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# NSW Health

# HIA Capacity Building Program:

# Mid-term Review

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## Suggested Reference

Harris, E., 2007. NSW Health HIA Capacity Building Program: Mid-term Review. Centre for Primary Health Care and Equity, University of New South Wales: Sydney.

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October, 2006

## Summary

A draft framework for assessing the extent to which Phase 3 of the NSW HIA project would be able to embed HIA within the NSW health system was presented to the Project Steering Committee in mid-2006. It showed that while there had been significant progress in workforce development and the completion of HIAs there was less progress in developing sustainable mechanisms for HIA within Area Health Services and at state level. Partnerships with other non-health sectors also remained under-developed.

It was apparent that the current scope of the project was not sufficient to institutionalise HIA within the NSW Health system without greater input and leadership from senior decision-makers within NSW Health and more active engagement of other sectors. In order to assist in the redirection of the project, a project review of Phase 3 was undertaken.

### *Key findings of the review:*

- The NSW HIA Project has made significant progress in developing the capacity of the NSW health system to support and undertake HIA. This work needs to continue and issues identified in the review of the current project's deliverables acted upon.
- While the project has been successful at the practitioner level and in raising awareness of the uses of HIA it has been less successful in engaging other sectors at state and national levels and in systematically building capacity to undertaken HIA at AHS level.
- National and international experience suggests that long term sustainability of HIA needs to be seen in the wider policy context of healthy public policy.
- HIA should be seen as a tool to be used at one step in the project, program or policy cycle. As well as assessing the potential impacts on health at the point where the proposal has been developed, support should be given to other sectors earlier in the project, program or policy development cycle.

### *Options*

Based on current opportunities and resources four options are presented for additional activities to be undertaken in Phase 3 of the NSW HIA Project:

1. Develop and implement programs with the Department of Planning related to urban health.
2. Work with NSW Health and the Local Government and Shires Association to identify ways of incorporating considerations of health in local government planning processes.
3. Build capacity of AHS to undertake HIA and other risk assessment procedures
4. Identify methods for using HIA approaches within Department of Housing urban regeneration projects

# Part 1. Introduction

The NSW Health Impact Assessment Project grew out of recommendations made in the NSW Health and Equity Statement that NSW Health develop organisational capacity to evaluate the health impact of its policies and initiatives[1]. This included a recommendation to develop a process for undertaking Rapid Health Impact Appraisals in order to identify the health impact of existing and new policies[1]. It also aims to fund the development of pilot approaches to health impact assessment in order to develop standardised tools for undertaking comprehensive HIA on NSW Health initiatives.[i]

While it was recognised that the greatest gains could be made in the assessment of the policies and programs of other government, non-government and private sectors, the focus of the NSW Health and Equity Statement was on action that could be taken by the health sector to redress health inequity[1]. In relation to HIA this meant that it was to focus initially on the capacity of the health system to undertake HIA before expanding into other sectors.

NSW Health undertook the development of HIA in NSW through a phased approach:

## *Phase 1: July 2002 –June 2003*

The aims of this phase of the project were to: explore the feasibility and mechanisms for the development of HIA Processes in NSW, increase awareness in the NSW Health system on the purpose and scope of HIA, and identify areas where capacity needs to be developed. The findings of this phase of the HIA Project have been published as a report and can be found on HIAConnect[ii]

## *Phase 2: September 2003 –August 2004 (extended until December, 2004)*

The aims of Phase 2 of the project were to: develop a formal communication strategy to promote organisational commitment to developing HIA, support AHS to undertake HIA through a "Learning by Doing" approach that includes formal training, access to resources and technical support, and continue to build consensus on the scope of HIA and determine where HIA is best located within the health system. A summary of the activities undertaken in this Phase of the project and particularly through the "Learning by Doing" process can be accessed in HIA News Numbers 8, 10, 12 and 14 (www/HIAConnect.edu.au).

## Phase 3: January 2005- December 2007

The aims of Phase 3 are to integrate or embed HIA into the NSW health system as a tool to improve internal planning and decision-making processes, and as a way to engage external partners on initiatives which influence health outcomes.

There have been some substantial gains from the project to date.

- A high level steering committee has been established, chaired by the Deputy Director-General, Population Health and Chief Health Officer

- A total of 15 HIAs have been undertaken or are currently underway (see Table 1)
- All AHS have been involved in at least one HIA
- NSW Department of Health Centres and Branches have been involved as developmental sites for HIAs, as well as in the HIA Leadership Development Program. This included the participation of representatives from:
    - Centre for Chronic Disease Prevention and Health Advancement
    - Centre for Aboriginal Health
    - Environmental Health Branch
    - Primary Health and Community Partnerships Branch
    - Statewide Services Development Branch
    - Public Health Workforce Training and Development Branch
- "Learning by doing" has resulted in 82 people being trained in HIA, another 72 being members of HIA steering groups and a further 25 being involved in the Greater Western Sydney HIA Reference Group. A total of 179 people have now actively been engaged in undertaking HIA through this process
- A broad range of government departments have been engaged. The range of groups involved include local government, Department of Housing, Premier's Department as well as non-government organisations and community groups
- Resources have been developed and are available through the HIA Connect web-site (HIAConnect.edu.au).
- Strong links have been made with other jurisdictions to explore the development of HIA nationally and internationally.

