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Rural Health Research Report Series

The use of health impact assessment in rural Wales

Llywodraeth Cynulliad Cymru
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Rural Health Research Series

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Executive Summary

Introduction

The Rural Health Intelligence Programme (RHIP) was commissioned by the Welsh Assembly Government to facilitate the development and implementation of evidence-based policies and programmes on health and well-being in rural Wales.

This report explores the opportunities and barriers to developing the use of health impact assessment as an integrated part of the working practices in local authorities in rural Wales. The scoping study was undertaken in one local authority in rural Wales in early 2003, using semi-structured face-to-face interviews with nine key individuals from a range of policy directorates. One elected member was also included in the study.

The use of health impact assessment in rural Wales: findings

- While most participants were aware of health impact assessment and its potential to contribute to local authority decision making, knowledge of the process itself was limited.
- The potential of health impact assessment was recognised, particularly in providing a tool to facilitate an integrated, long term view of the impact of policies on the health of the local population. Specific opportunities noted by interviewees included improving the evidence base for local policy making, promoting an integrated approach to developing policies and programmes and addressing competing priorities.
- Perceived barriers to the use of health impact assessment fall into three main categories. Individual barriers included a lack of knowledge and relevant skills about the health impact assessment process. Organisational barriers related largely to limited capacity and time, in the face of other statutory duties. External barriers included an absence of dedicated funding, the need for more clarity on how health impact assessment related to other forms of impact assessment, and the need for more support from the Welsh Health Impact Assessment Support Unit. It should be noted that the capacity of the Unit since has been increased, and the health impact assessment activity has increased in North Wales as a result.
- Rural specific issues were also raised, including lengthier travel times and associated costs, limited capacity in small authorities and attitudes towards implementing a new way of working. However, one interviewee did highlight the genuine linking up of initiatives in rural areas.
- Interviewees suggested that support for health impact assessment should come from both within the local authority (e.g. an identified lead for health impact assessment, commitment across policy directorates and guidance developed for senior managers) and from external sources (e.g. specialist training through the Welsh Health Impact Assessment Support Unit on undertaking an assessment and interpreting findings).
- Three key areas to test the use of health impact assessment were identified, namely strategic planning (e.g. elements of the strategy for older people), promoting partnership working (e.g. Communities First) and in specific smaller scale projects (e.g. promotion of walking rather than driving).

Recommendations

Based on the information collected through this scoping study, the following recommendations are suggested to encourage greater use of health impact assessment in rural areas of Wales:

- dedicated training time should be made available, incorporating a practical element;
- further development of the Welsh Health Impact Assessment Support Unit to provide further support across rural areas of Wales;
- action to increase the understanding of the role of health impact assessment in relation to existing assessment tools used in local authorities;
- commitment to health impact assessment is needed at senior level within the local authority;
- expertise in health impact assessment should not be limited to one, or a small number, of policy directorates;
- organisations may need to secure additional resources for some health impact assessments, although much work can be built into normal working practice;
- health impact assessment must address the rural dimension when appropriate.

1. Introduction and background to the Rural Health Intelligence Programme

1.1 The Rural Health Intelligence Programme (RHIP)

The Welsh Assembly Government commissioned the Institute of Rural Health (IRH) to undertake the RHIP to facilitate the development and implementation of evidence based policies and programme on health and well-being in rural Wales[1]. As one third of the population of Wales live in designated rural areas there is a clear need for a robust evidence base to inform decision making and to target health and well-being issues in rural Wales in an effective manner.

The main objectives of the RHIP were as follows:

- to provide a rural perspective to the Welsh Assembly Government on health and well-being issues;
- to provide intelligence on UK and wider European developments on rural health and well-being issues and their implications for Wales;
- to further develop research capacity in Wales on rural health and well-being issues, and advise on future research direction.

