

NSW Health Impact Assessment Project, Phase 2 Developmental HIA Sites

Mid Western Area Health Service

Future Directions for Health Promotion 2004 – 2008

Case Study



Background

Setting the scene¹

The Mid Western Area of New South Wales, Australia, is a rural area that lies west of the Blue Mountains, extending from Lithgow in the east to Lake Cargelligo in the west, and covers a geographically diverse area of 54,805 square kilometres. It includes 13 Local Government Areas (LGAs) with the main industries being agriculture, mining, manufacturing, government services, food processing and tertiary education.

In 2001 the population covered by Mid Western Area Health Service (MWAHS) was 163,287 persons, which was a 1.1% increase from the 1996 Census. Over half the population is concentrated in the more urbanised eastern LGAs of Bathurst, Orange and Greater Lithgow, with the remainder widely dispersed in smaller rural centres.

In 2001 the population shared the characteristics of many rural areas west of the mountains. When compared to NSW, the Area has, for example:

- an ageing population
- a high proportion of children and young adults under 20 years of age
- a higher proportion of Aboriginal and/or Torres Strait Islander (ATSI) people
- a low proportion of people who speak a language other than English at home
- a lower average income than NSW
- an unemployment status similar to NSW but this varies widely across the Area.

The Area is serviced by 22 acute hospitals, a major psychiatric hospital and 37 community health centres with staff from the larger towns providing outreach services to some of the smaller towns and villages. Many of the small centres are in more remote parts of the Area, with staff working in isolation. A number of Area-wide programs are coordinated from Orange and Bathurst.

Description of the proposal

This case study reports on a Health Impact Assessment (HIA) of a change in the way of doing business for the MWAHS Health Promotion (HP) Team. The original HIA proposal was developed into the document 'Future Directions for Health Promotion in MWAHS, 2004 – 2008'².

In MWAHS, health promotion occurs as part of core business of local health services as well as being supported by an Area HP Team consisting of 5.3 positions. This includes the Manager who also has responsibilities outside of health promotion. Currently the HP Team members have responsibility for working with health services in a specific geographic area or 'patch' of the Area.

Due to the small number of staff in the team and difficulties associated with providing a service in a geographically and demographically diverse area, it became necessary to restructure the team and redefine how it conducts its core business.

The mission of the team has been:

‘To support and assist MWAHS Executive, Health Service Managers, Community Health and Program Managers and Health Councils to develop and sustain healthy communities within MWAHS by using the principles of health promotion and community development’.

Whilst the mission of the HP Team will remain the same, the new direction involves working at a more strategic level to build the capacity of the Area, health services and programs to work within a health-promoting framework.

The ‘Future Directions for Health Promotion’ proposal² outlines seven goals, with associated aims and strategies, that include developing knowledge of health promotion practice, enhancing the health promotion skills of managers and staff and supporting managers so that health promotion is reflected in key plans across the Area. There were also goals relating to community participation and the development of the MWAHS Ethnic Affairs Priority Statement.

The Steering Committee identified the context of the proposal related to:

- limited resources
- the population characteristics of the Area
- doing health promotion business in a geographically diverse rural Area Health Service.

Description of the HIA

It was seen that the conduct of a HIA on this new way of working would allow:

- a review of the way of doing health promotion business in MWAHS
- an assessment of its impact on the health of the communities in MWAHS
- a more equitable distribution of health promotion advice and support across the Area.

It was also an opportunity to become familiar with the HIA process and its applications. The Steering Committee undertook to provide feedback to the Area on the HIA process and make recommendations about further use of HIAs.

The expected outcomes were:

- to verify whether the proposed change to the way the HP Team conducts its core business will have a positive impact on the health of the communities in MWAHS
 - to generate recommendations to redefine the Team’s way of doing business
 - to consider intended and unintended consequences.

The HIA was conducted between March and August 2004.

Who was involved?

The HIA was managed, and the Steering Committee chaired, by the Manager of the HP Team. Two members of the HP Team (who attended the 5-day HIA Training conducted by CHETRE) undertook the detailed work of the HIA. These team members made the decision to act as facilitators of the HIA process rather than taking an active role as participants in the discussions at Steering Committee meetings. This was in an attempt to mitigate against possible conflict of interest as the HIA was assessing their future way of working. As there would have been three HP Team members on the Steering Committee this would have given undue emphasis to their views and they could have advocated for a particular approach to be adopted.

