

# Health Impact Assessment #4

## screening: step 1 of the HIA process

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### What is Screening?

As described in our first article in this series of articles on Health Impact Assessment (HIA), screening is the very first step of the HIA process. It provides a quick check as to the potential impacts of a proposal (be it a policy, project or plan) on the public's health and also helps determine whether the proposal would benefit from a more detailed health assessment (CDPH, 2010; IMPACT et al., 2004). The screening process is based upon a series of inquiries that examine the proposal's link to health determinants and health equity in a systematic manner and considers potentials which may reduce any negative impacts and inequities identified (CDPH, 2010).

### Purpose of Screening?

The screening process is essential in deciding whether the proposal would benefit from a HIA, since this would allow a deeper assessment of identified impacts. It would also help determine whether the HIA process would be the best option to address such impacts (CDPH, 2010). It highlights areas of concern which need to be considered in a HIA, should the decision be to go ahead with a HIA, and decides upon the level of assessment needed. Should screening rule out the need for a HIA, the screening step will help in providing a written record on how that decision was reached (IPHI, 2009). It is imperative that sufficient time is spent in screening a

proposal. A quick decision to eliminate the need for a HIA may result in having negative health impacts arising during the proposal's implementation phase, or in missing the opportunity of enhancing the proposal's positive health impacts (ACHEIA, 2004).

### Main Tasks

The screening process encompasses four main tasks.

#### Task 1

The first task is concerned with determining the link between the proposal and health and may be addressed using the following series of questions:

- Should health be considered within this proposal? Will this proposal impact health?
- What are these health impacts (negative and/or positive)? How will they affect health determinants?
- What is their potential for population impact? Will these health impacts be differentially distributed by socioeconomic status, ethnicity, gender, geography, or some other factor? Will such differential impacts be fair? Will they give rise to health inequity concerns (how will they impact vulnerable population groups)?
- What is the potential scale of these impacts?
- Can negative health impacts identified be avoided or mitigated? Can positive ones be enhanced?

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- Will changing the proposal eliminate or mitigate negative impacts or enhance positive ones? Will the costs of conducting such changes outweigh the costs incurred by negative health impacts? Will they outweigh the benefits gained through enhancing positive health impacts? (ACHEIA, 2004; CDPH, 2010; WHIASU, 2004)

### Task 2

This second task would focus on determining the value a HIA would bring to the proposal. This entails weighing the significance of the health impacts identified and their association with existing health inequities. A number of possible scenarios arise. Thus for example, if the potential health impacts which may arise following implementation of the proposal are deemed to be negligible, then a HIA may not be required. If they are considered to be non-negligible as well as differential (that is such impacts may differ in range and severity amongst different population groups, particularly in vulnerable, marginalized or disadvantaged groups) but can still be easily mitigated by carrying out appropriate adjustments to the proposal at this early stage, then a HIA may not be necessary. The case may also be that existing legislation already provides the required protection against the proposal's negative health impacts, and therefore these can be adequately addressed through such legislation (ACHEIA, 2004; CDPH, 2010)

A HIA would be warranted when the potential health impacts identified are deemed to be significant and may have highly disproportionate effects among different population groups, thus creating further health inequities. A HIA would also be required when there is uncertainty about the proposal's potential and differential health impacts, such as, for example, when such impacts have been scientifically proven but are not well acknowledged or understood by the proposal's final decision makers or its stakeholders. A HIA would be helpful when there is also uncertainty on the opportunities available to adjust the proposal in a manner which addresses health impacts (ACHEIA, 2004). In such cases a HIA would help in exploring different alternatives to the proposal, how these would impact health, and help develop appropriate mitigation measures aimed to reduce health inequities.

### Task 3

If the decisions taken at end of task 2 establish that a HIA would add value to the proposal, the next step would be to determine if the capacity required to conduct such an assessment actually exists. This entails first and foremost establishing whether a HIA can be undertaken within the proposal's decision-making timeframe, as well as whether there is support for the HIA at the decision-making level. The HIA recommendations would need to be delivered to the decision makers prior to



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the proposal's finalization and implementation. The decision-makers must also be willing to receive and act upon such recommendations. This means that the HIA would possess the ability to contribute towards the decision-making process. If such ability does not exist than in such cases conducting a HIA may not be the best way forward (CDPH, 2010). Other factors to consider when determining HIA capacity include the resources needed to carry out the assessment. These consist of but are not limited to economical resources, availability and access to the required data and information, expertise, technical capacity and the necessary leadership to conduct the HIA (CDPH, 2010).

