MANATŪ HAUORA
MINISTRY OF HEALTH

Whānau Ora Health Impact Assessment

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Foreword

Māori as a population group have, on average, the poorest health status of any ethnic group in New Zealand. The causes of this are complex, but much of this health inequality is linked to the uneven distribution of the determinants of health, such as income, housing, education and employment.

As part of its day-to-day business, government and other agencies develop and implement policies in each of these areas. However, even the most well-intentioned policies, such as increasing employment for all New Zealanders, can have unintended consequences. While not every unintended consequence can be identified and mitigated in advance, it is important in policy development that every effort is made to consider both the good things and the bad things associated with the policy.

Health impact assessment (HIA) is one way to methodically consider these impacts and to influence – but not pre-empt – decision-making. There is a growing body of evidence demonstrating the value of HIA, as well as international support for HIA from institutions such as the World Health Organization.

The Whānau Ora Health Impact Assessment (Whānau Ora HIA) is informed by this body of evidence, and also relies and builds on the New Zealand Public Health Advisory Committee's *A Guide to Health Impact Assessment* (2005). In particular, the Whānau Ora HIA looks at whānau ora as an aim and emphasises determinants of health that are known to have a particular impact on Māori.

To my knowledge the Whānau Ora Health Impact Assessment is a world first: an indigenous HIA policy tool that has its roots firmly in the reduction of indigenous health inequalities and that presents this as the responsibility of – and a challenge to – many sectors.

The Whānau Ora HIA is a strong tool and I encourage you to consider using it broadly in your role as a policy maker. Its application is not limited to policy makers, it can be used just as effectively by communties in providing feedback on policy development and options.

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Acting Deputy Director-General Māori Health

Acknowledgements

Contents

Part 1: Introduction

Overview of the Whānau Ora HIA

One of the overarching aims of the health and disability sector is to improve Māori health and disability outcomes and reduce health inequalities. However, most of the determinants of health (those things that can keep us healthy or increase the likelihood of us becoming unwell) lie outside the influence of the health and disability sector.

The Whānau Ora Health Impact Assessment (Whānau Ora HIA) is intended for use by sectors that have a role to play in the wider determinants of health. The tool can also be used by communities or groups affected by the other sectors to inform their input into the development of policies. The particular focus of the Whānau Ora HIA is how the policies of these sectors can support Māori health and wellbeing and reduce inequalities.

The Whānau Ora HIA was first signalled in *Whakatātaka 2002–2005* (Minister of Health and Associate Minister of Health 2002b) as a tool to identify the impact of government and sector activities on whānau ora,[1] which is the strategic aim of He Korowai Oranga, the Māori Health Strategy (Minister of Health and Associate Minister of Health 2002a). It has been developed over the past two years and has been the subject of testing to ensure it is accurate and user friendly.

The Whānau Ora HIA is based on the work undertaken by the Public Health Advisory Committee in *A Guide to Health Impact Assessment: A policy tool for New Zealand*, which was released in 2005 (Public Health Advisory Committee 2005[2]). It provides a robust methodology for policy-makers to predict the potential health impacts of their policies before they implement them. It is also a practical way to apply a sustainable development approach in policy development, based on evidence, focused on outcomes (specifically whānau ora), and with an emphasis on equity. Like the Public Health Advisory Committee's HIA, the Whānau Ora HIA incorporates input from a range of sectors and stakeholders.

The aim of this tool is to help policy-makers ensure they provide robust advice, and to help communities to structure their feedback on the policies of organisations, such as territorial local authorities, with a particular focus on health impacts. As part of the release of the tool, the Ministry of Health will develop training in the use of the Whānau Ora HIA, as signalled in *Whakatātaka Tuarua* (Minister of Health and Associate Minister of Health 2006).

The Whānau Ora HIA is one of a number of tools that policy and decision-makers can use to inform their actions relating to improving Māori health and disability outcomes and reducing inequalities. Two other examples include:

- the Health Equity Assessment Tool (the HEAT tool)

- the Intervention Framework.

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1   Whānau ora can be described as Māori families supported to achieve their maximum health and wellbeing.

2   The document was released in 2004, and then revised in 2005.

Both of these are available on the Ministry of Health website (www.moh.govt.nz).

Part 1 of this document provides some background on the Whānau Ora HIA, including the context in which it was developed and some high-level indicators of the inequalities in health outcomes between Māori and non-Māori. The tool itself is presented in Part 2. As with the Public Health Advisory Committee HIA, the Whānau Ora HIA has four stages: screening, scoping, appraisal (and reporting) and evaluation. The tool describes these stages, presents the questions that could be asked at each stage, and identifies who should be involved. Part 3 of this document includes references to literature used in this document and further information on health inequalities and health impact assessment.

He Korowai Oranga

Whānau Ora

He Korowai Oranga, the Māori Health Strategy, sets the direction for the health and disability sector in relation to Māori. The overall aim of He Korowai Oranga is whānau ora: Māori families supported to achieve their maximum health and wellbeing. He Korowai Oranga takes a broad approach to whānau ora, which acknowledges the diversity of the Māori population, considers Māori reality as encompassing the complexity of living in contemporary New Zealand, and shifts analysis and thinking beyond the constraints of a single Māori perspective (Minister of Health and Associate Minister of Health 2002a).

The attainment of whānau ora is underpinned by a strategic framework, which is summarised in Figure 1.

Figure 1:   He Korowai Oranga overarching framework
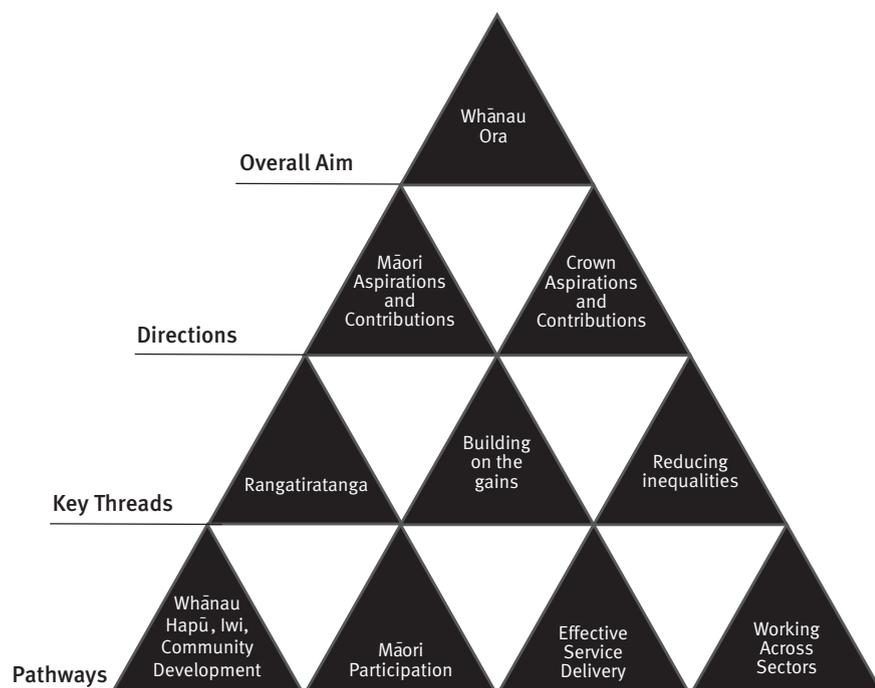
The whānau ora strategic framework is explained in more detail in He Korowai Oranga, which is available online at www.maorihealth.govt.nz. The key themes of the framework include:

- the need to ensure Māori involvement in decision-making
- the need to work directly with whānau, hapū, iwi and Māori communities
- the need for all services (not just Māori-specific services) to be effective for Māori
- the importance of all sectors (not just the health sector) working to address Māori health outcomes.

All of these are tied together with a focus on reducing inequalities.

