Health Impact Assessment Case Study: Waihi Beach Age-Friendly HIA

Background

SmartGrowth is a sub-regional strategic planning collaboration between Bay of Plenty Regional Council, Tauranga City Council, Western Bay of Plenty District Council (WBOPDC) and the Tangata whenua (Māori indigenous population of the area). In 2008, SmartGrowth began seeking to place a greater emphasis on social infrastructure planning, to sit alongside the economic, environmental, and to a lesser extent, cultural wellbeing planning that already existed. SmartGrowth also recognized in its 50 year Strategy that the population of the Western BOP is growing rapidly, and experiencing structural ageing. An earlier BOPDHB and SmartGrowth collaboration had established PATAG (Population Ageing Technical Advisory Group).

Recognising the impact of population ageing within the region, the Bay of Plenty District Health Board (BOPDHB) and WBOPDC agreed to seek external funding to undertake an Age-Friendly HIA (AFHIA) to undertake a study into policy and planning for the Waihi Beach community. As a coastal township in the Western BOP District it is facing rapid growth in the future as a planned intensification zone with an existing high proportion of older people over the age of 65 years (21%, WBOP district 16%, NZ 12%). Funding was secured through the Ministry of Health’s “Learning by Doing” HIA Fund, with the BOPDHB being the fund holder. They contracted CG Consulting (CGC), with the principal of that consultancy, Carole Gordon, and her colleague from Waikato University, Suzan Van der Pas, leading the research as social scientists with social policy research experience specialising in social gerontology.

The study focussed on the recently developed Waihi Beach Town Centre Plan, and the Waihi Beach Defining Our Future Community Plan, both developed by the WBOPDC, within the scope of the WBOPDC Built Environment Strategy. The intention was that the HIA outcomes would be applicable to other retirement communities in the District. The study would also be of benefit to the BOPDHB, informing its District Strategic Plan (which was shortly to be reviewed), and subsequent District Annual Plans. The HIA therefore had elements of a decision support tool, an advocacy tool, and a community empowerment tool. It was expected that the age-friendly outcomes would inform SmartGrowth social infrastructure policy development to ensure that older people can age-in-place.

All costs were met within the contract between the BOPDHB and CGC, which totalled $36,000. Staff within the primary stakeholders, WBOPDC and BOPDHB, contributed their time within their normal roles.

Carrying out the HIA

The first activities in the study included an age-friendly analysis of relevant WBOPDC policies, a literature review, analysis of the demography of the township (Waihi Beach Ward), an assessment against the social determinants of health, and a policy document review.

The HIA was carried out over 8 months to 30 June 2009. The screening process had been partly completed in developing a study proposal before it was decided to put a funding proposal in for the Ministry of Health’s Learning by Doing HIA Fund. In preparing the funding proposal, the key stakeholders amended the process to fit the HIA methodology, and completed the screening process.

A Steering Group was drawn together at this stage, and worked through a scoping process. This included representatives from the planning functions of WBOPDC and BOPDHB, which
together with the contracted researchers, drew on planning expertise in urban planning, local
government strategy, public health, health of older people, and social gerontology. The
Steering Group was not formalized however, nor did it add members from the Waihi Beach
community as intended. The community was included though in an ongoing consultation
process.

This was followed by extensive consultation with:
- Waihi Beach residents through their political representatives on the Waihi Beach
  Community Board (mandated within the WBOPDC)
- community focus groups
- key informant interviews
- the local hapu (Māori sub-tribe), Te Whanau a Tauwhao
- parties outside the community who influenced service delivery to older people in the
  community e.g. the Primary Health Organisations.

