EVALUATION OF THE HEALTH IMPACT ASSESSMENT LEARNING BY DOING TRAINING

2015

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Contents

Acknowledgements

This evaluation was funded by the Population Health Unit of the South Western Sydney Local Health District (Population Health). The author wishes to acknowledge the support and oversight of the various people involved in the evaluation, particularly Maria Beer and Mark Thornell from Population Health; Fiona Haigh, Lynn Kemp, and Evelyne de Leeuw from the Centre for Health Equity Training, Research and Evaluation (CHETRE); and Liz Harris from the Centre for Primary Health Care and Equity (CPHCE).

Introduction

HIA LbD training involves trainers supporting an organisation to carry out a 'real HIA' while learning the HIA process. The training is structured around the steps of HIA and involves both didactic sessions and group work based upon the essential elements of LbD training (Table 1). This training approach places emphasis on:

- teaching tactical as well as technical aspects of HIA;
- equity and addressing the social determinants of health;
- empowering organisations to feel capable of continuing HIA activities after the training;
- a partnership approach which values the experiences and knowledge that participants bring with them;
- engaging communities and various stakeholders; and
- flexibility to address the diverse needs of an organisation.

The HIA LbD training is conducted by the Centre for Health Equity Training, Research and Evaluation (CHETRE) and commissioned by the South Western Sydney Local Health District (LHD) Population Health Unit.

Table 1 Essential Components of Health Impact Assessment and Learning by Doing

HIA	LbD
Health Impact Assessment (HIA) is a systematic process that examines a future policy, plan, program or project to determine the potential positive and negative health effects. HIA examines the differential impacts of a decision within a population and makes recommendations to mitigate harms and enhance benefits.	Learning by Doing is a theoretical approach to skills and knowledge development. It is based on participants learning the theoretical aspects of a skill set while also applying these skills in the context in which they will be used.
The stages of HIA: • Screening – identifies if an HIA is appropriate • Scoping – determines the scale and process for conducting the HIA • Identification – locates relevant data • Assessment – characterises and predicts potential outcomes • Decision-making and recommendations – creates recommendations and provides findings to the decision makers • Evaluation and Follow-up –determines the potential outcomes of conducting the HIA (Harris, Harris-Roxas et al. 2007)	The essential components of a LbD training: • Process and content goals • A clear mission • Context (cover story) for the application of the skill set • Clear roles for the participants • A decision point • Resources to accomplish the goal • Opportunity for feedback (Schank, Berman et al. 1999)

Prior to the evaluation, the HIA LbD training had been conducted in two rounds, in 2012 and 2013, with various organisations within the LHD. The HIA LbD training was developed out of a previous capacity building project to integrate health into urban planning, and develop the capacity to conduct HIAs at an organisational level (Hughes and Kemp 2007). Population Health commissioned the

evaluation in order to understand the successes and challenges of the existing model, and ways to strengthen the training for future rounds.

Overview of Training

The HIA LbD training was provided to three teams. Each team conducted an HIA on a real project that they brought with them to the training. The program consisted of 3 training days, specialist mentoring; site visits for key project meetings (scoping and assessment); and help desk support from the CHETRE project team. The training ran over a period of 6 months and support was provided for up to 18 months.

The training program is structured around the steps of HIA. Before the training program began, a pre-screening meeting was held with each group to identify and discuss project-specific issues. Participants attended 3 training days and spent time outside of the training carrying out the steps of the HIA, including the development of the HIA report.

Training Objectives

- Understand each of the steps in the conduct of an HIA and where and how equity is considered
- Determine when and whether HIA is appropriate and not
- Describe HIA and its roles in improving health and health equity in populations
- Describe outcomes that can be achieved by carrying out HIA
- Carry out each step and complete a HIA
- Reflect on how HIA fits within own professional practice and organisation

The training was targeted at Population Health staff and partner organisations. Initially there were 28 participants but the numbers fluctuated throughout the training with changes in staff. Each team involved staff from the participant organisations and also at least one person from Population Health.

Table 2 Stages of the LbD HIA Training

Stage	Topics	Objectives

Pre-training	Meeting with LbD teams
	• Describe LbD process (technical process of HIA being supported by flexible engagement in the planning process)
	• Discuss HIA proposals
	• Discuss time commitments and potential roles of team members
	• Identify potential points of influence and timing
	• Discuss who to involve including community representation and engagement
	• Ask groups to prepare ten minute presentation for day one
	  ○ Potential proposal
	  ○ Why this proposal
	  ○ Potential points of influence
	  ○ Team members role
		• Familiarise LbD teams with LbD training
		• Develop understanding of the HIA proposal
		• Clarify expectations
		• Identify and address potential issues

Day one training	• Public health and health equity • Introduction to HIA • Experiences from the field –case study presentation	• Learn the steps and tasks of HIA • Understand of purposes of HIA

	• Teams presenting HIA proposals • Screening • Scoping	• Learn about experiences and lessons learned from a HIA case study • Gain experience in the screening stage of HIA
Implementation/ application	Groups carry out screening and scoping meetings with support from trainers	
Day two training	• Identification • Using evidence from the literature • Engaging community stakeholders • Using data to create a community profile • Group work – Terms of Reference and project plan • Assessment	• Reflect on experiences of screening and scoping • Identify barriers and facilitators to the process and ways of addressing these • Understand the purpose and approaches used in identification and assessment stages • Learn about purposes and types of stakeholder participation in HIA • Learn about using locally available data to develop a community profile • Learn about using evidence from the literature to inform HIA
Implementation/ application	Gathering evidence	
Day three training	• Assessment • Recommendations • Reporting/Evaluation/Monitoring/ • Effectiveness of HIA • HIA – your role and your organisation	• Reflect on experiences of identification and assessment • Learn from examples of assessment and recommendation frameworks • Learn about developing recommendations, reporting and evaluation in HIA • Discuss approaches to implementing and monitoring recommendations • Consider HIA's role in your organisation and work
Post training	Complete HIA steps and produce HIA report.	

Methods

A researcher from CHETRE who had not been involved in the previous LbD trainings was commissioned by Population Health to undertake the evaluation. The evaluator (KH) used previous training outlines to develop an evaluation plan that was structured around the key objectives of the training: learning goals; program goals; and training goals (Table 3). The complete evaluation plan is in Appendix A.

Table 3 Objectives of HIA LbD Training

Learning Goals	Training Goals	Program Goals
The learning goals of the LbD relate to critical concepts in public health and HIA such as the social determinants of health, health equity, and technical skills such as how to conduct a literature review and how to analyze data and create an evidence base.	The training goals relate to understanding the methodology of HIA, such as understanding when and how to carry out an HIA, being able to identify the outcomes of conducting an HIA, and the value of conducting an HIA.	The program goals relate to the ability of the LbD training to integrate health and HIA into an organisation, such as participants developing partnerships with the LHD, increasing capacity within the organisation to conduct HIA, and participants continuing to conduct HIAs or HIA-like activities after the training.

