

briefing

YORKSHIRE & HUMBER PUBLIC HEALTH OBSERVATORY



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contents

| | |
|--|----|
| Introduction | 1 |
| What is HIA? | 2 |
| Why do HIA? | 3 |
| How do you undertake an HIA? | 4 |
| Main challenges for HIA in the Yorkshire and Humber Region | 4 |
| 'Learning by doing' projects | 6 |
| Conclusion | 10 |
| Sources of further information | 11 |

Progressing Health Impact Assessment in the Yorkshire and Humber Region

Introduction

In October 2004 a report commissioned from Sheffield Hallam University, by the Regional Director of Public Health and the South Yorkshire Strategic Health Authority, reviewed Health Impact Assessment (HIA) within the region.

The report advocated the need to make HIA a more mainstream practice and recommended a 'top down bottom up' approach to help achieve this. The report also advised that a dedicated project manager was needed to oversee the further development of HIA within the region and to help embed HIA in established work practices. Two-year funding was secured by the Regional Public Health Group to develop HIA across the region. As a result the Yorkshire and Humber Public Health Observatory appointed a Health Impact Assessment Development Manager, to work alongside the Regional Public Health Group in furthering this agenda. This briefing provides a short introduction to HIA and reports on progress since the appointment of the Development Manager.

Key Messages

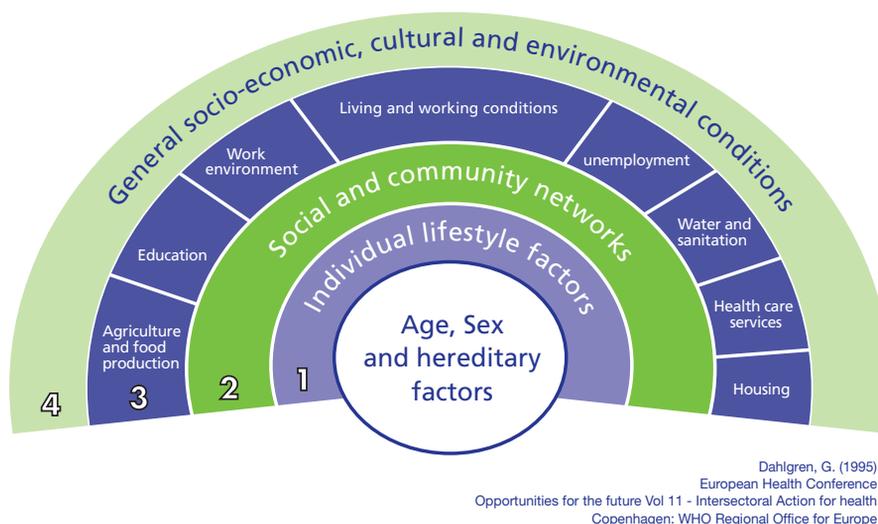
- The considerable amount of HIA work being undertaken within the region, which relies on existing skills and resources, suggests that it is possible to mainstream HIA activity.
- HIA is providing valuable support at a regional level to inform the development of regional strategies and at a sub-regional level to inform the development of local policies and plans. This work will help to transform potential health gains into tangible health improvements for the Yorkshire and Humber Region.
- 'Learning by doing projects' demonstrate that HIA practitioners are meeting the challenges presented by HIA and providing valuable lessons for dissemination across the region.

What is HIA?

The World Health Organisation defines HIA as:

'A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.'

Figure 1



There are a number of points to emphasise in this definition:

- HIA practitioners have developed a range of tools and published case studies to support HIA. Many of these are available through the internet (see for example the HIA Gateway at: <http://www.nice.org.uk>);
- HIA can support a strategy document intended to frame and direct action as well as specific plans for action at a local level (in Yorkshire and the Humber there are examples of HIAs on regional strategies; on housing developments; on local licensing policies);
- In the context of HIA, health needs to be understood in its broadest sense. HIA is concerned with a wide range of social, economic and environmental influences, which contribute to the health and well being of a local population. (see figure 1);
- HIA should focus on and support the amelioration of health inequalities.

