

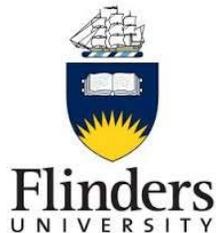


The effectiveness of HIA in Australia and New Zealand 2005-2009

Never Stand Still

Medicine

Harris E, Haigh F, Ng Chok H, Baum F, Harris-Roxas B, Kemp L, Spickett J, Keleher H, Morgan R, Harris M, Wendel A, Dannenberg A



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Study aim

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

Research Questions

1. Is there evidence that HIAs completed in Australia and New Zealand between 2005 and 2009 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 HIAs? (not included in this presentation)

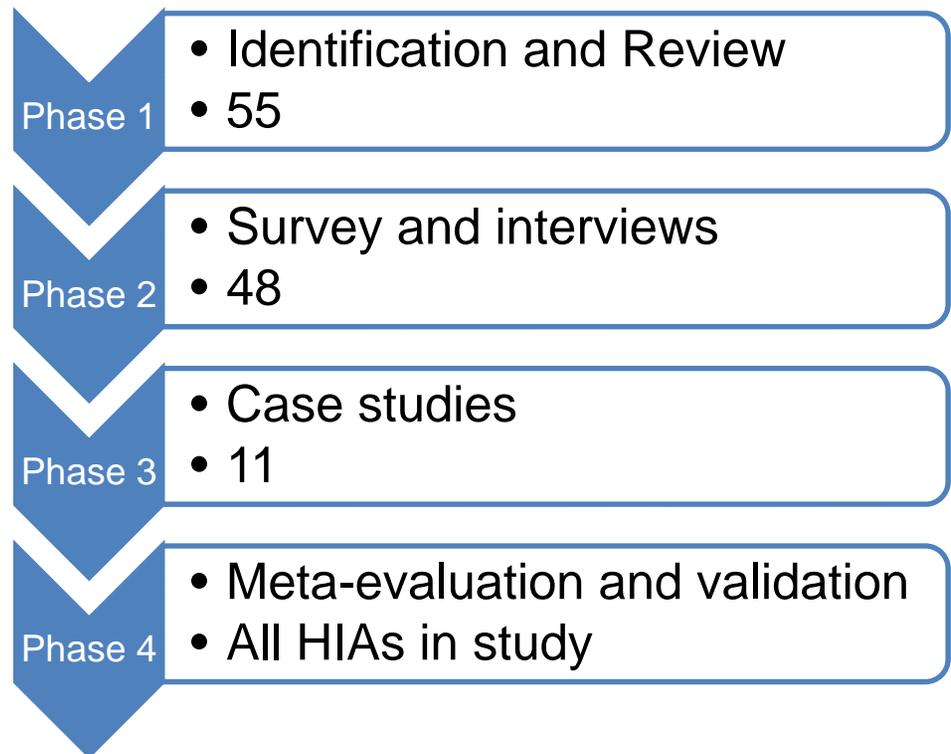
Methods

Phase 1: Identification of HIAs

Phase 2: Assessment of effectiveness (survey)

Phase 3: Eleven in-depth case studies (factors influencing effectiveness and impact on participants). Coded to test the conceptual framework

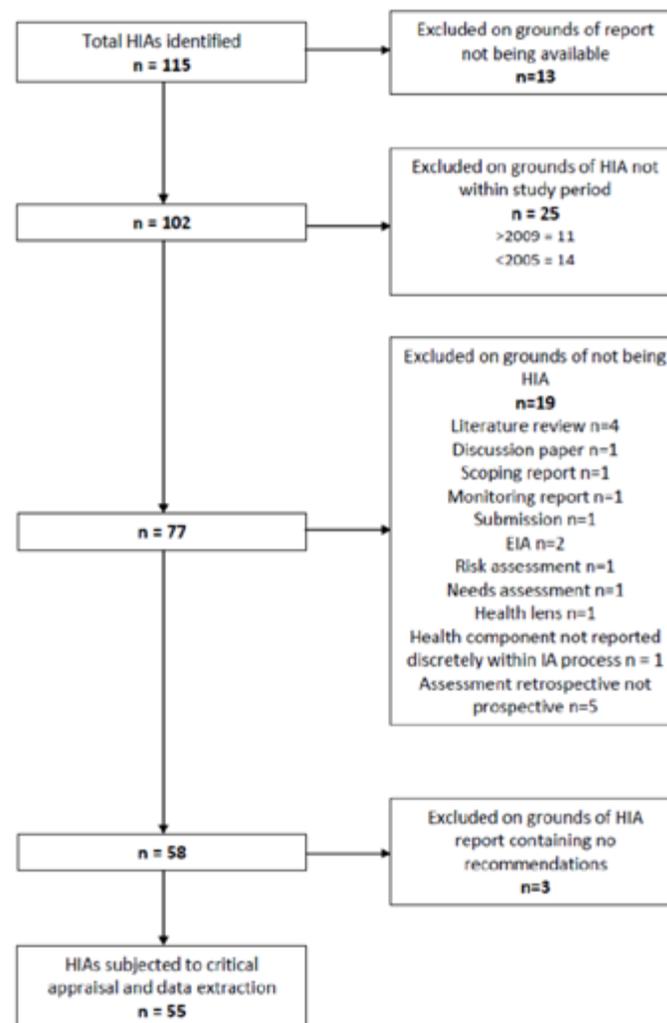
Phase 4: Validation workshops



Phase 1: Identification of HIAs

- Contacted key HIA practitioners in Australia & New Zealand
- Snow balling techniques, web searching
- Inclusion criteria: clearly HIA, in time frame, report publically available, able to contact an author
- 55 HIAs included in study

