

Report of the Health Impact Assessment Support Unit Workshop held on the 27 September 2007.

1. Purpose

The Workshop was organised to achieve the following outcomes:

- To provide input into the development of an overall aim and action plan for the Ministry of Health's newly established HIA Support Unit for the next three years.
- To discuss the need for a multi-sectoral Reference Group.
- To gain a greater understanding of the use of HIA in New Zealand to date and the opportunities for its future development.

Thirty six people from twenty nine organisations attended the Workshop which was held at James Cook Hotel in Wellington. A list of participants can be found in **Appendix 1**. The Workshop was opened by Dr Mark Jacobs who gave an overview of Health Impact Assessment and the background to the Unit. Rob Quigley, Director of Quigley & Watts Ltd then set the scene for the group work sessions by giving us our "starter for ten" questions.

2. Feedback from the Group work sessions

The participants were split into 4 groups to answer a series of questions designed to develop an overall aim and action plan for the Unit over the next 3 years, 2007/08 – 2009/10. The following is a summary of the discussions, a detailed account of the group's discussions can be found in **Appendix 2**.

<p>1. What do you think the HIA Support Unit should try to achieve?</p>	<p>The Unit should achieve the following:</p> <ul style="list-style-type: none"> • A clear leadership role • The development of strong networks at senior and practitioner levels • To raise awareness of HIA across sectors • To develop practical tools and training packages • To concentrate work in significant proposals that effect health • Be an advocate for HIA
<p>2. What is its core business?</p>	<p>The message was very clear that core business was <u>not</u> doing HIAs but building capacity across sectors and identifying champions in those areas. It is also about the following:</p> <ul style="list-style-type: none"> • Commissioning HIAs • Developing a resource base • Support and advice • Communications • Funding HIAs • Monitoring and evaluation • Embedding HIA into practice

<p>3. What do you think could be achieved within the initial timeframe i.e. until 2010?</p>	<ul style="list-style-type: none"> • The development of the Unit should take a phased approach: Phase I – Establishment, Phase II – Maintenance, and Phase III – Transfer. • In Phase I some early wins are needed, some case studies and support to some central Government HIAs. • The Ministry of Health needs to be an exemplar for HIA. A baseline of current work needs to be established. • The Unit needs to raise awareness of HIA.
<p>4. How should we communicate the work of the HIA Unit?</p>	<ul style="list-style-type: none"> • A clear Communications Strategy needs to be set out identifying the audience/s and how best to communicate with them. • This should include using existing networks, and a range of mediums such as electronic newsletter, conferences and presentations.
<p>5. Do we need an External Reference Group?</p>	<ul style="list-style-type: none"> • There was a mixed response to this question. • Responses ranged from, yes there should be one, to having a virtual group or a bigger HIA network that could meet annually to, no requirement for an external reference group. It was clear that any such group should have a clear remit which could include developing and critiquing good practice, input and advice into where and how HIA should be used and advocacy.
<p>6. What role would your organisation play in developing the use of HIA?</p>	<ul style="list-style-type: none"> • All organisations represented felt that they could play a role in developing HIA but there were issues around capacity and resources. • This role could be achieved by a number of means including, carrying out HIAs on policies, developing the evidence base and evaluations, sharing their experiences of embedding other impact assessments and central processes, via contract management
<p>7. How could HIA support the delivery of your organisation's agenda?</p>	<ul style="list-style-type: none"> • All organisations felt that HIA could positively support their organisational agenda either by strengthening intersectoral collaboration or by gaining a broader view of health on the policies or programmes processes.

3. Outline work programme 2007/08 – 2009/10

From the discussion a detailed work programme will be developed which will include the following key elements:

Phase I – Setting the Foundations October 2007 – June 2008

- Baseline established
- Demonstration HIAs i.e. identifying opportunities, embedding work at the Ministry of Health

- Raising Awareness – producing a Communications Strategy including establishing the Unit's identity, website, electronic HIA newsletter, presentations, putting HIA into the language of other organisations etc.
- Advice and support to those wanting to develop HIAs
- Commissioning – tools such as Cabinet step by step guide & simple and clear how do determinants impact on health, training packages, HIAs and evaluations
- Establish resource base
- Establish a HIA network/virtual reference group
- Evaluation of the HIA Support Unit

Phase II – Delivery July 2008 – June 2009

Delivery of Core Business areas:

- Targeted investment
- Communications
- Building Capacity
- Networking
- Best practice
- Research
- Monitoring & Evaluation
- Learning the lessons e.g. via case studies
- Building the resources base
- Advice and support to organisations
- Advocacy

Phase III – Embedding HIA July 2009 – June 2010

- Continuing with core business areas
- Evaluation of the HIA Support Unit

4. Conclusions

The Workshop provided a wealth of information for taking the work of the Health Impact Assessment Support Unit forward.

