources and case studies are available on the [Public Health Wales website](#).

Contact: WHIASU.PublicHealthWales@wales.nhs.uk for advice on HIA

For more advice on the interpretation of the HIA regulations in Wales including what is a decision of a strategic nature, please contact Welsh Government: healthimpactassessment@gov.wales

Appendix 1: Types of HIA and process, including useful resources

This table provides a useful outline when to undertake the different types of HIA, steps of the HIA and the actions to be carried out, and some links to useful resources. It is important to note this is guidance only and can be flexible dependent on the proposal being assessed, context and resource. The screening and scoping steps are very similar for both a Rapid HIA and a Comprehensive HIA. The evidence appraisal step is where the two types of HIA differ in their approach.

Rapid (A 'standard' HIA)

This type of HIA is the most widely applied type of HIA and can take days or weeks and can involve the establishment of a small steering group. Action taken is proportionate to the circumstances and time available. **Participation from stakeholders is advised.**

Scenarios	Steps of HIA process and actions	Useful resources and tools
<p>This type of HIA can be useful if timescales are limited due to consultation or decision-making timelines.</p> <p>It also provides evidence to decision-makers or governance procedures that health and well-being outcomes have been considered and that this was achieved through engagement with relevant stakeholders.</p>	<p>Step 1: Screening: Using the Screening Template, this will provide an initial assessment to inform the HIA. This should be done collaboratively with more than one person contributing to the discussion*.</p> <p>Step 2: Scoping: Scope the HIA using the Scoping Template.</p> <p>Step 3: Evidence appraisal: Collection and synthesis of all evidence types including existing evidence and data. This can include a short literature review of quantitative and qualitative evidence, short overview of the policy context, a population/community profile containing health intelligence and data (usually existing) to inform an appraisal of any impacts alongside a participatory workshop or other approach to engagement that seeks stakeholders' knowledge and experience.</p> <p>Step 4: Reporting and recommendations: All findings should be written up clearly and concisely into a short report format.</p> <p>Step 5: Review and reflection: Carry out a review and reflection with the HIA team members or contributors and monitor and evaluate the impact.</p> <p>*If you are doing a HIA as best practice or already know a proposal will have an impact on health, well-being and equity, a Screening is not required.</p>	<ul style="list-style-type: none"> • HIA Screening record sheet (Appendix 3) • HIA Scoping template (Appendix 6) • HIA workshop agenda (Appendix 2) • Population Groups and Wider Health and Well-being Determinants resource (Appendix 4) • HIA workshop recording template (Appendix 7) • Rapid case study example: https://phwwhocc.co.uk/resources/putting-the-spotlight-on-health-well-being-and-equity-using-health-impact-assessment-case-studies-from-public-bodies-in-wales/

Appendix 1: Types of HIA and process, including useful resources (continued)

Comprehensive

This type of HIA can take several weeks or months to complete, which can be resource intensive. This type of HIA is usually commissioned through specialist consultants. All steps of the HIA process are undertaken. This type of HIA can be integrated into other impact assessment processes for example, Environmental Impact Assessment (EIA). They require a more comprehensive collection of data and evidence including the policy context and more wide-ranging evidence obtained via literature searches, the collection of primary quantitative or qualitative data such as interviews or workshops and more focused health intelligence and demographic statistics. It is more likely in a comprehensive HIA that a full report is published for each step of the process which will be scrutinised by a steering group or advisory group of experts as the HIA progresses.

Scenarios	Steps of HIA process and actions	Useful resources and tools
<p>This type of HIA is determined by legislation or when essential to unpick important policies, proposals, plans or projects in more depth to inform decisions and actions which may be hugely important and wide ranging for the population. Examples include:</p> <ul style="list-style-type: none"> Major national infrastructure projects such as Developments of National Significance (DNS) in Wales or National Significant Infrastructure Projects (NSIPs) in the UK e.g. Nuclear Power Plants. 	<p>Step 1: Screening: Is this a decision of a strategic nature? If yes, proceed to Step 2. If not, proceed with a Voluntary HIA if desired.</p> <p>Step 2: Scoping: Scope the HIA using the Scoping Template. A steering and advisory Group set up to oversee the process throughout the HIA. The advisory group should be independent of those undertaking the HIA. Reports are produced for each step of the HIA process which are then reviewed and commented on by the advisory group.</p> <p>Step 3: Evidence Appraisal (Assessment): Collection and synthesis of all evidence types, to include a comprehensive literature review of quantitative and qualitative evidence, overview of the policy context, a population/community profile containing health intelligence and data to inform the consideration of impacts. A participatory workshop or other approach to engagement that seeks stakeholders' knowledge and experience is recommended. All evidence is compiled into an impact table which includes categorisation of evidence.</p>	<ul style="list-style-type: none"> HIA Scoping template (Appendix 6) Population Groups and Wider Health and Well-being Determinants resource (Appendix 4) HIA workshop agenda (Appendix 2) HIA workshop recording template (Appendix 6) Comprehensive case study example: https://phwwhocc.co.uk/resources/putting-the-spotlight-on-health-well-being-and-equity-using-health-impact-assessment-case-studies-from-public-bodies-in-wales/

