Western Sydney Health Alliance
For healthy communities in Western Sydney Parkland City
An initiative of the Western Sydney City Deal

Access to Health Services Impact Statement

Introduction

Health is an issue that requires an all-of-government and community response. In order to effectively prevent illness and injury and to improve the conditions which promote health, a partnership between the health sector and other sectors of government who have more influence over these conditions is required [1].

Access to healthcare is an essential driver of population health outcomes. It is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and promoting health equity. Access to healthcare can be defined as the opportunity to identify healthcare needs, to seek healthcare services, to reach, to obtain or use health care services, and to actually have a need for services fulfilled.

A patient-centred conceptualisation by Levesque, Harris and Russel includes five dimensions of access [2]:

1. Approachability (awareness about the existence of a service, how to reach it, and what it can achieve);
2. Acceptability (social and cultural factors that affect uptake of a service);
3. Availability (ability to reach the service in an appropriate time frame);
4. Affordability (ability to pay for services); and
5. Appropriateness (the degree to which the service meets individuals' needs).

Access to healthcare is often a complex concept and challenging to satisfy all dimensions, where many groups encounter barriers to access in one or more of these aspects, resulting in various health inequities [3].

This Access to Health Services Impact Statement has been written to guide and promote considerations of access to health services as a key priority in:

- informing all levels of planning approaches and decision making of new growth areas;
- supporting the development of healthier neighbourhoods; and
- improving the health and wellbeing of existing and future communities across the Western Parklands City.

The Western Parkland City is one of the fastest growing areas of Australia and requires 'beyond business as usual' approaches. The needs for the Western Parkland City to integrate health into planning and decision making are outlined below:

- **Significant Growth -** Greater Western Sydney is the fastest-growing region in NSW, and in the next 15 years, an additional 1 million people will move into the region.
- **Importance of planning for health and wellbeing -** With significant growth comes a need for comprehensive planning and this document represents a structured way of ensuring that access to health care is front and centre during design, implementation, policy development and review of all current and future development.
- **Understanding of health barriers, opportunities, and resources -** This document will ensure careful assessment of existing barriers to accessing health care across the Western Sydney Parkland City.
- **Identification of health impact and community informed mitigation -** Through the careful consideration and optimal engagement with all levels and diversity of the community, potential short- and long-term impacts will be identified, and mitigation approaches suggested.

The Western Sydney Health Alliance (WSHA) includes:

- Blue Mountains City Council
- Camden Council
- Campbelltown City Council
- Fairfield City Council
- Hawkesbury City Council
- Liverpool City Council
- Penrith City Council
- Wollondilly Shire Council
- Nepean Blue Mountains Local Health District
- South Western Sydney Local Health District
- Nepean Blue Mountains Primary Health Network
- South Western Sydney Primary Health Network
- Sector Connect

These members have committed to the Access to Health Services Impact Statement, and all play a significant role in considering health and wellbeing in project, program, planning and policy development.

The Western Sydney Health Alliance recognises the opportunity for mutual benefit -that the health of the population contributes to other organisations achieving their goals, and in achieving their goals, improved health and wellbeing is supported.

Purpose

The Access to Health Services Impact Statement aims to:

- Assist in building knowledge and understanding of the broad dimensions of access to health care, including the impacts of access or lack of access to health services.
- Enable better consideration of the social determinants* of health and equity of access.
- Ensure the right health and wellbeing services are provided in the right place and the right time by incorporating access considerations into local planning controls including availability, affordability, transport solutions and digital connectivity.
- Promote an approach for sectors contributing to planning documents to incorporate considerations for access to health and wellbeing services.

Principles

The Access to Health Services Impact Statement is underpinned by the following principles. These principles are based on the Health in All Policies approach, advocated by the World Health Organisation (WHO) [4], and are crucial if improvements in health are to be achieved across Western Parklands City.

- **Legitimacy** grounded in the rights and obligations under national and international law.
- **Accountability** towards the people of the community, pursuing a long-term political commitment to supporting and enabling better consideration of the social determinants of health and reducing inequities.
- **Participation** and consultation with the residents of Western Parkland City, placing them at the centre of planning, policy making and interventions.
- **Transparency** with access to meaningful, up-to-date and localised information.
- **Collaboration** and cross-sectoral partnerships, with shared responsibility, that promote health, equity and sustainability.
- **Sustainability** where policies, projects and programs that are aimed at meeting the needs of present generations do not compromise the needs of future generations.

