

# THE NSW HEALTH IMPACT ASSESSMENT PROJECT

**Ben Harris-Roxas and Sarah Simpson\***  
*Centre for Health Equity Training, Research  
and Evaluation  
University of New South Wales*

The NSW Health and Equity Statement recommended that processes be developed for undertaking both rapid health impact appraisals and comprehensive health impact assessments (HIAs) of new government policy initiatives.<sup>1</sup> The goal was to develop a range of standardised approaches that could be used to assess proposed initiatives for their potential to redress health inequities.

To address this goal, the Centre for Chronic Disease Prevention and Health Advancement within the NSW Department of Health commissioned the Centre for Health Equity Training, Research and Evaluation (CHETRE) to undertake a program of capacity building work on health impact assessment. The program was called the NSW Health Impact Assessment Project (NSW HIA Project). As organisational change is usually regarded as progressing in stages<sup>2,3</sup>, a phased approach was adopted, which recognised the need for initial exploration followed by stages of awareness, adoption, implementation and institutionalization.

This paper describes the activities undertaken during the first two phases of the NSW HIA Project and the five sites in NSW where HIA was trialed in 2004. It also introduces Phase 3 of the project, which commenced this year.

## PHASE 1: EXPLORING

The initial phase of the NSW HIA Project sought to:

- raise awareness of the concepts and current issues in HIA
- identify mechanisms by which HIA could be further developed
- ascertain the workforce capacity implications of HIA's use.

Workshops were held with representatives from across NSW Health to increase awareness of HIA and of the steps involved. An electronic newsletter on HIA was developed and continues to be distributed widely across NSW, interstate and internationally.<sup>4,5</sup> Phase 1 also included consultation with a number of key stakeholders from NSW Health to develop a consensus on how to proceed with introducing HIA.<sup>6</sup>

## PHASE 2: TRIALING

It became clear during Phase 1 of the NSW HIA Project that there was a need for the NSW Health workforce to gain

experience in undertaking HIA as there was uncertainty about how HIA might be utilised within NSW. The State has a well developed planning process, particularly in relation to the consideration of the environmental impacts of physical developments.<sup>6</sup> The question of how the broader application of HIA, one that moved beyond established approaches to the assessment of physical developments, would work in NSW remained unanswered.<sup>7,8,9</sup> There was also interest in how a structured, sequential HIA process could fit into existing planning and policy development processes<sup>10</sup> and a need to identify the areas where workforce capacity to undertake HIAs currently existed within NSW Health and those areas where capacity needed to be developed.

A key component of Phase 2 was its 'learning by doing' approach. This involved NSW Health employees at five developmental HIA sites undertaking training in HIA and applying this learning by simultaneously undertaking HIAs.

## 2004 DEVELOPMENTAL HIA SITES

A call for submissions to undertake an HIA as a developmental site was sent to area health service chief executive officers and branch directors within the NSW Department of Health. Five developmental HIA sites were selected from the submission by a panel of NSW Department of Health representatives. The sites selected covered a diverse range of proposals and were drawn from a number of areas within NSW Health. Box 1 contains a summary of each of the 2004 developmental HIA sites and the concluding recommendations.

CHETRE supported the developmental sites in the following ways:

- *A five-day training program.* The members of the project teams for each HIA site attended the five-day training whilst simultaneously doing their HIAs. The first two days focused on screening and scoping for HIA. Following this the sites undertook the screening and scoping steps of their HIA. The subsequent two days of training occurred four weeks later and covered identifying and assessing potential impacts and developing recommendations. The final day of training was held two months later and involved the sites presenting on their HIAs and establishing mechanisms for evaluation and monitoring. Interviews were conducted with the HIA sites before the commencement of training and again two to three months after training was completed. The purpose of the first round of interviews was to build a profile of the sites, including their capacities, training needs and expected outcomes from the HIA. These interviews informed the development of the training program
- **Participant observers.** Additional key staff from across the NSW health system also attended the training.

\* Sarah Simpson is currently employed by the World Health Organization in Geneva as Coordinator, Knowledge Networks, Commission on the Social Determinants of Health

## BOX 1

### A SUMMARY OF THE FIVE HIA DEVELOPMENTAL SITES TRIALED IN 2004 FOR THE NSW HIA PROJECT

#### 1. Centre for Chronic Disease Prevention and Health Advancement, NSW Department of Health: An integrated chronic disease prevention social marketing campaign.