### Task 4

Should the decisions taken at the end of task 3 give the green light to proceed with a HIA, the fourth and final task in the screening process would focus on deciding upon the level of assessment required. Different such levels are described in Table 1 below.

Choosing the level of HIA required and/or attainable depends on the results of the previous three tasks of the screening process. The recommendation should be based on a balance between the potential severity, magnitude and differentials of the health impacts identified, resources available to conduct the HIA, and the time available to carry out the assessment and

deliver recommendations. Time and resources constraints may entail having to prioritize the health impacts one can assess. Of course such prioritization should always take into account the community's and stakeholders' locally determined health priorities and targets (ACHEIA, 2004).

### Whom to Involve

It is important to identify and involve the proposal's key stakeholders at the screening stage of the HIA process. Although technically screening can be conducted by a single person, the process would however be more effective if it included multiple stakeholders.

Potential stakeholders may include public health professionals, relevant experts and key informants, government representatives, representatives of the different areas which the proposal may impact (including non-government and volunteer sectors), community representatives, and the proposal's final decision makers. Involving stakeholders in the screening process helps raise awareness on the proposal's health implications, introduces broader perspectives, encourages constructive cooperation between the proposal's proponents and health advocates, and promotes ownership of the process (CDPH, 2010; IPHI, 2009; Queensland Health, 2003; WHIASU, 2004).

Public participation in the HIA process in general serves to enrich the HIA and makes it more

**Table 1:**  
Levels of HIA

(Adapted from IMPACT et al, 2004; Queensland Health, 2003; & IPH Ireland, 2009)

Method	Consist of	Time frame
<b>Desk-based/ Rapid HIA</b>	<ul style="list-style-type: none"> <li>❖ Broad overview of possible health impacts</li> <li>❖ Collection &amp; assessment of existing data</li> </ul>	2 – 6 weeks up to 12 weeks
<b>Intermediate HIA</b>	<ul style="list-style-type: none"> <li>❖ Review of available evidence</li> <li>❖ Collection and analyzes of existing and new data</li> </ul>	> 12 weeks
<b>In-depth/ Comprehensive HIA</b>	<ul style="list-style-type: none"> <li>❖ Comprehensive assessment of all potential health impacts.</li> <li>❖ Data collection &amp; analyzes using various methods and sources</li> </ul>	6 months – 1 year (assessment of possible seasonal variations)

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democratic. It also assists in identifying community health priorities and concerns and ensures that a HIA will take into account community values and principles. During the screening stage of the HIA process the public can help identify the need, as well as advocate or create political demand for a health impact assessment (CDPH, 2010; WHIASU, 2004).

The screening process can take the form of a multi-stakeholder participatory meeting which would include all stakeholders, or can be conducted as a series of meetings with individual stakeholders. Prior to such meetings stakeholders should be provided with a summarized description of the proposal, its aims and objectives, a list of its possible health impacts and information on populations who might be impacted by the proposal. Both negotiable and non-negotiable aspects of the proposal should also be highlighted. Such meetings can serve to elicit your stakeholders' thoughts and perspectives on the possible health implications the proposal might have and how these can be addressed (IPHI, 2009; WHIASU, 2004).

### Tools to Use

There are a number of HIA screening tools available which can facilitate your screening process (please refer to the list of resources at the end of this article). Screening tools lend structure to discussions and meetings with stakeholders, thus enabling a comprehensive assessment of a proposal's possible health impacts. They also serve as a means to maintain a written record of decisions taken when determining whether the proposal being screened would benefit from a HIA or otherwise. They promote transparency of the screening process and can thus provide the information required to justify final decisions should the need arise (IPHI, 2009; WHIASU, 2004).

### References

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### Resources for Screening Tools

1.) Australasian Collaboration for Health Equity Impact Assessment (ACHEIA), (2004). Equity-Focused Health Impact Assessment Framework. Appendix 2: Some Suggestions for Undertaking the Impact Identification and Assessment Steps. Retrieved from [http://www.hiaconnect.edu.au/files/EFHIA\\_Framework.pdf](http://www.hiaconnect.edu.au/files/EFHIA_Framework.pdf)

2.) California Department of Public Health, (2010). A Guide for Health Impact Assessment. Example of a HIA Screening Checklist, pg13-16. Retrieved from <http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/HIA%20Guide%20FINAL%202010-19-10.pdf>

3) Human Impact Partners, (n.d.). Getting Started. HIA Readiness Question Guide. Retrieved from <http://www.humanimpact.org/hia-tools-a-resources#homehome>

4) Human Impact Partners, (n.d.). Getting Started. Screening Worksheet- Sample worksheet to guide HIA screening. Retrieved from <http://www.humanimpact.org/hia-tools-a-resources#homehome>

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