

Health Impact Assessment in London

*by Caron Bowen, HIA Facilitation
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In 2000 a regional assembly was created in London, with a directly elected Mayor. The Mayor of London has a statutory duty to exercise its power in a manner calculated "to promote improvements in the health of persons in Greater London" (GLA Act 1999 section 30).

Previous to the Mayoral elections a wide range of agencies came together to develop a London Health Strategy (LHS). This strategy included Health Impact Assessment as an underpinning theme as a tool to deliver on the headline themes, which included health inequalities, regeneration, Black and Minority Ethnic Health and Transport. The steering group, who were pivotal in the development of the LHS gained commitment from all the Mayoral candidates to include health in their manifestos. In October 2000 the elected Mayor created an independent London Health Commission, a partnership of London agencies, to support him in delivering the LHS

and influencing the determinants of health.

The Mayor has a statutory duty to develop eight high level strategies for London, including strategies on transport, economic development and spatial development. He has also undertaken to develop several other strategies including one on children. To ensure that these consider the health of Londoners the LHC and the Mayor agreed to conduct health impact assessments on the these high level strategies at the point where they go to the Assembly for scrutiny. This has meant that there have been HIAs conducted on nine of the Mayoral strategies to date and a tenth is being planned. Usually there has been no more than

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Welcome!

Welcome to the third 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, HIA 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).

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eight weeks in which to complete the whole HIA process, from scoping right through to delivering the final report to the Mayor and the Assembly.

The HIAs have been organised by a core team of people. This team has included the co-ordinator of the LHC, a Specialist Registrar in Public Health who is based at the Greater London Authority (GLA), a representative from the London Department of Health

development team has also been involved in the planning.

Each of the HIAs have involved the commissioning of the rapid review of the evidence, a stakeholder workshop and the writing of a report combining the evidence from the review and the stakeholder workshop. The report has then been passed to the Mayor who has instructed the strategy development teams to include the recommendations in the draft of the strategy that goes out for publi

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Did it make a difference?

The HIA of the Transport Strategy resulted in a number of changes to the strategy including:

- Adding social exclusion as a Strategy objective, so that the travel requirements of groups with specific needs (eg. people with impaired mobility) are addressed.
- Encouraging more sustainable modes of transport such as work place travel and school travel plans.
- Recognition that boroughs can play a greater role in the development and implementation of plans to improve transport. For example, ensuring that greater use is made of borough powers to introduce 20 mph zones and speed limits.
- A commitment to develop a walking plan for London, in order to promote and facilitate other modes of transport.

& Social Care (DHSC) and the HIA Facilitation Manager for London who is based at the London Health Observatory.

Each HIA has had a named Director of Public Health involved in the planning and a public health specialist with a direct interest in the strategy area has been commissioned to do a rapid review of the evidence and has, in most cases been part of the core team. For several of the HIAs a member of the strategy

About this Edition

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

- Outcomes of the inequity profiles workshop in May 2003
- Housing improvements, health and HIA
- NSW Aboriginal Health Impact Statement
- Triple Bottom line work by Mary Mahoney at Deakin University
- HIA and Family Violence by Jessica McCormick at Deakin University

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

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cation. (see text boxes for examples of changes made to the final strategies as a result of the HIAs). The invitee list for each of the workshops have been large (up to 500 people) and have included public health specialists, local authority health policy advisors, local authority workers with an interest in the area of the strategy, NGOs and the private sector. The workshops have mostly been half-day events and have been good forums for discussions about the likely health impacts related to the strategy. The HIAs have helped the Mayor to fulfill his statutory duty and has ensured that the determinants of health are firmly on the agenda of the strategy development teams.

Did it make a difference?

The HIA of the Economic Development Strategy resulted in a number of changes to the strategy including:

- Adding health as a key policy objective in the Charter for London.
- Acknowledgement of the links between economic development and health - "a healthy workforce is a competitive one".
- Adopting a broad definition of health in the Strategy.
- A revised Charter objective that emphasises the importance of promoting social inclusion and renewal amongst all London's communities.
- A commitment for the London Development Agency to undertake further work to fund breakfast clubs in schools to promote healthy eating.

