

NSW Health Impact Assessment Project

eNews

HIA in Local Government

Considering health and wellbeing at the local level

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The Public Practice, Australia » <http://www.publicpractice.com.au>

This article reviews the HIAs that have been conducted on local government proposals in New South Wales. These HIAs were all developmental sites as part of the NSW HIA Project (see hiaconnect.edu.au/nsw_hia_project.htm). Local government staff, including planners, community services staff, environmental health officers, and Area Health staff were interviewed to find out what they thought were the strengths and limitations of HIA's use in a local government context.



Photos: Ben Harris-Roxas

Local governments are responsible for a diverse range of services and activities with the goal of enhancing community sustainability

Overview

All those interviewed who had been on Steering Committees for HIA projects said that their understanding of health impacts had developed significantly, that the findings of the HIA were valuable and that they enjoyed their involvement in the HIA project. All said that they and their Council would participate in a HIA again. All interviewees said that local government does not have the resources, mainly the time, to undertake a HIA without the intensive support of their local health service. Health staff provided support throughout the HIA, wrote reports and undertook the literature review to provide evidence about health impacts. In most instances, Council staff would not have had the time or research skills to find or review relevant evidence. The support of UNSW Centre for

Factors for Success in HIA's in Local Government

"HIAs can have a sustained effect in local government when the knowledge and understanding of evidence about the health impacts of council activities changes the thinking of senior staff members, particularly those with responsibility for urban planning."

"Gaining the support of a Council's General Manager, and keeping them informed of HIA findings is a key step to ensuring that the HIA is given priority and that Councillors and senior staff are aware of the HIA and that information on health impacts is communicated to them."

More on the factors for HIA's success in local government on Page 2

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At a Glance

- The sites reviewed were:
- Palerang Council, HIA on an urban development strategy for Bungendore
 - Shellharbour City Council, HIA on the Shellharbour Foreshore Management Plan
 - Wollongong City Council, HIA on the Wollongong Foreshore Precinct Project
 - Parramatta City Council, HIA on the Regeneration Strategy for Greater Granville
 - Kempsey Shire Council, HIA on an Indigenous Environmental Health Worker Proposal
 - Western Sydney Regional Organisation of Councils

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Health Equity Training, Research and Evaluation (CHETRE) staff was also crucial to the success of their HIAs, particularly in clarifying the Steering Committees' thinking towards focusing on a limited number of probable health impacts, where so many factors could have been considered. The training on HIA by CHETRE staff was also considered to be invaluable to their understanding of HIA.

Factors for Success in HIA's in Local Government

Health Impact Assessments can have a sustained effect in local government when the knowledge and understanding of evidence about health impacts of council activities on the local population changes the thinking of senior staff

members, particularly those with responsibility for urban planning. Gaining the support of a Council's General Manager, and keeping them informed of HIA findings is a key step to ensuring that the HIA process is given some priority and that Councillors and senior staff are aware of the HIA and that learning about health impacts is communicated to them.

