

Health Impact Assessment in New Zealand Experience at a Policy Level

Prepared for the Public Health Advisory Committee
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1. Introduction

In March 2004 the Public Health Advisory Committee (PHAC) published a policy makers' guide to health impact assessment (HIA).¹ It was launched by the Minister of Health, the Honourable Annette King, at a symposium organised by the Centre for Public Health Research (Massey University) and the PHAC. The HIA guide was formally presented to the Minister by the PHAC in its role of providing independent advice. The PHAC recommended a staged implementation of HIA involving the establishment of a dedicated HIA unit, a role for HIA in sustainable development approaches, and inclusion in legislation.²

In July 2004 the Minister asked the Ministry of Health to undertake activities to support the uptake of HIA in both central and local government through the promotion and dissemination of the PHAC's guide and the development of HIA training. She also invited the PHAC to undertake a review of HIA in New Zealand and international policy contexts over the next two years.

Specifically the review by PHAC was to examine:

- a) the reasons the agencies picked up, or did not pick up HIA,
- b) the positive and negative experiences (and the reasons for these) that agencies had in undertaking HIA, and
- c) the impact that HIA had on the policy process.

An interim report was prepared in May 2005 to address the New Zealand experience twelve months on from the launch of the guide. It included some observations on why agencies did or did not use HIA during that time. This report concludes the review.

The reference to 'policy' in this context is to distinguish it from project level application of HIA. In common with its environmental equivalent, Strategic Environmental Assessment, policy level HIA is applied to policies, strategies, programmes and plans.

2. Approach to the work

This report addresses two broad questions:

1. What were the positive and the negative experiences of agencies associated with the use of HIA and what were the reasons for this?
2. What impact did the HIA have on the policy, plan or programme?

A second, companion, report addresses question a) above.

¹ A Guide to Health Impact Assessment : A Policy Tool for New Zealand.

² The full record of the recommendations to the Minister are in Appendix 6.

The HIAs to which these questions were formally addressed were conducted on:

- Avondale's Future Framework, an urban intensification proposal
- The Greater Christchurch Urban Development Strategy, a regional futures planning activity, and
- Future Currents Electricity Scenarios, a report by the Parliamentary Commissioner for the Environment

Information from two other HIAs that have not been reported or formally evaluated in time to be included in this report, is included and acknowledged. These are:

- Wairau/Taharoto Transport Corridor HIA
- Mangere Growth Centre Plan HIA

To address the Minister's questions, interviews were conducted with a range of organisations involved with the HIAs as follows:

- the relevant manager from the organisation developing the policy, plan or strategy
- the person from the strategy/planning organisation that was most involved in the work
- participants from three or four agencies involved in the HIA activities.

The term 'policy' has been adopted in this report to cover the range of scenarios, strategies and plans subject to the HIAs, and 'policy agency' to describe the organisation preparing them.

Where external funding or resourcing was provided, for instance by a regional public health unit, the most senior person directly involved in securing the funding or delivering the resources was also interviewed. Where possible the enquiry sought to cover issues to do with the timing, resourcing, and management of the HIAs as well as the way it was conducted.

The research was undertaken using face to face interviews with 21 individuals who participated in the HIA. These were undertaken no more than three months after the completion of the HIA. A set of questions were composed to guide the interviews. These are in Appendix 5.

3. Positive and negative experiences and reasons for these

3.1 Examining the HIAs

The three HIAs subject to this review have a number of different characteristics which influence the experiences of the participants. The policies are summarised as follows:

- Avondale's Future Framework was a well advanced Auckland City Council planning project undertaken to guide intensification in that suburb. It was subject to a consultant led HIA undertaken at short notice and a compressed timeframe. The Auckland Regional Public Health Service funded the HIA. Stakeholder involvement was principally community level agencies, mostly from central government departments. The community was not directly involved as considerable consultation had preceded the HIA.
- The Greater Christchurch Urban Development Strategy (UDS) was a regional project involving local authority, central government and local leaders guided by a UDS Forum of leaders. It was subject to a HIA led by the Community and Public Health staff and the majority of participants were from that organisation. Some consultant guidance was used. Local and regional council staff featured predominantly. Other third party involvement was limited. The community was not directly involved.
- Future Currents: Electricity scenarios for New Zealand 2005 – 2050 is a report prepared by the Parliamentary Commissioner for the Environment (PCE) in 2005 to explore electricity demand and supply in New Zealand using two fundamentally different scenarios. The PCE commissioned a consultant to undertake the HIA to seek greater understanding of the health and wellbeing issues associated with the two possible futures for New Zealanders. Stakeholder involvement comprised mostly energy sector and related organisations. Public health contributions came from the consultant and participation by the Regional Public Health team leader and a Ministry of Health staff member.

The three HIAs used workshop formats for scoping and to identify the public health and wellbeing impacts of the policies.

Common threads in the HIAs are professional involvement of an experienced HIA practitioner consultant and public health professionals, both to varying degrees. Lack of direct community involvement is also common to them all, in all cases for reasons of time and/or financial constraints. All the HIAs had a limited budget.

The experiences are presented under three headings:

- the policy agency, covering the principal organisation involved in preparing the policy, plan or programme,
- the health agency involved, in all cases the 'local' regional public health agency, and
- the stakeholders involved.

3.2 The experiences of the policy agencies

The experiences of the policy agencies were strongly positive. For them the HIA:

- introduced new information to the policy and improved understanding and use of existing information.
- was a more effective process for engaging stakeholders than had been used in the policy process previously
- facilitated an improved understanding of participating organisations' roles and activities
- was an important learning experience for the policy agency staff.

In each HIA the policy agency encountered difficulties in securing stakeholder participation due principally to the scheduling of workshops. In two of them there was some initial skepticism in parts of the organisation about the value of the HIA. There was however no negative experiences reported.

The following information arises from the interviews.

3.2.1 Introducing new information

The Avondale's Future Framework HIA was undertaken at a very late stage in the plan's development. It was effective as an additional lens with which to examine a very rich accumulation of data and information, and to tease out further information from a well informed group of professionals.

The Greater Christchurch HIA strengthened the social component of the UDS which was understood by the policy staff as being weak. This was a message that had come through during public consultation on the UDS itself. The strengthening was achieved in two ways, by increasing the scope of social aspects that were included in the UDS work and by increasing significantly the extent and quality of intersectoral engagement (this is discussed further in 3.5 below).

In both cases, notwithstanding the extensive planning activities already completed, the structured approach used and attention to the wider determinants of health promoted by the use of HIA drew new information and understanding out of the existing planning data and from individuals involved previously. In addition the HIA brought new organisations (and parts of organisations) to the table and brought forward strong recommendations.

The Future Currents HIA was undertaken almost a year after the completion of the original report on the scenarios was published and accordingly it did not have a direct influence on it. However it introduced sufficient new and relevant information to warrant a separate supplementary report.

3.2.2 Engaging stakeholders

In all three cases, the HIA process delivered a significant improvement in stakeholder involvement in the planning process, in particular achieving cross-sector engagement of central and local government agencies. In the Avondale case, this benefit could have been greater if the HIA had not been required to be done at short notice and in a compressed timeframe.

A major contribution of the Greater Christchurch UDS HIA was engagement with the Ngai Tahu people, something that had been sought but not achieved by the strategy activities previously. The HIA was recognised by them as a more appropriate process and used more appropriate tools than the UDS process.

Stakeholder participation was not extensive in the Greater Christchurch UDS HIA as there was little involvement of stakeholder groups outside of local authorities other than in the social connectedness workshops. For the most part sector viewpoints were represented by City Council staff working with sectors such as older adults , disability, youth, early Learning, etc.

The Future Currents HIA brought new faces and new perspectives to the work of the Parliamentary Commissioner for the Environment.

3.2.3 Improving understanding of roles

In the course of both the Avondale and Greater Christchurch HIAs the council staff grew to understand and appreciate the wider role of the public health units beyond the more commonly understood statutory roles. This understanding was facilitated in part with the understanding of the wider determinants of health, which were an anchor point for the HIA process. The PCE staff reported a similar experience.

This was a significant and secondary outcome of the HIA work and is discussed further in section 4 below.

3.2.4 Understanding what public health is and its relevance to the issue

For most of the Greater Christchurch UDS Forum members and also the UDS Team the wider determinants of health were 'new territory', and the link between urban planning and public health was not well understood. Accordingly the use of HIA, or more specifically, presentations on its use, was instrumental in the UDS Forum getting an understanding of the importance of public health and wellbeing in the strategy development process.

In the Auckland City Council, the planners gained similar insights. For the community planning staff in the Council, the wider determinants of health were recognised as an important framework, and their incorporation in a well regarded and effective methodology was a source of professional affirmation.

The Future Currents HIA underlined for the Parliamentary Commissioner's staff the close connection between public health and environmental issues, and that in some cases they were strongly overlapping. It was also recognised that public health could be used as an additional lever to promote change, alongside environmental levers.

