

RESEARCH TO REVIEW UPTAKE OF HEALTH IMPACT ASSESSMENT

RESEARCH REPORT FOR

PUBLIC HEALTH ADVISORY
COMMITTEE

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Authors:

Allan Wyllie
PhD, MSocSci

Lara Mulgrew
DipCompNursing, GradDipChild Psychotherapy

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1 SUMMARY

OBJECTIVES AND METHOD

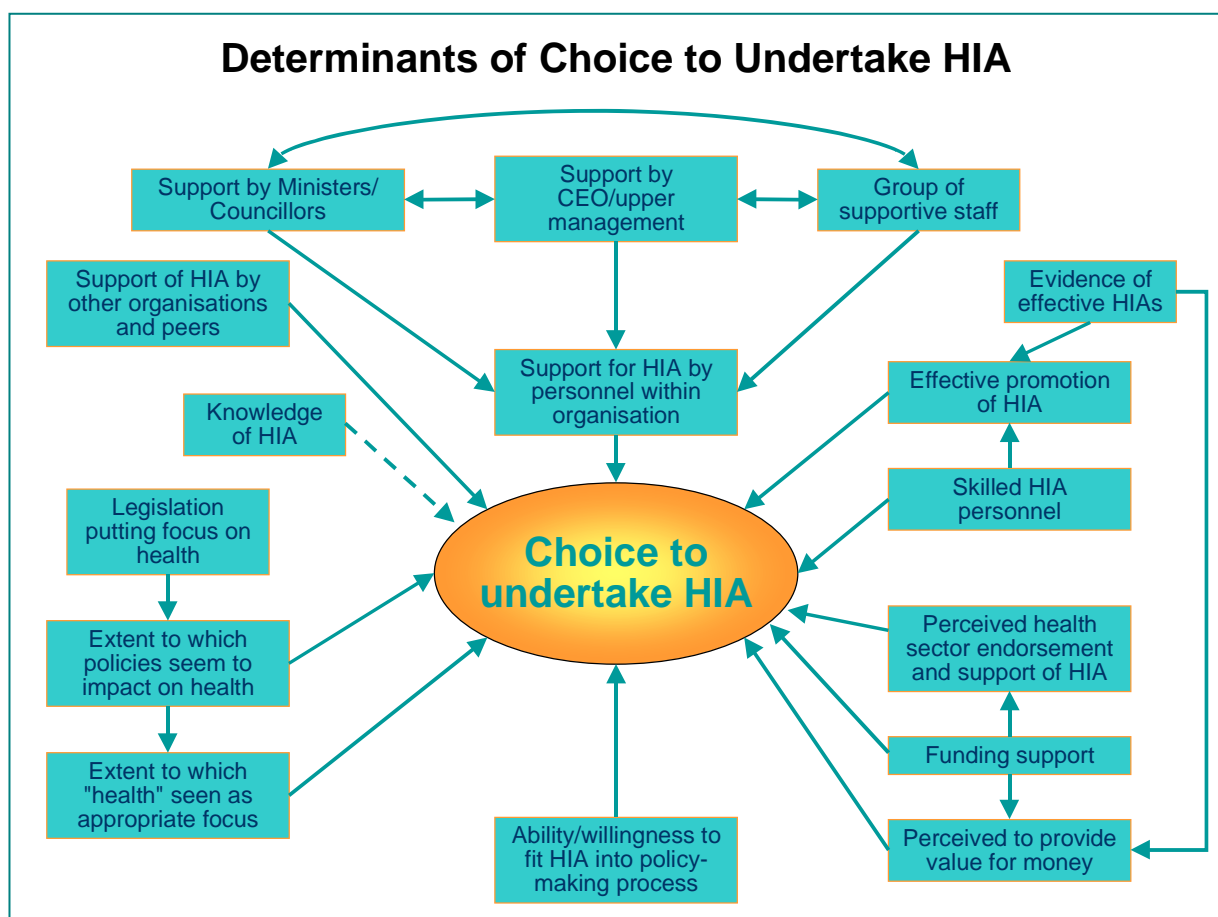
The overall aim of this study was to identify potential opportunities for, and barriers to the uptake of HIA in central and local government agencies.

Twenty-six interviews were undertaken with 28 key informants from 13 different agencies. Five agencies had undertaken or were in the process of undertaking HIAs, the other eight had been approached but had not yet committed to an HIA.

DETERMINANTS OF CHOICE TO UNDERTAKE HIA: BARRIERS AND OPPORTUNITIES

The diagram which follows presents the key determinants as to whether organisations choose to undertake and HIA and these are described below.

- Support for HIA by personnel within the organisation operates at three levels:
 - ♦ Level of support by elected representatives (Ministers/Councillors)
 - ♦ Support by the CEO/upper management
 - ♦ Having a group of supportive staff
- The perceived level of health sector endorsement and support of HIA was important; if the health sector is not strongly behind it, why should they be?
- Health sector support was also demonstrated by willingness to contribute to HIA funding, which many felt was necessary and appropriate, as this was an initiative to improve health. Funding was a key issue for a number of people
- People want to be confident they will get value out of the time and resources they put into an HIA; evidence of other effective HIAs helps to provide that confidence
- This is part of the effective promotion of HIA, and there were differing opinions as to how HIA should be best promoted and how well it was currently being promoted
- The support of HIA by other organisations and peers within those organisations contributed to the uptake of HIA
- Personal knowledge of HIA did not appear to be so critical, as some strong supporters of HIA only had limited knowledge
- It is easier to get uptake of HIA if the organisation's policies have a clear and strong impact on health
- Legislation that puts a focus on health (as with local bodies and the transport sector) enhances the extent to which HIA is seen as relevant
- There were a number of people with a concern that HIA imposed a health focus, whereas they wanted to retain their focus on social or other issues; this related to issues around the breadth of the health definition used in HIA and how HIA fitted with other tools, such as social impact assessment
- There were also potential barriers with fitting HIA into the policy making process due to factors such as the perceived extra demands it placed on already complex processes and the risk that it would slow the process down too much



