

Sarah Simpson<sup>1</sup>, Mary Mahoney<sup>2</sup>, Lynne Dixon<sup>3</sup>, Monica Kelly<sup>4</sup>, Vikki Lynch<sup>4</sup>, Dianne Katscherian<sup>5</sup>, Gary Starr<sup>6</sup>, Frank Callaghan<sup>6</sup>, Kelly Shaw<sup>7</sup>, Elizabeth Harris<sup>1</sup>, Sophie Dwyer<sup>3</sup>, Jan Bowman<sup>4</sup>, Carmel Williams<sup>6</sup> & Ben Harris-Roxas<sup>1</sup>

## Health Impact Assessment in Australia – a new phenomenon?

In Australia the use of health impact assessment (HIA) to improve policy/program development is a comparatively new phenomenon. Australia has been an international leader however in the development of HIA as part of environmental health frameworks and traditionally considers health impacts as part of environmental impact assessment. As well as strengthening how health impacts are addressed within environmental assessment and as part of developments, Australia has become increasingly interested in exploring the use of HIA for policy development. This has resulted in a range of activity at both the State and national levels.

Context however is critical to the adoption of HIA - each jurisdiction is taking a different approach to HIA in Australia, determined by both the local jurisdictional and policy development context.

This poster provides an overview of the different applications of HIA in Australia emphasising the importance of local context and diversity in our approaches. The poster represents a collaborative effort by the different stakeholders involved in breaking new ground with HIA in Australia. It also represents our willingness to learn from each other and different approaches, as demonstrated by the equity focused HIA meeting held in August 2004 and the September national HIA workshop in Brisbane.

*A common concern is to ensure that HIA is adopted in a way that adds maximum value (rather than work) to the policy, program or development process.*

## Incorporating an equity focus in HIA in Australia

Through the Public Health Education & Research Program (PHERP), the Australian Government Department of Health and Ageing, contracted a collaboration of universities to develop a strategic framework for health inequalities impact assessment – equity focused HIA (EFHIA). The EFHIA framework was developed and tested using six case studies in different service delivery settings. In August 2004 a two-day international capacity building meeting was held to showcase the EFHIA framework and included a one day training program on applying the framework. A literature review was also undertaken to inform the development of the framework. For more information go to [http://chetre.med.unsw.edu.au/hia/acheia\\_efhia.htm](http://chetre.med.unsw.edu.au/hia/acheia_efhia.htm)

## Protecting & promoting health: HIA in Queensland

Queensland Health is undertaking a number of projects to progress HIA across the State. They seek to improve the uptake of HIA methodologies within the Queensland Government. The projects address local government planning process, policy development and improving interdepartmental processes that relate to impact assessment. To extend the scope of HIA practice in Queensland Health from its current focus on project impact assessment to policy work and to ensure recognition of the social determinants of health, Queensland Health has adapted existing national and international frameworks and developed a framework for adoption within the Queensland Health, and in time, across Government. A Queensland toolkit is also being developed to provide guidance on how to conduct each stage of the framework. Queensland Health is also strengthening its internal linkages to ensure a multidisciplinary approach to HIA is undertaken, and consideration is also given to the impact on health services. The aim of Queensland Health's approach is to expand the scope and opportunities for HIA in an environment of significant population growth, industry development and a strategic commitment to primary health care.



## A phased approach: HIA in New South Wales

The NSW Health and Equity Statement recommended that NSW Health develop processes for undertaking rapid appraisals and comprehensive HIA as one of a set of strategies to ensure that proposed government initiatives would improve health and address health inequalities. CHETRE was commissioned to undertake developmental work on HIA and building capacity within the health system – the NSW HIA Project.

A phased approach to HIA has been undertaken, so that HIA is developed in a way that maximises the "value added" of HIA to existing planning and policy development processes. In Phase 1, the feasibility and scope of HIA in the NSW context was explored and key areas where capacity needs to be developed were identified. In Phase 2 there was an emphasis on 'learning by doing' - five sites from across NSW Health were trained in HIA while simultaneously undertaking a HIA. Each site was provided with ongoing assistance and advice from the CHETRE HIA project team including on site visits, the development of a helpdesk, website and newsletter. 'Learning by doing' was successful in identifying a number of issues relevant to institutionalising HIA in the NSW context. Achieving meaningful engagement with non-health stakeholders has also been a challenge, and this has highlighted the need to develop a shared understanding of the role other sectors play in determining health. For more information go to [http://chetre.med.unsw.edu.au/hia/nsw\\_hia\\_project.htm](http://chetre.med.unsw.edu.au/hia/nsw_hia_project.htm)

