



COFFS HARBOUR  
OUR LIVING CITY  
SETTLEMENT STRATEGY

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HEALTH IMPACT ASSESSMENT 2007

12 MONTH EVALUATION REPORT

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# Contents

<b>Health Impact Assessment: 12 Month Evaluation Report</b> .....	<b>1</b>
<i>Background</i> .....	1
<i>Evaluation Method</i> .....	1
<i>Focus Group Questions</i> .....	2
<i>Results</i> .....	3
1. Partnership/Ongoing Collaboration .....	3
2. A greater awareness of health/healthy planning issues .....	4
3. Application of HIA themes/recommendations.....	4
4. Benefits of the HIA model.....	5
5. Ongoing NCAHS Healthy Planning work.....	5
<b>Conclusion</b> .....	<b>6</b>
<b>References</b> .....	<b>6</b>
<b>APPENDIX 1: Coffs Harbour HIA Recommendations Summary</b> .....	<b>7</b>

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## Coffs Harbour HIA Steering Group

- Sharon Smith, Strategic Planning, Coffs Harbour City Council
- Jenni Eakins, Manager Community Services, Coffs Harbour City Council
- Anne Shearer, Road Safety and Transport, Coffs Harbour City Council
- Pam Johnson, Health Promotion, North Coast Area Health Service
- Raechel Squires, Community Services, Coffs Harbour City Council
- Andrew Tugwell, Community and Allied Health, North Coast Area Health Service
- Trish Davis, Health Promotion, North Coast Area Health Service

## Abbreviations

<b>AHS</b>	Area Health Service
<b>CHETRE</b>	Centre Health Equity Training, Research and Evaluation
<b>CHCC</b>	Coffs Harbour City Council
<b>DCP</b>	Development Control Plan
<b>HIA</b>	Health Impact Assessment
<b>LEP</b>	Local Environment Plan
<b>LGA</b>	Local Government Area
<b>NCAHS</b>	North Coast Area Health Service
<b>NCHP</b>	North Coast Health Promotion
<b>UNSW</b>	University of New South Wales
<b>OLCSS</b>	Our Living City Settlement Strategy

# Health Impact Assessment: 12 Month Evaluation Report

## Background

North Coast Health Promotion (NCHP) and Coffs Harbour City Council (CHCC) worked together from June -October 2007 to ensure future plans for the Coffs Harbour Local Government Area considered potential health impacts. With support of the Centre for Health Equity, Research and Evaluation (CHETRE) at the University of NSW, a Health Impact Assessment of the Coffs Harbour City Council's Our Living City Settlement Strategy (OLCSS) was conducted. "Our Living City Settlement Strategy" is an urban development strategy that provides a blueprint for the vision of a healthy, smart and cultural city, based on the "triple bottom line" objectives of environmental, economic and social sustainability.

Through the structured HIA process, potential health impacts of the OLCSS were identified and explored by the HIA Steering Group. The primary outcome of the HIA was the development and endorsement of a series of recommendations that incorporated healthy urban design principles of walkable, cyclable, connected and mixed-use neighbourhoods. A summary of these recommendations can be found in Appendix 1.

The intention was that these recommendations would inform ongoing council policy and planning, including the Local Environment Plan and Development Control Plans. Council members on the Steering Group identified a process whereby the recommendations would be targeted to the most appropriate function within council to assist with the uptake e.g. urban design recommendations such as the provision of suitable footpaths would be included in Development Control Plan checklists. The follow up reporting of the recommendations would occur through existing council reporting activity.

On completion of the project it was agreed to reconvene the steering group 12 months after the final steering group meeting to review the uptake and influence of the HIA recommendations and ascertain any other project impacts that may have occurred during this time.

This report outlines the results of the 12 month evaluation. A full report on the HIA project itself is available elsewhere.

## Evaluation Method

HIA Steering Group members were invited to reconvene for a focus group meeting in October 2008. Five members participated in the focus group: Andrew Tugwell (HIA Project Officer, NCAHS), Pam Johnson (Health Promotion, NCAHS), Jenni Eakins (Manager, Community Services, CHCC), Sharon Smith (Senior Planner, CHCC) and Raechel Squires

(Community Services, CHCC). Apology was received from Jenny Oloman (Manager, Economic Development Unit, CHCC) and one member of the Steering Group (Anne Shearer, Transport Officer CHCC) was leaving Council to take up a position elsewhere before the set meeting date, so was interviewed using the focus group questions prior to her departure. Other initial Steering Group members from NCAHS and CHETRE were not included in the follow up evaluation as they had had no further involvement in the project.

