NSW Health Impact Assessment Project E-News

Print

Save

Number 1 March 2003

Welcome!

Welcome to the first edition of the electronic newsletter about Health Impact Assessment (HIA) for NSW. The purpose of the newsletter is to keep you informed about the NSW Health HIA Project, resources and websites and new developments in the field. This newsletter is brought to you by the HIA Project Team at the Centre for Health Equity Training Research and Evaluation (CHETRE).

The newsletter will be e-mailed periodically for the life of the HIA project in NSW (until 30 June 2003).

NSW HIA Project

by Sarah Simpson

As part of its commitment to reducing health inequalities NSW Health has commissioned CHETRE to undertake developmental work on HIA and building capacity within the health system to undertake HIA. The project team at CHETRE is Liz Harris, Director and Sarah Simpson, Project (Research) Officer. Hannah Baird, Senior Project Officer, Centre for Health Promotion is the contact officer within the Department.

It is important that NSW Health has the organisational capacity and tools to mea

(Continued on page 2)

In this Issue

Health Impact Assessment

by Sarah Simpson and Liz Harris

What is HIA?

There are many definitions of health impact assessment together with much debate about these definitions. The one most commonly used and preferred by the project team is that developed as part of the Gothenburg consensus paper on HIA.

> **"Health Impact Assessment is a combination of procedures, methods and tools by which a policy, program 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 Paper on HIA**
> **WHO, ECHP**
> **December, 1999:4**

The Gothenburg consensus paper is the first in a series of papers developed by the European Centre for Health Policy (ECHP), WHO, and was developed to create a common understanding of HIA. It can be accessed from **http://www.euro.who.int/echp**

HIA in Australia

In Australia and NSW, work on HIA includes:

- Development of **Health Impact Guidelines** (September 2001) by enHealth and the Department of Health and Human Services Tasmania, as part of the National Public Health Partnership. These guidelines specifically focus on HIA when undertaking an environmental impact assessment. The

(Continued on page 3)

NSW HEALTH
Working as a Team

NSW HIA Project

(Continued from page 1)

sure the health impact (positive or negative) of its own policies, programs and services, this includes measuring health outcomes. There is already good evidence for many of the policies and practices that NSW Health proposes. However, it is also recognised that for some initiatives there will be no readily available evidence and NSW Health needs to build a range of tools for identifying the health impact where it is not known.

Within the field of health promotion it is recognised that initiatives often have a differential health impact within the population, with positive health gains usually favouring those people with higher socio-economic status. Internationally and within Australia, HIA is gaining increasing recognition as a tool for assessing the potential effects (positive and negative) of a policy, program and/or project. This assessment can be undertaken prospectively, concurrently or retrospectively but prospective is preferable so any potential negative effects can be identified and ameliorated in advance of implementation). Measurement of differential health impact(s) within the population (in terms of gender, age, ethnic background and socio-economic status) is a core activity of HIA.

The goals of the project are to:

1. Increase capacity within NSW Health and the Area Health Service workforce to undertake planning and development which takes the socioeconomic determinants of health into account; and
2. Improve the skills in assessing the health impact of proposed new and/or existing enhancement initiatives.

As part of the project CHETRE will be holding:

1. Two one day workshops on HIA (8th and 11th of April 2003) – the focus will be on introducing participants to HIA, presentations by other government agencies about their work on impact assessment and identifying the capacity required to integrate HIA within NSW Health. **Nominations for the April workshops have been requested from all Areas and are due by Friday 21st March 2003.**
2. A one day workshop on the Area inequity profiles (30th May 2003) – the focus of this workshop will be on showcasing some of the inequity profiles, discussing the challenges in developing the profiles and identifying the capacity required to assist Areas in further development or enhancement of the profiles.

A Project Advisory Committee has been set up to provide strategic advice to the CHETRE team at defined intervals.

