

Evaluation of Phase Three
of the New South Wales
Health Impact Assessment Project

Summary Report

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1. Introduction

The New South Wales Phase 3 Project

The Centre for Health Equity Training, Research and Evaluation (CHETRE), University of New South Wales, contracted Quigley and Watts Ltd to undertake an evaluation of the implementation of Phase 3 of the New South Wales Health Impact Assessment Project (the project). The project was led by CHETRE and funded by NSW Health.

The purpose of the project was to integrate Health Impact Assessment (HIA) into the NSW health system as a tool to improve internal planning and decision making, to build capacity within the health system and as a way to engage external partners on initiatives which influence health outcomes.

The aims of Phase 3 included:

- leading and facilitating opportunities for debate and learning about HIA that can add value to the health system
- embedding the capacity of the health system to undertake HIA
- identifying and fostering key stakeholders within the health system to provide leadership and to embed HIA into current planning and decision making processes
- developing and maintaining up-to-date and relevant resources to support the impact and sustainability of the NSW HIA project
- facilitating intersectoral collaboration with external partners regarding HIA
- building on the “learning-by-doing” approach developed in Phase 2 through supporting up to 16 more HIA sites over the three year project.

It was anticipated that the activities described above would be delivered through the following five capacity building domains and that improvement in capacity in these areas would be seen as key outcomes of the NSW HIA project.

- Organisational development
- Workforce development
- Resources development
- Leadership
- Partnerships

2. Purpose and Aims

The purpose of this summary report is to provide an overview of the key findings of an evaluation of the NSW HIA Phase 3 project. The report is guided by five key questions from the original tender specifications. The evaluation of the case studies and key informant interviews is reported in accordance with these key questions, as follows:

- i. what has phase 3 of the NSW HIA project achieved in relation to original tender specifications; at what organisational level have these been achieved; how have these been achieved
- ii. what has phase 3 of the NSW HIA project not achieved and why
- iii. what additional outcomes have been undertaken that were not included in the original documentation; what value has this additional work added
- iv. what are the benefits and limitations of the NSW approach to building capacity to undertake HIA compared to other Australian jurisdictions¹
- v. what future action is required to build capacity to undertake HIA in NSW; how sustainable is this capacity.

3. Methods

A mixed-method, qualitative design involving diverse data sources was used to evaluate the HIA project. Individual telephone interviews were undertaken with a total of 19 senior staff members. The method involved:

- i. three case studies
- ii. interviews with key informants and
- iii. document analysis.

3.1 *Three case studies*

The case studies included eight senior staff members from two Area Health Services and three senior staff from the Department of Health. The case study participants provided illustrative examples of how the HIA project has been applied in relation to their own organisations and what difference it has made.

- a) Case Study A Area Health Service, located in a rural geographical area, involved interviews with senior staff members from Population Health, Health Promotion, Health Development and the local council.
- b) Case Study B Area Health Service, located in an urban geographical area, involved interviews with senior staff members from Population Health and Health Promotion.

¹ Early in the evaluation process it became apparent that participants' knowledge of HIA typically only extended to the NSW area and that they would not know about other jurisdictions. For this reason the question about "benefits and limitations" was changed to refer only to the NSW jurisdiction.

- c) Case Study C is based on interviews with senior staff members from the NSW Department of Health spanning Health Advancement, Strategies and Settings, Epidemiology and Research, and the HIA Steering Committee.

3.2 Key Informant Interviews

The key informant interviews are based on interviews with eight senior staff from the Population Health Division within Area Health Services and the NSW Department of Health. Information from these interviews reflects participants' general perceptions of the HIA Phase 3 project from their differing institutional positions and differing locations at regional or state level, provides background information and reflects participants' involvement with the HIA project and its outcomes.

3.3 Document Analysis

Documents selected for analysis included those used within the NSW Department of Health and the two Area Health Services that include reference to or illustrate commitment to HIA, and that are central to strategic planning, policy and reporting. These included:

- strategic plans
- annual plans and reports
- policy documents
- reporting documents
- evaluations
- job descriptions

The relevant documents were identified by participants involved in the HIA evaluation.

4. Analysis

The analysis of the interviews involved coding each data source in accordance with the six key evaluation questions. The data was then thematically analysed, enabling the researchers to identify emergent patterns and themes, as well as contradictions and inconsistencies, in evaluating the NSW HIA project. By combining different methods and sources of data the evaluation captures contextual factors that affect the implementation of HIA. Analysis of the context of the HIA embedding process promotes understanding of what the project has achieved, under what circumstances and why.

5. Summary of Evaluation Findings

This section summarises the findings of the evaluation and is reported in accordance with the guiding evaluation questions. The summary of achievements is reported in accordance with the five capacity building domains; workforce, resource, partnership, leadership, and organisational development. Improvement in capacity in these areas was identified as indicative of key outcomes.