The HIA was supported by CHETRE and was one of the 5 pilot sites of Phase 2 of the NSW Health HIA Project. Two HP staff from Western Sydney Area Health Service who attended the training were participant observers for the HIA. However, distance prevented them from being actively involved.

Rationale for the HIA

The original rationale for the HIA was to provide evidence as to whether the proposed new way of doing business for the HP Team would have positive health outcomes for the communities of MWAHS.

The kinds of assumptions that were identified as underpinning the proposal were:

- that health promotion is valuable and that it impacts on the health of communities
- that the Area Executive is supportive of the proposal and committed to act on the recommendations
- that enhancing the knowledge of health promotion practice and the skills of managers and staff within MWAHS will build the capacity of the Area to work within
- a health promoting framework
- that the 'Corporate Infrastructure' will be stable or the proposal will be able to be modified to fit any changes.

Undertaking the HIA

A small Steering Committee was established, before the screening step, to guide and undertake the HIA process. Members of key stakeholder groups were invited to participate.

The Steering Committee members were:

- Area Manager, Primary Health Care
- Health Service Manager from a small health service
- Primary Health Care Manager from a large health service
- Director, Public Health Unit
- Aged Care Coordinator, a Program Manager
- Manager, Health Promotion Team (Chair)
- Acting Manager, Rural Health Training and Development Unit (ex-officio).

The Committee agreed that its purpose was:

- to provide advice and guidance to the HP Team on the conduct of each step of the HIA project
- to provide feedback to the Area on the HIA process and make recommendations about further use of HIAs.

What we did

This HIA was prospective and done by internal assessors.

As this proposal is about the HP Team working with health services to build health promotion capacity, rather than working directly with the community, a screening tool that allowed the assessment of this approach was needed. A search of the literature and web sites was undertaken and a screening tool was developed based on the Queensland Health HIA Framework Draft Screening Tool³, CHETRE's screening checklist⁴ and sections from the Seahorse IA HIA Planning & Report Writing Toolkit⁵, which was adapted from a tool developed by Erica Ison.

The first section of the screening tool consisted of a series of broad questions that allowed the Steering Committee to explore some of the concepts and issues they needed to consider when making a decision about whether a HIA should be undertaken. A checklist of more specific questions followed, with 'yes', 'not sure' or 'no' answers, allowing a score to be tallied and a decision made as to whether the person was in favour or not of doing a HIA. The checklist also assisted in the decision about the type of HIA to be done and who would do the assessment. The screening tool is attached as an Appendix.

During the scoping step, it was agreed to take a broad view of health and that the HIA would be done by considering two scenarios; the current "geographic patch" model and the strategic capacity building way of working.

The following methods were used to collect evidence to inform the assessment step of the HIA process:

- Literature was reviewed. The parameters of the literature search were around health promotion and organisational structure.
- The reach of HP Team support in geographic patches, noting vacancies, was mapped (See Figure 1).
- MWAHS Health Service Managers and Program Managers were surveyed about their health promotion activity and evidence of its impact on health as well as what supports this activity. The survey also looked at their past contact with the HP Team and what they might expect of the Team in future.
- Directors of Health Promotion Units in rural NSW were surveyed to look at the structure of their Units and the way they evaluate their Unit's health promotion work.

- The Director of the Centre for Chronic Disease Prevention and Health Advancement, NSW Health, was interviewed to seek his views on the organisational structure of HP teams.

An assessment matrix was used to compare the scenario of the present geographic patches with the strategic capacity building approach. The assessment matrix is attached as an Appendix. It was developed from the assessment processes outlined in Erica Ison's Rapid Appraisal Tool⁶, Amanda Harris's Rapid HIA Guide⁷ and the New Zealand Guide to HIA⁸. The first part of the matrix was used to profile any direct and indirect health impacts based on the evidence that had been collected. The HP Team members summarised the evidence and categorised it into themes for each potential health impact. The source of the evidence was also noted. This was then used by the Steering Committee to map the impacts by discussing:

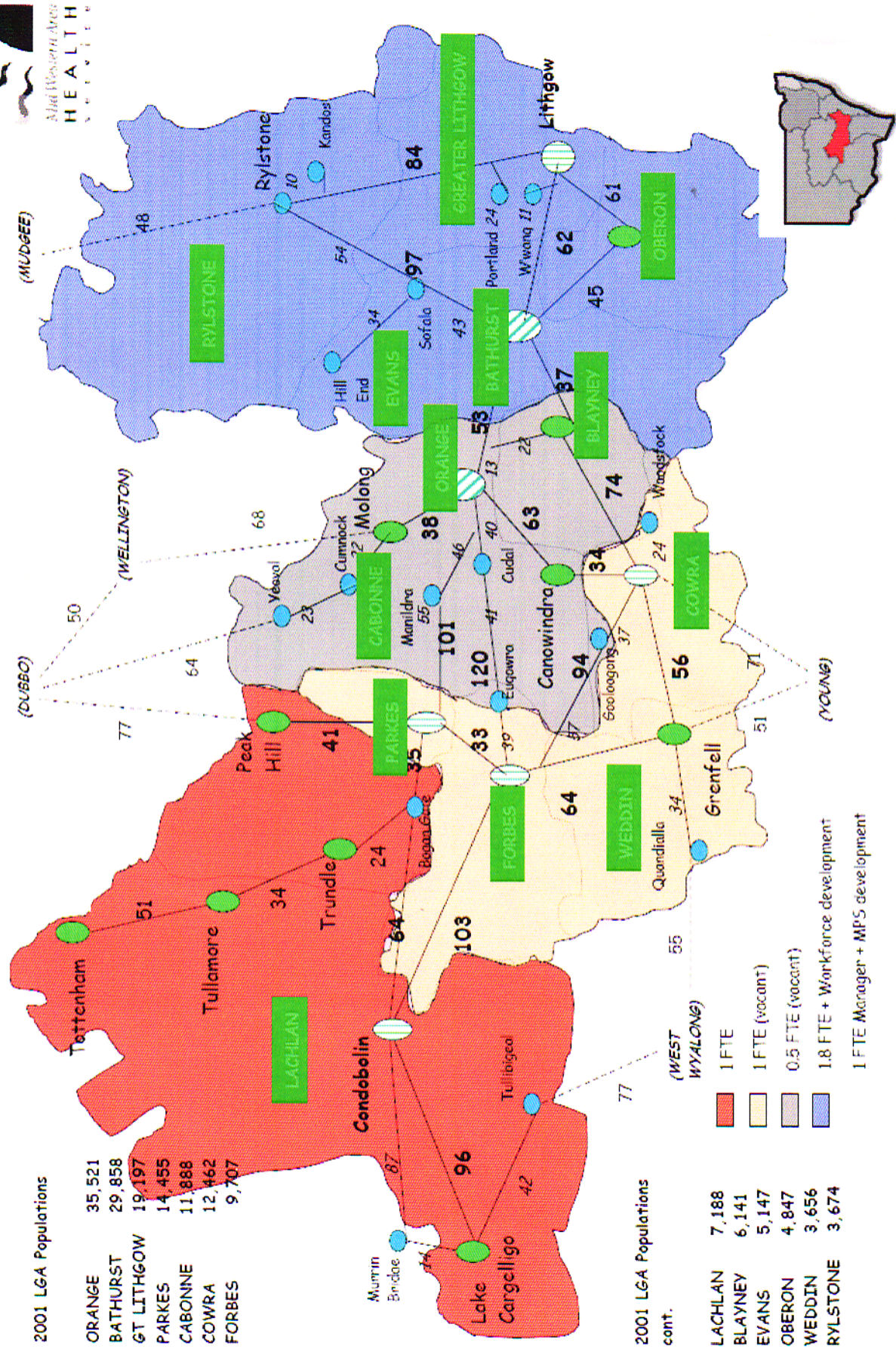
- What is the likelihood of the impact occurring or the severity or significance of potential impact?
- Who will it affect? Will it have differential impact on various groups?
- Will the impact be widespread or confined to certain geographic locations?
- Will the impact be positive, negative or neutral?

This helped to inform the negotiation and decision-making step and relevant points, made during the discussion, were captured in the final column of the matrix.