## Looking forward with HIA in Victoria

Victoria has established mechanisms in place for conducting HIA for major industrial, site-specific developments that have the potential to impact on public health. These have a legislative basis as follows:

1. A requirement for industries that discharge to air, land or water to submit a *Works Approval* application, under the *Environment Protection Act 1970*. All applications are reviewed to ensure that public health is not endangered, with strong veto powers available.
2. Consideration of potential health (and social) impacts of major projects on communities via the *Environment Effects Statement* process, under the *Environment Effects Act 1978*.

In addition to this legislation, Victoria is now considering the use of HIA as a means of influencing policy. Given many of the determinants of health lie outside of the health sector, we recognise the potential for HIA to influence not only developers, but also other government agencies outside of health as well as community members.

The way forward for HIA in Victoria is to extend our thinking beyond a focus on projects into policy development and decision making at both municipal and state levels of government. In particular we will focus on opportunities to address health inequalities in Victorian communities. Elements to assist in this work include the unique Municipal Public Health Planning Framework – Environments for Health (2001).

<http://www.health.vic.gov.au/localgov/mphph/index.htm>

## A legislative approach: HIA in Tasmania

In Tasmania the trigger for participation in health impact assessments is legislative. The Department of Primary Industries, Water and Environment (DPIWE) are the lead agency for assessment of development proposals. A schedule of activities exists within the *Environmental Management and Pollution Control Act 1994* (EMPCA) – reviewed in 1998. EMPCA and its associated subordinate legislation comprises a suite of legislation with a common set of objectives based on the concept of sustainable development. Activities, which may trigger the need for an EIA (and HIA), include: coal processing works; oil refineries; woodchip mills; waste transport business; abattoirs and slaughterhouses; breweries and distilleries; fish processing; quarries and extractive pits; and wind energy facilities.

Some challenges with HIA in Tasmania include: limited health and human services workforce capacity to participate in the HIA process once triggered; health has little or no involvement in the monitoring and review processes that result from the HIA; and although the Department provides comment on EIAs through the HIA process, the legislative power to modify or block a development proposal rests with DPIWE, not health. The legislative framework however provides an opportunity by facilitating health involvement in HIA. Future priorities for action in Tasmania include: better communication between relevant departments during the EIA/HIA process; and the broader involvement of health and human services personnel in HIAs.

## HIA in Western Australia

There has been acceptance by industry and other development sectors in Western Australia (WA) that community expectations are changing and that planning practices for new developments need to reflect these changes. A formal review of the approvals process is underway and recognition has been given to the importance of including health and sustainability considerations in the new procedures as well as more appropriate community consultation. The State Government has developed a State Sustainability Strategy and sustainability assessments are to be implemented through a range of strategies and agencies. Local government, are also working towards the implementation of policies and strategies which provide an integrated assessment of proposals submitted for approval.

The Department of Health in WA is working with other key agencies and non-government organizations to support and integrate policies that will provide for the consideration of health and well-being issues in approvals. Similarly the Environment Protection Authority has responsibility for environmental issues and EIA and has expanded its portfolio to include considerations beyond the long held traditional aspects of environmental impact assessment. The development of HIA in WA will enhance the consideration of health and well-being issues in the approvals process of all types of proposals such as those approved at local government level and projects, plans and policies assessed through other decision makers.

## Enhancing HIA in South Australia: a focus on equity & collaboration.

Practical application of HIA in SA has been confined to date to consideration and promotion of health issues in Environmental Impact Assessment, and contribution of a case study of equity focused HIA as part of the EFHIA project. The environmental health contribution to HIA has been guided substantially by the HIA Guidelines produced by the enHealth Council. The equity focused HIA is a new venture but one based on the direction set by Health Promotion in addressing the social determinants of health and health inequalities. Much was learned from contributing to the recent EFHIA capacity building meeting.

Various branches of Health in SA are now more connected and are working toward raising the profile of HIA within the Department of Health. There is a goal of having HIA included in all levels of policy development. To this end there is currently action to raise awareness of HIA in policy areas of the Department, and to secure resources commitment to enable greater use of HIA methodology. Work continues on HIA in Environmental Health and Health Promotion with an emphasis on supportive collaboration.