
NSW Health Impact Assessment Project

Phase 1 Report
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NSW HEALTH IMPACT ASSESSMENT

PHASE 1 Report

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Introduction

The NSW Health and Equity Statement recommended that processes should be developed for undertaking rapid health impact appraisals and comprehensive Health Impact Assessment (HIA) as one set of strategies that would ensure that proposed government policies, programs and projects would improve health and address health inequalities.

This reflects growing national and international concerns that policies, programs and projects within the health and other public sector and the private sector can have significant and often unintended negative impacts on health and well being. HIA is seen as one way of assessing and addressing these impacts at the planning and development stage.¹ In order to ensure that HIA is developed in a way that ensures maximum 'value add' to planning and development processes, a phased approach has been undertaken. In Phase 1 the feasibility and scope of HIA in the NSW context has been explored and key areas where capacity needs to be developed have been identified. In Phases 2 and 3, there will be an emphasis on implementation and institutionalisation of HIA within NSW.

This report presents the findings of Phase 1.

Phase 1: Project aims

In order to ensure that NSW Health had the capacity to undertake HIA the Centre for Health Equity Training Research and Evaluation (CHETRE) was contracted by the NSW Health Centre for Health Promotion to:

- Explore the feasibility and mechanisms for the development of HIA processes in NSW;
- Increase awareness in the NSW health system on the purpose and scope of HIA processes; and
- Identify key areas where capacity needed to be developed.

The project was funded for twelve months from 1st July 2002 to 30th June 2003 and involved:

Consultation with key internal stakeholders

A Health Impact Assessment Project Advisory Committee was established to provide strategic advice at defined intervals to the CHETRE project team and the Departmental Liaison Officer on the HIA Project. The terms of reference of the Committee are outlined in Appendix 1.

The consultations in this Phase of the project were largely within the health sector but were informed by work undertaken by the NSW Human Services CEOs Forum and the Department of Urban Affairs and Planning.

The Committee included representatives from:

- Centre for Health Promotion, NSW Department of Health
- Centre for Health Equity Training Research and Evaluation (CHETRE)
- Inequity Profile Advisory Committee
- NSW Equity Alliance
- Health and Equity Implementation Review Committee
- Directors of Health Promotion Forum
- Directors of Public Health Forum
- Directors of Health Service Development Forum

The Committee was jointly chaired by Bill Bellew (Centre for Health Promotion) and Jo Mitchell (Directors of Health Promotion Forum).

A review of the key issues

A review of current issues within HIA was undertaken through a review of the literature (both printed and grey literature), discussions with key researchers in this area and engaging members of the HIA Project Advisory Committee through meetings and out-of-session discussions. This review informed the direction of the project and the content and agenda of the HIA workshops.

Workshops with staff from Area Health Services

Two workshops were held in April 2003 and attended by 40 participants from the Area Health Services and within the NSW Department of Health. The workshops were used to introduce participants to some current issues within HIA, identify key issues for participants and to identify the level of awareness of knowledge and skill in HIA within NSW Health.

Development of an electronic newsletter

An electronic newsletter, NSW HIA Project E-news, was set up to keep stakeholders informed about the NSW Health HIA Project, HIA resources and websites and new developments in the field.

At the time of writing this report, four editions of the newsletter had been released. The e-mail distribution list has grown since the release of the first newsletter to HIA Project Advisory Committee, the health inequalities impact assessment project, and relevant health forums such as the Directors of Public Health. The E-news is now available from the World Health Organisation HIA gateway and the HIA website, School of Health Sciences, Deakin University.

Structure of the report

This report presents the main findings of the project and outlines activities to be undertaken in Phase 2.

Section 1

Section 1 provides an overview of background to the development of HIA nationally and internationally. It also identifies the common rationales for undertaking HIA.

Section 2

Section 2 outlines the context in which HIA is being developed within NSW. Current areas of HIA activity are described and current issues/ debates presented.

Section 3

Section 3 outlines a proposal for the development of a comprehensive approach to HIA in NSW. This section outlines a definition of HIA, the steps through which HIA will be undertaken, levels of HIA and possible triggers for HIA.

Section 4

Section 4 identifies key areas where organisational capacity will need to be developed including organisational support, resource allocation and workforce development. The importance of developing strategic partnerships and leadership at all organisational levels is discussed.

Section 5

Section 5 outlines Phase 2 of the project. This will focus on consensus building, development of a communication strategy to raise awareness of the uses of and processes through which HIA is undertaken, undertaking a limited number of HIA to gain practical experience in their use and increasing the number of people with skills to undertake HIA.

Throughout this report “development” is used to cover policies, programs and specific projects being undertaken by the public and private sector.

In this first Phase of the project the focus was on identifying issues for NSW Health in developing a comprehensive approach to HIA. However it is recognised that in the longer term there are significant stakeholders in the public and private sector who need to be consulted and engaged.

1. Background

Health impact assessment has been on the public health agenda in Australia for almost two decades but the extent to which it has developed as a decision making tool has been limited. This is changing with a recent Consultation Paper by the National Public Health Partnership on Health Impact Assessment: Legislative and Administrative Frameworks² and activity on HIA development in Tasmania, Victoria, NSW and Queensland.

Origins of HIA

Health Impact Assessment has its origins in Environmental Impact Assessment (EIA) processes where it is used to identify the potential health impacts of proposed developments on the health of the people who may be affected.³ Originally HIAs within EIA were undertaken mainly on large-scale developments where it was believed that assessing potential positive and negative impacts on the environment could prevent or reduce undesired health outcomes. However, it was evident that policies and programs within government and the private sector also have the potential to have significant impacts on health and that these too should be subject to HIA.

Over the past decade the development of HIA as a tool for assessing impacts of policies, programs and projects on health and health inequality has made substantial progress nationally and internationally. There is now a general acceptance that government needs to find ways of assessing the impact of policies programs and projects undertaken by the public and private sector on the health and wellbeing of the population. It is recognised that these impacts can be intended or unintended and may have direct and indirect impacts on populations immediately and indirectly affected by a development.

The growth in interest and experience comes from two main sources. Those involved in HIA within EIA processes who often come from environmental health perspectives and those who are interested in a wider use of HIA to inform policy development who often come from a public or social health perspective. These perspectives impact on how these two groups define the purpose and scope of HIA. Building a consensus across these perspectives will be important in developing a policy framework for HIA within NSW Health.

Despite the rapid growth in support for and use of HIA in the past decade, HIA as a scientific methodology and as a decision making tool is still developing.²⁴ This report outlines some of the current issues and debates in the development and use of HIA.

Rationale for undertaking HIA

There are broadly four reasons that are given for undertaking HIAs:

- To identify hazards to health from the proposed development;
- To reduce or eliminate potential risks to health arising from these hazards and/or undertake risk communication as part of this process;
- To identify, and where feasible strengthen, the ways in which the proposed development can promote health; and
- To identify and address underlying social, environmental and economic impacts of the development that will have both direct and indirect impacts on health.

