Health Impact Assessment on the Draft Hastings District Council Graffiti Vandalism Strategy: The results of a process and impact evaluation

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EXECUTIVE SUMMARY

Background
This paper reports on the findings of a process and impact evaluation of a Health Impact Assessment (HIA) on the Hastings District Council’s Draft Graffiti Vandalism Strategy (the Strategy). HIA is a practical way to ensure that health, wellbeing and equity are considered as part of policy development. The HIA was lead by the HIA team from the Hawke’s Bay District Health Board (DHB) in partnership with staff from the Hastings District Council (HDC). The evaluation was undertaken by the HIA Research Unit, University of Otago. The HIA was supported with funding from the Ministry of Health HIA Support Unit’s Learning by Doing Fund.

Methods
The evaluation was conducted concurrently with the HIA. Data were gathered for the evaluation using the following methods; participant observation, participant evaluations of workshop, documentary analysis and interviews with nine key stakeholders.

Results
This evaluation suggests that the HIA was highly effective in meeting its objectives. These included strengthening the Graffiti Vandalism Strategy with good evidence from the literature review and from more thorough community consultation. Of the 19 recommendations made in the HIA 17 were adopted by Council. The HIA also served to build the capacity for HIA not only in the HIA team but also within the HDC, the DHB and the wider Hawke’s Bay community. It also enhanced the partnership between HDC and the Hawke’s Bay DHB, made equity issues more explicit in the Strategy and ensured dissemination of the findings into the wider policy arena.

A key strength of this HIA appears to be the choice of policy that was assessed. The draft Graffiti Vandalism Strategy was at an appropriate stage for an HIA as it was in draft and out for public consultation. It was also a Strategy that many in the Council and community could agree on. Other key strengths of the HIA included the consultation process, the mentoring and facilitation by the lead consultant, the strengthened working relationships between key stakeholders and community leadership.

Two areas where the HIA was constrained were those of time and resource and the representativeness of consultation. The time involved in the HIA was considerably underestimated which resulted in a heavier workload for the HIA team than anticipated. The challenge of engaging key stakeholders in the HIA process was demonstrated with this HIA. While the HIA had support from critical players throughout the process, e.g councillors and taggers, the HIA team were not always able to involve key stakeholders. This was in part addressed by providing further opportunities for engagement. The evaluation suggests a number of ways to potentially improve stakeholder participation including shoulder tapping people and taking the consultation out into the streets.

The HIA received support from the DHB and the HDC. Key factors in this support appear to have included a champion in the HDC who got HIA on the Council’s work programme, support from the DHB and the funding from the Ministry of Health, championing of HIA by a HDC councillor and the fact that the Strategy was at an appropriate stage for HIA.
Key lessons learnt from this HIA

This HIA evaluation has identified many lessons that may assist the Hawke’s Bay DHB HIA team, other key stakeholders in the Hawke’s Bay, and those interested in HIA nationally. These lessons include:

**Overall learning about process**

- When HIA is new to an organisation, careful consideration should be given when screening policies to selecting a policy which lends itself to HIA and is likely to be well supported in the community.
- Checks need to be made at key stages in the process to ensure that the process addresses obligations under the Treaty of Waitangi.
- Assess potential risks and ways to mitigate them at the start of each HIA process, including planning a media strategy.
- Careful consideration needs to be given as to how to engage key stakeholders, including senior management and political leaders, and community members in the HIA process.
- It is valuable to take the HIA to the people.
- Leadership by key community figures can lend credibility to the HIA and increase the likelihood of participation by the community.
- Employing a range of feedback mechanisms such as a full report, lay report, feedback to community and key stakeholders makes findings accessible to a wide range of people.

**Community consultation**

- HIA project managers have ‘to think outside the square’ in order to maximise participation at HIA workshops. Inviting people personally and writing invitations to suit lay audiences may assist.
- It is valuable to take the HIA to the people and hold workshops in an environment your stakeholders are comfortable. This can assist people to more effectively participate in the process.
- Workshop facilitators need a strong foundation in HIA, effective communication skills, an ability to work with a range of different audiences, and the flexibility to make changes in the programme as needed.
- Outlining the HIA process and the issue under consideration at the beginning of screening, scoping and appraisal workshops enables an effective discussion. Including presenters who can speak to the realities of the issue under consideration also assists, especially at the scoping and appraisal workshops.
- Use of exercises to enable people to participate in decision-making can increase the engagement of participants in the process e.g. use of post-it notes identifying individual priorities in order to build consensus.
- Evaluation of workshops provides valuable feedback to the process.

**Scoping**

- At the scoping phase it is important to size the HIA to the policy under consideration and to the resources available, to be clear about what is included and excluded from the HIA, and what could be picked up in other processes.
• Asking participants in the scoping workshop for advice about available data and who to consult can provide valuable information.

Training and resources

• Training for HIA practitioners is important to enable them to undertake HIAs effectively.
• Novice HIA practitioners benefit from mentoring throughout the HIA process. It enables them to build the necessary knowledge and skill base.
• New money makes it easier for organisations to undertake HIA as they do not have to find savings in other areas.
• The HIA document *A Guide to Health Impact Assessment: A policy tool for New Zealand* requires revision or alternatively a practical, new step-by-step HIA process guidance manual should be developed. A resource for lay people that explains HIA concepts simply would be useful when working with those not trained in HIA.

Overall learning about the impact of HIA

A well conducted HIA process can:

• enhance working relationships between DHB’s, Councils and other agencies - such as the Police, with potential flow on effects to future work.
• be an effective mechanism for community consultation and engagement.
• provide a mechanism for gathering good evidence from the literature, existing data sources and the community to assist in policy decision-making.
• provide an effective way for councils to strengthen their decision-making by improving the evidence base of policy and building community support.

Conclusion

The Learning by Doing Fund gave the Hawke’s Bay DHB new funding for this HIA. In doing so, it enabled the DHB’s HIA team to undertake a thorough HIA process that resulted in considerable improvement in the Strategy under consideration. It also enabled the HIA team and their colleagues at the HDC to increase their knowledge and skill to undertake HIA. Further, it enabled the consultants and the evaluators employed by the DHB to strengthen their own knowledge and skill. Finally it has provided an opportunity to reflect on the lessons from the process for a wider audience. This evaluation suggests that, in this instance at least, the Learning by Doing Funding has lived up to its promise.
SECTION 1: INTRODUCTION

The Hawke’s Bay District Health Board (DHB) is currently working with local governments in its region to incorporate Health Impact Assessment (HIA) into their planning processes. Early in 2008 the Hawke’s Bay DHB invited the Hastings District Council (HDC) to conduct a Health Impact Assessment (HIA) on the Council’s draft Graffiti Vandalism Strategy 2008 (the draft Strategy) (Hastings District Council 2008). This current report presents the findings of an evaluation of the process and impact of this HIA. This evaluation was undertaken by the Health, Equity and Wellbeing Impact Assessment Research Unit, University of Otago for the Hawke’s Bay District Health Board’s (DHB) Health Impact Assessment (HIA) Team.

Funding for the Hawke’s Bay DHB’s current HIA programme, which includes the HIA on the draft Graffiti Vandalism Strategy 2008 and its evaluation, was provided through the Ministry of Health’s Health Impact Assessment Unit’s Learning by Doing Fund.

Background to the draft Graffiti Vandalism Strategy HIA

The draft Graffiti Vandalism Strategy 2008 (Hastings District Council 2008) was developed by the HDC in response to the district’s graffiti vandalism problem. Council incurs significant costs for graffiti removal, graffiti impacts negatively on the community’s perceptions of safety and degrades the social environment (Hastings District Council 2008). In the past the HDC response was reactive in that it was largely focused on the rapid removal of graffiti vandalism. The HDC’s Graffiti Vandalism Strategy signals the HDC’s intention to take a more proactive, preventative and coordinated approach to reduce the incidence of graffiti in the Hastings District (Apatu and Rohleder 2008).

What is HIA?

HIA is defined as ‘a combination of procedures, methods and tools by which a policy, program or project may be judged as to 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 increasingly been embedded in this country (Signal et al 2006).

HIA is typically a four stage process of:

- Screening – a selection process where policies are quickly judged for their potential to affect the health of the population, and hence the need (or not) to undertake HIA
- Scoping – planning the HIA including the aims and objectives, identifying key stakeholders, determining resources needed and identifying data sources
- Appraisal – describing the potential benefits and risks to health and their nature and magnitude and identifying potential changes that could be made to the policy to enhance its positive and mitigate its negative impacts on health, equity and wellbeing
- Evaluation – assessing the process of the HIA in order to determine how it was done and to provide information useful for future HIAs; assessing the impact of the HIA to determine the extent to which the recommendations were taken
The Graffiti Vandalism HIA

The HIA discussed here went through each of the stages outlined above using the Public Health Advisory Committee’s *A Guide to Health Impact Assessment* to assist the process (Public Health Advisory Committee 2005). It was led by Maree Rohleder and Ana Apatu from the Hawke’s Bay District Health Board (the DHB HIA team) and undertaken in partnership with HDC and with the assistance of HIA consultants from Quigley and Watts Ltd. Staff from Quigley and Watts acted as mentors, researchers and advisors to the project.

Aims and objectives of the HIA

The overall aim of the HIA was to apply an HIA process to the draft strategy with the purpose of improving the health and wellbeing outcomes of people living in the Hastings District.

