Impact Connector is the platform that NZAIA uses to prompt practitioners to share ideas and write about the practice of impact assessment. In this issue of *Impact Connector* we focus on the practice of health impact assessment (HIA), both in Aotearoa New Zealand and internationally. The issue brings together short papers that report on examples of current practice and provide commentary on how HIA continues to develop in the face of new challenges.

HIA is generally considered as an ex ante assessment of the impacts of policies, programmes and projects on human health but, as Fischer and Cave (2018) point out, HIA is not alone in making assessments of health impacts. We can and should expect to see effects on health discussed across a wide range of IA documents including Environmental Impact Assessments (EIAs), Strategic Environmental Assessments (SEAs), Social Impact Assessments (SIAs) and Cultural Impact Assessments (CIAs), and also in project and programme evaluations.

HIA as practiced internationally has a broad perspective that incorporates multiple, interlinked determinants of health, as described by Fischer and Cave (2018) in their introduction to a special issue on HIA in the journal *Impact Assessment and Project Appraisal,* and by Richard Morgan in his article in this issue of *Impact Connector*. Reviews of the field by international practitioners, and advocates for HIA, consistently pick up this theme about the complex chains of effects that have consequences for the health of people and communities. While there is a background of practice in environmental health, including in Aotearoa NZ, HIA also incorporates social and economic determinants and considers health implications across projects, plans, policies and regulations (Harris-Roxas, et al. 2012).

This breadth of practice includes the environmental safeguards policies and procedures practised by organisations such as the World Bank and Asian Development Bank, which include health and safety as integral components of the required assessments or projects, policies and plans (Fischer and Cave, 2018). We note that impact assessment practitioners in Aotearoa NZ are active in applying IA in these safeguards frameworks. However, as noted by Martin Birley in his reflections in this issue on HIA from an international and UK perspective, the required IA practice is patchy and often the necessary skills and experience in HIA are missing.

The breadth of HIA practice is illustrated further in the paper by Helen Brown, where she

discusses how HIA can be integrated into consideration of climate change adaptation plans, with reference to examples in Australia and the Pacific Islands, through assessments of vulnerability and adaptation plans. She usefully outlines a step by step guideline for this increasingly urgent work, consistent with well recognised approaches to impact assessment. Impact assessment and climate change remain a key concern for NZAIA in partnership with our colleagues at SPREP (see *Impact Connector* Issue 11).

As Martin Birley notes, the challenge for impact assessment is to integrate HIA with other assessments, including environmental and social ones. Chantal Lauzon expands on this theme with her discussion of a health in all policies approach that led to development of an Integrated Planning Guide (IPG) by the Christchurch District Health Board (CDHB) in the aftermath of the Christchurch earthquake sequence. The guide was recently supplemented with extra content for application to the pandemic response. The IPG takes an "holistic, integrated approach to heath as part of impact assessments" early in planning. It outlines a model of 14 themes, with users encouraged to explore these themes and how they are linked. The guide explicitly acknowledges responsibilities under te Tiriti o Waitangi and the need to integrate matauranga Māori in assessments.

The paper by Angela Curl looks at the application of HIA to transport planning. She notes that in particular the mode of transport used has important implications for health and wellbeing, with active modes recognised as a means to encourage healthy lifestyles. Angela also points out that transport planning has implications for the full set of wellbeing outcomes: health, environmental, social and economic. There are direct impacts on health from transport, especially through safety and the possibility of injuries and death from using transport systems. There are also indirect health impacts, including those arising from environmental impacts such as air quality, noise, vibration and water quality, as well as social ones, such as the ability to use transport for accessing livelihoods and a range of social services and activities, and to build social cohesion.

From her wellbeing focus, Angela draws our attention to the overlap between HIA and SIA. She notes that social impacts can result from changes to transport modes, the level of social connectedness, and in some instances community severance. HIA and SIA can work together to consider urban design elements such as the relationship between local movement patterns and the location of businesses and services, and considerations of health and safety in urban design.

We observe that this overlap between HIA and SIA is also evident in other areas of policy making such as in SEAs of policy and planning for water management and land-uses. Indeed, the CDHB has led thinking about this topic in the Canterbury region by pursuing their health in all policies approach. For instance, they produced a literature review that provided valuable information about the impacts of agricultural intensification on health (Green, 2014). In a recent review of several SIAs relating to land and water planning, Mackay and Taylor (2020) noted the importance of impacts from nitrates in waterways on drinking water quality and human health, and also on the potential costs faced by communities and individual households (with reduced

disposable incomes) from upgrading their water infrastructure. They also drew out the links between outdoor recreation and health, directly as a result of contact recreation in poor quality water, and also indirectly, due to the attractiveness of the water environment for healthy outdoor activities.

Given the papers all accept the positive and negative factors affecting health and wellbeing should be considered early in the development of a plan, policy or project, Martin Birley and Richard Morgan both find that practice of HIA is limited and inconsistent. Richard traces the rather chequered history of HIA practice in Aotearoa New Zealand to date. He reflects, "Does HIA still exist in New Zealand, perhaps under other labels or guises, or has it just withered?"

His question reflects the enthusiasm for developing and promoting HIA that resulted in the early HIA guidelines developed by the Public Health Commission in 1995 to the Public Health Advisory HOA guidelines in 2004, and the Whānau Ora HIA guidelines in 2007, when practice of HIA was supported for a short period at national level by an HIA Support Unit in the Ministry of Health. At the end of this peak of activity, in 2010, members of NZAIA helped to organise the 3rd Asia-Pacific Regional HIA Conference "Health, wellbeing, and HIA: Working better, working smarter" at the University of Otago, which provided a valuable opportunity to connect New Zealand practitioners, and an emerging group in the Pacific, with the very active community of practice in the South and East Asian area. However, since then, HIA practice in this country has been patchy, much as Martin Birley observes for jurisdictions such as the UK.

In his paper, Richard links the periods of strength in HIA in this country to the existence of institutional support. Without a clear institutional base (national and regional) the practice of HIA appears to falter. Therefore we call for some re-examination of the basis for HIA in this country, especially given the current reforms of health administration, resource management legislation and local government.

This issue of Impact Connector was prepared during lockdowns and as public health people led the fight against the covid19 pandemic. We greatly appreciate contributors found time to write in such a thwart period personally and professionally. We also regret others were not able to contribute because of the priorities in their crucial work. We hope this Impact Connector helps to stimulate HIA practice, as we reflect on how useful HIA could be if it were used fully in designing managed quarantine systems or economic support packages, rolling out vaccination programmes, and designing crucial policy developments and decisions in a period of fast-moving change.
There is a role for NZAIA to help develop a strategy to advance HIA practice again, with reference to the issues raised by these papers in Impact Connector.

Nick Taylor and Richard Morgan, Issue Editors

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