The first two reasons would generally fit more easily with a risk management/health protection focus while the last two build onto these approaches to identify ways in which health can be enhanced and underlying determinants of health addressed.

Contemporary understandings of HIA are therefore concerned with:

- health protection and health promotion
- concern for the impact on those who are directly and indirectly affected by the proposed development
- these developments include policies, programs as well as specific projects that may be undertaken within the health sector and other public sectors or by private developers.

Background to HIA in Australia and Internationally

Australia

Australia has been an international leader in the development of HIA as part of environmental health frameworks. In 1992, the National Health and Medical Research Council (NHMRC) recommended that HIA be incorporated into the environmental decision making process and in 1994 they developed a model for

incorporating HIA into EIA.⁵ Because the Australian States are each responsible, under the Environmental Protection Act of 1974, for conducting HIA within EIA there is wide variation in how and when HIA are being undertaken.

In 1999, the Environmental Health Council (enHealth) in its National Environmental Health Strategy made a commitment to strengthen HIA processes within EIA.⁶ However it has been recognised that incorporating HIA within EIA has not been completely satisfactory:

“ Environmental impact assessment (EIA) has been a feature of planning processes in Australia for the last two decades, and has been of benefit in assessing the potential environmental damage from a proposed development However, the effects on social structure and social cohesion, education, employment, community structure and infrastructure, recreation opportunities, and spiritual factors are not well addressed in conventional EIAs ... As a result, many developments and policies with significant potential for adverse health effects proceed with minimal consideration of these effects.” (p33)⁶

As part of the work of the National Public Health Partnership (NPHP) Health Impact Assessment Guidelines⁷ have been developed and work is being undertaken on legislative and administrative frameworks for HIA². The En-Health HIA Guidelines, however, specifically address the application of HIA within the environmental impact assessment process.

As well as the work commissioned as part of the NPHP, two other projects on HIA have been funded through the Commonwealth Department of Health and Ageing's Public Health Education and Research Program (PHERP).

Health Impact Assessment: a tool for policy development in Australia

The first of these projects focused on the application of HIA as a tool for policy development in the Australian context – the application of HIA as a tool for assessing the potential health impact of policies and not just development proposals – moving HIA beyond a tool for the EIA process.³ This first project provided the basis for the second,

which, focuses on developing a framework for equity focused approach to health impact assessment.

Health Inequalities Impact Assessment (HIIA)

The second project is a collaboration between the Newcastle Institute of Public Health (NIPH), Deakin University and the Centre for Health Equity Training Research and Evaluation (CHETRE). The aim of this project is to explore the feasibility of developing an Equity Focussed HIA that will specifically focus of the impact of developments on health inequalities. This will be done through a series of five case studies in Australia and New Zealand that will use a standardised process for assessing the impact of the development on health inequalities.

The recent developments in HIA at state level are to be the focus of a workshop to be held as part of the Australian Public Health Conference to be held in Brisbane in September, 2003.

Internationally

Internationally the importance of assessing the impact of developments on health has been recognised over two decades.⁸ During the 1980s the World Health Organisation recognised that during the planning stages of developments there were opportunities to reduce potential health hazards.⁹ Over the next decade there was increased interest in ensuring that the use of development funds did not have unintended negative impacts, particularly on the health of people who were most vulnerable.⁹

There has been increased interest in moving beyond looking at the impacts of specific development projects to focus on the programs and policies that underpin them in the private and public sector.¹⁰ Considering the health impacts of policies is now widely encouraged across Europe and the European Union requires that all proposals going before it have been checked for potential adverse health impacts.¹¹ HIA, particularly within the context of EIA, has been promoted in New Zealand, Canada and the USA.¹²

From the early 1990s in British Columbia there was a requirement that all cabinet submissions were screened to assess their health impact with a particular focus on the social determinants of health. This has since become optional and there has been a general downgrading of this approach based on a lack of evidence that the process has resulted in changes to the social determinants of health.¹³ In the Netherlands health impact screening was introduced for all documents produced by

the Parliament including the budget. This policy has now been stopped and the responsibility for undertaking HIA has been shifted from the national to local government level.¹⁴⁻¹⁶ In Sweden policy proposals are assessed at regional and local government levels based on the existing level of knowledge within local government.¹⁷ In the UK despite high levels of interest and activity there is no legislative requirement to undertake HIA beyond those required by the European Commission.⁸

A detailed overview of the development of HIA internationally is included in the report by Mahoney and Durham (2002) (www.hbs.deakin.edu.au/HealthSci/Research/HIA/).

HIA : one of many impact assessment processes

HIA is only one of many approaches to assessing the impact of developments on health. Mindell identifies a number of other approaches that are being used and which can inform the development and application of HIA. These include:

- Risk Assessment
- HIA within EIA
- Strategic Environmental Assessment
- Social Impact Assessment
- Integrated Assessment or Human Impact Assessment⁸

Internationally this has led to a debate on whether HIA should be a stand alone process or whether it should be integrated into one of these other processes. In particular there is debate on whether HIA should be part of EIA or Integrated Assessment processes. Past experience suggests that unless there is a specific focus on health impacts they are likely not to be addressed or poorly addressed. If there are thought to be significant health impacts or if the health impacts are unknown then it would seem that a specific HIA process is required.

2. Context for development of HIA in NSW

In NSW support for the development of HIA comes from three main areas:

- Mandatory requirements to undertake HIA within EIA;
- The recent development of the Aboriginal Health Impact Statement; and
- Population health concerns to ensure that all government and private policies, programs and projects make a maximum contribution to health gain while at the same time reducing hazards and risks. This includes ensuring that developments contribute to an equitable distribution of health gain across the community.

Mandatory Requirements to undertake HIA

There is a legislative requirement for HIA to be undertaken through EIA on developments thought to have significant impacts on the environment. Historically this has largely focussed on environmental health issues and largely involved the Environmental Health Branch within NSW Health and Public Health Units who may be asked by their local councils for technical support or input.

In NSW the legislative foundation for HIA as part of EIA is in the Environmental Planning and Assessment (EP&A) Act 1979. Within the Act there is a formal requirement on proponents and approval authorities to consider the environmental implications of development proposals including for both private and public sector projects. A summary of these requirements from the NPHP Consultation Paper on legislative and regulatory frameworks is included in Appendix 2.

Aboriginal Health Impact Statement

NSW Health has recently introduced a requirement for all new policies submitted to the NSW Health Policy Development Committee for approval as well as for major health development, programs or strategies developed within Health Services.¹⁸

The statement aims to ensure that the health service needs and interests of Aboriginal people have been considered, and where relevant, appropriately incorporated into health

policy. The statement is signed by the head of the unit making the proposal and is supported by a checklist. The checklist consists of a series of questions to be answered by the proponents including involvement of Aboriginal people in the development of the proposal, articulation of the expected impact on Aboriginal health and health services and ways in which these impacts will be evaluated. A copy of checklist is included in Appendix 3 and the full Statement can be accessed through the NSW Health website at www.health.nsw.gov.au.

