Case Study- Whānau Ora Health Impact Assessment of the Draft Wairarapa Alcohol Strategy

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**Partners in the HIA:** Lucy Cotterill (Wairarapa Public Health), John Tibble (Wairarapa DHB Māori Health Unit), Quigley & Watts Ltd and the Community Alcohol Action Group (CAAG).

**Councils:** Masterton District Council, Carterton District Council, South Wairarapa District Council

**Workshop participants:** Thank you to organisations who participated in the workshops and shared their views and expertise.

**Community Alcohol Action Group (CAAG):** All members of CAAG

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1. **Title of Initiative**

Whānau Ora Health Impact Assessment of the Draft Wairarapa Alcohol Strategy

2. **Background**

The draft Strategy was developed by the local Community Alcohol Action Group (CAAG), which consists of 15 governmental and non-governmental organisations. The draft Strategy was developed with a vision to create an environment in which alcohol-related activities can be enjoyed with minimal risk of harm to the community. The overall goal of the draft Strategy is to reduce alcohol-related harm in the Wairarapa. The HIA took a Whānau Ora approach, where by Maori were put at the centre of the process and were involved from the beginning to end, hence from now referred to as a Whānau Ora HIA.

3. **Aim and Objectives of the Whānau Ora HIA**

3.1 **Aim**

Its aim is to deliver evidence based recommendations for the draft Wairarapa Alcohol Strategy that inform the decision-making process in order to maximise gains in health and wellbeing, and reduce or remove negative impacts or inequalities.

3.2 **Objectives**

- To assess the links between alcohol strategies, increase partnerships and develop a consistent approach, towards alcohol related harm and health outcomes in NZ
- To identify existing alcohol related inequalities in Wairarapa relating to health and wellbeing outcomes, with a particular focus on Māori and youth
- To identify the potential positive and negative impacts of the draft Strategy on health and wellbeing
- To identify current strengths within the community to implement the draft Strategy, as well as gaps, limitations and resource development needs, to ensure the draft Strategy is sustainable
- To provide evidence-based recommendations to enhance the draft Strategy’s potential positive impacts on health and wellbeing and mitigate potential negative impacts
- To provide some guidelines and recommendations to key stakeholder groups on how to support, implement and develop the draft Strategy within their organisations and in partnership with other agencies and organisations.

4. **Achievements including outputs and activities**

Each sub-section summarises the aims of the stage of the WOHIA, followed by the process, outcomes and practitioners learning.

4.1 **Pre-project planning to:**

- Identify and meet training needs for the Health Promoter leading the process
- Ensure adequate resourcing
- Identify key stakeholders
- Identify support personnel
- Meet budget requirements
### Process

The Health Promoter contacted the stakeholders identified in the proposal and asked them for their knowledge around both the draft Wairarapa Alcohol Strategy and HIA. It became apparent to the Health Promoter that there was a lack of common knowledge and understanding from key stakeholders around the draft Wairarapa Alcohol Strategy and the HIA process.

With this in mind it was decided that HIA introduction workshops would be held and would outline what an HIA was and how the process can be applied to the draft Wairarapa Alcohol Strategy. In these workshops it was identified who the other key stakeholders were and how best to engage with them. For people who were unable to attend the workshops the Health Promoter organised one on one meetings.

### Outcomes

- All stakeholders were aware of the HIA process.
- All stakeholders were aware that a draft strategy had been written.
- A wider range of stakeholders was identified through the initial workshop.
- The Health Promoter built on her skill and knowledge gained from the HIA training to assist with the completion of the HIA.
- Support personnel and organisations were identified for the HIA process.

### Practitioners Learning

During the HIA training the Health Promoter learnt that the HIA process is very flexible and can be completed on many different levels and can focus on a number of different areas e.g. strategic level, policy, planning, programme and even at the project level.

When identifying stakeholders it was important to ensure they knew who the draft strategy was aimed at and what they were getting involved in. They were also good at identifying other stakeholders that may not have been identified previously and ensuring that a wide voice of the community was involved in the HIA.

The HIA introduction workshops held were definitely a good place to start as buy in was gained from key stakeholders and engaging with those stakeholders who were unable to attend ensured that they understood the HIA process clearly and were more comfortable asking questions.

### 4.2 Engagement to:

- Engage with CAAG and Councils
- Organise of HIA workshops
- Engage with the writers of the draft Strategy
- Identify submission process including reporting dates
- Identify key focus for the WOHIA

### Process

The process of engagement began in the pre-planning stage of the HIA and involved engaging with all stakeholders. One key group of stakeholders was the Community Alcohol Action Group (CAAG) which was the authors of the draft Strategy. The relationships with all organisations were built through consistent contact either through email or phone calls. Invitations to meetings were sent out in advance with a follow up email one or two days before the actual meeting was held.

