

# Impact Assessment Family: past rifts, and prospects for better relations

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Keynote address

3<sup>rd</sup> Asia and Pacific Regional

Health Impact Assessment Conference

University of Otago, Dunedin

New Zealand

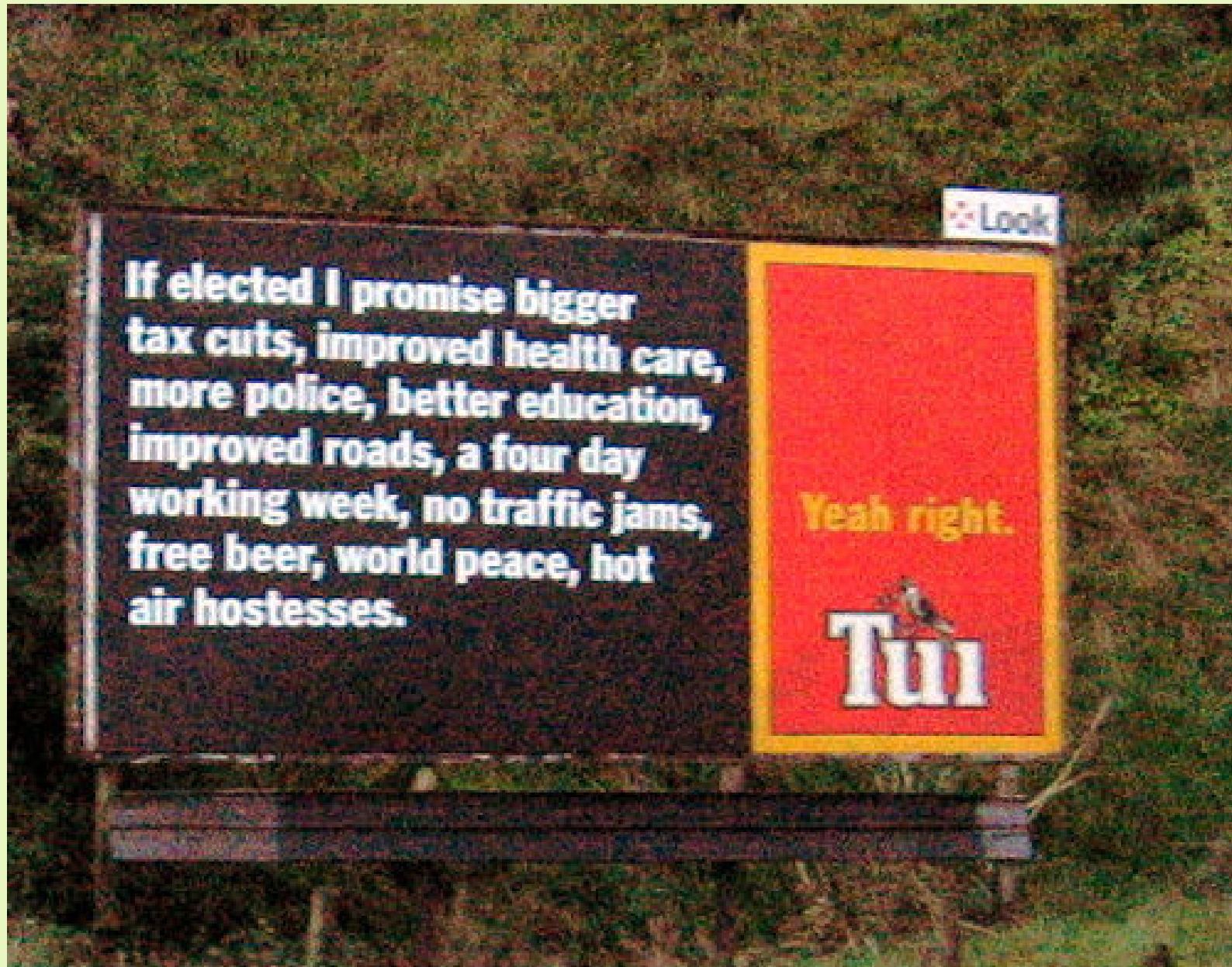
17-19 November 2010

Those tatoos will look great when you're 60!

Yeah right!

Those tatoos will look great when you're 60!

Yeah right!  
(I don't think so!)



The missus walked  
into a door

Yeah right.

