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Butting Our Heads Against A Wall?

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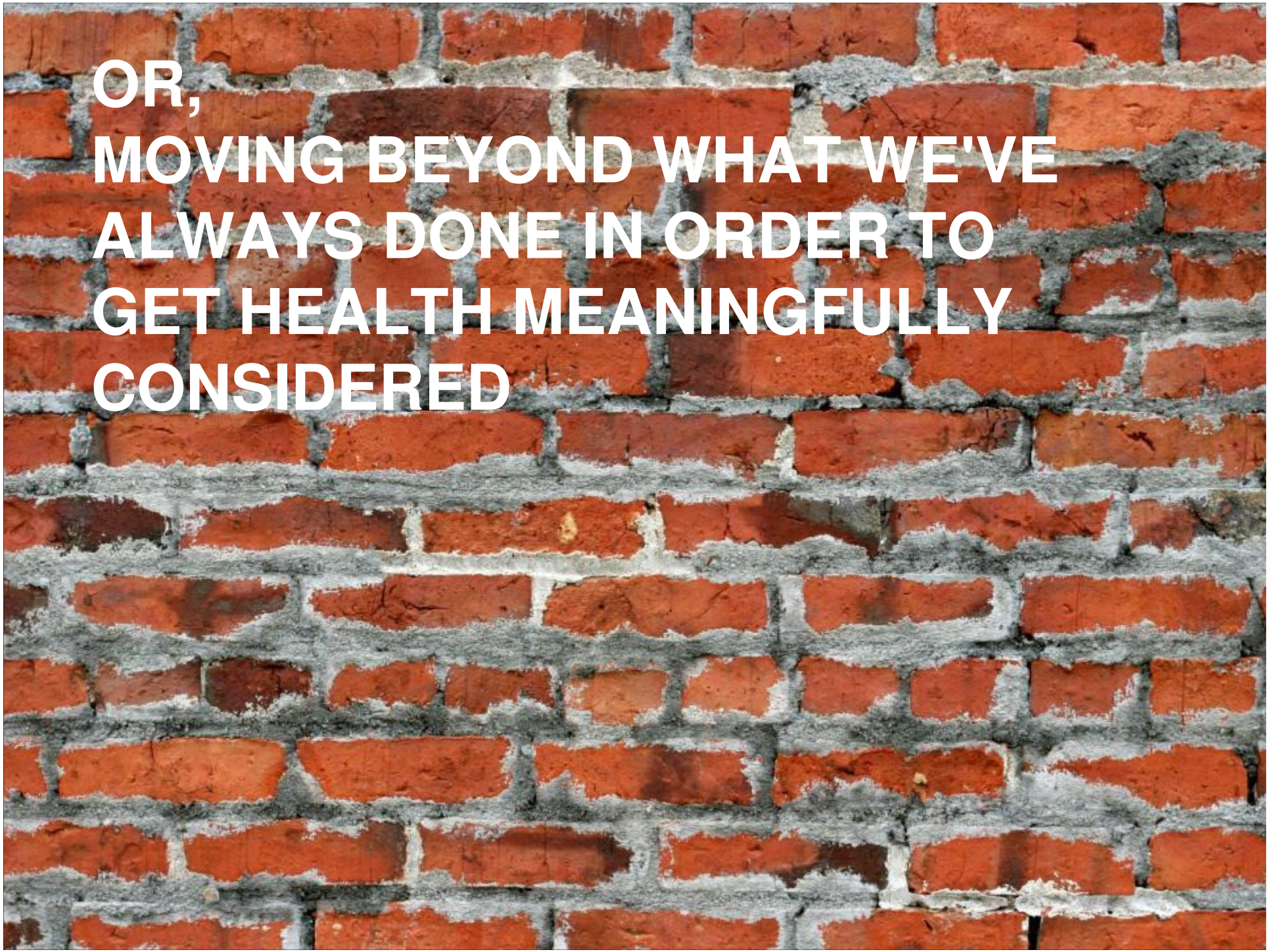
Part of the UNSW Research Centre for Primary Health Care and Equity

SCHOOL OF PUBLIC HEALTH
AND COMMUNITY MEDICINE


OR,
MOVING BEYOND WHAT WE'VE ALWAYS DONE IN ORDER TO GET HEALTH MEANINGFULLY CONSIDERED


Elizabeth Harris
Marilyn Wise
Ben Harris-Roxas
Patrick Harris
Harrison Ng Chock
Fiona Haigh
Roger Lyle
Trish Menzies
HIA TEAM AT CHETRE


