



COFFS HARBOUR OUR LIVING CITY SETTLEMENT STRATEGY

HEALTH IMPACT ASSESSMENT 2007

NORTH COAST AREA HEALTH SERVICE

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Suggested Citation:

North Coast Area Health Service
Tugwell A, Johnson P, Davis T, Dietrich U (2007)
Health Impact Assessment 2007, Coffs Harbour Our Living City Settlement Strategy

SHPN (NCAHS) 070174
ISBN 978 1 74187 176 0

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October 2007

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Acknowledgements

The project team would like to acknowledge the ongoing support and assistance of Patrick Harris and Ben Harris-Roxas of the Centre for Health Equity Training, Research & Evaluation (CHETRE) UNSW. Their support has assisted the project team to progress the HIA using the 'learning by doing' approach.

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Abbreviations

AHS	Area Health Service
CHETRE	Centre Health Equity Training, Research and Evaluation
CHCC	Coffs Harbour City Council
DCP	Development Control Plan
HIA	Health Impact Assessment
LEP	Local Environment Plan
LGA	Local Government Area
NCAHS	North Coast Area Health Service
UNSW	University of New South Wales
OLCSS	Our Living City Settlement Strategy

Coffs Harbour HIA Recommendations Summary

The HIA recommendations are based on the available collected evidence and guidance of the Steering Group.

Overarching Health Impact Assessment Focus

Community Connectedness focussing on urban design and transport

THEME 1 - Walkable, connected, mixed land use neighbourhoods

General Recommendation

Support the need for urban design to focus on creating walkable, mixed land use neighbourhoods that can lead to increased community connectedness and increased physical activity. This emphasis on walkability in urban design may decrease inequities that exist in urban areas of the Coffs LGA.

Specific Recommendations

- Support the OLCSS to *provide services and facilities in residential settings to encourage exercise and neighbourly activity* by considering *Healthy by Design: a planners guide to environments for active living* principles in relation to the Local Environment Plan and the Development Control Plans e.g. Create neighbourhood clusters through the use of corner stores, local parks and playgrounds. This encourages people to socialise and contributes to the local economy and community life. Co-locate key facilities within 200 metres of community centres, schools, parks and public transport to develop neighbourhood clusters.
- Use *Healthy by Design: a planner's guide to environments for active living* principles in relation to ensuring zoning requirements allow mixed land use e.g. Support mixed use walkable neighbourhoods (close walking distance ranges from 400 – 800 metres depending on fitness levels).

THEME 2 - Urban Design with a safety perspective – natural surveillance / 'eyes on the street'

General Recommendation

- Support the need for an urban design focus on walkable neighbourhoods that ensure footpaths/cycleways/exercise trails have clear sightlines, are well lit, and can be overlooked by dwellings and other buildings. This leads to an increased sense of safety which can result in increased physical activity and increased opportunity for community connectedness. Comprehensive design should ensure all members of the community are considered when designing pathways and road crossings e.g. people with vision impairments.

Specific Recommendations

- Encourage ground level design which accommodates groups at risk. Ensure there is adherence to Safety Standards.
- Create places for people to walk and exercise where they can be seen by cyclists, other pedestrians, motorists and nearby residents. Avoid tunnels and underpasses that limit visibility.
- Consider *Healthy by Design: a planners' guide to environments for active living* principles to ensure safety aspects of urban design have been considered.

THEME 3 - Walkways / Cycleways, as infrastructure – from an active transport perspective

General Recommendation

- Walkway and cycleway infrastructure are to be encouraged as they result in connectivity within neighbourhoods and connectivity to local destinations. This has clear health benefits for the community as it can lead to increased activity levels and a reduced dependence on car usage.

Specific Recommendations

- Prioritise walkway and cycleway infrastructure development that focuses on connecting key destinations such as schools, local shops, neighbourhood clusters and transport hubs, due to the increased health benefit that will be gained from increased utilitarian transport. Support OLCSS to *develop networks of safe walkways and cycle ways through parklands and natural areas to link with residential areas and key destination points; and ensure Development Control Plans provide shared path connections to schools, shops and other trip generators from residential areas.*
- Provide suitable and secure infrastructure in key destinations that can be used at the end of a walking or cycling journey. This can include bike racks and secure bike parking.
- End of trip facilities e.g. showers/change rooms and lockers to be encouraged as a condition for relevant Development Applications
- Prioritise Pedestrian Access Mobility Plan (PAMP) strategies identified in the PAMP consultation report based on strategies that will lead to the greatest health benefit for all members of the community.
- Consider signage, safety, shared path design, lighting and security in infrastructure design. Use *Healthy by Design: a planners' guide to environments for active living* as guidelines for these areas. Support OLCSS to *incorporate features such as shade, seating, landscaping, drinking bubblers, historical plaques etc.*
- Improve connectivity on the road reserve and in parklands and natural areas.
- Design roads which are bicycle and pedestrian friendly, making sure residential areas are not dissected by arterial roads, if they are, ensure they include crossings.
- Include traffic calming and low speed zones in areas where there is high pedestrian and cycling activity.

THEME 4 - Public transport – Infrastructure

- Early consideration to be given in the design phase of new/re developments of access to bus stops and bus stop design and location. This recommendation supports the OLCSS to *direct public transport, cycling and walking into the heart of each residential area*.
- Ensure clear crossing points adjacent to public transport stops. Consider pedestrian desire lines for convenient crossing.
- Consider improving existing footpaths, intersections and streetscapes around public transport locations.
- Ensure public transport connectivity between areas where there is a high level of activity and residential area.
- Encourage appropriately placed and designed bus shelters which are visible and provide seating and shelter.

THEME 5 - Community Involvement – from the perspective of engaging community for public urban design projects to develop a 'sense of place'

General Recommendation

- Consider community involvement in the planning phase of public urban design projects as this can lead to improved health outcomes as a result of participating in the process as well as the health benefits gained from the project itself.

Specific Recommendations

- Support the OLCSS to use design principles that; *promote social cohesion, sense of place, community wellbeing*. Achieve this by engaging the community in the initial phase of public urban design, such as the Place Management Plans. Focus on providing the community with opportunities to engage in processes rather than just providing information.
- Develop and implement a community involvement toolkit to support and encourage effective consultation processes.
- Ensure timely community consultation is considered at the earliest practical phase of project development processes.
- Encourage wide community participation, ensuring all community members are actively targeted during this process of community engagement. This may require multiple strategies to ensure all community members are aware of, and have the opportunity to participate in the planning phase.

Executive Summary

The Issue

People's health is influenced by the built, natural and social environments in which they live. Local governments have a crucial role to play in creating environments that promote opportunities for wellbeing and active living. The North Coast Area Health Service and the Coffs Harbour City Council have worked together on a HIA to ensure future plans for the Coffs Harbour Local Government Area consider how the community can make healthy choices the easy choices. The project is supported by the UNSW Centre Health Equity Training, Research and Evaluation (CHETRE).

What is a Health Impact Assessment?

A Health Impact Assessment (HIA) is a process by which a policy, program or project is assessed for its potential and often unanticipated effects on the health of the population, and the distribution of these impacts within the population. Through the structured HIA process decision makers can use information obtained to improve the proposal by maximising potentially positive health impacts and minimising potentially negative health impacts. The Coffs Harbour HIA followed the recommended HIA method, and established a Steering Group to address the HIA using a step-by-step process to assess the Coffs Harbour City Council's "Our Living City Settlement Strategy".

Coffs Harbour City Council's "Our Living City Settlement Strategy"

The HIA focused on the Coffs Harbour City Council's "Our Living City Settlement Strategy", an urban development strategy which provides a blueprint for the vision of a healthy, smart and cultural city, based on the "triple bottom line" objectives of environmental, economic and social sustainability (www.coffsharbour.nsw.gov.au).

The goal of the activity

The goal of the Coffs HIA was to develop a set of evidence based recommendations to inform Council policy and ongoing planning (e.g. the Local Environment Plan and Development Control Plans). The focus issues agreed upon by the Steering Committee during the HIA scoping were urban design and transport in relation to community connectedness.

Coffs Harbour HIA Key Points

- The HIA was initiated in Coffs Harbour as part of the North Coast Area Health Services' participation in Phase 3 of the HIA program roll out in NSW. This program supports NSW Health and the UNSW Centre Health Equity Training, Research and Evaluation (CHETRE) in building Area Health Service capacity to conduct HIA through a "learning by doing" approach.

- The HIA process consisted of 5 steering group meetings, the average length of the meetings was 2 hours.
- The HIA process was supported by a Project Officer funded by the NCAHS Health Promotion Program, with added support from 2 members of the Health Promotion team. The Project Officer position was funded for .6 FTE for 6 weeks and an extra .2 FTE was provided by 2 members of the Health Promotion team. This equated to one funded full time position for 6 weeks to support the HIA. This time was spread over the timeframe of the HIA which was initiated with an introductory meeting between Coffs Harbour City Council, the North Coast Area Health Service and CHETRE in late June, 2007, and a final presentation of the HIA in Sydney in early October 2007.
- Council staff reported that the HIA had broadened how they viewed health, and it had increased their awareness of health impacts across the spectrum of council's activity. Equally, the process contributed and enhanced to the understanding of Council operations for area health service staff.
- The HIA process has highlighted health as a key perspective in planning
- Steering group members reported that it was a positive experience working with another government department.
- The HIA provided a good avenue for the Council staff to work together across their own council divisions with a common focus.

Coffs Harbour HIA outcomes

- A range of recommendations that incorporated healthy urban design principles of walkable, cycleable, connected and mixed use neighbourhoods were developed and endorsed by the HIA Steering Committee. A further area of recommendation was around community engagement in urban design projects.
- It is anticipated that these recommendations will be monitored by council with a follow up meeting of the Steering Committee scheduled for 12 months time.

Health Impact Assessment Report

Introduction

The North Coast Area Health Service (NCAHS) committed to participate in Phase 3 of the HIA program roll out in NSW. This commitment supported NSW Health and the UNSW Centre Health Equity Training, Research and Evaluation (CHETRE) in building Area Health Service capacity to undertake HIA's. The NCAHS has also identified that working with local government bodies would enhance their ability to build capacity to deliver health prevention and promotion programs. The Coffs Harbour City Council's Draft *Our Living City Settlement Strategy* was identified as a possible document to conduct an HIA between Coffs Harbour City Council and the North Coast Area Health Service Health Promotion team. The Coffs Harbour HIA was overseen by a steering group consisting of staff from Coffs Harbour City Council and the North Coast Area Health Service with support from CHETRE.

Recommendations were developed as a result of the HIA which are aimed at improving health outcomes for the residents of the Coffs Harbour Local Government area.

Summary of the Coffs Harbour City Council's Draft *Our Living City Settlement Strategy*

The settlement strategy is also known as an urban land release strategy. Current planning laws require that a Council must have a current strategy to rezone land for future development. The Coffs Harbour City Council's Draft *Our Living City Settlement Strategy* will replace the Council's existing *Urban Development Strategy 1996*, which is over eleven years old. Many of the short, medium and longer-term strategies contained within the existing *Urban Development Strategy* have either been implemented, or are well underway (www.coffsharbour.nsw.gov.au). The *Our Living City Settlement Strategy* has been developed in partnership with the community to provide a blueprint for a smart city with accessible and reliable transport, a strong regional economy, a vibrant community and a healthy natural environment (www.coffsharbour.nsw.gov.au). The *Our Living City Settlement Strategy* is based on the "triple bottom line" objectives of environmental, economic and social sustainability, which aims to link with the vision of a healthy, smart and cultural city. The *Our Living City Settlement Strategy* has been endorsed by the Coffs Harbour City Council; it is awaiting sign off by the NSW Department of Planning. As the *Our Living City Settlement Strategy* is nearing final sign off, it is anticipated that the HIA will be effective in adding value and evidence to the development of the Local Environment Plan (LEP) and the Development Control Plans (DCP) which are guided by the *Our Living City Settlement Strategy*. It has also been identified that HIA recommendations could provide guidance to the scheduled *Our Living City Settlement Strategy* review processes. The other influencing factor is the Draft *Mid North Coast Regional Strategy 2006*. The *Our Living City Settlement Strategy* meets the requirements of the *Draft Mid North Coast Regional Strategy* that was exhibited; however the timing of the release of these documents may affect the timeliness of the final sign off of the *Our Living City Settlement Strategy*.

Health Impact Assessment Description

A HIA is a combination of procedures, methods and tools by which a policy, program or project may be assessed and judged for its potential, and often unanticipated, effects on the health of a population and the distribution of these impacts within the population.