Scenarios	Steps of HIA process and actions	Useful resources and tools
<ul style="list-style-type: none"> • Airport extensions, major road building, or significant national or organisational policy or service-related developments or changes such as Brexit or interventions to address pandemics. • Major national or local policies which will affect everyone such as Brexit, lockdowns, service changes or climate change. 	<p>Step 4: Reporting and recommendations: All findings should be written up clearly and concisely into a report format. Final reports are submitted as part of the decision/approval process for the proposal.</p> <p>Step 5: Review and reflection (optional): Carry out a review and reflection with those involved in the HIA and monitor and evaluate the impact. The HIA report should also be subject to a quality assurance.</p>	

Health Impact Assessment (HIA): Example participatory workshop agenda

This is an example agenda which can be used when running a participatory workshop at either the Screening step or the Evidence Appraisal step of the HIA.

Thank you for agreeing to participate in this Health Impact Assessment (HIA) workshop on *<insert name of proposal being assessed>*. All responses will be kept confidential, and you have a right to withdraw from the workshop at any stage.

Workshop Facilitator: *<insert name as appropriate>*

15 minutes	Registration (if face to face)
10 minutes	Introductions
10 minutes	An outline of proposal to be assessed
10 minutes	Outline of Health Impact Assessment and the workshop
5 minutes	Introduction to the 'Population groups and wider determinants of health and well-being' resource
55 minutes	Discussion – use the 'Population groups and wider determinants of health and well-being' resource and 'Screening record template' or 'HIA workshop recording template' to identify key health impacts of the proposal and population groups most likely to be affected.
15 minutes	Comfort break
30 minutes	Discussion - continued
45 minutes	Feedback or recommendations
5 minutes	Finish and Evaluation

Health Impact Assessment (HIA): Screening Record Sheet

This Screening record sheet can be used at the Screening step of the HIA process to help guide and record discussions. This is to be used alongside the Population Groups and Wider Determinants of Health and Well-being resource.

Date:

Conducted by:

Title of decision/plan/project to be assessed:

Description of decision/plan/project to be assessed (including key aims and objectives):

1. Key population groups impacted or potentially impacted

Using the list of population groups in the *Population Groups and Wider Determinants of Health and Well-being* resource, assess which groups amongst the general population will potentially be impacted by the proposal or decision and how:

Population groups:

Other groups:

2. Wider determinants of health and well-being

Using the *Population Groups and Wider Determinants of Health and Well-being* resource, consider:

- a. how (in what way either positively or negatively), and
- b. to what extent (significant/moderate/minimal impact) these groups within the population and the general population itself, may potentially be affected by the proposal/decision or that the proposal/decision may have implications for - and summarise it for each section on the screening sheet below. If there are no likely impacts or they are very minimal then move to the next section.

Appendix 3: HIA Screening Record Sheet continued

Behaviours impacting health		Population Groups Impacted
Positive Impacts	Negative Impacts	

Social and community conditions impacting health		Population Groups Impacted
Positive Impacts	Negative Impacts	

Appendix 3: HIA Screening Record Sheet continued

Mental health and well-being		Population Groups Impacted
Positive Impacts	Negative Impacts	

Living and environmental conditions impacting health		Population Groups Impacted
Positive Impacts	Negative Impacts	

Appendix 3: HIA Screening Record Sheet continued

Economic conditions impacting health		Population Groups Impacted
Positive Impacts	Negative Impacts	

Access and quality of services		Population Groups Impacted
Positive Impacts	Negative Impacts	

Macro-economic, environmental and sustainability factors		Population Groups Impacted
Positive Impacts	Negative Impacts	

3. Summary of Potential Health and Well-being Impacts Identified

4. Recommendations

Have there or will there be other impact assessments conducted? For example, Equality Impact Assessment, Environmental Impact Assessment. Or will this form part of one?

Are the impacts that have been identified above enough to warrant a HIA?

Yes No

If No, what are the reasons for not conducting a HIA?

If No, do any additional actions need to be taken because of this Screening step?

Health Impact Assessment (HIA): Population Groups and Wider Determinants of Health and Well-being

This resource is for use during the Screening and Evidence Appraisal steps of a HIA to identify the wider determinants, and population groups who could be impacted by a policy/project/proposal. This resource is just a guide and is not exhaustive. It is acknowledged that terminology can change over time.