The next steps are firstly, to set out a baseline for the work which will identify needs in relation to HIA and form part of the overall evaluation of the Unit and secondly, to identify some early wins.

There was a strong commitment from all organisations present to see HIA develop and ultimately be embedded as good practice across sectors.

Appendix 1 - Participants List

Name	Organisation
Rob Quigley	Quigley & Watts Ltd
Louise Signal	University of Otago
Martin Ward	Environmental Advisor
Elizabeth Mc Donald	Ministry of Economic Development
Jennifer Lamm	Auckland Regional Public Health Service
Doug Lush,	Ministry of Health
Mark Jacobs	Ministry of Health
Frances Graham	Ministry of Health
Charrissa Makowharemahihi,	Ministry of Health
Matt Soeberg,	Ministry of Health
Sonya Rimene	Ministry of Women's Affairs
Gillian Durham	Northland District Health Board
Noeline Holt	Rural Women New Zealand
Siobhan Storey	Christchurch City Council
Barbara Langford	Public Health Advisory Committee
Paula Hawley-Evans	Ministry of Health
Sian Smith	Department of Building and Housing
Robert Mc Shane	Ministry of Transport
Stacey Strang	Ministry of Health
Bob Boyd	Food Standards, Australia New Zealand
Barry Gall	Regional Public Health
Helen Topham	Regional Public Health
Miria James-Hohaia	Ministry of Health
Melissa Mc Leod	Regional Public Health
Chris Daly	P.S. Services
John Youngson	Ministry of Health
Andrew Bichan	Associate Minister of Health's Damien O'Connor Office
Richard Morgan	Geography Department Otago University
Anna Stevenson	Christchurch Regional Public Health
Lucy Te Moana	Ministry of Maori Development
John Dermott	Ministry of Education
Irene Clarke	Local Government New Zealand
Tom Berthold	Ministry of Social Development
Shayne Nahu	Regional Public Health
Maree Rohleder	Hawke's Bay District Health Board

Appendix 2 – Group discussions

1. What do you think the HIA Support Unit should try to achieve?

- Provide leadership
- Evidence-based policy
- Policy community better informed about link between policy and health outcomes, good evidence base for this. Dissemination of information. Advocate for HIA
- Be the 'piece of grit' that grows the pearl around it = be a catalyst
- Identify practical tools on the ground implementation
- Help to produce better ...transparent policy
- Focus on health sector, walk the talk and other sectors
- Make itself redundant i.e. consideration of HIA normalised in policy/decision making process
- Practical support – training funding advice for doing HIA
- A handle on country-wide HIA so that they pass work onto the right place where the Unit doesn't do the work itself. There can be no gaps, either the Unit does it or passes it on to another agency or person

First task is to identify the needs and what is the current state of play and then manage the response; this clarity would enable the focusing of resources

- Influence agencies
- Relationship building at senior level
- Awareness raising
- Produce a Cabinet step by step guide
- Concentrate on significant proposals which have an influence on health

- Explore the potential within the private sector, particularly some of our local industries such as fishing, farming and forestry and the related businesses.
- Resource development, adapting HIA into the language of other sectors, embedding HIA in the existing processes of policy making and in training
- Spreading the work and facilitating the HIA process
- Support the inclusion of HIA at Central Government level to try and get its use made mandatory for certain sectors
- Provide champions for HIA in a range of sectors to get it more universally owned rather than owned and driven by health
- The Support Unit could fund secondments so that work on HIAs could be done from within organisations, rather than imposed from outside
- The Support Unit could be an umbrella for existing work and ensure a clear direction and unified purpose

- The capacity of the public health service units to assist in HIA will be important but they should not shoulder this role

