1. Using the social model of health shown below as a general background and Table 1 as a guide, identify the key health issues relating to your group’s policy / project and try to reach a consensus within your group about which are the most important.

2. Think about the population groups whose health is most likely to be affected by the policy / project (eg elders; people in poverty; men; ethnic minorities) and record these in column 1 of the framework for rapid HIA (Table 2).

3. In column 2 of the framework, list the elements / activities of the policy / project which are likely to impact on these population groups.

4. Discuss and record the potential health impacts – the beneficial and adverse effects - of the policy / project in columns 3 and 4 of the framework.

5. Where possible, assess the measurability and the probability of impacts. The following codes can be used for this purpose:

   Measurability:  
   Q = qualitative  
   E = estimable / quantitative  
   C = calculable / quantitative

   Probability:  
   D = definite  
   PR = probable  
   PO = possible  
   S = speculative

6. In the final column, list any recommendations which arise from your discussions. These might include, for example,
   
   - ways in which the proposed policy / project could be changed to maximise the positive health impacts, to minimise the negative ones or to reduce inequalities between population groups (eg between affluent and poor; elders and adults; women and men; black and white people)
   
   - ways in which local partnerships could be strengthened to benefit health; or
   
   - ideas about further work or information which is needed in order to inform future developments.
A social model of health


Table 1  Key areas influencing health

<table>
<thead>
<tr>
<th>Categories of influences on health</th>
<th>Examples of specific influences (health determinants)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological factors</td>
<td>age, sex, genetic factors</td>
</tr>
<tr>
<td>Personal / family circumstances and lifestyle</td>
<td>family structure and functioning, primary / secondary / adult education, occupation, unemployment, income, risk-taking behaviour, diet, smoking, alcohol, substance misuse, exercise, recreation, means of transport (cycle / car ownership)</td>
</tr>
<tr>
<td>Social environment</td>
<td>culture, peer pressures, discrimination, social support (neighbourliness, social networks / isolation), community / cultural / spiritual participation</td>
</tr>
<tr>
<td>Physical environment</td>
<td>air, water, housing conditions, working conditions, noise, smell, view, public safety, civic design, shops (location / range / quality), communications (road / rail), land use, waste disposal, energy, local environmental features</td>
</tr>
<tr>
<td>Public services</td>
<td>access to (location / disabled access / costs) and quality of primary / community / secondary health care, child care, social services, housing / leisure / employment / social security services; public transport, policing, other health-relevant public services, non-statutory agencies and services</td>
</tr>
<tr>
<td>Public policy</td>
<td>economic / social / environmental / health trends, local and national priorities, policies, programmes, projects</td>
</tr>
<tr>
<td>(1) Population group</td>
<td>(2) Activity</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Measurability:  
Q = qualitative;  
E = estimable;  
C = calculable

Risk of impact:  
D = definite;  
PR = probable;  
PO = possible;  
S = speculative
<table>
<thead>
<tr>
<th>(1) Population group</th>
<th>(2) Activity</th>
<th>Predicted health impacts</th>
<th>(5) Comments / recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(3) Positive – beneficial effects</td>
<td>(4) Negative – adverse effects</td>
</tr>
</tbody>
</table>

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**Risk of impact:**  
D = definite; PR = probable; PO = possible; S = speculative