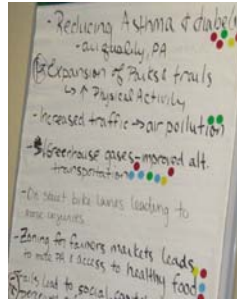


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Rapid Health Impact Assessment

1. Big idea
2. Participants
3. Information required
4. Agenda/workshop
5. Results
6. Cases: Bloomington and London



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1. Big Idea

Rapid HIA Focuses on a Workshop

- Rapid HIA is a **workshop bringing together stakeholders to identify and assess health impacts**
- It requires significant **preparation**, however:
 - Much of the information is similar to information collected for project and planning purposes
 - Background information on health is available from the Design for Health Key Question series and Information Sheets and other sources
- It requires **reporting**:
 - This can be part of a standard report
 - It can be useful to have a more accessible summary

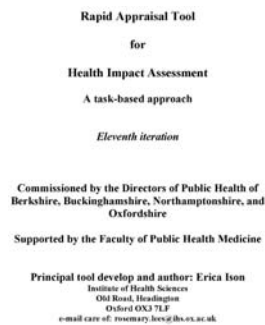
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1. Big Idea

Resources about Rapid HIA

- Common form of HIA
- Ison (2002) is a 160 page manual down to letters of invitation and agendas for steering committee meetings
- **And other resources**
- URL link to <http://www.apho.org.uk/resource/item.aspx?RID=44890>



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2. Participants

Who Participates

- Several groups of people participate in a Rapid HIA
 - **Agency staff**—members of the departments who “own” the HIA, coordinate SC, do technical work, facilitate workshop
 - **Consultants** who may perform the work
 - **HIA steering committee**—to guide the HIA, includes staff, consultants, and some stakeholders
 - **Informants**—people who may or may not live in the area, who provide background for the meeting
 - **Workshop participants**

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2. Participants: Steering Committee

HIA Steering Committee--Decisions

1. **Specific aims of HIA (e.g. inform a plan element, examine a policy, evaluate a project)**
2. Which aspects will be the focus
3. Physical and social boundaries of HIA
4. Identifying stakeholders
5. Identify key information
6. Establish management of HIA
7. **Assigning responsibility for workshop administration, technical information, and workshop facilitator**
8. Workshop agenda
9. Clarify process for results, monitoring, evaluation
(Summary of list on page 9 of version 3.0 of Rapid HIA Toolkit)

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2. Participants: At Workshop

Workshop Participants--Who They Are

- Need to represent stakeholders groups including affected and disadvantaged populations, government, civic groups, businesses, etc.
- Need to be prepared to read materials in preparation
- Number depends on scale of project

Workshop Participants—Getting a Mix of Views

- Invite list of stakeholders
- Get RSVPs
- If there are obvious gaps in who will attend, invite others or interview key **informants**

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2. Exercise

Imagine you might do a rapid HIA (alone or in combination with other methods)

Find your local partner and answer these questions

- **What is the purpose of your HIA?**
 - Hints: Discuss topics; geographies; whether it is general or focused on equity, costs and benefits, or health significance
- **In your opinion, which department or agency should be responsible for a health impact assessment?**
- **Can you identify key people?**
 - Project manager? You will need to be ready to report back
 - Technical staff?
 - Facilitator?
 - Steering committee members? (inside and outside of government)

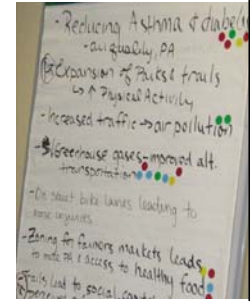
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3. Information

Information for Workshop Participants

Participants receive background information **before** the HIA including as many of the following as is possible:

1. Brief introduction to HIA
2. Summary of the local HIA process
3. Current version of the proposal (plan, project)
4. Inventory of relevant policies and plans (and HIAs)
5. Profile of the area
6. Summary of the evidence base relevant to the proposal (e.g. DFH Key Questions)
7. Predicted impacts
8. Possible alternatives, if available (Ison 2002)