Essentially HIA is a process that encourages decision makers to step back and think about the unintended consequences that their policies or plans might have on a population's health and wellbeing. Crucially, it adds value by seeking to spread and maximise health gains, and minimise health losses. In doing so it provides decision makers with a set of evidence based recommendations to support the further development of their policies or plans.

Why do HIA?

Since the Acheson Report in 1998, through to the Wanless Report in 2004, the government has consistently promoted the need to ensure that local policies and plans support rather than undermine population health. There is a particular concern with health inequalities and this reflects an increasing emphasis in world policy on the eradication of health inequalities and the use of HIA to achieve this (see box 1).

The World Health Organisation (WHO) identifies a number of reasons for using HIA:

- Promotes cross-sectoral working
- Is participatory and values the views of the community
- The best available evidence is provided to decision makers
- Improves health and reduces inequalities
- It is a positive approach, considering positive as well as negative impacts
- It is flexible and can be used on policies, programmes and projects
- It is flexible and can be adapted to fit most timeframes for decision making
- It links with sustainable development and resource management
- Many people can use HIA

Above all, by introducing a broad understanding of health consequences, HIA can add value to the work of planners and developers.

Box 1

National and international policy on HIA

'All policies likely to have a direct or indirect effect on health should be evaluated in terms of their impact on health inequalities'

Acheson Report (1998)

'We need to ensure that ... the actions that flow from our policies will contribute to our goals of improving the health of the population and reducing inequality. So we have decided that major new government policies should be assessed for their impact on health'

Saving Lives - Our Healthier Nation (1999)

'Local decision makers must think about the effect which their policies have on health. An important part of this role will be to encourage all local agencies to make local health impact assessments when planning investment in, for example, amenities buildings or local communities and the location of services'

Saving Lives - Our Healthier Nation (1999)

'[Acheson's] recommendation has yet to be fully realised but it is crucial if the degree of success of the health inequalities programme is to be monitored and forecast to enable those involved to understand whether objectives set are likely to be achieved'

Securing Good health for the Whole Population (2004)

'A high level of human health protection shall be ensured in the definition and implementation of all community policies and activities'

Article 152, Amsterdam Treaty (1997)

'Member states should have established mechanisms for health impact assessment and ensured that all sectors become accountable for the effects of their policies and actions on health'

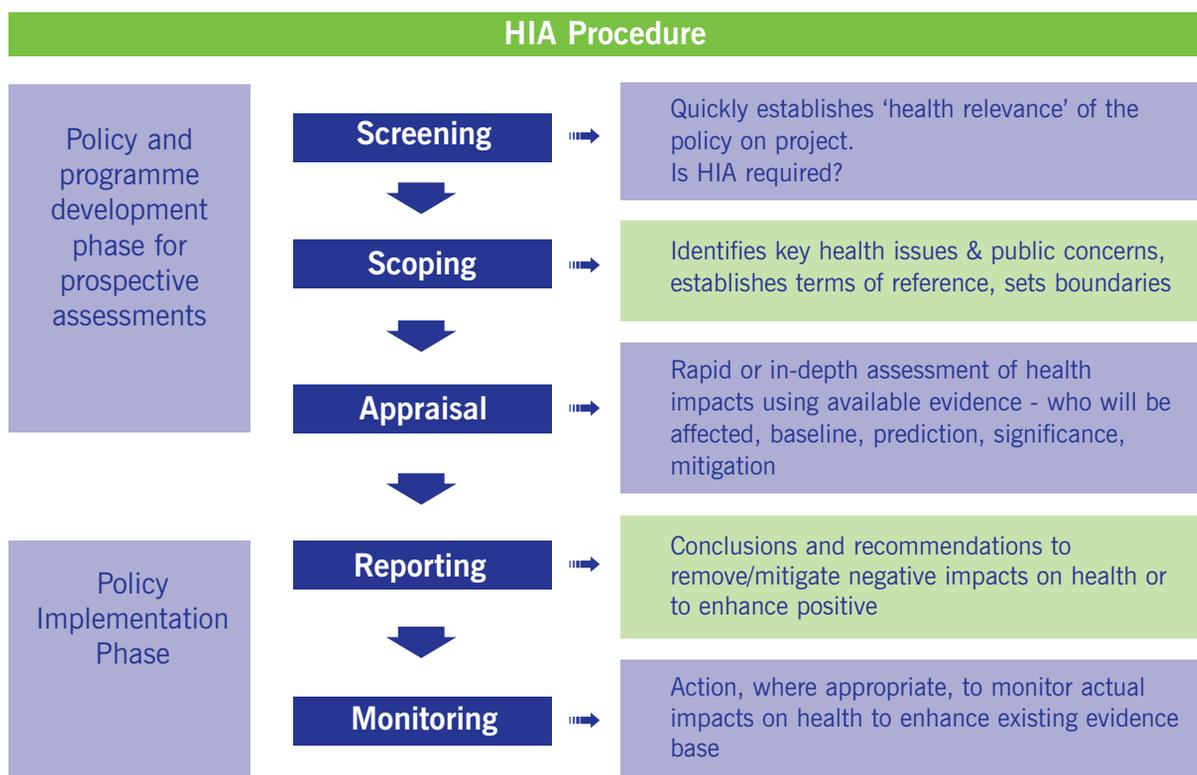
HEALTH21: the health for all policy framework for the WHO European Region (1999)

