

NSW HEALTH IMPACT ASSESSMENT PROJECT

E-News

Be a Developmental Site! The 2006 Call for Developmental HIA Sites

The call for the next round of developmental HIA sites has recently gone out. We'd like to invite our readers in New South Wales to consider applying to be a developmental site

This round of eight developmental HIA sites receive training and support to undertake HIAs on real-world proposals that are in development.

Submissions for the 2006 round of developmental sites are now being sought. A call for submissions has been sent to NSW Area Health Service Chief Executives and Branch and Centre Directors within the NSW Department of Health.

In addition to the developmental sites we are also offering a limited number of training places as part of the HIA leadership development

program. Participants in the program are involved in the training and participate on a developmental site's HIA steering committees. People interested in participating in the program are invited to submit a brief description of how they plan to use HIA in their organisation in the future.

If you'd like to find out more about being a developmental site or participating in the HIA leadership development program please contact the CHETRE HIA Project team on (02) 9828 6230. The HIA Connect website also has information on what's involved in being a developmental site, including application forms:

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

7th International HIA Conference Report Cardiff, 4-6 April 2006

When I grew up in the U.K. during the 1980's and 90's, Cardiff, the capital of Wales, had a reputation for being a rough, dead-end place, decimated by high unemployment caused by the closing of coal and other industries. While the rest of Wales was renowned for its natural beauty, Cardiff was to be avoided at all costs, glimpsed from the motorway if seen at all. So when I heard that the 7th International HIA conference was to be held in Cardiff, and that I was going, I was more than a little nervous. As it turned out however, these dark thoughts were entirely misplaced. As soon as we arrived, the taxi driver taking us to the hotel, past gleaming new



Photo: Jenny Hughes

Cardiff Coal Exchange

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By Patrick Harris

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“The conference itself brought up some very interesting areas for those interested in HIA in Australia and NSW to consider. One was evaluating the effectiveness of HIA. “

buildings, told us with pride how Cardiff had put its rough past behind it, reinventing itself as one of the UK's premier cities to live in and visit.

He wasn't wrong, and while there I recognised that Cardiff was in fact the perfect place to have the latest HIA conference. The capital city embodies Wales' regeneration as a healthy place to live, based on the legacy on health left by an industrial past. As the 2nd Minister for Health said at the conference dinner, reiterated by speakers at the conference, the Welsh government is

recognised as an effective tool, there needs to be a stronger loop between the assessment step and the monitoring and evaluation step. Interestingly this was reflected in the 'capacity building' session I presented in. Out of the four speakers only Professor Andrew Danenberg, reporting on developments in the U.S. via HIA case studies, referred to the impact of those HIAs on proposal development and decision making. Evaluation of HIA effectiveness is an area we can improve on in Australia



Photo: Patrick Harris

Joint meeting of the Welsh Health Impact Assessment Support Unit, Cardiff Institute of Society, Health and Ethics and representatives from the Welsh National Assembly, Canada, Welsh Local Government Authority, New South Wales Health Department and Deakin University

taking a 'twin-track' approach to health. One track refers to clinical services, the other to an agenda to improve health and reduce health inequalities. HIA is recognised as an important tool within this broader agenda.

The conference itself brought up some very interesting areas for those interested in HIA in Australia and NSW to consider. One was evaluating the effectiveness of HIA. The first keynote speaker, Professor Sally Macintyre from the Medical Research Council in Glasgow, threw down the evaluation and effectiveness gauntlet from the word go. While some delegates were concerned over Professor Macintyre's familiarity with HIA, her presentation did reasonably suggest that for HIA to become better

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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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(and are working on). However this is reflective of where HIA needs to improve internationally.

In recognition of this shortfall, the U.K. department of health has commissioned a cost benefit analysis of HIA. While the final report is yet to be released, Jacqueline O'Reilly of the York Health Economics Consortium, who are undertaking the analysis, presented on its methodology. The project builds on the process-impact-outcome framework, covering rapid and comprehensive HIAs across a broad range of subject areas as they are being conducted. Cost is based on time-sheets and wage rates of those involved and the stages in HIA. Benefits are threefold. Process benefits include community engagement and increased partnership working, the impact benefit (the primary benefit) is the impact benefit on informing and influencing the decision-making process, and the outcome benefit is the impact on public health. While the proof of the pudding will be in the final report, the project is a good example of how HIA can be evaluated. The report hopefully should help HIA move forward from the paralysing debate on the problems of conclusive causation. Let's follow this example and just get on with it!