Population health interest

Population health practitioners and policy makers are acutely aware that policies, programs and policies within the health sector, in other public sector institutions and within the private sector can have major impacts on health. At times the impacts are large and immediately observable, for example traffic congestion and pollution related to major transport re-developments. At times the impacts are subtler and small scale, for example the types of food sold in school canteens. Often the development may have little direct impact on the physical environment and so not trigger an EIA, for example, changes to eligibility for community transport schemes. While HIA within EIA is seen as essential it does not apply currently to the full range of developments that should be assessed for their health impact.

There is a particular concern in ensuring that developments within health and elsewhere contribute to the reduction of health inequalities and do not make them worse. For example, health promotion programs that rely on people having disposable income to spend on healthier food or nicotine replacement products may actually widen the “gap” between the number of people dying from life-style related diseases. This is one of the reasons for proposing the development of HIA as part of the NSW Health and Equity Statement.

3a. Developing a comprehensive approach to HIA in NSW

Experience in undertaking Phase 1 of this project has highlighted a number of issues and tensions that need to be addressed in developing a comprehensive approach to HIA in NSW. These issues and tensions reflect the international experience in developing and insitutionalising HIA.

HIA as a regulatory or developmental tool

The history of the development of HIA within EIA has meant that it is often seen as a regulatory tool that is triggered by legislative requirements. HIA is not the major focus, but one of many issues to be considered within a wider concern for broader environmental concerns. In Australia it has been recognised that this often means that the health impacts of developments are poorly assessed. There is debate on whether HIA should become a separate process from EIA and in what context. Internationally there is interest in the development of Human Impact Assessment processes that will focus more clearly on a co-ordinated approach to assessing the social, economic and environmental impacts of developments on individuals and communities.

Beyond regulation there is also interest in seeing HIA as a “developmental” tool that maximises the potential health gains from developments. From this perspective HIA provides an opportunity of not only ensuring that developments meet minimum standards but that they are assessed to identify ways in which the proposed development can be enhanced or modified to promote health and address the underlying forces that impact on health. It may be possible to introduce conditions to developments that will passively promote health (by providing opportunities to walk to work or subsidising public transport) and ensure that those people who are most likely to experience the potential negative impacts of a development, also are those most likely to experience the benefits. For example, people living close to a redeveloped airport could be provided with training to make them competitive in applying for newly created jobs.

The evidence of systematic inequalities in health is also thought to be able to be potentially influenced through the HIA process. This includes an assessment of whether the potential costs and benefits of a proposal are fairly shared and if there is the potential to reduce these health inequities through modifications to the proposal.

Case Study: Arsenic in mining waste, Tasmania

Tasmania is the only jurisdiction that requires HIA through as explicit legislative reference:

“If required by the Director of Public Health, an environmental impact assessment must include an assessment of the impact of the proposed environmentally relevant activity on public health.”

A mining development in Tasmania was proposed and subjected to the usual land use planning approvals. In relation to waste disposal, the intention was to re-use some waste rock for various buildings and other commercial purposes. The Department of Health and Human Services requested that the arsenic content of the waste rock be analysed – ie. a risk assessment approach. The EIA report identified that the ore and waste had variable arsenic content.

Subsequent to the comment in the HIA there were restrictions placed on the use of rock material for building and similar purposes, with respect to the arsenic content.

“Tight” or “broad” health focus

Coupled with the debates over whether HIA should be a regulatory tool that identifies minimum standards or a more developmental tool that identifies ways of maximising the health impact of a proposal is the debate over the way in which “health” is defined. As Table 1 outlines recent experience in the development of HIA suggest there are “tight” or “broad” definitions of health that often reflect underlying disciplinary backgrounds of those involved, the value base from which they operate and the approach taken to types of evidence.

One of the perceived difficulties with HIA within EIA is thought to stem from a narrow view of health (“tight” focus) (see Box on Tasmanian case study on arsenic). It is not clear whether a broader view of health can sit easily within regulatory processes. There are however a growing number of HIAs being done that have taken a broader definition of health and been able to influence the developments. (See Case Study on HIA and Aboriginal Health)^{18 19}

Case study: HIA and Aboriginal Health

Previous and current policy development and planning processes have not ensured sufficient consideration of the potential impacts of proposals on the health and wellbeing of Aboriginal people. Increasingly it is recognised that prospective HIA of proposals offers one way of improving consideration of Aboriginal health and wellbeing issues in policy and planning processes. Given the tendency to use “tight” definitions of health, existing Australian methods and tools for HIA are not necessarily relevant to indigenous Australians.

In Victoria, the Victorian Department of Human Services and Deakin University have worked in partnership with local indigenous communities to develop a specific tool to identify and analyse the health impacts of a current Indigenous family violence initiative: the Rapid Health and Wellbeing Impact Assessment (RHWIA) tool. NSW Health has developed an Aboriginal Health Impact Statement (AHIS). The AHIS is a checklist to assist staff in assessing issues such as whether appropriate Aboriginal consultation/negotiate has occurred and whether sufficient consideration has been given to the resources needed for addressing the identified Aboriginal health issues in the proposed policy or program. Both tools use a “broad” definition of health enabling identification of potential health and well-being impacts that would not necessarily be identified as part of a more traditional and “tight” focused HIA.

There has been a general observation that in those countries where HIA has been implemented as apart of the environmental impact assessment process there is a strong focus on a “tight” definition of health and a more regulatory approach to HIA. In those countries where HIA has been driven by Public Health there is a “broad” definition of health and often a greater concern for addressing health inequalities.

Table 1: “Tight “ or “Broad” HIA

	<i>Broad Focus HIA</i>	<i>Tight Focus HIA</i>
<i>View of health</i>	Holistic	Emphasis on defined and observable aspects
<i>Disciplinary roots</i>	Sociological, health promotion	Epidemiological, toxicology, environmental health
<i>Ethos</i>	Democratic	Technocratic
<i>Quantification</i>	Often not able to accurately quantify	Seeks to accurately quantify
<i>Types of evidence</i>	Key informants, community concerns see as important	Traditional scientific methods for collecting evidence eg. quantification of risk is important
<i>Precision</i>	Conformable with low precision	Conformable with high precision

(Adapted from Mahoney & Durham, 2002, p.54)

Health or non-health

There is a strong focus in HIA on assessing the impact of policies, programs and projects that are being undertaken by other parts of the public sector and the private sector. This rightly reflects the importance of these developments on the wider determinants of health such as employment, education and income. However through the consultation process it was apparent that there is also a high level of support for HIA being integral to the way in which the health sector makes decisions:

- Firstly in order to “walk the talk” and act as a model for other sectors; and
- Secondly, to ensure that the ways in which policies, program and projects are developed results in health gains, and that these are shared equitably across the population.

One expected outcome from using HIA within the health sector would be changed patterns of investment and ways in which decisions are made. It could therefore be expected that there will be some resistance to HIA who see that their current preferred practice is challenged.