The objectives of the evaluation were developed in collaboration with the commissioners. A survey and interview schedule was developed by KH in consultation with Population Health staff (MB) that had been involved in the training and the previous trainer (FH). KH created an online participant questionnaire and conducted semi-structured participant interviews. Participants were selected from the most recent round of training. Human research ethics approval was granted for this research through the UNSW Ethics Advisory Committee.

Participant interviews were conducted with 7 participants, representing 3 of the 4 organisations who participated in the training. Due to resource constraints interviews were carried out with a purposive sample of participants. The selection criteria were that they should represent the range of organisations involved, and they had substantial participation throughout the process (participation in all training days or the full HIA process was not required for inclusion). All interviews were conducted by the same researcher (KH). A set of 21 questions was used as the basis of the interview (see Appendix B). Interviews were semi-structured, based on questions that sought to elicit a deeper understanding of the challenges and successes that participants found with the program and how they have been able to incorporate what they learned from the training into their work and organisation. Interviews were conducted at the workplace of participants or in one case, at the office of the researcher (KH). The length of interviews varied from 45-70 minutes. In accordance with Ethics approval, all participants signed a consent form allowing for the interviews to be digitally recorded and transcribed. The interviews were transcribed by a professional company and analysed using NVivo qualitative data analysis software (QSR International Pty Ltd. Version 10, 2012). All transcripts were anonymized. Content analysis of interview transcripts was carried out using a thematic coding framework based on iterative identification of emerging themes. This process was based on qualitative methods guidance (Walter 2010).

The questionnaire was developed using Survey Monkey online software (SurveyMonkey Inc., Palo Alto California, www.surveymonkey.com). The questionnaire sought to elicit participant responses around confidence, understanding and practice of HIA – with indicators that could be easily quantified. The online questionnaire was sent out to all participants with an active email at their original organisation (16) of which 12 responded (75% response rate).

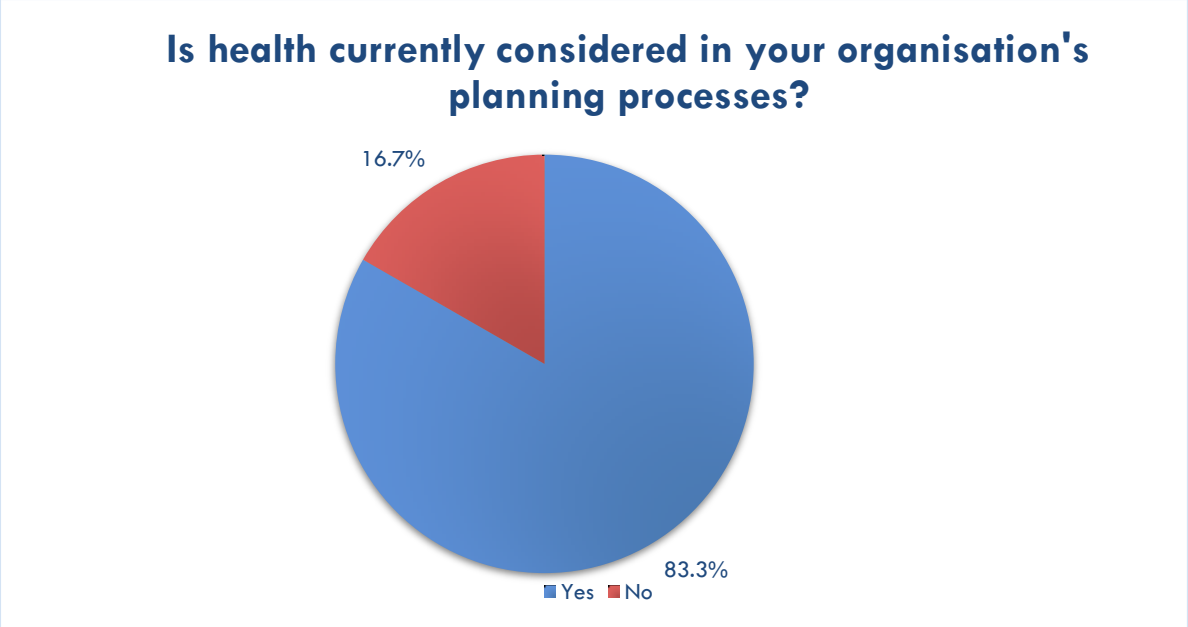
Findings

The evaluation elicited key findings related to three topic areas: the outcomes for individuals of participating in the LbD training; how the LbD training helps HIA fit into the various organisations involved; and how the LbD training supports ongoing HIA work. Additionally there were important challenges with both the training participation and HIA itself which participants identified, as well as important recommendations for future training sessions.

Participant characteristics

Interviewees represented planning, housing, local councils and health organisations. Of those that participated (7) only 3 were able to participate in the full training. This relates to some of the challenges that participants found with time involvement and staff turnover (to be discussed) but it is important to note the various successes that participants identified despite not being able to attend all 3 training days. This may reflect the positive outcomes associated with the 'doing' aspect of the training rather than just the didactic components.

The majority of questionnaire respondents stated that health is part of their organisations' planning process which may reflect the fact that the majority of organisations involved in the training had a pre-existing relationship with Population Health.



What were the outcomes of the training?

Technical Knowledge

Overwhelmingly participants acknowledged an increase in their knowledge around important public health and HIA concepts and their confidence to conduct HIA. Specifically participants acknowledged that they had improved their knowledge in relation to key public health concepts such as equity and the social determinants of health.

Likewise participants increased their understanding of HIA. All questionnaire respondents stated that they felt either confident (58%) or very confident (42%) in their understanding of HIA.

Participants stated that they also had a better understanding of the role of the LHD. As one participant said

> *…it made a lot more sense to me now because I got to know what they do and I wasn't aware of all the different, you know, facets [of] Health. I've got…much more awareness of population health and what… people do, and…so that's been really, really good.*

Participants were also able to identify a better understanding of the planning process. As one participant said:

> *So it kind of…gave us an idea of what it's like in the real world… So I think it really helped us to see that whole process.*

However, survey respondents expressed varying degrees of confidence in their understanding of the link between HIA and policy, project development, and planning. In particular, a third of questionnaire participants did not understand policy development as well as planning or project development, as demonstrated by the table below.