The RHIP comprised an innovative and multi-faceted approach to gathering health intelligence. The methods used included:

- systematic search of published literature on mortality, morbidity, deprivation and social determinants of health in rural Wales;
- search of grey and unpublished literature;
- review of mortality and morbidity datasets;
- review of datasets on social issues that act as determinants of health;
- appraisal of a range of health and well-being policies in a rural context;
- case studies;
- surveys of rural health experts within Wales, elsewhere in the UK and in Europe.

[1] **Definition of rurality**
For the purposes of this study the Organisation for Economic Co-operation and Development (OECD) definition of rurality (1994) was adopted (fewer than 150 persons per square km). Based on the population density of the 22 unitary authorities, nine were classified as rural with a combined population around a third of the population in Wales (National Assembly for Wales, 2001): Anglesey, Carmarthenshire, Ceredigion, Conwy, Denbighshire, Gwynedd, Monmouthshire, Pembrokeshire and Powys.

There were six requirements to the RHIP:

- Requirement 1: To examine and analyse available data on health and well-being in Wales;
- Requirement 2: To examine the evidence on how policies which can impact upon health and well-being are operating in rural areas of Wales;
- Requirement 3: To produce a report on the development of Health Impact Assessment in respect of specific issues facing rural communities;
- Requirement 4: To network with relevant organisations and individuals to identify models of good practice that address health and well-being issues in Wales;
- Requirement 5: To identify three key rural health and well-being issues and conduct brief reviews of recent UK and European literature in each of the three areas;
- Requirement 6: To organise and host a workshop with participation from Welsh Assembly Government and connected bodies, the National Health Service and the All Wales Rural Health Intelligence Group (AWRHIG) members.

An important component of the RHIP was the setting up of AWRHIG, an expert group on rural health issues in Wales to guide and contribute to the intelligence gathering exercise. The group was comprised of individuals drawn from the spectrum of backgrounds that affect health directly and indirectly and included policy makers, academics, public health specialists, local government officers and representatives from the voluntary sector.

1.2 Structure of the report

This report relates to requirement 3 of the RHIP. It aims to explore the opportunities and barriers to developing the use of health impact assessment as an integrated part of the working practices in local authorities in rural Wales. It provides a brief review of the use of health impact assessment in Wales, the aim of the scoping study, the research questions and the methods used for the scoping study. This is followed by key findings and recommendations for future practice.

2. Health impact assessment in Wales

2.1 Development of health impact assessment in Wales

The Welsh Assembly Government has encouraged the use of health impact assessment in recent years, both within Government and in other organisations, as part of a wider strategy to improve health and reduce inequalities. It provides a mechanism to ensure that when decisions are taken across the spectrum of national and local government policies, programmes and projects, they have the maximum positive impact upon health, with potential negative impacts reduced[2].

A programme was established to assist the development and use of health impact assessment in planning and decision making in Wales. This included a series of pilot projects and the establishment of the Welsh Health Impact Assessment Support (WHIASU). The Unit, funded by the Welsh Assembly Government, is based at Cardiff University School of Social Sciences and is part of the Wales Centre for Health[3]. The Welsh Assembly Government also published a practical guide to using health impact assessment as a further aide to its take up and use across Wales (Welsh Assembly Government 2004).

The approach to developing health impact assessment in Wales has been pragmatic, with much of the learning being based on using the approach in practice. In a report on the development of health impact assessment in Wales, Breeze and Hall (2002) discuss whether health impact assessment is a process, function, philosophy or combination of all three, concluding that:

> '*While to a greater or lesser extent process and function are important to the subject of health impact assessment, perhaps viewing it as a philosophy - that is as a general way of thinking - should guide our thoughts for the future*'.

Similarly, the World Health Organisation (1999) defines health impact assessment 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 the population, and the distribution of these effects within the population*'.