Population Groups:

Certain population groups are more vulnerable to health inequalities. In a HIA, sensitivity to impacts—positive or negative—depends on local population traits, context, and the proposal's nature. Focus may be needed on groups facing multiple disadvantages.

Sex/Gender related groups

- Female
- Male
- Transgender
- Non-binary
- Other (*please specify*)

Age related groups (*Could specify age range for special consideration*)

- Early years (including pregnancy and babies up to age of 2)
- Children and young people
- Working age adult populations
- Older people

Employment / Income related groups

- Economically active/inactive
- Economically inactive
- People on low income
- People on temporary contracts or zero hours contracts
- People who are unable to work due to ill health
- Unemployed/workless
- Volunteers
- Young people not in education, employment or training (NEETs)

Groups at higher risk of discrimination or other social disadvantage

- Carers
- Ethnic minorities (*please specify*)
- Ex-offenders
- Gypsy, Roma and Traveller
- Homeless or no fixed abode
- Language/culture (*please specify*)
- Lone parent families
- Looked after children or those leaving care
- Offenders
- People with long term health conditions
- People with mental health conditions
- People with physical, sensory or learning disabilities/difficulties
- Refugee groups and asylum seekers
- Religious groups (*please specify*)
- Sex workers
- Sexual orientation groups
- Veterans/military personnel

Geographical groups and/or settings

- People in key settings: workplaces/schools/hospitals/care homes/prisons
- People living in areas which exhibit poor economic and/or health indicators
- People living in urban or rural areas
- People living in isolated or over-populated areas
- People unable to access services and facilities

Wider Determinants of Health and Well-being:

1. Behaviours affecting health

- Diet / Nutrition /, nutrition, infant feeding
- Physical activity
- Addictive/risk behaviours (gambling, substance use, vaping, smoking, alcohol)
- Use of non-prescribed medication, and abuse of prescription medications
- Sexual activity
- Sleeping patterns
- Social media use

2. Social, community and cultural conditions affecting health

- Adverse childhood experiences
- Anti-social behaviour
- Citizen power and influence
- Community cohesion, identity, pride and resilience
- Displacement
- Family and peer relationships
- Language
- Cultural and spiritual ethos
- Neighbourliness
- Other social exclusion i.e. homelessness, incarceration
- Parenting and infant attachment (strong early bond between infant and primary caregiver)
- Peer pressure
- Racism
- Sense of belonging
- Social isolation/loneliness
- Social capital, support and social networks
- Volunteering
- Violence and harassment

3. Mental Health & Well-being

Could there be potential impacts on:

- Emotional well-being, life satisfaction or resilience?
- A sense of control?
- Feeling worthwhile, valued or having a sense of purpose?
- Uncertainty or anxiety?
- Feeling safe and secure?
- Participation in community and economic life?

4. Living & environmental conditions affecting health

- Air Quality
- Attractiveness of area
- Community safety
- Access, availability and quality of green and blue space, natural space
- Housing quality, tenure and resilience
- Indoor environment
- Health and safety i.e. falls, home safety, safety of public places
- Light pollution
- Noise
- Quality and safety of play areas (formal and informal)
- Road safety
- Odours
- Transmission of communicable diseases
- Urban/Rural built and natural environment & neighbourhood design
- Waste disposal, recycling and fly-tipping
- Water quality i.e. sea water

5. Economic conditions affecting health

- Economic inactivity
- Income levels
- Personal and household debt
- Poverty including food and fuel poverty
- Type of employment i.e. permanent/ temporary, full /part time
- Unemployment / Employment
- Working conditions i.e. work environment, bullying, health and safety

6. Access and quality of services

- Careers advice
- Education and training
- Information technology, internet access, digital services
- Leisure services
- Medical and health services
- Other caring services i.e. social care; Third Sector, youth services, childcare
- Public amenities i.e. village halls, libraries, community hub
- Shops and commercial services
- Transport including parking, public transport, active travel

7. Macro-economic, environmental and sustainability factors

- Adaptation and mitigation of climate change i.e. flooding, heatwave
- Biodiversity
- Commercial determinants, interest and influence
- Cost of living i.e. food, rent, transport and house prices
- Economic development including trade and trade agreements
- Government policies (UK and devolved) i.e. Well-being of Future Generations Act 2015, Public Health Act (Wales) 2017, Socio-Economic Duty
- Gross Domestic Product
- Inflation
- Regeneration
- Sustainable development
- Human rights