The objectives of the HIA as applied to the draft strategy were to:

- Enhance partnership between the HDC and Hawke’s Bay DHB through shared planning and resourcing.
- Assist the HDC to build on the positive aspects of the strategy and reduce any unintended negatives impacts and hence develop a well rounded strategy.
- To build capacity within the Hawke’s Bay DHB and HDC to use HIA.
- To explicitly consider the equity issues of the strategy for:
  - Māori
  - youth
  - males.
- To support the HDC’s consultation process with the community.
- To deliver the findings in a user-friendly manner to both the Hawke’s Bay DHB and the HDC.
- To disseminate the HIA findings into the wider policy arena of all relevant agencies (Apatu and Rohleder 2008: 14).
SECTION 2: THE EVALUATION OBJECTIVES

The evaluation of the HIA on the HDC’s draft *Graffiti Vandalism Strategy* aimed to determine:

In terms of process:
- If the objectives of the HIA were met?
- The strengths of the HIA process.
- The constraints of the HIA process.
- Possible ways the HIA process could have been improved.
- The resources used throughout the HIA process.
- The linkages between the HIA and the HDC’s Long-term Council Community Plan process.

In terms of impact:
- What the impact of the HIA was on the *Graffiti Vandalism Strategy*?
- If the HIA added value to the planning process? If so in what ways?
- What if any, are the ongoing impacts of the HIA on the work of the HDC’s in the area of graffiti vandalism?

With regards to overall issues the evaluation aimed to identify:
- What, if any, were the key factors that achieved buy-in to the HIA process and outcomes, particularly at the senior management and political level?
- What resources could be developed for use in future HIAs, for example planning templates, workshop invitation letters and workshop evaluation questionnaires?
- The key lessons from this HIA for Hawke’s Bay, namely the Hawke’s Bay DHB, the HDC and other potential community agency partners.
SECTION 3: DATA COLLECTION METHODS

This evaluation was conducted in the spirit of ‘learning by doing’ in line with the funding source for the HIA and its evaluation. While the evaluators undertook the evaluation independently, they worked with the HIA team and the consultant as participant observers. In this role they listened to key meetings and reviewed the key documents as they were being undertaken or developed. The evaluators also provided feedback to the HIA team and the consultant throughout the HIA and prompted those involved to reflect on their practice. This feedback and reflection provided opportunities for pause and to make changes as needed.

The evaluation was conducted concurrently with the HIA with the evaluators first formally engaging at the scoping stage. Data were gathered for the evaluation using the following methods – participant observation, workshop evaluations, documentary analysis and key stakeholder interviews.

Observation of HIA process

One of the two-member evaluation team attended three of the four HIA workshops. Dr Louise Signal, the principal researcher of the evaluation team attended the HIA’s scoping workshop, while Velma McClellan attended the youth-specific and general appraisal workshops. The evaluators primarily were observers at these workshops, taking note of who attended, and recording observations throughout the workshop’s proceedings reflecting on the process and providing advice to the DHB HIA team, the consultant and the HDC staff involved in the HIA (workshop reports). At the scoping meeting the evaluator took the minutes of the meeting. The evaluators also participated in key planning meetings throughout the process of the HIA with the HIA team, the HIA consultants and HDC staff. These meetings included the planning meeting following the scoping workshop and three teleconferences, two to discuss the literature review and one to discuss the draft HIA report.

Analysis of HIA workshop participants’ feedback

Evaluation forms were given out to all stakeholders who attended the HIA scoping and appraisal workshops, except for the young taggers and graffiti artists’ (youth) workshops (the aim being to keep the youth workshop as informal as possible) (see appendix 1). Most stakeholders who attended the various workshops completed evaluation forms. Largely non respondents were people who left the workshops early. They did so for a range of reasons including other commitments. The evaluation responses were subsequently analysed for key themes. Evaluation reports were prepared and sent to the HIA team and facilitator for their information and comment. The reports were intended to inform the process of the HIA going forward and provide evidence for future HIAs.

Review of relevant HIA documentation

All key documents relevant to the HIA were read to:

- inform the evaluation by providing background and context to the HIA, and
- provide information on the HIA content, process and impact.

Documents included:

- The draft Hastings District Council’s Graffiti Vandalism Strategy (HDC 2008).
• The HIA screening, scoping and appraisal workshop notes and reports prepared by the HIA team, a community profile and the final HIA report - *The Health Impact Assessment on the draft Hastings District Council Graffiti Vandalism Strategy* (Apatu A. Rohleder, 2008).

• The minutes from other HIA team meetings and teleconference calls.

**Key stakeholders interviews**

*Interview schedule design and development*

Two interview schedules were developed for the interviews with key stakeholders (see appendices 2 & 3). The first was prepared for those directly involved in developing and implementing the HIA process, namely the Hawke’s Bay DHB’s HIA team, the two HDC staff members and the lead HIA consultant. The second schedule was developed for the interviews with other community stakeholders who had attended either one or more HIA workshop and had an interest in the draft Strategy.

*Interview sample selection*

The evaluation team drew up a list of 10 stakeholders who were considered representative of the range of stakeholders that had been involved in the HIA process: both members of the HIA team and the two HDC staff who worked in partnership with the HIA team; the lead HIA consultant; a Māori community service provider; youth; police; HDC councillor and relevant senior management from the Hawke’s Bay DHB and HDC.

The list of stakeholders was subsequently sent to the HIA team for comment and to seek assistance with the proposed stakeholder interviewee contact details. One further stakeholder was added to the original proposed interviewee list as a result of the HIA team’s feedback.

All 11 stakeholders were sent an email with an evaluation information sheet and an interview consent form attached. The explanatory email indicated that the interviews would take between 30 to 40 minutes for those who had been involved in the development and implementation of the HIA and up to 15 minutes for the other stakeholders who had not been involved in that HIA process. The emails were followed up by telephone contact to schedule in interview appointments times.

*Participants in stakeholder interviews*

Nine key stakeholders agreed to participate in the evaluation and were interviewed. However, making contact with three other proposed interviewees proved quite difficult, despite many attempts to do so. The assistance of the HIA collaborative partners was sought in these latter cases but contact in some cases was not made. Time and resource constraints limited any further delay. As a result, the selected stakeholder sample does not include a senior manager from the HDC or a police representative. However, evaluation feedback from the police-specific HIA appraisal workshop provided some insights regarding the police views on the value of the HIA processes. Five police attended this workshop. All five completed evaluation forms.

*Data analysis*

All data were analysed for key themes relating to the HIA evaluation objectives.
Ethics

Ethics approval was sought from the multi-region ethics committee. The committee noted that ethics approval was not required as the evaluation was an audit of work being undertaken by the DHB. Nevertheless, the evaluation team provided key stakeholders who agreed to participate in the research with an information sheet about the evaluation and sought their written consent. Participants were advised that they would not be named in any reports or papers and that every effort would be made to protect their identity.
SECTION 3: RESULTS
This section of the evaluation report briefly summarises the HIA process adopted by the Hawke’s Bay DHB for the HDC’s draft Graffiti Vandalism Strategy and presents the evaluation feedback from the participants about the HIA’s scoping and appraisal workshops with regards to the HIA process. The findings are based on participant observation, documentary analysis and workshop evaluations.

HIA screening phase
This initial HIA phase was conducted on 11 July 2008 by a team of four representatives, two from the Hawke’s Bay DHB and two from the HDC. The aim of the screening was to identify the appropriateness of undertaking an HIA on the HDC’s draft strategy. A series of questions to this effect were asked during the session covering the:

- possible positive and negative health impacts from the strategy’s proposed action changes
- consideration of the social, cultural and economic impacts on the health of Māori and their whānau
- the potential for the proposed strategy’s actions to reduce health inequalities between Māori and non-Māori and other groups
- the level of support within the Hawke’s Bay and HDC to proceed with the proposed HIA.

Following consideration of the questions, issues, and evidence both organisations decided to proceed in partnership with the HIA because:

- the positive impacts outweighed any potential negatives in terms of preventing criminal offending associated with graffiti vandalism, which in turn would have a significant effect on the social and physical wellbeing of young people within the Hawke’s Bay
- if well implemented, the Strategy has the potential to reduce inequalities given that taggers in the Hawke’s Bay are predominantly Māori youth
- senior executives of the HDC fully supported the HIA being undertaking and HDC councillors were involved in the scoping process (Apatu & Rohleder 2008).

Further, at this meeting the five key determinants were also identified as were priority population groups. This decision was reached by consensus between the participants based on the evidence they had to hand, including their own considerable knowledge of the issue.

At this point the external HIA consultants were hired to guide and assist with the HIA as were the evaluators.

The scoping phase
A scoping workshop was held on 24 July 2008 at the Te Aranga Marae in Flaxmere and facilitated by the the HIA consultant with the support of the DHB’s HIA team. Fourteen of the 18 stakeholders invited to the workshop by the DHB’s HIA team were able to attend on the day. The participants included representatives from the Hawke’s Bay DHB, the HDC, the New Zealand Police, a graffiti artist, and a Flaxmere community service provider. The decision about who to invite was made by the HIA team and their HDC partners. There was general agreement that a wide range of...
participants should be invited and key contacts were easily identified from the contacts of the HIA team and their HDC partners.

The four hour meeting included morning tea and lunch. It opened with a powhiri led by a local kaumātua and HDC Councillor which was followed by morning tea. Next an overview presentation on HIA was made by the facilitator (the lead HIA consultant). It began by clarifying the purpose of the meeting. This was a valuable presentation to get people ‘on the same page’. HIA was presented as a process guided by the participants in the scoping meeting. An example of an HIA on gaming machines in Nelson was outlined to demonstrate how HIA can inform the policy making process. This provided a useful example of the progress that could be anticipated with the current HIA. The facilitator stressed that HIA provides the opportunity to strengthen the positive health and well-being effects as well as mitigate any negative effects.