How do you undertake an HIA?

As the regional review of HIA emphasised, 'the key message from our local case studies is that HIA is do-able'. Within the region there are examples of both complex, lengthy HIAs, which draw together a wide range of research evidence and stakeholder views, and rapid HIAs, which pragmatically tailor their approach to the resources available and the timeframe for making decisions. Both approaches are valid.

Whether an HIA is undertaken as a comprehensive project over a few years or a rapid HIA completed in a matter of weeks, days or even hours, they share a common process. The WHO identifies five stages for an HIA project (figure 2).

Figure 2



(from www.who.int/hia/tools/en)

Within the appraisal stage, often referred to as the engine room of HIA, the ideal is to triangulate three sources of evidence, drawing together and balancing the evidence from published research, local demographic data and stakeholder experience and understanding. These three combined provide a robust evidence base to underpin the development of strategies and plans. But any one of these can usefully inform and enhance the decision making process.

Main challenges for HIA in Yorkshire and the Humber

The 2004 regional review of HIA identified a number of challenges. These remain and projects currently underway in the region are rising to these challenges.

Competing impact assessments: Local Authorities are required by an EU Directive to undertake Environmental Impact Assessments (EIA) and Strategic Environmental Assessments (SEA). In England, Sustainability Appraisals (SA) are a legal requirement of the Planning and Compulsory Purchases Act 2004. While the government has consistently promoted HIA in health policy, particularly as a tool for tackling health inequalities, there is no similar statutory obligation for planners or developers to consider the health

implications of their work. In this respect HIA has to compete with other impact assessments, which are often seen as a more pressing priority. Furthermore, all of these impact assessments have health as a component, so undertaking a separate HIA can seem an unnecessary burden on resources. However, amongst HIA practitioners there is a concern that the health element of other impact assessments is not fully explored or understood. The challenge for the HIA community is to promote HIA in this context and also to explore cost effective ways of integrating health more fully with other impact assessments.

Working across organisational barriers: HIA can be used very effectively to identify common interests between organisations and to build strong working relationships across organisational barriers. However, there is often an initial period of uncertainty about the HIA process. It can be seen as a threat to the successful development of a strategy or plan; at worst undermining the process and at best slowing it down unnecessarily. The experience of HIA, as a process which supports decision making and decision makers, can resolve these concerns but the challenge is to get over this initial hurdle by convincing decision makers that they will not lose ownership of their projects.

Demystifying HIA: There are a huge range of tools, models, case studies and approaches to HIA available through the internet. To a new or aspiring HIA practitioner this is a valuable resource, but it can also be seen as a bewildering array of techniques and advice. Debates about the value of quantitative versus qualitative approaches add to this confusion. Consequently, people who have undertaken HIAs do not always promote their work in case it does not measure up to a perceived gold standard and do not necessarily draw confidence from their experience of HIA. The challenge here is to demystify HIA without undermining the value of the approach.

