

ards



Community Health Impact Assessment Pilot Project Report



ballybeen

Ards Community Steering Group

Chair

Ms Lorraine Lindsay Investing for Health

Members

Ms Carol Anne Hewitt	Kircubbin & District Community Association
Ms Valerie Richmond	Ards Borough Council
Ms Sheila Bailie	Peninsula Healthy Living Partnership
Ms Jane Smith	Cloughey & District Community Association
Ms Caroline Mahon	Upper Ards Community Association
Ms Una Gilmore	Lifestart
Mr Michael Doyle	Portaferry Health Centre
Mr Andy Mayhew	Ulster Community & Hospitals Trust
Mr Cecil Worthington	Ulster Community & Hospitals Trust
Ms Frances Hughes	The Rural Housing Estates Programme
Ms Fidelma O’Gorman	Sure Start
Ms Elaine McVeigh	Ards Community Safety Partnership
Ms Patricia Short	E Learn Shop
Mr Rodney Morton	Ards Community Hospital
Ms Lorna Paul	Ulster Community & Hospitals Trust
Mr Michael Taylor	Northern Ireland Housing Executive
Ms Vivienne Scott	SEELB
Mr Hugh McComb	Ballywalter Community Action Group
Ms Mary Frances McManus	Ulster Community & Hospitals Trust
Ms Jackie Robinson	East Down Rural Community Network
Ms Linda Johnston	Ulster Community & Hospitals Trust

Ballybeen Community Steering Group

Chair

Ms Sheelagh Hogg Ballybeen Improvement Group

Members

Ms Pauline Beattie	NIHE
Mr Billy Brooks	EBCHIP (from March 2004)
Mr Paul Carland	NIHE
Ms Claire Curran	EBCHIP (from June 2004)
Mr William Hobson	Ballybeen Improvement Group (until May 2004)
Ms Tanya Hughes	Ballybeen Womens Centre
Mr Ian Kerr	EBCHIP
Mr David McCartney	Brooklands Primary School
Ms Mavis McCune	Ballybeen Activity Centre
Mr Maurice Meehan	EHSSB
Ms Gabi Mornhinweg	South & East Belfast HSST
Mr Trevor Newman	Millar’s Lane Day Centre
Mr Gerry Potts	Ballybeen Improvement Group (until May 2004)
Ms Paula Powell	EBCHIP
Mr David Smyth	Ballybeen Men in Focus
Mr Mike Wilson	Local Strategic Partnership

This is one of five reports produced during the CHIA pilot. The other reports are detailed on page 42.

Foreword

Health Impact Assessment (HIA) has been developed as a tool to consider the impacts of proposal, initiatives and projects on peoples' health. Investing for Health states that "health impact assessment of non health policies are increasingly seen a tool to facilitate cross sectoral action and a means to promote health and reduce inequalities." The Healthy Cities approach has promoted community participation as a key principle since it was established in 1988 and in 2002 Belfast Healthy Cities received funding from the Investing for Healthier Communities Grant programme to work within two communities, Ards and Ballybeen to pilot a Community Health Impact Assessment project, a health impact assessment which would be community led.

This report is written in such a way which describes the process used to develop and implement the concept of Community Health Impact Assessment (CHIA) in these communities. Using the results of the evaluation questionnaires it also analyses the success and challenges of the pilot and considers the lessons learnt by those involved. This report has been written from Belfast Healthy Cities' viewpoint and is not intended to represent the views of members of the Community Steering Groups or others who engaged in the process. It is one of five publications from the CHIA pilot. The Community Profiles for each area were written by Belfast Healthy Cities and the respective Community Steering Groups. The Health Impact Assessment reports have been written by the HIA consultant, Erica Ison. These reports are referenced at the back of this report and are available from Belfast Healthy Cities' website or from the office. It is hoped the report can also act as a template for organisations who wish to conduct a HIA or embark on a CHIA process.

I would like to like to express warm thanks to the Community Steering Groups and Chairs in Ballybeen and the Ards peninsula, whose commitment and enthusiasm over the past year made this work possible. Thanks also go to those who participated in or contributed to the process in both communities. I would also like to thank Belfast Healthy Cities' staff members, Ruth Fleming and Jonna Monaghan for their valuable work in producing the Community Profiles. Thanks also go to the consultant, Erica Ison from Oxford University, who brought expertise, clarity of purpose and great energy to the HIA workshops to the representatives of the Water Reform Unit and Landmark East, who willingly participated in this pilot. Finally, warm thanks go to Victoria Creasy, Manager of the CHIA pilot for her energy, vision and commitment which made this project such a success and author of this report.



Joan Devlin
Programme Director

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1. Introduction

Background

It is now widely acknowledged that good health is not solely the responsibility of healthcare providers, but is achieved through the combined actions of all sections of society. This fact was reinforced by the World Health Organisation's *Health 21*⁽¹⁾ publication which suggests that all agencies have a responsibility to ask the question "Is it healthy?" when considering projects, programmes and policies which impact upon the health and well being of individuals or communities. Asking this question at the outset allows potential positive impacts upon the health and wellbeing of communities to be increased and potential negative impacts to be reduced.

It is generally accepted that decisions in 'non health' areas such as the economy, transport, agriculture, manufacturing, housing and law and order have far more effects on the health of the population than decisions in 'health areas'. Awareness and acceptance of this by policy and decision makers in other sectors is still not as high as it might be. Considerable scope still exists to support people to achieve better health and well being by assessing the health impacts of these policies, programmes and projects. It therefore seems sensible to consider the effects on health in these areas. Health Impact Assessment (HIA) is an emerging methodology which aims to inform decision makers about the expected health consequences of proposals in all areas and to ensure the consequences are considered so that all projects, programmes and policies lead to improved population health in our cities. In this way HIA contributes to the facilitation of intersectoral action for health and its participatory approach involves a range of stakeholders in the process. As such, its principles and values are consistent with the *Investing for Health* and the healthy cities approach and make it an important tool for raising awareness of the wide range of economic, social and environmental influences that determine health and sustainable development in our cities and towns.

What is Health Impact Assessment (HIA)?

Health impacts are the overall effects - direct or indirect - of a policy, strategy, programme or project on the health of a population. Action to consider the impacts of plans and policies on people's health is not new. It has featured in the development of modern environmental policies but there is clearly greater opportunity for the potential impacts of policies and programmes on people's health to be considered. Health Impact Assessment provides a systematic but flexible means of doing this. Based on the broad determinants of health it enables the wide range of factors that can affect people's health to be identified. It contributes to better informed and more transparent decision making and can facilitate integration and co-ordination between policies and action across sectors.

The HIA approach emphasises the involvement of a range of stakeholder including the public so that expertise and opinions can be taken into consideration in the planning and decisions making process. "Health Impact Assessment is defined as a combination of procedures, methods and tools by which a policy, programme or project can be judged as to its potential effects on the health of a population and the distribution of these effects within the population"⁽²⁾. It is a comparative process, comparing the distribution of the negative and positive health impacts of proposals across different segments of the population. This is an important factor since education, poverty and employment determine vulnerability to the potential impact of policies, plans and programmes on specific social groups or geographical areas which is at the root of inequalities in health that exist across Northern Ireland.

Development and Policy Context

The development of HIA can be traced back to the long standing practice of environmental impact assessment (EIA) that was introduced in the United States in 1969. Today there is a statutory requirement to undertake EIA in many countries around the world. At the International level, the World Bank has included HIA as part of environmental impact assessment; WHO has been working with Member States to build HIA into the progress made in EIA and more recently in strategic impact assessment (SEA).

In Europe EIA has a statutory basis through European Union (EU) directives introduced in 1985 and amended in 1997. In practice however EIA is carried out at project level. In 2001 the EU adopted a directive on strategic environmental impact (SEA) assessment to apply impact assessment at a policy level. To date health factors have not been explicit in EIA or SEA and little has been done to involve the range of sectors and professionals working on the broad determinants of health. This has been an obstacle to the effective integration of health into policy development and as a result opportunities have been missed to improve people's health and well being. HIA is being introduced and established at project and strategic levels in many parts of Europe - there is particular commitment to apply HIA at various levels in UK, Ireland, Germany, Finland, Hungary, the Netherlands and in Sweden. Unlike EIA and SEA, HIA is not supported by a legal framework in Europe. In Northern Ireland *Investing for Health*⁽³⁾ promotes the application of HIA and guidelines have been produced by the Institute of Public Health, Ireland to support this ⁽⁴⁾.

The different approaches to implementing HIA are part of its overall strength. As well as different approaches there are different terms used to describe HIA, but they all have a common goal of assessing the impact of policies on people's health. *Sustainability assessments and economic impact assessments* are also applied in European countries. In some cases professionals are being asked to apply a high number of impact assessments to proposals and as a result *integrated impact assessment* (IIA) tools have been developed. IIA builds on existing singular impact assessment tools (EIA, SEA, HIA) and incorporates them into the new integrated tool or it can be used as a screening tool to recommend the type of impact assessment to be carried out on the proposal. ⁽⁵⁾

Health Impact Assessment Stages

Health Impact Assessment involves six stages: **screening** which determines the need to carry out a HIA; **scoping** which sets the terms of reference for the HIA; **appraisal** which assesses the proposal's potential to positively or negatively affect health; **reporting** which conveys the findings of the assessment and includes the evidence; **decision making** which makes decisions about changing the proposal to minimise the negative impacts and maximise the positive impacts and **monitoring and evaluation** which assesses the extent to which the changes to the proposal been made and also evaluates the health impact assessment process itself.

Timing of a HIA: The timing of the health impact assessment will also be an important element for your city to consider. HIA's are largely carried out **prospectively** (before the implementation of the proposal) but they can be carried out **concurrently** (applied during the implementation of the proposal) and **retrospectively** (carried out after the implementation of the proposal). Carrying out the assessment prospectively has the distinct advantage of taking steps during the development stage to minimise harmful health effects and maximise positive health effects. In this way health concerns can be integrated into the proposal which is likely to be more health enhancing and have more positive results for peoples' health and well being.

