Evaluation Report on the Health Impact Assessment for Air Quality Plan Change

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Executive summary

Background
This report presents the findings of an impact evaluation of the health impact assessment (HIA) on the Hawke's Bay Regional Council's Air Quality Plan Change. HIA is a practical assessment tool to ensure that health, wellbeing, and equity are considered as part of the policy/programme development process. This particular HIA was led by the Hawke's Bay District Health Board (HBDHB) in partnership with the Hawke's Bay Regional Council (HBRC). The evaluation was undertaken by the HIA Research Unit, University of Otago, with funding support from the Ministry of Health’s HIA Support Unit’s Learning by Doing Fund.

Evaluation objectives
The overall aim of the evaluation was to assess the impact of the HIA’s major outputs (the HIA report, its evidence and recommendations) and effectiveness in assisting to inform the decision-makers of the potential positive and negative health and wellbeing impacts of the Air Quality Plan Change. Specifically, the evaluation objectives were to determine:

- the effectiveness of the HIA’s evidence about how the National Environmental Standards were set and how PM\textsuperscript{10} affects health
- the effectiveness of the HIA’s evidence about how the different types of home heating appliances affect indoor quality with regard to PM\textsuperscript{10}, temperature and moisture
- the usefulness of the evidence gathered about the financial costs of home heating appliances
- how many of the HIA’s six recommendations were endorsed by the decision makers
- the main contributing factors to the recommendations having been accepted
- if the HIA added value to the HBRC’s submission process
- the best way to utilise HIA in a submission process
- the likely ongoing impacts of the HIA on the future work and relationships with the HBRC and the other agencies the HIA team worked with
- if there was buy-in from HBDHB and HBRC’s senior management. If so, what were the ‘hooks’ or factors that helped achieve that buy-in
- what were the key lessons learnt from this HIA for the HBDHB and HBRC.

Methods
The impact evaluation of the HBRC’s Air Quality Plan Change was undertaken by a University of Otago’s Health, Equity and Wellbeing Assessment Research Unit evaluation team 10 months following the completion and distribution of the
HIA’s report in June 2009. Data for the evaluation were gathered by a review of the HIA report and other relevant documentation and nine telephone interviews with key stakeholders with direct knowledge of the HIA’s report and its overall influence on the HBRC’s decision-making regarding its plan change.

Results
The evaluation’s key findings indicate the HIA process was effective. All six of the HIA’s recommendations were endorsed by the HBRC’s Environmental Management Committee’s councillors and subsequently by the HBRC councillors at a full council meeting. All eight of the HIA’s objectives were met.

Conclusion
The HIA on the HBRC’s Air Quality Plan Change is another good example of the value gained from the use of HIA in the Hawke’s Bay Region. It is also another example of the Ministry of Health’s Learning by Doing fund having been put to good use.
Section 1: Introduction

This report presents the findings of an impact evaluation of the health impact assessment (HIA) on the Hawke’s Bay Regional Council’s Air Quality Plan Change. HIA is a practical assessment tool to ensure that health, wellbeing, and equity are considered as part of the policy/programme development process. This particular HIA was led by the Hawke’s Bay District Health Board (HBDHB) in partnership with the Hawke’s Bay Regional Council (HBRC). The evaluation was undertaken by the HIA Research Unit, University of Otago, with funding support from the Ministry of Health’s HIA Support Unit’s Learning by Doing Fund.

Background

The HBRC recently completed developing its local approach to comply with the National Environmental Standards for Air Quality (NESAQ). All regions are expected to comply with all aspects of the NESAQ by 2013. In December 2008, the HBRC publicly notified its constituency of its Air Quality Change Plan to lower PM$_{10}$ emissions from solid fuel heating appliances and outdoor fire burning in the Napier and Hastings airsheds. As part of its policy development process, the HRBC subsequently commenced a public consultation programme. This included public meetings, a submission hearing process, analysis of those submissions, and the publication of its decisions in March 2009. The Council latterly appointed a manager/coordinator to manage an interagency Healthy Homes and Clean Heat Initiative as part of its Air Quality Plan Change (Plan Change).

The HBDRC’s Chief Executive Officer (CEO) on reading the draft Change Plan expressed concerns to the DHB’s Healthy Population’s team about the possible negative health impacts the Change Plan might have on low income people and their families, and asked the team to look into these issues. The Medical Officer of Health subsequently contacted the HBRC’s CEO in writing about the possibility of engaging with the HBDHB’s HIA team to conduct an HIA on its Plan Change. This offer was accepted by the then Senior Manager of the HBRC’s Strategic Development Group. The HIA team met soon after and commenced the HIA process partnered by the HBRC’s policy team leader.