OTHER FINDINGS

- All those interviewed had some understanding of the impact of their policies on health
- There was a strong correlation between the perceived relevance of their policies to health and the interest in and use of HIA; the less they saw the link with health, the less the interest in and use of HIA.
- There was only a limited focus on addressing inequalities within current policy processes and some people seemed to have a limited understanding about the reducing inequalities
- Health impacts are currently often not considered in a systematic manner in policy development and many of the people could see that HIA would provide a structure that would overcome this
- All had at least a basic understanding of the purpose of HIA, although some people had quite limited knowledge
- There were differing opinions as to when in the policy making process HIA should be used
- Most mentioned benefits of HIA in terms of contributing to better policy, particularly in terms of improved health outcomes
- A number of people, particularly those who had done HIAs, mentioned the benefits of having greater collaboration with other stakeholders
- The HIA tool (guide) generally received very positive comments
- Several persons noted that a legislative requirement would obviously make a big difference to the use of HIA

NEED FOR SUPPORT

- Some people did not realise the current support for HIA was funded by the Ministry of Health (via the PHAC)
- As noted above, health sector support (financial and otherwise) was seen as critical and needing to be maintained
- Most people did feel a HIA support centre would be of value and some were very keen for such a centre

CONCLUSIONS

The following are the conclusions derived from this study as to strategies that would be likely to contribute to the greater use of HIA in New Zealand (the final Discussion chapter outlines the thinking behind some of these conclusions). It is acknowledged that other factors need to be taken into account when considering these strategies, the most obvious being budget implications.

- The health sector demonstrate strong endorsement and support of HIA
- The Ministry of Health continue to provide funding support for several years
- Continue to fund the promotion of HIA
- Establish a small HIA support unit headed by an appropriately skilled person who is not also an HIA service provider
- Where possible and required, provide funding support to sectors undertaking their first HIA
- Ensure the health sector are well informed about HIA and its value and the importance of promoting its use when engaging with other sectors
- More clearly communicate that the reason the health sector is not leading by example is that HIA is inappropriate for use within the health sector
- Seek to reach senior management via State Services Commission management training seminars and conference
- Where necessary, spend more time with agencies in order to understand their policy development processes and identify ways in which HIA can be integrated into this
- Modify the HIA guide to reflect this option of integrating HIA into existing processes or as a complement to other processes (such as social impact assessment)
- Continue to encourage and support champions within organisations
- The health sector as a whole strengthen communications as to the importance of policies addressing inequalities

2 INTRODUCTION

BACKGROUND

The Public Health Advisory Committee (PHAC) is an independent statutory committee appointed by, and advising the Minister of Health, through the National Health Committee (NHC). The PHAC was established under the New Zealand Public Health and Disability Act 2000 to provide independent advice to the Minister on public health issues, including factors that impact on the health of people and communities.

In 2004, the NHC published the first version of the Guide to Health Impact Assessment and has since been working with central and some local government agencies to promote the use of health impact assessment (HIA) during their policy development processes. At the time of publication of the Guide, the Minister asked that PHAC further investigate:

- a) the reasons for agencies choosing or not choosing to undertake HIA
- b) the positive and negative experiences of HIA for those that did undertake an HIA
- c) what changed as a result of the HIA

This research solely addresses question a). The PHAC is separately researching the two questions relating to the experience of those agencies that have undertaken an HIA (b and c).

AIM AND OBJECTIVES

OVERALL AIM

- To identify potential opportunities for, and barriers to the uptake of HIA in central and local government agencies.

OBJECTIVES

1. To gauge the understanding interviewees have of the impacts their policies may have on health and wellbeing and on health inequalities.
2. To gain an understanding about how potential health impacts are addressed in policy development
3. To gauge the level of knowledge of, and interest in HIA at a policy level
4. To identify the barriers that have prevented agencies undertaking an HIA, or to identify the circumstances that led to HIAs being undertaken
5. To identify any potential opportunities/drivers for an HIA to be undertaken by each agency
6. Identify other factors that would support the future uptake of HIA

The fourth objective was identified by PHAC as the key one.

3 METHODOLOGY

RESEARCH METHOD

Twenty-six interviews were undertaken with 28 key informants from 13 different agencies. Interviews typically lasted between 30 and 45 minutes and were undertaken by phone by the two researchers who prepared this report. Interviews were taped to assist with analysis.

The PHAC determined the actual people to be interviewed, which included five agencies who had undertaken or were in the process of undertaking HIAs, plus eight that had been approached but had not yet committed to an HIA. All but one person was able to be contacted and interviewed.

A letter was sent to all participants from the PHAC advising them of the research and this was accompanied by an information sheet from Phoenix Research, which addressed confidentiality and other ethical matters.

Where there was considered any chance that an individual or organisation could be identified by the comments reported (even though these details were not specified), this section of the draft report was sent to participants for approval prior to submission to the PHAC.

REPORTING

The following chapter "Findings" outlines all the key findings emerging from the study. This is reported as communicated by the participants. There is no researcher commentary on the implications of the findings in that chapter; that is done in the following chapter, "Discussion and Recommendations".

4 FINDINGS

UNDERSTANDING OF IMPACT OF POLICIES ON HEALTH, WELL BEING AND HEALTH INEQUALITIES

All of the key informants spoken to were aware of some potential impacts of their policies on health, especially if using the wider definition of health as used in the HIA guide (i.e. including well being). The extent of the perceived impact on health varied, but many of the people did see their policies as having a major effect on health. There were a few who saw health only as a "spin off" from their main focus or as something that was a small part of the mix compared with other likely impacts. There was a strong correlation between the perceived relevance of their policies to health and the interest in and use of HIA; the less they saw the link with health, the less the interest in and use of HIA.