Council engagement was paramount to the success of the HIA and all three Councils were involved throughout the whole process.
Outcomes

- Working relationship established and maintained with CAAG members
- Working relationships with stakeholders established and maintained from within the community
- Engagement and involvement with those opposed to the draft Strategy
- Recommendations presented to the three Councils through an oral presentation

Practitioners Learning

The Health Promoter learnt that it is paramount to get the right people on board from the beginning and is worth the time and effort to find those people. Without the support of major stakeholders and influencers in the community or within organisations an HIA will not be as successful as expected.

The Health Promoter found it important to deliver the oral presentation to Council to ensure questions were able to be answered as she facilitated the HIA process from beginning to end. Having a support person or an expert in the field would also be beneficial to back up statements or recommendations made through the submission process.

Highlighting key points and recommendations through images, powerpoint and handouts ensured that Council members were engaged and were responsive to the presented recommendations.

Having the authors of the draft Strategy on board was beneficial, as they were very open to suggestions and how to improve the draft Strategy, but there is a potential for problems to arise if they do not buy into the HIA process from the beginning.

A key learning from the Health Promoter was to ensure that everyone was informed of each step no matter how involved or uninvolved they were in the HIA. This was accomplished through email or phone calls.

4.3 Literature Scan

- Literature scan completed by Quigley & Watts

Process

As the timeframes were tight throughout the HIA process the timeframes for the literature scan were even shorter. Following the appraisal meeting Quigley & Watts completed the literature scan, and it was used in the report to back up ideas and views of the participants.

Outcomes

- The literature scan written by Quigley & Watts was not available for distribution to the wider group but was used as part of the findings by the writers of the final report.
- The literature scan provided part of the evidence base for the recommendations on the draft Strategy.

Practitioners Learning

The Health Promoter learnt that literature scans are very helpful to ensure evidence-based recommendations are made on documents.

Literature scans can take a lot of time and effort to complete a comprehensive review and you need to ensure you set aside adequate time for this to occur including peer review to ensure it can back up recommendations made in your final report.

Skilled researchers have the ability to complete a rapid scan of relevant literature within a short timeframe and still produce results which are useful.
4.4 Evaluation of the Whānau Ora HIA

- Quigley & Watts completed the evaluation report on the draft Wairarapa Alcohol Strategy
- The Learning by Doing case study was completed by the lead Health Promoter at Wairarapa Public Health.

Feedback from the scoping and appraisal workshops

At the end of the scoping and appraisal workshops, attendees were asked to complete a short evaluation form. The results are summarised below:

Scoping and Screening workshop

- All six respondents either agreed or strongly agreed that they understood why the Whānau Ora HIA was being undertaken on this particular topic
- The participants felt they were able to contribute to the decisions about what the Whanau Ora HIA was going to focus on.

“Good session- achieved a lot in a short time”

- All respondents will consider the HIA process for other projects that are occurring.

Appraisal workshop

- When asked how useful the workshop has been for identifying intended and/or unintended effects that the alcohol strategy might have, 10 agreed and 7 respondents strongly agreed with this statement
- All 17 participants felt that the HIA had been a good opportunity to contribute their views and ideas for the enhancement of the draft policy
- 16 respondents said they would participate in an HIA again

“Collaboration and participation of groups attending good discussion for differing viewpoints”

- Strengths of the workshop were noted to be small group work, the facilitation of the workshops and the opportunity for open discussion and debate.

“Professionally and structurally addressed the issues”

“Relationships, new and renewed”

Contract Performance Measures

<table>
<thead>
<tr>
<th>Activity</th>
<th>Performance Measure</th>
<th>Indicator</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Various tasks involved in completing the Health Impact Assessment</td>
<td>Health Impact Assessment process is completed within the timeframe for the draft Wairarapa Alcohol Strategy.</td>
<td>A report on the Health Impact Assessment is compiled detailing the process and outcomes</td>
<td>Wairarapa WOHIA evaluation framework 31 January 2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Written summary of screening and scoping workshop 30 April 2010</td>
</tr>
</tbody>
</table>
5. **Financial Reporting**

<table>
<thead>
<tr>
<th>Invoiced expenditure</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catering</td>
<td>$250</td>
</tr>
<tr>
<td>Quigley &amp; Watts Ltd- facilitators</td>
<td>$20,000</td>
</tr>
<tr>
<td>Stationary</td>
<td>$500</td>
</tr>
</tbody>
</table>

**Direct Costs**

| Wairarapa Public Health Staff time       | $8,600 |

**Indirect organisational costs**

| Overheads                                | $6,650 |

**Total** $36,000

6. **Outcomes of the WOHIA on the draft Wairarapa Alcohol Strategy**

<table>
<thead>
<tr>
<th>Objectives of the WOHIA (Desired Outcome)</th>
<th>Actual Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>To assess the links between alcohol-related harm, health determinants, and health outcomes</td>
<td>The literature review assessed the links between alcohol strategies, increased partnerships and a consistent approach. The links between alcohol related harm and health outcomes in NZ were assessed by the workshop participants through the HIA process.</td>
</tr>
<tr>
<td>To identify existing alcohol related inequalities in Wairarapa relating to health and wellbeing outcomes, in particular, for Māori and youth</td>
<td>The alcohol related inequalities relating to health and wellbeing in particular for Māori and youth are not clear from the evidence here in the Wairarapa. The Whānau Ora HIA identified the lack of evidence and the need for more evidence to define the problem for alcohol related harm in the Wairarapa. The evidence that is available is of a poor standard and was minimal. It does indicate that most teenagers (97%) 14-17 years old claimed they were current drinkers, with the highest supplier of alcohol to youth being parents; that non-Māori were significantly more likely to</td>
</tr>
</tbody>
</table>
have consumed alcohol in the last 12 months compared to Māori, with Māori drinkers being significantly more likely to consume a large amount of alcohol on a typical drinking occasion, and to consume a large amount of alcohol at least weekly, compared to non-Māori drinkers.