Access Considerations

The following dimensions are important to consider when access to health services is included in planning and decision making. Equity of access to health care is a major social determinant of health and is considered as a strategy for addressing health inequity [5], with access to healthcare being a human right that should be in reach of all, regardless of race, gender, culture, religion, belief or socioeconomic condition [6].

** For more information on the social determinants of health and their impacts in Western Sydney, please see WSHA's companion document, the Western Sydney Health Alliance Social Determinants of Health Framework.*

1. Approachability

Approachability refers to those with health care needs being aware about the existence of a service, how to reach it, and what health impact it can achieve. It is also relevant to the ability of individuals to perceive the need for care, which is determined by factors such as health literacy, knowledge about health and health beliefs [2].

Across the Western Parkland City an ongoing barrier is the lack of availability and awareness of health service information for the community and health care providers that is easy to use and up to date [7, 8].

In addition to a lack of awareness of health services, increased social isolation also negatively impacts health, including the access to and use of services. On average, around 1 in 6 people (17%) nationally report emotional loneliness, with the highest rates of emotional loneliness observed for people aged 75 years and over [7, 8].

Health literacy affects an individual's ability to access health care services, understand health information, make informed decisions and take action to maintain their health. The level of patient activation, i.e. the degree to which patients understand their role in healthcare and how competent they feel to fulfil this role, is moderately correlated with health literacy [9].

The demographic profile of Western Parkland City communities across South Western Sydney (SWS) and Nepean Blue Mountains (NBM) regions suggests that local residents are more likely to be at greater risk of poor health literacy.

These characteristics include:

- A high proportion of the population across 3 LGAs with low educational attainment. Census 2016 shows the LGAs with a low Index of Education and Occupation (IEO) decile at or below 5, include Fairfield with an IEO of 1; Campbelltown with IEO of 4 and Penrith with an IEO of 5 [7, 8].
- A higher proportion of the population in SWS (45.3%) speaking a language other than English at home, compared to the NSW average of 25.3%. About 70.8% of Fairfield LGA's population speak a language other than English at home. Across NBM, 11.9% of the population speak a language other than English at home [7, 8].
- Lower rates of English language proficiency in SWS (9.9%) compared with the NSW average of 4.5%. One fifth of Fairfield LGA residents and around 10% of Bankstown and Liverpool LGA residents reporting they "speak English not well or not at all". Previous studies have reported that individuals with limited English language proficiency have more difficulty in gaining access to health care compared to English proficient individuals [8].
- High proportion of refugees settling in SWS. Between 2012 and 2016 about 15,658 refugees settled in SWS, more than half of the state intake. Fairfield LGA was the single largest area of residence for refugees, with one in five humanitarian entrants settling in the area over the past five years, mainly from Iraq and Syria. In NBM, between January 2016 and March 2019, approximately 219 refugees settled in the area, with 9 out of 10 settling in Penrith. In January-March 2019, 1,109 out of 1,302 (85.2%) refugees settling in NSW reported having nil or poor English language proficiency skills. For resettled refugees, low health literacy can be expected as they navigate a new country, language and culture, negatively impacting the ability of refugees to access local health and social welfare services and engage with health information [7, 8].
- Higher proportion of people in SWS (6.5%) with a profound or severe disability compared to the NSW average of 5.4% [8].

Questions to consider:

- Do health services offer transparency in the services offered, and provide information about the services and how to reach it?
- Are outreach services required to enhance access?
- Is health related information made available across the area for different groups, including those more vulnerable?
- Is the population's health literacy considered?
- Is the health service and/or health related information accurate and understandable for all groups?

2. Acceptability

Acceptability is about the cultural and social factors that determine the possibility for people to accept the service and the perceived appropriateness for the person to seek health care [2].

It is important that health services are ethically and culturally appropriate, being respectful of individuals and communities, meeting the needs of socioeconomically disadvantaged and vulnerable populations, considering cultural needs, and being sensitive to gender and life-cycle requirements.