3.3 The experiences of the health agencies

The experience of the public health agencies³ was also strongly positive and featured:

- establishing a more positive relationship with policy agencies

³ For the Avondale and Greater Christchurch HIAs the agency was the public health unit attached to the District Health Board. For the Future Currents HIA it was the Public Health Directorate of the Ministry of Health.

- making a difference at a strategic level
- strengthening internal capacity and functionality

There were some negative experiences, but they were all internal to the organizations. They included time pressures relative to other work and shortage of resources.

3.3.1 Improving relationships across sectors

Both the Canterbury and Auckland public health units reported having strengthened their relationships with the councils in their region. In Auckland's case with involvement in three HIAs in different parts of the region, this has been particularly so.

What has been especially pleasing for the Community and Public Health (C&PH) was that the UDS HIA opened other doors through new relationships and better understandings of their role, and in particular for strategic involvement to continue into other areas. This is discussed further in 4.2 below.

For many of the C&PH staff, participating in intersectoral activities involving city and regional issues within a public health framework and context led to the development of a more positive and respectful relationship with other agencies involved in the same issues. Previously, the framework had been established by the other agencies' activities so intersectoral relationships on some issues were more challenging.

Regional Public Health involvement in the Future Currents HIA has laid a strong foundation for what is expected by both parties to be an ongoing relationship.

3.3.2 Making a difference at a strategic level

Auckland Regional Public Health Service reported a strongly positive outcome from its use of HIA to make a contribution at a strategic level. This is both from direct contribution to specific planning projects, but also to put public health 'on the map' at the strategic level.

In a similar way, the greatest positive outcome (or effect) for Canterbury Community and Public Health staff (suggest deleting as same thing as 'greatest') was providing the opportunity for staff and Public Health Officers in particular, to contribute at a more strategic level than the issue-by-issue role that had been more common in the past.

3.3.3 Strengthening internal capacity and functionality

The Auckland Regional Public Health Service (ARPHS) staff have gained experience and insight in the use of HIA through their involvement in the three Auckland HIAs they have funded. While staff turnover will challenge its institutional memory in this area, the success of the completed HIAs is likely to generate a demand that will help stimulate capacity.

Within C&PH the importance of HIA and the opportunity to use it in the UDS process was not initially recognised and the team working on it had difficulties in finding time and limited resources to support it. While this might reflect too little investment in planning and project management, it is quite probable that the project, now widely acknowledged as an important milestone for C&PH, may not have received support to proceed. The role of the Public Health Registrar in championing the HIA should not be underestimated. A similar role of another staff member working with Ngai Tahu was also critical to its success.

Within C&PH the wider determinants of health and the UDS HIA experience are being used to frame and inform submissions and similar interventions on Canterbury region council plans.

This is not a relevant issue for the Hutt Valley DHB, although staff have signalled a commitment to involvement in future HIAs in the Wellington region to build capacity within the organisation.

3.3.4 The negative experiences

In Christchurch, the C&PH staff struggled at times to obtain support from management and colleagues who did not recognise the relevance of the HIA work with the UDS team and/or did not support the methodology or approach being used. This was not an issue elsewhere.

An outbreak of Legionnaires disease in Christchurch City during the HIA diverted the already limited staff resource from the HIA.

3.4 The experiences of stakeholders participating in the HIAs

For the purposes of this analysis, stakeholders include all workshop attendees from outside the policy agency, as well as those within it that did not have a planning or policy making role and were not commonly involved in those activities. The experience of stakeholders was predominantly positive and featured:

- providing an opportunity and vehicle for them to introduce information and knowledge based on their organisations' experience
- engaging with the policy agency
- engagement with other organisations.

The negative experiences related to the compressed time frames and short notice of the workshops, particularly the Avondale one.

3.4.1 Introducing relevant information

All stakeholder participants in the workshops recorded positive experiences with getting information into the process, finding the HIA approach and the facilitated workshop form very effective for drawing out and considering issues. All commented on the value of getting involved in the policy process via the HIA.

It is noted in the Avondale case that most stakeholder organisations were operational agencies with a wealth of practical experience dealing with the social consequences of planning decisions. The benefit of a specific focus on health and wellbeing was identified as one of the main reasons that the process worked well.

3.4.2 Engaging with the policy agency

For some parts of participating organisations, involvement in the policy process was unusual.

This applied to stakeholders within the organisation as well as external to it. In the former case, while they may receive a general invitation to participate in planning activities they commonly do not because of time pressures or perceived irrelevance of the activity.

Some individual participants in the Avondale HIA had prior involvement with Auckland City Council planners, but most had not. None could recall prior formal contact between their organisation / division and the city planners. Most organisation stakeholders in both Auckland and Christchurch believed their participation had led to better engagement with the policy process.

All interviewees without prior connections to the council planners, believed that they gained genuine engagement with the council staff. They believed they had a foundation for continued collaborative work, and anticipated future collaboration.

However, interviewees reported that this foundation had not yet been built on. At the time of interviewing, a consultant engaged by the council planning division had followed up the HIA with only one of the interviewees. In Christchurch there was a long delay between the workshops and feedback in the form of the report.

3.4.3 Engaging with other organisations

In all three HIAs, the formal HIA meetings and workshops provided opportunities for developing relationships with other organisations.

In Avondale the predominantly social service delivery organisations established new relationships with others working in the Avondale area. Organisations gained insights and knowledge about each other and their activities. One person found it necessary (and valuable) to clarify misconceptions about their agency's community role and its approach to delivering it. New, active and effective ongoing relationships with regional organisations and local branches of a government department was reported by one interviewee in a related service.

In Christchurch where the work was dominated by council and C&PH staff there was a widely recognised benefit in engaging on a common issue. As one participant noted, *"The greatest value of the HIA for me was my increased awareness of the public health sector and what to do - as a water scientist I have little exposure to these issues."*

3.4.4 The negative experiences

Some interviewees expressed concern about the brevity of the process and the lost opportunity of not being able to involve other agencies and groups from their own agency that had relevant information.

The stakeholder groups in both Christchurch and Auckland expressed disappointment and in one case irritation at the inability to ensure attendance of all key stakeholders due to the short notice of the HIA workshops, and/or the failure of the organisers to invite people they felt would add value. The organisers also shared this disappointment around both issues which arose in part from external scheduling issues or the unavailability of key invitees.

Some stakeholder participants in the Future Currents HIA were surprised at the absence of individuals and organisational representatives that they thought would have added important contributions.

3.5 Improved intersectoral collaboration

As one can see from above many of the positive experiences were shared ones – but from different perspectives. The points made above by the participants in the Avondale HIA are particularly strong in this area. Around the Greater Christchurch HIA, working relationships between the three main agencies involved in the HIA (the City and Regional Councils and the C&PH) were strengthened significantly in relation to the issues subject to the workshops (waste, water quality, and air quality). This reflected the greater number of public health (particularly C&PH) people involved but also the fact that the approach being taken was from a public health perspective.

The process evaluation undertaken by C&PH staff records that the HIA was a learning process for all parties. *“Overwhelming feedback from those who participated in this HIA was that it was an educational, enjoyable and valuable process that broadened their perspective on the role of urban design in achieving good health for the community.”*

A further quote from the evaluation illustrates this point. *“This is the first time all of us working in waste from councils and the private sector have actually all been in one room together to talk about waste. It seemed amazing to me and this is an important thing the HIA has achieved.”*

4. What impact did the HIA have on the policy?

Enquiry in this area was to seek answers to the simple ‘impact’ question, but also to find out whether there had been ongoing impacts around the implementation of the policy. It focussed on four areas:

- the direct influence of the process and its outcomes on the policy
- the subsequent approach to the same or similar activities in the agency as a consequence of doing a HIA
- the relationship between the agencies / stakeholders, viewed in both directions
- any other spin-off effects.

As with the ‘experiences’ question above, the nature of the HIA and the approach taken shaped the enquiry and the responses. Avondale is one of a series of areas in Auckland subject to urban intensification studies while the Greater Christchurch UDS is a one-off study.

4.1 The direct influence on the policy

For the Avondale’s Futures Framework HIA, thirty-three of the 35 recommendations arising from the HIA were accepted by the Urban Strategy and Governance Sub-committee and subsequently endorsed by the Councillors.

The changes were important although not dramatic, commonly adding detail and specificity? for greater community benefit. In addition, the work gave the planners increased confidence

in their direction and detail, providing more detailed information and reinforcement of 'weak signals' arising from other work. Most importantly the changes proposed have been used by council to inform the details of the contracts let to implement the framework.

Measured against the objectives set for the HIA at its commencement, the work "identified the positive and negative health and wellbeing impacts of the Avondale Liveable Communities Plan", and has made progress with "informing the writing of the plan so that connected communities are enhanced, any trade-offs made are transparent, and providing recommendations that enhance or mitigate impacts" The HIA also achieved "the provision of information on the positive impacts that can be used to support the progress of the plan".

