



Centre for Primary Health Care and Equity

Never Stand Still

Medicine

Centre for Primary Health Care and Equity

HIA - what difference does it make?
Effectiveness of HIA in New Zealand,
Australia and beyond

Evaluating the effectiveness of HIA in New Zealand and Australia 2005-2009

Context

What we did

What we
found

So what



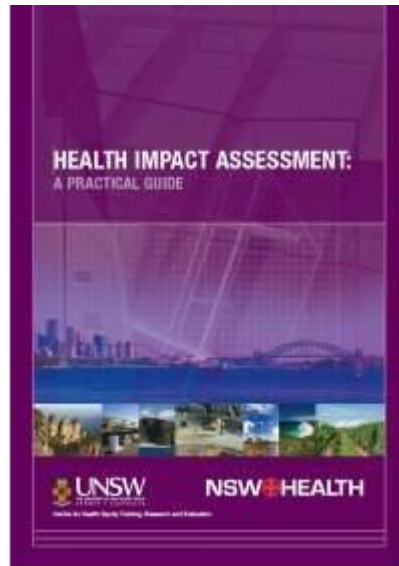
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Research that makes a difference



MECSH

Maternal Early Childhood Sustained Home-visiting



ACHEIA

**Equity-Focused
Health Impact Assessment
Framework**

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Australian Collaboration for Health Equity Impact Assessment



UNSW
THE UNIVERSITY OF NEW SOUTH WALES

CHETRE: Involved in conducting or supporting 44 HIAs

2004

Non-Emergency Health
Related Transport Policy HIA
Slow Stream Rehabilitation
HIA
Shellharbour Foreshore
Development HIA
Health Promotion Future
Directions HIA
Integrated Chronic Disease
Prevention Social Marketing
Campaign HIA
Healthpact EFHIA

an indirectly...

Healthy Eating Healthy
Action Strategic Framework
EFHIA
Eat Well For Life EFHIA
Videoconference Support
Scheme for Rural Specialists
EFHIA
Breastfeeding Action Plan
EFHIA
Cardiac Rehabilitation
Program EFHIA

2005

HIA of the NCAHS
Indigenous Environmental
Health Workers Proposal
Lower Hunter Regional
Strategy HSIA
Population Plan for
Bungendore HIA
Growth in Western Sydney
HIA
Health Home Visiting in
NSCCAHS HIA
Greater Granville
Regeneration Scheme HIA
Wollongong Foreshore
Precinct Plan HIA

2006

Health Service Planning in
GSAHS HIA
Liverpool Hospital Capital
Works HIA
*Good for Kids, Good for
Life* Aboriginal Childhood
Obesity Prevention
Strategy EFHIA
Rapid EFHIA of the
Australian Better Health
Initiative (NSW)

2007

Coffs Harbour *Our Living
City* Settlement Strategy
HIA
EFHIA of the Australian
Better Health Initiative (SA)
Oran Park and Turner
Road Land Release HIA
Lithgow 25 Year Strategic
Plan HIA
Desk Based EFHIA of the
Every Brushes Twice a Day
Project

2008/9

HIA of the Emergency
Intervention in the Northern
Territory (NT)
Opening Doors and Breaking
Down Barriers to Ongoing
Indigenous Education in
Broken Hill SHWIA
HIA on Sustainable farming
through managing native
grasslands in Southern
NSW
Rapid EFHIA on NSW STI
strategy
Goodooga emergency health
service

2010

Rapid Efhia Liverpool
hospital design phase
Townsville Centre
Redevelopment
Mackay Regional
Development Plan
Early childhood home
visiting
Social sustainability and
Health IA for Airds
Bradbury
Rapid Efhia Obesity
Management Plan
SSWAHS

2011

Chronic disease
management strategy
SSWAHS
HIA of small site rural
health service
reconfiguration
Mackay Housing Density
Strategy HIA

2012

Dental Health Strategy
Housing Masterplan
Health St



HIA in Australia



New Zealand



Internationally

- Use of HIA has expanded rapidly
- Growing number of case studies demonstrating utility
- But the conditions and prerequisites for HIA's effectiveness remain unclear
- Need to demonstrate effectiveness in influencing planning and implementation

