



## COMMITTEE REPORT

**Title:** HEALTH IMPACT ASSESSMENT – A REPORT ON THE WORK OF THE PUBLIC HEALTH ADVISORY COMMITTEE

**Date:** 8 August 2006                      **File Ref:** HC50-06-6

**Attention:** Hon. Pete Hodgson, Minister of Health

### EXECUTIVE SUMMARY

This report describes the Health Impact Assessment (HIA) work of the Public Health Advisory Committee (PHAC) over the past two years. At the request of the former Minister of Health, the Hon Annette King, the PHAC has promoted HIA in central and local government, reviewed uptake of HIA and evaluated agency experience of HIA. The PHAC's work and advice builds on international experience of HIA.

HIA provides a way of systematically embedding consideration of the impacts of public policies on health and health inequalities into the routines of policy development across sectors. The work of the PHAC has generated considerable interest in systematic consideration of health impacts and resulted in eight successful HIAs. Evidence has been gathered about the benefits of policy HIAs in the New Zealand context and about the enablers and barriers to non-health agencies undertaking HIA.

The PHAC has identified that a range of strategies are required to make HIA an integral part of policy development processes in central and local government. These include statutory and regulatory recognition, a common language to engage other sectors, public health and HIA expertise to support HIAs, building capacity for HIA, and modelling by the health sector.

The PHAC is planning to publish and distribute a comprehensive public document detailing HIA experiences in New Zealand before the end of the calendar year.

## RECOMMENDATIONS

The recommendations are that you:

- (a) **agree** that the Ministry of Health take the lead in establishing an HIA support unit or team, with a ‘whole of government’ focus, utilising partnerships that reflect an appropriate mix of agencies and expertise, and configured to achieve the following functions: **Yes / No**
- promote HIA to central government agencies<sup>1</sup>
  - support central government agencies outside health that choose to undertake HIA, with a focus initially on assessing policies that have the potential to impact on the obesity epidemic
  - support HIA brokers (most likely to be health agencies) at local government level by providing guidance and information
  - provide/co-ordinate HIA training courses
  - provide a public health evidence base for HIA
  - facilitate monitoring and evaluation.
1. The HIA support unit or team be supported by an intersectoral external reference group with central and local government representatives to advise on appropriate entry points for HIA.
- 2.
- (b) **agree** that the Ministry of Health develops a plan for embedding the formal consideration of health impacts (including institutionalising HIA) into public policy-making processes, which: **Yes / No**
- takes a comprehensive approach and focus on a number of different levels
  - includes elements of the recommendations listed below.

### At a central government level

#### **Legislation**

The PHAC recommends:

- statutory recognition for policy-level HIA in the proposed Public Health Bill. Inclusion in the Public Health Bill would initially be enabling rather than enforceable but with a built-in review of the effectiveness (with performance measures) of voluntary uptake. (Note that you have agreed to this in principle in response to Committee Report 20061218)

<sup>1</sup> The assumption is that public health units will perform this function at local government level

### ***Cabinet Office guidance***

The PHAC recommends that:

- the Ministry of Health investigates the potential for Cabinet Office guidance as a means of ensuring that central government agencies take the health impacts of policies into consideration
- any Cabinet Office guidance on consideration of health impacts embodies a 'whole of government' ethos where potential health impacts are considered throughout the policy development process rather than a 'tick box' approach at the end of a Cabinet Paper.

### ***Role of the Ministry of Health***

The PHAC recommends that:

- the Ministry of Health shows that it takes wider health impacts into consideration when developing its policy, undertaking HIAs where appropriate. For instance, papers to Executive Team include a requirement to show the effect of any proposal on health and health inequalities
- the Ministry of Health develops a formal procedure for responding to other agencies' requests for input, to ensure all relevant aspects of health and health inequalities are covered. The PHAC favours a cross-directorate team with an agreed template to assess policy proposals.

### ***Inclusion of HIA tools in policy development processes***

The PHAC recommends that:

- HIA tools are included in the Ministry of Health's policy analysis toolkit ('the policy wheel')
- the Ministry of Health works with other agencies to see that HIA tools are included in policy analysis manuals and toolkits across sectors and are amended for agency-specific application where required
- the Ministry of Health works with the Ministry of Transport and Land Transport New Zealand to develop a protocol or Memorandum of Understanding to guide the inclusion of HIA in the development and review of strategies and policies
- the HIA Support Team works with the Ministry for the Environment to prepare guidelines for HIA application in the resource management context.

### ***Role of the 'control agencies'***

The PHAC recommends that:

- the Ministry of Health explores the feasibility of agencies with an oversight role for government agencies (such as State Services Commission, the Treasury, the Ministry of Economic Development [regulatory impact assessment], and the Office of the Auditor General), to require agencies to show how they have taken health and wellbeing into account in the development of their policies. This would include the feasibility of including consideration of health and wellbeing impacts in Statements of Intent across sectors.

**Integration with other forms of impact assessment**

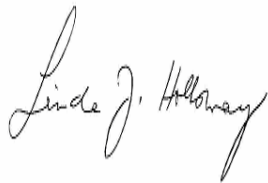
The PHAC recommends that

- the Ministry of Health explores the feasibility of integrating HIA with other forms of impact assessment (for example social and environmental). In considering this approach, it is important that health is an explicit component of the integrated model
- the HIA Support Team give consideration to how HIA techniques can be better integrated into resource management procedures. This could involve inclusion of an explicit requirement or a principle in the resource management legislation.