  
**Tui**

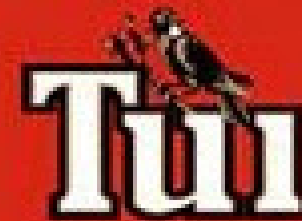
I'm not an alcoholic

Yeah right.

**Tui**

**Go South  
Africa !**

**Yeah right.**



“Problem gambling’s not a problem,  
and it’s certainly not a health problem”

(1997)

Yeah right!

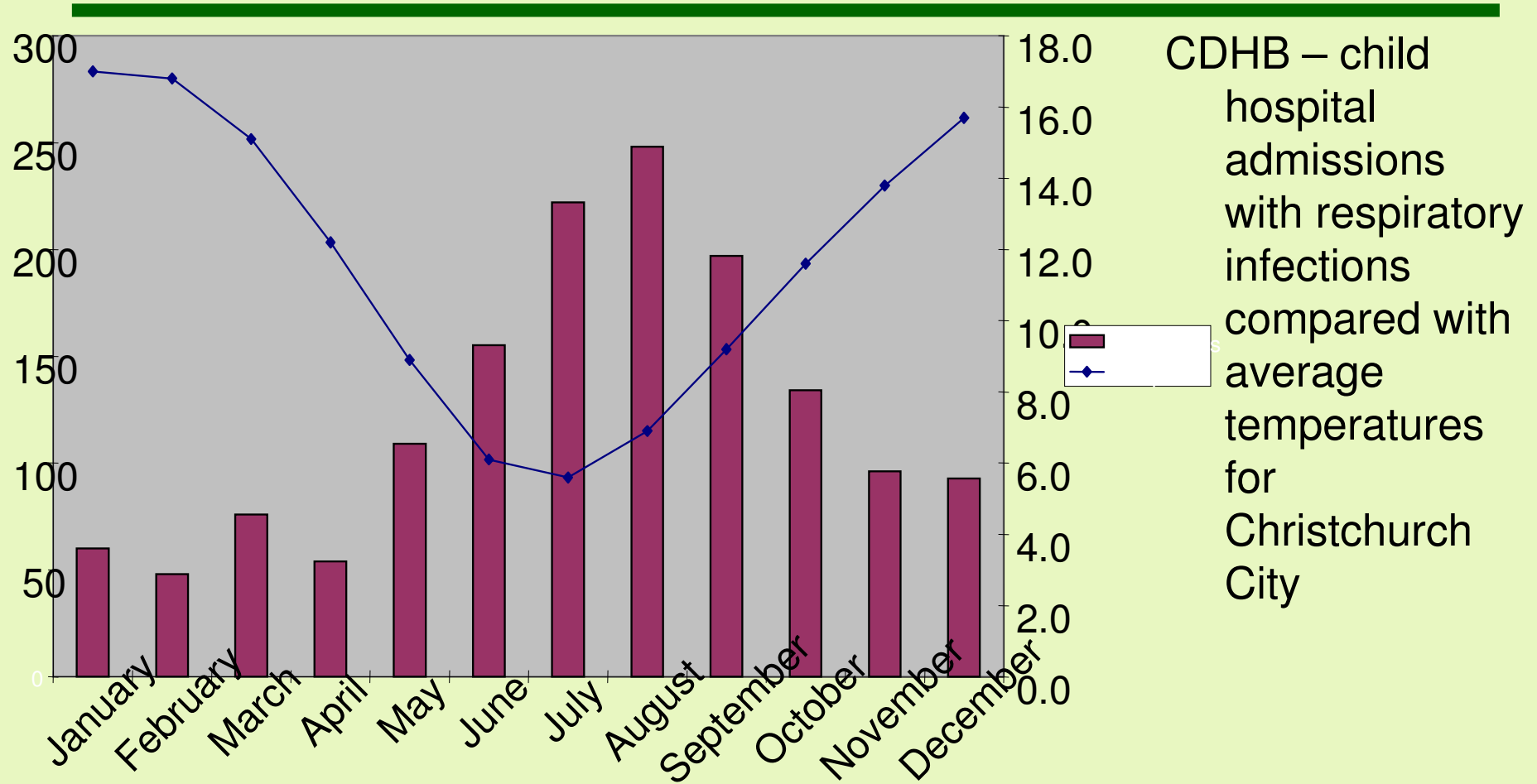


“If we want to save lives, we’d better clean  
up the winter smog”

(2003)

Yeah right!