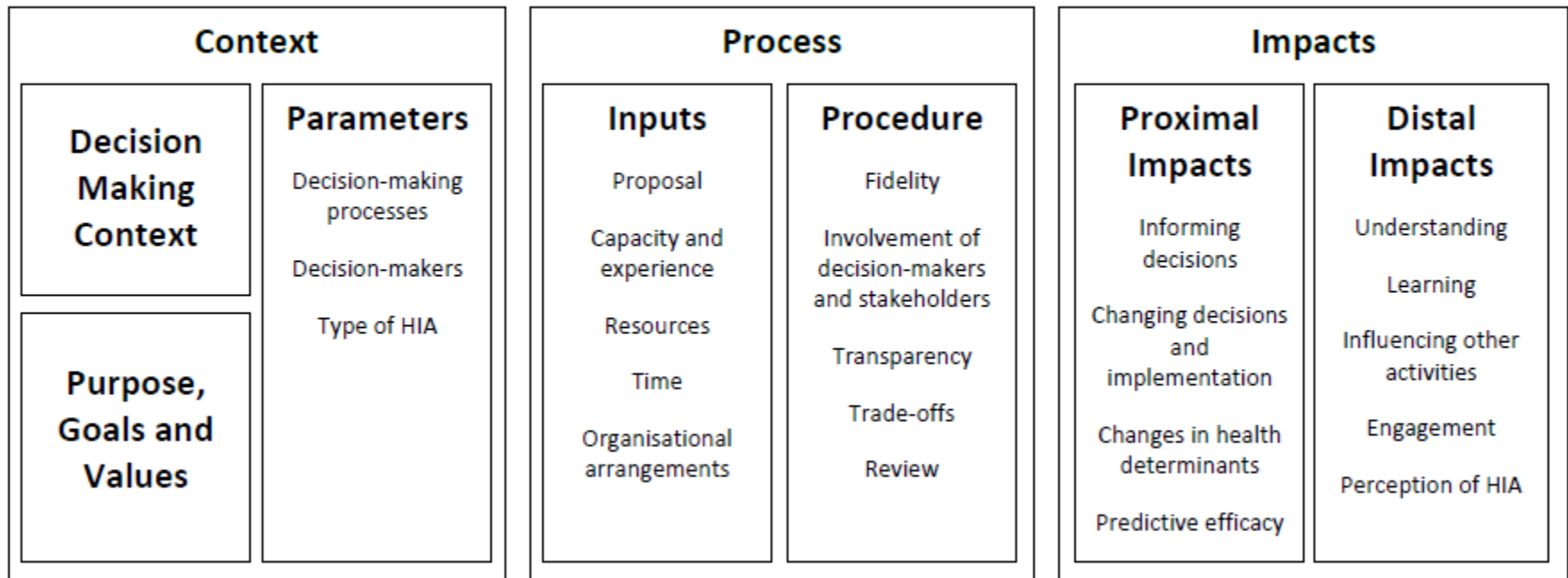
Wismar Framework

Four types of HIA effectiveness (Wismar, Blau, 2007)

		Modification of pending decisions	
		Yes	No
Health adequately acknowledged	Yes	<p>Direct Effectiveness</p> <ul style="list-style-type: none"> HIA-related changes in the decision Due to the HIA the project was dropped Decision was postponed 	<p>General Effectiveness</p> <ul style="list-style-type: none"> Reasons provided for not following HIA recommendations Health consequences are negligible or positive HIA has raised awareness among policy-makers
	No	<p>Opportunistic Effectiveness</p> <ul style="list-style-type: none"> The decision would have been made anyway 	<p>No effectiveness</p> <ul style="list-style-type: none"> The HIA was ignored The HIA was dismissed

Conceptual Framework

Conceptual Framework for Evaluating the Impact and Effectiveness of Health Impact Assessment (Harris-Roxas, Harris, 2012)



The Project

2 year project funded by Australian Research Council with an international team of investigators.

Investigators: E Harris, F Baum, B Harris-Roxas, L Kemp, J Spickett, H Keleher, M Harris, R Morgan, A Dannenberg, D Sukkumnoed, A Wendel

Researchers: H Ng Chok, F Haigh

Aim

To describe and explain changes to decision-making and implementation associated with the use of health impact assessments (HIAs) completed in Australia and New Zealand between 2005 and 2009.