“Trigger”

Concern has been expressed that everyone will suddenly be required to do HIAs on every policy, program or project. This is seen as resulting in unacceptable delays and tying up scarce human resources in an activity for which there is a limited evidence base. For this reason it is important that HIA is used in situations where there is a commitment to act on the findings and in areas where it is likely to “value add” to the decision making process.

The triggers for undertaking HIA are generally thought to be related to the level of investment and the anticipated health impact (for example, a very significant impact on a few people or an ongoing impact of less significant but for a large population). When there is no evidence of the likely health impacts, this also often operates as a trigger – consistent with the precautionary principle.²⁰

A scientific or decision making tool

As experience in undertaking HIA develops, the tension between seeing HIA as a scientific or a decision making tool are becoming more apparent. The tension often focuses on the types and use of evidence of impacts and the role of broad based community engagement in the process. For those who see HIA as a scientific tool there is an emphasis on systematic gathering of evidence according to traditional scientific methods against which competing interests of key stakeholders need to be balanced.

For those who see HIA as a decision making tool there is an acceptance that the HIA process will need to include scientific evidence plus the views of those likely to be affected and the concerns of other stakeholders. There is an acceptance that there will need to be “trade offs” based on an agreed set of principles.

Evidence base

In the UK where HIA is becoming more widely used there is growing pressure to establish a credible evidence base. A recent review by found that there were few systematic reviews of the evidence and that there were few studies that fully met the criteria for inclusion in systematic reviews.²¹ There is also often a lack of easy to access overviews of the health impact of housing, education, income, pollution and so on.

If HIA is to be introduced in NSW there needs to be a development of evidence about the ways in which HIA “value adds” and has been able to influence decision making. As well it will be important to develop and/or synthesise evidence of the health impacts of a range of common developments such as gambling sites, industrial development, changes in eligibility to social welfare programs and so on.

Methodological approaches

There is some confusion on whether HIA can be undertaken retrospectively, concurrently or prospectively. This lack of clarity means that some people feel that they are already doing HIA but calling it evaluation, monitoring or planning. This often reflects a lack of understanding of the processes through which HIA are undertaken.

Use of retrospective or concurrent HIA processes are best seen as providing a way of identifying the positive and negative impacts that a development is or has had on health. This information can then be used to do things differently in the future. Retrospective and concurrent HIAs can also contribute to the evidence base of HIA.

This is an important issue. Often the potential impacts of a proposed development on health are poorly understood and there is often limited evidence of effect that is directly relevant. The strategic use of retrospective and concurrent HIA that have been rigorously undertaken may assist in building this evidence base. However there is a general acceptance that prospective HIA is likely to have a greater chance of impacting on outcomes.

Finally, because HIA is applied to a wide range of large and small scale projects, some of which have clear and others potentially more subtle effects across a wide range of environmental, health and social outcomes there is no one size fits all methodology or set of outcome measures. A “socket set” analogy is useful, where the type of socket is chosen to match the job.³ Despite this variation in approach there is now a general consensus on the steps that need to be followed in undertaking a HIA.

Key Points

There is increased interest in undertaking HIA in NSW and this is in line with national and international developments

A first step is to build consensus between those with an interest in HIA on the uses of HIA and the processes through which they should be undertaken

Nationally and internationally there is growing experience in undertaking HIA and the lessons from these experiences should be used to inform developments in NSW

There are still a number of issues to be resolved in order to develop a comprehensive approach to HIA development in NSW. These include definition, scope, methodology, triggers and strengthening the evidence base for HIA.

3b. Developing HIA in NSW

Keeping in mind the need to build consensus on the purpose, triggers and methods for undertaking HIA in NSW it is important that in taking this project into Phase 2 there is increased clarity in these areas. For this reason we have proposed a definition of HIA to be used in the NSW context, the five steps to be followed in undertaking a HIA are outlined, three proposed types of HIA are described and triggers for undertaking HIA are discussed.

Defining HIA

The most commonly cited definition of HIA is:

“ A combination on procedures, methods and tools by which a policy, program or project may be assessed and judged for its potential, and often unanticipated, effects on the health of the population and the distribution of these impacts within the population.”^{3 4 22}

This definition highlights several of the key features of HIA that should be considered in developing HIA in the NSW context.

HIA is a combination of procedures, methods and tools:

Although there is now a widely recognised series of steps that should be followed in undertaking HIA (see p.21) there are a wide range of ways in which HIA can be done. The process is designed to “fit” the purpose and intensity of the HIA being done.

Focus is on policy, programs and projects:

HIA focus on policy, programs and projects of health and non-health sectors and is concerned with actual proposals that are being developed or reviewed. HIA is not a needs assessment process. It is concerned with the assessing the likely impacts of a project or assessing differing health impacts across a number of scenarios.

Assesses the potential, and often unanticipated, effects:

HIA is concerned with predicting the potential impacts of a policy, program or project on health. It is forward looking and concerned with identifying for subtle as well as the more obvious impacts, often by looking at a range of scenarios from the perspectives of different stakeholders.

Impacts on the health of the population:

HIA is concerned with health of populations. From a public health perspective the HIA should be concerned with both health protection and health promotion related impacts of the proposal on the specific population to be directly affected and the wider population. Ideally there will be a focus on hazards and risks to health as well as a focus on promoting health and reducing the negative impacts of wider social forces that impact on health of the populations directly and indirectly affected.

A concern for equity:

HIA recognises that the impacts of policies, programs and projects are often unequally distributed. By considering this issue before the proposed policy, program or project begins or as part of a review process action can be taken to prevent or minimise these distributional impacts.

In addition to the issues raised by this definition there are two other issues that are important to reaching an agreement on the definition of HIA in the NSW context:

Action oriented:

There is little to be gained by undertaking HIA if there is no organisational commitment to acting on the findings. HIA processes should therefore be initially put in place in relation to specific policies programs or projects where the process will be seen by NSW Health or those sponsoring the HIA as “value adding” rather than as a burden. There should be mechanisms in place to monitor the impact of the HIA process on the final shape of the proposal.

Solution focussed:

The HIA results in a series of recommendations following negotiations with key stakeholders. To this extent undertaking a HIA is both assessing and applying the assessment in order to negotiate with stakeholders and make recommendations. This means that mechanisms need to be in place to include all key stakeholders and have agreements on what to value as “evidence”. This will include evidence from the literature and past projects as well as the views of those who will be affected. HIA is seen as a decision making tool.

Defining the scope of HIA

Undertaken on policies, programs and projects where the HIA process will “value add” and where there is a commitment to acting on the outcomes

Occur before the policy, program and project has been implemented or as part of a prospective review of an existing policy or program.

Assess the potential impacts (including unintended impacts) on health

Health to be broadly defined to include assessments of hazards and risk as well as ways in which health could be promoted and the social forces that impact negatively on health reduced.

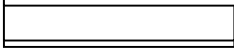
Impacts on populations directly and indirectly effected assessed

Equity to be a central concern

Mechanisms in place to engage key stakeholders in negotiations and recommendations.

