Health, wellbeing, and HIA: Working better, working smarter

FINAL PROGRAM
3rd Asia and Pacific Regional Health Impact Assessment Conference
University of Otago | Dunedin, New Zealand
17th-19th November 2010

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## Conference Organising Group

- Richard Morgan (Chair)
- Rob Quigley
- Louise Signal
- Matt Soeberg
- Megan Tunks
- Ben Harris-Roxas
- Jeffrey Spickett
- Louise St Pierre
- Decharut Sukkumnoed

## Conference Co-hosts

- Health, Wellbeing and Equity Impact Assessment Research Unit, University of Otago
- International Association for Impact Assessment (IAIA), Fargo, N. Dakota, USA
- Quigley & Watts, Public Health Consultants, Wellington
- Centre for Impact Assessment Research & Training (CIART), University of Otago
- New Zealand Association for Impact Assessment (NZAIA)

## Acknowledgements

The University of Otago, for making its infrastructure available at minimal cost.

NZAID, for supporting a group of participants from seven Pacific Island nations.

World Health Organisation Western Pacific Region, through the joint WHO and UNEP Thematic Working Group on HIA, for funding several of the TWG members to attend the conference.

Ministry of Health, New Zealand, for the contribution of various staff to the initial planning and continued support of the conference.

Assoc. Prof. Sean Fitzsimons, Head of the Geography Department, for providing a financial safety net, and allowing support staff to assist with the organisation of the meeting.

Staff at the Department of Public Health, University of Otago Wellington, and at Quigley & Watts, Wellington, who provided a variety of support services towards the organisation of the meeting.

Melanie Wheeler and Niky Hunt, of the Department of Geography, for helping with local organisation, and Tracy Connolly for graphics support.

The HQ staff of IAIA, for their tireless assistance and support.
Welcome

It is a pleasure to welcome you all to Dunedin and the University of Otago, in late spring, early summer, to benefit from a meeting that we hope will add more momentum to the cause of health impact assessment in all our countries. This meeting continues the sterling work of the team at the Centre for Health Equity Training Research Evaluation at the University of New South Wales, Sydney, Australia, who ran the first Asia and Pacific Regional HIA conference in 2007, and the excellent work of the HIA team from Thailand, who ran the second conference in Chiang Mai, in April 2009. In approaching the third conference, the organising group was very aware of the need to address the needs of the domestic HIA practitioners, as well as the growing HIA community across the Asia and Pacific region. We feel the programme does indeed have much to interest the New Zealand-based community, with papers, workshops and plenary presentations based on local experiences, issues and innovations. Whānau Ora HIA is given particular prominence in the programme, indicative of new ways of working that recognise the importance of Māori using culturally appropriate methods to address, and seek solutions for, health issues in their communities.

But we also wanted to make the reference to the Pacific in the title of the conference series meaningful, by ensuring the presence of representatives from as many Pacific Island nations as possible: thanks to the support of NZAID, in the Ministry of Foreign Affairs and Trade, we have been able to support seven Pacific Island countries to participate, and to use the conference as a way to promote the Pacific part of the Asia-Pacific HIA network. So a special welcome to our Pacific guests: we hope this will be the start of a fruitful relationship into the future! And equally, a warm welcome to the members of the WHO-UNEP Thematic Working Group on HIA, drawn from across East and South Asia, several with the support of the WHO, making this conference a true Asia-Pacific forum.

To all participants, welcome, and if you need any assistance during the conference, please get in touch with one of the organising group via the conference desk. I look forward to chatting with as many of you as possible over the refreshment and lunch breaks.

Richard Morgan
Chair, HIA2010 Organising Group
## Wednesday 17th Nov.

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<th>Time</th>
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<tr>
<td>09:00 – 09:30</td>
<td>Welcome: Mihi whakatau, and conference opening</td>
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<tr>
<td>09:30 – 10:00</td>
<td>Kevin Hague MP: Public participation and HIA</td>
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<td>10:00 – 10:30</td>
<td>Decharut Sukkumnoed: Crisis, Dilemma, and Further Steps: The Three-Years Experiences of HIA in the Thai Constitution</td>
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<td>10:30 – 11:00</td>
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<td>11:00 – 12:30</td>
<td>Papers session</td>
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<td>HIA PRACTICE IN ASIA-PACIFIC Methods</td>
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<td>EMBEDDING HEALTH &amp; WELLBEING: HIAP Transport applications</td>
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<td>12:30 – 13:30</td>
<td>lunch Plenary: Whānau ora HIA</td>
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<td>13:50 – 14:10</td>
<td>Henare O’Keefe: From the community to the council chamber and back again: Does HIA fit?</td>
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<td>14:10 – 14:30</td>
<td>Fiona Cram: Whānau ora and health impact assessment</td>
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<td>14:30 – 15:00</td>
<td>Panel discussion</td>
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<td>15:00 – 15:30</td>
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<td>HIA PRACTICE IN ASIA-PACIFIC Environmental management and HIA</td>
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<td>INDIigenous-Driven HIA: achievements and challenges</td>
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<td>17:00 – 18:00</td>
<td>Poster session</td>
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## Thursday 18th Nov.