On completion of the HIA’s scoping and appraisal stages the HIA team met with members of the HBRC’s planning and policy team to discuss how best to present the HIA findings to the HRBC. Two possible options were tabled namely:

- **Option 1:** Present the HIA report (Rohleder & Apatu, 2009) to the HRBC’s Environment Committee
- **Option 2:** Put in a submission to the submission process that would include the HIA report.

Following a group discussion the HIA team was advised to go with Option 1. The HIA team then completed their report which was subsequently presented to the HRBC Environment Committee in accordance with Option 1. The Committee
endorsed the recommendations and put the report forward to the full Council who also endorsed the recommendations.

The HBRC’s Submission Chairperson subsequently requested the HBDHB’s Medical Officer of Health to appear at the submission hearing to answer questions and to present the HIA report to the hearing committee despite the HIAS team having been advised not to present the HIA report as a submission (this outline of the steps involved in this particular HIA are largely based on a personal communication from a member of the HBDHB’s HIA team, dated 11 August 2010).

The HIA approach applied to the Change Plan consisted of a typical HIA process as described immediately below. The HBDHB’s HIA team has conducted a number of HIAs in the Hawke’s Bay Region primarily in partnership with the Hastings District Council. These HIAs have been supported by funding from the Ministry of Health’s Learning by Doing fund. The HIA on the Plan Change was the first undertaken in partnership with the HBRC, as such it was the first involving a Resource Management Act (RMA)-related matter. The HIA also differed from other HBDHB’s HIAs in that the HBRC’s consultation process concluded with a submissions hearing process.

A definition of HIA

HIA is defined as “a combination of procedures, methods and tools by which a policy, program or project may be judged by its potential effects on the health of a population, and the distribution of those effects within the population” (European Centre for Health Policy 1999). It is a practical way to ensure that health, wellbeing and equity are considered as part of policy development in all sectors. It also helps facilitate policy-making that is based on evidence, focused on outcomes and encourages collaboration between a range of sectors and stakeholders. HIA is used in many countries, including New Zealand. In recent years policy-level HIA has been increasingly embedded in this country (Signal et al 2006).

HIA typically involves a four-stage process, namely:

1. Screening: a selection process where policies are quickly judged for their potential to affect the health, wellbeing and equity of populations, and hence the need (or not) to undertake HIA

2. Scoping: planning the HIA including identifying the aims and objectives, identifying key stakeholders, determining resources needed and identifying possible data sources

3. Appraisal: describing the potential benefits and risks to health and their nature and magnitude and identifying potential changes that could be made to a policy to enhance its positive and mitigate its negative impacts on health, equity and wellbeing
4. Evaluation: assessing the process of the HIA in order to determine how it was done and to provide useful information for future HIAs, assessing the impact of the HIA to determine the extent to which the recommendations were taken on board in the policy decision-making process; and assessing the outcome of the HIA, namely its long-term effects on health, equity and wellbeing (Public Health Advisory Committee 2005).

The HIA’s aims and objectives
The overall aim of the HIA was to inform the decision-makers of the potential positive and negative health and wellbeing impacts of the Plan Change.

The HIA’s objectives were to:
- enhance partnership working between the HBRC and the HBDHB through shared planning and resourcing.
- assist the HBRC to build on the positive aspects of the strategy and reduce any unintended negative impacts and hence develop a well-rounded strategy.
- build capacity for staff of the HBDHB and HBRC to use HIA in the Hawke’s Bay.
- gather evidence about how the National Environmental Standards were set and how outdoor PM\textsuperscript{10} affects health.
- gather evidence about how the different types of home heating appliances affect indoor quality in relation to PM\textsuperscript{10}, temperature and moisture and evidence about the financial costs of home heating appliances.
- support the HBRC’s consultation process with the community.
- provide recommendations on the implementation of the Plan Change Strategy based on the HIA process findings to inform the decision-makers.
- disseminate the HIA findings into the wider policy arena of all relevant agencies.
Section 2: The evaluation objectives

The overall aim of this evaluation was to assess the impact of the HIA’s major outputs (the HIA report, its evidence and recommendations) and effectiveness in assisting to inform the decision-makers of the potential positive and negative health and wellbeing impacts of the Plan Change. Specifically, the evaluation objectives were to determine:

- the effectiveness of the HIA’s evidence about how the National Environmental Standards were set and how PM\textsuperscript{10} affects health
- the effectiveness of the HIA’s evidence about how the different types of home heating appliances affect indoor quality with regard to PM\textsuperscript{10}, temperature and moisture
- the usefulness of the evidence gathered about the financial costs of home heating appliances
- how many of the HIA’s six recommendations were endorsed by the decision makers
- the main contributing factors to the recommendations having been accepted
- if the HIA added value to the HBRC’s submission process
- the best way to utilise HIA in a submission process
- the likely ongoing impacts of the HIA on the future work and relationships with the HBRC and the other agencies the HIA team worked with
- if there was buy-in from HBDHB and HBRC’s senior management. If so, what were the ‘hooks’ or factors that helped achieve that buy-in
- what were the key lessons learnt from this HIA for the HBDHB and HBRC.
Section 3: Data collection methods

The impact evaluation of the HBRC’s Air Quality Plan Change was undertaken by a University of Otago’s Health, Equity and Wellbeing Assessment Research Unit evaluation team 10 months following the completion and distribution of the HIA’s report in June 2009. Data for the evaluation were gathered through a review of the HIA report and other relevant documentation and nine telephone interviews with key stakeholders, with first-hand knowledge of the HIA’s report and its overall influence on the HBRC’s decision-making regarding its plan change.

