Evaluation Report for the Canterbury HIA Partnership Project (CHIAPP)

July 2011

Shaken, stirred and still bubbling

2 *e*valuate Ltd

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Executive Summary

The second report on the Canterbury Health Impact Assessment Partnership Project (CHIAPP) is written within the context of three major earthquakes that have occurred in our region in the past 9 months. The impacts these events have had on people's lives are multi layered and numerous. People have had to cope with many things lost and broken; from people to homes to work environments, to sewerage pipes, to roads, shops, sports clubs, schools, supermarkets, the Central Business District (CBD) and so on.

All four partners involved in this project are in the business of providing social and civic services, so it is obvious that the earthquakes have impacted severely on their business as usual activities. Further, the earthquakes have precipitated the establishment of the Canterbury Earthquake Recovery Authority (CERA), a new central government department, to lead and co-ordinate the ongoing recovery work in Canterbury. CERA aims to help restore the social, economic, cultural and environmental well-being of greater Christchurch communities (Canterbury Earthquake Recovery Authority, 2011, About CERA, p 1).

Procedure - To maintain consistency with the previous evaluation report on the project (2evaluate, 2010) and to ensure the context of working in Canterbury in 2011 is accurately portrayed, a questionnaire covered the following; i) project successes, ongoing opportunities and ideas for the future ii) impacts of the earthquake on CHIAPP iii) progress of meeting CHIAPP evaluation objectives iv) the value of the CHIAPP work. The evaluators interviewed the members of the Steering Group and two other members of the partnership organisations. The minutes of the CHIAPP Steering Group meetings were analysed to identify how the activities of the group, support and focus on the aims of the Project.

Findings - There have been several key resources and **successes** emerge from the work of the CHIAPP and/or the Health Impact Assessment (HIA) Project Officer including: the HIA involvement in the Canterbury Regional Land Transport Strategy (CRLTS), the Canterbury Regional Policy Statement (RPS), the Integrated Recovery Guide (IRG), the presentation at the Spain HIA Conference, and involvement in the Inquiry by Design process for the earthquake damaged suburbs of Lyttleton and Sydenham.

HIA Partnership Project Steering Group members have all had their lives and workplaces interrupted significantly by the earthquake of February 22, 2011, with three of the four organisations being relocated out of the Central Business District (CBD). Most respondents considered the earthquakes, although creating uncertainty and some disjointing of the project, had created opportunities to get HIA and Health in All Policies (HiAP) activities included in the recovery planning.

Overall, the performance in the progress towards achieving project objectives has dropped from the first report, except for Objective 4 relating to the level of understanding of HiAP. The CHIAPP project is beneficial for the partner organisations, bar one. Community & Public Health (C&PH) benefitted from having the Project Officer located in their team and offices. The 19 CHIAPP Steering Group minutes were analysed and highlighted that C&PH and CCC members were most likely to attend

meetings and Objectives 1 (partnership) and 2 (capacity building) were most likely to be discussed and Objective 5 (the Treaty of Waitangi) the least likely to be focused on.

Conclusions – There are currently three months remaining of the CHIAPP term. The promotion and use of HIAs as a tool for influencing a Health In all Policies Approach (HiAP) is making progress, but has not necessarily proceeded to plan. Whilst some slippage from the original project plans has occurred, mainly due to the earthquake interruptions, there continues to be a huge commitment and desire to advance this work. Other key conclusions and recommendations include:

- the existing **partnerships** in CHIAPP are incredibly valuable and valued by all parties and these need to remain after October 2011.
- the CHIAPP still has some way to go to meet its original desired outcomes and these need to be revisited.
- the current climate (post-earthquake) is a drastically different operating **environment** than it was 12 months ago. CERA is now an important authority in Canterbury and a place of influence for HIA, HiAP and health determinants work and this organisation needs to be approached and worked with in a planned and systematic way.
- The lessons learnt from the running of this joint quad partner Steering Group will be gathered in the final report. The key question is what would the CHIAPP Steering Group do differently next time if they were setting up the project again from October 01, 2011?

Recommendations – This report recommends that:

- the implications of the **new** Community & Public Health **Policy (HiAP) team** and the full funding by Community &Public Health for the HIA Project Officer needs to be explored for the CHIAPP and future HiAP / HIA work.
- the **relationship between HIA / HiAP** needs to be sufficiently explored, explained and agreed on by the Steering Group as it recognises a broader approach than just HIA as a method.
- post September 30, 2011, the **form, representation and function** of the Steering Group/ possible Advisory Group needs to be explored. What model of working will be most successful? It is important that all partner organisations remain committed to the project. A best fit for purpose replacement for Partnership Health (if needed) within the CDHB or from the wider health sector needs to be found.
- **visibility** – the HIA Project Officer and the project work / successes needs to be more visible and profiled in the three non C&PH organisations. The presence of the HIA Project officer in the other partner organisations needs to be explored.
- the plans for future HIAs in the partner organisations for 2011/2012 need to be developed. The **planning** and planned approach to the CHIAPP work needs to be developed for the next 6-12months, particularly after the finish date of the CHIAPP project (September 30, 2011) and needs to consider the fit with the C&PH new Policy (HiAP) team.
- the **capacity building** aspect of the CHIAPP needs to be revisited (where it is practicable) and planned out for the next 6-12 months, as the timeframe for the project expires.
- there needs to be a more robust discussion and commitment to the Treaty of Waitangi. Good will, intentions and understanding of the need for this to occur do exist, but little work

has actually happened and this is the Objective least covered in the CHIAPP Steering Group meetings.

1.0 Background

The second report on the Canterbury Health Impact Assessment Partnership Project (CHIAPP) is written within the context of three major events that have occurred in our region in the past 9 months; "the (June 13) quakes are the latest in a series of dozens of aftershocks to hit Canterbury following the devastating February 22 earthquake, where 182 people died, and a damaging magnitude 7.1 earthquake last September" (Hallett, 2011, p.1).

Natural disasters such as the earthquakes in Christchurch have a profound immediate impact, as people "struggle to take in what has happened and deal with their own feelings of distress and powerlessness" (NZ Psychological Society, 2011, para 2). The earthquake of February 22, 2011 was a huge social leveller as most social norms were on hold; people were not able go to work, study and play and life slowed down.

The long term impacts these events have had on people's lives is multilayered and numerous. People have had to cope with **all things broken** from homes to work environments, to sewerage pipes, to roads, shops, sports clubs, schools, supermarkets, the Central Business District (CBD) and so on. In Christchurch, there is a "new normal" to describe how people are getting on with rebuilding houses, buildings, infrastructures and lives.

All four partners (Canterbury District Health Board/Community and Public Health (CDHB/C&PH), Christchurch City Council (CCC), Environment Canterbury (ECan) and Partnership Health, Canterbury: Te Kei o te waka (PHC) involved in this project are in the business of providing social and civic services, so it is apparent that the earthquakes have impacted hugely on their business as usual activities. In addition, three of the four partner organisations were located in the CBD so have been relocated to new premises, or in the case of the Community and Public Health, staff are still working from their own homes.

1.1 Canterbury Earthquake Recovery Authority (CERA)

Further, the earthquakes have precipitated the New Zealand Government to establish the Canterbury Earthquake Recovery Authority (CERA), which is to "lead and coordinate the ongoing recovery effort following the devastating earthquakes of September 2010 and February 2011. The scale of the disaster means the overall recovery requires integrated and timely decision making across a range of organisations. It aims to help restore the social, economic, cultural and environmental well-being of greater Christchurch communities. Their role includes:

- Providing leadership and coordination for the ongoing recovery effort.
- Focusing on business recovery, restoring local communities and making sure the right structures are in place for rebuilding.
- Enabling an effective and timely rebuilding.

- Working closely with Christchurch City Council, Selwyn District Council, Waimakariri District Council and Environment Canterbury and engaging with local communities of greater Christchurch, including Ngāi Tahu, the private sector and the business sector.
- Keeping people and communities informed (Canterbury Earthquake Recovery Authority, 2011, About CERA, p 1).

A healthy population is valuable for all societies and for everyone, particularly at this time of post disaster recovery in Canterbury. It is for this reason that CERA needs to be formally informed of the HiAP advisory group and its work and invited to be a member.

1.2 Health Impact Assessment (HIA) and Health in All Policies (HiAP)

Health Impact Assessment (HIA) is a formal activity that aims to predict or evaluate objectively the potential effects of policies on health and health inequalities **before** they are finalised or implemented. It helps policy makers "foresee how different options will affect health and so takes the health consequences into account when choosing between options" (Stahl, Wismar, Ollila, Lahtinen & Leppo, 2006, p. 189). Health Impact Assessment work is based on the recognition that the health status of people and communities is greatly influenced by factors that lie outside the health sector (Public Health Advisory Committee, [PHAC] 2005, p.3).

The main purpose of HIA is to **enhance** the policy making process. It is a practical aid that is based on **evidence**, focused on **outcomes** and encourages **collaboration between a range of stakeholders** (PHAC, 2005, p.3). HIA is one tool to achieve Health in All Policies.

Health in All Policies (HiAP) is an approach which aims to "assist leaders and policy makers to integrate considerations of health, wellbeing and equity during the development, implementation and evaluation of policies and services (WHO/Government of South Australia, 2010, p.2).

HiAP explores policy options that will improve health outcomes. The health sector's role is to support other sectors to achieve their goals in a way which also improves health and wellbeing (Community & Public Health, 2011a, p.1). HiAP involves support and partnership building with other organisations so as to create "strong alliances and partnerships that recognize mutual interests and share targets" (WHO/Government of South Australia, 2010, p.2).

Key HiAP messages:

- "Health begins where we live, learn, work, and play"
- Health starts – "long before illness – in our homes, schools and jobs"
- HiAP is an approach that acknowledges that the causes of health and wellbeing lie outside the health sector and are socially and economically formed.
- HiAP highlights the connections and interactions between health and other sectors and how together the sectors can contribute to better health outcomes.
- Health Impact Assessment (HIA) is a tool to meet HiAP goals (Bidwell, 2011, p.4)

HIA and HiAP and how they relate

Health Impact Assessment (HIA) is a tool to meet HiAP goals (Bidwell, 2011, p.4) and prompts policy makers to make necessary modifications or policy improvements (Stahl, Wismar, Ollila, Lahtinen &

Leppo, 2006, p. 194). In effect, the HIA systematic processes which explore the probable health consequences of different policy options are useful tools for all policymakers. It is difficult to "see how Health in All Policies could become a reality without HIA or a similar approach" (Stahl, Wismar, Ollila, Lahtinen & Leppo, 2006, p.204).