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<tr>
<td>09:00 – 09:30</td>
<td>Plenary presentations</td>
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<td>09:30 – 10:00</td>
<td>Rob Quigley: Health and wellbeing impact assessment – the New Zealand model</td>
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<td>10:00 – 10:30</td>
<td>Carmel Williams: The development of health in all policies by the government of South Australia</td>
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<td>James Baines: Impact assessment family: past rifts, and prospects for better relations</td>
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<td>EMBEDDING HEALTH &amp; WELLBEING: HIAP Exploring new uses for HIA</td>
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<td>WORKING WITH OTHER IA: Case studies of working with other forms of IA</td>
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<td>12:30 – 13:30</td>
<td>lunch Plenary presentations</td>
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<td>13:30 – 14:00</td>
<td>Mary Mahoney: Impact assessment from a policy problem perspective</td>
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<td>14:00 – 14:30</td>
<td>Ben Harris-Roxas: Butting our heads against a wall? Moving beyond what we've always done in order to get health meaningfully considered</td>
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<td>TWG workshop #2</td>
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<td>HIA and policy</td>
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<td>Working with other IA</td>
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<td>17:00 – 17:30</td>
<td>(NZAIA AGM)</td>
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<td>19:00</td>
<td>Conference dinner</td>
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<td>drinks from 19:00, meal 19:45</td>
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### Conference Schedule

**Friday 19th Nov.**

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<th>Time</th>
<th>Session 1</th>
<th>Session 2</th>
<th>Workshop</th>
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<tr>
<td>09:00 – 10:30</td>
<td><strong>HIA PRACTICE IN ASIA-PACIFIC</strong></td>
<td><strong>CAPACITY BUILDING</strong></td>
<td><strong>Asia-Pacific HIA Forum</strong></td>
<td><strong>TWG closed meeting</strong></td>
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<td>Case studies in Asia-Pacific HIA</td>
<td>Capacity building in Asia-Pacific HIA</td>
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<td>10:30 – 11:00</td>
<td>**Papers session</td>
<td>Castle C <strong>HIA PRACTICE IN ASIA-PACIFIC</strong></td>
<td>**Papers session</td>
<td>Castle 2</td>
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<td>Moving HIA practice forward in Asia-Pacific</td>
<td><strong>Moving HIA practice</strong></td>
<td><strong>Training</strong></td>
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<td>11:00 – 12:30</td>
<td>**Closing Plenary</td>
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<td>12:30 – 13:30</td>
<td>Lunch</td>
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#### Invited reflections and observations:
- How far have we come?
- Where do we see HIA going?
- What practical steps are needed to keep HIA moving forward?

#### End of conference

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### Conference Themes

1. **HIA practice in Asia and the Pacific: What works and what doesn’t**
   - Critical reflection on HIA practice and lessons for future applications including:
     - Reviews and evaluations of HIAs
     - Reflection on ways to address health equity in HIA, including equity for women, indigenous peoples and vulnerable communities
     - Novel methods and techniques or improvements to established ones
     - New areas of application
     - Evaluation approaches

2. **Embedding health, wellbeing and equity into government & non-governmental organisations**
   - Critical reflection on embedding health, wellbeing and equity including:
     - Examples of where HIA has been built into procedures and processes for policies outside the health sector
     - Specific strategies for gaining the co-operation and support of people outside the health sector
     - How to develop “ownership” by policy makers
     - Barriers to embedding HIA and ways to overcome them

3. **Best practice in training and capacity building**
   - Critical reflection on ways to train and build capacity in HIA including:
     - Different approaches to training potential or current HIA practitioners
     - Raising awareness and understanding among stakeholders
     - Training in addressing health equity within HIA
     - Effective ways to reach different target groups

4. **Indigenous-led HIA: Whānau ora HIA and other similar approaches**
   - Critical reflection on indigenous-led HIA including:
     - Experience with applying Whānau Ora HIA and other indigenous HIA approaches
     - Consideration of the benefits, opportunities, barriers, and facilitators of indigenous-led HIA
     - Consideration of the adaptation of core concepts, methods and techniques to an indigenous context

5. **Working effectively with other forms of impact assessment**
   - Critical reflection on linking HIA and other forms of impact assessment including:
     - Conceptual links with social/cultural/ ecological/etc. forms of impact assessment, through health determinants
     - Integration versus stand alone approaches
     - Practical issues of working across different forms impact assessment
     - Consideration of the status of HIA in decision-making compared with other forms of IA
Aim of conference

HIA has developed rapidly since the mid 1990s, as witnessed by the dramatic growth in literature on the process and its methods, and the increasing number of resources related to HIA now available on the Internet. In some countries, a great deal of effort has been invested in the development of HIA processes—whether in a stand alone form or within a wider impact assessment context—and practitioners, administrators, and stakeholders are beginning to build up a significant body of experience and learning about such processes. On the other hand, some countries are still at the early stages of introducing forms of HIA and others are yet to adopt HIA in any form. It is very timely, then, to find ways to share experiences, explore opportunities, and support the introduction and development of HIA in new jurisdictions and new situations. Of course, given the current economic situation, there is considerable pressure on governments to reduce public expenditure and to speed economic development. Such times of crisis present a great opportunity to promote approaches such as HIA that deliver informed decisions, encourage positive outcomes and seek to minimise the risk for decision makers.

Consequently, the emerging HIA community of the Asia and Pacific region has two key opportunities: the first is to demonstrate the value and cost-effectiveness of HIA, based on the shared experiences across the region, and thereby provide a strong business case for HIA to politicians and senior bureaucrats. The second is to continue to improve practice in light of experience.

The overarching aim of the 3rd Asia and Pacific Regional Health Impact Assessment Conference is to focus on ways of making HIA more effective and fit for purpose. To that end, the conference provides an important opportunity for HIA practitioners to discuss their practices and experiences with each other, with practitioners from other areas of impact assessment, and with policy makers and planners from many sectors, in central and local government, as well as the private sector. As a basis for meaningful dialogue, the conference seeks to showcase innovative work on methodologies and techniques, as well as highlight the latest thinking on effective ways to the institutionalise assessment procedures, construct regulatory frameworks, and manage the HIA process.
Kevin Hague
*Green Party MP*

Kevin is one of the newest Green MPs and comes to Parliament directly from his work as the Chief Executive of the West Coast District Health Board. He was previously Executive Director, NZ AIDS Foundation.