Research Questions

1. Is there **evidence** that HIAs have changed decision-making and the implementation of policies, program or projects to strengthen positive and mitigate negative health impacts?
2. What **factors** are associated with increased or reduced effectiveness of the HIAs in changing these decisions and the implementation of policies, programs or projects?
3. What **impacts** do participants/stakeholders report following involvement in these health impact assessments
4. *How can we assess effectiveness*

Project diagram

Phase 1 (55)

Stage 1: HIAs conducted between 2005-2009 in NZ and Australia identified and assessed against inclusion criteria
Purpose: Identify HIA activity.

Stage 2: Quality of HIAs assessed using Review Package
Purpose: Assess quality and test usefulness of review package

Stage 3: Characteristics of HIAs identified
Purpose: Understand the scope and range of HIAs carried out

Phase 2 (47)

Stage 1: Questionnaire developed and sent to HIA contacts
Purpose: identify impact on decision making, contextual factors.

Stage 2: Follow up interviews
Purpose: clarify answers, gather additional information and identify potential case studies

Stage 3: Effectiveness assessed using Wismar Framework
Purpose: Assess effectiveness and test usefulness of Wismar Framework

Stage 4: Effectiveness categorisation adapted.
Purpose: Development of solution to identified weaknesses in Wismar Framework

Stage 5: Hypotheses relating to factors that can enhance HIA effectiveness developed.
Purpose: Identification of factors that enhance effectiveness

Phase 3 (11)

Stage 1: Develop and apply criteria for case study selection – feasibility, hypotheses, effectiveness, geographic spread.
Purpose: case study selection.

Stage 2: Interviews with ≥ 3 stakeholders in each HIA
Purpose: Gather evidence

Stage 3: Analyse transcripts coding for -conceptual framework, hypotheses, equity, HIA stages, effectiveness categories, plus emerging themes
Purpose: Analysis

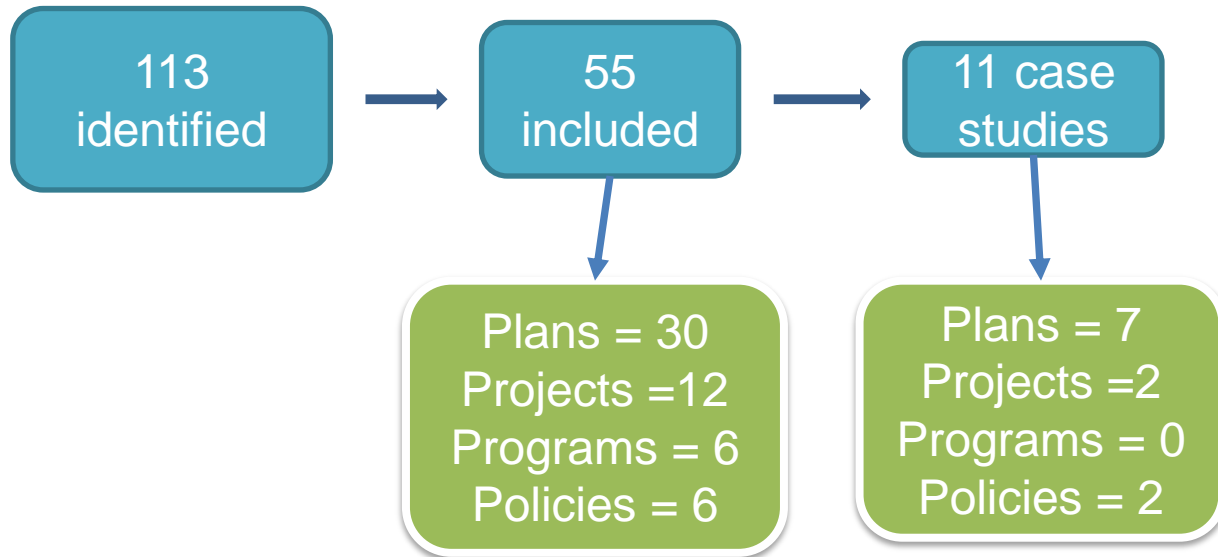
Stage 4: Assessment
Purpose: evaluation and testing of; conceptual framework, effectiveness categorisation, hypothesis, impact of HIA

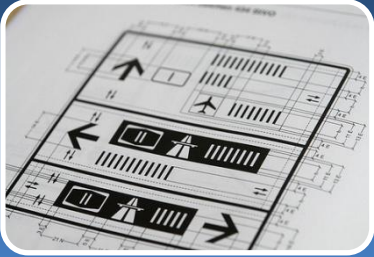
Stage 5: Forum:
Purpose: Dissemination, testing face validity and identifying implications for research, policy and practice.