Both HIA and HiAP share a common focus on the key determinants of health (PHAC, 2005, p.36) including:

Table 1: Some key determinants of health

Social and cultural factors	Social support, cohesion, isolation Participation in community and public affairs Family connections Expression of cultural values and practices / links with marae Relationship with the land and water
Economic factors	Creation and distribution of wealth, income level, affordability of adequate housing, quality of employment, education, training
Environmental factors (living and working conditions)	Housing conditions and location, working conditions, quality of air, water and soil, waste disposal, energy, urban design, land use, biodiversity, sites of cultural significance, public transport, noise, exposure to pathogens
Population based services	Access to and quality of employment, education, workplaces, housing, public transport, health care, disability services,
Individual / behavioural factors	Personal behaviours e.g. diet, physical activity, smoking, alcohol intake Like skills, personal safety, employment status, education, stress levels, self-esteem and confidence
Biological factors	Biological age

1.3 The CHIAPP Project

The Canterbury Health Impact Assessment Partnership Project (CHIAPP) was set up in October 2009 as a 2 year project jointly sponsored by the Canterbury District Health Board/Community and Public Health (CDHB/C&PH), Christchurch City Council (CCC), Environment Canterbury (ECan) and Partnership Health, Canterbury: Te Kei o te waka (PHC) with the following aim:

> "we aim for a health in all policies approach (HIAP) within our organisations / sectors by building capacity to undertake Health Impact Assessment (HIA) at project and policy levels. We are 'learning by doing' with a focus on transport, land use and health planning (e.g. service plans)", (CHIAPP Memorandum of Understanding, 2009, p.2).

The Steering Group (SG) members for the CHIAPP are representatives from the four partner organisations and their commitment is to:

i) provide oversight to the project
ii) work as HIA champions and influencers within their own organisations
iii) keep up to date on developments in HIA
iv) monitor and evaluate project developments.

A Project Officer was employed on a 2 year contract to build capacity of the partner organisations and more specifically to: i) undertake Health Impact Assessments (HIAs) by leading, managing, supporting and ii) deliver HIA sessions, trainings, workshops. This is within the context of the

overarching aim of developing understanding of a health in all policies approach (CHIAPP Memorandum of Understanding, 2009, p.4)

The **desired outcome** of the CHIAPP initiative is that:

> "at the end of this project the partner organisations will have policy and some projects taking a health perspective as a normal part of these processes. There will be enough people in the organisation with HIA experience that HIA is integrated into work practices and not a stand-alone event. The health perspective is understood by different teams e.g. planners, engineers" (CHIAPP Plan Update, 2010, p.3).

Some successes of the CHIAPP and HIA Project Officer (to date)

Some of the work of the four partner organisations which has had HIA or the HIA Project Officer input as indicated below in Table 2.

Table 2: Some successes of the CHIAPP and HIA Project Officer (to date)

Project	HIA Project Officer / organisations involved
Joint HIAs - Regional Land Transport Strategy (**RLTS**) in 2010	HIA Project Officer / ECan /C&PH / CCC
Joint HIA – Christchurch Transport Plan (**CTP**) in 2010	HIA Project Officer / CCC / C&PH /ECan
Canterbury Regional Policy Statement (**CRPS**) – Health and Wellbeing Review (2010)	HIA Project Officer / ECan /C&PH
SISSAL Planning Group project looking at the Economic and Social Impact of Patient vs. Clinician Travel (September 2010).	HIA Project Officer / SISSAL staff/C&PH
HiAP tag on the C&PH website and links to partner organisations	HIA Project Officer / C&PH
Useful resources on CPH website (HPSTED, Integrated Recovery Guide, Information Sheets on Long Term Planning for Recovery after Disasters: Ensuring HiAP)	HIA Project Officer / C&PH
Qualitative review of HPSTED (*)	HIA Project Officer /C&PH / CCC
Transport Planning Literature review	C&PH
2010 Asia Pacific HIA Dunedin conference	HIA Project Officer /ECan, C&PH
2011 HIA International conference in Spain	CPH
Capacity building / training in HIA workshops	HIA Project Officer / ECan / CCC / C&PH
Westland District Council gambling venue policy	CPH – Canterbury and West Coast

* HPSTED – 'Health Promotion and Sustainability Through Environmental Design" is a CCC planning guide and has been used in a range of ways to support the HIA work. This document was posted on the HIA Gateway/UK enabling it to get an international profile (Healthy Christchurch newsletter, 2010, p. 2).

1.4 Evaluation of the CHIAPP

In March 2010, an Evaluation Plan for the Canterbury Health Impact Assessment Partnership Project (CHIAPP) was developed. The purpose of the evaluation of the CHIAPP was defined as:

> "using a stakeholder approach, which will look at the different perspectives and experiences of all involved, a formative evaluation using qualitative methods will be undertaken. The formative evaluation will provide information to contribute to the development of the project and to improve its implementation.
>
> A concurrent process evaluation, also using qualitative methods, will describe the ways in which the project was implemented and what happened as a result of the strategies used.
>
> Some of the immediate outcomes of the project will be identified, however because of the relatively short time-frame, evaluation of final outcomes will not be possible. It is intended that the final report will provide sufficient information to enable decisions to be made about future directions and will have the potential to guide other regions wanting to take a similar approach."

2.0 Procedure

Interviews with representatives from the four partner organisations

HIA Partnership Project Steering Group members

The evaluators interviewed the members of the Steering Group to ascertain the level at which each of the four partner organisations **perceived** they were operating in relation to the evaluation objectives and also gathered additional information.

Interviews were completed during May and June 2011. All interviews took place in different locations to the first round of interviews, due to the organisations being relocated in different places after the Feb 22, 2011 earthquake. Locations included cafes, temporary work spaces, the Art Gallery and new offices.

Other representatives from the four partnership organisations

Members of the Steering Group were asked to identify two other members in their organisation to interview including:

a) someone who had some knowledge and experience of HIA and

b) a second person who had little or no experience of HIA.

This was to ascertain what impact the HIA Partnership Project was having in another tier or layer in the organisation. Additionally, all Steering Group members were interviewed for the first evaluation report and it was considered that feedback from additional key informants within each partner organisation would be beneficial and add quality to the project.

Given the changing priorities and workloads for each of the partner organisations in the earthquake recovery phase, locating people to interview was most appreciated.

Content of the interviews

The interviews were broken down into four main sections. The first section was to follow up from the previous interviews in October 2010 and to focus on successes and opportunities at this stage of the project development. The second section considers the effects of the earthquakes on the project and contextualises the findings while the third section reviews the CHIAPP objectives and compares the findings with previous data and finally some very brief new questions were added around the value and importance of the project in order to prepare for the last phase of the evaluation later in 2011. The sections were as follows:

- A summary of the perceived successes , ongoing opportunities, and ideas for the future of the Project
- The impact of the Canterbury earthquakes on the CHIAPP
- A review of the CHIAPP evaluation objectives as outlined below
- Adding value – how much, how well and how beneficial.

Objectives of the CHIAPP Evaluation

Objectives for the evaluation of the Canterbury Health Impact Assessment Partnership Project (2009-2011) include:

Objective 1: To ascertain the level at which the four partner organisations operated as a **partnership** throughout the project.

Objective 2: To review the worth and relevance of the **capacity building** and training opportunities provided under the auspices of the project.

Objective 3: To assess the level at which HIA is being used as a **policy tool** for promoting "Health in all policies".

Objective 4: To ascertain the level of understanding about the "**Health in all policies**" approach in key organisations.

Objective 5: To assess the level at which the **Treaty of Waitangi** has been recognised in the undertaking of the HIA Partnership Project.

Objective 6: To assess the applicability of the **original plans** for the project as noted in the documentation (Memorandum of Understanding; Terms of reference; and HIA Project Officer position description) as well as the nature of any changes made during the project. Also evaluate the objectives of the role of the HIA Project Officer.

Objective 7: That **optimum ways** to support and promote HIAs and best ways to integrate them into a "Health in all Policies" approach will be apparent.

Review of the CHIAPP meeting minutes

A brief review of all the minutes from the 19 CHIAPP meetings from 27 October 2009 until 16 November 201 1 was synthesized and reviewed. This is attached as Appendix 2.

3.0 Findings

The Interviews were broken into sections including

3.1. A summary of the perceived successes, on-going opportunities and ideas for the future of the Project
3.2. The impact of the Canterbury earthquakes on the CHIAPP
3.3. A review of the CHIAPP evaluation objectives
3.4. Adding value - how much , how well, how beneficial
3.5 The CHIAPP Steering Group and minutes

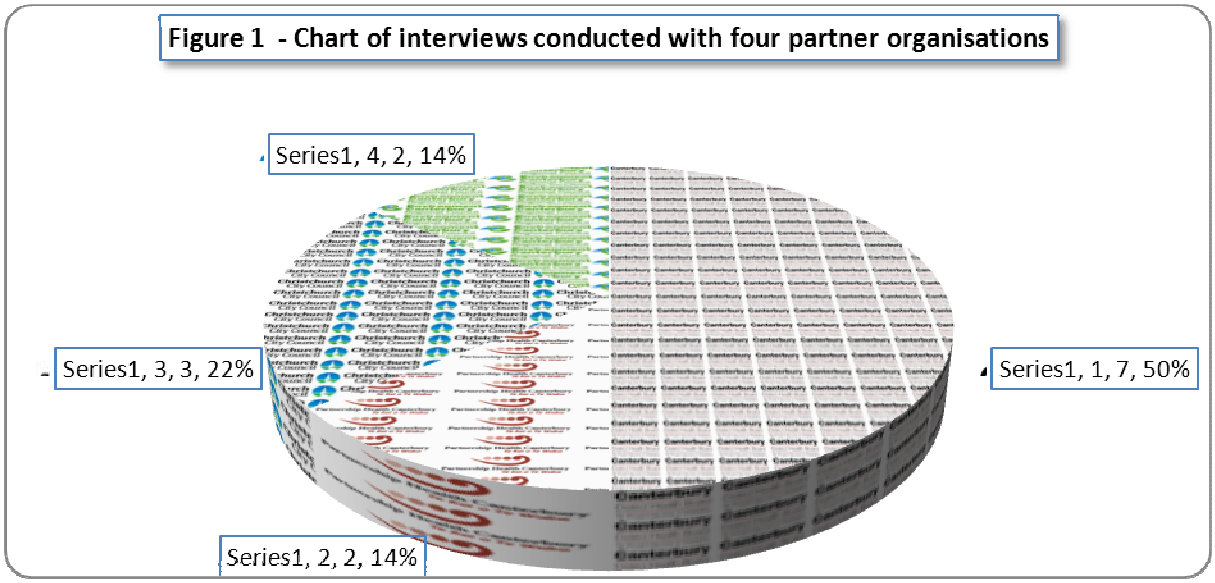
In total there were 13 people interviewed and one group of ECan respondents who passed on useful comments through their Steering Group representative. Table 3 illustrates the breakdown of the organisations of the people interviewed.

