

# NSW HEALTH IMPACT ASSESSMENT PROJECT

## E-News

## Getting Health on the Map

### Health & Social Impact Assessment of the Draft South East Queensland Regional Plan

#### Background to the Proposal

Queensland Health is undertaking a HIA on the *Draft South East Queensland Regional Plan* (2004) in conjunction with the South East Queensland Regional Organisation of Councils, the Department of Communities and the Department of Local Government and Planning. The plan aims to manage projected high population growth in South East Queensland (SEQ) in order to protect and enhance local quality of life and sustainability. It outlines a series of "urban footprints" for development within the region and establishes a preferred settlement pattern, encouraging population growth in the western corridor and higher population densities in certain areas. The plan will have a legislative basis from June 2005 and will represent an agreed State Government vision on the future of SEQ.

#### Health's Interest

Queensland Health has two key interests in the anticipated population growth in SEQ, and the changes expected as a result of the preferred settlement pattern of the regional plan:

- a focus on health promotion and the key determinants of health, and
- planning for provision of efficient and effective health services.

A collaborative approach has been adopted with Queensland Health working with other State and local government agencies. This has resulted in a partnership approach to health and social impact assessment to consider the resultant predicted physical and social effect on health status from the South East Queensland Regional Plan Preferred Settlement Plan.

#### Why Health & Social Impact Assessment?

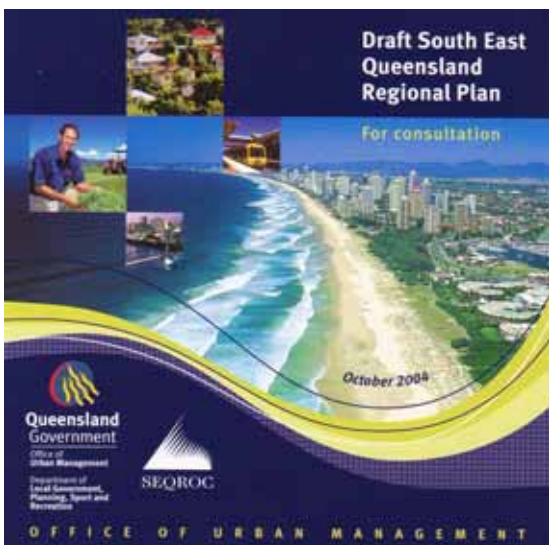
Within this context HIA offers an opportunity to support the development and maintenance of sustainable communities; predict, reduce or avoid potential health impacts; and inform accountable decision-making. Identifying health impacts allows for the promotion and protection of the health of the community through determining and evaluating both the potential positive and negative impacts of an initiative. Recognition of the importance of determinants of health and wellbeing (such as social support networks, income and social status and physical environments) resulted in use of a combined HIA/SIA methodology.

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by Kate Copeland,  
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The Draft South East Queensland  
Regional Plan

## Inside

**IAIA Conference**  
25<sup>th</sup> International  
Association for Impact  
Assessment  
Conference

**HIA in Policy  
Coordination**  
Research on the Role &  
Management of HIA in  
the Netherlands

**New Resources**  
New Material on HIA

#### Key stakeholders for the HSIA include:

- Queensland Health's Public Health Services,
- South East Queensland Regional Organisation of Council (SEQROC) Community Planning group,
- Department of Communities' Strategic Policy Directorate and Office of Urban Management, within Department of Local Government and Planning.

Key stakeholders include Queensland Health's Public Health Services, South East Queensland Regional Organisation of Council (SEQROC) Community Planning group, Department of Communities' Strategic Policy Directorate and Office of Urban Management, within Department of Local Government and Planning.

Expertise from State and local government departments, non government agencies and academic institutions has also been involved in the process to provide the most innovative and appropriate recommendations for the health and well being of South East Queensland residents.

#### Issues

Enhancing the quality of information used for decision making and increasing the capacity of government agencies to undertake relevant assessments provides a significant contribution to the development of government policy.

Use of a partnership approach to Health and Social Impact Assessment provides opportunities to enhance the positive impacts from the Regional Plan, inform decision-making and mitigate against potential negative health and social impacts. Access to health services is a major social and economic asset to communities and the regional plan

provides opportunity for planning for future health services.

During the public consultation phase (October 2004 to February 2005), a wide range of expertise was accessed through workshops and consultation to undertake a scoping study, and a rapid impact assessment. Participation by representations from the National Heart Foundation allowed the dissemination of relevant materials such as *Healthy by Design: a planners' guide to environments for active living* to planners working on the SEQ Regional Plan. The information from this phase was collated in the resultant *Summary Workshop Report* (QH, 2005) which was disseminated to all participants, and provided background for various submissions to the Office of Urban Management.