A draft framework for assessing the extent to which the current project would be able to embed HIA within the NSW health system was presented to the Project Steering Committee in mid-2006. This demonstrated that while there had been significant progress in workforce development and the completion of HIAs, there was less progress in developing sustainable mechanisms for HIA within Area Health Service and at state level. Partnerships with other non-health sectors also remained under-developed. It was apparent that the current scope of the project was not sufficient to institutionalise HIA within the NSW Health system without greater input and leadership from senior decision-makers within NSW Health and more active engagement from other sectors.

In order to assist in the redirection of the project, a project review of Phase 3 was undertaken. This review is based on:

- A review of current progress in the program as detailed in the tender documents;
- The outcomes of an inter-jurisdictional meeting that was attended by representatives from Western Australia, Victoria, Tasmania, Queensland, South Australia, NSW and New Zealand; and
- A review of recent literature on progress of institutionalising HIA within government planning and implementation processes.

This report describes the findings of the review and outlines options for the future development of the project. It is envisaged that once this discussion paper has been considered by the NSW HIA Steering Committee it will be further refined and sent out for wider consultation.

The remainder of this report consists of four sections:

Part 2: Provides an introduction and overview of HIA in NSW

Part 3: Presents an overview of the findings of the project review

Part 4: Discusses the implications of the review's findings

Part 5: Presents options for consideration

**Table 1: NSW Developmental HIA Sites**

| NSW HIA Project Developmental Sites | | |
|---|---|---|
| **HIA** | **Lead Agency** | Other Agencies Involved |
| Transitional Residential Aged Care Services | Mid North Coast Area Health Service | **Baptist Community Services (Aged Care)** |
| Shellharbour Foreshore Redevelopment | South East Sydney and Illawarra Area Health Service | **Shellharbour City Council** |
| Non-Emergency Health Related Transport Policy Framework (Screening step only) | Primary Health and Community Partnerships Branch, NSW Department of Health | |
| Reconfiguring Health Promotion Services from a Geographically-Centred to Strategic Capacity Building Approach | Mid West Area Health Service | |
| Integrated Chronic Disease Prevention Social Marketing Campaign | Centre for Chronic Disease Prevention and Health Advancement, NSW Department of Health | |
| Wollongong Foreshore Plan | South East Sydney and Illawarra Area Health Service | **Wollongong City Council** |
| Lower Hunter Regional Strategy | Hunter Regional Coordination Management Group (Project Team made up of Hunter New England Area Health Service and Premier's Department) | **Hunter Regional Coordination Management Group (including Department of Planning, Premier's Department, Department of Sport and Recreation and Department of Education and Training)** |
| Population Growth and Urban Development in Greater Western Sydney | Western Sydney Regional Organisation of Councils | **Sydney West Area Health Service, Sydney South West Area Health Service and the Department of Health.**<br>**Reference group includes representatives from loca** |

| | | |
|---|---|---|
| | | **government, other state government agencies, community groups and the private sector** |
| Greater Granville Regeneration Plan | Sydney West Area Health Service | **Department of Housing and Parramatta City Council**<br><br>**Reference group included community representatives and local agencies** |
| Population Growth Plan for Bungendore | Greater Southern Area Health Service | **Palerang Council**<br><br>**Reference group included community representatives and a representative from a neighbouring Council** |
| Indigenous Environmental Health Workers Proposal | North Coast Area Health Service | **Department of Aboriginal Affairs, NSW Aboriginal Land Council, Department of Housing, Environmental Health Branch (NSW Department of Health), Durri Aboriginal Medical Service, Kempsey Shire Council, North Coast Institute of TAFE, Centre for Aboriginal Health (Department of Health)** |
| Health Home Visiting Program, Northern Sydney | Northern Sydney Central Coast Area Health Service | |
| Kids Healthy Eating Physical Activity Program HIA | Hunter New England Area Health Service | ***In progress*** |
| Liverpool Hospital Redevelopment | Sydney South West Area Health Service | ***In progress*** |
| **Model of Health Service Delivery in a Rural Area** | **Greater Southern Area Health Service** | ***In progress*** |

# Part 2. Overview

There is now strong policy support internationally for governments to routinely assess the impacts of major policies, programs and projects on health.[1] Over the past decade Health Impact Assessment (HIA) has been promoted as a mechanism through which this can be done in a structured and transparent way, and there are now many countries that have extensive experience in the ways in which HIA can add value to decision-making processes.

> *"Health Impact Assessment (HIA) can be seen as a tool that assists policymakers to foresee how different options will affect health and so take the health consequences into account when choosing between options…. It aims to reduce the likelihood of surprises, to avoid the occurrence of unexpected negative impacts when a policy is implemented, and to allow positive health impacts to be maximised."*[iii]

HIA follows a series of steps that are undertaken on a policy, program or project in a structured way. It is undertaken at a point where the proposal is sufficiently well-developed in order to allow an assessment of the potential health impacts and for these impacts to be considered by decision-makers before final decisions are made.