The perceived cost of HIA: HIA experience and skill are spread thinly across the public health community both within the NHS and local authorities. One response to this is to buy in HIA skills through consultancy. However, this is a costly and unsustainable approach. An alternative is to draw on existing HIA skills and supplement these with the many transferable skills that the NHS, voluntary organisations and local authorities possess. This approach not only builds experience, skill and confidence but also starts to mainstream HIA by embedding it in established practice.

Tackling these challenges

The Yorkshire and Humber Public Health Observatory, in collaboration with the Regional Public Health Group, has been addressing these challenges in two ways: first by developing an approach to undertaking HIAs of regional strategies (top-down) and second by building on the 'Learning by Doing' approach (bottom-up) established by the Sheffield Hallam regional review of HIA. Both of these approaches emphasise the need to mainstream HIA by building on existing skills and resources. Project costs have been minimised by pooling resources across the region. For example, the HIA of the Regional Economic Strategy drew on volunteers from the regional HIA practitioners' network. This is a relatively low-cost approach, with the added benefit that it allows practitioners to develop their skills and confidence across a range of projects. Work is also being done at a regional and local level to integrate HIA with other forms of assessment. The projects presented here demonstrate some or all of these approaches.

'Learning by Doing' Projects

The summaries below are based on more detailed accounts of the projects available through the Yorkshire and Humber Public Health Observatory (YHPHO) website at: <http://www.yhpho.org.uk>. The authors of the website summaries are listed as contacts for the project.

Rotherham's Draft Municipal Waste Strategy

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| Approach | Rapid HIA making use of existing resources. |
| Summary of the project | The Rotherham Council approached the Primary Care Trust (PCT) to undertake an HIA of their draft Municipal Waste Strategy alongside a Best Practicable Environmental Option (BPEO) process. Due to time constraints (the PCT had just over a month to feed into the scrutiny process) a rapid, prospective HIA was conducted, drawing on the support of colleagues within the region with HIA experience. |
| Key challenges | Time constraints; initial sensitivities about the HIA process. |

Learning point 1 - political sensitivities: Both parties had a very short time to consider the idea of conducting an HIA. Very little was known about each other's work agendas, pressures and influences, making the first few meetings quite intense. The key concern was that the local authority (LA) knew that waste management was a highly sensitive subject, often perceived negatively by the public. Understandably, bringing an unfamiliar health assessment process to the table had the potential to increase the anxieties of LA colleagues who already had time pressures and a number of stakeholders to negotiate with. It was very important to be open and transparent about the HIA agenda. It was also important to demonstrate through the process that the HIA was not a mechanism for attacking the negative aspects of waste management but would act as 'a stop and think tool to aid decision making'. The Waste Management department appears to be more comfortable now with the relationship between health and waste management.

Learning point 2 - ownership: The HIA was not intended to be solely for the benefit of the PCT, but to be a process that the LA were fully involved in and to assist them with DEFRA's scrutiny process. It was coordinated by the PCT and Yorkshire and Humber Public Health Observatory, but the LA took on the role of inviting key people to the workshop, presenting information at the workshop, taking forward recommendations and contributing to the report writing process. This made sure that the HIA process was open and transparent to all parties involved.

Learning point 3 - developing expertise through mentoring: This HIA provided a learning opportunity for the two HIA assessors (one from the PCT and one from the YHPHO). To support them in the process Sue Greig (Deputy Director of Public Health at Huddersfield Central PCT) acted as a mentor to the project, providing expertise in HIA and bringing recent experience of undertaking an HIA on the Regional Waste Management Strategy. The PCT has subsequently increased its expertise and developed capacity to lead on and assist others in carrying out HIAs. The offering of an internal 'expert' to people carrying out HIAs across Rotherham has given staff extra confidence to 'have a go'.

Learning point 4 - networking: An unexpected outcome of the HIA workshop was the opportunity to network with so many non-health personnel (Environment Agency, local planners, local transport planners) and find out how HIA could be used within their own work programme. This was another opportunity to raise the profile of health in the non-health sector.