The study integrated the HIA methodology with WHO Age-Friendly Indicators from the
Global Age-Friendly City Guide (2007). These indicators for older people wellbeing are:

<table>
<thead>
<tr>
<th>Age-Friendly Indicators</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outdoor spaces and buildings</td>
<td>Transport</td>
</tr>
<tr>
<td>Housing</td>
<td>Respect and Inclusion</td>
</tr>
<tr>
<td>Social Participation</td>
<td>Communication and Participation</td>
</tr>
<tr>
<td>Civic Participation and Employment</td>
<td>Health and Community Services</td>
</tr>
</tbody>
</table>

An age-friendly matrix was developed to assess policy scale and scope, the current position
and proposed policy implications against these eight age-friendly indicators, focusing on the
level of service (high/low) and degree of coordination (high/low) within the Waihi Beach
community. The resulting four quadrants are:

- Quadrant A (high service, high coordination) - well developed, joined-up age-friendly service
  investment.
- Quadrant B (high service, low coordination) – local initiatives lack coordination, policy
  framework or investment.
- Quadrant C (low service, high coordination) – high level strategies, little local activity or
  investment.
- Quadrant D (low service, low coordination) – little strategic or operational age-friendly
  activity.

This matrix was used to analyse:
- How far the relevant authority has developed age-friendly strategies to improve
  wellbeing;
- The extent to which policies and services delivered impact on elder wellbeing;
- The strength of activity in the Waihi Beach area;
- Gaps and barriers to improvements to service coordination or delivery.

Findings were taken back to the principal steering group agencies (WBOPDC and BOPDHB)
to provide understanding of the key issues, and to develop the agreed immediate outcomes
and discuss recommendations for further consideration.

Main findings and recommendations

Summary of key health impacts identified
The outcomes of the analysis via the matrix procedure for each of the age-friendly indicators
were:
- Outdoor spaces and buildings – Quadrant A
- Transport – Quadrant D
- Housing – Quadrant C
Respect and Inclusion – Quadrant D
Social Participation – Quadrant B
Communication and Participation – Quadrant C
Civic Participation and Employment – Quadrant B
Health and Community Services – Quadrant C

Summary of immediate outcomes

Once the analysis was completed, the consultants met twice with representatives from WBOPDC and the BOPDHB to discuss the initial findings. The following key outcomes were agreed at these meetings.

1. Town centre amenity planning to ensure age-friendly access to services. The WBOPDC has indicated that it will explicitly include the needs of the older population in the social infrastructure planning framework and guidelines that it is developing along with Tauranga City Council. The local authority HIA screening tool being developed by the two councils in association with BOPDHB Planning and Funding and its regional Public Health Unit identifies older people as a population group to be considered for the health impacts of a project or policy. This matter will be addressed within the WBOPDC District Plan Review in September 2009, and in the Regional Policy Statement Review beginning October 2009.

2. Improving access to primary health care for all, and in particular health services for Māori. The BOPDHB has agreed to:
   - Review contract capacity to improve the scope of home support and care service delivery to Waihi Beach, including use of rural transport by service providers.
   - Support efforts to facilitate efficient primary health care service delivery for all, and health services to Māori at Waihi Beach.

   The WBOP Primary Health Organisation has agreed to:
   - Continue to facilitate efforts to resolve delivery of primary health care through BOPDHB contracts and general practice affiliation.
   - Progress with hapu and BOPDHB, improved access to Māori primary health care at Otawhiwhi (close to Waihi Beach where the marae or meeting place stands).

   The Waihi Community Board plans to:
   - Continue efforts to attain agreement on WBOPDC land use for a Community Health Centre.
   - Seek funding for a Project Manager to facilitate commercial engagement in building a Community Health Centre/ community health facilities.

3. Otawhiwhi land utilisation issues. Improved dialogue is required between WBOPDC and the hapu to resolve long-standing land issues relating to a drain and the affordability of whanau housing. It is acknowledged that a SmartGrowth Papakainga project may have future relevance (Papakainga is Māori housing on collectively-owned tribal land).

4. Improved access to transport options. The WBOPDC has agreed that:
   - Their Community Development team will assist the Waihi Beach community in applying for Community Initiative transport funding.
   - WBOPDC will advocate for improved transport connectivity for Waihi Beach residents within the BOP Regional Council’s transport Policy review, and further ensure robust processes are in place for determining transport provision.

