

Self-archived version of book chapter, reproduced in accordance with publisher's self-archiving policy. Citation for chapter:

Harris-Roxas B, Maxwell M, Thornell M, Peters S, Harris P. *From Description to Action: Using health impact assessment to address the social determinants of health*, in Lavery M, Callaghan L (eds) *Determining the Future: A Fair Go & Health for All*, Connor Court Publishing: Melbourne, p 119-130, 2011.

From Description to Action: Using health impact assessment to address the social determinants of health

Ben Harris-Roxas¹, Michelle Maxwell², Mark Thornell², Sharon Peters², Patrick Harris¹

1. Centre for Primary Health Care and Equity, University of New South Wales
2. Population Health Directorate, Clinical Support Division (Western), NSW Health

Introduction

The potential for policies, programs and projects to impact on population health has been understood for many decades. Health impact assessment (HIA) has emerged as a preventive response to these concerns, by attempting to address potential population health issues before they arise. It has been increasingly recognised internationally as a mechanism to ensure that the potential health benefits of policies, programs and projects are maximised, that the potential negative health consequences and health risks are minimised and that potential health inequities are addressed.¹⁻⁴

The development of HIA has been linked to the increased recognition of the importance of the social determinants of health and health equity.⁵⁻⁹ HIA has been on the public health agenda in Australia and New Zealand for more than 15 years,^{10, 11} and there has been some activity in every Australian state over the past decade to develop HIA.¹²⁻¹⁴ Internationally HIA is now required by agencies as diverse as the International Finance Corporation^{3, 4}, the lending agencies who are signatories to the Equator Principles¹⁵, the UK Department of Health¹⁶ and the European Commission.¹⁷⁻¹⁹

Importantly HIA provides a process for considering the impacts of decisions on the social determinants of health and health equity before they're made. It follows a series of steps^{11, 20, 21} that provide a framework to identify potential impacts of proposed policies, programs or projects on determinants of health and then to recommend changes. This framework has been found to be useful when working intersectorally²² as it provides clarity about the process and purpose of the HIA, as well as assisting in collaborative learning about the social determinants of health but also about the details and nuances of the proposal being assessed.^{23, 24}

This essay presents examples of several HIAs that have been conducted in the south west of Sydney.^{25, 26} They illustrate HIA's flexibility and applicability across a number of decision-making contexts. They highlight the role that HIA can play in moving from describing the importance of the

social determinants of health to acting on them. They also illustrate the important role that health services can play in catalysing activity to address the social determinants of health.

Health Impact Assessment of Health Service Planning: SSWAHS Overweight and Obesity Plan HIA

The former Sydney South West Area Health Service (SSWAHS) Overweight and Obesity Prevention and Management Plan 2008-2012²⁷ was developed in response to the increasing prevalence of overweight and obesity. It was the first such plan for the Area Health Service and provided a framework on which to build further strategies to address overweight and obesity issues. The Plan was developed in consultation with clinicians, staff, external agencies and services, and community members and was intended to be a flexible and responsive document so that any new policies and directions could be incorporated.

Senior staff from Population Health, Planning and Performance requested that an Equity-focused Health Impact Assessment (EFHIA)^{23, 28, 29} be conducted to inform the implementation of the Plan. The purpose of the EFHIA was to focus on strategies that were identified as having potential to create or increase inequities; to develop recommendations for the Implementation Planning Group to ensure that the plan is implemented equitably; and to identify and determine the possible impacts of the Plan on different population groups.

A reference group was also established to provide input into the EFHIA, including representatives from Population Health, Health Service Planning, and the UNSW Centre for Primary Health Care and Equity. The screening process for the EFHIA (the first step of an HIA) determined that there was agreement to proceed to add value to the original planning process. A scoping meeting (the second step) determined that the EFHIA would utilise a rapid equity focussed HIA framework with a stakeholder workshop and a review of current evidence and SSWAHS data. Eight treatment and management strategies were selected for assessment and these were then grouped into four key issues of surgery; clinics and outreach services; pre-school children and staff training.

A half-day workshop was held to assess the eight strategies against key equity questions. Stakeholders who had been involved in the development and implementation of the plan, as well as representatives of key population groups and services were invited to participate in the workshop. The recommendations from the workshop were then discussed with and endorsed by the Implementation Plan Committee, with agreement to include them in the existing Action Plan. The relevant Working Groups also agreed to the responsibility for implementing and reporting on the recommendations. Recommendations included monitoring and reviewing access to clinical services by disadvantaged groups; identifying opportunities to re-orient and link services; replicating specialist services in different geographic locations; investigating effective models of outreach service delivery for disadvantaged groups and developing skills of staff working in specific population groups.