The steps understood to be integral to any health impact assessment, which 'define' a HIA are:

- Screening (determining if an HIA is necessary or appropriate)
- Scoping (setting the parameters of the HIA)
- Identification and assessment of potential health impacts
- Decision making and recommendations
- Evaluation, monitoring and follow-up.

Health impact assessment provides a mechanism for engaging key stakeholders in the development of evidence-informed, solution focused recommendations. In practice this means identifying ways of both mitigating the potentially negative health impacts and maximising the potentially positive health impacts (Harris-Roxas et al, 2007).

The following section outlines the process and outcome of each of these steps during the Coffs Harbour HIA.

Screening

Pre screening activity

Prior to conducting the HIA Patrick Harris and Ben Harris-Roxas from CHETRE attended a site visit in Coffs Harbour to support the initial planning phase of the HIA. During this site visit a meeting was held at Council with the Strategic Planning Manager and Senior Strategic Planning Officer, the CHETRE representatives and three members of the AHS Health Promotion team. Council staff were provided with an outline of what was to be involved in undertaking a HIA. There was agreement that this could be a valuable exercise and it was agreed to move toward a screening meeting the following month.

As part of the pre screening activity a table was developed by the AHS HIA team to attempt to summarize and group the issues raised in the Our Living City Settlement Strategy and link these to potential health impacts. The topic/issues are necessarily broad in this table, with relevant strategic actions in more detail in the Our Living City Settlement Strategy. The process assisted the NCAHS HIA team to acquaint themselves with the Our Living City Settlement Strategy. The aim was to use the table as a tool in the screening meeting to highlight that many of the issues contained in the Our Living City Settlement Strategy could be linked to health impacts.

Draft “Our Living City” Settlement Strategy

Potential Health Impact	Topic / Issue
Impact on public health (environmental)	<ul style="list-style-type: none"> • Air quality management • Catchment management • Coastal zone use • Greenhouse gas emissions and energy conservation • Groundwater supply / quality • Hazards • Infrastructure needs and availability • Land degradation & clearing • Noise pollution • Potential acid sulphate soils and contaminated lands • River/Aquatic health • Stream and riparian area management • Waste management • Water consumption and efficiency • Water quality
Impact on: <ul style="list-style-type: none"> • physical activity • obesity • chronic disease • food security • emission levels 	<ul style="list-style-type: none"> • Air quality management • Business environment • Business Growth and Development • Coastal zone use • Community Involvement • Community Recreation • Community safety • Creating communities • Crime • Equity of access • Established Industries • Greenhouse gas emissions and energy conservation • Health Services • Open space • Path & Cycle Networks • Public & Private transport • Urban design • Vegetation management

Draft “Our Living City” Settlement Strategy

Potential Health Impact	Topic / Issue
<p>Impact on:</p> <ul style="list-style-type: none"> • social connectedness • community empowerment • mental healthiness 	<ul style="list-style-type: none"> • Arts and Culture • Business environment • Business Growth and Development • Coastal zone use • Community Involvement • Community Recreation • Community safety • Creating communities • Crime • Education • Emerging industries • Equity of access • Established industries • Growth industries • Heritage • Noise pollution • Open space • Path & Cycle Networks • Prosperity • Public/private transport • Transport noise • Urban design • Vegetation management • Visual Environment
<p>Impact on Injury:</p> <ul style="list-style-type: none"> • road and pedestrian • beach • falls related • other injury 	<ul style="list-style-type: none"> • Coastal zone use • Community Recreation • Community safety • Creating communities • Crime • Equity of access • Hazards • Open space • Path & Cycle Networks • Population Growth

Draft “Our Living City” Settlement Strategy	
Potential Health Impact	Topic / Issue
Impact on healthy ageing	<ul style="list-style-type: none"> • Community Involvement • Community Recreation • Community safety • Emerging industries • Equity of access • Health Services • Open space • Path & Cycle Networks • Public/Private transport
Impact on youth health	<ul style="list-style-type: none"> • Business environment • Business Growth and Development • Community Involvement • Community Recreation • Crime • Education • Emerging industries • Growth industries • Open space • Path & Cycle Networks • Prosperity • Public/Private transport
Impact on health inequalities	<ul style="list-style-type: none"> • Business Environment • Business Growth and Development • Community recreation • Crime • Education • Equity of Access • Established Industries • Growth Industries • Housing • Path & Cycle Networks • Prosperity • Urban design

Draft “Our Living City” Settlement Strategy	
Potential Health Impact	Topic / Issue
Impact on access to services	<ul style="list-style-type: none"> • Basic Infrastructure • Business Environment • Community recreation • Community safety • Creating Communities • Emerging industries • Established Industries • Health Services • Open Space • Path & Cycle Networks • Public Health • Public/Private Transport • Urban design

Table developed from OLCCS to assist with Screening Meeting

Screening meeting

The purpose of the screening was to verify if the participants felt it was appropriate to proceed with conducting a health impact assessment on the Our Living City Settlement Strategy. Meeting participants were council representatives from Community Services, Road Safety, the Economic Development Unit and Strategic Planning, along with the AHS HIA team, and Patrick Harris from CHETRE.

Screening was conducted through an informal brainstorming session, initiated by the presentation of the table above. The brainstorming session was directed by a meeting agenda that covered the following key considerations as outlined in Health Impact Assessment: A practical guide (Harris, P et al 2007), these included:

- Potential Health Impacts (tabled initial assessment of impacts)
- Potential points of influence – the Strategy, LEP, DCP
- Could these result in health inequalities
- Available resources and capacity
- Timing issues in regards to the Strategy sign off
- Agreement to proceed.

Outcomes

Potential Health Impacts

It was agreed that there were a significant number of areas outlined within the Our Living City Settlement Strategy that will have health impacts. It was recognised that the Settlement Strategy identified a number of health impact strategies, however a number of these are broad statements that identify action required, and this HIA may help to inform the Council on how best to proceed based on current research and evidence. It was concluded that participants were to reflect on the potential health impacts and that issues were to be discussed and finalised at the scoping meeting.

Potential points of influence

As has been highlighted, the Our Living City Settlement Strategy had been endorsed by the Coffs Harbour City Council and was awaiting sign off by the NSW Department of Planning. It was identified that recommendations as a result of the HIA could inform the development of the Local Environment Plan (LEP) and the Development Control Plans (DCP) which are guided by the Settlement Strategy.

Health Inequalities

The concept of health inequality was discussed, health inequality or 'equity' in this forum was focussing on aiming to reduce (or eliminate) factors which are considered to be both avoidable and unfair, with a focus on creating opportunities for health and bringing health differentials down to the lowest levels possible. (Whitehead, 1990).

Available resources and capacity

The NCAHS team identified the resources they set aside for the project, which equated to 1 full time position for 6 weeks. This project was also supported by CHETRE providing on site visits and help desk support. It was identified that a project team would carry out the bulk of the work with the steering committee overseeing this work. When the focus areas were determined key Council staff would be identified to participate with the NCAHS project team to identify and collate appropriate evidence and research material.

Steering Group

It was identified that the steering committee should include key people that had power to make decisions. The scoping meeting would identify the key focus areas for the HIA, the final steering committee membership would be dependant on these focus areas. It was recommended to keep the steering group small as this had been identified as a rapid HIA as part of the phase 3 implementation plan.

Agreement to proceed

There was an agreement by all participants at the conclusion of the screening meeting that it was worthwhile to proceed with the HIA.

Scoping

The purpose of scoping was to determine the scope and parameters of the HIA. As part of the phase 3 HIA roll out program sponsored by NSW Health it had previously been determined that a rapid HIA would be conducted.

There were two scoping meetings held, and at the conclusion of the scoping meetings it was decided to focus the HIA on issues in the *Our Living City Settlement Strategy* that were related to Community Connectedness through urban design and transport. This was a difficult task due to the extensive information contained in the *Our Living City Settlement Strategy*. Focusing the HIA on the theme of Community Connectedness assisted in refining the scoping process. Through the use of a tool that identified the strategies in the *Our Living City Settlement Strategy* that affected community connectedness, themes that revolved around urban design and transport were identified and agreed upon.

Issues addressed in the scoping step

The key issues addressed as part of the scoping step by the Steering Group included:

- Formal confirmation that the HIA is to be undertaken as a rapid HIA .
- Formal confirmation of the purpose, aim, strategies and expected outcomes and timeframe for the HIA (see appendix – Terms of Reference).
- Formal confirmation of the processes for conducting the HIA (e.g. management of issues that arise outside of Steering Group meetings and require members attention).
- Identification of the values that will inform the HIA (in addition to equity).
- Agreement about the proposed approach for collecting evidence with the focus on utilising existing and readily available information due to the timeframe available.
- Development of agreed definitions for health, equity and health inequalities.
- Agreement about the scope of evidence to be considered.
- Agreement about a process for valuing information collected as part of the HIA.
- Consideration and discussion of a process for negotiation and decision making.
- Agreement about processes for reporting and accountability.

Steering Group terms of reference and meeting arrangements

The agreed terms of reference for the Steering Group are included in the appendix. In addition to the issues above, these cover the roles and responsibilities of members, and meeting arrangements. It was agreed that the Steering Group would meet up to 5 times during the course of the HIA, as outlined below:

Date and time	Type and purpose of meeting
8 th August, 1-3pm	1 st Scoping meeting
15 th August, 1-3pm	2 nd phase of the Scoping meeting – report progress to steering group (as identified at the completion of scoping meeting 1)
29th August 1-4pm	Assessment and recommendations <ul style="list-style-type: none"> ○ Assess information on the impacts collected from different sources ○ Deliberate on the impacts and assess their significance and prioritise them
<i>September 12</i>	Recommendations confirmation and follow up <ul style="list-style-type: none"> ○ Comment on a draft set of concise and action-orientated recommendations that had been circulated via e-mail ○ Contribute to the final recommendations report for implementation and action ○ Ongoing monitoring and evaluation
October	Delivery of final report

Definitions used during the HIA

- **Health** - state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity (WHO constitution).
- **Equality/equity and inequality/inequity** - in this forum is focusing on aiming to reduce (or eliminate) health impacts which are considered to be both avoidable and unfair, with a focus on reducing or eliminating differences in health status between or among different groups in the population.
- **Health impact assessment** - A combination on procedures, methods and tools by which a policy, program or project may be assessed and judged for its potential, and often unanticipated, effects on the health of the population and the distribution of these impacts within the population.

Collection of Evidence

As part of scoping the Steering Group agreed on the types of evidence that would be collected. The approach agreed to for the Coffs Harbour HIA was to gather information from the following sources:

- Existing community profiles
- Existing council documentation
- Literature reviews.

Key informant interviews/workshops etc or other means of collecting information

Due to the time limitations there was no external consultation conducted as part of the rapid HIA. The HIA was conducted on the *Our Living City Settlement Strategy* which used extensive community consultation processes during its development, and this information was sourced. An aspect of sourcing this information included informant interviews between the NCAHS project manager and the Council representatives identified as experts in their relevant fields. This ensured all key resources and information had been included.

Levels of evidence, weighting of evidence assigned

As part of the scoping step, the Steering Group weighted the evidence to be collected on a scale of *** to *, with *** reflecting the highest weight. The evidence collected was weighted as:

- Published evidence ***
- Expert opinion **
- Current community profile data **

It was highlighted that Council highly value information gathered from community consultations and that information that demonstrated community opinion would be highly valued.

Literature Review Strategy

Electronic databases searched for relevant published literature included; Medline, Cinahl, Ovid full text, CIAP full text, and the UNSW Sirius database. The internet search engines Google and Google Scholar were also used to search for relevant information.

Search terms included:

- Community connectedness
- Social connectedness
- Social cohesion
- Community livability
- Transport
- Active transport
- Urban design
- Urban development
- Built environment
- HIA.

Identification

Literature Review results

The literature was refined and collated into an evidence table that linked evidence which supported or further developed strategies that had been identified in the Our living City Settlement Strategy. The reference list for the evidence table can be found in the appendix. A brainstorming activity conducted by the NCAHS project team reviewed the evidence table and drew out common themes from the collated evidence.

Community Profile

A community profile was also developed as part of the identification phase. This information assisted in ensuring differential impacts were considered during the assessment process of the HIA. Following is a brief summary of the Coffs Harbour Local government Area. The full profile is included in the appendix.

The Coffs Harbour Council region extends from Bundagen and Bonville in the south to Red Rock and Upper Corindi in the north, to the west to Ulong and Lowanna, with the Pacific Ocean bordering the east. This creates a coastal area that is long and thin with much of the settlement occurring on the coastal strip. The current population of Coffs Harbour is 68,000 (2006), which is expected to grow to over 100,000 by 2030.