Councils are still coming to terms with what role they should be taking in health since the Local Government Act has given broad powers/responsibilities to councils to address public health. For example one person indicated that they were not sure how much their focus should be on advocacy versus direct provision of public health services. Engagement with the health sector (e.g. public health team in local DHB) was seen as key to developing a clearer understanding of the roles councils should be taking.

The transport sector are also aware that the New Zealand Transport Strategy requires them to have some focus on health.

Several people spoken to did not have any particular focus within their organisations on **inequalities** and some of these people seemed to have a limited understanding as to what this was. This was apparent both at central and local government levels.

HOW POTENTIAL HEALTH IMPACTS ARE ADDRESSED IN POLICY DEVELOPMENT

Policy development process

To understand how potential health impacts are currently addressed in policy development it is necessary to begin by looking more widely at the policy development process. It was noted that all government departments are required to provide regulatory impact statements outlining the effects of proposed policies on the public. While all the government departments/ministries and local government councils had processes that they went through to develop policy, few were using tools as formalised as HIA. For example, one person noted that they did not use any systematic tool or policy manual such as the HIA guide and acknowledged that it was probably "not a bad idea". This comment related to all of their policy development, not just assessing health impacts. However they felt that the training people received on policy processes equipped them adequately for developing policy. Another person noted that they did have a manual, but that each project was different and the manual was only referred to when needed.

The extent to which health implications were considered depended on how relevant health was perceived to be to the particular policy in relation to the other issues that needed to be considered. Many of the people could see that HIA would provide a structure that would ensure health issues were considered in a more systematic manner than at present. There is further discussion of this issue in the "Barriers" section under the heading "Fitting HIA into the policy process".

Perceptions as to how HIA fits with other forms of impact assessment

Many key informants mentioned other forms of impact assessment that might possibly overlap with the role of HIA, although there did not appear to be widespread use of these. The alternatives mentioned were:

- Social Impact Assessment
- Strategic Impact Evaluation
- Strategic Environmental Assessment
- Cost-Benefit Analysis
- Risk Assessment
- Assessment of Environmental Impacts

Of these, Social Impact Assessment was the most mentioned. Strategic Impact Evaluation was mentioned by just one person and was seen to be focussing on the four issues of social, environmental, economic and cultural impacts. The person who mentioned strategic environmental assessment felt it only had a small focus on health and social impacts, so perceived HIA to be a logical extension. One person felt that HIA "still boils down to ... good solid cost benefit analysis"; they saw cost-benefit analysis as the basis of all effective policy analysis. Another felt that they were effectively doing HIA, but they called it Risk Assessment. They did however feel that the "set", "structured" approach of HIA was useful.

One person felt their Assessment of Environmental Impacts did cover many of the issues included in HIA. Others made some mention of Environmental Impact Assessments undertaken as part of the Resource Management Act (RMA), but it was considered that these did not usually address issues from any health perspective. There was however some mention of the RMA addressing cultural issues¹.

Another person felt Sustainability should be the umbrella structure under which HIA and other impact assessments took place. They felt that if HIA was part of an integrated approach it would reduce the risk that it was just seen as another task that had to be undertaken as part of the policy development process (as some people perceived to currently be the case with things like gender and treaty issues).

The relationship between HIA and Social Impact Assessment (SIA) was part of a wider discussion for people who had a focus primarily on social issues. They had a reluctance to focus specifically on health, to prioritise it. One noted that they "don't see the world through a health lens". Associated with this was a feeling that those promoting HIAs did not really appreciate this issue adequately and were only focussed on getting the health issues addressed. One person felt it was being inappropriately promoted as a "catch all" tool, but they would only use it in conjunction with other tools.

These people were predominantly, but not always, from organisations that had not implemented HIA. This group felt that at least some acknowledgement that other impact assessments may also be appropriate alongside an HIA (e.g. environmental, economic, possibly social) would assist. Given the policy process is difficult, something that linked the assessment of these things together as much as possible would be appreciated. These people acknowledged that they thought of health more

¹ It should be noted that EIA undertaken as part of the RMA are called Assessments of Environmental Effects and do not address policies, programmes or plans.

narrowly (e.g. "when things go wrong with bodies") than the HIA definition of health; they would see well being as a social rather than health issue. They wanted to keep to a limited health focus with HIA, as they would address social issues in other ways. They felt that the wider health definition would make sense if you are a health organisation, but not if you have a social or other broader focus.

Within this context, SIA was seen by this group to be more appropriate to their focus than HIA. These people tended to see SIA as having a wider scope than HIA, one person referring to HIA as a "subset" of SIA.

One council person noted that it has been a challenge to try and get SIA used, so it will be even more of a challenge for HIA, given (what they perceived as) its narrower focus. Another noted that some staff had very recently attended SIA training, but the Council was not currently using it much.

One person, who had been involved in a lot of social/health impact analysis overseas, preferred not to use terms such as this, as it leads to academic issues as to what should be undertaken within which label. This person had a strong community focus and noted that you can't say to a community come and focus on health determinants and not look at well being and social determinants.

Another person felt that a risk with broadening HIA to cover social issues (as the wider wellbeing definition might suggest) was that it could lead to a loss of something that did just focus on health.

Some people emphasised the need for a more holistic approach that brought in all relevant perspectives, rather than "creating silos". Associated with this was a desire to have something that fitted into their existing assessment processes, which they felt, were usually quite robust, rather than creating something separate.