Community Health Impact Assessment (CHIA)

As part of its city-wide consultation for the City Health Development Plan in 1999, it came to the attention of Belfast Healthy Cities that many projects and programmes being implemented in Belfast would have been of greater benefit to the people of Belfast if they had been subjected to an assessment, at the outset, of their impacts on people's health, and changes made accordingly. At this time, health impact assessment (HIA) was being given an increasingly high-profile in a number of countries across the world, including Canada, England and some European countries and in 2002 Belfast Healthy Cities was the recipient of a Demonstration Grant from Community Foundation Northern Ireland under the Investing for Healthier Communities awards. This enabled Belfast Healthy Cities to develop a new approach designed to enable communities to identify a proposal in their area and provide them with the skills and tools to carry out an HIA on this proposal. This methodology is known as Community Health Impact Assessment (CHIA) and has been originated by Belfast Healthy Cities.

Stage 1: Developing the CHIA concept and project planning

Aims and Objectives of CHIA Pilot Project

The aim of the Community Health Impact Assessment project was to pilot in two areas, Ballybeen and four wards in the Ards peninsula, a new community led approach to health impact assessment, guided by the principles of community development. The aim of this approach was to allow communities to assess the impact of projects on their health and wellbeing and enable people to contribute to and influence processes which affect them, in a way which would produce positive health benefits, both for the participants and for the wider community.

The objectives of the pilot were:

- To facilitate training for people who live and work in the pilot areas, to enable them to participate fully in the CHIA process.
- To increase understanding within the pilot communities of the objectives, process and limitations of Health Impact Assessment.
- To collate Profiles for each pilot area which will provide health-related statistics and information on proposals for the area, which can be used to inform the community and would also be a valuable resource for the community.
- To facilitate HIA workshops at which members of the local communities and other stakeholders can identify a proposal and carry out an appraisal of its health impacts.
- To facilitate a process through which members of the local communities meet with the relevant agency to discuss the recommendations from the HIA workshop.
- To build capacity at a local community level, through training, involvement in decision-making, and increased opportunities for intersectoral networking.
- To produce a report on the process which will demonstrate the learning gained from the pilots.
- To evaluate the process and outcomes of the pilot to demonstrate the value of community-led health impact assessments.

The initial objectives, as laid out in the funding application differed slightly from these. The amended objectives were developed in consultation with representatives of the pilot communities, and reflect the principles of HIA and community development, as well as the needs of the pilot communities. It may be noted that none of the objectives relate to the direct outcome of the HIA, i.e. the extent to which the developers of the proposal selected implement the recommendations. This is discussed in more detail in Section 9.

Community participation in decision-making is a core principle of the WHO Healthy Cities movement and the focus of the CHIA'S objectives was very much on a community-led approach. Over the past 10 years, a number of health impact assessments have sought to include community representatives, and a basic principle of HIA is to place equal value on qualitative and quantitative evidence, which allows people's views about potential impacts on their health to be an important part of the assessment. Belfast Healthy Cities wanted to build on this and develop a tool for HIA which would include many of the benefits of community development and which would enable individuals who are active in their communities to participate fully in future HIAs.

Developing the concept of Community Health Impact Assessment was time-consuming in itself. While there was clear agreement on the fundamental principle, that it would be a community development approach to Health Impact Assessment, there was no clear vision or previous model of how it might practically be achieved. A literature review provided examples of a variety of HIA styles and processes, but there seemed to be no concrete examples of HIAs in the UK and Europe which had been led by communities.

Considerable discussion took place and the merits of different action plans and structures for delivery were compared. A shared vision was developed and the structure and ten stages illustrated

(Figure 2) was agreed. While the ten basic stages did not change, the involvement of the pilot communities was helpful in further defining the shape of the process in relation to the needs of the communities, and the structure changed accordingly. Community Health Impact Assessment, as described in this report, has therefore been strongly influenced by the people of Ballybeen and the Ards Peninsula. Specific changes made included the decision not to set up an Advisory Group, and the role and breadth of the Profiles, which are discussed respectively in Sections 2 and 3.

Figure 1: Planned structure of pilot project

(later amended to exclude Advisory Group)

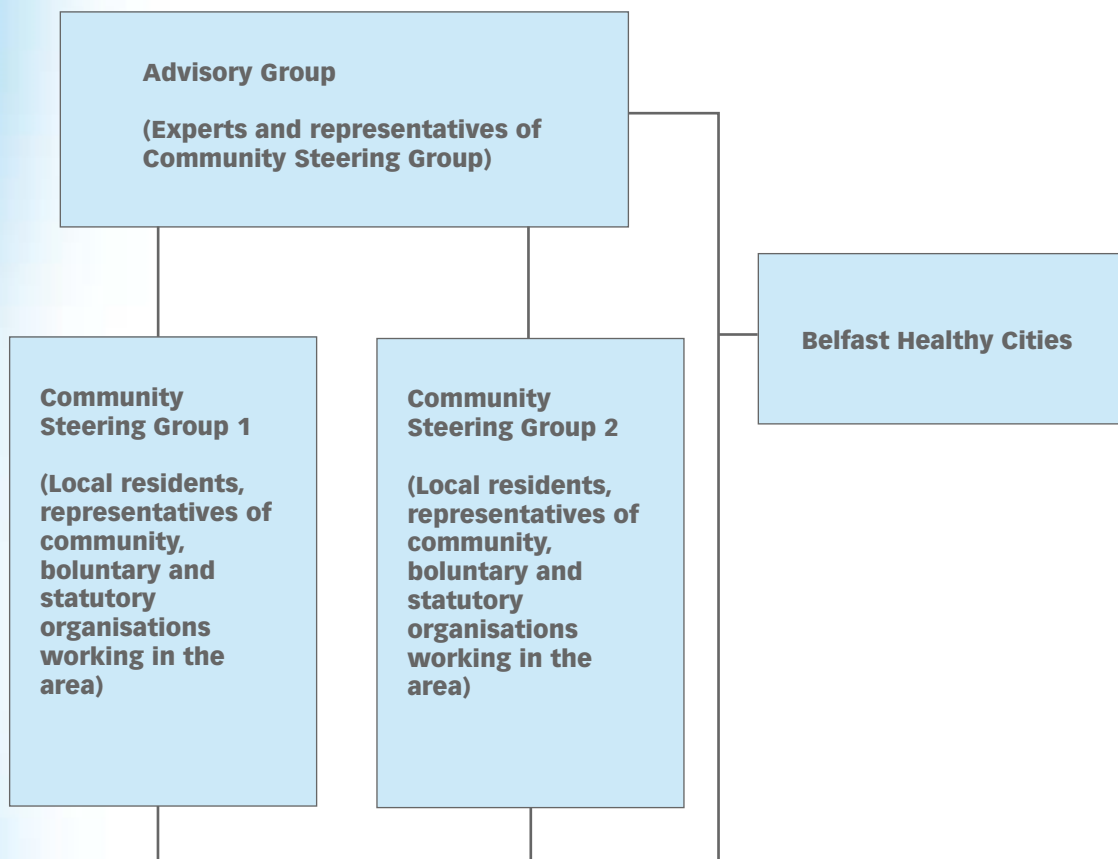


Figure 2: Ten stages in the Community Health Impact Assessment Pilot



Stage 2: Identifying communities for CHIA pilots

Initially Belfast Healthy Cities had planned to pilot CHIA in two different areas in Belfast, one area in north and west Belfast, and one area in south and east Belfast. It was intended to select communities which would reflect a balance in terms of religious faiths, and would be experiencing changes or new proposals or initiatives suitable for HIA in their area.

Initial meetings with representatives of communities in North and West Belfast identified two potential barriers:

1. Potential areas currently undergoing or about to undergo large scale regeneration projects suitable for HIA tended to be areas which ranked high in the Noble Index, therefore people from the community who might in other circumstances have played a role in the pilot had numerous other demands on their time, in terms of funding applications and evaluations.
2. The new healthy living centres (HLCs) which had been put forward as possible subjects for HIA were at a very early stage in their own development. Since their energies were largely focused on setting up and developing the projects, the timing did not seem to be right for them to participate in a pilot which required considerable time commitment.

This intelligence gave a clearer idea about the criteria needed to use in selecting pilot areas, and helped inform subsequent meetings with the Community Development department in South and East Belfast Health and Social Services Trust. Initial suggestions included Ballybeen, Cregagh and Tullycarnet. Further discussion around the criteria for selecting a pilot area, which included a certain amount of existing community infrastructure and at least one proposal for the area which would be suitable for HIA, led to the selection of Ballybeen as a potential pilot, dependent on interest and agreement from members of the local community.

The idea of selecting a rural community as the other area was suggested as providing an interesting contrast to Ballybeen. At a meeting with the Community Development and Health Network (CDHN) Belfast Healthy Cities were informed that CDHN had recently carried out community training in Portaferry and that good community infrastructure existed in the area. Community Foundation Northern Ireland, who were providing funding for the project, accepted this change to the original project proposal, and feedback from initial meetings with the Ulster Community and Hospitals Trust, the Ards local Health and Social Care Group and Peninsula Healthy Living, a partnership whose geographical remit included 4 wards in the area, was very positive.

Encouraged by Peninsula Healthy Living and the Ulster Community and Hospitals Trust, a small group of people from the area met in Kircubbin Community Centre to further consider the feasibility of a pilot in the area, and at that meeting it was agreed that the second pilot area would be four wards in the Ards peninsula: Portaferry, Portavogie, Ballywalter and Kircubbin.

