What are some local New Zealand examples of Health Impact Assessments (HIAs) activity?

HIAs in New Zealand have been carried out since 2006 and many of these are documented on the Ministry of Health website. The HIAs\(^1,2,3\) have been carried out on diverse projects from air quality to health funding to planning to water projects. It is important to “acknowledge that most HIAs in New Zealand are done so on a limited budget... with little time available... and often undertaken by new or relatively inexperienced practitioners”\(^4\).

AIR QUALITY

Canterbury – Air Plan (2014)

The Canterbury District Health Board worked closely with Environment Canterbury on an HIA that reviewed the Air Plan and looked at the potential effects of wood burner restrictions on wood burning households in Christchurch. (Environment Canterbury and Canterbury District Health Board, 2014).

Hawke’s Bay - Proposed Air Quality Plan Change HIA (2008).

Hawke’s Bay Regional Council worked with the Hawke’s Bay District Health Board to conduct a HIA on the Air Quality Plan Change. The HIA concentrated on the replacement/removal of heating sources, including the one off and ongoing costs/impacts on the low income population group (Apatu & Rohleder, 2009, as cited in Ministry of Health, 2012a, p.2).

Tokoroa - Warm Homes Clean Air Project HIA (2008).

This report outlined key findings from a Health and Well-being Impact Assessment conducted as part of the Tokoroa Warm Homes Clean Air Project. The HIA considered the potential positive and negative impacts of Environment Waikato’s proposed air quality policy on cultural, community, socio-economic and environmental well-being in Tokoroa (Carr, Boyce, Topperwien & Morton, 2008, as cited in Ministry of Health, 2012a, p.3).

ALCOHOL

Otago - Proposed Liquor Restriction Extensions in North Dunedin HIA (2008)

(Greenwood, 2008, as cited in Ministry of Health, 2012a, p.3).


Whangarei - District Council’s Draft Liquor Licensing Policy HIA (2010).

A Wellbeing HIA was undertaken on Whangarei District Council’s (WDC) draft Liquor Licensing Policy. The HIA Team conducted a brief literature review, community profile, analysis of alcohol-related data from Police, analysis of alcohol-related injury data from the Whangarei Hospital, analysis of different types and locations of licensed premises and a community survey of young people aged 18-35 years in the District (Shetty, 2010 as cited in Ministry of Health, 2012a, p.1).

HEALTH FUNDING


Northland DHB undertook a Whānau Ora HIA (WOHIA) with a view to developing a new Prioritisation Policy. For Northland DHB to be confident in their decision making and funding prioritisation, there was a vital need for a rational and transparent tool (Rostern, Berghan, Rawiri & Ball, 2010 as cited in Ministry of Health, 2012a, p.1).


HEALTH SERVICES


(Quigley, Murphy & Cram, 2010 as cited in Ministry of Health, 2012a, p.2).


**ORAL HEALTH**


New Plymouth - Location of the New Plymouth Oral Health Facility WOHIA (n.d.).  
(Ministry of Health, 2012a, p.3).

**HOUSING**

Papakura - Housing development in Papakura, South Auckland HIA (2007-08).

The Auckland Regional Public Health Service (ARPHS) on behalf of Let’s Beat Diabetes, project-led a HIA in Counties Manukau on the McLennan Housing Development, an ex-military camp in Papakura/ Takakini. The HIA assessment had a particular emphasis on the impact of ‘physical activity’ (Field & Shepheard, 2008, as cited in Field, Arcus & Tunks, 2011, p.2).

**PLANNING – URBAN**

Hamilton Central City Residential Intensification Health Impact Assessment (2012)

This HIA informed the Hamilton City District Plan Review, with a particular focus on the residential intensification proposals.


The UDS is a collaborative partnership between the “Christchurch City Council, Environment Canterbury, the District Councils of Selwyn and Waimakariri, and the NZ Transport Agency, to manage growth and development in the Greater Christchurch area, including the location of future housing, development of social and retail activity centres, areas for new employment and integration with transport networks.” (CDHB, 2006 as cited in Ministry of Health, 2012a, p.4). The HIA focused on five determinants of health – air and water quality, social connectedness, housing and transport. The HIA report has been accepted by the UDS Forum and as a result, population health outcomes became a key focus of the UDS (Stevenson, 2006 as cited in PHAC, 2007, p.20).