The Coffs Harbour Council region, along with much of the North Coast is experiencing increasing population growth, attracting many retirees and sea changers. The region has a lower socio economic status in comparison to other regions of NSW and has a high percentage of aged people. The Coffs local government area (LGA) has an Aboriginal and Torres Strait Islander population that represents 3.2% of the total population, which is above the NSW state average of 2%. The North Coast has a much less culturally diverse population with only 2.6% of the population speaking a language other than English at home compared to a state average of 25%.

Decision making and recommendations

The decision making and recommendations process was conducted by the steering group at an extended meeting where all members attended face to face.

In preparation for the meeting the NCAHS project team had conducted a brainstorming activity reviewing the evidence table and drawing out common themes from the collated evidence. The aim of this activity was to provide a summary of themes that had been identified during the literature search and the review of the Council community consultation information. The evidence table and community profile information were then circulated to the steering group for their consideration prior to the meeting.

An assessment matrix was used at the meeting to determine the possible health impacts, review the evidence collected and identify possible differential impacts on groups or community populations as a result of the implementation of the identified themes. This process led to the development of a series of recommendations that will inform ongoing council policy and planning, including the Local Environment Plan and Development Control Plans. The matrix used in this process can be found in the appendix.

Health Impact Assessment Recommendations

Community Connectedness – Urban Design & Transport

Identified Theme 1: Walkable, connected, mixed land use neighbourhoods

Health Impact of Identified Theme

The overall health impact was identified as positive for this theme. Differential impacts identified during the assessment process are outlined below.

Evidence Base

The literature clearly states that neighbourhoods that are walkable can lead to increased physical activity levels and a sense of community connectedness. It also points out that it was the introduction of zoning that separated residential areas from areas of business / economic activity which led to the urban sprawl and car dependence which has added to decreasing health status such as obesity and chronic health conditions.

Differential Impact - Groups / Community populations bearing differential impact

It was decided that recommending this type of urban design change would not have a differential effect on the population. An 'unclear' rating was included as there was discussion about ensuring that design features would be suitable for the aged and disabled. There was comment about issues that may arise from individual responses due to the mixed land use concept. Mixed land use could lead to complaints in regards to noise or privacy depending on how residences and businesses are situated. It was decided that this type of design improvement would tend to reduce current inequity; increasing people's ability to access services.

Size of impact

This may have a large impact as the whole community would benefit from improved urban design features that can foster opportunities for activity and interaction.

Timescale for activity change

Ongoing due to the various opportunities from urban renewal projects to Greenfield planning.

Identified Theme 1: Walkable, connected, mixed land use neighbourhoods

RECOMMENDATIONS

General Recommendation

- Support the need for urban design to focus on creating walkable, mixed land use neighbourhoods that can lead to increased community connectedness and increased physical activity. This emphasis on walkability in urban design may decrease inequities that exist in urban areas of the Coffs LGA.

Specific Recommendations

- Support the OLCSS to provide services and facilities in residential settings to encourage exercise and neighbourly activity by considering Healthy by Design: a planners guide to environments for active living principles in relation to the Local Environment Plan and Development Control Plans e.g. Create neighbourhood clusters through the use of corner stores, local parks and playgrounds. This encourages people to socialise and contributes to the local economy and community life. Co-locate key facilities within 200 metres of community centres, schools, parks and public transport to develop neighbourhood clusters.
- Consider Healthy by Design: a planners guide to environments for active living principles in relation to ensuring zoning requirements allow mixed land use e.g. Support mixed use walkable neighbourhoods (close walking distance ranges from 400 – 800 metres depending on fitness levels).

Identified Theme 2: Urban design with a safety perspective – natural surveillance/eyes on the street

Health Impact of Identified Theme

The overall health impact was identified as positive for this theme. Differential impacts identified during the assessment process are outlined below.

Evidence Base

Evidence supports that common barriers to people not walking include a perceived lack of safety and inadequate footpaths. Safety concerns are highlighted in many studies as a key reason for not walking or cycling as an alternative way of commuting by car. This results in reduced physical activity as short trips to local shops, schools and neighbourhoods are often done by car. Other factors such as convenience, speed and comfort also influence decisions to use the car, many of which can also be addressed through urban design initiatives. *(one study showed that approximately 83% of all 'trips' are short, for non work purposes and occur relatively close to home).*

Differential Impact - Groups / Community populations bearing differential impact

Urban design that focused on increased footpaths and design principles that encouraged buildings, households and public places to have clear views of walkways would benefit most of the population. It was highlighted that these design focuses would have to ensure there were provisions for people with vision impairments and the disabled. This focus on activity on the street and in the public domain may also lead to increased incidents of accidents involving children.

Size of impact

The size of impact would vary according to the population group identified. For the majority of the population this intervention could result in health improvements. There may be small negative impacts if design features don't support visually impaired, disabled persons and child safety.

Timescale for activity change

Ongoing due to the various opportunities from urban renewal projects to Greenfield planning.

Identified Theme 2: Urban design with a safety perspective – natural surveillance/eyes on the street

RECOMMENDATIONS

General Recommendation

- Support the need for an urban design focus on walkable neighbourhoods that ensure footpaths/cycleways/exercise trails have clear sightlines, are well lit, and can be overlooked by dwellings and other buildings. This leads to an increased sense of safety which can result in increased physical activity and increased opportunity for community connectedness. Comprehensive design should ensure all members of the community are considered when designing pathways and road crossings e.g. visually impaired.

Specific Recommendations

- Encourage ground level design which accommodates groups at risk. Ensure adherence to Safety Standards.
- Create places for people to walk and exercise where they can be seen by cyclists, other pedestrians, motorists and nearby residents. Avoid tunnels and underpasses that limit visibility.
- Use *Healthy by Design: a planners' guide to environments for active living* principles to ensure safety aspects of urban design have been considered.

Identified Theme 3: Walkways/cycleways, as infrastructure – from an active transport perspective

Health Impact of Identified Theme

The overall health impact was identified as positive for this theme. Differential impacts identified during the assessment process are outlined below.

Evidence Base

The evidence demonstrates that areas with greater walkway and cycleway infrastructure can lead to increased levels of activity. Interestingly, one review demonstrated that lower income individuals living in high scoring counties (i.e. more infrastructure) were three times more likely to participate in transportation physical activity compared to those living in low scoring counties. The evidence also highlighted that areas with good connectivity i.e. streets, paths, route choices resulted in reduced car usage and increased active transport.

Differential Impact - Groups / Community populations bearing differential impact

As previously identified this urban design strategy was believed to have a positive effect on all of the community. The issue of injury was raised when considering shared cycleways. Poor cycleway / pathway design could result in differential impacts on certain members of the community, specifically the aged.

Size of impact

This may have a large impact as the whole community would benefit from improved urban design features that can foster opportunities for increased physical activity and a reduction in car dependence.

Timescale for activity change

Ongoing due to the various opportunities from urban renewal projects to Greenfield planning.

Identified Theme 3: Walkways/cycleways, as infrastructure – from an active transport perspective

RECOMMENDATIONS

General Recommendation

- Walkway and cycleway infrastructure are to be encouraged as they result in connectivity within neighbourhoods and connectivity to local destinations that has clear health benefits for the community as this can lead to increased activity levels and a reduced dependence on car usage.

Specific Recommendations

- Prioritise walkway and cycleway infrastructure development that focuses on connecting key destinations such as schools, local shops, neighbourhood clusters and transport hubs, due to the increased health benefit that will be gained from increased utilitarian transport. Support OLCSS to *develop networks of safe walkways and cycle ways through parklands and natural areas to link with residential areas and key destination points; and ensure Development Control Plans provide shared path connections to schools, shops and other trip generators from residential areas.*
- Provide suitable and secure infrastructure in key destinations that can be used at the end of a walking or cycling journey. This can include bike racks and secure bike parking.
- End of trip facilities e.g showers/change rooms and lockers to be encouraged as a condition for relevant Development Applications.
- Prioritise Pedestrian Access Mobility Plan (PAMP) strategies identified in the PAMP consultation report based on strategies that will lead to the greatest health benefit for all members of the community.
- Consider signage, safety, shared path design, lighting and security in infrastructure design. Use *Healthy by Design: a planners' guide to environments for active living* as guidelines for these areas. Support OLCSS to *incorporate features such as shade, seating, landscaping, drinking bubblers, historical plaques etc.*
- Improve connectivity on the road reserve and in parklands and natural areas.
- Design roads which are bicycle and pedestrian friendly, making sure residential areas are not dissected by arterial roads, if they are, ensure they include crossings.
- Include traffic calming and low speed zones in areas where there is high pedestrian and cycling activity.

Identified Theme 4: Public transport - infrastructure

Health Impact of Identified Theme

The overall health impact was identified as positive for this theme. Differential impacts identified during the assessment process are outlined below.

Evidence Base

Walking, cycling or catching public transport to work and other key destinations assists people to meet the minimum requirements for physical activity. Health benefits of moderate levels of physical activity include a reduced risk of premature mortality and reduced risks of coronary heart disease, hypertension, colon cancer and diabetes mellitus

Differential Impact - Groups / Community populations bearing differential impact

Currently due to the lack of service all groups are disadvantaged, which results in greater disadvantage to those at socioeconomic and locational disadvantage. Urban design issues such as lack of level footpaths and poor wheelchair access to bus stops are resulting in greater impacts on the aged and disabled persons.

Size of impact

Although the Council has limited control over the delivery of transportation services, improvements would have an impact on a large number of the community.

Timescale for activity change

Council's role is limited to the provision of infrastructure e.g. bus stops. Current bus stop design improvements and focusing on the early design phase of new communities makes this a medium to long term timeframe.

RECOMMENDATIONS

- Early consideration to be given in the design phase of new/re developments of access to bus stops and bus stop design and location. This recommendation supports the OLCSS to direct public transport, cycling and walking into the heart of each residential area.
- Ensure clear crossing points adjacent to public transport stops. Consider pedestrian desire lines for convenient crossing.
- Consider improving existing footpaths, intersections and streetscapes around public transport locations.
- Ensure public transport connectivity between areas where there is a high level of activity and residential area.
- Encourage appropriately placed and designed bus shelters which are visible and provide seating and shelter.

Identified Theme 5: Community involvement – from the perspective of engaging community for public urban design projects to develop a ‘sense of place’

Health Impact of Identified Theme

The overall health impact was identified as positive for this theme. Differential impacts identified during the assessment process are outlined below.

Evidence Base

The evidence suggests that a key aspect of urban design improvement is the process of engaging the community during the initial phases of a project. Community participation in the planning process can provide an opportunity for people to feel empowered regarding decisions that will affect their lives. Research has demonstrated associations between certain aspects of place and behavioural and health outcomes. Social capital has been linked to the proper functioning of democracy, the prevention of crime and enhanced economic activity. (A study of a community with initially high levels of social cohesion showed low rates of coronary heart disease, when social cohesion declined, heart disease rates rose).

Differential Impact - Groups / Community populations bearing differential impact

It was believed there would be a positive impact for the majority of the population if there was community involvement and participation in local planning projects. There was a concern that there could be negative impacts for sub groups due to non participation.

Size of impact

This may have a large impact as the whole community would benefit from being engaged in the urban design process.

Timescale for activity change

The timeframe was considered to be ongoing. There was good evidence of community involvement in a number of activities within the region in recent years that has resulted in improved community connectedness e.g. Emerald Beach ocean outfall and “Streets Ahead Program”. The focus in this instance is on ensuring the community is engaged in urban design improvements that can result in improved health outcomes.

Identified Theme 5: Community involvement – from the perspective of engaging community for public urban design projects to develop a ‘sense of place’

RECOMMENDATIONS

General Recommendation

- Consider community involvement in the planning phase of public urban design projects as this can lead to improved health outcomes as a result of participating in the process as well as the health benefits gained from the project itself.

Specific Recommendations

- Support the OLCSS to use design principles that; promote social cohesion, sense of place, community wellbeing. Achieve this by engaging the community in the initial phase of public urban design, such as the Place Management Plans. Focus on providing the community with opportunities to engage in processes rather than just providing information.
- Develop and implement a community involvement toolkit to support and encourage effective consultation processes.
- Ensure timely community consultation is considered at the earliest practical phase of project development processes.
- Encourage wide community participation, ensuring all community members are actively targeted during this process of community engagement. This may require multiple strategies to ensure all community members are aware of, and have the opportunity to participate in the planning phase.