To identify current strengths within the community to implement the draft Strategy, as well as gaps, limitations and resource development needs to the draft Strategy is sustainable

Strengths within the community with regards to the draft Strategy were identified through the community commitment to the Whānau Ora HIA. There was no implementation plan with the Strategy, and roles and responsibilities were not clearly identified. This limited the identification of gaps, limitations and resource development of the implementation of the draft Strategy.

To provide evidence-based recommendations to enhance the draft Strategy’s potential positive impacts on health and wellbeing and mitigate potential negative impacts

Five evidence based recommendations were made to the three Councils on how to enhance the draft Strategy’s potential positive impact on health and wellbeing. The recommendations took a strategic planning approach to ensure the draft Strategy’s approach to reducing alcohol related harm was collaborative within the Wairarapa, and enhanced potential partnerships.

To provide some guidelines and recommendations to key stakeholder groups on how to support, implement and develop the draft Strategy within their organisations and in partnership with other agencies and organisations

The recommendations made to the three Councils included how stakeholder groups can work more collaboratively together to develop, support and implement the strategy. Guidelines were not made specifically for each stakeholder due to the lack of clear roles and responsibilities outlined in the strategy, and lack of an implementation plan.

**Practitioners Learning**

The Health Promoter learnt that reflecting on the process throughout the project is a good way to ensure you are using time and resources efficiently. Also feedback from those involved is an excellent way to learn what worked, what didn’t and what improvements can be made next time.

Completing the case study that is required by the Ministry of Health Support Unit was helpful in realising the things you have learnt throughout the HIA process and ways other to enhance and improve future HIAs.

### 7. Communication of the WOHIA findings

- Communication of findings to key stakeholders
- Gain buy in from organisations to participate and implement the WOHIA recommendations

**Process**

The Health Promoter kept all stakeholders involved in the WOHIA, and kept them up to date through emails and phone calls at every step in the process. The Health Promoter provided:

- a hard copy of the final WOHIA
- notification of the final WOHIA report being sent to the three Councils
- date and time of the oral submission of WOHIA recommendations
- feedback from the Health Promoter on the oral submission of WOHIA
8. Summary of Whanau Ora HIA Report Recommendations

In order to enhance the positive aspects and mitigate the negative aspects of the continued implementation of the draft Wairarapa Alcohol Strategy, a number of evidence-based recommendations were developed. The recommendations were informed by all the components and stages of the Whānau Ora HIA. It is important to note that the purpose of the recommendations was to build on what was already in the draft Strategy, whilst providing direction on how the draft Strategy can be enhanced.

The recommendations are to:

1. Further develop the draft Strategy
2. Clearly identify roles and responsibilities within the draft Strategy and the holistic implementation plan
3. Develop, facilitate and own an implementation plan that is adopted and released at the same time as the Alcohol Strategy
4. Develop a communication strategy as a component of the implementation plan
5. Develop a Monitoring and Evaluation framework for the draft Strategy

9. Overall Lessons Learned

Learning by doing was a rewarding way to complete this HIA. The HIA framework provided a logical and systematic way to gather information and present it back to the participants. Completing this HIA was an excellent chance to utilise and implement the skills gained through the HIA training. This included facilitating workshops to gain the most knowledge from participants in a short space of time. Keeping participants on track whilst not dismissing their opinion was also a skill learnt from the facilitators of the workshops.

The timeframes of this HIA posed a challenge as they were very short and the process had to be completed quickly to have an impact. To ease the process it was a must to keep key stakeholders informed at every stage whether it was minor or major, to keep them engaged was essential to keeping them informed.

Another challenge presented was the gathering and deciphering of the mass amounts of information from the workshops. This was done by constructing causal pathways, lots of writing and re-writing of the information to ensure that the final information was easily understood. It was essential to have a facilitator from each group when deciphering the information into causal pathways to be able to understand the written notes. It was also helpful to have all the workshop notes out and find the common themes which the causal pathways fall out of.
Other lessons learned was how to ensure the participants voice was heard in the final report. It was essential this happened to ensure the document was true to the information gained from the workshops. Backing up (with evidence) what was said by participants is essential to ensure a well rounded argument. In doing this stakeholders are also more likely to participate in future HIA’s. Having the final report peer reviewed was helpful in learning how to take constructive criticism from people who have previously completed HIA’s.