**At local government level**

The PHAC recommends that:

- in any future review of the Local Government Act 2002 that consideration is given to including a statutory recognition of HIA or related process, as an additional Principle stated in the Act
- the Ministry of Health ensures that funding mechanisms for public health action, and other forms of support, facilitate the brokering and support of HIA at a local level.



Linda Holloway  
**Chair National Health Committee**



Geoff Fougere  
**Chair Public Health Advisory Committee**

**MINISTER'S SIGNATURE:**

**DATE:**

## REPORT

### PURPOSE

1. This report informs you of the work of the Public Health Advisory Committee (PHAC) over the past two years on implementing and evaluating Health Impact Assessment (HIA) of public policies, programmes, and plans in central and local government.
2. Note that the PHAC has previously provided advice to you on the inclusion of HIA in the Public Health Bill (Committee Report 20061218). In addition, the PHAC will publish and distribute a comprehensive report on HIA towards the end of the calendar year.

### BACKGROUND INFORMATION

3. The Health Impact Assessment (HIA) approach is anchored in the recognition that health is largely determined by the impacts activities outside the health sector have on the health of populations and on health inequalities. Understanding the potential impact of public policies on the health of the population should therefore be an integral part of the policy development process across government. This understanding is more than the use of a tool such as HIA. It involves developing an agency ethos that recognises the potential for policies to lead to health benefit or harm, and acting to enhance positive and mitigate negative impacts. HIA is just one way of achieving this.
4. In theory, good policy analysis should consider all relevant beneficial or adverse effects of policy options, both direct and indirect. In practice, however, the impacts of policies on the health of the population are usually not explicitly or implicitly considered by other sectors.
5. Public policies aim to benefit the whole population but can also produce unintended and unanticipated negative effects on sub-populations and widen health disparities. The HIA approach provides one way of assisting decision-makers to identify potential impacts and put equity and health on their agenda in a more transparent and systematic way.
6. In 1998, the National Health Committee (NHC) recommended in its report on Social, Cultural and Economic Determinants of Health in New Zealand that an explicit process be developed to assess policies for their potential impact on health. The 1999 Labour Party Manifesto contained a commitment to put in place procedures requiring all policy proposals to Cabinet to be first audited for their effects on public health. In 2000, the New Zealand Health Strategy included as its first objective to “assess public policies for their impact on health and health inequalities”.
7. In this context, the former Minister of Health requested the NHC to develop a health impact assessment framework for assessing public policies that she could discuss with her Cabinet colleagues. When the Public Health Advisory Committee was established in August 2001, it picked up the HIA project from the NHC.

8. When the PHAC first embarked on this project, HIA was not widely recognised or practised in New Zealand, and virtually unknown at policy or planning level. Over a two year period, the PHAC developed the “Guide to Health Impact Assessment: a policy tool for New Zealand” which the former Minister launched in March 2004.
9. In addition, the PHAC made recommendations to the former Minister of Health regarding the implementation of HIA in New Zealand. These recommendations included the need for:
  - investment in capacity-building for HIA
  - a staged approach to implementation
  - a dedicated HIA support unit
  - a link to the government’s sustainable development programme
  - encouragement of local government to use HIA
  - inclusion of HIA in the proposed Public Health Bill.

The attached Committee Report 20034659 has a full version of the original recommendations, and Health Report 20045932 contains the Ministry of Health and former Minister’s responses.

10. In response to these recommendations the former Minister requested that the PHAC actively promote HIA to central and local government and work with the Ministry of Health to find out:
  - the reasons for agencies using or not using HIA
  - any positive and negative experiences of its use
  - any changes that resulted from its use.

The Minister also agreed that a staged rollout of HIA include:

- promotion and dissemination of HIA to local and central government
  - training in HIA for central and local government
  - evaluation of uptake of HIA
  - evaluation of two or three HIAs over two years.
11. To assist the PHAC with this task, the Ministry of Health provided \$50,000 from the Initiatives Fund for the first year (2004/05) and \$75,000 for the second year (2005/06).
  12. The following description of activities, outcomes and conclusions focuses on the second year of the project, building on the progress report to the Minister at the end of the first year (Committee Report 20058670) which is attached.

## **DESCRIPTION OF HIA ACTIVITIES TO DATE**

### **Promotion and dissemination of HIA to local and central government**

13. In order to be effectively advised about feasible entry points into central and local government agencies and policy-making processes, the PHAC established

an External Reference Group. This group comprise senior officials from the Ministry of Social Development, Housing New Zealand Corporation, Ministry of Transport, and Local Government New Zealand. Membership also included individuals with public health and HIA expertise from the Ministry of Health, University of Otago, Auckland Regional Public Health Service, New Zealand Association of Impact Assessment, and Quigley and Watts Ltd.

### ***Central government***

14. The PHAC has promoted HIA with central government agencies in the following ways:

- the PHAC Chair met with Chief Executives of a number of government agencies
- the project team (PHAC secretariat plus contractor) met with senior staff, held discussions with policy teams, and conducted seminars with planners and policy analysts in a number of settings
- more than 20 formal presentations were made to central government agencies.

These activities have been supplemented by independent work by Quigley and Watts Ltd.