Recommendations were then developed through considering these points and using an ordered process to work through the 'Future Directions for Health Promotion in MWAHS' proposal.

Figure 1

Geographic 'Patch' Scenario for Health Promotion 2002 - Mid Western AHS



Main findings and recommendations

Whilst evidence is available of the impact on the health of the community of health promotion projects, no evidence was found of a direct impact on health for either model of HP Team structure. Some evidence of the indirect impact on health made it possible to make recommendations about the HP Team's way of doing business. The ideal was considered to be a mix of both the geographic "patch" model and the strategic approach to provide a balance between strategic and operational activity. However, due to limited resources, the recommendations were to adopt the strategic approach with a focus on:

- Workforce development delivered locally
- Working on prioritised plans and policy at an Area level, which would be prioritised based on equity issues
- Targeting vulnerable groups
- Creating supportive infrastructure at the local level.

This capacity building framework offers a model for one way of structuring a health promotion team. Partnerships are critical and the health promotion team does not set the priorities for health services and programs but works to facilitate the process of developing skills and infrastructure that can be applied across any context.

The Strategic Directions document underwent some modifications as a result of the HIA and the recommendations will form part of a Position Paper to help set the direction of Health Promotion in the Area. Once endorsed, this will have major implications for Area strategic directions for health promotion.

The HIA highlighted the scarcity of evidence about organisational structures for HP Teams and of evidence of a direct impact on the health of the community of capacity building approaches.

Proposed process for monitoring and evaluating the HIA

Process evaluation was conducted with the Steering Committee at each step of the HIA. It identified that knowledge, about the HIA process, of the Steering Committee members increased over time and that they were encouraged to think more broadly about the impact and consequences of their work on health and consider issues of equity.

This process evaluation also revealed the importance of the assessors working closely with the Steering Committee to inform them of the HIA process at each step. This allowed them to focus on the content of the proposal being assessed rather than the HIA process itself. Initially they reported 'difficulty in understanding the language' and 'methods' used in HIA.

The Screening Tool, with the checklist, and the Assessment Matrix were found to be helpful in 'bringing all the information together'. The Steering Committee also reported that these tools helped with having a 'systematic approach' and 'structured discussions'.

A major difficulty reported in the process evaluation was that 'the lack of evidence made the assessment process difficult'. If time had permitted the literature review might have revealed more evidence if it had been broadened to more general organisational structures and theory rather than being restricted to organisational structures in health promotion.

Future evaluation will consist of:

- Monitoring the Area's uptake of recommendations in the HIA
- Implementing and monitoring any recommendations endorsed by the Area
- Evaluating the actual impacts that arise as a result of any changes to the MWAHS health promotion program.

Key learnings for practitioners of HIA

Screening

- The capacity building nature of the proposal made it difficult to answer some questions and identify the health impacts and consequences on the population health and equity issues. HIA may best be done on well-developed, concrete proposals.
- It is important for the Steering Committee to have a thorough knowledge of the proposal and its policy context before screening.
- Screening was undertaken at a 1½ hour meeting which meant that there was limited time for detailed discussion of each of the questions within the screening tool.
- The Screening Tool was very useful but could have been improved. These modifications have been made.

Scoping

- Time was a crucial factor and more than one meeting would have been useful for this step.
- It was essential to clarify the language and explain the concepts to the Steering Committee.
- The scoping step may have been easier if we had been more aware of how the decisions in the scoping step fed into the next steps of the HIA. Furthermore, the reasons for undertaking some of the components in Scoping were unclear.
- It was important to have used a structured consensus-building technique, such as Nominal Group Technique, to assist with the decision-making process of the Committee. This could be particularly helpful if Steering Committee members held very different views.

Identifying and Assessing Health Impacts

- The process would have been easier if we had had a clearer understanding of how "scenarios" could be used
- Again there was the difficulty of lack of evidence and also the issue of possible conflict of interest when the HIA is looking at the assessors' way of working.
- As there was little evidence of a direct impact on health for either scenario the assessment step considered the 'capacity of the health system to impact on the determinants of health', rather than the determinants of health that had been prioritised in the scoping step.
- Collection of evidence is only the first part of this step and it is important to work out early in the step how the evidence will be presented to the Steering Committee, in a summarised form. The assessors need to be aware that this process introduces an element of subjectivity.