Improving access to health care for vulnerable populations is important for achieving health equity [4]. The Western Parkland City shows huge variation across the LGAs when it comes to considering the cultural and social factors of health access, including:

- High levels of socioeconomic disadvantage, with a low Index of Relative Socio-economic Disadvantage (IRSD) decile below 5, in Fairfield (IRSD 1), Campbelltown (IRSD 4) and Liverpool (IRSD 4) LGAs [7, 8].
- SWS communities are culturally and linguistically diverse (CALD), with 43.3% of residents born overseas compared with 34.5% for NSW. Fairfield LGA has the highest proportion of residents born overseas (59.4%), followed by Liverpool (48.4%). In the NBM, the highest proportion of the CALD population live in Penrith (21.6%) [7, 8].
- There has been significant growth in the Aboriginal population in the SWS and NBM regions. The proportion of Aboriginal persons in the Campbelltown (4.5%), Wollondilly (3.8%), Penrith (3.9%) and Hawkesbury (3.7%) LGAs were higher compared with 3.4% for NSW [7, 8].
- Higher proportion of people in SWS (6.5%) with a profound or severe disability compared to the NSW average of 5.4% [8].
- The NBM and SWS populations are ageing and are projected to significantly increase. In 2016, 18.4% of the Blue Mountains LGA population, 13.8% of Hawkesbury, 13.8% of Fairfield, 12.9% of Wollondilly and 12.8% of Penrith was aged 65 years or older [7, 8].

Questions to consider:

- Are health services respectful of the culture of individuals, minorities, peoples and communities?
- Are services designed to respect relevant ethical and professional standards?
- Do service providers respect confidentiality and informed consent in accordance with standards of medical ethics?
- Are services gender- and age-sensitive?
- Are there certain characteristics of the service providers (e.g. gender, international versus local staff etc.) that make the community more or less comfortable accessing services?
- Do service providers respect non-discrimination in the provision of services? Are certain groups excluded from services because of language barriers? Are there any risks of stigma related to a person being seen in/around certain facilities?
- Does the setup of health services and distributions take into account cultural considerations?
- Do health service providers cater for the specific needs of different populations/diverse groups?
- How is information about services communicated to the community?
- Is dissemination and content of the information accessible to those who need it, for example in various languages, formats and modalities (e.g. radio, drama, outreach, print etc.)?
- Are there alternatives to printed information in order to reach members of the community with limited literacy?

3. Availability

Availability refers to the existence and capacity of services and that they can be reached both physically and in a timely manner. The ability to reach health care services relates to mobility, transport availability, and knowledge about health care services [2].

Health service characteristics:

- The first point of access to health care for individuals is generally through their local general practitioners. There is extensive evidence that supports the importance of a usual primary care provider in promoting continuity of care, decreasing emergency room admissions, reducing hospital admissions, and linking patients to specialty care and support services [10]. In Australia, 2.5% of general practice patients don't have a regular GP, this is higher in the NBM (3.6%) and higher again in SWS (5.5%) [11].
- Shortage of health workforce may result in people delaying or not seeking treatment, increased avoidable hospital presentations, and poorer health and wellbeing outcomes. GPs by population rates vary across the LGAs in SWS and NBM, with all except the Camden LGA falling below the NSW average, with Wollondilly, Liverpool, Fairfield and Penrith LGAs having the lowest rate of GPs by population (Table 1) [7, 8].

Table 1: GPs per 100,000 population by LGA, 2018

LGA	GPs per 100,000 population
Camden	165
Campbelltown	137
Fairfield	120
Liverpool	110
Wollondilly	80
Blue Mountains	133
Hawkesbury	132
Penrith	127
NSW Average	139
National Average	145

- Across the Western Parkland City there is high demand for after-hours primary health care and there has also been a steady increase in the utilisation of these services [7, 8]. In 2016-17 there were 0.49 after-hours GP attendances per person nationally, with some of the highest rates in both SWS at 0.73 after-hours GP attendances per person and the NBM at 0.55 [11].
- Digital technology presents extraordinary opportunities to overcome some barriers to accessing health services, offering new ways of seeking knowledge, connecting patients and health care providers, and connecting health professionals, ultimately improving health outcomes [3]. It can bring improvements in quality, efficiency and equity, offering individuals and communities' timely access to quality services [12]. Examples of digital health technologies include:

- Patient reminders using mobile technologies - to support adherence to medication regimes, attendance at appointments and provision of health information.
- Electronic discharge summaries - quality and timely sharing of critical information for continuity of care and patient safety during transitions in care.
- Telehealth - access to online and remote consultations.
- My Health Record - an online summary of key health information that can be viewed from anywhere, anytime.
- Interoperability (e.g. iRAD) - Connecting and sharing real-time clinical information between health care providers.
- Remote patient monitoring – allowing continuous data analysis and quicker response times.

