Sources:

AMA Position Statement on the Social Determinants of Health

AMA Indigenous Health Report Card series

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From description to action—using health impact assessment to address the social determinants of health

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Introduction

The potential for policies, programs and projects to impact on population health has been understood for many decades. Health impact assessments (HIAs) have emerged as a preventive response to these concerns, by attempting to address potential population health issues before they arise. HIAs have 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.[149,150,151,152]

The development of HIAs has been linked to the increased recognition of the importance of the social determinants of health and

149 WHO. Closing the Gap in a Generation. 2008.
150 WHO. World Health Report. 2008.
151 IFC. Introduction to Health Impact Assessment. 2009.
152 IFC. Performance Standards on Social & Environmental Sustainability. 2006.

health equity.[153,154,155,156,157] HIAs have been on the public health agenda in Australia and New Zealand for more than 15 years,[158,159] and there has been some activity in every Australian state over the past decade to develop HIAs.[160,161,162] Internationally HIAs are now required by agencies as diverse as the International Finance Corporation[163,164], the lending agencies who are signatories to the Equator Principles[165], the UK Department of Health[166] and the European Commission.[167,168,169]

Importantly HIAs provide a process for considering the impacts of decisions on the social determinants of health and health equity before they're made. They follow a series of steps[170,171,172] 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 intersectorally[173], 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

153 Harris-Roxas, B and Harris, E. Differing Forms, Differing Purposes. 2011.
154 Harris, E and Harris-Roxas, B. Health in All Policies. 2010.
155 Corburn, J and Bhatia, R. 2007.
156 PHAC. 2007.
157 WHO. Report on a Conference on Intersectoral Action for Health. 1997.
158 NHMRC, 1994.
159 enHealth. 2001.
160 Simpson, S et al. 2004.
161 CHETRE. 2009.
162 Harris, P et al. 2011.
163 IFC. 2009.
164 IFC. 2006.
165 Equator Principles. 2006.
166 UK Department of Health, 2010.
167 Salay, M and Lincoln, P. Health impact assessments in the European Union. 2008.
168 Salay, R and Lincoln, P. The European Union and Health Impact Assessments. 2008.
169 Stahl TP. 2010.
170 enHealth. 2001.
171 Harris, P et al. 2007.
172 Simpson, S et al. 2005.
173 Wismar, M et al. 2007.

nuances of the proposal being assessed.[174,175]

This essay presents examples of several HIAs that have been conducted in the south west of Sydney.[176,177] They illustrate the flexibility and applicability of HIAs across a number of decision-making contexts. They highlight the role that HIAs 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 2008–12[178] 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)[179,180,181] be conducted to inform the implementation of the plan. The purpose of the EFHIA was to focus on strategies that

174 Harris-Roxas, B et al. A Rapid Equity Focused Health Impact Assessment of a Policy Implementation Plan. 2011.
175 Glasbergen P. 1999.
176 Maxwell, M. 2007.
177 Maxwell, M et al. 2008.
178 SSWAHS. 2008.
179 Harris-Roxas, B et al. A Rapid Equity Focused health Impact Assessment of a Policy Implementation Plan. 2011.
180 Harris-Roxas, B et al. 2004.
181 Mahoney, M et al. 2004

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 focused 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.*[182] These precincts were planned to provide 12 000 new homes in Sydney's south west. The former 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 focused 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.

182 DIPNR. 2005.

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 SSWAHS 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 a 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'

approach[183] 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*.[184] A recommendation report containing 22 recommendations was developed for consideration by Anglicare.

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

- gained insight into the range of possible applications of HIAs
- gained the skills and knowledge to participate in future HIAs
- established a direct relationship with Anglicare, who have indicated a desire for them to have input into plans for future seniors living precincts

183 Harris-Roxas, B and Harris, P. 2007.
184 Harris, P et al. 2007.

- developed an understanding of the relationships between the determinants of health and the possible impacts, positive and negative, of plans, policies and projects.

Discussion

A HIA may have greatest usefulness when it is used selectively and strategically. As these cases show, HIAs 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 SSWAHS 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,[185] and these cases reflect that. It is tempting to imagine that if a 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 HIAs may either place a significant burden on the health sector, when it may not be sufficiently oriented to working intersectorally, or become tokenistic.[186,187,188] 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

185 Harris-Roxas, B and Harris, E. Differing Forms, Differing Purposes. 2011.
186 den Broeder, L et al. 2003.
187 Banken, R. Health impact assessment. 2003.
188 Banken, R. Strategies for instutionalising HIA. 2001.