To find out more about the project please contact Sarah by e-mail at:
sarah.simpson@swsahs.nsw.gov.au

Future Editions

In future editions of the newsletter, we will bring you information about:

- The HIA Project Advisory Committee – the members, terms of reference, etc.
- Workshops to be held as part of the HIA Project
- The Health Inequalities Impact Assessment project being undertaken by the Newcastle Institute of Public Health in collaboration with CHETRE and Deakin University
- Progress with the NSW HIA project
- NSW Aboriginal Health Impact Statement
- Other HIAs being conducted in Australia and NSW

If you would like to include an article in the HIA newsletter and/or provide feedback on any of these items please e-mail Sarah at sarah.simpson@swsahs.nsw.gov.au

Editorial Panel

Sarah Simpson, Liz Harris, Ben Harris,
Centre for Health Equity Training Research and Evaluation (CHETRE)

Contributors

Dawn Simpson, NSW PHO Training Program

Editorial Input

Mary Mahoney, Deakin University
Hannah Baird, Centre for Health Promotion

CHETRE is supported in this project by NSW Health. Views expressed here are not necessarily the views of NSW Health.

What is HIA?

(Continued from page 1)

guidelines can be accessed from **http://enhealth.nphp.gov.au/council/pubs/ecpub.htm**

- **A study of HIA as a tool for policy development in Australia** by Mary Mahoney (School of Health Sciences, Deakin University) and Gillian Durham (Deputy Director-General, Sector Policy, NZ Ministry of Health) and funded as part of the Public Health Education and Research Program Innovations (PHERP) program. The aims of the study were to develop an understanding of HIA as a tool for policy development in the Australian context – the strengths/weaknesses, obstacles and limitations, opportunities, lessons learnt from overseas and potential appropriate applications, and to identify the training and capacity building needs of the public health workforce. A copy of the final report is available at **http://www.hbs.deakin.edu.au/HealthSci/Research/HIA**
- **Health Inequalities Impact Assessment** (HIIA): The Newcastle Institute of Public Health in collaboration with CHETRE and Deakin University have been funded by PHERP to develop, test and disseminate a suite of analytical methods to determine the impact that health policy, planning or service advice or decisions have on reducing or increasing health inequalities. The project commenced in September 2002 and more information will be included in a later edition of this newsletter.
- **NSW Aboriginal Health Impact Statement** (AHIS): Development of a user guide for health staff to assist in the development of policies, strategies and programs that impact on Aboriginal health. All NSW Health staff undertaking policy, strategy or program development will be required to develop an AHIS as a way of ensuring that appropriate consultations have taken place with Aboriginal people and the health needs of Aboriginal people have been addressed in the development/amendment of any policy, strategy or programs.

This is not intended to be a comprehensive list of HIA around Australia or in NSW but an outline of some of the most recent key initiatives. Future editions will feature information on actual HIAs in Australia.

HIA in Europe

In Europe, HIA has grown up in the context of government policy and action to address health inequalities. In England, although there is no statutory requirement for new health policies and proposals to undergo an HIA the value of HIA has been recognised and picked up at national and local levels. However, HIA has its earlier roots in environmental impact assessment and social impact assessment. Some of the **emerging debates** in HIA include:

- The need to integrate HIA with social and environmental health impact assessment. In Finland there is a focus on Human Impact Assessment (HuIA). More about HuIA can be found at: **http://www.stakes.fi/sva/huia/huiainstakes.htm**
- Is equity or addressing health inequalities a key element of HIA or a separate process to HIA?
- What should the level of community participation and consultation in the assessment be? Should the level of participation be determined by the issue, available resources and/or timeframes?
- How "health" engages other sectors about the impact of their policies, programs and projects.
- The actual outcomes of HIA – do HIAs actually make a difference to the eventual policy, program or project: evaluating HIAs.
- Strengthening the evidence base for HIA – what standard of evidence is acceptable?