Ability to reach health care:

- Physical access to healthcare services is a concern for some rural communities, primarily in outlying towns and properties within Wollondilly LGA and Hawkesbury LGA.
- Many rural and suburban areas have poor or no public transport and few opportunities for active transport, with local councils and State government playing a key role in prioritising walkable and cycling-friendly neighbourhoods, as well as the expansion of public transport networks and provision of community transport to fill such gaps. In lower-density areas, on-demand public transport will also play a role in helping people access healthcare services.
- Restricted mobility presents limitations, examples being the elderly and disabled, or individuals who are unable to be absent from work to attend medical care.

Questions to consider:

- Are services sufficient in terms of quantity and type?
- Are healthcare facilities open at times that are convenient, including services after-hours?
- Do health service providers use available technologies to support timely access to quality health care?
- Are facilities located within a reasonable distance?
- Are options for active transport available to communities (e.g. walking, cycling, skateboarding, scooting, rollerblading options)?
- Is public and/or community transport conveniently available to and from health services?
- Is the route to and from the service safe to travel?

4. Affordability

Affordability relates to a person's ability to pay, which includes the direct health service costs, indirect costs and opportunity costs such as time lost from work or travelling to and from the service [2].

There is strong evidence from Australia and other developed countries that low socioeconomic status has a direct correlation with poor health, higher incidence of risky health behaviours and reduction in access to health care services [12]. Poverty and debt are examples that restrict the capacity for individuals to pay for necessary healthcare [2].

The financial measure of socioeconomic disadvantage, the Index of Economic Resources (IER), is particularly low in the Fairfield (IER 2) and Campbelltown (IER 5) LGAs. Data shows that 7.1% of adults in SWS and 7.8% of adults in NBM delayed or did not see a medical specialist, GP, get an imaging test and/or get a pathology test when needed due to cost; this is higher than the national rate (6.5%). Furthermore, 8.9% of adults in SWS delayed or avoided filling a prescription due to cost (national rate of 7.3%). [7, 8]

In SWS, 96.3% of GP attendances were bulk billed, in NBM 94% were bulk billed and across Australia this was 85.7% in 2016-17. SWS and NBM had the second and third highest proportion of GP attendances bulk billed, removing the barrier of cost to access a general practitioner. In turn, SWS had the lowest percentage of patients with out-of-pocket expenses at 9.6% and NBM is the third lowest at 16.4%, with the national percentage at 33.8% [11].

Private health insurance has an impact on access to health care including mental health, dental and allied health care and elective surgery waiting times. Patients who use the public system often wait longer. In 2016-17 in SWS, it is estimated that 44.6% of SWS adults and 49.4% of NBM adults were covered by private health insurance in the preceding 12 months, much lower than NSW (51.5%) and the National average (57.4%). Fairfield (25.6%), Campbelltown, Liverpool (38.5%) and Penrith (44.9%) LGAs have particularly lower rates of private health insurance [7, 8].

Questions to consider:

- How are the health services funded? If there are fees, is the fee reasonable given the economic circumstances of those who need to access health services?
- What other indirect costs are associated with the service (such as transport or parking)?
- Do other responsibilities, such as childcare or work commitments, affect certain individuals' ability to access services?

5. Appropriateness

Appropriateness refers to the fit between health services and the individuals need, the timeliness of health services, the amount of time spent in assessing health concerns and determining the correct treatment, and the quality of the services provided [2].

General practice accreditation is an integral part of safe and quality care. Across SWS, 242 (57%) general practices are accredited and in the NBM there are 97 (70%) accredited practices [14, 15].

The opportunity to choose high-quality health care, that is both relevant and effective matters. Furthermore, the ability for individuals to engage in their health care, and to participate and be involved in decision-making affects their motivation and commitment in completing the care. A substantial body of evidence has established associations between a patient's activation level, i.e. the degree to which patients understand their role in healthcare and how competent they feel to fulfil this role, and a variety of clinical indicators, health outcomes and health behaviour. Patient activation has also been shown to be a significant predictor of the utilisation of health services, healthcare costs and patient experience. Patient activation can be measured using the Patient Activation Measure (PAM) [9].

