Recent Developments: New Zealand Symposium on HIA

A symposium on health impact assessment was recently held by Massey University in Wellington. It featured the launch of the Guide to Health Impact Assessment: a policy tool for New Zealand along with international and local speakers. The Guide was developed by the New Zealand Public Health Advisory Committee over the past five years. It seeks to provide assistance to policy-makers in assessing significant government policies.

About The Guide
The Guide to Health Impact Assessment is primarily intended for those developing policy outside a health portfolio. It has been developed with three key themes in mind:

- Increasing sustainability
- Incorporating the triple bottom line (for more information on this see Mahoney & Potter’s article in Issue 4)
- Developing a whole of government/linked-up government approach

Many of the workforce implications are still being explored, particularly with regard to other departments’ ability to undertake health impact assessments. The Guide provides structured advice on how to undertake HIA, along with reasons to undertake HIA and the guidance on who should undertake it.


The report of a case study in public transport policy used to trial the guide can be accessed at: www.nhc.govt.nz/PHAC/publications/HIAProject12-03.pdf

HIA: An Idea Whose Time Has Come
Alex Scott-Samuel

Alex Scott-Samuel, from the International Health Impact Assessment Consortium (IMPACT) at the University of Liverpool, gave an overview of the evolution and uses of HIA. The title of his presentation was drawn from an article he wrote for the British Medical Journal eight years ago and reflected on the developments in HIA.
Alex Scott-Samuel identified five current uses for HIA:

- Developing healthy public policy
- Enabling health advocacy
- Bringing together personal, social and economic development
- Advocating for the interests of disadvantaged groups
- Building partnerships

He highlighted Treaty of Waitangi considerations as an important avenue for the consideration of inequalities in a New Zealand context.

A question from the floor asked if HIA is an important part of, and derived from, whole of government approaches. Alex suggested that whole of government approaches are largely aspirational and rarely exist in practice; HIA assists by building partnerships and creating avenues for public participation. He sees participation as leading to the consideration of equity, something that has been poorly done in HIAs of policies to date.

The slides for Alex Scott-Samuel’s keynote address can be accessed at: publichealth.massey.ac.nz/symposiumhia.htm

Alex Scott-Samuel’s original British Medical Journal Paper (Scott-Samuel A. Health Impact Assessment: an idea whose time has come, BMJ 1996, 313:183-4) can be accessed free online at: bmj.bmjournals.com/cgi/content/full/313/7051/183

The IMPACT Consortium website can be accessed at: www.ihia.org.uk

Assessing HIA

Nancy Krieger

Nancy Krieger, a social epidemiologist from Harvard University, spoke about the uses for HIA in communicating the social determinants of health to a broader audience. She reported that in the US it is often difficult to get a social perspective incorporated into policy making, and as a result the social determinants of health and HIA have been sidelined in decision making processes. She highlighted some of the factors that make policy level HIA possible in New Zealand, including fewer layers of government. In contrast edicts in the
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US aimed at forcing interdepartmental liaison have been "spectacularly unsuccessful", as in the case of the “war on cancer”.

She suggested that in order to get other non-health parties involved in HIA “there really has to be a sense that this [HIA] is not just rhetoric”. Gillian Durham from the New Zealand Ministry of Health, speaking from the floor, concurred and went on further to caution us that “health can be very good at being dismissive of other people’s approaches”. Nancy concluded that the lack of evidence illustrating HIA’s effectiveness made it hard to sell to decision makers. For HIA to develop there needs to be a strong focus on evaluation; not only of the process of HIA but also of its impacts and outcomes.