# Is there evidence that hospital admissions are linked to winter conditions?



# Is there evidence that hospital admissions are linked to winter conditions?

*(CDHB admissions data)*

Diagnosis Group	Summer	Autumn	Winter	Spring
E62 Respiratory Infections/Inflammations	201	239	625	427
E69 Bronchitis and Asthma	550	756	871	718
E70 Whooping Cough and Acute Bronchiolitis	161	216	1237	509
E75 Other Respiratory System Diagnosis	104	175	433	258
<b>Total: Respiratory diagnoses</b>	<b>1278</b>	<b>1672</b>	<b>3506</b>	<b>2229</b>

# Has cleaning up the air ever been shown to improve health?

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[Improvements in health indicators associated with reductions in PM<sub>10</sub> concentrations in Dublin (The Lancet, 19 October, 2002)]

- Average concentration decrease of ~36 microgrammes per cubic metre ( $\mu\text{g}/\text{m}^3$ ) in Dublin after a ban on coal sales.
- Respiratory deaths decreased by 15.5% and cardiovascular deaths decreased by 10.3%

# Reflections (1)

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- ➔ Often, 'rifts' arise from institutional arrangements and arbitrary distinctions of responsibility
- ➔ Participatory assessment methodologies can be effective in permeating these 'rifts'.

# Memberships?

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International Association for Impact Assessment (IAIA)?

Some HIA professional association?

Another professional grouping as well?

# Your HIA role?

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HIA practitioners?

Commission others to do HIAs?

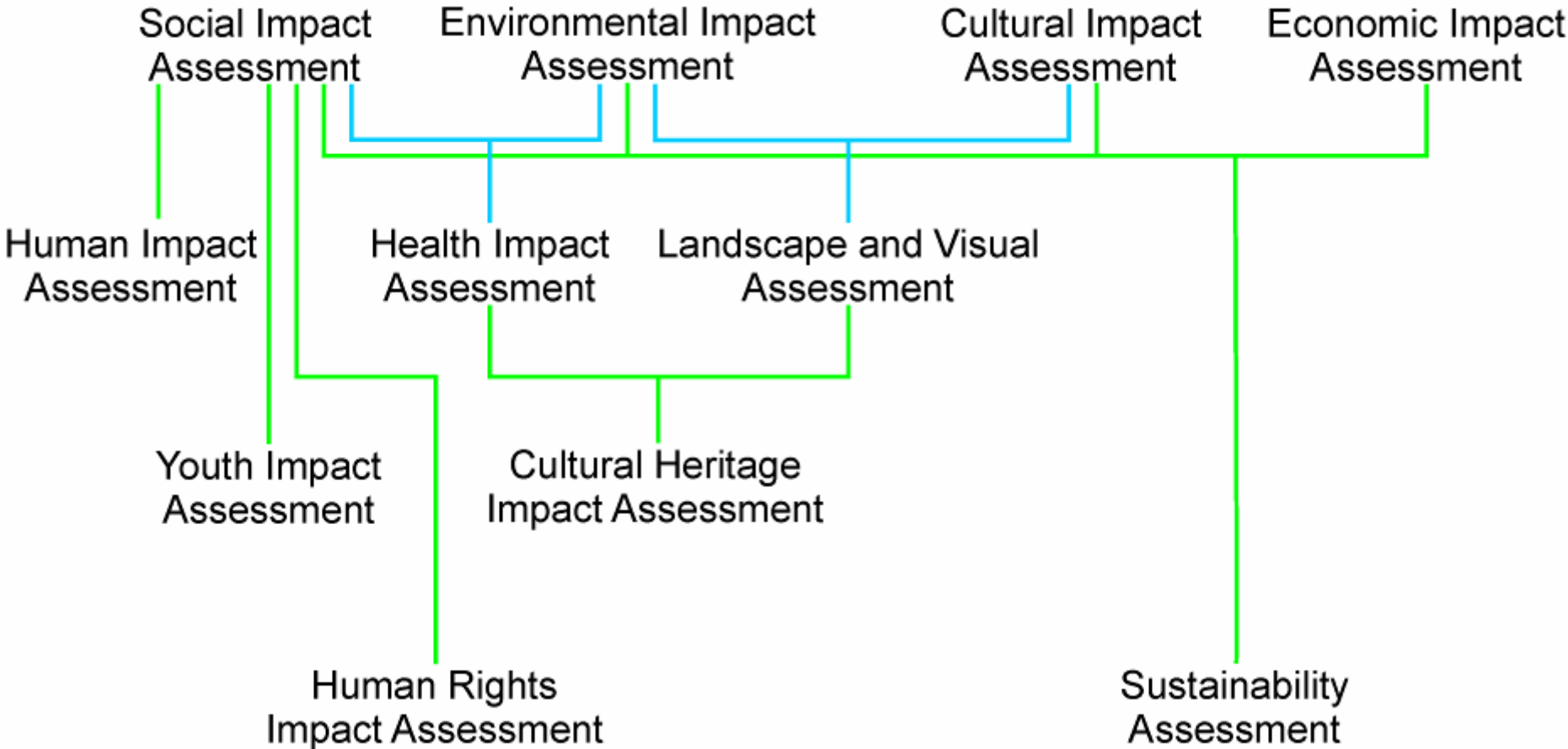
Provide institutional support for HIA?