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Phase 2: Assessment of Effectiveness

Survey & interviews:

- Sent to person involved in 55 HIAs (Response rate 87%)
- Open and closed questions
- Self-assessment of effectiveness
- Active follow-up

Table: Wismar effectiveness categorisation with example (N=48) in our sample

Direct effectiveness 31 (66%)	General effectiveness 11 (23%)
Opportunistic effectiveness 3 (6%)	No effectiveness 3 (6%)

Factors associated with effectiveness

Association in survey data

- Support of the HIA process by decision-makers
- Whether decision-makers provided feedback about their decisions in relation to the HIA
- Whether recommendations were seen to be easily incorporated into the planning process
- Community engagement

Association in text analysis

- Intersectoral engagement
- Direct involvement of the “right person”
- Timeliness
- Learning

Contextual factors

- Largely done by inexperienced practitioners and policy makers
- Often done on issues where there was some conflict
- Many done as part of HIA capacity building projects

Phase 3: In-depth Case Studies

Selected 11 cases from total study base

- At least 3 people interviewed from each case study from differing backgrounds
- Purposive selected to reflect willingness to be involved; representing key features (direct involvement, inter-sectoral, timing, learning); level of effectiveness and mix of Australia/New Zealand
- Asked to tell story of their HIA, whether it was successful, in what way, what they saw as factors influencing success



Found evidence of direct and indirect impacts in survey and case studies

Direct

- Decision changed as result
- Proposal iteratively changed in line with HIA findings
- Scope of the HIAs impact broadened
- Report submitted into the decision making process
- Adopted in principle but may be amended to enable implementation
- Influences ways in which decision will be made

Indirect

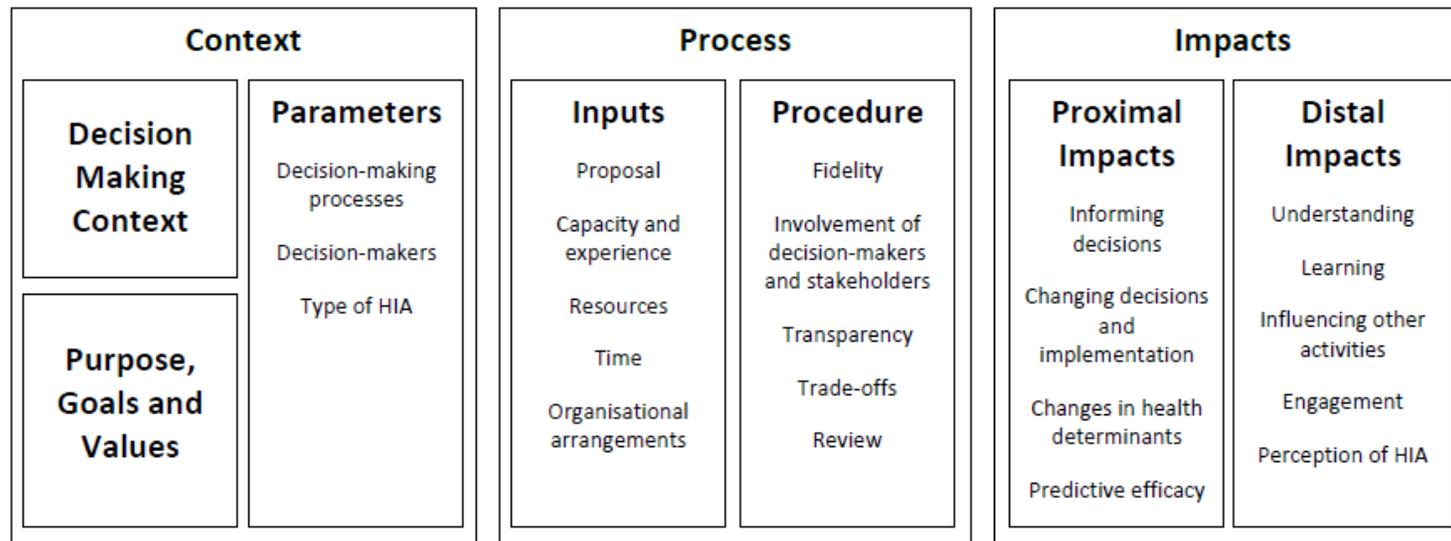
- Engagement of stakeholders
- Building productive relationships
- Leads to further HIAs and working relationships
- See mutual benefit to involvement in HIA
- Significant learning:
 - Technical skills
 - Conceptual skills
 - Social skills



Testing the conceptual framework

We found the conceptual framework a useful way to analyse the case studies although need to discuss meaning given to specific terms by those involved, for example, proximal/distal impacts, trade offs.

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



Phase 4: Validation Workshop

- Meeting of investigators was held to review and confirm the findings
- One day open workshop was held for key practitioners and policy makers to check the face validity of the findings



Summary

89% of HIAs in this study were found to be directly (66%) or generally effective (23%)

This supports HIA becoming a standard in public approach in public health practice

The right person in the right place at the right time seems strongly associated with success.

However who this is, their position and timing appears to be flexible



Conclusion

Unlikely that any one or cluster of factors can guarantee the effectiveness of HIA

High level of direct and general effectiveness in this study suggests importance of

- understanding the key role of personal relationships
- scanning the environment to be in position to influence the decision in a timely way



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