Across Western Parkland City, patient reported experience of health care varies. In 2016-17 in SWS 78.7% and in NBM 85.5% of patients aged 45 and over, rated the quality of care received from their usual GP or place of care as excellent or very good, this is 84.1% nationally [11].

Questions to consider:

- Do service providers possess the necessary skills and training?
- Are services provided at an acceptable standard of care in alignment with best practice, including accreditation/registration as appropriate?
- Are there adequate supplies that meet relevant standards?
- Is the environment appropriate, non-discriminatory, private and confidential as needed?
- Is personal information treated confidentially?
- Are health care facilities safe and sanitary?

Practical Approaches

There are a range of tools and approaches to support the consideration of health and wellbeing in the development of healthier neighbourhoods. Some examples are briefly outlined below.

Health Lens Analysis

The Health Lens Analysis (HLA) is a key feature of the Health in All Policies approach. The HLA aims to:

- identify key interactions and synergies between government policies and strategies, and the health and wellbeing of the population;
- deliver evidence-based recommendations that inform decision-making, to maximise gains in health and wellbeing and to reduce or remove negative impacts or inequalities; and
- support the development of sound policy outcomes and systemic change for all organisations involved, in particular, the lead organisation.

The HLA process involves five stages:

1. Engage — establishing and maintaining strong collaborative relationships with partner organisations.
2. Gather evidence — identifying the relationship between health outcomes and the policy area under focus and formulating evidence-based solutions or options.
3. Generate — producing a set of policy recommendations and a final report that are jointly owned by all organisations with responsibility for the target.
4. Navigate — helping to steer the recommendations through the decision-making process.
5. Evaluate — determining the effectiveness of the HLA [4, 16].

Health Impact Assessment (HIA)

HIA can be undertaken on policies, programs or projects. It can also be undertaken on plans or other detailed strategic proposals.

HIA should assess the potential positive and negative impacts on health. This should seek to identify any unintended or previously unidentified potential impacts.

Health should be broadly defined to include assessments of health hazards and risks as well as ways in which health and wellbeing could be promoted and the social forces that impact negatively on health reduced.

HIA should:

- look at the impacts on populations both directly and indirectly affected by the proposal;
- include equity and the distribution of impacts as a central concern; and
- engage key stakeholders in the formulation of recommendations [17].

Social Impact Assessment (SIA)

According to the International Association for Impact Assessment, "Social impact assessment includes the processes of analysing, monitoring and managing the intended and unintended social consequences, both positive and negative, of planned interventions (policies, programs, plans, projects) and any social change processes invoked by those interventions. Its primary purpose is to bring about a more sustainable and equitable biophysical and human environment.

The SIA process identifies, predicts, evaluates and develops responses to social impacts as part of an integrated assessment that also considers environmental, economic, social and cultural impacts.

Effective SIA practice is as much about the approach you will take to collect, assess and analyse information to inform findings as it is about the final report" [18].

Implementation of HIA and SIA in the Western Parkland City

Two of the member councils of the Western Sydney Health Alliance currently have policies in place to enable HIA or SIA. Liverpool City Council has a Social Impact Assessment Policy, and Wollondilly Shire Council has a combined Social and Health Impact Assessment Policy. Other councils should consider these approaches in developing their own policies.

The NSW Department of Planning, Industry and Environment (draft) Social Impact Assessment Guideline document contains principles that support an evidence-based approach to developing a SIA and guidelines to assess likely social impacts. This Guideline, however, only applies to State-significant development.

CHETRE (the Centre for Health Equity Training, Research and Evaluation) is Western Sydney's primary repository of expertise in HIA and SIA and is a member of the Western Sydney Health Alliance. Other member organisations can approach CHETRE for advice on HIA and SIA.

Both SWSPHN and NBMPHN publish a local Health Needs Assessment every 3 years which can inform HIA and SIA [7, 8].

Among other things, all HIA and SIA conducted in the Western Parkland City should consider the potential impacts of the proposed development (or policy or plan) on people's access to health services.

An integrated approach to health in planning

Wollondilly Shire Council is working to implement an integrated approach to health planning consisting of legislative, policy, regulatory and cultural change. This includes the Social and Health Impact Assessment Policy as well as introduction of health objectives into *Wollondilly Local Environmental Plan 2011*, a Health and Wellbeing Strategy, health and wellbeing content in the Community Strategic Plan and Local Strategic Planning Statement, amendments to Development Control Plans, and capacity building among planning staff. By focusing on empowering people to live in healthier ways, this approach will also enable better and more equitable access to health services.