Monitoring and Evaluation

Monitoring and evaluation assesses the effectiveness of the HIA process and provides an ongoing mechanism to review the uptake and influence of recommendations identified in the HIA process.

Process Evaluation

The agreement to conduct a process evaluation was agreed to in the HIA terms of reference. At the final steering group meeting a process evaluation was conducted through a focus group process with those members present, with others not in attendance followed up by telephone interview. All Steering group members were asked the following questions:

HIA methodology

- *Please comment on each of the phases of the HIA – screening, scoping, identification, assessment, the recommendation process and the resource commitment during the process.*

Impact / Partnerships

- *Do you think the HIA process will influence future council planning? Will this help with future partnerships?*
- *Did the process add value to the Settlement Strategy and future planning (i.e. provide a supportive evidence base).*

Engagement

- *Did you feel involved in the decision making process and feel ownership of the HIA conclusions?*

Understanding

- *Has the HIA process changed your understanding of collaborative health and local government work?*

Overall

- *Best and Worst aspects of the HIA.*
- *Is there a future for HIA's with local government?*

The full evaluation report can be found in Appendix 3. Following is a summary of the responses collected.

Key points raised in the process evaluation

Methodology

- During the initial screening and scoping phases of the HIA, the Council staff reported that the process was confusing and that they would have appreciated more guidance on what was required and expected during the HIA process. AHS staff also reported an initial lack of confidence about the process which meant there was a heavy reliance on the support from CHETRE during the initial stages of the process. Timeframes due to the participation in phase three of the HIA roll out restricted initial engagement and relationship building.

- Developing the Terms of Reference from a pre drafted example was seen as a useful process as it provided guidance and allowed fine tuning and time to review and negotiate the terms properly.
- To assist with preparation of the scoping meeting it was suggested that it would be worthwhile spending time understanding each others organisational structures/processes, methods of work and reporting lines etc.
- The key highlight of the identification phase was the opportunity to meet one to one outside of the steering group meetings which helped to clarify the process and assist in identifying key evidence. This process also allowed for the sharing of further resources e.g. reviewing and providing the Heart Foundations *Healthy by Design planning guide*.
- During the assessment phase an assessment matrix was used. Although it was reported that this process was a little confusing and restrictive, and that it 'suited certain brain types', it was felt that the matrix pulled the information together well and that it was a good trigger. The process was worthwhile but challenging. The AHS team reported that it was beneficial to work through the matrix process prior to taking to the working group; however on the flipside is that this may have pre-empted the group. The team was unsure how to complete this phase without having some sort of tool which gave structure to the deliberations and prompted important issues such as the differential impacts.
- At the conclusion of the assessment meeting, the draft recommendations were developed further and circulated by e-mail. Using e-mail allowed people to take the information away and digest it at own pace – review 'what does it mean'. This process bought more time, rather than having to make decisions in the meeting – able to think about the issues at a different level – window of time for considered thought. It allowed council members to discuss recommendations amongst themselves

HIA process impacts / partnerships

Resource Commitments

- The council staff reported that beyond the planned meeting times there were not a great deal of other time commitments, besides preparatory reading for meetings and the consultation meetings that were schedule during the identification stage. Resource issues were not considered restrictive at all for the majority of the group. A key member felt challenged by the time taken by the meetings as they had a part time role, therefore HIA represented a large part of the working week. The intensity and pace was tiring with little turn around time between meetings. An extended time however may not have added any value to the process however. The short time frame meant that the information was fresh and this may have suited the intellectual process.
- AHS staff reported that the process was intensive; there was an allocated project officer and two health promotion officers that were to make up 1 full time position for a 6 week period. The timeframe extended due to the nature of the process and the meeting timeframes. The time allocated was spread out over this longer timeframe that extended from the pre screening activity and training in mid July through to the project write up in mid September. Having a dedicated project officer role was very important. To complete the project work had to be conducted beyond the 6 week full time allocation.

Influence on future Council planning

- It was reported that the HIA had the potential to impact on future Council planning. When the recommendations are circulated this will highlight important aspects to staff. The recommendations require ownership, this is an important aspect of the uptake.

Value to the Settlement Strategy and future planning

- The HIA brought information to the table that provided evidence / science to support planning decisions, and will provide important reasons to be strong and firm in policy writing. Planners often get challenged in Council and need to provide regular justification / debate in regards to policy. This process aided the belief to stand firm when writing policy. It was felt by the Council Strategic Planner that this feature of the HIA was more critical than any singular recommendation. The HIA affirmed the need to be resolute on policy decisions that have been supported by evidence through the HIA.
- The HIA also demonstrated that it is a good tool to initiate relationships. Council in the past have had trouble getting other government agencies to comment on their plans, HIA provided a tool to achieve this. The Council is promoting the area as a 'healthy city', previously this notion did not have a clear language or perspective attached to it, the HIA process can provide this.

Best thing about the HIA

- It has led to a shift in thinking – “health is more than Doctors and specialists, rather, it is about a healthy environment and healthy living. Health can be considered in everything we do”.
- It provides accountability on planning decisions (able to identify health as apposed to just economic factors for decision making).
- “Out of the storm comes form” was a comment made which summed up the feeling of moving from the initial confusion to something more meaningful.
- Providing time to stand back and assess the intended or unintended consequences of a proposal, current work processes don't often allow this opportunity.
- Finishing it! – Bringing the body of evidence to the work.
- Having a dedicated Project Officer position.
- Efficient process – glad for AHS to have a team approach which supported the progress of the project and the learning and skill building.
- Open minded Council staff.
- Establishing the partnership.
- Learning by doing process with the support of CHETRE.

Worst thing about the HIA

- The initial confusion at the beginning of the process – however it was reported that this also had a positive outcome with the Council staff working through it together.
- Floundering at the beginning.
- Persistent meeting schedule – regular 2 weekly meetings was exhausting and time consuming (especially due to part time work).
- Getting your head around the whole process was challenging (intellectually challenging) – improved as the process evolved.

Impact Evaluation

At this point the focus was to identify processes where ongoing monitoring of the recommendations could occur to evaluate possible impacts. Council members of the Steering Group have identified a process whereby the recommendations will be targeted to the most appropriate function within council to assist with the uptake e.g. urban design recommendations such as the provision of suitable footpaths will be included in Development Control Plan checklists, community consultation checklist development recommendation to be forwarded to the new community consultation role.

At the final steering group meeting it was identified that the Council steering group members could progress the follow up reporting of the recommendations through existing operational reporting activity e.g. quarterly reviews of all branches operational plans, management plan annual reporting and through the collated development application list (planning).

It was agreed to reconvene the steering group 12 months after the final steering group meeting to review the status of the adoption of the HIA recommendations.

Conclusion

The Coffs Harbour HIA has demonstrated that conducting a HIA is a very useful method to engage and build relationships between health and the local Council. This process provided an opportunity to review the Coffs Harbour City Council *Our Living City Settlement Strategy* and to then focus on how community connectedness is influenced through urban design and transport, and how this can affect the health of the community. The methodology of the HIA provided a framework to establish an effective working relationship and follow a systematic process to ensure all aspects of health impacts were reviewed. The process encouraged the steering group to review the potential differential impacts that the proposed strategies may have had on the community, this challenged the steering group, and added a level of value to the process. The result of a set of recommendations aimed to influence future planning and Council activities was seen as a valuable outcome. One of the key benefits outlined during the process was the level of evidence the HIA brought to the *Settlement Strategy* document. The *Settlement Strategy* had outlined many urban design and transport strategies that would have a positive effect on the community, the HIA provided an evidence base to this work, and this was reported as one of the most important outcomes of the process. The HIA team has gained valuable HIA skills; the 'learning by doing' approach taken by CHETRE was noted as a highlight of the project.

References

- Coffs Harbour City Council, Economic Development Plan 2005, viewed 24 August, 2007 < <http://www.coffsharbour.nsw.gov.au> >
- Coffs Harbour City Council, Social and Community Strategic Plan 2006 – 2010, February 2006, viewed 24 august, 2007 < <http://www.coffsharbour.nsw.gov.au> >
- Harris-Roxas B, Harris P. *Health Impact Assessment: Training Notes*, UNSW, Centre for Health Equity Training, Research and Evaluation (CHETRE). Part of the UNSW Research Centre for Primary Health Care and Equity, UNSW
- Harris P, Harris-Roxas B, Harris E, & Kemp L. *Health Impact Assessment: A Practical Guide*, Sydney: Centre for Health Equity Training, Research and Evaluation (CHETRE). Part of the UNSW Research Centre for Primary Health Care and Equity, UNSW
- Menzies, T. 2007. Reflections on ways HIA's can be made most useful to Local Government in NSW. Centre for Primary Health Care and Equity, University of New South Wales: Sydney
- Our Living City Settlement Strategy, Coffs Harbour City Council, viewed 25 July, 2007 < <http://www.coffsharbour.nsw.gov.au/www/html/2016-coffs-harbour-settlement-strategy.asp?intSiteID=1>>
- Parry J and Kemm J et al (2005) Criteria for use in the evaluation of health impact assessment. *Journal of Royal Institute of Public Health*, 119, 1122-1129 www.elsevierhealth.com/journals/pubh
- Quigley, RJ, Taylor LC. Evaluating health impact assessment. 2004 *Journal of Royal Institute of Public Health*, 118, 544-552
- Whitehead M. The concepts and principles of equity and health, Copenhagen, World Health Organisation, Regional Office for Europe, 1990

Appendix 1: Terms of Reference

Terms of Reference	
Coffs Harbour – Our Living City Settlement Strategy - HIA	
Purpose	Oversee the conduct of a rapid HIA on the Coffs Harbour – <i>Our Living City Settlement Strategy</i> and provide recommendations to inform the Local Environment Plans (LEP) and the Development Control Plans (DCP) which are guided by the Settlement Strategy.
Aim	As a result of HIA process it is anticipated that a set of evidence based recommendations are made to inform Council policy and ongoing planning (e.g. LEP and DCP's), which may assist in enhancing the positive health impacts from the <i>Our Living City Settlement Strategy</i> and reducing or eliminating the unintended negative health impacts.
Membership	<p>The membership will include:</p> <ul style="list-style-type: none"> • Clyde Treadwell, Manager Strategic Planner, Coffs Harbour City Council (chair) • Jenni Eakins, Manager Community Services, CHCC (interim chair) • Sharon Smith, Strategic Planning, CHCC • Raechel Squires, Community Services, CHCC • Anne Shearer, Road safety and Transport, CHCC • Jenny Oloman, Manager Economic Development, CHCC • Uta Dietrich, Director Health Promotion – North Coast Area Health Service • Pam Johnson, Health Promotion - North Coast Area Health Service • Trish Davis, Health Promotion - North Coast Area Health Service • Andrew Tugwell, Community Health - North Coast Area Health Service • Patrick Harris, Centre for Health Equity Training, Research & Evaluation, UNSW
Chair	Clyde Treadwell, Jenni Eakins (interim)
Secretariat	Andrew Tugwell, NCAHS
Roles and responsibilities of members	<ul style="list-style-type: none"> • Provide advice and direction for the HIA to be conducted on the <i>Our Living City Settlement Strategy</i> • Participate in HIA Steering Group meetings – in person, by teleconference and/or provide feedback on key documents. • Provide advice on the scope of a rapid HIA to be conducted on strategies within the <i>Our Living City Settlement Strategy</i> • Make decisions concerning definitions, level and types of evidence, principles and values that will inform the conduct of the HIA, and the process for making recommendations • Use existing networks and forums to communicate about the HIA, including the main findings. • Facilitate presentation of the Health Impact Assessment recommendations and report to relevant key decision makers and stakeholders. • Endorse the final report
Quorum	Four members in addition to Chair and secretariat

Definitions and values	<p>Health – state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity (WHO constitution)</p> <p>Health inequality or equity in this forum is focusing on aiming to reduce (or eliminate) health impacts which are considered to be both avoidable and unfair, with a focus on reducing or eliminating differences in health status between or among different groups in the population</p>
Scope of evidence to be considered	<ul style="list-style-type: none"> Existing community profiles Existing council documentation Literature reviews Expert opinion from within the structure of the established steering committee
Weighting of evidence	<ul style="list-style-type: none"> Published evidence *** Expert opinion** Current community profile data**
Exclusions and inclusions	<p>There will be no community consultations, focus groups or surveys conducted to inform the HIA.</p> <p>Evidence will not be derived but should be existing and readily available.</p>
Project Deliverables	Final report including recommendations derived through the HIA process
HIA Process evaluation	Feedback from steering committee members collected via interview / email at the end point of the process.