These two pilot areas were selected on the following criteria:

- There appeared to be a number of proposals in these areas which would benefit from being assessed against health criteria
- There were significant numbers of people in each community who were interested in participating in this pilot and were willing to commit their time over the next six months
- The two areas appeared to have very different issues, largely arising from the fact that one is a rural area and one is an urban area. This would allow maximum learning from the pilots for all concerned

Defining the community, or delineating the boundaries of each pilot, was done at a later stage by the Community Steering Group for each area. In Ballybeen, it was felt that Ballybeen estate was perceived to make sense to the people who live there as a recognizable 'community', and was also, with approximately 6000 residents, a manageable size for the pilot. In the Ards peninsula, it was agreed that the pilot would take in four ward areas: Portaferry, Portavogie, Ballywalter and Kircubbin. This coincided with the boundaries at that time of a partnership, Peninsula Healthy Living, which had already collated significant information about these wards, and whose partners were willing to contribute their time and expertise to the pilot project.

Identifying Key Stakeholders

Belfast Healthy Cities staff met with key people working in the pilot areas. This included representatives of the relevant local councils and the district Housing Executive office, Health Trusts and Local Health and Social Care Groups, and representatives from some of the major voluntary and community sector organisations. A meeting also took place with the MP for both areas, who is known to have an interest in health issues.

In Ballybeen the project was supported in the early stages by the District Housing Executive and a Healthy Living Centre, the East Belfast Community Health Information Project (EBCHIP). These organisations acted as champions for the pilot and were instrumental in directing Belfast Healthy Cities towards a range of other key stakeholders. They also garnered interest and support locally for it.

In the Ards peninsula this role was played by Peninsula Healthy Living Partnership, who, as well as providing support and leadership at the outset, provided practical support in terms of hosting Community Steering Group meetings throughout the process.

At the early stages, it was not known which proposal would be selected to conduct the health impact assessment and so it was difficult to identify the organisations who would be stakeholders in the proposal. It was not feasible to invite all potential stakeholders to participate. Chief Executives of key agencies were informed of the process, as were the Permanent Secretaries of the relevant government departments; Department of Health, Social Services and Public Safety; Department for Social Development, Department for Regional Development and Department of Environment.

Since the CHIA was a new concept and the proposals which would be the focus of the HIA were not yet known, discussions with communities focused on the more concrete elements of the pilot; the production of the profiles and the training which would leave a skills base in the community to conduct further HIAs.

Conclusion

The enthusiasm and support for the project at this early stage was very positive; stakeholders identified opportunities beyond those set by Belfast Healthy Cities in the original objectives. These included: the value of a profile of their area; the potential for an independent organisation with no political agenda to bring together different groups to meet a common objective, and the interest generated by being able to participate in a fairly high profile first-of-its-kind project in Northern Ireland. Word spread quickly about the CHIA pilots and new relationships were developed with key stakeholders who championed the pilot in each area.

Stage 3: Establishing Community Steering Groups

It was anticipated that the Community Steering Groups (CSGs) would be a vital driving force behind the CHIAs, providing local expertise and taking responsibility for encouraging other residents and stakeholders to engage in the process. Each group would be intersectoral with representatives from the community, voluntary and statutory sectors with a guide and inform remit to the process and provide resources of information for the Community Profiles.

It was important to gain a wide range of stakeholders representatives on the CSG as the proposal on which the HIA would be conducted was still not selected. At early meetings of each group, those present were asked to consider other individuals, groups or organisations whose presence on the group might be helpful, and those identified were then invited to sit on the Group. In each case, the Chair was elected by the members of the Group. In Ballybeen the chair was a member of the local community, and in Ards the Chair was the Investing for Health Officer for the area.

The CSGs, chairs and Belfast Healthy Cities worked together as a partnership sharing the responsibility for signing off all publications, including the profiles, the recommendations and the final report. Whilst this had significant implications for the administration of the pilot in terms of resources, it had positive implications for the sense of ownership of these pilots which the CSGs developed.

As outlined in the introduction, at the initial design stage of the CHIA process it was envisaged that a single Advisory Group would be set up to oversee the pilots and provide strategic advice with representatives from key community, voluntary and statutory organisations.

The Community Steering Groups in both pilot areas attracted senior members of key agencies, and at a later date when the discussion arose on setting up a single Advisory Group it was agreed there was no added value in establishing this.

Community Participation

Local community participation was the lynchpin of the pilots, and the roles of the Community Steering Groups in encouraging members of the local communities to participate was vital. The process had a snowball effect of involving more people as it progressed and the level of community participation increased. However given the limited time allocated specifically to identify further community representatives, some individuals and groups only became aware of and involved in the CHIA pilot at a later stage in the process. They expressed disappointment at not being involved earlier. Emphasis had been placed on developing the Profile at the early CSG meetings. This was essential, but it meant that only a short time was left at each meeting for other issues to be discussed.

Participation in the Ballybeen Community Steering Group remained steady with most Group members showing good attendance. Membership of the Ards Community Steering Group was fluid, with some organisations represented by different individuals at each meeting. While the representatives tended to be well briefed and to have genuine interest in the process, this meant a slight reduction in cohesiveness of the Group, which was mitigated by the existence of a core group of members who attended all meetings and had an excellent sense of ownership. As the CHIA progressed, the Community Steering Groups became a vital source of skilled individuals who were able to participate in other HIAs and act as champions for the CHIA process within their community or workplace and also within government departments.

When Belfast Healthy Cities were contacted by the Department of the Environment about providing community representatives to participate in a government-led HIA on Air Quality Guidelines to road test the Department of Health's HIA Guidelines, Belfast Healthy Cities invited members of the CSGs to volunteer to participate and two community representatives for the Ards peninsula agreed.

By the end of the process, Group members' confidence in their own skills around participating in HIAs had increased visibly, and Investing for Health agreed to provide bursaries to enable one community representative from each group to attend the two day national HIA Conference in Birmingham in October 2004. The Investing for Health team reported that their decision to do this had been influenced by the contribution made to the Air Quality HIA by the two CSG representatives from Ards.

Stage 4: Production of Community Profiles

The aim of the profiles was to include quantitative and qualitative data on the broad determinants of health and provide information on current and emerging proposals for each area. The change in concept of the nature and use of the profiles was one of the bigger learning outcomes for Belfast Healthy Cities. The profiles not only grew dramatically in size, but they became increasingly complex as the Community Steering Groups saw the gathering of information into a single profile for their area as an opportunity to leave a valuable resource within communities beyond the timescale of the CHIA pilot. CSG members identified the kinds of information which they felt should be included in the document.

At early Community Steering Groups meetings a template was agreed which outlined chapters giving information on the health status of residents, as well as existing and proposed service provision under a number of headings, including *housing, transport, employment, environment, essential services, leisure and recreational services, education, health and social services, and community development*. The inclusion of proposed project and plans for each area was important as the proposal selected for HIA would be chosen from those outlined in the profile.

Collating the Information

The 2001 Census provided an excellent source of information. Census information was particularly helpful in Ards, as statistics were given at ward level making it straightforward to gather information for the four ward areas covered by the profile. Since the three wards areas which cover Ballybeen also cover a number of other more affluent areas, Census statistics based on ward were considered to provide information which did not accurately reflect people's perceptions of Ballybeen estate. This led to less of an emphasis on statistical data and a greater reliance on the perceptions of local people in the Ballybeen profile.

In collating statistics for areas not covered by the Census, such as education, health, essential services (e.g. ambulance service, fire service) it became apparent that very little information was available at ward or estate level. The tendency is for this kind of information to be collected for a wider geographic area such as Health and Social Service Trust or Board area, District Council area, Education and Library Board area, or for the whole of Northern Ireland. This posed a real challenge to providing statistics which were relevant to the specific area. Finding out the correct department or person in order to access the accurate relevant information or statistics was time consuming. Where possible Belfast Healthy Cities used known contacts within partner organisations to either source information or suggest a contact person. The Community Steering Groups were also a very useful source of information and contributed significantly to sourcing information and providing anecdotal information. Annual reports and websites of organisations were also a useful tool for providing summaries of services provided in the areas. Individual meetings were set up with relevant members of the Community Steering Group to gather information on the work of their organisation for inclusion in the profile.

As the profile developed, the Community Steering Groups highlighted the real potential for the profile to be used beyond the remit of the CHIA project. This led to a reassessment of what should be included. As the profile grew in size, the Groups contributed significantly in terms of identifying gaps and providing contacts or information themselves.

It was felt that the inclusion of substantial qualitative information would provide an additional layer of practical, local information, which statistics alone can not convey. Local knowledge and perceptions was gathered through Community Steering Group members. In the Ballybeen area Steering Group members recommended that Belfast Healthy Cities also attend a meeting of a local community group, Ballybeen Improvement Group, to collect their views on issues affecting the estate.

In the Ards peninsula, six Group members volunteered to form a sub-group to meet with Belfast Healthy Cities to examine the profile chapter by chapter, editing it and providing local knowledge to enhance the data. In Ballybeen a similar group was formed, which met to identify gaps in the profile and provide local knowledge.

The profiles contained information a number of proposals in the areas from which one proposal would be selected to conduct a HIA. This was one of the original key aims of producing the profiles. The time commitment and energy required to produce the profiles cannot be underestimated. Each profile took one member of staff three months of working on it full-time to complete.

However the value of the profiles ^(6&7) for people working in the two areas became immediately apparent, as they were used, even before they had been published, to inform an application to the New Opportunities Fund for funding in the Ards peninsula, and for residents of Ballybeen to challenge the Department for Social Development's decision to exclude the estate from its designated Neighbourhood Renewal Areas. When the profiles were published, the groups identified a wide ranged audiences for them and assumed responsibility for distributing them within their areas to relevant organisations, libraries, churches and Assembly Members.