Selecting the best HIA Steering Committee

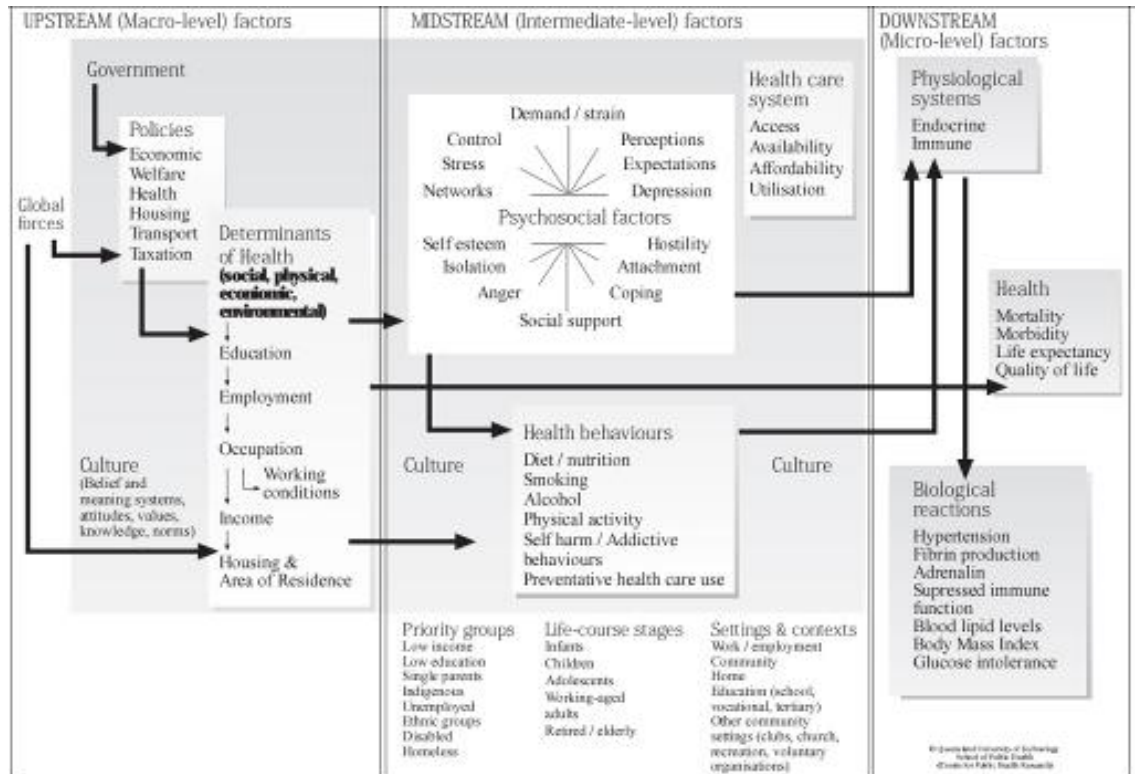
The composition of the HIA Steering Committee can affect the extent to which learning is spread across Council. Where a steering committee was chaired by a Councillor, they became an effective advocate or champion and communicated the importance of

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Local government plays an important role in mediating many of the upstream and midstream determinants of health

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considering health impacts to other Councillors. Where other staff and representatives of community services sections of Council were the only Council participants on the Steering Committee, awareness of the project did not spread to senior staff or urban planners effectively.

Having Community Services staff involved on the Steering Committee was seen as important as they already had a broad understanding of health issues and had links to or could easily contact potential stakeholders in the community for their input. However, because communication across divisions within Councils may not be common, representation from the planning division on the steering committee was seen as very important for spreading the understanding of health impacts to key decision makers.



This article is based on a report that will be available from HIA Connect > Publications » <http://www.hiaconnect.edu.au>

Engagement across councils

It was acknowledged that gaining the participation of senior planning staff is very difficult to achieve currently because of a shortage of urban planners and the level of demands on these staff, especially in Councils in growth areas. However, it was also recognised that urban planners developing plans for

new release areas and strategic planners developing new planning instruments, such as Local Environment Plans (LEPs) are the staff who have the greatest potential to influence health impacts through their design and regulatory functions.

In summary, having the support of the General Manager and including a Councillor, senior staff members from planning and community services sections of Council can facilitate the learning from Health Impact Assessments having a sustained effect on Council activities, and ultimately on the health of communities.

Major Benefits of HIA

Valuable evidence

Local government representatives all agreed that the evidence provided by the literature review was very valuable. Several local government staff commented that the rigour of the research undertaken by Area Health Service staff exceeded that of research usually carried out by local government staff who do not have time, or well developed research skills in most instances. The evidence not only extended their own understanding about health impacts, but could add weight to the case being put to the Council in reports. Rather than simply asserting that doing X rather than Y would be of benefit to the community, staff could put fact based arguments which were much more likely to have persuasive power to convince Councillors who may have been skeptical about the benefits of allocating scarce resources to projects.

For the Best Possible Steering Committee

- Gain the Support of the General Manager
- Include Senior Staff on the Steering Committee
- For physical planning proposals, involve an urban planner on the Steering Committee
- Community services Managers and Environmental Health Officers are very valuable members of Steering Committees

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HIA as an advocacy tool

The findings of the HIA, backed up by evidence from the literature review, can be used as an advocacy tool in policy submissions to other levels of government. Given that some Councils lack sufficient resources to carry out expensive works projects or fund new community services directly, the value of the health evidence in strengthening funding applications for State and Commonwealth, via the Grants Commission or other funding programs, was of greatest importance to several local government staff.