Another regular that reared its head during the conference was where HIA sits in relation to other assessment processes, with Environmental Impact Assessment (EIA) the most talked about example. From the ensuing debates it became clear that a number of people see the future of HIA as part of EIA, although I noted many of these people worked for EIA consultancies. Others see HIA as a stand alone process, noticeably health professionals. I myself came away thinking that both are important, HIA as separate on some proposals, and on others within EIA as long as the HIA component is done effectively. The debate also raises other questions: Is this a golden opportunity for health to work intersectorally? Would this require

IMPLEMENTATION OF DIRECTIVE 2001/42 ON THE ASSESSMENT OF THE EFFECTS OF CERTAIN PLANS AND PROGRAMMES ON THE ENVIRONMENT		
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European Commission Guidance on the Implementation of the SEA Directive

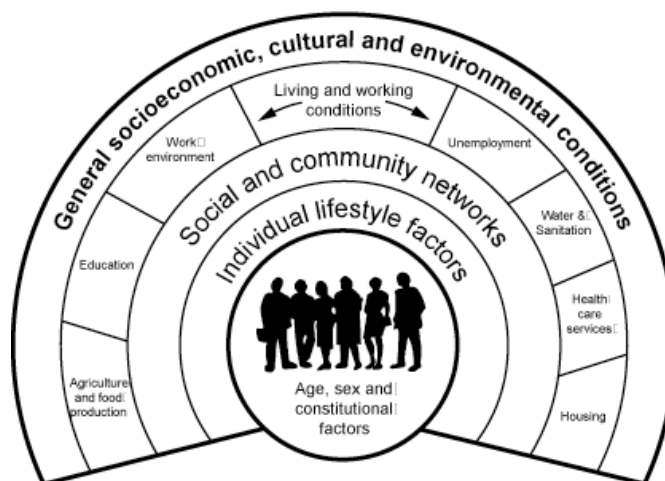
Available from <http://ec.europa.eu/comm/environment/eia/sea-support.htm>

further legislation that incorporates both a health protection and health promotion focus? Further discussion on this is warranted in NSW, particularly on planning and urban development issues.

What is occurring in Europe provides some useful insights. The recent Strategic Environmental Assessment (SEA) directive related to land-use planning from the European Union requires the consideration of the likely significant effects of a range of topics including population and human health into strategic spatial (which is replacing land-use) planning. In a plenary address on 'Integration, Planning and HIA', Ben Cave of Ben Cave Associates argued that SEA provides a golden opportunity for health to re-unite with planning, and for HIA to be a vehicle for this. Mr. Cave argued that HIA assists this intersectoral work while putting health on the planning agenda by encouraging action around shared definitions, concepts and language on health and health impacts. Later in the plenary, Hugh Barton from the University of the West of England added another bow to this debate. He argued that HIA should be part and parcel of an integrated approach to assessment, based on the concept of sustainability, the planning tool for which is a health map. Of interest

“Where does HIA sit in relation to other assessment processes, particularly Environmental Impact Assessment?”

was that this health map is based in the original determinants of health 'Rainbow' by Whitehead and Dahlgren. From a health professional's perspective, it is encouraging that planning appears to want to engage with health around a broad concept of health, although the required driver may be broad directive such as SEA.



The Determinants of Health

Source: Dahlgren G, Whitehead M. Policies and Strategies to Promote Social Equity in Health. Stockholm: Institute of Futures Studies, 1991.

There were also excellent presentations on actual HIAs and the lessons learnt from these. Of relevance to all HIA practitioners was the experience of a local HIA undertaken on a proposal to erect 367 wind turbines on the island of Lewis in the Outer Hebrides. Apart from the findings of the HIA - for example that much of the island's roads float on marshland, with implications for trucks carrying turbines reaching over 120m in height! – was the process of the HIA itself. This apparently took place without any level of capacity building or support for those who conducted the HIA. Problems beset the HIA from the outset. The lesson is that without some level of expertise and support, such HIAs have the potential to be fraught with difficulties.

One other notable presentation was Mary Mahoney's plenary

on Healthy Public Policy in Victoria. Mary talked candidly about the challenges and achievements of her work on HIA in Victoria, and produced the 'piece de resistance' of the whole conference, a short film of cowboys 'herding cats'. The ensuing mirth reflected how well this resonated with the work of many, including us in NSW, in the audience.

