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SCREENING TOOL for HELTH IMPACT ASSESSMENT of SECTORAL PUBLIC POLICIES

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[Checklist validated by the Health Department of the Basque Government through its application to 14 regional public policies and a qualitative study to determine the opinion of professionals responsible for participating sectors, concerning the tool and the screening process. It involves a tool designed to identify impacts on the Social Determinants of Health Inequalities for application in Health Impact Assessment (HIA) and in other actions at the regional, local and community level.]

Health Impact Assessment (HIA)

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Introduction

Over recent decades, the main improvements in health have been attributed to advances in a broad range of issues known as the social determinants of health (SDH). Beyond a quality health system, factors such as employment, social protection, housing, urban planning, the environment, transport, and taxation policies play a crucial role in determining the status health of a population and its social distribution. It is for status this reason that public administrations are more and more interested in determining the impact of their policies on health in order to avoid or mitigate their potential negative impacts and strengthen the positive aspects[i].

One of the methodologies developed in recent years to formulate healthier public policies is the Health Impact Assessment (HIA). The most widely accepted definition was included in the so-called Gothenburg consensus 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 effect within the population*"[ii].

HIA is a valuable instrument for intersectoral action to improve decision making process, as, when completed, it offers a series of recommendations intended to maximise health gains and reduce health inequalities.

The different models proposed for its development and application coincide with the following basic stages: (1) screening; (2) scoping; (3) appraisal of evidence/assessment; (4) reporting and recommendations, and (5) monitoring and evaluation.

This questionnaire, based on the model of the WHO Commission on Social Determinants of Health (CSDH)[iii], is a tool to support the screening stage. Taking into account that is not possible to apply an HIA to all policy proposals (policy, programme or project), it involves to select those that may, indeed, have a relevant effect on health and which offer a favourable environment for carrying this out. Throughout this screening questionnaire, a rapid assessment is made of the possible links between the proposal and the social determinants of health. The possibility of carrying out a full HIA is analysed in accordance with the estimated impacts and the conditioning factors of the political-institutional environment.

The tool is organised in three large sections:

- **Section I:** sets out the political-strategic importance of the proposal, within the framework of the priorities of the Basque Government, and in addition identifies the population groups that might potentially be affected.
- **Section II**: designed to assess concentrates on the possible impact of the proposal on the social determinants of health and health inequalities.
- **Section III**: summarises the information gathered in the previous sections and introduces a number of questions to evaluate the pertinence, feasibility and opportunity to advance beyond the screening stage and perform a full HIA or other kind of evaluation.

NOTE FOR USERS. This tool is used to identify impacts on the SDHs. It can be used for a systematic screening and also for a rapid or desktop HIA.

Date

Title of the proposal[1] (policy, plan, programme, etc.)

General aims

Current state of development (formulation, approval or execution stage)

Person responsible (name, organisation, position):

[1] Throughout the document the terms “intervention” or “proposal” will be used interchangeably

Section I. Key features of the policy and population affected

1.1 Importance of the policy: Coherence with strategic undertakings in health matters formulated by the autonomous government[2]

a) Is the intervention developed according to any of the seven Basque Government commitments in the 8th legislature?

Programme bases	Yes	No	Not sure
1. Defence of human rights and liberties			
2. Solidarity and social justice			
3. Growth and well-being			
4. Equality and educational and cultural development			
5. Improvement in the environment			
6. Projection of the presence of the Basque Country in the world.			
7. Development of an efficient and transparent management at the service of the people			

b) The intervention has the potential to contribute to the development of the priority areas of the 2002-2010 Health Plan?

Priority areas	Yes	No	Not sure
1. Health-related behaviours			
2. Social inequalities in health			
3. Non-communicable diseases			
4. Communicable diseases			
5. Special action groups (first years, youth, old age, women)			
6. Environmental, work and school environment			

[2] This section must be adapted in each case. The criteria that define the importance of the proposal will depend on the strategic lines in force in each organisation. The ones proposed here are those that formed part of the validated tool

1.2 Population potentially affected by the proposal

a) What population or social group does the intervention focus on? (target group)

……

……

.....

b) Besides the target population, there may be social groups affected by the proposal. Among the groups listed below, which of these might be directly or indirectly affected?

☐ Women	☐ People based on their sexual orientation
☐ Men	☐ Population with functional diversity (physical and/or mental)
☐ Population aged over 65	☐ Institutionalised population
☐ Young population	☐ Population with chronic illnesses
☐ Infant population	☐ Population of immigrants from impoverished countries
☐ Student population	☐ Population of immigrants from other countries
☐ Population of employed or self-employed persons	☐ Carers
☐ Unemployed persons	☐ Residents of rural areas
☐ Population with high socio-economic position	☐ Residents of urban areas
☐ Population with average socio-economic position	☐ Others (specify): .....
☐ Population with low socio-economic position	☐ .....
☐ Homeless people	☐ ……

Section II. Impact on social determinants and social inequalities in health

The tables presented in this section list a series of factors that, scientific evidence-based, are known to have an effect on the health and health inequalities, so-called social determinants of health. According to the model of the CSDH, the determinants are classified in two levels, structural and intermediary[3].