Key stakeholder interviews

A list of nine stakeholders and their contact details were emailed to the evaluation team. The nine stakeholders were each sent a copy of the evaluation information form, a consent form, and a copy of the interview schedule prior to the telephone interviews (refer to Appendix 1 for copies of the three forms).

The interview schedule was based on a series of 10 Likert rating scales and open-ended questions

The stakeholder interviews included the two members of the HBDHB’s HIA team, the HBDHB’s director of population health services, the HIA consultant contracted to advise and mentor the HIA team, three members of the HBRC’s planning team, the chairperson of the HBRC’s Environmental Planning Committee, and one of the latter’s committee members.

All nine stakeholders subsequently consented to participate in the evaluation. The interviews were conducted between the 27th of May and the 13th of April 2010.

Data analysis

All data collected from the interviews were content analysed for key themes.

Ethics

Ethics approval was sought from the Multi-region Ethics Committee. The Committee noted ethics approval was not required as the evaluation was an audit of work undertaken by the DHB.
Section 4: Impact evaluation results

This section of the report outlines the key findings of the impact evaluation. The findings are reported under headings specific to the evaluation objectives and questions to the stakeholders on interview (refer to Appendix 1 for a copy of the interview schedule). The stakeholders referred in the following discussion cover two groups (1) the HBDHB stakeholders (includes the HIA consultant) and (2) the HBRC stakeholders. The latter group includes the two HBRC’s Environmental Management Committee members.

Evaluation objective 1

To determine the effectiveness of the HIA’s evidence about how the National Environmental Standards were set and how PM10 affects health

Two of the HBRC stakeholders rated the evidence pertaining to the above objective as ‘okay’ another considered it ‘unhelpful’. These three informants indicated they were ‘already well informed’ about the setting of the National Standards given the government’s requirement for all regions to work towards meeting the recently amended National Environmental Standards. The health effects of PM$^{10}$ were also allegedly known to them through a Ministry of Health background information document. However, they and a third HRBC informant saw the lack of any regional health-related data a significant gap in the HIA report:-

*The Ministry of Health data was already there regarding PM$^{10}$ … We had already established that domestic fires were our biggest problem …. What we were most interested in was finding out what the negative outcomes of what we (the HBRC) were proposing around changes to the requirements for domestic fires.*

*The analysis needed to be more relevant to the region. We needed to know if there are any PM$^{10}$ hot spots in the statistics. … Perhaps there wasn’t enough time to do any local analysis.*

On the positive side, two HBRC stakeholders considered the PM$^{10}$ related evidence as ‘helpful’ as it gave the HIA report ‘some context and substance’ for others less well informed, namely the regional councillors.

All four HBDHB stakeholders rated the evidence provided through the HIA regarding PM$^{10}$ and the setting of the National Environmental Standards as ‘very helpful’ or ‘helpful’. One of the four suggested the evidence was ‘very helpful’ because prior to the HIA the HIA team knew very little about the air quality issue. The evidence at the national and international level was considered ‘informative’ and generally ‘strong’ and ‘robust’.
The HIA report did include some regionally data specific to PM$^{10}$ levels. These were reportedly extrapolated from the national data. These data were subsequently challenged by the HBRC councillors and the HIA team ‘grilled’ as to how the statistics had been calculated. The DHB’s Population Health Service’s Director and medical epidemiologist, Dr Caroline McElnay, was subsequently summoned by Council to provide further health impact-related evidence and to generally respond to the councillors’ questions about how the morality data had been calculated. With hindsight, two HIA team members considered more technical detail should have been included in the HIA ‘right from the start’ rather than ‘pitching to the middle’.

**Evaluation objective 2**

*To determine the effectiveness of the HIA’s evidence about how the different types of home heating appliances affect indoor quality with regard to PM$^{10}$, temperature and moisture*

Of the five HBRC stakeholders one rated the heating appliance-related evidence very helpful, two found it helpful, while two rated it okay. Comments about this evidence included:

- ‘There wasn't much information in the report about the different types of heating’
- ‘The focus of the plan change was on outdoor not indoor air quality’
- ‘Our concern was to identify what strategies were required to get improvement in outcomes [i.e. improved outdoor air quality]’
- The information provided on this issue reinforced what the Council already knew through the services of the Christchurch consultant the Council had engaged very early on in its planning process. This consultant had advised the HBRC on various possible strategies to improve air quality.