Kevin has a broad range of experience in the health sector. He was a member of the National Health Committee (2001-05), Chair of the NZ Public Health Advisory Committee (2002-04), a Member of the Community Sector Task Force (2003), Chair of the West Coastal Pathway (since 2005), Chair of the Waiheke Special Needs Trust (1998-2003), Chair of the Oneroa Business Association (1996-1998), and Executive member of the Piritahi Marae Hauora trust (1997 – 1999). Kevin’s achievements also include being in the team that stopped the 1985 All Black tour to South Africa, and being one of the leaders of the campaign for the 1993 Human Rights Act. Kevin brings significant practical skill, experience and resourcefulness combined with a personal passion.

Kevin was on the West Coast Tai Poutini Conservation Board from 2004-06. He was co-organiser of the 2007 ‘Sustainable Coast’, has been involved in the leadership of Mountain Bike NZ since 2001 and is a member of ‘Cycling Advocates’ Network’. Kevin was involved in environmental advocacy on Waiheke Island from 1994 to 2003.

He has a long and active history in advocating for gay rights. Kevin has extensive experience in Pākehā Treaty advocacy and gay rights advocacy, including HLR. Kevin is a campaigner for human rights and co-Chair and organiser of the 1989 NZ Gay and Lesbian Conference, and a co-organiser of the first Hero Party in 1991; Kevin has long term involvement in the anti-apartheid movement. He has been strategic adviser to many NGOs over the past 25 years.

Green Party Spokesperson on: Conservation, Health and Wellbeing (Health Services, Health Promotion, Hospitals, Mental Health), ACC, Community Economic Development, Rural Affairs, Biosecurity and Customs, Cycling & Active Transport, Rainbow Issues, Agriculture, Gambling, Sport & Recreation.

James Baines

As a partner in the firm of Taylor Baines & Associates, James Baines has been a practitioner of Social Impact Assessment (SIA) for more than 20 years, with practice experience, mainly in New Zealand, but also in Malaysia and Thailand. His experience covers the application of SIA in many sectors of the economy—hydro-electricity, wind farms and high-voltage transmission lines, town centre developments and retailing, marine farming, gambling and casinos, port developments, landfill and waste water facilities, prisons and flood risk management. This experience also covers SIA applications at project, plan and policy levels.

During the 1990s and early 2000s, James adapted the Ottawa Charter framework for health promotion to applications in sustainable land management and the promotion of healthy homes. He has also devoted considerable attention to incorporating a social well being framework into his natural resource management applications of SIA. More recently, James has been interested in understanding and promoting integration between different streams of impact assessment.
Mary works for the University of Gloucestershire as the Director of Nexus, a multi-institution partnership focusing on the development of vocational higher education as part of the broader regeneration of the City of Gloucester. In addition to this she pursues her research and consultancy activities linked to HIA through a Readership in Public Health Policy within the university contributing to postgraduate teaching and research in the Faculty of Sport, Health and Social Care; contributing to the Department of Health Social Science, Monash University, Melbourne; contributing to HIA research and teaching activities and co-facilitating their Short Course in July 2010; and, prior to this, holding an honorary appointment in the Faculty of Health, Medicine, Nursing and Behavioural Sciences, Deakin University (2007 – 09), delivering their Masters level unit in health and social impact assessment. She is currently providing technical input to WHO on training and capacity building in health equity in HIA. She has served on the Scientific Committee for the International HIA conferences for several years, has facilitated conferences, workshops and training programmes on HIA and Equity-focused HIA at all levels of government in Australia, New Zealand, Turkey and England and has an extensive publication profile.

Prior to moving to England in 2006, she established the HIA Research Unit at Deakin University which focused on the development of HIA at national, state and local government levels in Australia and worked with colleagues in New Zealand on the positioning of HIA within government. She secured extensive funding for research and consultancy in HIA including funding to develop the first equity-focused HIA guidelines in partnership with colleagues from the Universities of NSW and Newcastle.

Fiona Cram

Fiona Cram is from Aotearoa, New Zealand, and has tribal connections with Ngāti Pahauwera. She is the mother of one son, has a PhD from the University of Otago (Social and Developmental Psychology), and has over 20 years research and evaluation experience. From 1998-2003 Fiona was a Senior Research Fellow in the International Research Institute for Māori and Indigenous Peoples (IRI), at the University of Auckland. Since mid-2003 Fiona has been Director of a research and evaluation company, Katoa Ltd. Fiona is currently involved in evaluations with Māori NGOs and research on the Māori health workforce and on measuring Māori collectives. She has also been training groups around the country in Whānau Ora Health Impact Assessment. Her other research interests include Māori health and wellness, organisational capacity building, and research and evaluation ethics. In her spare time she likes to find snow and snowboard.