Table 3: The organisations of the people interviewed

CCC Steering Group Member	Christchurch City Council	C&PH Representative 1	Canterbury District Health Board Te Poari Hauora ō Waitaha
C & PH Steering Group Member	Canterbury District Health Board Te Poari Hauora ō Waitaha	C&PH Representative 2	Canterbury District Health Board Te Poari Hauora ō Waitaha
C&PH Steering Group Member	Canterbury District Health Board Te Poari Hauora ō Waitaha	PH Representative 1	Partnership Health Canterbury Te Kei o Te Waka
Environment Canterbury Steering Group Member	Environment Canterbury Regional Council Kaunihera Taiao ki Waitaha	Environment Canterbury representatives	Environment Canterbury Regional Council Kaunihera Taiao ki Waitaha
Partnership Health Steering Group Member	Partnership Health Canterbury Te Kei o Te Waka	C&PH Representative 3	Canterbury District Health Board Te Poari Hauora ō Waitaha
HIA Project officer		C&PH Representative 4	Canterbury District Health Board Te Poari Hauora ō Waitaha
CCC Representative 1	Christchurch City Council	CCC Representative 2	Christchurch City Council

Each Steering Group member was asked to identify two people from their organisation to be interviewed. As there are currently two members on the Steering Group from Community and Public Health a total of 6 people (2 Steering Group members and 4 other employees) were interviewed from this organisation as well as the HIA Project Officer who is based within this organisation.

What needs to be emphasised at this point is that 64% of the reponses are from individuals within the health sector (public health and primary health care), as demonstrated below in Figure 1.



All comments were reviewed, themed and are reported below and in Appendices 3a-3b. All responses are grouped in two columns; the first column indicating the Christchurch City Council (CCC) and Environment Canterbury (ECan) responses and the second column indicating the Community & Public Health (C& PH)and Partnership Health Canterbury (PHC) responses.

3.1 Perceived successes for CHIAPP, ongoing opportunities and ideas for the future of CHIAPP

3.1.1 Project successes identified by interviewees

CCC and Environment Canterbury considered the CHIAPP project successes to be around the heightened profile of HIA and its usefulness to their organisations and work. C&PH and Partnership Health focused more on key HIA projects that they had heard of, the opportunities to work with CERA and also the internal changes to C&PH around forming their policy team; (Health in All Policies, Team).

Some staff at ECan highlighted the following strengths of the HIA approach:

> **"all planning processes should go through it (HIA) – including the initial scoping"**
>
> "from an evidence point of view, it is valuable for us to show that we have gone through the (HIA) process, to avoid adversarial difficulties later on (in Land Court etc)"
>
> "(HIA) is a convenient way to make sure all boxes are ticked and that all issues are addressed"
>
> "(some of HIA process is) common sense for some but better to be explicit about it (key determinants of health)"
>
> "unless it is s**tructured**, it (health determinants) can get overlooked."

3.1.2 Ongoing developments / opportunities for CHIAPP

All respondents identified on-going developments for the work of the project. The most common opportunities were considered to be;

- ability to be involved and influential in the CERA work and approaches
- ability to be involved in the CBD Central City Master plan (wellbeing and sustainability assessment) and Suburban Centre programmes
- very established network exists and there is potential to build further
- renaming of the HiAP team within C&PH and what this is going to mean
- health determinants /indicators with champions for each one from each of the partner organisations
- the focus on uptake and getting people to use the word documents on the C&PH website. Are organisational mandates or imperatives needed to operationalise this work? are more organisational champions needed?
- refinement of health determinants to a process / checklist that meets the needs of the current recovery environment
- opportunities to publish academic papers on HIA and HiAP so that more people know to use it and how to use it well.

3.1.3 What is needed for HIA going forward?

Going forward, the respondents felt the key requirements were **visibility**, **profile**, and **infiltration** into CERA and the recovery work and, ensure consistent messages are conveyed to targeted audiences. The commitment of the current organisations to stay involved in the CHIAPP future work and a need to review the structure of the project, was indicated. Continued **capacity building** was highlighted as was the view that the **value** of HIAs be more obvious and promoted.

The commitment to the work of the project continues to be an integral part of its success. Given the impending change to the project, some felt it may be appropriate to form new entities, for example have an Advisory Group instead of a Steering Group. Some debate will need to occur to address some of the issues identified, e.g if not funding the on-going work of HIA and HIAP will the other partners have the same level of involvement; should other agencies be invited to participate (MSD suggested) etc.

One suggestion that may prove beneficial was the development of Best Practice Guidelines for Policy cycle processes included in HIA. The comments are recorded in Table 4 below.

Table 4: Comments about what needed for CHIAPP going forward

Christchurch City Council / Environment Canterbury Regional Council Kaunihera Taiao ki Waitaha	Canterbury District Health Board Te Poari Hauora o Waitaha / Partnership Health Canterbury Te Kei o Te Waka
Visibility and profile needs to be built more x 2 (HIA work) could just slip into the bookshelf one day with an attitude of 'yes thought about that once but…..'	Key consistent messages to targetted people e.g. CERA staff are needed
Needs to be of value x 2 - how do we make it real for people? /	Training of workers / in depth training especially for HiAP team…as "we (staff) need to be evangelical about

Yes written guidelines are a first step and a workshop is then needed with real projects and connections for people to their work	it and more knowledgeable" / C&PH HiAP needs capacity building
CERA – what are the mechanisms of infiltration into CERA going forward Challenge is to make people leading the recovery in Christchurch more aware of HIA and HiAP	Need strong commitment from partners to stay in CHIAPP – the project relies on key stakeholders / partnerships
Time – time for staff to engage with the new stuff and information especiallyhow to use HIA perspective – how much and how quickly can we use it?	Deep partnerships to continue through funding and buy in so the work is institutionalised. How do we ensure key relationships stay in tact in CHIAPP?
Best Practice Guidelines for Policy cycle processes included in HIA would be useful	Review CHIAPP structure and make more evidence based linkages and causal pathways for staff
	Needs high profile support. e.g. Roger Sutton in newspaper saying HiAP is a good product. Needs a quick review of recovery plans through HIA lens but not a too purist view as "there just isn't time"
	Need bigger plan (strategy) from CHIAPP Strategic Group and C&PH senior management to create reality for C&PH staff to "surf the (HIA) wave while it is high."
	Genuinely embedded in our practice and not just phrases. Everyone needs to understand their part so HIA profile is raised.
	CHIAPP should end and be evaluated against its objectives. The end result will be new entities. Do we need a Steering Group or an Advisory Group? Would it be something like the Healthy Christchurch panel?
	Map of CERA staff is needed as everyone is networking wildly (within CERA) but who is being missed?

3.2. The impact of the Canterbury earthquakes on CHIAPP

HIA Partnership Project Steering Group members have all had their lives and workplaces interrupted significantly by the earthquake of February 22, 2011, with 3 of the 4 organisations being relocated out of the Central Business District (CBD). Community & Public Health staff are still working from their own homes.

Most respondents felt the events of the earthquakes (Sept 4 2010, Feb 22 2011 and June 13 2011), although creating uncertainty and disjointing of the project, had in the main created opportunities to get Health Impact Assessment and Health in All Policies on the agenda for many organisations involved in the recovery (post earthquake) phase in Canterbury.

One person cleverly said that the "earthquake has taken over our thinking – HIA needs to be embedded in earthquake thinking." This will prove to be an ongoing challenge.

Earthquake impacts – Christchurch context

Comments from interviews discussing the disruptive impacts of the earthquakes for the population of Christchurch included:

- Our own health and wellbeing has been affected

- Christchurch wide there is loss of work and income so there will be 'new vulnerable' as well as people leaving the city
- Increasing deprivation issues – what about people with no (house) insurance? what is happening for them?
- GPs can't find people and their practices are relocated e.g. 5/6 practices in East Christchurch were damaged
- 600 beds for aged care are out of city, 2 wards out of the hospital, 22,000 housing problems
- NGOs and government departments have lost buildings, resources, files etc. (including C&PH, Environment Canterbury)
- Has been a huge Public health focus on food, drainage, travel, shopping access as malls closed etc.
- Increased domestic violence for some families but casino is still closed (has since re-opened)
- Access to services, shops, transport all interrupted and difficult.

Earthquake negative impacts on Steering Group and Project work

The main impacts to have negative effects on the Project work were **interruptions**, **access** to staff, changes in **priorities,** some **lack of clarity** about priorities and o**pportunities** for capacity building and **training lost**. The fuller list of comments is included in Table 5.

Table 5: Earthquake impact on Steering Group (negative)

Christchurch City Council / Environment Canterbury Regional Council	Canterbury District Health Board / Partnership Health Canterbury
Interrupted time and priorities and project planning focus	Not sure how to prioritise work – what needed fast? Slow? Who should we be talking to etc.?
Visibility and access – unless it is a burning priority, it is hard to get or give it attention	Impacted on timing of deliverables – totally got in the way
Staff changes at Ecan means that the new staff on CHIAPP not in management and not able to make decisions / new CEO and restructuring post earthquake	Training for C&PH etc. on HIA is on hold and has slipped off the radar
New focus of work – not known before, new work and new locations. We have to rethink how HIA applies to earthquake situations	Lot of work is 'parked' and it may seem that nothing is going on
difficult for SG to meet and stay cohesive as other priorities and 2 waves of changes (post Sept / post Feb)	Harder to meet and discuss things and feelings of lack of cohesion and delays
Work that the project can integrate into has changed significantly and it will be much more reactive work and not proactive	

Earthquake positive impacts on Steering Group and Project work

Some positive impacts were identified. These were seen to be in relation to the opportunities presented by the need to do a huge amount of planning in a very short time span and the ability to develop tools and have active roles that will have a positive influence on the redevelopment of

Christchurch. As one interviewee said" this is a once in a lifetime opportunity to get input into what would take 25 years planning but will need to be completed in 5 years".

