

# **HIA Screening, Scoping and Assessment**

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# Screening for HIA

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Screening is the first and most fundamental step of the assessment process. It should always be applied irrespective of the policy, program or project to be evaluated.

# Screening determines whether...

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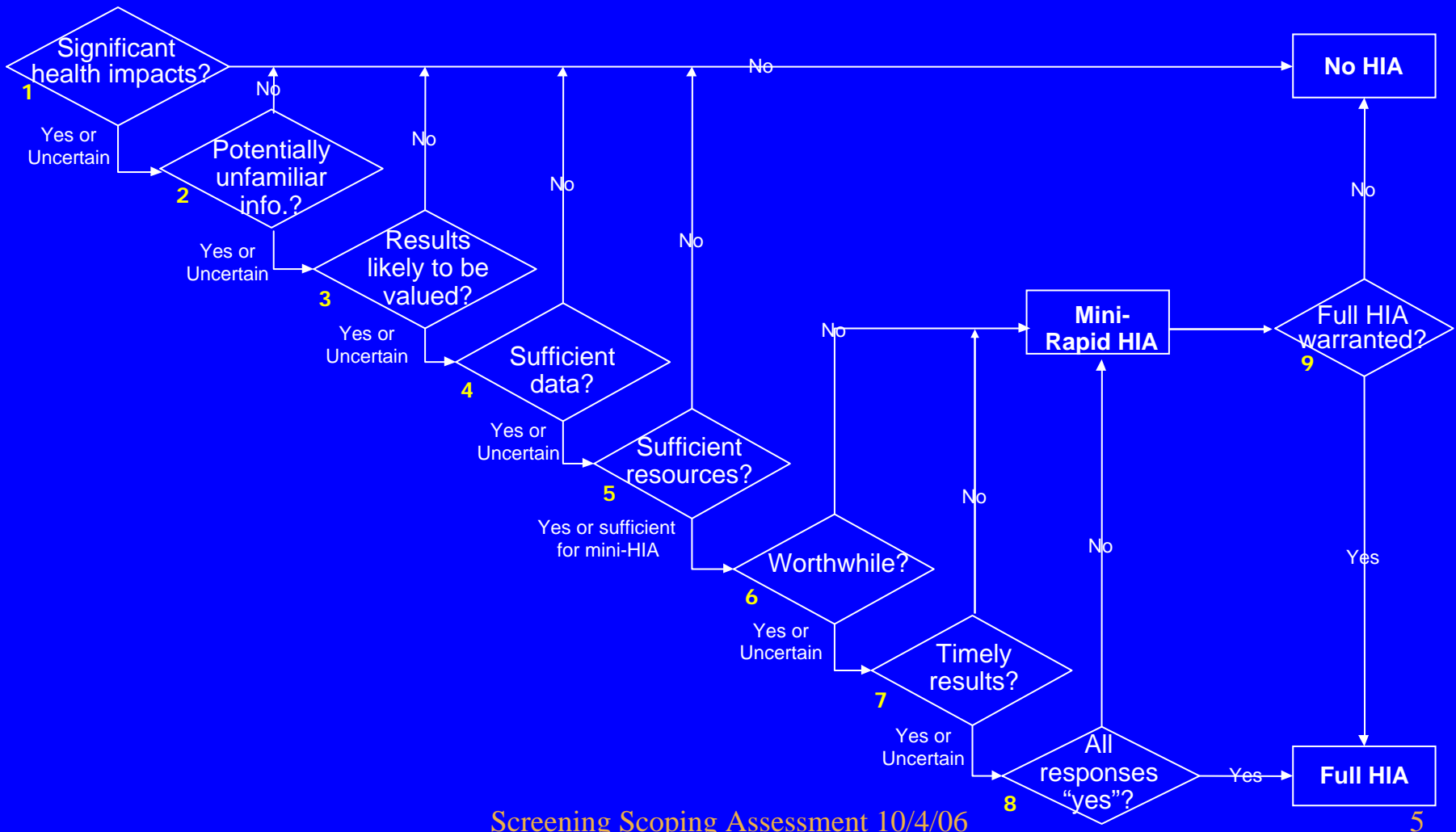
- 1) An HIA is feasible and likely to yield useful information.
- 2) It is not necessary to conduct an HIA but recommendations can be made on how negative health impacts can be ameliorated.
- 3) It is not yet possible to decide one way or the other, due to inadequate information. The screening process should be repeated after obtaining further information.