Ben Harris-Roxas

Ben Harris-Roxas has worked on HIA since 2003, and in that time has been involved in more than 20 HIAs and trained more than 400 people. He is the author or co-author of 13 articles related to HIA and coordinates a Masters-level course on HIA. He created the HIA Connect website and the HIA Blog, facilitates the Asia Pacific HIA email list, and edits the IAIA Health Section Newsletter. With colleagues from the University of New South Wales, Ben led the organisation of the first Asia Pacific HIA Conference in 2007. He is part of a team from seven universities that has received Australian Research Council funding to evaluate the impact and effectiveness of HIAs conducted in Australia and New Zealand over the past five years.
Henare Ngaera O’Keeffe

Community Worker, Hastings District Councillor, and Justice of the Peace

Henare is a prolific contributor to New Zealand, Hawke’s Bay and his local community of Flaxmere. Along with his dear wife Pam they have fostered over 200 children, 4 biological children and given inspirational talks to over 400 schools. Henare is a former Youth Justice Coordinator, ‘books in homes’ advocate, and organiser of community action. In his political role he is a great advocate for HIA and regularly allows his local marae to host HIA workshops, and then he greets the recommendations of those HIA around the Council decision making table. His community work is widely recognised including leading a 4000-persons-strong Hikoi against violence, running a regular free midnight BBQ, and advocating against a Corrections Facility in Flaxmere.

Robert Quigley

Director, Quigley and Watts Ltd
Co-Director, Health, Wellbeing and Equity Impact Assessment Research Unit, University of Otago

Robert Quigley has worked in central government and NGO roles, and has contracted extensively with local government, central government and internationally. He specialises in assessing complex health and wellbeing issues and making them accessible for non-specialists.

Rob has a particular interest in influencing and informing decisions that affect community health and wellbeing via HIA; this has led to his working closely with key decision makers as one effective way of achieving this goal.

Rob has led HIAs in a variety of sectors including urban design, transport, education, housing, oil and gas, electricity and environment, and has worked with local and central government agencies and private companies. His contracts and clients have included the World Health Organization (Geneva), National Health Service (London), Government of South Australia, Government of Samoa, the Ministry of Health New Zealand, New Zealand Transport Agency, Ministry of Education, Ministry for the Environment, Cancer Society, National Heart Foundation, University of Otago, and many others including at least nine different local government councils.

Rob’s HIA experiences include:

- Co-author of the HIA best practice guidelines released by the International Association for Impact Assessment.
- Co-director of the HIA Research Unit at the University of Otago.
- The training of hundreds of people in how to do an HIA, in Australia, New Zealand and the Pacific.
- Assisting the Government of South Australia in their successful Health in All Policies Approach which has been instigated by the Premier.
- Developing guidance on HIA practice and evaluation.
- Co-developing, training and doing Whanau Ora Health Impact Assessment – an indigenous-developed HIA guideline.
plenary speakers

**Decharut Sukkumnoed**

Dr. Decharut Sukkumnoed is a lecturer in the Faculty of Economics, Kasesart University, Thailand, and the manager of Thailand Healthy Public Policy Foundation. He has been the main coordinator for HIA development in Thailand, since 2001. He is now the member of National HIA Commission, and is on the secretariat of the National Reform Commission.

**Megan Tunks**

- Ko Megan Tunks toku ingoa
- Ko Te Oariki te maunga
- Ko Whitianga me Te Rere nga marae
- Ko Ngati Paekau, Ngati Ngahere me Ngati Patu oku hapu
- Ko Te Whanau-a-Apanui, me Whakatohea oku Iwi
- E rua aku tamariki, Ko Te Ikiwa o Rehua Soraya taku tamahine, me Ruameto Chris Hamiora taku tama

Megan has eighteen years of experience in the Public Health Field. Her professional positions have included Researcher, Strategist, Evaluator, Portfolio Manager, Māori Service Development Manager, Contractor, Associate Research Director, Health Research Council Māori Training Fellow, Workforce Development Project Manager, and Project Co-ordinator. She is a Director to Procare’s Primary Network Auckland PHO – Primary Healthcare Organisation.

Megan is currently employed as a Kairangahau/Kairautaki – Strategist and Researcher to Hapai Te Hauora Tapui Ltd – Auckland Region Māori Public Health Provider. More recently, Megan has been involved with training workshops on Whanau Ora Health Impact Assessment (WOHIA), as well as Whanau Ora Health Impact Assessment on the Draft Auckland Regional Land Transport Strategy, the Manukau Built Form and Spatial Structure Plan and Wiri Built Form and Spatial Plan.

Other recent work includes the development of Whanau Centred and Māori Public Health Indicators, as well as a range of projects providing strategic Māori Public health advice on research and evaluation, workforce development, and policy development to a range of key stakeholders including Māori Health Providers and other Non Government Organisations, Territorial Local Authorities, the Ministry of Health, and District Health Boards.

**Carmel Williams**

Carmel Williams is the Manager of the Health in All Policies initiative in South Australia Health and oversees the development, implementation and evaluation of the initiative across government in South Australia. She was catalyst for Professor Ilona Kickbusch during her residency as 2007 Adelaide Thinker in Residence, and continues to work closely with her on the Health in All Policies initiative.

Ms Williams has a long and extensive experience in health promotion and public health where she has specialised in working across sectors both within and outside of government. Within this work she has taken a particular focus on the social determinants of health and equity. She has qualifications in education and public health. In 2008 Ms Williams was awarded the Leadership for Health Promotion Award by the Australian Health Promotion Association SA Branch, partly in recognition for her role as convener of the 2007 National Australian Health Promotion Association Conference.
1. **AN INTERNATIONAL IMPACT ASSESSMENT TOOL FOR IMPLEMENTING THE GROSS NATIONAL HAPPINESS FRAMEWORK**

**Time:** Wednesday, 17th November, 11:00-12:30

**Organizer:** Michael Pennock

**Purpose:** To finalize the GNH Policy Impact Tool through a peer-review process of interested participants at HIA 2010. The GNH Impact Tool has been designed to support the analysis of the potential impacts of policies upon the GNH framework of wellbeing. The initial form of this tool has been tested in Bhutan and Canada. The Canadian and the Bhutanese representative will lead a workshop at the conference in which the policy lens will be presented, the application of the tool in Bhutan and Canada will be discussed, and lessons learned will be presented. The GNH framework is multi-dimensional and includes health, social/community, economic, cultural, environmental, time-balance, and governance as primary contributors to wellbeing. Two external reviewers will provide comments and critiques of the existing instrument for international use. Discussion will then be opened to other workshop participants and consensus statements about potential revisions to the instrument will be developed. Participants who are interested in becoming involved in pilot-testing the instrument in South East Asia and other locations will be identified. This workshop is relevant to two themes: ‘Embedding health, wellbeing and equity into government and non-government organizations’ and ‘Working effectively with other forms of impact assessment.’