- The Steering Committee needs to understand the processes to be used in the assessment step so that they can keep this in mind when reviewing the evidence. A matrix or some structured process is needed to present the evidence and guide the assessment process.

Negotiation and Decision-making

- During the discussion of the evidence in the assessment step it was important to record the points made about the actions that would mediate the impact.
- A column was added to the end of the Assessment Matrix to allow these points to be recorded. They formed the basis for the discussion during the negotiation and decision-making step.
- Having this column in the matrix assisted the Steering Committee to understand the links between the assessment step and the negotiation and decision making step.

Evaluation and Monitoring

- It was useful to do process evaluation with the Steering Committee at each step as this highlighted their struggles with the language and their lack of exposure to HIA
- Strategies were set in place at each step to inform the Steering Committee of what was involved in that step
- Long-term evaluation of any direct impact on the health of the community will be difficult to measure because of the capacity building nature of the proposal and the restructuring of Area Health Services.

Steering Committee

- The composition of the Steering Committee has the potential to influence the outcomes of the HIA
- The energy and enthusiasm of the Steering Committee had a positive influence on the process of the HIA and their experience working 'on the ground' in health services added valuable perspectives to the discussion
- It was important to work closely with the Steering Committee, reviewing previous steps along the way and linking each to the previous step. The Steering Committee valued being given information on the HIA process as well as information on the proposal.

General

As the proposal being assessed was about their future role, HP Team members found it difficult, as facilitators and assessors, to remain removed from the detail of the proposal. Had there been an external consultant, the HP Team members' views would have been considered along with those of other stakeholders. This highlights the issue of the appropriateness of conducting a HIA on one's own work.

More time could have been used for every step of the HIA, but this was not possible due to the short time frame and the difficulty of convening Steering Committee meetings at a time when everyone was available. Perhaps a "Rapid HIA" workshop would have been a useful strategy to deal with the difficulty of the availability of key stakeholders.

It was very valuable to review the proposal and look at intended and unintended consequences, direct and indirect impacts on health and any equity issues. However, HIA probably works best for large-scale proposals or those that have a significant impact on the health of the community. A simpler tool, checklist or process would be more appropriate for this proposal and for smaller projects.

Useful tools and resources

- CHETRE HIA E-news, particularly Issues 1,4,5,6 &7.
- Queensland Health 2004, Draft Screening Tool for Health Impact Assessment Queensland Health HIA Framework.
- Salim, Vohra et al 2003, Seahorse IA HIA Planning & Report Writing Toolkit - Version 4, adapted from a tool developed by Erica Ison, October 2000 (online) http://www.phel.gov.uk/hiadocs/Writing_Toolkit_v4.pdf (accessed 8 March 2004).
- New Zealand Public Health Advisory Committee, March 2004. A Guide to Health Impact Assessment: A Policy Tool for New Zealand, <http://www.nhc.govt.nz/PHAC/publications/GuideToHIA.pdf> (accessed 27 April 2004).
- Harris, A 2002, Rapid Health Impact Assessment a guide to research, NDC http://www.phel.gov.uk/hiadocs/Rapid_HIA.pdf (accessed 13 March 2004) (including the "Factors that can influence health" handout).
- Ison, E 2002, Rapid Appraisal Tool for Health Impact Assessment: a task-based approach – eleventh iteration http://www.phel.gov.uk/hiadocs/rapidappraisal%20tool_full_document.pdf (accessed 15 March 2004).

