HIA in Practice:  
HIA and Service Integration -  
A Queensland Case Study

Type of HIA  
Retrospective/Concurrent

The Proposal  
In 2001 Public Health Services (PHS), Queensland Health recognised the possibilities of HIA as a methodology for addressing health inequalities. In wishing to assess the merits of HIA, PHS took advantage of a model of integration of human services being trialled in a local outer Brisbane community. At the time very little was known internationally or nationally about HIA especially as applied within the policy domain and service delivery.

The Goodna Service Integration Project (SIP) was a cross-Government project comprising local, Commonwealth and state government departments and centres of learning. The aim of SIP was to contribute to enhanced community well being through improved service delivery within a place management framework.

Methods  
The assessment was based on the Merseyside model of HIA and utilised a mixed methods approach to assess the potential and real impacts. This included:

- Profiling the affected community;
- Focus groups and in-depth interviews with key stakeholder groups (service consumers, frontline service providers, and project proponents); and
- A literature review of likely health impacts (positive and/or negative)

Health outcomes in terms of health impacts from the SIP were based on the model of health determinants identified within the Merseyside model. In addition, themes relating to elements characterising a place approach to service integration were identified.

Key Findings and Recommendations  
Recommendations were grouped according to the main health determinants:

- Personal/family circumstances
- Social environment
- Physical environment
- Public services
- Public policy

Focus On...  
HIA in Queensland

“...was a cross-Government project comprising local, Commonwealth and state government departments and centres of learning.”

Inside  
Finningley Airport HIA:  
A Discussion with the Author

Identification and Assessment of Health Impacts:  
The Third Step in a HIA

New Resources
Welcome to the seventh edition of the NSW Health Impact Assessment Project E-News. The purpose of the newsletter is to keep you informed about the NSW Health HIA Project, HIA resources and websites and new developments in the field.

The NSW HIA Project E-News is issued every two months. If you have any ideas about issues that you would like to see covered in future editions please e-mail your ideas to Ben Harris-Roxas.

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Past editions of the NSW HIA Project E-News can be obtained by emailing the project team.
HIA in Practice:
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A Queensland Case Study Cont.

Generally, it was noted that communication and relationship building were significant in provision of services that were relevant and appropriate to local communities.

HIA and Service Integration

In evaluating the merits of HIA for service integration some provisos were noted including:

- The need for quantifiable benchmarks and indicators around service access by at-risk groups. For example, quality of life and service delivery issues measured pre- and post-intervention and at the one agency (eg Community Health).

- To assess the merits of applying HIA to service integration long-term evaluation would be beneficial.

- A number of unexpected findings and issues were found (eg issues around cultural appropriateness of services) and their significance lies in the applicability of HIA methodology to service integration. They reflect the need for HIAs to be flexible and take into account the uniqueness of all communities.

Take Home Message

HIA has the capacity to provide an added dimension to service integration through consideration of impacts on health determinants and subsequent health outcomes. As such the methodology has relevance to public health practice.

References


More Information on Goodna


Goodna.net.au http://www.goodna.net/

In our last edition we profiled the Finningley Airport Health Impact Assessment. We follow it up in this issue with a discussion with the HIA’s author Dr Muna Abdel Aziz.

What did HIA value-add to the planning process?

1. Making health-based decisions whether to support the application.
   The HIA played an important role in supporting the airport, so that Doncaster and the whole of the region should benefit from the employment and regeneration predicted.

2. Translating environmental impacts into health terms.
   Without an HIA, planners could not fully judge from the statutory environmental assessments what the effects on people in Doncaster would be.

3. A systematic approach to involving communities.
   Championing communities’ views in the planning process by including their recommendations in the HIA recommendations.

4. Inputs into the S106 agreement.
   This was the first time for health advocates to contribute to discussions of the legal S106 agreement between planners and airport developers.

5. Building capacity to conduct HIA in the district.

What benefits did the HIA provide for the affected communities?

Points 1 and 3 above. Local communities suggested the motorway link road, which is now being actively considered. On environmental considerations alone, the local road network could sustain the anticipated increases in traffic. For health reasons, the HIA argued the local communities’ case for a motorway link road that would bypass the local villages.

What are the main strengths and constraints of using HIA?

Strengths

1. Health is a concept all parties in the HIA can relate to and will sign up to... So can get concessions that extend beyond legal/statutory powers.
2. Makes explicit all the different perspectives, and can therefore help chart the middle ground.
3. An opportunity to reduce negative impacts and increase positive impacts.

Constraints

Usually availability of time, the evidence-base and of routine data sources.

What two lessons did you learn that could help others undertaking a HIA?

It is difficult to weigh positives impacts against negative ones. The approach of reducing the negatives and increasing the positives avoids that, and still leads to better decisions.

Similarly, you don’t need to quantify health impacts, or come out with an absolute answer. Indeed, quantifying health impacts may be dangerous as it is an imprecise science, and could discredit your whole HIA if you get the prediction wrong.
Identification and Assessment of Health Impacts: The Third Step in a HIA

The purpose of this step is identification, assessment and/or appraisal of potential health impacts. Step 3 of a HIA usually includes two phases:

1. the identification (also known as profiling) of health impacts and
2. assessment (also known as mapping/appraisal/risk assessment and quantification) of the identified health impacts.