Further information is available at <http://www.londonhealth.gov.uk/hia.htm#Top> The GLA has commissioned a process evaluation of the work and this will be available at <http://www.londonhealth.gov.uk>

Health Inequalities Impact Assessment (HIIA)

by Rosemary Aldrich, Mary Mahoney, Liz Harris, Jenny Stewart-Williams, Julie Brookes, Sarah Simpson & Jenny-Lynn Potter

The Newcastle Institute of Public Health in collaboration with CHETRE and Deakin University have been funded by the Department of Health and Ageing's Public Health Education Research Program (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 – Health Inequalities Impact Assessment (HIIA).

If measuring the impact of programs, policies and projects on health inequalities and inequities are integral to Health Impact Assessment (HIA), why is it necessary to develop a separate stream of HIA? The HIIA approach is necessary to raise awareness of the need for a strengthened focus on equity within HIA. The end result of this project will be an explicit process for equity-focused health impact assessment (EFHIA).

The **first step** is to develop the framework for HIIA in consultation with key stakeholders in Australia, the United Kingdom, Canada and New Zealand, and drawing on pertinent aspects of the literature concerning health impact assessment, health inequalities modelling and policy analysis. The **second step** will involve testing the HIIA framework in five case studies comprising different service delivery settings. The **final step** will involve appropriately framing, refining and disseminating training resources and practical guides to using the methods developed, so that current and future managers, at all levels and in any sector, might incorporate HIIA into their routine decision making processes. Given that a number of non-health policies have health inequality impacts, there is value in conducting HIIA in sectors other than health. Accordingly the project will

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Answers to Some Common Questions About HIA

During the course of the project, we have come across some common questions raised by newcomers to the field of HIA. The issues raised by participants at the recent HIA workshops were consistent with these questions and we thought it might be useful to include some of these questions and answers in the newsletter. In this edition:

Does the 'tea-lady' need to do health impact assessment?

No the "tea lady" does not need to do health impact assessment. Although the decision to undertake an HIA should not be solely based on whether resources are available, this aspect does need to be taken into account. The decision to undertake an HIA or not and the level of HIA (rapid, intermediate or comprehensive) should be undertaken as part of the screening process – which is the first step in the HIA process (using the Merseyside Guidelines) and the process where projects, policies or programs (initiatives) are selected for HIA (Scott-Samuel et al, 1998). The Merseyside Guidelines recommend that the following issues should inform whether or not an HIA is required:

- **economic issues** eg. what is the cost of the initiative and its distribution
- **outcome issues** eg. an estimate of the potential health impacts of the initiative
- **epidemiological issues** eg. the degree of certainty (risk) of health impacts
- **strategic issues** eg. the need to give greater priority to HIA of

policies than to programs and to programs than to projects given the wider scope and potential impact of policies and then programs (Scott-Samuel et al, 1998, p.8)

The Federation of Swedish County Councils also recommend that before commencing any type of HIA, consideration should be given to "... whether there is any point in applying HIA to the proposal in question." (1998, p.15).

... resource constraints mean that it will not always be possible to conduct an HIA, and therefore it will be necessary to prioritise inquiries.

(Nilunger et al, 2002, p.32)

In order to make the most efficient use of available expert resources, it is necessary to be selective about what work is undertaken.

(Scott-Samuel et al, 1998, p.7)

Therefore application of HIA within NSW Health will need to give due consideration to these types of issues. What this question highlights is that HIA is a value driven process, a process that involves trade-offs and that in deciding to undertake an HIA it is always important to ask – what will the added value be of undertaking an HIA and will it add value to the decision-making process? Kemm (2000) neatly summarises the added value that HIA might bring to the policy making process ranging from identification of unintended consequences to a more transparent decision making process that includes greater

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Does the 'Tea Lady' Have to do HIA?

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participation by stakeholders.

Before we decide that the "tea lady" needs to undertake an HIA, a number of issues (ranging from economic to strategic) need to be addressed in order. Ultimately, appropriate screening should mean that the HIA led to a better decision than otherwise might have been made (Mahoney & Durham, 2002).