Dissemination

Forum, Final technical report, Papers, Booklet

The HIAs





Mandated = 4



Decision Support = 48



Advocacy = 2



Community
Empowerment = 1

What we found

1. **Evidence** that HIAs have changed decision-making and the implementation of policies, program or projects.

Wismar framework

Direct Effectiveness 30 (64%)	General Effectiveness 11 (23%)
Opportunistic Effectiveness 3 (6%)	No effectiveness 3 (6%)

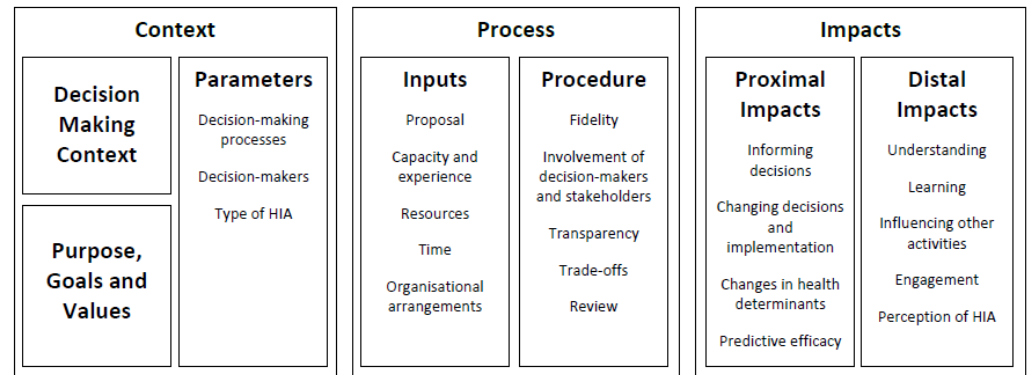
Case Studies

High	4 (36%)
Medium	7 (63%)
Low	0

2. What **factors** are associated with increased or reduced effectiveness of the HIAs?

- More important
 - Direct involvement
 - Intersectoral
 - Learning
- Less important
 - Timing
 - Depth/type

Conceptual Framework for Evaluating the Impact and Effectiveness of Health Impact Assessment (Harris-Roxas, Harris, 2012)



3. What **impacts** do participants/stakeholders report following involvement in these health impact assessments

- Direct
- General
- Opportunistic
- No effectiveness

4. *How can we assess effectiveness*

- Quality review problematic
- Wismar doesn't work
- Amended categorisation more useful
- Conceptual framework also useful
- More work to do...

What's interesting

HIAs make a difference

“So this study very much provided, I guess, a fairly strong frame work in which to then develop contractual obligations under the project.”

“Was there evidence of heightened HIA awareness in decision makers? Definitely, definitely, definitely, definitely and it certainly consolidated our relationships with both Departments”

“this is not an exaggeration, for me HIA is as vital as the air we breathe, you know, that’s how I see it.”

Direct involvement of DM important

“we saw drafts on the way through as well to be able to comment on too so the HIA helped inform those as well. But like I say they – I have sighted the, the actual – I want to say the guts of the report – content of the report being recycled.

Interviewer:

How did that make you feel?

Respondent:

Yeah I was gleeful when I saw that.”

“If in doubt, pull the HIA out. So often I find myself in council, as a councillor, we’re talking about re-development and saying well, wouldn’t it be prudent to get an HIA prior, you know,”

Right person at right level is not necessarily the top level

“if we had of said – had have gone to a, you know, general manager and said “Look we want to set up a partnership” maybe then they would say “No don’t worry, that’s not core business” so we didn’t do it that way. We went through almost the back door and got it.”... “so all of that just flowed really easily in engineering. Now, had we had to put a policy to Council that – that dealt with any of that, we would have been stuck in mud for years just trying to get it through the community services part of the division before it got to Council. So, we didn’t. So, we didn’t. But the engineers were really happy”

- Different perspectives on effectiveness
- Effectiveness can change over time
- Effectiveness takes time
- Evaluating HIA reports doesn't tell you much about effectiveness

<http://www.hiaconnect.edu.au/index.htm>

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