# The IA family

- Poverty and Social Impact Assessment (PSIA)
- Health and Wellbeing Assessment (HWA)
- Recreation Assessment (RA)
- Noise Assessment (NA)
- Cumulative Effects Assessment (CEA)
- Youth Impact Assessment (YIA)
- Risk Based Impact Assessment (RBIA)
- Social Impact Assessment (SIA)**
- Strategic Environmental Assessment (SEA)
- Environmental, Social and Health Impact Assessment (ESHIA)
- Sustainability Assessment (SA)
- Human Rights Impact Assessment (HRIA)
- Ecological Impact Assessment (EIA)
- Health Impact Assessment (HIA)
- Integrated Impact Assessment (IIA)
- Tourism Impact Assessment (TIA)
- Transportation Assessment (TA)
- Environmental Impact Assessment (EIA)
- Integrated Impact Assessment (IIA)
- Urban Impact Assessment (UIA)
- Economic Cost Benefit Assessment (ECBA)
- Biodiversity Impact Assessment (BIA)
- Cultural Heritage in Impact Assessment (CHIA)
- Gender Impact Assessment (GIA)
- Cultural Impact Assessment (CEIA)
- Human Impact Assessment (HIA)

Landscape and Visual Impact Assessment (LVIA)





# IAIA 2000 – Back to the Future

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Where will IA be 10 years hence? (2010)

Better integration between modes;  
Participation in assessment;  
Empirical data/case studies.

# For Health/HIA – what is the objective?

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Increasing awareness/profile of health matters and health issues?

OR

Increasing effectiveness of HIA in planning and policy processes?

Are these the same?

# For Health/HIA – what is the objective?

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Increasing awareness/profile of health matters and health issues?

OR

Increasing effectiveness of HIA in planning and policy processes?

Are these the same?      Yeah right!

# Who's operating in the 'health' space in IA?

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- ➔ HIA
- ➔ SIA (physical & mental health, health services, lifestyles, environment)
- ➔ Water Quality
- ➔ Air Quality
- ➔ Dust
- ➔ Odour
- ➔ Noise

# Who's operating in the 'wellbeing' space IA?

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- ➔ HIA
- ➔ SIA (education, housing, employment, safety, social support, identity, social attachment, ....)
- ➔ Recreation
- ➔ Transportation/accessibility
- ➔ Landscape
- ➔ Urban design

## Reflections (2)

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- ➔ There are some well-established methodologies which should be of interest to HIA practitioners
- ➔ ..and vice versa
- ➔ Are we involved in a zero-sum game for IA?
- ➔ Is it better to promote IA across a range of relevant issues OR promote an range of specific and discrete IA products?

## s5.2 Resource Mgt Act

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“In this Act, “sustainable management” means managing the use, development, and protection of natural and physical resources in a way, or at a rate, which ***enables people and communities to provide for their social, economic and cultural wellbeing and for their health and safety*** while –

- (a) Sustaining the potential of natural and physical resources (excluding minerals) to meet the reasonably foreseeable needs of ***future generations***; and
- (b) Safeguarding the ***life-supporting capacity*** of air, water, soil and ecosystems; and
- (c) Avoiding, remedying, or mitigating any adverse effects of activities on the environment”



“In New Zealand, project-level impact assessment is based on an integrated model under the Resource Management Act”

“In New Zealand, project-level impact assessment is based on an integrated model under the Resource Management Act”

Yeah Right!

