

Health Impact Assessment
Flinders Street Redevelopment Project
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Townsville Flinders Street Redevelopment Health Impact Assessment (HIA)

Recommendations Summary

The HIA recommendations are based on the available collected evidence and guidance of acknowledged contributors. They relate to maximising the potential positive health impacts and minimising the potential negative health impacts.

Overarching Health Impact Assessment Focus

Community connectedness and identity focussing on designing public spaces that is safe and accessible to all ages and abilities

THEME 1 Safety and Security through environmental design and management approaches

- 1.1** Ensure crossing points for local residents and visitors have clear signage, clear line of sight and accessible for all ages and abilities (ie in line with minimum standards and the Townsville City Council Disability Action Plan 2007-2010 so that people with wheelchairs, prams and the frail have access). International evidence has shown that the safest crossing points are those which are raised and clearly marked.
- 1.2** Ensure ongoing management and maintenance of Crime Prevention through Environmental Design (CPTED) principles in the Flinders Street Redevelopment to increase the safety and perceptions of safety of residents and tourists and reduce the potential for anti-social behaviour in public spaces.
- 1.3** Provide sufficient seating and tables with shade and shelter. Provide a variety of heights in seating infrastructure at regular intervals for rest periods and to facilitate social interaction for traders, workers and consumers. Seats should be at levels to suit older adults (ie not too low to the ground).
- 1.4** Ensure seats and tables are designed to reduce injury hazards (eg non-trip, rounded edges) and have enough space so that people with prams and wheelchairs can sit next to people on seats. Recommendations 1.3 and 1.4 will also provide opportunities for connectedness and participation.
- 1.5** Ensure that trees and plants are non-toxic and non-allergenic. Inhaled allergens can trigger asthma attacks. Local native plants will also contribute to the sense of identity.
- 1.6** Reduce the potential for mosquito breeding by ensuring infrastructure and landscaping does not allow for standing water (specifically service pits) to avoid the health risk of mosquito borne diseases.

- 1.7** Improvements in public transportation including safety and security at public transport points (ensuring public space activity), reliability of bus timetables and clearly displayed bus times (eg computerised bus times). Public and privately owned public space in the vicinity of the bus station be designed to enhance the experience of waiting for and catching public transport. Active street fronts that offer opportunities for cafes or to wait in sheltered areas.
- 1.8** Improvements to shaded areas for walkways, transit areas and public meeting spaces via the built and natural environment. Queensland has the highest rate of skin cancer in the world. Shade can reduce up to 75 per cent of ultraviolet (UVR). UVR can reflect off surfaces such as grass, water, and concrete.

THEME 2 Community identity and participation through community involvement and developing a ‘sense of place’

- 2.1** Provide signage that reflects the heritage and cultural significance and adds character and interest to the streetscape. Design clear, concise and consistent signage (eg internationally recognised symbols) that provide clear direction to essential services and places of interest. Use large lettering, non-reflective and durable materials to minimise maintenance. This approach contributes to education, participation and sense of safety for residents and visitors and will foster ownership and place attachment for Townsville residents.
- 2.2** Adopt a participative planning approach that involves engagement with key population groups and stakeholders for all elements and at all stages of the Flinders Street Redevelopment to ensure all of the health determinants are considered. Key stakeholders may vary at different stages but will include:
- access design consultants
 - relevant government and non government departments
 - families, seniors, people with disabilities, Aboriginal and Torres Strait Islander peoples, Culturally and Linguistically Diverse population groups. This recommendation is in line with the Townsville City Council Family Charter and Community and Environmental Services target groups.
- 2.3** Obtain community participation into the development of interpretative signage and public art. Participative planning can identify potential users’ needs, preferences and sense of belonging.