The Five Steps of HIA

Evaluation and Monitoring



A wide range of approaches, methods and tools that have been used in HIA. There is a general consensus that there are five steps that need to be followed. These are:

The purpose of the screening step is to identify if a HIA is required and whether there is a commitment to act on the findings. The decision about whether to undertake a HIA is related to the number of people to be impacted, the level of investment and the potential level of health impact.

Once a decision has been made to undertake a HIA the scope of the process needs to be determined. This includes consideration of whether the HIA should be rapid or comprehensive, the definition of health and health outcomes to be considered, what kinds of evidence will be gathered and how will it be assessed, the range of stakeholders who need to be engaged and mechanisms for arriving at recommendations.

It is during this step that health impacts are assessed through identification, measurement and appraisal of health impacts. This step would generally include two phases: the identification of health impacts and appraisal of the evidence.

Using the criteria and processes agreed in the scoping step, the assessment of the potential impacts would be reviewed to negotiate recommendations about changes or modification to the proposal. It may also include discussions on trade-offs between competing perspectives. This step should result in a set of recommendations for acting on the results of the HIA.

Evaluation and monitoring needs to occur at two levels. Firstly there needs to be an evaluation of the use to which the HIA was put. Secondly there needs to be evaluation and monitoring of the **actual** impacts in order to build the evidence base for HIA.

Three levels of HIA

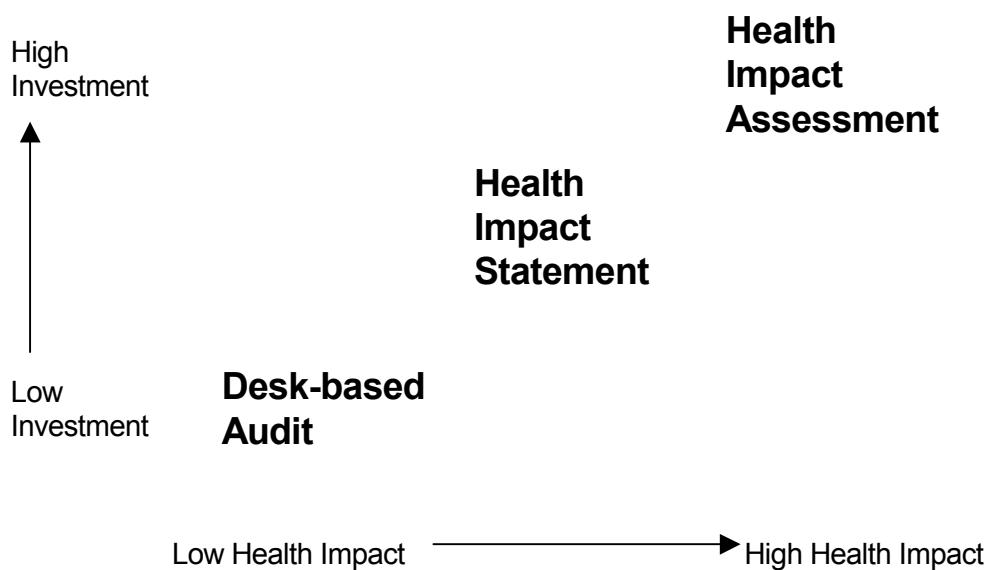
It is proposed that initially there would be three levels at which HIA could be undertaken:

- Desk based audit
- Health Impact Statement
- Health Impact Assessment

These are described below.

The triggers for undertaking HIAs and the type of HIA to be undertaken still need to be developed. As outlined in Figure 1 the level of HIA may be related to the level of investment and potential health impact

Figure 1



Desk-based HIA audit

At the most basic level a HIA would involve a desk-based audit that would assess the impact of a specific policy, program or project on health. There are a number of models of this checklist approach including the Aboriginal Health Impact Statement that is required on all major policy and strategy developments in NSW Health and the Welsh Inequalities Impact Assessment Checklist.)

This type of audit would be undertaken for two reasons:

- To assess the likely impact of the proposal using routinely available data and processes and make recommendations as appropriate; and/ or
- To assess if a fuller HIA process is required as part of the screening process.

Health Impact Statement

A Health Impact Statement would be more detailed and involve the active engagement of stakeholders but would not generally involve extensive research or data collection. It could be undertaken through an expert panel process or a series of focused meetings of key stakeholders to review existing evidence and make recommendations. The development of a Health Impact Statement could also include literature and policy reviews, interviews or surveys to help inform the assessment process.

Comprehensive Health Impact Assessment

Generally a Comprehensive HIA would be undertaken when there are thought to be potentially highly significant health impacts on a small number of people, when there is a high level of investment that may be recurrent, or when there are potential health impacts on a large number of people **and** where it was felt that more evidence needed to be collected before an assessment could be made.

Comprehensive HIA would be intensive and often require additional data collection drawn from a wide range of disciplines. It could be anticipated that this level of HIA would not be undertaken by NSW Health or other parts of the public sector but through the commissioning of consultants or academics.

Triggers for HIA

There are currently a number of potential external and internal triggers for HIA in NSW

External

- HIA as part of EIS processes
- Responses to Cabinet Minutes
- Comments/ inputs into social impact statements being conducted through local government

- Contributions to regional planning processes
- Requests for input and comments on policies or programs being developed by other government departments – particularly where NSW Health is a member of a group established to develop the policy or program

Internal

- Strategic Planning Policies within AHS or Statewide Services
- Policy development
- Aboriginal Health Impact Statement

As part of the development of HIA in NSW it will be necessary to consult on and test possible mechanisms for triggering a HIA. In some cases this will be clear as there will be:

- a legislative requirement, as in the case of HIA within EIA; or
- a procedural requirement, as in the case of Aboriginal Health Impact Statement.

However in many other cases initially it may not be clear where there is best “value added” by undertaking HIA. There are a number of ways for identifying potential proposals for HIA. This might include the development of an algorithm or matrix that assesses the potential impact of the proposal, the strategic importance of the proposal, the extent to which undertaking an HIA on one proposal could inform assessment of several other proposals and so on. Over the next twelve months it is proposed that a consensus on triggers for HIA be developed with key stakeholders and that a number of initial HIAs be undertaken across a number of areas to inform decisions on when and what type of HIA should be undertaken.

Key Points

A broad definition of HIA is proposed that is prospective and follows established steps.

Initially three levels of HIA will be developed: desk-based audits, health impact statements and comprehensive HIAs.

A consensus needs to be built and tested on the triggers for HIA.

4. Building Capacity

Phase 1 of the NSW HIA Project has focused on the feasibility of using HIA within NSW Health and identifying the areas where capacity would need to be built in NSW Health in order to undertake HIA. Using a model of the stages of change that includes: awareness, adoption, implementation and institutionalisation, the issues raised during phase 1 of the project highlight that:

- some of the NSW Health workforce are ready to move to the second stage of change – adoption – for example through the willingness of key staff within NSW Health to undertake HIAs;
- the awareness raising stage about HIA and its potential, is not yet complete – there are some in the organisation who have not been engaged or fully engaged in the process to date – for example, greater engagement of other parts of health outside of public health (eg. planning and policy areas); and
- more work is needed to build consensus about HIA, its range of applications and where it sits within NSW Health.