Earthquake impacts for Community & Public Health new HiAP team

The CPH have reconfigured post February 22 earthquake to form a new Health in All Policies (HiAP) policy team. The challenges for the new Policy (HiAP) team are many. Many of the physical challenges such as office space and access to computers / printers / colleagues and information are still being addressed. Some new ways of working (such as hot-desking) will be trialed and tested once they move into a premises together.

Staff interviewed identified the following positive (+) and negative (-) impact from the earthquake to date:

+		-	
+	It is all hyped up	-	has it doubled our work?
+	raises profile	-	Kaupapa is still new so have to be careful that "we don't just go back into what we know already"
+	more articulate		
+	more visible		
+	Opportunity to activate IRG team		

Given the newness of the change to the Policy (HiAP) team within C&PH, it will be vital that issues of cohesion, communication, direction and purpose are well debated and formalised. This was certainly an area for concern for the staff interviewed from that team.

Earthquake – potential threats for CHIAPP

The biggest perceived threat to the work of the CHIAPP would possibly be funding being dragged away to fund earthquake recovery, lack of organisational commitment to HIA given all the other priorities, and the resource availability to carry out HIA and HiAP work. The list of potential or perceived threats identified are summarised in Appendix 3c.

New learnings from recovery/ life post-quake for CHIAPP

Interviewees were asked to consider whether they could identify any new learning from the earthquake recovery work. Most suggestions related to effective communication and relationship building; getting HIA involved at the beginning of policy work cycles and the need to consult with the community about their well-being. Other ideas offered were:

- community wellbeing considerations need to be in **all** policies and planning
- making sure we are in conversations with people at the beginning of projects – connecting and talking (to the right people) early is important
- "more do-ey, less hui" / opportunity to work smarter.
- relationships are already in place – we need to continue building on them
- need to focus on Transport/water/waste/air as all are important.

3.3 A review of the CHIAPP Evaluation Objectives

Only Steering Group members were asked to rate the performance of the project against the original objectives. The results were compared with the first evaluation report (2 evaluate, November 2010) and are summarised below. It is important to note that there has been a change in the ECan Steering Group membership, and the new member felt unable to comment, so these results are only indicative of 3/4 of the partnership organisations' views.

		Rating Ave 1st 6 mth report	Rating Ave 2nd 6 mth report	Change
Objective 1	To ascertain the level at which the four partner organisations **operated as a partnership** throughout the project	75%	75%	-
Objective 2	To review the worth and relevance of the capacity building and training opportunities provided under the auspices of the project.	75%	66%	8% ↓
Objective 3	To assess the level at which HIA is being used as a **policy tool** for promoting "Health in all policies".	58%	61%	3% ↑
Objective 4	To ascertain the level of understanding about the "**Health in all policies**" approach in key organisations.	52%	63%	11% ↑
Objective 5	To assess the level at which the **Treaty of Waitangi** has been recognised in the undertaking of the HIA Partnership Project.	65%	51%	14% ↓
Objective 6	To assess the applicability of the **original plans** for the project as noted in the documentation (Memorandum of Understanding; Terms of reference; and HIA Project Officer position description) as well as the nature of any changes made during the project. Also evaluate the objectives of the role of the HIA Project Officer.	80%	58%*	22% ↓
Objective 7	That **optimum ways** to support and promote HIAs and best ways to integrate them into a "Health in all Policies" approach, will be apparent.	85%	75%	10% ↓

** It is important to note that only 2 Steering Group respondents answered this question, due to lack of current familiarity with the plans referred to.*

The biggest improvement occurred in Objective 4 which relates to ascertaining the level of understanding of Health in all Policies Approach within key organisations. The other Objective that had an improved rating was the use of HIA as a tool to promote HiAP. Both of these objectives are at the very core of the project purpose being "at the end of this project the partner organisations will have policy and some projects taking a health perspective as a normal part of these processes", which is a pleasing result.

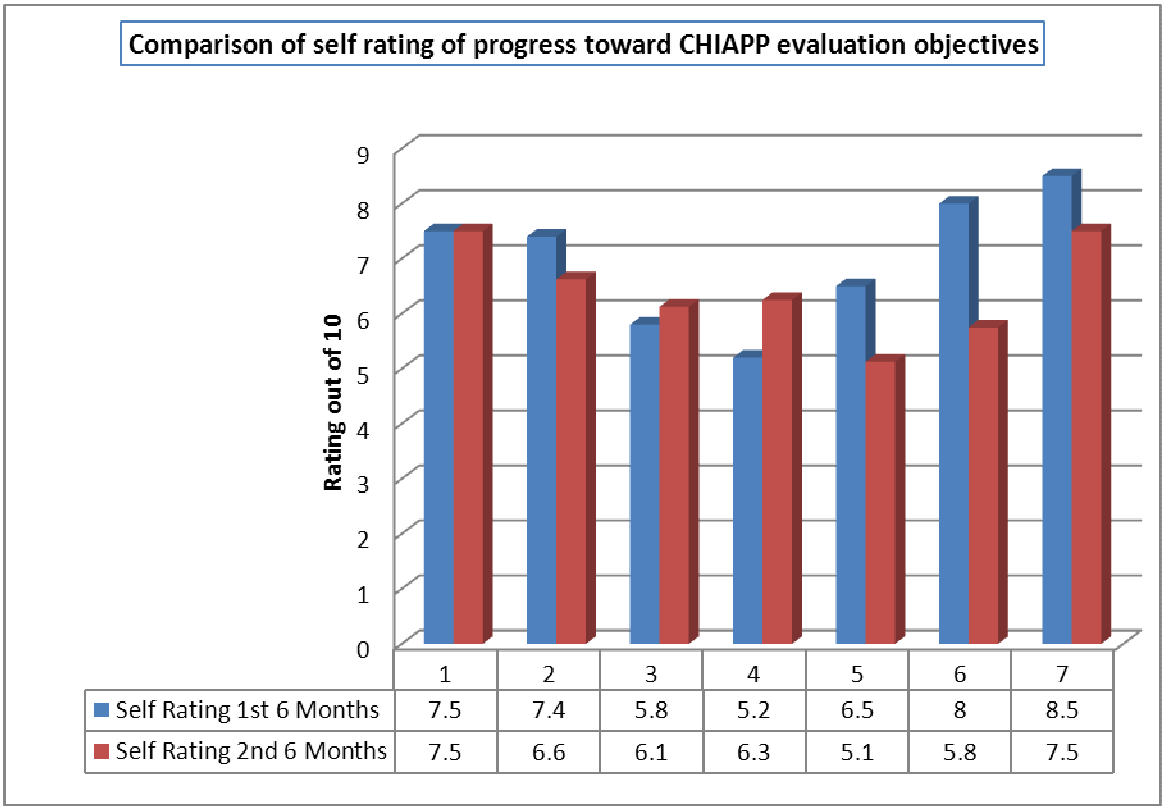
No change occurred in the perceived level of partnership operating, which given the context over the past 6 months, and conflicting priorities for members in earthquake recovery work, must be seen as a success for the existing and continuing partnerships within the Steering Group.

Again the context and constraints imposed by the Canterbury earthquakes and aftershocks have had a significant impact on the perceived success of the remaining objectives, all of which were believed to be performing at a lower rate than that measured 6 months earlier. The biggest decrease was the perception that the applicability of the original plans had dropped.

Planned meetings in March 2011 to address strategies for improving Objectives 5 and 7 (recognition of the Treaty of Waitangi and transparency of optimum ways to integrate HiAs) did not occur due to the disruptions of the February 22 earthquake. Likewise the perceived decrease in the performance of capacity building and training opportunities is directly due to the changing priorities for all of the partner organisations, whose work is significantly redirected into the recovery phase not capacity building.

The level of overall performance (at this time) must be considered to be more than satisfactory. As can be seen from the following chart, as all objectives are operating at more than 5 out of 10, with more than half rating at better than 7 out of 10.

Figure 2: Comparison of Self rating of progress toward objectives



	1	2	3	4	5	6	7
Self Rating 1st 6 Months	7.5	7.4	5.8	5.2	6.5	8	8.5
Self Rating 2nd 6 Months	7.5	6.6	6.1	6.3	5.1	5.8	7.5

3.4 Adding value - how much , how well, how beneficial

Community & Public Health considered their staff had benefitted enormously from having the CHIAPP Project Officer based in their offices. Members of the new Policy team had not previously worked with the Project Officer and asked for more understanding and ability to integrate the HiAP processes and thinking into their work. The Health Protection team were singled out as the C&PH team that had benefitted from CHIAPP and the Project Officer's input. It needs to be noted that the officer was located with this team for the first 12 months of her employment. Health respondents

were most positive about their work with Environment Canterbury and CCC and felt that they had benefitted from their investment in CHIAPP. The primary health representatives considered that Public Health had benefitted more than operational health or the health service sector.

The CCC and ECan respondents considered that individuals were benefitting as well as the organisation. This was because staff would be looking through different lenses as a result of being involved in HIA work. They considered that it was a tool to help them do their work better as different perspectives improve quality and the quality of their advice. One person mentioned the ripple or stone in the pond effect as there was ongoing incidental influence (about HIA and determinants of health) in different meetings and in conversations with colleagues. These staff did not mention the benefits to other organisations.

When staff were asked **how much work** has been done, C&PH staff thought there had been "heaps" and "loads" of work done and some specific projects were mentioned. This activity perception may be because they hear reports from the Project Officer at regular team meetings. However Primary care staff considered there had not been enough capacity building and training done. One CCC / ECan staff member considered only a little had been done while another considered that HIA work had influenced a lot of other work. Allowing for the project being in its early stages, they still considered that more visibility for the project was needed.

The question of how **well the work was done** was answered positively by C&PH staff. One said extremely well and cited evidence from evaluation reports and workshop feedback. Others mentioned the resources on the C&PH website as work well done as was the Regional Policy Statement (RPS), the Kaiapoi Town Plan submission and the Transport Strategy. CCC and ECan staff considered the work had been done as well as could be with the resources. Some CCC and ECan respondents felt the results were mixed and varied and doing well but could do better. One said that for some staff it was just confirming what they were doing already and another said it depended WHERE in the organisation people were, as some were very aware of HIA and health determinants work.