# Screening Criteria

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- ◆ Significance: Likelihood of significant health impacts  
(see *Training manual*)
- ◆ Value
  - Added value of HIA to policy-making process
  - Valuation of added information
  - Impact of added information
- ◆ Evidence
- ◆ State of current knowledge
- ◆ Data availability
- ◆ Feasibility: Available resources to conduct HIA (time, \$, personnel)

# Screening algorithm



# For stronger, more sound screening decisions

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- ◆ Develop standing procedures for screening
- ◆ Involve multiple parties with range of expertise, including stakeholders
- ◆ Document steps, decisions and evidence

*Decisions to not examine an issue may be more important than conclusions about an issue that is selected for examination.*

# Examples of screening checklists

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1. British Columbia
2. London Health Authority
3. UCLA

*(see appendices in the training manual)*

## Vary by:

- ◆ Purpose
- ◆ Available resources
- ◆ Policy/project being considered
- ◆ Training of the person who completes the screening

# Scoping

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# Scoping for HIA

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Scoping establishes the foundation under which the health impact assessment is conducted; it is about designing and planning the HIA.

# Scoping aims to identify...

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- ◆ Objectives for the HIA;
- ◆ Key issues that should be considered;
- ◆ Project team and consultants;
- ◆ Necessary resources.

# Key elements of scoping

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1. What will the HIA examine?
  - ◆ Outcomes of interest
  - ◆ Key pathways
  - ◆ Policy comparisons
  
2. How will the HIA proceed?
  - ◆ Procedures for systematically gathering and evaluating evidence
  - ◆ What impacts will be quantified and how
  
3. Who will be involved
  - ◆ Analysts
  - ◆ Stakeholders
  - ◆ Consultants

# Developing a logic framework

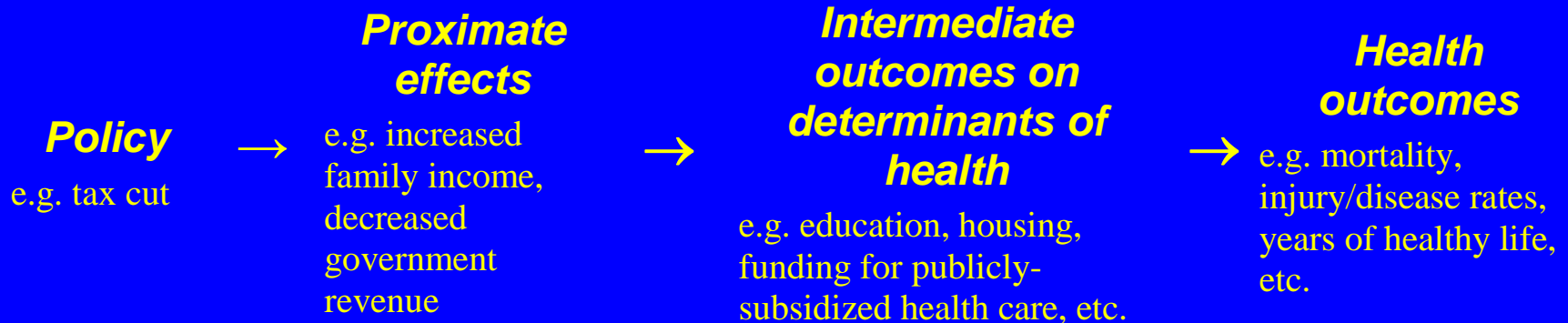
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Developing a logical framework is an essential step in the scoping process. It illustrates the putative causal pathways and likely positive and negative health effects for the proposed program or policy. Logic frameworks serve three primary purposes:

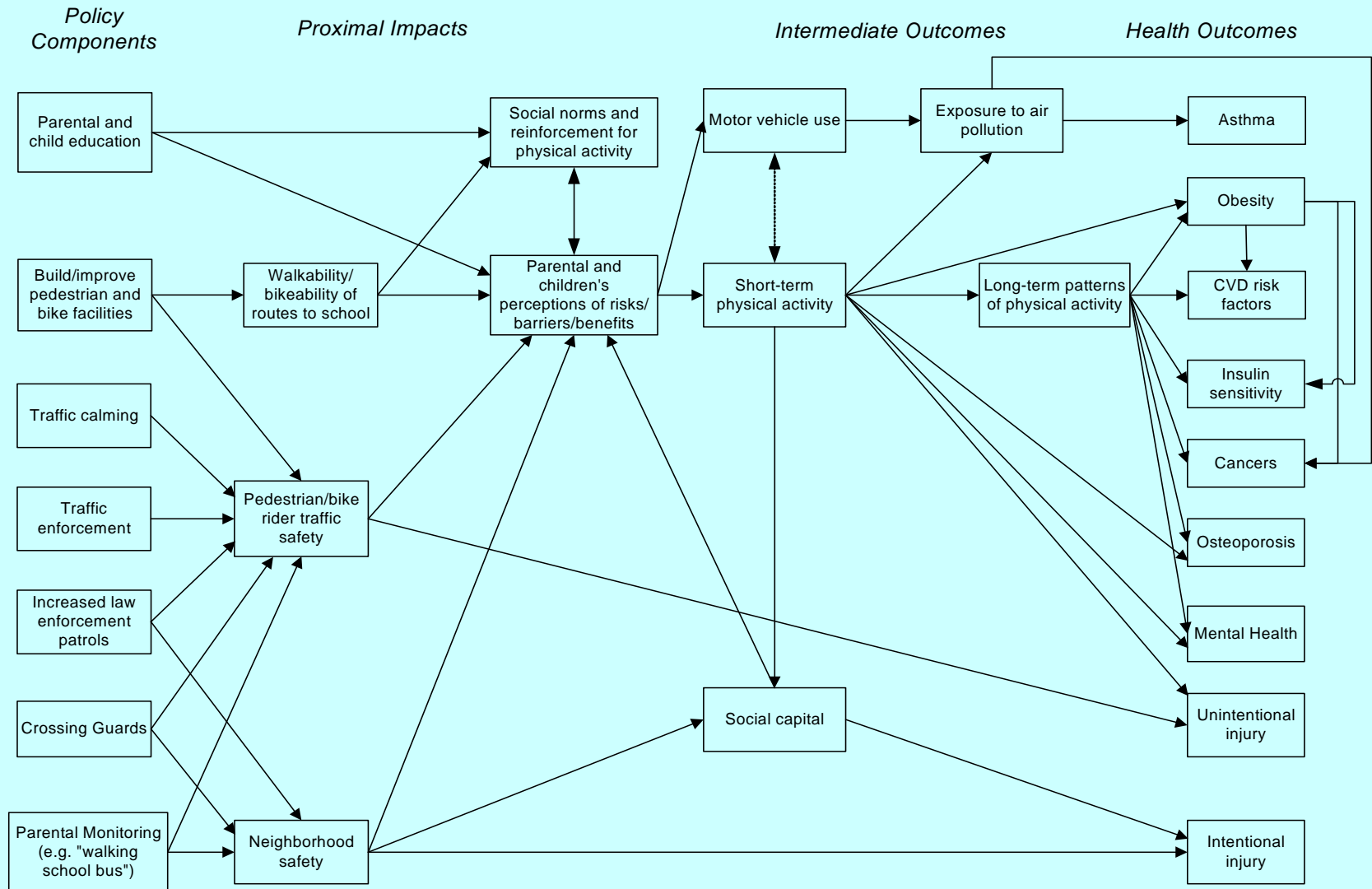
- Organize existing knowledge
- Communicate information
- Guide analyses