Meeting Schedule / Outline	Meeting	Date
Steering Group Meeting 1	2 nd phase of the Scoping meeting – report progress to steering group (as identified at the completion of scoping meeting 1)	15 th August
Steering Group Meeting 2	Identification and Assessment <ul style="list-style-type: none"> Assess information on the impacts collected from different sources Deliberate on the impacts and assess their significance and prioritise them 	29 th August
Steering Group Meeting 3	Recommendations, Decision Making and Follow up <ul style="list-style-type: none"> Comment on a draft set of concise and action-orientated recommendations Contribute to the final recommendations report for implementation and action Ongoing monitoring and evaluation 	September
Steering Group Meeting 4	Review and approve final report; Final Steering Group meeting? <i>To be discussed i.e. where to from here</i>	October

Appendix 2: Community Profile

Community/Population Profile – Coffs Harbour Local Government Area

The Coffs Harbour LGA

The Coffs Harbour Council region extends from Bundagen and Bonville in the south to Red Rock and Upper Corindi in the north, to the west to Ulong and Lowanna, with the Pacific Ocean bordering the east. This creates a coastal area that is long and thin with much of the settlement occurring on the coastal strip. It is approximately 1,174 square kilometres with a coastline of approximately 63 kilometres.

General population characteristics

The Coffs Harbour Council region is experiencing increasing population growth, attracting many retirees and sea changers. There has been a substantial and continual increase in the population of the LGA since 1984. During the five years from 2000-2005 Coffs Harbour recorded an annual average growth rate of 1.7%. This was significantly higher than the overall NSW state population growth rate of 1.0%.

The current population of Coffs Harbour is 64,910 (2006 Census), which is expected to grow to over 100,000 by 2030.

Locality	Population 2006	% of total population
Red Rock	274	
Corindi Beach	834	
Arrawarra	445	
Arrawarra Headland	541	
Mullaway	415	
Safety Beach	653	
Far Northern Beaches	3,162	4.8
Woolgoolga	4,715	7.3
Sandy Beach / Emerald Beach	3,093	
Moonee Beach	2,153	
Sapphire Beach	1,868	
Korora	1,969	
Northern Beaches	9,083	14
Coffs Harbour Urban	22,734	35
North Boambee Valley	1,744	
Sawtell	3,123	
Toormina	6,551	
Boambee	1,719	
Boambee East	5,330	
Southern Urban	18,467	28.5

Bonville	1,891	2.9
Coramba	297	
Ulong	131	
Hinterland Villages	428	0.7
Lowanna	335	
Karangie	850	
Upper Orara	718	
Bucca	914	
Nana Glen	1,046	
Dirty Creek	558	
Hinterland Rural	4,421	6.8
Coffs Harbour LGA	64,910	100.0

Table 1: The localities are based on the State suburb localities classified in the 2006 Census by the ABS, Supplied by the Coffs Harbour City Council planning division

Median Age

The median age of the population across the LGA is 41 which compares with 37 for NSW overall. Table 2 provides the average age for the 9 identified areas for the LGA. It is significant to note that in the Far Northern Beaches area the townships of Arrawarra and Red Rock have far higher population age averages than the remainder of the LGA, with Arrawarra recording a median age of 64, and Red Rock 50. The converse is found in the Far West region of the LGA where the township of Ulong recorded a median age of 31.

Far Northern Beaches	Woolgoolga	Northern Beaches	Coffs Harbour City	South Coffs	Far South	West Coffs	Far West	Far North (rural)
48	45	39.5	41	40	42	39	36	42

Older People

Coffs Harbour LGA has a significantly higher proportion of people aged 65+ than the remainder of the state. According to the 2006 Census, approximately 16.6% of the Coffs Harbour LGA are aged 65+. This compares with the NSW rate of 13.8%. This trend is forecast to increase through the natural ageing of the population, the high levels of migration into the region of older persons, and the continued exodus of younger people from the region, moving in search of employment and education opportunities not available in the region.

The northern coastal reaches of the Coffs Harbour LGA have the highest representation of people who are older than 65. The Far Northern Beaches records 21% of their population as over 65, and Woolgoolga 22.8%. Within the Far Northern Beaches area the township of Arrawarra has an extremely high number of older people with 48.3% of its total population over the age of 65 and at Red Rock over ¼ of residents are 65+ (25.5%). Other areas of

note with proportionally higher rates of older people as a percentage of the population are found within Coffs Harbour City itself at 19.3%, Sawtell (21.6%) and North Boambee Valley (20.2%).

Table 3: % of people 65 and over

Far Northern Beaches	Woolgoolga	Northern Beaches	Coffs Harbour City	South Coffs	Far South	West Coffs	Far West	Far North (rural)
21%	22.8%	12.2%	9.3%	16%	11%	9%	6.1%	13.3%

Indigenous People

The Coffs Harbour Local Government Area was originally the home to the Gumbayngirr Aboriginal peoples. According to the 2006 Census, there are 2,309 Aboriginal persons residing in the Coffs Harbour LGA. This is considerably higher as a proportion of the population at 3.6% than the remainder of NSW (2.1%). The majority of the Indigenous population reside in the urban developed centres of Coffs Harbour City (41.3%) and South Coffs (30.6%) (Table 4). It is important to note however that in select areas throughout the LGA, the proportion of Indigenous peoples as an overall percentage of the local population are significantly high. Of particular note are Corindi Beach (6.8%), Red Rock (4.4%), Bucca (4.9%), Lowanna (5.7%) and Ulong (11.5%). There exists three small Aboriginal settlement areas throughout the LGA which have been identified as vulnerable communities. These include 1 at Corindi Beach, and 2 within the Coffs Harbour City area.

Table 4: % Indigenous Population by Residential Area

	% Indigenous of total area population	% of total Indigenous population	Areas of significance
Far Northern Beaches	3.1	4.5	Corindi Beach – 6.8% Red Rock – 4.4%
Woolgoolga	3.7	7.5	
Northern Beaches	1.48	7.3	
Coffs Harbour City	4.2	41.3	
South Coffs	3.2	30.6	
Far South	2.4	2	
West Coffs	2.4	4.4	Bucca – 4.9%
Far West	8.6	1.5	Ulong – 11.5% Lowanna – 5.7%
Far North (rural)	3.2	0.7	

Country of Birth

The majority of the population within Coffs Harbour are Australian-born (88.4% in 2006). However, there is a trend for an increasing proportion of overseas-born, with a 4.2% rate of

change since 1986. The areas with the largest proportion of people born outside of Australia are primarily situated along the northern coastal strip of the LGA. Table 5 details the percentage of people in each area born outside of Australia. The areas of greatest concentration include Arrawarra (21.8%), Sapphire Beach (14.5%), Korora (14.5%) and Woolgoolga (14.4%).

Table 5: Place of Birth

Far Northern Beaches	Woolgoolga	Northern Beaches	Coffs Harbour City	South Coffs	Far South	West Coffs	Far West	Far North (rural)
11.52%	14.4%	12.7%	11.6%	11.1%	11.3%	10.7%	9.3%	12.4%

It is also important to note that throughout the LGA there are large pockets of communities from non-english speaking countries. Woolgoolga is home to the largest Punjabi community outside a metropolitan area, and an established refugee community from South America lives throughout Coffs Harbour City. Over recent years, Coffs Harbour has also witnessed a rapid influx of refugees from the western Horn of Africa and South and East Asia. During the Blueberry harvesting season it is also common for this population to increase substantially as people move to the area to participate in fruit picking. This period occurs throughout the early spring months through until mid summer, which also coincides with Coffs Harbour's peak tourist season.

The proportion of the LGA population with limited English skills has remained relatively constant and low (0.3/0.4%) (CHCC Floodplain study 2005). Woolgoolga represents the highest area where a language other than English is spoken at home (15.6%). Other areas of significance include Upper Orara (11.3%), Korora (10.1%) and North Boambee Valley (9.6%). Table 6 provides the percentage of area populations who speak another language at home.

Table 6: Language other than English spoken at home

Far Northern Beaches	Woolgoolga	Northern Beaches	Coffs Harbour City	South Coffs	Far South	West Coffs	Far West	Far North (rural)
3.7%	15.6%	7.7%	9.9%	6.6%	10.2%	5.8%	3.6%	7.5%

Income and employment

Coffs Harbour has significantly higher levels of unemployment than the remainder of the state. The Department of Employment and Workplace Relations March Quarter 2007 estimated unemployment for the Coffs Harbour reporting area to be 7.9%, compared with a state average of 4.7%. The average age of job seekers was 36, and the average duration of unemployment was 29 months. Unemployment for youth and Indigenous persons are considerably higher than the remainder of job seekers for the LGA. The 2001 Census reported that 33.8% of Indigenous persons, and 22.38% of youth were unemployed. This

has particular implications for townships such as Ulong, Corindi Beach and Toormina, where there are proportionally higher rates of both Indigenous persons and younger people.

According to 2006 ABS statistics, Coffs Harbour LGA has a median weekly household income of \$706. The Northern Beaches areas recorded the highest median household income of \$989 which is significantly higher than the remaining areas. The next highest median household income was recorded in the Far South (\$858) and in the West Coffs area (\$809), both representing areas of small rural lots. The Far West of the LGA recorded the lowest median weekly household income at \$545, and Woolgoolga was only marginally higher at \$590. The townships recording the lowest median weekly household income include Arrawarra (\$467), Red Rock (\$556), Corindi Beach (\$634), Toormina (\$630), Sawtell (\$649), Ulong (\$530) and Lowanna (\$559). Table 7 identifies the median weekly household income for the nine areas of the LGA.

Table 7: Median Weekly Household Income

Far Northern Beaches	Woolgoolga	Northern Beaches	Coffs Harbour City	South Coffs	Far South	West Coffs	Far West	Far North (rural)
678	590	989	648	810	858	809	545	606

Households Types

Households with children

57.9% of households in the Coffs Harbour LGA are families with children. This is marginally lower than the remainder of the state where 62.3% of all households are families with children. Table 8 identifies the percentage distribution of total households with children for the different areas within the LGA. It is interesting to note that the southern and western outlying areas of the LGA have far higher proportions of households with children than the northern parts of the region. The Far West represents the highest concentration of family households at 68.2% (Ulong – 71.5% and Lowanna - 64.8%), followed by West Coffs area (63.1%) and the Far South (60.2%). Further analysis however, shows there are notable variations amongst townships within all areas regarding the number of households with children. In the Far Northern Beaches area, although the overall percentage of households with children is very low at 50.9%, Corindi Beach and Mullaway both have significantly higher proportions of households with children at 62.6% and 62.4% respectively. Similarly, in the Northern Beaches area where the overall proportion is relatively low at 58.6%, the combined townships of Sandy Beach and Emerald Beach have 65.5% of households with children. This is further reflected in the South Coffs area which has an 57.7% of households overall with children, however the highly concentrated suburbs of Boambee East and Toormina within this area have significantly higher rates at 61.7% and 61% respectively.

At the other end of the spectrum Arrawarra, in the Far Northern Beaches area, has an extremely low level of households with children. In this town, only 17.7% of households have children.

Table 8: % Households with Children

Far Northern Beaches	Woolgoolga	Northern Beaches	Coffs Harbour City	South Coffs	Far South	West Coffs	Far West	Far North (rural)
50.9%	55.1%	58.6%	56.6%	57.7%	60.2%	63.1%	68.2%	59.8%

Sole parent households

Coffs Harbour LGA has significantly higher proportions of single parent households at 19.6% than the remainder of the state at 16.1%. Whilst the Far West, Woolgoolga and Coffs Harbour City areas have the highest number proportionally of sole parent households (Table 9), further analysis of the individual townships within each area reveals a number of pockets throughout the LGA with significantly higher levels of households with a sole parent. These include: Red Rock (23.5%), Corindi Beach (19.6%), Mullaway (23.2%), Woolgoolga (21.3%), Sandy/Emerald Beach (20.9%), Coffs Harbour City (22.2%), Sawtell (19.4%), Toormina (27.4%), Coramba (26%), Nana Glen (19.5%) and Lowanna (31.8%).

Table 9: % Sole Parent households

Far Northern Beaches	Woolgoolga	Northern Beaches	Coffs Harbour City	South Coffs	Far South	West Coffs	Far West	Far North (rural)
17.5%	21.3%	15.2%	22.2%	17.3%	12.9%	16.7%	24.9%	12.6%

Lone person households

As with sole parent households, the Far West, Woolgoolga and Coffs Harbour areas all have significantly higher numbers of lone person households than the remaining areas of the LGA (Table 10). Similarly, the greatest concentrations of lone person households are found in the townships of Red Rock (27.3%), Arrawarra Headland (23.8%), Mullaway (25.3%), Coffs Harbour City (29.6%), Toormina (23.7%), North Boambee Valley (23.7%), Lowanna (33.1%), Ulong (38%).