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3. Information

Area Profile

Much information already collected in typical project design and planning

- Characteristics of residents (census, Met Council)
- Geography and history
- Existing and proposed land uses
- Environmental quality (e.g. pollution)

Some additional information may be needed

- Information from studies/HIAs of similar situations in other places
- Health conditions

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3. Information: Area Profile



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Source: 2007 Lowry Ave HIA:
<http://www.apho.org.uk/resource/item.aspx?RID=60512>

3. Information

Predicted Impacts

- Draw on HIA Preliminary Checklist, informant interviews, Design for Health materials, other sources
- Create a short narrative about projected impacts--qualitative
- Focus on areas where planning/policy has an effect--compared with ones dominated by social, economic, individual characteristics
- Rank impacts--roughly

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3. Information				
Predicted Impacts—Matrix Format				
Plan Proposal	Predicted health impact	Risk of Impact	Measurability	Comments
Zoning change to allow supermarkets closer to residential areas	Changed Dietary Habits	Speculative	Qualitative	There is no baseline information for measuring changes in diet although there are plans for the measurement of vegetable sales locally
Improved trail system	Lower rates of Coronary heart disease and obesity	Speculative	Estimable	Evidence base has mixed findings

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4. Agenda/Workshop

Armed with Information--Do the Workshop

Workshop tasks include:


1. Developing an overall agenda
2. Developing specific activities
3. Inviting participants
4. Sending background information
5. Logistics (room, facilitator, food, etc)
6. Running the workshop
7. Documenting it

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4. Agenda/Workshop

Overall Agenda

- 3-4 hours long (some up to a day)
- Presentations about the proposal
- Small groups for input and priorities
- Workshop-wide discussions
- No set format
- Example exercises to follow



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4. Agenda/Workshop

Specific Activities

1. Graffiti wall
2. Answer questions in small groups

Activity 1: Graffiti Wall

- On a post-it answer the question—"what does good health mean to you?" and stick it on the wall
- Then you can have lunch



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Rapid Health Impact Assessment

1. Big idea
2. Participants
3. Information required
4. Agenda/workshop
 - Overall agenda
 - Specific questions
 - Running the workshop
5. Results
6. Case: Bloomington, MN and London

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4. Agenda/Workshop

Defining Health

- “Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity” Preamble to the Constitution of the World Health Organization (WHO 1948).
- “Health is the reduction in mortality, morbidity, and disability due to detectable disease or disorder, and an increase in the perceived level of health,” WHO Regional Office for Europe 1999.
- “Health is the capacity of people to adapt to, respond to, or control life’s challenges and changes,” in Health Impact Assessment as a Tool for Population Health Promotion and Public Policy (Frankish et al. 1996).

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4. Agenda/Workshop

Activity 1: Graffiti Wall

- On a post-it answer the question—“what does good health mean to you?” and stick it on the wall
- Your answers.....



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4. Agenda/Workshop

Activity 2: Answer Questions

Questions in the DFH toolkit are guides only but include:

- What are the potential impacts on health, positive and negative, arising from the implementation of your project, plan, or policy?
 - What changes could be made to the proposal to enhance the positive impacts on health?
 - What changes could be made to the proposal to prevent, minimize or moderate the negative impacts on health?
- Help following.....

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4. Agenda/Workshop

Examples of Workshop Questions for Identifying and Assessing Health Impacts

For **each impact on health** identified, ask as relevant:

1. How many people will it affect?
2. Will the impact be continuous?
3. When will it occur?
4. How likely is it that the impact will occur?
5. How harmful/beneficial will it be?
6. What is the basis for identifying this impact, is it: information in the evidence base? experience?
7. What could be done?