The aim of the campaign was to decrease the prevalence of chronic disease in NSW. The target of the proposed campaign was people aged 35 to 55 years, with a focus on disadvantaged groups.

**Sources of information:** A community demographic profile, a literature review and data from key informant interviews.

**Recommendations:** That the campaign's audience be involved in decision making to ensure that the campaign was responsive to the context of their daily lives. Additionally, the HIA recommended that the scope of the campaign needed to be broader than primary prevention as people within the target group may be more receptive to secondary or tertiary prevention messages.

#### 2. Illawarra Area Health Service: The Shellharbour City Council management plan for the Shellharbour foreshore.

The proposal aimed to conserve and beautify the foreshore while encouraging public use. The management plan was an environmental management tool with no funding attached. The plan was intended to be implemented over a period of several years, as funding became available. The HIA was undertaken in conjunction with Shellharbour City Council with a view to influencing implementation of the plan.

**Sources of information:** A community demographic profile, literature review, policy review, environmental audit and key informant interviews.

**Recommendations:** To promote the positive impacts of the proposal by prioritising implementation of those aspects of the Plan that would have the greatest positive impact on levels of physical activity and social cohesion.

#### 3. Mid West Area Health Service: Moving health promotion services from a geographically centred 'patch' approach to a more strategic capacity building approach.

The proposal aimed to encourage all health services and programs to work within a health promoting framework. The HIA assessed the potential health impacts of this proposed model for delivery of health promotion services and compared them with those of the existing approach.

**Sources of information:** A survey of health service and program managers from a number of area health services, a literature review and key informant interviews.

**Recommendations:** The proposal would have an impact on health outcomes, though due to the indirect nature of these impacts their scope and nature were hard to predict. The recommendations were that the strategic approach be adopted with a focus on contributing to Area-wide plans and policies and ensuring that these explicitly address the needs of vulnerable groups and address equity issues.

#### 4. Mid North Coast Area Health Service: Transitional residential aged care services.

A proposal for transitional residential aged care services in the Great Lakes local government areas was submitted to the NSW Department of Health and the Commonwealth Department of Health and Ageing.

**Sources of information:** A series of focus groups, key informant interviews and a literature review.

**Recommendations:** There are positive health outcomes from short-term, intensive transitional care being available in residential care and home settings. The HIA also found that the negative and unintended impacts of this type of proposal, such as the impact on carers, have rarely been considered. Due to human resource constraints the HIA was not completed.

#### 5. Primary Health and Community Partnerships Branch, NSW Department of Health: NSW non-emergency health-related transport policy framework

The proposal put forward a new framework for funding and delivering non-emergency health-related transport across the state. It substantially altered the funding arrangements that existed for non-NSW Health transport providers and emphasised the importance of non-emergency transport in determining health outcomes.

**Sources of information:** Consultation with key stakeholders and a review of the policy framework.

**Recommendations:** The screening step established that there was insufficient scope to amend the proposal, as a long process of consultation and development had already been undertaken. A screening report, including some minor recommendations, was produced.

Consistent with the objective that all participants gain experience in undertaking an HIA, each person was linked to a developmental site as a participant observer. Participant observers attended steering committee meetings, commented on draft reports and were available to discuss issues with the developmental sites. They became an additional resource for each site.

- **A helpdesk.** An HIA helpdesk was established. Sites were able to contact the project team by telephone or email with queries and for support in undertaking their HIAs. Regular contact with the sites was maintained by telephone and site visits.
- **Electronic resources.** A website on HIA was developed. This included reviews of key guidelines and 'how-to' manuals on HIA.<sup>11</sup> Sites also received an electronic newsletter on HIA every two months, which provided overviews of local and international developments.<sup>4,5</sup>

## CAPACITY AND HIA

There were a number of capacity building outcomes of the developmental sites. Firstly, the developmental sites provided practical examples of how HIA might be used to inform the development of proposals. Secondly, they ensured that a number of people from across diverse areas within the NSW health system had knowledge and experience in undertaking an HIA. The developmental sites also highlighted a number of lessons on conducting an HIA.