Draft focus group questions were developed and feedback on these sought from key NCHP and CHETRE staff. Investigation of other 12 month follow up HIA evaluations was also undertaken, and discussion occurred with an author of a 12 month evaluation on the Bungendore Health Impact Assessment. The questions posed in this Bungendore evaluation process were found to be very similar to those developed for the Coffs Harbour HIA (see questions below)

An independent facilitator from the NCAHS Health Promotion Research and Evaluation team was engaged to conduct the focus group at Coffs Harbour City Council. The duration of the focus group was 45 minutes. The session was recorded as an audio file and subsequently transcribed.

## Focus Group Questions

The following questions were developed and utilized in the focus group process:

1. What came out of the HIA?

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2. As a result of the HIA have the links between Coffs Harbour Council or services and NCAHS improved in any way?

- If yes, can you offer any examples of improved links or cooperation?
  - If no, can you think of any reasons why links have not improved?
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3. Has your organisation or department included any recommendations from the HIA in planning agendas or followed through with implementing a recommendation?

- If yes, which ones were implemented?
- How and when were the recommendation considered, accepted / implemented?
- Has your organisation or department used the HIA final report information to influence any other policy development?
- Has any policy changed as a result of the HIA? What factors contributed to this?
- If no, what are the likely factors why the recommendations were not used?

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4. In retrospect, do you consider the HIA was a worthwhile activity?

- If yes, why was it worthwhile?
  - Did the HIA process generate new knowledge, tools or skills that would not normally be available during a planning process? If yes, please outline.
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5. Are there any other impacts that you think have been associated with the HIA?

- If yes, what are they?
- 

## Results

Analysis and interpretation of both the audio file and transcript was undertaken. Major themes which emerged are described below.

### 1. Partnership/Ongoing Collaboration

There was a very strong positive theme about the benefits of and the proactive nature of the relationship that has been built since the HIA. The following specific examples of ongoing collaboration were highlighted, as well as ongoing interaction generally.

- The 2008 Healthy Planning Workshop in Coffs.

*“The Healthy Planning Workshop which started out of the HIA – enabled cross pollenisation of ideas between health and planners”* CHCC staff member

- CHCC Open Space Strategy Consultation.

*“Wouldn’t have been invited to this prior to HIA”* NCAHS staff member

- Health Promotion Officer’s involvement in Transport Working Group.

*“Pam keeps popping up in meetings”* CHCC staff member.

A key partnership issue highlighted was the mutual learning and organisational understanding that had occurred, as had a greater awareness of how we can work together.

*“Fantastic learning experience.....enormously beneficial, learning about local govt”*  
NCAHS staff member

The benefit of having a point of contact in the organisation (Health) since the HIA was also described. It was noted that this may help with timelines for responses to council:

*“as things arise over time... don't know who to go in state govt organisations...personal name to ask... resource person to funnel”* CHHC staff member.

## **2. A greater awareness of health/healthy planning issues**

Another strong theme that emerged from the focus group was a broadening of council workers' awareness of health services, and increased awareness of preventative population health issues that are relevant to the council setting.

*“shift away from health being about doctors and hospitals, I had a mental hat of health being about doctors and hospitals”* CHCC staff member.

*“The HIA honed thinking on health issues of the OLCSS...it started dialogue and brought health to the forefront”* CHHC staff member.

*“health increasingly on the agenda, what this HIA has done has heightened the awareness”* CHHC staff member.

More specifically there had been an increased awareness around healthy planning issues, as identified in the HIA recommendations.

*“the realisation that healthy planning is a key thing in DCP's... recognise what's possible for health impacts to be achieved ”* CHCC staff member.

## **3. Application of HIA themes/recommendations**

Participants said that it was difficult to quantify or attribute application of recommendations directly to the HIA, but that there had been a *“shift in consciousness”* and renewed thinking related to the HIA themes and recommendations that had impacted on practice. This was feeding into Councils Vision 2030 community strategic planning process, had been considered in developer contribution plan (Section 94) thinking, and quite specifically impacted on DCP assessment (e.g. South Coffs DCP) The quotes *“don't remember conversations like that before”* highlighted this change since the HIA, and that it was *“easier for planners to raise and challenge”*. There was the issue that the HIA had no 'formal' adoption into council processes and may have not been taken on by senior management, but this was balanced by the *“shift in thinking”* comments.