The following discussion has therefore been framed both within the NSW Health capacity building framework and in terms of what is required to complete the first stage of organisational change and move into the change stages of adoption and implementation.

Organisational development

As a next step, NSW Health needs to make an explicit organisational commitment to building capacity in undertaking health impact assessment, acting on the results of HIA and to developing a culture that supports the adoption of HIA. The next phase of the NSW HIA project should therefore focus on obtaining executive support for the project. The following strategies are important to enabling the adoption of HIA in NSW Health:

- Establishing a Steering Committee that includes senior executive representation, representatives from planning, environmental health and policy, to oversee the next phases of the NSW HIA Project.
- Developing a formal communication strategy that includes the HIA E-news, a HIA website and continued engagement of the different sectors of NSW Health through existing forums (eg. Directors of Health Service Development, Senior Executive Forum). There are several excellent HIA gateways and websites with access to “how to” manuals and case studies. It would be useful to develop a NSW Health HIA website with links to these other gateways and websites rather than reproducing them. The NSW HIA website could include HIAs being undertaken in NSW and Australia, the HIA E-news, access to relevant tools and resources (directly or through weblinks) and guidance within a NSW and Australian context. Careful consideration needs to be given to the location of this website, as it is important to ensure that all areas of NSW Health adopt HIA and not just public health practitioners.
- Developing tools to support the uptake of HIA. This includes the development of a NSW Health HIA website, continuing the electronic publication of HIA E-News and the development of a NSW Health guide to HIA. The purpose of the guide would be to identify the range of HIA resources/guides, highlight examples of better practice and provide guidance on which of these resources to use for particular tasks. The guide would also outline the NSW Health approach to HIA eg. there are five key steps, it should be prospective.

Workforce development and implications

Learning by doing – developing health impact assessments

There is significant interest in NSW Health to actually do health impact assessments – “learning by doing”. The tools and/or methods used for each HIA will be determined by the proposal under consideration and the local context (eg. NSW Health). Many of the tools for HIA, however, have been developed overseas for use in different (political) contexts and environments. It is therefore important to develop workforce capacity by supporting Departmental and Area Health Service practitioners to actually undertake health impact assessments (eg. desk-based audits) on a range of different issues (policy, program and/or project, public health/population health through to clinical/acute issues) within health and with other

sectors (eg. local government, housing, planning). The purpose of these developing health impact assessments would include:

- Testing, adapting (where necessary) and reporting on some of the available methods for HIA
- Giving staff “real world” experience in the application of HIA
- Getting an idea of the workforce implications for NSW Health eg. time & resources required
- Building system capacity to undertake HIA

Training

There has been no formal organisational commitment to date from NSW Health to providing training in actually undertaking health impact assessment. As part of any ongoing work on health impact assessment it is important that there is a formal commitment to providing training in the “how to” of health impact assessment. This kind of training would need to take place over four-five days to provide participants with exposure to all of the relevant issues. To ensure that there is a linkage between the theory and practice, it would be provided in sessions of one-two days with time in between for participants to put the theory into practice at the developmental HIA site. It would also be worthwhile to follow the five day training up with a one day workshop to identify and address common issues – eg. problems with technical expertise.

Given the cost and resource intensive nature of such training (eg. time away from work) it is important to limit the training to selected staff within NSW Health, for example, two staff from each of the developmental HIA sites who have made an explicit commitment to HIA.

NSW Health, particularly the Department, usually needs to be able to comment on new policy, program or project proposals, particularly Cabinet Minutes, at short notice (eg. 24 hour timeframes). This means that the relevant areas within NSW Health need to have the capacity to undertake health impact assessments rapidly, and should be focus of the training. This does not preclude building capacity in full or comprehensive HIA but the “early wins” from HIA might be through undertaking

desk-based audit HIAs and Health Impact Statements using rapid appraisal techniques.

Helpdesk

In addition to training it is important that practitioners have ongoing support that can be accessed as required. One option for doing this is to provide a helpdesk function similar to the model used in the Netherlands¹⁶ and/or the support provided by the Health Development Agency in England. The function of the helpdesk is not to actually undertake the health impact assessment but provide technical advice, support and assistance with working through issues with the HIA.

Professional development opportunities

Other options for building workforce capacity include the creation of placements, which give staff exposure to health impact assessment and encouraging staff undertaking postgraduate study to undertake relevant units. For example, encouraging staff undertaking postgraduate health study to complete a unit on impact assessment or environmental impact assessment as one of their electives. As part of its organisational commitment to HIA, NSW Health could liaise with the different universities about working with the relevant faculty (eg. environment, urban planning) to allow for impact assessment units from a faculty other than public health to be included as an eligible elective. NSW Health has already made a commitment to health impact assessment through the creation of the risk assessment stream as part of the Public Health Officer Training Program. This is another avenue where NSW Health could work to ensure there a range of risk assessment placements to match the range of applications of HIA.

Resource allocation

Two types of resource allocation strategies will be required to support the adoption of HIA In NSW Health:

- Actual funding to support the development of resources, provision of training and helpdesk support, and some funding to undertake developmental HIAs.
- In-kind resource allocation, within the Department and Areas, in the form of infrastructure support and human resource support to undertake developmental health impact assessments. This may include Areas and sections of the Department dedicating positions to undertake HIAs and backfilling these positions, time away to attend training and/or funding of the costs associated with the HIA eg. travel to attend the training, costs of holding a community consultation workshop.

Resource allocation (both actual funding and in-kind) is an important indicator of NSW Health's commitment to health impact assessment. Investing in the development of workforce capacity through the allocation of funding and in-kind resources is critical to the adoption of HIA within NSW Health.

Partnerships

Partnerships are integral to the adoption of HIA across NSW. Several different partnerships are required to progress the next phases of the NSW HIA project:

- A partnership that focuses on building consensus within NSW Health about HIA its different applications and processes – between environmental health, policy, planning, aboriginal health and health promotion.
- A partnership with other government bodies, particularly the Department of Infrastructure and Planning, to establish a shared understanding of HIA and how it relates to HIA in EIA and other assessment processes such as social planning or risk assessment.
- A partnership that focuses on collaboration, sharing of experience and expertise given “newness” of broader application of HIA in Australia and NSW. For example, a partnership between relevant tertiary institutions (Deakin University, CHETRE and Newcastle), NSW Health, other jurisdictions (eg. Queensland Health) and the National Public Health Partnership.

Leadership

A commitment to make health impact assessment integral to planning and policy development in NSW Health requires leadership. The purpose of leadership would include:

- awareness raising of the value of prospective health impact assessment
- promotion of prospective HIA as part of better practice and integral to NSW Health
- building consensus about how to integrate HIA into health's practice and between the different areas in NSW Health responsible for HIA
- promotion of NSW Health's work in HIA
- promotion and creation of professional development opportunities in health impact assessment
- overt support for developmental health impact assessments

Leadership needs to be across all levels and sectors in the NSW health system – not only at senior levels within NSW Health. Existing mechanisms such as the forums for directors of public health, health services development and health promotion; the policy development committee; and the senior executive forum are important in providing leadership. Area Health Service CEOs can provide leadership through supporting developmental health impact assessments within their Area and/or ensuring resource allocation to support developmental HIA.

