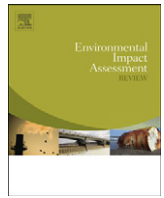




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The Coffs Harbour ‘Our Living City Settlement Strategy’ Health Impact Assessment

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ABSTRACT

Aim: The short report reviews an experience of conducting a Health Impact Assessment (HIA) in the local government context. The aim of this review was to identify if carrying out an HIA would result in recommendations that could influence council planning and help establish ongoing working relationships between North Coast Area Health Service (NCAHS) staff and the Coffs Harbour City Council.

Methods: A process and impact evaluation was conducted on the Coffs Harbour ‘Our Living City Settlement Strategy’ HIA, which focused on the Coffs Harbour City Council’s strategic planning document. Information gained through the evaluation was themed and the findings were reviewed against published information on HIA experience.

Main findings: HIA has reported benefits for both the Coffs Harbour City Council and NCAHS as it provides a tool to address many of the issues facing these organisations. Local council has increasing responsibilities including the environment, housing and urban planning, which all have health implications. HIA has been demonstrated as an effective tool for NCAHS staff and the Coffs Harbour City Council to engage and build relationships, increase the understanding of all planning aspects related to health, and most importantly utilise evidence to inform decision making.

Conclusion: HIA should be adopted as a key tool to facilitate effective working partnerships between organisations. Improved engagement, partnerships and use of evidence to produce shared outcomes can result from utilising this tool.

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1. Introduction

Local government organisations can be instrumental influences on health and wellbeing through the determinants of health and creating healthy local environments (Milner, 2004; France, 2004; Allender et al., 2009). In New South Wales, Australia, the setting for this short report, local councils are therefore seen as a key partner in promoting

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and protecting health and wellbeing, with Health Impact Assessment identified as an important approach to influencing local council policy and planning (NSW State Health Plan, 2007a; Healthy People NSW, 2007b).

There is increasing evidence demonstrating the direct and indirect benefits of using HIA at the local government level (Stevenson et al., 2007; Tennant and Newman, 2007; Milner, 2004; Berenson, 2004; Kauppinen et al., 2006; Gow and Dubois, 2007; Mathias and Harris-Roxas, 2009). Direct benefits include improving local area planning and policy development, and indirect benefits include greater consideration of health and health inequalities amongst local government stakeholders.

This short report details the results of process and impact evaluations on an HIA undertaken on Coffs Harbour City Council's 'Our Living City Settlement Strategy' from June to September, 2007, with the 12 month impact evaluation conducted in October 2008. In doing so the report adds to the literature on HIAs effectiveness.

1.1. Background to the HIA

In 2007 the North Coast Area Health Service (NCAHS) identified that working with local government bodies would enhance their ability to build capacity and to deliver prevention and health promotion programs. The Coffs Harbour City Council's strategic planning document, the 'Our Living City Settlement Strategy', was identified as a possible document to conduct an HIA between Coffs Harbour City Council and the North Coast Area Health Service. It was anticipated that the HIA would be effective in adding value and evidence to the development of the Local Environment Plan (LEP) and the Development Control Plans (DCP) which are guided by the strategic planning document.

The Coffs Harbour HIA was part of the roll out of HIA capacity building being conducted by the Centre for Health Equity Research, Training and Evaluation (CHETRE) with the support of NSW Health. This 'learning by doing' support included training, provision of help-desk support, and participation in key meetings during the step by step HIA approach which assisted progression of the HIA (Harris-Roxas and Harris, 2007). Having the CHETRE support throughout the process helped ensure that the HIA was effective whilst still being a learning experience. The local HIA engaged three NCAHS staff, one being a designated project officer.

2. Methods

Process and impact evaluations were conducted, following the recognised methods of evaluation in HIA (Harris et al., 2007). The process evaluation looked at what was done during the HIA and what was seen as useful. The impact evaluation looked at what changes resulted from the HIA; directly to the proposal being assessed and indirectly through participation in the HIA. These findings were reviewed against published information on the HIA experience.

2.1. Data collection

Process evaluation data for the local HIA was collected at the completion of the HIA in September 2007, which included: steering group meeting minutes; HIA screening and scoping reports; a reflective journal utilised by the NCAHS project officer responsible for the HIA; and semi-structured interviews conducted with the HIA steering committee comprising of eleven members. Open ended interview questions sought responses on aspects of the HIA such as; methodology, immediate impact, partnerships, engagement and understanding.

Impact evaluation was undertaken 12 months after completion of the HIA, through structured focus groups. HIA Steering Group members were invited to reconvene for a focus group meeting in

October 2008. Five members participated in the focus group, one original member was an apology and one member interviewed separately with the same questions due to changed employment. 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. Open ended interview questions were used to identify impact. 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.

2.2. Data analysis

Data was collated, transcribed and coded to identify themes. The collated data was presented in table formats under broad themes and reviewed by the three NCAHS staff involved in the HIA. Through further review and discussion key themes were identified and further refinement of the tables was conducted. Key quotes from the process and impact evaluations were also identified and included in the thematic analysis.

3. Findings

3.1. Shift in consciousness

A shift in thinking had occurred as a result of the HIA process and council staff had broadened their understanding of health and the health impacts of their work. A Council Officer stated during the process evaluation focus group that: "we now see that health is more than doctors and specialists; rather, it is about a healthy environment and healthy living, health can be considered in everything we do" (NCAHS, Coffs Harbour HIA, 2007). Council Officers reported they were more likely to consider the health consequences of council policy and plans, especially in relation to active living and social connectivity. Similarly, NCAHS staff developed a better understanding of where they could add value to the work of council, by providing input and evidence for healthy planning issues.