Health impact assessment has the flexibility to accommodate the specific needs of the policy, programme or project under scrutiny, whether at local or national level, and may be used retrospectively, prospectively or run alongside the implementation of the policy, programme or project. In the latter case, indicators may be set at the start of the programme as part of the monitoring process and may also be used to inform evaluation, including measurement of progress towards agreed outcomes. An important element in the World Health Organisation concept of health impact assessment is an assessment of the distribution of effects of initiatives within the population, which is consistent with the aim of the Welsh Assembly Government commitment to reducing health inequalities.

[2] Further information on the Welsh Assembly Government's commitment to health impact assessment can be found in 'Developing health impact assessment in Wales' (National Assembly for Wales 1999), and in guidance issued for the development of local health, social care and well-being strategies.

[3] see http://www.whiasu.wales.nhs.uk

A number of health impact assessments have been undertaken in Wales and elsewhere in the UK in recent years. The assessments have been used in diverse situations, from community regeneration programmes in inner city Health Action Zones (Cave and Curtis 2001) to the impact of the outbreak of foot and mouth in rural Wales on mental health and well-being (Deaville et al 2003). An assessment of plans for a proposed housing redevelopment in the former mining community of Llangeinor, Garw Valley (Elliott and Williams 2002) was undertaken as a pilot project to explore ways of involving local people in the health impact assessment approach.

2.2 The rural dimension to health impact assessment

In the light of progress by the Assembly Government on developing the use of health impact assessment in Wales, the RHIP aimed to add value rather than duplicate existing action. Discussion with staff at the Assembly Government and the Support Unit suggested a possible lack of knowledge in relation to the use of health impact assessment in local authorities in rural areas, given the initial focus on urban local authorities in Wales. Discussion also highlighted the general limited awareness of health impact assessment in local authorities. Conducting a scoping study to explore the use of health impact assessment in rural authorities was considered as a logical and practical way forward.

3. Scoping study: aims and methods

3.1 Aim of scoping study

The aim of the scoping study was to explore the opportunities and barriers to developing the use of health impact assessment as an integrated part of the working practices in local authorities in rural Wales.

3.2 Research questions

The study sought to answer five research questions:

1. What is the current level of understanding of the term health impact assessment in rural local authorities?
2. What are the opportunities and barriers to undertaking health impact assessment?
3. Are there any specific issues facing local authorities in rural areas in terms of introducing health impact assessment as a tool to facilitate a more integrated approach to policy and programme development?
4. What factors would maximise opportunities to develop the role of health impact assessment in rural local authorities?
5. What future policies/programmes might be relevant for rural local authorities to examine through the use of health impact assessment?

3.3 Study location

Following discussions between the Institute of Rural Health and the Assembly Government, it was agreed that the scoping study would focus on one local authority in rural Wales and that information on the use of health impact assessment would be collected through interviews with key individuals in that authority. The All Wales Rural Health Intelligence Group (AWRHIG), an advisory group set up for the RHIP, identified the key policy areas that merited exploration.

An initial request to a mixed urban/rural authority to participate in the study was declined as it was felt that staff would not be able to devote sufficient time to the research process. The second authority to be approached welcomed the opportunity to contribute to the study, although there were some practical issues to consider, such as the small size of the authority and the fact that senior officers had responsibility across key directorates, including environment, housing, transport and strategic planning. However, following consultation with the Chief Executive and Local Health Alliance coordinator, twelve individuals were selected, providing a mix of experiences and levels of responsibility.

3.4 The interviews

A semi-structured questionnaire was developed for use in the interviews (Appendix 1). The individuals identified to take part in the study were contacted by letter, followed by an email and telephone call to arrange an appropriate time for the interview to be conducted. Interviews took place during January 2003. One councillor was unable to contribute and one senior officer felt that as three of the other contributors were part of his team, he would be unable to add anything of substance to the study. Therefore, a total of 10 interviews were carried out, the roles and responsibilities of participants being outlined below:

- Elected member.
- Service Manager (Older People).
- Assistant Director (Adult Services).
- Cycling Development Officer.
- Design and Strategy Manager in relation to Highways and Transport.
- Environmental Health Officer for environmental protection.
- Environmental Health Officer (Housing) & Health Alliance Co-ordinator.
- Assistant Director of Environmental Services and Housing.
- Assistant Director (Planning) in environmental health.
- Community First Facilitator and Co-ordinator.

