Getting Health on the Map
Health & Social Impact Assessment of the Draft South East Queensland Regional Plan

Background to the Proposal
Queensland Heath is undertaking a HIA on the Draft South East Queensland Regional Plan (2004) in conjunction with the South East Queensland Regional Organisation of Councils, the Department of Communities and the Department of Local Government and Planning. The plan aims to manage projected high population growth in South East Queensland (SEQ) in order to protect and enhance local quality of life and sustainability. It outlines a series of "urban footprints" for development within the region and establishes a preferred settlement pattern, encouraging population growth in the western corridor and higher population densities in certain areas. The plan will have a legislative basis from June 2005 and will represent an agreed State Government vision on the future of SEQ.

Health’s Interest
Queensland Health has two key interests in the anticipated population growth in SEQ, and the changes expected as a result of the preferred settlement pattern of the regional plan:
- a focus on health promotion and the key determinants of health, and
- planning for provision of efficient and effective health services.

A collaborative approach has been adopted with Queensland Health working with other State and local government agencies. This has resulted in a partnership approach to health and social impact assessment to consider the resultant predicted physical and social effect on health status from the South East Queensland Regional Plan Preferred Settlement Plan.

Why Health & Social Impact Assessment?
Within this context HIA offers an opportunity to support the development and maintenance of sustainable communities; predict, reduce or avoid potential health impacts; and inform accountable decision-making. Identifying health impacts allows for the promotion and protection of the health of the community through determining and evaluating both the potential positive and negative impacts of an initiative. Recognition of the importance of determinants of health and wellbeing (such as social support networks, income and social status and physical environments) resulted in use of a combined HIA/SIA methodology.

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IAIA Conference
25th International Association for Impact Assessment Conference
HIA in Policy Coordination
Research on the Role & Management of HIA in the Netherlands
New Resources
New Material on HIA
Key stakeholders for the HSIA include:

- Queensland Health's Public Health Services,
- South East Queensland Regional Organisation of Council (SEQROC) Community Planning group,
- Department of Communities' Strategic Policy Directorate and Office of Urban Management, within Department of Local Government and Planning.

Expertise from State and local government departments, non-government agencies and academic institutions has also been involved in the process to provide the most innovative and appropriate recommendations for the health and well-being of South East Queensland residents.

Issues
Enhancing the quality of information used for decision making and increasing the capacity of government agencies to undertake relevant assessments provides a significant contribution to the development of government policy.

Use of a partnership approach to Health and Social Impact Assessment provides opportunities to enhance the positive impacts from the Regional Plan, inform decision-making and mitigate against potential negative health and social impacts. Access to health services is a major social and economic asset to communities and the regional plan provides opportunity for planning for future health services.

During the public consultation phase (October 2004 to February 2005), a wide range of expertise was accessed through workshops and consultation to undertake a scoping study, and a rapid impact assessment. Participation by representations from the National Heart Foundation allowed the dissemination of relevant materials such as Healthy by Design: a planners’ guide to environments for active living to planners working on the SEQ Regional Plan. The information from this phase was collated in the resultant Summary Workshop Report (QH, 2005) which was disseminated to all participants, and provided background for various submissions to the Office of Urban Management.

The second phase of the project is now underway to undertake a more comprehensive assessment of potential health and social impacts of the draft South East Queensland Regional Plan.

Findings to Date
Some dominant influences on health and wellbeing were identified from the initial scoping of the South East Queensland Regional plan. These included connectivity and local identity; social inclusion and community diversity; accessibility.
through linked service delivery, transport planning and employment; and public health considerations.

Examination of strategies in the Draft Plan that would be most influential in driving health and wellbeing outcomes, included but are not limited to urban design of local areas and centres, transport corridors, housing affordability, and employment and education.

By the end of June 2005 the project will have:

- Completed a review of relevant literature about Health and Social Impact Assessment, as it applies to the draft South East Queensland Regional Plan
- Prepared a comparative analysis of the baseline demographic projections and the projections created by the preferred settlement pattern
- Developed a list of issues for health and social impact assessment, together with recommendations and guidelines for local health impact assessments for the South East Queensland Region
- Provided a mechanism for increased involvement by Queensland Health and other stakeholders in the development of supporting policy documents, such as the South East Queensland Infrastructure Plan and Program (2005-2026).

Further Information

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References

National Heart Foundation of Australia, Victoria Division, (June 2004): Healthy by Design: a planners’ guide to environments for active living.