SYDNEY SOUTH WEST AREA
HEALTH SERVICE

PEOPLE WE WORK WITH


NSW CONTEXT


HIA IS BEING USED IN A VARIETY OF SETTINGS AND FOR A VARIETY OF PURPOSES

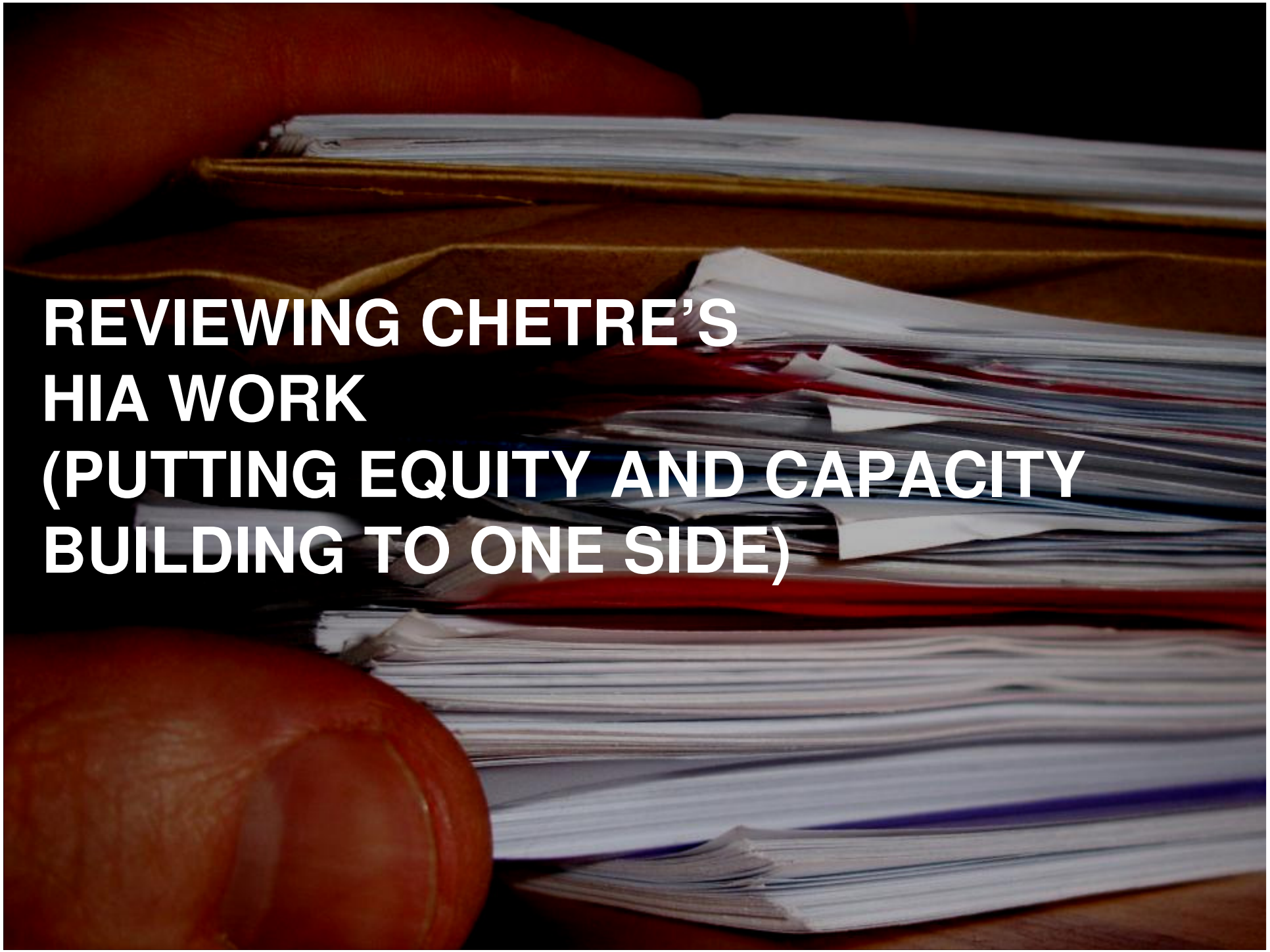

WHAT WE *HAVE* DONE


WE NEED TO BE
REFLECTIVE
AND EMPIRICAL

WHAT DO WE NEED TO DO FOR HEALTH TO BE MEANINGFULLY CONSIDERED?

HOW CAN WE LEARN FROM WHAT HAS AND HASN'T WORKED?

WORKING ON HIA SINCE 2003

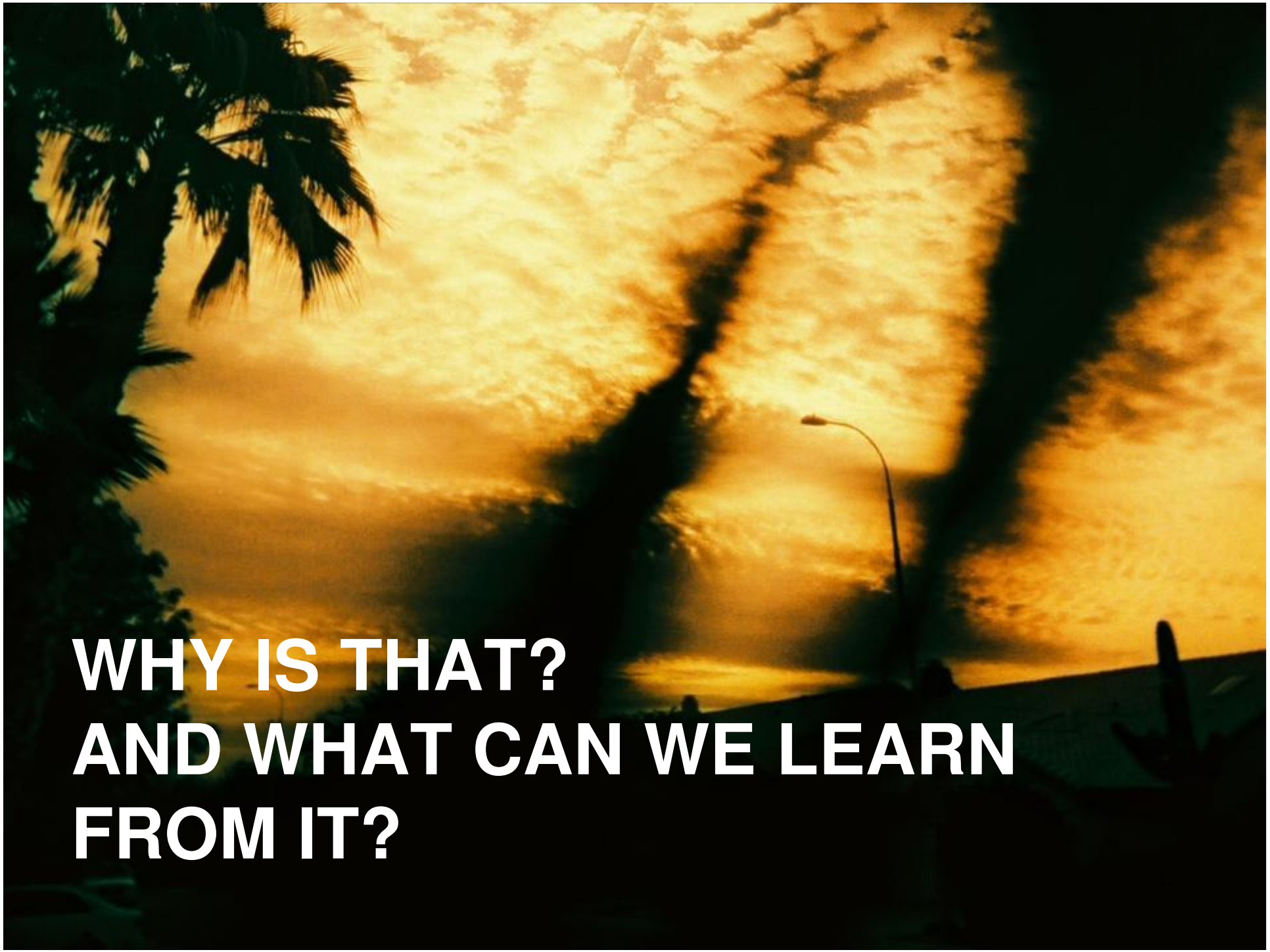


REVIEWING CHETRE'S HIA WORK (PUTTING EQUITY AND CAPACITY BUILDING TO ONE SIDE)

HIA AT THE LOCAL GOVERNMENT LEVEL

HEALTH WITHIN MAJOR PROJECT ASSESSMENT


PROGRESS IN SOME AREAS,
BUT NOT IN OTHER AREAS


WHY IS THAT?
AND WHAT CAN WE LEARN
FROM IT?