The main differing stances on the relationship between HIA and these other forms of impact assessment and the policy making process can be summarised as follows:

1. HIA should be used by itself
2. HIA should be used, but as part of a package with other appropriate impact assessment tools
3. HIA should be integrated in with the existing policy making process, using parts of HIA to fill any existing gaps.
4. HIA does not add anything over and above what other (preferred) impact assessment tools or current policy making processes provide

Timing of HIA

The HIA guide states that: "Start the HIA process when some policy alternatives have been developed" (p22). The research found that there were mixed perceptions as to the best timing for an HIA within the policy development process. One person felt it should be once the government is committed to a policy decision, which would be after the feasibility stage had been undertaken, but prior to the public consultation. Another noted that if it was a separate stage prior to the public consultation it would strengthen the process, rather than have it be part of the same phase as the consultation process.

Some felt that the best timing was when all the information was being gathered to inform the development of the policy. One of these persons noted that if it was done once the policy was drafted it "would have missed the boat", but this was a person who had a limited understanding of HIAs.

Another perspective was that the scoping process should take place quite early on, to determine if an HIA is required and at what level. Then decisions would be made as to when to do the other parts of the HIA.

LEVEL OF KNOWLEDGE OF AND INTEREST IN HIA AT A POLICY LEVEL

Some people had quite limited knowledge, although all had at least a basic understanding of the purpose of HIA. Several did not know about the option of brief HIAs.

Some people who were supportive of HIA, in some cases strong advocates, did not know a lot about HIA. They had not attended HIA training and did not necessarily intend to and at least some were not aware of the HIA guide. Their information had usually come from direct contact with one of the HIA consultants.

Level of support for HIA

Not surprisingly those who had already undertaken or were undertaking HIAs were generally positive about HIA. Of the eight other organisations, there were four where all the people spoken to were predominantly positive, one where all were predominantly negative and the other three included some who were positive and some negative. There were seven individuals who were predominantly negative and 14 who were predominantly positive.

PERCEIVED BARRIERS TO HIA

Funding

Most people mentioned cost as an issue and for a number of people it was a key issue. A strong theme was that the health sector would need to pay for HIAs. Some thought that their organisations could pay once they could see the benefits of an HIA, but many did not move beyond the need for health to pay.

One person from a central government agency commented: "If they really want it to happen, why wouldn't they pay?" This person also noted that a lot of time can be spent trying to chase funding, which can also stall the policy process. "So why put at risk the entire policy to try and identify budget for an HIA, which is sort of on the side". Others pointed out that if HIA improves health then this will be saving the Ministry of Health money in the long run, while others thought that health should pay simply because it is a health issue.

The depth of concern with funding varied depending on the organisation and level of person within the organisation; people towards the top were more aware of having to balance cost with benefits and back their decisions at a parliamentary level.

One person said that they are constantly looking at the way they use their resources and priority is given to things that they are required to do by law, or that groups/bodies put pressure on them to do.

"Why spend money on things you don't have to do, or spend time and resources on things you don't have to do?"

One person felt that having done one HIA, that was funded by health, the Council would be likely to fund future ones themselves. However another person in the same council felt that some level of continued health funding would be needed, to show commitment by both agencies.

Few people mentioned what it might cost to undertake an HIA, although there seemed to be an assumption that it would be quite costly, although it was acknowledged it would depend on the size of the project. The perception of it being quite costly applied whether they were thinking of using an outside consultant to do all of it, or the organisation doing the work under the supervision of a consultant. One person noted that to invest \$20,000 in an HIA for many councils would be a fairly large expense.

One person who did not mention cost as a barrier, when probed said she felt HIA provided "very good value for money". This person came from an organisation where they were used to using consultants.

Focus on health seen to be too limited

As noted in an earlier section, some people felt having the focus on health was too limited.

Focus on negative impacts

While some people mentioned that HIA focuses on both the positive and negative impacts of policies on health, a few people felt that HIA placed too much focus on negative impacts and should place more on positive impacts. They felt a greater focus on the positives would encourage uptake of HIA, as their organisation's policies are designed to improve social outcomes. One of these people reported that they had been seeking to change the focus to be more positive and felt this was happening gradually. They felt that the negative focus had quite an impact on support for HIA within their organisation (this was an organisation that had not implemented HIA).

Fitting HIA into the policy process

Some people who were supportive of HIA felt that some would perceive it as "another obstacle in an already slow process", or sentiments to that effect. One person with mixed feelings about HIA felt it would add to the workload and complicate what was already a complex process; that it may put the policy at risk and run over time lines and lose buy in. They felt that if you were doing a "formal HIA" you really needed to pause the policy process, but pauses were unpopular. Bosses and Ministers wanted things delivered quickly. This person also noted the risk of people being pulled off one project to work on another.

This same person noted that policies were often very complex, with many months of work developing a large number of different threads. It would not be feasible for a HIA consultant to come in and come to terms with all of this. They therefore recommended that staff working on the policy be given say a half day training to provide them with basic skills on HIA, so that they could identify when it was appropriate to bring in the HIA consultant.

Once a policy document has got to a draft stage a lot of work has been done, so there was some reluctance to reconsider the policy by doing an HIA, especially as it might lead to the need for more work to be done on the policy. One person noted that addressing health impacts had "the potential to add confusion", given there is "often mountains of evidence and possible impacts". They felt that in the "real world" there is not time to address this volume of information in an expert manner.

One person noted that in their sector there are well established trends and world decisions that dictate decisions in New Zealand, so there needs to be "a degree of reality" about how much HIA can influence their policies.

Confidentiality issues

One person felt that it would be a lot of work to bind outside HIA consultants into confidentiality agreements and wondered what leverage there was if they did break them. They were concerned about the consequences for their Ministry and the Minister.

Lack of support by personnel within the organisation

This issue is addressed in later sections.