15. The purpose of the meetings was to introduce the process and the HIA Guide and to assist the agency to select a policy that was under development and would benefit from HIA. The meetings also helped to identify resources to assist in the completion of the HIA and ways to embed HIA into the agency's policy-making processes. In order to do this effectively it was necessary to introduce concepts of the wider determinants of health and their relevance to public policy decision-making.

### ***Local Government***

16. Promotion to local authorities was largely in response to requests for assistance, often as a result of local government and Public Health Unit staff attending HIA training workshops. A close relationship was developed with Local Government New Zealand which provided an avenue for contact with local authorities. Much local government activity around HIA is being generated by Public Health Units, especially those where staff have attended the HIA training courses.

### ***Building capacity***

17. A two-day HIA training course was developed by the PHAC in partnership with the University of Otago, Mary Mahoney of Deakin University and Quigley and Watts Ltd. It was piloted at the 2005 Wellington School of Medicine and Health Sciences Summer School. Since that time the course has been modified in response to participant evaluation and provided in Auckland, Wellington, and Christchurch to around 200 policy advisors from across sectors, including many from DHBs and the public health sector. The courses provide an opportunity for participants to gain hands-on experience of each of the steps in the HIA

process on a real or hypothetical public policy. The evaluations of the course have been overwhelmingly positive.

### **Supporting HIA activities**

18. The PHAC has financially supported the development of HIAs in two ways:

a) *Funding seminars and screening workshops within particular agencies.* For non-health agencies, the focus has been on increasing the agencies' understanding of the wider determinants of health, often by screening policies currently under development for their impact on health. Those that have taken place in the health sector have focused on the methodology, the entry points for HIA in other agencies, and 'hands-on' practical examples. Seminars have been held for Regional Public Health, the Institute for Public Administration, and the Auckland Policy Network (of Auckland based central government policy staff).

Screening workshops have taken place in:

- Ministry for the Environment (to explore the possibility of an HIA on drinking water quality standards)
- Transit New Zealand (to explore the possibility of an HIA on a review of a state highway management policy manual)
- Food Standards Australia and New Zealand (on its standards management approach)
- ACC (to determine if HIA would assist in policy development for an older person's health intervention).

b) *Part-funding HIA expertise* for agencies that wished to explore its relevance and/or undertake an HIA on a policy under development. HIA expertise was used to provide input into meetings with senior managers, to facilitate scoping and/or appraisal workshops, for conducting HIAs and for preparing reports on the findings.

### **Review of agencies' experience of HIA**

19. Reviews have been conducted with the aim of answering the former Minister's questions about what makes agencies choose or not choose to undertake an HIA, their experiences of carrying out the HIA, and what changed as a result. An independent survey of the people in agencies, which had had some exposure to HIA during the course of the project, was undertaken to identify barriers and enablers to HIA in the policy development process. Some of the agencies that had carried out an HIA were also interviewed by members of the PHAC project team who had not been involved in the HIA. The purpose was to explore agencies' experience of HIA and what happened as a result.

### **HIA Conference**

20. A conference "HIA - An idea whose time has come" was held in June 2006 to reflect on what had been achieved over the past two years, what had been learnt, and how to take HIA into the future. The conference was a partnership between the PHAC, the University of Otago and Quigley and Watts Ltd. The

conference attracted a wide range of agencies and organisations across sectors. Participants formulated some agreed recommendations that will be sent to you in a separate letter.

## **SUMMARY OF OUTCOMES AND FINDINGS**

21. This section summarises the outcomes and findings from the PHAC's work over the past two years to:
- promote and support HIA in the public sector
  - review agencies' experience of completed HIAs
  - find out why agencies do or do not undertake HIAs.

### **Promotion and support of HIA**

#### ***Completed HIAs***

22. A total of seven full HIAs and one partial one (screening only) were completed or initiated during the term of the PHAC project. The majority of these were in the local government sector:
- Avondale Liveable Communities Plan – described in paragraph 25 below
  - Greater Christchurch Urban Development Strategy – described in paragraph 25 below
  - Mangere Centre Growth Plan – this small and focused HIA assessed the potential impact on obesity of aspects of urban design of the Mangere town centre. It involved Counties Manukau City Council and Auckland Regional Public Health Service. A copy of the report of this HIA is attached.
  - Wairau/Taharoto Transport Corridor – a plan to widen a four-lane road to include a cycleway, a walkway and a bus lane with North Shore City Council, Auckland Regional Transport Authority and Auckland Regional Public Health Service. Observers from Transit New Zealand were present.
  - Future Currents: Electricity scenarios for New Zealand 2005 to 2050 – described in paragraph 25 below.
  - Drinking Water Capital Assistance Programme which assessed the potential impact of the drinking water subsidy scheme on Māori health. It was sponsored by the Ministry of Health.
  - Screening of National Environmental Standards for Drinking Water for their impact on population health. This was sponsored by the Ministry for the Environment.
  - Greater Wellington Regional Land Transport Strategy – this HIA is underway and will be completed by 6 August 2006. This is an important HIA that will model how HIA can assist the transport sector in meeting its public health objectives. This is funded by the Greater Wellington Regional Council and strongly supported by the Regional Public Health Service.

In most cases, but not all, the PHAC provided some initial resource in the form of HIA technical expertise or mentoring in the initial stages of the HIA.