Changing priorities for works

In several projects the effect of the HIA was to change the order of priorities for implementing works to put those with higher health benefits higher up the list. For example, footpaths and cycle ways which would improve connectivity and opportunities for more active lifestyles were given higher priority, when the evidence showed the extent to which social cohesion and fitness can be improved by these measures.

Health checks on design

In some cases, having health staff comment on the design of proposed works acted as a design check. This brought about changes to design such as:

- a safer proposal for a shared footpath and cycleway,
- linking shorter unconnected walking paths to extend exercise opportunities, provision of shade cover over picnic tables for sun protection,
- additional better located water fountains and taps along a

walking track,

- more accessible seating for people with disabilities and additional lighting to reduce the risks to personal safety in the area.

Whilst many of these seemed like commonsense measures with obvious health and safety benefits, they had been overlooked in the original plans.

Improved relationships between health and local government

Both local government staff and Area Health Service staff said that the HIA project had established relationships between the organisations that had not existed before. They felt that they had a better understanding of the structure of the other organisation and how it functioned. Even though most had not had extensive contact since the HIA was completed, they had established contacts who could act as key referral points to help to direct them to the appropriate person to speak to regarding other inquiries in the future.

Having Area Health Service staff comment on plans can act as a health check on the design, bringing health and safety benefits that may be overlooked in plans for open space and recreation areas.

Evidence about health impacts from literature reviews is powerful and persuasive. It can assist Councillors to make decisions to improve opportunities for health and wellbeing in their communities.

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Valuable health statistics

Local government staff became aware of health statistics and information about the local population that is collected by health and would be of value to them in developing policy and planning community activities and services.

Joint projects can evolve

In one case, this relationship had already lead to cooperation on a joint project that had set up a walking bus for school children, improving their safety and fitness and increasing social interaction between families in a new housing area.

In general, Health staff had contacted local government colleagues regularly, initially monthly, to check on the implementation of projects since the completion of the HIA, but with decreasing frequency where projects were still awaiting funding for implementation. Local government staff tended to contact the health person they knew (from the HIA) as the need arose, e.g. where they sought data or to find the right person to involve in existing or new projects, such as representative for a Families First project.



Photo: Alex Buhli

Opportunities for dialogue between stakeholders

The structure of the steering committee provided an opportunity to bring together stakeholders and those from different disciplines and backgrounds around a table to discuss contentious issues. The evidence provided by the literature review and dispassionate analyses of issues in reports to the steering committee provided a common ground for understanding and help focus debate on key issues. It can allow for consideration of wider factors, such as regional transport infrastructure, that can impact on health locally.

In some cases, relationships with residents who were consulted during the HIA process have been strengthened and continued to develop further since the HIA.

Health understanding carrying across to other projects

In one case, where the key staff members on the steering committee were senior planners in the Council, they considered that one of the main benefits was in their increased awareness and understanding of health impacts. They were sure that this knowledge would flow across to their work on future projects.

Limitations of HIA

Time frames

There were some concerns that the HIA had taken longer than expected, and that routinely undertaking HIAs on urban planning projects would further lengthen the already considerable time that planning takes. There was also acknowledgement that this may have been so because the group

Doing HIA together established relationships between Health and Local Government staff.

They learnt a lot about how the other organisation is structured and functions

Local Government staff found out about the wealth of health data on local populations that is collected by the Area Health Service

Health staff found a key contact in their Local Council to refer them to the best person to speak to on an issue

Local Government staff found that the HIA deepened their understanding of how Council activities can influence people's health substantially

Bringing together people from different disciplines and backgrounds can broaden everyone's understanding of issues and come up with solutions that add value to projects

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Developmental sites used a “learning by doing” approach to their first HIA. Because Steering Committees were learning about the HIA for the first time, the process took longer than they expected. But some said that second time around, a HIA would be quicker.

Consulting residents for HIA’s can raise expectations, and this can be frustrating when implementation of projects in local government may take several years, but it can also motivate people to get active and involved in other activities.