To conclude, a comparison of HIA in Australia and NSW to other countries is useful. Pleasingly our work appears to be in sync with HIA as it has been developed and is developing in other countries. However, we are also in a strong position to strengthen HIA internationally based on our current work. For example our work in NSW with planning will provide useful lessons for all. We also may be in a useful position to

strengthen the evaluative component of HIA while we are embedding HIA in the system rather retrospectively or as an afterthought.

Oh and one last thought. Anyone planning on going to Wales or the UK on holiday, I recommend you spend a few days in Cardiff!



Photo: Stuart Page

Wales Millennium Centre, Cardiff Bay

Health Impact Assessment in San Francisco

Eastern Neighborhoods Community HIA

Like many metropolitan areas, San Francisco must contend with multiple, and often competing, interests and needs as it makes decisions regarding economic and land use development. Ideally, City decisions will strike the right balance among social, economic, and environmental interests. However, despite the complementary goals of urban planning and public health, health considerations are typically left off of the scales. In our region, growth and development might productively respond to several human and social needs including those for higher quality and more affordable housing, for complete neighborhoods with essential public and retail services and quality pedestrian environments, and for greater social integration and equity. Public health has an important role in calling out the health benefits of these decisions.

Conducting a health impact assessment of development policies is feasible and supports a more successful balance of interests. In understanding this, the San Francisco Department of Public Health initiated a multi-stakeholder HIA of a development process occurring in the City. The Eastern Neighborhoods Community Health Impact Assessment (ENCHIA), facilitated and staffed by SFDPH, is guided by a Community Council of over 20 diverse organizations.

ENCHIA reflects growing scientific understanding that optimal health must be achieved through healthful neighborhood conditions including adequate housing; access to public transit, schools, parks and public spaces; safe routes for pedestrians and bicyclists; meaningful and productive employment; unpolluted air, soil, and water; and, cooperation, trust, and civic participation.

Throughout the 18-month long process, ENCHIA produced a vision of a healthy San Francisco, developed community health planning objectives to reflect that vision, identified measurable indicators for those objectives, produced data and maps to assess how the City was doing with respect to that vision, and researched urban development policies to advance that vision. The experience and research of ENCHIA is now being integrated into a *Healthy Development Measurement Tool*, an



ENCHIA Community Council members describe a healthy neighbourhood

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“The fact that HIA is being discussed at a political level at all is something of an encouraging development, illustrating that it’s on US decision-makers’ radars in some form.”

Photo: Lili Farhang

evidence-based support tool for healthy planning and policy-making. The Tool includes: 22 community health objectives; indicators for each of those objectives; baseline data for each indicator; development targets to provide specific planning criteria to advance community health

We also acknowledge the tremendous difficulty to integrating multiple community issues through one assessment process and to asking groups to set aside individual interests for a collective agenda. Given public health's limited mandate and power in the land use



Eastern Neighbourhoods Community HIA Participants

objectives; and, evidence-based health justifications that provide a rationale for why achieving each target would improve human health. The Tool is currently undergoing technical review by local agencies and national experts. Following pilot testing, participants envision that the *Tool* can be used constructively in comprehensive planning, in plan and project review, and in agency specific planning and budgeting.

We have observed that ENCHIA has increased the understanding of human health impacts of development among participants, resulted in the use of public health rhetoric and evidence in public policy dialogues and debates, supported new working relationships among stakeholders with complementary interests, and broadened the horizons of a government agency. Several City policy-makers have subsequently incorporated health considerations in their decisions.

Some interest groups have opposed the process fearing new regulations.

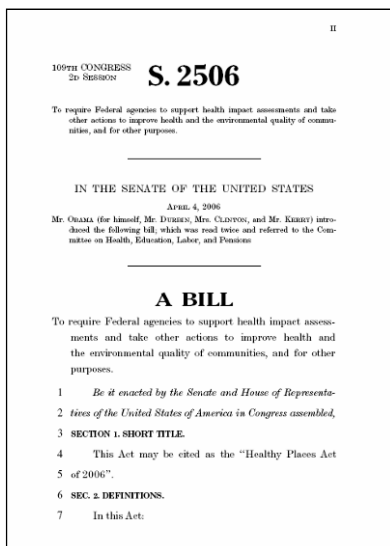
arena, we are also conscious that we are often in positions similar to those of interest groups.