Overall, the evaluation indicates the HIA project has made significant gains. These gains have been particularly noticeable at the AHS level of the health system, but less so at state level. At AHS level a range of achievements have been made across the five capacity building domains and participants identified many strengths of the project. However, participants also identified areas where achievements have not been made, where there are problems relating to leadership, organisational development or systemic capacity building, and other factors that have limited the embedding of HIA.

5.1 What the Project has achieved

Workforce

- The project has had a significant impact on workforce development at the AHS level.
- The project has increased staff members' awareness and understanding of HIA and raised the profile of HIA across the AHSs.
- A number of staff members have been trained in HIA and all have participated in at least one HIA.
- The learning-by-doing approach that underpins the project is regarded as practical, informative and highly effective.
- CHETRE's involvement, and the provision of a range of useful and informative resources, has been critical to the gains made in workforce development.
- Gains in workforce development have been less obvious at the Department of Health.

Resources

- The wide range of resources provided by CHETRE was regarded as a key contributor to enhancing staff members' awareness and knowledge of HIA, and informing their use of HIA in practice.
- CHETRE's expertise, support, reliability and general availability was identified as being critical to the success of the practical application of HIA.
- The learning-by-doing training approach was regarded as a key impetus for generating knowledge about HIA and for developing the skills necessary to undertake HIA in practice. The training was also seen as critical for building workforce capacity within health and in partner organisations.
- The funding provided to facilitate rural AHS staff members to attend training was regarded as crucial for their involvement in the HIA project.
- The resources, such as the HIA Manual, website, helpdesk were described as valuable, practical, easy to understand and an effective means for learning about HIA.

Partnership

- The consolidation of previously existing relationships, the development of new partnerships, and working in a collaborative way *with* external organisations, was regarded as a key achievement arising from the project.
- Engagement with other departments within the health system, such as Environmental Health, Public Health, Health Promotion and Health Planning, was also noted as an important achievement.

- The HIA process was attributed with having provided a purpose and focus for partnerships and provided a formal structure for communication and relationships to occur.
- The facilitation of closer relationships with external organisations led to a greater interest in health from these partners.
- A key achievement was the development of collaborative relationships between AHSs and local councils.
- Overall the development of partnerships was regarded as useful and positive and it was anticipated that these partnerships would be enduring
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Leadership

- Strong leadership and having “champions” at a high level was regarded as one of the key capacity building domains that led to the achievements of the HIA project within AHSs.
- Staff members who have undertaken training were recognised as effective advocates for HIA.
- Having endorsement for HIA from Chief Executive Officers has meant second tier management have been able to provide effective leadership.
- Area Health Services were regarded as having a long term vision for the need to address inequalities and effective in terms of ensuring HIA remains on the agenda

Organisational Development

- Findings from the document analysis indicated that HIA has been included within key strategic documents including the State Health Plan and the Healthy People NSW Population Health Plan. The inclusion of HIA in these documents was considered to be important progress but was described as “aspirational” and yet to be operationalised.
- Area Health Services have included HIA within internal documents (e.g service level agreements, business plans, activity reports, work plans, performance agreements, job descriptions) within Population Health and/or Health Promotion or Health Development divisions.
- In some AHSs, HIA has been incorporated into planning processes, has been used by planners, included in urban planning, has impacted on local environmental and social plans, and used by local councils and other partner organisations.
- There has been good uptake of HIA in AHSs, and an increase in the visibility and awareness of HIA across AHSs and partner organisations
- Workforce development is occurring, there has been an increase in the number of staff trained in and using undertaking HIAs, and new HIAs are on the agenda

5.2 What the Project has not Achieved

The HIA project has achieved some degree of integration across AHSs. However, leadership at state health level and organisational development, or systemic capacity building, were regarded as two key areas requiring attention in terms of integrating HIA across the health system.

Leadership

- a lack of leadership and endorsement at state health level
- a lack of engagement with or adoption of HIA at state health level despite the inclusion in the NSW State Health Plan
- a loss of “champions” due to personnel changes at state health
- a lack of leadership is perceived as a threat in terms of sustaining the momentum required to embed HIA and to extending its reach beyond those already directly involved in HIA, such as Population Health and Public Health

Organisational Development

Area Health Service Level

- systemic capacity across AHSs was considered to be at a “low level” relative to the high number of total staff across NSW Health
- only a small percentage of staff are HIA capable which means there is a reliance on a small number of HIA capable staff
- a lack of funding, or additional staffing or allocation of time for HIA work means staff in some AHSs are undertaking HIA in addition to their usual workload
- some managers are not supportive of HIA because it is resource intensive
- HIA is not yet integral to the work of divisions beyond Population Health and/or Health Development within AHSs
- HIA is not given a high priority such as that given to obesity and tobacco smoking
- there is a lack of knowledge about and understanding of HIA concepts amongst front line staff