### ***Responses from central government agencies***

23. The social development, housing and transport sectors were identified as the key focus for promoting use of HIA. Responses from these agencies were initially positive but getting HIAs underway in central government agencies has been difficult.
- The Ministry of Social Development (MSD) has established an HIA special interest group but has not yet resourced an HIA. This lack of progress has been disappointing given the potential impact social development has on health inequalities and the initial support MSD gave to the concept of HIA.
  - Housing New Zealand Corporation and Department of Building and Housing initially committed to an HIA on the review of building standards but this did not eventuate, perhaps due to change in personnel working on the policy.
  - The Ministry of Transport gave consideration to doing an HIA on Auckland road congestion charges policy but chose not to continue. This was partly because of the belief that informal assessment of traditional environmental health concerns such as air pollution was adequate, and partly due to resourcing issues.
  - Other central government agencies (Transit New Zealand, Accident Compensation Corporation, Food Standards Australia and New Zealand) have accepted training workshops but none of these agencies have undertaken an HIA.

### ***HIA activities subsequent to attending training***

24. Around 200 policy-advisors and public health practitioners attended the two-day HIA training course described in paragraph 17. 'Graduates' of this course have taken a lead role in HIA activities since their training. These activities included:
- initiating the formal use of HIA in their agencies (two were completed) and the informal use of HIA as a desktop tool to use in policy analysis and writing submissions to local councils
  - promotion of HIA in their own and other agencies through presentations and seminars. The training gave 'graduates' the confidence to do this
  - building an HIA requirement into on-going work planning (two 'graduates')
  - using the wider determinants of health as a basis of planning. This was a key change in 'graduates' approach to their work after the course
  - widespread action to get HIA used in the development of Regional Land Transport Strategies, which was seen as the key local issue for HIA use
  - for one public health agency, developing a new and effective role at strategic level. 'Graduates' in other public health agencies reported an organisation-wide move to using the wider determinants of health approach for analysing strategies and programmes.

## Agencies' experiences of Health Impact Assessment

25. The positive and negative experiences of three agencies' that undertook an HIA were sought by interviewing representatives from key agencies and stakeholders involved.
- The Avondale Liveable Communities Plan - an Auckland City Council planning project undertaken to guide intensification in that suburb. It was subject to a consultant led HIA undertaken at short notice and in a compressed timeframe. The HIA was funded by the Auckland Regional Public Health Service (ARPHS). Stakeholder involvement was principally community level agencies, local staff from central government departments and the Community Board.
  - The Greater Christchurch Urban Development Strategy (UDS) - a community-based collaborative project to manage the impact of urban development and population growth within Greater Christchurch. It involves four local authorities, central government and local business and community leaders who meet regularly as the UDS Forum. The UDS was subject to a HIA led by the Community and Public Health staff and although the majority of participants were from that organisation, Christchurch City Council also played a key role.
  - The Future Currents: Electricity Scenarios for New Zealand 2005 - 2050 – a report by the Parliamentary Commissioner for the Environment (PCE) that explores two different futures for electricity supply and demand in New Zealand. The HIA was commissioned to identify the health and wellbeing issues associated with the two scenarios. Stakeholder involvement comprised representatives of the energy sector and related organisations.
26. In addition in 2003, the PHAC undertook an HIA of Transfund's Passenger Transport Funding Review. The purpose of this review was to inform the development of PHAC's HIA Guide. A summary of the review is included in the attached progress report of 4 August 2005 (Committee Report 20058670).
27. The following summary describes the experiences of these agencies and the influences the HIA had on the policies under consideration. More detail is contained in the attached report, "Health Impact Assessment in New Zealand: Experience at a policy level" prepared by Martin Ward.

### ***Policy agency***

28. The experiences of the policy agency<sup>2</sup> were strongly positive. For them the HIA:
- drew out new information and improved the understanding and use of existing information by looking at the policy through a health and wellbeing lens

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<sup>2</sup> The agency that 'owned' the policy on which the HIA was undertaken.

- was a more effective process for engaging stakeholders than had previously been used in the policy process. For example:
    - Ngai Tahu actively participated in the Greater Christchurch UDS through the HIA, when previously there had been a lack of a meaningful involvement
    - Auckland City Council developed contacts with locally-based central government agencies and a new relationship with the Auckland Regional Public Health Service
    - the Parliamentary Commission for the Environment involved a new set of stakeholders with new perspectives
  - facilitated an improved understanding of participating organisations' roles and activities, especially the wider role of the public health units beyond the more commonly understood statutory roles
  - brought a greater understanding of the links between urban planning and public health outcomes for the policy agency staff.
29. In each HIA the policy agency encountered difficulties in securing stakeholder participation due principally to scheduling of workshops. For two of them there was some initial scepticism in parts of the organisation about the value of the HIA. There were, however, no negative experiences reported.

### ***The public health agencies***

30. The experiences of the public health agencies<sup>3</sup> were also strongly positive. For them the HIA:
- established a more positive relationship with policy agencies that opened up new opportunities for collaboration. For example Regional Public Health (Hutt Valley DHB) with PCE and City Councils in Auckland and Christchurch with their public health units
  - gave opportunities for staff to make a difference at a strategic level
  - strengthened internal capacity and functionality, especially for the ARPMS which has now funded three HIAs.

There were some negative experiences, but they were all internal to the organisations.