How well do you understand the linkages between HIA and the following?					
Answer Options	**Not at all**	**A little bit**	**Quite a bit**	**Completely**	**Not sure**
Policy development	0	4	7	1	0
Project development	0	0	10	1	1
Planning	0	1	10	1	0

There were some cases in which participants felt they had not improved their knowledge base enough, particularly as it relates to public health concepts like equity and social determinants of health. In some cases, participants felt comfortable with the concept but were unfamiliar with the public health jargon. As one participant stated:

> *…a lot of the language was new. And when you say social determinants of health, we go, huh [?] When you start talking – in plain language, we go absolutely that's what we think about every day. That's our core business is about thinking about people's wellbeing, but when you put it in the different language, we look at you puzzled.*

Tactical Knowledge

In participants' responses they also reflected a better understanding of one of the key tactical goals of HIA: to integrate health into local decision making. Participants felt that HIA provided a mechanism to utilize health as another justification or point-of-view for their work. As one participant stated:

> *Q: And so you feel like health offers another justification?*
>
> *A: For sure. For sure, yeah. And it's something that I've been negligent, and probably a lot of people in my position…have been negligent of…I don't think health features very strongly at a local level and this helps I think bring the – the upper tiers of government, as the federal and state government sort of focus on health, into the local level.*

Participants also stated that they felt HIA provided an evidence base for the work they were doing – one of the key tactical goals of HIA and the LbD training:

> *…just thinking about well okay, you're making that statement but how do you know that's true? Or how do you measure it as well? That's the other thing. …because what we do is hard to measure you do, kind of, sometimes get into the practice of…making the – particularly with funding submissions and things, writing some…things you're not going to be able to measure very effectively. So, I suppose, more of… a critical approach and more of that, sort of, scientific approach, I suppose, to, all right well if we're going to do this how are we going to measure it? Otherwise there's no point in doing it. I think that's one of the things I got from the training as well, that it's all very well suggesting things, but you have to show – find a way to see if it's actually working.*

Another participant stated that he/she felt capable of applying this approach of evidence gathering to other work as well:

> *…I certainly found…that opportunity to go out and look for health-related information quite beneficial and it could be that I have an opportunity to do that, not necessarily purely for health, like, it might still be a social-type…link, but…I guess it's given me some practice in an idea of what might be out there. In terms of being able to maybe take that approach to something in the future, so it is that I understand that there might be a link that I can make health, you know, come into a more statutory framework…I would then know…somewhat how to go out and maybe substantiate that.*

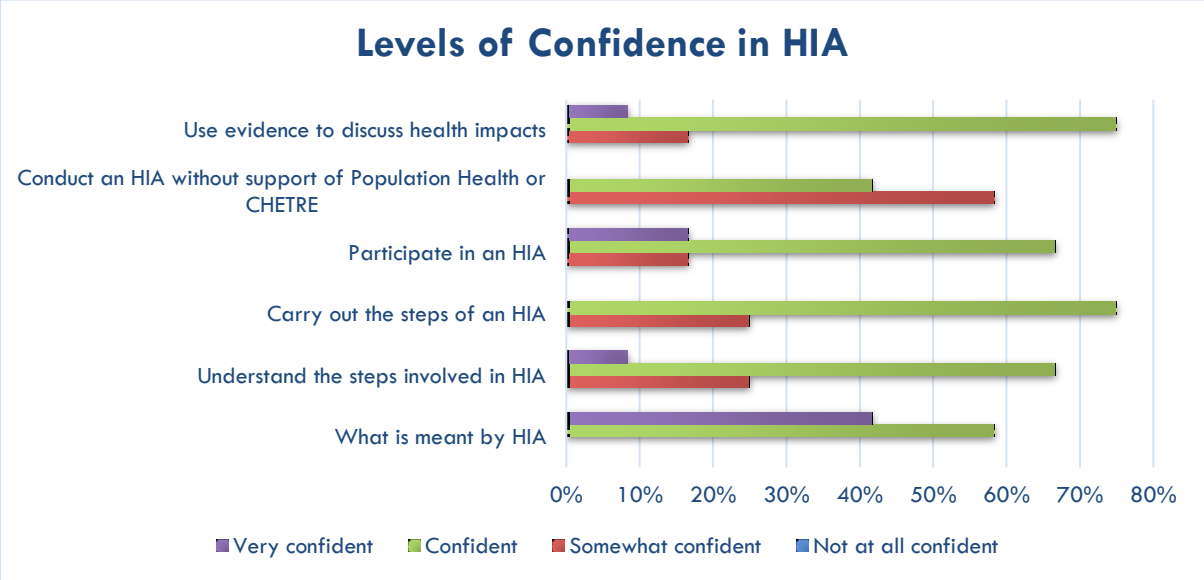
Skills Development

In addition to the development of a knowledge base, participants identified key skills that they had developed through the training. One participant said:

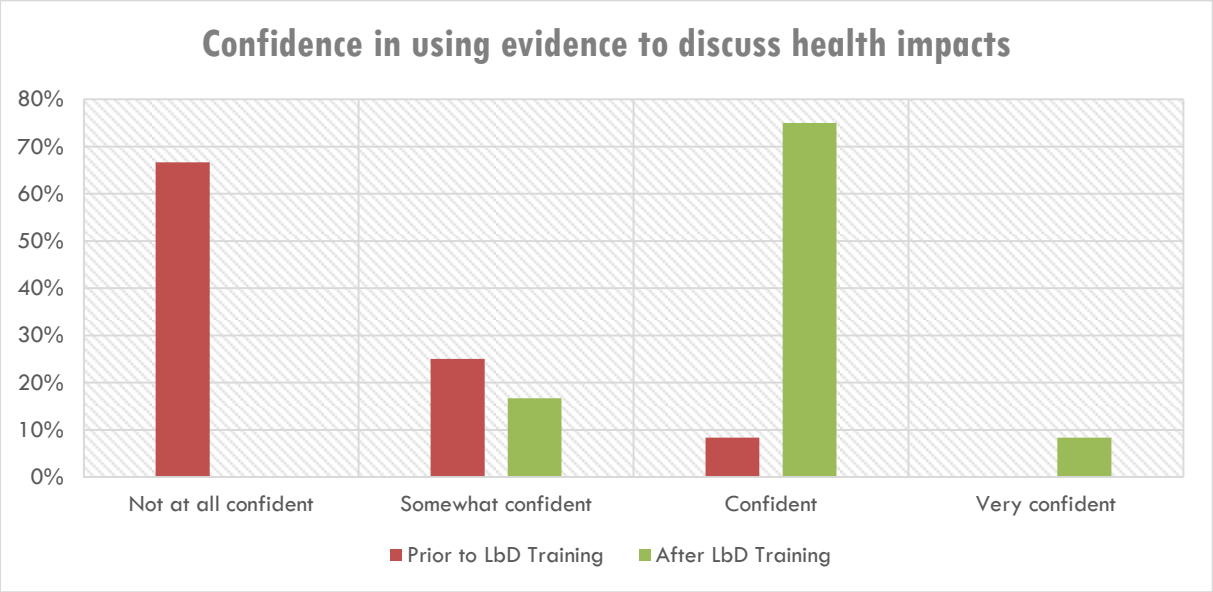
> *I am now equipped with the knowledge and the skills and the tools that I can use, so I can do it.*

In relation to particular skills, questionnaire respondents replied with varying degrees of confidence, although the majority felt either confident or very confident to locate relevant literature (50%, 33%), use data in an HIA (33%, 33%), and assess and evidence base (50%, 25%).