Social Determinants of Health

Lifestyles

Determinants	Pathway to impact*	Positive*	Negative*
Healthy eating	Increase in outdoor lifestyle/cooking. Drive for plant-based diet as part of mitigation measures	May increase consumption of 5 a day	May increase meat intake if increase on outdoor eating/BBQ
Alcohol intake	Increase in outdoor lifestyle/cooking		May increase if increase in outdoor lifestyle Stress may increase use
Access to water	Increased risk of drought		Periods of water scarcity increases Large number of people (80,000) on private water supplies in Wales with no recourse to public supply if their private source dries up
Water quality	Extreme weather		Reduced quality of water – water borne illness?
Risk taking activities: water based activity	Extreme weather: heat and drought	Increase in water sports	Potential for increase in injury from swimming in dangerous locations and / or jumping into low rivers/lakes etc. during drought
Risk taking activities	Extreme weather linked to stress, mental distress		Potential for increase in self-harm/ alcohol/drug use

Appendix 5: Screening example – Climate Change HIA in Wales

Determinants	Pathway to impact*	Positive*	Negative*
Physical activity	<p>Weather is warmer.</p> <p>Extreme weather – heatwaves etc.</p> <p>People increase outdoor physical activity and time spent outdoors</p> <p>Weather related changes impact pollens and allergens /air quality</p>	<p>Increase in PA due to warmer weather</p> <p>Increase in time spent in green and natural spaces</p>	<p>Possible increase in UV exposure (Skin cancer)</p> <p>Possible increase in heat related illness/ dehydration</p> <p>Possible increase in asthma/respiratory problems</p>
Outdoor activity	<p>Weather is warmer</p> <p>People increase outdoor physical activity and time spent outdoors</p> <p>Weather related changes impact pollens and allergens / air quality</p>	<p>Increase in time spent in green and natural spaces</p> <p>Increase in social activities</p>	<p>Possible increase in UV exposure (Skin cancer)</p> <p>Possible increase in heat related illness/ dehydration</p> <p>Possible increase in asthma/respiratory problems</p>
Social Media	<p>Extreme weather/risk of isolation</p>	<p>Could be important communication tool to reduce isolation or take action in emergencies</p> <p>But potential impact is limited by poor signal and digital exclusion in some areas in Wales</p>	<p>Rapid spread of misinformation / panic?</p>

Appendix 5: Screening example – Climate Change HIA in Wales

Social and community factors			
Determinants	Pathway to impact*	Positive*	Negative*
Social isolation	Extreme weather Displacement of people		People may stay indoors at home more due to extreme weather and this could increase a sense of isolation Displaced people/communities feel isolated in new location/community
Community cohesion	Migration increases in response to climate change	New migrants bring skills to offer to community	Potential for challenges to community cohesion Rise in discrimination/racism
Community resilience	Local impacts of climate change	Communities work together to adapt to climate change and this builds additional social capital and resilience	Pressures on resources, extreme weather events fragment communities
Divisions in and between communities and conflict	Climate change	Initiatives are implemented to solve conflicting priorities and build “bridging capital”	Different opinion groups on climate change may be in conflict, major protests create community tension Different economic sectors may be in conflict e.g. fossil fuel-based industries workers vs environmental groups Tensions between people who have the resources to invest in adaptation and mitigation measures for their own home/families and those who cannot – driver of widening inequalities People may protect their resources/assets through more extreme ways e.g. firearms

Appendix 5: Screening example – Climate Change HIA in Wales

Determinants	Pathway to impact*	Positive*	Negative*
Conflict over resources	Coastal erosion, impact of extreme weather		Conflict between which communities get investment for mitigation and “protection” and which do not e.g. flood and coastal defence
	Water scarcity		Conflicts could arise over water scarcity and the control of water supplies within Wales and between UK nations
Displacement /loss of communities	Coastal erosion or other climate change / extreme weather effects		Whole communities displaced. Lack of insurance contributes to communities becoming unviable
Homelessness	Coastal erosion or other climate change / extreme weather effects		People have to leave homes due to climate change Housing may be damaged and not be insured Housing may become unfit for habitation
Community safety	Extreme weather – in particular heat waves		Evidence from Australia indicates increased violence and criminality during heatwaves
Family relationships/ Intergenerational relationships	Major societal change Extreme weather events become more frequent Strain on community resources		Impact of extreme weather events which are no longer “one off” may create stress and pressure on family relationships
	Ageing population		“generational differences” may develop in attitudes to climate change Displacement/migration may change/put strain on family relationships and caring roles