List of steps:
Health impact assessment follows a structured process. There are five distinct steps in Health Impact Assessment:

1. **Screening**
2. **Scoping**
3. **Identification & Assessment of Potential Health Impacts**
4. **Decision Making and Formulating Recommendations**
5. **Evaluation and Monitoring**

The NSW HIA Project has adopted the Gothenberg Consensus Statement definition of HIA as "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."[ref]

In Australia over the last decade support for HIA has come from three public health traditions which have in turn each influenced the ways in which HIA have been developed in particular contexts[JL1]. Because these traditions continue to inform the ways in which HIA is developing, at times there are potential differences in definitions of health, the scope of HIAs, the use of scientific knowledge and lay evidence, and the use of HIA as scientific, decision-making and advocacy tools (See Table[JL2] 2). These issues are covered in detail in the Phase 1 Report [ref] and continue to impact on debates on how and where HIA should be embedded.

Table 2: Distinction between "broad scope HIA" and "tight scope HIA"
From Veerman, Bekker and Mackenback[iv]

| | Broad scope HIA | Tight scope HIA |
|---|---|---|
| Source of power | Public support | Scientific evidence |
| Main source of inspiration | Health promotion | Environmental Impact Assessment |
| Evidence | Indirect: perceptions of risk to health | Direct: Measurement of risk to health |
| Prime value | Democracy, equity | Ethical use of evidence |
| Aim | Empowerment<br>Change policy | Accuracy and credibility of predictions<br>Change policy |
| Philosophical view | Interpretive | Positivist |

The first of these traditions sits within the traditional public health paradigm, with a focus on environmental health risk assessment. Australia was one of the early leaders in pressing for a more thorough examination of health impacts within Environmental Impact Assessment (EIA) processes, and with the NHMRC and enHealth Council, have made significant contributions as to how this could be achieved. The main focus of this work has been on the use of HIA in major developments rather than on policies. It is recognised that human health issues continue to be poorly addressed in EIA processes in Australia, and a recent review by the National Public Health Partnership was unable to reach a definitive recommendation as to how this could be achieved through regulatory or legislative mechanisms[4]. However, the Tasmanian legislation was noted as an example of best practice[v].

The second tradition comes from a concern with a social view of health and has traditionally focused on the assessment of government and private sector policies. HIA has been recommended as a key strategy for health promotion as it looks at ways in which health can be promoted and risk reduced as part of the assessment process. Recent international documents such as the Bangkok and Jakarta Declarations on Health Promotion [ref] and the WHO Europe Healthy Cities Program [ref] see HIA as a key strategy for examining the impact of the role of other sectors on health.

The third tradition has much in common with the second tradition. It is the one that informed the development of the NSW Health project and has redressed health inequity as a central concern. The approach involves looking at the distribution of health and the determinants of health. While all proponents of HIA would argue that they are concerned with equity, a review of HIA publications has demonstrated that in practice equity-related issues are rarely considered. [vi]

Although there is general support for each of these traditions, and each state jurisdiction has historically adopted one or more of these, there is an emerging consensus that they each need to be considered within the development of a comprehensive approach to HIA in Australia. In practice this means that HIA should:

- be prospectively undertaken in order that predictions about potential impacts of the proposal can be made (policy, project or program);

- focus on health promotion and health protection;
- consider impacts on those directly and indirectly affected; and
- consider the distribution of these impacts.

There is still debate on the extent to which HIA should be seen as a decision-making or decision-support tool, should rely on traditional scientific evidence or incorporate lay knowledge and whether it should be led by experts or those being impacted upon.

# Part 3. Overview of the findings of the project review.

The project review was based on three information sources:

- A meeting of key HIA staff within NSW Health and CHETRE;
- The outcomes of an inter-jurisdictional meeting on current developments in HIA; and
- A selective review of the literature on the institutionalisation of HIA.

## *3.1 Project review meeting:*

In July 2006 a project review meeting was held between NSW HIA Project staff from CHETRE and NSW Health. The focus of the review was to reflect on the extent to which the project deliverables outlined in the contract were being met and if they needed to be refined or developed in order to meet the long-term objectives of the program.

As well as discussing the extent to which specific project deliverables and strategies were being achieved, the meeting also reflected on the long-term vision for HIA within the NSW Health system. The process highlighted our shifting understandings of HIA and its place in the policy development and planning process. Specifically a focus on HIA as a way of having health considerations systematically incorporated into the policies, programs and projects of other sectors was limiting opportunities for input, for example, in providing support at the issue identification and planning phases of proposals, "off the shelf" evidence of common health-related issues such as housing, transport, resilience and the capacity to work on the agendas of other sectors. The extent to which the current HIA project could undertake this wider set of interventions was not clear and will need to be discussed with the Steering Committee and other key stakeholders.

A detailed review of the project deliverables showed that overall these were being met across each of the project domains. However a number of areas were identified where progress had been slow or where further actions were required.

These included:

### 3.1.1 Positioning HIA within NSW Health

While each AHS has now been involved in undertaking at least one HIA there is still no clear direction on where HIA could be best located within AHS structures and processes, and how the organisational and workforce capacity to undertake HIAs can be systematically developed. Within the Department of Health there has been difficulty in attracting proposals for "Learning by Doing". Furthermore, among some policy officers there is a belief that they are already adequately considering considerations of health impact in their policy development processes and HIA therefore has little added value.