The development of skills and learning is reflected in participants' perceived confidence in doing HIA.



Additionally questionnaire participants expressed an increase in their confidence in technical skills from prior to the training to after completion.



Relationship Development

As an outcome of the training, participants expressed a positive change in their relationships with both outside partners and colleagues within their organisation. Within their own organisation, participants' identified the development of new relationships as a clear benefit of the training. As one participant stated:

> *…Previously we would get sent things to look at but --we would just make comments and send them back– whereas now I would…go down and, you know, have a chat. And we noticed that also with the [redacted] proposals… [internal department] are now inviting us to come along, they're having these, sort of, meetings to discuss the proposals. And so we're, kind of, getting more involved in that now, so that's really positive. Which means we're not getting things that are already, kind of, done and dusted and then we find a problem with it. So we're getting in early in the process.*

This development of relationships has made it easier for colleagues to work together within their organisation either by understanding each other's roles or through improved communication. As one participant said:

> *I've got a better understanding of what some of the other guys do in their work, which I probably wouldn't have found out otherwise, and they've probably found the same…from my perspective.*

Interview participants also identified the many ways in which the LbD process improved their relationships with personnel outside of their organisation. One participant commented:

> *Yeah. I feel so comfortable. I feel like they are part of our team. And I often feel that they feel the same way…they are able to ring us up…I've had them ask me stuff that had completely not got to do with this. And I've been able to direct them to our… [internal] unit and get some information…*

Participants also expressed a change in their relationships from functioning as formal non-interactive engagement, to working together collaboratively:

There's going to be lots more work coming… from that. So it's going to benefit them and it's going to benefit us… And I would never, like I said, I would never have been able to do this. Like, we had been starting to go to a meeting at [city council suppressed] and starting to get to know [name], but it was at a different level. Like he was chairing a meeting we would go, and we weren't really still at that real good partnership level where you felt comfortable that you could just ring any time. Whereas now I do. I feel like that. And the same with…when we did our [department name suppressed] operational plan… we did this big strategic plan that took us six months. We did community consultations, and people from councils, both of those specifically that we worked with …so the three of them commented and they turned up to our community consultations. ..and they did really good, thorough comments. And … the fact that they came is massive. Like, it's fantastic. And I don't think – I'm not sure if they would have beforehand, because they wouldn't have known who we were. But the fact that they knew me, and they knew [name suppressed], and they knew the system, they understood what [department suppressed] was… it has really benefited us a lot, I think.

In some cases participants stated that the improved relationships have led to improved ongoing work:

… because we have…different… projects, activities, that's happening, and sometimes they have activities, they will invite me, or they will invite us…whenever we see each other, then in activities or, like, conferences, something like that. Then there's something. Like there's a connection.

Or as another participant said:

So knowing…that they are actually the people who are doing it and them understanding what it is we do, it may be that in the future we can - we would change the way that they would comment on things so that what they're commenting on actually has some influence on what we're doing.

Participants also stated that their improved relationships have helped them work together on other non-HIA related work.

… I feel like I could now ring them up if I wanted some advice on something that's not necessarily health impact assessment related but I, you know…could ring them up and just ask a question just to see if it was something they could be involved in or they knew anything about…

Participants were also able to identify why they believed their relationships with external organisations had improved. In some cases it was because they felt the HIA had provided them with a common ground in terms of a shared language and understanding of each other's organisations. As one participant stated:

It's just the time that you spend together. I think it's the time, and then the understanding and the same language. Do you know what I mean? …they know what we are talking about, they know what we're trying to promote.

Participants also identified being able to work well together because of an improved understanding of the political sensitives of each other's' processes. One participant said:

… I think before we were just, kind of like, well, this is what we think [laughter]. ..and we've always been sensitive, and we've always made sure that when we, you know send our comments in, we're pretty sensitive to it. But you get it at another level, I think.

Does the LbD training enable integration of HIA in participants' work?

One of the principal goals of the LbD training was to enable organisations to continue to do HIAs and HIA-related work after the training completes. Both questionnaire and interview respondents expressed confidence in their capability to do HIA-related work in the future. Eleven out of twelve questionnaire respondents felt capable or very capable of continuing HIA-related work. Interview participants gave many examples of ways in which they now use HIA thinking in their work. As one participant said:

> *… with the knowledge and … tools that I have… every time that I will, like, for instance, develop a response… I will think about what I've learned from this…HIA and then apply that.*

Or as another participant stated:

> *But I think through… good practice and just constantly…reflecting when I'm making comments on things, and - because it's a lot of what we do…we get these studies in that we have to make comments on… so as a whole I think I can definitely apply my learning to what I do.*

Participants were also able to identify areas of their work where they thought HIA could be applied in the future. As one participant said:

> *.. so we're doing a [redacted] strategy where we sort of holistically go, well, this is where we think we should have growth and I had suggested that possibly a HIA would be appropriate at that stage, albeit it would have to be very high level, but I still think it could be done.*

In some cases participants had not yet been able to do HIA related work but they could identify space within their organisation or work plans where they would be able to continue to do HIA work in the future. As stated by one participant:

> *If there is a need that comes up, then we would do it, or if someone asks us, or if we recognise something, and then we will approach them. You know what I mean? Like, we don't just sit there and think, we have got nothing to do, let's go find someone we're going to do HIA, because we don't work like that, you know what I mean. It's more like, something comes our way.*

In some cases participants were working within their organisation to formally integrate HIA into their work. As one participant commented:

> *…and so we're hoping that out of the learning from this project, and also the recent training we've done as well, that we can develop a – a bit of a protocol to support the staff a bit more.*

In other cases participants were looking at how they could include other members of their organisation in doing HIA work. One participant said:

> *Yeah, I think there's definitely potential in the future to probably, um, recruit more people in…doing HIAs within [department suppressed]. And maybe other people within Health. So then, you know, we could tap into other people to be…doing it as well.*

Participants also identified capacity within their organisations to continue with this HIA-related work. Participants identified both staff and support within their organisations as an enabler of continuing HIA work:

I think …management support us, they want us to do that. I think we just need to have a reason to do it… that something comes up and it's important enough to do it. And I think we definitely have the support to do it.