Table 10: % Lone Person households

Far Northern Beaches	Woolgoolga	Northern Beaches	Coffs Harbour City	South Coffs	Far South	West Coffs	Far West	Far North (rural)
22.7%	25.6%	15.2%	29.6%	21.7%	18.7%	16.2%	35.6%	18.2%

Housing

Table 11 details the total number of dwellings in each area. The highest concentration of houses are located along the coastal strip of the LGA most notably in the city area itself, and the two areas immediately north and south of the city. The provision of public housing is limited to the Coffs Harbour City area, the South Coffs areas, particularly at Toormina and Sawtell and Woolgoolga. There is no public housing in the outlying areas of the LGA.

Table 11: Number of Dwellings

Far Northern Beaches	Woolgoolga	Northern Beaches	Coffs Harbour City	South Coffs	Far South	West Coffs	Far West	Far North (rural)
1 716	2 273	3 823	11 278	8 157	708	1 452	248	224

The vast majority of dwellings are separate houses, representing 69.7% of housing types across the LGA. In total, only 19.0% of dwellings are apartment style housing and 9.8% semi-detached or townhouse style accommodation. These types of housing are essentially concentrated in the Coffs Harbour City area, south Coffs townships and Woolgoolga.

There are noticeable differences in housing types throughout the LGA. A generalised description of housing types for each area is detailed in Table 12 below.

Table 12: Housing types

Far Northern Beaches	Small suburban blocks with detached housing Rural acreage
Woolgoolga	Small Suburban blocks Mixture of detached housing, apartment and townhouse style dwellings
Northern Beaches	Small Suburban blocks Detached housing
Coffs Harbour City	Small Suburban blocks Mixture of detached housing, apartment and townhouse style dwellings
South Coffs	Small Suburban blocks Mixture of detached housing, apartment and townhouse style dwellings
Far South	Rural acreage
West Coffs	Rural acreage Small suburban blocks with detached housing within townships
Far West	Rural acreage Small suburban blocks with detached housing within townships
Far North (rural)	Rural acreage

Transport

There is an over dependence of the use of private transport. 77% of workers utilise private transport to travel to work either as a driver (68%) or a passenger (9%).

A review of transport infrastructure through out the Mid North Coast in 2005 found a shortfall of alternatives to private transport, particularly to coastal and hinterland satellite towns.

Health Status of Coffs Harbour LGA

2004 Report of the Chief Health Officer noted that people living in rural areas generally have worse health than metropolitan areas. The rationale for this was found to lie in factors such as geographic isolation, socioeconomic disadvantage, reduced availability of health care providers and poor health among indigenous populations.

Coffs Harbour Local Government Area recorded higher incident levels of pre-mature heart disease, obese and overweight people.

Area Characteristics

	Key Services	Key Characteristics
Far Northern Beaches	<ul style="list-style-type: none"> Corner store Recreational facilities Accommodation/hotels 	<ul style="list-style-type: none"> High levels of lone person households High levels of single parent households Very high levels of people over 65 High Indigenous population Low income townships Limited emergency, medical, support and key services
Woolgoolga	<ul style="list-style-type: none"> Health Services Entertainment facilities Hotels Cafes/restaurants Churches Temples Recreational facilities Accommodation/hotels 	<ul style="list-style-type: none"> High levels of lone person households High levels of single parent households High levels of people over age 65 High Indigenous population High population people who speak a language other than English Low income townships
Northern Beaches	<ul style="list-style-type: none"> Entertainment facilities Cafes/restaurants Churches Recreation facilities Conference Venues Corner store Accommodation/hotels 	<ul style="list-style-type: none"> Limited emergency, medical and support services
Coffs Harbour City	<ul style="list-style-type: none"> Major health services University, TAFE Entertainment facilities Cafes/restaurants Shopping Centres CBD Corner stores Churches Accommodation/hotels Conference Venues 	<ul style="list-style-type: none"> High levels of lone person households High levels of single parent households High levels of people over age 65 High Indigenous population High population people who speak a language other than English Low income pockets within City
South Coffs	<ul style="list-style-type: none"> Entertainment facilities Cafes/restaurants Shopping Centre Corner stores Churches Creeks Accommodation/hotels 	<ul style="list-style-type: none"> High levels of lone person households High levels of single parent households High levels of people over age 65 High Indigenous population Low income townships
Far Sout	<ul style="list-style-type: none"> International Golf Club Accommodation 	<ul style="list-style-type: none"> Limited emergency, medical, support and key services

West Coffs	Accommodation/hotel Church Public halls Retail area	Limited emergency, medical, support and key services
Far West	Rural Transaction Centre RSL	High levels of lone person households High levels of single parent households High Indigenous population Low income townships Limited emergency, medical, support and key services
Far North		Limited emergency, medical, support and key services

References

- Coffs Harbour City Population Profile 2004
- Coffs Harbour City Council social and Community Strategic Plan 2006-2010

Appendix 3: Evaluation Table Report

Coffs Harbour City Council – “Our Living City Strategy” Process/Impact Evaluation Questions

HIA methodology

<p><i>Pre Screening activity (initial engagement)</i></p>	<ul style="list-style-type: none"> • Email from HP Director to scout for potential HIA opportunities. I emailed my HP colleagues and only one response – re Coffs Harbour OLCSS. The rest is history! • Fortunate to have a receptive person at council / initial risk • Initial interest, despite initial confusion • Timeframe restricted initial engagement and relationship building – structures to participation in Phase 3 • An e-mail was sent internally at the Council from the planning staff that had the initial (brief) meeting with NCAHS and CHETRE staff – there was a lack of clarity about the subject with some members believing HIA was referring to Housing Industry Australia • It was not clear to the Council staff prior to the first meeting that the activity was being carried out with the Area Health Service • The group was glad to be invited to be involved in the process • Generally good – still baffled till half way through the process • Initial impression at first meeting with two Council staff was they were extremely open to working with Health staff. Concept new, however, they appeared willing and made an in principle agreement to undertake the HIA • Initial lack of confidence about the process meant heavy reliance on CHETRE – could of added to the initial confusion
<p><i>Screening (Initial table)</i></p>	<ul style="list-style-type: none"> • Council members felt there was initial confusion about the HIA process • The initial table presented helped to focus the discussion and the aim of the HIA process • Council members felt that more guidance was required in the initial meeting to clarify what was required / expected during the HIA process. “Less pussy footing around – no need to walk on eggshells, just get to the point be positive and direct” • Some members felt like they were playing catch up due to not being involved from the initial meeting • Pre screening could have involved more focus on organisational structures, the appropriateness of exploring the Settlement Strategy, members of the steering group who weren’t at the initial meeting were concerned that the Settlement Strategy was a ‘done deal’. • Felt there was potential for the meeting to go off on tangents • Pre screening activity – preparation work was very useful – expanded knowledge of <i>Settlement Strategy</i> document through the use and development of the pre screening table

<p><i>Scoping (TOR – evidence)</i></p>	<ul style="list-style-type: none"> • Outlined the initial language issues did lead to confusion – this was based around the process of establishing the Terms of Reference and identifying the appropriate level of management to be represented on the steering committee and information passed on at Council • Also highlighted the concern of Council managers of having to over commit resources as part of the involvement of the HIA process • There was relief and appreciation when the HIA process was clarified and when the AHS staff provided clearer direction on what they hoped to get out of the process. This clarity made the process seem more manageable as it provided a focus and direction • Council had met prior to the 2nd scoping meeting to try and sort out their confusion about the process • Still had potential for the meeting to go off the rails, although this had been contained • In hindsight, it could be a good idea to clarify with the Council contact the procedures and mechanisms of Council outside of the working group (i.e. decision making understanding preparation) • Didn't explore the nature of the two organisations enough earlier in the process. This may have made developing the TOR quicker and easier, more information needed about hierarchies etc. • It was good to be presented with a draft / example TOR for the working party to fine tune and negotiate. Much easier and time efficient to work off a pre-written draft. Good to have time to review and consider TOR between meetings • The process was good, storming and norming is a regular aspect of group processes • AHS staff reported the scoping and screening were the most challenging processes due to having to establish direction • Realised the importance of setting the parameters / TOR • It was a logical process, working through the steps worked OK • The HIA focused on aspects linked to urban design and social connectedness, the process of deciding on the topic requires further clarity – was it due to this area being the easiest? Or the awareness of evidence on these topics?
<p><i>Identification process</i></p>	<ul style="list-style-type: none"> • Council staff believed the consultation meetings were a good opportunity to exchange information and to meet in a less formal sense. • The consultation process provided and opportunity to clarify aspects of the HIA outside of the meeting format. These meetings also helped to make the HIA process clear and also helped to identify the type of information that was required to complete the identification phase • The evidence table was believed to be a good tool as it provided validity and transparency to the process • There was a comment that throughout the process the documentation was good. It was stated that the regular feedback also added transparency to the process. In addition to this, the Council staff members felt they were provided plenty of opportunities to add information / comment during the HIA • Process transparent. Explanations of what had occurred and opportunities to

	<p>provide feedback and have the feedback considered occurred continually.</p> <ul style="list-style-type: none"> • Important having the transparency and making search strategies clear • Choice of the Settlement Strategy made this difficult due to the broad nature of the strategy – the process undertaken was the best way to have done this. • Helpful process – bought information to the table, for example the ‘Healthy by Design’ document added value and built on the work the Council had initiated. This work provided supporting evidence to Council work
<p><i>Assessment (Matrix)</i></p>	<ul style="list-style-type: none"> • There was a general comment that the matrix was a little confusing – clarifying the titles – felt that the matrix activity suited certain brain types, however it was felt that the matrix pulled the information together well and that it was a good trigger • The differential impact aspect of the assessment process was reported as a challenging and at times confusing concept • Worthwhile but challenging • Not being a lineal thinker, found this process restrictive, however is was a good system for the purpose of the exercise • The meeting was too long – should have had a break in the middle (good to conduct the meeting on one day – over a longer period would have been difficult) better agreements initially identifying the required times for meetings may have helped • Initially a difficult process, however, enjoyed working through the matrix with colleagues. Seeing it fall into place prior to the meeting with Council. • Satisfaction at being prepared and understanding how we developed the themes. • Beneficial for the AHS working group to work through the matrix process prior to taking to the working group / flipside is that this may have pre-empted the group. • Unsure how to complete this phase without having some sort of tool which gave structure to the deliberations and prompted important issues such as the differential impacts
<p><i>Recommendations (e-mail feedback)</i></p>	<ul style="list-style-type: none"> • Appropriate process to do by e-mail • Valuable to circulate a draft form to the steering group. Using e-mail allowed people to take the information away and digest it at own pace – review ‘what does it mean’. This process bought more time, rather than having to make decisions in the meeting – able to think about the issues at a different level – window of time for considered thought. It allowed council members to discuss recommendations amongst themselves • The e-mail process provided time to process information – loved it • The general and specific recommendations were a good option. The specific action orientated recommendations added value to the general overarching recommendations • Observation of Council feedback was impressive. Everyone was incredibly engaged • Reviewing the recommendations via e-mail was very efficient – not sure if this would have been as effective if there was conflict or disagreement – further face to face would be required if this was the case

	<ul style="list-style-type: none"> • More time could have been spent on the monitoring of each of the recommendations, not confident that enough attention was paid to this important aspect even though there was positive reports that Council were going to incorporate the recommendations into regular Council business – this part of the process may have been neglected as it occurs at the end of a lengthy process, however it is a really important part. • Evaluation should have been considered more throughout the process rather than the focus mainly at the end
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Impact / Partnerships

<i>Resource commitments</i>
<p><i>Council</i></p> <ul style="list-style-type: none"> • The council staff reported that beyond the planned meeting times there were not a great deal of other time commitments, besides preparatory reading for meetings and the consultation meetings that were scheduled during the identification stage. Resource issues were not considered restrictive at all. • Not too much time required out of the meeting. Felt challenged by the time taken by the meetings (part time worker – therefore represented a large part of the working week – tasks away from other work) • The intensity and pace was tiring with little turn around time between meetings. An extended time however may not have added any value to the process however • Meeting intensity was difficult, meeting timeframes made it difficult, however the short timeframe ensured the information was still fresh – maybe this suited the intellectual process • Not a problem, the achievement for the respective outlay of time was great <p><i>AHS</i></p> <ul style="list-style-type: none"> • Intense commitment from AHS staff from the beginning of the activity (late June) through to the completion of the assessment HP support positions averaged 1 – 2 days per week (travel time was required for 2 of the AHS staff participating in the process) – with the Project Officer using the allocated 3 days per week ,extending the timeframe and attempting to juggle the negotiated days. Extra time was required outside of the allocated 18 days
<i>Do you think the HIA process will influence future council planning? Will this help with future partnerships?</i>
<ul style="list-style-type: none"> • Has potential to influence future planning • The HIA process is helping to meet future needs that have been recently identified in planning; it is aligned with the current shift in thinking. • It has been beneficial to have the health perspective included in planning • It was agreed that this process will help with future partnerships, working together has provided ideas for future partnership projects • It was suggested that the HIA work may help Council develop partnerships with developers e.g. community planning • Recommendations will be circulated which will highlight important aspects to staff. The recommendations require ownership, this is an important aspect of the uptake • Provoked interest in interdepartmental working or wrangling – may have opened doors – ‘like the thought’ not sure of the practicalities • I believe there is potential for future partnerships based on the communication that occurred

during this HIA.