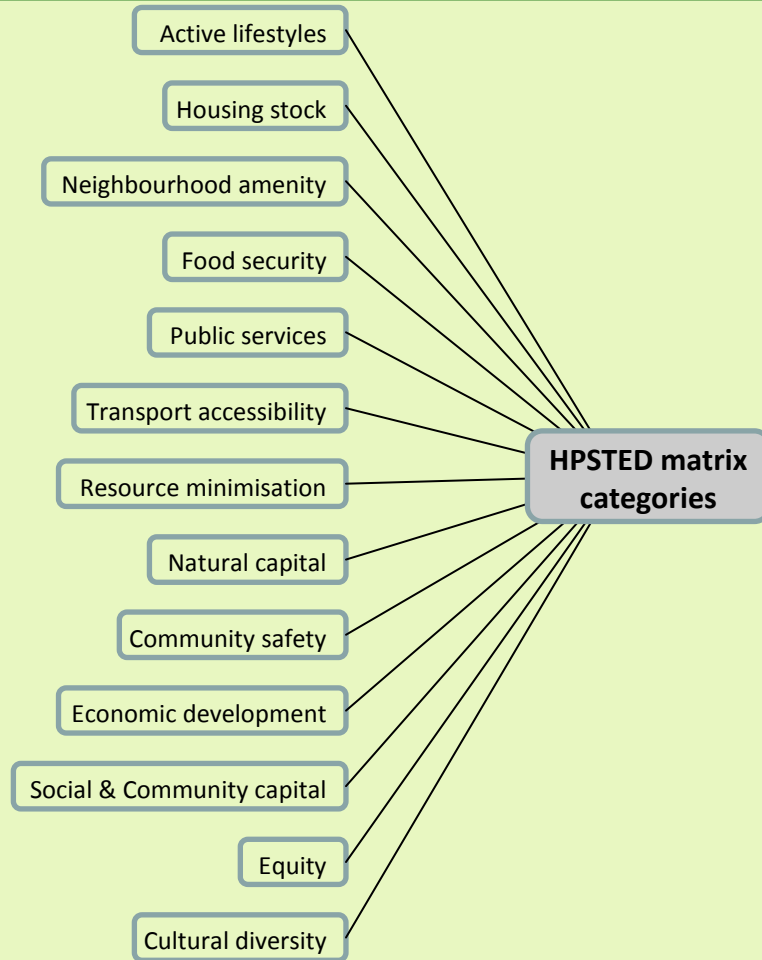
# What sort of HWB effects have been considered in a range of SIAs?

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- ➔ Urban development case (ex-post) – Aranui
  - Social isolation; Access to health services (elderly); community identity,...
- ➔ Urban development – town centre proposal
  - Urban form and active transport; Provision of community facilities (youth); Better access to employment opportunities; ...
- ➔ High Voltage Transmission line
  - Quality of working environments; EMF risks; Hazards to aircraft; ...
- ➔ Windfarm proposal
  - Noise-related amenity loss and health risk; recreational opportunities/displacement; income security; ....