The impact of the HIA on the Urban Development Strategy was widely acknowledged by the UDS Team and the members of the Forum most involved with it as quite profound. However in contrast to the Avondale Framework which lent itself to very specific amendments arising from the HIA, the more general character of the UDS meant that the HIA derived changes were more subtle and infused. The understanding derived from the HIA of the importance of social equity issues, and social connectedness in particular, which are now firmly rooted in the UDS. The HIA work provided evidence for these social issues to be included.

The HIA team recommended to the Greater Christchurch Urban Development Strategy Forum that:

1. Cross-sectoral working parties are established for selected health determinants to provide advice to the development and preparation of the strategy.
2. Health impact assessments for selected health determinants should be carried out with adequate resourcing.
3. All staff participating in the Greater Christchurch Urban Development Strategy should be trained in the principles of health impact assessment.
4. Health impact assessment should be incorporated into the development and analysis of policy for the UDS.

The recommendations were formally and enthusiastically received by the UDS Forum in December 2005. They were incorporated into the UDS Community Charter and are proposed to inform the development of criteria against which to assess the draft strategy on its release in October 2006.

As the Future Currents HIA was completed almost a year after the completion of the original report on the scenarios was published it did not have a direct influence on it. However the HIA introduced sufficient new and relevant information to warrant a separate supplementary report. This report will be available in mid August.

4.2 Influence on related activities subsequently

In the Auckland City Council the value of the HIA approach has been recognised and an HIA training course was arranged jointly with the Auckland Regional Council. In the Community Development Section of the Council, the HIA approach, founded on an understanding of the wider determinants of health, was recognised as a methodological basis for an enquiry and assessment process to identify and assess community needs. The HIA approach has been adapted in a workshop setting for this purpose.

The Strategy and Planning group of the Christchurch City Council have now employed a seconded public health specialist to bring an understanding of the wider determinants of health into their ongoing work.

The Future Currents HIA had been championed by the Assistant Parliamentary Commissioner for the Environment (PCE) to test her view that such an assessment process could identify matters to supplement and support issues arising from the PCE's usual work approaches. The work confirmed her view and she has advised that HIA will be incorporated into ongoing work.

4.3 The relationship between agencies subsequently

Relationship building was one of the aims of the HIA expressed as follows: *"To strengthen partnerships between public service providers, funders and other interested agencies."* The city council planner reported this as 'definitely achieved' and that it was one of the best outcomes of the HIA.

As mentioned above, in Christchurch, the success of the HIA and the emergence of a 'new' relationship between the City Council and Community and Public Health has led to the secondment for a trial period of a Public Health Registrar.

The relationship between the City Council and the Auckland Regional Public Health Service has improved considerably (both parties agree on this), and the two organisations now have ongoing professional connections at several levels.

The Future Currents HIA has been completed too recently for this question to be answered for those participating in it.

5. Key messages for the future of HIA in New Zealand

There are some general conclusions that can be drawn from this review of experiences and the HIAs had a strong influence on policy. The conclusions (or key messages) can be summarised as follows:

- 1) The HIA tool is filling a process gap in the repertoire of the council planning professionals, providing more effective engagement with stakeholders and access to relevant information. It appears to offer similar assistance to community development professionals in a modified form.
- 2) The short, workshop based, HIA can deliver a significant additional benefit to the policy and planning process, but a more thorough HIA form is likely to deliver even more.
- 3) Use of HIA early in the policy making and planning cycle is likely to deliver greater benefits than if undertaken at a later stage.
- 4) HIA and its associated activities greatly improve non-health sector understanding of public health and the wider determinants of health, as well as the strategic role of the public health units of the District Health Boards.
- 5) HIAs are a strong vehicle for public health professionals to gain understanding of the wider determinants of health both within and outside the health sector.

- 6) Experience of HIA by non-health professionals is likely to encourage them to contribute to statutory and professional activities with a more holistic view of community health and well being
- 7) There is a shortage of experienced professional HIA practitioners in New Zealand.

Specific experiences that illustrate some of the above key messages, drawn from the interviews, are:

- The Avondale Liveable Communities Plan project leader offered the opinion that had she used a HIA based process earlier in the programme for developing the plan she would have saved time and money, and delivered a better product.
- Local offices of Central Government agencies that had not previously worked together came together for the HIA and it was expected that central government agencies would more effectively participate in the Long-Term Council Community Plans (LTCCP) process as a result.

Appendix 1 – Avondale’s Future Framework HIA

1. Introduction

The Avondale’s Future Framework was an initiative of the Auckland City Council. Work started on it in 1999 and it was completed in 2005 with results to be presented to the Council’s Urban Strategy and Governance Sub-committee Chaired by the Deputy Mayor. At the draft report stage Auckland Regional Public Health Service offered a small budget to commission a HIA. Quigley and Watts Ltd were employed to do the work.

The draft future framework set out proposed strategies to manage residential growth and issues affecting Avondale over the next fifteen years, while strengthening the community, the economy and protecting the environment.

2. Background

An 800m radius from the town centre of Avondale is the base ‘area of change’, with 14,000 people currently living within and around that zone, and an additional 5000 expected. The Avondale population has low-median incomes, fewer European people, more Pacific Island people, higher rates of low educational qualifications, and lower employment than the general population. Thirty percent of the population are under 19 years of age. A number of major roads go through Avondale town centre (Blockhouse Bay, Rosebank, Great North) with volumes of between 25,000 to 40,000 cars per day.

The Avondale centre is expected to grow by over 2000 households in the next twenty years because it possesses:

- a town centre with a mix of retail and commercial services, and capacity for growth
- schools and community facilities
- natural features and open spaces with potential to increase their appeal
- good access to public transport.

The draft future framework seeks to provide for more people in the area through re-zoning, as well as outlining a programme of projects for roads, public transport, storm water systems, open spaces and community facilities and services. The draft plan aims to:

- increase the amount of people living in Avondale
- improve transport and connectivity
- improve the social and community environment
- improve the physical environment
- strengthen the economy.

The draft plan seeks to ‘support an increase in the residential population of Avondale by making plans for the town centre (among other areas)’. Actions included:

- providing for retail at ground level
- encouraging a continuous retail frontage along Great North Road

- encouraging office and residential activities above the ground-floor retail along Great North Road
- developing guidelines for new development, so that it respects and enhances Avondale's art deco character.

The draft plan was a twenty page document with five aims, 20 strategies and 115 actions.

3. The HIA Process

3.1 Screening and scoping

Auckland Regional Public Health Service (ARPHS) commissioned Quigley and Watts Ltd to lead a rapid HIA of the Auckland City Council Avondale's draft future framework. A rapid screening was done with the aim of confirming that an appropriate proposal for an HIA had been chosen. Screening also provided a chance to develop capacity and understanding of the HIA approach at ARPHS in a real-life setting, and to see if any initial thoughts on potential changes to the plan might come to light while undertaking the screening.

The screening report outlined the key features of the policy, the likely populations and determinants of health affected, and possible mitigations/enhancements that surfaced, and described some of the community concerns about health impacts. It was overwhelmingly clear that the framework was highly suitable for an HIA due to the breadth of determinants of health affected, the number of people affected, the magnitude of potential health impacts, the level of community concern about health impacts and the potential to affect vulnerable groups.

Subsequently a steering group was set up to determine the boundaries for the HIA. The group were sent information prior to the half-day meeting outlining issues for them to consider. At the meeting the group made the following recommendations about the HIA and its scope:

Aims of the Health Impact Assessment:

- To identify the positive and negative health and wellbeing impacts of the Avondale Liveable Communities Plan.
- To inform the writing of the plan so that connected communities are enhanced, any trade-offs made are transparent, and to provide recommendations that enhance or mitigate impacts.
- To provide information on the positive impacts that can then be used to support the progress of the plan
- To strengthen partnerships between public service providers, funders and other interested agencies.

Elements of the framework to be assessed

Since this was one of the first HIAs at this level in New Zealand that was following a recognised wider determinants of health method, it was agreed that the HIA should focus on the action points of the plan. The action points were more tangible for assessing impacts and this made the process slightly more straightforward, rather than focussing on more abstract vision statements, and overarching strategies.

Population groups of most interest

The entire population of Avondale would be affected by the plan, with some vulnerable groups likely to be more affected. These were identified by the steering group and provided focus for the HIA:

- Pacific people
- Asian people
- employers
- workers
- young people (18 to 25 years)
- infants and children (0-5 years; 6-18 years)
- older people (over 65 years).

Geographical area

The area of study for the HIA extended beyond the 800m radius of the town centre, and included the census area units of Avondale South, Avondale West, and Rosebank.

Determinants of health and well being affected by the proposal

The major determinants affected by this proposal, and that were considered in the HIA were:

- transport – access, modes, proximity to population, travel plans
- social cohesion
- community facilities
- open spaces
- urban design, landscape and streetscape, crime prevention and safety
- housing (new developments and Residential 8 planning rules)
- waste
- education – lifelong and quality
- waterways/environment
- employment and town centre development.