Appendix 5: Screening example – Climate Change HIA in Wales

Determinants	Pathway to impact*	Positive*	Negative*
Parenting	<p>Major societal change</p> <p>Extreme weather events become more frequent</p> <p>Strain on resources</p>	<p>The way in which parents respond to and communicate about climate change could have positive or negative impacts on children and young people</p>	<p>The way in which parents respond to and communicate about climate change could have positive or negative impacts on children and young people</p> <p>Limited advice for parents</p> <p>Knowledge and attitude differences between parents and children could cause strain e.g. children tend to be very aware of environmental issues this could cause conflict in families if parents have a different attitude</p> <p>Parents could be stressed by changing environment in which they are caring for children. Potential impact on ACEs</p>
Cultural and spiritual ethos	<p>Extreme weather</p> <p>Changing climate</p>	<p>New culture emerges that creates positive responses to change and environmental crisis – key question is how do people of the future identify themselves?</p>	<p>Loss of land and meaningful places, animals and culturally important activities causes distress - “solastalgia”</p>
	<p>Extreme weather</p> <p>Changing climate</p>		<p>Chapter 5 of the UK Climate Change Risk Assessment 2017 discussed risks to historical and cultural assets e.g buildings/ places</p>

Appendix 5: Screening example – Climate Change HIA in Wales

Mental health and well-being			
Determinants	Pathway to impact*	Positive*	Negative*
Emotional well-being	Climate change Extreme weather		<p>Uncertainty</p> <p>Stress</p> <p>Many possible losses: land, home, natural environment</p> <p>Sense of control – this is very important – many factors relating to climate change are outside of the control of individuals and communities.</p> <p>Flooding – strong evident base on increased rates of anxiety and depression</p>
Suicide	Extreme weather: drought and heatwaves		<p>Australian evidence on increased suicide in heatwaves and droughts</p> <p>Farmers are already a high-risk groups and climate change will have particular impacts on their livelihoods and homes</p>
Participation and inclusion		Political participation – increased engagement could be positive and provide a focus for increasing a sense of control and finding solutions	Political participation – could become more polarised and extreme
Resilience and community assets		Acknowledgement of shared “crisis” could leverage community action, bringing shared purpose and strengthening of communities ties. Some community based action already in evidence e.g, Transition Towns, Renew Wales	
Transition to change / psychological adaptation		Impact depends on individual approach to change, but also how policy develops at local and national level and what resources are invested in supporting transition	

Appendix 5: Screening example – Climate Change HIA in Wales

Living and environmental conditions			
Determinants	Pathway to impact*	Positive*	Negative*
Access to food / food security	<p>Extreme weather in UK and globally</p> <p>Increasing heat/drought/heavy rains</p> <p>Gradual climate change</p>	May increase range of crops that can be grown in UK/Wales	<p>Topography of Wales limits ability to adapt to new forms of agriculture</p> <p>Changing climatic conditions damages growing conditions and harvests</p> <p>Extreme weather impacts growing conditions and harvest in UK and globally</p> <p>Global supply chains of certain foods may be affected</p>
Nutritional value of food	Change in soil / growing conditions		Reduced nutritional value of food due to soil erosion
Cost of food	<p>Climate change</p> <p>Extreme weather</p>		Increased cost of certain foods if supplies become limited
Food borne disease	<p>Increased heat</p> <p>Increase in outdoor lifestyle/cooking</p>		<p>Increased heat may lead to increase in food borne illness - requires change in food safety practice</p> <p>Increase in outdoor cooking – may increase risk</p>
Indoor environment e.g. homes, schools, workplaces, hospitals and care homes	Increased heat		<p>Increase in heat is not addressed in many buildings or building regulations</p> <p>No maximum temperature for workplaces</p> <p>Major concerns for care and hospital settings due to vulnerable population and current buildings</p>
Transport	<p>Extreme weather</p> <p>Increased heat</p>	Opportunity to develop and expand the use of active travel	<p>Major concerns re heat on public transport</p> <p>Disruption due to extreme weather</p>

Appendix 5: Screening example – Climate Change HIA in Wales

Determinants	Pathway to impact*	Positive*	Negative*
Wild Fires	Extreme weather Increased heat Water scarcity		Become more likely and could damage green spaces etc.
Biodiversity	Climate change Extreme weather		Climate change and extreme weather impacting on species and habitats Increase in tourism and staycations may further impact protected areas and damage natural spaces
Access to play areas	Increased heat		Extreme heat – lack of shade and water provision in public spaces and parks may limit opportunity for play in hot weather. Play equipment can also become too hot to use
Waste	Increased heat		Increase temperature may increase hazards associated with waste e.g. vermin, odour
Water availability and quality	Increased heat Water scarcity		Water scarcity already identified as an issue. Water quality – algae in lakes may increase due to heat
Vector borne disease	Climate change		Likely to increase