	<p>completely as it needs to be undertaken by other agencies as well, otherwise it will not be adequately understood and applied.</p> <ul style="list-style-type: none"> • Get people internal/ external to use it i.e. 'buy-in' and widen the uptake of HIA e.g. Central Government policy making linked to outcomes • Legislative requirement (advocate for stronger wording in the new Public Health Bill) • Development of a network of trained/skilled workforce in HIA • Practical support to those already embedding HIA e.g. funding, training, advice, and evaluation tools • High level support to central government & local government • Have a handle on country-wide HIA (have a helicopter view) and any gaps to be filled by the Support Unit • House the library (information) on HIA being done/completed • Encourage other agencies/orgs. To share information including other impact assessments • Advice on how to integrate HIA in other processes within organisations and agencies • Carry out process and outcome evaluations on completed HIAs • Advocate & use the lessons from evaluations • Get HIA in funding and performance in terms of sound governance
<p>2. What is its core business?</p>	<ul style="list-style-type: none"> • Add value to the process • NOT doing HIA • Ministry of Health should be advocates and set a good example of leadership • Identify champions • Capacity building – targeted investment, training & ongoing advice/support • Funding HIAs • Monitoring and evaluation • Communicating HIAs • Developing a network including those implementing HIA • NZ best practice standards developed & examples funded or co-funded by MOH/HIA Unit • Leadership role – providing a definition of HIA and where it fits • Not to be doing HIAs but ensuring the facilities rather than delivering i.e. advocating • Professional/advisory • Promote it as a tool for better policy development and implementation • Commission training packages & tools • Maintain a resource base for the Unit to use

	<ul style="list-style-type: none"> • Develop networks and contacts • Get central government on board so that it aligns with local government in terms of outcomes • Need to think of the Unit as being a 'cross sectoral' Unit • Should the Unit be funding HIA's? Address funding through MOH • Training the trainers, identify and enable advocates
<p>3. What do you think could be achieved within the initial timeframe i.e. until the end of 2010?</p>	<ul style="list-style-type: none"> • Get a few wins in central government(already have been some in Local authorities) • +/- a few case studies re how things might have been done differently • Get health's own house in order re engaging other sectors • Get some practical tools & disseminate work in PHI to improve regional level data – fundamental underpinning and other data on determinants • Actively work on a couple of central government HIAs, better to actively support. (Education might be keen). • Support is the key word. • Fund some retrospective analysis of policies which had unanticipated health effects (market rents) • Don't forget local government • Advocacy • Get other agencies involved and then be champions e.g. Housing NZ draft Maori housing policy would leverage greater resources for them from Govt. • Support people to write up HIAs • Case studies and evaluations • Work with education and Maori housing for some wins in other sectors • Mentoring /support interested people in D.H.B.s, incl. face to face making sure the 'technology gets transferred' i.e. Build skills to do HIAs, don't rely on a small cadre of experts • Develop practical process re implementing CAB decisions • Develop some simple clear advocacy tools e.g. how does transport impact on health, housing or tax • Spend the entire budget and don't lose it or it goes! <ul style="list-style-type: none"> • A baseline of current HIA • Greater awareness amongst policy makers • Case studies • Information repository • Identify Future policies for HIAs e.g. Building Code Review, Affordable housing • Target key agencies such as Ministry of Social Development <ul style="list-style-type: none"> • Need to complete and evaluate better HIAs; we need a high quality product to sell to the sophisticated policy making environment

	<ul style="list-style-type: none"> • Take a Phased approach: • Phase I – Establishment; Phase II – Maintenance; Phase III - Transfer • At each stage the core functions: training, funding, evaluation and learning would be outlined. • Also awareness raising – selling HIA, top down & bottom-up • Repository of expertise/ knowledge/ data & examples • Prioritising HIA (targeted HIAs) best practice, good examples e.g. assistance with screening. • Have it embedded, practice in central government processes • Clear expectations • Leadership • Cabinet mandate • Integrate into MOH targets i.e. lead by example • Resource data base • Training packages established • Networks set up and regularly updated • Spend the budget
<p>4. How should we communicate the work of the HIA Unit?</p>	<p>CEO's meetings, LG meetings Every opportunity: newsletters, website (up to date) networking of practitioners</p> <p>Who is the audience (& conduits)?</p> <p>Central Government Communicate by:</p> <ul style="list-style-type: none"> • Telling the stories, benefits to reducing health inequalities, fit with other initiatives/policies/plans, evidence base & added value <p>Local Government Communicate by:</p> <ul style="list-style-type: none"> • Local agencies utilised e.g. DHBs/ PHUs e.g. train the trainer role of the Support Unit <p>NGO's Communicate by:</p> <ul style="list-style-type: none"> • Repository of information on website • Via PHUs/Portfolio Managers • Meetings e.g. attending their conferences • HIA is 'one thread to a rope' it is a means not an end • Those undertaking HIAs • Those participating/affected by HIAs • Communicate well (hard evidence, benefits of HIA) • Set out a Communications Strategy