HIA HAS A HIGHER PROFILE

Barbarians at the gate: storming the Gothenburg consensus

The concept, techniques, and applications of health impact assessment (HIA) hold promise to raise the profile of health within the overall project, policy and programme planning, and assessment cycle.[1] HIA in the public sector has progressed over the past two decades with a strong Eurocentric focus on transportation and social programmes and policies. In 1999, the publication of the Gothenburg consensus[2] from WHO's European Centre for Health Policy furth
achieved little to p
contrast, the privat
history, with an emp
developing world w
protocols. Has th
expanded beyond t
a global perspectiv

New international consensus on health impact assessment

Gary Krieger and colleagues (June 19, p 2129)[1] present a polarising narrative, pitting themselves, as private sector consultants, against health impact assessment (HIA) as conceptualised in the Gothenburg Consensus. Krieger and colleagues represent one perspective among HIA practitioners, who all share a commitment to the protection and enhancement of health and wellbeing.[2]

The private sector's use of HIA has not evolved independently of the public

LOCAL GOVERNMENT IS IMPORTANT


MAJOR PROJECT
ASSESSMENT IS ALSO
IMPORTANT

RENEWED IMPETUS FOR INTERSECTORAL ACTION FOR HEALTH

A NARRATIVE REVIEW OF CHETRE'S RESEARCH ON HIA

Centre for Primary Health Care and Equity
Research that makes a difference

Reflections on ways HIA can be made most useful to Local Government in NSW

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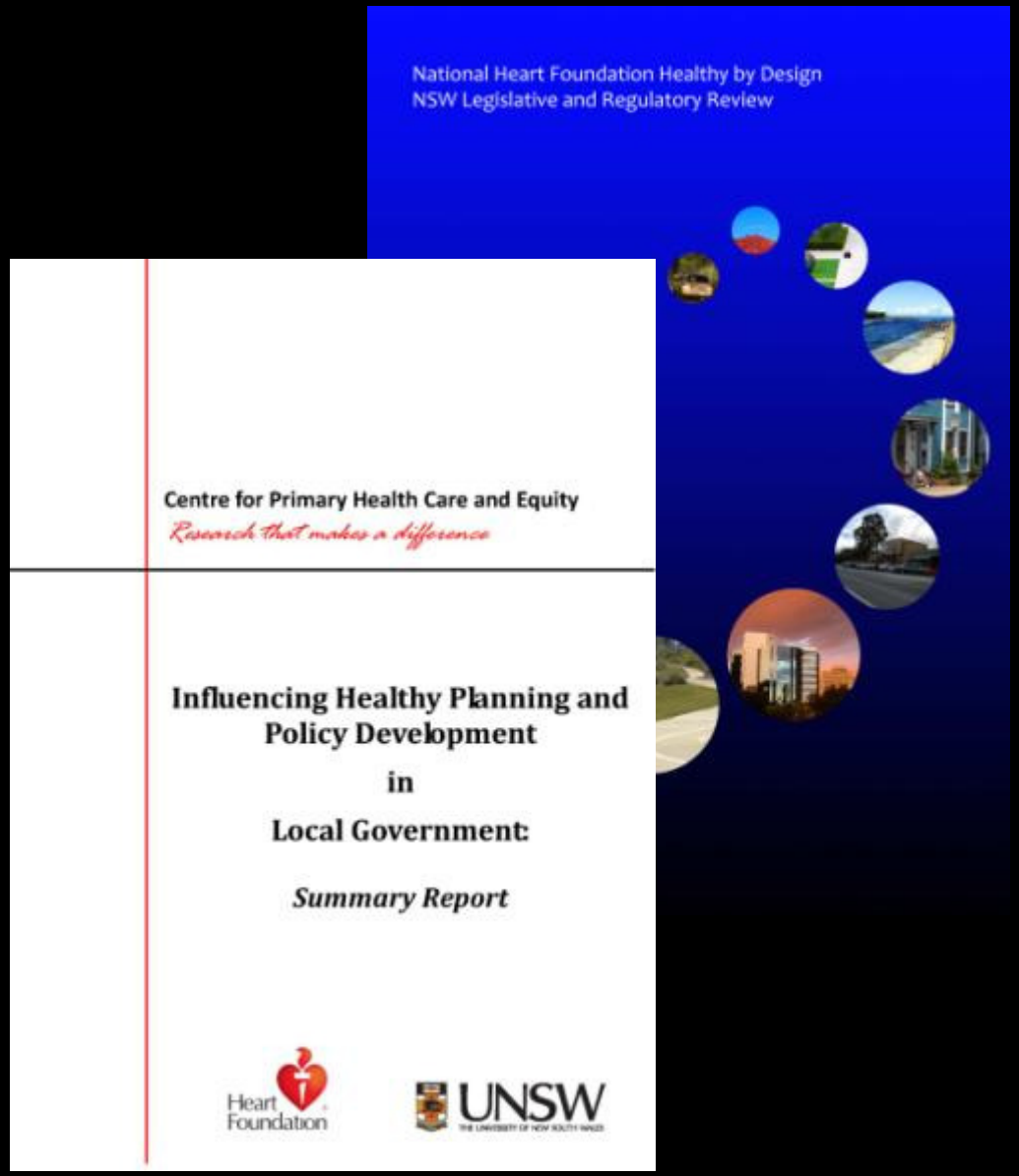
National Heart Foundation Healthy by Design
NSW Legislative and Regulatory Review
Centre for Primary Health Care and Equity
Research that makes a difference
Influencing Healthy Planning and Policy Development in Local Government:
Summary Report
Heart Foundation
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Human health and wellbeing in environmental impact assessment in New South Wales, Australia: Auditing health impacts within environmental assessments of major projects