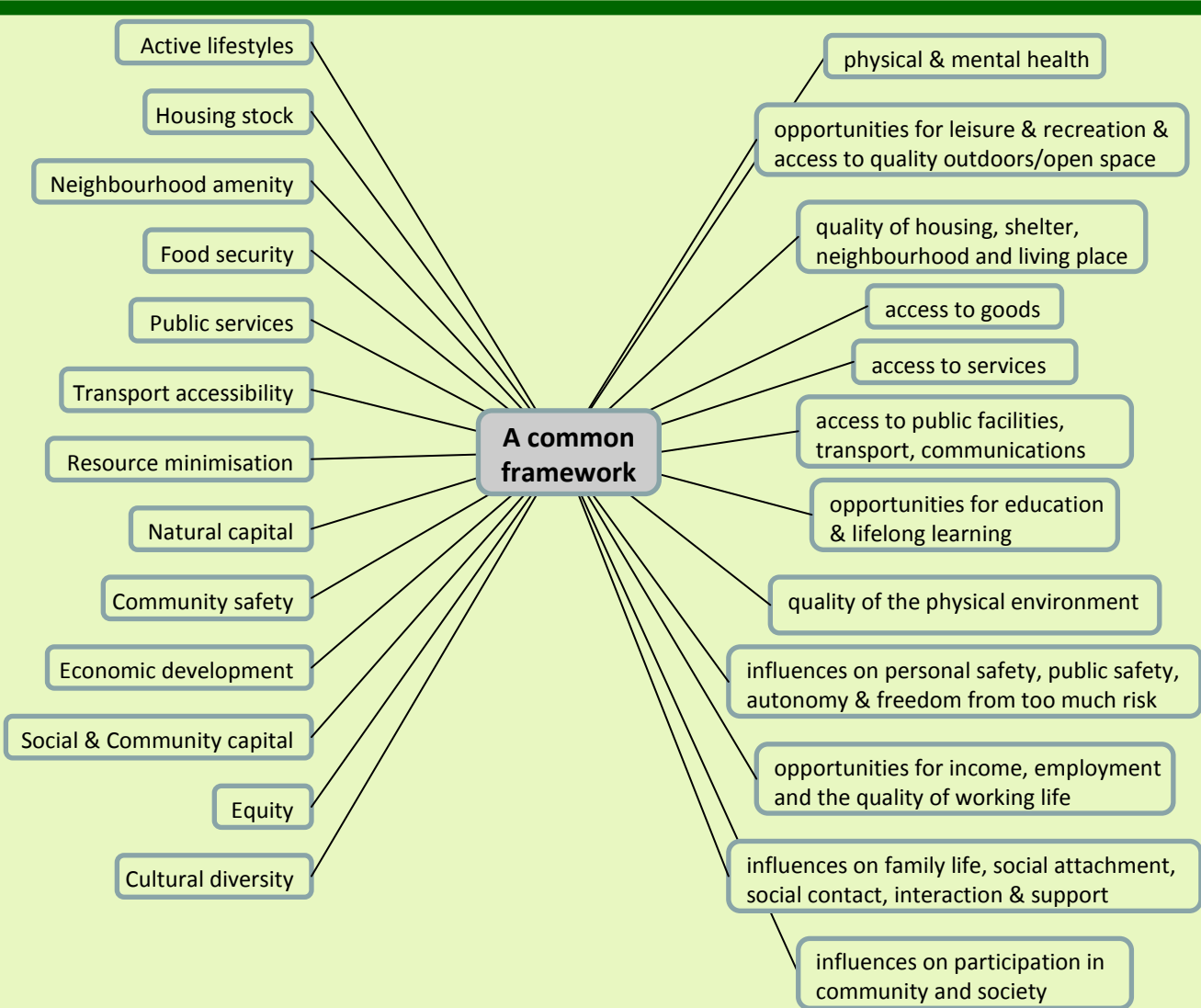
# HPSTED matrix categories

(Health Promotion & Sustainability Through Environmental Design)