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Source: Ison 2002, A-14

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4. Agenda/Workshop

Activity 2: Answer Questions

- What are the potential health impacts, positive and negative, arising from the implementation of your plan, policy, or program?
- Things to think about
 - Changes in services like health care and transit?
 - DFH Topics: accessibility, air quality, climate change, environmental and housing quality, food, healthcare access, mentally healthy environments, noise, physically active environments, safety (traffic, crime), social capital, water quality
 - How many people, how long, when, how likely, how strong? How do you know? What can you do?
- Discuss in pair and be prepared to report back
- In real life you’d have data; but identifies issues for later

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5. Results

Several Types of Results

- Report – introduction, information, results of the workshop, recommendations for changes
- Implementation e.g. results incorporated into plan
- Evaluation – Michigan Public Health Institute is doing a process and outcome/implementation evaluation
- Monitoring – of implementation

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6. Bloomington: Overall Network



London Olympic Games HIA 2004

- Example of HIA on major employment/housing development
- Prepared by consultant for the London Health Commission and the London Development Agency
- HIA in 2 parts:
 - Desktop assessment using many existing reports +
 - Workshop with 21 key participants (advocacy, government, academic)
- Looked at construction, operation, and post games time periods
- 155 page report



Rapid Health Impact Assessment of the Proposed London Olympic Games and Their Legacy

Final Report

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<http://www.apho.org.uk/resource/view.aspx?RID=61057>
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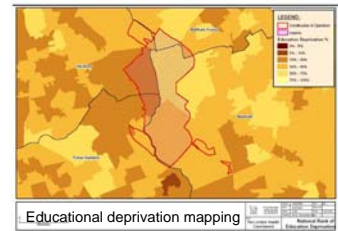
London Olympic Games HIA 2004



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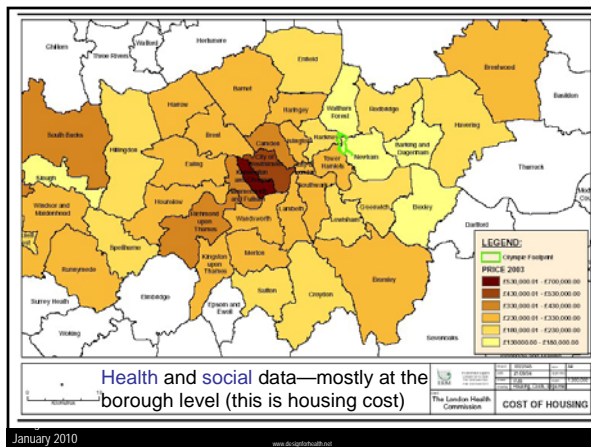
London Olympic Games HIA 2004

- **Context:** Demographically diverse boroughs
e.g. White residents 39-64% (vs. 91% nationally)
Muslims 14-36% (vs. 3%)
High % of people not completing middle school AND with degrees
Somewhat high hospitalization
- **Results:** Existing regeneration plan and Olympics had similar negative effects
- Olympics have more positive effects on employment, physical activity, community cohesion
- **Biggest criticism:** lack of "meaningful community involvement" (p. 87).



Educational deprivation mapping

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Legacy Health Benefits (Post 2012)

Potential health risk	Participant confirmation		Distribution of risk		
	Yes	No	Local	London	National
The London Games will bring a wider mix of people into the area to live and work, this may lead to reduced inequality, improved health, well-being and greater community integration.	4	5	5	2	0
The London Games will involve local and London wide communities; this will improve integration and therefore health and well being	5	2	2	8	0
The London Olympic Games will create more and a better mix of employment opportunities to people with varying levels of skills and qualifications, reducing unemployment and improving health and well-being.	9	0	6	4	1
The London Games will improve health and well-being by building better and more affordable housing.	8	1	6	2	0

Examples of statements that workshop participants voted on

Easy to tailor to other big employment projects

Summary of Anticipated Health Determinants
Check is positive, a cross is negative

	With Olympic Games Scenario		
	Pre-Olympics (2006-2012)	During Games (2012)	Post Olympics (2012-2020)
Environment (land quality)	xx	✓✓✓	x/✓✓✓
Air Quality	xx	✓✓✓	x/✓✓✓
Noise	x	xx	x
Employment and Income	x/✓✓	✓✓✓	✓✓✓
Education and training	✓✓	✓✓✓	✓✓✓
Physical activity	x/✓	✓	✓✓✓
Access to services and amenities	x/✓	✓✓	✓✓✓
Traffic and transport	x	✓✓✓	✓✓✓
Community Severance	x/✓✓	✓✓	✓✓✓
Housing	x	✓	✓✓✓
Total	-3	+19	+24

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