### ***The stakeholders***

31. The experience of stakeholders<sup>4</sup> was predominantly positive. For them the HIA provided an opportunity:
- to introduce information and knowledge based on their organisations' experiences which often dealt with the social consequences of planning decisions

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<sup>3</sup> for all three HIAs the public health agency was the regional public health unit

<sup>4</sup> includes the participants in the HIA appraisal workshops from outside the policy agency and some from within but not directly involved in the particular policy area

- to engage with the policy agency, often for the first time. They believed that their participation had provided them with better engagement in the policy process
  - to engage with other organisations across sectors, gaining increased insights and knowledge about each other. In one case, agencies from both public and private sectors with a common interest in waste management met for the first time in the context of the HIA.
32. The negative experiences related to the compressed time frames and short notice of the workshops, particularly the Avondale ones. There was some frustration that key stakeholders were not able to participate because of the short notice. (Note that the timeframes were governed mainly by the timing of Council meetings and were unavoidable.)

### ***Intersectoral collaboration***

33. In all three HIAs, intersectoral collaboration was improved with increased recognition by agencies outside health that their activities had an impact on health and wellbeing. In all three cases the HIAs involved stakeholders who had not been engaged with the policy agency previously and who appreciated the potential for establishing an ongoing relationship.
34. In Auckland and Christchurch the HIA experience has established new, strong and sustainable relationships, particularly between the City Councils and the public health units. This outcome was considered by an interviewees as one of the best outcomes of the HIA process.

### ***Impact of HIA on the policy***

35. The three HIAs are all at different stages of influence in the policy process.
- The Avondale HIA has had 33 of its 35 recommendations accepted by the Auckland City Council, which is now using the proposed changes to inform the contracts let to implement the urban intensification framework (Avondale Future Framework). The changes most commonly added detail for improved community outcomes, (such as accessibility for disabled people and access to green spaces and community facilities) rather than proposed large scale changes. This reflects the fact that the HIA took place during the late stage in the plan's development. The Avondale Liveable Communities Plan project leader said that if she used an HIA-based process earlier then she would have saved both time and money and delivered a better product.
  - The Greater Christchurch HIA recommendations were more process focused, such as the establishment of cross-sectoral working parties for selected determinants of health to provide advice on the development of the UDS, and increased focus on HIA. The recommendations were endorsed by the UDS Forum and were incorporated into the UDS Community Charter.
  - The Future Currents HIA was undertaken almost a year after the completion of the original report on the scenarios was published, so did not

have a direct influence on it. However, it introduced sufficient new and relevant information to warrant a separate supplementary report, which is still being prepared at the time of writing this report.

### ***Influence on related activities***

36. The Auckland City Council has recognised the value of the HIA approach and has, subsequent to the Avondale HIA, arranged a training course jointly with the Auckland Regional Council. In addition, the Community Development section of the Council is using the HIA approach as a methodological basis for assessing community wellbeing factors in Mt Albert, including consideration of the wider determinants of health and community outcomes already identified. This will give health a high profile in the Liveable Communities Plan. Once piloted, it is expected that the approach will generate interest from other local authorities.
37. Christchurch City Council has, subsequent to the Greater Christchurch HIA, seconded a public health specialist to bring an understanding of the wider determinants of health into their ongoing policy work.
38. The Parliamentary Commissioner for the Environment has found the HIA to be sufficiently helpful in assisting identification of supplementary information that the agency will use the approach in its ongoing work.

### **Factors determining why agencies do or do not undertake an HIA**

39. Information about the factors that influence whether agencies undertake an HIA has been gathered from HIA workshop participants, international experience<sup>5</sup>, and an independent survey carried out by Phoenix Research<sup>6</sup>. The Phoenix Research survey involved 28 interviews with 13 agencies that had had some exposure to HIA. Five of these agencies had undertaken or were in the process of undertaking an HIA and eight had made no commitment. Both both central and local government agencies were interviewed.

### ***Perceived enablers of HIA***

40. Factors influencing whether an agency undertook an HIA included understanding the potential benefits of HIA, support for HIA within the agency, and access to a suitable tool and expertise.
  - The survey showed a strong correlation between understanding the potential impact the agency's activities have on health and wellbeing (through the wider determinants of health) and interest in and use of HIA.
  - Identifying that the HIA process might assist in meeting statutory responsibilities was a strong driver. For example, its links with the local authority requirement to promote and protect community wellbeing.
  - The ability to see how HIA would fit into the policy making process and contribute positively to the policy was essential.

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<sup>5</sup> full report attached

<sup>6</sup> full report attached

- Confidence to undertake the HIA process was a key factor. This was most often gained by HIA training and access to public health and HIA technical expertise
- Political support and support from senior management was seen to be critical for HIA 'champions' within the agency.
- Funding and expertise provided by the public health sector (PHAC and public health units) was critical in getting HIA started. Policy agencies were more likely to provide resources after they had an experience with HIA. This is consistent with international findings which show a correlation between the establishment of an HIA support unit and the sustainability of HIA
- Positive experience of HIA was a predictor of further commitment to the HIA approach.
- Access to a locally-based tool is seen internationally as important. There was a generally positive response to the PHAC tool.
- Statutory recognition or requirement for HIA was put forward as an important incentive for HIA in responses to the Phoenix Research survey. (One interviewee questioned why you would spend time and resources on an activity that was not required by law.)