Interviews were not taped but detailed notes were taken. Analysis involved organising the data using three stages of coding (open, axial and selective) to draw out emerging themes, commonalities and differences (Neuman 1994).

4. Findings

4.1 Awareness and understanding of health impact assessment

Eight of the 10 interviewees had heard the term 'health impact assessment', although two of these had been prompted to explore the Welsh Health Impact Assessment Support Unit's website following their invitation to participate in the study. One individual had recent experience but others stated that their knowledge was limited and/or outdated. Three of the participants were aware of the Support Unit at the time of their interview.

The interviewees with a background in environmental health identified that the routine use of environmental impact assessment had an integral health aspect. While participants stated that their knowledge was limited, they described the advantages of health impact assessment as being:

- a way of identifying potential positive and negative consequences to regional planning, policy or strategy decisions;
- a method of assessing health and well-being in a community;
- use of tools and methods in a structured way to analyse a proposed policy or an evaluation of a current policy on the health of a given population.

These suggestions indicate that the interviewees had a good understanding of the potential uses of health impact assessment. The relationship between health impact assessment and environmental impact assessment was the subject of much debate and there was some concern about duplication of activity.

When asked about their understanding of the term 'health' in relation to health impact assessment, all interviewees expressed a broad understanding of 'health', although professional background was important. For example, the road safety officer focussed on health and safety issues while the social services representatives identified personal and social factors that impact upon health and well-being. From the interviews, health was seen to encapsulate: personal health, including emotional health, physical health, socio-economic well-being and lifestyle; transport; the built environment, including housing; economic circumstances; the natural environment; and community capital (e.g. resources and community participation).

4.2 Opportunities and barriers to carrying out health impact assessment

The potential of health impact assessment was recognised, particularly in relation to having a tool that would facilitate an integrated, long term view of the impact of polices on the health of the local population. Specific opportunities noted by interviewees included: improving the evidence base for developing local policies; gaining access to additional sources of funding; providing a more integrated approach to policy development; overcoming the issue of competing priorities, particularly in relation to health and the built environment; looking at policy development in the long term rather than a focus on quick fixes.

A number of policy areas were identified as possibilities for exploring the usefulness of health impact assessment in a rural setting, with transport and its implications for service access being mentioned most frequently. The provision and cost of care services were also prominent themes but housing, fuel poverty, capital projects, environmental issues and long term planning policies were also put forward as potential issues to explore in rural areas.

The barriers to using health impact assessment fell into three categories, namely individual, organisational, and external as stated below.

Individual barriers

- Lack of knowledge and experience of the way in which health impact assessment could be used.
- Lack of relevant skills to undertake a health impact assessment.

Organisational barriers

- At an organisational level, health impact assessment was perceived to be one of a large number of Welsh Assembly Government initiatives that officers were required to undertake in addition to their statutory duties and the provision of services to the public. It was suggested that the multiplicity of Assembly Government initiatives led to 'initiative fatigue', compounded by insufficient time to undertake the high volume of tasks.
- Officers found it difficult to know which policies should be prioritised. There was a perceived lack of guidance within the authority and the absence of a designated individual to promote health impact assessment was also critical in this respect.
- The limited capacity within a small local authority was considered to be a key issue in the ability to take forward health impact assessment alongside other commitments.

External barriers

- The absence of dedicated funding to support the development of health impact assessment may be contributing to its low profile within the authority.
- A perceived lack of clarity and guidance from the Assembly Government on prioritising policy initiatives and how health impact assessment differed from other forms of impact assessment.
- Limited support from the Support Unit. At the time of the research, it was reported that there was only one whole time equivalent worker to cover Wales and that their time was already committed to other projects, largely in south Wales. However, since completion of the research, the unit has been expanded, as noted elsewhere.
- The measurement of health impact poses particular challenges in rural areas and especially in the rural hinterland where population numbers are very low. While it was recognised that qualitative information may be more appropriate in this context there was also seen to be a need for small area health statistics to measure the health impact of an initiative.