Proving health benefits from HIAs with research on community health improvements may take years, but most people are persuaded about potential benefits by the available evidence.

were doing an HIA for the first time and that they were learning how to do it as they went along. They felt that the experience they gained in doing an HIA would mean that the process would be less time consuming on future projects. Some felt that the screening and scoping phases of the HIA could have been combined into a shorter process.

Lack of funding

Many interviewees mused that HIAs could be more effective if they were backed up by additional health funding to help pay for the recommendations. There was an acknowledgment that this was more a reflection of the severe shortage of funding for implementing projects within local governments’ current resources. Some public works projects are likely to take over a decade to be completed because of lack of funding in local government. But there was a sense that as projects had now been refined by the HIA to have increased health benefits for the population, a contribution from health would be well received and a great inducement for Councils to conduct HIA’s on other projects in the future.

Raising residents expectations

In one project where residents were consulted during the HIA, it was felt that they grew more aware of health benefits and that their expectations that Council would carry out such beneficial works in a timely manner increased. This could lead to heightened frustration amongst residents where Councils would not be able to complete works for many years or at least soon enough to benefit the residents’ own families. This

problem is not unique to HIAs. Local Councils risk raising residents’ expectations when consulting them on plans for projects with high value to the general public. Risk of resident frustration is greater where there are long time frames for implementation and personal benefits to residents are at stake.

Consultation can motivate residents too

Interestingly, in this same project, although footpaths are yet to be constructed, residents have been motivated to increase activity levels in their children and responded well to a joint health and Council initiative that set up a “walking school bus”. It seems that raising residents expectations of Council and awareness about health benefits, although potentially frustrating, can also be motivating for residents.



Photo: gak

Long lead times for proving health benefits

It may be difficult to demonstrate the value of HIAs to Council in the short term because even after public works such as cycle ways and walking paths are completed, many of the health benefits for the population are longer term and may be difficult to quantify or prove for

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many years. The health benefits of providing opportunities for active lifestyles amongst children may not be fully evident until they reach mid life or old age. This was not seen as a major limitation, as most Councillors are persuaded by the available evidence about the value of exercise for health and evidence from studies that provision of walking paths does increase activity levels.

Capacity of Local Government to Carry out HIA

Time and skill constraints

All Council staff interviewed agreed that the assistance given by the Area Health Service was essential for the HIA. Local government staff are generally very busy and would not have the time to provide adequate support throughout the HIA process, convene meetings or write the reports required for the HIA. In most cases local government staff would not have the time, skills or access to relevant research to carry out the literature review.

Rigour in health research

They greatly appreciated the academic rigour that health's research staff brought to the project in finding relevant evidence on the issues determined to be most important during the scoping phase of the HIA. Some local government staff commented that the standard of evidence required in the day to day work of local government staff is generally below that required in a health context.

Shortages of planning staff

Participation in HIAs by local government planners is particularly

difficult at present because of a shortage of qualified planners across the sector. Urban Planners in Councils in areas of rapid population growth are particularly busy because of the number of Development Applications (DAs) that they are required to assess, each within a forty day time period. Councils are increasingly held up to public scrutiny regarding the time that processing DAs takes as residents and developers complain of delays. Similarly, strategic planners in growth areas are particularly busy developing and revising planning instruments such as Local Environment Plans (LEPs) and Development Control Plans (DCPs).

Healthy design vital in growth areas

These factors can make it very difficult for planners to participate in HIA Steering Committees. This is unfortunate because consideration of health impacts e.g. in the design of new release areas, and incorporation of healthy design principles into planning instruments have perhaps the greatest potential to influence health outcomes in communities. Where planners have been involved in HIAs they have commented that their understanding of the impact of planning decisions on health has been changed fundamentally by their participation.



Photo: jacobz

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To find out more about local government in New South Wales look at these websites:

NSW Department of Local Government
<http://www.dlg.nsw.gov.au>

Local Government and Shires Associations of NSW
<http://www.lgsa.org.au>

NSW Local Government Community Services Association
<http://www.lgcsa.org.au>

iPlan
<http://www.iplan.nsw.gov.au>

Support from Area Health Staff in research and report writing was essential.

Some planners' understanding of health impacts of Council's planning decisions was fundamentally changed by their participation on steering committees.

Some planners thought that routinely considering health impacts in planning would be less onerous than current requirements for assessing heritage issues.