Table I: shows the *structural determinants: social determinants of health inequalities*, including those determinants of the broader socio-political and economic context and the most important axes of social stratification.

Table II: shows the *intermediary determinants: social determinants of health,* more specifically, those that refer to material factors and living conditions, psycho-social circumstances and health-related conducts.

Instructions for completing the tables

- **STEP 1:** Identify the nature of potential impacts of the proposal on the determinants of health detailed in the first column of the tables. Please, make the difference between the following rating scale:

  - Very positive: ++
  - Positive: +
  - Negative: -
  - Very negative: --
  - Not sure

  Probably, you will not need to consider all the listed determinants. Therefore, only the impact of those that are expected to be affected by the proposal will be assessed.

- **STEP 2:** For every impact identified, positive or negative, please specify in the last column any population subgroup likely to be particularly affected (not included in Section 1.2).

[3] This model emphasises the causal priority of the different factors that generate inequalities in health, from the more structural factors of the political and social environment down to individual health-related conducts. It is called the "causes of causes" framework

Table I. Structural determinants of social inequalities in health

Socio-economic and political context	Type of impact					
	(++)	(+)	(-)	(--)	Not sure	Especially affected groups
Social values (health, social justice, equity, sustainability)	++	+	-	--		
State of wellbeing (employment, health, education, social policies, etc.)	++	+	-	--		
Economic development (redistributive policies, fiscal policies, etc.)	++	+	-	--		
Governance/Good government	++	+	-	--		
Factors referring to social stratification (social inequalities)	**Type of impact**					
	(++)	(+)	(-)	(--)	Not sure	Especially affected groups
Gender	++	+	-	--		
Social class (occupation, educational level, income	++	+	-	--		
Origins/ethnicity	++	+	-	--		
Functional diversity	++	+	-	--		
Age	++	+	-	--		
Sexual orientation	++	+	-	--		
Geographical location (urban-rural, deprived areas, etc.)	++	+	-	--		
Political ideology	++	+	-	--		
Religious beliefs	++	+	-	--		
Others (specify)	++	+	-	--		

Table II. Intermediate determinants (1)

Material factors and living conditions		***Type of impact***					
		(++)	**(+)**	**(-)**	**(--)**	**Not sure**	**Groups most affected**
Employment and working conditions	Job opportunities	++	+	-	--		
	Quality of employment (stability, working hours, appropriate income, etc.)	++	+	-	--		
	Working conditions (hygiene and safety, physical and psychosocial risks)	++	+	-	--		
Housing conditions	Quality (state of the home and the building)	++	+	-	--		
	Connectivity-accessibility (distance to goods, services and infrastructures)	++	+	-	--		
Environment	Quality of water, air and soil	++	+	-	--		
	Noise, acoustic contamination	++	+	-	--		
	Waste management	++	+	-	--		
	Availability of adequate public spaces for social relationships	++	+	-	--		
	Nature and green spaces	++	+	-	--		
	Weather conditions	++	+	-	--		
	Traffic density	++	+	-	--		
	Others (specify)	++	+	-	--		
Transport infrastructures/mobility	Public transport	++	+	-	--		
	Private transport	++	+	-	--		
	Availability of structures that promote active mobility (walkways, bicycle paths, etc.)	++	+	-	--		
	Others (specify)	++	+	-	--		
Quality of the Health-Care System	Technical quality	++	+	-	--		
	Continuity, accessibility, safety	++	+	-	--		
	Perceived quality (users satisfaction)	++	+	-	--		

Table II. Intermediary determinants (2)

Material circumstances and living conditions		Type of impact					
		(++)	(+)	(-)	(--)	Not sure	Grupos especialmente afectados
Retention of wealth in local area		++	+	-	--		
Access to basic goods and services	Employment	++	+	-	--		
	Education, training and skills	++	+	-	--		
	Healthy eating	++	+	-	--		
	Food safety	++	+	-	--		
	Housing	++	+	-	--		
	Healthcare	++	+	-	--		
	Social services and aids	++	+	-	--		
	Shops (to supply basic needs)	++	+	-	--		
	Leisure and recreation services and facilities (sports, cultural)						
	Others (specify)	++	+	-	--		
Security (physical, crime and disorder, freedom of movement)		++	+	-	--		
Others (specify)		++	+	-	--		