Health determinants

What keeps us well often lies outside the direct influence of the health and disability sector and is determined by a range of influences. Some of the most obvious are age, sex and hereditary factors, but there is a growing body of evidence for less direct determinants of health. These determinants are varied and include factors such as income and employment, housing conditions, urban design, water quality and education. Figure 2 shows a model of the determinants of health.

Figure 2:   The determinants of health
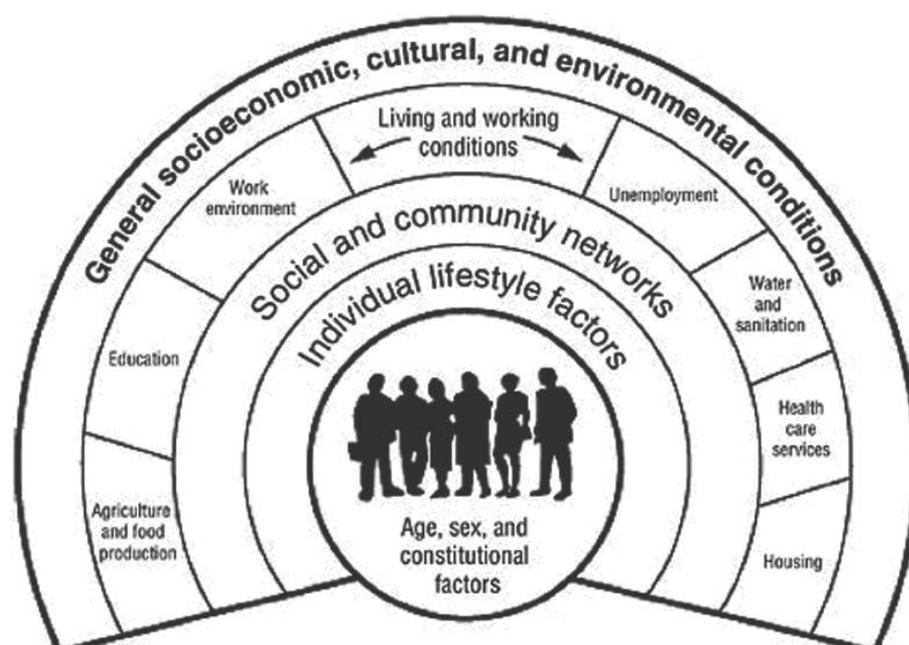
Source: Dahlgren and Whitehead 1991

A model like this is useful because it illustrates that health is determined by a complex and varied combination of factors, and that each factor can contribute to health outcomes in a variety of ways.

A focus on equity

Health outcomes are unevenly distributed between population groups, and some groups receive more beneficial outcomes than others. In the health and disability sector these are considered health inequalities. The reduction of these inequalities is a key driver of action.

As a population group, Māori have on average the poorest health status of any ethnic group in New Zealand. The extent of inequality is unacceptable. One of a range of indicators of health status is life expectancy, which demonstrates an inequality in outcomes for Māori (see Figure 3).

Figure 3:   Life expectancy at birth, by gender and ethnicity, 1951–2001
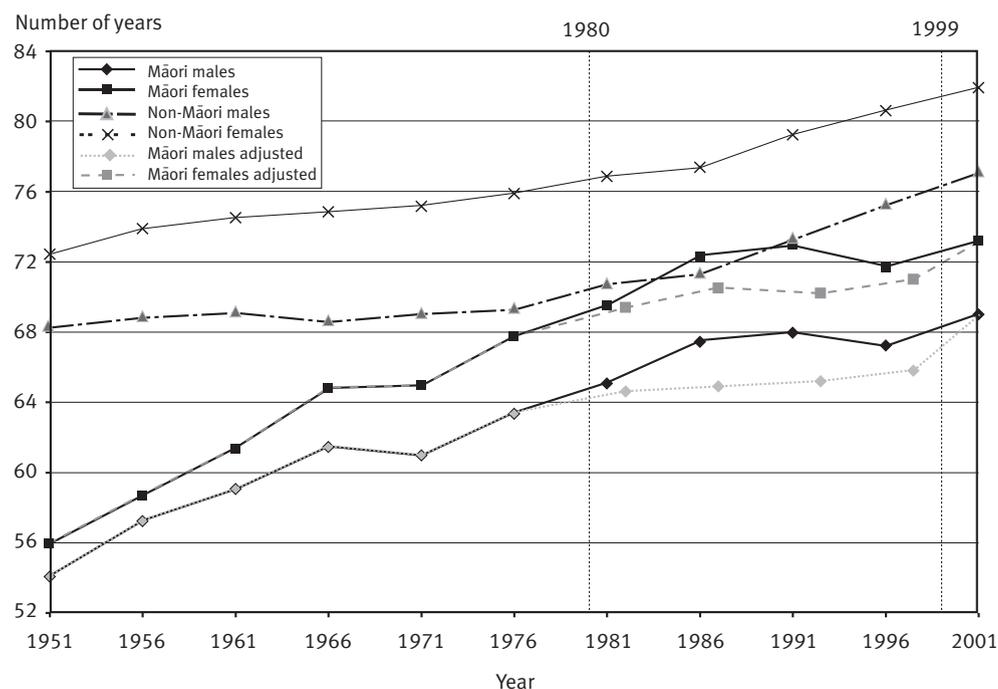
In 2001 life expectancy at birth was 69 years for Māori males and 73 years for Māori females, compared with 77 years for non-Māori males and 82 years for non-Māori females. Overall, Māori life expectancy at birth was more than eight years less than non-Māori in 2001, for both genders.

A wide range of information is available on the nature of ethnic inequalities in New Zealand. The following are some of the key resources.

Publications

- *Tatau Kahukura: Māori Health Chart Book* (Ministry of Health 2006b)

- *An Indication of New Zealanders' Health 2004* (Ministry of Health 2004)

- *Hauora: Māori Standards of Health III* (Te Rōpū Rangahau Hauora a Eru Pōmare, Wellington School of Medicine 1995)

Web resources

- Public Health Intelligence online: http://www.phionline.moh.govt.nz/
- New Zealand Health Information Service website: http://www.nzhis.govt.nz
- www.maorihealth.govt.nz

Other resources

District Health Boards (DHBs) are required to undertake health needs analyses of their populations. These are available on the DHB websites, a list of which is available at the end of this document.

The health impact assessment process

Health impact assessment (HIA) is defined as a combination of procedures, methods and tools by which a policy may be assessed and judged for its potential effects on the health of the population, and the distribution of those effects within the population (Mahoney and Durham 2002). While the idea that the public's health is affected by a broad array of social and economic policies dates back well over two centuries, what is new is the notion that health should be an explicit consideration when evaluating *all* public policies. This idea is increasingly being adopted by major health institutions internationally, such as the World Health Organization and the United Kingdom National Health Service. HIA concentrates on describing the potential benefits and risks to health and then determining their nature and magnitude.

There are generally two types of HIA: policy-level HIA and project-level HIA. The Whānau Ora HIA focuses on policy-level HIA.

Policy-level HIA

At the policy level the primary focus is on health and its determinants. Policy-level HIA has its roots in public health and the understanding that health is largely determined by decisions made in other sectors (Public Health Advisory Committee 2005). The Whānau Ora HIA focuses on assessment at a policy level. Policy-level HIA is summarised in Figure 4.