Key Points

Organisational capacity needs to be built at all organisational levels with a focus on organisational support, workforce development and resource allocation

Effective implementation will also be dependent on building strong partnerships within NSW Health, other parts of the public sector as well as with the private sector.

Australian and international experience in undertaking HIA should be built upon and this too will require development of partnerships and networks.

5. Phase 2

If HIA is to become an effective decision making tool within NSW Health and more broadly it is important that it be introduced in a thoughtful and incremental way. Organisational change usually progresses in stages²⁴ including awareness, adoption, implementation and institutionalisation. As illustrated in Table 2 this will be done in three planned phases.

Table 2: Stages of organisational change for institutionalising HIA

	Awareness	Adoption	Implementation	(Readiness for) Institutionalisation
Phase 1 (2002/2003)	✓ ✓			
Phase 2 (2003/2004)	✓ ✓	✓		
Phase 3 (2004/2005)	✓	✓ ✓	✓	✓

A phased approach

The following phases of development are proposed:

Phase 1: (completed)

In Phase 1 the emphasis was on raising awareness of the importance and use of HIA in improving health and reducing health inequities.

Phase 2: 2003/2004

In Phase 2 there will be an ongoing focus on building awareness of HIA, in developing consensus within NSW Health and among other key stakeholders on the scope and purpose of HIA, and in “learning by doing” a limited number of HIA and undertaking preliminary discussions on system wide adoption.

Phase 3: 2004/2005

In Phase 3 the experiences of Phase 2 and other national and international experience would be drawn on to develop a plan for the implementation and institutionalisation of HIA across NSW Health in key areas.

The following section outlines in more detail Phase 2 of the project, which will be implemented through four main strategies:

1. Build consensus on the purpose and processes for undertaking HIA
2. Development of a communication strategy on the purpose of HIA and its methodology
3. Undertake a limited number of HIA to provide practical experience to inform policy development
4. Increase the number of people within NSW Health who have knowledge and experience in undertaking HIA

Consensus Building

It is proposed that the NSW Health HIA Project Advisory Committee be reconvened as the NSW HIA Steering Committee with the Chief Health Officer as its chair. The purpose of the working group would be to monitor the progress of Phase 2 of the project, endorse protocols for the development of HIA within NSW Health and review the implications for existing planning and development processes. This group would be drawn from those areas within the Department of Health with key responsibilities in this area, Area Health Services and representatives from health service networks and the NSW Public Health Forum.

In collaboration with members of the HIA Working Group the project would consult with other public and private stakeholders to discuss the existing HIA within EIA process and to explore other vehicles for using HIA to inform policy, program and project development in the state.

The project would also make contacts with other jurisdictions and the National Public Health Partnership to identify their current and proposed work in this area.

Development of a communication and engagement strategy

A communication and engagement strategy will be developed in collaboration with key stakeholders within NSW Health to increase awareness across the health system of HIA, its purpose and process. This will include further e-newsletters and the establishment of a web-site that would provide links to national and international web-sites and resources. The web-site would also provide access to manuals and tools that could be used or adapted to undertake HIA.

As part of the communication and engagement strategy key stakeholders would be identified and the project would consult with them on perceived benefits and barriers to the development of HIA. In particular the consultations would focus on ways to ensure that HIA 'value adds' to the decision making process.

The project would also continue to make presentations at workshops and conferences as well as to Area Health Services and within NSW Health.

"Learning by Doing"

Over the next twelve months it is proposed that a small number of developmental HIAs be undertaken. This would provide invaluable experience in the usefulness and practical difficulties of undertaking HIA. It is proposed that the project team would act as observers to one comprehensive HIA and support Department and AHS staff to undertake a limited number of desk-based HIA audits using rapid appraisal techniques and Health Impact Statements (a maximum of five sites).

If these HIAs are strategically located across the NSW Health system they will not only raise awareness of HIA but also allow more informed development of HIA across the system over time.

Training and support

In order to ensure that the developmental HIAs are of high quality an intensive training program will be offered to those staff from NSW Health and AHS who will be involved. The training will combine theory and practice with a Helpdesk established at CHETRE to provide day to day support to those undertaking the HIAs. Where feasible those working on similar issues will be linked together and participants will be encouraged to publish summaries of their findings and the strengths and limitations of the process in the e-letters.

At the end of Phase 2 it hoped that the project will be able to move to a more active implementation and institutionalisation phase.

Conclusion

There is growing interest and commitment nationally and internationally in the development and use of HIA to assess the impact of public and private sector policies, programs and projects on health. HIA is seen as potentially ensuring that these developments positively impact on health and contribute to a reduction in health inequalities by maximising benefits and reducing risk.

International experience would suggest that unless the processes through which HIA are undertaken “value add” to the decision making process and are acted upon there is unlikely to be long term commitment by government to their use.

It is therefore essential that a comprehensive approach to the development of HIA taken. This will require a staged approach that moves from awareness raising, adoption and piloting of approaches, to implementation and institutionalisation.

Phase 1 of this project has raised awareness of HIA and identified some key issues that need to be addressed in developing a comprehensive approach to HIA. This includes proposing a definition of HIA, outlining the steps through which HIA will be undertaken, describing three levels of HIA to be developed and identification on current potential triggers for HIA.

It is proposed that the learnings from Phase 1 be built on over the next twelve months through:

- Build consensus on the purpose and processes for undertaking HIA
- Development of a communication strategy on the purpose of HIA and its methodology
- Undertake a limited number of HIA to provide practical experience to inform policy development
- Increase the number of people within NSW Health who have knowledge and experience in undertaking HIA

The successful completion of Phase 2 of the project will lay the groundwork for the implementation and institutionalisation of HIA in NSW Health.

ENDNOTES

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APPENDICES

APPENDIX 1: HIA PROJECT ADVISORY COMMITTEE, TERMS OF REFERENCE

Purpose

1. To provide strategic advice at defined intervals to the CHETRE project team and the Departmental Liaison Officer on the:
 - a. Inequity Profiles project; and
 - b. Health Impact Assessment project.
2. To make recommendations on the resources and infrastructure needed to build capacity within NSW Health to undertake health impact assessment and use inequity profiles effectively.
3. To promote the concept of health impact assessment within NSW Health, Area health Services and external agencies as appropriate.
4. To endorse recommendations concerning priorities and future directions to enable implementation of the outcomes from both projects.

Membership:

The Committee will include representatives from:

- Centre for Health Promotion, NSW Department of Health (Co-Chair)
- Centre for Health Equity Training Research and Evaluation (CHETRE)
- Inequity Profile Advisory Committee
- NSW Equity Alliance
- Health and Equity Implementation Review Committee
- Directors of Health Promotion Forum
- Directors of Public Health Forum
- Directors of Health Service Development Forum

There will be a balance between Departmental and Area Health Service members.