Questioning the **perceived benefits and value** proved to evoke some interesting responses. Some health staff considered the people of Kaiapoi (and one considered people of Westland) to be better off while others thought that individuals working in organisations were better off as a result of the HIA work but not the systems within the organisation. Others cited the CCC central city planning, ECan and Transport HIA as beneficial to the people of Canterbury. Some talked of the importance of including HIA work at the beginning of a project while others took the long term view that in 10 or 20 years benefits might be more obvious. One person said "is Canterbury better off? can't say. Are organisations better off? probably. Is C&PH staff better off? yes as our perspective is enriched and HIA is part of our core values". One person summed up fittingly with "HIA is giving information to make better decisions on needs and impacts and gives evidence for people to act on and agree things together".

The CCC/ECan staff said people enjoy the HIA process and the health profile work was valuable. They echoed the long term nature of the benefits of the HIA work as well as reflecting that the earthquake was having an impact quicker and sooner.

3.5 The CHIAPP Steering Group and minutes

A brief review of all the minutes from the 19 CHIAPP meetings was synthesized as per the Evaluation Plan. A summary of meetings held, attendees, topics covered and the objective they relate to is attached as Appendix 2. Over the past 21 months there have been a total of 19 meetings (or a 90% monthly average), which considering all the interruptions over the recent 9 months, is a more than satisfactory result.

The partner organisation representation at the CHIAPP meetings is summarised and shown in Appendix 2. The formation of the Steering Group in its present form is made up of one member from each of the four partner organisations plus a further representative from C&PH and additionally the Project Officer (who has attended all meetings to date) whose position sits within C&PH. Therefore it is not surprising that for every meeting held, there was on average 2.7 representatives present from C& PH which equates to a 90% attendance rate for each of the 3 members.

On an individual basis, of the other partners, the CCC Steering Group member attendance at meetings is the next highest with an average 94% attendance rate. This demonstrates a tremendous willingness and commitment from CCC to the deliverables of the project and is to be commended.

The next highest attending partner organisation is Partnership Health (89% overall but this actually represents an average meeting presence of 78% - the difference is explained by more than one representative attending one or more meetings, then ECan which has managed to have a presence in 56% of meetings, despite a change in Steering Group membership.

The objective most likely to be discussed and worked on at a Steering Group meeting is Objective 1 (partnership), 2 (capacity building) and 6 (original plans). The objective least likely to be discussed is Objective 5 (Treaty of Waitangi), 4 (understanding HiAP in organisations) and 3 (HIA as a tool for HiAP).

Post Script from the first Evaluation Report for CHIAPP (2evaluate, 2010, p.16)

This information is included here as a useful theme to carry through each of the three evaluation reports. According to interviewees in the first report a **successful HIA approach in each organisation** would have:

- a plan to use HIA approach at the beginning and end of any project
- new policies in their organisations would use HIAP routinely
- audits every 3 years of HIA and HiAP activity within an organisation
- success stories or 'runs on the board' and the value organisations got from using HIA, would be routinely reported
- people talking about HIA and HIAP in their conversations and discussions and there would be a profile with the CDHB and other organisations about it.

The interviewees also said that the **difference** HIA and HIAP would make includes:

- the DHB thinking more about keeping people active and promoting healthy choices
- health outcomes for our community would be the bottom line (for policymakers).
- and everyone in the policy world's perspective would be broader than just biomedical and would include social determinants of health
- having a broader perspective, and less knee jerk reactions in policy formulation.

4.0 Conclusions

The **desired outcome** of the CHIAPP initiative is that:

> "at the end of this project the partner organisations will have policy and some projects taking a health perspective as a normal part of these processes. There will be enough people in the organisation with HIA experience that HIA is integrated into work practices and not a stand-alone event. The health perspective is understood by different teams e.g. planners, engineers". (CHIAPP Plan Update, 2010, p.3).

The CHIAPP is on its journey to try and meet some of these desired outcomes but still requires some continued focus to be able to say that their organisations are "taking a health perspective as normal" as part of their policy and planning processes.

Community and Public Health, with its renamed Policy (HiAP) team could argue that they are preparing to get enough people in their organisation "with HiAP experience that HiAP is integrated into work practices and not a stand-alone event." However they have some major steps in terms of planning and focusing this team and capacity building to achieve this.

The health perspective as understood by other key teams in the four partner organisations was mentioned for the Health Protection Officers at C &PH and some of the Strategy team at CCC but no other existing teams of planners or engineers were mentioned in this evaluation.

The key focus on HIA or HiAP is an interesting point of discussion. In the previous evaluation report (2 evaluate, November 2010) most interviewees talked about HIA. With the renaming of the HiAP team, interviewees are talking about both terms interchangeably without a robust discussion around the interconnections between both the HIA tool and the HiAP approach. It was evident in the analysis of the Steering Group minutes that the objectives relating to the overlaps between HIA and HiAP Objective 4 (understanding HiAP in organisations) and Objective 3 (HIA as a tool for HiAP) were the least likely to be discussed. This understanding of the interconnection between the HIA tools and the HiAP approach may need to be a key discussion point and focus for future Steering Group meetings.

It is important to reconsider that Health Impact Assessment (HIA) is a tool to meet HiAP goals (Bidwell, 2011, p.4) and prompts policy makers to make necessary modifications or policy improvements (Stahl, Wismar, Ollila, Lahtinen & Leppo, 2006, p. 194). In effect, the HIA systematic processes which explore the probable health consequences of different policy options are useful tools for all policymakers. It is difficult to "see how Health in All Policies could become a reality without HIA or a similar approach" (Stahl, Wismar, Ollila, Lahtinen & Leppo, 2006, p.204).

4.1 Perceived successes, on-going opportunities and ideas for the future

Christchurch City Council and ECan staff interviewed considered the CHIAPP project **successes** to be around the heightened profile of HIA and its usefulness to their organisations and work. Community & Public Health and Partnership Health focused more on key HIA projects, the opportunities to influence the work of CERA and also the internal changes to C&PH around establishing the policy team; (the Health in All Policies (HiAP) team).

However there was discussion around the uptake or getting people to use the documents (HIA, IRG, HPSTED) that already exist. It is an interesting debate whether the CHIAPP partner organisations would recommend organisational mandates or imperatives to ensure more consistency around HIA methods or whether the gentler path of carrying on developing more organisational champions is the way to go. Perhaps C&PH might be at the stage of possibly mandating or integrating HIA methods within the HiAP framework and new team structure, more so than other organisations.

It would also be an interesting discussion for the Steering Group to look at breaking up the key health determinants /indicators and aligning champions for each determinant from each of the partner organisations.

One suggestion that may prove beneficial was the development of Best Practice Guidelines for Policy cycle processes included in HIA. Another suggestion was the need for a refinement of health determinants to a process / checklist that meets the needs of the current recovery environment. Opportunities to publish academic papers on HIA so that more people know to use HIA and how to use it well.

4.2 The impact of the Canterbury earthquakes on CHIAPP

Most respondents felt the events of the earthquakes (Sept 4 2010, Feb 22 2011 and June 13 2011), although creating uncertainty and some disjointing of the project, had in the main created opportunities to get Health Impact Assessment and Health in All Policies on the agenda for many organisations involved in the recovery (post earthquake) phase in Canterbury. One person cleverly said that the "earthquake has taken over our thinking – HIA needs to be embedded in earthquake thinking." This may prove to be a challenge.

The main impacts to have negative effects on the Project work were **interruptions**, **access** to staff, changes in **priorities,** some **lack of clarity** about priorities and o**pportunities** for capacity building and **training lost**.

Some positive impacts were identified. These were seen to be in relation to the opportunities presented by the need to do a huge amount of planning in a very short time span and the ability to develop tools and have active roles that will have a positive influence on the redevelopment of Christchurch. As one interviewee said "this is a once in a lifetime opportunity to get input into what would take 25 years planning but will need to be completed in 5 years".

New HiAP team in Community & Public Health (C&PH)
The renaming of the HiAP team was a direct result of the opportunities created post earthquake (February 22, 2011). The ongoing opportunities for CHIAPP directly reflect these changed circumstances. The respondents identified the ability to be involved and influential in the CERA (new organisation post Feb 22, 2011) work and approaches as was the ability to be involved in the CBD Central City Master plan (wellbeing and sustainability assessment) and Suburban Centre plans. These are new projects resulting from the earthquakes.

Given the newness of the change to the Policy (HiAP) team within C&PH, it will be vital that issues of cohesion, communication, direction and purpose are well debated and formalised. This was certainly an area for concern for the staff interviewed from that team. Whilst the embedding of these

organisational changes do take time, focused planning meetings are needed in the near future for this team with a focus on what a high achieving HiAP team would look and operate like.

4.3 A review of the CHIAPP Evaluation objectives

The biggest improvement occurred in Objective 4 which relates to ascertaining the level of understanding of Health in all Policies Approach within key organisations. The other Objective that had an improved rating was the use of HIA as a tool to promote HiAP. Both of these objectives are at the very core of the project purpose.

No change occurred in the perceived level of partnership operating, which given the context over the past 6 months, and conflicting priorities for members in earthquake recovery work, must be seen as a success for the existing partnerships within the Steering Group.

Again the context and constraints imposed by the Canterbury earthquakes and aftershocks have had a significant impact on the perceived success of the remaining objectives.

4.4 Adding value - how much , how well, how beneficial

Health respondents considered that ECan and CCC had benefitted from their investment in CHIAPP. CCC and ECan respondents agreed and considered that individuals were benefitting as well as the organisation.

C&PH staff thought there had been "heaps" and "loads" of HIA work done. This activity perception may be because they hear reports from the Project Officer at regular team meetings. However Primary care staff considered there had not been enough capacity building and training done. One CCC / ECan staff member considered only a little had been done while another considered that HIA work had influenced a lot of other work. Allowing for the project being in its early stages, they still considered that more **visibility** for the project was needed.

Some perceived the **benefits** that individuals working in organisations were better off as a result of the HIA work, but not the **systems** within the organisation. This is an interesting stage of the project development as individuals working on a project may only have a limited pool of influence as opposed to an organisational or systemic imperative or influence which would lead to greater HIA compliance, interest and activity generated.

Some talked of the importance of including HIA work at the beginning of a project or policy cycle while others took the long term view that in 10 or 20 years benefits might be more obvious.

