

Section 3: Information Preparation

Responsibility for information preparation is assigned by the Steering Group (refer to Task 1.8). Suggestions about which personnel could prepare the diverse range of information required to undertake the participatory stakeholder workshop are shown in Table 1.1. The assessor(s) for the HIA has a major role in this series of tasks.

The Steering Group will also have identified information requirements for undertaking the HIA (refer to Tasks 1.5 and 1.8).

Summary of Tasks for Information Preparation

- ◆ Background information: brief introduction to HIA ~ Task 3.1A
- ◆ Background information: resume of the HIA process being undertaken locally ~ Task 3.1B
- ◆ Proposal documentation ~ Task 3.2
- ◆ Profile of the community or population ~ Task 3.3
- ◆ Vulnerable, disadvantaged or marginalised groups ~ Task 3.4
- ◆ Summary of local environmental conditions relevant to the proposal ~ Task 3.5
- ◆ Summary of the evidence base relevant to the proposal ~ Task 3.6
- ◆ Summary of the experience base relating to the proposal ~ Task 3.7

A Summary Table for Section 3 lists the inputs needed to complete each task, and the destination for, or use of, the outputs from each task.

Timing

- The document comprising either a background to HIA or a resume of the HIA process being undertaken locally - **Task 3.1 A** or B - needs to be prepared **first** for circulation with the letter of invitation (and therefore in a short amount of time).
- The remaining information/documents - Tasks 3.2-3.7 - need to be prepared for distribution when stakeholders have confirmed their participation at the workshop. Consequently, there may be at least 2-3 weeks and possibly longer available for document preparation.

Summary Table for Section 3: Inputs needed to complete each task, and the use of outputs from each task

Inputs needed to complete task	Tasks	Destination for/use of outputs from task
<i>From Steering Group:</i> output from Task 1.8; Appendix 2 could be used	3.1A	Workshop administrator (for circulation to all participants)
<i>From Steering Group:</i> output from Task 1.8; information from HIAs undertaken previously	3.1B	Workshop administrator (for circulation to all participants)
<i>From Steering Group:</i> outputs from Tasks 1.2 and 1.8	3.2	Workshop administrator (for circulation to all participants)
<i>From Steering Group:</i> outputs from Tasks 1.5 and 1.8	3.3	Workshop administrator (for circulation to all participants)
<i>From Steering Group:</i> outputs from Tasks 1.3, 1.5 and 1.8	3.4	Workshop administrator (for circulation to all participants)
<i>From Steering Group:</i> outputs from Tasks 1.5 and 1.8	3.5	Workshop administrator (for circulation to all participants)
<i>From Steering Group:</i> outputs from Tasks 1.5 and 1.8	3.6	Workshop administrator (for circulation to all participants)
<i>From Steering Group:</i> outputs from Tasks 1.5 and 1.8	3.7	Workshop administrator (for circulation to all participants)

Task 3.1A: Background information: brief introduction to HIA

<i>Why</i>	For stakeholders who have little or no experience of HIA, it is helpful to provide them with a brief introduction to the methodology so that they can at least familiarise themselves with the basics. The provision of this information may also make them feel more confident about attending the workshop. For those who have heard of HIA, but may be confused about what it might entail, the introduction can clarify some of these issues. Finally, the provision of a brief introduction to HIA beforehand means that precious time during the workshop does not have to be allocated to a general explanation of HIA.
<i>What</i>	It is useful if the following information is included in the introduction: <ul style="list-style-type: none">• brief outline of the process of HIA;• brief outline of the methods/methodology;• anticipated outputs from the process;• indication of how those outputs will be used.
<i>When</i>	The brief introduction to HIA should be prepared as soon as possible after the first meeting of the Steering Group. Without this, the first mailing including the letter of invitation cannot be sent out.
<i>Who</i>	The assessor(s) is most likely to be assigned responsibility for preparing the brief introduction to HIA.
<i>How</i>	Information in Appendix 2 can be adapted to write the introduction.
<i>Advice</i>	It is important to make the introduction easy to understand, and as clear and concise as possible, otherwise participants may not bother to read it.
<i>Learning point</i>	The brief introduction to HIA will have more relevance to stakeholders if it is set in context locally, for instance, by describing the strategic or decision-making framework in which HIA is being integrated, e.g. the Local Strategic Partnership or the implementation of the National Service Frameworks. For examples from the pilots of the decision-making processes or frameworks in which the results of the appraisal were considered, see Table 1.8.