References

1. Mid Western Area Health Service, About Us: Population Characteristics and Health Services (online) <http://www.mwahs.nsw.gov.au/about/index.html> (accessed 22 April 2004).
2. MWAHS Health Promotion Team 2004, Future Directions for Health Promotion in MWAHS, 2004 – 2008.
3. Queensland Health 2004, Draft Screening Tool for Health Impact Assessment Queensland Health HIA Framework.
4. CHETRE 2004, HIA Training Manual.
5. Salim, Vohra et al 2003, Seahorse IA HIA Planning & Report Writing Toolkit - Version 4, adapted from a tool developed by Erica Ison. (online) http://www.phel.gov.uk/hiadocs/Writing_Toolkit_v4.pdf (accessed 8 March 2004).
6. Ison, E 2002, Rapid Appraisal Tool for Health Impact Assessment: a task-based approach – eleventh iteration http://www.phel.gov.uk/hiadocs/rapidappraisal%20tool_full_document.pdf (accessed 15 March 2004).
7. Harris, A 2002, Rapid Health Impact Assessment a guide to research, NDC http://www.phel.gov.uk/hiadocs/Rapid_HIA.pdf (accessed 13 March 2004).
8. New Zealand Public Health Advisory Committee, March 2004, A Guide to Health Impact Assessment: A Policy Tool for New Zealand, <http://www.nhc.govt.nz/PHAC/publications/GuideToHIA.pdf> (accessed 27 April 2004).

Appendices



Screening Tool for Health Impact Assessment¹

This screening tool is based on the documents listed below. Small modifications have been made after using the tool and receiving feedback from our Steering Committee.

- *Screening Tool for Health Impact Assessment* Queensland Health HIA Framework, Draft 20 February 2004
- *Seahorse IA HIA Planning & Report Writing Toolkit* Salim Vohra et al version 4 October 2003, adapted from a tool developed by Erica Ison, October 2000. (online) http://www.phel.gov.uk/hia/docs/Writing_Toolkit_v4.pdf (accessed 8 March 2004)
- CHETRE Screening Checklist, HIA Training 2004

1. What is the proposal *Future Directions for MWAHS Health Promotion Team* about?

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2. What is the background to and policy context of the proposal?

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3. What are the assumptions embedded in or underpinning the proposal?

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4. Does the proposal concern any of the following determinants of health?

| | |
|---|--------|
| Lifestyle | Yes/No |
| Physical environment | Yes/No |
| Social/economic environment | Yes/No |
| Capacity of the health system to impact on these determinants | Yes/No |
| Others, please specify..... | Yes/No |

¹ This screening tool was used in a Health Impact Assessment Project in Mid Western Area Health Service in April 2004. It was one of the 5 pilot sites of Phase 2 of the NSW Health HIA Project.

5. Why does this proposal have potential to impact on health?

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What are the:

Potential positive health impacts

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Potential negative health impacts

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Intended consequences on health

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Possible unintended consequences on health

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6. Describe any information, which identifies the nature and extent of the impacts on health for this type of proposal.

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7. List the groups most likely to be affected by this proposal.

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8. What are some of the potential equity issues?

Desirable

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Undesirable

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9. Checklist

| Answers favouring doing a HIA | To your knowledge | Answers favouring not doing a HIA |
|-------------------------------|--|-----------------------------------|
| | Health impacts | |
| Yes / not sure | Does the initiative affect health directly? | No |
| Yes / not sure | Does the initiative affect health indirectly? | No |
| Yes / not sure | Are there any potentially serious negative health impacts that you currently know of? | No |
| Yes / not sure | Is further investigation necessary because more information is required on the potential health impacts? | No |
| Yes | Is there evidence available to demonstrate the potential health impacts? | No |
| No | Are the potential health impacts well known and is it straightforward to suggest effective ways in which beneficial effects are maximised and harmful effects minimised? | Yes |
| No | Are the potential health impacts identified judged to be minor? | Yes |
| | Community | |
| Yes / not sure | Is the population affected by the initiative large? | No |
| Yes / not sure | Are there any socially excluded, vulnerable or disadvantaged groups likely to be affected? | No |
| Yes / not sure | Are there any community concerns about any potential health impacts? | No |
| | Initiative | |
| Yes / not sure | Is the size of the initiative large? | No |
| Yes / not sure | Is the cost of the initiative high? | No |
| Yes / not sure | Is the nature and extent of the disruption to the affected population likely to be major? | No |
| | Organisation | |
| Yes | Is the initiative a high priority/important for the organisation/partnership? | No |
| Yes | Is there potential to change the proposal? | No |
| For = | TOTAL | Against = |

Checklist continued

| Health Impact Statement | Type of HIA | Comprehensive |
|-------------------------|---|---------------|
| Yes | Is there only limited time in which to conduct the HIA? | No |
| Yes | Is there only limited opportunity to influence the decision? | No |
| Yes | Is the timeframe for the decision-making process set by external factors beyond your control? | No |
| Yes | Are there only very limited resources available to conduct the HIA? | No |

| External | Assessors | Internal |
|-----------|---|----------|
| No | Do personnel in the organisation or partnership have the necessary skills and expertise to conduct the HIA? | Yes |
| No | Do personnel in the organisation or partnership have the time to conduct the HIA? | Yes |

10. Is a HIA appropriate? Yes/No

Why or why not?