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ABSTRACT

Internationally the inclusion of health within environmental impact assessment (EIA) has been shown to be limited. While Australian EIA documentation has not been studied empirically to date, deficiencies in practice have been documented. This research developed an audit tool to undertake a qualitative descriptive analysis of 22 Major Project EAs in New South Wales, Australia. Results showed that health and wellbeing impacts were not considered explicitly. They were, however, included indirectly in the identification of traditional public health exposures associated with the physical environment and to a lesser extent the inclusion of social and economic impacts. However, no health data was used to inform any of the assessments, there was no reference to causal pathways between exposures or determinants and physical or mental health effects, and there was no inclusion of the differential distribution of exposures or health impacts on different populations. The results add conceptually and practically to the long standing integration debate, showing that health is in a position to add value to the EIA process as an explicit part of standard environmental, social and economic considerations. However, to overcome the consistently documented barriers to integrating health in EIA, capacity must be developed amongst EIA professionals, led by the health sector, to progress health related knowledge and tools.

A report on Environmental Assessments in 3A Major Projects developed in South West Sydney between 2005 and 2010.

Part of an ongoing analysis into 'Understanding stakeholders views'

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REVIEWING HIA REPORTS COMPLETED IN AUSTRALIA AND NEW ZEALAND BETWEEN 2005 AND 2009

