

## Integrating Health Impact Assessment into the Triple Bottom Line

by Mary Mahoney & Jenny-Lynn Potter  
Deakin University

**The Commonwealth Department of Ageing funded Mary Mahoney to undertake a theoretical study on the links between the Triple Bottom Line (TBL) concept and the principles of HIA. The following is a report on the results of this study.**

The Commonwealth study on the links between the TBL concept and the principles of HIA, considered the potential role that HIA can play in providing a mechanism for integrating health concerns within the broader agenda of government and business.

Triple Bottom Line is a framework or organising principle that underpins and provides a way of reviewing and reporting on the environmental, economic and social performance of organisations. It is linked to the broader sustainability agenda. In its simplest form it acts as a tool for reporting to stakeholders and/or shareholders on an organisation's performance and on the nature of the impacts they have had in the past year. It is operating at a fairly simple level in most organisations at this stage, particularly

because it is easier to account for economic and environmental performance than social performance. Many people argue that there is also a fourth bottom line – cultural reporting.

Triple Bottom Line is increasingly being used by governments as a way of accounting for their performance and framing up future planning and policy developments. The links between TBL and HIA are clear as both seek to determine the impact (potential and actual) on the health and well-being of the population. This study explored the current levels of application of TBL within Australian organisations and the role (if any) that health played in their considerations.

Qualitative interviews with 14 key policymakers and researchers, an international literature review and three case studies of organisations integrating TBL, were undertaken during the study. Several major reports on TBL had recently been completed for government and industry and these assisted in providing a comprehensive background to the application of TBL within Australia.

The results of the study indicated that TBL is operating at four levels within organisations ranging from simple reporting through to full integration within an organisations goals and practices. It found that health is narrowly defined and that there are tensions about how to undertake the social accountability

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# Integrating Health Impact Assessment into the Triple Bottom Line

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functions that are embedded in the principles of TBL. The study also identified the potential role that HIA can play within broader policy and accountability agendas. As health is one of the main outcomes of an organisation's activities it needs to be taken into account at all levels of its activity.

*“Triple Bottom Line is increasingly being used by governments as a way of accounting for their performance and framing up future planning and policy developments.”*

HIA has a great deal to offer organisations, both large and small, business or government, who are struggling to come to terms with how impacts can be assessed.

The report will be released in the next month and will be available on the Deakin University HIA website at

<http://www.hbs.deakin.edu.au/HealthSci/Research/HIA>

Further information can be obtained by contacting Mary Mahoney at [marym@deakin.edu.au](mailto:marym@deakin.edu.au)

## Welcome!

Welcome to the fourth 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).

To find out more about the NSW HIA project please contact Sarah by e-mail at [sarah.simpson@swsahs.nsw.gov.au](mailto:sarah.simpson@swsahs.nsw.gov.au)

### Future Editions

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

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](mailto:sarah.simpson@swsahs.nsw.gov.au)

### Editorial Panel

**Liz Harris, Sarah Simpson & Ben Harris-Roxas**

Centre for Health Equity Training Research and Evaluation (CHETRE)

### Contributors

**Mary Mahoney, Jessica McCormick & Jenny-Lynn Potter** Deakin University

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

**NSW HEALTH**  
Working as a Team

## 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:

### What are the key steps in a health impact assessment?

The following outline of the key steps in HIA is based on a review of a range of guidelines for HIA that are referenced at the end of this article. We recommend that readers review these references for more detail about each of the steps in a HIA.

Although, the methods used for each health impact assessment will be exactly the same, there are five steps that need to be undertaken as part of an HIA:

1. Screening
2. Scoping,
3. Assessment of the potential health impacts
4. Negotiation and decision making,
5. Evaluation and monitoring

These five steps do not have to be undertaken in the same way and different policies, programs and projects will require different methods as part of each step – the “socket set” approach (Mahoney, April 2003a). However, it is essential that these five steps are undertaken as part of any health impact assessment – the steps “define” the process as an impact assessment.

#### 1. Screening

The screening step identifies whether a HIA is required? One of the issues that should inform if a HIA is under-

taken is establishing whether an organisation will act on the results. There is little to be gained in undertaking a HIA of a proposal if there is no commitment to acting on the results. Other issues to consider as part of the screening step include:

- What scope is there to ameliorate negative and enhance positive health impacts?
- Size and significance of the policy/program/project
- Is there significant funding attached to the proposal?
- Are there known/obvious impacts (eg. a landfill site next to housing)?
- Is this proposal preceded by several other initiatives in the same community and may have a cumulative effect? For example, have there been other initiatives to address social disadvantage that have had unintended negative health impacts that may be further compounded by the new proposal.
- What’s the reach of the proposal – who and how many groups of people is it likely to affect?

#### 2. Scoping

***Attention to detail at this stage is vital.***

**(Mahoney, 2003b)**

Once it is agreed that an HIA needs to be undertaken, the following decisions need to be made as part of scoping the HIA:

- Should the HIA be mini (eg. desktop), rapid or full?
- Will it have a broad or tight focus? What is the definition of “health” being used?
- Should the HIA be undertaken inter

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## What are the Key Steps in a Health Impact Assessment?

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nally or externally

- What evidence is available? What counts as “evidence” – qualitative and/or quantitative?
  - Which stakeholders will be engaged and how? Rapid HIAs can still include consumer and community input, it is just a case of using a more rapid approach for collection of the information. The time taken to undertake the HIA (rapid or full) should not preclude community and consumer input about potential health impacts. Democracy and/or community/consumer involvement is an important principle of the HIA process.
- Establishing the steering committee/reference group and terms of reference
- Establish whether scenarios should be used to identify different impacts resulting from different options
- Agree on the criteria for negotiation and decision-making
- Establish a timeframe
- Establish how the results will be communicated to the different stakeholders – is there an approval process.