**Outcomes:** A revised impact assessment tool. Following the conference, a final toolkit, including a user’s manual, will be prepared and distributed to all workshop participants.

2. **EXPERIENCES WITH HIA IN THE HAWKE'S BAY REGION, NEW ZEALAND**

**Time:** Wednesday, 17th November, 15:30-17:00

**Co-ordinator:** Maree Rohleder

**Aim:** To give participants an understanding of how the Hastings District Council (a territorial local authority), the Hawkes Bay District Health Board (HBDHB) and tangata whenua (local Māori communities) can work collaboratively in undertaking a Health Impact Assessment.

**Objectives:**
- To provide participants with an understanding of the engagement process and mutual benefits of HIA for the Local Authority, DHB and the Tangata Whenua.
- To raise participants awareness of the planning process and when it is a good time to present the “HIA” to the Local Authority.
- To promote participant understanding of the relationship between HIA and best practice urban design.

**Workshop Format:** It will be a presentation of two HIA case studies and the Local Authority, HBDHB and Tangata Whenua’s perspectives of how the process went. There will then be a panel discussion for participants to ask questions about the presentations. The panel will then pose questions for the participants to discuss, with the panel looking at embedding HIA into Local Authorities, DHBs and communities.
Health Impact Assessment and Public Policy

Time: Thursday, 18th November, 15:30-17:00
Organiser: Patrick Harris
Audience: Experienced HIA practitioners, public policy professionals, and others interested in using HIA to influence policy development.

Background: Despite notable achievements, the systematic inclusion of health in public policy has not been successful. Health impact assessment has been demonstrated as a strategy to influence policy. However, HIA may be subject to a potential ‘feedback loop’ between perceived technical quality of HIAs, political support, system and individual capacity to use HIA, and policy impact. Further, advocates of ‘healthy public policy’ / ‘health in all policies’ are unclear how HIA fits this agenda. The result is limited awareness of how to use HIA to influence public policy effectively.

Methods: In this interactive workshop participants will discuss questions related to the progress of HIA as a public policy intervention:

1. What are the goals or desired outcomes of ‘healthy public policy’?
2. How can HIA influence public policy, if at all? What is required to make HIA a successful policy intervention? What other policy interventions and strategies are being used and how do these relate to HIA?
3. How do broader issues underpinning public policy development influence the conduct and impact of HIAs?
4. How can programs be designed to effectively use HIA to influence public policy?

Outcomes: The workshop will develop a list of ‘dos and don’ts’ to be sent to participants. The workshop will assist participants design policy oriented programs and interventions. The findings will also inform the facilitator’s PHD on this topic.

Links Between HIA and Other Forms of Impact Assessment

Time: Thursday, 18th November, 15:30-17:00
Organiser: New Zealand Association for Impact Assessment (Nick Taylor, workshop chair)

Purpose: The workshop is an opportunity to explore the links between HIA and closely-related areas of impact assessment, such as social and cultural impact assessment. What can be gained, for all parties, by working in more integrated ways? What are the challenges that need to be addressed to promote closer integration of health and other forms of impact assessment? What pitfalls can HIA avoid by learning from other forms of impact assessment?

Form of workshop: The first part of the workshop will focus on issues and questions arising from the related plenary presentation and papers session in the morning. That will be followed by an open discussion, with a panel representing different areas of impact assessment.

Outcomes:

• Better understanding of the integrated nature of impact assessment activities
• Recognition of the practical and substantive advantages of closer collaboration between impact assessors
• Practical suggestions for improving the impact of HIA in impact assessment processes
**An Asia Pacific Health Impact Forum**

**Time:** Friday, 19th November, 09:00-10:30  
**Organiser:** Ben Harris-Roxas

**Purpose:** This workshop will explore the formation of an informal health impact forum in the Asia Pacific region.

This forum is envisaged as a mechanism for information sharing and exchange between individual members. Some of its functions may include promoting the use of HIA across the Asia Pacific region, supporting HIA events, and acting as a mechanism for contacting HIA practitioners.

The forum is not intended to be an association, nor is it intended to replace existing regional initiatives. In many ways it is about providing a framework for existing unfunded ad-hoc activities such as the Asia Pacific HIA listserv and determining venues for Asia Pacific HIA conferences.

A brief proposal on an Asia Pacific HIA Forum has been posted online (http://j.mp/cdtOnL) and will provide a starting point for discussion. Issues to be examined during the workshop will include:

- What will be the aims of the forum?
- Who can be members of the forum?
- What will be the forum’s core activities?
- Should there be a Forum Chair? How should he/she be determined?
- Should the forum be affiliated with the International Association for Impact Assessment?

**WHO-UNEP Thematic Working Group (TWG) on HIA: Workshops**

**Workshop #1: Thursday 18th November, 11:00 – 12:30**  
Overview of the TWG HIA programme.

Country reports on the health impact assessment in Southeast and East Asian countries by representatives from Cambodia, Korea, Laos, Mongolia, Philippines, Viet Nam

**Workshop #2: Thursday 18th November, 15:30 – 17:00**  
Country reports on the health impact assessment in Southeast, East Asian, and Pacific Island countries by representatives from Thailand, Solomon Islands, and Samoa.