- The nature of the rural population and the elected members who represent them on the local authority. While interviewees felt that incomers to the area were able to embrace change, there was felt to be some resistance from elected members and the older, indigenous population, to embrace new ideas.

The barriers to the use of health impact assessment were summarised in this comment from one interviewee:

> '*Time, expertise, knowledge and access to statistics, competing demands! We have had lot of new guidance and legislation, which already takes up time with tight deadlines. Initiative fatigue and capacity! There are not enough people in rural areas and we are short of staff especially in social work and in complex cases*'.

4.3 Rural specific issues

There was a recognition that the barriers identified were not necessarily unique to rural local authorities and that some issues may also apply to small urban authorities. However, the following barriers were thought to pertain particularly to the use of health impact assessment in rural areas:

- geographical access (e.g. for meetings) and the lack of infrastructure in rural areas;
- limited capacity;
- differences in attitude towards change between 'incomers' and the indigenous population and elected members;
- lengthier travel times and associated costs.

The comments below reflect these views.

> '*The capacity issue is national, but the problem in rural areas is the competition of demand and capacity. We only need one person off sick and we have a potential disaster*'.
>
> '*Staffing is specific to rural - lot less staff. It takes time to produce a strategy, but longer in rural areas because population is spread. So it is geography and less staff*'.

One interviewee did, however, highlight the genuine linking up of initiatives in rural areas.

Participants were also asked whether they believed that there would be different issues to deal with in undertaking a health impact assessment in the rural and more urban areas within their authority. Some similarities were noted, such as the need to target deprivation in urban and rural areas and the limited availability of small area data across authorities. The differences highlighted by interviewees included: the dispersed rural population and concentrated urban population; the tight knit and integrated nature of rural communities; the relative ease of identifying impact in urban areas; larger target audiences in urban areas; and geographical issues.

4.4 Overcoming barriers

Three interviewees stated that they were not familiar enough with health impact assessment to comment on what support would be useful but went on to suggest that some form of training might be helpful. Others reported that support could come from within the local authority (e.g. identified lead for health impact assessment, raising awareness among officers and elected members, training workshops and policy guidance for senior management) or from an external source (e.g. guidance via the Support Unit's website, specialist training through the Unit on the health impact assessment process and the interpretation of findings and availability of comparative sources of health statistics).

4.5 Suggested issues for testing health impact assessment

The versatility of health impact assessment was recognised by the interviewees, in particular its use in strategic planning (e.g. elements of the strategy for older people such as active citizenship and promoting independence in the community, transport plans and sustainable development), in promoting partnership working (e.g. Communities First) and in small scale projects, such as the promotion of walking rather than driving. However, the recognised lack of knowledge about health impact assessment appeared to limit the contribution of some participants in suggesting potential topics for future work.

5. Discussion

5.1 Understanding of health

The responses indicated that the interviewees had a broad concept of 'health' and that they recognised that they and the local authority had a significant role to play in influencing population health. This understanding of health coincides with the social model that underpins health impact assessment and provides a sound basis for taking this forward within the authority.

5.2 Knowledge and use of health impact assessment

Only one interviewee had direct experience of health impact assessment and two had searched the Support Unit's website for information about the process. These findings suggest that although most of the interviewees had heard the term 'health impact assessment', there was limited understanding and some confusion over what the term actually represents. Interviewees perceived health impact assessment to be a complex and potentially time-consuming process, although it was recognised that the process may be useful in reconciling conflicting priorities in different sections of the local authority or between partner agencies. Depending upon the nature of the process adopted to carry out any specific health impact assessment, time and expertise may be greater or lesser barriers. The Welsh Assembly Government has emphasised the need for a pragmatic approach in using and developing health impact assessment, and the need to try out the approach and to learn from experience.