Three HBDHB stakeholders saw the evidence regarding the impact of home heating appliances’ on indoor air quality and health outcomes was helpful, while another rated it very helpful. Research studies led by Professor Phillipa Howden-Chapman on air quality in New Zealand homes provided ‘great outcome data’ that supported both the HIA’s work on causal pathways and the HIA report’s recommendations.

One HIA team member suggested that a ‘lot of learning’ about the unintended impacts of the air quality plan change was tapped into through the HIA’s scoping and appraisal workshops. The impact of continuing use and a possible increase in usage of non-flued LPG gas heaters had allegedly generated heated discussion among HIA workshop participants. The HIA was seen as a good way to get local people involved in the development of the plan change and to generally increase the community’s knowledge and awareness of the issues involved.
Evaluation objective 3
To determine the usefulness of the evidence gathered about the financial costs of home heating appliances

One HBRC stakeholder considered the evidence provided by the HIA about the financial costs of home heating appliances ‘very helpful, two rated it helpful, while the other thought it okay. All five indicated they already had access to this particular data prior to the HIA. However two considered the HIA evidence had served to reinforce the HBRC’s incentive package, which it was currently in the throes of ‘rolling out’, through the region’s interagency ‘Healthy Homes Coalition’ project.

One of the four HBDHB stakeholders’ rated the HIA’s information on financial costs very useful, two said it was useful, while one rated it okay. The information was perceived as useful because it:

- ‘added informed choice’
- highlighted concern about the affordability of heat pumps for low income people, both in terms of initial outlay and the costs of running them.

One of the two HBDHB stakeholders who rated the financial costs data as just ‘okay’ did so because the HIA report’s evidence in this area relied solely on one Consumer article. The other informant suggested ‘a bit more work could have been done’ around this topic.

Evaluation objective 4
To determine how many of the HIA’s six recommendations were endorsed by the decision makers

On interview we learnt there were two groups of decision-makers who considered the HIA’s recommendations, namely the Environmental Management Committee members and at a full council meeting by the HBRC councillors. All six recommendations were reportedly endorsed by both groups.

The recommendations specific to clean heat have already been actioned through the Healthy Homes Coalition, given these were allegedly closely aligned to the HBRC’s original intention.

Evaluation objective 5
Determine the main contributing factors to the recommendations having been accepted

Seven of the nine evaluation participants responded to the question that asked them to identify key factors they considered had contributed to the decision-makers endorsement of the HIA’s recommendations. The following strengthening factors were identified by the HBRC participants:

- The HIA provided ‘crucial’ evidence that reinforced what the HBRC had already learnt from earlier ground work done by a Christchurch consultant
who the Council contracted in to advise and support its development and planning process

- Dr Caroline McElnay’s appearance at a especially called Hearing Committee meeting increased the credibility of the HIA and the regional mortality statistics that were presented in its report
- The HBDHB HIA team was an independent voice
- The close working relationship between the HBRC’s planning and HIA teams.

From the HBDHB’s perspective the following factors contributed to the HIA report’s recommendations having been endorsed by the decision-makers:

- The HBDHB’s HIA team worked in close collaboration with the HBRC planners and decision-makers thus ensuring the recommendations were both practicable and actionable
- The recommendations were strategically aligned to the Healthy Homes Coalition which was already in place
- The quality of the work and evidence that supported the HIA
- The HIA report and its recommendations were peer reviewed by the HBDHB medical epidemiologist and the HBRC planners
- The Environmental Management Committee’s input
- The very good working relationship between the two agencies.

**Evaluation objective 6**

*To determine if the HIA added value to the Regional Council’s submission process*

All nine stakeholders agreed the HIA had added value to the HBRC’s submission process. The HBRC stakeholders’ responses indicated the following factors had help produce the added value:

- The empirical evidence the HIA produced was both ‘crucial’ and ‘reinforcing’
- ‘It was important for the DHB to understand what was driving the Council in its need to comply with the national standards [air quality was reportedly was not a priority for the DHB up until this point]. Consequently the HIA on air quality was seen to have been mutually beneficial in terms of learnings to both parties
- ‘Yes, but timing could have been better’. The HIA would have added even more value had it come earlier into the Council’s planning and development process
- It helped inform the plan by showing how the negative impacts could be addressed
- It was an independent and credible voice in the face of a lot of negativity.
The HBDHB stakeholders saw the HIA as having added value to the HBRC’s submission process because it:

- Provided additional empirical evidence
- Strengthened/ added to the Council’s consultation process
- Helped raise community awareness. It also dealt with a lot of ‘emotional stuff that was out there in the community’ some of which was allegedly generated through ‘misinformation’
- Helped achieve a greater understanding among all parties by the end of the process
- Facilitated the HBDHB’s representation in the submission hearing process
- It helped influence and inform the decision-makers early on in the policy development process.