3.2 Carrying out the appraisal

A day-long rapid appraisal workshop was hosted by Auckland City Council with the purpose of gathering stakeholder views on how the draft Avondale Future Framework would affect the health and wellbeing of the local population, and whether there was anything that may be suggested for the plan to improve health and wellbeing, or reduce any harmful impacts on health and wellbeing. The participants represented a wide range of organisations and disciplines.

In preparation for the workshop a considerable amount of data was collected and summarised for presentation to, and use by, workshop participants. This included a description of the Framework, evidence about the link between relevant interventions and health impacts, and a profile of the community and population.

The workshop groups followed a set structure of work group questions adapted from a United Kingdom rapid appraisal tool. The matrix included:

- the determinants of health affected by the action point's implementation (with particular reference placed on determinants of interest in this HIA)
- a description of the direct or indirect health impact predicted
- a description of key factors that may encourage or prevent the health impact
- a judgement on the positive or negative nature of the health impact
- a listing of the populations potentially affected (with particular reference to populations of interest in this HIA)
- a listing of populations who may be differentially affected (with particular reference to populations of interest in this HIA).

Following the workshop, the results from the workshop tool were re-worked through the Public Health Advisory Committee's policy level HIA tool by Quigley and Watts to further test, integrate and explore concepts and impacts.

3.3 Recommendations

A number of recommendations were put forward by the invited stakeholders in the rapid HIA workshop and through subsequent work (phone call, meetings and revisions of drafts). However only those that:

- had matching evidence, and
- were practically able to be mitigated or enhanced, and
- matched residents' concerns, and/or
- affected a large number of people, and/or
- caused a significant impact, and/or
- disproportionately affected a vulnerable group

were brought through into the recommendations. This ensured that any recommendations taken up by Auckland City Council were robust, practical, evidence-based and desirable for the community and stakeholders.

An evaluation of the HIA was undertaken as part of the HIA process using textual analysis of HIA reports, minutes of meetings, observation, evaluation forms and discussions with key informants.

4. Positive and negative experiences and reasons for these?

4.1 The experiences of the lead agency

Although the HIA was initiated and funded by the ARPHS, the evaluation of 'what worked and what didn't' focussed on the Auckland City Council, as the organisation preparing the plan subject to the HIA. Senior planning staff involved in preparing the Avondale Future Framework Plan and conducting the HIA were interviewed.

4.1.1 The use of the HIA in the planning process

The HIA was undertaken at a very late stage in the development of the Avondale Liveable Communities Plan. It was used as an additional lens with which to examine a very rich accumulation of data and information and to tease out further information from a well informed group of professionals.

Notwithstanding the extensive planning activities already completed, the structured approach used and the attention to the wider determinants of health, the HIA drew new information and understanding out of the existing planning data and from individuals involved previously. The HIA brought new organisations (and parts of organisations) to the table and brought forward amendments to the draft Framework as recommendations.

Although the community was not directly involved with the HIA⁴, the Auckland City Council planners found the methodology drew useful and hitherto unidentified community issues from the participants.

The Avondale's Future Framework project leader offered the opinion that had she used an HIA based process earlier in the programme for developing the plan, she would have saved time and money, and delivered a better product.

4.1.2 Engagement with stakeholder organisations

The HIA process delivered a significant improvement in stakeholder involvement in the planning process, in particular achieving cross sector engagement of central government agencies. This benefit could have been greater if the HIA had not been required to be done at short notice and in a compressed timeframe.

⁴ This was principally a consequence of the short timeframe, but also reflected community leaders' advice that their people had consultation fatigue. Community Board members participated in planning and reviewing stages of the HIA.

The use of the determinants of health as a process guide extended the range of participants in the planning work, appropriately and helpfully to include contributions not sought or gained through previous planning activity.

Although not used to engage the community at large in this instance due to timing, the City Council planner recognised the health determinants pathway and the whole HIA approach as being an effective early stage planning tool.

While HIA is not designed as an early-stage planning tool, those who use HIA can often see the benefits of taking a wider determinants of health approach at the point of the project starting, rather than when they have a draft plan already developed. This early stage planning would consider what the determinants of health are for a community, during the initial consultation phases, and apply a wellbeing development approach to the process. An HIA would be a later step in the process.

4.1.3 Professional support

Public health professional input and HIA process information and guidance was provided by ARPHS staff and the ARPHS also funded Quigley and Watts to lead the HIA. It was described as excellent. Aspects of the HIA professional's approach that was noted in particular were:

- the HIA tool and the consultant's approach was very professional. Tight and changing deadlines were met with a very flexible response,
- the use of a staged approach (screening, scoping) enabled outputs to present to the management and councillors to gain their backing, and
- public health information was available, quickly accessed and presented in useful formats.

4.1.4 Relationships with organisations following the HIA

The City Council felt that the relationship between the City Council and the Auckland Regional Public Health Service has improved considerably (this is also the view of the ARPHS) and the two organisations now have ongoing professional connections at several levels.

Relationship building was one of the aims of the HIA expressed as follows: "To strengthen partnerships between public service providers, funders and other interested agencies." The city council planner reported this as 'definitely achieved' and that it was one of the best outcomes of the HIA.

Local offices of Central Government agencies that had not previously worked together came together for the HIA and it was expected that central government agencies would more effectively participate in the LTCCP process as a result.

4.1.5 Summary

The experience of Auckland City Council staff with the HIA was positive. No negative experiences were reported although there was reflection on possible missed opportunities

arising from the compressed timeframe (imposed on them by Council process) and the late stage of HIA's use.

The four aims established by the Council for the HIA (see 3.2 above) were achieved.

4.2 The experiences of the stakeholders participating in the HIA

Four of the stakeholder organisations that participated in the HIA workshop and subsequently received the HIA report to comment on, were selected for interviewing concerning their experiences. These were:

- Ministry of Education, Auckland Regional Office
- Auckland Regional Transport Authority
- New Zealand Police, Youth Offending Team
- Work and Income, Avondale Office.

The experience / relationship between Auckland City Council planners and the ARPHS was also enquired into. None of the individuals had previously been involved in HIA activities.

4.2.1 HIA effectiveness for introducing issues

All participants recorded positive experiences, finding the HIA approach and the facilitated workshop very effective for drawing out issues and getting consideration of them. All commented on the value of getting involved in the planning process and noted that it was unusual. (Note that most are operational agencies with a wealth of practical experience dealing with the social consequences of planning decisions.)

The benefit of a specific focus on health and well-being was identified as one of the main reasons that the process worked well.

Some interviewees expressed concern about the brevity of the process and the lost opportunity of not being able to involve other agencies and groups from their own agency that had relevant information.

4.2.2 Engaging with the HIA host agency

Some individual participants had prior involvement with the Auckland City Council community development team but most had not. None could recall prior formal contact between their organisation / division and the city planners.

All interviewees without prior connections to the council planners believed that they gained real engagement with the council staff. They believed they had a foundation for continued collaborative work, and anticipated future collaboration.

However this foundation had not yet been built on as at the time of interviewing, a consultant engaged by the council planning division had followed up the HIA with only one of the interviewees.

4.2.3 Engagement with other agencies

The HIA process was effective in engaging agencies around intersectoral issues. Most expressed it as a useful two-way flow of ideas around issues and possible solutions. For one interviewee, this was a major benefit for participation in the process leading to a significant ongoing benefit for the delivery of her professional role in the Avondale community.

The formal HIA meetings and workshops provided opportunities for developing relationships with other, mostly social service delivery, organisations also working in the Avondale area. Organisations gained insights and knowledge about each other and their activities. One person found it necessary (and valuable) to clarify misconceptions about their agency's community role and its approach to delivering it. New, active and effective ongoing relationships with regional organisations and local branches of a government department were reported by one interviewee in a related service.

No ongoing relationship with another agency emerged for any interviewee, although one with a strong relationship prior to the HIA has been maintained.

4.2.4 Summary

The experience of the individuals from agencies participating in the HIA was very positive, although there were issues to do with the short notice and tight timeframe. This was mostly around other possible attendees / contributors not being available.

While the opportunity to contribute to the HIA was appreciated, the most strongly emphasised benefit was around improved understanding of the work of other agencies delivering services in the Avondale community. This led to ongoing relationships and a better overall service to their clients.

5. Impact of the HIA on the plan

The HIA led to changes in scope and content of the Avondale Liveable Communities Plan. The changes were important although not dramatic, commonly adding detail and specificity for greater community benefit. The work gave the planners confidence in their direction and detail, providing more detailed information and reinforcement of 'weak signals' arising from other work.

Thirty three of the 35 recommendations arising from the HIA were accepted by the Urban Strategy and Governance Sub-committee and subsequently endorsed by the Councillors.

The changes proposed as a result of the HIA strengthened the plan and have been used by council to inform the details of the contracts let to implement the framework.

Measured against the objectives set for the HIA at its commencement, the work "identified the positive and negative health and well-being impacts of the Avondale Liveable Communities Plan", and has made progress with "informing the writing of the plan so that connected communities are enhanced, any trade-offs made are transparent, and providing recommendations that enhance or mitigate impacts". The HIA also achieved "the provision of information on the positive impacts that can be used to support the progress of the plan".