WHAT HIA ENABLES


PROVIDING
A NEW SOURCE
OF EVIDENCE

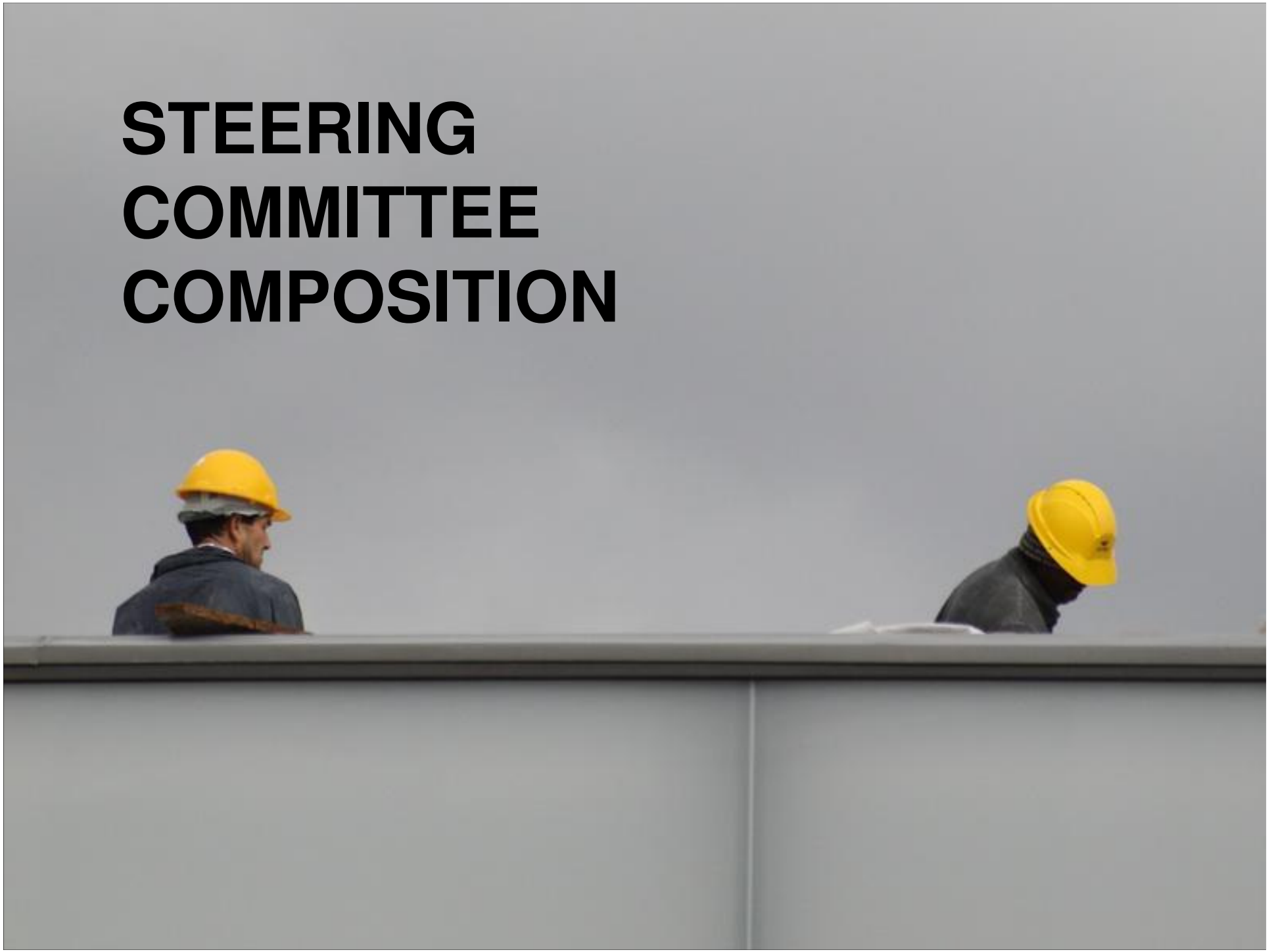
HEALTH CHECKS ON DESIGN


INTERNAL
ADVOCACY

IMPROVED RELATIONSHIPS BETWEEN ORGANISATIONS


CONDITIONS
FOR SUCCESS

STEERING COMMITTEE COMPOSITION



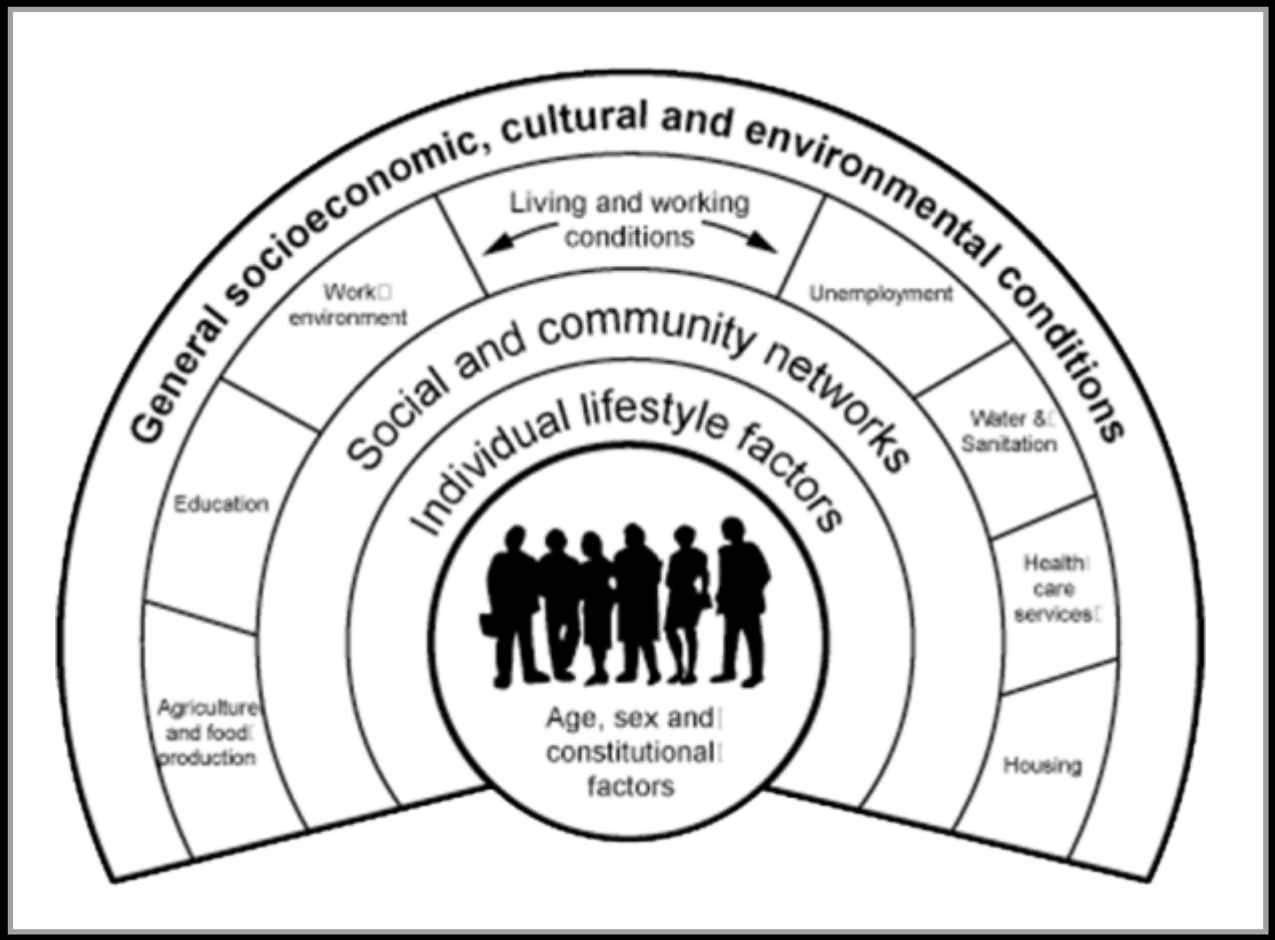

OVERCOMING
ORGANISATIONAL
SILOS


MEANINGFUL HEALTH
SECTOR SUPPORT


CHALLENGES

VERY FEW MAJOR PROJECT ASSESSMENTS ARE REFERRED TO HEALTH AGENCIES IN NSW, BUT LOCAL GOVERNMENT IS ALMOST ALWAYS INVOLVED


PEOPLE HAVE TO BE PART
OF ENVIRONMENTAL IMPACT


General socioeconomic, cultural and environmental conditions
Living and working conditions
Work environment
Unemployment
Social and community networks
Individual lifestyle factors
Education
Water & Sanitation
Health care services
Agriculture and food production
Housing
Age, sex and constitutional factors