Acknowledgements

The Western Sydney Health Alliance partners would like to acknowledge those involved for their significant contributions to this work and for their continuing support of healthy communities in Western Sydney Parklands.

Further Information

Please address any correspondence to:
Address - PO Box 57, Campbelltown NSW 2560

Email - info@WShealthalliance.nsw.gov.au
Website - https://wshealthalliance.nsw.gov.au/

References

1. The South Australian Approach. Health in All Policies. [Internet] 2021. Available from: https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/about+sa+health/health+in+all+policies/health+in+all+policies
2. Levesque, JF., Harris, M.F. & Russell, G. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *Int J Equity Health* **12,** 18 (2013). https://doi.org/10.1186/1475-9276-12-18
3. Sarah Mansfield 2014 https://www.racgp.org.au/download/Documents/AFP/2014/December/AFP-2014-12-Editorial.pdf
4. World Health Organisation. Health in All Policies Framework for Country Action. January 2014. Accessed from: https://www.who.int/healthpromotion/hiapframework.pdf
5. Richard, L., Furler, J., Densley, K. *et al.* Equity of access to primary healthcare for vulnerable populations: the IMPACT international online survey of innovations. *Int J Equity Health* **15,** 64 (2016). https://doi.org/10.1186/s12939-016-0351-7
6. WHO. Preamble to the Constitution of the World Health Organization. New York, USA: Author; 1946.
7. Wentworth Healthcare. NBMPHN Needs Assessment 2019. Available from: https://www.nbmphn.com.au/Resources/About/Nepean-Blue-Mountains-Needs-Assessment-2019
8. South Western Sydney Primary Health Network. SWSPHN Needs Assessment 2019. Available from: https://www.swsphn.com.au/client_images/2108900.pdf
9. Kearns R, Harris-Roxas B, McDonald J, et al. Implementing the Patient Activation Measure (PAM) in clinical settings for patients with chronic conditions: a scoping review. Integrated Healthcare Journal 2020;2:e000032. doi:10.1136/ihj-2019-000032.
10. Blewett, L. A., Johnson, P. J., Lee, B., & Scal, P. B. (2008). When a Usual Source of Care and Usual Provider Matter: Adult Prevention and Screening Services. *Journal of General Internal Medicine*, *23*(9), 1354-1360. doi:10.1007/s11606-008-0659-0.
11. Australian Institute of Health and Welfare. Primary Health Care. Canberra. Accessed 22 September 2021 from: https://www.aihw.gov.au/reports-data/indicators/healthy-community-indicators/national/all-australia/primaryhealthcare/primary-health-care?tab=IND0003%7CMap&tab=IND0008%7CMap
12. Australian Institute of Health and Welfare 2020. Digital health. Canberra: AIHW. Viewed 21 June 2021, https://www.aihw.gov.au/reports/australiashealth/digital-health
13. South Western Sydney Primary Health Network. SWSPHN Annual Report 2019-20. Available from: https://www.swsphn.com.au/client_images/2221760.pdf
14. Nepean Blue Mountains Primary Health Network. SWSPHN Annual Report 2020. Available from: https://www.nbmphn.com.au/Resources/About/2020-Annual-Report
15. C., T.G.a.M., Socioeconomic status and health in Australia. The Medical Journal of Australia, 2000. 434-8 (172).
16. Louise St-Pierre. Quebec National Collaborating Centre for Healthy Public Policy. Selected Tools to Facilitate the Integration of Health in All Policies 2017. Available from: https://www.ncchpp.ca/docs/2017_HiAP_OutilsLentillesSante_EN.pdf
17. Harris, P., Harris-Roxas, B., Harris, E., & Kemp, L. Health Impact Assessment: A Practical Guide, Sydney: Centre for Health Equity Training, Research and Evaluation (CHETRE). Part of the UNSW Research Centre for Primary Health Care and Equity, UNSW. http://hiaconnect.edu.au/old/hia_a_practical_guide.htm
18. International Association for Impact Assessment. Viewed 21 June 2021, https://www.iaia.org/wiki-details.php?ID=23