PERCEIVED BENEFITS OF HIA

Policy enhancement/ providing better health outcomes

Most mentioned benefits of HIA in terms of contributing to better policy, particularly in terms of improved health outcomes. The following were examples of ways in which HIA was seen to enhance policy development:

- It is good because it gets their organisation to think about broader impacts, "opens the way to thinking about health outcomes [which is] very welcome"

"Casts the net wider"

- Provides an independent review by a group of colleagues/groups working in a similar area
- It is the only way of looking at the positive and negative health impacts
- Assists in justifying the policy to cabinet
- Provides a level of assessment that they wouldn't normally do – more detailed
- Makes policies more robust
- Reduces likelihood of "falling through holes"
- Provides constructive feedback on how to address issues identified (as opposed to submissions which tend to only raise problems without possible solutions)
- Good for the community/ provides more of a community focus (if done to complement RMA processes)
- Provides a framework and structure to do it [assess health impacts] easily; can be confident are considering the breadth of parameters and issues the you need to be
- Looks at unintended effects
- Provides a framework for future discussions - a shared language for addressing health policy

Increased collaboration with other stakeholders

A number of people, particularly those who had done HIAs, mentioned the benefits of having greater collaboration with other stakeholders. The Councils that had worked with their regional public health teams appreciated the enhanced relationships with the health sector and they became aware of each other's strengths. One said that they had been seeking this previously, but the HIA had provided the vehicle whereby it happened. One person noted that it was good to have these other [non-health] stakeholders raising health issues and "not just health pushing health".

One person noted that while she initially found involving other stakeholders a bit of a challenge, she had concluded that it did add a lot of value and she saw the wider stakeholder involvement as a real plus of HIA.

It was noted that the increased focus on whole of government approaches is consistent with other sectors working more closely with health and considering the health impacts of their policies. There is now an increasing acknowledgement that "everything impacts on everything else".

Among those who had not undertaken HIAs, some saw the need to get other stakeholders involved as a barrier; another complication.

Benefits provided by HIA guide

The HIA guide generally received very positive comments. It was seen as "a good document", "a good place to start".

Another noted that the guide is "very thorough" and can be used to a greater or lesser degree, choosing which aspects to use.

One council person reported that they kept it on their desk and referred to it "hundreds of times".

OPPORTUNITIES FOR HIA

This section considers opportunities for building support and uptake of HIA. Often what may appear as a negative response can be seen as an opportunity to enhance the uptake of HIA by addressing the concerns.

Building awareness and momentum

One person noted that the HIA guide and associated promotion had put HIA on the table for Council planners. It had created a lot of awareness and interest and "started the ball rolling". However most other people made comments to suggest that the profile of HIA was generally quite low. A person from a central government organisation felt that while there was some awareness of HIA, few people knew what it entailed. Another central government person commented, "There is a quietness around it [HIA], it needs to be loud".

It was noted that there needs to be seen to be increasing uptake of HIA, or else there won't be the peer pressure to adopt it. People were looking around to see if others were using it and they weren't, so there was no push to take it up.

The following parts of this section address options that will assist in building awareness and momentum.

Endorsement from Health sector

People felt strongly that they needed to see HIA being given strong endorsement by the Health sector. If Health was not getting totally behind HIA, why should they? Many were not seeing any evidence of HIA being prioritised by the Health sector. One person noted that if the Minister of Health and the Ministry were "genuinely committed", they would push it, implying this was not how it was at present. Another noted that if the Ministry of Health were "really behind it", it would make an impact. They felt that whilst parts of the Ministry of Health were well behind HIA, other parts didn't know it existed: "They're certainly not talking about it a lot." (Both of these people were well informed about HIA.) Another, while noting that they were not that familiar with the health sector, did wonder if HIA was being "pushed enough" within the health sector.

Related to this, several people, including some who were supportive of HIA and some who knew a lot about HIA, were not aware of any persons currently funded by health working to support/promote HIA. One person who was not aware of what the funding situation was, after thinking about it, concluded that someone must be paying for the HIA consultants to meet with them. But many did not realise this was the case.

Promotion

More proactive marketing and promotion was recommended by a few people, so that HIA became the fashionable thing. This included getting a media profile.

Another person felt that it was a tool that would sell itself once people were introduced to it and that it was just a case of getting it into the right places at the right time.

Size of HIA workforce

Having more people working in the field beyond the two HIA consultants would be an indicator that HIA is gathering momentum.

NZ academics working in the field

One person noted academics can assist in increasing the profile and credibility of HIA. This would help to establish HIA as a recognised discipline. However it was their understanding that there were no academics in NZ working in the field. This meant that students cannot get exposure to working in real life HIAs.²

Support at high levels within organisation

This was seen as a key issue by most participants.

² There have in fact been New Zealand academics working in HIA for a long time, but clearly this person was not aware of this.

Different opinions as to whether support is more key within the bureaucracy rather than with elected councillors or ministers. One council person thought it was best to get HIA endorsed by a committee of councillors, because their resolutions are binding and it would show high level support. To achieve this it would be necessary for a council staff member to prepare a report on how HIA would be used and the benefits. Once the Council committee passed a resolution it would then require a group within Council to champion it.

Some noted that if Ministers started asking if HIAs had been done it would be an "enormous" motivation.

Advocacy by people very high up in health, meeting with their counterparts in the other organisations, was mentioned as a useful strategy by some. One person noted the Chief Executives Forum as a possible vehicle for this.

One person noted that the State Services Commission management training seminars could be a good vehicle to reach upper level management in the government sector. They thought that if SSC were willing to host HIA workshops/seminars this could be seen as a form of endorsement of HIA. They also noted that there is a SSC conference (which they thought was biannual) for senior management in the public service, which would be a good place to present HIA. However they noted that the presenter would need to be enthusiastic and inspire people, "rather than [be] someone to dryly inform", which they felt was too common at such conferences.

It would seem that support at the upper levels may not be sufficient by itself as one person noted that even though their chief executive was supportive of HIA, middle management had not yet shown support and this was a factor in no HIA having been undertaken.

One council person felt the support had to be at least at a level where people have control of discretionary funding that they could allocate to HIAs. In the case of their council this was the third and fourth levels from the top of the hierarchy.