The draft Graffiti Vandalism Strategy was then outlined to the participants by HDC staff. This was followed by a presentation by an artist and ex-tagger. He shared with the participants why, in his view, people tag and strategies to constructively channel this activity. The participants asked a number of questions of this speaker who gave a very illuminating presentation grounding the meeting in the realities of the issue.

**Determinants**

Five determinants identified in the screening were presented by the facilitator to the participants. They were:

- Crime
- Social connectedness
- Visual amenity value & perception of safety
- Economic
- Deferred maintenance on Council assets.

Participants were asked to chose up to three priorities from the list or identify others. They wrote their choices on post-it notes that were grouped on the whiteboard. Other determinants suggested were

- Personal behaviours
- Leadership and ownership.

What followed was a useful discussion about the key determinants in which many of the participants spoke. They explored some of the detail underpinning the determinants under discussion. It was agreed to focus on the following:

- Crime
- Social and cultural connectedness, including leadership
- Visual amenity value and perception of safety.

**Population groups**

Priority population groups identified in the screening were presented. They are:

- Māori youth
- Pacific youth
- Pakeha youth
- Businesses
- Whānau/families
- Police
- Community
Victims.
Following another exercise where people identified two priority groups on post-it notes, a group discussion was held and it was agreed to focus on the following:
- Community
- Youth in families/whānau.

It was acknowledged that taggers come from a range of ages and ethnicities. While the key focus was thought to be youth the meeting agreed it was important to see youth in the context on their families/whānau. Māori youth were not specifically identified as the consensus was that this group should not be stigmatised. However, the meeting agreed that Māori youth would be a strong focus on the HIA.

**What data is available**

The facilitator then asked the participants to identify what data is available that is relevant to the HIA, who to speak to, what resources are available and are there any other groups we should focus on? The group had a wide range of advice and a number of links were made between data in different agencies that could assist the HIA. This proved a valuable way to gather information on this issue.

**Next steps**

The facilitator concluded the meeting by outlining the next steps in the process, namely undertaking a literature review, gathering data, holding appraisal workshops, prior to drafting an HIA report to the HDC.

**Evaluation**

At the conclusion of the workshop participants were asked to complete an evaluation form which asked a series of questions concerning the effectiveness of the workshop with regard to their: having understood the reasons for undertaking the HIA; having felt able to contribute to the decision-making process; desire to continue involvement in the next phase of the HIA process; and whether they consider using HIA themselves.

Eight of 14 participants completed these evaluation forms. This low number was partly due to some participants having to leave early due to prior commitments. The responses were generally positive in that most participants either ‘strongly agreed’ or ‘agreed’ that:
- They had understood the rationale for undertaking the HIA
- Felt able to contribute to the decisions about what the HIA would focus on
- Wished to continue involvement in the HIA process
- Would consider using HIA for future project work.

Those who added additional comment at the end of the evaluation form indicated having ‘enjoyed’ the workshop and having found the experience ‘worthwhile’.

**Overall lessons from the scoping workshop**

The key lessons emerging from the HIA’s scoping workshop based on evaluative observation and participants’ feedback indicate that:
- Outlining the HIA process and the issue under consideration at the beginning of the meeting are key to enabling an effective discussion. Including presenters who can speak to the realities of the issue under consideration can ground the discussion.
- Use of exercises to enable people to participate in decision-making may increase the engagement of participants in the process e.g. use of post-it notes identifying individual priorities in order to build consensus.

- It is important to size the HIA to the strategy; to limit the HIA’s focus; to be clear about what was in and what was out of the HIA, and what could be picked up in other parts of the HIA’s processes.

- The venue where HIA workshops are held is an important part of ensuring a successful process (Te Aranga Marae was considered particularly successful because it was comfortable, relaxed, welcoming, the catering was of a high quality and it was generally seen as having provided a supportive environment to work in).

- Good facilitation is crucial. It is important to make sure that all participants are given the opportunity to speak, be heard and that consensus is reached where possible. It is also important to keep the conversation moving and to be decisive at key decision-making points.

- The facilitator must also be seen to be objective, a good listener and have an ability to reflect back on what has been said.

- Asking workshop participants for advice about available data and who to consult provides valuable information.

- Evaluation of workshops provides valuable feedback to the process.

- Specific to the Hawke’s Bay is the provision of opportunities for DHB and/or the HDC staff to facilitate other HIA process meetings to increase their skills and build local capacity to undertake HIAs.

**The appraisal phase**

This third phase of the HIA aimed to appraise the potential of the draft strategy’s proposed actions to affect the targeted populations’ health and wellbeing once implemented. A total of three workshops were held during September 2008 to gather input from stakeholders, although initially it was proposed to hold just two (a general stakeholders and a youth-specific workshop). An additional one was also held with representatives from the police.

**The youth-specific HIA appraisal workshop**

The first appraisal workshop was held at the Atomic Café (a youth centre facility close to the centre of Hastings) at 10am on 4 September 2008. The workshop was attended by three teenage male taggers/‘graffers’, a supporter and a young Māori graffiti artist who had attended the earlier HIA scoping workshop and who agreed to bring the young taggers/graffers along to this subsequent workshop. The meeting was facilitated by the lead HIA consultant. Both members of the HIA team and one evaluator also attended.

Following a brief description of the Strategy’s key themes and what was expected of them, the facilitator asked the participants ‘why do you tag?’ After some initial discussion and relating of personal tagging histories, the participants were given pen and paper and asked to draw their responses to this question. Following the completion of the drawings, the participants were asked their responses to two further questions (1) How might the graffiti strategy affect you and (2) Do you have any suggestions that could improve the strategy? The questions generated a number of points specific to the Strategy.
In terms of positives, the young participants liked the community educational component of the draft Strategy. They also liked the idea of the HDC providing outlets for young people, such as themselves, to legally demonstrate their artistic skills. This approach was seen as providing them with an opportunity to educate the community about the distinction between tagging and graffiti. However, they noted the Strategy could potentially generate retaliatory behaviour among the tagging community, which could result in an increase in tagging. They also suggested that ‘getting caught’ provided a challenge for some taggers because ‘it adds to their fame’. They suggested a number of actions that could be added to the strategy, these included running hip hop dancing competitions for young people and providing outlets for graffiti artists to sell their art. These suggested improvements were seen by the HDC staff involved in the HIA as good ideas, one of which was already being put into action.

Evaluation forms were not distributed at the youth-specific workshop. However, the HIA team, their HDC colleagues and the HIA facilitator were pleased that the workshop had attracted the young people’s participation, which they attributed to someone who the young people trusted and respected having encouraged them to come along. They also appreciated the young people’s contribution and the art work they had produced.

**The general stakeholders’ appraisal workshop and their evaluation feedback**

The second of the three HIA appraisal workshops was held on 4 September 2008. Just nine of the 31 invited stakeholders attended. Others in attendance included the lead HIA consultant who acted as facilitator, his colleague and an evaluation team member.

The number of participants was considerably smaller than anticipated. Consequently the planned format for the workshop required modification. This involved (1) splitting the nine workshop participants into three groups and (2) focusing on the health and wellbeing pathways in terms of potential negative and positive outcomes of the Strategy with regards to just two of three HIA determinants, namely social and cultural connectedness and visual amenity and safety. The lack of police presence meant that crime was left until an opportunity could be found to engage with the police.

An analysis of evaluation forms completed by the nine participants on conclusion of this workshop showed that most either strongly agreed or agreed that the workshop had:

- been useful for identifying the potential intended and unintended effects of the Strategy’s approaches
- increased their understanding of the ways in which the Strategy might affect the determinants of wellbeing and health
- developed or strengthened intersectoral relationships, and
- provided an opportunity for them to contribute their ideas.

The main weakness of this particular workshop identified by its participants was the low turnout of stakeholders. It was suggested that the low turnout may have been because people were unclear why they were invited and also possibly due to a flu-like illness that was prevalent in the community at that time. Participants considered the workshop’s collaborative approach and the high quality facilitation were its key strengths.
The police appraisal workshop

Five police attended the HIA appraisal workshop specifically conducted for police representatives on 14 September 2008. The workshop was arranged in response to the absence of a police presence at the general stakeholders’ workshop held on 4 September 2008, as discussed above. The aim and the focus of the police HIA appraisal workshop was the same as for the general stakeholders’ appraisal workshop.

The evaluation feedback provided by the police like that resulting from the earlier general stakeholders’ appraisal workshop was generally positive, in that they either strongly agreed or agreed with the evaluation form’s statements (see earlier evaluation results).

Overall lessons from the HIA appraisal workshops

The main lessons emerging from the observation of the three HIA’s appraisal workshops and participants’ feedback were that:

- Besides having a strong foundation in knowledge about HIA and its processes, effective communication skills and an ability to work with a range of different audiences, those facilitating HIA workshops also require an ability to be both flexible and ‘think on their feet’. The smaller than anticipated participant numbers at the general stakeholders’ workshops required the facilitator to respond quickly and adapt the proposed workshop format to better accommodate the presenting situation. The format used by the facilitators in the youth-specific workshop was both creative and appropriate in that they tailored the focus of the workshop’s inquiry to suit the audience, called on the young people’s obvious artistic talents to elicit their views and opinions and reduced the number of questions asked when it became obvious that the audience’s interest was waning.

- It appears HIA project managers may have ‘to think outside the square’ in order to maximise participation at HIA workshops. Personalised approaches, and tailoring HIA workshop objectives and explanations in written and verbal invitations to better suit lay audiences may assist.

The literature review

A literature review was undertaken as a component of the HIA’s appraisal phase. The review was prepared by the lead HIA consultant and his colleagues. They developed, as part of its methodology, two sets of questions that formed the basis of the literature review. The first set was specific to the HIA’s selected determinants of health and wellbeing, while the second focused on the assumptions underpinning the HIA’s causal pathways model.