Panel discussion: Support for HIA in developing countries.
**Transport planning in the Waikato: Walking together for wellbeing**

**Greg Morton**

Environment Waikato and public health undertook a HIA as part of the Waikato transport strategy review. Working in partnership resulted in a better mutual understanding of respective processes and priorities.

**Dunedin’s 30km HIA; learning to ensure a smooth ride**

**Emma Lynch, Charlotte Flaherty**

Recommendations produced by the HIA are discussed. Successes in embedding HIA are highlighted and a critical reflection on those areas that did not get immediate buy-in will be reviewed.

**Embedding evidence on public health into transport planning**

**Susan Bidwell, Alison Bourn, Anna Stevenson**

The public health impact of transport planning was supported by a novel process for gathering international evidence and a wide range of New Zealand expertise.

**An interactive multi-stage approach to HIA**

**Les Milligan, Richard Butler, Geoff Cameron, Colleen Kem, Dr Ed Kiddle, Dr Al Norrish, Dr Jill Sherwood**

This paper will address the two-stage HIA process to inform the communities and the City Council of the possible health consequences linked to the Arterial Traffic Flow proposals.

**Knowing where you are going - doing purposeful HIA**

**Ruth Cunningham**

HIA have varying forms and purposes. Gaining clarity and agreement on the purpose of the HIA is a crucial first step for any HIA.

**Development of an HIA methodology for the Mongolian mining sector**

**Meghan Wagler, Craig Janes, Oyun Lkhagvasuren, Danjaad Boldmaa, Lory Laing, Jeremy Snyder, Colleen Davison**

Mongolia-based mining companies are not currently obligated to undertake HIAs. We are engaging in a participatory process with stakeholders in the Mongolian mining sector to develop a context-specific HIA methodology.
Applying systems dynamics modelling in health impact assessment
Adrian Field, David Rees

The use of system dynamics modelling to inform the Canterbury Transport Strategy highlights its potential as a tool for quantifying health impacts, complementing the insights obtained through qualitative HIA investigation.

Roles of provincial public health office in environmental HIA
Suda Parniangtong, Charttiwut Chamchod, Paramet Kingko, Chanatip Wattananapakasem, Chanthip Intawong

In environmental health impact assessment process, should the provincial public health office do more than provide health care services?

Health data for environmental HIA: Lessons from Rayong cases
Charttiwut Chamchod, Paramet Kingko, Sathaporn Jirattikarnkit, Suda Paneangtong, Thammanoon Achariyamert

The health data for EHIA were set up. There were two major concerns to improvement: 1) Improvement of health determinant and health status data; 2) Establishment of integrated data center.

The reflections of EIA/HIA practice in Map Ta Phut, Thailand
Decharut Sukkumnoed, Thunyaporn Surapukdee, Suphakit Nuntavorakarn

The study is to review public consultation process and EIA/HIA report conducted in Mab Ta Phut in order to provide the recommendation for HIA/EIA practice.
### Session: Indigenous-driven HIA: Achievements and challenges

**Whanau Ora HIA / Integrated Family Health Centre**  
Jane Hawkins-Jones, Dean Raven  
We describe a dynamic step in the right direction where integrated family health centres can provide a means to an end and build on the priorities of our communities.

**Relationships and HIA: The Samoan Initiative**  
Apinelu Poutasi  
We describe an HIA initiative on capacity building in Samoa, and discuss the model of health used, the partnerships, the challenges, the outcomes, and the next steps.

**Indigenous Health Impact Assessments**  
Siva Ram Vemuri  
A number of major development projects are carried out in areas where Indigenous people live. As a consequence the paper explores changes to HIA in accommodating Indigenous health perspectives.

### Thursday, 11:00-12:30

### Session: Exploring new uses for HIA

**Farm Family Health and Landscape Health**  
Andrew Gow  
This paper presents a collaboration between a natural resource management agency and a health service, examining the links between promoting landscape health and promoting human health using HIA methodology.

**Wiri HIA working together on urban design and health**  
Janine Mitchell  
The importance of community voice and embracing diversity, embedding HIA through collaboration with communities and the public sector, building support for HIA through good practice, successful projects and knowledge sharing.

**Embedding HIA into purchasing practice**  
Christine Stewart, Chris Wong, Alex van Dyke  
We explain the importance of the relationship between HIA, the Ministry of Health policy wheel and purchasing cycle for best practice in contracting, relationship management, and alignment with policy.
Session: Case studies of working with other forms of IA

**Development of HIA Model for Kwai Noi Dam Project**
Twisuk Punpeng, Siriwan Chandanachulaka, Sukanda Pudpadee, Piyamaporn Doungmontri
In Thailand, the HIA guideline for water resource development was developed and accepted by project owner (Irrigation Department). It is shown that inclusion of health within other sector was success.

**Integrated impact assessment for wind farms in New Zealand**
Paul Blascke, Louise Signal, James Baines
We illustrate problems with integration of HIA and wider IA in New Zealand, by examining consent processes for three recent wind farms under the Resource Management Act.

**Inclusion of Health into EIA for Mining Industry**
Siriwan Chandanachulaka, Theechat Boonyakarnkul, Tipayao Suntiwas, Sukanda Pudpadee, Piyamaporn Doungmontri, Panita Charoensuk
In Thailand, mine project EIA has paid less attention to health. Results of the project are proposed health outcome indicators and monitoring mechanism which Mining Department adopted the guideline.