When some individuals were asked about the possible role of the HIA conference, there was some feeling that upper management might be able to be encouraged to attend.

Others emphasised the need to continually remind upper management about HIA, to assist in developing the needed support.

Getting staff trained/ building a group with knowledge

It was generally accepted that awareness needed to be built within staff, such that they saw the benefits of HIA and became advocates for it. People also felt that it was beneficial to have other staff with whom they could informally discuss HIA issues and ideas. However one person noted the difficulty of getting busy staff to leave their work and attend training.

Establishing 'champions'

Within two agencies people had been given the task of taking HIA forward within their organisation.

Others were informally taking on the role of championing the cause within their organisation. One person mentioned that they were very willing to be a champion within their organisation, but they were looking for some support in this.

Partnering with health

The Council people generally saw the partnering with the health sector as an important factor in the uptake of HIA. This seemed to reflect more than just an acknowledgement of the fact that health had played a key role in the funding of the Council HIAs.

In central government agencies there were some people who had existing links with health. One person who had partnerships in other areas and not health, felt that something to facilitate a partnership with health would be useful.

Getting support from other stakeholder groups

Another suggestion made by some people was to get support for HIA from other government departments or crown agencies that they dealt with and then use this to seek to get management support within their own organisation.

This support of other agencies was seen to increase the validity of HIA and provide a form of peer pressure. People also felt that if they knew there were people in other agencies who were keen to see the results it would make the time and resources put into the HIA seem more worthwhile.

Utilising former health employees now working in other sectors

Several people mentioned that HIA had been supported/promoted within their organisations by people who had previously worked in the health sector.

Policy focus on health

Having a public health focus in key strategy documents, as is the case with transport and local bodies, greatly increased the emphasis organisations placed on considering the public health implications of policy. However, it was noted that it may take some time for the implications of these policy changes to move through into operational changes.

While people in transport generally acknowledged the need to consider health, they also noted that there are a lot of trade-offs between the five objectives of the NZ Transport Strategy and that it was difficult balancing them all. There were therefore some uncertainties as to how much time and depth could and should go into it addressing health impacts.

Understanding the client's policy process

As noted previously, some felt that if more time was available for the HIA consultants to be able to get to understand the client's policy process, this could lead to more uptake.

Providing evidence of effectiveness of HIA

For organisations the key questions they ask of HIA are: is it cost effective and has it added to the process? Therefore people have a desire for information that addresses these questions. When

asked what further information or training they would like about HIA, the most frequent response was for information on what others are doing with HIA, to show how it is working.

Choosing appropriate policies for (first) HIA

Some felt it was important to wait and choose a good project to use HIA in, so that people could see the benefits of doing HIA properly and successfully and it could show off HIAs good points. It was also thought wise to choose a policy that covered a range of sectors, so that it could be used as an example in workshops. Also by having success in the first one people more likely to take it up.

One council person with experience of HIA, felt it would be best used for projects that were: controversial; had wide community impact; and could involve a large number of stakeholders, thereby making the process more robust.

Legislation

Several persons noted that a legislative requirement would obviously make a big difference to the use of HIA, one person drawing parallels with the requirements of the Resource Management Act. One person made the point that if it was required they would do it, that not being required meant that it was done on a voluntary basis and might not be given priority because of that. Some therefore suggested that the Ministry of Health push legislation in that direction. However some felt it would be inappropriate to introduce a legislative requirement before there was greater awareness and support of HIA.

One person felt that if HIA finished up being "another line on cabinet papers" this would go against the intent of HIA. This person felt the intended broad focus of HIA (in terms of the scope of health), would be lost; that people would address health narrowly in such a context.

Incorporating HIA into organisation policies

Some people felt that HIA should be part of their organisation's policies, so that it became "just another natural part" of what they did, "just like breathing".

Unintended health consequences

One person noted that if a policy (that did not include an HIA) resulted in unintended health consequences, it could result in greater pressure to use HIA in the future.

NEED FOR SUPPORT

Current support

As noted previously, there were issues with people not realising the current support was funded by the Ministry of Health (via the NHC and PHAC). One council person who had been involved in the implementation of an HIA, noted that National Health Committee support had been very good, but mentions of NHC or PHAC were infrequent.

One person who was aware that there was funding to support and promote HIA, wondered why HIA was being singled out; why it was getting priority over other forms of assessment, such as those relating to the environment and Treaty of Waitangi.

Support sought from health sector

Several people noted that they would look to the health sector for support, both in terms of expertise and also financially. This support was key to establishing the credibility of HIA within the other sectors.

Some felt that HIA was too new to remove support at this stage; there was a need for both promotion of HIA and funding of HIAs. One person felt that it takes time for new ideas to be accepted and advised not to get frustrated at the speed of uptake. He therefore thought it was important to continue to have funding to promote and support HIA.

A key informant from an organisation where there was now some internal support for HIA, still felt they needed the external encouragement that was currently provided.

One council person mentioned that they hoped HIA was not another example of things being delegated to councils without sufficient central government support.

Need for a HIA support centre

While people were clear about the need for continued support for HIA, there was some difference in opinion as to how this would be best achieved. Most people did feel a HIA support centre would be of value and some were very keen for such a centre. They could see that they would need external support to undertake HIAs, especially if they were taking the lead role in doing it themselves.

A couple of people noted that having a support centre available to answer any questions or clarify the process and possible outcomes of an issue regarding HIA, both when it was being considered for use and during use, would reduce the barriers to uptake.

However, some people were not sure there was a need for an organised institution. Rather they saw that having good well trained people was key. One of these people was keen to also see a greater range of skills that could be purchased, with some low cost options (e.g. from SHORE). Another noted that it would be useful to have someone available who was Auckland based.

Another person thought it would be good because it would be another place to go to for information that was not commercially driven, implying they would see this as separate from the current consultants.