Task 3.1B: Background information: resume of the HIA process being undertaken locally

Why	For participants who have gained experience of HIA, it is more useful to provide them with a resume of the introduction and development of HIA locally. This will update them not only on what has been achieved thus far, but also on what has been learnt. Such a resume will demonstrate the usefulness of the methodology, and thereby reinforce the importance of participation, which will encourage stakeholders to continue to participate when relevant.
What	<p>It is useful if the following information is included:</p> <ul style="list-style-type: none">• the context in which HIA is being used locally;• a brief outline of HIAs that have already been undertaken, and the major or key changes that were made as a result;• a brief outline of the way the HIA process has developed locally as a result of feedback and evaluation of previous HIAs;• the anticipated outputs from the HIA of the proposal currently under investigation and the framework in which they will be considered. <p>It may be interesting for stakeholders if the following are also mentioned:</p> <ul style="list-style-type: none">• potential future uses of HIA locally• potential future developments in the methodology as applied locally• the contribution the proposal currently under investigation could make to the development of the HIA process
When	The resume of the HIA process being undertaken locally should be prepared as soon as possible after the first meeting of the Steering Group. Without this, the first mailing including the letter of invitation cannot be sent out.
Who	The assessor(s) will probably be assigned responsibility for preparing the resume of the HIA process being undertaken locally.
How	<p>To write the resume, it is advisable to review any HIAs undertaken locally, including any evaluations of the process, and to summarise not only the changes to proposals made as a result, but also the learning points from the process.</p> <p>Once the first version of the resume has been written, it will be relatively easy to add to, and amend, the basic document as subsequent HIAs are undertaken, and further developments are made to the process.</p>
Advice	It is important to make the resume easy to understand, and as clear and concise as possible, otherwise participants may not bother to read it.

Task 3.2: Proposal documentation

Why	It is of the utmost importance to provide participants with documentation about the proposal. It is not possible to appraise a proposal effectively in the absence of documentation, giving details of what is involved in proposal implementation.
What	<ul style="list-style-type: none">• <i>For prospective HIAs</i>: circulate the most up-to-date version of the proposal.• <i>For retrospective and concurrent HIAs</i>: circulate a summary of the proposal as it was implemented (which may be different to the proposal that was approved by decision-makers) .
When	The proposal documentation can be prepared after the first meeting of the Steering Group for circulation in the second mailing (see Tasks 2.6 and 2.7).
Who	The proposal developer(s) or proponent(s) are likely to be assigned responsibility for preparing the proposal documentation.
How	<ul style="list-style-type: none">• If the proposal is a short document, send a complete copy to participants irrespective of whether only certain aspects or elements of it are to be assessed. However, make it clear to participants which aspects or elements are to be appraised.• If the proposal is a long document and only certain aspects or elements are to be assessed, prepare the relevant parts of the proposal together with a summary of the remainder of the document to give participants some contextual or background information. <p>It is also important to indicate to participants whether there are any non-negotiable aspects/elements of the proposal.</p>
Advice	If parts of the proposal are sensitive, or even confidential, participants must be notified in the covering letter (see Tasks 2.6 and 2.7).
Examples from pilots	<ul style="list-style-type: none">• For the HIA of the Food and Health Strategy, participants were sent a copy of the Action Plan for delivering the strategy plus a summary of the strategy.• For the HIA of the Healthy Living Centre, participants were sent details of the services to be provided at the HLC plus a summary of the bid to secure funding.