### 3.1.2 Facilitating contact at senior levels across government departments

There has been limited progress in establishing formal links with other government departments on HIA. The strongest links have been developed through the process of undertaking HIAs. The current debates on the relationship of urban planning and health and the findings of the consultation undertaken by the project with planners from Local Government and the Department of Planning have provided some practical suggestions as to how these links can be strengthened. These include establishing an urban health unit within the Department of Health, and providing technical support and advice on health issues to Local Government and Department of Planning.

### 3.1.3 A focus on Local Government

Local government was an area identified where there may be emerging opportunities for collaboration. The potential to develop guidance on health components within social plans, planning for new urban settings and training opportunities across local government planning and health workforces were identified at a workshop held by the project on urban planning in December 2005.

### 3.1.4 Developing a wider range of HIA-related tools

There is demand for a wider range of assessment tools to be developed. These include filters or check-lists that could be rapidly applied to policies, structured processes for commenting on cabinet minutes and planning proposals. One suggestion was to include a HIA Equity filter or lens on EOIS for Health Promotion Grants.

### 3.1.5 Continuing to expand training opportunities across the relevant workforces

It was decided that the project would continue with a "learning by doing" approach to workforce development rather than shifting to a "train the trainer" model at this stage. This reflects the continuing development of the training program and the need for continuing support to the sites over extended periods of time. A "train the trainer" model in this context would involve the trainer having undertaken a number of HIAs themselves. We currently do not have a workforce to undertake this task.

Although another round of "Learning by Doing" has not been included in the contract it may be possible to use this as a way of developing capacity within AHS and also piloting rapid appraisal. The process would need to be streamlined and less intensive to be completed within the timeframe of the current NSW HIA Project.

A HIA MPH Course will be offered in February 2007 in the UNSW Summer School. A course of Planning for Health will also be offered at the same time by the Faculty of the Built Environment. Ways of giving access to AHS staff to these courses will be explored. The possibility of running courses on HIA by the Department of Health Training and Development Program will also be explored.

### 3.1.6 Development of a more structured communication strategy

It was decided that a more structured communication strategy on the project and the uses of HIA was needed to raise awareness of HIA, as well as the work and learning arising from the project. This would include general and targeted communication with potential users and key stakeholders, and could include examples of HIAs with local government, which could be presented at local government meetings and conferences.

### 3.1.7 Strengthening links across jurisdictions

There is increased interest in all state jurisdictions in the development of HIA and in identifying ways in which it can be effectively institutionalised. Developing close relationships between the states is seen as a way of engaging the Commonwealth through COAG and other jurisdictional fora.

Engaging the other jurisdictions in the HIA 2007 Conference will also provide opportunities to work towards a national approach to HIA.

## *3.2 Outcomes of Australian and New Zealand Inter-jurisdictional Meeting*

A meeting was held in Sydney of representatives from all states in Australia and New Zealand to discuss development in HIA. All state governments were represented except South Australia and New Zealand. Academic Groups who are supporting these initiatives in Victoria, NSW and New Zealand also attended. The focus of the meeting was on identifying opportunities to institutionalise HIA within decision-making frameworks at state and local government levels.

Four issues were discussed in detail:

### 3.2.1 Identification of legislative levers at state level:

There was a general consensus that there is little support at the jurisdictional level for mandatory HIA in Australia. This reflects current trends to reduce the regulatory burden placed on developments and a concern that HIA may not add value to the decision making process, but rather another level of "red tape".

However the meeting identified a series of potential opportunities for HIA processes to be built into existing frameworks. These include:

- Specific inclusion of responsibility for health and well-being into the strategic directions of other departments (for example, local government as in Victoria) or government as a whole (such as the WA Sustainability Agenda) in ways that encourage considerations of health being a routine component of any planning or assessment process. In WA for example, where there is significant development, there is agreement that planning and approval processes need to be streamlined. Health concerns have been addressed as part of the approval process rather than through an agency that is consulted after the development of plans.
- Health Departments can also be given the capacity to hold inquiries into matters that they feel have the potential to significantly impact on population health (these could be projects/policies over a specific dollar amount, projects that have been identified as having state or national significance). In Tasmania, for example, the Chief Health Officer can choose to be involved in assessing impacts or to review findings.
- The Review of Public Health Acts that are currently being undertaken in NSW, WA and Victoria also provides opportunities to increase the health sector's capacity to hold inquiries, outline triggers for undertaking HIAs and

set guidelines for reviews of health impacts within other impact assessment processes.

### 3.2.2 Local Government Levers

At the Local Government Level opportunities were identified to build considerations of health into needs assessment, planning, and assessment phases. Research undertaken by Mary Mahoney in Victoria provides useful information on issues for local government and how they may be addressed.[vii] Collectively these discussions and researches identified a number of strategies including:

- Use of Municipal Health Plans in Victoria and Social Plans in NSW as the basis for systematically including consideration of health and well-being in Local Government planning processes.
- In NSW the guidance for undertaking local environmental plans (LEPs) was seen as a vehicle for incorporation of considerations of health impact into planning processes.
- There are now a number of resources for use by Local Government, for example, the NHF planning guide in Victoria, Queensland has commissioned guidance on healthy urban planning and WA has developed guidelines for planning health communities for local government. These provide practical advice for local government planners on how health issues can be addressed.
- It was also suggested that a health planning overlay that can be used by local government, similar to those used for heritage planning, would be a useful tool.
- It was recognised that HIA is only one of the mechanisms for engaging local government. As it occurs once the proposal has been developed, there is merit in focussing on the policy development cycle at earlier planning and needs assessment phases.