Figure 4:   The health impact assessment process

Stages   Methods
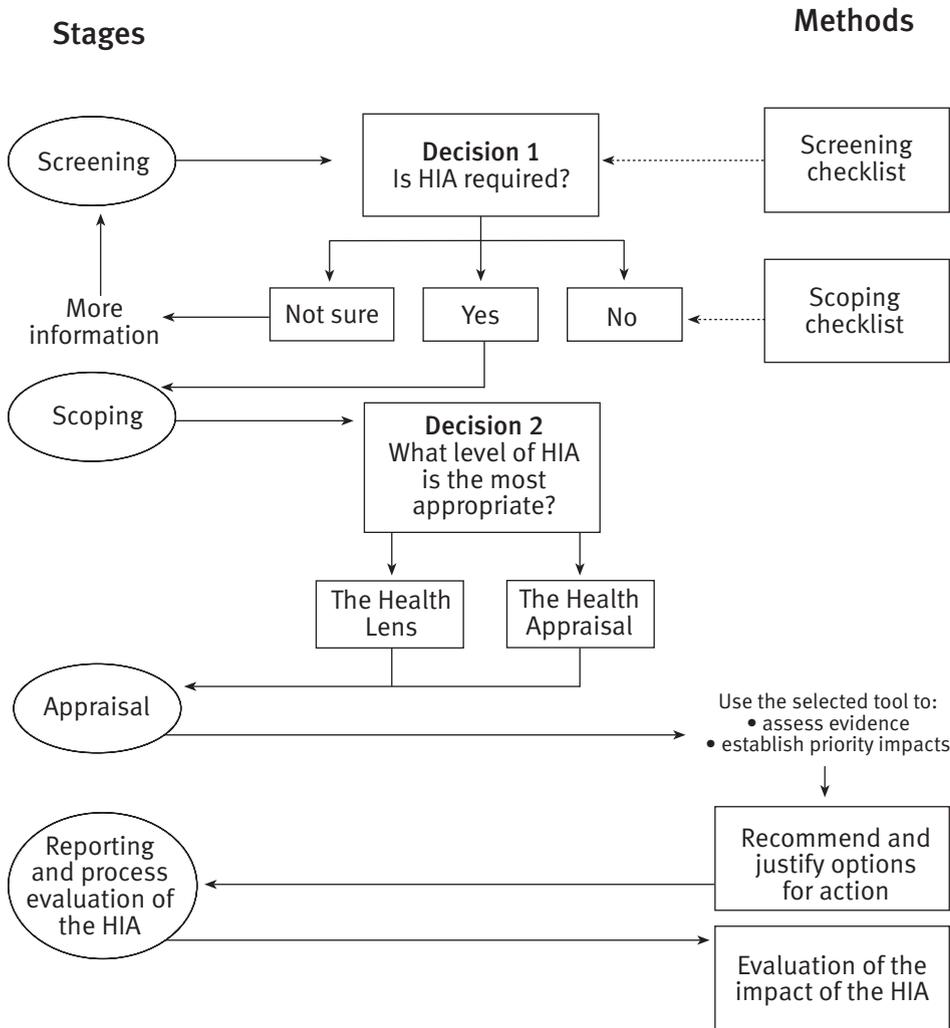
Source: Adapted from Scott-Samuel et al 2001

Why do health impact assessment?[3]

Good policy is robust policy. Health impact assessment aids the development of good policy by allowing the policy-maker to enhance the positive and reduce the negative effects of the proposed policy.

Key reasons to do health impact assessment

(1)   *To improve health and reduce health inequalities:* HIA identifies the positive and negative health effects of policies on the population and ensures policies do not exacerbate or continue existing inequalities.

(2)   *To help policy-makers incorporate evidence into policy-making:* HIA promotes and supports research- and evidence-based decisions.

3   Source: adapted from Public Health Advisory Committee 2005.

(3) *To promote a participatory, consultative approach to policy-making:* HIA requires policy-makers to identify and consult with a wide range of groups, such as government, non-government agencies, community groups and academics, and brings groups together in a non-confrontational and collegial way. The Whānau Ora HIA is also a systematic way to consider the impacts of policy options on Māori communities. Not only is this often a requirement for government agencies, but it also represents a robust policy process.

(4) *To help policy-makers address public health requirements in legislation and policy:* a large amount of legislation requires the policy-maker to take into account a number of broad considerations in routine policy work, including impacts on public health or wellbeing. HIA assists with this. Examples of legislation in which such matters were considered include the Local Government Act 2002, Land Transport Management Act 2003 and Resource Management Act 1991.

Who should do health impact assessment?

It is critical that each HIA is steered by a group of key people who, between them, know the policy, know about HIA, know about public health and know about, and ideally are part of, the population affected. The right mix of people will increase the comprehensiveness of the HIA, which in turn affects the policy development process.

Part 2: Whānau Ora Health Impact Assessment

Part 2 discusses each of the four stages of the Whānau Ora HIA in turn and gives guidance on how to carry out each stage. Although there is no fixed, formally agreed way of doing HIA, there is a developing consensus about the core elements or stages of the process. The four stages in the process of Whānau Ora HIA are:

1. screening

2. scoping

3. appraisal and reporting

4. evaluation.

Much of the advice given in the Whānau Ora HIA is taken from the Public Health Advisory Committee (2005) *A Guide to Health Impact Assessment*. The Whānau Ora HIA was tested during 2006 on the *Drinking-water Assistance Programme: Criteria for Capital Assistance for Small Drinking-water Supplies* (Ministry of Health 2006a). Examples from this test are used as guidance in the tables throughout the tool.

Getting started

The following aspects should be kept in mind when embarking on a Whānau Ora HIA.

- Start the process as soon as possible in the policy-making process.

- Get a clear understanding of the proposed policy.

- Develop a clear justification for the work.

- Focus on policy outcomes.

- Use multidisciplinary teams.

- Incorporate the principles expressed in He Korowai Oranga, with a particular focus on ensuring Māori whānau and communities are involved appropriately throughout the process and in decision-making, and on taking an equity perspective.

- Be prepared to research some issues because there are likely to be information and knowledge gaps.

- Ensure effective relationships at all stages of the Whānau Ora HIA and at each level of the Whānau Ora HIA.

Stage One: Screening

Screening is the first stage of the Whānau Ora HIA. It acts as a selection process by which policies are quickly judged for their potential to affect whānau ora, and thus the need (or not) to undertake a Whānau Ora HIA.

The screening tool can be applied either by individuals or by groups. Where it is applied by organisations developing the policy, the tool can be used by individual policy analysts or advisors within an organisation, or by a team of analysts.

Table 1 provides a checklist to help in deciding whether a Whānau Ora HIA is necessary and appropriate. Three different decisions can be made after applying the checklist.

- It is necessary to conduct a Whānau Ora HIA.

- It is not necessary to conduct a Whānau Ora HIA, but recommendations can be made on how negative health impacts can be ameliorated.

- It is not yet possible to decide one way or the other, due to inadequate information. (The screening process can be repeated after obtaining further information.)

Guidance

For each policy component, option or outcome scenario, carry out the following steps.

1. Complete Table 1, the screening checklist, and circle *one* of the three options: 'Yes', 'Don't know' or 'No'.

2. Then, for each question, estimate the level of certainty of your responses by classifying each as high, medium or low.

3. The final step is to make a judgement call, based on the information in the table. Every situation will be different so it is important to use judgement and common sense. A judgement call should be made on whether the table suggests a need for an HIA or not. This is best left to the user to make an informed judgement, rather than specifying a set number of 'yes' responses.

Table 1: Screening checklist

Pose these questions	Put your answers here		
To your knowledge:	Should conduct a Whānau Ora HIA?	Estimated level of certainty of your response (high, medium, low)	Encourage the use of a Whānau Ora HIA?
Is there potential for positive or negative health impacts for Māori and their whānau? (Think about whether it will affect determinants of health such as socioeconomic factors, environmental factors or lifestyle.)	Yes/Don't know/No		Yes/Don't know/No
Is there potential for the proposed policy to socially, economically or culturally impact on the health and independence of Māori and their whānau?	Yes/Don't know/No		Yes/Don't know/No
Is there potential for the proposed policy to impact on emotional, spiritual, mental or physical health or wellbeing, either negatively or positively?	Yes/Don't know/No		Yes/Don't know/No
Are the potential effects likely to positively or negatively affect Māori death, disability or hospital admission rates?	Yes/Don't know/No		Yes/Don't know/No
Is there potential for the proposed policy to impact on Māori involvement in the planning and delivery of services (in any sector, and including governance, management and operational levels)?	Yes/Don't know/No		Yes/Don't know/No
Does the proposed policy impact on access to services for Māori, either negatively or positively (in any sector)*?	Yes/Don't know/No		Yes/Don't know/No
Is there potential for the proposed policy to increase existing health inequalities between Māori and non-Māori?	Yes/Don't know/No		Yes/Don't know/No
Which other sectors of government (eg, Housing, Education, Social Welfare, Treasury) might the proposed policy have potential impacts on?	Yes/Don't know/No		Yes/Don't know/No

* It is important to remember that barriers to access can be physical (eg, the location of services) or financial (eg, the cost of service delivery).