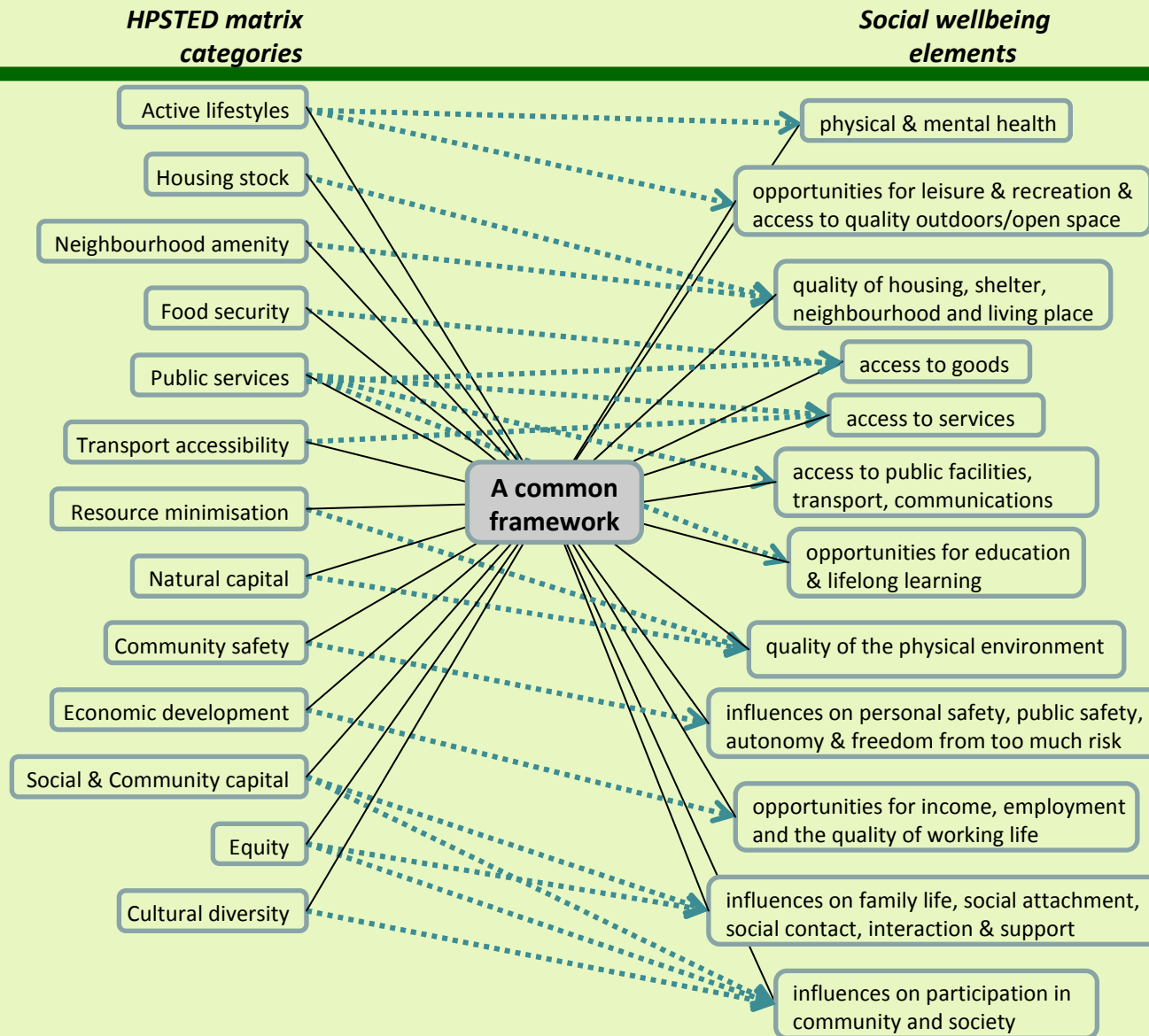


**HPSTED  
matrix  
categories**

**SIA  
wellbeing  
elements**



# A common framework



# OTTAWA CHARTER

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## Principles for Action-oriented Health Promotion Five broad elements

Building Public Policy

Creating Supportive Environments

Strengthening Community Action

Developing Personal Skills

Re-orienting Services

# Prospects for better relations? HIA & SIA

## Similarities & Differences

Scope of effects assessed	Both HIA and SIA address +ves & -ves
Domains	Appear to be converging (health + wellbeing)
Applications	HIA mostly at policy/strategic level and non-statutory; non-statutory SIA mostly at project level; RMA/LGA driven
Equity issues	Both have a commitment to addressing equity issues in the distribution of effects
Budgets	Appear to be similar scale, but differences in allocation: HIA more on review of 2ndary evidence; SIA more on 'fieldwork'
Time frames	Appear significantly different: HIA typically shorter (policy cycle); SIA longer (planning cycle)
Emphasis on Scoping	Different approaches to 'getting specific'
Information sources	Similar range of sources; different emphasis?



# Prospects for better relations? What could SIA learn?

From HIA	To SIA
Health determinants	Enhanced social and community profiling
More in-depth analysis of specific health effects; better definition of health parameters	Refined analysis
Empirical data sets on health and well being; correlations with health determinants	Clearer articulation of pathways of effect; improved monitoring framework
Health promotion frameworks	“managing change’ under uncertainty, not just assessment of effects

# Prospects for better relations? What could HIA learn?

From SIA	To HIA
Phased/iterative approach to assessments; more emphasis on Scoping	Enhanced focus of subsequent assessment; enhanced legitimacy
Varied approaches to stakeholder engagement	Enhanced levels of participation
Dealing with qualitative and quantitative data systematically	Validating data of different kinds
Focus on managing change under uncertainty	Promotes on-going stakeholder involvement post-assessment

# Reflections (3)

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- ➔ Health issues are being picked up in other modes of IA
- ➔ As well as they should be? Yeah right!
- ➔ Some well-established methodologies in other IA that should be of interest to HIA practitioners
- ➔ And vice versa

# Integration?

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Particularly in the context of Impact Assessment

Lots of rhetoric

An emerging 'science'

# ‘Integrative functions’ – what is the essence of integration?

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Integrative functions:

4+1= 5-part classification

Descriptive integration = empirical description;

Evaluative integration = evaluation;

Strategic integration = strategy development;

Contextual integration = ‘policy’ context; community setting;