## LESSONS LEARNT

### Why do an HIA?

The developmental sites found that the initial screening step was crucial to establish a clear rationale for why the HIA should proceed. The developmental sites found that proceeding with an HIA was not always the best option, particularly if there was insufficient opportunity to alter a proposal. However, it is sometimes possible to make recommendations in a screening report that can influence the development or implementation of a proposal without requiring an HIA to be undertaken.

### Doing an HIA

The developmental sites highlighted the need to scope realistically. Being pragmatic about what information can be gathered and what will be useful is important in ensuring the completion of an HIA. The sites found that developing ways of using existing information was helpful but problems existed where no relevant information was available. This necessitated the development of methods for assessing potential health impacts where precise information on the likelihood, severity and nature of the impacts was not available.

### Making sense of the information

A major challenge faced by all the sites was how they could integrate disparate and often contradictory information to

inform the recommendations from their HIAs. This raised questions about how we value evidence within HIA. Given that the goal of an HIA is to recommend how a proposal can be improved, applying traditional hierarchies of evidence may not necessarily be appropriate.<sup>12,13</sup> This is because issues of acceptability, salience and appropriateness may be as important to decision-makers as issues of efficacy and cost-effectiveness, suggesting the need for expanded typologies of evidence to be used.<sup>14,15</sup>

### The 'So-what?' nature of findings

The findings from each of the 2004 HIAs may not seem unusual or unexpected and raise the question of why one might bother doing HIA. However, what the HIAs provided was an opportunity for proponents to examine their proposals in a structured and considered way prior to implementation—an 'amber light' principle.<sup>16,17</sup> As a result of the HIA, proponents were able to consolidate their information and evidence in order to present the case to decision makers about why and how the proposal might be amended.

### About learning by doing

The 2004 developmental sites found learning by doing to be an effective, albeit time consuming, approach to learning about HIA. Learning by doing also helped to create a cohort of advocates for HIA within NSW Health, some of whom have been involved in initiating subsequent HIAs.

## PHASE 3: EMBEDDING

Phase 3 of the NSW HIA Project, which commenced in early 2005, focuses on a number of activities designed to 'embed' HIA within NSW Health and to support engagement with other sectors. Further awareness of HIA and consensus on its use are to be developed through a series of senior manager workshops as well as through a colloquium and a conference. Capacity to undertake HIA will be developed through six further developmental HIA sites, which commenced in 2005 (see Table 1) and eight are planned for 2006. The 2005 developmental sites are predominantly larger intersectoral proposals and will benefit from the lessons learnt from the 2004 developmental HIA sites. In addition, a Masters-level module on HIA will be designed and trialed. To assist staff, a manual is being developed on how to undertake HIA. Engagement with key stakeholders is continuing and is being expanded to incorporate other sectors.

A key challenge to HIA's future use will be its sustainability in practice. The NSW HIA Project includes a range of activities designed to maximise capacity building and stakeholder involvement. It is hoped that by the end of this project, HIA will assume its place as an important and routinely used aid to decision making in the NSW health system. The developmental HIA sites and participant observers have responded positively to the challenge represented by HIA's use, reflecting the strengths that

TABLE 1

## 2005 DEVELOPMENTAL HEALTH IMPACT ASSESSMENT SITES

Proposal assessed	Site	Stakeholders involved
Lower Hunter Regional Strategy	Hunter New England Area Health Service	Department of Infrastructure, Planning and Natural Resources The Premier's Department Members of the Regional Coordination Management Group
Population growth and urban development in Greater Western Sydney	Western Sydney Regional Organisation of Councils	Sydney West Area Health Service Sydney South West Area Health Service NSW Department of Health
Greater Granville regeneration plan	Western Sydney Area Health Service	NSW Department of Housing Parramatta City Council
Population growth plan for Bungendore	Greater Southern Area Health Service	Palerang Council
Indigenous environmental health workers proposal	North Coast Area Health Service	Centre for Aboriginal Health, NSW Department of Health
Health home visiting program North Sydney	Northern Sydney Central Coast Area Health Service	–

exist within the system in terms of willingness to learn and commitment to better practice.

Further information on the NSW HIA Project, including the developmental sites' case study reports, is available online at HIA Connect ([chetre.med.unsw.edu.au/hia](http://chetre.med.unsw.edu.au/hia)).