### 3.2.3 New and Emerging Partnerships

The meeting identified other groups that need to be involved in the development of HIA. Some of these groups are internal to the health system while others are outside the health system.

Within the health system there needs to be stronger links between health protection and health promotion practitioners. In Victoria this is being done through the area based Population Health Units, who are expected to develop capacity to undertake HIA.

Externally it was agreed that there need to be stronger links with professional planning institutions, universities, consultant groups and the private sector. Furthermore, Australia is well placed to contribute to the development of HIA within the Asia Pacific Region.

### 3.2.4 Resource materials

If HIA is to be routinely undertaken, then it is important that those undertaking the HIA have ready access to evidence of potential impacts, guidance and tools from other jurisdictions or countries that may be relevant, including the findings of similar HIAs.

Resource material available includes those from the SE Queensland Social Planning Project, who have developed a number of tools and resources. WA has a Risk Assessment document and will be doing one on community participation. There are also extensive resources on the UNSW and Deakin Web-sites as well as on international web-sites.

The meeting also identified a number of areas where "off the shelf" evidence needs to be developed: for example, vector-borne diseases, climate change, waste management, gambling, transport, housing, urban design.

## *3.3 Literature on the institutionalisation of HIA*

### 3.3.1 The international experience

A selective review of recent literature on the institutionalisation of HIA within Australia and internationally was undertaken. The recent report on *Health in All Policies* by the European Observatory on Health Systems and Policies [ref] looks at the role of HIA and the promotion of health considerations in all government policies.

As part of the development of the report a survey in HIA was conducted across 19 EU Countries in 2005.[viii] Within the constraints of the methods used, the authors felt that there were two main conclusions on the use of HIA that could be drawn. First, HIA has proven its capacity to be used in various countries at various levels and in various sectors. Second, although the research drew on HIAs undertaken over the last 15 years, few countries have used HIA extensively, especially at the national level. The authors suggest that this may be related to an uneven development of HIA across Europe, lack of government support, funding, capacity building and establishing routine processes for undertaking HIA [ref]. They also question whether this is due to difficulties that HIA have had in proving their worth to other sectors and so it continues to be used as an ad hoc activity in exploratory studies.

The same report also explored the implementation and institutionalisation of HIA in Europe.[ix] In the context of contemporary debates on how to institutionalise HIA they argued that HIA needs to become part of the rules and procedures normally followed by different decision-making bodies involved, in order that its potential to catalyse intersectoral action for health is realised. While they identified examples of where HIA has been partly institutionalised and effectively used, they note that HIA implementation and institutionalisation is incomplete in all the countries studied.

They explore this issue under four headings: stewardship, funding, resource generation and delivery, detailed below.

***Stewardship:***
There is often uneven adoption of HIA at different levels within countries and between national, regional and local levels. Some places have adopted HIA processes without regulatory support while in others regulation has been introduced without a policy framework

***Funding:***
Only a handful of countries have dedicated HIA funding in order to undertake HIAs and produce resources to support the HIA process. The costs of HIA at different levels are still poorly described

***Resource generation and capacity building***:
A multitude of organisations and institutions are involved in capacity building within countries across Europe, including governments, universities and public health institutes. There is also evidence that their activities are complementary and co-ordinated

***Delivery of HIA:***
The study found that the delivery of HIA is relatively strongly developed. Within certain countries it is possible to identify key organisations responsible for providing technical leadership and support for HIAs. Some countries have developed mechanisms for being closely involved with those responsible for decision-making on a specific policy, while in most others this link is less solidly institutionalised and requires pro-active involvement of HIA advocates [ref].

The authors conclude that most countries have been implementing HIAs on at least a project basis. They report large variations in the range of agencies involved, the form the HIA takes, the level of capacity building and the groups involved in the delivery of HIAs

They nominate England, Finland, Netherlands and Wales as countries where important elements of HIA have been institutionalised, such as clear government support, establishment of support units, developing health intelligence for HIA and regular funding for HIA activities. There are examples of where HIAs have been conducted systematically in collaboration with different sectors and departments. However in most countries many of these conditions are lacking [ref].

They note that even where progress has been made, it may not necessarily continue, as is evidenced by recent changes in the Netherlands where a change of government has led to the abandonment of earlier commitments to undertake HIA on major government polices. This is similar to the experience in British Columbia [ref].

Veerman, Bekker and Mackenbach have also recently reported on a four year evaluation of the impact of HIAs on decision-making in the Netherlands.[x] They point out that there is still concern expressed by policy-makers on the usefulness of HIA as a tool for influencing and changing decision-making processes. In part this is seen as a reflection of the problems of HIA, especially when used as a technical or advocacy tool.

Their evaluation project found that "*marginally institutionalised HIA lacks the resources to make a difference to mainstream health into decision-making processes*." When used as an advocacy tool for mobilising public support there may be short-term

benefits, but longer term difficulties are encountered when HIA is seen as a "blocking tool". They suggest that earlier consultation and constructive attitudes will lead to a brighter future, especially when dealing with non-health sectors:

> *"We therefore argue to focus HIA on the delivery of an evidence base for health impacts, and embed the HIA in a broader health policy that adopts strategies to bridge the gaps between the different sectors, interests, positions, procedures, cultures and languages.*
>
> *In other words, health policy officials and servants need to co-ordinate intersectoral cooperation, in the process of which HIA can provide valuable evidence."*

An earlier publication by Reiner Banken on strategies for institutionalising HIA, produced for the European Centre for Health Policy, argues that building health into all policy considerations will require changes to the rules governing for decision-making [ref].