**Evaluation objective 7**

*To determine the best way to utilise a HIA in a submission process*

Of the nine evaluation participants eight felt sufficiently informed to respond to the question specific to objective seven. All five HBRC and two of the four DHB stakeholders suggested the HIA could have been even more advantageous had it come in even earlier so that its report could have been formally submitted into the submission process.

Of the 200 submissions most were perceived to be negative about the required environmental air quality changes. Had the HIA report been submitted as a formal written submission the public would have had access to it, meaning people would have been more knowledgeable about the environmental air quality changes requirements. Having earlier access to the report would also have given the public an opportunity to question the HBDHB representatives about their findings and recommendations. This would serve to avoid the possible risk of the HIA team’s findings being misrepresented.

The HBDHB was invited by the submissions Hearing Committee to further explain the calculations behind the mortality statistics presented in the HIA report. This especially called hearing took place after the submission period closed. One of the HBRC’s stakeholders made the observation that legally the evidence used by the Council to support its planning process needs to be transparent.

One of the HBDHB stakeholders noted that theoretically an HIA should be applied very early in the policy development process. However, the timing of this HIA’s entrance into HBRC’s plan change developmental process was largely determined by the HIA team having taken the initiative by inviting the Council to apply an HIA to its process.

Contrary to what most of the nine stakeholders thought, one informant, while acknowledging the benefits of submitting an HIA report as a formal submission,
held the HIA’s main purpose is to inform the decision-makers and no matter where in the process it is introduced it should be judged solely on its ability to inform the decision-makers. It was also brought to our attention that the HBRC allegedly began its policy development process substantially later than most other regional councils. These others were said to have completed their development process and had since implemented their strategies and were on the way to achieving the NESAQ. Subsequently less time was available for the HBRC’s development process as the deadline for achieving the NESAQ was rapidly approaching.

**Evaluation objective 8**

*To determine the likely ongoing impacts of the HIA on the work and relationships with the Regional Council and other agencies the HIA team worked with*

Working on the region’s Healthy Homes Coalition was the most commonly mentioned ongoing working relationship between the HBRC, the DHB and other agencies. Following completion of the HIA, the HBDHB signed a contract with the HBRC to provide ongoing support for the HBRC-based Healthy Homes Coordinator and the implementation of the Coalition’s community education programme. The contract is a direct result of the HIA’s recommendations.

The HIA report’s second recommendation has also been reportedly actioned namely, the HBRC has now established the recommended holistic and wraparound approach, in conjunction with other agencies, to implement its plan change. It has also established a Clean Heat financial assistance programme targeted to low income groups living in the Hastings and Napier airsheds as suggested in recommendation two.

HBRC Environmental Management Committee members had since met with DHB personnel to discuss (1) how both agencies might more effectively work with each other on future Council work programmes involving hearings of submissions and (2) other Resource Management Act matters coming up which the two agencies could fruitfully work on together. Examples discussed included standards relating to oxidation ponds, industry discharges, and possum control.

**Evaluation objective 9**

*To determine if there was buy-in into the HIA process at a HBDHB and HBRC’s senior management level. If so, what were the ‘hooks’ or factors that helped achieve that buy-in*

All nine stakeholders indicated there was definite buy-in to the HIA process at a senior management level in both organisations. Examples of the levels of buy-in given included:

- both agency’s chief executive officers (CEO) – the former HBDHB CEO reportedly encouraged the HIA team to become involved as he had concerns around the health effects on low income families as a result of the proposed plan change
• the HBRC’s senior manager of planning and development
• the senior manager of the HBDHB’s Population Health Service Director. As far as the Environmental Management Committee was concerned Dr McElney ‘was as high as we needed to go’.

**Evaluation objective 10**

*To determine what were the key lessons learnt from this HIA for the HBDHB and HBRC*

One of the five HBRC stakeholders when interviewed said it was good to have the opportunity to take a step back and reflect on the issues afresh with a view to identifying what was learnt from their involvement in the HIA process. While there was reportedly some initial scepticism among the HBRC’s environmental planners about the value of HIA regarding the air quality plan change, but looking back now, ‘it was good the HIA team got us involved’. There are other RMA work-related programmes where HIA could add value.

Other key lessons HBRC stakeholders suggested they had taken from their involvement in the HIA included:

- Important to get the HIA process started earlier in the policy development process
- HIA increases community involvement in the development process
- In those policy development matters where a submission hearing process is involved HIAs need to be timed appropriately to allow for their reports/recommendations to be independently and formally submitted to the hearing process
- The HIA report was considered too repetitive. It was suggested that in future HIA report writers avoid unnecessary repetition particularly that resulting from ‘cutting and pasting’.
- The HBDHB’s HIA team suggested they would like access to training/upskilling on relevant aspects of the RMA in relation to the Council’s work.