Task 3.3: Profile of the community or population

Why	<p>As HIA is a methodology that highlights or brings to attention the effects a proposal's implementation might have on health, it is essential to define, and provide information on, the current health status of the community or population affected, and on that of any vulnerable groups in that community or population. It is also helpful to provide information on socio-economic factors that might influence health.</p>
What	<p>For a population profile, the data should cover the following:</p> <ul style="list-style-type: none">• age-sex structure of the community• composition of the community with respect to ethnic minority groups• health status data for the community• socio-economic data for the community <p>The types of data that could be included in a profile of the population or community affected by the proposal's implementation are shown in Box 3.1.</p>
When	<p>The population profile can be prepared after the first meeting of the Steering Group for circulation in the second mailing (see Tasks 2.6 and 2.7).</p>
Who	<p>Staff responsible for information management in health and/or local government are likely to be assigned responsibility for preparing the profile of the community or population affected by proposal implementation.</p>
How	<p>For rapid appraisal, including those based around participatory stakeholder workshops, it is usual practice to confine information collection and collation to:</p> <ul style="list-style-type: none">• routine data that are readily available;• data that are readily available which may have been collated for other purposes, e.g. for a public enquiry. <p>Data for the profile can be obtained from a variety of sources:</p> <ul style="list-style-type: none">• public health observatory• information teams at the Strategic Health Authority (SHA), the Primary Care Trust (PCT), or various departments within the local council• published documents• grey literature <p>Depending on the nature of the proposal, it may also be relevant to obtain data from local voluntary organisations.</p>
Learning points	<p>Although it is necessary for participants to have a profile of the community or population, it is important not to swamp them with data. It is best to select information that is key to an understanding of the proposal's potential impacts on the local community or population, including that relevant to the impacts on vulnerable, disadvantaged or marginalised groups.</p> <p>It is also important to present this information in a readily accessible form.</p>
Tip	<p>Once prepared, the population profile can also be used as part of the baseline against which the effects of a proposal can be identified and assessed. It may also be useful for monitoring and evaluation of indicators and health outcomes following proposal implementation.</p>

Example from pilots

The data for the profile of the local community which were sent to participants attending the HIA of the Healthy Living Centre are shown in Box 3.2; the sources of these data are shown in the small box within Box 3.2.

Box 3.1: Types of data that could be included in a population profile

- number of individuals in community or population
- age/sex profile of community or population
- socio-economic groupings in community or population
- ethnic minority groupings in the community or population
- index of deprivation within parts of community or population
- employment/unemployment figures
- uptake of benefits
- indicators of health behaviour, e.g. smoking habit, exercise
- mortality and morbidity figures for key diseases, e.g. coronary heart disease and stroke, cancer, mental health
- figures on accidents, admissions to A&E, admissions to hospital

Sometimes, environmental conditions can be included in the population profile.

Box 3.2: Examples from Pilots ~ Population profile

Lead organisation: Aylesbury Vale District Council

Proposal: Healthy Living Centre

Information on Deprivation

- Unemployed
- Minority ethnic groups
- Owner-occupiers
- No car
- Occupancy per room
- Lone parents
- Child Poverty Index
- Number of Income Support Claimants
- Number of Unemployment claimants
- Number of Lone Parent claimants

For children (<16 years):

- Families on Income Support
- Free school meals
- English as an additional language
- Special Needs Education Register

For young people:

- Unemployment
- Crimes committed

Environment

- Number of nuisance complaints
- Number of arson cases
- Number of burnt out cars

Health

- Mental health: number of cases for neighbourhood mediation
- Coronary heart disease and stroke: standardised mortality ratios
- Teenage pregnancies (<18 years)
- Number of drug misusers

Learning and work disadvantage

- Number of Schools in Special Measures (by OfSTED)
- Teacher recruitment
- Unemployment profiles: by age, gender, ethnicity and skills level
- Literacy skills level
- Numeracy skills level