One person summed up fittingly that "**HIA is giving information to make better decisions on needs and impacts and gives evidence for people to act on and agree things together**".

4.5 The CHIAPP Steering Group and minutes

Just as there is no mandate in the original Project Objectives to evaluate the Project Officer's work and input, there is also no directive to review the Steering Group (except as a working partnership) as this was not part of the original Objectives for the project.

Meetings are held very regularly, minutes and agendas sent out in a timely manner and the use of the Steering Group to keep the project on track has served its purpose.
The **commitment** to the work of the project continues to be an integral part of its success. Given the impending change to the project through the full funding of the HIA Project Officer's role through Community and Public Health, some felt it may be appropriate to form new entities, for example have an Advisory Group instead of a Steering Group.

Some debate will need to occur to address some of the issues identified, e.g. if not funding the on-going work of HIA and HIAP, will the other partners have the same level of involvement? should other social service agencies be invited to participate (MSD suggested) as the wellbeing focus is an integral part of the HIA work and wellbeing is also part of MSD's role. Is an MSD representative needed on an ad hoc, part time consultancy basis?

IT is important to consider the composition of any future Advisory or Reference Group as there may be an over representation of members from Community & Public Health. It is also important to take into account the following critical factors:

- the profile needed going into 2012
- the ability to raise awareness / champion the work within their organisation
- recognition of the Treaty of Waitangi
- the possible representation from key social service and health providers
- explicit future modus operandi of the group going into the second phase of its life cycle

The objectives most likely to be discussed and worked on at a Steering Group meeting are Objectives 1 (partnership), 2 (capacity building) and 6 (original plans). The objectives least likely to be discussed are Objectives 5 (Treaty of Waitangi), 4 (understanding HiAP in organisations) and 3 (HIA as a tool for HiAP).

Key conclusions

- the CHIAPP still has a long way to go to meet its original desired **outcomes.**
- the current climate (post-earthquake) is a drastically different operating **environment** than it was 12 months ago. CERA is an authority in Canterbury and a place of major influence for HIA, HiAP and health determinants work.
- the current **partnerships** are incredibly valuable and valued by all parties.
- the impact of the **new** Community &Public Health Policy (**HiAP) team** and the full funding by C&PH for the HIA Project Officer needs to be explored for the CHIAPP and future HIA work.
- the **relationship between HIA / HiAP** needs to be sufficiently explored, explained and agreed on by the Steering Group. Is HiAP a maturation / evolution / alternative to HIA work?
- post October 31, 2011, the **form and function** of the Steering Group/Advisory Group needs to be explored. What model of working will be most successful? It is important that all partner organisations remain committed to the project. A best fit for purpose replacement for Partnership Health within the CDHB or CDHB Funding and Planning needs to be found.
- **visibility** – the HIA Project Officer and the project work / successes needs to be more visible and profiled in the three non C&PH organisations? Would the presence of the HIA Project officer in the 2 or 3 other organisations have a wider and more ongoing impact?
- the **planning, planning, planning** and the planned approach to the CHIAPP needs to be developed for the next 6-12months, particularly after the end of October 2011 (finish date of the CHIAPP project) and this planning needs to consider the fit with the C&PH new HiAP team? Plans for future HIAs in these organisations for 2012 need to be developed.
- the **capacity building** aspect of the CHIAPP needs to be revisited and planned out for the next 6-12 months, as the timeframe for the project expires.
- there remains a fairly significant gap with the commitment to the **Treaty of Waitangi**. Good will, intentions and understanding of the need for this to occur do exist, but little work has actually happened and this is the Objective least likely to be discussed in the SG
- **checklists** for Canterbury policymakers and planners (as in Appendix 7) need to be developed to help raise the profile of HIA and so on.
- the **lessons learnt** from the running of this joint quad partner steering Group need to be gathered for the final report. Key question is what would the CHIAPP Steering Group do differently next time if they were setting up the project again from November 1, 2011?

It is important to consider what really successful **HIAP organisations** would have as their vision:

- a plan to use HIA scoping tools at the **beginning** and end of any project,
- new policies in their organisations using HIAP routinely
- audits on their HIA and HiAP progress every 3 years
- success stories routinely reported
- people talking about HIA and HIAP in the conversations and discussions a profile with the CDHB and other organisations about it.

It is also important to consider the real difference HIA and HIAP would make includes:

- the DHB thinking more about keeping people active and promoting healthy choices in primary prevention,
- health outcomes for our community would be the bottom line (for policymakers)... and

- everyone's perspective would be broader than just biomedical and would have social determinants of health in policy formulation and planning.

5.0 Recommendations

This report recommends:

That the desired **outcome** for the CHIAPP be revisited particularly its focus on a) taking the health perspectives as a norm or normal part of (policy and planning) processes, b) having built capacity so that HIA is easily integrated and c) different teams within the four partner organisations understand the health perspective.

5.1 Perceived successes, on-going opportunities and ideas for the future

5.1.1 That a planned, systematic approach be taken to promote the use of the key documents (Health Impact Assessment or HIA, Integrated Recovery Guide or IRG) within particular key organisations within Canterbury. This planned approach with key messages to be agreed on by the Steering Group members.

5.1.2 That the possibility of making HIA scoping exercises a critical step in the planning of policy work within an organisation, where applicable, be explored.

5.1.3 That the use of reference or champion groups within the partner organisations be explored as they may prove a valuable group to gain useful feedback for future promotions, best tools, language and approaches in each organisation.

5.2 The impact of the Canterbury earthquakes on CHIAPP

5.2.1 That the Steering Group explore and target the key people of influence within CERA, CCC, local body politicians and others so as to get HIAP integrated as much as possible into post earthquake rebuilding and planning in Canterbury. It is acknowledged that there are multiple levels and relationships between the partner organisations and CERA but it is important that HIA and HiAP work is profiled.

5.3 A review of the CHIAPP Evaluation objectives

5.3.1 That there be a more planned and systematic approach to identifying what needs to happen to ensure progress occurs for all of the key objectives in the original documents. A review of meeting minutes and the objectives covered by the Steering Group, , indicates that some objectives are discussed more than others.

5.3.2 That each of the seven objectives be focused on over the coming seven months in the order that they have been least likely to be discussed i.e. start on Objective 4 (level of understanding of HIAP), then Objective 5 (Treaty of Waitangi), then Objective 6 (original plans), then Objective 7 (promote and integrate HIA into HiAP), then Objective 2 (capacity building), then Objective 1 (partnership working together).

5.3.3 That the level of recognition of the Treaty of Waitangi be prioritised within the Steering Group. In order to be effective when working with tangata whenua, it is important that their input is sought and recognised to ensure their continued commitment and endorsement. It was evident that the Treaty was one of the least likely objectives to be discussed in the Steering Group meetings.

5.4 Adding value - how much , how well, how beneficial

5.4.1 That a more systematic and planned approach to HIAP work be adopted by the four partner organisations through identifying work programme and project planning cycles and dates. That all the partner organisations identify their policy renewal cycles and plan accordingly to have HIAP scoping advice and input as early as possible.

5.4.2 That more visibility for the HIA/HIAP project be discussed and debated and the possibility of the Project Officer being based in the other partner organisations on a regular basis (possibly when organisations return to regular offices), be explored.

5.5 The CHIAPP Steering Group and minutes

5.5.1 That the HIA Project Steering Group schedule a half day planning session to talk through implications of the newly formed Community and Public Health HiAP team on the future functioning of the Steering Group for the CHIAPP. Some partners have indicated that they see their role changing from that of stakeholder (with an investment and expected return on investment) to that of shareholder with more of an Advisory Group role.

5.5.2 That the implications of probably losing Partnership Health representation be robustly discussed and possible alternative health sector representation duly identified at the half day planning session.

5.5.3 That the Steering Group consider their future composition as there may be an over representation from Community & Public Health. If there are two representatives from this organisation, then there needs to be two from each of the other partner organisations or if there is to be one representative, then C&PH may need to alternate their representation.

5.5.4 That when reviewing their composition, it may be necessary to invite/seek representation from the Ministry of Social Development or Ngai Tahu or other relevant organisations not represented to date, allowing for the profile it needs, the ability of the person or position to raise awareness or champion the work, the recognition of the Treaty of Waitangi, the future explicit modus operandi of the group post October 1, 2011.

5.5.5 That future Steering Group / Advisory Group meetings return to a focus on ensuring that progress on the project key objectives are being reported and achieved, barriers identified and strategies for going forward are developed.

5.5.6 That the communication strategy for CHIAPP be revisited and developed further identifying

What HIAP encompasses and the role of the HIA as a tool to achieving HIAP
The work that has occurred to date under the auspices of the project.

5.6 Other – Community & Public Health

5.6.1 That the senior managers within C&PH, continue to organise a series of focused planning meetings on issues of cohesion, communication, direction and purpose and what high achieving HiAP teams would look and operate like in Canterbury in 2012 and onwards.

5.6.2 That a checklist / summary be developed for the staff in the Policy or HiAP team that covers when to use the: HIA process / HiAP approach / Integrated Recovery Guide / determinants of health / Treaty of Waitangi and whanau ora so that staff are able to best use the jigsaw pieces to make comprehensive and informed policy for the people of Canterbury and be "evangelical" about this work.

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Appendices

Appendix 1 | Additional background information and literature

Health Impact Assessment (HIA)

The Ministry of Health in New Zealand actively promoted Health Impact Assessment (HIA) from 2004/2005 with its HIA Support Unit, which no longer exists. Health Impact Assessment activity began in the Canterbury region with the work on the Urban Development Strategy (UDS) in 2005 and since then has increased its profile locally.

HIA is a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population (Gothenburg consensus statement, 1999, as cited in CDC, 2009, p.1).

HIA brings to the attention of "persons who make decisions about areas that fall outside of traditional public health arenas, such as transportation or land use" (Centre for Disease Control and Prevention [CDC], 2009, p.1).

By considering health impacts across all policy domains such as agriculture, education, the environment, fiscal policies, housing and transport, population health can be improved and the growing economic burden of the health care system can be reduced.

The four stages of HIA are

- **screening** – the initial selection process to assess an initiative's suitability for HIA
- **scoping** – identification of key issues, people and the specific tools to define and shape the HIA (e.g. key resources and key determinants to focus on)
- **appraisal and reporting** – assesses the significance of the health impacts and makes recommendations that can enhance positive impacts and mitigate negative impacts of the initiative
- **evaluation** – assessing how the process was undertaken and the extent to which the recommendations were taken up by the policy makers (PHAC, 2005, p.3).