Health Impact Assessment of Land Use Planning: The Oran Park and Turner Road HIA

Oran Park and Turner Road were the first precincts to be developed in the South West Growth Centre which was detailed in the Sydney Metropolitan Strategy, *City of Cities – A Plan for Sydney's Future*.³⁰ These precincts were planned to provide 12,000 new homes in Sydney's south west. The former Sydney South West Area Health Service (SSWAHS) had previously participated with the Western Sydney Regional Organisation of Councils (WSROC) and the former Sydney West Area Health Service (SWAHS) in conducting an HIA on the Sydney Metropolitan Strategy. SSWAHS was keen to apply the broad recommendations of this HIA, and develop more location-focused recommendations through undertaking a HIA on this first precinct development.

A Steering Committee was established which was comprised of representatives of SSWAHS (Population Health, Health Services Planning and the Centre for Research, Evidence Management and Surveillance), The Centre for Health Equity Training, Research and Evaluation (CHETRE), and Camden Council. The Steering Committee initially applied an Impact Assessment Screening Tool to assess if a HIA would add value to the planning process. A rapid prospective HIA was undertaken which focussed on the issues of public transport, active transport, social connectivity, physical activity, injury and food access.

While the HIA showed that the development had generally adopted best practice for urban design in many areas, a total of 24 recommendations were developed. The findings were presented to the developers who committed to facilitate the recommendations, many of which have been incorporated into a Strategic Social Plan that was established by the developers. A Strategic Social Plan Implementation Group was formed and the HIA recommendations have been a regular item on the agenda of these meetings.

A Monitoring and Evaluation Plan was developed, with progress being formally reviewed by Population Health and Camden Council at 15 months and 3 years after the completion of the HIA. Population Health will remain engaged with Council and the developers to continue monitoring and assisting to facilitate actions that arose from the HIA.

Key issues that have ensured positive outcomes of this HIA have been early engagement with the key players in the planning and development process, and the establishment of processes and mechanisms to ensure sustained engagement beyond the completion of the HIA to facilitate monitoring and evaluation and other activity on land use planning.

Health Impact Assessment of Local Services: Chesalon Living, Oran Park HIA

The former Sydney South West Area Health Service has had a long-standing and active community representatives network, whose members participate in health service activities and committees at strategic levels. Increasingly the community representatives have been asked to comment on and be involved in the planning and monitoring of complex health service activities. They identified the need for a mechanism by which they could determine how these plans and activities would impact on the rest of community.

The community representatives determined that HIA could provide them with a framework and process to contribute to the decision-making processes by providing comments on proposals that were both evidence-based and consultative. They also identified the capacity for them to initiate HIAs independent of the health service as being important.

A HIA training program specifically tailored for the community representatives was developed by the UNSW Centre for Primary Health Care and Equity. The training adopted the 'learning by doing' approach³¹ to look at the Chesalon Living, Oran Park proposal. This is an aged living community being developed by Anglicare in the south west of Sydney. It was identified as an appropriate proposal to assess because:

- The former SSWAHS had already conducted a HIA on the Oran Park, Turner Road development, which is the area Chesalon Living is to be situated in;
- The community representatives had knowledge of the needs of the over 55 age group;
- The HIA had the support of Anglicare to proceed;
- There was sufficient evidence and literature available on the subject of seniors living to enable the community representatives to conduct a HIA and develop useful recommendations that could be implemented by Anglicare

The community representatives formed the steering committee and conducted the HIA following the steps outlined in the *Health Impact Assessment: A Practical Guide*.²⁰ A recommendation report containing 22 recommendations was developed for consideration by Anglicare.

As a result of the training and subsequent HIA the community representatives have;

- gained insight into the range of possible applications of HIA;
- gained the skills and knowledge to participate in future HIA;
- established a direct relationship with Anglicare, who have indicated a desire for them to have input into plans for future seniors living precincts; and
- developed an understanding of the relationships between the determinants of health and the possible impacts, positive and negative, of plans, policies and projects.