Learning point 5 - follow-up: The report fed into the scrutiny process of the strategy, along with the BPEO and has since been accepted. Although there has been communication since the report was finished on related matters, there could have been more work to follow up the progress of the Strategy and opportunities to review how health is regarded in the development process.

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Proposals for a Regional Casino in Sheffield

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|-------------------------------|--|
| Approach | Initial screening and scoping stages of the HIA conducted using existing resources. |
| Summary of the project | <p>During 2004 the Gambling Bill was going through Parliament. Its aim was to establish a new regime for the regulation of commercial gambling in Great Britain. The Bill paved the way for large 'Las Vegas' style casinos (annual turnover estimated between £55 and £85 million per annum). Following public concern about the potential impact on problem gambling, a decision was taken to limit the number of Regional, Large and Small casinos to eight each in the first phase. Sheffield City Council saw this as a significant opportunity for regeneration and lobbied to be one of the eight pilot sites. The two main issues that were informing the debate and shaping the agenda at that time were the perceived economic benefits for local communities and concerns about an increase in problem gambling. A more wide ranging discussion about other potential health impacts had yet to be initiated. Local PCTs, in consultation with the Local Authority and other partners, took the decision to conduct an HIA to fill this gap in the debate and help to inform decisions about the benefits and site of a potential casino within Sheffield. However, in the run up to the election, the Bill was amended and the number of pilot regional casinos reduced to one. It seemed unlikely that Sheffield would be the venue for a regional casino and, in this context, an HIA was no longer required. Nonetheless useful learning points emerged from the process up to that point. Recent renewed interest in Sheffield as a potential regional site has prompted similar renewed interest in a related HIA. The ground work thus far will be valuable and underpin further work.</p> |
| Key challenges | Understanding the decision making process. |

Key learning point 1 - Mapping the decision making process: It is very important to have a clear understanding of the decision making process to ensure that the HIA is influential. In this case the process was neither straightforward nor linear. At first sight it looked as though an HIA could be postponed until the main decision on the selection of pilot sites was made at the end of 2006. However, a detailed mapping of the (very complex, multi-organisational) processes leading up to this decision highlighted a number of opportunities where an understanding of wider health issues could help to shape and support the stages leading up to a final decision being made.

Making planning decisions is often a lengthy and iterative process. A full understanding of this process will help to identify opportunities for the health sector to shape the agenda. Developing this understanding may involve conversations with a wide range of organisations and people. While trying to understand their processes there may also be an opportunity to explain something about HIA. This groundwork will pave the way for the HIA and create a context in which it is more likely to be influential.

Learning point 2 - Local Authority planning processes and section 106 agreements: Section 106 refers to that part of the Town and Country Planning Act (1990), which deals with planning obligations. Typically this involves the Local Authority negotiating with a developer, as part of the process for obtaining planning consent, for some form of compensation for the additional burdens that a development is likely to place on the infrastructure supporting the local community. For example, additional housing will increase the local population, in turn increasing the demand for GP services, for school places, for public transport and so on.

Despite the impact that local developments can have on health services, Section 106 agreements tend not to focus on health issues. It is important to remember that a section 106 agreement will provide a limited resource and health may not be the first priority for available funds. However, an HIA will help to identify what the impacts on health might be and should also give some indication of the strength of those impacts, which would provide a good starting point for negotiating section 106 funds. We began to explore the possibility of negotiating for section 106 funds as part of an HIA of a Regional Casino in Sheffield.

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| Selby District Council's Licensing Policy | |
|---|--|
| Approach | Rapid HIA making use of existing resources |
| Summary of the project | <p>In 2004 all local authorities had to produce a new Licensing Policy to implement the Licensing Act 2003. The Act required the policy to be based around four objectives:</p> <ul style="list-style-type: none"> a) the prevention of crime and disorder b) public safety c) the prevention of public nuisance d) the protection of children from harm <p>It was felt that the policy could benefit from an HIA because it would provide an opportunity to consider the potential implications of the new licensing regime from a wider wellbeing perspective. A multi-agency group was given background information on the Licensing Act and then met to brainstorm ideas and talk through the policy, which formed the basis of the HIA.</p> |
| Key challenges | As neither Selby and York PCT nor Selby District Council had carried out an HIA before, they were keen to evaluate the usefulness of HIA in this kind of setting. |