Source: Adapted from the NHS Executive, *Resource for Health Impact Assessment HIA Screening Tool,* Department of Health, London, 2000, cited in Public Health Advisory Committee 2005

Record the decision. If it has been decided to conduct a Whānau Ora HIA, then the next step is the scoping stage.

What has been accomplished?

After completing this stage, in addition to identifying whether you will continue with the Whānau Ora HIA, you will have:

* established relationships with some key people or agencies
* informed the development of the policy.

Stage Two: Scoping

Scoping is simply good project management. The purpose of scoping is to define and shape the Whānau Ora HIA by identifying the core issues that need to be considered and setting aside those that could potentially divert time and money from consideration of the core issues. It is an iterative process, and so it is likely that the process of scoping will be revisited throughout the Whānau Ora HIA process.

In this stage you will:

1. write an *assessment plan* or (project plan) to set out the work
2. decide on the *appraisal tool* to use (this process will define the depth of the Whānau Ora HIA).

Getting started

The following questions may help with scoping.

* What is the budget for the Whānau Ora HIA and any associated work? What are the sources of funding?
* What is to be included and excluded? What are the boundaries in terms of timing (when the assessment will be done) and geographic location (where the assessment will focus)?[4]
* What are the aims and objectives of the Whānau Ora HIA?
* How much of the policy is being assessed: all of it or just a component? If the whole policy is not being assessed, what parts are being assessed?
* What population groups will be the focus of the Whānau Ora HIA?
* What determinants of health will be the focus of the Whānau Ora HIA (eg, income or the physical environment)?

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4   The next three years, or longer? How heavily will you discount future years? What is the Māori community under consideration: a particular region or local authority area, tribal boundaries, the whole of New Zealand, rural or urban?

- Who are the key people to consult with as part of the assessment, and how might this consultation be managed?[5]

- Who will lead, participate in, and/or conduct the Whānau Ora HIA? What other skills are needed?

- What comparison policy will be used?[6]

- What sets of information, policy work or data are available or will be needed?

- What public or community concerns have already been raised around the policy area?

- What are the parameters for evaluating the Whānau Ora HIA?

- If the outcomes of the policy are not known, what assumptions need to be made to predict the potential outcomes?

- Are there any relevant statutory requirements?[7]

- If the outcomes of the policy are not known, what assumptions need to be made to predict the potential outcomes?

- What existing related policy information can you draw on?

- What will be prioritised in the Whānau Ora HIA?

- Can an assessment plan be drafted to set out the key milestones and timeframes of the Whānau Ora HIA?

As part of the assessment planning process it would be a good idea to develop a participation and communication strategy. The nature and degree of participation should be identified when developing the assessment plan and during the analysis.

Preparing for the appraisal

Determinants of health

The next step of the scoping stage is to scrutinise the health determinants related to the policy options. This will help with the first stage of the appraisal process.

Building on the model presented in Table 2 lists a wide range of potential determinants of health and wellbeing. It identifies a set of general determinants, and then gives specific examples under each heading. It is intended to act as a prompt, and in most situations only a few determinants will be relevant to the policy being assessed.

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5   Think systematically about whom it is important to involve; for example, iwi and Māori providers, Māori-led primary health organisations, kaumātua, other Māori community groups, District Health Boards or other agencies.

6   For example, will the policy under assessment be compared with an alternative option or with the status quo?

7   For example, resource consent processes (section 32 of the Resource Management Act 1991), gender analysis, requirements for consultation, regulatory impact statements.

Guidance to identify health determinants

Using Table 2 as a prompt:

- identify the specific determinants of health and wellbeing relevant to the policy under assessment

- identify the main health determinants that may be affected by this policy

- identify what other determinants apart from those in the table could be relevant.

Table 2:   Selected examples of health determinants

Categories of determinants of health	Examples of specific health determinants
Wider socioeconomic factors	• Employment • Education level and opportunities for skill development • Creation and distribution of wealth • Income levels • Affordable, quality, housing
Social and cultural factors	• Social support, social cohesion • Participation in community and public affairs • Family connection, whakapapa • Cultural participation • Expression of cultural values and practices • Racism and discrimination • Links with marae and cultural resources • Perception of safety • Attitudes to disability
Environmental factors	• Housing conditions and location • Working conditions • Quality of air, water and soil (including pollution) • Waste disposal • Energy • Land use • Biodiversity • Climate • Sites of cultural significance (eg, wāhi tapu, urupā, sacred or historic sites) • Public transport • Urban design • Communication networks • Noise • Accidental injuries • Public safety • Transmission of infectious disease (eg, exposure to pathogens)

Categories of determinants of health	Examples of specific health determinants
Population-based services	Access to, and quality of services such as: • public transport • health care • disability support services • social services • childcare • leisure services
Individual/behavioural factors	• personal behaviours (eg, diet, physical activity, smoking, alcohol intake) • life skills • autonomy • employment status • educational attainment • stress levels • self-esteem and confidence
Biological factors	• age, sex, genes

Note: this table builds on work cited in Public Health Advisory Committee 2005, National Health Committee 1998, and McCormick 2002.

Prioritising health determinants

Prioritise the relevant determinants of health by identifying which ones affect the most people or are of concern to stakeholders. Approaches for prioritising the determinants of health will largely be driven by time constraints and resources, but could include:

- brainstorming or workshops with relevant stakeholders

- involving a range of people outside the policy development group, such as social scientists, Māori community workers and Māori public health specialists

- a comparative analysis of the objectives of the policy and its expected outcomes (identified in the scoping stage)

- identification, through particular scenarios, of the impacts on different groups such as women, Māori with disabilities, urban and rural Māori residents, rangatahi, kaumātua.

Recording health determinants

When recording health determinants:

- take note of the determinants of health you have identified as relevant to the policy being assessed (remember that the task is to identify determinants of health that may be affected by the policy being examined, not to identify health outcomes)

- group similar determinants to simplify your list

- roughly prioritise the determinants based on information to hand

- highlight the chosen determinants in Table 2 to take forward to the impact assessment stage.

Deciding on the health impact assessment appraisal tool

Different HIA appraisal tools can be used to achieve a more or less detailed assessment of a policy. The Whānau Ora HIA describes two appraisal tools: the Health Lens and the Health Appraisal Tool. Table 3 summarises when each is appropriate.

Table 3:   The two Whānau Ora HIA appraisal tools

Depth of assessment	Corresponding appraisal tool
A brief Whānau Ora HIA	The Health Lens
A more thorough Whānau Ora HIA	The Health Appraisal Tool

The Health Lens is used when the assessment is constrained by time and resources. In the policy environment this is likely to be the more realistic level of assessment. The Health Lens is based on the Health Equity Assessment Tool (HEAT), developed by the Wellington School of Medicine and Health Sciences as an equity tool to be used in the health and disability sector.[8] The Health Appraisal Tool can be used for a more detailed assessment.[9]

Table 4 provides a useful checklist to help in deciding the level of Whānau Ora HIA to undertake, and therefore which of the appraisal tools to use.

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8   The HEAT tool was adapted from the Bro Taf Inequalities Impact Assessment Tool (Bro Taf Health Authority 2000). Some additional questions have been included based on He Korowai Oranga and Māori models of health.

9   The Health Appraisal Tool has been adapted from a range of models cited in the Public Health Advisory Committee's *A Guide to Health Impact Assessment* (2005).