### ***Perceived Barriers to HIA***

41. A variety of barriers have been identified through PHAC's work with agencies, international experience and the Phoenix Research survey.
  - Cost is the barrier most often identified by interviewees in New Zealand and internationally. A strong theme from the New Zealand survey was that the health sector would need to provide the entire funding for an HIA. However in other countries the policy proponent is expected to fund the HIA. It is likely that some funding from the health sector is required, at least initially, to engage agency interest in HIA. Those agencies who have undertaken an HIA have found it to be cost effective.
  - Lack of capacity is also seen as a barrier especially for central government agencies that see HIA as yet another call on their time. This is also consistent with international findings and overseas this has led to an exploration of how HIA might be integrated with other impact assessment processes.
  - Lack of confidence was an issue for many of the New Zealand interviewees who had not been involved in an HIA. However, interviewees who had undertaken HIA training and had access to public health and technical support expressed confidence to take on an HIA.
  - There is a perception that current policy development processes are sufficient to identify potential health impacts, especially in central government agencies. The survey found that few agencies use formal processes to identify health impacts and many central government agencies rely on consultation with the health sector at the end of a Cabinet paper process, when there is little opportunity to influence policy direction.

- Confidentiality of the policy process especially at central government level can make cross sectoral stakeholder involvement difficult. However, it would not preclude an HIA being carried out 'in-house'.
- Lack of confirmation and support by senior managers was consistently identified in the survey as a significant barrier. The PHAC has also recognised this as important. Frequently in its HIA work, the PHAC was able to gain the support of the CEO and operational staff of an organisation but found access to and gaining support of senior managers much more difficult, especially in central government agencies.
- There is a common perception among policy makers who have not taken part in an HIA that it would delay policy development by being an additional process to complete. Those who have experienced an HIA, report that its systematic approach assisted rather than delayed the policy process.

### ***Local and Central Government - difference in take-up rate***

42. Health impact assessment has been picked up by local government and is gaining momentum in this arena whereas, apart from the PCE, central government agencies have not yet taken up HIA. This has occurred even although there has been support from Chief Executives and Ministers, and seeding funding from the PHAC.
43. Local authority policy-makers have been quick to see the links between the wider determinants of health, and the social, cultural, environmental and economic wellbeing of their communities they are required to promote in the Local Government Act 2002. They also see HIA as a vehicle to bring key stakeholders together, including the community, and to develop intersectoral working relationships. HIA is a good fit with local authority approaches to policy issues.
44. Central government agencies have a history of developing policies in a 'silo' environment. Close collaboration across sectors is still a relatively new practice and there is a strong culture that consultation on Cabinet papers only occurs once the direction of a policy has been set. In addition, PHAC has found that central government agencies tend to believe that existing policy processes are sufficient to pick up health impacts and HIA is just another layer in an already complex process. Central agencies do not have as strong legislative drivers for public health as local government. The exception is the transport sector which, in spite of legislation with strong public health purpose and objectives, has not yet recognised the value of HIA.
45. The Land Transport Management Act provides an opportunity for the health sector to work more closely with the transport sector to ensure positive health outcomes from transport policies, programmes and plans. Use of HIA would greatly assist in meeting the public health objectives during the development and review of Regional Land Transport Strategies (RLTS).

## CONCLUSIONS

46. During the course of the its work on HIA, the PHAC has reached conclusions about what is needed to ensure a future for HIA at a policy level in New Zealand. These conclusions have been based on HIA experience in New Zealand, the PHAC's reviews of HIA uptake and overseas experience.
47. The PHAC has also made some observations about project-level HIA in a resource management context.

### **Embedding consideration of health and wellbeing in policy development processes**

48. The HIA approach is based on a broad definition of health that considers both direct and indirect effects, positive as well as negative. It therefore has the potential to address a wide range of factors affecting health outcomes. It is a flexible and systematic approach undertaken early in the policy development process, which can be modified according to constraints of time, resources and priorities. The PHAC recognises, however, that HIA is not the only way to consider health in the development of policies, programmes and strategies. Therefore, while the following options focusing on HIA they include a range of approaches for consideration of health in policy development.
49. International experience has found that without an explicit process, such as HIA, the availability of technical information on the expected health impacts is unlikely to be sufficient to influence decision-making to any significant degree. If policies from other sectors are to have a positive impact on health and avoid unintended consequences, consideration of health, wellbeing and health inequalities needs to be embedded into the policy development processes. The process of incorporating HIA into existing rules and procedures has come to be known as 'institutionalisation.'
50. 'Institutionalising' the consideration of health impacts is only likely to be effective if it happens in a number of ways and at different levels of policy development. New Zealand and international experience has found that encouraging non-health sectors to embed the consideration of public health implications into policy making in a meaningful way requires:
  - guidance of statutory and regulatory recognition
  - provision of assessment tools, expertise and training
  - modelling of the practice, and support of the health sector.

#### ***At central government***

51. Experience throughout the PHAC HIA project has shown that there is very little formal consideration of the potential impacts on health and wellbeing of central government policies and strategies. When health is considered it is most likely to be within a very narrow range of health impacts that do not take the wider social and economic determinants of health into consideration.
52. As described in paragraph 23, a number of central government agencies gave a partial commitment to undertaking an HIA but did not follow through for a variety

of reasons. This low uptake should be examined with a view to identifying effective levers to encourage agencies to adopt HIA as a routine practice. Some options are outlined in the following sections.