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 HIAs can be relevant to decision-making at different scales. Increasingly HIAs are 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

The appeal of HIAs lies in their practical nature. HIAs provide 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.

HIAs are not a panacea. They seek to act on complex health causal pathways by intervening at the decision-making level. As such their impact is not always readily apparent. Often the benefits of HIAs lie in their direct and indirect impacts on decisions, implementation, ways of working and understanding.[189,190]

HIAs can provide a useful way forward to act on the social determinants of health. They provide health sector agencies, both government and non-government organisations and communities

189 Wismar, M et al. 2007.
190 Harris-Roxas, B et al. A Rapid Equity Focused health Impact Assessment of a Policy Implementation Plan. 2011.

with a framework to engage with decisions constructively. They provide the opportunity to influence decision-makers early in the planning process with a focus on those population groups likely to be affected.

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

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11

Towards a 21st century system of mental health care—an Australian approach[191]

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Our most precious natural resource, as individuals and as a nation, is our health. Sadly, in both developed and developing countries a major part of our health is sorely neglected—our mental health. Good mental health allows us to live longer, achieve more, have a better family life, more friends, and contribute to a safer and more productive society. Put simply, mental health means national wealth.[192]

We are increasingly coming to understand that mental ill-health lies behind a young woman's concerns about her body image, behind bullying and youth violence, and behind binge drinking and drug abuse. Mental ill-health weakens workplaces, burdens working families and drives the senseless loss of life from suicide. Our growing awareness of the widespread impact of mental ill-health on our lives has created overwhelming support for national action to break the silence around these issues, to end the neglect, and build a 21st century model of mental health care.

191 This article is adapted from an earlier article entitled '21st Century mental health care: what it looks like and how to achieve it' published in the *Australian and New Zealand Journal of Psychiatry*, volume 19, pages 5-11, 2011.

192 Beddington J et al. 2008.

DETERMINING THE FUTURE

a fair go & health for all

Martin Laverty & Liz Callaghan

connorcourt
PUBLISHING

Published in 2011 by Connor Court Publishing Pty Ltd.

Connor Court Publishing Pty Ltd.
PO Box 1
Ballan VIC 3342
sales@connorcourt.com
www.connorcourt.com

Title: Determining the future: a fair go & health for all /
edited by Martin Laverty and Liz Callaghan.

ISBN: 9781921421952 (pbk.)

Subjects: Medical policy--Australia.
Health planning--Australia.

Dewey Number: 362.10994

Front cover design, Ian James

This book was initiated by Catholic Health Australia, the body of Catholic hospitals and aged care services operating right across nation. The mission of the Catholic Church in healthcare is to heal the sick, with a special priority for the poor. In contemporary Australia, this healing mission is fulfilled through the operation of near to 10 per cent of the nation's public and private hospital beds. It is also achieved by a focus on the social determinants of health through provision of schools and university education and social services and outreach to people in socio-economic disadvantage.

The book has been authored by a number of expert contributors, each with their own views and different perspectives, most from outside the community of the Catholic Church. The views expressed in this book are those of the authors, and are not necessarily endorsed by Catholic Health Australia. No contributor has been paid for their work, and they will receive no royalties from book sales. Any profits from publication will be directed to a social determinant charity. Each author takes sole responsibility for what is said in these pages, and they have contributed out of a shared sense that Australia should take action in response to what is known about the social determinants of health.

CATHOLIC HEALTH
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Foreword

Frank Brennan,
Advocate in Residence for Catholic Health Australia, Catholic Social Services Australia and the St Vincent de Paul Society

In June 2010, Martin Laverty the CEO of Catholic Health Australia was appearing before a Senate Committee to give evidence about the COAG health reforms. In his opening statement he drew attention to a lacuna in the public discussion and policy planning. There was next to no reference to the social determinants of health. He said:

> I would be misleading this inquiry if I suggested we were entirely happy with the announcements that COAG made. We are critical of what was not actually agreed to. For example, income levels, as a measure of socioeconomic status, are a better predictor of cardiovascular death than cholesterol levels, blood pressure and smoking combined. Let us think about that for a moment. A person's access to income is more important to the chances that they face of dying of a heart attack than whether or not they have high cholesterol, high blood pressure or whether they smoke. The point I am making is that the social determinants of health, those factors that include housing, income, educational level, family support, supports at times of personal crisis in a person's life, can have more bearing on a person's health outcomes than access to health systems.

No senator had any interest in taking up this challenge. There were more immediate issues to tackle—like hospital funding and the mooted structure of Medicare Locals. Hopefully this publication will contribute to public discussion about the need for a new paradigm