## <u> Appendix Two – Explanatory Notes</u>

	Explanatory notes for selected criterion only.
	Further guidance on HIA methodology can be obtained from: Health Impact Assessment: A Practical Guide. Wales
	Health Impact Assessment Support Unit, 2012
1	Section1: Information about the project, policy, plan or proposal
1.1	<ul> <li>Timeframes: it should be clear at what stage the proposal/project is at (e.g. planning/delivery/evaluation/mid-point review). It should be clear if there are a range of phases of implementation which may have different health impacts e.g. construction and operational phases.</li> <li>The following should be clear: <ul> <li>the duration of any plan and implementation</li> <li>key project decision points and deadlines</li> </ul> </li> </ul>
	Links or distance to other neighbouring projects if relevant (as there may be cumulative impacts):
	This may include other development/construction projects that are in close geographical proximity to the project under assessment. It could also include other programmes that are linked because of policy changes, policy implementation or service redesign that may create cumulative impacts on the same population groups.

2	Section 2: Methodology: Is it an HIA? Has it followed a recognised HIA methodology?
2.1	Is there a reference to a HIA model or guidance? For example: See WHIASU (2012) HIA: A Practical Guide
	Not all HIAs will include a Screening as the HIA may be required by legislation or regulation, or it may be part of a programme requiring HIA.
	Screening should identify if the project or policy proposed is likely to have a significant impact (positive or negative) on health and health inequalities, and the possible scale and severity of that impact. Screening should not be carried out by one person. It should be clear that there were a range of perspectives and knowledge represented within the screening process. These might include the HIA proposer, service user/community member, member of staff, operational manager, other key stakeholders. Screening should identify if an HIA could help inform the decision making/project planning process
	Scoping: This should include a clear explanation of which determinants of health and wellbeing were the focus of the HIA including justification for any determinants that were scoped out.
2.3	Is it clear who decided that a HIA should be conducted and why? What does the HIA set out to achieve?
2.7	<ul> <li>This could include:</li> <li>People involved in planning and delivering the project</li> <li>People who will be involved in the implementation</li> <li>People affected by the project/proposal e.g. local residents, patients, service users, tenants</li> <li>Partner or other local organisations</li> <li>Views of people with local or relevant knowledge and insight</li> <li>Community members and their representatives</li> <li>Views of individual academics or professionals with knowledge in a specialist area</li> </ul>
	<ul> <li>Views of individual academics or professionals with knowledge in a specialist area</li> <li>Organisations which provide advice on particular subjects (e.g. on transport research)</li> </ul>

	Relevant national organisations
2.8	It should be clear how the HIA was originated, what organisations led or commissioned the HIA and the roles and responsibilities assigned. The Terms of Reference and the membership of any steering group should be documented.
3	Section 3: Evidence: Is the evidence used to identify and assess impacts robust?
3.2	<ul> <li>Community /population health profile could include:</li> <li>Routinely collected local statistics (e.g. on health, unemployment, crime and air quality)</li> <li>Surveys of local conditions</li> <li>Community profiles</li> <li>Local concerns and anxieties (where documented)</li> <li>Secondary analysis of existing local data</li> <li>Resident surveys or consultations</li> <li>Other local surveys/research</li> </ul>
3.3	Literature/evidence review         Accessing a guide to reviewing evidence for HIA may be useful for assessing the quality of the literature/evidence review.         For example: Mindell et al (2005) A Guide to Reviewing Evidence for use in Health Impact Assessment, London Health Observatory         Some key questions to ask:         Is the evidence used up to date, of a high quality and from trustworthy sources?         Have the authors critically appraised the literature? For example, assessing the methods, sample sizes and

	populations studied.
•	Do they cite more than one study identifying similar findings?
•	Is the evidence base inconsistent or lacking?
•	Have they used the 'precautionary principle' <sup>1</sup> where evidence of potential negative impact is found, but is limited in nature?
Source	es for the literature/ evidence review could include:
•	Research published in academic journals accessed through special literature searches in libraries or on the Interne
•	Research conducted or commissioned by statutory, voluntary or private organisations
•	Predictions from models
	Information about similar proposals implemented elsewhere and other grey literature (e.g. case studies)

<sup>1</sup> The Precautionary Principle: "when an activity raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause and effect relationships are not fully established scientifically" Wingspread Conference on the Precautionary Principle 1998 <u>http://sehn.org/wingspread-conference-on-the-precautionary-principle/</u>

