Learning by Doing
Health Impact Assessment

Impact on Whanau Ora of Not-Fluoridating Water in Southern Wairarapa

Report

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Wairarapa Public Health
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Acknowledgments
This Health Impact Assessment (HIA) learning by doing project has been a collaborative effort involving a variety of people. Wairarapa Public Health would like to thank all those who have contributed and would particularly like to acknowledge the following people:

Public Health Staff: Catherine Straman (Wairarapa Public Health)

Council Representatives: Ravi Mangar (South Wairarapa District Council).

HIA Literature Scan: Celia Murphy, Research Associate, Quigley and Watts

Quigley and Watts Ltd staff: Robert Quigley, Director Quigley and Watts
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Learning By Doing Health Impact Assessment Report

1. Title of Initiative

‘Impact on Whanau Ora of Not-Fluoridating Water in Southern Wairarapa’

2. Background

Masterton Urban water supply is the only water supply in the Wairarapa that is fluoridated and has been since the 1970’s. Despite annual submissions to Carterton (CDC) and South Wairarapa District Council (SWDC) Annual Plans or submissions to Council LTCCP, there has been a negative response to all suggestion of fluoridating the water supplies in these areas. The Deputy Mayor of South Wairarapa District Council has supported the suggestion of this HIA as a means to improve the oral health of Maori children and adolescents in this region.

Fluoride is a natural element found in air, soil, fresh water, seawater, plants, and lots of foods. Fluoride helps teeth in three ways:

- It makes teeth more resistant to decay by strengthening the tooth surface
- It interferes with the growth of bacteria that cause cavities
- It helps repair the early stages of tooth decay

Water fluoridation is the process of adjusting the natural level of fluoride in the water supply to the optimum amount to provide protection against tooth decay in both adults and children.

3. HIA Objectives

- To influence policymakers at the Carterton and South Wairarapa District Councils in regard to consideration of fluoridating the urban water supplies within their jurisdictions from a new perspective.
- To improve Maori oral health outcomes in Southern Wairarapa

4. Specific Outcomes (As detailed in the Learning by doing application)

- Councils agreeing to fluoridate urban water supplies
- Councils agreeing to commence community consultation processes regarding fluoridation
- Maori communities in Southern Wairarapa having more involvement in decision making
- Improving caries free percentages and DMFT scores in Maori children in the area
- Lessening caries rates for adults in Southern Wairarapa
- Increased involvement of primary care practitioners in the promotion of good oral health

5. Achievements including: Key outputs and activities

In the attempt to complete this HIA project the key activities included:

a. Pre-Project Planning

- Project planning and approach
- Identification of Adequate Resourcing
- Staff training in Health Impact Assessment
- Background reading, ‘Learning by Doing Funding Application’
- Identification of key contacts and stakeholders

b. Engagement with Councils and Supporting Projects

- Submissions Process to South Wairarapa and Carterton Councils
- South Wairarapa Council submission on the HIA process and Fluoridation submission
- HIA presentation letters sent to all three councils
- Development of an ongoing Relationship Building Project with all 3 councils (Planning stage)
- Identification of the key Determinants of health affected by fluoridation/non-fluoridation
c. Literature Scan – Fluoridation
• Literature Scan completed by Quigley and Watts
• Peer review and Identification of relevant gaps in the literature review

d. Evaluation
• Learning by doing Evaluation for Wairarapa Public Health

e. On-going Planning
• Communication of findings to key stakeholders and participants of the HIA
• Impact Evaluation – To report on the impact and uptake of the HIA recommendations
• Case-Study Evaluation for the HIA Support Unit

6. Learning by Doing – Evaluation:
A number of learning’s have been identified throughout the process of this HIA and are presented in an overview table for ease of reading. The following are some of the highlighted learning points covering key learning’s in process, meeting outcomes and practitioner learning’s.

a. Pre-project Planning

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<td>Key planning steps were overlooked at he beginning of the project due to a number of factors. Some factors including the newness of the staff member and subsequent training being undertaken in HIA. Unfamiliarity with local community, community issues and key contacts. The time constraints of subsequent projects and work tasks. There wasn’t a council policy in place which to guide a direction for HIA appraisal and therefore pre-project activities were key in engaging with the councils in particular.</td>
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<td>It was identified early on in the process that engagement with councils on fluoridation could be a sensitive process for councils and their communities and it was recognized that there needed to be a policy or proposal from which to draw out the HIA process. This was taken in to account which lead to some engagement planning with the South Wairarapa District Council (SWDC) prior to their release of the Long Term City Council Plan (LTCCP).</td>
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<td>Further engagement in the HIA for fluoridation would require planning from a number of key stakeholders and support people in order to the process to be successful. It would be good to see the process through the HIA stages of scoping, appraisal and reporting at some point in the future. The HIA support unit has identified that some HIA projects require a longer process such as fluoridation so could benefit from a two year cycle rather than 12months in order to engage and work in with other agencies timelines.</td>
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b. Engagement with Council and Supporting Projects