The 2005 Developmental HIA Sites

The 2005 developmental HIA sites have been selected. In our next issue we’ll profile the sites and detail the HIAs they’re undertaking.
Key capacity-building challenges identified included:

- Strengthening internal leadership and external advocacy for HIA
- Building experience in undertaking HIA
- Developing guidance on how to undertake HIA
- Ensuring that approaches are contextually appropriate

HIA was also seen to have ancillary benefits in:

- Improving governance
- Increasing transparency in decision-making
- Creating healthy public policy

### Conference Information

Includes Abstracts Volume

http://www.iaia.org/Non_Members/Conference/IAIA05/IAIA05MainPage.htm

### Related Presentations


### Capacity to Undertake HIA: A Global Challenge?

Creating the conditions and capacity for HIA to be undertaken was a recurrent theme at this year’s conference.

Leadership was identified as crucial element in gaining wider acceptance for the use of HIA. Internal champions, as well as external advocates, have played in important role in creating the impetus for the use of HIA in several countries.
Debate
The Accreditation of Impact Assessors

A lively debate was held on the issue of whether the IAIA should implement an accreditation program for impact assessment practitioners.

Two issues arose as being key to the debate - quality and the broader contribution of impact assessment to decision-making. Many present felt that impact assessment faces a turning point in gaining broader acceptance and that accreditation will provide a way forward.

The attendees narrowly voted against accreditation, though the issue is sure to raised again in the future.

Points For
- Lack of robust standards for impact assessments
- After 25 years of undertaking impact assessment we know what constitutes good practice
- Impact assessors are increasingly looking at cross-national impacts, suggesting a need for international accreditation
- There are unscrupulous operators undertaking impact assessments
- Accreditation of EIA practitioners is already occurring in some countries, e.g. South Africa

Points Against
- There is a lack of documented failures of the current unregulated approach
- Does accreditation equate with a guarantee of competence and does this have legal ramifications?
- Who will be excluded from accreditation and why?
- What will be the tangible benefits of accreditation for members?
- What difference will it make to the way impact assessments are conducted?

Impact Assessment Awards
HIA’s Contribution to Impact Assessment

Health Impact Assessment practitioners were recognised with two awards at the IAIA conference.

Erica Ison

Erica was awarded the IAIA Individual Award for her work in developing methods for HIA’s use on the ground, such as the Resource for HIA (chetre.med.unsw.edu.au/hia/resource_for_hia.htm).

Sombat Haesakul accepting the IAIA Institutional Award on behalf of the Health Systems Research Institute

Health Systems Research Institute (HSRI), Thailand

The HSRI received the IAIA Institutional Award in recognition for their work in developing capacity and a contextually-specific conceptual model for HIA. Since 2001 the HSRI has been involved in more than 20 HIAs. See www.hpp-hia.or.th
I am currently undertaking my PhD on the impact of HIA on the policy content and the policy-making process. As part of developing a "tool kit" on HIA and policy coordination I have completed three case studies on the use of HIA in the Netherlands:

- HIA on Dutch national Housing policy;
- an environmental HIA on a local reconstruction plan; and
- a control case of occupational health for which the ministries of Health and Social Affairs cooperate without HIA involved.

These case studies suggest that, although HIA is policy-relevant research and seeks to influence policy actors rather than the scientific community, the action orientation underlying HIA is fundamentally different from that of policy-making. For HIA to become successful in influencing policy, I have found that the commissioners of HIA (in the Netherlands these are often civil servants on behalf of the minister or alderman of Public Health) need more assistance on how to coordinate policies, intentions and sources of information from different sectors. In addition, I have found that HIA should be regarded as a tool to support such coordination, rather than being the change agent itself.

"Boundary work" plays an important role in managing HIA as a tool to support policy coordination. Boundary work refers to the scoping of the HIA in negotiation with the potential users at an early stage, without compromising the integrity of the information and recommendations generated. Within the boundaries set by the commissioning party and relevant stakeholders, researchers may advise the policy coordinator at multiple moments in time and in different forms.

At the moment I am observing the process management and management of HIA in relation to a HIA of the Dutch national covenant on Overweight. Stakeholders involved are the ministry of Public Health & ministry of Education, business peak bodies, health insurance & sports organisations. The HIA itself is being performed by Lennert Veerman.

The tool kit on policy coordination through process management and boundary work will be tested in two simulations of local decision-making by the end of 2005. The simulation will be based on a real-life case and will involve the potential users of my research: researchers and practitioners of HIA, and policy-makers and civil servants.

This is a brief update on my work. The dissertation is due at the end of 2006. I welcome any questions, suggestions or comments you may have!