The literature search was undertaken by searching the Proquest, Web of Science, Google Scholar and Academic Search Complete internet websites. Further papers were sourced and reviewed where appropriate.

The literature review identified a range of associations between tagging/graffiti vandalism and; social connectedness, fear, crime, health and wellbeing. In addition, a range of strategies to prevent and address tagging, as a perceived negative aspect of society, were also identified as follows:

- A coordinated prevention and treatment approach
- Rapid removal of graffiti vandalism (less than 24 hours since it was placed)
- The use of professional murals to deter tagging, and
• Incorporating graffiti resistant urban design features and surfaces into public spaces.

The least effective strategies included:

• Additional surveillance (as it may act as an further challenge for graffiti vandals)

• Additional police enforcement (tagging is comparatively a low priority for the police, it is difficult to capture and prosecute individuals, and has very low consequences for individuals) (Driscole and Marsh 2008).

The evidence in the literature review generally supported the approaches adopted in the draft Strategy (Driscole and Marsh 2008). However having evidence to support actions outlined in the strategy was considered a bonus. The review also helped inform the HIA’s recommendations and the overall HIA report (Apatu and Rohleder 2008). The review also reportedly had positive ‘spinoffs’ for the HDC members of the HIA team because of its relevance to the HDC’s draft Litter Strategy, while the methodology used for the review was seen as a useful prototype for both the DHB and HDC’s future strategic and HIA development work.

HIA report and recommendations

The final report was drafted by the Hawke’s Bay DHB team in consultation with the HIA consultants and the HDC staff who participated in the HIA. It was based on all the evidence gathered.

The final HIA report made the following recommendations.

1. Continue to monitor on a half-yearly basis the Hastings District Council Graffiti Vandalism Strategy to ensure that the ongoing Stop Tagging our Places (STOP) research findings/publications are incorporated into the strategy.

2. Add to the Graffiti Vandalism Strategy: Recommend the development of a crime prevention through environmental design (CPTED) policy relevant to graffiti.

3. Add to the Graffiti Vandalism Strategy: CPTED is taken into account when undertaking urban design in the Hastings District.

4. Modify the Graffiti Vandalism Strategy: Develop a graffiti policy statement, including a process and timeframe for painting out.

5. Add to Graffiti Vandalism Strategy: “At risk areas” for graffiti vandalism will be identified and an action plan for long term solutions will be developed for each area.

6. Add to Graffiti Vandalism Strategy: Community representatives from “at risk areas” will participate in the decision making process for developing solutions for their areas.

7. Add to Graffiti Vandalism Strategy: The feasibility of community restorative justice programmes will be investigated.


9. Modify Graffiti Vandalism Strategy: Paint murals on public and commercial buildings that are commissioned locally and are reflective of the local community. Paint in a style that reduces the risk of graffiti vandalism.

10. Add to the Graffiti Vandalism Strategy: Work with the Hawke’s Bay DHB to ensure the education component adopts the HBDHB health promoting schools model/concept.
11. Add to Graffiti Vandalism Strategy: Use role models such as local graffiti artists to work with graffiti vandalism offenders/youth on the effects of graffiti vandalism.

12. Add to Graffiti Vandalism Strategy: Discuss with the police the logistics of getting communities to report to police any NZ websites that promote graffiti.


14. Modify Graffiti Vandalism Strategy: Develop a programme to educate graffiti vandalism offenders by working collaboratively with other agencies. Adopt frameworks that can support effective interventions that target at risk youth e.g. ‘Tough is not enough –Getting Smart about Youth Crime (2000) MYD http://www.myd.govt.nz.

15. Hawke’s Bay DHB invite HDC staff (particularly those involved in community development) to joint training initiatives regarding community development, health promotion and population wellbeing.

16. Support the Graffiti Vandalism Strategy: Investigate legal tagging walls, especially given the differing opinion of the STOP strategy conflicting with the evidence from local graffiti vandalism offenders.

17. Modify the Graffiti Vandalism Strategy: Trial the promotion of graffiti art initiatives, and determine if there is evidence of a reduction in graffiti or other benefits.

18. Update prevention strategy 3.1 ‘Limit access to graffiti instruments’ to incorporate recent legislative changes.

19. Add to the Graffiti Vandalism Strategy: Investigate how non-profit organisations who deal with youth involved in graffiti vandalism can be assisted by Council.

Of the 19 HIA recommendations submitted to the Council 17 were subsequently accepted and incorporated into the HDC’s draft strategy. Recommendation 12 was not included as it was considered unrealistic for the police to consider and recommendation 15 was an action not specific to graffiti reduction. Work has already commenced on acting on the recommendations. For instance, the HDC’s Community Development Team and Hawke’s Bay DHB have agreed to work together to support the Health Promoting Schools programme. The Council’s near complete acceptance of the HIA recommendations was attributed to the Hawke’s Bay DHB’s HIA project managers having been backed up by evidence produced by the literature review and the checking of their appropriateness and practicability with their HDC colleagues.

**The Evaluation Phase**

This paper reports on the findings from the evaluation phase.
SECTION 4: THE RESULTS FROM STAKEHOLDER INTERVIEWS

This section of the evaluation report presents the findings resulting from the interviews with the nine stakeholders who participated in the HIA evaluation.

Were the HIA objectives met?

Six of the nine stakeholders had a working knowledge or insight into whether the HIA meet its objectives. Their responses are presented below.

HIA objective 1

*Enhance partnership working between the Hastings District Council and the Hawke’s Bay District Health Board through shared planning and resourcing*

All five HDC and Hawke’s Bay DHB HIA stakeholder informants considered the collaborative working relationship had given each party a greater understanding and insight into how each others’ organisations worked, their respective employment roles as well as clarifying ‘the links between much of what the HDC does and the health and wellbeing of the community’.

Two HDC staff members saw the draft strategy as having benefited from the exchange of knowledge, data sharing and from its exposure to the HIA’s team’s extensive networks. The HIA recommendations relating to the *Graffiti Vandalism Strategy* were also considered ‘quite robust’ given they could be readily checked and double checked to ensure their practicability and appropriateness from the HDC’s perspective.

The graffiti vandalism literature review reportedly has had positive ‘spin-offs’ into other aspects of each organisation’s other current work, for instance the HDC’s *Litter Strategy* and the Hawke’s Bay DHB’s *Youth Health Strategy*. The HDC has also expressed interest in linking into the DHB’s *Health Promoting Schools* programme given its alignment with the HDC’s community development work.

HIA objective 2

*Assist the Hastings District Council to build on the positive aspects of the Strategy and reduce any unintended consequences and hence develop a well-rounded Strategy.*

All six stakeholders directly involved in managing the HIA process agreed that the HIA had assisted to build on those positives that were already in the strategy and had helped to ensure that any potential unintended consequences were reduced. The DHB’s HIA team members and the lead HIA consultant each considered the draft strategy ‘already a very good strategy’ prior to the HIA process. The draft strategy was described, by one of these stakeholders, as ‘very comprehensive’ in that it included preventive measures and, as such, ‘really only required a bit of fine tuning’.

The literature review reportedly provided the necessary formal evidence base, which prior to the HIA process, the draft strategy had largely lacked. From the HDC’s point of view the evidence provided by the literature review ‘tied everything together’ and ‘backed 110 percent what was already in there.’ From the Hawke’s Bay DHB and HIA consultant’s perspective, the evidence-base and the HIA process generally gave the HDC confidence that the HIA recommendations were robust to the point that all but two of the 19 original HIA recommendations were accepted.
**HIA objective 3**

*Assist to build capacity for the Hawke’s Bay District Health Board and the Hastings District Council staff to use HIA in the Hawke’s Bay.*

All six stakeholders questioned about the achievement of this objective agreed that the HIA had increased the capacity of both organisations to carry out and work on HIAs. The HIA consultant and mentor to the DHB’s two HIA team members noted how both had participated in every component of the HIA, carried out most of the work themselves, and how ‘the conversations’ between himself and them had changed from ones in which he was mentor to ones where they were now colleagues. The DHB manager similarly saw a growth in the two HIA team members noting how both were now bringing other DHB staff into the HIA process. The DHB’s HIA team saw themselves and their HDC colleagues as having gone through each step of the HIA process together and considered their HDC colleagues ‘up with the play’ with regards to HIA. They noted that their HDC colleagues had a good understanding of how the work of their district council impacted on the health and wellbeing of the Hastings community.

One of the Hawke’s Bay DHB’s HIA team members noted that the DHB was looking towards doing their own in-house literature reviews as a way of cutting down the costs of doing HIA. At the HDC, one of the HIA colleagues said she was now using the Google search engine to locate literature, noting how this would not have happened prior to the graffiti vandalism focused HIA literature review.

**HIA objective 4**

*To explicitly consider the equity issues of the Strategy for Māori, youth and males*

All nine stakeholders were asked to respond to the question concerning this HIA objective. All five directly involved in the HIA process and one of the community stakeholders agreed that, from their perspective the equity issues for the three population groups identified for this HIA had been addressed throughout the HIA process in one way or another.

Two of the three community stakeholders could not recall whether the equity issues for those three population groups had been covered in the workshops they had attended. Both had yet to read the strategy. However, one of these two respondents indicated that his organisation would be working with the education side of the strategy and that as a Māori development organisation would be working with all three groups, including those who were known taggers. The youngest community stakeholder, a participant in both the scoping and the taggers/youth-specific appraisal workshops, had anticipated some ‘negative vibes’ to emerge within the scoping workshop towards these groups but had encountered only positive attitudes and discussions with regards to young Māori male taggers.

