

HEALTH IMPACT ASSESSMENT IN NEW SOUTH WALES

GUEST EDITORIAL

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This issue of the *NSW Public Health Bulletin* provides an overview of health impact assessment (HIA) and reflects upon health practitioners' experiences with the process.

We are now at a point where we can begin an informed debate on what HIA is, why it should be done and when to do it. Papers by Harris, Staff and Corbett raise important issues as they reflect on where and how we can best place HIA in planning processes to improve the health of people in NSW.

Simpson in 'An introduction to health impact assessment' provides a brief introductory outline of the HIA process, emphasising that it is a structured and stepwise process. Unanticipated impacts are arguably just as important as intended ones and Aldrich et al have developed an equity-focussed HIA framework that allows practitioners to systematically consider equity at each step of an HIA.

Considerable energy and effort has been invested in HIA both internationally and within Australia. Scott-Samuel describes the former in 'Health impact assessment: An international perspective', and Langford in 'Health impact assessment in New Zealand' highlights some of the issues from across the Tasman. Mahoney in 'Health impact assessment in Australia' notes the rapid development of HIA within Australia and highlights the fact that both capacity

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within the health sector and routes into key decision-making areas within government are critical issues that need to be addressed.

NSW Health has committed considerable resources to pursuing the potential of HIA. Harris-Roxas and Harris in their articles outline the work of the NSW HIA project coordinated by the Centre for Health Equity Training, Research and Evaluation. This project has supported developmental sites to use a 'learning by doing' approach to gain experience in applying HIA. Articles in this issue (Thackway et al and O'Hara et al) reflect upon the outcomes and better place us to make strategic decisions on how to maximise the potential gains from employing HIA in a NSW context.

HIA can be a useful tool in minimising the negative impacts and enhancing the positive impacts of policies and projects. HIA can be undertaken at a number of levels—as a desk-based audit, rapid assessment and comprehensive HIA. It is also only one of many assessment processes including Aboriginal health impact assessment (Wheeler), and social and environmental impact assessments. As we move to working more closely with other government agencies and the private sector there will be pressure to find ways of developing integrated impact assessment processes. The relative merits of creating a separate HIA process, including looking at the different contexts in which it may operate, need to be reviewed now that we have had some experience with the procedures, methods and tools that HIA uses. ☒

AN INTRODUCTION TO HEALTH IMPACT ASSESSMENT

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Health impact assessment (HIA) is a structured and stepwise process for identifying the potential beneficial and harmful health impacts of a policy, program, development or project proposal before its implementation, with the purpose of using this information to improve the proposal. A widely used and accepted definition of HIA is:

A combination of procedures, methods and tools by which a policy, program or project may be assessed for its potential, and often unanticipated, effects on the health of the population and the distribution of these impacts within the population.^{1,2}

HIA has its roots in other forms of assessment such as environmental impact assessment and health risk assessment.³ These roots are reflected in the steps of HIA, which are generally understood to include:

1. *Screening*—is an HIA required?
2. *Scoping*—setting the boundaries of the HIA.
3. *Identification of impacts*—collecting information from agreed sources about potential health impacts.
4. *Assessment of impacts*—assessing the range of identified health impacts from the different sources.
5. *Development of recommendations*—to improve the proposal by amelioration of potentially negative health impacts and/or enhancement of potentially positive health impacts.

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6. *Evaluation and monitoring*—includes (a) evaluation of the HIA process, (b) setting up a structure to monitor the impact of the HIA, including uptake of recommendations, and (c) assessing the health impact of the proposal following implementation.⁴

The focus of other forms of impact assessment such as environmental impact assessment is usually on major infrastructure developments such as a new road or extending an airport, and information is collected with a view to protecting the environment and/or human health. These assessments usually draw on a more circumscribed evidence base (for example systematic reviews) and use a 'tight' definition of health⁵ to guide regulatory intervention that might be required to protect the environment or health.

The articles in this issue of the *NSW Public Health Bulletin* emphasise the broad range of contexts for HIA as an aid to decision-making, for instance for a new policy (for example family tax benefit) or a new physical development (for example construction of a port facility). Where HIA is used in this way, potential health impacts are usually identified using a wide range of sources (for example focus groups and the literature), the focus is on protecting and promoting health and a 'broad' definition of health is applied.⁶ A wide body of literature has been published on this application of HIA (see Mahony and Durham⁷ for an overview).

Where HIA is used as part of the policy or program development process, it is best undertaken before the proposal is finalised (see Harris, 'Contemporary debates in health impact assessment: What? Why? When?', in this issue) so that decision makers can apply the findings before implementation. The results of HIA can be used to improve proposals developed within and outside the health sector, for example the potential impacts of changes to how health