Effectiveness of HIAs in Australia and New Zealand 2005-2009

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Background

The project investigated:

1. Is there evidence that HIAs have changed decision-making and implementation?
2. What factors are associated with increased or reduced effectiveness of the HIAs in changing these decisions and the implementation of policies, programs or projects?
3. What impacts do participants/stakeholders report following involvement in health impact assessments?

Methodology and findings

Figure 1: HIAs in Australia and New Zealand 2005-2009

55 HIAs in total

35 in Australia

24 in New Zealand

28 decision-support

2 advocacy

4 mandated

1 community-led

24 decision-support
Figure 2: Overview of project and findings

<table>
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<th>Project Stage</th>
<th>What we did</th>
<th>What we found</th>
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<td><strong>Phase 1: Identification, Description and Quality Assessment</strong></td>
<td>115 HIAs were identified and 55 met the study criteria. Described the key characteristics of the HIAs undertaken. Reviewed the quality of the HIAs using the HIA Review Package (Fredsgaard et al 2009).</td>
<td>Of the 55 HIAs, 31 were undertaken in Australia and 24 in New Zealand. Most HIAs were conducted to support decision-making. There were challenges in the scoring system within the Review Package for Health Impact Assessments Reports of Development Projects.</td>
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<td><strong>Phase 2: Survey and interviews</strong></td>
<td>Information from 48 of the 55 HIAs identified in Phase 1 was collected using a survey and follow-up interviews. Assessed the effectiveness of HIAs according the Wismar Framework (Wismar et al 2007).</td>
<td>Most HIAs have an influence on decision-making.            HIAs were often carried out by inexperienced HIA practitioners and decision-makers (non-experts). HIAs were commonly carried out on proposals where there was some controversy or opposition to the proposal.</td>
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<td><strong>Phase 3: Case studies</strong></td>
<td>Purposive sample of 11 HIAs. Conducted site visits and interviewed stakeholders for case studies.</td>
<td>HIAs are often effective in multiple ways with different stakeholders, and effectiveness and perceptions of effectiveness can change over time.</td>
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<td><strong>Phase 4: Integrative evaluation</strong></td>
<td>We used the data collected in the first three study phases to test the conceptual framework. Validation of findings through an investigator workshop and a HIA practitioner workshop. Identifying key learning implications for policy, practice and research.</td>
<td>The conceptual framework (Harris-Roxas and Harris 2013) is a useful approach to considering and understanding effectiveness. There were some factors that cut across the three domains of context, process and impacts: time; relationships/partnerships; factors operating at both organisational and individual levels; and legitimacy.</td>
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Source: Harris et al (2013)

Lessons

These are the lessons from my perspective alone, rather than those of all the Investigators, though they are informed by the project findings.

1. There was value in a descriptive audit/census of HIAs that had been conducted because it empirically tested assumptions (who, where, topics, sectors).
2. Assessing the quality of HIA reports is fraught, and on their own do not provide enough information to evaluate effectiveness. This is my main concern with the EPA Review of HIAs (Rhodus et al 2013).
3. The Wismar framework (Wismar et al 2007) didn’t provide a straightforward way to categorise HIA effectiveness within this study.
4. The factors that influenced the effectiveness of HIA identified in this study included:
   - community involvement
   - intersectoral involvement
   - relationships/partnerships
   - time and timing
   - learning
   - legitimacy.
5. The conceptual framework for evaluating HIA (Harris-Roxas and Harris, 2013) was tested, confirmed and refined (see Figure 3 below).

6. Some widespread HIA orthodoxy was challenged through this study:
   - That decision-makers are critical to involve in the HIA process and are the main mechanism to influence what is done (whereas we found that whilst important, this was not a necessary factor on its own).
   - Timing is critical and linked to a fixed point (whereas we found HIAs are capable of creating their own “right timing” in some circumstances).
   - The implicit assumptions that decisions are made once and that decision-making is linear (whereas we found HIAs influenced multiple decision points, and in many cases led to decisions being made or revisited).

7. Theory-based evaluation should be considered in the context of evaluations of HIAs because:
   - It clearly articulates how we understand the policy/planning process to work, how we expect to see change, and what we are seeking to achieve through the HIA.
   - It reduces the burden of data collection by guiding what information should be collected (Mazmanian and Sabatier 1983, de Leeuw et al 2014).

8. HIA is a discrete intervention but the processes HIAs seek to influence are rarely as bounded and contained.

*Figure 3: Revised framework for evaluating impact and effectiveness of HIA*

What remains unknown

These are my own ongoing questions and research interests based to this project:

- How does HIA change perceptions at individual and organisational levels and how can we better account for this through research design?
- How can we better evaluate learning that can occur through HIAs, at individual and organisational levels?
  - Technical
  - Conceptual
  - Social (Glasbergen, 1999)
- How can we account for different forms of bias in evaluations of HIA?
  - Framing bias
  - Confirmation bias
  - Hindsight bias
  - Creeping determinism
  - Narrative fallacy (Harris-Roxas et al 2014)
- How can we develop a more nuanced approach to scoping HIAs to consider the determinants of health inequities, as distinct from the determinants of health? (see Figures 4 and 5 below)

"What is clear here is that impact assessment is beginning to be seen not just as a tool for informing and influencing decision-makers, but as a process which changes the views and attitudes of stakeholders who engage with the process such that their own attitudes and practices change outside of the immediate decision making context. That is, the influence of impact assessment processes may extend well beyond the narrow decision window in which they operate. There is also recognition that such learning operates on an institutional and social level as well as on an individual level."

Bond & Pope (2012:4)

Figure 4: Entry points of the different policy approaches to reducing health inequalities

Source: Mantoura and Morrison (2016)
Figure 5: The determinants of the distribution of the determinants of health

Source: Harris E and Harris-Roxas B (2010)

Project publications


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