The HBDHB stakeholders identified the following key learnings from their involvement in this HIA:

- Involve the policy-makers and experts right from the start to help frame up questions and issues that need addressing. While the HIA might not provide all the answers, it is important to reach conclusions based on the best evidence available
- Don’t assume your audience (councillors in this instance) have a good understanding of their own policy when presenting HIA reports (the HIA team did not anticipate being asked to explain the context and background to the setting of the NESAQ)
- Make sure you have expert support alongside you when making HIA presentations involving technical information that you have no real expertise
in (in this instance how the HIA report’s mortality statistics were calculated (as noted earlier a second presentation was required so the HBDHB’s medical epidemiologist could provide the necessary technical explanations)

- Having the funding to conduct HIAs
- Having the policy-makers involved in framing-up the recommendations – these need to be practicable from the partnering agency’s perspective.

**Were the HIA aims and objectives met?**

The discussion above generally shows that the HIA met all its overall aim and the eight objectives as listed in Section One of this report. Following is a brief recap of the main points that show the degree to which the HIA’s overall aim and objectives were achieved.

*The overall aim*

The overall aim of the HIA was to inform the decision-makers of the potential positive and negative health and wellbeing impacts of the Plan Change. The HIA report’s literature review and causal pathway analysis, based on the appraisal workshop participants’ deliberations, combined with the stakeholders’ evaluation feedback all show this aim to have been effectively achieved. The HIA evidence allegedly served to dispel some of the scepticism prevalent among both the Environmental Management Committee councillors and the wider community generally: namely the commonly held view the Hawke’s Bay is a ‘clean and green’ region and had no need for the changes proposed by the HBRC.

*To enhance partnership working between the HBRC and the HBDHB through shared planning and resourcing*

The stakeholders’ interview feedback found the HIA team had developed a close working relationship with its HBRC’s environmental planning team colleagues. While the HIA team covered the main costs of managing and conducting the HIA through the Ministry of Health’s *Learning by Doing* funding, the HBRC’s environmental planning team were involved in most aspects of the HIA workshop planning arrangements including, helping frame up the HIA questions and recommendations, peer reviewing the HIA report, and arranging presentations to the HBRC’s Environmental Council and HBRC Council.

As noted earlier the HBDHB’s HIA team, the HBRC planning team and the Environments Management Council Chairperson have recently identified a number of other potential RMA work programmes the HIA tool might be usefully applied to.

*To assist the HBRC to build on the positive aspects of the strategy and reduce any unintended negative impacts and hence develop a well-rounded strategy*

The discussion under the HIA’s overall aim above also suggests the HIA made a valued contribution to the HBRC’s Air Quality Plan Change, particularly through the regional air quality health statistics presented in the HIA’s report and from community input gathered through the HIA workshops.
The Clean Heat/ indoor air quality evidence based on robust New Zealand research data also reportedly supports the work of the Hawke’s Bay Healthy Homes Coalition and interagency work programme.

The preliminary HIA report among others is currently listed on the HBRC’s website as a key supporting document that was used in the preparation of its Air Quality Plan Change and Variation (http://www.hbrc/WhatWeDo/AirQualityPlanChangeDecisions/ Accessed 1 June 2006).

*To build capacity for staff of the HBDHB and HBRC to use HIA in the Hawke’s Bay*

The HIA on the HBRC’s Air Quality Plan Change allegedly served to increase capacity in both the HBDHB’s HIA team and the HBRC’s Environmental Planning section. This claim is supported by the evaluation interview feedback which indicates both agencies intention to continue using HIA on other areas of the HBRC’s RMA-related work programme. This work will further strengthen capacity in both agencies as will the training and upskilling the HIA team has requested from their HBRC colleagues with regard to these proposed RMA-related HIAs.

*To gather evidence about how the National Environmental Standards were set and how outdoor PM$_{10}$ affects health*

*To gather evidence about how the different types of home heating appliances affect indoor quality in relation to PM$_{10}$, temperature and moisture and evidence about the financial costs of home heating appliances*

The HIA report testifies to both the above HIA objectives having been achieved. As discussed earlier, the evidence on both subject matters is based on robust New Zealand research findings published in reputed national and international journals.

*To support the HBRC’s consultation process with the community*

The evaluation’s interview data from both stakeholder groups suggest the HBRC’s consultation programme around the Air Quality Plan Change was extended through the HIA.