There was widespread interest from organisations working in other areas in the production of the profiles, which led to a decision by Belfast Healthy Cities to produce a set of guidelines aimed at people who want to produce a profile for their own area. ⁽⁸⁾

Conclusion

CSG members who completed a final evaluation sheet spoke highly about the value of the profiles and the positive experience of being involved in producing it. Many people cited the Profiles as one of the three main benefits which the local community had gained from the CHIA process. Other comments included that putting together the Profiles was a useful and valuable process to start with, and that it gave the process a solid foundation and ensured group meetings were not *just a talking shop*.

Specific benefits of the profiles listed on the final evaluation sheets included that they helped to focus people's attention on important health issues. It was also acknowledged that the information contained in the profiles would be difficult for individuals and groups to source as well as being very time consuming. It was also recognised they would assist in the development of the Health Improvement Plan for the area and increased awareness in the gaps in provision of services locally.

Stage 5: Provision of Training

Provision of training (Appendix 1) was one of the main elements of the Community Health Impact Assessment process. The aims of the training were to:

- Enable people from all sectors, in particular the community sector, to participate fully in the CHIA process
- Increase people's awareness and understanding of the wider determinants of health and inequalities in health
- Increase people's ability and confidence to take advantage of opportunities to participate in decision-making processes which affect them
- Provide opportunities for networking with people from other sectors
- Ensure that the CHIA process provides lasting benefits to the community through increasing the skills, contacts and confidence of participants.

Training was carried out in both pilot areas, and consisted of three interactive training days which focus on the following:

- Day one: The wider determinants of health; How large organisations make decisions and How you might influence those decisions.
- Day two: What is CHIA; How can it benefit your community, and How do you select a proposal to carry out HIA on
- Day three: Facilitation Skills

The location of the training days was discussed and agreed by the Community Steering Groups, who felt that making the training as accessible as possible for local people would send out a positive message about the value of local people's involvement. In Ballybeen the location agreed by the Group was the Ballyoran Centre, a community centre to one side of Ballybeen Estate, owned and managed by Castlereagh Borough Council. In Ards, the location selected by the Group was Exploris, an interactive aquarium in Portaferry with training facilities.

In Ballybeen, the contribution of the East Belfast Community Health Information Project (EBCHIP) was vital for promoting participation of members of the local community in the training. The Health Development Worker for EBCHIP, a member of the Community Steering Group, worked to encourage and support lay health workers from the area to take an active part in the process. This meant that all training days had a range of community representatives. Two of these community representatives subsequently joined the Community Steering Group.

Training Day 1: What is Health

The first day gave participants an opportunity to meet for the first time and to explore and reach a shared understanding of the broad determinants of health. It also provided an opportunity for people to gain insight into how decisions are made which affect our health and how people at a local community level can try to influence these decisions. The first training day was very successful in both pilot areas.

Some of the learning outcomes reported included increased awareness of the community sector, and may reflect to extent the presence of a number of statutory sector representatives. Community sector participants found the day inspiring, and learnt the value of communities themselves being an asset for health.

Comments on learning outcomes from the day included:

- *Importance of family and friends to health*
- *Interlinking of health issues, i.e. education, transport, housing, health*
- *How our environment has a big impact on our health and wellbeing*
- *Enjoyable and useful for my work*
- *How to put a strategy together to influence government*
- *Good information on how different departments work*
- *Useful information on Health and Social Services*
- *How we might influence decision-making*

Many people commented on the excellent quality of the speakers. It was also highlighted at this stage that more community involvement would be necessary. Information from the group tasks on this day was also included.

A Speaker's Perspective

"I was very impressed the group work session which I attended. I thought that, in a relatively short space of time, the groups did a rigorous analysis of the issue, scoped the range of people with whom they would want to interact to communicate their views and seek solutions, came up with lots of creative suggestions to solve the 'problem' and communicated back to the wider group in a very articulate and engaging way. It seemed to me that the enthusiasm from what appeared to be a broad ranging group, in terms of background, gender and age, boded well for the future in terms of local people taking control of and making improvements to the issues of concern to them and affecting their overall health and well-being as individuals and as a local community."

*Anne Lynch, Director of Planning, Eastern Health and Social Services Board
(Speaker at Training Day 1 in the Ards peninsula)*

Training day 2: What is Community Health Impact Assessment?

The aim of the second day, was to inform participants of the main stages of the HIA process and to identify what they felt might be the benefits for their community. A small amount of time was also set aside to explain the difference between HIA and CHIA. Many participants in the training day were also members of the Community Steering Groups, and so were very aware of CHIA, but were unsure how it related to HIA.

For purposes of continuity and also to ensure high quality of training, the consultant employed by Belfast Healthy Cities to facilitate the HIA workshops later in the process was also employed to facilitate the training on What is CHIA? Erica Ison, the Director of the Institute for Greening the NHS, based at Oxford University, a renowned expert on HIA with good experience of working with local communities carried out the training.

The consultant's dynamic approach and wealth of expertise in carrying out HIA inspired confidence in both communities. This was visible on the training days in the way participants engaged with the training, and was also reflected in the day's evaluation sheets, where comments were overwhelmingly positive, for example:

- *I enjoyed everything Erica said and thought she spoke plainly so everyone could understand*
- *Very enjoyable and a lot of useful information gathered and shared with all. I look forward to further sessions and more learning*
- *Very worthwhile exercise*
- *Erica was friendly and made the things she was saying easier to understand and make us want to achieve more as a community. Thank-you*
- *Very useful workshop and very informative. A relaxed environment and enjoyable experience*

The information at the training day was challenging, but by the end of the day though, participants felt on the whole they had a good understanding of HIA.

A core element of the day involved participants drawing up lists, in groups, of the good and bad things about their community, and prioritising them. This information was used by the consultant to develop the screening tool which was later used at the HIA workshop. Each community therefore had a screening tool, which took into consideration relevant local issues. For example, in the Ards peninsula people spoke positively of the attractive environment in which they lived, but expressed specific concerns around access.

Training day 3: Facilitation Training

This final day of training was made available for a smaller number of individuals (15 from each area) who were interested in facilitating group-work during the screening and HIA workshops. As with the other training days, the skills of those participating varied from person to person, but all participants reported finding it useful.

For some, it was an introduction to facilitating group work: learning outcomes listed were

- *Ground Rules*
- *How to work with groups*
- *The role of facilitator*

For others it was an opportunity to further develop existing skills:

- *Revision of skills required for facilitation*
- *Refreshed my facilitation skills*
- *How to improve facilitation skills*

The training as a whole was also intended to build confidence, and some learning outcomes listed by the participants in their evaluation sheets related to this:

- *Reduction of anxiety*
- *Learnt that I may be able to facilitate a group*
- *Very helpful in building confidence in group work*

A number of people stated that an important learning outcome was learning to be inclusive and to listen to other group members when facilitating, Comments included:

- *To take a back seat when working with groups and to listen not talk at them*
- *It's their opinion that counts*
- *How to step back and assess what others are saying and maybe encourage them to say more'*
- *How to involve others in the process*

The general feeling was that the training in facilitation skills had been worthwhile. However, at a later stage in the process, once the participants had been given the opportunity to put their facilitation skills into practice at the screening workshops, it was felt that in addition to generic facilitation skills, it would have been helpful for facilitators to have seen a copy of the screening tool in advance of the screening workshop as this would have enabled them to feel more prepared. It must be noted however it was not intended for those participating in the facilitation skills training to be able to facilitate HIA workshops.

It is interesting to note that, in the Final Questionnaires completed by Community Steering Group members, when asked if they had found the training useful within their own paid or unpaid work,

two of the respondents specifically pointed to the facilitation skills training as being of ongoing use to them.

Conclusion

Overall, the evaluation sheets from all three training days showed that the training was useful and enjoyable, and whilst enhancing skills it also provided the opportunity it gave people to expand networks through meeting people from a range of groups, organisations and sectors which considered an extremely valuable outcome.

Stage 6: Screening : Selecting a Proposal

Making a decision to conduct a HIA on a proposal can be decided by screening the proposal. The proposal is considered systematically in terms of a number of questions, for example, the resources required to implement the proposal, the number of people affected by the proposal, the extent to which there may be potential negative health impacts, and whether the proposal might impact negatively on the health of vulnerable or socially excluded groups.

The process of screening is useful for indicating if a proposal should be the subject of a HIA, if one is not necessary or if conducting an HIA is not the best use of resources, for example, because a proposal may have very few potential negative impacts or may impact on a very small number of people.

For CHIA, each community had a number (around twenty) proposals, and one of these was to be selected to conduct HIA on. To help with this, the Consultant used information gathered from the training days and from the profiles to develop screening tools for each community to use.

What does a screening tool look like?

The screening tools for each area were approximately twenty sides of A4, and included a series of questions which are answered by ticking yes or no, or by circling a number.¹ For example, given the question *What impact will the proposal have on lone parents and their families?*, the possible answers range from -2 (meaning a significant negative impact) to +2 (meaning a significant positive impact). The question *Will further and higher education providers be a stakeholder?* gives three possible answers to be ticked: yes, no, and don't know.

Section one in the Screening Tool looks at the significance of the proposal, in terms of resources, disruption to the community, importance to the community and the local economy, and the number of stakeholders involved.

In section two of the Screening Tool, the impacts on resident and non-resident groups, and the impacts on different vulnerable groups are considered. Section three considers potential impacts on health and wellbeing.

The results of the earlier sections are summarised in section four, which also provide space for additional comments.

Screening is intended to be a fast thinking exercise, and should be worked through without extensive debate over each question. This was stressed to the participants who attended the screening workshops.

5.1 Selecting a proposal in the Ards peninsula

Due to the large number of proposals and limited time at the workshops to screen the proposals, there was a need to prioritise which proposals would be screened. To aid participants in this task, the proposals from the Profiles were summarised and distributed in the form of a short newsletter.