Legal frameworks are identified as one of the strongest means for changing these rules, especially at the national level. Banken does not see that this involves complicated and time-consuming procedures but provide an obligation that HIAs are undertaken without prescribing the exact procedures. But legislation is only one way of incorporating considerations of health in the day to day work of other sectors.

He discuss examples of where "policy windows" have opened that have allowed for substantial shifts in undertaking HIA by the health and non-health sectors. For example, the UK Report on Our Healthier Nation that recommended "major new government policies should be assessed for their impact on health" [ref] provided an imperative for developing the capacity to undertake and use HIAs in the UK.

Banken argues [ref] that while the generation of HIAs remains in the health sector there will be suspicions of health imperialism and ways need to be found to enable other sectors to provide evidence of health impacts in collaboration with health colleagues.

Just as the paper by Veerman, Bekker and Mackenbach [ref] flag the potential difficulties in viewing HIA as an evidence and advocacy tool, Banken identified the challenges to be faced if the values of HIA (democracy, equity, sustainable development and ethical use of evidence) are to be integrated into a coherent HIA process, wherein there may be serious concerns and debates over the extent to which HIA needs to be seen as an independent and rigorous process [ref].

Banken further reports on work by Bartlett in understanding the process for institutionalising impact assessments into decision-making processes and concludes:

*"it makes a difference how impact assessment is institutionalised into the policy system; its policy impact is neither simple or assured. Impact assessment does not influence policy through some magic inherent in its techniques and procedures. More than methodology or substantive focus,*

*what determines the success of impact assessment is the appropriateness and effectiveness in particular circumstances of its implicit policy strategy."*[xi xii]

Banken outlines experience in Europe, Thailand and Quebec that suggests that, as well as administrative and legislative requirements, support for systematically undertaking HIA also requires trust and understanding between the different sectors involved. He warns that to maintain its long term impact there will need to be quality control mechanisms and mechanisms for external accountability.

Baines and Taylor, writing on their experiences in institutionalising Social Impact Assessment (SIA) in Malaysia, point out that compared to the natural resource professions SIA workforce capacity continues to lag [ref]. A co-ordinated program for capacity building is required that builds individual skills, supports professional organisations and networks, develops skills in areas such as negotiation and facilitation, as well as skills in specialist methods such as techniques for scoping. Cross-disciplinary training that combines theoretical and practical skills is seen as necessary. They conclude that "more introductory or familiarisation courses are not so likely to bring about the quantum skills in approach to SIA practice that are required to make a difference."[xiii]

### 3.3.2. The Australian Experience

Wright argues that, historically, the Australia model of HIA is different from European HIA models with its focus on the assessment of major projects or developments rather than policy [ref]. This reflects Australia's role as a world leader in pressuring for the systematic consideration of human health within Environmental Impact Assessment (EIA) rather than as a stand alone tool, as well as a wider national commitment to environmental protection.

In 1992 the NHMRC advocated for the inclusion of HIA within existing EIA processes. In 1994 it established the National Framework for Health and Environmental Impact Assessment which provided a formal model for the conduct of EIA/HIA. In 1996 the Tasmanian government consistent with the NHMRC Guidelines, introduced legislation that required health impacts to be given adequate attention without the duplication of effort.

The ENhealth Council established HIA as a part of the EIA process and explicitly described it as a decision-support tool rather than a decision-making tool.

> "*HIA should not have the power to veto over a development, but will provide advice and recommendations to whatever statutory body is ultimately responsible."*[xiv]

Interest in developing a wider base for HIA in Australia emerged in 2000 when the Commonwealth Department of Health and Ageing funded two public health innovation projects that looked specifically at HIA as a policy development tool and as a mechanism for assessing the impact of policies, projects and programs on health inequity. These projects have led to the development of state-funded HIA support units at UNSW and Deakin University. The Units are actively engaged in looking at

workforce development, development of resource materials and investigations of how the health sector can work more effectively with other sectors on HIA.

In 2005 the National Public Health Partnership released a paper, commissioned by the Legislative Reform Working Group, to examine legislative and administrative frameworks for facilitating HIA associated with new development proposals (as opposed to polices and projects), including best practice arrangements. The report described in detail the current legislative and administrative arrangements that exist in each state and puts forward the Tasmanian legislative model as an example of best practice, however it does not recommending adoption of this model nationally. Tasmania continues to work within a narrow environmental risk framework that has its focus on development projects.

# Part 4: Discussion

As Banken has observed, HIA is a practical tool that can shift the rhetoric of healthy public policy into action. Instead of alluding to the interrelatedness of health and other sectors, HIA provides a transparent mechanism for making these relationships clear.

One of the unanticipated effects of using HIA as the only tool for incorporating considerations of health into the decision-making process is that, because it is used late in the problem identification and planning process, i.e. once a proposal has been developed, it can be difficult to influence decisions. This limits the range of tools that the health sector could develop to support improved needs identification, provide guidance on issues to considered in the planning phase and the establishment of monitoring and evaluation frameworks to assess the long term impacts on health.