## REFERENCES

1. NSW Health. *NSW health and equity statement: In all fairness*. Sydney: New South Wales Department of Health, 2004. Available from: [www.health.nsw.gov.au/pubs/2004/pdf/fairnessreport.pdf](http://www.health.nsw.gov.au/pubs/2004/pdf/fairnessreport.pdf).
2. Ross H, Mico P. *Theory and practice in health education*. Palo Alto: Mayfield, 1980.
3. NSW Health. *A framework for building capacity to improve health*. Sydney: New Health, 2001. Available from: [www.health.nsw.gov.au/public-health/health-promotion/capacity-building/framework/](http://www.health.nsw.gov.au/public-health/health-promotion/capacity-building/framework/).
4. CHETRE. *HIA E-News*, 2002–2005. Available from: [http://chetre.med.unsw.edu.au/hia/hia\\_e-news.htm](http://chetre.med.unsw.edu.au/hia/hia_e-news.htm). Accessed 26 August 2005.
5. WHO. *NSW Health Impact Assessment Project E-News*, 2005. Available from: [www.who.int/hia/news/nswnews/en/](http://www.who.int/hia/news/nswnews/en/). Accessed 26 August 2005.
6. Harris E, Simpson S. *NSW Health Impact Assessment Project: Phase 1 report, September 2003*. Sydney: Centre for Health Equity Training Research and Evaluation (CHETRE), University of NSW, 2003. Available from: [http://chetre.med.unsw.edu.au/files/Simpson\\_S\\_\(2003\)\\_NSW\\_HIA\\_Project\\_Phase\\_1\\_Report.pdf](http://chetre.med.unsw.edu.au/files/Simpson_S_(2003)_NSW_HIA_Project_Phase_1_Report.pdf).
7. Mahoney M. Current thinking and issues in the development of health impact assessment in Australia. *NSW Public Health Bulletin* 2002; 13(7): 167–9.
8. Mahoney M, Durham G. *Health impact assessment: A tool for policy development in Australia*. Melbourne: Health Impact Assessment Unit, Deakin University; 2002. Available from [www.deakin.edu.au/hbs/hia/publications/HIA\\_Final\\_Report\\_2003.pdf](http://www.deakin.edu.au/hbs/hia/publications/HIA_Final_Report_2003.pdf).
9. NHMRC. *National framework for environmental and health impact assessment*. Canberra: National Health and Medical Research Council, 1994.
10. Simpson S, Harris E, Harris-Roxas B. Health impact assessment: An introduction to the what, why and how. *Health Promotion Journal of Australia* 2004; 15(2): 162–7.
11. CHETRE. *HIA Connect: Building capacity to undertake health impact assessment*, 2005. Available from: <http://chetre.med.unsw.edu.au/hia>. Accessed 26 August 2005.
12. NHMRC. *Using socioeconomic evidence in clinical practice guidelines*. Canberra: National Health and Medical Research Council, 2002. Available from: [www.nhmrc.gov.au/publications/\\_files/cp89.pdf](http://www.nhmrc.gov.au/publications/_files/cp89.pdf)
13. Aldrich R, Kemp L, Stewart Willams J, Harris E, Simpson S, Wilson A, et al. Using socioeconomic evidence in clinical practice guidelines. *BMJ* 2003; 327: 1283–5.
14. Petticrew M, Roberts H. Evidence, Hierarchies and Typologies: Horses for courses. *Journal of Epidemiology & Community Health* 2003; 57: 527–9.
15. Mays N, Pope C, Popay J. Systematically reviewing qualitative and quantitative evidence to inform management and policy-making in the health field. *Journal of Health Services Research and Policy* 2005; 10(3): 6–20.
16. Griffiths R. A time to deliver. Presentation at 5<sup>th</sup> United Kingdom and Ireland Health Impact Assessment Conference 2003, February 2–3. Birmingham, UK, 2003.
17. Harris E. 5<sup>th</sup> UK and Ireland HIA Conference. *NSW HIA Project E-News* 2003; 1: 4–7. Available from [http://chetre.med.unsw.edu.au/files/NSW\\_HIA\\_Project\\_E-News\\_Issue\\_1.pdf](http://chetre.med.unsw.edu.au/files/NSW_HIA_Project_E-News_Issue_1.pdf) 