Appendix 5: Screening example – Climate Change HIA in Wales

Economic conditions affecting health			
Determinants	Pathway to impact*	Positive*	Negative*
Productivity	Extreme weather Increased heat		Potential for decrease in heat waves Disruption to economy and infrastructure in extreme weather
Working conditions	Extreme weather Increased heat		Certain occupations may face increase hazards at work e.g. heat, skin cancer Indoor and outdoor work environments New evaluations of risk and working practices may be required – we are adapted to very hot weather in the UK
Debt / financial well-being	Extreme weather, flooding		Damage to homes and other property and lack of insurance or high premiums may place additional economic burdens on people Crop failure may increase cost of food

Access to services			
Determinants	Pathway to impact*	Positive*	Negative*
Health and care services	Extreme weather Increased heat		Possible disruption due to travel/transport issues due to extreme weather i.e. staff cannot get into work Heat in buildings major concern Less predictable spikes in demand i.e. not just “winter” pressures
Third Sector	Climate change		Possible increase in demands

Appendix 5: Screening example – Climate Change HIA in Wales

Macro issues			
Determinants	Pathway to impact*	Positive*	Negative*
Education	Climate change Extreme weather	Potential for education to have a positive impact on increasing knowledge of environmental sustainability Eco schools Behaviour change	Education becomes disrupted due to extreme weather
Inequalities	Climate change		Impacts of climate change are expected to have disproportionate impact on disadvantaged groups. Tensions between people who have the resources to invest in adaptation and mitigation measures for their own home/families and those who cannot – driver of widening inequalities Generational inequalities
Infrastructure including transport	Extreme weather Increased heat		Effects of extreme weather, floods etc will disproportionately impact on areas with poorer infrastructure
Legislations: Well-being of Future Generations (Wales) Act (2015)		Potential to influence engagement with sustainable development and action on climate change across the public sector Note: how does Global Wales goal influence economic development and trade in relation to Climate Change	

*If cell left blank, no impacts were identified.

Population Groups:

Age related groups

- Children and young people e.g. mental well-being, air quality, education
- Early years e.g. family stress, heat, water scarcity
- Older adults e.g. heat, water scarcity

People in settings

- Schools
- Workplaces
- Hospital and care homes
- Transport

Geographical areas

- Farmers and rural communities
- Urban heat islands
- Coastal areas
- Flood risk areas

Other disadvantaged groups

- Refugees and asylum seekers
- Homeless
- People with disabilities or long-term health conditions

Gender related groups

- Men – in relation to higher risk of suicide
- Women – caring responsibilities may increase

Occupations

- Farmers
- People working outdoors
- Fishers
- Construction
- Emergency services

Health Impact Assessment (HIA): Scoping Template

This resource can be used during the Scoping step of the HIA process. Guidance notes are provided at the end of this resource to support completion. Ideally, the scoping should be completed by more than one individual.

The scoping step determines the project management, governance, process, objectives, focus and scale of a HIA. It also contributes to fulfilling key values and principles that underpin the implementation of HIA including transparency, participation and robustness.

Date:

Conducted by:

Title and brief description of the policy, programme, project, or decision to be appraised:

What are the geographical boundaries of the project?

What are the time scales? (And when do crucial decisions need to be made?)

Should you establish a Steering Group and who should be involved?

Should the HIA be an in-house exercise or should someone be commissioned?

What financial and human resources are required/available?

What are the roles and responsibilities of those involved?

What type of HIA is necessary and/or possible in the time available – rapid or comprehensive?

What kind of evidence will provide the best identification of potential impact on the determinants in scope and on which population groups? What methods will be used to gather the evidence?

Which stakeholders need to be involved and participate in the process?

Are there arrangements for quality assurance (QA) in place? Who is most appropriate to carry out the QA (internal or external)?

What arrangements are in place for reviewing the HIA process, reflecting on it and monitoring its influence and outcomes?

Guidance Notes

Geographical boundaries

It is important to agree the geographical boundaries of the HIA. There may be impacts that impinge on populations beyond those directly affected by the proposal so it is important to make a decision as to where you set any boundaries and the reasons for this. Always consider potential cumulative impact and if it is relevant in the particular assessment.

Timescales

It is essential to establish the decision-making time scales of the proposal to ensure that the HIA can have an opportunity to influence the final decision.

Steering Group

A steering group can provide an effective means of distributing tasks. The size will depend on the length and complexity of the project. More than 12 people could prove unwieldy. You should ensure that you have representatives of key stakeholders involved. This helps to promote wider participation in, and ownership of, the process. You should also try to get a mix of skills. Depending on the type and complexity of the proposal these skills may include community involvement or development, research, project management and policy analysis.

You may also wish to have people with specific knowledge. This is likely to include public health, but may also include specialist knowledge in the social sciences, epidemiology, environmental health or health economics. You should also remember that community representatives have particular insights as to how proposals will affect local people.