¹ Screening tools for each area are included in the HIA Reports written by Erica Isson. See references 10 & 11

At the start of the screening workshop, participants were asked to prioritise proposals for screening. Each person was given four sticky dots and asked to vote by sticking them against the proposals they were most interested in. The seven proposals with the most votes then went forward to be screened.

The results of the prioritising exercise surprised some people. For example, none of the proposals relating to small local projects (i.e. supervised summer play or a Nursery School in Kircubbin) were prioritised. Two different reasons were given for this. Firstly, some people said they felt that these projects, while excellent, would have an impact on a comparatively small number of people, and they were keen to look at some of the bigger proposals which would affect everyone, such as the new General Medical Services (GMS) Contracts or the Review of Public Administration. A second reason, suggested by the Consultant, is that sometimes people are reluctant to assess local projects which may be run by people they know, especially in the presence of those people.

Some of the proposals which were screened were especially complex, for example, the Review of Public Administration and the proposals for Water Reform, as, in both cases, there was not one clear proposal to screen, but a number of alternatives. The Consultant worked alongside the Groups who agreed to screen these proposals to agree exactly what they would screen and how it might be done.

The result of the screening process in Ards was that the proposed Water Reform emerged as the proposal most suitable for HIA. This surprised some people, and a discussion took place around this result. After some debate, it emerged that the general feeling was that the purpose of the screening tool was to select a proposal in a systematic way without people's perceptions and emotions influencing the decision. It was therefore agreed that the Water Reform proposal would be the subject of the Health Impact Assessment in the Ards peninsula.

Once this was agreed, most participants said they felt positive about the outcome, while two or three people were still 'surprised'.

5.2 Selecting a proposal in Ballybeen

The process in Ballybeen was running to a slightly later timescale, which enabled Belfast Healthy cities to learn from the Ards experience and allowed time for the Community Steering Group to prioritise the proposals prior to the workshop.

It was decided that this would be done in two stages; with initial prioritising done by the Community Steering Group, when twenty-three proposals were reduced to ten, and further prioritising taking place on the morning of the workshop, when these ten would be reduced depending on how many people attended the workshop. This was intended to involve as wide a selection of people as possible in the prioritisation, and also allowed flexibility so that if more people attended the workshop than anticipated, more proposals could be screened.²

The first stage was initially planned as part of a CSG meeting, using flipcharts and sticky dots, but since no local resident members attended that particular meeting, it was agreed that it would be done as a paper exercise. CSG members were sent a Newsletter containing summary information on all twenty-three proposals, asked to identify the seven they were most interested in, and return it in the stamped addressed envelope provided.

Belfast Healthy Cities staff gathered further information on the most popular eleven proposals. Gathering further information on the proposals at this stage was straightforward as many of the contacts had already been made, and when proposers were informed that their proposal had been prioritised further information was provided. In some cases, no more information could be obtained.

2 One proposal was also added in at a later stage in the process: A factory employing approximately 160 residents of Ballybeen closed down unexpectedly. At one of the CHIA training days which took place within a week of the closure, it was referred to throughout the morning, and the Consultant suggested that it be included as a proposal. While the closure of the factory was not negotiable, it was considered that a HIA on the closure might be of value in providing recommendations on how the negative effects of closure might be mitigated.

The Consultant was realistic about this, pointing out that it is often impossible to obtain all the information, and sometimes HIAs must be carried out despite incomplete knowledge of the proposal. She also emphasised that at the screening stage, a complete picture of each proposal is not necessary.

Nineteen people attended this workshop and five proposals were screened. When the results of the screening were considered at the end of the morning, it appeared that three of the proposals had scored highly, without any one of them clearly emerging as the most suitable for HIA.

The three proposals selected were:

- *Towards a Ballybeen Regeneration Vision*: a document developed by the Housing Executive which sets out a vision for the area, with a number of specific actions led by various agencies
- Redevelopment of the Enler Site: a proposal to build a range of new facilities on a site in Ballybeen which had previously contained a disused building and was currently grassed over
- Closure of the TK-EEC Factory: During the CHIA process this factory, which employed approximately 150 people from Ballybeen Estate, had closed down with little notice, and an HIA on the impacts of the closure might have led to recommendations of interventions to minimise the negative impacts.

There was some discussion around the three proposals, and the Consultant highlighted that, in the case of one of them, the redevelopment of the Enler Site, the Group who screened it felt that most of the potential negative impacts would be short-term ones associated with building work being carried out. She suggested that these negative impacts might be mitigated through negotiating with the Construction Company for a Code of Practice. It was agreed that Belfast Healthy Cities would contact the Housing Executive to discuss the possibility of carrying out an HIA on *Towards a Ballybeen Regeneration Vision*, as, while it was the most popular option when a vote was taken at the end of the screening workshop, some individuals were concerned that, as the document was largely visionary, it may not be suitable for HIA.

A subsequent meeting with the Housing Executive confirmed this, and a meeting of the Community Steering Group was held to make a final decision. At this meeting it was unanimously agreed that Enler site be selected.

Although, as stated earlier, screening should be worked through quickly without extensive debate, sometimes it was felt necessary to stop and consider questions in some detail in order to be able to answer them. For example, whether a community drug awareness programme would have an effect on crime in the community was not immediately apparent, and people's views differed. Facilitation of each group therefore proved important, as facilitators needed to steer their group swiftly through the process while also allowing them sufficient time to consider questions so they felt they had answered them accurately.

The overwhelming response from the evaluation sheets filled out by participants was that the workshop was both enjoyable and useful. Word used to describe their experience of the day included *very useful, enjoyable, informative, worthwhile, socially pleasant, interesting, fulfilling*. Other comments included:

- *Very useful and good to meet a range of people from the community*
- *This was a very useful day which enabled a very systematic way to make decisions at a local level*
- *Useful exercise which challenges perceptions and ideas on what impacts on health*

Some people found the screening exercise a difficult but rewarding process:

- *Screening is difficult to do but useful*
- *Difficult to grasp*
- *Very hard work*

It was also felt by some of the Community Steering Group members who participated that this was their first opportunity to see CHIA in action

- *Excellent to see the process working*

Some people felt they would have liked to have spent more time on the screening process

- *I felt we did not have enough time to give the proposal the time and effort it deserved*
- *Very rushed*

The Consultant stressed that screening is essentially a quick-answer process, and spending longer doing it would not make a difference to the results.

The participative nature of the process was appreciated by some people:

- *Everyone can contribute to a HIA and make decisions together*
- *A consensus was easier to reach than I expected*

Others found the nature of the group work challenging:

- *Opinions differ on most points*

While the learning outcomes stated on evaluation sheets were mostly around learning to use a screening tool, some showed an increase in confidence as a result of earlier training days and an increased sense of power:

- *I learnt that I can facilitate a group*
- *Feeling of being able to influence **some** decisions*

One participant stated their learning outcomes were:

- *Too numerous to mention*

Stage 7: Informing Stakeholders of Proposal

Informing stakeholders in the Ards peninsula

Prior to the selection of the Water Reform proposal by the community in the Ards peninsula, Belfast Healthy Cities had limited contact with the Water Reform Unit. This meant that no previous working relationship existed. Whilst the initial reaction was one of uncertainty on how a HIA might add value to the proposal, following a meeting with Belfast Healthy Cities the Water Reform Unit agreed to participate in the carrying out of the HIA. The Unit had already carried out a screening exercise on the proposal, using the Office of the First and Deputy First Minister's integrated impact assessment (IIA) tool, and this exercise had suggested that any potential negative health impacts of the proposal would be related to poverty, and would therefore be examined sufficiently under the New TSN impact assessment they planned to conduct. Belfast Healthy Cities staff and Chair met with the Water Reform Unit to gather more information on the proposal and to explore further the potential value in the Ards peninsula communities coming together to carry out an HIA on the proposal for reform. Following this a representative from the Water Reform Unit attended the HIA workshop to present information on the proposal and answer questions.

Informing stakeholders in Ballybeen

In Ballybeen, the main stakeholders (decision-makers) were Landmark East, a not-for-profit local property developer, and the South East Belfast Trust, who proposed to build a new day care centre on the site. By this stage of CHIA, well-developed relationships with the decision-makers already existed. The Chair of the Ballybeen Community Steering Group was also a member of the Steering Group for Landmark East, the property developers. The community development department South & East Belfast Trust, who were key stakeholders, were also represented on the CSG. Relationships between Belfast Healthy Cities staff and the property developers had also developed whilst collating the Ballybeen profile. This meant that Landmark East had been kept informed of the process and when they were contacted to explain that the proposal for Enler had been selected, they were fully aware of the background to the selection. All the decision-makers for this proposal saw the selection of the site as very positive, as they anticipated it would raise awareness of the proposal and encourage the local community to engage in consultation around it.

Stage 8: Carrying out the Health Impact Assessment

Introduction

All three HIA events were facilitated by the Consultant, using rapid appraisal techniques.⁽⁹⁾ Reports by Erica Ison on the HIA events are available from Belfast Healthy Cities' office.

Conducting a Health Impact Assessment in the Ards Peninsula

Twenty-five people attended a structured workshop in the Narrows Restaurant in Portaferry, at which a representative from the Water Reform Unit gave a presentation and remained throughout the event to answer questions. (Appendix 2.1)

For the purposes of conducting the HIA, the proposal to introduce charging for water and sewerage management services in Northern Ireland was seen to contain two main elements for appraisal:

- the introduction of charges for water and sewerage services;
- the mechanism of regulation of charging for water and sewerage services.

Although for the first main element of the proposal, the introduction of charging for water and sewerage services, there were four main options for charging, it was considered important to assess the potential impacts of the introduction of charging *per se* in addition to the potential impacts of the four options for methods of charging.

The four options for the method of charging were:

- the use of metering as a basis for charging;
- the use of a fixed charge and metering as a basis of charging;
- the use of property value as a basis of charging;
- the use of a fixed charge and property value as a basis of charging.

