



## Vital statistics relating to the practice of Health Impact Assessment (HIA) in the United Kingdom

M.A. Chilaka\*

Department of Environmental Health, University of Salford, Greater Manchester, M5 4WT, United Kingdom

### ARTICLE INFO

#### Article history:

Received 14 January 2009

Received in revised form 11 May 2009

Accepted 18 May 2009

Available online 23 June 2009

#### Keywords:

Vital statistics

Health impact assessment

### ABSTRACT

**Purpose of research:** To examine the practice of Health Impact Assessment (HIA) in the UK and provide information which can serve as baseline data for monitoring changes and future developments in HIA. A survey of HIA practitioners was conducted using semi-structured questionnaires.

#### Results:

- 42% of the 103 HIAs were rapid assessments, 33% were intermediate, and 25% were comprehensive appraisals.
- While 70% of the HIAs were conducted prospectively, 23% were concurrent, and 7% were retrospective assessments.
- 64% of the 52 practitioners were employed in the public sector, 13% in the academia and research sector, 10% were employed in the private sector, 6% were self employed and the remaining 7% were working in other sectors of the British economy.

**Conclusions:** The majority of the HIAs investigated in this study were rapid and prospective assessments, which were mostly commissioned by government agencies. Additionally, the majority of the HIA practitioners were employed in the public sector of the UK economy.

© 2009 Published by Elsevier Inc.

## 1. Introduction

Health Impact Assessment (HIA) is one of the many decision-support tools (Wismar et al., 2007) (along with other impact assessments) and is defined by the Gothenburg consensus document as “a combination of procedures, methods and tools by which a policy, a programme or project may be judged as to its potential effects on the health of a population and the distribution of effects within the population” (WHO, 1999).

Over the past decade the practice of health impact assessment (HIA) has made tremendous progress in the United Kingdom in comparison to other countries and regions of the world. In the same vein, HIA in the UK has been undergoing appreciable developmental changes with regard to methodology, practical applications, incorporation into policy, as well as professional regulation (Taylor and Blair-Stevens, 2002; Wismar et al., 2007).

It is difficult to put an exact figure on the number of people who have ever carried out health impact assessment in the UK within the

past 10 years since its emergence as a significant public health science (IMPACT, 2006; PBA, 2006). However, the number does not appear to be very large. A very rough estimate of the number of HIA practitioners in the United Kingdom at the time of this study was about 250. This estimate was derived by doubling the number of HIA practitioners that were listed on the NICE portal (location of the HIA Gateway) (M. Birley, e-mail communication on 12 January, 2007).

Over the past 4–5 years there has been an increasing interest in HIA, both in the UK and globally, as a tool in public health and health promotion. HIA is also seen as very crucial in the campaign for healthy public policy (HPP) (WHO, 1988; Taylor and Blair-Stevens, 2002). Consequently, an increasing number of people and organisations are getting to learn about, and actually carry out HIA in different settings. In view of this reality, it is important to have an empirical evidence to properly gauge and characterise the prevailing situation regarding the practice of HIA — hence the rationale for undertaking this study.

The findings from this research are intended to provide a sort of vital statistics or situation report about the state of practice of health impact assessment, especially in the United Kingdom. These vital statistics comprise of valuable information which can serve as baseline data for monitoring changes and future developments in relevant areas of the practice of health impact assessment.

\* Tel.: +44 1612956922.

E-mail address: [mchilaka@salford.ac.uk](mailto:mchilaka@salford.ac.uk).

## 2. Methodology

A mixed methods approach was employed in this study which incorporated a structured literature review, questionnaire administration, semi-structured interviews and a fieldwork segment. However, this paper focuses on the significant findings from the questionnaire survey.

The questionnaire used had largely close-ended questions. There was however a few open-ended questions that allowed the respondents to speak for themselves about the questions asked. The questionnaires were administered by post for self-completion by the respondents. Some of the parameters investigated include types of HIA conducted, object and level of appraisal, as well as the sources of evidence most commonly used for HIA predictions. Others were the areas of employment of the HIA practitioners and the techniques used for engaging with local residents for the generation of evidence in the HIA process.

### 2.1. Selection of respondents

The participants in the questionnaire survey were HIA practitioners and experts in various establishments and locations within the United Kingdom. 84 of the respondents were selected from the attendance list of the 7th international health impact assessment conference that was held in Wales in April 2006. The conference was the most significant annual gathering of the HIA community within the United Kingdom at the time of carrying out this piece of research. The remaining 100 names were obtained from the practitioners' list that was posted on the HIA Gateway web site ([www.hiagateway.org.uk](http://www.hiagateway.org.uk)).