# General flow of a logic framework

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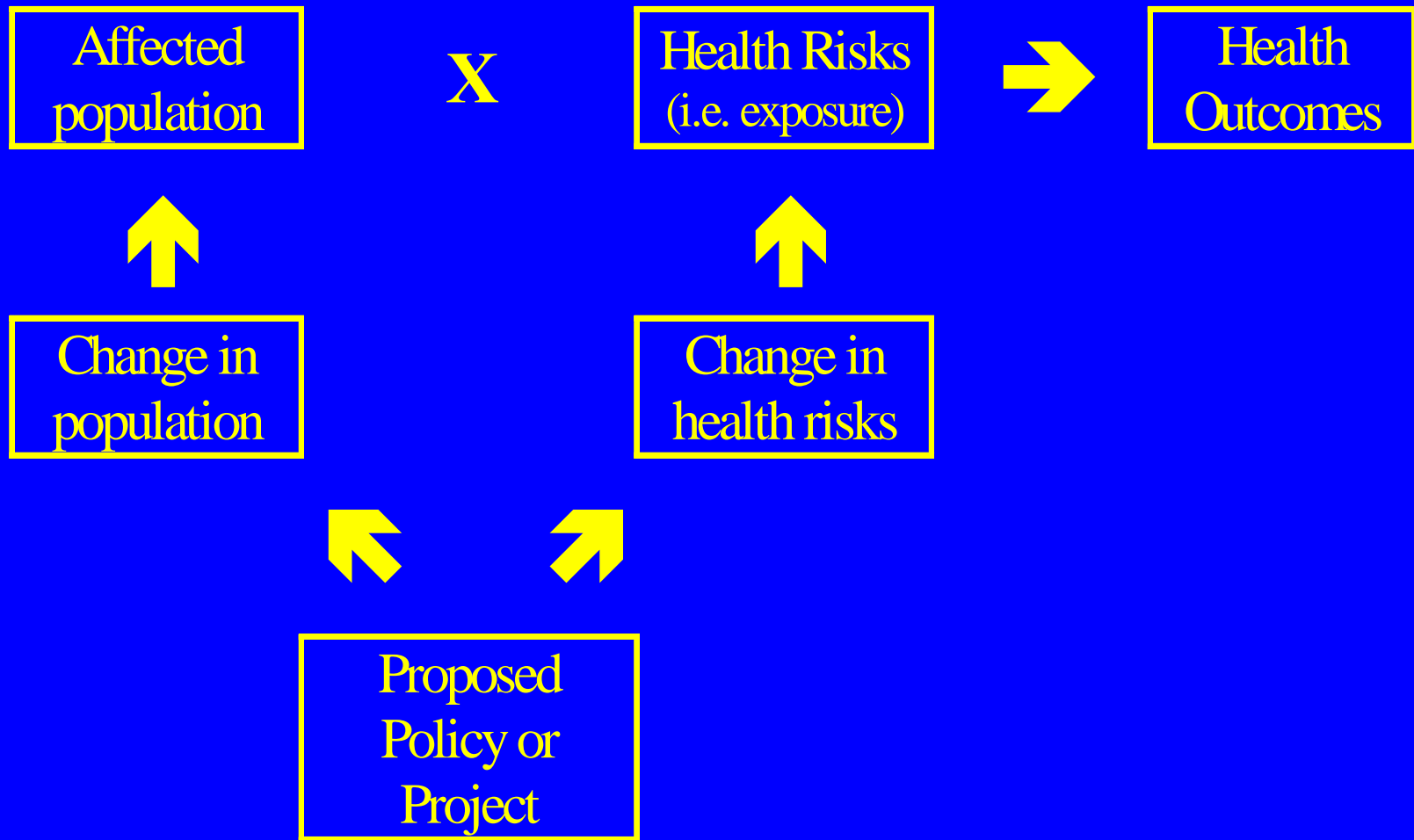
# Safe Routes to School Logic framework



# Impact assessment

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# Basic framework for risk assessment





# Components of impact assessment

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## 1. Exposure assessment

- ◆ Proximate effects of policies on determinants of health
- ◆ Example: effect of improved pedestrian infrastructure on levels of physical activity

## 2. Dose-response assessment

- ◆ Identifying and applying appropriate effect parameters
- ◆ Example: What is the effect of income on mortality?

## 3. Outcome assessment

- ◆ Effects of health determinants on health outcomes
- ◆ Example: How much will mortality change given an increase in income attributable to a policy change?

# Buford Highway

## Estimating projected increases in walking

Walking in two San Diego neighborhoods (Saelens et al, 2003)

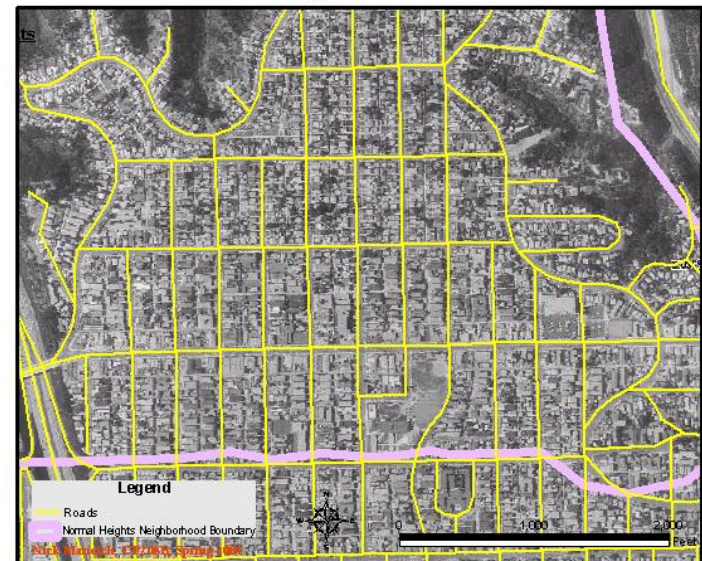
Clairemont Street Pattern



Avg LOS = B (2.0)