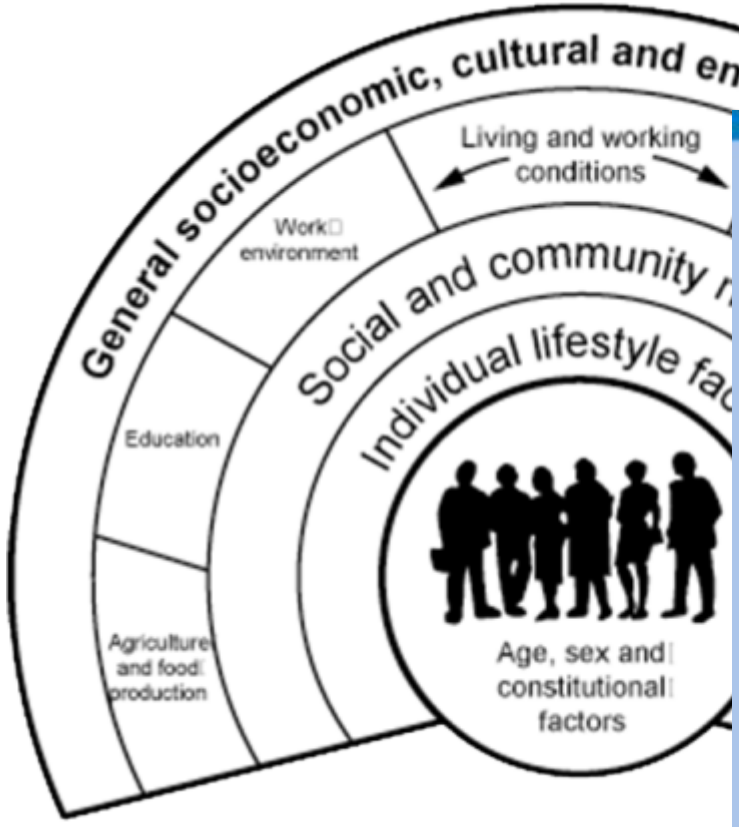


Table 2: Environmental Health Areas

Vector-Related Diseases	Malaria, schistosomiasis, dengue, onchocerciasis, lymphatic filariasis, yellow fever, and so on (Kaiser, 2005; IPIECA, 2006; www.rollbackmalaria.org/; www.who.int/entity/heli/risks/vectors/vector/en/index.html)
Respiratory and Housing Issues	Acute respiratory infections (bacterial and viral), pneumonias, tuberculosis; respiratory effects from housing, overcrowding, housing inflation (Richeldi, 2006; Ezati and Kamman, 2002; www.who.int/gtb)
Veterinary Medicine and Zoonotic Issues	Brucellosis, rabies, bovine TB, bird flu, and so on (Zinsstag, 2005; http://www.iplsaph.org/En/default.jsp)
Sexually Transmitted Infections	HIV/AIDS, syphilis, gonorrhea, chlamydia, hepatitis B; (www.who.int/hiv/en/ ; http://www.census.gov/ipc/www/hiv/)
Soil- and Water-Sanitation-Related Diseases	Giardiasis, worms, water access and quality, excrement management (Cairncross, 2003; DFID, 2003; www.who.int/water_sanitation_health/)
Food- and Nutrition-Related Issues	Stunting, wasting, anemia, micronutrient diseases (including deficiencies of folate, Vitamin A, iron, iodine); changes in agricultural and subsistence hunting, fishing, and gathering practices; gastroenteritis (bacterial and viral); food inflation (Ehrhardt, 2006; www.childinfo.org/; http://www.who.int/nutrition/en/)
Accidents and Injuries	Road-traffic related, spills and releases, construction (home- and project-related) and drowning (http://internationaltransportforum.org/irtad/datasets.html)
Exposure to Potentially Hazardous Materials	Pesticides, fertilizers, road dust, air pollution (indoor and outdoor, related to vehicles, cooking, heating, or other forms of combustion or incineration), landfill refuse or incineration ash, and any other project-related solvents, paints, oils or cleaning agents, by-products, or release events (Sullivan and Krieger, 2001; www.who.int/pcs/)
Social Determinants of Health (SDH)	Including psychosocial, social production of disease, political economy of health, and ecosocial issues such as resettlement or relocation, violence, gender issues, education, income, occupation, social class, race or ethnicity, security concerns, substance misuse (drug, alcohol, smoking), depression and changes to social cohesion, and so on (CSDH, 2008; www.who.int/social_determinants/en/)
Cultural Health Practices	Role of traditional medical providers, indigenous medicines, and unique cultural health practices (www.who.int/topics/traditional_medicine/en/)
Health Services Infrastructure and Capacity	Physical infrastructure, staffing levels and competencies, technical capabilities of health care facilities at district levels; program management delivery systems; coordination and alignment of the project to existing national- and provincial-level health programs (for example, TB, HIV/AIDS), and future development plans (www.theglobalfund.org/EN/)
Noncommunicable Diseases (NCDs)	Hypertension, diabetes, stroke, cardiovascular disorders, cancer, and mental health (http://www.who.int/chp/en/index.html)

Framework for Analysing the Consideration of the Broader Determinants of Health within EIAs

1. Social impacts that can impact on human health,
2. Economic impacts that can impact on health,
3. Physical environmental impacts that can impact on health,
4. Biological human impacts that can impact on health, and
5. Other impacts with no impact on health.


WHAT SORT OF EVIDENCE SHOULD BE USED TO MAKE DECISIONS?
DANGER


REPORTING
CAN BE
IMPROVED

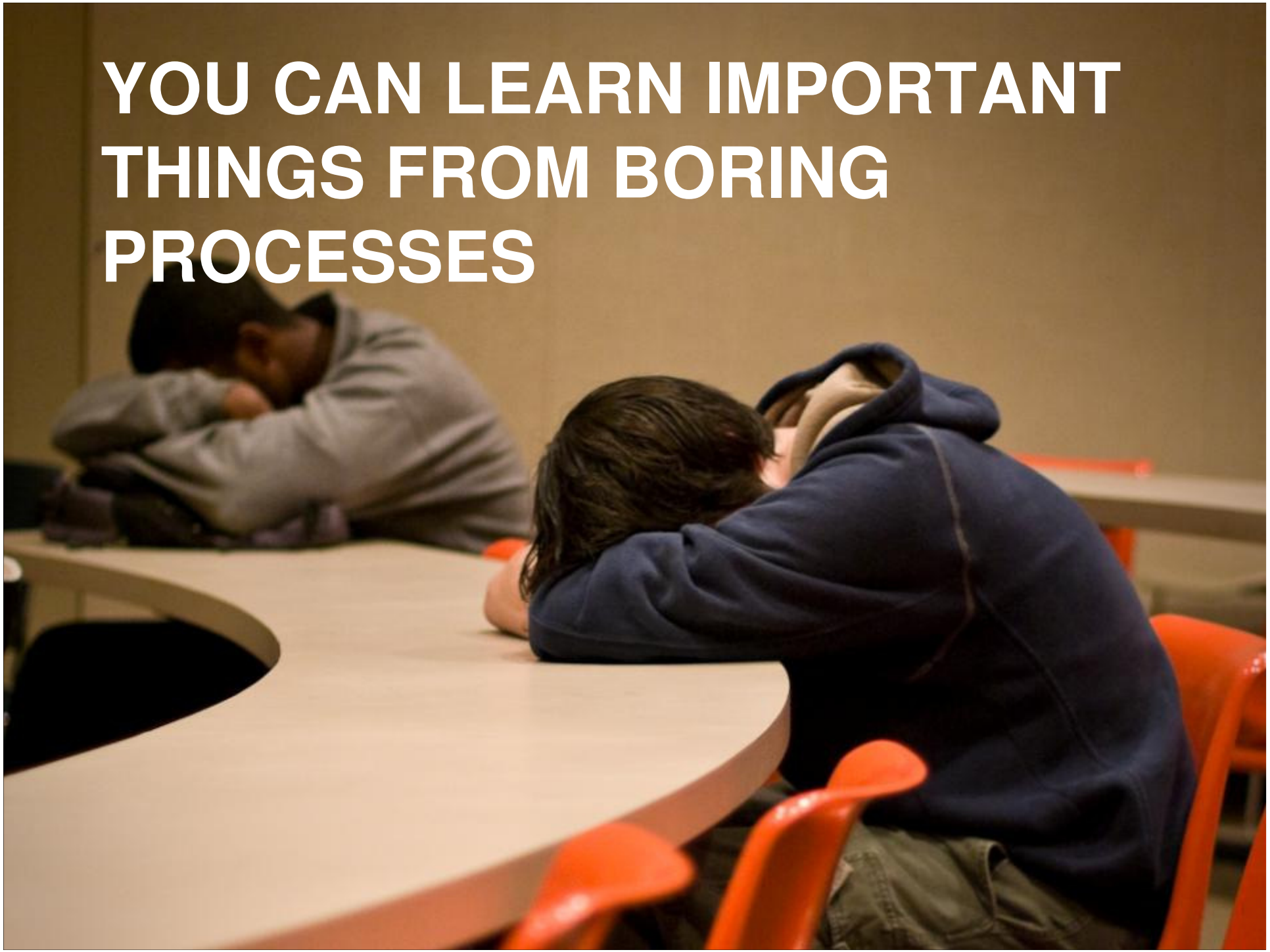
SO WHAT?