This edition takes a detailed look at the identification/profiling of potential health impacts. More detailed information about assessing identified health impacts will be covered in the next HIA E-newsletter.

As identified in previous editions, the level of information you collect about potential health impacts will be determined by the scope of your HIA: is it rapid, intermediate or comprehensive? Two key issues from scoping are of immediate relevance to step 3:

1. the scope of your HIA will in part be determined by the level of resources (human and financial) and time available to undertake the HIA; and
2. agreed definitions about “health”, how and which “health impacts” will be measured, what counts as evidence and what, if any, principles will inform the HIA.

The usual process or actions that are undertaken as part of the identification of health impacts step include
- Profiling of the policy or program context
- Collection of information – through a review of the literature and other methods eg. content analysis of the print media, interviews with key informants – to identify and verify potential health impacts

This stage is about collecting and collating information – not assessment or appraisal.

The Third Step...

Assessing Potential Health Impacts

“Profiling” includes identification of the program or policy context, target populations and data collection on relevant population groups or sub-population groups. Profiling then provides a basis against which to identify and then appraise potential health impacts. The profile might include those populations directly and indirectly affected by the proposal. For example both those residents who live next to a proposed smelter and those who live well away from the proposed smelter but who may be affected by smoke and/or air borne pollutants from the smelter. Profiling is done through reviewing existing data – this might include documents such as the NSW Chief Health Officer's report and/or similar demographic profiles.

Information for identification of potential health impacts is usually collected by:
1. reviewing the literature. How you review the literature, what literature you review (only peer
Identification and Assessment of Health Impacts: The Third Step in a HIA Cont.

reviewed, grey literature, websites etc), search parameters and inclusion/exclusion criteria will be determined by agreed parameters of your HIA eg. how health is defined; and

2. collecting information from other sources such as "experts", all stakeholders – this might include those indirectly affected as well as those population groups directly affected by the proposal. This step can be done through individual interviews, focus groups or community consultations. Again the extent to which you can collect information from other sources will be determined by the agreed scope of your HIA eg. if your HIA is informed by the principle of community participation then it is important that there are opportunities for the community to participate in the HIA – a community consultation is one way of doing this.

Collecting information from other sources is important not only for identification of additional information about potential health impacts but also as a way of “verifying” the findings from the review of the literature.

Another issue to consider when obtaining information from other sources is the need for “risk communication”. Sometimes the findings from the literature review are made available to stakeholders to facilitate discussion, enable identification of additional potential health impacts and/or verification of the potential health impacts. It may be that the findings of the literature review indicate that the potential negative health impacts of the proposal will be minimal but there is a community perception that these potential impacts pose significant risk to their health. Consideration should be given to how to manage these potential differences of opinion as part of the consultation process. The literature on “traditional” HIA includes guidance on risk communication (see below).

Also while it is useful to provide key informants or stakeholders with an overview of the main findings from the review of the literature, it may also affect the identification of further potential health impacts ie. they may limit their input to verifying the identified potential health impacts and not identify other potential health impacts that have been missed.

As with the other steps in HIA, there are many tools and ways that identification of potential health impacts can be undertaken. If you are undertaking a more “traditional” HIA ie. one that is focused on assessing the potential health impacts of a development proposal such as new landfill site, the *Health Impact Assessment Guidelines*, September 2001 provide a useful guide on profiling and risk assessment of the health impacts (including using quantitative risk assessment). In addition the *New Zealand Ministry of Health, A Guide to Health Impact Assessment* has some useful tips for undertaking the profiling step. Where your HIA is of a policy or program and uses a broad definition of health, there are a range of guides that will be of assistance to you in undertaking this step – ranging from the *Merseyside Guidelines for Health Impact Assessment* to *An Easy Guide to Health Impact Assessment for Local Authorities*.

The key point about this step however is that it is important to identify the skills that are required to undertake a literature review, to facilitate a workshop, focus group or community consultation. In this instance a good handbook on undertaking research (qualitative and/or quantitative) and/or on action research will be just as useful as a guide to HIA. Health impact assessment is after all a combination of procedures, methods and tools for identifying and assessing potential health impacts.
New Resources

Websites
NHS Health Impact Assessment Gateway
http://www.hiagateway.org.uk

Public Health Electronic Library (PHEL)
http://www.phel.gov.uk

Deakin University’s Health Impact Assessment Unit Website (see below)
http://www.deakin.edu.au/hia

HIA FAQ
Health Research Group, Queen Mary University
http://www.geog.qmul.ac.uk/health/faqs.html

Health Impact Assessment (HIA) of Transport
WHO Europe
http://www.who.dk/transport/
HIA/20021009_2

Reports
WHO Europe (2003)
Health Impact Assessment of Air Pollution in the Eight Major Italian Cities, WHO Regional Office for Europe.

http://www.who.int/mediacentre/events/HSD_Plaq_02.4_def1.pdf

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