Christchurch - South West Area Social and Health Assessment (2008).  
(Beca, Carter, Hollings & Ferner Ltd [Beca], 2008 as cited in Ministry of Health, 2012a, p.3).

PLANNING – REGIONAL

The Public Health Unit staff and Regional Council staff reviewed the draft Canterbury Regional Policy Statement (dCRPS) from a health perspective. This is a statutory document to set policy for the significant resource management issues facing the region (CDHB & Environment Canterbury, 2010 as cited in Ministry of Health, 2012a, p.1). This was not a full HIA process, but both parties responded positively as to its achievements.


This rapid HIA was conducted to assess the impact of two sections of the draft provisions of the Regional Policy Statement (dpRPS) on health and well-being within the community (Jaine, 2008 as cited in Ministry of Health, 2012a, p.3).

POWER / ELECTRICITY

A report was written by the Parliamentary Commissioner for the Environment (PCE), which explored two different futures for electricity supply and demand in New Zealand. The HIA was commissioned to identify the health and wellbeing issues associated with the two scenarios of a) Fuelling the Future – with a ‘business as usual’ scenario and b) Sparking New Designs – smart design used to increase energy efficiency (Quigley, Conland, McAuley, 2006 as cited in Ministry of Health, 2012a, p.4). The HIA demonstrated the greater health benefits under the smart design scenario (PHAC, 2007, p.21).

TRANSPORT

A health and wellbeing impact assessment process was undertaken to assess the links between transport planning, health determinants and health outcomes and to support development of the CRLTS (Environment Canterbury, Community & Public Health, CCC, 2010 as cited in Ministry of Health, 2012a, p.1).


Determinants of health chosen for this HIA were physical activity, accessibility to services and the community, accident rates and changes in injuries and fatalities, reduced community connectedness (community severance) as a result of roads and/or traffic, and stress and anxiety (Quigley, Cunningham, Ward, de Boer & Conland, 2006 as cited in Ministry of Health, 2012a, p.3; PHAC, 2007, p.21).


Auckland - Regional Land Transport Strategy HIA (2010).

(Field, Jayasekera, Macmillian, Lindsay, Arcus & Tunks as cited in Field, Arcus & Tunks, 2011, Ministry of Health, 2012a, p.2).

Central Dunedin- Speed Restriction HIA (2010)

This HIA was conducted on a proposal by Dunedin City Council (DCC) to extend the 30km/hr speed limit zone within the central city. The HIA looked at the positive and negative effects on the following determinants of health and well-being: physical activity, social capital and personal safety. Potential effects were considered for three priority groups: the elderly, youth and the general pedestrian population (Ministry of Health, 2012a, p.2).


The Nelson City Council commissioned a study into the effects of arterial traffic flows to determine the best transport configuration between Annesbrook and the QEII/Haven Road roundabouts⁶.

Wairau/Taharoto - Transport Corridor Road Widening HIA (2006).

This was a plan to widen a four lane road to include a cycleway, walkway and bus lane. The HIA included North Shore City Council, Auckland Regional Transport Authority, Auckland Regional Public Health Service and observers from Transit New Zealand (Quigley & Conland, 2006 as cited in Ministry of Health, 2012a, p.4).

VANDALISM / CRIME

The draft Graffiti Vandalism Strategy was developed to provide a coordinated approach to graffiti reduction and provide support for funding applications (Apatu & Rohleder, 2009 as cited in Ministry of Health, 2012a, p.3).

WASTE MANAGEMENT

The Central Plains Water Scheme (CPWS) is a proposed project designed to provide irrigation for 60,000 hectares of land in Canterbury. The scheme would encourage intensification of farming in order to meet increasing world demand for agricultural products. The CDHB undertook this HIA which considered the evidence for the benefits and risks of the CPWS with respect to population health and wellbeing. In particular, the HIA considered the potential health implications in terms of water quality and socio-economic issues (Humphrey, Walker, Porteous, Pink, Quigley & Thornley, 2008, p. 3 as cited in Ministry of Health 2012a, p3).