The presence of a recognised Māori leader and district councillor, a strong Māori male youth voice and Māori community service providers who were currently working with each of the HIA’s three targeted population groups were seen to represent these groups in the HIA’s process. However, two stakeholders saw a definite need to imbed the Treaty of Waitangi principles into the HIA processes. One of these same two stakeholders considered the HIA’s recommendations were equity focused, particularly in terms of Māori youth.

One HDC stakeholder indicated that while equity issues were not specifically considered in relation to the HIA’s three identified population groups, the draft strategy’s various education approaches and actions aim to keep youth out of the justice system and encouraging young Māori to return to their cultural roots in an
effort to reduce tagging and graffiti vandalism in this population group. The other HDC stakeholder considered the equity issues had been addressed through the causal pathways work in the community appraisal workshop.

**HIA objective 5**

*To support the HDC consultation with the community*

The six stakeholders involved either directly or indirectly with the management and implementation of the HIA process all saw the HIA as having supported the HDC’s consultation process. From the HDC’s perspective the consultation emanating from the HIA was one of the real strengths of the process and was, from the HDC team’s perspective, ‘very rewarding’. The HDC indicated they had carried out their own internal consultation process prior to the HIA, but there were no plans to do any formal consultation along the lines the HIA had taken. One of the HDC team commented that they liked the way the HIA consultant had structured the workshop with the taggers and graffiti artists including asking them to draw their responses to the HIA question around why they tagged.

From a DHB management point of view, the way in which the HIA team went about getting the different facets of community input into the HIA was ‘impressive’. Like their HDC colleagues, both DHB’s HIA team members considered the consultation process one of the strengths of the HIA, although one of the two saw the HDC team as having had a good consultation approach in place prior to the HIA. That approach combined with the four HIA workshops made for a very strong consultation process.

**HIA objective 6**

*To deliver the HIA findings in a user-friendly way to both the District Health Board and the Council*

Comments about the various HIA reports varied. One Hawke’s Bay DHB manager considered the reports were generally ‘very good’. Another stakeholder described ‘the front end’ of the HIA report as ‘good and tight’ but thought that some of the appendices [namely the various workshop reports] could have done with ‘some trimming down’. A similar view was held by one of the HDC stakeholders – it’s a very large document … a bit confusing in that the linkages between the various appendices are not that clear’.

Both DHB HIA team members indicated they were largely satisfied with their HIA report, in that the report was reviewed by their HDC colleagues and that some of the HIA’s components, namely the literature review and 17 of the 19 HIA recommendations, were subsequently incorporated into the draft strategy. The fact the *Graffiti Vandalism Strategy* and its recommendations ‘flew through the Council’s processes’ also suggested the HIA reports had added value to the development of the Strategy according to one team member.

The three community stakeholders were also asked what they thought of the HIA reports and the *Graffiti Vandalism Strategy*. One could not recall having read any HIA reports or the actual strategy. The remaining two were critical of both the HIA and the general strategy development process having generated ‘a whole lot of paper’. One stakeholder suggested that the money involved in generating these documents would have been better spent on doing something practical – ‘the Strategy is okay but we need the resources at a grass roots level to work with these young people’ … it (the money) would have been a whole lot more use there’. The second commentator suggested they were not ‘much of a reader’. Their preference would have been to talk
the Strategy through with those who developed it. They considered that ‘you can learn better by talking and asking questions’.

**HIA Objective 7**

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

The draft HIA reports (literature review and final report) were forwarded to the two HDC stakeholders for comment prior to finalising them. The final HIA report was reportedly read by the Hawke’s Bay DHB’s chief executive officer (CEO). At the time of the interviews the final HIA report on the draft strategy was in the process of being distributed into the wider HIA community, namely the HIA Unit of the Ministry of Health, the DHB and HDC senior managers and relevant portfolio managers in the DHB and other community stakeholders. Other potential audiences identified for the HIA included:

- HDC managers and councillors – an approach had been made by the HIA team regarding their conducting a workshop/seminar specific to the HIA as a way of increasing interest and understanding in the HIA process.
- The national and regional HIA training programmes – the HIA was considered an interesting subject for training purposes.
- It is planned to submit a paper based on this evaluation, and other Hawke’s Bay DHB HIA evaluations, to a peer reviewed journal.
- The 2009 New Zealand Health Innovation Awards - the HIA was considered worthy of entry into this annual award programme.

**Main strengths of the HIA process**

The nine stakeholders generally indicated having found the HIA process a largely positive experience. The main strengths of the process identified by those interviewed included:

**The consultation process**

Five stakeholders considered the HIA process a very good vehicle for consulting with the community. Another saw the consultation as having created ‘a diverse community voice’. The mix of young taggers, an ex-tagger/graffiti artist, youth workers, a District Councillor and the police reportedly provided ‘a rich view of the situation’. The process was described as educative, with ‘people going away from it knowing much more’ than they had prior to attending the HIA workshops. One stakeholder saw the process as ‘a forum where we were given the opportunity to speak, where we were listened to and were engaged in open and frank discussion’, while another saw it as a place ‘where stories were shared’.

**Mentoring and facilitation**

Five stakeholders identified the skills of the consultant facilitator and HIA team mentor as a particular strength. He was considered a highly effective communicator, as were the two HIA team members. Both the Hawke’s Bay DHB and HDC partners indicated they now had ‘a much greater knowledge of the process as a result of the lead HIA consultant’s tutelage, mentoring and sharing of his expertise. Both Hawke’s Bay DHB’s HIA team members noted that they ‘could not have done it [the HIA process] without him’. The HIA team also appreciated the lead consultant’s accessibility. They also acknowledged the valuable contribution that the Ministry of Health’s HIA Unit’s *Learning by Doing Fund* had played in covering the HIA consultancy fees as well as the advice and support provided by that Unit.
**Strengthening of working relationships**

Four of the nine stakeholders suggested the HIA process had strengthened the working relationship between the Hawke’s Bay DHB and HDC and the police, although key informants from the police were unavailable for interview and therefore could not provide comment to verify this. The joint working relationship was seen as likely to ‘flow on to other work we might do together in the future’, according to both the HIA team and its Council partners. The process was described as ‘having opened each other’s eyes as to how each of us works, and how we go about our decision-making’. The strong working relationship between the HIA and HDC team members was said to have made ‘the subsequent steps much easier’.

**The strong evidence base**

Two stakeholders noted the diversity of evidence that the HIA produced made for a ‘strong base to make recommendations from’. The literature review, while described as not the easiest of subjects to review, had proved an invaluable source of information, not only for the draft strategy but also to inform the development of the Litter Strategy, which the District Council is currently working on.

**The HIA workshop venues**

Four stakeholders commended the choice of venues where the HIA workshops were conducted. The Te Aranga Marae in Flaxmere, where the HIA scoping workshop was held, was considered a particularly good venue because ‘it placed the process in the right place’. The Atomic Café, above a youth centre, was also considered a very suitable venue for the young taggers’ and graffers’ workshop. While the two HIA team members expressed some disappointment with the Hibernian Centre venue, another stakeholder considered it a good community venue.

**Having community leadership**

Having a district councillor who was also a recognised leader within the Māori community attend the scoping workshop was considered invaluable. The Councillor’s presence was seen as giving HIA a credible face, as was the presence of the young ex-tagger/graffiti artist, who attended the scoping workshop and latter helped organise the tagger/graffer-specific HIA appraisal workshop. Without his assistance that workshop was seen as unlikely to have happened.

**The Draft Graffiti Vandalism Strategy**

The draft strategy was an excellent subject for an HIA. The quality of the draft strategy, right from the outset of the HIA process in terms of its content, structure and length meant that, as one respondent put it, ‘everyone could get up to speed very quickly’.

**Constraints of the HIA process**

The nine stakeholders were asked to identify any factors that acted to constrain the HIA process. The constraints identified included:

**Time and resource constraints**

Time and resource constraints were identified by each of the five stakeholders who had been directly involved in the planning, development and implementation of the HIA process. From the Hawke’s Bay DHB HIA team’s perspective the time and resources required were over and above that anticipated and consequently impacted on their other work commitments. This HIA was their first attempt at managing an HIA
process. As such, the HIA was for them a ‘learning process’ and therefore difficult to accurately gauge just what time and resources would be involved. The administration side of the HIA, getting HIA business through the Hawke’s Bay DHB’s contracting process and the report writing was described as ‘very time consuming’.

The HIA team’s HDC colleagues observed that although they were not responsible for actually ‘driving the HIA’ nevertheless the HIA required ‘a heavy commitment’ in terms of their time. While the HIA process had been clearly mapped out for them prior to starting the process, the unanticipated activities, namely the teleconference calls and reading the HIA reports, were largely beyond what they had anticipated.

The HIA facilitator considered that in retrospect the timetable for the HIA was ‘a bit tight’.

Were the appraisal workshop participants a representative group?

Four stakeholders expressed concern about the small number of participants that attended the appraisal workshop. One stakeholder questioned the representativeness of the workshop with regards to the graffiti vandalism issue. This person queried the rationale behind holding one workshop for the taggers and ‘graffers’ and another for Justice saying, ‘we’re the people who work with these young people, why then were we separated from them? Where were the Justice people?’ While the stakeholder considered the kaupapa of the HIA process was right they took issue with what they saw as ‘just one sector [health] dealing with an issue that cuts across many sectors’. It should be noted that this was not the intention of the workshop organisers who had, for example, invited the police to attend.