The slides for Nancy Krieger’s keynote address can be accessed at:
publichealth.massey.ac.nz/symposiumhia.htm

Other Speakers
1. Policy and Practice: impacts on Maori health
   Mason Durie, Massey University
2. Impacts on Pacific Health
   Ate Moala, Massey University
3. Impact Assessment
   Jenny Dixon, University of Auckland
4. HIA at the Project Level
   Richard Morgan, University of Otago
5. Treaty of Waitangi Audits
   Ronda Cooper, OCE
6. Using the Equity Lens with DHBs
   Louise Signal, Wellington School of Medicine; Ruth Richards, Ministry of Health
7. The PHAC HIA Project
   Louise Thornley & Kevin Hague, Public Health Advisory Committee

These can be accessed at:
publichealth.massey.ac.nz/symposiumhia.htm

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Policy Level Health Impact Assessment: What We Can Learn From Past Experience

Introduction
The New Zealand Public Health Advisory Committee provides independent advice to the Minister of Health. This committee has just released ‘A Guide to health impact assessment: A policy tool for New Zealand’\(^1\), setting out why and how to carry out policy level HIA (see the article on the New Zealand HIA symposium in this issue). This is a major step towards addressing the factors that have the greatest affect on health, namely non-health sector policies such as income, housing, transport, education and employment.

While HIA is commonly used in many countries on plans, programs and projects; policy level HIA is rare. This is despite the promise that policy level HIA is likely to have greater potential for positive influence than other levels of HIA. So New Zealand and others seeking to undertake policy level HIA have significant challenges ahead, but also great opportunities.

To explore policy level HIA three examples of governments who have investigated policy level HIA are briefly presented, and then the learning from each of those countries is summarised. This gives a flavour of the issues one is likely to encounter when we attempt to undertake policy level HIA. Aspects of learning from Sweden, Wales, and the Republic of Slovenia, relevant to undertaking policy level HIA in New Zealand, are presented.

Sweden
Sweden has carried out several policy-level HIAs - on topics such as the EU common agricultural policy, EU trade in alcoholic beverages, and proposed legislation on the age limit on the sale of tobacco. More recently however, Sweden trialled a systematic process to choose which national policies should have an HIA undertaken (screening)\(^2\).

The National Institute of Public Health created a checklist to screen which fledgling governmental policies in the ten main Ministries should have an HIA (all Ministries supported this work). Policies early in their development process were chosen because they allowed a fair chance for any HIA to influence the outcome; and the fledgling policies were publicly available.

The checklist questioned how the policy would affect the determinants of health\(^3\); and how the policy would impact on different groups of society, particularly vulnerable groups.

HIA screening in Sweden suggested that one-third of all governmental inquiries should consider using an HIA – based on at least one or more health determinants being affected by the policy. The authors acknowledged that resource constraints made this level unfeasible, so further prioritising was required to target those policies with the largest possible health impacts. The screening process was not considered to be difficult, but a core group of experts with different backgrounds was required – and considered to be essential by the Swedes.
Policy Level Health Impact Assessment: What We Can Learn From Past Experience Cont.

Wales
Wales has carried out policy-level HIA on topics such as home energy efficiency; programme-level HIA – on EU funding of projects; and many project-level HIAs. The strategic agenda for the Welsh National Assembly is to support the use of HIA in planning, and there is a manifest commitment to tougher ‘public health assessment’ for new projects. Also the guidance for the new Health and Wellbeing Strategies recommends HIA.

Progress towards policy-level HIA is occurring slowly, and in the meantime Wales is building HIA capacity and developing high-level support for HIA. Cross-government policy documents now place a strong focus on addressing how new commitments may affect the determinants of health – a big step forward in government policy making. Policy level HIA is not undertaken systematically within Wales, but departments other than health are interested in using HIA. It is hoped that a new policy training course dealing with crosscutting issues will include HIA.

Republic of Slovenia
Unlike Wales or Sweden, Slovenia had little experience of HIA when it began a pilot HIA of its agriculture and food policies. However, WHO and international experts were able to assist with capacity to carry out the HIA – with the Slovenian Ministry of Health acknowledging the pilot HIA was a major chance to develop national capacity. HIA training did not occur until six months into the HIA, and this was considered a barrier by the authors who believed earlier capacity building was required. The complex nature of the policy being assessed required extensive cross-governmental working. Slovenia already had relatively good cross government relationships to draw on – the authors commenting that without this, the HIA would ‘not have been possible’. Policy workers in Slovenia valued the HIA process, and despite being well-trained and highly motivated, personnel were overstretched with the many other tasks that they were required to perform.