Table 4: Whānau Ora scoping checklist – choosing the appropriate level of Whānau Ora HIA

Question	Determine the level of appraisal	Guidance on the appropriate level of tool	If 'Yes', select Health Appraisal Tool, if 'No', select Health Lens
Are there significant potential health impacts from the proposed policy change?	Yes / No	The greater the potential health impacts, and the higher the degree of uncertainty, the more comprehensive the tool should be.	
Is there a high need to access Māori health and public health support?	Yes / No	The higher the need for support from Māori health providers or public health services, the more comprehensive the tool needs to be.	
Is there a need for a range of advice and expertise (eg, communities, values, tikanga)?	Yes / No	The higher the need for a range of Māori advice and expertise, the more comprehensive the tool will need to be.	
Is the policy change urgent?	Yes / No	If there is relatively high urgency then select a less comprehensive tool.	
Is this proposed policy a high priority?	Yes / No	The higher the priority the policy has, the more comprehensive the tool should be.	
Is the magnitude of the proposed policy change significant?	Yes / No	The greater the magnitude of the policy shift, the more comprehensive the tool should be.	
Is the timing critical in relation to other policies or issues that impact on Māori health and independence?	Yes / No	If timing is critically linked to other policy developments and timeframes are short, select a less comprehensive tool.	
Is there a high level of Māori stakeholder involvement?	Yes / No	The higher the level of stakeholder involvement, the more comprehensive the tool should be.	
Are there other Māori (eg, tribal or other groups) interests?	Yes / No	If there is a high level of Māori interest, the more comprehensive tool should be used.	
Is there a high level of political interest, either at a local or national level?	Yes / No	The higher the level of political interest, the more comprehensive the tool should be.	
Is there a high level of public interest?	Yes / No	The higher the level of public interest in the policy change, the more comprehensive the tool should be. It is also important to consider which groups have a high interest in the policy change.	

Question	Determine the level of appraisal	Guidance on the appropriate level of tool	If 'Yes', select Health Appraisal Tool, if 'No', select Health Lens
Are there other political considerations or agendas?	Yes / No	The more politically complex the policy change is, the more comprehensive the tool should be.	
Will there be a high level of participation by Māori in the future?	Yes / No	If future participation by Māori is essential, the more comprehensive the tool should be used.	
Is there a 'window of opportunity' for the work?	Yes / No	Consider whether or not there is a window of opportunity (ie, timeliness, currency, political support). If the window is likely, select the less comprehensive tool.	
Is there a reasonable level of staff resource available?	Yes / No	The higher the resource level, the more comprehensive the tool should be.	
Are there funds available for Whānau Ora HIA?	Yes / No	The higher the level of funding, the more comprehensive the tool should be.	

Source: Adapted from Public Health Advisory Committee 2005

Guidance

In light of your responses in Table 4, decide which appraisal tool is most appropriate: the Health Lens or the Health Appraisal Tool. Write down the decision and justify your choice. If there is a range of policy options, repeat the table for each policy alternative.

Please note that the guidance provided in the third column is suggested as a guide only: you may wish to make a different choice.

If good ideas about impacts, enhancement or mitigation are raised, note them down for later consideration in the appraisal and reporting stage.

In summary, scoping includes deciding how comprehensive the work will be, identifying the relevant determinants of health, and developing an assessment plan. The information gathered and produced during scoping will be used in the next stage of Whānau Ora HIA – the appraisal and reporting stage.

Evaluation

Although evaluation has been identified as the fourth stage of the Whānau Ora HIA, and is described in greater detail there, evaluating the Whānau Ora HIA should involve the group initially involved in the assessment.

Evaluation requires both reflecting on the process and receiving feedback from the policy-makers as to the extent to which the Whānau Ora HIA met their requirements. The following questions would be useful to include for consideration at the scoping stage:

* How will the Whānau Ora HIA be evaluated to show whether it was done well and whether it added anything to the quality of the policy decision?

* What are the resource implications of evaluating the work?

* How realistic is it to evaluate the work?

* What are the parameters for evaluating the Whānau Ora HIA?

What has been accomplished?

After completing this stage you will have:

* established a group to undertake the Whānau Ora HIA

* engaged with key stakeholders on the boundaries of the Whānau Ora HIA

* set the boundaries for the Whānau Ora HIA by defining what issues need to be (or do not need to be) considered.

Stage Three: Appraisal and reporting

This stage is the appraisal and reporting component of the Whānau Ora HIA, and it has five elements:

* identifying the key aspects of the policy being assessed, the human resources for the Whānau Ora HIA, and the methods for appraisal

* using a selected appraisal tool to identify health impacts

* identifying the determinants of health that are relevant to the policy being assessed

* assessing the significance of those health impacts in the impact assessment phase

* reporting on the practical changes that can be made to the policy to either enhance or mitigate the likely impacts.

Understanding the policy

The initial job in the appraisal stage is to identify the key aspects the Whānau Ora HIA will need to address. This may build on or use material already available from earlier policy development work. It is crucial to have clear agreement on the policy definition and potential outcomes. There are always at least two options for a policy: retain the status quo, or to make a change. A Whānau Ora HIA should consider both of these alternatives and compare them.

Table 5: Key aspects to consider

Things to know about the policy	Things to know about the policy process
What are its: • aims and objectives • content and dimensions • values (explicit or implicit) and assumptions • priorities/goals • target populations/communities/groups • outputs • intended outcomes?	What is known about any: • trade-offs • social, economic, political and policy context, nationally and/or locally • relationship to other policies or strategies • non-negotiable aspects of the policy • requirements to consider health impacts • consultation requirements?

Human resources for a Whānau Ora HIA

Using information beyond the traditional policy development process is central to an effective Whānau Ora HIA. Community information or knowledge is a critical component, as is the participation of the usual expert groups involved in research, allied policy areas and service delivery agencies. Community sources may be groups or key individuals. They may be drawn on to identify the 'site' of the impact (in the scoping stage), its scale and significance (scoping and appraisal) and opportunities for mitigating or enhancing the policy.

The following participant categories could be referred to in preparing a Whānau Ora HIA work programme:

• government agencies and statutory advisory bodies

• hapū, iwi, Māori communities

• Māori health, social services and education organisations/providers

• tertiary educational institutions, senior practitioner knowledge, researchers or evaluators

• professional bodies

• councils, community boards

• community-based non-governmental organisations.

Methods for appraisal

There is no one perfect way to conduct a Whānau Ora HIA. Every method has both advantages and limitations. Ideally, a range of methods will be used at different stages in the process. Selection should be appropriate to the particular policy issue in question. A combination of methods is ideal, and both qualitative and quantitative methods should be used where possible. Possible methods include:

• focus groups or focused hui

• population and regional analysis (quantitative or qualitative)

• scenario assessments (quantitative or qualitative)

- health hazard identification and classification (quantitative or qualitative)

- stakeholder workshops

- 'with-proposal' and 'without-proposal' scenarios

- surveys

- key informant interviews with kaumātua, experts, or with groups such as rūnanga, Māori Women's Welfare League and iwi tribal authorities

- brainstorming

- citizens' juries (inviting members of the public to hear evidence from experts and then make an assessment)

- Delphi processes (involving a panel of individual experts and key people engaged in consensus decision-making, where the group decides the weighting and scaling using an iterative process)

- environmental monitoring (quantitative or qualitative)

- risk assessment, risk communication and risk management

- cost-benefit analysis

- evaluation.

Appraisal tools

In the scoping stage you will have decided which tool is most appropriate for your purposes, either:

- the Health Lens (the shorter tool) or,

- the Health Appraisal Tool (the more comprehensive tool).

Each tool aims to first identify the key impacts on whānau ora, and then to assess the size and significance of those impacts. The level of detail for this depends on the comprehensiveness of the tool.