Those involved with organising the HIA process and the appraisal workshop also expressed disappointment with the number of invited stakeholders who were unable to attend. A number of late apologies were tendered, however, others did not attend despite indicating they would, possibly due to illness as noted earlier. The lack of police representation at the HIA appraisal workshop led the HIA team to organise a specific workshop for the police. The HIA organisers’ preference was to have police representation at the joint appraisal workshop to get the desired cross-fertilisation of ideas as noted above. However, holding a specific workshop for the police was seen as the next best option, despite the time and resources required to achieve this.

With regards to the separate taggers and ‘graffers’ workshop, the front-person for this group was asked if participation in a joint workshop would have worked for this group. He considered it would have been inappropriate to mix adults and the taggers at the same workshop, especially one where the police were invited. This informant noted that, ‘they don’t want the police to know who they are’. This same stakeholder suggested that it would have been valuable to have taggers’ victims represented at the scoping workshop to get their views on graffiti vandalism strategy.

Suggested ways to improve the process

The nine stakeholders suggested the following ways they thought could have helped to improve the HIA process.

Revise or add to the HIA Guide

Three of the stakeholders directly involved in delivering the HIA process asked for a revision or addition to the Public Health Advisory Committee’s Guide to Health Impact Assessment (2005) although one stakeholder saw it as a useful reference. All three suggested the Guide or supplementary information needs to take a more practical, step-by-step approach because as it stands:
• It gives no idea of the time that is involved in planning, developing and managing an HIA process, and

• The appraisal section is very weak, particularly the causal pathway subsection – ‘there’s a lot more to it’ than what the guidance suggests.

They recommended:

• more practical, step-by-step guidance as to how to go about setting up and running an HIA, including an explanation of the roles of the key HIA players

• a checklist to check off the various steps and tasks as these are completed

• clarification and explanation of the causal pathways and the provision of a tabular matrix based on what has been learnt from this and up-and-coming HIAs, and

• the inclusion of templates for invitation letters and evaluation questionnaires.

Increase and broaden stakeholder input into future HIAs

Just nine of the 31 community stakeholders invited to the HIA appraisal workshop turned up on the actual day. The low turnout was largely unanticipated and disappointing given the intention to have a cross section of community service providers present on the day. Four stakeholders suggested a range of approaches they considered could be used to maximise attendance at future HIAs:

• ‘Sell it to them better’ – ‘Most probably looked at the invitation letter and wondered what they could contribute’

• ‘Do more shoulder tapping’

• Follow-up written invitation with a telephone call

• ‘Go out into the streets of the community’. This stakeholder spoke of a recent marae promotion for ‘A Violence-free Community’, where a mobile barbecue on the back of a truck was taken from street to street as a way of promoting community interest in the promotion – ‘You need to use a bit of bribery’, for example ‘a lucky number under a seat’ … Its about giving not just taking’. The evenings were seen as often working best for getting people to attend functions. ‘Provide a crèche …You need to take it to them … make it as convenient for them as possible’.

Simplify the HIA terminology and concepts

One HDC stakeholder saw a need ‘to dumb down’ and simplify the explanation of the HIA process. The terminology was considered too ‘vague’ and ‘difficult’ for those unfamiliar with the HIA concept. The causal pathways section was seen as especially problematic – ‘it flummoxed lots of people, especially those from the community service provider sector’. This criticism was borne out by a subsequent interview with one of the community service providers. While he had no quarrel with the idea that a relationship between health and wellbeing and graffiti vandalism existed, he believed that relationship had not been convincingly demonstrated on the day, nor were the links with other potential determinant categories.

Incorporate risk assessment into the HIA process

One stakeholder saw a need at the outset of each HIA process to: (1) identify possible risks with regards to completing an HIA (2) establish how those risks could be managed. In fact this was done in this instance. However, it is not possible to predict
every eventuality. Time delays and the non-attendance of key stakeholders at workshops posed the main risks during this HIA according to this stakeholder.

One community service stakeholder provider expressed disappointment that the statistics concerning tagging were not presented at the HIA appraisal workshop that he attended (the general appraisal workshop). They saw the lack of relevant introductory data as ‘a big gap on the day’. The informant indicated their interest was in knowing who are the taggers, what is their background’ and the extent of the problem. They saw a real need for research around the graffiti vandalism issue.

**Resources used in the HIA process**

The DHB HIA team spent 43.5 days on the project. The direct costs were $39 754 which includes the consultants’ time and expenses. It is the view of the HIA team that the time and cost of subsequent HIAs will likely be reduced because of the experience gained on this HIA which was a first for both members of the team. It should be noted that the costs to the HDC are not included here. These costs at least include the time of the HDC staff and councillors directly involved in the HIA.

**Alignment between the HIA and the HDC's planning processes**

Six of the nine stakeholders were asked in what way was the HIA aligned to the HDC’s Long-term Council Community Plan (LTCCP). Five felt knowledgeable enough to respond. All five respondents referred to a section in the LTCCP and the current annual plan which states that the Council ‘explore the Hawke’s Bay DHB’s health impact assessment (HIA) approach to policy development’. This statement was considered most likely to have been included as a result of a DHB submission in the LTCCP’s submission phase. One HDC stakeholder thought it unlikely that any of the Council officers had any real understanding of what HIA actually involved. From the Hawke’s Bay DHB’s point of view the linkage between HIA and the LTCCP paved the way for the HIA team to approach the Council to identify opportunities where the two organisations could work together on HIA. The draft *Graffiti Vandalism Strategy* HIA was one of two such opportunities identified as a result of that initial approach.

**Level of buy-in into the HIA at a senior DHB level**

There is support for HIA within the DHB. Future HIA work is currently being incorporated into the DHBs Healthy Populations Plan. The Hawke’s Bay DHB’s CEO was reportedly pleased with the HIA. He has suggested that the HIA team enter the project into the 2009 Health Innovation Awards. Other members of the senior management team had also followed the HIA’s progress with interest and were considering using it for other DHB projects.

**Level of buy-in to the HIA at a senior HDC level**

A former HDC senior planner, with a background in HIA, was described as the first ‘internal champion’ for HIA within the HDC. The planner was reputedly committed to the idea of channelling some DHB funding into the high needs Flaxmere community through the Flaxmere Urban Design Framework. The planner had approached the DHB to seek its involvement in the project. The HIA of the draft *Graffiti Vandalism Strategy* was described as a spin-off of that initial approach. The manager of the Community Services Department was consulted about the draft Graffiti Strategy HIA. One DHB manager was thanked by the Chair of the HDC Community Services Committee, who is also the Deputy Mayor, for health’s support and contribution to the development of the *Graffiti Vandalism Strategy*.

**Level of buy-in at a political level in Council**
As a recognised leader within the Māori community, one of the HDC councillors who participated in the HIA’s scoping study was considered by one key informant as ‘the best champion for HIA we could have had’. The councillor considered the HIA process was supportive of their ‘way of thinking’. They subsequently indicated their preparedness to participate in future HIAs. The councillor also saw a need to train local people in the Hastings District to carry out HIAs. This would, the councillor suggested, serve to increase the community’s understanding and ownership of the HIA process. A second district councillor was also reported as liking what they had heard and read about the HIA process.

**Availability and development of HIA resources**

Apart from changes or additions to the HIA Guide, it was suggested by one stakeholder that the determinants of health and wellbeing questions developed for this HIA’s literature review methodology could be standardised for use in future HIAs.

The HIA team reportedly holds various master copies of information forms used for this HIA which will serve as useful templates for current and up-and-coming HIAs. One stakeholder suggested that the Hawke’s Bay DHB planned to reflect on this HIA’s process once completed to see what other resources might be developed based on that experience. The team may also look at resources used for HIAs in other parts of the country to assess their value for future HIAs.

**Key lessons learnt from the HIA**

A range of lessons arising from the HIA process were identified by six of the HIA stakeholders [the bracketed numbers denote the number of stakeholders who identified a particular lesson]:

- The HIA process is an effective community engagement and consultation tool because it both strengthened and developed relationships between different community agencies and individuals (4)
- Revise of supplement the HIA Guide with practical guidance (3)
- The HIA process involved much more work than originally anticipated and proved very time and resource intensive (3). It was hoped the time involved would be less for future HIA processes given the experience gained from this HIA
- Potential risks and ways to mitigate those risks should be identified at the start of each HIA process (2)
- The *Learning by Doing Fund* was invaluable for acquiring the knowledge and skills necessary to carry out an HIA (1)
- The Hawke’s Bay DHB will need to develop a media policy for its future HIA work (1)
- An HDC colleague learnt how to go about obtaining supportive evidence as a result of exposure to this HIA’s literature review (1). The lesson had subsequently proved useful for helping to inform other work projects.

The HIA training workshops, provided three months prior to commencing work of the draft *Graffiti Vandalism Strategy*, were considered particularly useful and timely for the Hawke’s Bay HIA team … ‘What we had learnt remained fresh in our minds’ when it came to setting up this HIA process one stakeholder noted (1).
SECTION 6: DISCUSSION

This evaluation of the HIA undertaken on the HDC’s draft *Graffiti Vandalism Strategy* is the first of four evaluations of HIAs that are currently being undertaken by the Hawke’s Bay DHB. In this section conclusions are drawn about the process and impact of this first HIA. This evaluation has focused on a number of key considerations in order to judge this and has used a range of research methods; participant observation, documentary analysis, workshop evaluation and key informant interviews to inform the process. The findings in relation to each evaluation objective are discussed in turn below.

**Did the HIA achieve its objectives?**

*Enhancing partnerships*

The first objective of the HIA was to enhance the partnership between HDC and the Hawke’s Bay DHB. Staff in both agencies agreed that this had occurred through working together, building their relationships and exchanging knowledge and contacts. The partnership meant better understanding by each about the other’s organisation and roles and about the link between the HDC’s work and the health and wellbeing of the community. The literature review not only strengthened the Strategy but was subsequently used in other work. The partnerships have been most strengthened between the staff directly involved in the HIA. However, this has gone further at the HDC with at least two councillors having an even stronger understanding of health issues and the Deputy Mayor acknowledging health’s input into the Strategy.