Table II. Intermediary determinants *(3)*						
Psychosocial factors	**Type of impact**					
	(++)	**(+)**	**(-)**	**(--)**	**Not sure**	**Groups most affected**
Psychosocial stress (job insecurity, discrimination)	++	+	-	--		
Social cohesion and support (family, neighbourhood, social networks)	++	+	-	--		
Individual and collective self-esteem (reputation of neighbourhood and/or city)	++	+	-	--		
Perception of security (fear of crime and disorders and antisocial behaviour)	++	+	-	--		
Autonomy or self-responsibility of individual	++	+	-	--		
Others (specify)	++	+	-	--		
Individual and behavioural factors	**Type of impact**					
	(++)	**(+)**	**(-)**	**(--)**	**Not sure**	**Groups most affected**
Exercise and physical activity	++	+	-	--		
Healthy diet	++	+	-	--		
Tobacco consumption	++	+	-	--		
Illegal drugs consumption	++	+	-	--		
Practice of safe sex	++	+	-	--		
Recreational or leisure activities that encourage interpersonal relationship	++	+	-	--		
Others (specify)	++	+	-	--		

Section III. Would a full HIA or other kind of assessment to be necessary?

Summary of impacts and proposal of preliminary recommendations

Once the table has been completed and the impacts (positive and negative) on the determinants and social groups have been identified, the most relevant implications for health of the proposal under study will be described in a summary. Next, if there is sufficient information and knowledge, recommendations that minimise the negative impacts and maximise the positive impacts will be drawn up. Later, a decision on the need to carry out a full HIA will be taken.

Summarising the findings:

During this stage, one must focus one's attention on the impacts identified both in the SDHs and in social groups and, moreover, on the existence of any uncertainty concerning the effect on health that might require an in-depth study.

In order to respond to the decision to apply a full HIA, the response must be indicated in the first or third column of the following table.

In favour of a full HIA	Question	Not in favour of a full HIA
Yes/Unsure	1. Is the proposal important for the responsible organisation of policies (strategic coherency, contribution to its aims, controversy, investment, etc?	No
Yes/Unsure	2. In spite of the proposed recommendations, is it expected to create inequalities or increase current ones?	No
Yes/Unsure	3. Is there any uncertainty concerning any social group that needs an in-depth assessment in order to issue recommendations?	No
Yes/Unsure	4. Has a negative impact been detected in a determinant that requires an in-depth assessment in order to issue recommendations to avoid this?	No
Yes/Unsure	5. Has an uncertain impact been detected in a determinant that requires an in-depth assessment?	No
Yes/Unsure	6. Has any area of improvement been detected that requires an in-depth assessment in order to issue recommendations?	No

[a] Due to the fact that this question is greatly dependent on the body responsible for the proposal, the criteria for an affirmative response shall be established *ad hoc*. In the process of validation of this tool , the "Yes" response was considered when 3 of the Government commitments were responded to affirmatively, including in each case the first one (human rights and liberties), and additionally, 3 of the priority areas of the Health Plan, including the second (social inequalities in health).

Feasibility of introducing modifications

Are there real possibilities for introducing modifications in the intervention before its implementation?

☐	Yes
☐	No
☐	Not sure

Facilitating elements of the proposal modification (social mobilisation or concern, groups interested in taking part in the process, predisposition and interest of decision makers in the HIA)……
…… …… …… ……..
…… ……

Barriers (timing, completion deadlines, budgetary restraints, lack of awareness or interest) ……..

……
……

Final decision (express this in the following chart)

Taking into consideration the parts of section III, it is considered that the performance of a full Health Impact Assessment will be recommendable when, at least, the response to one of the following questions is "Yes/Unsure": 2, 3, 4 or 5.

In spite of the above criterion, it may occur that once the analysis of section II has been completed, it is considered appropriate to recommend a full HIA, even when the previous four responses have been negative.

In the same way if, in spite of being recommended conducting a comprehensive HIA the context is not favourable, motives to not do it will be exposed.

NOT CARRY OUT AN HIA

☐

Because:

- The decision criteria in the summary of findings are not complied with ..... ☐

- There is not a favourable environment for its application, specifically:

  There is a lack of resources (financial, human) ..... ☐

  There is not a favourable political-institutional environment..... ☐

  There is insufficient time to carry out the HIA before a decision is taken ..... ☐

- Other reasons, specify:

_____

_____

_____

CARRY OUT AN HIA

☐

Because:

- The decision criteria in the recapitulation of findings are complied with ..... ☐

- There are reasons that advise in favour of its application:

  There is social concern ..... ☐

  There is interest and involvement on the part of the organisation ..... ☐

  There are interested groups ..... ☐

- Other reasons, specify:

_____

_____

_____

[i] WHO. Closing the gap: policy into practice on social determinants of health: discussion paper. World Conference on Social Determinants of Health. Rio de Janeiro, Brazil 19-21 October, 2011

[ii] WHO (ECHP). Health Impact Assessment: main concepts and suggested approach. Gothenburg consensus paper, December 1999

[iii] Solar Orielle, Irwin Alec. A conceptual framework for action on the social determinants of health. Social Determinants of Health Discussion Paper 2 (Policy and Practice). Geneva: Word Health Organization, 2010