

# Assessing policies for their impact on health and wellbeing

## Seizing the Moment

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The National Health Committee began its work on Health Impact Assessment (HIA) following its 1998 report on the social cultural and economic determinants of health.<sup>1</sup> This report pointed out that because the primary determinants of health are mainly social, cultural and economic, policies from sectors outside health should be routinely assessed for their potential impact on health.

The Public Health Advisory Committee (PHAC) took over the work when it was established under the New Zealand Public Health and Disability Act 2000. The PHAC was set up as a sub-committee of the NHC and provides an independent stream of advice to the Minister of Health. It is funded by government but all members are independent of government and of the Ministry of Health.

The committees began their work in the context of the international recognition and increasing body of evidence to show that there are many influences on health and wellbeing, the majority of which come from the social and economic contexts in which people live their lives. These contexts are largely determined by high level social and economic policies. Health impact assessment provides an opportunity to ensure that people's living and working environments are as conducive to health and wellbeing as possible.

The international interest in policy-level HIA is growing particularly in Europe, and the body of evidence that it works is increasing. It is a very new development in New Zealand, with little history or experience. However interest and momentum is increasing in a political environment where intersectoral work is encouraged, and where the consideration of social, economic, cultural and environmental influences is the basis of the sustainable development approach. There are also recent legislative changes that have given impetus to the assessment of policies for their impact on health and wellbeing. The New Zealand Transport Strategy includes public health objectives and the Local Government Act 2002 describes one of the purposes of local government to "promote the social, economic, environmental and cultural wellbeing of communities..".

The first phase of the PHAC project developed a guide for policy-makers that includes a number of policy development tools to assist in the prediction of impacts on health and wellbeing.<sup>2</sup> The Guide was adapted from overseas models

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<sup>1</sup> The Social, Cultural and Economic Determinants of Health: Action to improve health. National Health Committee. 1998

<sup>2</sup> A Guide to Health Impact Assessment: A Policy Tool for New Zealand. March 2004. <http://www.nhc.govt.nz/PHAC/publications/GuideToHIA.pdf>

for New Zealand policy development and cultural conditions. It was important to include a New Zealand definition of health, to recognise Treaty of Waitangi obligations and to highlight the particular health inequalities that exist between different groups in New Zealand, especially for Māori.

The focus was on policies outside health because of the strong influences on health and health inequalities, although the tools could also be used on health policies. It is aimed at policymakers in any sector, who could use it on their own, but more effectively with input from public health people.

The case study was to trial the appraisal tools on a real policy in real time and then make subsequent refinements to the Guide, and also to have health input into transport policy development. The PHAC chose transport as a case study for the HIA work because of interest in transport as a key determinant of health.

The PHAC made recommendations to the Minister of Health on HIA and its implementation. These focused on proposals for the long term implementation of HIA – not a compulsory ‘tick box’ approach at the end of a Cabinet paper, but woven through the policy making process. There is more groundwork that still has to be done before HIA becomes mainstream thinking in NZ. This brings us to Phase II of the PHAC project currently underway.

Finding the support inside and outside the health sector, looking for levers to link HIA with existing policies and processes is now a focus of the PHAC project. Examples of these levers are sustainable development; ‘whole of government’ approaches; strategic objectives that support public health, such as those in the New Zealand Transport Strategy; and legislative drivers such as a greater focus for local government on community wellbeing.

Phase II of the HIA project is focused on promoting the concept in a range of central and local government agencies, encouraging uptake and building the capacity. We’ve set up an external reference group which includes people from central and local government agencies. The aim is to seek agencies’ support to identify two or three suitable policies for HIA so that the HIA process can be evaluated along with any impacts that it may have on the policy development. These will add to the body of evidence – with such a new discipline we need some success stories! We will be reporting to the Minister on how and why agencies used or did not use HIA – where the challenges are and where HIA clearly aided the policy process. There is also a focus on building capacity and expertise across central and local government and across the public health sector.

Simply put, public health is about promoting health and preventing disease in populations. It incorporates a broad definition of health as including not only physical health but also mental, social (as in families and communities) and spiritual health (not religion, but what makes people ‘feel good inside’, like their relationships with people or the environment). Some still think of public health as publicly funded health services. Not all health people understand public health either. It is something that the public health sector is grappling with – how to engage other sectors with public health concepts when the language and understanding is different.

For example: “health” is seen by some agencies as being none of their business – it is purely the business of the health sector. However, couched in terms of “wellbeing”, it is a different story. For Local Government and for the social development sector, “wellbeing” not only has currency but it also is central to their work. It is for the public health sector to make the connection.

HIA requires the engagement of other sectors to be most effective but many current policy-makers are products of the 90’s silo-based thinking, where inflexible funding arrangements made it very difficult to work collaboratively across sectors. In the government sector, it has been the norm to consult other agencies on cabinet papers in the last stages of the policy-development process and not before. Barriers are beginning to break down but we have found that the cabinet paper type consultation is still prevalent.

HIA costs in time and money. However, the trick is to find the benefits to the agency of incorporating HIA into the policy process. The fact that HIA highlights the potential positive effects on health we have found to be a major selling point for agencies keen to justify their policy, to a funding body, for example. Another benefit may be that HIA provides tools to help agencies to fulfil a public health responsibility. For example, the NZTS required the transport sector to address public health as one of its 5 objectives – some in the sector have found HIA a helpful way of fulfilling that obligation.

HIA is not ‘quick fix’ or ‘magic wand’ and will only ever provide part of a solution to a puzzle. Our experience has been that agencies may want to prove a particular point and see HIA as way of doing that. The motivation for an agency to pick up HIA will be valid but the HIA practitioner needs to make it clear that it will not be “the answer to life the universe and everything.”

HIA does not say that health is more important than anything else, but that health should be considered along with other impacts. Policies are routinely assessed for economic impacts, often for their environmental impacts, increasingly for their social impacts: HIA is an idea whose time has come and we must seize the moment.