What can we learn from these international experiences?

- Sweden’s experience suggests that a large proportion of government policies are likely to impact on the determinants of health, or directly on health outcomes. A checklist applied by a core group of experts with diverse backgrounds is a useful tool for deciding if an HIA should be undertaken, but as in Sweden, such tools may identify more policies for further consideration than can be practically dealt with.

- Most countries undertaking policy level HIA have had significant previous experience of using HIA for assessing plans, programs and projects. The exception to this was Slovenia, where it was acknowledged that HIA capacity...
Policy Level Health Impact Assessment: What We Can Learn From Past Experience Cont.

Building should have occurred before undertaking their first policy level HIA. Other countries’ lack of HIA provides an opportunity to train people about the latest HIA developments based on a strategic, nation-wide approach.

• Cross government, joined-up working was considered essential in all three case studies, with high-level government policy papers supporting the HIA approach; and with the determinants of health’s role in influencing outcomes firmly agreed. Governments need to consider how to build further high-level cross-governmental support, perhaps through memorandum of understanding, joint policy statements, or a process unique to New Zealand.

• Attempts to institutionalise HIA within governments has occurred in different ways in different countries – there is no correct way to achieve this. A consideration of each unique political context is required to determine how best to develop HIA across government. As witnessed in Slovenia, an understanding of how policy-level HIA may be integrated into current policy analyst workloads is necessary.

• Systematic screening (as detailed in the New Zealand Guide to Health Impact Assessment) is the best starting point for policy level HIA to occur – but most countries have not undertaken screening of government policies to decide which policies require an HIA (the Swedish trial and Netherlands being the current exception). The conditions required to achieve the best screening outcomes include adequate HIA capacity, joined-up working across government departments, high-level support for HIA outside of the Ministry of Health, and high-level recognition of the role that the determinants of health play in outcomes.

• Whether New Zealand or many countries are at this point is debatable. A practical response to systematic screening may be to simply choose several other high profile policy examples where support exists for carrying out an HIA across 2-3 Ministries (with adequate time and opportunity to influence the final policy). This will allow capacity to be built through tailored training, and through carrying out HIA. This situation would mirror the experience of Sweden, Wales, the Republic of Slovenia (and England, Province of Quebec, Netherlands, etc) who all began with pilot policy-level and project-level HIAs - whilst simultaneously building the groundwork required for later systematic screening.

Further information
Learning from policy level HIA can also be taken from experiences in the Netherlands, the Provinces of Quebec and British Columbia in Canada, and the European Union.

An NHS publication providing practical tips on how to decide whether an HIA is required (screening) is available at Health Impact Assessment Gateway/Completed HIAs

Basic information on what HIA is, why you should do it, how, and case studies are provided on the Health Impact Assessment Gateway.
HIA Connect:
Reviews of Guidelines and Manuals

Fifteen reviews of manuals and guidelines for health impact assessment are hosted on the HIA Connect Website, including:

- Merseyside Guidelines for HIA
- enHealth HIA Guidelines
- Swedish Government HIA Guidelines
- Rapid HIA: a guide to research
- HIA for Regeneration Projects

These reviews aim to help those undertaking HIA to find the manuals and guidelines that will can be found at: chetre.med.unsw.edu.au/hia/tools_for_hia.htm

New Resources

Websites
World Health Organisation International Health Impact Assessment Website
www.who.int/hia

NSW Department of Health Environmental Health Branch

Public Health Electronic Library
www.ihia.org.uk

HIA Gateway
www.hiagateway.org.uk

Article

Abstract A three-meeting process for collaborative health (inequality) impact assessment [H(I)IA] of a proposed new road is described in which Local residents worked with professionals to produce a jointly agreed evidence-based report. Collaborative H(I)IA provided a forum for people to express fears that they believed had been ignored, and for planners to understand the concerns of the community and the health impacts of developments on the most vulnerable. The report has been passed to those who will influence the future of the road development plan and a decision is awaited.