Appendix 2 – The Greater Christchurch Urban Development Strategy HIA

1. Introduction

The Greater Christchurch Urban Development Strategy (UDS) is a collaborative initiative involving the Christchurch City Council (including the former Banks Peninsula District Council), Selwyn and Waimakariri District Councils, Environment Canterbury (the Regional Council), and Transit New Zealand. A cross-section of local leaders drawn from community, business and government organisations were also involved. The partner representatives come together as the UDS Forum to guide the project. Although the Forum guides the process of developing a community based future urban development strategy, the views of the community are fundamental for setting the direction of the UDS. Over 3250 responses were received from residents on options for managing growth.

Work started on developing the strategy in mid 2004 and continues towards producing a draft strategy in October 2006 with the final strategy expected to be adopted around March 2007.

In May 2005 Community and Public Health (C&PH), the public health unit attached to the Canterbury District Health Board, gained the support of the UDS Team for carrying out a health impact assessment (HIA) of the strategy. The Greater Christchurch UDS HIA was prepared between May and December 2005, and published by the Canterbury District Health Board with the support of the Christchurch City Council in May 2006.

2. Background

Over the next 20 – 40 years another 52,000 people are expected to live within the greater Christchurch region. Finding somewhere for all these people to live is one of the big issues facing the councils: does Christchurch City become more concentrated or will more farmland be divided into residential blocks? Creating subdivisions incurs significant additional infrastructure costs. All these questions along with changes in population composition and patterns of development such as more dispersed employment and shopping behaviour has led councils to recognise they need to work collaboratively on strategy that crosses the traditional boundaries of local councils.

The Greater Christchurch area covers Christchurch City and Lyttelton Harbour Basin, and includes Waimakariri District north to the Ashley River and Selwyn District south to the Selwyn River.

The development of the UDS is guided by a governance group referred to as the UDS Forum comprising representatives from the participating organisations and some sector leaders. The strategy development work is undertaken by a strategy team of planners from different disciplines drawn from the participating councils, supplemented by selected consultants. This group is referred to as the UDS Team.

Initial work identified four options as follows:

1. Business as usual that continues the current trend of spreading development out around Greater Christchurch in new subdivisions
2. Option A which concentrates development within Christchurch City and larger towns in the surrounding district

3. Option B which balances urban development between built areas with some expansion into adjacent areas
4. Option C which disperses development out around the Greater Christchurch area away from established urban areas.

In April-May of 2005, consultation on the four options resulted in over 3,250 submissions being received - a record for local body consultations in Canterbury. An overwhelming 96% of submissions voted for change choosing a future of more concentrated growth around existing town and urban centres, rather than continuing the sprawl of new subdivisions out into the farmland surrounding Christchurch City and surrounding towns.

The more concentrated growth mode, a combination of #2 and #4-3 above, was selected along with business-as-usual as the subject of the HIA (see box).

Business as Usual

Business as usual continues current trends of development spreading out around the Greater Christchurch area in new subdivisions with some housing in urban renewal developments. Councils would continue to pursue independent growth strategies. This would result in around 4920 hectares, equivalent to 26 Hagley Parks of farmland and open space, being used for new housing. Walking, cycling and public transport would be a poor alternative to driving, with congestion expected to increase by 320%. Business as usual would result in an increase in water demand and infrastructure costs would be higher than for other options. New developments outside Christchurch and the large towns will have little in the way of community facilities when first developed as residents have to travel further to community facilities such as schools, recreation centres and libraries. While well-planned development can breathe life into neighbourhoods and attract new residents much of the current development of existing suburbs is uncoordinated. This unplanned development changes the character for communities as villas and townhouses sit uncomfortably side by side, and there are transitional changes. Open space within the city and towns is increasingly used up for housing.

Options A and B

Urban development focuses on central Christchurch and inner suburbs and also Rangiora, Kaiapoi and Rolleston. Farmland / open space required for new housing is somewhere between 2110 and 2041 hectares or 11 to 12 Hagley Parks. Commuting would be expected to take 45 % longer than currently, and walking and cycling along with public transport would be improved. Under Option B a large proportion of residential areas would remain unchanged. Locating development at existing urban centres should strengthen community identity rather than change it. With growth restricted to areas around existing towns and within the city boundary, open spaces and regional parks could be developed as green zones between Christchurch and neighbouring towns. These will provide for recreational opportunities as well as natural environments.

The HIA was carried out by Community and Public Health (C&PH) staff led by a Public Health registrar with close involvement of staff from the city councils and Environment

Canterbury. Quigley and Watts Ltd was engaged to assist in running the key scoping workshop and to give ongoing methodological support. The Public Health Advisory Committee also provided some support for later stages in the HIA.

3. The HIA Process

3.1 Screening and scoping

A rapid screening to determine whether the UDS was suitable for an HIA was carried out by a small group from Community and Public Health and Christchurch City Council (CCC). It was agreed that the UDS was an ideal policy for an HIA and planning for an HIA began.

A screening/scoping workshop was carried out on 29 June 2005 with over 30 council and public health staff attending. The workshop concluded that UDS would influence many health determinants, but given the limited time and resources available only five key determinants were selected to undergo the HIA process. The five determinants of health chosen were:

1. Water quality
2. Air quality
3. Social connectedness
4. Housing
5. Transport

Waste was also identified as a relevant determinant of health and some work was done but lack of time and resources precluded its inclusion in the final report.

A steering group, comprising representatives of C&PH, CCC and UDS staff, was set up to oversee the HIA. This group, in collaboration with the participants of the initial screening and scoping workshops, developed a framework for the HIA as follows:

Goal

- To assist the UDS team by providing information on how to improve the health and well being of the community and to reduce inequalities in health throughout the greater Christchurch Region.

Aims

- To provide evidence for decision-making about the link between urban development and health; and
- To assess the positive and negative health impacts of the Urban Development Strategy and provide recommendations to increase positive and decrease negative inputs.

Objectives

- To strengthen partnerships working between sectors;
- To ensure appropriate participation of the community including those that are vulnerable;
- To involve Māori in all levels of the HIA process; and

- To build capacity and knowledge of HIAs.

Since Māori have the poorest health status of any ethnic group in New Zealand, engagement with Māori was identified as an essential component of this work. The HIA steering group agreed that an attempt to establish a robust and replicable Māori consultation process should be made as part of the HIA. This was seen as a key outcome and was planned as a separate piece of work. The timelines for this project and for the HIA itself were not concurrent. The development of a local Māori consultation process incorporating tangata whenua and manuhiri is ongoing.

In summary, two strands of work were developed for the HIA:

1. HIA on the five selected determinants of health, and
2. Engagement with Māori.

3.2 Carrying out the appraisal

Consultation with the community is recognised as a fundamental part of a policy level HIA. Time and budgetary constraints meant that consultation specifically relevant to the HIA was not possible however pertinent sections of other consultation processes, namely the UDS consultation, the various local government community outcomes consultations and Future Path Canterbury 50 year Community Visioning Report were referred to.

Workshops were held with key stakeholders on the first four health determinants as listed above. Workshop participants were mostly from the councils and C&PH, although Environmental and Scientific Research, Ngai Tahu, Landcare Research, Healthy Christchurch and other local organisations both public and private were represented. Most participants were from the health sector or from the community side of councils, and not usually involved in the planning issues addressed in this HIA.

An information technologist carried out a highly selective literature search and a rapid literature review was conducted on all of the selected health determinants. Time did not allow for workshops on Housing and Transport, so the reports on these determinants are based on a literature review only.

Timelines were very tight and resources (staff time, funding, and training) were stretched, particularly during May-August 2005 due to the Christchurch Legionnaires outbreak. This outbreak diverted significant resources from the HIA project. A process evaluation was undertaken beginning at the initial scoping meeting on 29 June.

The Greater Christchurch UDS HIA report draws the following conclusions:

Air Quality

- Develop cross-sectoral collaborative project based working groups. These projects should aim to:
 - Improve the capacity to monitor the links between air quality and relevant health outcomes;
 - Sponsor energy efficient housing;
 - Sponsor public and active transport;

- Advocate to upgrade the building code; and
- Reduce the reliance on solid fuel burners while ensuring availability of affordable & healthy alternative heating options.

Water Quality

- Protect aquifer catchment zones;
- Integrate water management with urban planning;
- Water resource planning and management should be supported by a steering group including Ngai Tahu, public and private sectors, with a mutually agreed process;
- Adhere to sustainable development models for water management including monitoring and accounting for predicted climate changes; and
- Improve monitoring and reporting of water quality and quantity in the greater Christchurch area.

Social Connectedness

- Facilitate the development of community spirit within neighbourhoods e.g. by thoughtful location of schools;
- Ensure an efficient public transport system that connects people of all incomes to their neighbourhoods and the wider city;
- Design for a 'sense of place' using elements of local identity and belonging e.g. indigenous planting and public art;
- Incorporate universal design principles when planning and designing public spaces to allow access for all people;
- Plan a range of housing types (size and price) that reflect and promote community diversity; and
- Involve residents in the design of new communities.