One person felt that it might be helpful but that it would have to be named and positioned carefully so as not to give the impression that they would come in and take over the process, but support it – so that stakeholders would have to own the process and not just tick a box.

Interest in further HIA information/training

Most did not have a lot of interest in obtaining further information or training. Where there was interest, it was in hearing more about others' experiences, successful initiatives and case studies.

OTHER ISSUES

Focussing the HIA/ Using stakeholders effectively

One person who had been involved in an HIA noted that stakeholders have limited time, so it is important to prioritise the components of the policy that will benefit most from the HIA.

Training

Although not asked about specifically, many did make some mention of the training and most seemed to have had positive experiences. Comments included that it was pitched at about the right level, and that the trainers worked hard to make it relevant to the area that they worked in. One person reported that while one staff member had found the training very useful, another felt they had learnt nothing new. Another person felt that the benefits to the area that he worked in was not made clear and he therefore lost interest. Others who had questions following the training had or were talking with the trainers about these, indicating a level of trainer availability and willingness of participants to contact and question the trainers.

Another person said that face to face training was best, as project managers have very little time to read something like the guide and therefore it was most likely the guide would be put aside.

One person noted that the training points to where the "tool" can be used and was not designed to enable you to undertake an HIA.

Simplicity/complexity of guide

One key informant felt that while the guide looked complicated, and can be, in a lot of cases "it is not that onerous". Several mentioned that it looked complex and none felt that they would do it themselves. Most talked about getting contractors to do it, with only some thinking that doing it along side someone experienced would begin the process of them/their organisation learning to do it themselves.

Miscellaneous comments

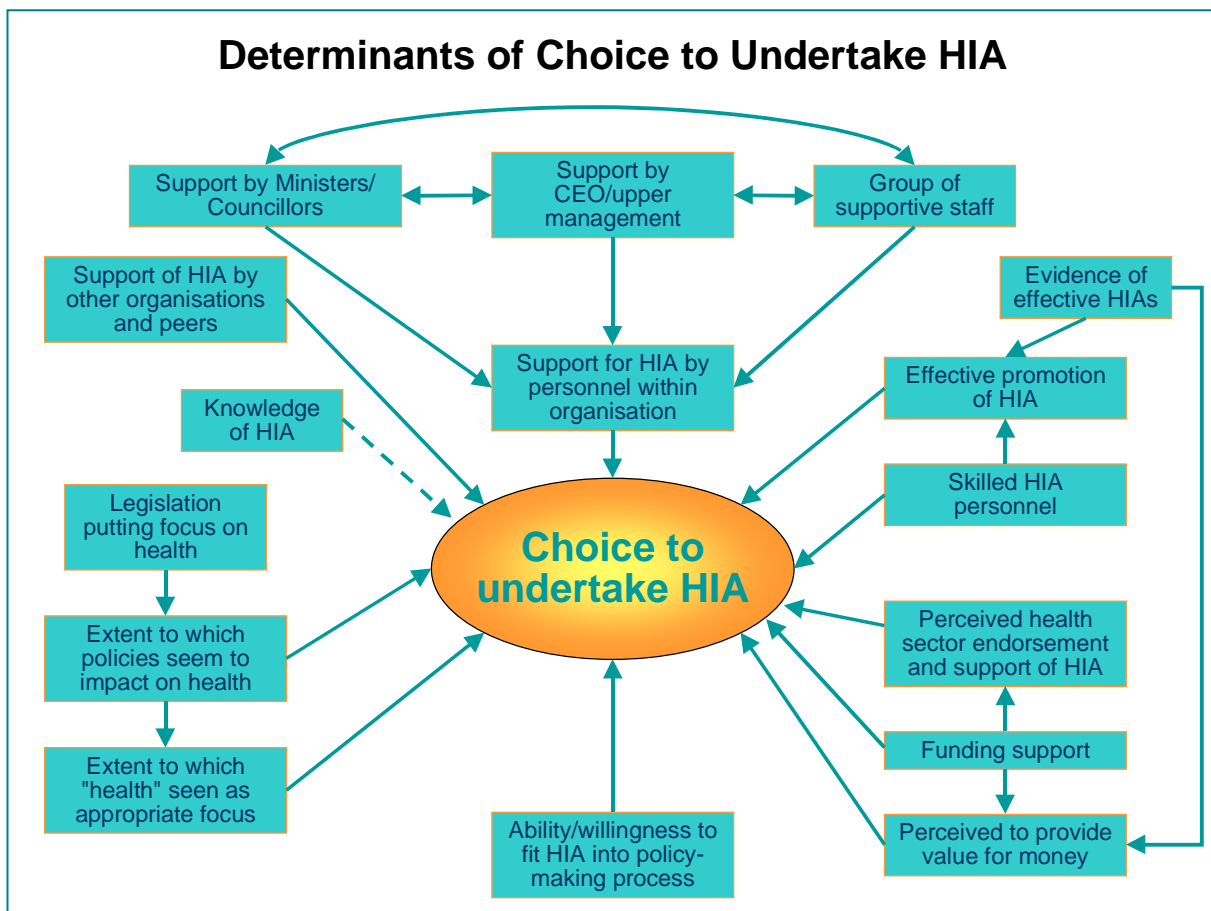
- One person, who was generally positive about HIA, commented that it is, "one of those things whose time has not come, and may never come". This person felt people currently have a relative comfort around health issues, which makes it difficult to keep health on people's agendas. This will only change if something like bird flu was to arrive.
- The focus of HIA just on stakeholders who work in the area, rather than people who live in actual community was a concern to one person; they felt it would be strengthened if it also involved the community

5 DISCUSSION AND CONCLUSIONS

DISCUSSION

DETERMINANTS OF CHOICE TO UNDERTAKE HIA

This research project was initiated in response to the Minister's request to find the reasons for agencies choosing or not choosing to undertake HIA. The diagram on the following page outlines the key determinants of the choice to undertake HIA that this study has identified. This discussion will provide the researchers perspective on how the findings might usefully be used to assist in greater uptake of HIA.