Whichever appraisal tool is selected, the starting point is to use the determinants of health that are relevant to the proposed policy alternatives under consideration. These determinants are used to decide what the key impacts on health and the health determinants will be. Each appraisal tool also requires a clear understanding of the proposed policy's definition and potential outcomes. Irrespective of the particular appraisal tool chosen, the impact assessment stage should be undertaken after using the appraisal tool.

The Health Lens

This tool is a concise checklist adapted to take whānau ora into account. It helps to identify potential impacts of a policy proposal on both the determinants of Māori health and Māori health outcomes. The Health Lens is best used by a multidisciplinary team.

The following points offer some guidance in using the Health Lens.

- Answer the Health Lens questions either 'in-house' or with the support of external experts. If several people are involved, use a workshop to brainstorm the questions and agree on the priority responses as a group.

- For question 3, consider *each* determinant identified. It may be easier to group the determinants and start with the most obvious set.

- Responses to the questions can be presented in a variety of ways, from simply *listing the responses*, to presenting them as a *table* or *matrix*. One way to record the answers in a matrix is to use symbols for positive (+), negative (−) and neutral (0) impacts. (Identify relevant Māori health models or reference documents to help prioritise responses.)

- Use *existing* materials, resources or evidence to help answer the questions (eg, literature reviews, DHB health needs analyses or Māori health plans, tribal/iwi authorities' strategic development/business plans, academic research, policy papers, fact sheets, summaries of research findings, conference papers, key informants).

- Keep a lookout for regional differences. An impact may be positive or neutral in one region and negative in another.

Record the possible or definite impacts of the policy using the checklist questions, then group and prioritise them before using the impact assessment matrix to further analyse them (see the 'Impact assessment' section at the end of the appraisal stage).

Health Lens checklist

1. Does the proposed policy impact on:

   - the ability of Māori to exercise control over the direction and shape of their own institutions, communities and development

   - the capability of Māori, and Māori communities, to meet their needs across the social, cultural and economic sectors

   - the likelihood of further gains in Māori health outcomes, service uptake and Māori participation in the area

   - Māori provider and workforce development

   - Māori organisational infrastructure and leadership

   - the effective delivery of services for Māori

   - the differential health and disability outcomes between Māori and non-Māori?

2. What are the potential impacts of the policy proposal on the determinants of health and wellbeing you identified in the scoping stage? (Include here consideration of how the proposals could impact on the distribution of the determinants of health.)

3. What are the potential impacts on Māori health outcomes? (The following questions are based on Te Whare Tapa Wha model of health.[10] However, there are a number of other Māori models that may be more appropriate depending on the key aspects of the policy being assessed.)

   - physical health

   - mental health

   - family and community health

   - spiritual health.

4. What vulnerable population groups within Māori communities are likely to be affected by the proposed policy (eg, young people, children, kaumātua, single parents, working families, students, gay community)?

5. In particular, how will the policy impact on Māori with disabilities?

6. What might the unintended health consequences of the policy be? How will these be addressed?

At the conclusion of the Health Lens exercise, information or uncertainty about some issues may lead to a decision to re-scope the project, re-examine particular health determinants and/or collect more information on a particular issue. After completing the Health Lens, move on to the impact assessment phase. Completing the impact assessment matrix (below) may also lead to further work.

The Health Appraisal Tool

This tool offers a more detailed assessment and comprises three components:

1. appraisal for ensuring Māori participation at every level (based on pathway two of He Korowai Oranga)

2. impacts on the determinants of health

3. inequalities appraisal.

General guidance to help with the Health Appraisal Tool

- Agree on assumptions and anticipated policy outcomes prior to completing the table, and remind each other of these.

- Refer back to the policy's objectives:

  – What are the objectives of the policy proposal?

  – What is the presently proposed means of achieving these objectives?

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10 Durie 1998.

- Focus on the 'big' impacts, and prioritise impacts after completing each component of the tool. After the three components of the Health Appraisal Tool have been completed, decide on overall prioritisation. This is the impact assessment phase, which is covered at the end of the appraisal stage. The prioritisations for each component can be compared with each other and with the final prioritisation generated in the impact assessment stage.

- Repeat the exercise with alternative policy options or outcome scenarios. To be useful, a Whānau Ora HIA must compare at least two options. It is often in making comparisons that the important factors emerge.

- It is acceptable to return to important impacts and consider them more fully or seek more information. Use question marks as responses if you are not sure.

- It is important to consider potential determinants, outcomes or areas of inequality that are not listed.

Appraisal of Māori participation at every level

The Whānau Ora HIA helps to ensure that the proposed policy adequately support Māori participation by asking the following questions.

1. How does the policy proposal provide for areas of health or other needs that have been identified by Māori (ie, is the policy a response to a priority that has been identified by Māori)?

2. How does the policy proposal provide opportunities for Māori to be involved in decision-making relating to the proposals and to contribute to the policy process?

3. Considering the determinants of health, what is the potential effect of the policy proposal on Māori health? It might be useful to use Māori models of health to better assess the impact on:

    a. the mental and physical health and wellbeing of Māori whānau/ families and communities

    b. the spiritual and cultural values of Māori whānau/families and communities

    c. Māori with disabilities and their whānau/families.

Impacts on determinants of health

The initial work on identifying the determinants of health that was undertaken in the scoping stage is repeated more rigorously here using a matrix. Table 6 below provides the format for considering a range of potential determinants of health that could be affected by public policy. Enter into Table 6 the specific determinants of health that relate to the particular policy being assessed, sort and group them, and then complete the matrix (Table 6).

Guidance

Group and prioritise the most obvious and the most important determinants. Complete the matrix using these initially. Remember that the exercise is to identify the effects of the policy on determinants of health, not the other way around (the potential effects of determinants on the policy). Look out for, and identify, specific determinants that might have a regional character.

Questions to help fill out Table 6

- In the first column, list the specific determinants of health relevant to the policy proposal that were identified from Table 2.

- Describe the impact of the policy on each of these determinants of health. Remember that you are considering impacts on *determinants* only (not health outcomes).

- What measurable indicators are available to substantiate the choice of each impact? To what extent can each impact be measured? Classify each as qualitative, measurable, or able to be estimated.

- Will the policy proposal exacerbate or reduce health inequalities with respect to each determinant? If so, in what way?

- What other influences are there on the determinant of health? Are there other policies, interventions or pieces of legislation that may interact with the policy being assessed?

- In summary, is each impact positive, neutral or negative?

- Remember that your own needs will dictate the extent to which you answer the questions in the order they are set out in the table.

Note: Aside from detailing potential impacts, there are two other options for recording responses in the Table 6 'description of impact' column:

- there is insufficient information available to make a decision

- there is unlikely to be a significant impact.

Before attempting to make an overall assessment, it is important to acknowledge that there is likely to be some degree of uncertainty about the policy's potential impact on determinants. In some cases you may need to collect more information. The table is designed to help you identify what is not known.

Table 6:   Matrix for determinants of health

Health determinants specific to policy (identified earlier in this section)	Description of impact on each determinant of health	Identify any measurable indicators* or qualitative impacts**	How measurable is the impact?+	Differential impacts on particular groups with respect to each determinant	External influences that may interact with the policy being assessed^	Summary of impact on determinants of health (second column)†
Safe drinking-water[11]	Reduce the incidence of water-borne disease	Quality of water Burden of disease	Easily measured	Young and older Māori are likely be most affected by unsafe water	Affected by quality of catchment water – which could be influenced by rural land use	Policy to provide safe drinking-water will have a positive impact

Notes:

* For example, unemployment rates, changes in income levels.

** For example, interviews with key informants, qualitative survey, anecdotal information.

+ Classify as qualitative, measurable (quantitative) or able to be estimated.

^ Other influences that could affect the health impacts of the policy. For example, if benefit cuts were being introduced along with market rents (the policy being assessed), there would be a cumulative impact.

† Positive, neutral or negative.