The selection of these questionnaire respondents was carried out in a manner that was not pre-determined and intended to be as representative of the target population as possible. The Statistical Package for the Social Sciences (SPSS) computer software (Norusis, 1990; Pallant, 2001) was utilised for data analysis.

## 3. Results

The number of returned questionnaires was 52 (28% of the 184 questionnaires sent out). All the 52 respondents had been involved in conducting at least 1 HIA within the 3 years under review in this study. The results also showed that 34 (65%) of the respondents had undertaken a second HIA within the three years of this study. Furthermore, it was also discovered that only 17 of the 52 respondents (33%) had been involved in conducting a third HIA within the 3 years under focus.

Accordingly, the total number of health impact assessments undertaken by the 52 questionnaire respondents over the three years under consideration was 103 (52 + 34 + 17).

### 3.1. Occupation and areas of employment of respondents

Out of the 51 respondents who indicated their areas of employment, 22 (43%) were practitioners in various areas of public health;

**Table 1**

Occupation and areas of employment for 52 respondents (N/B: occupation for one respondent not available).

| Occupation          |                |                    |                |               |        |
|---------------------|----------------|--------------------|----------------|---------------|--------|
| 51 respondents      | Public health  | Health improvement | Research       |               |        |
|                     | 22 (43%)       | 17 (33%)           | 12 (24%)       |               |        |
| Areas of employment |                |                    |                |               |        |
| 52 respondents      | Public service | Academia           | Private sector | Self employed | Others |
|                     | 33 (64%)       | 7 (13%)            | 5 (10%)        | 3 (6%)        | 4 (7%) |

**Table 2**

Results of methodology, chronology and study type for 103 questionnaire HIAs.

| 103 HIAs    |                          |          |
|-------------|--------------------------|----------|
| Methodology | Rapid HIA                | 43 (42%) |
|             | Intermediate HIA         | 34 (33%) |
|             | Comprehensive HIA        | 26 (25%) |
| Chronology  | Prospective assessment   | 72 (70%) |
|             | Concurrent assessment    | 24 (23%) |
|             | Retrospective assessment | 7 (7%)   |
| Study type  | Projects                 | 40 (39%) |
|             | Policies                 | 36 (35%) |
|             | Programmes               | 27 (26%) |

17 (33%) were working in areas relating to health improvement, Social Care, and Well-being. 12 (24%) of the respondents were involved in research, academics and consultancy. One of the respondents did not state the field of occupation.

Furthermore, the findings also showed that 33 out of the 52 respondents (64%) were public servants, 7 (13%) were employed in academic institutions and 5 (10%) were employed in the private sector of the British economy. Similarly, 3 of the respondents (6%) were self-employed and the remaining 4 (7%) were employed in other sectors (such as the Community & Voluntary Sector). These findings for occupation and areas of employment are presented in Table 1.

### 3.2. Methodology, chronology and study types of impact assessments

Out of the 103 HIAs, 43 (42%) were rapid assessments, 34 (33%) were intermediate HIAs, and 26 (25%) were comprehensive assessments. The findings outlined above regarding methodology are shown in Table 2, which also shows the results relating to chronology and types of assessment for the 103 HIAs undertaken by the questionnaire respondents.

With regard to the timing of the conduct of the HIAs relative to the execution of the projects or programmes being assessed (chronology), the results showed that 72 (70%) of the assessments were conducted prospectively while 24 (23%) were carried out concurrent to the implementation of the project being assessed for health impacts. The remaining 7 HIAs (7%) were retrospective assessments.

Considering objects of assessment for all the 103 assessments, the following results were obtained:

- Projects – 40 (39%)
- Policies – 36 (35%)
- Programmes – 27 (26%).

## 4. Discussions

### 4.1. Objects of assessment

From the questionnaire comments, the objects that were assessed for their likely positive and negative health impacts varied considerably and included road and airport projects, development policies, sea port projects, housing programmes and neighbourhood renewal strategies.

One of the cardinal principles underpinning health impact assessment is a holistic view on health, based on the now popularly held understanding of the wider determinants of health (Dahlgren and Whitehead, 1991; IMPACT, 2006). This accounts for the observation that different objects were appraised for their possible health effects on given population groups. The holistic approach to health also partly explains why a vast majority of the HIAs undertaken in UK were based on the socio-environmental model of health (Lalonde, 1974; Labonte, 1993), using the Merseyside Guidelines for Health Impact Assessment (Scott-Samuel et al., 2001).

Interestingly, most of the objects that were appraised through the HIA process were not direct health projects or programmes; however,

Download English Version:

<https://daneshyari.com/en/article/1053149>

Download Persian Version:

<https://daneshyari.com/article/1053149>

[Daneshyari.com](https://daneshyari.com)