Summary of key recommendations related to age-friendly processes

The broader strategic recommendations arising from this AFHIA are as follows:
1. That SmartGrowth proactively monitors the development of age-friendly capacity of urban and community centre environments, within intensification planning processes.
   1.2 That age-friendly measures are included in SmartGrowth reviews.

2. That the BOPDHB collaborates with WBOPDC, Tauranga City Council and the BOP Regional Council through SmartGrowth, to ensure that a focus on age-friendly urban development and social infrastructure is integrated as an essential component of regional planning, development and monitoring processes within western BOP sub-region communities, through inclusion in the Regional Policy Statement.
   2.2 That the BOPDHB actively support the Waihi Community Board, and WBOP Primary Health Organisation to resolve issues and barriers to improve primary health care delivery, particularly for Māori.

3. That Local Governments in the western BOP and the BOPDHB use the WHO Age-friendly Cities and Primary Health Care guidelines and toolkits to guide policy, planning and monitoring processes. That the focus becomes an independent and specific planning action within the scope of social infrastructure plans for “intensified zone” communities.

4. That the BOPDHB and Councils hold regular training workshops to overcome structural ageism thereby ensuring quality provision of age-friendly outcomes to meet the needs of the region’s ageing populations and community social and economic wellbeing.

There were also 24 recommendations made on specific issues highlighted under the eight age-friendly indicators.

Communication of the recommendations

1. CGC and the BOPDHB presented a summary of the preliminary findings of the study to the SmartGrowth Implementation Management Group. This group of senior planners and strategists will receive the final report.
2. The final report can now go through the WBOPDC political processes before being referred back to the SmartGrowth governance group for consideration.
3. As a parallel process, the reports recommendations can be received by the BOPDHB for action as appropriate, including consideration in its District Strategic Plan review in 2010, and subsequent District Annual Plans.

Proposed process for monitoring and evaluating the HIA

It is intended that responsibility for monitoring the outcomes from this study will lie with PATAG, This group has representation from SmartGrowth, (including BOP Regional Council, WBOPDC, Tauranga City Council, and Tangata whenua) and the BOPDHB, which covers off all the agencies and stakeholders that are in a position to implement the recommendations. A final evaluation of the HIA will be undertaken by the BOPDHB in 12 months, with a report to be sent to the Ministry of Health as funder of the HIA. This evaluation will outline whether the HIA recommendations have been adopted. A brief process evaluation is included below.

Key learnings for practitioners of HIA

The project was intended to be an HIA, but due to changing priorities and planning timelines, the HIA did not assess an actual draft policy. The project was specifically focused on conducting an Age-Friendly analysis integrated with an HIA process. This provides a new approach, similar to a Whanau Ora HIA in that it focused on a specific population group, for meeting the needs of ageing populations within impact processes.

A key learning during this AFHIA process was that given the current economic climate, local governments are in a continuum of adjusting priorities for policy implementation due to...
funding availability. In addition, it is critical that processes fit in with local government planning cycles. There would have been advantages in maintaining the operation of the steering group throughout the process to improve communication flow and identify any barriers at an earlier stage. The consultants took on the majority of the analysis workload, with agency stakeholders having input after the analysis was almost complete. It would have been better for the consultants and agency stakeholders to have worked closer together during the analysis phase to ensure that a wider range of perspectives were included throughout this step.

Notwithstanding the challenges, the key agencies are pleased with the immediate outcomes, and are confident that the final results will be far-reaching (although there is no guarantee that recommendations will be actioned – as in any HIA process).

The HIA methodology, albeit modified to integrate a population ageing perspective, has proven to be a powerful instrument with potential for collaboration to achieve health and wellbeing outcomes. This study showed the importance of local co-operation and advocacy through the Waihi Beach Community Board. The linkage of the age-friendly communities’ model provides a building block for social cohesion and community for older people, and indeed all ages.