*To provide recommendations on the implementation of the Air Quality Plan Change Strategy based on the HIA process findings to inform the decision-makers*

All six of the HIAs recommendations were endorsed by the HBRC’s Environmental Management Hearing Committee members and also by the HBRC’s councillors at a full Council meeting. A contract between the HBRC and HBDHB has been recently signed that will see all six of these recommendations
actioned by way of HBDHB staff supporting the Hawke’s Bay Home Coalition work programme.

*To disseminate the HIA findings into the wider policy arena of all relevant agencies*

Copies of the HIA report were distributed to all members of the HBRC’s Environmental Management Hearing Committee and the HBRC councillors. The HIA team provided presentations to both committees. The Director of Population Services also provided additional medical epidemiological supporting evidence to the HIA report at the Hearing Committee’s submissions hearing. The HIA’s preliminary report is currently available on the HBRC’s website (refer to the above reference). The report will also be posted on the Ministry of Health’s website.

The HBRC stakeholder interviews claimed that had the HIA report been submitted earlier as a submission to the HBRC’s Submission Hearing Committee it would have had helped temper the public’s scepticism around the region’s need to comply with the amended national air quality standards. Early access to the document would have facilitated earlier public access to the local health impacts data thus serving to correct ‘the misinformation’ that had stirred the scepticism.
Section 5: Conclusions

This report has presented the results of a short-term impact evaluation of an HIA applied to the HBRC’s Air Quality Plan Change. The evaluation conclusions are based largely on the feedback of nine key stakeholders who were either directly involved in the HIA process or were the HIA report’s intended audience, namely the HBRC and its Environmental Committee’s members. The stakeholder feedback indicated the HIA was very effective in that all six of the HIA’s report’s recommendations were endorsed by both committees’ councillors and have subsequently been actioned.

Key strengths of the HIA identified included the robustness of the evidence gathered for the HIA, having the HBRC’s partnering staff members help frame up the HIA questions and the HIA report’s recommendations, and their peer review of the preliminary HIA report. These actions combined to ensure the HIA approach was both relevant and useful and produced feasible and practicable recommendations.

One of the key lines of inquiry for this evaluation was to determine the optimum time to conduct an HIA report when a submission hearing is part of the policy development process. Two options were suggested by the team’s HBRC partnering colleagues. In essence option one involved the HIA being external to the submission hearing process, while the second saw it as an essential component of the submission process. At the time when the discussion around the potential options took place the HIA team’s HBRC colleagues recommended the HIA team adopt option 1. However, on interview it was clear the HBRC stakeholders had reflected on the HIA and submission hearing process and came to the conclusion that it would have been more appropriate to have adopted option 2. This is because of the legal requirement on Council to be transparent about the evidence in decision-making used through the submission process.

Theoretically an HIA should start early in the development process, ideally when a written draft policy/strategy is available for the target audience to consider and to comment on. In this instance, the HIA was apparently instigated too late in the development process for the HIA report to be submitted by the HBDHB as a formal submission. This late entrance was not the doing of the HIA team, given it was they who extended the invitation to the HBRC to apply an HIA to its Plan Change. Neither it appears were the HIA team or the HBDHB itself cognisant of an HIA’s potential strength when submitted as a formal submission. This evaluation suggests that when undertaking an HIA when submission hearings are part of the policy development process those instigating the HIA should consider including the HIA report as a submission alongside other dissemination strategies.

The HIA on the HBRC’s submission process is another good example of the value of HIA and of the Ministry of Health’s HIA Learning by Doing fund having been put to good use.
References


Appendix 1: Evaluation interview schedule and other evaluation forms

Name: ........................................................................................................
Organisation: .............................................................................................
Organisational position: .............................................................................

Thank you for agreeing to my interviewing you today. Did you have time to read the information sheet that I emailed you which explained:

1. The evaluation objectives of the Hawke’s Bay District Health Board’s health impact assessment (HIA) on the proposed Air Quality Plan Change, and
2. How we plan to protect your anonymity?

If the response was yes, ask – would you like me to go through these again, or, do you have any questions about the evaluation before we start? If no, read these out to interviewee.

The evaluation questions focus on the effectiveness of the HIA’s outputs (the report, its evidence and recommendations) in assisting to inform the decision-makers of the potential positive and negative health and wellbeing impacts of the Air Quality Plan Change.

1. How helpful was the HIA’s evidence about how the National Environmental Standards have been set and how PM$^{10}$ affects health? Was it …? 

<table>
<thead>
<tr>
<th>Very helpful</th>
<th>Helpful</th>
<th>Okay</th>
<th>Not that helpful</th>
<th>Not that helpful at all</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
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<td>□ 6</td>
</tr>
</tbody>
</table>

1a. In what way was it ……?

2. How helpful was the HIA’s evidence about how the different types of home heating appliances affect indoor air quality with regard to PM$^{10}$, temperature and moisture? Was it …?

