Butting Our Heads Against A Wall?

Ben Harris-Roxas
Centre for Health Equity Training, Research & Evaluation (CHETRE)
Part of the UNSW Research Centre for Primary Health Care and Equity
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
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 consensus² from WHO’s European Centre for Health Policy further achieved little to the privatization of health, with an emphasis on protocols. Has this expanded beyond a global perspective or

New international consensus on health impact assessment

Gary Krieger and colleagues (June 19, p 2129)³ 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
Reflections on ways HIA can be made most useful to Local Government in NSW
Influencing Healthy Planning and Policy Development
in
Local Government:

Summary Report
Human health and wellbeing in environmental impact assessment in New South Wales, Australia: Auditing health impacts within environmental assessments of major projects

Patrick J. Harris a,1, Elizabeth Harris a,1, Susan Thompson b,2, Ben Harris-Roxas a,1, Lynn Kemp a,1

a Centre for Health Equity Training, Research and Evaluation, part of the UNSW, Research Centre for Primary Health Care and Equity, UNSW, Locked Mail Bag 7103, Liverpool BC, NSW 1871, Australia

b Faculty of the Built Environment, UNSW, Sydney, NSW 2052, Australia

ARTICLE INFO

Article history:
Received 27 November 2008
Received in revised form 5 February 2009
Accepted 10 February 2009
Available online xxxx

Keywords:
Health
Environmental impact assessment
Major projects

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.

Part of an ongoing analysis into ‘Understanding stakeholders views’
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
CHALLENGES
VERY FEW MAJOR PROJECT ASSESSMENTS ARE REFERRED TO HEALTH AGENCIES IN NSW, BUT LOCAL GOVERNMENT IS ALWAYS INVOLVED
PEOPLE HAVE TO BE PART OF ENVIRONMENTAL IMPACT
### Table 2: Environmental Health Areas

<table>
<thead>
<tr>
<th>Category</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vector-Related Diseases</strong></td>
<td>Malaria, schistosomiasis, dengue, onchocerciasis, lymphatic filariasis,</td>
</tr>
<tr>
<td></td>
<td>yellow fever, and so on [Kaiser, 2005; IPECA, 2006; <a href="http://www.rollbackmalaria.org/">www.rollbackmalaria.org/</a>;</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.who.int/entity/health/risk/vectors/vector/en/index.html">www.who.int/entity/health/risk/vectors/vector/en/index.html</a>]</td>
</tr>
<tr>
<td><strong>Respiratory and Housing Issues</strong></td>
<td>Acute respiratory infections (bacterial and viral), pneumonia, tuberculosis; respiratory effects from housing, overcrowding, housing inferiority [Richichi, 2006; Erazo and Kamen, 2002; <a href="http://www.who.int/gib">www.who.int/gib</a>]</td>
</tr>
<tr>
<td><strong>Veterinary Medicine and</strong></td>
<td>Brucellosis, rabies, bovine TB, bird flu, and so on [Zinsstag, 2005;</td>
</tr>
<tr>
<td><strong>Zoonotic Issues</strong></td>
<td><a href="http://www.splaph.org/En/default.jsp">http://www.splaph.org/En/default.jsp</a>]</td>
</tr>
<tr>
<td><strong>Sexually Transmitted</strong></td>
<td>HIV/AIDS, syphilis, gonorrhea, chlamydia, hepatitis B [<a href="http://www.who.int/hiv/en/">www.who.int/hiv/en/</a>;</td>
</tr>
<tr>
<td><strong>Infections</strong></td>
<td><a href="http://www.census.gov/IPC/www/hiv/">http://www.census.gov/IPC/www/hiv/</a>]</td>
</tr>
<tr>
<td><strong>Soil- and Water-Sanitation-</strong></td>
<td>Giardiasis, worms, water access and quality, excrement management [Cairncross,</td>
</tr>
<tr>
<td><strong>Related Diseases</strong></td>
<td>2003; DFID, 2003; <a href="http://www.who.int/water_sanitation_health">www.who.int/water_sanitation_health</a>]</td>
</tr>
<tr>
<td><strong>Food- and Nutrition-</strong></td>
<td>Stunting, wasting, anemia, micronutrient diseases (including deficiencies of</td>
</tr>
<tr>
<td><strong>Related Issues</strong></td>
<td>iron, iodine); changes in agricultural and subsistence hunting, fishing, and</td>
</tr>
<tr>
<td></td>
<td>gathering practices; gastroenteritis (bacterial and viral); food inferiority</td>
</tr>
<tr>
<td></td>
<td>[Fisher, 2006; <a href="http://www.childinfo.org">www.childinfo.org</a>; <a href="http://www.who.int/nutrition/en">http://www.who.int/nutrition/en</a>]</td>
</tr>
<tr>
<td><strong>Accidents and Injuries</strong></td>
<td>Road-traffic-related, spills and releases, construction (home- and project-related) and drowning [<a href="http://internationaltransportation.org/Iti/datasets.html">http://internationaltransportation.org/Iti/datasets.html</a>]</td>
</tr>
<tr>
<td><strong>Exposure to Potentially</strong></td>
<td>Pesticides, fertilizers, road dust, air pollution (indoor and outdoor related to vehicles, cooking, heating, or other forms of combustion or incineration), landfill release or incineration ash, and any other project-related solvents, paints, oils or cleaning agents, by-products, or release events [Sullivan and Krier, 2001; <a href="http://www.who.int/pcv">www.who.int/pcv</a>]</td>
</tr>
<tr>
<td><strong>Hazardous Materials</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Social Determinants of Health</strong></td>
<td>Including psychosocial, social production of disease, political economy of health, and ecologic 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 [CDC, 2008; <a href="http://www.who.int/social_determinants/en">www.who.int/social_determinants/en</a>]</td>
</tr>
<tr>
<td><strong>Cultural Health Practices</strong></td>
<td>Role of traditional medical providers, indigenous medicines, and unique cultural practices [<a href="http://www.who.int/topics/indigenous_health_practices">www.who.int/topics/indigenous_health_practices</a>]</td>
</tr>
<tr>
<td><strong>Health Services</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Infrastructure and Capacity</strong></td>
<td>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 [<a href="http://www.theglobalfund.org/tb/">www.theglobalfund.org/tb/</a>]</td>
</tr>
<tr>
<td><strong>Noncommunicable Diseases (NCDs)</strong></td>
<td>Hypertension, diabetes, stroke, cardiovascular disorders, cancer, and mental health [<a href="http://www.who.int/ncd/en/index.html">http://www.who.int/ncd/en/index.html</a>]</td>
</tr>
</tbody>
</table>
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?
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 YOUR REPORT BEFORE YOU PUBLISH IT