For more information on HIA visit **http://www.hiagateway.org.uk**

5th UK & Ireland HIA Conference February 2003

Liz Harris recently attended the 5th UK & Ireland HIA conference and has e-mailed us a report on some of the sessions she attended.

A Time to Deliver
Rod Griffiths

Professor Rod Griffiths is the Regional Director Public Health, Birmingham and affiliated with the University of Birmingham. Rod Griffiths gave a very challenging keynote address that examined the pressure for those promoting HIA to deliver tangible benefits. His interest in HIA came initially from a belief that HIA was an important idea and one that should be pursued. It provides a vehicle for looking at the policies being developed across government and assessing their impacts using a similar methodology. Without a formal process we are only left guessing at the potential or real benefits of these policies.

Green Light
can see no difficulties, proceed

Amber Light
requires more thought before proceeding

Red Light
serious problems to be faced, requires a structured HIA approach

His experience has been that we need to discriminate between the use of HIA as a policy tool and an audit tool. When HIA is used in a policy development or implementation cycle, it needs to be undertaken at a pace that is determined by the policy process – this can be erratic and high-pressured. When HIA is used as a more reflective audit process of the impact that a policy has had or may have there is greater scope to look in depth at what has or could happen.

He felt that HIA could benefit from other similar processes such as Risk Management and Root Cause Analysis. He saw that risk management processes has a strong emphasis on getting it right first time and had developed methodologies that may be useful as part of HIA. He also felt that root cause analysis was useful in identifying the basic causes of problems and helped us to identify how to get it right next time.

Who should do HIA? He felt that everyone should know the basics of how to do a HIA – and know when they needed to refer to an expert. Perhaps we could develop a traffic light system for undertaking HIA. For example when confronted with a proposal the policymaker could do a quick check to decide:

1. Green light - can see no difficulties, proceed
2. Amber light - requires more thought before proceeding
3. Red light - serious problems to be faced, requires a structured HIA approach

So how good does HIA need to be:

- If we are going to compare polices and programs there needs to be a similar methodology – in a similar way to a similar depth
- Need to recognise the tension between good research and timely advice to government: if HIA is to be useful it needs to be able to be provided when needed – not two years after the decision has been made.
- Need to develop different types of HIA to fit the purpose – it has to become simple enough to be part of the thinking of all people developing or implementing policies and programs that can impact on health.

Currently he feels that HIA is still expert

(Continued on page 5)

5th UK & Ireland HIA Conference February 2003

(Continued from page 4)

driven – we want people to come and ask us how to do it. The HIA doers should be backstops not front-runners. So what are the levers for getting it done:

Political People should protest if it is not done
Economic Money can be saved or lost
Legal Someone will sue you
Professional So embedded in practice that it is automatic

He felt that the last two are the best hope for change.

In concluding his talk Rod encouraged us all to think like Boeing: you don't ask what made the plane crash – you ask what would it have taken for the plane never to have crashed.

The Nature of Evidence
Mark Petticrew

Mark Petticrew is from the University of Glasgow and gave a thought provoking talk on the nature of evidence in HIA.

Meaning of Evidence
He began his talk by pointing out that there was no agreed view on what is best evidence and that there has been a slow winding back of the words we are using: evidence informed practice, evidence aware practice or policy. This reflects the different values that researchers and policymakers put on evidence: example, policymakers also see how sellable something is as evidence.

Hierarchy of Evidence
What is best evidence really depends on what you want to know. If you were interested in what the blocks were in rolling out your program a RCT would not be the best way of getting evidence, more qualitative methods are required. We are often caught up in arguments between extremes rather than looking critically at what will get the job done in the circumstances.

There is debate in the literature on the level of science involved in HIA – listening to the views of the community, literature reviews etc on potential impacts are not the same as evaluating what really did happen. It is important that at least some HIAs are thoroughly evaluated to find out the extent to which they were able to predict what would happen.