The second phase of the project is now underway to undertake a more comprehensive assessment of potential health and social impacts of the draft South East Queensland Regional Plan.

#### Findings to Date

Some dominant influences on health and wellbeing were identified from the initial scoping of the South East Queensland Regional plan. These included connectivity and local identity; social inclusion and community diversity; accessibility

## NSW HIA E-News

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### Disclaimer

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

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through linked service delivery, transport planning and employment; and public health considerations.

Examination of strategies in the Draft Plan that would be most influential in driving health and wellbeing outcomes, included but are not limited to urban design of local areas and centres, transport corridors, housing affordability, and employment and education



### The South East Queensland Regional Plan 2005-2026

By the end of June 2005 the project will have:

- Completed a review of relevant literature about Health and Social Impact Assessment, as it applies to the draft South East Queensland Regional Plan
- Prepared a comparative analysis of the baseline demographic projections and the projections

created by the preferred settlement pattern

- Developed a list of issues for health and social impact assessment, together with recommendations and guidelines for local health impact assessments for the South East Queensland Region
- Provided a mechanism for increased involvement by Queensland Health and other stakeholders in the development of supporting policy documents, such as the South East Queensland Infrastructure Plan and Program (2005-2026).

### Further Information

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### References

National Heart Foundation of Australia, Victoria Division, (June 2004): *Healthy by Design: a planners' guide to environments for active living.*

Queensland Government, Office of Urban Management (October 2004): *Draft South East Queensland Regional Plan -for consultation October 2004.*

Queensland Government, Queensland Health (February 2005): *Potential Health and Social Impacts of the Draft SEQ Regional Plan Preferred Settlement Pattern - Summary Workshop Report.* (Unpublished)

## HIA E-NEWS

Issue 13  
July  
2005

## In Our Next Issue The 2005 Developmental HIA Sites

The 2005 developmental HIA sites have been selected. In our next issue we'll profile the sites and detail the HIAs they're undertaking.



The 2004 Developmental Sites

by Ben Harris-Roxas  
CHETRE

Key capacity-building challenges identified included:

- Strengthening internal leadership and external advocacy for HIA
- Building experience in undertaking HIA
- Developing guidance on how to undertake HIA
- Ensuring that approaches are contextually appropriate

HIA was also seen to have ancillary benefits in:

- Improving governance
- Increasing transparency in decision-making
- Creating healthy public policy

## IAIA Conference 2005 25<sup>th</sup> International Association for Impact Assessment Conference, Boston

The 25<sup>th</sup> International Association for Impact Assessment Conference was held in Boston in June this year.. A wide range of impact assessment related topics were covered, ranging from HIA to strategic environmental assessment, and presenters came from more than 60 countries. Some of the conference highlights are described in the following pages.



Photo: Ben Harris-Roxas

Yangong Inmuong from Mahasarakham University talking on the health impacts of Thai Water Policy Reform

### Capacity to Undertake HIA: A Global Challenge?

Creating the conditions and capacity for HIA to be undertaken was a recurrent theme at this year's conference.

Leadership was identified as crucial element in gaining wider acceptance for the use of HIA. Internal champions, as well as external advocates, have played an important role in creating the impetus for the use of HIA in several countries.

Internal experience in undertaking HIA was also regarded as a key component in building capacity, to ensure that there is a group of people conversant with how HIAs are undertaken and to minimise dependence on external consultants. Guidance on how to undertake HIA was also identified as being an important area for development.

All speakers identified the need for capacity building activities to be contextually appropriate. What worked in one place won't necessarily address the capacity requirements of another.

HIA was also identified as having important ancillary benefits in improving governance through increasing transparency in decision-making and creating healthy public policy.

### Conference Information

Includes Abstracts Volume

[http://www.iaia.org/Non\\_Members/Conference/IAIA05/IAIA05\\_Main\\_Page.htm](http://www.iaia.org/Non_Members/Conference/IAIA05/IAIA05_Main_Page.htm)

### Related Presentations

S Nuntaworakarn, D Sukkumnoed. *Analyzing Public Policy Processes: The Roadmap for HIA Struggling in Thai Policy Arenas*, p 86 (in abstracts volume).

P Furu et al. *The Process of Health Impact Assessment Capacity Building and Policy Reform in Lao PDR*, p 26.

R Quigley et al. *Introducing Policy-Level HIA to New Zealand*, p 26.

B Harris-Roxas et al. *Embedding Assessment: An Applied Approach to HIA*, p 27.



The Charles River, Boston

Photo: Ben Harris-Roxas

## Debate

### The Accreditation of Impact Assessors

A lively debate was held on the issue of whether the IAIA should implement an accreditation program for impact assessment practitioners.

