

## **Health Impact Assessment Developmental Site Case Study Report Illawarra Health, July 2004**

### **Background**

Shellharbour City Council recently released the Shellharbour Foreshore Management Plan (SFMP), which aims to conserve and beautify the foreshore whilst encouraging and supporting appropriate public use. The public works are estimated to cost \$2.07 million and include construction of shared cycle-paths, a boardwalk, picnic facilities and landscaping. The target population is all residents of, businesses in and visitors to the Shellharbour foreshore area. Shellharbour City Council endorsed the SFMP in January 2004, however funding for the project was not yet identified.

The Division of Population Health and Planning, Illawarra Health recognised the potential of the SFMP to impact on health through increasing the opportunity for informal and formal recreation for locals and visitors to the area. The Division approached Shellharbour City Council to take part in a six-month prospective, intermediate Health Impact Assessment (HIA) on the SFMP.

Staff involved in conducting the HIA were: Public Health Officer trainee (Project Manager), Director Public Health and Population Health, Research and Evaluation Coordinator of Health Promotion, Manager of Health Promotion, Public Health Epidemiologist, Immunisation Coordinator and Biostatistical officer trainee from Illawarra Health and the Environment and Recreation Officer and Group Manager for Community Services & Development from Shellharbour City Council.

### **Rationale**

The aim of the HIA was to determine the potential health impacts of the SFMP related to physical activity and social cohesion. The objectives of conducting the HIA were to:

- Assist Shellharbour City Council in having a full appreciation of all associated health benefits related to physical activity and social cohesion
- Anticipate any inequalities that may result from the implementation of the SFMP
- Assist Shellharbour City Council in prioritising initiatives to benefit health.

### **Undertaking the HIA**

A Steering Committee for the HIA was formed which consisted of all those listed above involved in conducting the HIA except the biostatistical officer trainee. The Steering Committee acknowledged a broad definition of health, however for the purposes of this HIA, health outcomes considered were adequate physical activity and social cohesion. The Steering Committee met four times and each meeting lasted one to two hours and considered at least one stage of the HIA process. Additional smaller working party meetings occurred between members to undertake specific tasks.

In order to determine the potential impacts of the SFMP on the community's physical activity levels and social cohesion the following methods of information collection were undertaken: community profile, literature review, policy review, recreational environment audit and key informant interviews. SCC had conducted a community consultation on the SFMP and this information was used.

Once the information was collated a process of weighting the value of different types of evidence according to its contribution to answering different questions of importance was undertaken. Consensus was gained from Steering Committee Members on the values placed on each source of evidence.

To prioritise the SFMP initiatives in terms of their potential to produce health benefits priority matrices were developed, which considered the nature, likelihood and relative size of the potential impacts on physical activity and social cohesion for the seven health-related initiative areas of the SFMP. Consensus was reached by the Steering Committee Members as to the level of priority assigned to the seven initiative areas. The Steering Committee considered whether the SFMP could differentially impact on certain population subgroups. Opportunities to maximise the potential positive impacts and minimise the potential negative impacts of the SFMP were identified.

## **Main findings & recommendations**

The main findings include:

- The majority of initiatives of the SFMP, in particular those relating to the cycleway, community art and landscaping were well supported in terms of their effectiveness to benefit health, their appropriateness for the Shellharbour Foreshore Area and their acceptability to the community.
- A significant concern was the potential for the proposed changes to parking to impact negatively on physical activity and social cohesion, due to a reduced number of parking spaces and resulting decrease in accessibility of the facilities.

The following recommendations were made:

### **1. General recommendations:**

1.1 The SFMP should be implemented due to its potential to benefit the health of local residents and visitors to the foreshore area by increasing physical activity and social cohesion.

1.2 Further consultation regarding the proposed changes to parking may be required due to resistance within some parts of the local community and its potential negative impacts on accessibility for some members of the community.

### **2. Prioritising implementation of the Initiatives:**

In order of priority, the following are recommended for initial implementation:

1. The shared cycleway/footway due to its clear potential to benefit health through increased physical activity levels and acceptability.

2. Community art initiatives due to increased social cohesion through the planning, development and viewing of the artwork and acceptability with the local community.

3. Initiatives relating to landscaping due to their ability to benefit health and social cohesion by providing an aesthetic and safe environment.

### **3. Maximising the potential positive and minimising the potential negative impacts:**

3.1 To maximise the health potential the cycle/walkway should be actively promoted, and have strategically placed rest stops, bike racks and water bubblers. To minimise potential negative safety impacts the cycle/walkway should have appropriate signage for shared use between cyclists and pedestrians and be serviced through a regular maintenance program.

3.2 To maximise the potential of community art it should be interactive and, where possible, incorporated into other initiatives, for example close to picnic tables. These initiatives must involve local residents and artists in the planning and development of the artwork. Including local youth may minimise the potential for vandalism of the community art.

3.3 To maximise the health potential of landscaping, shade trees are recommended. To minimise potential negative safety impacts associated with secluded areas only low shrubs should be planted and adequate lighting ensured.

3.4 To maximise the potential of picnic tables to increase social cohesion, shade structures need to be installed over or close to picnic tables. The tables should be accessible to those with prams, older people, those less mobile and the physically disabled.