Participants also stated that the fact that others had been involved within their organisations to do the work – that it was a team exercise – meant that there was additional support to continue with HIA work. One participant stated:

… I feel like I could call on, you know, the other people that have been through the process with me so I feel like that's good 'cause I'm not, you know, the only one speaking that language… I think if we developed a protocol…that would help embed that at bit more and then people would start to put it into practice.

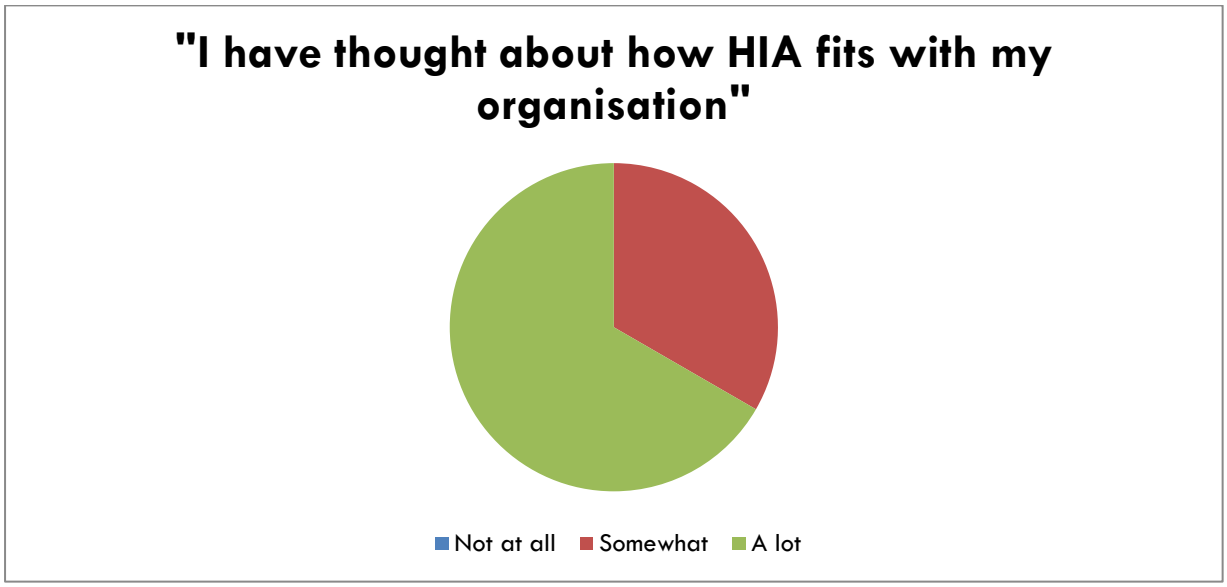
Or as another participant said:

I think capacity, definitely, we could do it. And I think when you do stuff like this, and you do it in a group… in a committee… it takes the pressure off. Like, you're not just doing it on your own.

Many participants also felt that HIA is a tool that can help to address the priorities of their organisation. According to one participant:

… where we're coming from is trying to improve people's health and preventing…we want to prevent it in the first place. We want people to have the choice of eating healthy and…knowing what to do to eat well. And, you know, to go like… I'm going to walk to the shops that are…metres away …And we want to get people to make those choices easier… that's why we want to talk to councils and … we want to put things, ideas into place, so it makes people's lives – those choices easier.

All questionnaire respondents also stated that they had thought about how HIA fits into their organisation.



Participants also expressed the idea that HIA fits with their own internal work practices. As one participant pointed out:

I think it's a good tool to use… for us to connect with people and to actually use the structure to then come up with reports and recommendations…. I'm really methodical and I really like that. I like something structured and something to follow. Like it's definitely my style.

Interview participants also stated that they felt that HIA fit within not just their professional practice, and the priorities of their organisation, but also within the structure of their organisation. According to one participant:

> *…one of the functions will be… to provide expertise in the field of health in the developments in this area, so health impact assessment is …a good skill and tool that I can use in my dealings with our clients.*

One participant also expressed that the integration of HIA into his/her organisation is a priority:

> *I feel that…it's a priority for this organisation. And every time we submit responses or comments or feedbacks in any plan, we'd always… offer a health impact assessment. So it's really – it's a priority.*

Participants also stated that they felt HIA could be used to enhance the work of their organisation. As was discussed with one participant:

> *That's right, yeah. ..we're predominantly the…main providers of this infrastructure, but we're not really selling it from a health perspective. We're selling it as a benefit…to the community because …it's something that the community can use. But no real explanation why or what benefits there are from it but - - -*
>
> *Q: …. So you can see yourself using that a lot more in the future?*
>
> *A: Oh, yeah. I think for sure. And I'd be a bit disappointed in myself if I didn't capture some of that information now and – and utilise it.*

Barriers to Integration

Despite the fact that many organisations were continuing with HIA-related work and had identified capacity to continue with this work, participants were also able to identify important barriers to doing HIA. In some cases participants felt that their organisation would not necessarily support the continuation of HIA work. One participant commented:

> *Q: So do you think there is any - there will be any opportunities for you to do HIAs in the future?*
>
> *A: At the moment, no. … maybe if something like this… came along again as a big project, but I'm not sure that [governing body] would see it as an internal function, that it would be more an external thing. So maybe the status of health impact assessments and whether it's… who is it that is appropriate to undertake them. And that's more a financial thing because with a lot of the things we do, we only do it when…whoever's pushing for it, … pays for all the studies and things.*

Participants also identified that other work priorities were a barrier to adding in additional HIA-related work. As one participant said:

> *Like I don't go out doing HIAs, because that's not my job in my job description…*

However some participants felt that the training was an important step in beginning to integrate HIA into their organisation. According to one participant:

> *… you know, we're not quite there yet, I think, as an organisation. So we're hoping through – just through practice … and through our experiences, and having people with – who are thinking that way now and that's the whole idea is that – of this training is to embed that thinking. So when you approach an issue you're thinking constantly about, you know, well what are the impacts? What are the health impacts? How can – what are some of the things we can do to, you know, support this and*

make sure it's not – you know, I'm not worsening the situation … so I feel like there is capacity but we – we have a ways to go I would say.