There was discussion of the relationship between health impact assessment and environmental impact assessment and concerns about duplication of activity. A number of the interviewees indicated that health impact was routinely considered under the auspices of environmental impact assessment.

Most interviewees understood that health impact assessment can be applied in their own sphere of influence and identified strategies, programmes and projects that may be suitable. It is less clear, however, whether the interviewees were aware of the flexibility of health impact assessment and that it can be used at many levels and in many contexts. This lack of understanding of its flexibility may be a barrier to its being used to its full potential. It may be appropriate for the Support Unit to provide training including illustrative case studies to demonstrate the use of the approach in a range of settings.

5.3 Perceived benefits of the use of health impact assessment in rural areas

The close knit nature of the small rural authority was perceived to provide a good opportunity for the joined up working that drives health impact assessment. The potential benefits of health impact assessment were well recognised, being seen as a tool for facilitating an integrated, long-term view of the impact of policies on the health of the local population. It was suggested that health impact assessment is relevant to the aims of the local authority, its partners in the Local Health Board and in the voluntary sector. It was also seen as a tool that could be used jointly to provide common ground to inform decision making, especially where there was a perceived conflict of interest between health and other areas of local authority activity, such as a housing development.

The interviewees identified opportunities for testing health impact assessment, such as strategic plans, partnership working and smaller scale programmes. That said, the idea that health impact assessment is designed to consider the health elements of all policies and programmes should be reinforced.

5.4 Perceived barriers to the use of health impact assessment in rural areas

5.4.1 Rural barriers

Lack of knowledge and lack of experience were consistently identified as barriers to utilising health impact assessment. These issues can easily be overcome through support and training. Resistance to change and suspicion of innovation were also identified as potential barriers, among the public, elected members and local authority staff. This also indicates a need for raising awareness further.

Limited time to take forward health impact assessment was perceived as a further barrier, with interviewees viewing health impact assessment as a time consuming process rather than an approach that can be applied on a day to day basis. Linked to time is the issue of rural local authority capacity, infrastructure problems, higher travelling costs and dispersed populations. These findings are consistent with those identified in the rural proofing checklist, a policy screening tool developed by the Countryside Agency (2002) for use by policy makers in England. One interviewee commented that the workload in a small rural authority is the same for small urban authorities but while recognising that there are particular issues in delivering services in deprived urban areas, the low population density in rural areas creates its own set of problems.

The perceived lack of a clear framework outlining how health impact assessment fits in with other assessment processes could lead to duplication of work. A small local authority with limited institutional capacity and critical mass is more likely to be over loaded with new initiatives. Health impact assessment is just one of a large number of initiatives that local authorities are encouraged to take forward in addition to statutory duties and service provision. Some of the concerns may arise from a lack of understanding of the time required to carry out a health impact assessment but there are real issues about the amount of time and staff available for addressing non-statutory recommendations. The interviews highlight a lack of guidance from within the local authority and nationally from the Assembly Government about the relative priorities of activities to be carried out by local government officers. This lack of prioritisation of health impact assessment at a senior level may have contributed to the limited uptake in rural Wales at the time of the study.

A number of interviewees suggested that a designated person with the expertise to lead the process of health impact assessment within the authority would be beneficial. This may overcome some of the barriers highlighted here, although there is a danger that health impact assessment could be marginalised if the responsibility of a single person. As a tool for promoting joined up working, health impact assessment should be integral to, and at the heart of, the decision making process.

5.4.2 Lack of dedicated funding

The absence of dedicated funding for the development of health impact assessment resulted in a relatively low profile in the authority in this study. Efforts to engage with the WHIASU to take forward the health impact assessment agenda resulted initially in the offer of a half day training session to raise awareness. Further support was not available at the time given other commitments, although it should be noted that the WHIASU were not interviewed to report what work had been conducted in rural Wales. The Unit is now represented in both north and south Wales.