**HIA versus ESHIA approach in the extractive industry sector**
Samantha McCrea
This paper presents an overview of the considerations when designing an extractive industry impact assessment - inclusive of the merits and disadvantages of a stand alone HIA versus an ESHIA.

**Health Risk Assessment in HIA and EIA**
Jeffery Spickett, Yang Miang Goh, Dianne Katsherian, Ellies Pernilla
This research provides guidelines for the HRA component of HIA which are not available elsewhere. The consequence and likelihood estimates are combined to provide health risk levels.
Friday, 9:00-10:30

**Session: Capacity building in Asia-Pacific HIA**

**Secrets to designing and delivering HIA training programmes**
*Mary Mahoney, Jessica McCormick, Jenny-Lynn Potter, Grace Blau*

Drawing on 10 years of evaluation data and experience of running effective and highly rated HIA programmes, the presenters explore the key elements underpinning design and delivery.

**Equity and HIA: Implications for capacity-building and training**
*Marilyn Wise*

Health Impact Assessment is identified as a method and an approach to increasing population health equity it does not always do so. What actions are needed to embed equity into HIA design and practice?

**Ma te huruhuru Ka rere te manu - Building Capacity in WOHIA**
*Megan Tunks, Adrian Field*

Funded to provide WOHIA workshops through the Learning By Doing Fund, Hapai Te Hauora Tapui sought to take a kaupapa Maori approach to traditional forms of HIA teaching. This presentation will outline our process and outcomes.

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**Session: Case studies in Asia-Pacific HIA**

**Utilising HIA for planning rural health services in NSW Australia**
*Karla Calleja, Zoe Harris, Bob Neumayer*

A case study from rural New South Wales, Australia, showing how HIA methodology may be applied to restructuring health service delivery in four small rural health sites.

**Wellbeing (Health) Impact Assessment of a liquor licensing policy**
*Anil Shetty*

An HIA was carried out on the draft liquor licensing policy focusing on licensing hours. The process promoted intersectoral working and incorporation of evidence-based recommendations in the policy-making process.

**HIA of a community development sanitation program in Central Java**
*Tricia Frake, George van der Heide*

Key points: 1) In developing countries, access to evidence-based information is different than in developed countries; 2) Local ownership of the program incorporates local knowledge for cultural acceptability and sustainability.
Bringing HIA into the school community
Kate Marsh, Robert Quigley
A description of the Makoura College HIA, the first and only education HIA undertaken in New Zealand, including what has happened since the HIA was completed and key learnings.

Friday, 11:00 -12:30

Session: Joined up working

Embedding health and wellbeing into public sector policy making
Alison Bourn, Sue Turner
The Health Impact Assessment project in Christchurch aims to build capacity of the four partner organisations to undertake HIAs and to embed HIA and health goals into planning processes.

Linking the social determinants of health with policy action
Angela Lawless, Fran Baum, Carmel Williams
This paper will explore the power of combining an understanding of the social determinants of health with assessment and action through a Health in All Policies approach.

Independent Commission on Environment and Health, Thailand
Suphakit Nuntavorakarn, Thunyaporn Surapukdee, Decharut Sukkumnoed
The problems of the impact assessment system in Thailand and the establishment of the Independent Commission on Environment and Health will be discussed toward reflexive governance in the decision-making process.

Our experience of using a social determinants planning tool
Alison Bourn
Health Promotion and Sustainability through Environmental Design (HPSTED) is a guide for planners. It has been used in a variety of ways and is currently under review.
Session: Moving HIA practice forward in Asia-Pacific

**Evaluating HIA in the Hawke’s Bay: Lessons from the field**
Louise Signal, Velma McClellan
This paper reports on evaluations of five HIAs undertaken in New Zealand and the lessons learned about HIA evaluation, including the value of active engagement with the HIA team.

**Thinking back, looking forward: HIA in New Zealand**
Christine Stewart, Margaret Earle, Frances Graham
This paper provides a critical review of the factors that have led New Zealand to its current level of HIA practice and describes plans to further support and embed HIA.

**Health and wellbeing impact assessment - the New Zealand Model**
Robert Quigley, Martin Ward
A description of the NZ model of HIA, describing the six characteristics of the New Zealand model; the standard steps undertaken and the strengths and weaknesses of such practice.
Looking forward to strategic levels for health impact assessment
Kanokporn Swangjang

The point is on the strategic consideration of health impact from mega project. Health impact combination was found, not just in the mega project itself. Urban planning is another sufficient tool.

Disability: Translating policy into practice in HIA?
Neelu Memon

My study will examine the apparent discrepancy between HIA guidelines and reports in considering the barriers that are faced by people with disabilities.

Validity of the prediction for HIA of a core city in Japan
Michiko Hoshiko, Kunio Hara, Tatasuya Ishitake

Validity of the prediction for HIA of the transition to a core city in Japan leads us to understand ‘the lack of validity’ of the prediction of the HIA.

Health impact assessment for pesticide exposure in chilli farmers
Wattasit Siriwong, Surasak Taneepanichskul, Nutta Taneepanichskul, Saowanee Norkaew, Sumana Siripattanakul, Srilert Chotpantarat, Mark Robson

Based on human risk assessment steps from US EPA, both profenofos and chlorpyrifs may not potentially pose a risk of non-carcinogenic effects to the chilli-growing farmers related to dermal exposure.
**CONFERENCE VENUE**

All the conference sessions (papers, workshops, plenaries, posters) will take place in the Castle Lecture Theatre Complex, in the middle of the main University campus in Dunedin (see the map). There are two major lecture theatres (Castle 1, Castle 2), and four seminar rooms (A-D) in the complex.