The Benefits of Doing an HIA

Participants were able to identify many positive outcomes not just from participating in the LbD training, but also from doing an HIA. Participants identified a lot of value in using the evidence gathering process of HIA to strengthen their work. As one participant commented:

> *… it's really changed, and now when I look at… [redacted] proposals that come through, I'm looking at them with really different eyes and I feel like I've got – because I've done all that research and reading articles and summarising articles and finding references to things… I've read something about that and I can go through and…I've used it a few times. Um, and even with this…project that I'm doing, I've been able to reflect on some of the learning…*

Or as another participant said:

> *So I know the idea, I know what I want to get across, and in the past I would have just written this wishy washy statement, but now I do think, right, I need to go and find some evidence that talks about the benefits…you know, so I'll actually go off, and in general I can usually find something… So, I suppose, it's given me, I guess, more of [an]… academic approach to stuff potentially.*

Participants also identified many different ways in which they felt that the HIA added value. In particular participants found it useful in that HIA brings a health perspective into decisions. One participant stated:

> *… I think it supports what we want to do in providing the infrastructure from that different perspective, not just we need to provide it because we're obliged to provide playgrounds or – or some sort of physical activity. It's the whole health thing. And I think local government needs to be more involved in promoting the health benefits to community, and not just rely on the state and federal governments … to promote those. And we don't do it here, and I don't think other councils do it very often or very well at all. So I think …that's opened up my eyes, and I think if other councils were involved in a HIA I think that could possibly have that spill-on effect that …there's a greater focus on …health …. it seems to me that it's always the state and to an extent the federal government that are pushing … the health benefits, and local government are just providing the infrastructure … we don't really tap into that …physical benefit…*

Participants also stated that they liked that the HIA culminated in a final work product. According to one participant:

> *And I like the fact that you have the report at the end, it's not just mish-mash recommendations. I think it's important to have the whole story.*

Participants also liked that the HIA was a team process that relied on input from various participants. As one participant said:

> *… I think, rather than doing it on your own with this, with this tool, I think you can get a lot of people involved, the appropriate people. You can sit down, and you can nut it out, you know. You can unpack everything, work it all through, and then you can have this recommendations and the report at the end.*

Participants also stated that they liked that HIA focuses on not just negative or positive impacts but on both:

> *… I like … that you can put positives and negatives. I think that's really important, too, that it's not just negative things. You know, you're not just saying, okay, you need to do this, you need to put this and you need to put that. You know, you can actually come up with some really positive stuff that you've said, you know, this has worked… we really support this… we agree on this. … it really works in with the way that we do often work. Like when we put comments in that we do say, you know, these are all positive, we agree with all this, but we would recommend this. So it kind of fits in to already what we do.*

The fact that HIA follows a systematic process was also one of the strengths identified by participants. As one participant commented:

> *I like that whole process, and I think there's a lot of…that you've gone through all the steps – all the proper steps and that you've got, you know, this is what we've done. It hasn't just come overnight that you're recommending something. Like, we've analysed everything, we've pulled it apart… then come up with the recommendations.*

Questionnaire respondents likewise expressed considerable satisfaction with the HIA process. All respondents (12) thought HIA was useful or very useful to their organisation or work.

Overall, participants felt that the LbD training helped to increase important knowledge and skills in HIA, allowing them to feel confident to continue with HIA-related work. Many participants had thought about how to integrate HIA into their ongoing work and several had already begun to conduct HIA-like activities. Participants also identified capacity within their organisations to continue HIA-related work. Participants also felt that the continuation of HIA had value for their institutions. They were able to identify specific positive outcomes of doing the HIA and several ways in which they felt the HIA process was particularly useful. In all, questionnaire respondents agreed that they were likely (67%) or very likely (33%) to recommend the LbD training to their peers; likely (50%) or very likely (42%) to recommend the training to their managers; and likely (50%) or very likely (42%) to recommend the training to other organisations.

Challenges

Barriers to doing the training

There were some important challenges that participants identified in both the LbD training structure and HIA in general. Participants felt that as the HIA fell outside of their normal scope of work it was considered lower priority by their managers, and was therefore more difficult to dedicate time to working on it. As one participant described:

> *And this was different because it …wasn't someone internally going, 'when's this going to be done?' So it wasn't a report to council, it wasn't a project that your manager was waiting on, it was this other thing on the side that we were all interested in doing, but when you had that pile of stuff on your desk… so personally I ended up doing most of it at home in my own time because I was interested and I wanted the skills.*

Similarly within some organisations the LbD HIA was seen primarily as a learning exercise rather than a process with its own intrinsic value. This led to challenges in being able to conduct the HIA. One participant commented:

…I think there has been an element of this is a learning exercise and I think that has got in the way of… the status of what's going to come out of this and I don't - I'm not confident that there is this secure link for the recommendations and who's responsible for those recommendations. I think there's still a question in the air as to, well, who is actually going to follow this through.

Or as another participant said:

… if we knew this was a …project that was going to… figure prominently we'd probably get – allocated that … time, but, yeah, we knew it was sort of – it was more a training base thing than anything else, and it just unfortunately slipped a little.

Some participants also felt some barriers to their involvement if they did not have explicit support from their management. As one participant stated:

Certainly when I asked about who was leading the project and that sort of thing, I didn't feel it was something that I was able to do because it didn't fit in with, …my manager's understanding of what our involvement was. It wasn't appropriate for me from a professional point of view to do that.

Or according to another participant:

And I think within [my department], the appetite for that kind of thing changed. There once was a time where absolutely it would have been quite a high priority for us to be doing healthy tests and social impact assessments, but because of the shift in roles [of our organisation] … we had some discussions with our directors and they just went 'yeah, there's no appetite for that.'

Participants also identified several challenges related to who was involved in the HIA. Many participants felt that a lack of a clear group leader was a barrier to getting the work done. As one participant stated:

… we didn't really have a leader in our team. And that was a bit of a problem because no one was taking responsibility for meeting deadlines. And we would get together, we would set deadlines, and then, you know, a few days would pass and you'd go, 'oh shit, I was supposed to do that thing.'

Or according to another participant:

… I think there was an issue in this particular project, certainly when I came involved… it was a learning exercise… and so there was no project leader in a sense, so I wasn't sure who was directing it, who's keeping it on track….

Likewise, participants identified challenges in working together when the project involved various participants from across diverse organisations. According to one participant:

So it wasn't…coordinated … and I think that made it really difficult because we didn't work in the same space as anybody else and needed to organise meetings to even review what we had done was really, really difficult.

There were also challenges in maintaining group participation as many personnel left their organisations during the course of the HIA. One participant said:

Then what happened is most of the people actually left… the NGO. …she left her position, then one of the girls from health, she left her position.