### 3. Assessment of the potential health impacts

This step is actually about doing the health impact assessment – identification, measurement and appraisal of potential health impacts. It includes collecting the evidence of potential health impacts by undertaking a literature review and qualitative and/or quantitative research to identify and measure health impacts. As part of this step, the HIA team might use different scenarios to identify the different potential health impacts for each scenario. This step would include community and/or consumer consultations or a survey if this type of evidence is being collected. Appraising the identified potential health impacts involves ranking them in terms of nature, size and how measurable and then ranking identified potential health impacts in terms of risk of the impact occurring – definite, probable or speculative (Mahoney, 2003b).

### 4. Negotiation and decision-making

Using the criteria and process agreed to in the scoping step, this step includes identification of trade offs and the assumptions on which decisions and recommendations are based. This step should result in the development of recommendations for acting on the results of the HIA.

### 5. Evaluation and monitoring

The fifth and final step in a health impact assessment is to evaluate whether the process for the HIA was followed, to evaluate if the recommendations of the HIA have been implemented and to evaluate if the potential health impacts actually eventuated (using an independent evaluator). To evaluate if the potential health impacts actually occur, it will be necessary to set up a system for monitoring health impacts from the proposal.

### References

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- Mahoney, Mary & Durham, Gillian. (2002) Health Impact Assessment: a tool for policy development in Australia. Deakin University: Victoria.
- Scott-Samuel, Birley & Arden. (1998) The Merseyside Guidelines for Health Impact Assessment. Merseyside Health Impact Assessment Steering Group. Liverpool Public Health Observatory: Liverpool.

# Reflections on HIA within Indigenous Strategy Development

by *Jessica McCormick*  
*Deakin University*

It is only in recent years, that people have come to understand the impact of policies on the health and wellbeing of Indigenous Australians and how the devastating consequences of some policies continue to touch the lives of many Indigenous communities. Family violence within Indigenous communities is widespread and the Victorian government has been working with Indigenous communities to develop a 'whole-of-government' strategy for policies that are driven by the community's needs (Department of Human Services, 2002). The Victorian Government, in their outlined commitment to 'confront, challenge and address the issue of family violence within Victoria's Indigenous communities' has recognised that the solutions to problems lie within Indigenous communities themselves, and have sought to establish real partnerships in the development of this unique strategy which aspires to achieve best practice policy making (Department of Human Services, 2002).

This research project focused on one way of avoiding the problems of the past, by recommending that the policies developed within the Victorian Indigenous Family Violence Strategy be subjected to some form of scrutiny for their potential impacts. Health impact assessment provides a mechanism for doing this being highly consultative and prospective in nature.

As a collaborative venture between the Victorian Department of Human Services and Deakin University, the project 'Health Impact Assessment:

Development of a specific tool to identify and analyse the health impacts of a current Indigenous family violence initiative' was undertaken in 2002. It sought to explore the feasibility of considering health impacts of policy within this area of government – an area which has clearly defined links to health and inequality. Research shows that health impacts have not been traditionally considered during the development processes of policies or strategies such as this one. The second goal of the study was to negotiate the development of a prospective rapid HIA tool that would be appropriate to the Australian policy and Indigenous contexts.

An exploratory research methodology was utilised and whilst rapid HIA tools do exist internationally and have been applied to a range of settings and areas of investigation, they required modification to suit the local cultural and social conditions. As such a series of interviews with key stakeholders in the Indigenous community and individuals with expertise in HIA and policy development procedures were conducted. Combined with a thorough interrogation of the literature, it was concluded that HIA could offer a great deal to the development of the Strategy. A rapid Health and Well-being Impact Assessment tool was subsequently developed and recommendations were made for its use to ensure that the health consequences were identified, understood and utilised within the proposed strategy. The RHWIA tool seeks to ensure that this Strategy works for the positive enhancement of Indigenous health and well-being at individual and community levels and does not

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contribute to the legacy of past injustices experienced by Aboriginal people as a result of previous poor policy development processes.

Whether the tool is effective or even utilised was not the subject of the study. The tool was given to the Task Force for their consideration. The study raised interesting questions about whether it was possible to develop a tool for inclusion in what is largely an Indigenous strategy. HIA is grounded in 'western' views of research, with much of the HIA research to date arising out of academia and embedded within western ideologies of health. These may run counter to Indigenous philosophies. It was concluded that despite the complexities and sensitivities, HIA has the potential to make a valuable contribution to the development of the Indigenous Family Violence Strategy. It also contributes to our understanding of the application of HIA to broader sector policies, especially those linked to individuals and communities known to suffer considerable inequalities and inequities.

For more information about this project please contact Jessica McCormick by email at: [jessica@deakin.edu.au](mailto:jessica@deakin.edu.au)

### References

Department of Human Services (2002) Framework for the Development of The Victorian Indigenous Family Violence Strategy, Aboriginal Affairs Victoria: Melbourne, 2002.

## Staying up to Date with HIA

### Suggested Readings and Websites

Check out the HIA Research Unit at the University of Birmingham at <http://www.publichealth.bham.ac.uk/hiaru/index.htm>

including the simple guide to using HIA to make better decisions.

### Something Old, Something New - Suggested Readings

Scott-Samuel, Birley & Arden. (1998) The Merseyside Guidelines for Health Impact Assessment. Merseyside Health Impact Assessment Steering Group. Liverpool Public Health Observatory: Liverpool.

M Petticrew and H Roberts. (2003) Evidence, hierarchies, and typologies: horses for courses. *Journal of Epidemiology and Community Health* 2003; 57: 527-529.

## 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](http://www.hiagateway.org.uk)