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<td>A concurrent project has been in a planning stage while the fluoridation work was taking place. The idea of the concurrent project was to utilise and build on opportunities for relationship building with local councils. The submissions process was loosely fitted into this project due to the fact that it required engagement with councils and gave an opportunity for further discussion with Carterton and South Wairarapa District Councils to engage in discussion around HIA and fluoridation. An attempt to get fluoridation on the agenda in the LTCCP Quigley and Watts, on behalf of Public health, engaged with key staff the SWDC to create discussion around fluoridation. The SWDC engaged to a point however further engagement would be required to take up the HIA process. Letters have been sent to ask for an opportunity to present at all three councils on HIA and for SWDC a presentation on how HIA can be utilized for community consultation on fluoridation.</td>
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**c. Literature Scan**

| Process | Due to time restraints the Literature scan was completed by Celia Murphy, Quigley and Watts and the focus was an objective overview of fluoridation. The intention for the literature review was to inform on the appraisal questions for the HIA however due to time restraints the Literature Scan was submitted with a cover statement to the South Wairarapa District Council for the submission process. The Literature scan and cover page was read over by key DHB staff before submission. |
| Outcome | In terms of outcomes the Literature review fell short in terms of its reference to Maori health and Whanau Ora however this focus could be added at a later stage when engagement with Councils is developed further and key Maori stakeholders are on board to help with identifying the direction or the researched literature. |
| Practitioner | Fluoridation was slightly outside the scope of the staff member working on the HIA. It was beneficial having other experts in Oral health and research available to support the understanding of Fluoridation. Drinking water staff and health protection officers will be a great resource in further consultation. |

**d. Evaluation Findings and Reporting**

| Process | Use of project logic models might help inform continued planning towards fluoridation in South Wairarapa and Carterton. In terms of the HIA process and planning the stages of the HIA such as screening and scoping and appraisal were unable to be completed fully due to the lack of policy or project available to underpin the HIA process. The planning would have had to be slightly pushed forward with separate initiatives or discussion documents in order to get to a place in which an HIA could be developed. |
| Outcome | An HIA report has not been completed. However due to a literature scan being completed some work in the appraisal section has been completed. For picking up the project again it would be useful to build upon the literature review and frame the appraisal questions accordingly with the support of Maori community and other key stakeholders. The inclusion of fluoridation in the SWDC LTCCP is a key outcome to this learning by doing process. |
| Practitioner | A timeline of key events has been recorded anecdotally which effectively informs the learning by doing evaluation on fluoridation. Learning’s from the fluoridation HIA and Makoura College HIA impact upon total HIA skills building and practitioner evaluation. The completion of the Makoura HIA in particular provided good grounding to approach fluoridation with fresh confidence should the project continue in the future. |
e. On-going Planning

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<td>An ongoing project plan will now inform further engagement with all three councils about using and utilising the HIA process. In particular for engagement with South Wairarapa District Council and Carterton District Councils and carrying out consultation with the public in the next three years about fluoridation. An impact Evaluation can be carried out to measure the extend to which the council takes on the recommendations on the HIA report if the HIA is completed in the near future.</td>
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<td>It was identified through the submissions process that SWDC have existing issues affecting their waters supplies that are of particular importance to local residence. The council will be looking for a robust process in which to consult the community about fluoridation and HIA has been presented as the ideal tool. Ideally the completion of an HUIA report will result in future uptake of fluoridation in South Wairarapa and/or Carterton Districts.</td>
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<td>As mentioned above the key is a team approach with skilled public health staff and key stakeholders who have a genuine interest in reducing caries and dental occurrences in Maori health.</td>
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7. Key Considerations for further work on this HIA prior to the Learning by Doing Period.
The following or a variation of the following questions will be considered as part of any on-going work towards fluoridation of the South Wairarapa and Carterton districts:

- How can public health further engage with councils in a general sense?
- How can public health further engage councilors to consider HIA as the consultation process?
- What is the current process of engagement with councils used by other key staff?
- How can we build on the strength of other public health staff experience working with council for further engagement and relationship building?
- How can public health support the councils in preparing for fluoridation issues ie: drinking standards and drinking water regulation compliance etc?
- Who should be key public health staff/DHB involved in on-going engagement and relationship building?
- Have other areas been identified as being key activities or issues where public health can support council?
- How can public health continue to advocate for fluoridation in order to prepare further opportunities to continue with the HIA process?

8. Limitations of this HIA Process
Limited experience and capacity in the HIA process provided some limitations to this HIA project however the assistance from Quigley & Watts proved to provide useful initial engagement with council staff which can now be followed up by public health. Further skills building in HIA will provide ongoing project leaders with more confidence in the future.

9. Incidental Outcomes

Relationship building with Council – Councils and Public health

Health Impact Assessments provide an opportunity for public health to engage with councils on many levels. Fluoridation is only but one context where HIA would be useful in consulting on the health impacts on the community in the HIA process.
Where some contact has been made with council staff some positive discussion has occurred identifying where the relationships between public health and councils can be strengthened., such as, issues of concern for families that present with mental health issues for planning and resourcing staff.

Overall the three councils will have a slightly increased awareness of the purpose and benefit of the HIA process due to written submissions and further spoken presentation opportunities.

10. **Concluding key points:**
In order to meet any future outcomes in terms of HIA project completion or advising on consultation for fluoridation their following key points should be considered:

- Fluoridation continues to be a challenging topic for consultation for communities
- Find ways in which to support South Wairarapa and Carterton with related issues in drinking water and water supply compliance etc
- Draw on strengths of current public health staff who are experienced in council engagement
- Create a team approach to relationship building and liaison projects with councils
- Public health will continue to get advice from the HIA support unit about time-frames for projects such as fluoridation and urban planning projects that tend to take longer in terms of outcomes and engagement with councils.