Housing

- Profile and utilise current New Zealand housing research to inform planning;
- Ensure affordable housing options for all;
- Strengthen building codes locally to build quality housing stock that is highly energy efficient; and
- Introduce universal design principles into all new buildings to reduce inequities in access.

Transport

- Actively promote active transport – particularly by cycle and on foot;
- Promote use of public transport;
- Reduce reliance on private cars – particularly in the centre of Christchurch and towns;
- Incorporate road, footpath and cycleway design strategies that maximise road safety;

- Minimise adverse effects on communities when constructing and developing arterial roads;
- Incorporate planning for the peak oil situation into transport policy and planning; and
- Monitor impacts of transport on health outcomes (e.g. emissions, injury rates).

Engagement with Māori

- Incorporate findings from Māori research on low impact Māori urban design in the UDS.

This HIA confirms that 'Concentration' is more likely than 'Business as Usual' to result in good health outcomes. Implementation of the recommendations in this HIA is more achievable and sustainable under the concentration option.

3.6 Recommendations

The HIA working party recommends to the Greater Christchurch Urban Development Strategy Forum that:

- 1 Cross-sectoral working parties are established for selected health determinants to provide advice to the development and preparation of the strategy.
- 2 Health impact assessments for selected health determinants should be carried out with adequate resourcing.
- 3 All staff participating in the Greater Christchurch Urban Development Strategy should be trained in the principles of health impact assessment.
- 4 Health impact assessment should be incorporated into the development and analysis of policy for the UDS.

The recommendations were formally and enthusiastically received by the UDS Forum in December 2005.

4. Positive and Negative Experiences

4.1 The experiences of the lead agencies

In contrast to the Avondale HIA arrangements where Auckland Regional and Public Health was more-or-less only the funding source, Canterbury Community and Public Health (C&PH) played a prominent role in undertaking the HIA, in partnership with the UDS Team. It is relevant therefore to record in this section the separate experiences of the UDS staff and the C&PH staff involved.

The evaluation undertaken by C&PH staff concurrently with the HIA records that the HIA was a learning process for all parties. “Overwhelming feedback from those who participated in this HIA was that it was an educational, enjoyable and valuable process that broadened their perspective on the role of urban design in achieving good health for the community. “

4.1.1 The use of the HIA in the planning process

The UDS team members who were interviewed reported that the HIA made four quite significant and beneficial contributions to the planning process.

These were:

- awareness raising
- strengthening social content
- engagement with Ngai Tahu
- improved intersectoral collaboration.

No negative experiences were reported.

Awareness raising

For most of the UDS Forum members and also the UDS Team the wider determinants of health were ‘new territory’ and the link between urban planning and public health was not well understood. Accordingly the use of HIA, or more specifically, presentations on its use, was instrumental in the UDS Forum getting an understanding of the importance of public health and wellbeing in the strategy development process. This opened the door to the HIA outcomes and a wider range of public health and wellbeing matters coming forward through other workstreams and activities.

Strengthening the social content

The second achievement was to strengthen the social component of the UDS which was understood by the strategy team and some in the Forum as being weak. This was a message that had come through during public consultation on the UDS itself as well. The strengthening was determined in two ways, by increasing the scope of social aspects that were included in the UDS work and by increasing significantly the extent and quality of intersectoral engagement.

Engagement with Ngai Tahu

The third major contribution of the HIA was engagement with the Ngai Tahu people, something that had been sought but not achieved by previous planning activities. The HIA process provided an entry point for Ngai Tahu with equity, partnership, participation, and protection components, but also via the wider determinants of health.

Improved intersectoral collaboration

Working relationships between the two agencies principally involved in the HIA were strengthened significantly in relation to the issues addressed in the workshops (waste, water quality, Maori, air quality, and social connections). This reflected the greater number of public health (particularly C&PH) people involved, but also the fact the approach being taken was from a public health perspective.

A quote from the evaluation well illustrates this point. “ *This is the first time all of us working in waste from councils and the private sector have actually all been in one room together to talk about waste. It seemed amazing to me and this is an important thing the HIA has achieved.*”, and, “*The greatest value of the HIA for me was my increased awareness of the public health sector and what to do - as a water scientist I have little exposure to these issues.*”

4.1.2 Engagement with stakeholder organisations

There was little stakeholder participation in the HIA other than in the social connectedness workshops. For the most part, sector perspectives were introduced through specialist City Council staff. On reflection the HIA team recognised that the failure to involve more stakeholder organisations was a missed opportunity.

Engagement with other agencies working in the same sector such as water resources, ie stakeholders in a narrow sense, was very effective as the HIA achieved collaboration noted as rare and for some without precedent.

4.1.3 Professional support

There was no shortage of professional public health contribution to the HIA although the literature search for evidence was severely constrained by the budget.

The role of the HIA consultant in establishing a strong framework through the screening and scoping phase was critical to the HIA’s success.

4.1.4 Relationships with organisations following the HIA

Both the City Council and Community and Public Health report improved relationships with each other as a result of working together on a relevant and productive project. No similar or ongoing relationships have been reported.

4.2 The experiences of Community and Public Health

The experiences of Canterbury Community and Public Health staff were less uniform. There were some negative experiences, although positive experiences predominate. The greatest positive, and it was a significant one, was providing the opportunity for C&PH, and Public Health Offices in particular, to contribute at a more strategic level than the issue-by-issue role that had been more common in the past. The move from making submissions in a formal process to being an active participant in an ‘enquiry’ process was a big change.

For many of the C&PH staff, participating in intersectoral activities involving city and regional issues within a public health framework and context established a more positive and

respectful relationship with other agencies involved in the same issues than has often been the case where the framework has been established by the other agencies' activities.

What has been particularly pleasing for them was that the UDS HIA opened other doors through new relationships and better understandings of their role and in particular for the strategic involvement to continue into other areas.

Within C&PH the importance of the HIA was not initially recognised and the team working on it had difficulties in finding time and resources to support it.⁵ While this might reflect too little investment in planning and project management, it is quite probable that the project, now widely acknowledged as an important milestone for C&PH, may not have received support to proceed. The role of the Public Health Registrar in championing the HIA should not be underestimated.

4.3 The experiences of the HIA participants

As noted earlier, the UDS HIA workshop participants were predominantly Community and Public Health and City Council staff. In each case staff with relevant subject specific roles were included. From C&PH these included staff involved with air quality and water quality. From the City Council were staff from teams liaising with or supporting programmes for different sectors in the city such as older adults disability, youth, early learning.

The interviews of HIA participants in this section includes some individuals from outside these two organisations and one each from the Council and C&PH teams noted above.

4.3.1 HIA effectiveness for introducing issues

All interviewees found the HIA process provided them with an effective means of bringing relevant material into the UDS development process. As with the Avondale HIA some dissatisfaction was expressed around the timeframes and brevity of the process. For some this and the failure to involve a wider group represented a lost opportunity.

Nonetheless the city council staff involved with various community development and support work were firmly of the view that the issues that they were involved with were able to 'get on to the table' for consideration in the UDS through the HIA process whereas they had not previously.

A similar view was expressed by stakeholders not represented by proxy through council staff. They expressed appreciation at being asked to participate and noted that it was not usual to participate in this way.

4.3.2 Engagement with the HIA host agency

The answers to this question relate to engagement from teams within the City Council as well as those independent from it. One of the City Council interviewees acknowledged they had little involvement with Council planning activities generally as well as the UDS and that the HIA was a more relevant and effective means of getting involved.

⁵ This was also true for the UDS staff as many drawing on (or from) a traditional planning paradigm did not see the relevance of an HIA for a planning process.

A stakeholder participant from outside the council noted that having his viewpoint sought was a rare event.

4.3.3 Engagement with other agencies

This issue did not register with the interviewees in this HIA.

4.4 The impact of the HIA on the proposal

The impact of the HIA on the proposal is, by acknowledgement of the UDS team, quite profound. Perhaps paradoxically, it is hard to recognise in the UDS specific changes of direction or significant emphasis. The word used most commonly to describe the impact is that the results of the HIA “infuse” the UDS. The understanding derived from the HIA of the importance of equity issues, and social connectedness in particular, are now firmly rooted in the UDS. The HIA work provided the evidence for social issues to be included.

The recommendations arising from the HIA are reported as being received “enthusiastically” by the UDS staff. The recommendations were incorporated into different outputs from the strategy development work as it proceeded. They were incorporated into the UDS Community Charter and are proposed to inform the development of criteria against which to assess the draft strategy on its release in October 2006.

5. Some Wider Ramifications

The effectiveness of the HIA in strengthening the Greater Christchurch UDS, and the recognition of the potential of HIA to strengthen planning activities by the City Council staff members involved has firmly established HIA as part of the Strategy and Planning Group’s ‘tool kit’ for strategy development in Christchurch. To give immediate effect to this, the C&PH HIA specialist has been seconded to the City Council for two days a week for a year. She will be a group resource while undertaking a project on sustainable housing.