Department of Health Level

- systemic capacity within the Department of Health was regarded as undeveloped
- HIA is not included in planning processes or other policy and is not regarded as “core work” at departmental level
- staff within the Department of Health were generally regarded as having a lack understanding of what HIA is about
- HIA is not perceived as relevant to health promotion or policy at departmental level
- funders have not been successfully engaged with HIA at state level
- few staff at Department level have been trained in HIA
- HIA is located in only one division within the Department of Health
- recent budget cuts and a staff freeze have exacerbated the lack of uptake of HIA at Departmental level

5.3 Strengths and Limitations

Participants in this evaluation identified many strengths of the HIA project. They also identified some limitations that were largely attributable to external factors, rather than the NSW HIA Phase 3 project itself.

5.3.1 Strengths

The overwhelming view conveyed by the majority of participants was that the HIA project was “invaluable”. The majority of participants reported that the HIA project had many strengths. General strengths included:

- raising awareness about HIA
- creating a focus and context for HIA to occur
- providing evidence for thinking about equity issues and working with social determinants of health
- encouraging a broader conceptualisation of health and application of HIA principles
- providing a significant tool and process for addressing health inequalities
- progressed the integration of HIA more rapidly than otherwise possible

Many participants also identified some specific strengths of the HIA project. These primarily related to:

- i) CHETRE, their staff and the resources they provided
- ii) the training and learning-by-doing methodology
- iii) the development of external partnerships

i) Center for Health Equity Training, Research and Evaluation

The involvement of CHETRE was regarded as a vital impetus for change within health and in maintaining momentum through a time of considerable organisational turmoil. Key strengths identified by participants relating to CHETRE included:

- their expertise, authority, professionalism and flexibility
- their autonomy, neutrality and being at “an arms length” from health
- their independence from health contributed to an improvement in perceptions of health by external stakeholders and engendered trust in health
- having academic status and authority meant CHETRE was influential in developing and working collaboratively with external partners
- their ability to deal with difficult issues and work constructively with stakeholders
- staff were committed, reliable, supportive and maintained positive relationships
- staff kept HIA processes on track, resolved challenging group process, were highly skilled in clarifying the purpose scope of projects and assisting in decision making
- staff provided day-to-day support, shared ideas, assisted with literature searches and with HIA processes as required
- CHETRE resources were a significant strength of the project and participants commended the range of resources as these catered to the differing needs of staff in different areas of health

ii) Training and the Learning-by-Doing Methodology

The HIA training and learning-by-doing methodology was regarded as a key strength of the project by almost every participant. Participants commented that the training was:

- logical, proceeded through successive steps, linked theory to practice
- effective in linking staff from other departments within health and to partners outside of health to learn together, share ideas and develop skills

The learning-by-doing methodology was regarded as a critical factor in integrating HIA within AHSs.

iii) Partnerships

The development of partnerships and collaborative ways of working on HIA with external stakeholders was repeatedly commented on by participants as “highly effective” and a key strength of the project. The HIA process provided:

- a mechanism for structuring and formalising partnerships
- transparency in working with partners and the community
- a way to work collaboratively and looking forward in terms of developing healthy public policy
- a means to facilitate greater interest and willingness to engage with health and health equity issues by external organisations

5.3.2 Limitations

While the majority of participants spoke highly of the HIA project some critical issues were identified as limiting its success. These centred on a lack of leadership, support and commitment from the Department of Health, and a lack of resourcing in terms of funding, time and enough staff to undertake HIA. These limitations primarily relate to external factors, rather than the project itself. There is some overlap between what participants identified as limitations of the project and issues identified as having not been achieved. Additional limitations included:

- a lack of resourcing in rural areas and in external organisations trying to incorporate HIA into planning and decision making
- the resource intensive nature of the HIA process
- a lack of commitment and leadership from some managers within AHS who are located outside of Health Promotion, Population Health and Population, Planning and Performance
- a lack of prioritisation of HIA in relation to other issues, such as obesity and smoking, and in the “sharp edge” of health
- a lack of clarity about the purpose of HIA and when HIA could be most effective
- the need to target HIA on areas of health where it can be most effective (e.g whether or not HIA should be used internally on decision making, or policy processes, or externally on urban planning)
- the need to consider the timing and amenability of HIA (e.g whether it should be introduced early or later in policy planning process)

- the need to consider the nature and targeting of HIA training (e.g. is it pitched too high for some trainees; should it include greater attention to workforce development and the use of evidence for those in external organisations; should it be more competency based; should there be additional intensive training after undertaking an initial HIA).