### Legislation<sup>7</sup>

53. Internationally HIA at a policy level has remained largely an activity with no statutory backing, although some countries have statutory recognition of HIA in public health legislation. This recognition signals, to all public sectors, the need to take responsibility for the effect their actions may have on the health of the whole population and of sub-groups within that population.
54. International evidence shows that legal frameworks constitute one of the strongest means for changing the processes for policy development, particularly at a national level. The PHAC has found that some local authorities have been quick to identify how policy-level HIA can assist in fulfilling their legislative responsibilities. While there is no explicit requirement for local authorities to undertake HIA, the requirement to consider community well-being and to consult with the community to identify 'community outcomes' under the Local Government Act 2002, provides a de facto legislative prescription. There is no similar incentive at central government level.
55. Legal frameworks are unlikely to be sufficient to make major changes to policy development and planning processes. Support and administrative frameworks are also needed. These could be a mix of centrally and locally-based support teams, memoranda of understanding, Cabinet Office guidance, training and access to locally-based tools.

### Cabinet Office guidance

56. Consideration of the health implications of proposed policies could be a requirement at Cabinet level. Cabinet papers could be required to demonstrate how health and wellbeing had been considered *during the development of the proposal*. The focus would be on promoting meaningful opportunities for health input during the policy development process and not just as a tick-box at the completion of a Cabinet paper.

### Role of the Ministry of Health

57. When the Ministry of Health is consulted by another government agency, it is important that the response represents the considered view of the Ministry as a whole. To achieve this, formal guidance on Ministry responses to other agencies could be developed. To ensure all health implications are considered, along with fiscal and other implications, this guidance would be best presented in the form of a checklist. In Wales, a Ministry of Health cross-directorate team jointly assess policy proposals. The PHAC would favour this approach.
58. Although the work of the PHAC has not included consideration of the health impacts of policies from the health sector, the Ministry of Health should model

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<sup>7</sup> This section is a repeat of the PHAC advice on including HIA in the Public Health Bill (Committee Report 20061218). This advice also included further discussion of HIA in legislation, including international experience, which has not been repeated here.

good practice. For instance, through requiring papers to the Executive Team to show how any proposal would contribute to health gain and reduce inequalities. The cross-directorate team as described in paragraph 75 could be a vehicle for implementing this. In addition, the HIA process has the potential to improve decision-making in the health sector.

#### Role of the 'control agencies'

59. The State Services Commission, the Office of the Auditor-General, the Ministry of Economic Development (with regard to regulatory impact), and the Treasury, all have roles in monitoring other government departments. These monitoring roles could be used to ensure health and wellbeing are considered in policy development across government. For example, Statements of Intent from all relevant agencies could be monitored for commitment to giving consideration to impacts on health and wellbeing. The PHAC has not explored the feasibility of this idea but believes it to have merit.

#### Inclusion of HIA tools in policy development manuals

60. Most sectors have a policy development guide or manual, which contains with a variety of associated tools. HIA tools should be included in the toolkits of all relevant sectors and supported by training on their use. While the PHAC has made some useful initial progress in providing training on HIA, there is still substantial scope for training policy staff.

#### Integration with other forms of impact assessment

61. In some countries there is a trend towards integrating HIA with other forms of impact assessment, as another way of putting health on to the policy agenda. In Finland, impact assessments on health and on social outcomes have been merged to focus on Human Impact Assessment. This approach has some merit, not only for time efficiency, but also because the term such as 'Human Impact Assessment' may be more marketable to non-health sectors (see paragraphs 69 and 70).
62. Other options may be to merge HIA with Strategic Environmental Assessment (the environmental policy-level equivalent of HIA) or to combine health, social, environmental and economic impact assessments. However, the greater the combination, the larger the risk that health impacts will be subsumed by the other issues. The PHAC believes that if an integrated assessment model is attempted in New Zealand then it is important to ensure that the health component is an explicit part of the model.

#### ***At local government***

63. Local government in New Zealand has some important legislative drivers that give HIA status in assisting local authorities to meet their public health obligations. The Health Act states that it is the "...duty of every local authority to improve, promote, and protect public health within its district". The Local Government Act 2002 recognises the wider determinants of health in its purpose which is "to promote the social, economic, environmental and cultural

wellbeing of communities .....” These pieces of legislation position health as a core local government responsibility.

64. In addition, HIA fits well with the ‘normal’ routines of local government that seek to engage communities. Other incentives for local government include their requirement to identify community outcomes by consulting with the community. Ideally, the HIA process is participative and inclusive, providing local government with a tool and incentive to include communities and other key stakeholders. For example, Greater Christchurch succeeded in engaging Māori in the Urban Development Strategy discussions by using the HIA process.
65. A further encouragement to local government would be to explicitly introduce recognition of HIA or related process into the Local Government Act. This could be done by including an additional Principle into S14 of the Act, with a reference back to the purpose of the Act (S10).
66. Public Health Units have been key players in engaging local government agencies. It is crucial that Ministry of Health funding mechanisms for public health action facilitate the brokering and support of HIA at a local level. The Ministry’s Public Health Service Plans are beginning to include HIA. This is an important development. The PHAC also sees potential for district health boards to have a role in the brokerage of HIA.

#### ***In a resource management context***

67. In New Zealand, the purpose of the Resource Management Act 1991 includes reference to “protection of natural and physical resources in a way, or at a rate that provides for their social, economic and cultural wellbeing, and health and safety”. However, because HIAs are not required under the Resource Management Act they are rarely carried out in any formal or systematic way. Local authorities tend to ‘implement and monitor’ then deal with public complaints, rather than predict impacts and adjust the policy before implementation.
68. If an explicit legislative requirement for resource management to include HIA is not feasible at this point, other means of encouragement should be put in place. Although the Ministry of Health published guidelines in 1995, these may not have currency in the environment sector. A key role for an HIA support team (see paragraph 75) would be to work with the Ministry for the Environment to develop a protocol or guidance specific to the environment sector. HIA within the environmental policy context was not a focus of the PHAC work and further analysis is required.