For the second main element of the proposal, the mechanism of regulation for charging for water and sewerage services, there were three options for appraisal:

- the use of the pre-existing Northern Ireland Regulator;
- the establishment of a new dedicated regulator;
- the use of the system of water regulation in Great Britain

The following questions were put to participants during the appraisal:

- What are your concerns about the introduction of charging for water and sewerage services in Northern Ireland?
- What are your positive expectations about the introduction of charging for water and sewerage services in Northern Ireland?
- What are the barriers to, and conflicts around, the implementation of the proposal to introduce charging for water and sewerage services to Northern Ireland?
- What are the impacts on health and well-being (positive and negative) of each of the four options for the method of charging for water and sewerage services in Northern Ireland?
- What interventions should be used to address the impacts on health and well-being of each of the four options for the method of charging for water and sewerage services in Northern Ireland?
- What are the impacts on health and well-being (positive and negative) of each of the three options for the regulation of charging for water and sewerage services in Northern Ireland?
- Which of the three options for the regulation of charging for water and sewerage services in Northern Ireland would be appropriate in terms of promoting health and well-being?

During the workshop, participants expressed their views as individuals on a Graffiti Wall (concerns and positive expectations), as a group during brainstorming (barriers and conflicts), and by working in small groups (impacts and interventions).

There was however a temptation to turn the event into a general consultation, Most of the people present had not attended general consultation on Water Reform and had a range of questions to ask. However, the consultant helped people to stay focused and ensured that discussion stayed within the parameters of the HIA.

Carrying out a Health Impact Assessment in Ballybeen

Although the proposal was to develop the Enler site to provide a mixed use development providing a day care facility, retail outlets and a community facility, there were six potential options for the Enler site laid out in the economic evaluation commissioned by the Belfast Regeneration Office (BRO) from Williamson Consulting. The consultant decided to include all six options in the HIA to ensure consistency among impact assessments of the proposal, and thereby facilitate and enable decision-makers to make comparisons of like with like when considering the results of the impact assessments.

Option 1: Do nothing – the current green field at Enler remains as it is

Option 2: Retail outlets only – shops to be the only infrastructure to be built at Enler

Option 3: Provision of day-care facility/services and retail outlets – no facility/services for the community

- Option 4:** Provision of day-care facility/services and community facility/services – no retail outlets
- Option 5:** Mixed use – provision of day-care facility/services, community facility/services, and retail outlets
- Option 6:** Housing – only residential units to be built

Participants were asked the following questions

- What are your concerns about redevelopment of the Enler site?
- What are your positive expectations about the redevelopment of the Enler site?
- What are the impacts on health and well-being (positive and negative) of each of the six options for the Enler site?
- What interventions should be used to address the impacts on health and well-being of each of the six options for the Enler site?

In addition, participants at the structured workshop were asked:

- What are the barriers to, and conflicts around, the implementation of the proposal to develop the Enler site?

The workshop in Ballybeen was fairly complex. The number of participants was smaller than had generally participated, and this was felt by some to be a reflection of the fact that an open evening had been held the evening before, to promote the HIA workshop and many had seen that as an alternative to the workshop.

The Head of Community Development from South and East Belfast Trust gave a presentation on the proposal at the HIA workshop and answered participants' questions. During the workshop (Appendix 2.2), participants expressed their views as individuals on a Graffiti Wall (concerns and positive expectations), as a group during brainstorming (barriers and conflicts), and by working in small groups (impacts and interventions).

To enhance further community involvement in Ballybeen a decision to hold a second HIA event in Ballybeen, an unstructured evening event, had been agreed at a meeting of the Ballybeen Community Steering Group. The Principal of the local Primary School offered the use of the school for the evening event.

Planning the open event in Ballybeen provided an excellent opportunity for local people to become involved in and lead the organisation of the event. While the structured HIA workshop was based around the consultant's tool, the open evening was an opportunity for people to be creative and use their own ideas and contacts. The Community Steering Group shaped the open event, with members not only taking the initiative in designing and planning the day, but also in doing much of the preparation tasks, for example, using their existing local contacts to provide entertainment at the event.

At this stage Group members and participants in the training had developed a great sense of ownership and enthusiasm and creativity were high; keeping people focused on the HIA part of the process was important at this stage.

To publicise the open event, all of the pupils of Brooklands Primary School had been given a letter from the Principal to take home to their parents. The letter had informed them about the CHIA pilot and the open event, and urged parents to participate. The pupils were also encouraged to participate, and the provision of face--painting was intended to support inclusion of primary-school age children in the event. Community Steering Group members also displayed flyers advertising the event in local shops.

The open event was well attended, with thirty-five participants. During the open event, there were a variety of ways in which participants could express their views: expressing their views on a Graffiti Wall (concerns and positive expectations), questionnaire (all questions), discussion with facilitator (impacts of six options for appraisal), and expressing their views around a map of the estate (facilities they would like to see included in the development of the Enler site).

The MP for the area, the Principal of the Primary School and the Director of Belfast Healthy Cities welcomed people to the event. The Chairman of Landmark East was available to answer questions about the proposal, and information sheets on the proposal, as well as copies of the Community profile, were distributed. The event offered an excellent opportunity for networking as participants included a variety of key stakeholders, including local residents, local councillors, the local Health and Social Care Group, and the South and East Belfast Trust. Entertainment was provided by a DJ and face-painting, and a buffet supper was served.

Notably, the event attracted a number of people who had concerns about the proposal, largely because they lived directly facing the Enler site and felt that any potential negative impacts of the redevelopment might impact most directly on them. Thus the open event brought forth views and ideas on the proposal which may not have arisen at the HIA workshop. Many of these people were unaware of the CHIA pilot and had come to the event when the flyers displayed in local shops had provided information on the event. Some members of the community believed that the open evening was a consultation event on the Enler Site proposal and expressed real concern about this being the first opportunity they had to participate in consultation.

Conclusions

The structure of the HIA workshop on the Water Reform proposal was a systematic appraisal of health impacts and participants felt that their views and recommendations had been valued and taken on board, by the consultant, Healthy Cities staff, and the Water Reform Unit representative. Participants also reported feeling they had understood the value of a health impact assessment is, and were keen to be involved in more.

While the HIA Workshop on the Redevelopment of the Enler Site left people was positive, it may have been more positive if the workshop had been held at a time when the main developers could have been present. Landmark East's response to the recommendations which emerged from the day was extremely positive, and it would have been a more uplifting end to the HIA Workshop had the participants of the day received positive feedback from them at that time.

The decision to hire a consultant to facilitate the HIA part of the CHIA process was necessary due to the low levels of experience and expertise on HIA within the facilitating and participating organisations. There were many benefits to hiring an external consultant, for example:

- An extremely high level of experience, expertise and skills in HIA
- A systematic approach to HIA and to the subsequent reports
- A charismatic individual who inspired participants and could think quickly to tackle any difficulties as soon as they arose and assist with general problem solving throughout the entire CHIA process
- Greater credibility for the process through using a recognised expert in the field

In using an external consultant it is also important to ensure clarity of respective roles and a shared understanding of the aims and agreed timescales of the process. The reports written by the consultant highlight the expertise of the consultant in health impact assessment.

One of the positive outcomes of the HIA workshops was the opportunity for the decision-makers to be involved directly in health impact assessment. The systematic nature of the process, and the

variety of useful recommendations which participants identified were greatly appreciated by the decision-makers, and have important implications for the wider implementation of HIA across government departments and by developers.

Stage 9: Negotiating and Reporting back to Stakeholders

Each Community Steering Group met to discuss the HIA reports ^{(10) (11)} compiled by the consultant, and to agree the reports were an accurate reflection of what had been said at the HIA workshops. After minor editing (clarification of points or correction of information on local issues), the reports were then forwarded to the representatives of the proposals and subsequent meetings arranged.

Meeting with the decision-makers of the Proposal in the Ards peninsula

A community representative of the Ards peninsula Community Steering Group joined Belfast Healthy Cities staff to meet with a representative of the Water Reform Unit. The Unit's response to the HIA report and to the HIA process in general was that it had encouraged thoughtful and constructive debate within the community about water reform and also helped inform debate on the relationship between public health within the Water Reform Unit, as well as raising the profile of HIA. The Water Reform unit also said they would recommend the systematic process to other policy makers and recommendations made at the HIA workshop have been included in the plans for the Water Proposal Reform. The extent to which this was influenced by the HIA workshop has been acknowledged.

Meeting with the decision-makers in Ballybeen

Two representatives of the Landmark East, including the Chairman, met with Belfast Healthy Cities staff and a community representative from Ballybeen to discuss the Consultant's report. The developers were enthusiastic about the recommendations, felt that the timing was helpful, and that they could take on board a number of the recommendations. They echoed concerns that carrying out the HIA on six options might be misleading, but overall felt that the process was very valuable, had raised important questions in their own minds, and that the HIA would make a difference. They added that their organisations, being not-for-profit was probably more likely to take such recommendations on board than a profit-making enterprise.

Some of the recommendations which emerged from the HIA were outside of the scope of the Developers, for example, 'encouraging walking and cycling in Ballybeen', and relevant members of the Community Steering Group were happy to identify roles for themselves in working together on these.

Conclusion

The overall response from the decision-makers in both proposals was extremely positive, as was feedback from the community representatives who attended the meetings, and felt their contribution was valued.

The decision that selecting the proposal for HIA should be done mid-way through the CHIA was a significant one which had many implications for the pilots. It was a decision made based on the view that the proposal should be selected by a wide range of stakeholders who had been exposed to relevant training to help inform their decision, and who had access to a publication outlining the context for their decision (the Community Profile). In many ways this worked extremely well, providing a clear rationale for development of the Profiles, ensuring a high sense of ownership of the whole process, contributing to participants feeling their voice made a difference, and providing a multitude of opportunities for building relationships between individuals, organisations and sectors.