3.5 To maximise the potential of the SFMP to benefit health in terms of social cohesion, involvement of the local community in the design and implementation of the facilities including youth, families and older people should be encouraged and a maintenance program of facilities established.

Two reports will be made available to Shellharbour City Council, one of which will be a full report, the other being a 3-4 page summary report. The DPHP will also present on the process and the results of the HIA at a Shellharbour City Council meeting.

## **Proposed process for monitoring and evaluating the HIA**

### **Process evaluation**

A process evaluation was conducted in order to reflect on the value and feasibility of conducting a HIA on the SFMP. Methods included:

- Review of relevant documentation associated with the HIA of the SFMP
- Collection of feedback from selected Steering Committee Members through completion of a semi-structured questionnaire and/or interview.

### **Impact evaluation**

Follow up will occur in six and twelve months time to determine whether any changes have been made to the SFMP or its implementation schedule as a result of the HIA.

## **Key learning for practitioners of HIA**

### **The HIA step-wise approach was vital**

The structured and systematic way of progressing through a number of stages from screening through to decision-making is important. It provides a framework from which different organisations can work collaboratively. Using this type of methodology adds credibility to the findings when presenting on them to external organisations. Following the stepwise process allowed for transparency and will allow others to determine for themselves the value and limitations of HIA.

### **The process of decision-making was transparent**

The decision-making tool used was appropriate for the context of this HIA and allowed contentious issues to be identified. However it may be less appropriate for plans or policies that address sensitive issues, particularly in terms of risk communication as we feel the tool lacks definitive answers, which would not satisfy the community or other stakeholders. We question the reproducibility of the recommendations. The process of decision-making, although informed by the evidence collected seems largely based on expert opinion.

If time permitted, other tools for decision-making used in other areas would have been explored more fully. In addition, rather than reaching consensus on the values placed on different types of evidence by the project manager, each Steering Committee member would have indicated their own values and then a discussion of each would follow. A template guiding this stage of the HIA process would be valuable.

### **The degree of stakeholder involvement was appropriate**

The level of stakeholder (i.e. Illawarra Health and Shellharbour City Council) involvement was appropriate given the time and resources available. It would have been valuable to have community representation on the Steering Committee if we

had more time and resources to conduct the HIA. However the community consultation and key informant interviews ensured the interests of the Shellharbour Foreshore community were considered and the latter enabled our assumptions to be transparent to community members and created for them a new understanding of the benefits of the SFMP in terms of physical activity and social cohesion.

### **Considerable resources, skills and commitment were required**

The level of commitment from senior management levels within the Division and Shellharbour City Council was necessary to draw on the skills and experience required to conduct a HIA. The HIA required a range of quantitative and qualitative research skills, knowledge of relevant literature, policies and the SFMP. The amount of time and resources available limited how broadly we could consider the impacts on health both in terms of our health outcomes (physical activity and social cohesion) and the methods we used to assess the health impacts. Nevertheless a considerable amount of resources and a range of skills and knowledge were required to conduct this HIA.

More time dedicated to Steering Committee meetings would have been valuable, considering the issues that needed to be addressed in each meeting and the fact that the majority of Steering Committee Members were unfamiliar with the HIA process. However additional meetings for smaller working groups and communication between Steering Committee Members enabled sufficient resources to undertake the tasks required.

The availability of resources in the health sector has implications for the level and number of HIAs that could be undertaken to assess projects, plans or policies that have the potential to impact on health. In our case, drawing on existing information, resources and skills enabled us to complete the HIA in six months. A more comprehensive HIA would require more resources and time.

Given the time and resource constraints a rapid HIA may have been more feasible and we questioned whether we would have arrived at the same findings and recommendations. However, we realised that conducting an intermediate HIA, which involved undertaking five stages of assessment, allowed us to gain greater detail on the SFMP itself, the potential benefits of the SFMP, groups likely to be affected and a better understanding of the contentious issues raised i.e. parking changes. Furthermore it enabled a relationship between Shellharbour City Council and Illawarra Health to be established and for both parties to have ownership of the HIA findings and recommendations.

### **The process was valuable in establishing a partnership between Illawarra Health and Shellharbour City Council**

It was important to have representation from both Shellharbour City Council and Illawarra Health in order to gain a full appreciation of the potential impacts of the SFMP on health and for the recommendations to be appropriate and hold importance. Both parties have ownership of the findings and recommendations. The collaboration allowed both parties to gain a better understanding of each other's values, goals and assumptions regarding the SFMP. Having members of the Steering Committee that were familiar with the SFMP was essential.

There was an exceptional level of commitment from both Shellharbour City Council and Illawarra Health in this HIA. There is potential for the relationships established through this HIA to result in future collaboration on projects e.g. a joint prospective research project to examine whether the implementation of the SFMP does have an impact on health.

**Advice to others undertaking a HIA**

Based on our key learning we make the following recommendations for undertaking an intermediate HIA:

1. Gain commitment from senior management levels from each organisation involved in the HIA to ensure access to people with a range of skills required for undertaking a HIA
2. Follow a step-wise approach to conducting a HIA
3. Ensure representation from each organisation and other relevant bodies on the Steering Committee
4. Ensure at least one person on the Steering Committee has undertaken training or has experience in conducting a HIA
5. Dedicate a full-time project manager to the HIA
6. Be aware of the time and resources required when undertaking a HIA.