A review package for Health Impact Assessment reports of development projects

Mette Winge Fredsgaard, Ben Cave and Alan Bond
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

Environmental Impact Assessment Review

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 33% of the world’s landmass (UNEP-ESCAP, 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., 2005).

Significant challenges in 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 (H5N1 and H9N2) 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. These are also widespread increases in rates of chronic diseases, meaning that the region as a whole simultaneously faces diseases of both diseases of affluent and poverty (Davies et al., 2005).

Health Impact Assessment (HIA) is being increasingly used as a mechanism to present and address these issues. There has been HIA activity in the Asia Pacific for at least fifteen years (Humphreys, 1994; PACIFIC: 1995; Spicker et al., 1995) although it has gained pace recently. HIA capacity building programs have been developed in Thailand, Laos, and Cambodia, Australia, and New Zealand over the past few years (Haddad and Haddad, 2007, Haddad and Simpson, 2008, SIMPSON, 2007c, Godoy et al., 2007, Haddad, 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 1,000 people across the region who have not only been trained in HIA but who also have ongoing experience in conducting them. There is also an active Asia-Pacific HIA email list with more than 600 subscribers (GEMEEX, 2010).

HIA practice in the Asia Pacific is now maturing and coming of age. The articles in this special issue draw 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 Dusseldorf 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. King et al. (In press) report on an HIA of climate change and adaptation measures in Western Australia; Bunnag et al. (In press) describe a participatory HIA of regulations for hazard control in Thai local government; Cosgrove et al. (In press) discuss an equity focused HIA of a regional plan in Queensland, Australia. Todaro and Joffres (In press) report on an HIA that was conducted on a local government strategic land use plan in New South Wales, Australia.

2. 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 assessment (EIA). Opportunities are being missed. However, for (i) water and biodiversity impacts to be better considered in stand-alone HIA, and (ii) for HIA practitioners to see water and biodiversity as a special. To make explicit the link between impacts on water and biodiversity and health outcomes within EIA 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 HIA or developing terms of reference. Agricultural practices in the Asia Pacific region make it particularly sensitive to changes in water quantity. This may become 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