Discussion

HIA may have greatest usefulness when it is used selectively and strategically. As these cases show HIA can be used on different types of proposals and in different ways, for example the community representatives conducting the Chesalon Living Oran Park HIA. In South West Sydney this selective use has led to a number of related activities, for example work with Housing NSW on HIAs has led to a partnership between the former Sydney South West Area Health Service, Housing NSW and the UNSW Centre for Primary Health Care and Equity regarding ongoing work.

To date most HIAs in Australia have been done voluntarily by government agencies with the goal of improving decision-making and implementation,⁵ and these cases reflect that. It is tempting to imagine that if HIA was required on all policy and project development it would result in the consideration of the social determinants of health in most decision-making. We need to learn from experiences elsewhere that have shown this sort of requirement for HIA may either place a significant burden on the health sector, when it may not be sufficiently oriented to working intersectorally, or become tokenistic.³²⁻³⁴ Either way, this may lead to weariness with the topic of health and the social determinants of health that could be counter-productive in the medium- and long-term. As the SSWAHS Overweight and Obesity Plan HIA shows there can also be significant benefits from the health sector considering the impact of its own decision-making on health and health inequities.

Across the HIAs we have discussed the health issues and determinants encountered are often similar even though the scale of the proposals differs, for example the Oran Park and Turner Road and Chesalon Living HIAs identified a number of similar potential health impacts even though the proposals detailed change at different scales, from regional to quite local. This shows that HIA can be relevant to decision-making at different scales. Increasingly HIA is also being used by communities and NGOs for advocacy. This presents an opportunity for other groups to provide evidence-informed input into decision-making.

Conclusion

HIA's appeal lies in its practical nature. It provides a useful way to move beyond discussing the social determinants of health to acting on them, as the examples in this essay have shown. These cases illustrate the importance of an organisational commitment to HIA's use through building capacity to undertake HIAs, doing them, acting on and monitoring the implementation of their recommendations. They also illustrate HIA's relevance in a number of different contexts.

HIA is not a panacea. It seeks to act on complex health causal pathways by intervening at the decision-making level. As such its impact is not always readily apparent. Often the benefits of HIA's use lie in its direct and indirect impacts on decisions, implementation, ways of working and understanding.^{22, 23}

HIA can provide a useful way forward to act on the social determinants of health. It provides health sector agencies, both government and non-government organisations and communities with a framework to engage with decisions constructively. It provides the opportunity to influence decision-makers early in the planning process with a focus on those population groups likely to be effected.

Whilst we need to be realistic about what HIA can achieve, it clearly provides a practical mechanism to move beyond understanding the importance of the social determinants of health to acting on them.

References

1. WHO. Closing the Gap in a Generation: Health equity through action on the social determinants of health. Geneva: Commission on the Social Determinants of Health, World Health Organization, 2008.
2. WHO. World Health Report 2008: Primary health care - Now more than ever. Geneva: World Health Organization, 2008.
3. IFC. Introduction to Health Impact Assessment. Washington DC: International Finance Corporation, 2009.
4. IFC. Performance Standards on Social & Environmental Sustainability. Washington DC: International Finance Corporation, World Bank Group, 2006.
5. Harris-Roxas B, Harris E. Differing Forms, Differing Purposes: A Typology of Health Impact Assessment. *Environmental Impact Assessment Review* 2011;31(4):396-403.
6. Harris E, Harris-Roxas B. Health in All Policies: A pathway for thinking about our broader societal goals. *Public Health Bulletin South Australia*, 2010:43-46.
7. Corburn J, Bhatia R. Health impact assessment in San Francisco: Incorporating the social determinants of health into environmental planning. *Journal of Environmental Planning and Management* 2007;50(3):323-41.
8. PHAC. Crossing Sectors: Experiences in intersectoral action, public policy and health. Ottawa: Public Health Agency of Canada, 2007.
9. WHO. Report on a Conference on Intersectoral Action for Health: A Cornerstone for Health-for-All in the 21st century, 20-23 April 1997, Halifax, Nova Scotia, Canada: World Health Organization and the Canadian Public Health Association, 1997.
10. NHMRC. National Framework for Environmental and Health Impact Assessment. Canberra: National Health and Medical Research Council, 1994.
11. enHealth. Health Impact Assessment Guidelines. Canberra: National Public Health Partnership, Commonwealth Department of Health and Aged Care, 2001.
12. Simpson S, Mahoney M, Dixon L, Kelly M, Lynch V, Katscherian D, et al. Health Impact Assessment in Australia: Context and diversity. In: Unit HIAR, editor. *6th United Kingdom and Ireland Health Impact Assessment Conference*. Birmingham, 2004.
13. CHETRE. Health Impact Assessment in Australia and New Zealand: Centre for Health Equity Training, Research and Evaluation (CHETRE), University of New South Wales, 2009.
14. Harris P, Spickett J. Health impact assessment in Australia: A review and directions for progress. *Environmental Impact Assessment Review* 2011;31(4):425-32.
15. Equator Principles. The Equator Principles: A financial industry benchmark for determining, assessing and managing social & environmental risk in project financing. Washington D.C.: Equator Principles Financial Institutions, 2006.
16. Department of Health. Putting Health in the Policy Picture: Review of how health impact assessment is carried out by Government departments. London: UK Department of Health, 2010.
17. Salay M, Lincoln P. Health impact assessments in the European Union. *The Lancet* 2008;372(9641):860-61.
18. Salay R, Lincoln P. The European Union and Health Impact Assessments: Are they an unrecognised statutory obligation? . London: National Heart Forum, 2008.
19. Ståhl TP. Is Health Recognized in the EU's Policy Process? An analysis of the European Commission's impact assessments. *European Journal of Public Health* 2010;20(2):176-81.