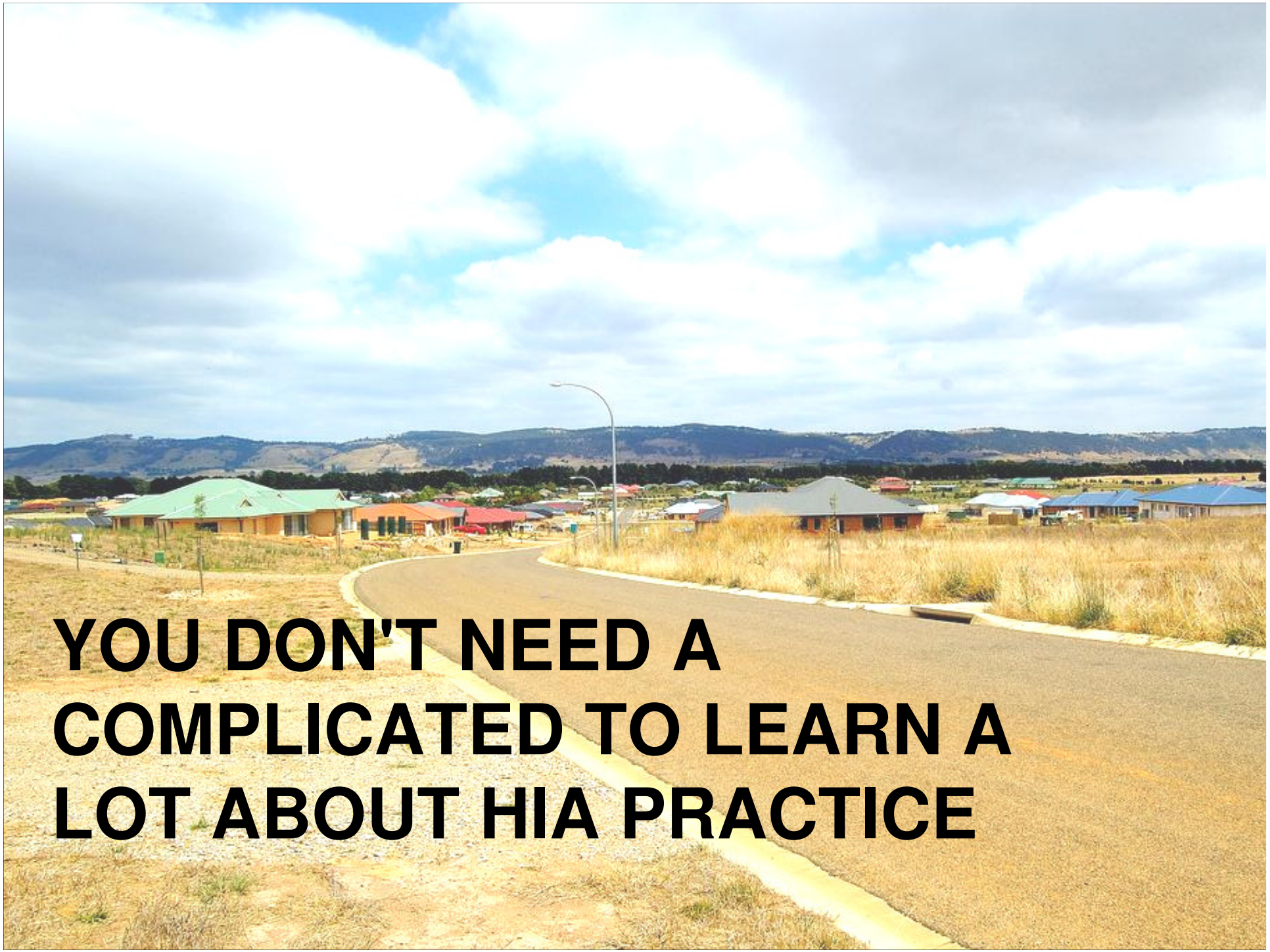

THE HEALTH SECTOR NEEDS TO REDOUBLE ITS EFFORTS TO WORK WITH LOCAL GOVERNMENT

TWO PRACTICAL THINGS

INTRODUCE YOURSELF TO TWO PEOPLE FROM LOCAL GOVERNMENT

USE THE HIA REVIEW PACKAGE TO REVIEW YOU REPORT BEFORE YOU PUBLISH IT


YOU CAN LEARN IMPORTANT
THINGS FROM BORING
PROCESSES

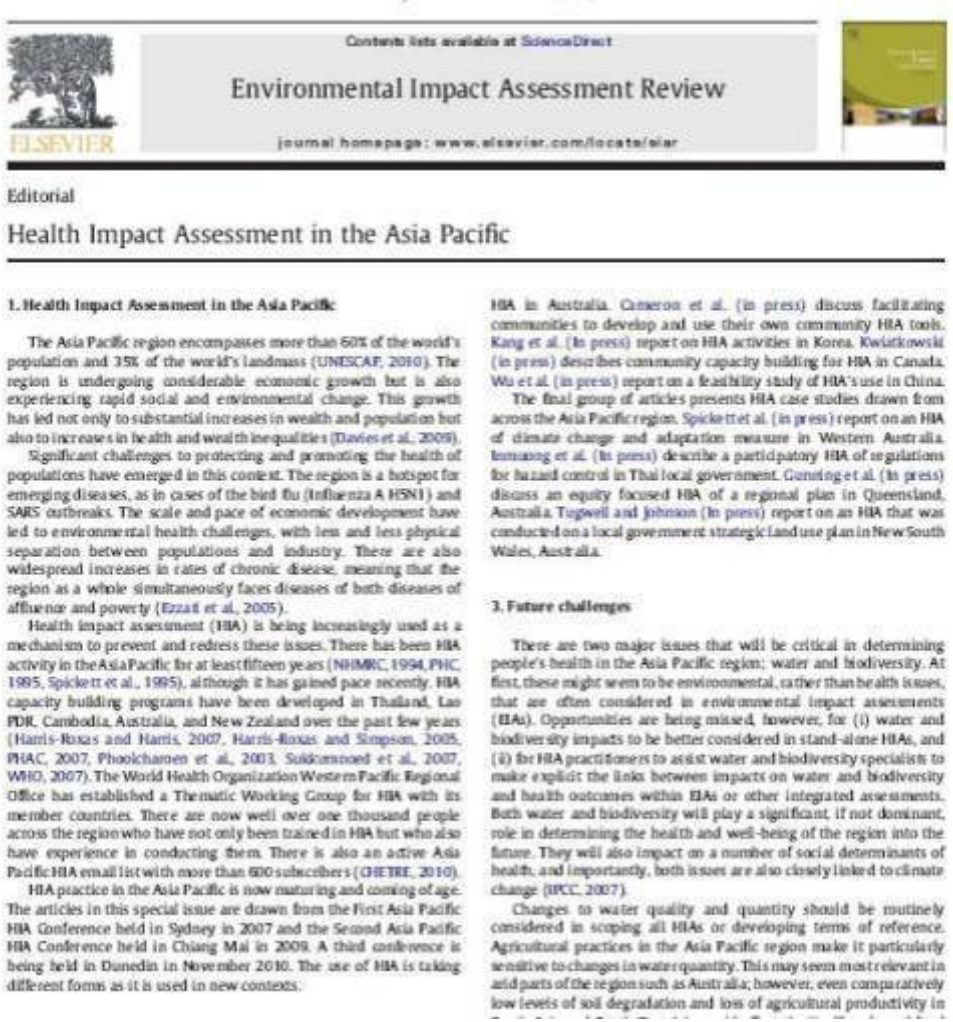

YOU DON'T NEED A
COMPLICATED TO LEARN A
LOT ABOUT HIA PRACTICE

HEAD BUTTING?

MAYBE NOT.


BUT IT'S TIME TO TACKLE
THE BIGGER CHALLENGES
FACING US

SPECIAL ISSUE OF EIA REVIEW ON HIA IN THE ASIA PACIFIC



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Editorial

Health Impact Assessment in the Asia Pacific

1. Health Impact Assessment in the Asia Pacific

The Asia Pacific region encompasses more than 60% of the world's population and 35% of the world's landmass (UNESCAP, 2010). The region is undergoing considerable economic growth but is also experiencing rapid social and environmental change. This growth has led not only to substantial increases in wealth and population but also to increases in health and wealth inequalities (Davies et al., 2009).

Significant challenges to protecting and promoting the health of populations have emerged in this context. The region is a hotspot for emerging diseases, as in cases of the bird flu (Influenza A H5N1) and SARS outbreaks. The scale and pace of economic development have led to environmental health challenges, with less and less physical separation between populations and industry. There are also widespread increases in rates of chronic disease, meaning that the region as a whole simultaneously faces diseases of both diseases of affluence and poverty (Ezzati et al., 2005).

Health impact assessment (HIA) is being increasingly used as a mechanism to prevent and redress these issues. There has been HIA activity in the Asia Pacific for at least fifteen years (NHMRC, 1994, PHC, 1995, Spickett et al., 1995), although it has gained pace recently. HIA capacity building programs have been developed in Thailand, Lao PDR, Cambodia, Australia, and New Zealand over the past few years (Harris-Roxas and Harris, 2007, Harris-Roxas and Simpson, 2005, PHAC, 2007, Phoolcharoen et al., 2003, Sukkumnoed et al., 2007, WHO, 2007). The World Health Organization Western Pacific Regional Office has established a Thematic Working Group for HIA with its member countries. There are now well over one thousand people across the region who have not only been trained in HIA but who also have experience in conducting them. There is also an active Asia Pacific HIA email list with more than 600 subscribers (CHETRE, 2010).