Chair: The Committee will be co-chaired by the Director, Centre for Health Promotion as a Departmental representative, and a Director of Health Promotion as an Area Health Service representative.

Key Responsibilities

1. *Inequity Profiles.*
 - Make recommendations of authors of inequity profiles to interview
 - Make recommendations about the issues to be addressed at the workshop to showcase inequity profiles
 - Identify relevant stakeholders for the promotion of the workshop
 - Provide comments on the draft and final reports outlining recommendations for building system capacity in the development and use of inequity profiles.

2. *Health Impact Assessment.*

- Assist with the identification of key stakeholders in HIA
- Make recommendations on issues to be addressed at the two HIA workshops
- Identify relevant stakeholders for promotion of the workshops
- Provide comments on the draft and final reports outlining recommendations for building system capacity in the development and use of health impact assessment.

Minutes: Project (Research) Officer, Centre for Health Equity Training Research & Evaluation

Meeting Frequency: It is proposed that the Committee meet three times during the life of the project (December 2002, March 2003 & June 2003) and/or as otherwise required by members.

Meeting Duration: 3 hours

Venue: NSW Department of Health, 73 Miller Street, North Sydney

APPENDIX 2: LEGISLATIVE REQUIREMENTS FOR HIA IN NSW

This appendix is reproduced directly from the consultation paper, Health Impact Assessment: Legislative and Administrative Frameworks, which was issued by the National Public Health Partnership in June 2003 (see Endnotes for further details). This section provides a summary of the legislative mechanisms that currently exist in NSW, linking public health/HIA and environmental impact assessment.

Steps	New South Wales
Legislation	Environmental Planning and Assessment (EP&A) Act 1979
Scope	<p>In NSW, there is a formal requirement on proponents and approval authorities to consider the environmental implications of development proposals including for both private and public sector projects. There are 2 levels of assessment:</p> <ul style="list-style-type: none"> ▪ an Environmental Impact Statement (EIS) for developments likely to significantly affect the environment; and ▪ a Statement of Environment Effect (SEE) or Review of Environmental Factors (REF) for other developments.
Responsible authorities	<ul style="list-style-type: none"> ▪ Minister for Planning for State significant development and local councils for local development (under Part 4 of the EP&A Act) ▪ Minister for Planning for State government infrastructure projects triggering an EIS, local council for their infrastructure projects, and government agencies for other projects requiring a government funding, licence or permit (under Part 5 of the EP&A Act)
Referrals	With integrated development, Councils and the Minister for Planning refer projects to other approval authorities for an integrated assessment/approval.
Decision about level of assessment	<ul style="list-style-type: none"> ▪ Under Part 4, the Council or Minister for Planning decides if EIS is required based on Schedule 3 of EP&A Regulation. This Schedule takes into consideration social/health factors in setting designation levels. ▪ Under Part 5, approval authorities have a responsibility to trigger an EIS for proposals likely to significantly affect the environment. In making this decision reference must be made to Department of Urban and Transport Planning's guideline "<i>Is an EIS required?</i>" which lists health and other factors to be considered in making this decision.
Method of assessment	<ul style="list-style-type: none"> ▪ Environmental Impact Statement (EIS) for designated development or development likely to significantly affect the environment ▪ Statement of Environment Effect (SEE) or Review of Environmental Factors(REF) for other development

Steps	New South Wales
Preparation of documentation – responsible authority	<ul style="list-style-type: none"> ▪ Department of Urban and Transport Planning issue requirements for EISs and for SEEs for State significant developments. When the project is integrated development, the requirements of other agencies are included in these requirements. Prior to issuing these requirements, a “planning focus meeting” is usually held with other approval authorities, relevant councils and the proponent to identify key issues. ▪ Department of Urban and Transport Planning also issues EIS Guidelines, which provide comprehensive guidance for the preparation of EIA documents. These guidelines list health and social issues to be considered in the EIA process.
Preparation of documentation - proponent	The proponent prepares EIS, SEE or REF and lodges with approval authority. It is recommended that the assessment of key issues be peer reviewed prior to lodgement.
Consultation	<ul style="list-style-type: none"> ▪ All proposals requiring an EIS, or are State significant development or are integrated development must be advertised and exhibited. ▪ Proponents are encouraged to consult with the community and other stakeholders during the preparation of their EIA document and the exhibition period. ▪ The Minister for Planning may call a Commission of Inquiry, which provides additional opportunities for consultation and negotiation with the community. ▪ All approvals by the Minister for Planning require proponents to establish mechanisms for ongoing community consultation during the construction and operational phases.
Revision of documentation	The approval authority may require additional information.
Assessment	Department of Urban and Transport Planning (if the Minister for Planning is the approval authority), local councils or other agencies assess the EIA documentation taking into consideration public submissions, advice from other government authorities and any recommendations from a Commission of Inquiry (if held). If integrated development, the “general terms of approval” of other approval authorities must be incorporated into the recommendations.
Determination-	<p>The decision may be an approval, approval with conditions or refusal by:</p> <ul style="list-style-type: none"> ▪ Minister for Planning for State significant development and major government infrastructure; ▪ Councils for local development and their own infrastructure projects; ▪ A private certifier for low impact local development identified as “complying development”; and ▪ State Agencies for other developments requiring funding, permits or licenses.

Additional Comments

Under the NSW Environmental Planning and Assessment Act, the environment includes *all aspects of the surroundings of humans, whether affecting any human as an individual or in his or her social groupings*. As a result, social and health issues need to be considered in the EIA process.

All development proposals in NSW must be assessed to ensure they comply with relevant planning controls and that they are environmentally and socially sustainable. State, regional and local plans and policies indicate what level of assessment is required and who is responsible for assessment. The system requires the environmental implications according to their nature and scale to be addressed in an EIS for projects likely to significantly affect the environment or in a SEE or REF for other projects. The system results in about 120 – 150 EISs being exhibited each year.

Department of Urban and Transport Planning issued EIS Guidelines to assist in the preparation of EISs and SEE/REFs. These as well as outlining issues to be addressed in the assessment of the proposal, provide site selection and consultation guidance. These guidelines identify relevant health and social issues to be considered and recommend consultation with NSW Health for projects likely to present health risks. In particular with proposals such as sewerage systems, chemical plants and landfills, the guidelines recommended that NSW Health be consulted at the Planning Focus Meeting stage, prior to the issuing of requirements for the EIS.

Under the NSW EIA system, proponents are required to consider the health implications when assessing air, noise, water quality and soil issues with health assessment criteria being key performance drivers in considering the acceptability of outcomes. In addition they are required to consider personal safety issues as well as impacts on amenity and other issues likely to result in physiological impacts.

APPENDIX 3: NSW ABORIGINAL HEALTH IMPACT STATEMENT - CHECKLIST

The following checklist is reproduced directly from the NSW Health Aboriginal Health Impact Statement and Guidelines, NSW Department of Health, 2003.¹⁸ A full copy of the AHIS can be accessed from www.health.nsw.gov.au.