There were two main drawbacks to this approach. Firstly, it meant that the decision-makers for the proposals selected were not involved in the process from the start, as would be desirable in an HIA. Secondly, it meant that the CHIA could not be publicised in a concrete and accessible way until after the profiles were developed and the training completed.

It is the belief of Belfast Healthy Cities that this did not significantly affect the outcomes of the process on this occasion, as constructive relationships were developed with the proposers during the later stages of the CHIA process.

The extent to which the CHIA pilot influenced the proposals is an important consideration, and one which is extremely difficult to measure. From the response of the decision-makers on the proposals, the conclusion to be drawn is that the CHIA contributed to the refinement of those proposals, raised awareness of their health impacts and provided a valuable opportunity to inform the decision-making process.

Stage 10: Evaluation

The ultimate aim of Community Health Impact Assessment is, to involve and encourage the proposers to consider the results and implement the recommendations for improved health which arise out of the assessment. Evaluation of this process would require examination of two areas, firstly an evaluation of the extent to which the proposer implemented the recommendations and secondly looking an evaluation of the extent to which the implementation of the recommendations. As discussed in the introduction, these objectives were not set for the CHIA pilot. However, in future CHIAs they may merit consideration as an objective for inclusion, but it is recognised that some of the changes may be much longer term.

To evaluate the CHIA pilot a single page questionnaire was completed by participants of each training day and at the CHIA workshop. A longer more detailed questionnaire was completed by members of the Community Steering Groups (Appendix 3). Stamped addressed envelopes were provided to encourage a high response rate, and supermarket vouchers were offered to the two people (one from each area) whose details were selected in a draw. The questionnaires were anonymous and a there was a response rate of 35%. The questionnaires were aimed at evaluating the stated objectives of the CHIA pilot as laid out in Section 1 of this report. The following is a summary and selection of responses from the questionnaires.

Evaluating the Objectives

Objective 1

To facilitate training for people who live and work in the area, to enable them to participate fully in the CHIA process

The percentage of people who returned the questionnaires on each training day was excellent, with approximately 90% of participants returning their completed evaluation sheets. The responses from these days are considered in Stage 5.

The extent to which people felt the training enabled them to participate fully in the CHIA process as a whole was evaluated using the final questionnaire. Respondents were asked if the training had enabled them to participate more fully in the CHIA process. People predominantly answered yes, saying it given them both a greater understanding of CHIA and also increased confidence in the process and in their own ability to participate. One respondent reported that it had given them more confidence when speaking to others. Another participant commented:

- It provided a background to the whole process and a better understanding of broader health determinants of health and the community which I feel was a vital element to this process

Objective 2

To increase understanding within the pilot communities of the objectives, process and limitations of Health Impact Assessment

This was evaluated as part of the 'learning outcomes' section of the questionnaire at each event, and also using the final questionnaire.

Respondents overwhelmingly reported a good understanding of CHIA. Other comments included:

- *Clearer! Clear might be a bit of an overstatement!*
- *I have a good understanding but am still learning and will revisit the process when possible.*
- *Perhaps words 'fair understanding' would be more appropriate – I don't feel I've completely mastered the whole art.*
- *Fairly clear*

Objective 3

To collate Profiles for each pilot area which will provide health-related statistics and information on proposals for the area, which can be used to inform the CHIA process and be a valuable resource for the community

The Profiles were published in April 2004, clearly showing that the first part of this objective had been met. The extent to which the Profiles were used to inform the CHIA process was evaluated using the final questionnaire. It was clear throughout the process that the Profiles were an extremely valuable resource for each community. Even before they were published in April 2004, they were used by CSG members.

Ards Community Steering Group members also commented that the process of putting together the Profile had been a helpful learning experience for them.

As part of the Final Questionnaires, members of the Community Steering Groups were asked if the information contained within the Profiles had enabled them to assess the health impacts of proposals for the area. Comments included:

- I think it is too early to tell yet because apart from assessment of the chosen proposal I have not had the opportunity to review other proposals.
- I'm not sure the information helped in relation to the Water Reform. However I do think it could be beneficial for other proposals.
- Yes. It advised where services were targeted and the gaps

Respondents also indicated that the profiles could:

- Assist in the development of the IfH Health Improvement Plan for the area.
- Deal with community groups and develop possible strategies.
- Will help me carry out a baseline of some of the needs of my area.
- Enable me to better participate in consultation events and local community issues
- For quantitative reports; funding applications; to inform new health related developments ie gaps etc
- Whilst the majority of information was held by a number of agencies it now has been collated and is an easy reference document. An excellent resource.

Objective 4

To facilitate CHIA workshops at which members of the local communities and other stakeholders can identify a proposal and carry out an appraisal of its health impacts

This objective relates to the screening and HIA workshops and the open event. These were evaluated using brief questionnaires at the end of each workshop, which have been considered in Stages 6 & 8.

Objective 5

To facilitate a process through which members of the local communities meet with the relevant agency to discuss the HIA recommendations on the proposal

Facilitation of the process outlined in this objective was carried out through a variety of mechanisms, including provision of opportunities for relationship building between different sectors, and provision of training to increase confidence and understanding around the wider determinants of health, and a shared understanding of these across the different sectors. These elements of CHIA have been evaluated separately under the relevant objective.

In order to carry out a narrow evaluation of this objective, the community representatives who attended meetings at the end of the process with the decision-makers were asked to complete a brief evaluation sheet which asked them what benefits they perceived to come from the meeting, if they felt their attendance was valued, and if the experience would make them more or less likely to participate in actively trying to influence decision-making around health in the future.

Both of the community representatives responded extremely positively to all questions.

Objective 6

To build capacity at a local community level, through training, involvement in decision-making, and increased opportunities for intersectoral networking

This is the most difficult objective to measure, and, one might argue, the most important objective to achieve.

All respondents said they thought the CHIA process had had a positive impact on the relevant local community. When asked to describe how they know CHIA has had a positive impact on these communities, they referred to the following:

- People reporting a sense of feeling consulted and their opinions and views taken note of. Also, voicing their appreciation of the production of the Community Profile.
- Cloughy and District Community Association now conducts positive lobbying for community improvements based on awareness raised by CHIA
- Local people have enhanced knowledge about how widely health affects their well-being and what affects their health! They have a process to make their voices heard.
- It has brought together groups that do not meet on a regular basis to talk on health and well being issues

To contribute to evaluation of the CHIA process's contribution to capacity building, people were also asked if participating in the CHIA process enabled them to meet other members of the community, or interact with people they would otherwise not have interacted with. The responses to this were overwhelmingly positive.

Respondents were also asked if participating in this process enabled them to build stronger relationships with members of the community or representatives of organisations working in the area. Again the responses demonstrated that the CHIA process had supported the development and strengthened networks across sectors in each area.

- Hard to define stronger – yes know people better and presume that makes relationship more robust.
- Yes - It enabled me to meet with individuals from other organisations, both statutory and community and to build relationships with them
- Yes, it has provided my organisation and volunteers with the opportunities to meet with other representatives from statutory, voluntary and community orgs and to work in particular with these agencies

As indicated in Stage 3 two representatives of the Ards Peninsula Community Steering Group participated in a pilot HIA on Air Quality Guidelines, to pilot Investing for Health’s HIA Guidance. To contribute to evaluation of overall capacity building, a representative of the Department of the Environment was asked to comment on community participation in the HIA.

“Yes, they (community representatives) are crucial in any HIA as they will usually be directly affected by the policy or scheme under scrutiny and can often determine unseen problems with policy proposals. They can provide a valuable insight to local problems, provide unique solutions/suggestions and stimulate the debate during the HIA process.”

Objective 7

To produce a report on the process which will demonstrate the learning gained from the pilots, and which will provide sufficient information to be used as a resource for future CHIA projects.

At this stage, the impact of this report cannot be evaluated, but future evaluation will include providing it as a tool for communities to use as guidelines to implement CHIA.

Objective 8

To evaluate the process and outcomes of the pilot to demonstrate the value of community-led health impact assessments.

As stated in the introduction to this report, it may be noted that none of the objectives relate to the direct outcome of the HIA, i.e. the extent to which the developers of the proposal selected implement the recommendations, because this was not the original remit. It was important that communities and developers had experience of the systematic approach of HIA. Since the nature of the pilot process meant that all key stakeholders could not be involved from the beginning, it was felt that implementing the recommendations may not be as strong as would be the case if the proposers were involved from the start or had initiated the HIA process themselves. However, the results to date of using the recommendations by both proposers have been positive.

Conclusion

Health Impact Assessment is still a developing methodology, which has not yet been widely applied in Northern Ireland. To date a very small number of HIAs have been carried out but steps have been taken by the DHSSPS to further develop HIA to understand the strengths and barriers and how they might be overcome. Barriers at the local level may include the local of awareness HIA; lack of understanding of the broad determinants of health; lack of experience and capacity to implement HIA and limited intersectoral action for health. DHSSPS is supporting government departments at a regional level to further develop and apply HIA. Community Health Impact Assessment presents in itself brings unique challenges at a local level and building capacity within communities will equip communities with the leadership to conduct HIAs and will provide evidence based practice results which will allow demonstration of the benefits and barriers to applying HIA.

It is clear however that evidence to date suggests that Health Impact Assessment can support local and regional decision makers by:

- Raising awareness of the broad determinants of health and of the integrated approach to health and sustainable development;
- Strengthen the implementation of cross sectoral policies;
- Provide a systematic framework to assess health impacts;
- Promote and integrate health in projects at the local level and also in strategic policy decisions;
- Involve a range of stakeholders in planning including awareness about the need to include the public or local community;
- Shift thinking about health to a resource for economic and social development.