Participants linked the HIA to the healthy planning workshop and said that;

*“from that came the realisation that healthy planning is a key thing to include into our DCP's, specifically South Coffs land rezoned for residential development – DCP ended up with neighbourhood park, possible walk overpass to university, linking in with playing fields – a key project with healthy planning outcome”* CHCC staff member

*[the HIA] started dialogue, thought process change and attitudinal change .. even though the document sat on shelf, it started dialogue “[healthy planning is] much further forward in consciousness than it was 12 months ago”* CHCC staff member



#### **4. Benefits of the HIA model**

Participating in the HIA process helped Council staff to transfer knowledge into practical application. There were comments that they had previously aimed for best practice, however the HIA had assisted in putting best practice into action. One respondent said: *“the process of conducting the HIA process was as beneficial as the actual recommendations”*. The process was seen as an effective way to develop a working partnership and there were real benefits in working and learning together utilising the 'learning by doing approach'. An aspect of this was the focus on utilising evidence and the aim of reviewing best practice. This adds to points raised above in regards to planners being more confident to challenge others' ideas due to the support of evidence.

It was also noted by one council staff member that the HIA can have impacts without necessarily increasing costs.

*“What’s possible... really valuable out of process... recognise significant health impacts can be achieved without much cost, without much change in thinking, just thinking about it differently” CHCC staff member.*

It was suggested by council that the HIA process could also be useful for other health related issues, for example issues related to liquor outlet applications.

#### **5. Ongoing NCAHS Healthy Planning work**

Another point relevant to the 12 month follow up was that there has been some significant and ongoing NCHP healthy planning work which has followed on from the HIA. “The NCAHS health staff member is now “working with Bellingen Council and the National Heart Foundation on Shire Wide DCP healthy planning project as a direct result of Healthy Planning workshop”.

NCHP staff have continued to build their knowledge base about healthy planning and working with Council and have been able *“to get ourselves known in this area... people thinking about us ... begun to comment on council plans... this has evolved from this process”* NCAHS staff member.

# Conclusion

The Coffs Harbour HIA undertaken in 2007 demonstrated that conducting a HIA was a very useful method to engage and build relationships between health and the local Council. This focus group evaluation conducted 12 months after project completion, indicates that this positive relationship has been maintained with favourable outcomes for both partners.

Council staff reported a change in consciousness since starting the HIA process and are now more likely to consider the health consequences of council policy and plans, especially in relation to active living and social connectivity. Similarly, health staff now have a much better understanding of where they can value – add to the work of council, by providing input and evidence for healthy planning issues.

Although there may not have been formal incorporation of the HIA recommendations into council management practices, attitudinal change attributed to the HIA has resulted in significant application of healthy planning recommendations in council policy and planning processes.

North Coast Health Promotion has continued to develop healthy planning work following the HIA.

# References

- Health Impact Assessment 2007 Coffs Harbour Our Living City Settlement Strategy North Coast Area Health Service Tugwell A, Johnson P, Davis T, Dietrich U (2007)
- Our Living City Settlement Strategy, Coffs Harbour City Council, 2007  
<http://www.coffsharbour.nsw.gov.au/www/html/2016-coffs-harbour-settlement-strategy.asp?intSiteID=1>
- Bungendore Health Impact Assessment Progress Report on Outcomes. Albury, NSW. Greater Southern Area Health Service, 2007.

# APPENDIX 1: Coffs Harbour HIA Recommendations Summary

The HIA recommendations are based on the available collected evidence and guidance of the Steering Group.

## Overarching Health Impact Assessment Focus

**Community Connectedness focussing on urban design and transport**

### **THEME 1 - Walkable, connected, mixed land use neighbourhoods**

#### **General Recommendation**

Support the need for urban design to focus on creating walkable, mixed land use neighbourhoods that can lead to increased community connectedness and increased physical activity. This emphasis on walkability in urban design may decrease inequities that exist in urban areas of the Coffs LGA.

#### **Specific Recommendations**

- Support the OLCSS to *provide services and facilities in residential settings to encourage exercise and neighbourly activity* by considering *Healthy by Design: a planners guide to environments for active living* principles in relation to the Local Environment Plan and the Development Control Plans e.g. Create neighbourhood clusters through the use of corner stores, local parks and playgrounds. This encourages people to socialise and contributes to the local economy and community life. Co-locate key facilities within 200 metres of community centres, schools, parks and public transport to develop neighbourhood clusters.
- Use *Healthy by Design: a planner's guide to environments for active living* principles in relation to ensuring zoning requirements allow mixed land use e.g. Support mixed use walkable neighbourhoods (close walking distance ranges from 400 – 800 metres depending on fitness levels).