20. Harris P, Harris-Roxas B, Harris E, Kemp L. Health Impact Assessment: A practical guide. Sydney: UNSW Research Centre for Primary Health Care and Equity and NSW Health, 2007.
21. Simpson S, Mahoney M, Harris E, Aldrich R, Stewart-Williams J. Equity-Focused Health Impact Assessment: A tool to assist policy makers in addressing health inequalities. *Environmental Impact Assessment Review*, 2005;772-82.
22. Wismar M, Blau J, Ernst K, Figueras J, editors. *The Effectiveness of Health Impact Assessment: Scope and limitations of supporting decision-making in Europe*. Copenhagen: European Observatory on Health Systems and Policies, World Health Organization, 2007.
23. Harris-Roxas B, Harris P, Harris E, Kemp L. A Rapid Equity Focused Health Impact Assessment of a Policy Implementation Plan: An Australian case study and impact evaluation. *International Journal for Equity in Health*, 2011.
24. Glasbergen P. Learning to Manage the Environment. In: Lafferty W, Meadowcroft J, editors. *Democracy and the Environment: Problems and Prospects*. Cheltenham: Edward Elgar, 1999:175-93.
25. Maxwell ML. A health impact assessment of the Liverpool Hospital redevelopment. *New South Wales Public Health Bulletin* 2007;18(9-10):172-73.
26. Maxwell M, Harris P, Peters S, Thornell M, D'Souza L. A health impact assessment on the construction phase of a major hospital redevelopment. *Australian Health Review* 2008;32(3):509-19.
27. SSWAHS. Overweight and Obesity Prevention and Management Plan 2008-2012 Sydney: Sydney South West Area Health Service, 2008.
28. Harris-Roxas B, Simpson S, Harris E. Equity Focused Health Impact Assessment: A literature review. Sydney: CHETRE on behalf of the Australasian Collaboration for Health Equity Impact Assessment, 2004.
29. Mahoney M, Simpson S, Harris E, Aldrich R, Stewart Williams J. Equity Focused Health Impact Assessment Framework. Newcastle: Australasian Collaboration for Health Equity Impact Assessment, 2004.
30. DIPNR. City of Cities: A Plan for Sydney's Future. Sydney: NSW Department of Infrastructure, Planning and Natural Resources, 2005.
31. Harris-Roxas B, Harris P. Learning by Doing: The value of case studies of health impact assessment. *NSW Pub Health Bull* 2007;18(9-10):161-63.
32. den Broeder L, Penris M, Put GV. Soft data, hard effects. Strategies for effective policy on health impact assessment--an example from the Netherlands. *Bulletin of the World Health Organization* 2003;81(6):404-7.
33. Banken R. Health impact assessment - How to start the process and make it last. *Bulletin of the World Health Organization* 2003;81(6):389.
34. Banken R. Strategies for Institutionalising HIA. *ECHP Health Impact Assessment Discussion Papers Number 1*. Brussels: European Centre for Health Policy, WHO Europe, 2001.