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If yes, what type of HIA? Consider the nature and stage of the initiative and the anticipated or identified impacts as well as the different methods of conducting a HIA.

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Recommendations/comments

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Assessment Matrix for Health Impact Assessment²

Identification and Assessment of Health Impacts

This assessment matrix is based on the documents listed below:

- Public Health Advisory Committee 2004, *A Guide to Health Impact Assessment: A Policy Tool for New Zealand*, National Advisory Committee on Health and Disability, New Zealand, (online) <http://www.nhc.govt.nz/PHAC/publications/GuideToHIA.pdf> (accessed 27 April 2004).
- Ison E 2002, Rapid Appraisal Tool for Health Impact Assessment; a task-based approach. Eleventh iteration, Directors of Public Health of Berkshire, Buckinghamshire, Northamptonshire, and Oxfordshire. (online) http://www.phel.gov.uk/hia/docs/rapidappraisal%20tool_full_document.pdf (accessed 31 March 2004).
- Harris A 2002, Rapid Health Impact Assessment: a guide to research (online) http://www.phel.gov.uk/hia/docs/Rapid_HIA.pdf (accessed 17 March 2004).
- Simpson, S 2004, HIA Reports received 28 June 04, CHETRE.

The New Zealand Guide to Health Impact Assessment states that:

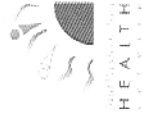
“this stage of health impact assessment concentrates on describing the potential benefits and risks to health, then determining their nature and magnitude. Once the scale of potential impacts on health is determined, there is a need to assess the importance or significance of the health impacts. The aim is to appraise a policy proposal’s potential to affect the population’s health when implemented.”

One assessment matrix is to be completed for each scenario. For this HIA the two scenarios to be considered are the geographic ‘patch’ approach and the ‘Future Directions for Health Promotion’ strategic approach. Within these scenarios a detailed look at the health impact of each goal or aim will be done for both direct and indirect impacts. As there is little evidence relating to the determinants of health that were prioritised in the Scoping Step the assessment will look at the capacity of the health system to impact on these determinants. The following matrix will be used to document the impact and the nature of that impact. The final column is to document any discussion of actions that occurs during the assessment and will be used in the next HIA step, that of negotiation and decision-making.

Note: The HP Team completed the first three columns of the matrix by summarising the evidence and categorising it into themes for each potential health impact. In the initial matrix that was developed the first column was to document ‘What are the determinants of health that result in a direct health impact?’ This was deleted due to the lack of evidence of direct impacts on health and the assessment was done on the capacity of the health system to impact on these determinants.

² This assessment matrix was used in a Health Impact Assessment Project in Mid Western Area Health Service in August 2004. It was one of the 5 pilot sites of Phase 2 of the NSW Health HIA Project.

Aim or Goal:



| Profiling of Direct Health Impacts Based on the Evidence | | | Assessment | | Negotiation & Decision Making | |
|--|---|---|---|---|---|---------------------------------|
| Outcomes | Direct Health Impacts | Source | Nature of Direct Health Impacts | | | |
| Based on the evidence what will be the outcomes if this part of the proposal is implemented? | Will these outcomes have a direct impact on health? (Y, N, or no evidence?) If yes, describe the direct health impact for each determinant of health. | What is the source of the evidence for this impact? | What is the nature of the direct impacts on health? | | Possible actions to enhance positive or diminish negative impacts (NZ) Mediate the impact? | |
| | | | What is the likelihood of the impact occurring or the severity or significance of potential impact? | Who will it affect? Will it have differential impacts on various groups? | Will the impact be widespread or confined to certain geographic locations? | + , - or neutral direct impact? |
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³ A matrix, with the same format, was used to assess the indirect impacts on health for each scenario.