### **THEME 2 - Urban Design with a safety perspective – natural surveillance / 'eyes on the street'**

### General Recommendation

- Support the need for an urban design focus on walkable neighbourhoods that ensure footpaths/cycleways/exercise trails have clear sightlines, are well lit, and can be overlooked by dwellings and other buildings. This leads to an increased sense of safety which can result in increased physical activity and increased opportunity for community connectedness. Comprehensive design should ensure all members of the community are considered when designing pathways and road crossings e.g. people with vision impairments.

### Specific Recommendations

- Encourage ground level design which accommodates groups at risk. Ensure there is adherence to Safety Standards.
- Create places for people to walk and exercise where they can be seen by cyclists, other pedestrians, motorists and nearby residents. Avoid tunnels and underpasses that limit visibility.
- Consider *Healthy by Design: a planners' guide to environments for active living* principles to ensure safety aspects of urban design have been considered.

## THEME 3 - Walkways / Cycleways, as infrastructure – from an active transport perspective

### General Recommendation

- Walkway and cycleway infrastructure are to be encouraged as they result in connectivity within neighbourhoods and connectivity to local destinations. This has clear health benefits for the community as it can lead to increased activity levels and a reduced dependence on car usage.

### Specific Recommendations

- Prioritise walkway and cycleway infrastructure development that focuses on connecting key destinations such as schools, local shops, neighbourhood clusters and transport hubs, due to the increased health benefit that will be gained from increased utilitarian transport. Support OLCSS to *develop networks of safe walkways and cycle ways through parklands and natural areas to link with residential areas and key destination points; and ensure Development Control Plans provide shared path connections to schools, shops and other trip generators from residential areas.*
- Provide suitable and secure infrastructure in key destinations that can be used at the end of a walking or cycling journey. This can include bike racks and secure bike parking.
- End of trip facilities e.g. showers/change rooms and lockers to be encouraged as a condition for relevant Development Applications
- Prioritise Pedestrian Access Mobility Plan (PAMP) strategies identified in the PAMP consultation report based on strategies that will lead to the greatest health benefit for all members of the community.

- Consider signage, safety, shared path design, lighting and security in infrastructure design. Use *Healthy by Design: a planners' guide to environments for active living* as guidelines for these areas. Support OLCSS to incorporate features such as shade, seating, landscaping, drinking bubblers, historical plaques etc.
- Improve connectivity on the road reserve and in parklands and natural areas.
- Design roads which are bicycle and pedestrian friendly, making sure residential areas are not dissected by arterial roads, if they are, ensure they include crossings.
- Include traffic calming and low speed zones in areas where there is high pedestrian and cycling activity.

## THEME 4 - Public transport – Infrastructure

- Early consideration to be given in the design phase of new/re developments of access to bus stops and bus stop design and location. This recommendation supports the OLCSS to *direct public transport, cycling and walking into the heart of each residential area*.
- Ensure clear crossing points adjacent to public transport stops. Consider pedestrian desire lines for convenient crossing.
- Consider improving existing footpaths, intersections and streetscapes around public transport locations.
- Ensure public transport connectivity between areas where there is a high level of activity and residential area.
- Encourage appropriately placed and designed bus shelters which are visible and provide seating and shelter.

## THEME 5 - Community Involvement – from the perspective of engaging community for public urban design projects to develop a 'sense of place'

### General Recommendation

- Consider community involvement in the planning phase of public urban design projects as this can lead to improved health outcomes as a result of participating in the process as well as the health benefits gained from the project itself.

### Specific Recommendations

- Support the OLCSS to use design principles that; *promote social cohesion, sense of place, community wellbeing*. Achieve this by engaging the community in the initial phase of public urban design, such as the Place Management Plans. Focus on providing the community with opportunities to engage in processes rather than just providing information.

- Develop and implement a community involvement toolkit to support and encourage effective consultation processes.
- Ensure timely community consultation is considered at the earliest practical phase of project development processes.
- Encourage wide community participation, ensuring all community members are actively targeted during this process of community engagement. This may require multiple strategies to ensure all community members are aware of, and have the opportunity to participate in the planning phase.