Community minority groups

- Ethnic minorities
- Single parents
- Carers - profile by age, ethnicity and Income Support

Sources of data

- * DETR: Indices of Deprivation 2000 Index
- * Income Support Data 1996
- * Education Action Zone Submission 1999
- * Aylesbury Vale District Council
- * Aylesbury Vale Health Inequality Working Group Report 1998
- * Vale Neighbourhood Mediation Report
- * Buckinghamshire Public Health Report: 1999; 2000
- * Buckinghamshire Health Authority
- * Addiction Counselling Trust 2000
- * Continuing Education Service
- * Buckinghamshire Community Profile 2000
- * Getting Equal (Thames Valley Enterprise)
- * 1991 Census Data
- * Caring on the Breadline 1999 (Carer's Association)

Task 3.4: Vulnerable, disadvantaged or marginalised groups

Why	<i>Equity</i> is one of the underpinning values for the conduct of HIA, and the majority of practitioners believe it is important to consider not only whether the implementation of a proposal might have impacts on the health of a community/population, but also whether the proposal's impacts may be different for any vulnerable groups in that community or population, particularly those people who are already suffering from health and/or other inequalities.
What	<i>For proposals that will affect the whole population:</i> identify the vulnerable, disadvantaged or marginalised groups within the community or population <i>For proposals that are targeted at particular groups in the population:</i> in this instance, some of the target groups are likely to be vulnerable, disadvantaged or marginalised in some way (see, for example, Table 4.1 in which are listed the target groups for the Food and Health Strategy); however, it may be useful to identify subgroups within these target groups who may be particularly vulnerable.
When	The list of vulnerable, disadvantaged or marginalised groups in the community or population can be prepared after the first meeting of the Steering Group for circulation in the second mailing (see Tasks 2.6 and 2.7).
Who	The Steering Group will have identified the vulnerable, disadvantaged or marginalised groups in the community during Task 1.3; however, the assessor(s) can supplement this list, as appropriate.
How	A systematic way for the assessor(s) to ensure that all the vulnerable, disadvantaged or marginalised groups have been identified by the Steering Group is to go through each aspect or element of the proposal, noting which vulnerable group(s) are mentioned explicitly or could be affected, and then checking whether the group has already been identified. In this way, a relatively comprehensive list of vulnerable groups can be built up.
Tip	It is important to allow participants the opportunity in the workshop to add to this list if they feel an important group of vulnerable, disadvantaged or marginalised people has been overlooked.
Example from pilots	The vulnerable, disadvantaged or marginalised groups for the HIA of the Affordable Housing Policy are shown in Box 3.3. The vulnerable, disadvantaged or marginalised groups in the HIA of the Handyvan Scheme for the Elderly are shown in Box 3.4 - in this case, older people are the 'target' group for the scheme, who are a vulnerable group anyway, and within this group some of the older people are more vulnerable than others.

Box 3.3: Examples from Pilots ~ Vulnerable, disadvantaged or marginalised groups

Lead Organisation: Oxford City Council

Proposal: Affordable Housing Policy

- Low income families
- Lone parents
- Those living in houses where there is multiple occupation
- Ethnic minority communities
- People who have mental health problems
- Homeless people
- Refugees and asylum seekers
- Drug and other substance users
- Key workers, e.g. in health or police services, teachers

Box 3.4: Examples from Pilots ~ Vulnerable, disadvantaged or marginalised groups

Lead Organisation: Chiltern District Council

Proposal: Handyvan Scheme for the Elderly

In this HIA, the ‘target’ group is older people (60 or more years of age) who comprise a ‘vulnerable’ group; however, within this target group, there are some people who are more vulnerable than others, as follows:

- those over 80 years of age (mainly women)
- those who live on their own
- those who have been victims of crime
- those who belong to the Pakistani ethnic minority group

