Undertaking a Health Impact Assessment on the Cardiovascular Service Framework

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Health Impact Assessment (HIA)

A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.

Gothenburg Consensus 1999
HIA process

Screening

Scoping

Appraisal

Suggestions

Implementation of suggestions

Monitoring and evaluation

Community profile

Data collection: Qualitative and quantitative methods

Impact analysis: Data collated and assessed

Priority health impacts identified
Approach

• To test the effect of implementing the framework on health inequalities and inequities in relation to cardiovascular diseases

• To harvest the learning from the HIA on the CVSFW and apply it to the development of other service frameworks
**Who was involved**

**HIA Steering Group:**  
Department of Health, Social Services and Public Safety  
Public Health Agency (PHA)  
Health and Social Care Trusts (HSCT)  
Local Commissioning Groups  
Community and voluntary e.g. British Heart Foundation and Diabetes UK  
Queens University Belfast

**HIA Management Group:**  
PHA  
IPH  
Belfast HSCT  
Health and Social Care Board

**Timeframe:**  
January 2010 - March 2011
Information

Literature review

Community profile

Stakeholder engagement

Maureen Sheehan Centre, Belfast,
Gasyard Healthy Living Centre, Derry,
Ards Peninsula Healthy Living Centre, Kircubbin
Loughguile Millennium Centre, Ballymoney
Farset International, Belfast
Literature review

- Major risk factors for cardiovascular disease
- People from deprived areas are at higher risk from cardiovascular disease than people living in more affluent areas
- Access to cardiovascular services may be reduced for some people
- People from more deprived areas can be less likely to benefit from services to prevent ill health and improve lifestyle
Community profile

Factors contributing to cardiovascular disease:

• 3.6% of young people left school with no GCSEs (2008)
• 69% of people report non-participation in sport or physical activity at all on a weekly basis (2008/09)
• One quarter of people do not have access to a car (2006-2008)
• Older people, especially those living alone, are more likely to live in houses unfit for human habitation than other population groups (2006)
Stakeholder engagement

We asked people:

• Existing health inequities and inequalities
• Potential barriers to achieving the standard
• Potential impacts on health services and staff including changes in demand and need
• Potential impacts on population and individual health and wellbeing
• Potential impacts on health inequities and inequalities
• Potential effects on wider health determinants
HIA findings

- Suggestions - 387
- Prioritisation exercise:
  - Effect of suggestion on health inequalities or inequities
  - Number of people affected by suggestion
  - Evidence of effectiveness for suggestion
  - Feasibility of implementing suggestion
  - Achievability of suggestion, e.g. through service redesign
- Referral of suggestions e.g. Cardiac Network
HIA outputs

• **Health Action Plan**
  – Influence HSC service development and delivery

• **Learning experience**
  – Greater knowledge of HIA and application to health policy
  – Service user involvement

• **HIA resources**
  – Community profile
  – Literature review
HIA - further information

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