Mutual integration = combining the 4 into the assessment  
process

## What are the 'parts' being combined?

<b>Integrative function</b>	<b>'Parts' being combined</b>
Descriptive integration	Multi-disciplinary sources of knowledge; Partial descriptions of the system of interest
Contextual integration	Perspectives and interests of stakeholders; Institutional setting

## What are the 'parts' being combined?

<b>Integrative function</b>	<b>'Parts' being combined</b>
Evaluative Integration	Predicted impacts; Explicit criteria or specified outcomes
Strategic integration	Alternative project designs or policy prescriptions; Analytical values subject to adjustment or trade-off

## What are the 'parts' being combined?

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Integrative function	'Parts' being combined
Mutual (functional) integration	The processes required to achieve the other 4 integrative functions



## Descriptive integration?

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- How do team members build up a common understanding of the proposal and its social and environmental setting? (do they ever?)
- What are the most important cause-and-effect relationships occurring when viewed from ecological, social, public health or economic perspectives?

## Contextual integration?

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- What aspects of policy context (social, health, economic) are most relevant and likely to be most influential to decision makers?
- What are the communities of interest for the proposal being assessed?
- How will you select stakeholder representatives to work with?

## Evaluative integration?

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- Do all team members adopt a consistent set of assumptions in making their assessment?
- Do economic gains come at the expense of public health, social and environmental costs?

## Strategic integration?

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- How are health, environmental, social and economic considerations applied to the search for an optimal set of outcomes?
- Are there particular (explicit) optimisation techniques that could be used to refine the proposal?

## Mutual (functional) integration? Making it happen

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- ➔ Who's responsible for ensuring integration occurs?
- ➔ Does the assessment team have the necessary range of skills, knowledge and experience to cover environmental, social, health and economic aspects?

# For details, go to

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- ➔ [www.tba.co.nz](http://www.tba.co.nz)
- ➔ Projects
- ➔ Public Science Projects (FRST funded)
- ➔ Institutions for Sustainable Development
- ➔ Outputs
- ➔ **“Getting on with Integrated Impact Assessment: one set of guiding principles - many methods”**

# Reflections (4)

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- Room to be innovative in IA applications – guiding principles + pluralism of methods
- Creating opportunities for this requires client/agency support

# Issues of evidence

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“Evidence-based!”

Yeah right!



# Issues of evidence

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- Relevance?
- Different standards of evidence – planning vs medical treatment
- Evidence on +ve wellbeing ‘pathways’ or co-relations
- Equally applicable in SIA as in HIA?

# Reflections (5)

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- ➔ Explain the relevance and significance of evidence to decision makers
- ➔ Need a big push on correlations with positive health outcomes
- ➔ Accessible library/databank of social, health and wellbeing data

# “Working better, working smarter” – key challenges?

Challenge	Aspects of response?
IA seen as ‘environmental mgt’ tool	Needs an agency-level response Practitioners are not the gatekeepers
Regulatory agencies and other IA practitioners lack health expertise	Won’t easily fix agency competencies What level of health expertise is needed for HIA? Current training?
Inter-disciplinary efforts compromised by lack of communication/collaboration	Learn what ‘integration’ involves, and get on with it!
Stakeholders/affected communities want to see health issues incorporated into decision making	They don’t really care which mode of IA delivers this, so let’s improve across the board
Little recognition of wider ‘determinants of health’	Terminology? Communicating relevance - to others!

# “Working better, working smarter” – key challenges?

Challenge	Aspects of response?
HIA needs to re-consider how to engage affected communities in prioritising health issues	Recognise that expert-led assessments only part of the picture. Recognise ‘expertise’ of lay people
Health issues in SIA – limited context and lacking substantive assessment	Achieve HIA/SIA collaboration Incorporate aspects of HIA method Overcome limitations of empirical data
Dominance of gatekeeper professionals in RMA processes	Needs an agency-level response Educate the gatekeepers, so they see the advantages of better addressing ‘health’ in the assessments

Thank you

[www.tba.co.nz](http://www.tba.co.nz)

# Questions for the workshop this afternoon

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- ➔ Is it better to promote assessment of health effects as part of a thorough, integrated assessment OR better to promote a range of specific IA products (HIA, SIA, EIA, ESHIA,....)
- ➔ Demarcation issues – does it matter who addresses health issues and effects?
- ➔ Is terminology important? (common, plain language)
- ➔ Responses to ‘key challenges’
- ➔ Responses to ‘reflections’