**The pre-conference workshop for New Zealand practitioners** (Tuesday 16th November) will be located in one of the Castle seminar rooms, with refreshment breaks and lunch served in the foyer of the Castle complex. Details and directions will be posted at the entrance of the complex on the day of the workshop. Registration for the workshop will be in the foyer of the Castle complex.

**The pre-conference day for the Pacific Island participants** (NZAID) (Tuesday 16th November) will be located in one of the Castle seminar rooms, with refreshment breaks and lunch served in the foyer of the Castle complex. Details and directions will be posted at the entrance of the complex on the day of the workshop. Registration for the workshop will be in the foyer of the Castle complex.

All refreshment breaks and lunches during the three days of the conference will be served in the Link.
**REGISTRATION**

On Wednesday 17th November, registration will take place in the Link: the open concourse between the University Central Library and the Student Union (see the map). On Thursday and Friday (18th - 19th November) the registration desk will be located in the foyer of the Castle complex.

**SOCIAL EVENTS**

The **conference reception** will take place in the University Staff Club, 100 metres north of the Castle complex and the Link (see the map), from 17:30 until 19:00, Tuesday 16th November. This is intended to be a relaxed event, to give participants an opportunity to catch up with old friends, and meet new ones. There will be complimentary drinks and nibbles, but you should still plan to eat dinner afterwards!

The **conference dinner** will be held in the main dining room of the Student Union, Thursday 18th November, 19:00 (for 19:45 meal): use the door from the lawn side (north!) of the building. Entry is strictly ticket only. We plan to have some cultural entertainment during the meal, and a little music afterwards, with a cash bar through to 22:00. Dancing will be optional!

**RESOURCES**

All the rooms used for presentations and workshops are fully equipped with computers, data projectors, document projectors, video/DVD players, etc. If you have specific needs for your presentation or workshop, please let us know as soon as possible.

The Print Shop, located in the Central Library next to the Link provides a full range of printing and copying services at a very reasonable price.

We hope to be able to provide guest access to the Internet for email purposes: instructions will be in the conference bag.

There are three ATMs on campus close to the conference venue, and two more on Albany St nearby.

The closest post office is 5 minutes’ walk away, across the Museum Reserve, west of the Link/Library.

**TRAVEL**

Buses between the University and the centre of Dunedin (the Octagon) run along Albany St. Information on services and fares will be posted near the registration desk.

Dunedin is a very walkable city: the main shopping area is within 10-15 minutes of the University campus.

Travel from/to airport: Dunedin airport is to the south of the city, about 30 km from the city centre. The main way to travel into the city is by an airport shuttle: typically a 12 seater minibus with luggage trailer. The shuttles offer a door-to-door service, with a fare of about NZ$25 one way. Of course, depending on where the other passengers need to go, you might see quite a bit of the city before you are delivered to your accommodation! The alternative is a taxi: as fares can be about NZ$80 one way, this makes sense if 3-4 people can share, in which case it will be much quicker than a shuttle. There is no public transport to/from the airport.

**WEATHER**

Dunedin has a temperate climate and in November, being late spring-early summer, daytime temperatures are typically around 18-22°C. However, the region is subject to rapidly moving depressions from the Southern Ocean, which can produce low temperatures and wet conditions at any time of year. So the visitor is wise to pack some warmer clothing just in case, and definitely bring something to keep the rain out!

**LOCAL/REGIONAL SIGHTSEEING**

There will be a visitor guide for the city in the conference bag, and there are travel agents on George St, 10 minutes’ walk from the campus, who can provide information and booking services. Places to go within easy walking distance would include the Otago Museum (2 minutes away from the conference venue!); the City Art Gallery (in the Octagon, 15 minutes’ walk); the Settlers Museum (15 minutes’ walk, near the old Railway Station, itself also worth seeing); the Dunedin Botanic Gardens (15 minutes’ walk north from the campus: should be a compulsory visit!).

Further afield, the Otago Peninsula is spectacular, and at the far end is the only mainland albatross colony in the world. Penguins, cormorants, seals, etc., are a feature of the Peninsula in various places, and one way to see some of the natural wonders is by taking a trip on the Monarch, along the 17 km of Otago Harbour.

Away from the city: the Catlins is a forested coastal enclave, off the beaten track, an hour and half’s drive south of Dunedin. Central Otago, 2-3 hours inland from the city by car, is a series of semi-arid basins between rugged mountains, but with irrigation supports orchards and vineyards, and of course a variety of recreational activities from skiing in winter to bungy jumping, and white water rafting in the summer. Queenstown, near the Southern Alps, is the recreation capital of the region.
our sustainability ethos

We recommend that anyone travelling by air, especially from overseas, consider purchasing carbon offsets: most international airlines now provide a facility for doing this, but if that is not an option we suggest doing so through the CarboNZ website: visit the travel and tourism calculator (http://www.carbonzero.co.nz/EmissionsCalc/tourismeditor.aspx) and then select the “Offset” option, which allows you to purchase carbon credits, associated with windfarm or landfill gas developments.

We will still provide a conference bag as it is a useful way to manage resources; however the bag comprises 51% recycled PET (i.e. drink bottles!), and we have just put a small conference logo on the bag, to encourage people to make full use of the bag after the conference.

Printing has been minimised, and the electronic dissemination of information has been emphasised. The conference organisers, based in Dunedin, Wellington and Auckland, have held regular meetings via the Internet, with minimal use of face to face meetings involving air travel.

The University of Otago has a sustainable campus policy, which encourages various forms of recycling, use of efficient lighting options, etc.