Avg min. walked/week = 65

Normal Heights Street Pattern



Avg LOS = A- (1.4)

Avg min. walked/week = 138

# Buford Highway

## Estimating projected increases in walking

Increased walking based on improved walkability

Before



Avg LOS = D (4.1)

Avg min. walked/week = 51

After



Est'd LOS = B- (2.4)

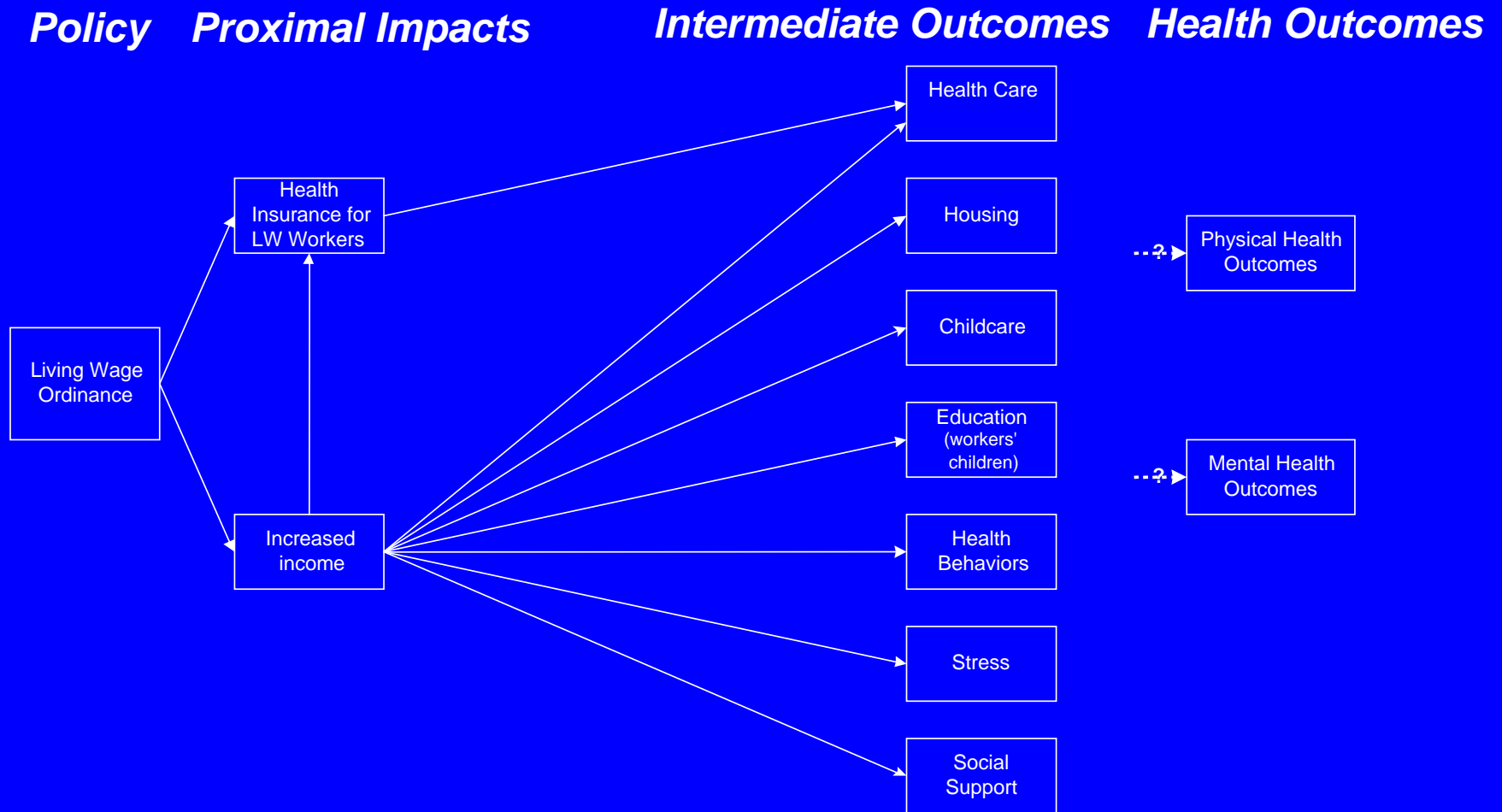
Est'd min. walked/week = 62 -175

# City of Los Angeles Living Wage

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- ◆ Employees working on city contracts must be