11 Taken from the testing of the Whānau Ora HIA, for a discussion see 'Quigley-Watts 2006'.

Whānau Ora Health Impact Assessment

Inequalities appraisal

This section of the tool specifically considers the potential for the policy to have impacts on Māori health inequalities. Inequalities in health occur across a range of areas, including socioeconomic status, age, gender, ethnicity, disability and geographic location. Note that one measure of socioeconomic status is the New Zealand Deprivation Index (NZDep), which takes into account a range of variables including:

- access to a telephone

- income, including whether on a benefit or having an income below an income threshold

- employment status

- access to a car

- living space

- educational qualifications

- home ownership.

These are all variables that have relevance when conducting a Whānau Ora HIA.

Complete Table 7 for each policy option and note the impacts. Some impacts may be new; others will endorse previously noted items, in which case there may be reason to vary 'answers' to the analysis framework the matrix provides.

Note that there may be some crossover in responses to the different parts of this appraisal tool. The intention is to repeat aspects from different angles in order to ensure that every potential impact and effect on health inequalities is covered.

After using this tool you should have identified the major contributors to Māori health (or, ill health for Māori) of the specified policy, and the main potential impacts on Māori health inequalities. Consider how the planning of this policy could incorporate steps to *reduce* any potentially negative impacts on Māori health inequalities.

Table 7: Health inequalities matrix[12]

Does the policy proposal have a potential effect on health inequalities in respect of:	Describe the effects on health inequalities	Identify any qualitative or quantitative measure/s	How measurable is the impact: qualitative, measurable (quantitative) or able to be estimated?	Summarise the impact on health inequalities – positive, neutral or negative
Ethnicity				
Deprivation and income groups*				
Age				
Gender				
Disability				
Regions or local areas				
Rural areas	Māori living in rural areas often experience the greatest level of health inequalities**	Notification rates of water-borne disease Could do prevalence surveys	Quantifiable – although not all of it is easily available	Increasing drinking-water assistance focused on rural Māori communities has the potential to reduce inequalities
Other				

*   Income groups may be identified by socioeconomic measures such as the NZDep Index (a 10-point index of deprivation derived from Census data).

**   Taken from the testing of the Whānau Ora HIA, for a discussion see 'Quigley-Watts 2006'.

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12 This table is adapted from the Department of Transport, Local Government and the Regions (United Kingdom). 2002. *Better Policy-making: Integrated policy appraisal in DTLR: Screening checklist and summary appraisal table.* London: Department of Transport.

Impact assessment

This is the fourth phase of the appraisal stage. You will have identified potential impacts on Māori health, inequalities and Māori participation issues using one of the two appraisal tools. The next task is to identify the extent, nature, measurability and risk of those potential impacts, and to prioritise the identified impacts.

Select the most significant impacts to keep the list of impacts as small as possible. This makes the exercise more manageable.

Guidance

For each anticipated effect on particular health determinants (either direct or indirect) or health inequalities, consider:

- the likelihood of the impact occurring

- the severity of impact and number of people affected

- the likely timescale of achieving the predicted impact

- the strength and type of evidence

- the distribution of the impact across the Māori population

- practical ways to improve positive impacts and minimise negative impacts, both within the proposal and external to the proposal.

Table 8 can be used to plot the impacts and record the information about these predicted health impacts. It can also be used to further analyse information gained from using either the Health Lens or the Health Appraisal tool. Particularly in the latter case, the successive stages of appraisal may add shape and emphasis to impacts already identified. In some cases, opposing positive or negative impacts arising from the same source may come to light.

The table begins by inviting a listing of all of the potential impacts that have been identified up to this point, including:

- Māori determinants of health that are affected, including direct impacts (such as noise and certain pollutants) and indirect impacts (such as social cohesion and income) from Table 6

- Māori health inequalities from Table 7.

Table 8 presents a simple grading system for the Whānau Ora HIA group to rate its considered assessment. This work is, to some extent, a subjective process because it aims to correlate diverse information, and this is why it is important to make it a group exercise. It is important to reference as much evidence on the associated Māori health effects as possible, even though assessment of measurability and risk of impact may be based on subjective perception.

In determining the extent and nature of the impacts, it may also be useful to assess the significance or severity of the impact and identify whether it is a precursor for other impacts. (That is, will it result in or contribute to further positive or negative impacts?)

As is the case for the appraisal tools, work on the Table 8 matrix may identify uncertainties or knowledge gaps that require further investigation.

Table 8:   Impact assessment matrix

	Identified potential impacts (direct and indirect) of proposed policy on health determinants, Māori health and Māori health inequalities*		Likelihood of impact occurring (low, medium, high)	Severity or significance of potential impact (small/low, medium, high)**	Scope of potential impact (affects small or large number of people)*	Expected time to take effect (short term, medium term, long term)	Possible actions to enhance positive or diminish negative impacts
	Positive	Negative					
Determinants (from Table 6)							
Māori participation appraisal							
Inequalities (from Table 6)							

*   Identified in Tables 6 and 7.

**   These two aspects are very important when seeking management or mitigation responses. For example, the common cold may have a mild effect across large sections of the population, whereas SARS would have had very severe effect across a smaller group. This distinction will have implications for the policy response.

Reporting

The fifth and final phase focuses on identifying the practical changes that could be made to a proposal to minimise the harmful effects and maximise the beneficial effects on Māori health.

The report and how much detail it contains should be appropriate to its purpose. In general, a more detailed appraisal will require more detailed reporting.

As a minimum the report should include:

- the Whānau Ora HIA process and the people, organisations and resources involved
- the methods used in the Whānau Ora HIA
- the appraisal methods
- the impacts
- recommendations to maximise positive impacts and minimise negative impacts.

Often the assessment of a particular policy will identify opportunities for or issues with related policies, including those managed by other agencies. The report should be given to all participants, stakeholders and those who were consulted.

Note: there should be a peer review process undertaken to ensure the report is robust and accurate. It is advisable to set up a peer review group to review the report before it is finalised.

Making recommendations

An important part of reporting is to draw conclusions and make recommendations for adjusting the policy proposal or policy alternatives. It may help to group the impacts in order of significance and scope, and to comment on the expected time for them to take effect. This also helps to identify issues that affect a smaller or more vulnerable part of the Māori community.

There are four tiers of response.

1. *There is not enough information* – you need to seek further information, continue the appraisal and re-do the table.

2. *The policy proposal needs to be modified to enhance its positive impacts* – opportunities to provide or extend Māori health benefits are not fully realised.

3. *The policy proposal needs to be modified to address its negative impacts* – negative health impacts should be prioritised.

4. *No action is required* – because there is no feasible way of enhancing the potential positive impacts on health (or avoiding the negative impacts).

The ultimate result is an agreed set of recommendations for modifying the policy proposal(s) so as to maximise health benefits or minimise adverse effects on Māori health and wellbeing.

The recommendations must be made within the context of complex social, political or material constraints. They will be influenced by the current context for proposal implementation and the constraints operating locally, such as the resources available and the relative priority given to Māori health and Māori health gain. There are also likely to be regional factors to be taken into consideration.

It is important to note that the recommendations from the Whānau Ora HIA will form just part of a bigger picture involving recommendations from other perspectives (eg, economic analysis, consideration of impacts on gender or disability).

It is critical to formulate recommendations that will have both the most impact on the policy and the most chance of being implemented. This process is iterative, so you may not achieve it all in one go. You may need to refer back to contributors to get agreement once the evidence is factored in, bearing in mind the 'baseline situation'.

Guidance in making recommendations

The following are some general questions that could help when making recommendations.

- Who will most benefit from the policy proposal, how many of them are there, and how will they be affected?

- Who is likely to be disadvantaged by the policy proposal, how many of them are there, how serious is the disadvantage, and how could they be compensated?

- What steps could policy-makers take to reduce or mitigate any negative impacts on Māori health and wellbeing and on Māori health inequalities from the policy proposal?

- What are some ways in which current policy or practice could be changed to enhance the positive impacts or reduce inequalities between population groups?

What has been accomplished?