Problems to be faced
There are many problems in making HIA more robust. These include:

- Developing methodologies for integrating findings from different sources
- Often there is only limited consultation with the community and other key stakeholders
- Dangers that much of the evidence is based on opinion
- Consultations become part of the intervention
- Raise unrealistic expectations of what can be considered in the development process
- A way of off loading unpalatable political decisions – do another HIA

What can be done?
One way forward is to set more realistic expectations of HIA. Perhaps develop mini-HIA processes that would be done routinely and only do a maxi-HIA where there is a willingness to undertake a robust study.
This may include making HIA a formal evaluation tool (similar to the way in which EIA has a very specific purpose in Australia) and recognising that there are important processes that need to be undertaken to involve local communities in decisions about their health that should also be routinely undertaken. This would help make it clear that HIA was a "scientific tool" and community consultation a more "engagement tool".

(Continued on page 6)

5th UK & Ireland HIA Conference February 2003

(Continued from page 5)

Finally he spoke of the need to have a division of labour between those who undertake the HIAs and those who build the evidence base. For example it would be good to have a central place where the evidence of various interventions is kept (for example, housing and health) and to have many people who undertake HIA using this evidence base. There seems to be little gained by everyone trying to undertake literature and evidence reviews – the wider challenge is to assess the relevance of this evidence in the local context.

Evaluation of the Finningley Airport Health Impact Assessment

Muna I. Abdel Aziz

Muna Abdel Aziz is located at the Doncaster Health Authority. One of the few HIAs to have been evaluated for its impact was the HIA undertaken on the Finningley Airport that involved the development of a large airport in Doncaster. The HIA was undertaken to provide those responsible for the planning decision with information on the positive and negative impacts of the proposed airport on the health of local residents. It was undertaken by the Doncaster Health Authority and Council with technical support from local universities.

"... HIA was seen as adding value to the development approval process by being able to clearly articulate the positive and negative outcomes of the development on health..."

The key findings of the HIA could be grouped under two headings:

1. Ongoing HIA activities to ensure that health impacts were considered at all stages in the development of the airport and not as just a one off assessment. This included ensuring that the findings of the HIA were incorporated into the Section 106 Agreement between the developers and the local Council. Also an independent group would be established to monitor the development, chaired by the local Director of Public Health.
2. Specific recommendations on employment opportunities, noise management, Green Transport Plan, motorway link road and public services infrastructure.

An evaluation of the effectiveness of the HIA was undertaken that looked at the process and the impact. Long term outcomes were also projected.

Using the Merseyside guidelines as the basis of good practice the records of the HIA Committee were audited and key stakeholders were interviewed. There was a high level of satisfaction with the process. The strengths of the process were reported to be the good working relationships between the Health Authority and the local Council, the importance that was given to the HIA by policymakers and the developers, and the capacity to employ experts to fill gaps in local expertise. Throughout the process there had been a conscious effort to consider both positive and negative outcomes. The greatest limitations of the process were seen as the pressure of time that meant that activities that may have best been done sequentially were done simultaneously; there was limited capacity to ensure all segments of the community were consulted and the available local data was often inadequate.

The HIA was seen as adding value to the development approval process by being able to clearly articulate the positive and negative outcomes of the development on health, to link these to environmental impacts that resulted in significant inputs into the S106 Agreement. In addition it provided a systematic approach to involving the

(Continued on page 7)

5th UK & Ireland HIA Conference February 2003

(Continued from page 6)

community and other stakeholders.

The evaluation concluded that potential outcomes of the HIA were: an increase in the number of lives saved based on increased employment, improved amenity and decreased air pollution due to stricter air pollution measures (WHO instead of UK standards) and a new road link that would take traffic away from residential areas. It was also recognised that the HIA process had increases skill and understanding of health impacts and established ongoing monitoring mechanisms.