  - paid at least \$7.99/hour
  - provided health insurance, or an additional \$1.25/hour
- ◆ Covers approximately 10,000 workers

# City of Los Angeles Living Wage Logic framework



# City of Los Angeles Living Wage

## Current distribution wages and health insurance

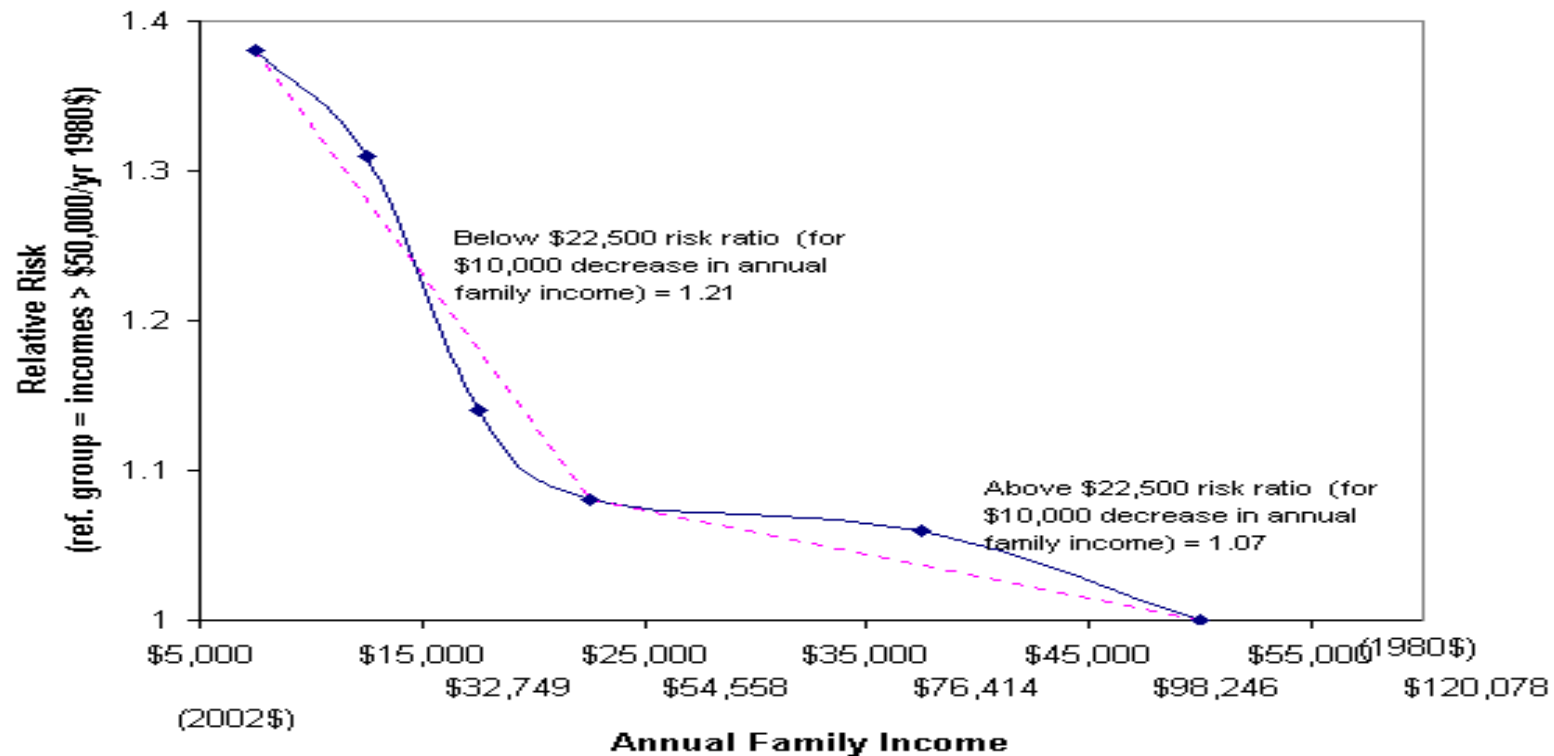
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No. workers subject to  
LA living wage ordinance