HIA practice in the Asia Pacific is now maturing and coming of age. The articles in this special issue are drawn from the First Asia Pacific HIA Conference held in Sydney in 2007 and the Second Asia Pacific HIA Conference held in Chiang Mai in 2009. A third conference is being held in Dunedin in November 2010. The use of HIA is taking different forms as it is used in new contexts.

HIA in Australia. Cameron et al. (in press) discuss facilitating communities to develop and use their own community HIA tools. Kang et al. (In press) report on HIA activities in Korea. Kwiatkowski (in press) describes community capacity building for HIA in Canada. Wu et al. (in press) report on a feasibility study of HIA's use in China.

The final group of articles presents HIA case studies drawn from across the Asia Pacific region. Spickett et al. (in press) report on an HIA of climate change and adaptation measure in Western Australia. Ismaung et al. (In press) describe a participatory HIA of regulations for hazard control in Thai local government. Gunatilaka et al. (In press) discuss an equity focused HIA of a regional plan in Queensland, Australia. Tugwell and Johnson (In press) report on an HIA that was conducted on a local government strategic land use plan in New South Wales, Australia.

3. Future challenges

There are two major issues that will be critical in determining people's health in the Asia Pacific region; water and biodiversity. At first, these might seem to be environmental, rather than health issues, that are often considered in environmental impact assessments (EIAs). Opportunities are being missed, however, for (i) water and biodiversity impacts to be better considered in stand-alone HIAs, and (ii) for HIA practitioners to assist water and biodiversity specialists to make explicit the links between impacts on water and biodiversity and health outcomes within EIAs or other integrated assessments. Both water and biodiversity will play a significant, if not dominant, role in determining the health and well-being of the region into the future. They will also impact on a number of social determinants of health, and importantly, both issues are also closely linked to climate change (IPCC, 2007).

Changes to water quality and quantity should be routinely considered in scoping all HIAs or developing terms of reference. Agricultural practices in the Asia Pacific region make it particularly sensitive to changes in water quantity. This may seem most relevant in arid parts of the region such as Australia; however, even comparatively low levels of soil degradation and loss of agricultural productivity in

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