Task 3.5: Summary of local environmental conditions relevant to the proposal

Why	For some proposals, particularly projects that involve either the construction of new infrastructure, build, or plant (e.g. new industrial developments or transport infrastructure) or the major refurbishment of old (e.g. housing programmes, or the reconfiguration of amenities), local environmental conditions may be relevant to the impacts a proposal's implementation may have. Thus, for participants to be able to identify and characterise some of the potential health impacts, it is helpful to bring any relevant environmental conditions to their attention.
What	Depending on the nature of the proposal, the types of information that may be relevant include: <ul style="list-style-type: none">• transport flows, points of congestion, and accident black spots;• current levels of pollutants in the various media, i.e. soil, water, air;• prevailing wind direction, e.g. if odour or stack emissions are a concern;• noise hotspots;• geographical locations where vulnerable groups in the community are concentrated, e.g. schools, nursing homes, or particular housing estates.
When	The summary of local conditions relevant to the proposal can be prepared after the first meeting of the Steering Group for circulation in the second mailing (see Tasks 2.6 and 2.7).
Who	It is likely that personnel from local government will be assigned responsibility for preparing the summary of local environmental conditions.
How	<p>The Steering Group will have indicated which of the local environmental conditions may be relevant for consideration during the workshop. However, it is possible for this list of local conditions to be added to by the personnel responsible for compiling the data because they will have a good working knowledge of the local area.</p> <p>A useful starting point to source such information is the Environmental Health Department of the local council, with support from other departments such as Housing, Planning, and Transport depending on the nature of the proposal.</p> <p>However, it may be necessary to obtain data from other agencies, such as local housing associations.</p>
Example from pilots	The environmental conditions relevant to the HIA of the Healthy Living Centre were integrated into the population profile and are shown in Box 3.2. The tactic of integrating data about any relevant environmental conditions into the population profile is to be recommended because it reduces the amount of documentation sent to participants.

Task 3.6: Summary of the evidence base relevant to the proposal

Why	<p>The <i>ethical use of evidence</i> is one of the underpinning values for the conduct of HIA. Moreover, one of the distinguishing characteristics of HIA is the use of both <i>quantitative and qualitative</i> (or non-quantitative) evidence.</p> <p>Providing access to the evidence base is fundamental to informing participants' judgements about a proposal's potential impacts on health, and the changes they might suggest to address those impacts.</p> <p>The evidence base is also an important support for the assessor(s) when collating the results from the workshop, writing the report, and framing any recommendations.</p>
What	<p>It is helpful to provide participants with the following types of evidence:</p> <ul style="list-style-type: none">• that relating to the <i>impacts on health</i> a particular type of proposal might have;• that relating to the <i>effectiveness of interventions</i> which could be recommended to minimise the negative and maximise the positive impacts on health. <p>It is also important to provide evidence of any <i>differential effects</i> of proposal implementation that might be experienced by vulnerable groups in the community or population.</p> <p>It is helpful for participants if gaps in the evidence can be identified, and/or where the evidence of effect or of effectiveness is uncertain or conflicting.</p>
When	<p>The summary of the evidence base relevant to the proposal can be prepared after the first meeting of the Steering Group for circulation in the second mailing (see Tasks 2.6 and 2.7).</p>
Who	<p>Usually, the assessor(s) will be assigned responsibility for preparing the summary of the evidence base; however, if a health-related proposal is under investigation, the responsibility may be assigned to the proposal developer(s).</p>
How	<p>For rapid appraisals, including those based around participatory stakeholder workshops, it is usual practice to confine the summary of evidence to that which is <i>readily available</i> in the literature, grey literature, or other documents.</p> <p>It is possible to commission a summary or rapid review of the relevant evidence base. However, this option does require financial resources, which may not be available.</p>
Learning point	<p>Although it is necessary for participants to have a summary of the evidence base, it is important not to swamp them with information. It is best to select the evidence that is key to an understanding of the proposal's potential impacts on the health of the local community or population, and to identifying effective changes to the proposal to address those impacts.</p> <p>It is also important to present this information in a readily accessible form.</p>
Tip	<p>One way of presenting the evidence of impacts on health in a readily accessible form is to condense it into a series of diagrams accompanied by a small amount of explanatory text. Most people find it easier to access information when it is presented in a diagrammatic rather than a textual form.</p>
Example from pilots	<p>A neat solution to providing participants with the relevant evidence base in summary form was used by Iona Lidington for the HIA of the Food and</p>