- The HIA was very functional – the steering group worked through each process together which led to the building of respectful relationships between the Council and the AHS. There was acknowledged expertise.
- Certainly think so – Council have struggled over the years to get government agencies to respond and feedback, this has highlighted establishing relationships is a good start. Council has a 'healthy city' vision however this has not had a language or perspective attached to it - HIA provides this. This process has definitely helped with future planning. HIA gives us a hint of a tool that could be useful in the future, we have recognised health can provide a good resource.

Did the process add value to the Settlement Strategy and future planning (i.e. provide a supportive evidence base)

- The HIA will impact future planning, it should add value to the delivery of the Settlement Strategy
- The HIA process also provided some outside feedback on the Settlement Strategy
- Beneficial to have gone through the process to provide a focus on health
- Most definitely – it bought evidence to the table which provides evidence / science behind planning decisions which will provide important reasons to be strong and firm in policy writing. Planners often get challenged in Council and need to provide regular justification / debate in regards to policy. This process aided the belief to stand firm when writing policy. It was felt that this feature of the HIA was more critical than any singular recommendation. The HIA affirmed the need to be resolute on policy decisions that have been supported by evidence through the HIA.
- I believe it has. If it's only that the 'Healthy by Design' is used as a best practice planning resource.
- I'm hopeful that training in using 'Healthy by Design' will occur.
- The evidence that was collected is to be transferred into EndNote to be available for other health staff, particularly those now currently working on Global Warming.

Engagement

Did you feel involved in the decision making process and feel ownership of the HIA conclusions?

- Council staff reported that they had felt engaged throughout the process, assisted through constant reporting, and had ample opportunity to participate and add to the process
- Yes – once there was clarity and understanding
- Yes definitely – despite initial skepticism that the process would actually allow this
- AHS staff reported being incredibly engaged!

Understanding

Has the HIA process changed your understanding of collaborative health and local government work?

- The HIA had broadened how the Council staff viewed health, and had increased their awareness of health impacts across the spectrum of council's activity.
- The process also increased the awareness of the nature of the work conducted by the AHS and highlighted how the Council and the AHS could work together

- Yes, benefits of putting extra heads together
- Highlighted the idea of looking outside of Council for expertise, previously outside evidence would be sought from other Councils, health can bring value to the table
- Changed perspective rather than understanding – can see opportunities that didn't recognise before
- AHS staff commented it contributed to/ enhanced the learning process of Council operations – some AHS staff had previous knowledge due to participation in Local Government course and work has helped with understanding terminology etc. Understanding what control Council did or didn't have e.g. their parameters of influence was interesting to learn e.g. control of transport and location of schools
- Certainly assisted with understanding Council planning processes.
- Reconfirmed my belief that there is a wide difference in an understanding of health.

Best and Worst aspects of the HIA

<i>Best Aspect</i>
<ul style="list-style-type: none"> • It has led to a shift in thinking – “health is more than Doctors and specialists, rather, it is about a healthy environment and healthy living. Health can be considered in everything we do” • It provides accountability on planning decisions (able to identify health as apposed to just economic factors for decision making) • It has highlighted health as a key perspective in planning • Reminded a new graduate of one of her university courses, commented that it was “good to see the university course in action!” • Positive experience working with another government department • A good avenue for the Council staff to work together with a common focus – out of their usual silos • Some of the initial confusion created by the HIA process actually forced the Council staff to get together and learn more about what each other did. • “Out of the storm comes form” was a comment made which summed up the feeling of moving from the initial confusion to something more meaningful • Having time out to stand back and look at the Strategy and assess the intended or unintended consequences – this allowed time to sit back and assess – a process that is rarely done! • Having a competent and enthusiastic project manager on the program with dedicated time to provide to the project – having dedicated time is a key. Important to have a cohesive project team • Most definitely having a dedicated Project Manager • Open minded Council staff • Establishing the partnership and seeing the health perspective • Efficient process – glad for AHS to have a team approach which supported the progress of the project and the learning and skill building • Learning by doing process with the support of CHETRE • Finishing it! – Bringing the body of evidence to the work
<i>Worst Aspect</i>
<ul style="list-style-type: none"> • The initial confusion at the beginning of the process – however as identified above, it was reported that this had a positive outcome with the Council staff working through it together • Getting your head around the whole process was challenging (intellectually challenging) –

improved as the process evolved

- Floundering at the beginning
- Persistent meeting schedule – regular 2 weekly meetings was exhausting and time consuming (especially due to part time work)
- Lack of afternoon tea / break during the assessment meeting
- Not convinced the output (recommendations on one Council strategy) warrants the input (numerous dedicated HP hours)
- Being in Port Macquarie and not as 'hands on' as the two Coffs Health Promotion workers

Future of HIA's

Is there a future for HIA's with local government?

Council feedback

- It would be good to be able to conduct more HIA's, uncertain about the reality
- The role and overlap with social impact assessment was discussed by a council staff member who had been involved in this, It was felt that the social impact process was more broad
- Coffs Harbour is promoting itself as the healthy city, so it was suggested that the Council should report more on health impacts to meet this aspiration – discussion around how the reporting of health could be incorporated into operational and strategic processes, and that health spans the social, environmental and economic areas (sustainability/ triple bottom line) Discussion held around altering Council's report request / proposal format to change the reporting focus from social to social / health
- Yes in certain circumstances there could be potential
- Certainly – Council would need to take it slowly and be selective as the process is applicable across the whole organisation which makes it a whole of organisation approach. Initial demonstration projects could be a good way to start

AHS feedback

- Depends on future adoption of HIA's by health and the resources that are allocated
- This has contributed to the AHS knowledge base on healthy urban planning, this knowledge and evidence could inform less resource intensive work with local government in the future
- A good way to engage at a strategic level
- The process has definitely increased knowledge of the HIA process and more confident to be involved in the future
- HIA should be considered for projects plans or proposals in areas with major potential health impacts - they should not be done just for the sake of it.
- Not sure. Good tools but it would be difficult to use them effectively if you didn't go through the whole HIA process. May be opportunity in the future but the same level of support for a dedicated Project Manager would not be there as the process would not be supported as much by CHETRE or NSW Health.
- I personally would only be involved in another HIA process if there was a dedicated Project Manager to lead the HIA.
- It's a very intensive process and with 12 LGA's in our Area Health Service with numerous strategies and projects there would have to be a strategic approach to conducting HIA. It is a good process however it would be hard to warrant a full time HP position working solely on HIA. Outcomes from one HIA may identify strategies that could be used with other LGA's that doesn't require an intensive HIA process. Once the relationships have been developed there may be other ways to conduct business.

Appendix 4: Evidence Table – Reference List

On the following pages is the evidence table that summarizes the results of the literature and document review (as outlined in the HIA Terms of Reference) conducted as part of the Coffs Harbour HIA identification process. The literature review focused on urban design and transport in relation to community connectedness / social cohesion. A preliminary review conducted to prepare for the identification and assessment meeting identified some key themes; these are outlined below. These themes were discussed and clarified by the Steering Group at the assessment meeting.

Themes Identified:

- Community Connectedness – can lead to increased health and wellbeing
- Community involvement – can lead to increased community connectedness
- Walkable, connected mixed land use neighbourhoods – can lead to increased physical activity (utilitarian and recreational) and increased community connectedness
- Urban design (re walk ability and ‘eyes on the street’) – can lead to an increased sense of safety and increased community connectedness through increased social interactions
- Schools as a focal point for urban design – can lead to increased community connectedness and increased active transport
- Walkways / Cycle ways / Infrastructure – can lead to increased active transport and decreased car usage
- Limited public transport – can lead to reduced connectivity

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Evidence table: Community Connectedness (*Community Liveability, Creating Communities*)

Urban Design

- Altshuler et al (2004) **Local Services and amenities, neighbourhood social capital and health** Social Science and Medicine. 59 (6): 1219-29.
- Coffs Harbour City Council, **Economic Development Plan 2005** < <http://www.coffsharbour.nsw.gov.au> >
- Coffs Harbour City Council, **Social and Community Strategic Plan 2006 – 2010**, February 2006 < <http://www.coffsharbour.nsw.gov.au> >
- Cervero, R. 2003 **Walking, Bicycling, and Urban Landscapes: Evidence from the San Francisco Bay Area** American Journal of Public Health. 93 (9): 1478-83 Sep.
- Frumkin, H. 2003 **Healthy Places: Exploring the Evidence** American Journal of Public Health:93 (9) 1451-56 Sep.
- Galea S, Vlahov D, **Urban Health: Evidence, challenges and directions**, Annual Review of Public Health, 26:341-365
- Gebel, K. King, L et al, 2005. **Creating Healthy Environments: A review of links between the physical environment, physical activity and obesity**, NSW Centre for Overweight and Obesity and NSW Health. Sydney
- Harten, N and Olds, T. 2004. **'Patterns of active transport in 11 – 12 year old Australian children'**, Australian and New Zealand Journal of Public Health vol 28 no.2 Apr, pp.167-72.
- Kaplan, S. Health, **Supportive Environments, and the Reasonable Person Model** American Journal of Public Health: 93 (9) 1484 - 89 Sep.
- Leyden K 2003, **Social capital and the Built environment: The importance of walkable neighbourhoods** American Journal of Public Health. 93 (9): 1546-51Sep.
- Marmot & Wilkinson, 2003. **The social Determinants of Health: The Solid Facts**, WHO, Geneva
- National heart Foundation of Australia, 2004, **Healthy by Design: a planners guide to environments for active living**, National heart

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Evidence table: Community Connectedness (Community Liveability, Creating Communities)

Foundation of Australia.

Saelens et al 2003, **Environmental correlates of walking and cycling: Findings from the transportation, urban design and planning literatures** Annals of Behavioural Medicine. 25 (2):80 - 9

School Travel Planning Pilot www.travelsmart.vic.gov.au

Semanz J 2003, **The Intersection of Urban Planning, Art and Public Health,: The Sunnyside Plaza** American Journal of Public Health: 93 (9) 1439-41 Sep.

Semra et al 2007. **Promoting Active Community Environments Through land use and transportation planning** American Journal of Health Promotion, 21 (4) Supplement

Stevensen et al 2006. **Assessing the impacts of health on an urban development strategy: A case study on the Greater Christchurch urban development strategy** Social Policy Journal of New Zealand, Issue 29, November

Public / Private Transport

Coffs Harbour City Council, **Economic Development Plan 2005** < <http://www.coffsharbour.nsw.gov.au> >

Coffs Harbour City Council, **Social and Community Strategic Plan 2006 – 2010**, February 2006 < <http://www.coffsharbour.nsw.gov.au> >

Frumkin, H. **Healthy Places: Exploring the Evidence** American Journal of Public Health:93 (9) 1451-56 Sep.

Gebel, K. King, L et al, 2005. **Creating Healthy Environments: A review of links between the physical environment, physical activity and obesity**, NSW Centre for Overweight and Obesity and NSW Health. Sydney

Mead E, Doden J, Ellway C, 2006 **Urban Environments and Health: Identifying key relationships and policy imperatives**, Griffith University Urban Research Program

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National heart Foundation of Australia, 2004, **Healthy by Design: a planners guide to environments for active living**, National heart Foundation of Australia.