Two issues arose as being key to the debate - quality and the broader contribution of impact assessment to decision-making. Many present felt

that impact assessment faces a turning point in gaining broader acceptance and that accreditation will provide a way forward.

The attendees narrowly voted against accreditation, though the issue is sure to be raised again in the future.

#### Points For

- Lack of robust standards for impact assessments
- After 25 years of undertaking impact assessment we know what constitutes good practice
- Impact assessors are increasingly looking at cross-national impacts, suggesting a need for international accreditation
- There are unscrupulous operators undertaking impact assessments
- Accreditation of EIA practitioners is already occurring in some countries, e.g. South Africa

#### Points Against

- There is a lack of documented failures of the current unregulated approach
- Does accreditation equate with a guarantee of competence and does this have legal ramifications?
- Who will be excluded from accreditation and why?
- What will be the tangible benefits of accreditation for members?
- What difference will it make to the way impact assessments are conducted?

## Impact Assessment Awards HIA's Contribution to Impact Assessment

Health Impact Assessment practitioners were recognised with two awards at the IAIA conference.

#### Erica Ison

Erica was awarded the IAIA Individual Award for her work in developing methods for HIA's use on the ground, such as the *Resource for HIA* ([chetre.med.unsw.edu.au/hia/resource\\_for\\_hia.htm](http://chetre.med.unsw.edu.au/hia/resource_for_hia.htm)).



Erica Ison receiving the 2005 IAIA Individual Award



Sombat Haesakul accepting the IAIA Institutional Award on behalf of the Health Systems Research Institute

#### Health Systems Research Institute (HSRI), Thailand

The HSRI received the IAIA Institutional Award in recognition for their work in developing capacity and a contextually-specific conceptual model for HIA. Since 2001 the HSRI has been involved in more than 20 HIAs. See [www.hpp-hia.or.th](http://www.hpp-hia.or.th)

HIA practitioners received two of this year's International Association for Impact Assessment Awards

by Marleen Bekker  
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*“HIA should be regarded as a tool to support such [policy] coordination, rather than being the change agent itself.”*

## HIA in Policy Coordination Research on the Role & Management of HIA in the Netherlands

I am currently undertaking my PhD on the impact of HIA on the policy content and the policy-making process. As part of developing a “tool kit” on HIA and policy coordination I have completed three case studies on the use of HIA in the Netherlands:

- HIA on Dutch national Housing policy;
- an environmental HIA on a local reconstruction plan; and
- a control case of occupational health for which the ministries of Health and of Social Affairs cooperate without HIA involved.

These case studies suggest that, although HIA is policy-relevant research and seeks to influence policy actors rather than the scientific community, the action orientation underlying HIA is fundamentally different from that of policy-making. For HIA to become successful in influencing policy, I have found that the commissioners of HIA (in the Netherlands these are often civil servants on behalf of the minister or alderman of Public Health) need more assistance on how to coordinate policies, intentions and sources of information from different sectors. In addition, I have found that HIA should be regarded as a tool to support such coordination, rather than being the change agent itself.

“Boundary work” plays an important role in managing HIA as a tool to support policy coordination. Boundary work refers to the scoping of the HIA in negotiation with the potential users at an early stage, without compromising the integrity of the information and recommendations generated. Within the boundaries set by the commissioning party and relevant stakeholders, researchers may advise the policy coordinator at multiple moments in time and in different forms.

At the moment I am observing the process management and management of HIA in relation to a HIA of the Dutch national covenant on Overweight. Stakeholders involved are the ministry of Public Health & ministry of Education, business peak bodies, health insurance & sports organisations. The HIA itself is being performed by Lennert Veerman.

The tool kit on policy coordination through process management and boundary work will be tested in two simulations of local decision-making by the end of 2005. The simulation will be based on a real-life case and will involve the potential users of my research: researchers and practitioners of HIA, and policy-makers and civil servants.

This is a brief update on my work. The dissertation is due at the end of 2006. I welcome any questions, suggestions or comments you may have!

### New Resources

#### Journal Articles

J Wright, J Parry, E Scully. *Institutionalizing Policy-Level Health Impact Assessment in Europe*, Bulletin of the World Health Organization 83(6): 472-477, 2005.

G Morgan. *A Health Impact Assessment of Increased Aspirin Use in Wales*, Public Health 119(8): 734-737, 2005.

#### Websites

##### HIA Connect

<http://chetre.med.unsw.edu.au/hia>

##### IMPACT: International HIA Consortium

<http://www.ihia.org.uk>

##### The HIA Gateway has moved:

<http://www.publichealth.nice.org.uk/hiagateway>