Belfast Healthy Cities believes that within this pilot CHIA, combining a community development approach with HIA in this way adds considerable value to the two processes. Examples of this added value include the value of an independent organisation bringing members of a community together to carry out a task which is of benefit to all members of the community. Residents of Ballybeen, as well as people working in the area, have commented that the CHIA process was very successful in achieving a unified approach to a task in an area which has experienced a certain degree of fragmentation of its community. In the current policy climate, where considerable emphasis is placed on community participation, the community-led approach also can be seen to be a systematic way of assessing the health impacts of any proposal. This does and will require dedicated resources to strengthen capacity on HIA within communities but also within the public sector and within government departments.

The fundamental challenge within the CHIA pilot is that the proposal to carry out the HIA has not been selected. One of the challenges within CHIA is the fact that the proposal is selected by the community during the process and it is therefore not possible to have all the proposers involved from the initial planning stages of the CHIA process. However the experience here has been that the proposers were positive about being involved at a later stage - earlier involvement might bring further enhanced results.

The final evaluation asked Community Steering Group members if they could suggest any changes to the CHIA process which might improve it. Responses to this question focused largely on ideas for promoting the process to ensure wide community participation and sustainability.

The overall aim was to test the value of involving local communities in a systematic way to influence the health impact of proposals in their area, thereby contributing to the development of healthy public policy. While much of the immediate positive reaction to the process has focussed on its more concrete outputs, it may be that the real legacy of what has been a challenging, complex and rewarding process, is an increased awareness within proposers and communities of the added value of a systematic Health Impact Assessment process which is community led.

Appendix 1.1

Belfast Healthy Cities Community Health Impact Assessment

Training Day One: What Is Health?

Date: 28 January 2004

Venue: Exploris Aquarium, Rope Walk, Castle Street, Portaferry

Aim: To look at different ideas about health and how people can influence decisions which are made which affect their health

09.30	Registration
10.00	Introduction <i>Lorraine Lindsay, Investing for Health</i>
10.05	The Determinants of Health, <i>Ruth Sutherland, Community Development and Health Network</i>
10.25	Questions
10.40	Coffee Break
11.00	Group Task - What does health mean to you?
11.30	Group Task – What impacts on health in your community?
12.00	Feedback
12.30	Lunch
13.15	Introduction to afternoon <i>Victoria Creasy, Belfast Healthy Cities</i>
13.20	How organisations make decisions and how you can influence those decisions <i>Anne Lynch, Eastern Health and Social Services Board</i>
13.40	Questions
14.00	Group Task – How would you go about influencing change?
14.25	Feedback
14.45	Close <i>Joan Devlin, Belfast Healthy Cities</i>

Appendix 1.2

Belfast Healthy Cities Community Health Impact Assessment

Training Day 2: What Is Community Health Impact Assessment? Facilitated by Erica Ison, Director, Centre for Greening the NHS, Oxford

Date:	Thursday 12 February 2004
Venue:	Exploris Aquarium, Rope Walk, Castle Street, Portaferry
Aim:	To enable participants to gain an understanding of the benefits of Community Health Impact Assessment.
09.30am	Registration and Coffee/Tea.
10.00am	Welcome and Introductions
10.15am	Presentation: What do you want out of Community Health Impact Assessment and the Training? Tasks: What do you want to get out of it as an individual? What do you want out of it for your community?
10.45am	Presentation: What do we mean when we talk about a community? Task: Brainstorming - What is a community?
11.00am	Presentation: Your community – what is it important to know about it? Tasks: Brainstorming - The communities in their community. What are the difficulties/problems faced by your community? What are the strengths/advantages of your community?
11.30am	Coffee Break
11.45am	Presentation: How do you choose which proposal to work on? Task: Identifying the factors against which the communities would choose to work on a proposal.
12.30pm	Presentation: Planning and preparation – how do you make the community health impact assessment manageable but effective? Task: Identifying ways to manage the assessment and get useful results.
1.15pm	Lunch
2.00pm	Presentation: How do you identify impacts on health and what do you do about them when you have? Task: Identifying ways of getting knowledge from the community and ways of using it, especially to influence decision-makers.
3.30pm	Presentation: How do you know if what you have done has had any effect? Task: Brainstorming - Ways of monitoring and evaluating what has happened
3.50pm	Close

Appendix 1.3

Belfast Healthy Cities Community Health Impact Assessment

Training Day Three: Facilitation Skills Facilitated by the Workers' Educational Association

Date:	Thursday 19 February 2004
Venue:	Exploris Aquarium, Rope Walk, Castle Street, Portaferry
Aim:	To build on existing skills to enable individuals working or living in the Ards Peninsula to facilitate groupwork at the Community Health Impact Assessment workshops
9.30 am	Registration, tea and coffee
10.00 am	Welcome & purpose
10.05 am	Introductions, expectations, experience to date
10.30 am	Pairs exercise – who do you think will engage in this process and why
10.45 am	Setting up a set of ground rules with a group
11.05 am	Setting the scene, agreeing the agenda
11.20 am	Tea/coffee break
11.35 am	How to get maximum participation from a group
12.05 pm	Record keeping of group discussion
12.20 pm	Interventions – when conflict occurs
12.40pm	Reaching agreement – types of decisions
12.55 pm	Open/Close questions
1.05 pm	Inquiry/advocacy
1.20 pm	Final questions
1.30 pm	Close and Lunch

Appendix 2.1

Belfast Healthy Cities Community Health Impact Assessment

Workshop One

Facilitated by Erica Ison, Director, Centre for Greening the NHS, Oxford

Date:	Thursday 25 March 2004
Venue:	Ballyoran Centre, Ballybeen
Aim:	To identify the proposal on which the community want to work using a Health Impact Assessment approach
09.30am	Registration and Coffee/Tea
10.00am	Welcome Review of process
10.10am	Task: prioritising proposals
10.30am	Introduction to Screening Tool
10.40am	Screening of proposals in small groups
11.15am	Coffee/Tea
11.30am	Screening of proposals in small groups
12.00pm	Feedback
12.45pm	Discussion/Agreement about results
1.00pm	Lunch

Appendix 2.2

Belfast Healthy Cities

Community Health Impact Assessment

Workshop Two

Facilitated by Erica Ison, Director, Centre for Greening the NHS, Oxford

Date: Thursday 6 May
Venue: Ballyoran Centre, Rosneath, Ballybeen
Aim: To carry out a Health Impact Assessment of the Enler House Site proposal

09.30am	Registration and Coffee/Tea Graffiti Wall
10.00am	Welcome Joan Devlin, Belfast Healthy Cities
10.05am	Enler House Site proposal Rowan Davison, South and East Belfast HSST
10.20am	Implementation of proposal: barriers and conflicts
10.40am	Health in Ballybeen: presentation on profile David Smith and Sheelagh Hogg, Ballybeen Community Steering Group
10.50am	Introduction to tasks
11.00am	Task: Identifying potential impacts of proposal implementation
11.30am	Coffee/Tea
11.45am	Feedback on task
12.00pm	Task: Identifying ways to address the potential impacts of proposal implementation
12.30pm	Feedback on task
12.45pm	Discussion/Prioritisation
1.05pm	Next steps
1.15pm	Lunch

Appendix 3

Belfast Healthy Cities Community Health Impact Assessment

Evaluation Questionnaire For Ballybeen Community Steering Group members PLEASE RETURN BY MIDDAY ON 11 AUGUST 2004

1. What do you think have been the 3 main benefits which you, as an individual, have got from participating in the CHIA process?

1 _____

2 _____

3 _____

2. What do you think have been the 3 main benefits which the Ballybeen community has got from the CHIA process?

1 _____

2 _____

3 _____

3. Did you feel that being a member of the Community Steering Group was a valuable experience? Please explain your answer

4. Which aspect of the process have you found most helpful? (please tick)

Training

Workshops

Community Steering Group meetings

Other (please specify) _____

5. Why have you found this aspect most helpful?

6. Did you attend any of the training provided? **Yes/No**
(please tick)

What is Health?

What is CHIA?

Facilitation skills

7. If so, did the training enable you to participate more fully in the workshops? Please explain your answer

8. Has the training had any other benefits for you? **Yes/No**
If so, please specify

9. What additional training would you have found helpful?

10. Do you think that the information contained within the Ballybeen Profile enabled you to assess the health impacts of proposals for Ballybeen? Please explain your answer

11. Did your involvement in putting together the Ballybeen Profile change how you felt about the CHIA process? If so, how?

12. Have you used or do you plan to use the Profile for other purposes? **Yes/No**
(please specify)

13. Has participating in the CHIA process enabled you to meet other members of the Ballybeen community, or interact with people you would otherwise not have interacted with? Please explain your answer

14. Has participating in this process enabled you to build stronger relationships with members of the Ballybeen community or representatives of organisations working in Ballybeen? Please explain your answer

15. Do you feel that you have a clear understanding of what CHIA entails?

16. Can you suggest any changes to the CHIA process which might improve it?

17. Do you think CHIA has had a positive impact on the community of Ballybeen? **Yes/No**

18. If so, can you describe how you know CHIA has had a positive impact on the community?

19. Do you live in Ballybeen? (underline as applicable) **Yes/No**

**Thank-you very much for taking the time to complete this questionnaire
Please post this questionnaire back in the stamped addressed envelope provided.**

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Services in Northern Ireland.



Community Profile
Ballybeen



Health Impact Assessment
of the Proposal to Develop
the Emler Site on the
Ballybeen Estate



Community Profile
Four Wards in the Ards
Peninsula



Health Impact Assessment
of the Proposal to introduce
Charging for Water and
Sewerage Services in
Northern Ireland

Belfast Healthy Cities
3rd Floor, Gordon House,
22-24 Lombard Street,
Belfast BT1 1RD

Tel: +44 028 9032 8811
Fax: +44 028 9032 8333
Email: info@belfasthealthycities.com
Web: www.belfasthealthycities.com

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Belfast Healthy Cities' website at
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