After completing this stage you will have:

- participated in discussions with key stakeholders

- identified the positive and negative effects of the proposed policy

- determined who is likely to be disadvantaged by the policy proposal, to what extent they are disadvantaged, and how to mitigate the negative effects of the policy proposal on the disadvantaged group

- provided advice to decision-makers on the policy options available in terms of their impact on whānau ora, and encouraged them to develop an implementation plan for the agreed policy.

Stage Four: Evaluation

Evaluation must be factored into the Whānau Ora HIA process and should not be too complex or unwieldy. It needs to be included as an organisational task, and costed and planned during the scoping stage.

Setting clear objectives for the Whānau Ora HIA in the scoping stage becomes critical for evaluation, because the evaluation will also look at whether the objectives of the Whānau Ora HIA were met. It is important to feed results back into the policy-making process, and to share the evaluation with others to demonstrate whether, how and why Whānau Ora HIA works. Evaluation can be done by either the 'in-house' policy team facilitating the Whānau Ora HIA, or by an external evaluator or peer reviewer.

Both process evaluation and impact evaluation should be used to assess the Whānau Ora HIA. Process evaluation aims to assess how the Whānau Ora HIA was done and to provide information that will be useful in conducting future Whānau Ora HIAs. By comparison, impact evaluation analyses the extent to which the recommendations made by the Whānau Ora HIA were taken on board in the final policy decision-making.

Outcome evaluation, where the impacts predicted by the Whānau Ora HIA are evaluated, is more difficult to do in practice. It is challenging to evaluate whether Māori health impacts will eventuate, because there are complex, multi-causal pathways involved and long timeframes required in order to track Māori health impacts over time. It is possible to evaluate whether predicted Māori health impacts from the Whānau Ora HIA were accurate, but this is a difficult process and should only be undertaken by skilled practitioners/evaluators with adequate resources.

Evaluation can provide a valuable insight into how:

- the process of Whānau Ora HIA can be improved through reflection
- various proposals can be modified to achieve health gain
- the accuracy of predictions made during appraisal can be assessed
- resources were used – money, staff and stakeholders involved.

Evaluating the process of the Whānau Ora HIA[13]

Once the Whānau Ora HIA is completed, document how you went about it and the methods used so that other Whānau Ora HIAs undertaken by your organisation can learn from your experience. Include details of the time, place, and resources used (financial, staff time, consultants, etc) and participants. Also record what the policy proposal sought to achieve, what geographical area it covered and what population groups were affected.

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13 Questions are adapted from Taylor and Quigley 2002 and Taylor et al 2003.

Then answer the following questions:

- What evidence was used in the Whānau Ora HIA, and how was it used to inform the development of recommendations? Was the evidence in the literature on the consequences of similar proposals properly searched?

- What was the level of Māori involvement and participation in the total assessment?

- How were the issues identified during scoping addressed?

- How were potential health impacts on Māori explored and assessed?

- How were the health impacts on Māori of alternative policy options explored?

- Were efforts to mitigate any negative effects concentrated on the largest impacts?

- Were the approaches used to ensure transparency in the Whānau Ora HIA decision-making process effective, or are there other ways you would recommend?

- Given the resources used (money, staff time, etc) what were the associated opportunity costs?

- How and when were the recommendations delivered to the relevant policy-makers?

- What did those involved in the Whānau Ora HIA think about the process used and what changes would they make if they were to do it again?

- Were the aims and objectives of the Whānau Ora HIA met?

Evaluating the impact of the Whānau Ora HIA

The impact evaluation stage focuses on how the Whānau Ora HIA was used to inform the policy development process. The following are some questions that will help when evaluating the impact of the Whānau Ora HIA.

- How was the Whānau Ora HIA used in the policy development and advice process?

- Was the policy proposal changed as a result of conducting the Whānau Ora HIA? If so, what changed?

- Were the recommendations of the Whānau Ora HIA accepted and implemented by policy-makers? If so, how and when, and if not, why not?

- What unintended consequences, both positive and negative, resulted from the Whānau Ora HIA (eg, working in partnership, cross-sectoral collaboration, raising the profile of Māori health needs and putting Māori health 'on the agenda')?

What has been accomplished?

After completing this stage you will have:

- informed the policy-maker of the positive and negative impacts of the proposed policy and suggested ways to enhance the positive impacts and reduce the negative

- established and maintained relationships with key people

- considered the advantages and disadvantages of the Whānau Ora HIA process

- gained experience conducting a health impact assessment

- fed in to a robust policy process.

Glossary[14]

Concept of health	The conceptual framework used in the Whānau Ora Health Impact Assessment. This guide recommends the use of the Whare Tapa Wha model of health.[15]
Determinants of health	Health is determined by a variety of influences, ranging from age, sex and hereditary factors, through individual behaviours, to the social, cultural and economic contexts in which people live their lives.
Hapū	Section of a large tribe; clan; secondary tribe.
Health impact assessment	A combination of procedures, methods and tools by which a policy may be assessed and judged for its potential effects on the health of the population, and the distribution of those effects within the population.
Health outcomes	The health status of individuals, groups within the population, or the population as a whole (eg, diabetes, asthma, injury, or the achievement of a level of physical fitness).
Iwi	Nation; people; tribe.
Kaumātua	Māori elder(s), male or female.
New Zealand Deprivation Index (NZDep)	A measure of socioeconomic deprivation that takes the following variables into account:

- access to a telephone
- income, including whether on a benefit or having an income below an income threshold
- employment status
- access to a car
- living in a single-parent family
- educational qualifications
- home ownership
- living space.

Policy	A course of action through which the Government aims to achieve its objectives.

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14 Sourced from Public Health Advisory Committee (2005), p2 .

15 Sourced from Durie M. 1998. *Whaiora: Māori Health Development*. Auckland: Oxford University Press.

Public health	'The science and art of preventing disease, prolonging life and promoting health through the organised efforts of society' (Acheson 1988).
Tikanga	Norms; the right thing or way of behaving that is socially acceptable.
Wānanga	Instruction; learning environment.
Whakapapa	Genealogy.
Whānau	Traditionally, 'a diffuse unit based on common whakapapa', now used in the sense of 'a diffuse unit forming a cohesive group sharing similar interests but does not necessarily have a direct blood relationship' (Durie 1998).

Further Information on Whānau Ora Health Impact Assessment

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HIA websites

- World Health Organization website on health impact assessment: http://www.who.int/hia/en/

- National Health Service Health Development Agency's HIA Gateway website (United Kingdom): http://www.hiagateway.org.uk/

- Netherlands Health Impact Assessment Database: http://www.hiadatabase.net/

- IMPACT International Health Impact Assessment Consortium: http://www.ihia.org.uk/

- Public Health Advisory Committee: http://www.nhc.govt.nz/phac.htm

District Health Board websites

- Auckland: http://www.adhb.govt.nz

- Bay of Plenty: http://www.bopdhb.govt.nz

- Canterbury: http://www.cdhb.govt.nz

- Capital and Coast: http://www.ccdhb.org.nz

- Counties Manukau: http://www.cmdhb.org.nz

- Hawke's Bay: http://www.hawkesbaydhb.govt.nz

- Hutt Valley: http://www.huttvalleydhb.org.nz

- Lakes: http://www.lakesdhb.govt.nz

- MidCentral: http://www.midcentral.co.nz

- Nelson Marlborough: http://www.nmdhb.govt.nz

- Northland: http://www.northlanddhb.org.nz

- Otago: http://www.otagodhb.govt.nz

- South Canterbury: http://www.scdhb.co.nz

- Southland: http://www.southlandhealth.co.nz

- Tairawhiti: http://www.tdh.org.nz

- Taranaki: http://www.tdhb.org.nz

- Waikato: http://www.waikatodhb.govt.nz

- Wairarapa: http://www.wairarapa.dhb.org.nz

- Waitemata: http://www.waitematadhb.govt.nz

- West Coast: http://www.westcoastdhb.org.nz

- Whangānui: http://www.wdhb.org.nz

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