The impact evaluation revealed that although it was difficult to quantify or attribute application of recommendations directly to the HIA, there had been a "shift in consciousness" and renewed thinking related to the HIA themes and recommendations that had impacted on practice. During the 12 month evaluation focus group interview, a Council Officer stated "significant health impacts can be achieved without much cost, without much change in thinking, just thinking about it differently" (NCAHS, 12 month Evaluation Report, 2008). Another comment from a Council Officer in the focus group noted that "from that (the HIA) came the realisation that healthy planning is a key thing to include into our DCP's, specifically South Coffs land rezoned for residential development, the DCP ended up with a neighbourhood park, possible walk overpass to university, linking in with playing fields, a key project with a healthy planning outcome" (NCAHS 12 month Evaluation Report, 2008). The healthy planning focus is influencing the Councils Vision 2030 community strategic planning process, is increasingly being considered in developer contribution plan (Section 94) thinking, and has quite specifically impacted on DCP assessment.

3.2. Evidence supporting decision making

A Council Officer identified that the evidence base brought about by the HIA was the most important outcome. The Council Officer stated that an evidence base that supported planning decisions would assist the planning department to be more resolute and firm when it came to policy writing. During the process evaluation it was reported that this feature of the HIA was more critical than any

single recommendation. The 12 month impact evaluation identified that participating in the HIA process helped Council staff to transfer knowledge into practical application. Staff also suggested that while they had previously aimed for best practice, the HIA had assisted in putting best practice into action.

3.3. Partnership development

A Council participant acknowledged that their perspective on the role of the NCAHS had been enhanced through involvement in the HIA and future cooperative opportunities were recognised. Another response indicated that the HIA helped establish respectful relationships between the Council and the NCAHS and there was acknowledged expertise between the two organisations.

The 12 month focus group evaluation indicated that this positive relationship had been maintained with favourable outcomes for both partners. There was a very strong positive theme about the benefits and the proactive nature of the relationship that had been built since the HIA. A key partnership issue highlighted was the mutual learning and organisational understanding that had occurred, as had a greater awareness of how to work together.

4. Discussion

An increased understanding of health and the determinants of health amongst council stakeholders because of involvement in HIA is regularly reported in the literature (Berenson, 2004; Menzies, 2007). The Coffs Harbour HIA participants attributed this to the steering group clearly defining health broadly as health wellbeing early in the HIA (during scoping) and developing a collective understanding of this broad definition (NCAHS, Coffs Harbour HIA, 2007; NCAHS, 12 month Evaluation Report, 2008). Introducing HIA into local authorities is about engaging people with the broad concepts of health, facilitating the process of it becoming a 'mind set', an automatic way of thinking (Milner, 2004).

In countries where HIA is being applied either strategically or routinely at the local council level, it has directly improved local area planning and public policies (Blau and Mahoney, 2005). It has indirectly; encouraged key decision makers in non health sectors to consider unanticipated health impacts of their decisions; facilitated intersectoral collaboration within local councils; provided a systematic mechanism for evidence based planning; and identified and made transparent trade-offs in local council decision making (Blau and Mahoney, 2005). Responses during the Coffs Harbour 12 month evaluation focus groups strongly support these findings, with Council Officers identifying direct health related impacts to rezoned residential land and influences in future developer contribution (section 94) plans.

The provision of evidence based information has been identified elsewhere by local council staff involved in HIA as an important benefit of the HIA process (Menzies, 2007). A major aspect of this is that evidence provided during HIAs was seen as valuable in supporting decision making and enabled council staff to present evidence based arguments to Councilors who may have been skeptical about the benefits of allocating scarce resources to projects (Menzies, 2007). The provision of evidence was rated as one of the most important outcomes of the Coffs Harbour HIA, and was recognised as a key strength that HIA can bring to decision making and best practice implementation (NCAHS, Coffs Harbour HIA, 2007; NCAHS 12 month Evaluation Report, 2008).

HIA provides opportunities to engage health professionals, policy makers, policy analysts and affected communities in structured discussions about public health implications (Krieger et al., 2003). An important indirect impact of HIA is the establishment of intersectoral relationships (Mathias and Harris-Roxas, 2009). HIA projects have been reported by local government staff involved to establish relationships with the health sector that had not existed prior to it, and they felt

they had a better understanding of the structure of the health sector and how it functioned (Menzies, 2007). The Coffs Harbour HIA confirmed that HIA is a very useful method to engage and build relationships between health and the local Council (NCAHS 12 month Evaluation Report, 2008).

Participation in the CHETRE HIA capacity building project provided NCAHS staff the opportunity to approach the local council with a structured tool that could initiate a working relationship. A recent survey of Health Promotion officers conducted by the NCAHS identified that reasons for not having established relationships with local government partners included; lack of opportunity, capacity or other barriers; and uncertainty around who to contact and how to initiate contact (NCAHS, 2007). Feedback from the Council staff involved in the Coffs Harbour HIA also identified that the HIA introduced the idea of looking outside of Council to the NCAHS for expertise. Support provided through the capacity building project aided the ability of the NCAHS to provide this expertise in HIA. The Coffs Harbour HIA demonstrated that conducting a HIA was a very useful method to engage and build relationships between health and the local Council. The impact evaluation confirmed that this positive relationship has been maintained 12 months after project completion with favourable outcomes for both partners.

5. Conclusion

The review of the Coffs Harbour "Our Living City Settlement Strategy" Health Impact Assessment and the HIA literature clearly demonstrates that HIA can be an effective tool that can increase the awareness of health impacts in relation to strategic and community planning. This experience supports findings elsewhere that demonstrate that HIA can assist to develop relationships between health service and local council staff members and introduce a method of gathering evidence that supports decision making. By utilising HIA, health service staff and local councils can develop stronger working partnerships to promote health through strategic and community planning processes.

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