6. Future Action Required to Build Capacity

Participants in this evaluation identified a range of actions required to build capacity to undertake HIA and to ensure that the culture of HIA is sufficiently embedded in NSW Health. These actions, which are interdependent, cohere around the following five key issues:

- i) CHETRE's involvement
- ii) State leadership
- iii) Strategic policies and plans
- iv) Workforce development
- v) Resourcing

i) The Centre for Health Equity, Training, Research and Evaluation

The majority of participants regarded CHETRE's involvement as critical to ensuring:

- that HIA remains on the agenda and maintains momentum
- the provision of ongoing training and professional support to build workforce capacity
- the provision of highly effective resources to ensure ongoing learning about HIA and to support the use of HIA in practice

ii) State Leadership

The majority of participants conveyed a very clear message that there needs to be leadership and commitment within the Department of Health for HIA to be successfully embedded and to ensure future sustainability. The Department was seen as crucial to developing strategies to embed HIA and to ensure sustained momentum within Area Health Services.

iii) Strategic Policies and Plans

The integration of HIA throughout state-wide strategic plans and policies is also regarded as necessary to ensure the future embedding of HIA. These plans and policies need to:

- ensure HIA is prioritised and regarded as "core business"
- align with World Health Organisation social determinants of health
- link to the core health strategy
- be operationalised at an organisational level
- be included in health promotion performance agreements
- ensure that HIA shifts from being a project to a programme

A national mandate for HIA was suggested, as was a state mandate for HIA to be included in council planning, environmental sustainability and development. The

London Plan and the New Zealand Ministry of Health HIA Unit approaches were suggested as useful models for the high level integration of HIA.

iv) Workforce Development

Many participants indicated that workforce development needs to:

- occur in an ongoing manner until there is a “critical mass” of staff who can do HIA
- take account of contextual factors that affect workforce capacity over time (e.g budget constraints, a high staff turn-over, the staff freeze and the relatively smaller number of staff in rural areas)
- continue until sufficient capacity is developed so that staff no longer require training and advice from CHETRE
- occur across all spheres of health
- occur in organisations external to health to ensure effective partnerships and collaboration

There was wide agreement amongst participants that until sufficient workforce capacity is developed, CHETRE needs to continue to provide HIA training, and professional support and advice.

v) Resourcing

Many of the actions raised in relation to workforce development are intricately linked to resourcing. In turn, resourcing is dependent upon the prioritisation of HIA and commitment from managers across all divisions of AHSs, and commitment from the Department of Health. Participants suggested the following actions are required to ensure HIA is adequately resourced:

- engage funders
- provide additional funding
- provide additional staffing
- allocate dedicated time for HIA
- engage managers across AHSs

A minority of participants suggested ways of reducing the resource intensity of HIA by taking a more rapid approach to HIA and restricting the use of HIA to programmes and interventions that are most amendable to and appropriate for HIA.

7. Key Recommendations

A range of recommendations were made by participants to facilitate the integration of HIA across the health system and to ensure its sustainability in the future. These recommendations include:

- the NSW HIA project should continue until there is a critical mass of staff who are HIA capable and so there is sufficient organisational development for HIA to be embedded and sustained over time

- CHETRE should continue to lead the HIA project in terms of providing training, implementing the learning-by-doing methodology, providing professional support, advice and learning resources
- CHETRE should continue to be involved to ensure HIA remains on the agenda in health and maintains momentum to promote and sustain workforce development
- develop support, commitment and leadership from the Department of Health in terms of endorsing the HIA project both within the Department and across AHSs
- processes need to be identified to ensure senior staff in the Department of Health and local Area Health Services, including funders, develop greater awareness of the concepts and value of HIA, and prioritise HIA as core business
- integrating HIA throughout state-wide policies, plans and strategies, aligning these with World Health Organisation social determinants of health and ensuring HIA is operationalised at an organisational level
- ensuring the adequate and ongoing resourcing of HIA in the form of funding, additional staff and/or additional time to integrate HIA throughout the health system
- ensure workforce development occurs in an ongoing manner, throughout AHS and the Department, until there is a sufficient body of staff who are HIA trained and capable of undertaking HIA independently from CHETRE
- consider whether CHETRE further evolves the HIA project, progresses HIA into integrated impact assessment, involves more multi-agency work, moves into areas not previously the focus of HIA and works to incorporate HIA into a process for developing healthy public policy
- clearly define the purpose of HIA, clarify where it can be most effective, and identify possible ways to reduce the resource intensity of HIAs.

Although the NSW HIA Phase 3 Project has made significant gains in integrating HIA, further work is required to ensure HIA becomes securely embedded in the NSW Health system and the development of healthy public policy.