Health Impact Assessment (HIA) is underpinned by an explicit value system focussing on equity and social justice. It asks ‘who will benefit?’ and aims to determine:

- how the project will impact differentially on groups within the community
- the nature of these impacts
- whether the differential impacts are equitable (fair and unavoidable)
- how the project plan can be amended to minimise inequalities and enhance positive impacts.

**Equity** is concerned with creating equal opportunities for health and with bringing health differentials down to the lowest possible level. For example, assessing whether health impacts are unfair considering: age; gender; socioeconomic position; culture and ethnicity; location disadvantage (incorporating neighbourhood characteristics such as rurality); and existing levels of health and disability (Harris-Roxas et al. 2004).

**The project**

The subject of the HIA at Frankston City Council was a community education program on healthy eating, which formed part of a wider project - the Frankston North Fresh Food Access Initiative. The proposed program aimed to:

- support the development of healthy food policies across a range of target settings
- develop sustainable partnerships between various settings, such as schools and local shopping precincts
- implement a range of communication strategies within schools and the community
- work with parents and families to develop skills in budgeting, preparing, handling and cooking healthy foods.

Given the inherent health focus of the project, the HIA provided an opportunity to specifically address the issue of equity and to assess potential impacts on particular groups within the community.

**The process**

Understanding the population likely to be affected by and involved in the program was a key starting point. During the scoping stage, population ‘profiling’ identified a number of important stakeholders and groups including:

- participants of community kitchens
- participants of the neighbourhood centre
- members of the new migrant and refugee communities
- people of culturally and linguistically diverse backgrounds
- sporting groups
- the local primary school community
- the older population within the community.
The assessment itself was largely qualitative in nature, being informed by consultation with the above groups, as well as with topic experts. It also involved review of relevant existing data and literature, and culminated in a workshop to assess the impacts identified and their significance to program planning.

Factors identified as likely to affect equity in relation to the project delivery included:

- language and cultural appropriateness
- identification and involvement of relevant partners
- location and transport, in relation to program access
- levels and avenues of communication.

The recommendations

Based on these factors, the HIA identified a number of specific opportunities to minimise inequalities that may flow from the healthy eating education program.

Specific recommendations related to:

- The use of simple language to communicate project messages.
- The need to ensure cultural appropriateness of communication, education and other project activities.
- The need to ensure that activities were appropriately located so as not to disadvantage groups such as the elderly and disabled, or those with limited access to their own transport.
- The need to ensure open and effective communication, including use of multiple communication methods.
- The need to ensure appropriate involvement of all relevant stakeholders so that the above recommendations could be achieved.

- The need to ensure partnerships are adequately resourced and supported.

These recommendations were considered and largely adopted in the final development of the program plan.

The benefits

The team at Frankston City Council saw the consultation process as particularly beneficial. It resulted in high levels of community engagement and enthusiasm for the project, bringing new people and new ideas to the table, and safe guarding against entrenched ways of thinking.

The structured HIA approach was also seen as a benefit, providing a credible foundation for influencing decision-making.

Thinking further ahead, the Frankston City Council sees the opportunity to integrate HIA into the existing Social Impact Assessment Policy which currently guides planning in the municipality.

The challenges

Like other councils involved in this ‘learning by doing’ approach to HIA, the Frankston team acknowledged that the process could be technically complex and resource intensive at the outset. However, the experience once gained provided a valuable asset that could be readily integrated into project planning processes.

The ability to access appropriate tools to support the various steps in the process, such as screening checklists, was seen as helpful in this regard and could be further developed to facilitate wider involvement in HIA.
HIA essentials
HIA requires practitioners and decision-makers to modify existing practices, to be open to alternative ways of thinking, to broaden the usual channels of consultation and to examine the beliefs and priorities of other constituency groups (Mahoney M et al, 2004).

Frequently asked questions
Where can we find appropriate tools to help conduct HIA?
A common challenge for those involved in HIA is accessing appropriate tools to support the process. There is a wide range of tools available and a considerable body of guidance material, some of which is sited as references in this case study series. ‘A simple guide to choosing a Health Impact Assessment tool’, developed by Monash University (McCormick, 2009) provides a useful starting point. To access the guide visit the website – http://www.med.monash.edu.au/healthsci/shia-monash/links.html.

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References and further reading


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File: F/SocialComStrat/Public Health Development/Health Impact Assessment/2008/Final HIA case study 2.doc
Public Health Development, Department of Human Services
To contact the Public Health Development Team e mail: smr_public_health@dhs.vic.gov.au