One of the biggest challenges identified by participants was the amount of time required to participate. In some cases time was an issue because there was not designated work time from within the organisation to participate:

> *As soon as we started, like, doing all the work and the meetings and all that bang, we got, you know, thrown into all this work …and so that was quite difficult. So it was hard. But normally, like say it was now… we're always busy, everyone's always busy, but you could fit it in. Like lately I feel like I've been able to… put more attention to the reports and the work. But we struggled. There was a lot of work that we had to do, and like literature reviews and all that kind of stuff, and it was kind of hard to balance to get that in. And I felt they were the same. Like I felt like everyone was coming from the same place where they were struggling to actually put the work in.*

In other cases, participants found challenges in finding mutual meeting times for the whole group. One participant stated:

> *The broader group, we just, sort of, picked dates and tried our best to make sure that the key people were there. …the first one, most people came and then the rest…it did slow down a little bit, like we did get less people. Then we got different people coming and stuff like that. But trying to organise those…the small group of your own group, the committee, that was just so hard.*

Participants also stated that there were challenges with the time commitment because of the level of priority that each participant and their organisation had designated to the HIA. As one participant commented:

> *…. So the training was okay, because, like, you had booked those dates in, so you knew that you had to work around those dates. And that's why I feel like, if we've booked the dates that we had even meeting beforehand, we'd have them in our diaries, we'd have them ready and we'd just go. But when you're sort of sitting there and you've got like the work that you need to do … you need to have that meeting, you're having the training, like, it's really quite heavy… trying to do all that, plus your own normal work. … we really want to do it. … we are so committed, because it's our work that we want to do. So can you imagine, like, how others feel when it's not their priority. Whereas for us it was, and it's still a struggle. But it's worth it in the end. … that's what I always kept saying to myself, you know. It's busy, and we're struggling to get it done, but, you know, I just kept telling everyone, 'just trust the process. Let's just keep one step at a time and we'll get there, we'll get there.'*

Participants also felt it was difficult to find time outside of the training dates to meet, especially when their participation had been seen as more of a training exercise. One participant noted:

> *…I just…didn't have the time to dedicate to it to be honest. And the sessions were quite spread out which meant that when you got back to the next one, there was a fair bit of time refreshing about – 'cause it's something that takes a bit of understanding and it's a new language that's used I guess in the training.*

One group that wasn't able to complete their HIA stated that time was the primary obstacle:

> *Q: So then why did you decide not to move forward with that project?*
>
> *A: It was a time thing I think; we just didn't have the resources to dedicate to it.*

Similarly, many participants stated that there were unclear expectations for their involvement upfront, leading to difficulties in managing time and work for the HIA. According to one participant:

So I went along and then we identified people across the organisation and we were basically told, 'you're going to go and do this training.' And so even my manager didn't realise that there was actually a project you know, that's attached with it. So whether that's his fault for not reading [laughs] or listening, I don't know. But I don't know that it was, um – we were all that clear on that up front.

Barriers to doing HIA

Some participants also identified some struggles and reservations with doing HIA. Some participants were concerned with the applicability of the HIA and its relevance to the decision they were trying to inform. According to one participant:

> *… through the process we naturally sort of started questioning, 'well, hang on, what's the role of this?' 'Where would this come into play?' Um, and one of the concerns I have … for the outcomes of the health impact assessment is that they're potentially not practical on the ground.*

In particular, participants were unclear how HIA could most effectively fit into the planning process. One participant questioned:

> *Yeah, well it's all well and good to say 'hey, this impacts you,' … we can all sit here and have discussions about health and wouldn't it be nice if we did this and that, but how do you get that understanding into reality? How does it start to change what's on the ground? So, in that sense, yeah, it has - how does it fit with the planning system? And how can you make, you know, put health into that filter and then something actually comes out at the other end?*

Some participants also encountered resistance from decision makers for the HIA they were conducting. One participant commented:

> *I found that…[the decision maker], was really worried that we were going to go against what they were going to do with their plan. So they were concerned that they would be looking…negative. But I had to…constantly say to them that a HIA isn't always just finding negative things, and if you do find [a] negative thing, we try to work out how to mitigate it, you know, how to work with it. …but generally we recognise a lot of positive stuff and support it. So that took a while, too, because they felt that they were going against their …work, like their organisation…*

Participants also expressed some insecurity with the HIA process. They worried that there is space within the process to allow bias in the data collection. One participant stated:

> *… I'm confident in my ability to source information and… put it in there. I think there's a potential weakness that's all very easy to - I guess it's that academic side of things. It's all very well and good to get data, but is it - are you using it appropriately? Are you making the right interpretations? Because it's very easy just to go and get a statistic or get a paragraph, but are we … appropriately taking… the conclusions out of other studies and things? Are we using the conclusion or are we just taking the bits that suit our needs?*

Discussion

Despite some of the challenges that participants identified, there were clear and consistent benefits to participating in the training. Participants categorically agreed that the training led to an increase in their confidence to do HIA which may potentially translate into participants being able to conduct HIAs in the future. Likewise, participants felt that HIA was a good fit for their organisation – either to support the work they were already doing such as providing additional evidence, or by creating new work that corresponds to their organisational priorities. In either case it appeared that the perceived

usefulness of HIA meant that participants could see it being adapted to fit the needs of their organisation.

However, whether or not organisations continue to conduct HIAs will rely on the level of support from management and the organisation. It was clear that there were many challenges with the time that participants had to doing the HIA work – either because they hadn't expected to spend as much time on it; it was considered a learning exercise only; or they had other priorities. In either case it was clear that having additional support from management, such as dedicated work time, would have increased the amount of time that participants could spend on the HIA. Without ongoing support to conduct HIAs it is not clear whether participants will have the capacity to continue this work in the future.

Some of the challenges that participants identified with HIA are consistent with those across the HIA field (Haigh, Harris et al. 2015). It is not uncommon for decision makers to be resistant to the HIA, or to worry that the HIA will only find negative outcomes. Likewise many practitioners struggle with finding the appropriate entry point for engaging in the policy making process (Harris, Sainsbury et al. 2014). It is not surprising that participants in the LbD training identified these same difficulties. Regarding the potential for bias, it is likewise a point of debate in the field about the right balance of qualitative versus quantitative data and the way data is interpreted (Elliot, Harrop et al. 2010, Haigh, Harris et al. 2012). Because HIA is prospective it is never possible to make predictions with 100 percent certainty and requires flexibility, creativity and adaptability in understanding the findings. The fact that one participant saw this as a potential weakness with HIA may reflect this participant's level of comfort with the uncertainty in HIA and is not an uncommon perception for people new to the field.

Implications for future trainings

It was clear that overall participants found the LbD training to be a useful experience. There were many useful recommendations that participants provided to improve the training. These recommendations included:

- Provide handouts at the trainings;
- Incorporate more interaction time with participants from other projects during the training;
- Stricter time structure and creating an agenda for doing work in between training dates;
- Reassurance from trainers about work/time expectations;
- Appointment of a leader for each team;
- More focus on the theory (SDOH, equity, etc.);
- More case studies and practical applications of HIA;
- Provide a revisit or debrief with other teams after the projects are finished or after last training date;
- Clearer expectations up front (about time, writing a report, commitments, etc.);
- More discussion and explanation of how HIA fits into the planning process;
- Further discussion on the benefits of doing HIA (outcomes, etc.); and
- More explanation of public health terminology (equity, SDOH, etc.) and less use of jargon.