	<p>Use existing networks but be conscious of to whom one is communicating to:</p> <ul style="list-style-type: none"> • Make a list of people to target and meet with them • Fronting up to conferences but producing a list first Set up an HIA related conference in NZ – address practicalities e.g. manage outcomes, links with families, young & old • Raise the profile • Reporting to Ministers linked with the Mission on initiative
<p>5. Do we need an External Reference Group?</p>	<ul style="list-style-type: none"> • Use a virtual external reference network instead, less opportunity cost. • Champions, co-ordination, advice, awareness raising • Bigger forum once a year. <ul style="list-style-type: none"> • Yes, a multi-sectoral group is needed at a senior level • Role would be lobbying, future scanning using the Public Health Bill & Local Government Act 2002 • A group should be established but just for the first 6-8months involving key HIAers who can help build networks and intelligence sources <p>Need to identify the purpose of an external reference group which could include:</p> <ul style="list-style-type: none"> • develop and critique good practice • provide input/advice into where & how HIA used i.e. spot the opportunities • project based reference group rather than a standing reference group <ul style="list-style-type: none"> • No, unclear as to what it would do • Couldn't represent the broad interest (i.e. risk) BUT depends on how it is set up i.e. what are the roles e.g. advocacy, representation of interests, professional support for the Unit, i.e. sounding board, mentors & coaches • Need to consult PHAC, they had one, what was its purpose? • Whanau Ora HIA, Does it have a reference group to provide support?
<p>6. What role would your organisation play in the developing the use of HIA?</p>	<p>Portfolio Manager in Health have a role in relation to contract development and management re: HIA</p> <p>Regional Public Health are establishing Relationship manager posts with Local Government</p> <p>Christchurch CC commitment to carry out HIA on all strategies</p> <p>Regulatory Impact Assessment Unit (MED) – policy development toolkit inclusion of HIA</p> <p>University- impact Research and critique practices & support the practitioner community</p> <p>MOH – include in PHUs Service Delivery Plans (& funding)</p>

	<p>University – develop evidence base and evaluation</p> <p>Women’s Affairs to share experience of embedding gender analysis across all levels of the public sector/ what works and what doesn’t</p> <p>DHBs- work with MOH to get funding and links with the TAs, prioritise local initiatives that would benefit from HIA</p> <p>NGOs networks utilised, communication/consultation link</p> <p>Specialists -training/evaluation/technical support and mentoring</p> <p>PHU – facilitate interagency training</p> <p>TPK- mandate requirement to monitor the performance of other agencies, HIA & Whanau Ora tools</p> <p>HIA being used to pull policy</p> <p>Focus on inequalities/inequity</p> <p>PHU/DHBs – tool for addressing inequalities/ inequities with other stakeholders i.e. working alongside local government</p> <p>Need to be clear about the selling point (council don’t regard inequalities as their business)</p> <p>PHUs are restricted by the Public Health Handbook, this needs to be updated.</p>
<p>7. How could HIA support the delivery of your organisation’s agenda?</p>	<p>MOH - Reduce inequalities and improve health by ensuring that other agencies recognise their impact on health</p> <p>University - Research agenda, community service role, training and education</p> <p>Women’s Affairs – improve health outcomes for women e.g. potential to impact on obesity epidemic, sexual reproductive health, Maori women’s smoking rates</p> <p>DHBs – their population’s health, strengthen inter-sectoral relationships</p> <p>NGOs – understand the role of the rural community via HIA, better health outcomes (broader view of Health and access to services)</p> <p>Specialist – HIA is the Unit’s purpose, assist research</p> <p>PHU – ongoing HIAs, Urban design (New Lynn etc), <i>Let’s Beat Diabetes</i>, education/ training (broader view of health)</p> <ul style="list-style-type: none"> • Relationship development externally and assisting in focusing on the determinants of health internally • Promote the benefits of carrying out an HIA