

Health Impact Assessment #5

scoping: step 2 of the HIA process

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Purpose of Scoping?

Following the decision taken during Screening to undertake a HIA, the next step focuses on setting the scope for the process. This second step of the HIA process is thus referred to as Scoping. This step entails developing a framework and a workplan which will be used to guide the HIA as it progresses.

Scoping Task 1: Setting Up a Steering Committee (SC)

The SC will ultimately be responsible for determining the HIA's parameters and timeline and for providing guidance and support for the entire HIA. Who should be included in the SC?

- The SC should ideally contain a diverse and multidisciplinary membership since this will contribute towards producing a balanced and well informed HIA. Representatives of the proposal's stakeholders, such as the proposal's proponents, key decision makers and experts from relevant policy areas, volunteer groups and community members should be included. Representatives of communities/populations likely to be impacted by the proposal under study should also be considered since this would help bring their voice to the table and provide them with an opportunity to be directly involved in key steps and decisions which will be taken throughout HIA.
- A SC chairperson is also necessary. She/he will be responsible for taking the lead in the management of the HIA process.

Scoping Task 2: Determining the Governance Structure & Function of the SC

This would entail:

- Creating a **decision-making protocol**.

Such a protocol should define the process/s which will be employed by the SC to reach consensus on key decisions, whilst ensuring all SC members are provided with opportunities to participate in discussions and decision making.

- Developing a standard meeting agenda.
- Identifying the most suitable method required to keep all SC members updated on the HIA's progress.
- Defining the role of each SC member, agreeing upon a system which will ensure accountability towards set objectives and tasks and deciding upon reporting lines.



- Striving towards creating an environment which supports and nurtures mutual respect between SC members. It is imperative for the SC to be aware of and appreciate the different diversity dimensions that may exist between SC members such as educational backgrounds, ethnicities, social economic status, and work experience, to name just a few. (UF IFAS Extension, 2011; Prevention Institute, 2003).

Scoping Task 3: Setting the Scope for the HIA

This third task focuses on defining the terms of reference (TOR) for assessment. The TOR will build upon the decisions taken in the initial screening exercise described in the previous article in this series. Having determined the need for a HIA, the final task in the screening process centers on deciding upon the depth of assessment required. This in turn depends on the resources (funding, human resources) required and available to conduct the HIA. During the scoping stage such resources are reevaluated by the SC and used to develop a workplan, determine the depth of assessment needed/attainable and to create a timeline for the

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HIA, keeping in mind that any recommendations provided through the HIA have to reach decision makers prior to the finalization or implementation of the proposal under consideration. The TOR thus should focus on and address the following:

- The HIA's **aims and objectives**.
- The **key** concerns which need to be investigated and assessed. When faced with limited resources and many aspects to investigate, concentrating on concerns that will have the greatest impacts on health determinants and may exacerbate existing inequities will facilitate scoping. Examples of health determinants to consider include:
 - Social and Economic Factors
 - Environmental and Infrastructure Factors
 - Lifestyle Factors
 - Access to Service Factors
 - Equality Factors
 - Quality of Life Factors
- Creating a **pathway diagram**. Designing a pathway diagram helps in identifying all pathways which link the proposal under consideration with its direct outcomes and impacts and through these with prioritized health concerns and inequities. Examples of pathway diagrams as provided by Human Impact Partners can be accessed at this link <http://www.humanimpact.org/component/jdownloads/finish/13/82>
- Defining the **research strategy** and methods to be used for researching evidence and conducting literature reviews. The research strategy should also include:
 - Research questions and search terms to be used
 - Health indicators/units of analysis to be employed during assessment
 - The HIA's geographical boundaries (local /regional) & populations at risk
 - Data sources for each health indicator identified, including any required input from experts, key informants and other stakeholders.
- Defining the **assessment strategy** to be employed including:
 - The criteria to be used to measure impacts in the following terms: Likelihood, Scale, Timing and Distribution of effects
 - Determining who shall be responsible for conducting the assessment, appraising the evidence and forming recommendations.
- Defining the HIA's **key deliverables**, including:

- Determining the HIA's outputs.
- Determining who the key audiences will be.
 - Deciding on how the HIA results & recommendations shall be presented and disseminated.
 - Establishing the format of the final HIA report (structure, content and length)
 - Deciding on how the HIA's public review will be conducted.
- Setting up a **monitoring and evaluation strategy**. The strategy should ideally cover the whole HIA process.
 - Different evaluations may be employed for different aspects of the HIA as follows:
 - ▶ A process evaluation - may be used to assess the quality of the HIA.
 - ▶ An impact Evaluation – may be employed to assess the HIA's short term benefits and its impact on the proposal and decision making processes.
 - ▶ An outcome evaluation – may assist in measuring the long-term effects of the HIA on targeted health outcomes.
 - Monitoring and Evaluation indicators and outcomes to be measured should ideally be determined during the scoping stage of the HIA.
 - Specialists, experts or stakeholders who will be responsible for conducting monitoring and evaluation processes, should also be identified.
 - The monitoring and evaluation strategy should also include reporting lines for evaluation results, and information on how such results will be ultimately used.

(HIP, n.d.; IPHI, 2009; NZMH, 2011; QH, 2003; WHIASU, 2004)

Scoping Task 4: Finalizing the HIA's Workplan

In addition to the HIA's TOR, the workplan should include a list of tasks with roles identified and designated, a timeline and a budget line for each identified task, a meeting schedule and a complete project time frame (IPHI, 2009).

Scoping Tools

Employing a scoping tool assists in developing a comprehensive workplan for the HIA process. As with screening tools, scoping tools serve not only to guide the scoping process but also provide a written record of decisions taken during this step of the HIA process. Examples of scoping tools can be accessed

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from the resources listed below:

- Institute of Public Health in Ireland (2009). Health impact assessment guidance. Appendix 3: Scoping tool. http://www.publichealth.ie/sites/default/files/documents/files/IPH%20HIA_0.pdf
- Welsh Health Impact Assessment Support Unit, (2004). Improving Health and Reducing Inequalities, A practical guide to health impact assessment. Appendix 4a: Basic screening record sheet. <http://www.wales.nhs.uk/sites3/Documents/522/improvinghealthenglish.pdf>
- Human Impact Partners. HIA Training Scoping Exercise. <http://www.humanimpact.org/component/jdownloads/finish/13/5>
- Human Impact Partners. Example of an HIA Scope. <http://www.humanimpact.org/component/jdownloads/finish/13/4>

References & Further Information

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

Human Impact Partners, (n.d.). Tools & Resources. HIA Scoping. Retrieved from <http://www.humanimpact.org/hia-tools-a-resources#scoping>

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Prevention Institute, (2003). The tension of turf: Making it work for the coalition. http://www.eatbettermovemore.org/pdf/TURF_1S.pdf

Queensland Health (QH), (2003). Health Impact Assessment: A Guide for Service Providers. Retrieved November 10, 2011 from <http://www.health.qld.gov.au/ph/Documents/saphs/20364.pdf>

University of Florida IFAS Extension, (2011). Building coalitions: Working with diverse cultures. <http://edis.ifas.ufl.edu/pdf/FY/FY50800.pdf>

Welsh Health Impact Assessment Support Unit (WHIASU), (2004). Improving Health and Reducing Inequalities, A practical guide to health impact assessment. Retrieved October 15, 2011 from <http://www.wales.nhs.uk/sites3/Documents/522/improvinghealthenglish.pdf>

New Zealand Ministry of Health (NZMH), (2011). Evaluating Health Impact Assessments in New Zealand. Retrieved from <http://www.health.govt.nz/publication/evaluating-health-impact-assessments-new-zealand>

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