5.4.3 Recognising rural deprivation

Depending on how 'rurality' is defined, at least one third of the population of Wales live in sparsely populated rural areas. Although the profile of poverty and deprivation may be different from that of urban areas, incomes in rural Wales are among the lowest in the UK. In addition, people who experience deprivation and poor health can be found among the richer, healthier, rural residents and their needs are often hidden.

The reduction of health inequalities is a key aim of the Assembly Government's health and well-being policies. The role of health impact assessment in ensuring that policies tackle health inequalities was recognised in the study but there was concern about how deprivation and health inequalities outside population centres could be identified. The Welsh Index of Multiple Deprivation (WIMD) provides a profile of deprivation for each electoral division in Wales. Though the WIMD is seen as a real improvement on previous indices of deprivation, it is constrained by the limited availability of data for small-scale geographical units. There is also concern about its sensitivity and ability to detect deprivation in small, heterogeneous populations that typically constitute Welsh rural communities.

5.4.4 Measurement issues

The question of how to measure the health impact of policies in small rural communities was raised. It was felt that it would be easier to measure health impact in urban centres than in dispersed rural populations. Qualitative information, rather than quantitative information, has the potential to provide more appropriate indicators in a rural context. One of the strengths of health impact assessment is the recognition of the importance of such data and community participation in decision-making, such as in the assessment of housing, health and well-being in the Garw Valley (Elliott and Williams, 2002). Notwithstanding this, interviewees suggested that the absence of robust quantitative statistical data for small geographical areas posed a challenge to carrying out health impact assessment in rural areas. This was particularly the case in the rural hinterland where population numbers were very low.

5.5 Scoping study in the context of the Rural Health Intelligence Programme

The findings of this scoping study into the use of health impact assessment in rural areas correspond with the findings of other elements of the RHIP. For example, the need for robust, small area statistics to provide comparative data on health and deprivation was identified in the literature review on measurement issues in rural health (Report Issue 1). Although the research has highlighted the need for small area statistics, the limitations and challenges in obtaining robust quantitative data for small, heterogeneous, rural communities are clear.

Service delivery data may provide some information but it is recognised that it is more likely to measure service usage than need. This is particularly so in rural areas where access can be difficult. Health statistics for small areas are problematic for both urban and rural areas, particularly for low incidence illnesses and in areas with mixed, heterogeneous populations. Despite current work to strengthen the robustness of small area health statistics, the work of Charles and colleagues (2001) in north Wales indicates that there is an optimum geographical unit for robust health statistics that is determined by confidentiality issues, random statistical variation, data quality and cost benefits.

Examination of health and well-being policies which operate in rural Wales also identified the limited institutional capacity as a barrier to the operation of other health and well-being policies in rural authorities (Report Issue 6). Policy overload[4] accords with the sentiment of initiative fatigue described in this study. There may also be parallels between the low uptake of health impact assessment in rural Wales and the concept of policy decay, the tendency for activity to tail off with increasing distance from the centre of activity, whether this is at national or local level. The availability of support via the WHIASU beyond Cardiff should go some way to addressing this issue.

[4] At a local level, the plethora of policies, programmes, projects and strategies proved challenging for small rural authorities with limited critical mass and institutional capacity. Furthermore as the majority of programmes are targeted at areas of high deprivation, small rural communities identified as being deprived may experience an array of health and well-being programmes addressing different issues but targeting the same population.

6. Recommendations

Based on the information collected through this study, the following recommendations are suggested to encourage greater use of health impact assessment in rural areas of Wales.

1. Local authority officers, elected members and those working in the community would benefit from dedicated time for training to increase their knowledge and understanding of the health impact assessment process. This training should be linked to practical experience of undertaking a health impact assessment. Local authorities should identify opportunities to explore the use of health impact assessment in their planning and decision making processes.

2. Additional funding would enable the Welsh Health Impact Assessment Support Unit to provide further support across rural areas of Wales and to develop the website into a portal for useful resources, such as measurement tools and datasets.