Appendix 2 | Review of Steering Group Meeting Minutes

Meeting date	Participants	Topics Covered	Related Project Objectives
27 October 2009	Alan Bywater(CCC) Josie McNee (ECan) Evon Currie (CPH) Sue Turner (CPH) Anna Stevenson (CPH) Alison Bourn (CPH) Michael O'Dea (PHC)	Capacity Building aspect of HIA Project Officer (PO) role Christchurch Transport Plan (CTP) HIA Steering Group functioning: MOH HIA Support Unit – funding application Possible HIA's	1,2,6,
24 November 2009	Alan Bywater(CCC) Josie McNee (ECan) Sue Turner (CPH) Anna Stevenson (CPH) Alison Bourn (CPH) Michael O'Dea (PHO) Laila Cooper (PHC) Rob Quigley	Steering Group (SG) Aim Process of the session: Health Impact Assessments conducted locally: Resources available Type of HIA/HIAP work Type of HIA/HIAP work	1,2,3
15 December 2009	Alan Bywater (CCC) Anna Stevenson (CPH) Alison Bourn (CPH) Laila Cooper (PHC)	HIA Project Officer report Workshop with Rob Quigley Steering Group (SG) Aim HIA/HIAP Capacity Building Evaluating the 2 year project Possible areas for development Resourcing HIA work Farewell and thanks to Josie	1,2,6
19 Jan 2010	Alan Bywater (CCC) Anna Stevenson (CPH) Alison Bourn (CPH) Sue Turner (CPH) Michael ODea (PHC)	Terms of reference Healthy Christchurch ECan representation Evaluation plan for current HIAs Resourcing SG Aim PO report	1,3,6
16 Feb 2010	Alan Bywater (CCC) James Ryan (ECan) Sue Turner (CPH) Alison Bourn (CPH). Laila Cooper (PHC) Michael O'Dea (PHC)	Project Budget summary Project Plan The HIA and HIAP focus of the project Evaluation Plan for the 2-year project Evaluator Capacity Building paper HIA Project Officer report	1,2,6,
16 March 2010	Alan Bywater (CCC) Rob Woods (ECan) Sue Turner (CPH) Alison Bourn (CPH) Anna Stevenson (CPH) Laila Cooper (PHC)	Minutes HIA Project Officer report Work Plan Evaluation Plan Sharing the work	1,2,6
20 April 2010	Alan Bywater (CCC) Rob Woods (ECan) Sue Turner (CPH) Alison Bourn (CPH) Anna Stevenson (CPH). Laila Cooper (PHC),	HIA Capacity Building activities: Project Plan HIA Project Officer Report Evaluation of the 2-year project – recruitment of an external evaluator	1,2,6,
18 May 2010	Alan Bywater (CCC) Sue Turner (CPH) Alison Bourn (CPH) Anna Stevenson (CPH)	Project Plan HIA Project Officer Report Evaluator for the project Capacity Building Healthy Christchurch Publishing Reports	1,2,6,7

22 June 2010	Alan Bywater (CCC) Rob Woods (ECan) Anna Stevenson (CPH) Alison Bourn (CPH) Laila Cooper (PHC) Christine Stewart (MOH) Pam Glover (2evaluate)	HIA Conference in Dunedin – 3rd Asia and Pacific Regional Conference 17-19 November 2010. MOH HIA Support Unit 2 evaluate Health In All Policies HIA Project Officer report	4,5,7
27 July 2010			
24 August 2010	Alan (CCC) Rob Woods (ECan), Alison Bourn (CPH) Sue Turner (CPH) Anna Stevenson (CPH) Libby Gawith (2 evaluate)	Health In All Policies Communication Plan for HIA Conference in Dunedin Meeting with Partnership Health HIA/P workshops and trainings – Engagement with Maori HIA Project Officer Project Evaluation	1,2,3,4,5,6,7
28 Sept 2010	Alison Bourn, (CPH) Sue Turner (CPH) Anna Stevenson (CPH) Laila Cooper (PHC)	How the earthquake recovery process influences our HIA work HIA Project Officers Report Laila's last meeting	6,7
30 November 2010	Jenny Ridgen (CCC) Alison Bourn (CPH) Sue Turner (CPH) Anna Stevenson (CPH) Michael O'Dea (PHC) Libby Gawith & Pam Glover (2evaluate)	Evaluation Report from 2evaluate Annual Report HIA Conference report HIA Project Officers report	1,2,3,4,5,6,7
20 January 2011	Carolyn Hart (CCC) Rob Woods (ECan) Alison Bourn (CPH) Sue Turner (CPH) Anna Stevenson (CPH) Michael O'Dea (PHC)	Evaluation Report from 2evaluate Project Officer employment status Agenda items for Feb meeting	1,6,7
16 Feb 2011	Alan Bywater (CCC) Alison Bourn (CPH) Sue Turner (CPH) Anna Stevenson (CPH)	Engagement with Maori discussion paper Evaluation of HIA's discussion paper Capacity Building calendar March steering group meeting about Health in all Policies.	1,2,3,4,5,6,7
22 March 2011	Alan Bywater (CCC) Alison Bourn (CPH) Sue Turner (CPH) Anna Stevenson (CPH) Michael O'Dea (PHC) Libby Gawith (2evaluate)	CCC projects HiAP CPH reconfiguration Resources available to assist our work: Kaiapoi Town Centre Plan International HIA 2011Conference. Granada Spain	1,2,3,4,7
5 April 2011	Alan Bywater (CCC) Alison Bourn (CPH) Sue Turner (CPH) Anna Stevenson (CPH) Michael O'Dea (PHC) Libby Gawith (2evaluate)	General Discussion Literature review Community and Public Health website Recovery Work - projects for HIA resource Healthy Christchurch International HIA 2011, Conference. Granada Spain (April 13 -15)	1,2,6,7
12 May 2011	Alan Bywater (CCC) Miria Goodwin (ECan) Alison Bourn (CPH) Sue Turner (CPH) Anna Stevenson (CPH) Michael O'Dea (PH)	Review Capacity Plan/Calendar HIA 2011 Conference – Spain	1,2,6,7
16 June 2011	Alan Bywater (CCC) Miria Goodwin (ECan) Alison Bourn (CPH), Libby Gawith & Pam Glover (2evaluate)	Evaluation of the Project Project Officer report HIA Project calendar Role out of IRG at CCC	1,2,6,7

Appendix 3a	**Comments on successful HIA approaches from the first Evaluation report (2 evaluate, November 2010)**

Evaluators asked what a successful HIA approach would look like, what evidence or data would be needed and what difference HIA could make. The responses are summarised below.

A successful HIA approach in each organisation would look like…..

Canterbury District Health Board Te Poari Hauora ō Waitaha ☺ *Everytime we introduce a new policy it would be using HIAP . We would be putting our money where our mouth is. It would be a living and breathing HIA organisation, a built in norm and not a major focus.*	Christchurch City Council ☺ *Health considerations part of everyday process and thinking. Not having to be conscious of it because we do it as a matter of course.*
Environment Canterbury Regional Council Kaunihera Taiao ki Waitaha ☺ *A balance between environment, social, economic and cultural values.*	Partnership Health Canterbury Te Kei o Te Waka ☺ *People would talk about it. It would be part of normal conversation and how we do business here. Build evaluation into the project plan from the get go.*

Evidence / data needed

Canterbury District Health Board Te Poari Hauora ō Waitaha ➢ *New policies using HIAP and audited very 3 years* ➢ *Evaluation data. Success and 'runs on the board' telling a story of what value HIA got for the organisation and marketing stories*	Christchurch City Council
Environment Canterbury Regional Council Kaunihera Taiao ki Waitaha ➢ *Documentation, publishing of discussions, open forums, process / check list*	Partnership Health Canterbury Te Kei o Te Waka ➢ *It would come through in discussions & conversations. A commitment to doing HIA. Hearing it being talked about.* ➢ *HIA inside health necessary. There is enough data to prove worth. Profile to board.*

According to interviewees, there would need to be a plan at the beginning and end of any HIA and new policies would use HIAP routinely and be audited every 3 years. The success stories would be 'runs on the board' and the value organisations got from using HIA, would be routinely reported.

People would be talking about HIA and HIAP in the conversations and discussions and there would be a profile with the CDHB about it.

The difference HIA and HIAP would make would include: DHB thinking more about keeping people active and promoting healthy choices in primary prevention; health outcomes for our community

would be the bottom line; everyone's perspective would be broader than just biomedical, with social determinants of health; and there would be a more strategic, broader perspective, and less knee jerk reactions in policy formulation and planning.

What difference HIA could make?

Canterbury District Health Board Te Poari Hauora ō Waitaha ★ *DHB to be thinking more about keeping people active and to promote healthy choices, will fail if not in primary prevention approach* ★ *Vibrant and holistic organisation walking the talk using social determinants of health. We would be a model organisation* ★ *HEALTH OUTCOMES FOR OUR COMMUNITY - Bottom line*	Christchurch City Council
Environment Canterbury Regional Council Kaunihera Taiao ki Waitaha ★ *Formalising consideration of Health in all policies and would be 'Business as Usual'. Not done with a framework to date.There would beIncreased robustness.*	Partnership Health Canterbury Te Kei o Te Waka ★ *Broader perspective to things. Not so knee-jerk and more strategic.* ★ *Ensuring pre-thought into impact designs and direction broader than just bio-medical. Can impact within the sector,*

Appendix 3b	Recommendations from first CHIAPP Evaluation report (2 evaluate, November 2010)

This earlier report recommended:

5.1 Objective 1 – Partnership of 4 organisations

		Met / Partially Met / Not met at all
5.1.1	That the HIA Project Officer be commended for her consistent and constant efforts to build capacity and understanding around HIA work and its usefulness for the four partner organisations.	
5.1.2	That the HIA Partnership Project Steering Group be commended for their successful work in establishing and overseeing the Project Officer role, for their positive and constructive collaborative work and particularly for establishing useful Terms of Reference and Memorandums of Understanding (MOU) for the work of the SG.	
5.1.3	That more work external to the Steering Group and within each of the partner organisations has the most focus and attention so that the HIA and HIAP profile is built. This will need to be done through senior level champions, finding ways to contribute to partners' work programmes, and through training and capacity building from employees carrying out HIA work. The profile, status, visibility and usefulness of the HIAP to be built within each partner organisation.	