*Assist the HDC to strengthen the Strategy*

The HIA provided good evidence from the literature review and from strengthened community consultation upon which to appraise the Strategy and base its recommendations. The community consultation provided a stronger voice for youth, particularly young taggers, and for Māori than had previously been heard. This objective was clearly achieved with 17 of 19 recommendations based on this evidence accepted by Council.

*Build capacity for HIA in Hawke’s Bay DHB and HDC*

Conducting this HIA appears to have been a positive experience for all those directly involved, in that it has increased knowledge and skill in HIA not only in the HIA team but also within the HDC, the wider DHB as well as the Hawke’s Bay community. The lead HIA consultant was very important in mentoring the HIA team throughout the process. New funding from the *Learning by Doing Fund* was used to pay for this support and for this evaluation of the HIA. The evaluation has recorded the HIA process and analysed the process and impacts of the HIA. This will provide useful information going forward. It also provided a means for reflection by the HIA team throughout the HIA process. This is a good outcome to date. Just how much capacity has been built will likely become more apparent in further HIAs.

*Explicitly consider equity issues*

The HIA priority groups were community and youth in families and whānau. The HIA was explicit about meeting the needs of young people within the context of their families and whānau. Within this a focus on Māori, while not explicit in order not to stigmatise young Māori people, was maintained by Māori co-leadership in the HIA team, championing of the issue by Māori councillors, participation by Māori in the
workshops and the evaluation and, where possible, gathering information on the issue in relation to Māori e.g. in the literature review.

**Support the HDC community consultation**

The HIA appears to have extended the HDC’s community consultation significantly and ensured a stronger voice for youth and Māori. Without the HIA it is unlikely all of the changes that were made to the Strategy would have occurred.

**Deliver the HIA findings in a user-friendly way to the HDC and DHB**

This evaluation suggests the HIA findings were delivered effectively enough for the HDC to result in substantial changes to the Strategy. This is a major achievement. However, the HIA team are of the view that more selective inclusion of material would have strengthened the document.

**Disseminate the HIA findings into the wider policy arena**

The HIA team should be commended for consideration of wide dissemination of their findings. This includes dissemination to the stakeholders including a graffiti artist key to the consultation, the DHB, the HDC and more widely through the Ministry of Health’s HIA support unit, and through peer reviewed journals.

**Strengths of the HIA**

A key strength of this HIA appears to be the choice of policy that was assessed. The draft *Graffiti Vandalism Strategy* was at a most appropriate stage for an HIA as it was in draft and out for public consultation. It was also a Strategy that many in the Council and community could agree on. It will be interesting to see in future what the long-term impacts of this Strategy, and the HIA that was undertaken on it, will have for the Hastings District. Further assessment of the Strategy’s impact in the next year would be valuable as would an outcome evaluation in three years time.

Other key strengths of the HIA discussed earlier were the consultation process, the mentoring and facilitation by the lead consultant, the strengthened working relationships between key stakeholders, the stronger evidence base given to the Strategy by the literature review and the more thorough consultation with key stakeholders, the use of appropriate workshop venues, and community leadership.

**Constraints of the HIA**

Two areas where the HIA was constrained were those of time and resource and the representativeness of consultation. The time involved in the HIA was considerably underestimated which resulted in a heavier workload for the HIA team than anticipated. Ministry of Health funding allowed for the purchase of the time of an HIA mentor throughout the HIA process, the purchase of a literature review and an evaluation of the HIA. It is unclear whether the DHB would have been able to provide funding for all, or any, of these supports. However, the key participants note that this level of resourcing was required, in part, because this was the first HIA the team had undertaken. If time and resource is reduced in future HIAs it may suggest that this HIA is not representative in this regard.

The challenge of engaging key stakeholders in the HIA process was demonstrated with this HIA. While the HIA had support from critical players throughout the process, e.g. councillors and taggers, the team were not able to attract many of the stakeholders they had hoped. This was in part addressed by holding a further workshop with the police who had not been able to attend the appraisal workshop. The lack of a youth presence at the general stakeholders’ meeting was criticised. But the
reasons for not mixing the two appear valid. The young taggers and graffers’ were perceived as unlikely to have attended the general stakeholders’ workshop given the anticipated police presence and the presence of other adults. The format of the youth workshop was particularly suited to its audience whereas the more complex format of the other adult-oriented workshop may well not have been. It does appear that the HIA was able to reflect a range of community and stakeholder views, some that may well have otherwise been under represented or absent.

Possible avenues for improvement
The evaluation suggests a number of ways to potentially improve stakeholder participation including shoulder tapping people and taking the consultation out into the streets. Simple explanations of the HIA process were also called for as were clear ways of explaining the causal pathways that link wider social, environmental and economic issues, such as graffiti, to health. Risk assessment at the outset of the HIA process was advised so that potential risks are identified early and steps taken to avoid or mitigate them. Simpler reporting was recommended as discussed earlier.

Resources used in HIA
This HIA took more than 40 working hours of direct DHB staff time and approximately $40,000 in direct funding from the Ministry of Health. The time and resources involved by the HDC, the police and other community stakeholders was not accounted for. There has been no cost benefit analysis of this HIA. It would be interesting to consider how to assess this and what the outcome might be. It should be noted that this was the first HIA of its type completed by the DHB and therefore the hours and costs are not necessarily indicative of future costs. Recent experience suggests that time and cost is considerable reduced when undertaking subsequent HIAs.

Linkages between HIA and Long-term Council Community Plan
The LTCCP makes a commitment to ‘explore the Hawke’s Bay DHB’s health impact assessment approach to policy development’. This HIA provided an opportunity to act on this commitment. Having exploration of HIA expressly stated in the LTCCP assisting in enabling Council officers to support the HIA and gave the DHB an opening to work with Council. It appears likely that the inclusion of this statement in the LTCCP was the direct result of a DHB submission. Other jurisdictions may find this same strategy is effective.

Impact on the Graffiti Vandalism Strategy
The HIA provided a stronger evidence base for the Strategy based on national and international literature and community perspectives. Seventeen of the 19 recommendations of the HIA were accepted by Council and included in the final Strategy. These included a focus on the approach of ‘Crime Prevention Through Environmental Design’, commitment to investigate restorative justice programmes as a means of dealing with graffiti vandals, modification of the education component of the Strategy to base it on the ‘healthy promoting schools’ model, and support for legislative change by central government. It is unlikely that all, or even most, of these changes to the Strategy would have occurred without the HIA. The evidence gathered through the HIA process provided Council with a basis upon which to confidently make these changes to the Strategy.

Did the HIA add value to the planning process?
The HIA extended the Council’s consultation process by including community consultation. This resulted in a stronger voice for community groups, particularly
youth and Māori. It also strengthened the equity focus of this planning process, for example its focus on addressing the needs of Māori youth and their whānau. Thirdly, it provided an opportunity to Council to more fully address the wellbeing of its community, a requirement under the Local Government Act. Finally, it resulted in more comprehensive policy based on a strong evidence-base. This evaluation did not assess the cost-benefit of the value added by the HIA. This would be an interesting assessment to make in future HIAs.

**On-going impacts of the HIA**

It is too early to provide an answer to this research question. A further impact assessment in the next year and an outcome evaluation of the HIA in three years time would provide evaluable evidence of the on-going impacts and the long-term outcomes of the HIA.

**Key factors for senior management and political level buy-in to HIA process**

The HIA was largely led by staff in the DHB with support from officers in the HDC. There was support from a Councillor throughout the process and the Chair of the HDC Community Services Committee (who is also the Deputy Mayor) thanked a DHB manager for the DHB’s work on the HIA. In the DHB there was support for this HIA from senior managers and from the CEO.

Key factors in this support appear to have included a champion in the HDC who got HIA on the Council’s work programme. The support from the DHB and the funding from the Ministry of Health were likely critical to getting and keeping HIA on the HDC agenda at this level. The championing of HIA by a HDC councillor was also key. This evaluation does not provide a full picture of the likely role of this individual at council meetings and in other fora. The nature of the Strategy was also likely important. It was at an appropriate stage in the policy process and it was a Strategy that many people from different perspectives could agree on. Had a more contentious policy been chosen for the first HIA, success may not have been so relatively easy.

The HIA team indicated that they made sure that their senior managers, including the CEO, were kept informed of this work. This included a meeting between the CEO, the HIA team and the lead consultant. Funding from the MoH meant that less DHB resource was committed to the project. It is not clear whether this funding could have been found from within the DHB’s own budget. The DHB has four other HIAs it is currently engaged in, at least one of which involves HDC. It will be interesting to see whether support from senior management and politicians continues to grow as these HIAs are completed.

**Resources for HIA**

Revision or additions to the HIA Guide (Public Health Advisory Committee 2005) is a key recommendation from this HIA. The HIA also generated a number of key documents, such as evaluation forms for scoping and appraisal and key informant interview questions, that may be of use in future HIAs. This evaluation also provides a resource to assist others involved in the HIA process.

**Key lessons learnt from this HIA**

This HIA evaluation has identified many lessons that may assist the Hawke’s Bay DHB HIA team, other key stakeholders in the Hawke’s Bay, and those interested in HIA nationally. These lessons include:
Overall learning about process

- When HIA is new to an organisation, careful consideration should be given when screening policies to selecting a policy which lends itself to HIA and is likely to be well supported in the community.
- Checks need to be made at key stages in the process to ensure that the process addresses obligations under the Treaty of Waitangi.
- Assess potential risks and ways to mitigate them at the start of each HIA process, including planning a media strategy.
- Careful consideration needs to be given as to how to engage key stakeholders, including senior management and political leaders, and community members in the HIA process.
- It is valuable to take the HIA to the people.
- Leadership by key community figures can lend credibility to the HIA and increase the likelihood of participation by the community.
- Employing a range of feedback mechanisms such as a full report, lay report, feedback to community and key stakeholders makes findings accessible to a wide range of people.