HEALTH SECTOR ENDORSEMENT AND SUPPORT IS CRITICAL

It is clear that HIA is still some way off being at a stage where it has sufficient momentum to not require on going support. It will realistically take several more years before reduced support might be an option. Change processes do take time and as one participant noted, there is a need to show patience. The situation could be reviewed at a point when a range of organisations have undertaken at least one HIA and most have undertaken more or are committed to doing so. At this point HIAs will hopefully have achieved good awareness and a reputation for being an effective and worthwhile addition to the policy making process.

The required support is going to have to continue to come from the health sector as there is clearly insufficient support in the other sectors. This is primarily because the other sectors see HIA as being

designed to contribute to health outcomes and many of them therefore think it follows that the health sector should fund HIA support and promotion.

The most basic level of support required from the Ministry of Health is at the level currently provided, which allows for two consultants to engage organisations and advocate for and explore how HIA can be effectively used. These two appear to be generally well received and given the lack of skilled personnel in this field, it would be important to retain them.

Some people were uncertain as to what level of support there was for HIA within the health sector. It would seem advisable for the PHAC to undertake some investigation as to what awareness, understanding and support there is of HIA within the Ministry of Health and the wider health sector. This was beyond the Phoenix brief, but one conversation with someone working in public health within the Ministry indicated that there might well be some issues to address in this regard. With the increased focus on intersectoral collaboration, there will be increased opportunities for health personnel to be advocating for HIA, provided they are adequately informed and realise the value and importance of promoting HIA.

Creating a small HIA support unit would seem to be one obvious way to give HIA a higher profile and to communicate health sector support.

Readiness to uptake HIA is most likely in the organisations for which the health implications of their policies are strong, or where there is a legislative requirement, as with local bodies and transport. Many of the organisations in this category have already engaged in HIA. Gaining buy-in from the other sectors is going to be more challenging and this may well require greater input for lesser returns. Many don't have any significant existing relationship with the health sector, so it is a much more challenging task that introducing HIA into an organisation that has an existing health focus. It will require spending enough time with them to build trusting relationships and to understand what HIA can add to their processes and how HIA can work within their policy making process. Getting buy-in at the necessary different levels of the organisation is also going to be more challenging for the same reasons.

Another issue in terms of health sector support is providing assistance with funding of HIAs. Obviously this has been an important factor in some of the current uptake of HIA and any willingness to continue to do so would provide considerable encouragement to other sectors to initiate HIA.

One of the issues for HIA is that the health sector cannot lead by example, as HIA is designed so that other sectors address the health impacts of their policies. This probably needs to be explained more clearly to people, as some seem to be expecting to see the Ministry of Health leading by example.

OTHER OPTIONS FOR PROMOTING HIA

As well as establishing a HIA support unit and/or increasing personnel promoting and supporting HIA, other options need to be considered for promoting HIA. In particular there is a need to get buy-in from upper management. Having the HIA training or some form of HIA course accepted as part of the State Services Commission management training seminars and presenting at their conference would seem to be useful ways to reach upper management. Another effective strategy would be to have senior management people who are supportive of HIA advocating for it among their peers (i.e. becoming champions for the cause among other senior management personnel). Such practices may well already be taking place at present, but it may be worthwhile enquiring into whether there is any way they can be enhanced and if any support is required to achieve this. This will presumably be a small group at present, but hopefully it will increase over time.

Champions should be encouraged at all levels. Partnerships with these people would help build momentum and provide support whilst a core of people passionate about HIA is established within each organisation. The current Advisory Group is an initiative that is consistent with this emphasis.

NEED FOR EFFECTIVE INTEGRATION INTO POLICY MAKING PROCESSES

There are clearly currently some issues at present with HIA not being seen as a sufficiently useful complement to existing policy making processes by some personnel. Part of this relates to a perception that the HIA people want to see everything from a health focus and some of the other organisations do not; they want to see it from a social or some other focus. Those promoting HIA feel they are being flexible, so this somehow needs to be more effectively communicated. It would seem there is a need to spend sufficient time with these organisations to build trusting relationships and to work with them to identify how best to integrate the key components of HIA into their policy development process. Obviously this raises questions as to how much Ministry support there is to enable the time commitment required.

This also has implications for the text in the guide, where there could be some discussion as to how HIA can be used flexibly and can be integrated into existing policy development processes (assuming the HIA advocates believe this is appropriate).

EMPHASISING HEALTH INEQUALITIES

It became apparent that the understanding that the health sector has of the importance of acknowledging and addressing inequalities is not necessarily shared by other sectors. This has implications for the health sector as a whole, in terms of how effectively this key issue is being communicated.

CONCLUSIONS

The following are the conclusions derived from this study as to strategies that would be likely to contribute to the greater use of HIA in New Zealand. It is acknowledged that other factors need to be taken into account when considering these strategies, the most obvious being budget implications.

- The health sector demonstrate strong endorsement and support of HIA
- The Ministry of Health continue to provide funding support for several years
- Continue to fund the promotion of HIA
- Establish a small HIA support unit headed by an appropriately skilled person who is not also an HIA service provider
- Where possible and required, provide funding support to sectors undertaking their first HIA
- Ensure the health sector are well informed about HIA and its value and the importance of promoting its use when engaging with other sectors
- More clearly communicate that the reason the health sector is not leading by example is that HIA is inappropriate for use within the health sector
- Seek to reach senior management via State Services Commission management training seminars and conference

- Where necessary, spend more time with agencies in order to understand their policy development processes and identify ways in which HIA can be integrated into this
- Modify the HIA guide to reflect this option of integrating HIA into existing processes or as a complement to other processes (such as social impact assessment)
- Continue to encourage and support champions within organisations
- The health sector as a whole strengthen communications as to the importance of policies addressing inequalities