To address some of these recommendations, the trainers (FH and KH) made modifications to the current training. Participants said that there were not always clear expectations of the worktime up front, and not all team members had buy-in from their management. Therefore, FH and KH held information sessions with senior staff prior to starting the current training session (2015) so that management could understand more clearly the time commitment and expectations of their involvement (i.e. to do an HIA to inform a decision not just for the learning exercise). The trainers also spent more time in the first training session going over some of the recommendations which the participants could implement, such as identifying a team leader, scheduling work time in between training sessions, and setting milestones in their workplan.

It was evident from the evaluation that not all participants had a clear understanding of public health terminology and theory. To address this, the trainers modified the lectures to spend more time

describing equity and the social determinants of health, while avoiding public health jargon, or explaining it when it was used.

It was also clear that participants would have liked an additional day to reconvene and discuss their experience with other participants. The trainers addressed this need by scheduling a final meeting day in the current training curriculum. Additionally, the trainers co-hosted some of the training lectures with the Working in Locational Disadvantage LbD training so that participants could interact with and learn from a broader range of participants.

By addressing the challenges of the training, and continuing to improve the strengths it is likely that the LbD training will continue to yield fruitful partnerships with the LHD and ongoing HIA work. In order to ensure that participants continue HIA-related work it may be useful for the LHD to continue developing relationships with the various organisations and working to support their HIA work either through formal involvement or by connecting them to resources and support to conduct HIA.

Appendix A

Evaluation Plan

Learning Goals:	Indicators	Source / Method
Participants learn how to relate their area of work to health (SDOH)	-Participants report increased understanding of how their work relates to health	-participant interview
Participants develop technical skills (how to conduct literature reviews; use of data; assessment of evidence; capacity building)	-Participants report increased confidence in ability to conduct literature review, assessment of evidence, use of data and capacity building	-participant survey -participant interview
Participants enhance understanding of decision making and planning processes	-Participants report increased understanding of decision making and planning processes	-participant interview -participant survey
Participants learn how to effectively use evidence to discuss health impacts	-Participants report increased confidence level in using evidence to discuss health impacts	-participant survey
Participants develop understanding of the value of HIA	-Participants report HIA as being a valuable tool	-participant interview -participant survey

Program Goals:	Indicators	Source / Method
Participants develop long-term partnerships that enable on-going engagement between LHD and councils	-Councils have improved relationship with LHD -Participants have better understanding of how to work collaboratively with LHD	-participant interview
Participants (including Internal Health staff, that comprise of Service Development Officers, CHETRE staff, Health Promotion staff and an Aboriginal Population	- Participants report having an understanding of HIA -Participants report feeling adequately trained in HIA	-participant interview

Health Trainee) are trained in HIA		
Increase the capacity for HIA within Health (LHD)	-Increase in HIAs being conducted at LHD -LHD reports having more capacity to do HIAs	-# of HIAs being conducted at LHD now and before training -participant interviews
Participants feel capable of continuing HIA work regardless of support from LHD	- Participants report feeling capable of continuing HIA-related work -Participants report feeling capable of conducting an HIA on their own	-participant survey -participant interview
Participants are able to integrate a health lens into their regular work	- Participants report using a health lens to evaluate other components of their work or identify projects, policies and programs that could benefit from an HIA -HIA's are embedded in the organisation's work	-participant interview -# of HIAs being done my organizations
Participants see the value of the training	- Participants recommend the training to their peers, superiors, or other councils -Other councils request the training	-participant survey -# of requests from other councils
Participants are aware of who to contact to invite to either participate in an HIA or to request an HIA to be done	-Participants contact Health staff to invite them to participate in an HIA or request an HIA to be completed	-participant interviews
Participants develop strong relationships within their organizations that enable further work on HIA or HIA-like activities	- Participants report working with colleagues in their organizations on HIAs or other HIA-like activities.	-participant interviews
Participants continue to conduct HIAs or HIA-like activities	-Councils conduct other HIAs or HIA-like activities	-# HIAs being conducted by other councils

Training Goals:	Indicators	Source / Method
Understand each of the steps in the conduct of an HIA and where and	-Participants have increased understanding of steps of HIA -Participants have increased understanding of equity in	-participant survey

how equity is considered;	HIA	
Carry out each of steps and complete a HIA	-Participants have increased confidence to carry our steps and complete and HIA	-participant survey
Describe HIA and its roles in improving health and health equity in populations;	-Participants have increased understanding of how HIA improves health and health equity	-participant survey
Determine when and whether HIA is appropriate and not;	-Participants have increased confidence in screening for an HIA	-participant survey
Describe outcomes that can be achieved by carrying out HIA;	-Participants have increased understanding of what can be achieved from an HIA	-participant survey -participant interview
Reflect on how HIA fits with your own professional practice/ organization	-Participants have increased understanding of how HIA fits within their organization	-participant interview
Training is appropriate for various types of organizations	- Participants report that the training fit their organization's capacity and structure -Participants report that the training met their expectations	-participant interview -participant survey

Appendix B

Participant Interview Questions

Training

1. Did the LbD training meet your expectations? Why or why not?

2. Did the LbD training fit with your organization's capacity and structure? Why or why not?
   Follow up: Was it organized well? How was the timing/length of the training/location?

Relationships

3. How has your relationship with LHD changed since participating in this program?

4. What have you learned about how to engage with LHD?

5. If you were going to carry out an HIA in the future who would you contact for support? And who would you contact to participate in an HIA?
   Follow up: From health? From other organizations?

6. Through your participation in the LbD program, what relationships within your organization have you developed that would further your work on HIA or HIA-related activities?

7. Have you used these relationships to work on HIAs or HIA-related activities?

Capacity to do HIA

8. How did your participation in the learning-by-doing program increase your understanding of Health Impact Assessment?

9. How did your participation in the learning-by-doing program increase your confidence to conduct a Health Impact Assessment?

10. How did your participation in the learning-by-doing program increase your understanding of the social determinants of health?

11. How did your understanding of how HIA links into the planning process/decision making process change after participating in the LbD program?

12. What capacity do you now have to conduct HIAs?
    Follow up: Has this changed from being involved in the LbD program?

13. Without support from LHD, do you feel capable of conducting an HIA on your own? Why or why not?

14. What are some ways in which you would incorporate equity in an HIA?
    Follow up: Can you give me some examples?

Health related activities

15. How does your current work/job relate to health?

16. How have you been able to integrate a health perspective into your regular work?

17. Tell me 3 things you do differently after being involved in the LbD program.

Usefulness of HIA

18. After being a part of the program, how do you now use HIA in your work? (ie commenting on proposals, thinking about health and how your work impacts health)
    Follow up: What types of HIA-like activities are you now involved in?

19. How does HIA fit into the activities of your organization?
    Follow up: What would need to happen for HIA to fit?

20. What do you think can be achieved from conducting an HIA?
    Follow up: Can you give some examples from your experience?

21. Do you think HIA is a useful tool? Why or why not?

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