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Cost shifting

Because local government's ability to increase revenue through rate increases has been constrained by "rate pegging", Councils are particularly sensitive to the devolution of state government responsibilities onto local government, without commensurate increases in funding to meet these increased responsibilities. Even though many Councillors are concerned about the health and safety of residents, they may be resistant to having to implement measures to improve health and safety without additional resources for both staff and capital expenditure.

Legislating to require HIA

THE NSW government is not currently considering mandating HIA through legislation. There was a broad range of opinion as to whether requiring Councils to carry



Photo: superciliousness

New South Wales Parliament

out HIAs on projects of a certain size of significance through legislation would be beneficial. Some felt that the existing EPA (Environmental Planning and Assessment Act) legislation could easily be extended to include health in the current clause (79C.b) that requires the consideration of social impacts or under NSW Department of Local

Government requirements for social plans. Even though this will add to an already large number of considerations that must be assessed, such as heritage, parking and traffic effects, safety, environmental impacts etc some considered that impacts on people's health is well worth the additional workload.

HIA less onerous than some legislative requirements

Some thought that the consideration of health impacts is likely to be far less onerous for planners than the current requirements e.g. for assessment of heritage issues. Others said that current legislative requirements are not always enforced and that adding another layer of health assessment could lead to a tick box mentality, whereby consideration of health impacts could be seen to be done, given some superficial routine consideration rather than actually done with the rigorous assessment that characterises the HIA process.

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Ways Forward for
HIA in Local Government**



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Developers and Businesses

HIA's forgotten stakeholders

Salim Vohra

Peter Brett Associates » <http://www.pba.co.uk>



Business Angels by bubo tubbo

I work with developers and businesses every day and there are times when it can be frustrating to get them to understand why they need to consider health and wellbeing issues beyond occupational health and safety. But often they do engage and do listen though they don't immediately jump to doing HIAs they are thoughtful enough to ask pertinent questions.

One of the most striking things about international policy and practice around project-level HIAs is the complete absence of discussion and debate about how we, as HIA practitioners, engage with developers and businesses. For me, they are 'HIA's forgotten stakeholders' or perhaps they are the proverbial 'elephant in the room' everyone knows they're there but doesn't want to discuss their presence.

Developers are seen as being, and sometimes can be, obstructive and hostile to HIA and its ethos. But often the fault lies as much with us in the HIA community as with developers and businesses. We espouse values of openness and transparency but that seems to extend only to communities, NGOs and public institutions. We see developers as antagonists rather than fellow protagonists in the HIA drama. Society's 'villains' rather than its 'heroes'.

Often we don't even see them as stakeholders, let alone important

stakeholders, in the HIA process. And in some cases, apart from wanting to access their environmental and health information, they are actively excluded from the process.

Quite rightly, there are concerns that developers, and businesses in general, have considerable financial power and political influence but we should not be afraid to engage, discuss and debate with them.

We need to be more active in educating, persuading and lobbying these key stakeholders about HIA, its value and how they can become enthusiastic and co-operative partners in the HIA process. Okay, so some of you are going to say 'Enthusiastic partners, never gonna happen!'. Maybe so, but with corporate social responsibility, ethical funds and sustainable actions growing in prominence developers and businesses are beginning to understand that need to grapple with the health and wellbeing implications of their plans and projects.

The lack of an active engagement program that reaches out to and engages with this group is startling and a critical weakness of current HIA policy and practice. Why so? Because ultimately it is businesses and local communities who tend to foot the bill for HIAs either directly or through taxes.

Having a proactive engagement process with developers and businesses has more pros than cons if we are strong in our values. It is only by proactively engaging with them and winning them over that we can transform their vision to include health and wellbeing - alongside sustainability and the environment - as a critical factor in enhancing their business success.

Lastly, if Greenpeace and Friends of the Earth can do it why can't we?

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Salim Vohra is a HIA consultant in England. He has been involved in a range of HIAs across a number of different contexts and countries.

Future Issues of the eNews

In our next issues we'll be looking at:

- The next NSW Developmental HIA Sites
- HIA in South East Asia

If you have any HIA-related information you'd like to share please email

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HIA 2007

South East Asian and Oceania Regional
Health Impact Assessment Conference

Sydney, 7-9 November 2007



Speakers Announced

The HIA2007 South East Asia and Oceania Regional Conference will be held in Sydney from 7-9 November 2007

Online abstract submission is now open.