Learning point 1 - Make it relevant: most of the people participating in the HIA were from a Community Safety background (because of the nature of the Licensing Act) and so 'health' for them was not the most important consideration when it came to discussing Licensing issues. Gaining commitment from people to participate in a process they had never heard of was not easy, as it could sound irrelevant and bureaucratic to, for example, police colleagues. However the HIA itself was actually felt to be successful by participants because a broad view was taken of the determinants of health, which enabled people to see the relevance to their work and to find common ground.

Learning point 2 - you can't always change what you want to: The Licensing Act is very prescriptive about what can and cannot be included in Licensing Policies, so the group could not actually change many of the things they wanted to. This meant that recommendations from the HIA could only be about mitigating the impact of a policy with which many people were uneasy.

Learning point 3 - ownership and follow up: The HIA was carried out by a multi-agency group, which gave it legitimacy. However there was a lack of clear ownership of the process from any of the relevant organisations. Appropriate committees and groups received the report from the HIA and noted it; and various Community Safety task groups included the recommendations within their action plans. However, there was no clear line of

responsibility or priority as the actions had not come from the normal decision-making routes and did not have funding attached. As with any new area of work, there was some concern about who was responsible for what, and who would carry out which actions. As a result, there have been delays in implementing some of the recommendations. This was probably exacerbated by timing, and priority being given to processing licensing applications ahead of the deadline. In future HIAs of this nature it might be better to involve a range of more senior people in actually agreeing the recommendations and in monitoring outcomes.

Learning point 4 - added benefits: One of the key outcomes of the process mentioned by almost every participant was that they learnt a great deal about the Licensing process. This has benefited people in their usual areas of work and ensured a better level of understanding when people come into contact with the system. Taking time to look in detail at a policy like this was felt by participants to be rare, and resulted in a higher quality of policy as colleagues were able to question areas they felt were not clear and to contribute their expertise.

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'Learning by doing' projects in the pipeline

There are a number of 'learning by doing' projects that are currently underway but not yet at a stage where the learning from the projects can be disseminated. These projects are summarised below:

An HIA of the Regional Economic Strategy

The Regional Economic Strategy (RES) was reviewed in 2005. An HIA was undertaken, which formed part of the response from the Regional Director of Public Health to the formal consultation process on the draft RES. It was also used to develop and pilot a general approach to the HIA of regional strategies. This was a rapid HIA, drawing on expertise in HIA from across the region and making use of the Regional Public Health Group's role and experience in relation to regional strategies. Initially, it was hoped that the HIA might be integrated with the combined Sustainability Appraisal / Strategic Environmental Assessment but this was not feasible within the timeframe of the overall public consultation. On this occasion the processes were run in parallel but there is a commitment from Yorkshire Forward to work with partner organisations to review the feasibility of an integrated process based on this experience. The project is being formally evaluated and lessons from the project will be disseminated when this evaluation is completed.

An HIA of the M1 Development in South Yorkshire

The planned development of the M1 corridor from Junction 30 (Chesterfield) to junction 42 (Leeds) is intended to relieve congestion on the motorway, maintaining it as a strategic route. Rotherham PCT is leading a comprehensive HIA of the development in South Yorkshire, focusing on both the direct impacts on health (e.g. through air pollution or traffic accidents) and the indirect impacts (e.g. its impacts on economic development, community life and neighbourhoods). Even though this is a comprehensive HIA the intention is to do as much work as possible 'in-house', drawing on existing HIA expertise from across the region. One of the key challenges for this project will be managing the links to the parallel Environmental Impact Assessment (EIA) to ensure that the two processes do not duplicate effort. The HIA will not be completed until 2007 but it is hoped that an interim review will identify lessons for dissemination before the completion of the HIA.