Appendix 3. Future Currents: Electricity scenarios for New Zealand 2005 – 2050

1. Introduction

Future Currents: Electricity scenarios for New Zealand, is a study by the Parliamentary Commissioner for the Environment (PCE) that was undertaken in 2004 to explore electricity demand and supply over the period 2005 to 2050 using two fundamentally different scenarios based on sets of assumptions. After it was completed, and following attendance at a Health Impact Assessment (HIA) training course, the Deputy Commissioner for the Environment recognised that an HIA of the scenarios would assist in better understanding of the health and wellbeing dimensions of the two possible future paths.

The HIA was undertaken during May and June 2006. It was led by Quigley and Watts Limited and Iain McAuley from the PCE office.

2. Future Currents Scenarios

Future Currents: Electricity scenarios for New Zealand 2005–2050 presents two scenarios for the future of New Zealand. They are:

- Scenario A (Fuelling the future) assumes a small investment in energy efficiency measures in all sectors. These assumptions are consistent with past experience; increasing demand for energy services continues to be provided for by increased generation capacity from large centralised projects.
- Scenario B (Sparking new designs) assumes a greater improvement in energy efficiency through smart design. Substantial investment is made in energy efficiency measures such as efficient lighting, air conditioning, and machinery. Moreover, in this scenario the residential sector uses technologies such as solar hot water heating, and measures such as improved insulation and house design to a greater extent. Micro-generation occurs where the energy is needed and less energy is not wasted in transmission. As a consequence less electricity is required to provide the same level of comfort and services.

Future Currents challenges established thinking by presenting two stories of the future seen through the eyes and lives of an urban woman and rural man as they move through their lives to the year 2050. The potential impact of the different energy pathways on their social and economic lives is described. The analysis briefly touches on wellbeing and health, but not to the extent possible given the detailed analysis provided in the technical report, and the clear impacts on the determinants of health mentioned in each scenario.

3. The HIA Process

3.1 Scoping

The screening step was not undertaken for this HIA as the Parliamentary Commissioner contracted Quigley and Watts Ltd to undertake the HIA on this specific topic. The Assistant Commissioner had been on a previous HIA training course and recognised the suitability of this topic for a health impact assessment. A scoping workshop involving 14 individuals drawn approximately equally from the PCE staff and key stakeholder groups addressed the following key requirements:

- timeframes
- aims and objectives of the HIA
- budgets and other resources available
- the determinants of health to focus on
- the populations to focus on
- the parts of the strategy to focus on.

Aims and objectives of the HIA

The aim of the HIA is to “inform the scenarios for their potential impact on health and wellbeing and to facilitate the development and implementation of the Office’s programme of work in this area”.

The objectives were to:

- link explicitly between energy services and human health services supporting the current technical and economic services
- effectively communicate the public health impacts of energy services
- build capacity within PCE.
- Identify the positive and negative public health outcomes of each scenario (quality of life).
- Use as a flagship HIA for central government.
- Raise the concept of public health within sustainable development – (a) develop political will within government decision makers, (b) change the political will to make longer term strategic decisions, (c) personalise the positive and negative impacts
- resource health issues vital to society/ community. Raising awareness of the links between energy use and health. Look at how to empower people and communities to make better use of their energy resources.

Plan components

When considering Future Currents, the two scenarios are able to be assessed within a health impact assessment:

- the rural and urban contexts

- 'Fuelling the future' and 'Sparking new designs' scenarios
- through three timeframes for the above from the current time in 2005 to 2015, 2030 and 2050.

The types of impacts were expected to vary between the two scenarios, between the two characters, and over time.

Populations affected

This HIA is interesting in that the 'population affected' are two fictional characters – Robyn and Shane.

- Robyn represents urban people, aged 21 years in 2006, of no discernable ethnic group, university educated in a professional job, with three children to be born in the future.
- Shane represents rural people, aged 21 years in 2006, Maori, educated and working on his farm, with two boys to be born in the future.

This presents an easily digested view of New Zealand life into the future, ensuring that the scenarios are readable and understandable. However it leaves little room for exploring inequalities in how the different scenarios will affect more vulnerable populations. It is common that when policy options are implemented, the effects on 'mainstream' people who have multiple resources to fall back on are less stark than the effects on vulnerable populations. Vulnerable populations are typically affected more severely by negative impacts and take longer to bounce back from any impact.

Accordingly it was considered very useful to investigate these disparities by expanding the population groups slightly within the HIA to include relatives of Shane and Robyn who have low incomes and/or are Maori:

- Shane (as is) and his rural relatives from the East Coast/ lower socioeconomic/ Maori
- Robyn (as is) and explore more the impacts on her low income grand-parents.

In broad terms the entire population of New Zealand is likely to be affected by either scenario, but specific groups of interest may be:

- Rural – Maori
- Rural – educated, young adult
- Rural – Maori
- Rural – lower-socioeconomic status
- Urban – educated, young adult
- Urban – elderly
- Urban – lower-socioeconomic status.

Determinants of health

The determinants of health which might typically be included in an HIA for an energy strategy include:

- Housing and buildings (new developments, planning rules, building quality, indoor heating, cooking and indoor air pollution, etc)
- Economics: individual, local, regional and national
- Business development
- Functioning of services (health, shopping, support, employment, education, etc)
- Land use, loss of land, green spaces
- Urban design, landscape and streetscape
- Democracy and sense of control (eg, ability to participate in planning decisions)
- Stress, anxiety, conflict
- Cultural and spiritual aspects, pride of community
- Waste
- Air pollution (indoor and external)
- Transport: modes, mobility, pollution, etc
- Climate change.

Inequalities in the determinants of health, and health itself that are observed in any of the above indicators are considered and addressed. Given the nature of this brief to present a rapid HIA, a focus on selected determinants is required. Those that are most prominent within Future Currents, and those suggested at the scoping meeting to be covered in the HIA were:

- Housing and buildings (new developments, planning rules, building codes, energy use, and indoor air pollution, etc)
- Economics: individual costs for energy, local and regional business development
- Stress, anxiety, conflict from new and changing developments; and from insecurity of energy supply
- Waterways – water quality and generation usage
- Land use – loss of land, open spaces

The HIA focuses mainly on the first three determinants listed. It was noted that some of the determinants not chosen as a focus can be touched upon within the HIA anyway due to the overlapping nature of the determinants of health.

3.2 Carrying out the Appraisal

A half-day rapid appraisal, stakeholder workshop was hosted by the office of the Parliamentary Commissioner for the Environment with the purpose of informing the health impact assessment. It was the key opportunity for wider stakeholders to be involved in the

impact assessment process, and there was broad representation at the workshop. The workshop aimed to gather stakeholder views on the question *how will the scenario (either Fuelling the future or Sparking new designs) affect the determinants of health for the identified populations?* It then gathered suggestions for the proposal to improve health and wellbeing, or replace any harmful impacts and wellbeing.

The people included those who:

- are knowledgeable about energy issues
- have an interest in public health
- represented particular population groups of focus

In preparation for the workshop a considerable amount of data was collected and summarised for presentation to, and use by the workshop participants. This included a description of the Future Currents document and the two different scenarios; evidence about the link between relevant interventions and health impacts; and a brief profile of the populations being considered.

The workshop participants split into three groups and each group was given one of three determinants of health to work on in relation to each scenario. Following the workshop, the results were framed within matrices of the Public Health Advisory Committee policy level guide to further test, integrate and explore concepts and impacts.

4. Positive and negative experiences and reasons for these

The Future Currents HIA was completed in July 2006 while this report was being written. The result of this is that some of the experiences of the participants flowing on from the HIA, relevant to this review and recorded for other HIAs, have not been captured in detail. For this reason, this section of the report is somewhat brief.

4.1 The experiences of the lead agency

The Office of the Parliamentary Commissioner for the Environment undertook this HIA to address the subject in hand, but also to evaluate the value of HIA to add more dimensions to its work than is generally achieved by addressing environmental matters alone. However, the PCE has generally tended to take a broad interpretation of the 'environment'.

Interviews with PCE staff participating in the HIA found that its use assisted them gain a better understanding of the wider determinants of health and the relevance of public health to their work. They reported that the HA brought forward relevant community wellbeing issues in relation to the electricity scenarios that had not previously been identified and that were useful.

4.1.1 The use of HIA in the scenario process

The HIA was applied to the completed Future Currents electricity scenarios report almost a year after its completion. Accordingly it was not able to directly influence that work, but it added further useful insights to the study to the extent that the HIA is to be the subject of a stand-alone follow-up report. This is expected to be published in the third quarter of 2006 with recommendations addressed to a range of government agencies.

4.1.2 Engagement with stakeholder organisations

The Future Currents HIA introduced into the energy study a much more diverse and wider group of stakeholders than had been involved to that time in the electricity scenario work or indeed much of the PCE's previous studies. The types of engaged individuals and organisations were outside the 'narrower' environmental and resource management sectors, which are more commonly involved in, or connected to, the Parliamentary Commissioner's work.