The timing of when you decide to set up a steering group will depend on circumstances. You should decide on a preliminary steering group at the end of the screening step.

Internal/commissioned/additional support

If HIA is to develop as a routine aspect of decision-making then it should not demand additional resources and can be fostered in a time effective and efficient way through collaboration. However, there may be some HIAs that require a more in-depth assessment or require a more extensive literature review component or you need to collect some new local data. Where this is necessary you may want to appoint someone to undertake some of the tasks involved. But this will incur a cost. Appointing someone external to the organisation is one option.

Resources

Clarify what resources are available i.e. additional funding and/ or people's time. You will need to develop an approach which makes the best use of the resources you have at your disposal.

Roles and responsibilities

There will be a range of tasks involved, which should be agreed at this stage. These may include:

- HIA lead
- Evidence collection and appraisal
- Chairing of meetings
- Administrative/logistic tasks i.e. booking venues/invites
- Report writing
- Dissemination of findings
- Monitoring and evaluation

Any general roles of the steering group will also need to be agreed so that members are clear what is expected of them. For instance, members of the steering group may themselves be responsible for providing access to certain forms of information or evidence, or support accessing specific groups of people as part of gathering technical or qualitative evidence. They are also expected to review any drafts of the final report or set of recommendations.

HIA Process

It is important to be open and transparent and demonstrate fully what was planned/undertaken/considered, what was not and why.

How in-depth your assessment is will depend on the timescales, the resources available and the complexity of the project. Rapid assessments can involve a single stakeholder meeting and a report. More comprehensive assessments can take months and involve systematic literature reviews, new data collection and expert analysis.

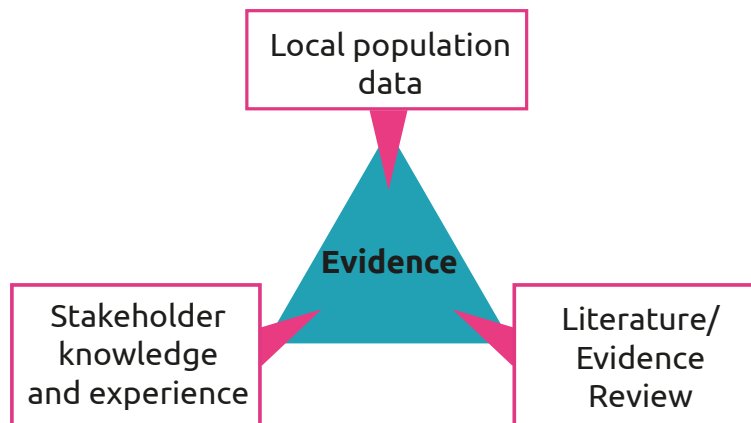
Stakeholders

Stakeholders are those affected by or have an interest in the proposal. Stakeholder and community involvement is important to enable them to contribute their knowledge and insight as part of the appraisal i.e. evidence drawn from their lived experience or knowledge. Undertaking a stakeholder mapping analysis maybe helpful.

Stakeholders should not be confused with potential steering group members who would be involved in overseeing or undertaking specific tasks within the HIA. They may be representatives from the same organisation but the expectations and involvement would differ between a stakeholder and a steering group member.

Methods to assess impacts and gather evidence

HIA uses three strands of evidence:



Depending on the nature of the proposal, the resources and time available you should have a basic understanding of the methods you wish to use to assess the potential impacts. The assessment will be informed by local population data and a literature/evidence review (local, national and international where appropriate). This is supplemented with qualitative evidence from stakeholders. This can be obtained through for example, stakeholder meetings, and interviews with key experts, focus groups or surveys.

When quality assuring / reviewing a HIA the breadth of evidence and the robustness of it need to be considered. This includes how appropriate the methods used to gather evidence are i.e the way stakeholder evidence is collected. Scoping should highlight this.

Quality Assurance (QA)

Depending on the context and nature of the HIA QA can be carried out either internally by the lead organisation or externally by independent stakeholders. The scoping can provide detail on the nature and process of QA if appropriate. The Wales 'Quality Assurance Review Framework for HIA' (WHIASU, 2017) is available at: <https://phwwhocc.co.uk/whiasu/resources/>

Review, reflection and monitoring

Reviewing and/or monitoring a HIA should be routinely carried out. This can enhance the learning from the process to inform future practice (process evaluation); and / or inform commissioners or stakeholders about the influence of the HIA (impact evaluation); or monitor how the HIA has had an impact (if any) on health and wellbeing outcomes as predicted, in respect to the determinants or populations identified within the HIA as those being particularly affected (outcome evaluation).

Health Impact Assessment (HIA): Participatory Workshop Recording Template

This template can be used at the Evidence Appraisal step of the HIA process to help record discussions during a participatory workshop. This is to be used alongside the Population Groups and Wider Determinants of Health and Well-being resource.