An HIA of the Leeds Strategic Services Programme

The Strategic Services Programme aims to radically improve health and social care in the city of Leeds. It involves a new Children's and Maternity Hospital; improvements in community and primary care infrastructure; and a radical redesign of care pathways across the city, so that patients can be treated in or close to their own homes. An HIA is being undertaken, which focuses on the NHS as a corporate citizen. One of the strengths of HIA is its ability to engage partner organisations and stakeholders in the process. It is hoped to use the HIA as

a way of structuring patient and public involvement in this significant reconfiguration of health and social services in Leeds. One of the key issues being explored in this project is the optimum timing for the HIA. The timetable for the programme is complex with a number of working groups contributing to an overall draft of the Strategic Services Plan. Participants are keen to ensure that the timing of the HIA will ensure that it adds maximum value to the programme as a whole. It is hoped that lessons from this HIA will be available for dissemination by the end of 2006.

Conclusion

A small amount of dedicated regional resource has given HIA a renewed momentum at local and regional level. The considerable amount of HIA work being undertaken within the region, which relies on existing skills and resources, suggests that it is possible to mainstream HIA activity. This trend needs to be further supported and encouraged to ensure a growing supply of skilled and confident HIA practitioners in the region, which in turn will make HIA increasingly viable.

Projects in the region are also exploring ways of integrating HIA with other forms of impact assessment. This is an essential step forward if we are to make best use of available resources, avoiding duplication of effort and providing decision makers with a holistic understanding of the wider consequences of their strategies and actions. Our experience of running the HIA of the Regional Economic Strategy in parallel with the combined Sustainability Appraisal and Strategic Environmental Assessment will inform further work to develop a regional approach to integrated impact assessment.

One of the strengths of the HIA approach is its emphasis on identifying and collaborating with partner organisations and communities. At a regional level the HIA of the RES has provided an opportunity to forge relationships with regional bodies that have begun to explore health issues and the potential for health gains at a strategic level and also follow that through to the implementation of strategy at local level. There is a lot of work to be done here in terms of understanding how potential health gains, identified and supported within regional strategies, can be made tangible and reflected in a reduction in health inequalities. The initial focus for this work is the HIA of the RES, but if it is coordinated and driven forward, the learning from the RES can be translated to the development and implementation of all regional strategies. This will provide a strong foundation for evaluating HIA at regional level, focusing on outcomes as well as process. Traditionally this has been something that HIA has struggled to achieve but there is an opportunity in the context of regional strategies to break new ground.

The 'learning by doing' projects have risen to many of the challenges presented by HIA but there is more work to be done to embed HIA in organisational practice and to ensure that the effort put into HIA is rewarded by tangible health gain. The immediate challenge is to ensure that the momentum established by the 'learning by doing' projects is not lost as the NHS and other sectors are reorganised. The longer term challenge is to develop HIA capacity further, with an emphasis on evaluating the quality of the process and its contribution to reducing health inequalities in the Yorkshire and Humber region.

Sources of further information

National and European policy and guidance:

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Copenhagen. Available at <http://www.eurocare.org/who/policy/health21.pdf>

Relevant websites:

Yorkshire and Humber Public Health Observatory
<http://www.yhpho.org.uk>

London Health Observatory
<http://www.lho.org.uk/HIA/AboutHIA.aspx>

HIA Gateway
<http://www.publichealth.nice.org.uk/page.aspx?o=503066>

London Health Commission:
<http://www.londonhealth.gov.uk/hia.htm>

IMPACT, University of Liverpool
<http://www.ihia.org.uk/>

Health Impact Assessment Research Unit, University of Birmingham
<http://www.pcpoh.bham.ac.uk/publichealth/hiaru/>

Welsh Health Impact Assessment research Unit, University of Wales
<http://www.wales.nhs.uk/sites3/home.cfm?OrgID=522>

Institute of Public Health in Ireland:
<http://www.publichealth.ie/search.asp?searchWord=HIA>

World Health Organisation
http://www.euro.who.int/healthtopics/HT2ndLvlPage?HTCode=health_impact_assessment

European Centre for Health Policy
<http://www.who.dk/echp>

School of Public Health and Community Medicine, University of New South Wales, Australia
<http://chetre.med.unsw.edu.au/hia/>

Health Impact Assessment Unit, Deakin University, Australia:
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