Nevertheless, this HIA reflects the first example of a comprehensive health impact assessment of land use planning in the United States. We feel successful in completing the process, maintaining stakeholder participation, and adapting and responding to challenges raised along the way. Today, as we prepare to apply the *Healthy Development Measurement Tool* to other planning contexts, we see this work as a reflection of the state of the field – a clear need for tools and methods to assess health in land use planning. We also believe this experience reflects the call for comprehensive health and social assessment, which has long been unheeded by many government agencies.

Healthy PLACES Act

United States Bill Calls for Voluntary Health Impact Assessments

United States senators Barack Obama and Hilda Solis recently introduced the *Healthy PLACES (Priorities for Living Actively in Community Environments) Act* as part of the American Public Health Association's *Designing Healthy Communities, Raising Healthy Kids* week. The bill's focus is on improving urban and environmental design in order to prevent chronic disease and promote physical activity.



Healthy PLACES Act

The bill includes measures aimed at supporting the voluntary use of HIA:

The bill would establish a program to support voluntary Health Impact Assessments (HIA). States and communities could conduct HIAs to assess the effect of major policy or programmatic changes on the health of the community.

Source: http://www.apha.org/nphw/2006/pg_newsletter_4-4-06.htm

There is, of course, a huge gap (and a lot of negotiation) between a bill being introduced to the US Congress and it being passed. The bill has currently been referred to the

Committee on Health, Education, Labor, and Pensions. It's probably important that we, as HIA advocates, don't get our hopes up - most bills in the US Congress never make it out of committee.

The fact that HIA is being discussed at a political level at all is something of an encouraging development, illustrating that it is on US decision-makers' radars in some form.

For more information on the Healthy PLACES Act:

The Orator

A copy of the bill

<http://www.theorator.com/bills109/hr5088.html>

The Hill

An opinion/editorial piece on the bill

http://www.thehill.com/thehill/export/TheHill/Comment/OpEd/040506_oped1.html

GovTrack

Track the bill's progress

<http://www.govtrack.us/congress/bill.xpd?bill=s109-2506>



United States Congress

Photo: bport

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HIA Blog Building Capacity to

The HIA project team has established a weblog on health impact assessment. The blog is primarily intended as a mechanism to encourage information sharing between HIA practitioners, including the NSW developmental sites which are being undertaken as part of the NSW Health Impact Assessment Project.



HIA Connect Blog chetre.med.unsw.edu.au/hia

Many of you may be wondering how a blog is different from a conventional website. Firstly, blogs are easier to update. It's much easier for us to update quickly is far easier than uploading it to HIA Connect.

Secondly and more importantly, blogs allow users like you to interact to a greater degree. You can post comments and other users can respond to what you say. You can also include hyperlinks to material you've found or just give your opinion on what has been written.

We hope that the blog will be more about what users want to say than just what we want to write about. So go on - take a look!

New Resources What's New in HIA?

Journal Watch

Davenport C, Mathers J, Parry J. (2006) *Use of Health Impact Assessment in Incorporating Health Considerations in Decision Making*, Journal of Epidemiology and Community Health, 60, p 196-201. doi:10.1136/jech.2005.040105.

Gaulda R, Bloomfield A, Kiro C, Lavis J and Ross S (2006) *Conceptions and Uses of Public Health Ideas by New Zealand Government Policymakers: Report on a five-agency survey*, Public Health, 120(4), p 283-289. doi:10.1016/j.puhe.2005.10.008.

Noble B and Bronson J (2006) *Practitioner Survey of the State of Health Integration in Environmental Assessment: The case of northern Canada*, Environmental Impact Assessment Review, 26(4), p 410-424. doi:10.1016/j.eiar.2005.11.001.

Snell T and Cowell R (2006) *Scoping in Environmental Impact Assessment: Balancing precaution and efficiency?*, Environmental Impact Assessment Review, 26(4), p 359-376. doi:10.1016/j.eiar.2005.06.003.

Williams WR (2006) *A Health Impact Assessment of Increased Aspirin use in Wales (Letter)*, Public Health, 120 (5), p 480. doi:10.1016/j.puhe.2005.12.007.

Websites

HIA Wiki

www.healthimpactassessment.info

News

Following NICE's decision to no longer support the HIA Gateway it has moved back to its original address:

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