<table>
<thead>
<tr>
<th>Very helpful</th>
<th>Helpful</th>
<th>Okay</th>
<th>Not that helpful</th>
<th>Not that helpful at all</th>
<th>Not sure</th>
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</table>

2a. In what way was it …? 

2b. How useful was the evidence gathered about the financial costs of home heating appliances?
3. How many of the HIA report’s six recommendations were endorsed by the decision-makers? *Specify number here* …………….

3a. What were the main contributing factors to those recommendations having been endorsed/ not endorsed?

4. Could you briefly outline who the HIA report was sent out to, and by what process?

5. In general, do you think the HIA added value to the submission process? Yes  No  *If yes, in what ways? If no, ask for specific reasons?*

6. What do you think is the best way to utilise HIA in a submission process?

7. What if any are the likely ongoing impacts of the HIA on the work of the Regional Council and relationships with other agencies that the HIA team worked with?

8. Was there buy-in from senior management in the HBDHB and Regional Council to the HIA process? Is so, what were the ‘hooks’ or factors that helped obtain that buy-in?

**Finally, and by way of summary**

9. What do you think are the key lessons from this HIA for the DHB and/or the Regional Council?

10. That’s the end of the set evaluation questions, is there anything we haven’t covered that you’d like to raise before we finish the interview?

**Thank you for your input today**
INFORMATION FORM FOR KEY INFORMANTS

Please read this information sheet carefully before deciding whether or not you wish to participate. We would very much appreciate your participation. However, if you decide not to participate there will be no disadvantage to you of any kind and we thank you for considering our request.

What is the aim of the evaluation?
- To provide practical knowledge and feedback to the Hawke’s Bay District Health Board’s (DHB) health impact assessment (HIA) team about the impact of the HIA report and recommendations with regards to helping to inform the Hawke’s Bay Regional Council’s Air Quality Plan Change.
- To provide evaluation feedback to the Ministry of Health’s HIA Unit which has funded the various HBDHB’s HIA assessments through its Learning by Doing Fund.

Who are we interested in speaking to?
Key stakeholders namely participants/observers/users of the Hawke’s Bay DHB’s HIA report on the Air Quality Plan Change.

What will we ask you to do?
- You will be asked to participate in an open-ended telephone interview lasting for between 10 to 20 minutes.
- Please be aware that you may decide not to take part in the evaluation or refuse to answer any questions without any disadvantage of any kind to yourself.

Can you change your mind and withdraw from the evaluation?
- You may withdraw from participating in the project at any time and without any disadvantage to yourself of any kind.

What data or Information will be collected and what use will be made of it?
You will be asked questions concerning the impact of the HIA’s report and its recommendations on the Air Quality Plan Change.
- The material we obtain will be made anonymous, to ensure that you are not identified. Your identity will remain confidential to the evaluation team. Personal names and other potential identifying information will not be used in any reports resulting from the evaluation.
- The results may be published but any data included will in no way be linked to any specific participant.
- A copy of the evaluation report can be sent to you should you wish.
- The data collected will be securely stored. At the end of the evaluation any personal information will be destroyed immediately except, as
required by the University of Otago’s research policy. Any raw data on
which the results of the evaluation depend will be retained in secure
storage for five years, after which it will be destroyed.

- The evaluation involves an open-questioning approach.
- In the event that the line of questioning does develop in such a way that
you feel hesitant or uncomfortable you are reminded of your right to
decide to answer any particular question(s) and also that you may
withdraw from the project at any stage without any disadvantage to
yourself of any kind.

What if participants have any questions?
If you have any questions about the evaluation, either now or in the future,
please feel free to contact either:

Velma McClellan
Research & Evaluation Services Consultant
Ph: 06-769-9444; Mob: 0274-303-577
Email: velma.mcclellan@xtra.co.nz

Associate Professor, Dr Louise Signal
Director
HIA Research Unit
University of Otago, Wellington
Telephone (04) 385-5541 ext 6040
Email louise.signal@otago.ac.nz
CONSENT FORM FOR PARTICIPANTS

I have read the Information Sheet concerning this evaluation and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage. I know that:

1. My participation in the evaluation is entirely voluntary;
2. I am free to withdraw from the evaluation at any time without any disadvantage;
3. There will be use of an open questioning technique;
4. I do not have to answer any questions that cause me discomfort;

I may withdraw from participation in the evaluation at any time and without any disadvantage to myself of any kind;

I may have access to the conclusions and any publications if I request them;

The results of the evaluation may be published and available in the library or on the internet but every attempt will be made to preserve my anonymity.

I agree to take part in this project.

(Signature of participant)…………………………………………. (Date)…………………….

I would like a copy of the findings of the evaluation to be sent to me after it is completed (please tick the box that applies to you).

☐ YES  ☐ NO

In order to send you a copy of the research could you please record your details below.

Name: ………………………………………………………………….

Address:…………………………………………………………………