3.4	Stakeholder knowledge and experience (qualitative).
	A useful reference guide is Stakeholder Participation Working Group of the 2010 HIA of the Americas Workshop (2012)
	Guidance and Best Practices for Stakeholder Participation in Health Impact Assessments -Version 1.0, Human Impact
	Partners, Habitat.
	See 2.7 for examples of some of the stakeholders that could be involved for their views
	What methods were used to sample, collect, record and analyse this qualitative data? They might include: surveys, workshop, focus groups and interviews.
	Is there interview or workshop data from:
	Residents and professionals with local or relevant knowledge and insight?
	Community members and their representatives?
	<ul> <li>Individual academics or professionals with knowledge in a specialist area?</li> </ul>
	Is there information/guidance provided by:
	<ul> <li>Organisations which provide advice on particular subjects (e.g. on transport research)?</li> <li>Relevant national organisations?</li> </ul>
	Were steps taken to ensure that participation in the HIA was accessible to all who wished to take part? Were any steps taken to adapt methods of engagement or to support hard to reach groups to engage?
	Further information on the Principles of Participation can be accessed at Participation Cymru - <u>http://participation.cymru/en/principles/</u>

3.6	This should be proportionate to the objectives and scale for the HIA undertaken.
4	Section 4: Appraisal, Assessment and the identification of impacts
4.1	This could be in table or narrative form.
4.2	This could be in table or narrative form
4.3	Are you confident that there is no <b>bias</b> in the reporting?
4.4	Is this project linked, staged or neighbouring any other developments that may impact on the same populations?
4.5	HIA aims to integrate and use different types of evidence. It should be clear how the evidence gathered is integrated to make the overall assessment.
4.6	Can you identify if an impact is supported by the community health profile, evidence review, stakeholders views or all three?
	This is often achieved by presenting a table with the key impacts identified alongside which type of evidence supports each finding: community health profile, evidence review, stakeholder's views or a combination of these.
4.7	Are particular groups or vulnerable groups impacted more than others and is this clearly described and explained?
4.8	Are key health impacts distinguished as minimal, moderate or severe? In HIAs with a strong focus on environmental impacts, and/or the health chapter of a Strategic Environmental Assessment or Environmental Impact Assessment these should be explicit.
	In HIAs with a participatory and qualitative focus, it may be possible to grade the likely importance or severity of impacts,

	though this may not be quantifiable.
4.9	For example: if the screening and scoping identified a number of potential vulnerable groups and/or determinants have they all been considered in the assessment?
5	Section 5: Conclusions, Recommendations and Monitoring
5.8	Is the report well organised? Can you easily find the key sections and data? Does it flow well?
5.12	Some HIAs will be part of a larger report and in this case an executive summary would not be expected
6	Section 6: Principles and Governance: Has it been conducted in a way that meets the principles and ethics of HIA?
6.1	Equity
	The population/community health profile includes indicators of wider determinants, health inequalities and vulnerable groups in the population.
	An assessment is made of how the project/proposal may impact on groups that are vulnerable to health inequalities.
6.2	Transparent & open
	Was there a steering group overseeing a guiding the HIA process? Who were the members and how were key decisions arrived at?
	It is clear how the HIA was originated and funded
	You can identify which organisations led the HIA

	Short, medium and long term impacts are addressed in the HIA where appropriate
6.4	Sustainable
	contacted.
	Can you identify any key stakeholders not represented? If yes you might want to seek clarification on if and how they were
	identification of recommendations?
	Is it clear who has been involved in the HIA and whose views have been included as part of the assessment of impacts and
	groups likely to be affected by the proposal and well as those who have relevant local professional expertise)
	The focus is on whether the appropriate number and range of stakeholders has been involved (i.e. representative of
6.3	Democratic
	Conclusions and recommendations can be clearly linked to the impacts identified and the evidence sources.
	The full HIA report and appendices are publicly available and accessible to all stakeholders.
	Stakeholders had the opportunity to comment on a final draft.
	The HIA process included checking that the views of stakeholders have been accurately recorded and reflected in the HIA.
	The LUA process included checking that the views of stakeholders have been accurately recorded and reflected in the LUA
	It is clear how key decisions about the HIA were made and a rationale is provided
	Any constraints or limitations in carrying out the HIA are noted in the report
	Any conflicts of interest or potential for bias are noted.

6.5	Participatory
	Participation focuses on the process of active engagement /involvement rather than passive consultation.
	Were steps taken to ensure that participation in the HIA was accessible to all who wished to take part? Were any steps taken to adapt the methods of engagement or to support hard to reach groups to engage?
	Is it clear what stakeholders were engaged and how many participated?