The project review has highlighted this as an issue confronting the NSW HIA Project. By focusing on the assessment of policies, programs or projects at a point where they are developed, opportunities are missed for influencing how issues are identified, needs assessed and proposals developed.

The NSW Health HIA Project grew out of two recommendations of the NSW Health and Equity Statement that attempted to give some practical guidance on how the impact of the work of the health and other sectors helped to create and maintain health inequality. In the light of experience over the last three and a half years HIA would benefit from being part of a wider "health in all policies" context. The overarching goal a wider program of work would be to:

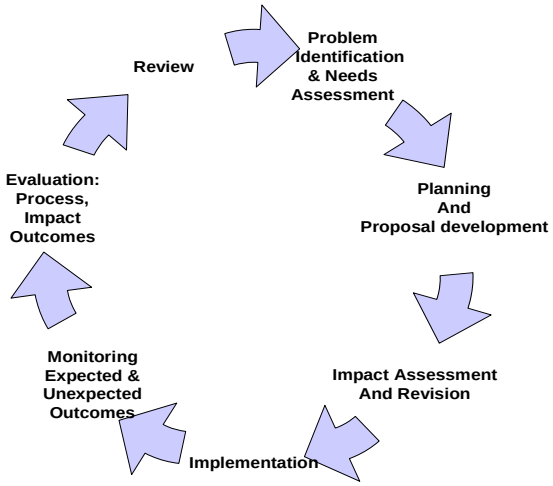
> *"systematically and transparently incorporate considerations of health and well-being into the planning and implementation of policies, programs and projects by government, non-government and the private sectors in ways that minimise health risk, promote health and reduce health inequity."*

HIA then becomes one point of intervention in the wider development and implementation cycle. (See diagram 1 below)

This approach is supported by a four year evaluation of HIA in the Netherlands that found that as a process HIA lacks the resources to mainstream health into decision-making processes . This evaluation states:

> *"We therefore argue to focus HIA on the delivery of an evidence base for health impacts, and embed the HIA in a broader health policy that adopts strategies to bridge the gaps between the different sectors, interests, positions, procedures, cultures and languages. In other words, health policy officials and servants need to co-ordinate intersectoral cooperation, in the process of which HIA can provide valuable evidence."*

There is also support for this position from several other state jurisdictions who have recognised that only are limited gains are likely to be made by pressuring for legislative and regulatory requirement for HIA.




In Australia all state jurisdictions, the National Public Health Partnership, the NHMRC and ENHealth have or are in the process of deciding how this can best be done. Although the Commonwealth Department of Health and Ageing have to date not expressed formal interest in this area, they have provided the funding through the Innovations Program of PHERP to examine the role of HIA as a policy tool and to develop a health equity HIA Framework. This has been important in building an Australian academic base for HIA in Australia.

Despite the growing interest there is little broad based support for additional legislative or regulatory requirements to undertake HIA in Australia. This reflects the trend towards the deregulation of planning processes, especially in local government and state planning approval agencies and also reflected in international experiences that regulatory and legislative requirements are difficult to maintain over time. Instead of developing new legislative and regulatory mechanisms, all states are interested in building onto existing mechanisms, for example, identifying ways in which Environmental Impact Assessments can more effectively address human health issues.

The project review demonstrated that while the NSW HIA Project had made significant gains in some areas it was unlikely to achieve its longer term goals of embedding or institutionalising HIA within government systems without a tighter focus on ways of building organisational commitment and workforce capacity at the macro (state/ national) and meso levels. (AHS, regional or local government levels).

Key findings of the review:

- The HIA has made significant progress in developing the capacity of the NSW health system to support and undertake HIA. This work needs to continue and the issues identified in the review of the current project's deliverables need to be acted upon.
- While the project has been successful at the practitioner level and in raising awareness of the uses of HIA it has been less successful in engaging other sectors at state and national levels, and in systematically building capacity to undertaken HIA at AHS level.
- National and international experience suggests that long term sustainability of HIA needs to be seen in a wider policy context of healthy public policy: that is in promoting policies and practices within health and non-health sectors that will in turn protect and promote health and reduce health inequality.
- HIA should be seen as one step in the project, program or policy cycle. As well as assessing the potential impacts on health at the point where the proposal has been developed, support should be given to other sectors earlier n the project, program or policy development cycle.

# Part 5: Options.

This paper was developed in response to concerns that unless action was taken the existing Phase 3 of the HIA Project would not be able to successfully embed HIA in NSW Health. With only 15 months of the project left, there is a limited extent to which substantial redirection is possible. However the wider operating environment for HIA is changing so rapidly that it is possible to identify four areas where strategic gains can be made.

## 5.1 The NSW State Plan

Based on work that had been done in the project on urban planning a proposal was developed on Healthy Urban Planning to form part of the NSW Health response to the NSW State Plan . The proposal outlined a number of ways in which the health sector can provide practical support to the planning sector in creating healthier urban environments.