<b>Wages</b>	\$6.75/hr	5,800
	7.75	2,500
	8.75	1,700
<b>Health Insurance</b>	Yes	4,000
	No	6,000
<b>Total</b>		10,000

# City of Los Angeles Living Wage

Modeling the effect of income on mortality (Backlund et al, 1996)



# Why stratify in HIA Analysis

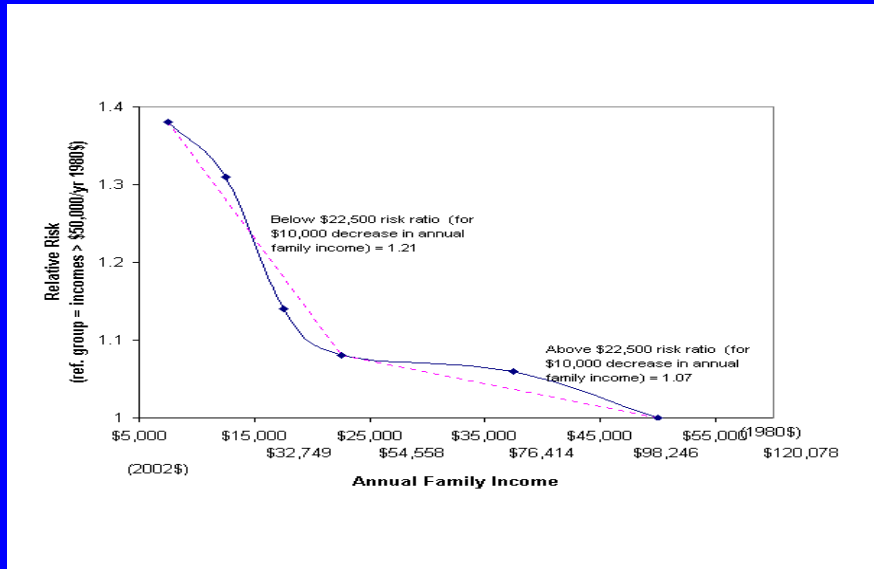
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1. Political concern about disparities and equity
2. Differential exposure
3. Sensitive populations:



# How to stratify for HIA analysis

## Example: Living Wage HIA



## Stratification

- ◆ Differential proximate effects depending on baseline characteristics
  - With/without health insurance (2)
  - Wage categories (3) determine marginal income increase
- ◆ Differential distal effects
  - Annual household income above/below \$22,500/year (1980\$) (2)

$$2 \times 3 \times 2 = 12 \text{ strata}$$

# Methodological challenges to impact assessment in HIA

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1. Loose linkages
2. Unknown proximate effects
3. Thin evidence base
4. Small effect sizes (esp. single interventions)
5. Uncertainty about differential effects (ethnicity, gender, current health status, etc.)

# Short-cuts: Credible analysis in the face of real-world constraints

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- ◆ Checklists
- ◆ Logic framework with brief assessments of evidence for important links
- ◆ Adapted models (*e.g. living wage model*)
- ◆ Combining existing research with local documentation
- ◆ Descriptive information for each element of risk analysis but stop short of full modeling

# Assessing credibility

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1. Is evidence for and against each finding presented?
2. Are assumptions fully documented?
3. Is sensitivity analysis conducted?
4. Are limitations discussed and given due weight?
5. Are differential impacts considered? (i.e. “winners” and “losers, not just aggregate impact)
6. Are the findings theoretically disprovable? (i.e. would different inputs yield different conclusions?)

# Elements of an HIA policy brief

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1. Summary and background to the proposed policy/project
2. Summary of the health impacts (short summary of results)
3. Direct (i.e. proximate non-health) effects
4. Health impact pathways examined (scope of the HIA)
5. Summary of the methodology
6. Key findings
  - General, aggregate effects
  - maximizing benefits/minimizing harm
  - differential effects on disadvantaged and vulnerable populations
7. Why examine health impacts? (rationale for the HIA)
8. Limitations