Wairarapa Public Health received funding support to conduct an HIA on the impact on Whanau Ora of not fluoridating water in South Wairarapa (Straman, 2009 as cited in Ministry of Health, 2012a, p.2).


The purpose of this evaluation was to assist in the further development of the Whānau Ora HIA tool, and to provide an indication of how effective the Whānau Ora HIA had been at informing the Drinking-water Assistance Programme (Ministry of Health 2006, as cited in Ministry of Health 20012a, p. 4).

OTHER – EDUCATION


Are there any examples of HIAs having concurrent evaluations in NZ?

Only some HIAs in New Zealand have been evaluated as they are not generally funded for this review component. Of the almost 40 HIAs on the Ministry of Health website, 14 had been evaluated. Two of these are reported below; one is a HIA and the second is a WOHIA.

Greater Christchurch Urban Development Strategy (UDS) HIA (2010).

The process evaluation sought to answer whether this HIA achieved its objectives, identify success factors and to quantify resources used. The impact evaluation’s objectives were to describe the impacts of the HIA on the final UDS and evaluate the effectiveness of HIA in policy.

The evaluators found that the Greater Christchurch UDS was “broadly successful and effective with significant direct and indirect impacts. It strengthened cross-sectoral partnerships which have led onto further initiatives”. It contributed to a more prominent role for health on the local government agenda; and improved engagement and relationship with Māori. However, permeation of a health determinants approach (as provided by the HIA tool) into the tissue of the larger UDS partner organisations is yet to happen.


This process and impact evaluation of the Whānau Ora (WOHIA) on the Maru Wehi Integrated Whānau Ora Centre Plan (the centre plan) showed all five of the WOHIA’s objectives were met. The WOHIA report’s 22 recommendations are being used to inform and guide the continuing development, planning, and implementation of an Integrated Whānau Ora Centre Plan at the Maru Wehi site in New Plymouth from 2011-2014.

What are some outcomes of HIAs in New Zealand?

Field, Arcus & Tunks reviewed four Auckland HIAs (Papakura Housing Development, Auckland Regional Transport Strategy, a long term spatial structure plan in Manukau City Centre and a draft spatial structure plan in Wiri, a suburb with high levels of deprivation) undertaken between 2007 and 2010 for influence in decision making. In this instance, three of the four HIAs had parallel process whanau ora HIA (WOHIA) consultation carried out. The outcomes from the HIAs for their key stakeholders included:

- Broader understanding of dimensions of health and wellbeing and linkages with urban and transport planning
- Understanding of equity issues
- Engaging support of elected councilors
- Informing forward planning
- Articulating Māori cultural and social wellbeing aspirations
- Building local alliances (p. 5).

These outcomes were in some cases constrained by the economic environment and changes (Papakura Housing HIA) and the limited uptake of the findings (Regional Land Transport Strategy) as the more challenging directions of the HIA were
not picked up to the same degree as the established directions.

Have any HIA projects in New Zealand been externally reviewed?

The “Review of Health Impact Assessments Conducted under the Ministry of Health Learning by Doing Fund” provides details of 10 individual HIAs. Five of the 10 HIAs were completed in Hawkes Bay by Ball. Four of these HIAs were judged good or satisfactory. Strengths included good engagement with a range of key stakeholders and consideration of the wider determinants of health.

The following areas have been identified for improvements:

- More details are needed regarding policy context and demographic profiles in relation to the determinants of health
- The scope of HIA matched with adequate resources
- The impact of consequences on vulnerable groups needs to be quantifiable along with the likelihood, extent and the severity of any impacts in the short and long terms.
- Evaluation processes need to be incorporated into the HIA at the beginning.
- During the evaluation processes during the HIA practice conclusive data and accurate report writing & benchmarking against internal best practice is recommended

References

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