Saelens et al 2003, **Environmental correlates of walking and cycling: Findings from the transportation, urban design and planning literatures** Annals of Behavioural Medicine. 25 (2):80 - 91

Understanding the relationship between public health and the built environment- A report prepared for the Leed – ND Core Committee UK May 2006

Zlot et al 2005, **Relationships among community characteristics and walking and bicycling for transportation or recreation** American Journal of Health Promotion 19 (4): 314 – 7

Assessment Matrix Notes

1. Impacts can be both positive and negative – provide notes on what aspects are negative, positive or unclear
2. Linked to evidence table – confirm rating provided in evidence table amongst steering group
3. List groups, communities or populations who may bear differential impacts. At minimum consider differential impacts in terms of age, gender, ethnicity/culture, socioeconomic position and locational disadvantage. Include the size of the population (Large, Medium, Small, Negligible, Unclear), noting the information this assessment size is based on
4. Large, medium, small or negligible. Note the information this assessment of magnitude is based and why that category (L,M,S, N) was chosen
5. Long, medium or short. Note the information this assessment of timescale for achieving change is based on
6. List possible recommendations, drawing on the evidence gathered in the identification step. Consider differential impacts when formulating recommendations in order to maximise positive impacts, minimise negative impacts and to ensure equitable distribution of impacts

Deliberating to prioritise impacts:

During the assessment the project team and/or steering committee can begin to prioritise impacts. Prioritisation should be based on the assessment considerations used.

This matrix prioritises impacts by assigning a weight for how modifiable each impact is against how important it is. Impacts falling in box A (high importance and high modifiability) are given highest priority, followed by boxes B and D. Impacts falling in box C (low importance and low modifiability) are given lowest priority.

Figure 5: Impact Prioritisation

	High importance	Low importance
High modifiability	A √ √	B √
Low modifiability	D √	C X

Appendix 6: Our Living City Summary Table

Coffs Harbour “Our Living City” Settlement Strategy- Summary table of Topics/Issues and Strategic Actions

Document link = <http://www.coffsharbour.nsw.gov.au/www/html/2016-coffs-harbour-settlement-strategy.asp>

Strategy Category	Topic/ Issue	Strategic Actions
Social - Health	Community safety	<ul style="list-style-type: none"> - Road safety plan - Reduction of private car use, improve public transport - Reduce multiple north/south trips through settlement patterns - Road hierarchy pattern to remove heavy vehicles - Review beach safety - Develop a community safety plan
Social - Health	Community Involvement	<ul style="list-style-type: none"> - Create identities for individual localities - Engage local communities, community involvement in Council projects - Prepare policy on public relations - Create meeting places in local communities
Social - Health	Public Health	<ul style="list-style-type: none"> - Attracting doctors to the LGA - Provision of zoned land - Research on health issues relevant to Coffs LGA - Information for D&A treatment - Create cohesive communities with focal meeting places
Social - Health	Basic infrastructure	<ul style="list-style-type: none"> - Water and sewer strategy - Appropriate land releases - Review rural residential development - Investigate alternate technology
Social - Health	Crime	<ul style="list-style-type: none"> - Public place urban design - Identify problem areas -Design formal and informal public entertainment places

Strategy Category	Topic/ Issue	Strategic Actions
		<ul style="list-style-type: none"> - Provide transport and recreational activities for young people - Identify and eliminate stress factors in the community - Provide a mix of accommodation styles for various income levels in each locality - Ensure sufficient levels of recreational and passive open space are retained
Social - Liveability	Community Recreation	<ul style="list-style-type: none"> - Develop benchmarks and targets for recreational facility provision - Identify gaps in facility provision - Redress imbalance in provision at under-serviced locations - Robust tourist facilities -Recreational facilities in the rural regions - Continue program of walkways and cycle ways in consultation with community user groups - Develop neighbourhood local playground network, complemented by larger regional parks - Improve range of recreational opportunities in parklands, deliver targeted programs within parks
Social - Liveability	Urban design	<ul style="list-style-type: none"> - Design principles that promote social cohesion, sense of place, community wellbeing - Provide a 'town square' in each neighbourhood within walking distance of most development - Comprehensive heritage areas - Planning controls to keep pace with best practice - Provide incentives to developers for consolidation of older areas to create better infill development
Social - Liveability	Visual Environment	<ul style="list-style-type: none"> - Maintain significant view corridors - Prepare ridgeline protection policy
Social - Liveability	Open space	<ul style="list-style-type: none"> - Identify areas of undersupply of open space and correct through acquisition or dedication - Identify opportunities for linkage of existing and future open space - Develop networks of safe walkways and cycle ways
Social - Liveability	Population Growth	<ul style="list-style-type: none"> - Provide a land release program aligned to population thresholds..
Social - Liveability	Creating communities	<ul style="list-style-type: none"> - Prepare desired character statements for each locality in future place management plans - Build suburban activity centres at key locations - Provision of services and facilities in residential areas to encourage exercise and neighbourly activity

Strategy Category	Topic/ Issue	Strategic Actions
	
Social - Access	Housing	<ul style="list-style-type: none"> - Encourage a mix of housing types - Amend density provisions in inner city areas.....
Social - Access	Public & Private transport	<ul style="list-style-type: none"> - Complete Coffs LGA Transport Strategy - Provide services and facilities in residential localities to create self-reliant / self-sufficient communities with a reduces need for many daily local car trips - Restrict residential development along RTA's preferred Pacific Hwy bypass - Consult with bus companies re roads, bus stop locations etc. - Direct public transport, cycling and walking into the heart of each residential area - Work from home opportunities
Social - Access	Path & Cycle Networks	<ul style="list-style-type: none"> - implement recommendations of the Pedestrian Access and Mobility Plan (PAMP) and Bike Plan - Prepare Development Control Plans with link the PAMP and which require provision of pathways and cycleways at the developmental phase - Develop a Section 94 – Cycleways throughout the city - Pedestrian orientated street environment
Social - Access	Transport noise	<ul style="list-style-type: none"> -Control on development of flight path areas - Transport strategy to reduce noise to residential areas, including rail corridors.....
Social - Access	Arts and Culture	<ul style="list-style-type: none"> - Strategic Cultural Plan for the city
Social - Access	Health Services	<ul style="list-style-type: none"> - Adopt standards for health services and facilities provision - Provide for future regional needs for Coffs Harbour Health Campus - Undertake an education strategy for the nature of healthy lifestyles - Provide for a diversity of health services in appropriate locations Identify suitable areas for the provision of seniors living
Social - Access	Equity of access	<ul style="list-style-type: none"> - Implement recommendations of the Disability Action Plan - Implement recommendations of the PAMP - Link PAMP with provision of access to all areas

Strategy Category	Topic/ Issue	Strategic Actions
		<ul style="list-style-type: none"> - Mobility maps for residential areas - Adaptable housing literature - Provide incentives for adaptable housing
Economic - Business	Business environment	<ul style="list-style-type: none"> - Review of retail service structure and hierarchy to identify business needs and match with population trends - Urban design for business areas
Economic - Business	Business Growth and Development	<ul style="list-style-type: none"> - Implement strategies identified in Council's draft Coffs Harbour Economic Development Plan to identify opportunities to increase diversification of business activities
Economic - Business	Established industries	<ul style="list-style-type: none"> - As above - links with Rural Lands Strategic Plan and work with Solitary Islands Marine Park Authority
Economic - Business	Growth industries	<ul style="list-style-type: none"> - Implement strategies with Coffs Coast Marketing Plan - Implement strategies in Council's draft Coffs Harbour Economic Development Plan and Coffs Coast Tourism Strategy relating to tourism
Economic - Employment	Emerging industries	<p><i>Health and Aged Care</i></p> <ul style="list-style-type: none"> - Make available sufficient reserve lands to provide for future aged care and ancillary uses <p><i>Manufacturing</i></p> <ul style="list-style-type: none"> - Implement strategies in Council's Coffs Harbour Economic Development Plan <p><i>Creativity</i></p> <ul style="list-style-type: none"> - Prepare an Arts and Culture Development strategy to facilitate orderly co-ordination and provision of services over time ...
Economic - Employment	Prosperity	<ul style="list-style-type: none"> - Examine mechanisms to address the long-term provision of employment and business opportunities in the LGA
Economic - Infrastructure	Education	<ul style="list-style-type: none"> - Facilitate provision of increased skills training for high technology industries, manufacturing and community service
Economic - Infrastructure	Infrastructure needs and availability	<p><i>Water</i></p> <ul style="list-style-type: none"> - Complete Regional Water Supply System

Strategy Category	Topic/ Issue	Strategic Actions
		<p><i>Sewer</i></p> <ul style="list-style-type: none"> - Revise overall Sewerage Strategy based on the Land Capacity Assessment 2004 <p><i>Smart City Initiatives</i></p> <ul style="list-style-type: none"> - Prepare a “Smart City” Strategy to identify gaps in technological service provision <p><i>Airport</i></p> <ul style="list-style-type: none"> - continue to develop the airport to meet needs ... <p><i>Harbour</i></p> <ul style="list-style-type: none"> - formalise planning policies for the Harbour and Jetty area ... <p>Land</p> <ul style="list-style-type: none"> - Complete land capacity audit for existing industrial zoned lands with the LGA
Environment - Conservation	Biodiversity	<ul style="list-style-type: none"> - Implement and review the Biodiversity Action Strategy ...
Environment - Conservation	Koala management	<ul style="list-style-type: none"> - Seek funding for the implementation of all actions arising from the Comprehensive Koala Plan of Management ...
Environment - Conservation	Vegetation management	<ul style="list-style-type: none"> - Implement actions contained within the Coffs Harbour regional Vegetation Management Plan 2004 ...
Environment - Resources	Heritage	<p><i>Aboriginal Heritage</i></p> <ul style="list-style-type: none"> - Develop a protocol to identify and protect areas of Aboriginal significance, in consultation with Aboriginal elders, the Local Aboriginal Land Council and the Department of Environment and Conservation <p><i>Non-Aboriginal Heritage</i></p> <ul style="list-style-type: none"> - Consult with the community and individual landowners to prepare clearer guidelines for heritage provisions ...
Environment - Resources	Catchment management	<ul style="list-style-type: none"> - Establish a regional committee under the auspice of the Catchment Management Authority ...
Environment - Resources	Water quality	<ul style="list-style-type: none"> - Maintain membership with relevant organisations with a view to implementation and use of world’s best practise controls for water quality

Strategy Category	Topic/ Issue	Strategic Actions
Environment - Resources	Land degradation & clearing	- Continue close liaison with relevant government authorities to find alternative agricultural corps for banana lands ...
Environment - Resources	Potential acid sulphate soils and contaminated lands	- Develop strategies to ensure rehabilitation of degraded banana lands, and revegetation of visually significant areas....
Environment - Resources	Hazards	<p><i>Coastal processes</i></p> <ul style="list-style-type: none"> - Extend Tree Preservation Order to all coastal lands - Improve structured beach access ... <p><i>Flooding</i></p> <ul style="list-style-type: none"> - Incorporate results of the 2005 Coffs Creek Floodplain Management Study into strategic planning documents ... <p><i>Bushfire</i></p> <ul style="list-style-type: none"> - Complete regular reviews and updates of the bushfire hazard maps
Environment - Resources	Stream and riparian area management	- Undertake an Environmental Repair Program for all creeks and rivers in the LGA ...
Environment - Resources	River/Aquatic health	- Maintain membership with relevant organisations, with a view to implementation and use of world's best practise controls for river aquatic health ...
Environment – Resources	Coastal zone use	<ul style="list-style-type: none"> - Continue to provide designated walking tracks, with stairs and boardwalks etc, as necessary to direct foot traffic to specific locations in the coastal zone ... - Develop Open space Management Plans ...
Environment – Efficiency	Groundwater supply / quality	- Work collaboratively with the Department of Water Resources to develop and implement a Groundwater Strategy for the LGA ...
Environment - Efficiency	Air quality management	<ul style="list-style-type: none"> - Promote the use of public transport and reduced reliance on private vehicles ... - Continue implementing Greenhouse Action Strategy ...
Environment -	Noise pollution	<ul style="list-style-type: none"> - Undertake a review of the Companion Animals Management Plan ... - Ensure development consents promote sound absorption technology ...

Strategy Category	Topic/ Issue	Strategic Actions
Efficiency		
Environment - Efficiency	Greenhouse gas emissions and energy conservation	- Continue to promote energy efficient urban designs, including street layout and building design ...
Environment - Efficiency	Water consumption and efficiency	- Maintain membership with relevant organisations, with a view to implementation and use of world's best practise controls for water consumption and efficiency ...
Environment - Efficiency	Waste management	- Implement actions contained within the Waste Resource Action strategy