5.2 Objective 2 – Capacity building / training opportunities

5.2.1	That CPH investigate and organise capacity building and training opportunities for the Workforce Development Programmes, and the Strategic Management Group within the next 3-6 months of the Partnership Project.	
5.2.2	That CCC continue the successes of the Christchurch Transport Plan and look to develop and enhance Champions with the Mayor directly through the HEPSTED Earthquake recovery version, through the elected members of the CCC, the Strategic Planning team and senior CCC managers within the next 6 months.	
5.2.3	That ECAN roll out their training programme with the Project Officer to build capacity within their organisation targeting particularly their Executive Management personnel. Alternatively HIA training to take place at an Executive Management meeting one Monday in the next 3-6 months as this is a great place to get senior level support.	
5.2.4	That PH build capacity internally within their own organisation with the support of the Project Officer.. Staff training workshops run at CPH may provide an ideal opportunity to get PH staff on board.	

5.3 Objective 3 – HIA as a Policy tool for HIAP

5.3.1	That the work of this Objective be made a priority for the Steering Group.	
5.3.2	That HIA work and training focuses on HIA as a tool for promoting the Health In All Policies approach.	

5.4 Objective 4 – Understanding of HIAP in key organisations

5.4.1	That the work of this Objective be made a priority for the Steering Group.	
5.4.2	That more training and understanding around "**Health in all policies**" be first	

	conducted within the Steering Group in order to build stronger champions of this approach.	
5.4.3	That the four partner organisations be introduced to HIA and HIAP at the same time and their various effectiveness.	

5.5 Objective 5 – Treaty of Waitangi

5.5.1	That the SG develop a relationship with mana whenua as has already been signalled in the discussion paper that is undergoing review.	
5.5.2	That a Whanau Ora HIA project be carried out with Maori staff, He Oranga Pounamu or other relevant group to show case how this work can be beneficial in advancing the healthy outcomes for all.	

5.6 Objective 6 – Original plans / Work of Project Officer

5.6.1	That the original work plans of the project be accredited as applicable, useful and relevant.	
5.6.2	That the Steering Committee continues to discuss how the use of the resource of the Project Officer (so that it) is most fairly and optimally allocated to ensure that all partners have the opportunity to put forward their requirements.	
5.6.3	That the Steering Committee considers how to get a higher level of buy-in with the partners that have identified that this is lacking.	

5.7 Objective 7 – Integrating HIAs in HIAPs and Communications

5.7.1	That each partner organisation operationalise the communication strategies identified in the findings section for this objective.	
5.7.2	That a Communications strategy be developed for the Steering Group so that a systematic process and key consistent messages are sent out to partner organisation staff.	
5.7.3	That the HIA page on the CPH website be used to store HIA success stories and be more widely promoted and used for all partner organisations for increased profile and for future funding of the project.	

5.8 Objective 8 – High profile, HIA success and making a difference

5.8.1	That the Steering Group engage their senior managers in HIA work so that the profile is enhanced.	
5.8.2	That the Steering Group consider whether the project officer could be located at Partnership Health / Pegasus Health in primary care one day per week as they currently receive the least slice of the resource and need the most support and profile.	

Appendix 3c	Full version of comments from Findings section on earthquake impacts

Earthquake impacts for the Community and Public Health new HiAP team

The CPH have reconfigured post February 22 earthquake to form a new Health in All Policies (HiAP) policy team. Comments about difficulties of working post quake from the CPH staff included:

(in order) – "all working at our kitchen tables" – "we are a mobile virtual team"

- lack of clear direction / cohesion - what work is slow, what fast and who should be talking to whom / what does this new team mean?
- lack of access to IT (or internet is very slow)
- delays –everything is slowed down and longer to get places / Lost a lot of time
- difficulties meeting up with colleagues
- no central office
- working remotely is difficult and hard to stay motivated
- sense of disorientation and difficult to stay energised / lack of energy for what needs to happen
- no records, printer, stuff
- pressure to increase staff awareness in a determinants way.

PLUSSES for the new CPH HiAP team– One person said we are all "hyped up and it will activate HiAP team/ while another said "it raises the profile and means we are more articulate and more visible." **MINUSES** or disadvantages for the new CPH HiAP team – as one person said "has it doubled our work?" and another said "the Kaupapa is still new so have to be careful that we don't just go back into what we know already."

Earthquake opportunities for CHIAPP and HIA Project Officer

Christchurch City Council / Environment Canterbury Regional Council Kaunihera Taiao ki Waitaha	Canterbury District Health Board Te Poari Hauora o Waitaha / Partnership Health Canterbury Te Kei o Te Waka
Suburban Centres project x 2	*Partnerships – more collaborative work with partner agencies*
Central City Plan – big profile piece of work with Community Wellbeing stream and health perspective is needed	*Integrated Recovery Guide to another level e.g. Kaiapoi Town Plan*
We are now doing planning that would happen once in a lifetime and doing 25 years worth of planning in 5 years . we need to influence those things	*CERA – new opportunities – need a health and wellbeing review of the (earthquake) plans* *CERA – more and more influence on CERA / tools will make a diff in developing ChCh / using HIA to deal with complex issues / new opportunities*
CERA – Caroline Hart seconded and on recovery strategy (former fill in member of CHIAPP) and she understands key principles	*Earthquake has taken over our thinking – HIA needs to be embedded in earthquake thinking*
Changing focus and considerations as rebuild takes off / restructuring post quake	*HiAP is morphing and will be quite innovative*
New ways of working and new neighbours e.g. health and environment staff sitting together so closer working..also interacting with diverse groups	*HiAP means getting public health much more recognised in CDHB – good for operational health / public health gap*
Other – Climate Smart – new Eco design advisor working with building inspectors.	*Lots of opportunities – very influential and strategic – we need a map of CERA as everyone networking wildly but who is talking to whom*
	CPH and new team morphing with HiAP profile as quite innovative
	people acknowledge the importance of C&PH – e..g drinking

	water…we have done good work and gained a profile / higher visibility

Earthquake – threats for CHIAPP

Christchurch City Council / Environment Canterbury Regional Council	Canterbury District Health Board / Partnership Health Canterbury
Relocations to new offices / restructuring	*Ministry funding cuts to pay for earthquake*
Everyone so busy and HIA(P) just another thing when it really "should be part of how we do things and weaved in and not just added"	*Earthquake has taken over our thinking – what is normal? What is work as normal? need to shape things to meet normal?*
Resources being stretched – ECAN / PHO / CCC all pulled in other directions so capacity and support is limited	*Major disaster has shaken everyone around-staying energized is difficult and earthquake brain*
People dragged away to EQ stuff – who doing HIA / HiAP work? And people resources stretched	*CERA powers - whqat are they and how far will they go?*
There is just not the same capacity to be involved	*Has knocked us off our perch*
Things decided quickly that may have a long life impact and the capacity to be involved fast may be compromised	*Daily working – access to people / IT support /*
Opportunities missed as so many happening at once	*Parked work – when will it start again? WHEN will Practice Group start again? And preconceived judgment that nothing is going on*
	Different personalities will find flexible working difficult and with new parameters
	TENSIONS – purist approaches vs time effective approaches – or "letter of law vs throw mud at wall and stay with what sticks'

New learnings from recovery/ life post quake for the HIA project

Christchurch City Council / Environment Canterbury Regional Council	Canterbury District Health Board / Partnership Health Canterbury
Recovery strategy will mean working closely with other agencies….. Will have years and years of recovery so is becoming a way of working	*We need a **3 pager with all determinants of health** and use it in a focused way with relevant case studies for the Health Promoters.*
*Would it be useful to get the Recovery Guide **mandated ?** as it is a useful tool* *Using the Integrated Recovery Guide / getting the Recovery Guide out*	*Public Health and HIA could be championing who are the most vulnerable/ most affected/ most impacted by the quakes*
We need to respond quickly to most things – we need to choose our focus and work out our priority and not be a bit of everything to everybody	*HiAP could be called HiAP: Community wellbeing considerations in all policies and planning*
Chch prior to the earthquake was very collaborative – same orgs, same people, same collaborations….CERA even more so	*More doey, less hui* *We need time effective approaches and need to swallow frustrations around methodical issues*
Gap between Christchurch and Wellington is getting closer – government depts. are getting closer..and this will have an impact	*Relationships are already in place –we are building on them*
Focus on Transport/water/waste/air	*Making sure we are in conversations with people at the beginning of projects – connecting and talking is important*
General chaos and everyone is camping out / Things evolve and don't always go as planned	*Our attitudes shape things and our experiences and the our ongoing commitment to things…our attitudes to new things like HIA are important*
Is there a parallel with some of the work of the Beacon Pathways? which facilitates connections between CCC / govt / industry / locals with repair work done by Fletchers etc so as to ensure decent insultation goes in during repair work	
Opportunity to work smarter	

Appendix 4 | Key quotes from this report

*"**all planning processes should go through it**(HIA) – including the initial scoping"(ECan)*

"HIA is giving information to make better decisions on needs and impacts…..and gives evidence for people to act on and agree things together" (C&PH)

from an evidence point of view, it is valuable to show that we have gone through the (HIA) process to avoid adversarial difficulties later on (in the Land Court etc)" (ECan)

"(HIA)is a convenient way to make sure all the boxes are ticked and that all issues are addressed" (ECan)

"there are lots of disciplines at the CCC so we do reasonably well, but this (HIA) helps us do our work better"(CCC)

"unless it (the Health determinants work) is structured, it can get overlooked" (ECan)

"(HIA content is) common sense for some, but better to be explicit about it" (ECan)

"more can be done. There are still doubters (about HIA) and work to be done to educate people"(CCC)

Everyone is so busy and HIA(P)is just another thing when it really "should be part of how we do things and weaved in and not just added on" (CCC)

"we can see the value of it (HIA)" (C&PH)

HiAP team at C&PH

*"HiAP team needs to be **evangelical** – we need to understand our part in raising the profile of health for (key organisations in Canterbury)"*

Earthquake and CERA

"(we are doing) high pressured work in extraordinary circumstances"

"(post earthquake) there are so many opportunities, but it is so hard to focus on which one to break into"

"Opportunities are missed as so many happening at once"

"it is a once in a lifetime planning, and we have to influence things that might usually happen in decades – 25 years worth of work in 5 years!"

Future focus

"public health vs operational health – we need to."