#### **Developing a common language**

69. The PHAC experience of promoting HIA to other sectors has emphasised the need to use language that will engage other sectors. In many cases, the initial reaction from other sectors is that ‘health’ is the responsibility of the health sector alone. The word ‘wellbeing’ is more likely to engage other sectors, especially local government and social development, and encompasses a broad definition of health and its determinants.

70. It may be that a term other than HIA would be more marketable to other sectors. The disadvantage of using another term is that Health Impact Assessment is an internationally recognised term. There are however, some examples of different terminology. For example, Finland uses 'Human Impact Assessment' (a meld of Social Impact Assessment with HIA) and 'Wellbeing Impact Assessment' has been used in a local authority context in Yorkshire, England.

### **Providing public health and HIA expertise**

71. A key finding from the PHAC HIA work, which is strongly supported by international experience, is the need for public health support and HIA expertise in promoting and undertaking HIA. Effective health impact assessment assumes an understanding of the wider determinants of health and the linkages with health outcomes. It also relies on experienced practitioners to broker and guide the process, at least initially. For instance, the nine London mayoral strategies required public health and HIA expertise for the first few HIAs, after which local government had acquired sufficient expertise to continue unaided.
72. Internationally there is an association between wide-spread use of HIA and the existence of a dedicated HIA support team. In British Columbia in the early 1990s, dedicated individuals succeeded in putting HIA on the policy agenda. However, this success was dependent on individual rather than institutional impetus and, when the HIA policy advisors moved on the momentum for HIA was not sustained. HIA is now being established again in British Columbia after more than a decade with institutionally-based HIA support.
73. International experience shows that institutional impetus for HIA is more likely to be maintained where there is a dedicated HIA support unit or team. Such a team promotes HIA, supports agencies that undertake HIA, and provides a resource for evidence and evaluation. Ideally a dedicated team would have a 'whole of government' remit and, to achieve sustainability, be a partnership between a mix of agencies.
74. The PHAC secretariat, together with consultants, and individuals from the University of Otago, has in effect fulfilled the role of a small HIA support team at a central level. The experience within the support team has included strategic policy, academic/teaching experience, and technical expertise (including impact assessment experience and public health knowledge). With backing from an intersectoral external reference group providing advice on entry points, the team has been effective in spite of being a relatively small resource. The PHAC recommends this model to sustain HIA in New Zealand and believes that its effectiveness has, at least in part, been due to its independence from mainstream government departments.
75. The PHAC recommends that the Ministry of Health take the lead in establishing an HIA Support Team, rather than setting up the team solely within the Ministry. A team residing within the Ministry of Health with no external partners would be vulnerable to other Ministry priorities and political change. The HIA Support Team needs to be backed by an intersectoral external reference group comprised of senior policy advisors from a range of key public agencies, along with HIA and public health expertise.

76. The PHAC has not directly funded a complete HIA but directed its resource into giving agencies access to HIA consultancy. In the Phoenix Research survey of agencies there was a general feeling by staff in other sectors that HIAs should be funded by the health sector. The PHAC is of the opinion that in the current non-prescriptive environment there should not be any set formula. Rather each HIA should be funded on merit and where funding can be accessed. If HIA were to be made mandatory, the funding source would need to be clarified. The standard international model where resource management HIA is a legal requirement is that the Health Impact Statement is funded by the proponent and the assessors of that statement fund the assessment.
77. At a local level, some Public Health Units have been providing the functions of HIA support teams. Strong leadership in this area has come from Public Health Units in major centres, especially Auckland and Christchurch. This has required the Ministry of Health to support such approaches in its contracts with Public Health Units. Health impact assessment is now appearing in Service Plans of Ministry of Health contracts. This needs to continue and expand through use of funding models that are flexible enough to support HIA and other intersectoral collaboration.
78. The PHAC acknowledges that it is the larger local authorities supported by equivalently large Public Health Units which have had the capacity and flexibility of funding to support HIA. Further work needs to be done to find ways to encourage and support HIA in the smaller centres to ensure geographical equity.

### **Building capacity for HIA**

79. Capacity building needs to occur both within and outside the health sector. Because policy HIA is a relatively new discipline, confidence and experience needs to be built along with professional development pathways. The implementation of the Ministry of Health's Public Health Workforce Development Plan should provide opportunities for skills development for HIA and other collaborative approaches
80. Because HIA has a strong health inequalities focus, it is an important tool for identifying potential impacts on already disadvantaged populations. There has been strong interest from Māori in HIA during the course of the PHAC project. It is important that this interest is fostered in Māori and Pacific communities by building capacity within these communities.

### **IMPLICATIONS FOR REDUCING INEQUALITIES**

81. Public policies, through the wider determinants of health, may impact differentially on sectors of the population, resulting in health inequalities. These health disparities are potentially preventable and therefore unacceptable.
82. Reducing health inequalities is one of the primary goals of HIA. By embedding HIA into public policy development processes, the potential impacts on health inequalities will be identified early in the process. This will inform the process so that the proposed policy can be modified for the most positive effect on health inequalities.

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