Health Strategy. She incorporated both the evidence of impacts and that of the effectiveness of interventions into the Action Plan, which was the element of the proposal that the Steering Group had selected for appraisal. Thus, participants had the evidence base presented alongside the proposal (in a tabular format), which not only made the evidence easy for them to access, but also made the evidence easy to apply in relation to the proposal. Moreover, it reduced the amount of documentation sent to participants.

Task 3.7: Summary of the experience base relating to the proposal

Why	The experience base is another source of information that can be used to support the appraisal of a proposal. It represents the experience gained from conducting other HIAs.
What	<p>The experience base relating to a proposal can be derived from two potential sources:</p> <ul style="list-style-type: none">• HIAs conducted on similar proposals or in similar policy areas but not necessarily on the same local population or community.• HIAs conducted on the local population or community but on different types of proposal or in different policy areas.
When	The summary of the experience base relevant to the proposal can be prepared after the first meeting of the Steering Group for circulation in the second mailing (see Tasks 2.6 and 2.7).
Who	Usually, the assessor(s) will be assigned responsibility for preparing the summary of the experience base. If the assessor(s) is external to the local area, it is advisable for them to consult local personnel about the HIA process being undertaken locally.
How	<p>For rapid appraisals, including those based around participatory stakeholder workshops, it is usual practice to confine information collection to data that are readily available. This is particularly important to bear in mind when attempting to summarise the experience base because this information can be difficult to obtain. It is often recorded in the grey literature (e.g. unpublished reports), sometimes anecdotal, or occasionally held in the minds of those who conducted the HIAs.</p> <p><i>For HIAs on similar proposals</i></p> <p>Any information gained from this source of experience must be interpreted carefully. It is important to compare not only the profiles of the populations involved, i.e. the one that has been studied with the one about to be studied, but also any local circumstances or conditions, to identify whether there are differences that might affect the outcomes of proposal implementation, the potential health impacts identified, and thereby the recommendations made. Questions that could be posed to ascertain the applicability of HIAs on similar proposals to the local community or population are shown in Box 3.5.</p> <p><i>For HIAs on the same population or community</i></p> <p>Information gained from this source of experience may indicate in a general way how the local population or community could react to, and be affected by, proposal implementation. For example, for proposals that are targeted at particular vulnerable groups, did people make use of the services on offer, and, if not, why not? Such experience can help to shape the suggestions to change the proposal during the current HIA.</p>
Advice	If some information for the experience base is proving difficult to obtain (for instance, there are issues of confidentiality or sensitivity relating to some unpublished reports, or colleagues have not managed to provide information within the necessary timescale), be pragmatic and limit the summary to experience it is easy to obtain, e.g. that from local HIAs. Remember, there is only limited time available to complete this task.
Tip	To reduce the burden of documentation sent to participants, it may be helpful to incorporate the summary of the experience base into that of the evidence base, especially if the same person is compiling both items of information. However, if the two sets of information are to be incorporated

into one document, ensure that the source of the information presented is made clear.

Box 3.5: Checklist for ascertaining the applicability of HIAs on similar proposals to the local community or population

- Does the population affected by the similar proposal differ from the local population in ways that are likely to be important with respect to:
 - age-sex structure
 - proportion of various ethnic minority groups
 - health status
 - socio-economic factors
 - health behaviours
- Is the level of investment in the similar proposal the same as the level of investment for the proposal being assessed during the current HIA?
- Is the level of service provision in the similar proposal the same as that for the proposal being assessed during the current HIA?
- Is the level of skills for service provision in the similar proposal the same as that for the proposal being assessed during the current HIA?