More information is available on:
http://www.doncasterhealth.co.uk
http://www.hiagateway.org.uk

Walking the Walk?
Matt Kearney

Matt Kearney is a general practitioner who works in a poor area in Liverpool that has been targeted for regeneration. He undertook a small qualitative study to look at the way in which community participation in the regeneration program might be affected by the beliefs and attitudes of key stakeholders. He interviewed twelve people – residents, local council officers and elected members. This was groundwork for undertaking a HIA.

The people he interviewed were generally positive about the impact that the regeneration program would have on health but identified three "risks" to effective involvement in the process: the high level of uncertainty, the fears of the unknown and the process of moving people on and off the estate as part of the redevelopment.

There was a great deal of concern about the ability of local residents to participate in any HIA or other consultation processes. These include:

- The community's capacity to engage is undermined by anger and mistrust
- Officials have limited skills in engaging communities in a meaningful way
- Professionals working in the area have limited belief in the community's capacity to act responsibly and wish to maintain professional control
- Existing participatory structures are seen as inaccessible and untrustworthy
- The level of change promotes risk aversion in all stakeholders

Although there was a lot of positive talk, Matt felt that it was far more difficult to walk the walk – residents desired to distance themselves from processes they did not trust or understand and officials desired to have more control over these processes. The study highlighted some of the difficulties in doing HIA within short time frames, as this would be likely to amplify underlying difficulties rather than resolve them.

The HIA Gateway

A key website for all those wanting to learn more about HIA, run by the NHS Health Development Agency in the UK. It contains a range of resources including sources of evidence, studies on HIA, methodologies for HIAs as well as completed HIAs.

www.hiagateway.org.uk

A Risk Assessment Stream for the NSW Health Public Health Officer Training Program

by Dawn Simpson

In 2003 the NSW Public Health Officer Training Program initiated a new specialist stream of training focussing on public health risk assessment and management.

This stream of training is a response to the growing need for people with risk assessment skills, not only to assist with public health emergencies, but also for application in environmental, health and social impact assessments.

In January 2003 a workshop was held to discuss the implementation of this stream of training. The workshop brought together public health professionals from a range of disciplines, many with expertise in the areas of environmental risk assessment, health impact assessment and social impact assessment, with the aim of identifying the appropriate scope and learning opportunities for this training.

The workshop addressed three issues:
1. Employment opportunities for graduates.
2. Suitable placements or 'on-the-job' learning opportunities.
3. 'Off-the-job' learning needs in this area, for the specialist stream and for all trainees.

It was agreed that over the course of their training, Public Health Risk Assessment Trainees would undertake placements that cover environmental, health and/or social impact assessments. It was also emphasised that the particular contribution of this stream of training was to bring a population perspective to risk assessment/management.
This stream of training commenced in February 2003 with an intake of two trainees: Adam Capon and Patricia Mannes.

- Adam holds a Master of Environmental Management (specialising in environmental/human health) from the University of NSW and is a practicing optometrist.
- Patricia is a registered physiotherapist who completed a Master of Public Health at the University of Sydney in 2002. She has recently been working as Epidemiology Research Assistant on the Screening and Test Evaluation Program at the University of Sydney.

For information on any aspect of the NSW Public Health Officer Training Program, contact the Public Health Training and Development Branch, NSW Department of Health on (02) 9391 9204 or e-mail **dsimp@doh.health.nsw.gov.au**

Links & Resources

Web Sites

The HIA Gateway
http://www.hiagateway.org.uk
An extensive site on HIA, based in the UK

The European Centre for Health Policy
http://www.euro.who.int/echp
Contains further resources on HIA

IMPACT
http://www.ihia.org.uk
The International Health Impact Assessment Consortium (IMPACT) has a range of information on HIA, based at the University of Liverpool

Recommended Reading

The Gothenberg Consensus Paper
http://www.euro.who.int/echp

HIA: A Tool for Policy Policy Development in Australia
http://www.hbs.deakin.edu.au/HealthSci/Research/HIA
Report by Mary Mahoney and Gillian Durham