*Option: The NSW HIA Project work with NSW Health to implement the contents of this proposal, with an initial focus on identifying ways of increasing health input into guidance to developers who undertake an EIS with the potential to impact on health.*

*The proposal identified six key action areas:*

- *A meeting be organised between the Director General of Health and the Director General of Planning to identify areas on common concern*
- *NSW Health take a leadership role in identifying and collaborating with cross- sectoral structures to develop practical options that will strengthen planning for healthy and sustainable communities*
- *Strengthen existing legislative and regulative frameworks to encourage healthy and sustainable planning*
- *Create a health planning co-ordination unit within NSW Health*
- *NSW resource a clearing house of evidence on healthy urban planning*
- *NSW Health and other key stakeholders develop guidance and tools for use in urban planning.*

## 5.2 Local Government

Discussions have been held between NSW Health, the Local Government Services Association and the NSW HIA Project on ways in which HIA could be used by Local Government.

*Option: The NSW HIA Project continue to support LGSA and NSW Health on this issue with a specific focus on HIA, the incorporation of health issues within mandated local government social plans and the development of local area plans (LAPs).*

## 5.3 Build the capacity of AHS to undertake HIA and health-risk assessment processes

Many urban AHS have similar populations to other Australia states and territories and should have the capability to undertake HIA and health-risk assessment processes. While each AHS has now been involved in at least one HIA it is not clear where long term capacity within AHS should be built.

*Option: Over the next 15 months the NSW HIA project will work collaboratively with the Area Directors of Planning, Performance and Population Health and the health protection and health promotion branches of NSW Health to:*

- *Establish how HIA and other risk-assessment processes should be built into AHS structures ( funding of $40,000 from the NSW HIA Project will be made available to conduct this review)*
- *Provide places for at least one person from each AHS to attend UNSW Summer Schools on HIA ( a three day program run through the School of Public Health and Community Medicine for Masters students) and planning for health ( a six day course run through the Faculty of the Built Environment)*
- *Conduct a final round of "Learning by Doing" for AHS and local partners with a focus on rapid appraisal.*

## 5.2 Department of Housing Urban Regeneration Programs

An approach has been made by the South Western Area of the Department of Housing to examine ways in which the HIA approach could be used to assist in the proposed redevelopment of Claymore and Macquarie Fields.

*Option:*
*The NSW HIA Project work with SSWAHS and the Department of Housing to undertake a HIA on development options for these redevelopment*s.

## *Request for input:*

**Question 1:**
Should HIA be placed within a wider policy context that seeks to systematically and transparently incorporate considerations of health and well-being into the planning and implementation of policies, programs and projects by government, non-government and the private sectors in ways that minimise health risk, promote health and reduce health inequity?

If so how will this be achieved?

**Question 2:**
Should the work of the NSW HIA project be expanded to include a focus on problem identification and needs assessment or should the focus only be on the assessment of proposals once they have been developed?

**Question 3:**
Are the opportunities that have been identified appropriate and are they likely to lead to increased support for HIA? These opportunities are:

- Urban health in relation to the State Plan
- Supporting NSW Health and the Local Government and Shires Association to position HIA and wider considerations of health and well-being in their organisations
- Develop capacity within AHS to undertake impact assessment
- Work with SSW and Department of Housing to identify ways in which HIA processes can assist in urban regeneration projects.

**Question 4:**
Should there be a Phase 4 for the NSW HIA Project? If so what should its goals be?

[i] NSW Health., 2004. NSW Health and Equity Statement. In all fairness: increasing equity in health across NSW. NSW Health: Sydney.
[ii] Harris, E. & Simpson, S. 2003. NSW Health Impact Assessment Project, Phase 1 report. Centre for Health Equity Training, Research and Evaluation: Sydney.
[iii] Kemm J. DATE. Health impact assessment and Health in All Policies, in: reference incomplete
[iv] Veerman, J., Bekker, M., & Mackenbach, J. 2006. Health Impact Assessment and advocacy: a challenging combination. Sos. Praventiv. Med. 51:151-152
[v] National Public Health Partnership. 2005. Health Impact Assessment: Legislative and Administrative Frameworks. National Public Health Partnerhsip: Melbourne, p198.
[vi] Harris-Roxas – reference incomplete
[vii] Mahoney local government – reference incomplete
[viii] Blau, J., Kelly, E., Wismar, M. include other authors. DATE. The use of health impact assessment across Europe, in: reference incomplete
[ix] Wismar, M., Blau, J., Elliot, E. include other authors. DATE. Implementing and institutionalising health impact assessment in Europe, in: reference incomplete
[x] Veerman, J., Bekker, M., & Mackenbach, J. 2006. Health Impact Assessment and advocacy: a challenging combination. Sos. Praventiv. Med. 51:151-152
[xi] Banken, R. 2003. Health impact assessment – how to start the process and make it last. Bulletin of the World Health Organisation 81(6):389.
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[xii] Bartlett, R. V. 1989. Policy through impact assessment: institutionalised analysis as a policy strategy. Greenwood Press: New York.
[xiii] Baines, J., Taylor, N. 2002. Institutionalising SIA in rapidly developing economics – The Malaysian Case. Paper presented at the 22nd Annual Conference of the International Association of Impact Assessment, The Hague, Netherlands, 15-21 June.
[xiv] ENHealth. 2005. Health Impact Assessment Guidelines. Canberra: Commonwealth Department of Health and Aged Care, 2001 quoted in Wright J. HIA in Australia IN Kemm J, Parry J, Palmer S (eds) Health Impact Assessment.London: Oxford University Press, 2005.