References

1. Federation of Swedish County Councils. (1998) Focusing on Health. How can the health impact of policy decisions be assessed? Landstrings Forbundet & Svenska Kommunförbundet: Stockholm
2. Kemm, JR. (2000) Can Health Impact Assessment fulfil the expectations it

3. Mahoney M. & Durham G. (2002) Health Impact Assessment: a tool for policy development in Australia. Faculty of Behavioural and Health Sciences, Deakin University: Victoria
4. Nilunger L., Schafer Elinder L. & Pettersson B. (2002). Health Impact Assessment: screening of Swedish governmental inquiries. *Health Policy. Eurohealth*. Vol 8(5), Winter 2002/2003: 30-32
5. Scott-Samuel, Birley & Arden. (1998) The Merseyside Guidelines for Health Impact Assessment. Merseyside Health Impact Assessment Steering Group. Liverpool

Staying up to Date with HIA

Suggested Readings and Websites

Checkout the Welsh Health Impact Assessment Support Unit at

<http://www.whiasu.cf.ac.uk/index.html>

Something Old, Something New - Suggested Readings

Elliott E. & Williams G. (2002) Housing, Health and Well Being in Llangeinor, Garw Valley: A Health Impact Assessment. Cardiff University: Cardiff at

<http://www.whiasu.cardiff.ac.uk>

Nilunger L., Schafer Elinder L. & Pettersson B. (2002). Health Impact Assessment: screening of Swedish governmental inquiries. *Health Policy. Eurohealth*. Vol 8(5), Winter 2002/2003: 30-32.

Federation of Swedish County Councils. (1998) Focusing on Health. How can the health impact of policy decisions be assessed? Landstrings Forbundet & Svenska Kommunförbundet: Stockholm at

<http://www.lf.se>

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.



www.hiagateway.org.uk

Health Inequalities Impact Assessment

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also make recommendations for the application of HIIA in non-health sectors.

The project commenced in September 2002 and the team is halfway through the first phase of the project. The objective of this stage is to develop a framework that can be used to evaluate the extent to which policy, service or planning decisions have the potential to increase or decrease health inequalities. A literature search undertaken as part of Phase 1 identified only a few examples or models of an explicit equity focus process within HIA have been found or referred to. This also applies to searches within the non-health sector literature. The existing models will be used to help develop an innovative, appropriate and effective means of deriving evidence for decision-making that adequately addresses the effect of existing health inequalities.

As part of the project five case studies will test a range of methodological approaches for HIIA.

1. The **NZ Ministry of Health** will subject its "Healthy Eating: Healthy Action" policy (strategies for action around nutrition, physical activity and obesity) to an HIIA. The policy was written from a health inequalities perspective with particular reference to Maori health. This case study will also assess the health inequalities impact of the implementation of the strategy, particularly on the Maori community, as it is being implemented.
2. The **Royal Australasian College of Physicians (RACP)** will determine the impact the proposed "support scheme for rural specialists" might have, if any, on addressing health inequalities in the rural population. Therefore, this case study will involve prospective, equity modelling. This assessment will form part of a larger review that the RACP will be conducting of the program.
3. An **NHMRC clinical practice guideline**, Dietary Guidelines for Older Australians will be subjected to HIIA, to determine the extent to which the guideline has potential to narrow or widen the gap between the relatively health advantaged and disadvantaged in the community. Thus, the case

study will use retrospective analysis of the impact of the guidelines and will have the potential to include a population modelling component.

4. **Health promotion projects** already funded by **ACT Health** will be analysed retrospectively for the potential of those projects to increase or decrease health inequalities. HIIA will provide information that will allow the projects to be ranked according to their potential capacity to increase or decrease health inequalities. This will be compared to the established method used to decide funding, and to determine whether HIIA has added anything to the funding decision making process. While the review will involve a retrospective analysis of already funded projects, the process has the potential to be used for prospective or concurrent competitive funding decision-making.
5. An HIIA of the **John Hunter Hospital's (Newcastle) cardiac rehabilitation program** will evaluate data on compliance, withdrawal and non-users of the program to explore how socioeconomic status impacts on patients' use of and benefit from the program. The investigation will also involve focus groups and interviews with stakeholders and identify the degree to which the cardiac rehabilitation program is meeting its stated aims for participants, regardless of socio-economic status.

A collaboration of international experts and national stakeholders (UK, Canada, New Zealand) has been established as part of the project to bring together expertise in this area.

For further information on the HIIA project please contact Ms Julie Brookes, Project Manager, Newcastle Institute of Public Health at julie.brookes@newcastle.edu.au