3. Action is needed to increase the understanding of the role of health impact assessment in relation to existing assessment tools used by local authorities.

4. Commitment to health impact assessment should be agreed at the most senior level in each local authority, with clear guidance on its role within the authority's decision making processes.

5. There are certain benefits to having a health impact assessment 'champion' within authorities but this approach also has risks, such as the process being marginalised in a particular directorate. Given the inclusive nature of health impact assessment, expertise should be embedded within a range of directorates.

6. While it is recognised that health impact assessment can be undertaken as part of routine activities within organisations, additional resources may be required for larger scale projects and where participation from community members is involved. Organisations with an interest in health impact assessment must be prepared to secure resources when necessary.

7. It is recommended that when appropriate, health impact assessments consider the additional implications of the rural dimension in Wales. For example, a health impact assessment of a new policy tackling vulnerable groups, such as older people and their carers, should seek to understand the rural dimension, including an assessment of the likelihood that rural populations could access relevant services.

References

Breeze C, Hall R. (2002) *Health impact assessment in government policymaking: Developments in Wales*. Policy Learning Curve Series Number 6. Brussels: European Centre for Health Policy. World Health Organization.

Cave B, Curtis S. (2001) *Health impact assessment for regeneration projects*. London: East London and City Health Action Zone.

Charles J, Corson J, Harris R, Westley S, Alexander D. (2001) *A feasibility study on the availability and associated issues of small area health and economic data: Sustainable health action research programme (SHARP)*. Bangor: North Wales Health Authority & Institute of Medical and Social Care Research, University of Wales Bangor.

Countryside Agency. (2002) *Rural Proofing: policy makers' checklist*. Cheltenham: The Countryside Agency. http://www.countryside.gov.uk/Images/CA%2035_tcm2-12127.pdf

Elliott E, Williams G. (2002) *Housing, health and well-being in Llangeinor, Garw Valley: A health impact assessment*. Cardiff: School of Social Sciences and the Regeneration Institute, Cardiff University.

Deaville J, Kenkre J, Ameen J, Davies P, Hughes H, Bennett G, Mansell I, Jones L. (2003) *The impact of the foot and mouth outbreak on mental health and well-being in Wales*. Cardiff: Welsh Assembly Government.

National Assembly for Wales. (1999) *Developing health impact assessment in Wales*. Cardiff: National Assembly for Wales.

Neuman W.L. (1994) *Social research methods, quantitative and qualitative approaches*. London: Allyn and Bacon.

Organisation for Economic Co-operation and Development. (1994) *Creating rural indicators for shaping territorial policy*. Paris: OECD.

Welsh Assembly Government. (2004) *Improving Health and Reducing Inequalities. A practical guide to health impact assessment*. Cardiff: Welsh Assembly Government.

World Health Organization (1999) *Health impact assessment: Main concepts and suggested approach*. Copenhagen: World Health Organization.

Appendix 1

Health Impact Assessment Questionnaire

Name of person interviewed:

Designation:

1. What do you understand by health impact assessment?

2. What is your understanding of 'health' in relation to health impact assessment?

3. Have you had any involvement with health impact assessment through your current or previous role?
   a. If so, what?

4. Have you considered using a health impact assessment?
   a. What reasons do you have for this view?

5. What do you think would be the benefits (to the authority and to the population) of using the health impact assessment approach as a tool to develop more integrated policies?

6. What policy areas provide the best opportunities to use a health impact assessment in a rural authority?

7. What are the barriers to you using a health impact assessment?

8. Do you think these are specific to rural authorities or to urban authorities or areas? (Prompt: capacity, resource issues and culture)

9. Have you heard of the Welsh Health Impact Assessment Support Unit?

10. What support would you find useful in using a health impact assessment? (From both within and outside the local authority)

11. Do you perceive any differences in using health impact assessment between rural and urban parts of the region?

12. To what issues/policies could you apply a health impact assessment as a means of explore its usefulness?