Community consultation

- HIA project managers have ‘to think outside the square’ in order to maximise participation at HIA workshops. Inviting people personally and writing invitations to suit lay audiences may assist.
- It is valuable to take the HIA to the people and hold workshops in an environment your stakeholders are comfortable. This can assist people to more effectively participate in the process.
- Workshop facilitators need a strong foundation in HIA, effective communication skills, an ability to work with a range of different audiences, and the flexibility to make changes in the programme as needed.
- Outlining the HIA process and the issue under consideration at the beginning of screening, scoping and appraisal workshops enables an effective discussion. Including presenters who can speak to the realities of the issue under consideration also assists, especially at the scoping and appraisal workshops.
- Use of exercises to enable people to participate in decision-making can increase the engagement of participants in the process e.g. use of post-it notes identifying individual priorities in order to build consensus.
- Evaluation of workshops provides valuable feedback to the process.

Scoping

- At the scoping phase it is important to size the HIA to the policy under consideration and to the resources available, to be clear about what is included and excluded from the HIA, and what could be picked up in other processes.
- Asking participants in the scoping workshop for advice about available data and who to consult can provide valuable information.

Training and resources
• Training for HIA practitioners is important to enable them to undertake HIAs effectively.

• Novice HIA practitioners benefit from mentoring throughout the HIA process. It enables them to build the necessary knowledge and skill base.

• New money makes it easier for organisations to undertake HIA as they do not have to find savings in other areas.

• The HIA document *A Guide to Health Impact Assessment: A policy tool for New Zealand* requires revision or alternatively a practical, new step-by-step HIA process guidance manual should be developed. A resource for lay people that explains HIA concepts simply would be useful when working with those not trained in HIA.

*Overall learning about the impact of HIA*

A well conducted HIA process can:

• enhance working relationships between DHB's, Councils and other agencies - such as the Police, with potential flow on effects to future work.

• be an effective mechanism for community consultation and engagement.

• provide a mechanism for gathering good evidence from the literature, existing data sources and the community to assist in policy decision-making.

• provide an effective way for councils to strengthen their decision-making by improving the evidence base of policy and building community support.

*Conclusions*

The Learning by Doing Fund gave the Hawke’s Bay DHB new funding for this HIA. In doing so, it enabled the DHB’s HIA team to undertake a thorough HIA process that resulted in considerable improvement in the Strategy under consideration. It also enabled the HIA team and their colleagues at the HDC to increase their knowledge and skill to undertake HIA. Further, it enabled the consultants and the evaluators employed by the DHB to strengthen their own knowledge and skill. Finally it has provided an opportunity to reflect on the lessons from the process for a wider audience. This evaluation suggests that, in this instance at least, the *Learning by Doing* Funding has lived up to its promise.
SECTION 7: REFERENCES


APPENDIX 1: WORKSHOP EVALUATION
QUESTIONNAIRES

HEALTH IMPACT ASSESSMENT SCOPING WORKSHOP

Evaluation form
By completing this brief questionnaire you will help the Health Impact Assessment (HIA) Team to keep on improving its processes for collecting stakeholder/ community input into its HIAs. No names or other identifying information are required on this form.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I understand why HIA is undertaken</td>
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<tr>
<td>2. I understand why we are doing HIA on this topic</td>
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<tr>
<td>3. I understand what the main focus of this HIA will be</td>
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<td>4. I felt I was able to contribute to the decisions about what this HIA was going to focus on</td>
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<td>5. I want to continue to be involved in future parts of this HIA</td>
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<tr>
<td>6. I will consider the HIA process for other projects that are/ will be occurring</td>
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<tr>
<td>7. The main strengths of the scoping session were?</td>
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<td>8. What could have been done to improve the scoping session?</td>
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<td>9. Any other comments?</td>
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Thank you very much for providing this feedback
HEALTH IMPACT ASSESSMENT APPRAISAL WORKSHOP

Evaluation form

By completing this brief questionnaire you will help the Health Impact Assessment (HIA) Team to keep on improving its processes for collecting stakeholder/community input into its HIAs. *No names or other identifying information are required on this form.*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Overall, this workshop has been very useful for identifying the intended and unintended effects that this …… might have</td>
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<td>2. I now have a greater understanding of the ways this …….. might affect the determinants of wellbeing</td>
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<tr>
<td>3. The workshop has been a good opportunity for me to develop or maintain links with people across the sector/s</td>
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<tr>
<td>4. The workshop has been a good opportunity to contribute my views and ideas for the enhancement of the ……………</td>
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<tr>
<td>5. I will consider the HIA process for other projects that are/ will be occurring</td>
<td></td>
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</tbody>
</table>

6. The main strengths of this appraisal workshop were?

7. What could have been done to improve the appraisal workshop?
8. Any other comments?

Thank you very much for providing this feedback
APPENDIX 2: INTERVIEW SCHEDULE FOR DIRECT PARTICIPANTS

Name: ........................................................................................................

Organisation: ...........................................................................................

Position: ....................................................................................................

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

1. the evaluation objectives of the health impact assessment (HIA) process evaluation with regards to its use in helping to develop the Council’s Graffiti Strategy, and
2. how we plan to protect your anonymity.

If the response is yes ask – would you like me to go through these again, or, do you have any questions about the evaluation before we start?

The first evaluation questions focus on the actual HIA process

1. Based on your experience, what do you think were the main strengths of the HIA process?

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2. Are you able to identify any factors that acted to constrain the HIA process?

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3. What might have been done to improve the HIA process?

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4. What resources were used in the HIA process? *(Prompts - staff, financial, other)*

The following questions focus on the impact of the HIA on the development of the Graffiti Strategy

6. Based on your experience, do you think the Graffiti HIA achieve its objectives? For instance did it ….

(6a) Assist to enhance a working partnership between the HDC and HBDHB in terms of shared planning and resourcing  
Yes  *If yes, ask in what way?*  
No  *If no, ask why not?*

(6b) Assist the HDC to build on positive aspects of the Strategy and reduce any unintended negative aspects.  
Yes  *If yes, ask in what way?*  
No  *If no, ask why not?*

[6c] Assist to build capacity for both the HBDHB and HDC to use HIA.  
Yes  *If yes, ask in what way?*  
No  *If no, ask why not?*
(6d) Assist to get consideration of equity issues for Māori, youth and males explicitly considered in the Strategy? Yes *If yes, ask in what way?* No *If no, ask why not?*

(6e) Help to support the HDC’s community consultation process. Yes *If yes, ask in what way?* No *If no, ask why not?*

(6f) Help to deliver the HIA findings to the key agencies involved in a user-friendly way? Yes *If yes, ask in what way?* No *If no, ask why not?*

(6g) Help to disseminate the HIA findings into the wider policy arena? Yes *If yes, ask in what way?* No *If no, ask why not?*

Other general issues

7. Do you think the Graffiti Strategy HIA process helped in any particular way to get buy-in into the HIA process and outcomes, particularly at the …

(7a) HDHB senior management level *If yes, ask in what way?* No *If no, ask why not?*

(7b) HDC senior management, level *If yes, ask in what way?* No *If no, ask why not?*
(7c) Council politician level If yes, ask in what way? No If no, ask why not?

8. Are there any of the current HIA resources that you think could be used or modified for future use by either the HBDHB or the HDC? Yes If yes, ask what are these? No

9. What do you think are the key lessons from this HIA for the HBDHB, HDC and other potential HIA partners?

10. That’s the end of the set evaluation questions, is there anything that we didn’t cover earlier that you would like to raise before we finish the interview?

Thank you for your input today
APPENDIX 3: INTERVIEW SCHEDULE FOR COMMUNITY STAKEHOLDERS

Name: …………………………………………………………………

Organisation: …………………………………………………………………

Position: …………………………………………………………………

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

3. the evaluation objectives of the health impact assessment (HIA) process
   evaluation with regards to its use in helping to develop the Council’s Graffiti Strategy, and
4. how we plan to protect your anonymity.

If the response is yes ask – would you like me to go through these again, or, do you have any questions about the evaluation before we start?

The first evaluation questions focus on the actual HIA process
1. Based on your experience, what do you think were the main strengths of the health impact assessment process?
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2. Based on your experience, were there any factors that acted to constrain the health impact assessment process? Yes If yes, ask in what way No
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3. What might have been done to improve the health impact assessment process?
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The following questions focus on the impact of the HIA on the development of the Graffiti Strategy
4. In your opinion, did the health impact assessment process help to get consideration of equity issues for Māori, youth and males explicitly considered in the Graffiti Strategy?  Yes  If yes, ask in what way?  No  If no, ask why not?  Not sure

4b. Do you think the Graffiti Strategy health impact assessment process helped in any particular way to get buy-in into the strategy at a community level?

If yes, ask in what way?  No  If no, ask why not?

(4c) Have you seen either the draft or the final health impact assessment reports with regards to the Graffiti Strategy?  Yes  If yes, what did you think of it?  No

(4d) Do you think the health impact assessment process was a useful way of getting the HIA findings out into the wider policy arena?  Yes  If yes, ask in what way?  No  If no, ask why not?  Not sure

5. That’s the end of the set evaluation questions, is there anything that we didn’t cover earlier that you would like to raise before we finish the interview?

Thank you for your input today