More » hia2007.com

Most of the invited speakers for the HIA2007 conference have been announced. They include:

Hugh Barton
[WHO Collaborating Centre for Healthy Cities and Urban Policy, University of West England, Bristol](#)

Professor Hugh Barton has conducted extensive research on sustainability, planning and the health impacts of urban environments.

Robert Bos
[Sanitation and Health, World Health Organization, Geneva](#)

Robert Bos has an extensive history of developing methods and capacity to use HIA on water resource developments as part of the WHO's Water, Sanitation and Health Program.

Andrew Gilman
[Sustainable Solutions International, Ottawa](#)

Dr Andrew Gilman has had an extensive career working on sustainability and health issues in Canada and internationally. He is the former Director of Health Canada's Office of Sustainable Development.

Ashley Gould
[Welsh Local Government Association, Cardiff](#)

Ashley Gould has worked on a number of health improvement initiatives at the local government level in Wales, including HIA. His current work focuses on capacity building and partnership working for health and wellbeing.

Elizabeth Harris
[Research Centre for Primary Health Care and Equity \(CHETRE\), University of New South Wales, Sydney](#)

Elizabeth Harris' research led to the development of the *Equity Focused Health Impact Assessment Framework*. Her work has focused on the development and implementation of policy and practice interventions to reduce health inequalities.

Richard Morgan
[Centre for Impact Assessment Research and Training, University of Otago, Dunedin](#)

Professor Richard Morgan has extensive experience in environmental management and HIA. He was president of the International Association for Impact Assessment in 2004.

Speakers Announced

HIA 2007 Conference, Sydney 7-9 November 2007

[More » hia2007.com](#)

Rob Quigley

Quigley and Watts Associates,
Wellington

Rob Quigley has played a key role in the development of HIA in England and New Zealand. He is actively involved in a range of HIAs across New Zealand.

Wiput Phoolcharoen

Thai Healthy Policy Foundation,
Bangkok

Dr Wiput Phoolcharoen has wide-ranging expertise in public health issues in the South East Asian Region. He is the former Director of the Thai Health Systems Research Institute and currently the President of the Thai Healthy Public Policy Foundation

Decharut Sukkumnoed

Thai Healthy Policy Foundation and
Kasetsart University, Bangkok

Dr Decharut Sukkumnoed has guided the development of HIA and healthy public policy in Thailand over the past seven years.

Daniel Tarantola

Initiative on Health and Human
Rights, University of New South
Wales, Sydney

Professor Daniel Tarantola has had a distinguished career as an advisor World Health Organization and was involved in the creation of Médecins Sans Frontières. He is best known for his influential work in the area of HIV/AIDS and human rights.

Gareth Williams

Cardiff Institute of Society, Health
and Ethics, Cardiff University, Cardiff

Professor Gareth Williams has over 20 years of experience in the sociology of health and wellbeing. His current research looks at the relationships between economic regeneration, community development and sustainable health.

[More » hia2007.com](#)

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What's New?

HIA publications

Bhatia R. *Protecting Health Using an Environmental Impact Assessment: A case study of San Francisco land use decision making*, American Journal of Public Health, 97(3):406-413, 2007.
<http://dx.doi.org/10.2105/AJPH.2005.073817>

Lee K et al. *Bridging Health and Foreign Policy: The role of health impact assessments*, Bulletin of the World Health Organization, 85(3):207-211, 2007.
<http://www.who.int/entity/bulletin/volumes/85/3/06-037077.pdf>

Mannheimer L et al. *Introducing Health Impact Assessment: An analysis of political and administrative intersectoral working methods*, The European Journal of Public Health, Corrected Proof in Press, 2007.
<http://dx.doi.org/10.1093/eurpub/ckl267>

Scott-Samuel A, O'Keefe E. *Health Impact Assessment, Human Rights and Global Public Policy: A critical appraisal*, Bulletin of the World Health Organization, 85(3):212-217, 2007.
<http://www.who.int/entity/bulletin/volumes/85/3/06-037069.pdf>