Thus it was the fact of doing an HIA rather more than the use of particular tools or routines that secured the engagement. Some new contacts are expected to be ongoing. It is too early to know if new relationships formed in the HIA process will continue and develop.

Notwithstanding the useful engagements with stakeholder groups, in particular with public health specialists, the PCE staff expressed disappointment that some groups did not participate, either through unavailability or lack of interest.

4.1.3 Professional support

Public health professional input was provided by the Hutt Valley District Health Board Public Health Unit and from a staff member of the Ministry of Health. Process information and guidance was provided by the consultants, Robert Quigley and Catherine Conland. Aspects of the professional contribution that was noted in particular were:

- the HIA tool and the consultant's approach was very professional. Tight deadlines were met with a very flexible response
- the use of a staged approach (screening, scoping etc) enabled the PCE participants to connect the process to their more familiar EIA approaches
- public health information was available, quickly accessed and presented in useful formats.

4.2 The experiences of the HIA participants

Three organisations that participated in the HIA workshop were selected for interviewing for their experiences. These were:

- Negawatt Resources, a supplier of energy saving products and services
- BRANZ, the Building Research Association of New Zealand
- Grey Power.

The regional public health participant was also included in these interviews.⁶

4.2.1 HIA effectiveness for introducing issues

All interviewees reported that the HIA and its foundation on an understanding of the wider determinants of health provided a very effective basis for introducing issues that were of interest to them or the stakeholder group they represented. Experiences were predominantly positive.

One interviewee reported some initial resistance to some matters that he considered important. The public health specialist reported that a limited understanding of the wider determinants of health restricted the ability of some participants to recognise or value some issues raised in the workshop. This issue was exacerbated by the shortness of the workshop.

Another interviewee felt that some of the other participants had an inadequate understanding of the wider determinants of health and their contributions were accordingly not very well informed.

4.2.2 Engagement with the host agency

The host agency in this HIA was seen to have sound and supportive views on the issues generally, and to conduct its affairs in an open and consultative manner. Some participants were regularly in contact with the PCE on related issues. Participants new to the PCE 'circle' found the staff interested, accepting and helpful.

⁶ In contrast to the Auckland (Avondale) and Christchurch HIA, the regional public health body had no financial or management involvement in the HIA.

Appendix 4 Schedule of Questions

Interview questions to understand the positive and negative experiences associated with undertaking a HIA and the reasons for these, and what impact the HIA had on the policy, plan or programme

For the organisation whose policy / plan / programme is the subject of the HIA

1. How was the HIA used in the plan development process?
2. Was the HIA process effective in engaging with stakeholder organisations?
3. Were the recommendations of the HIA accepted and implemented by the policy makers?
4. Have relationships with other organisations improved as a result of the HIA?

And specifically:

5. Before undertaking the HIA
 - 5.1. What was your understanding of the HIA process and how it would contribute to the policy, plan or programme development process?
 - 5.2. How did you get management support to undertake the HIA?
 - 5.3. How easy was it to get budget for the HIA?
 - 5.4. How did you access professional support to undertake the HIA?
 - 5.5. Did the PHAC Guide (+/- PHAC sponsored training) assist you with any of the above?
6. During the HIA
 - 6.1. What was the quality of HIA practice experience available?
 - 6.2. What was the quality of public health and wellbeing information or evidence available?
 - 6.3. How effective was the process at achieving consideration of health and wellbeing in the development of the policy, plan or programme?
 - 6.4. How valuable was the HIA for engaging with other organisations?
 - 6.5. Were your aims met by the HIA process and outcome?
 - 6.6. Was the budget sufficient for the work?
 - 6.7. Was there enough time to complete the HIA?
 - 6.8. Were there any other positive or negative experiences of using HIA?

7. After the HIA

- 7.1 How was the HIA used in the policy, plan or programme development and advice process?
- 7.2 Were the recommendations of the HIA accepted and implemented by policy-makers?
- 7.3 Was the policy, plan or programme changed as a result of conducting the HIA?
- 7.4 If the answer to 3.4 was yes, what changed?
- 7.5 Have relationships with (some) other agencies been generally improved as a result of the HIA?

For other organisations engaged in the HIA process

1. How effective was the HIA process in getting your issues into consideration?
2. How valuable was the HIA for engaging with the lead agency?
3. Ditto with other agencies?
4. How easy was it to get management support to participate?
5. Have relationships ongoing been improved with the lead agency?
6. Ditto with other agencies?

And specifically:

8. Questions for agencies participating in the HIA

- 8.1 What was your understanding of the HIA process and how it would contribute to the policy, plan or programme development process?
- 8.2 How effective was the process in achieving consideration of health and well-being in the development of the policy, plan or programme?
- 8.3 How valuable was the HIA for engaging with other organisations?
- 8.4 How easy was it to get management support to participate in the HIA?
- 8.5 Have relationships with the commissioning and/or participating agencies been generally improved as a result of the HIA?

Appendix 5 – List of Interviewees

Auckland (Avondale)

Adrienne Wooton	Auckland City Council
Shyrel Burt	Auckland City Council Work and Income, Avondale Office Auckland Regional Transport Authority New Zealand Police Ministry of Education, Regional Office Auckland Regional Public Health
Matt Soeberg	

Christchurch

Carolyn Ingles	Christchurch City Council
Karen Banwell	Christchurch City Council
Deidre Ryan	Christchurch City Council
Anna Stevenson	Community and Public Health
Ramon Pink	Community and Public Health
Brian Prendergast	Community and Public Health
Gareth James	Canterbury Waste Services Limited
Craig Pauling	Landcare Research/Ngai Tahu

Wellington

Iain McAuley	Parliamentary Commissioner for the Environment
Reece Martin	Parliamentary Commissioner for the Environment
Stephen Palmer	Hutt Valley District Health Board, Public Health Service
Nigel Issacs	BRANZ
Carrick Lewis	Grey Power Wellington Central
Grant Burford	Negawatt Resources Limited

Appendix 6 - PHAC recommendations to the Minister of Health in relation to HIA and the guide

Overall recommendations

The Public Health Advisory Committee (PHAC) recommends that the Minister of Health:

1. endorse the committee's work on policy-level HIA
2. advocate to Cabinet that central and local government agencies take responsibility for considering health impacts as part of policymaking (with support and advice from public health specialists as required)
3. note that investment in capacity-building for promoting and implementing HIA will be required.

Staged approach to implementation

The Public Health Advisory Committee recommends that:

4. the Government implement HIA with a staged approach, beginning with transport, housing and environment policy agencies
5. the Minister of Health take to Cabinet a proposal for government agencies to implement HIA as an accountability expectation, beginning with the suggested agencies in Recommendation 4. Consideration of health would be required from an early stage in policy development for significant policy initiatives. Agencies could use the PHAC's Guide to Health Impact Assessment as a starting point. They would be asked to document how they have considered health impacts and the lessons learned. The learning from the initial experiences would then feed into the next stages of the 'roll-out'
6. the Minister of Health take to Cabinet a proposal for every Cabinet paper from the initial agencies in the roll-out to contain evidence of the HIA that has occurred (for significant policy initiatives).

Health impact assessment unit

The Public Health Advisory Committee recommends that:

7. the Minister of Health direct officials to investigate the feasibility of establishing an independent HIA unit with a 'whole of government' focus, configured as follows:
 - a) Functions
 - disseminate information and promote HIA to central and local government agencies
 - provide advice on the conduct of HIAs by policy-makers in central and local government agencies (ie, the purpose would not be to carry out all HIAs, but to provide advice and support when required)
 - conduct HIAs of cross-sectoral strategies in partnership with agencies involved, as appropriate

b) Location

- i) in the short term – a dedicated HIA unit attached to an existing organisation. One possibility would be for the unit to report to the National Health Committee, with a view to becoming a distinct entity over time (this model has been used previously when the New Zealand Guidelines Group was established). The unit's work would then be evaluated.
- ii) in the longer term – following evaluation, the HIA unit could, if appropriate, become part of a stand-alone agency with a 'whole of government' focus (for example, as part of an agency to promote and facilitate sustainable development).

c) Funding

This should reflect the unit's location. If the suggestion in b) i) above were followed, then funding would come from Vote: Health in the short term, and cross-sectoral in the longer term.

Health impact assessment as a tool for sustainable development

8. The Public Health Advisory Committee recommends that the Minister of Health propose to Cabinet that HIA is closely linked with the government's sustainable development programme. HIA is a policy tool that should be promoted as one of a range of policy tools that can contribute to a sustainable development approach across government.

Involvement of local government

The Public Health Advisory Committee recommends that:

9. the Minister of Health ask the Prime Minister to discuss HIA with local government leaders in the annual Central/Local Government Forum
10. the Minister of Health meet with Local Government New Zealand to urge local government to use the Guide to Health Impact Assessment as a starting point for assessing the potential health impacts of policies.

Legislation

11. The Public Health Advisory Committee endorses the inclusion of HIA in the proposed Public Health Bill.