Date:

Title:

Description:

Workshop Chair:

Workshop Facilitator:

List of organisations represented in workshop:

1. Key population groups impacted or potentially impacted

Using the list of population groups in the *Population Groups and Wider Determinants of Health and Well-being* resource, assess which groups amongst the general population will potentially be affected by the proposal and how:

Population groups:

Other groups:

2. Wider determinants of health and well-being

Using the *Population Groups and Wider Determinants of Health and Well-being* resource, consider:

- a. how (in what way either positively or negatively), and
- b. to what extent (significant/moderate/minimal impact) these groups within the population and the general population itself, may potentially be affected by the proposal or that the proposal may have implications for - and summarise it for each section on the sheet below. If there are no likely impacts or they are very minimal then move to the next section.

Behaviours impacting physical health		Population Groups impacted
Positive Impacts	Negative Impacts	

Comments:

Recommendations:

Social and community conditions impacting health		Population Groups impacted
Positive Impacts	Negative Impacts	

Comments:

Recommendations:

Mental health and well-being		Population Groups impacted
Positive Impacts	Negative Impacts	

Comments:

Recommendations:

Living and environmental conditions impacting health		Population Groups impacted
Positive Impacts	Negative Impacts	

Comments:

Recommendations:

Economic conditions impacting health		Population Groups impacted
Positive Impacts	Negative Impacts	

Comments:

Recommendations:

Access and quality of services		Population Groups impacted
Positive Impacts	Negative Impacts	

Comments:

Recommendations:

Macro-economic, environmental and sustainability factors		Population Groups impacted
Positive Impacts	Negative Impacts	

Comments:

Recommendations:

3. Summary of Potential Health and Well-being Impacts Identified

4. Summary of Recommendations

Appendix 8: Quantification and prediction of impacts

Exposure and Dose Response

Exposure and dose response can be useful to estimate exposure in mainly clinical or environmental situations – instances in which one can obtain large amounts of precise technical data and measurements (although it is important to remember that quantification of health impacts can be just as speculative as other forms of prediction and is heavily reliant on the quality of data used for estimation). It will assess how big a change there will be within the population exposed and what the resulting effect on that population will be. However, using this form of evidence can be complex and there are detracting factors to using this methodology alone in predicting potential health impacts. In the example of exposure to pollutants, there may be a time delay in any positive or negative outcomes presenting themselves. A dose response curve looks only in isolation and does not consider any cumulative effects, nor any other contributing factors, and there may be groups within the population who could be more susceptible to any effect or disease than the whole population. This can make quantifying impacts in public health terms challenging.

Formal Modelling

Formal modelling can be helpful in identifying, describing and predicting potential health effects and impacts on the population. Modelling techniques can be used alongside those of dose response methods and can be particularly helpful when used to assess clinical and environmental interventions such as prediction of impacts of smoking, alcohol consumption or particulate emissions into the atmosphere. Again, these tend to use epidemiological and/or toxicological evidence to forecast impacts. These techniques are a mathematical way of identifying potential health impacts by making a set of assumptions about causality and making logical projections to predict the size of any effects or outcomes. For example, a model may assume that if A happens, at B time or circumstances then, C will be the result. Data and assumptions can be modified to give different scenarios and project different outcomes – which may be described as beneficial or detrimental. These can be used to support decision making processes. There are several examples of models being used by groups in Europe including BoD, ENHIS X-Prob (Mekel 2007). These also include DYNAMO-HIA7, which is a European web-based tool created as part of a project that was established in 2007 to support the prediction of health impacts on the wider determinants of health in European policies. Whilst this technique can be helpful there are, as with dose response methods, some drawbacks. The model is only as good as the assumptions made and the data used in them and again, they do not give a broader picture of how the population or community's health, and well-being will be affected. Whilst predictions can be made, it may be hard to assure the certainty of these predictions or variation in them. Therefore, any results from models or quantitative methods should always be synthesised with other evidence and research – including collaboration with other agencies and participation with communities to build a more rounded and balanced view of any health and well-being impacts.

Causal Diagrams and Mapping

Causal diagrams and mapping of impacts can be a useful way of visualising the potential health impacts of a proposal. It also lends itself to the use of system working methods. Drawing a diagram can pictorially differentiate any impacts, their nature and size and any potential changes on health and well-being. This type of map should be refined and evolve as the HIA progresses. A causal diagram can link paths together and highlight interactions between them. It can be used as a brainstorming start to a HIA, at the scoping stage or to illustrate the impacts as you go along. Pathways can be discussed and left in or removed during the process (depending on the knowledge and evidence gathered) to provide a final diagram or map.