THEME 3 Health Promoting and Sustainable Environments

- 3.1** Provide access to clean drinking water (including assistance animals), and secure bicycle parking.
- 3.2** Improve the availability and quality of community parenting rooms in line with the Australian Breastfeeding Association (ABA) guidelines to encourage breastfeeding in public and the subsequent duration of breastfeeding.
- 3.3** Improvements in environmentally friendly and sustainable infrastructure such as solar lighting and recycling disposal units (including needle disposal units).
- 3.4** Consider the development of a comprehensive partnership approach for improving and promoting the community's access to healthy food in the Flinders Street Redevelopment project. An approach such as this will ensure workers, consumers and visitors have access to and awareness of healthy choices.
- 3.5** Consider infrastructure to support connectivity to current and future pedestrian and cycling tracks eg the Strand, railway station, the planned Southbank development. Linked street networks and arcades to local destinations and activity centres promote physical activity and decreased car usage.
- 3.6** To enhance connectivity and ease of movement around the city centre, consider some bus routes that loop through the city streets including the re-opened mall. This would allow public transport patrons to gain more direct access to city shops and services.

Executive summary

The Issue

The environment, built and natural, provides the setting and backdrop by which we live our lives. It impacts on our senses, emotions, participation in physical and social activity and community life. The aesthetics, access to services, ease of mobility, transport and physical activity, sense of community, sense of safety and participation in community life all indirectly impact on our health and wellbeing. Local governments have a crucial role to play in creating environments that promote opportunities for health and wellbeing and active participation, both physically and socially.

Overview of the Health Impact Assessment (HIA)?

HIA provides a systematic process for identifying the positive or negative health impacts that could arise from a proposed policy, program or project, such as local government planning proposals. The overall aim of HIA is to provide planners and decision makers with knowledge and information about the overall effects of a proposed plan or project, prior to that plan being implemented. In November 2008 a Rapid Desktop Health Impact Assessment was conducted on the Flinders Street Redevelopment project by the Health Promotion Service of the Tropical Population Health Services, Population Health Queensland. The identified health determinants were safety and security, access for all ages and abilities, social connectedness, participation and identity.

Findings from the HIA showed that the Flinders Street Redevelopment plan has the potential to benefit the health and wellbeing of Townsville residents and visitors by increasing opportunities in the above health domains. However, a number of considerations are required to maximise the positive and minimise the negative health impacts.

Flinders Street Redevelopment HIA Key Points

- The HIA was initiated by the Health Promotion Services, Tropical Population Health Services (TPHS) as part of a “learning by doing” approach with support and assistance provided by the Centre for Health Equity Training, Research and Evaluation (CHETRE), UNSW. This approach contributed to Population Health’s strategic direction of increasing investment in the facilitation of creating healthy physical, social and economic environments.
- The HIA process was supported by the Townsville City Council Flinders Street Redevelopment Project Team. Two TPHS staff took the lead role in implementing and reporting on the HIA.
- The HIA process consisted of 5 meetings with key staff from the Tropical Population Health Services, Townsville City Council project team and Townsville City Council Community and Environmental Services. The average length of each meeting was 90 minutes.
- The HIA process has provided opportunities for cross sector partnerships to consider preventative strategies and promotion of health and wellbeing at a holistic level.

Flinders Street Redevelopment HIA outcomes

- A range of recommendations that incorporated healthy community streetscape design principles of walkability, accessibility, safety and participation were developed and endorsed by all parties.
- It is anticipated that these recommendations will be followed up/monitored by council and TPHS will be invited to participate in the further development of the Flinders Street Redevelopment in 2009.

Health Impact Assessment Report

Introduction

In November 2008, the Tropical Population Health Services (TPHS), Population Health Queensland was given permission by the Townsville City Council Flinders Street Redevelopment Project Team to conduct a rapid HIA on the Flinders Street Redevelopment concept planning documents. This commitment supported TPHS in building Population Health capacity to undertake HIAs as part of a “learning by doing” approach. This process also contributed to Population Health’s strategic direction of increasing investment in the facilitation of creating healthy physical and social environments by working collaboratively with local government bodies to deliver health prevention and promotion strategies. Staff from TPHS Health Promotion Service and Environmental Health Service and Townsville City Council staff provided input into components of the HIA process. Expert advice was provided on request by the Centre for Health Equity Training, Research and Evaluation (CHETRE), UNSW.

Recommendations were developed as a result of the HIA which are aimed at enhancing health outcomes for the residents and visitors who access the Flinders Street area.

Summary of the Flinders Street Redevelopment

Townsville Central Business area is home to more than 1,100 businesses and 14,000 employees contributing over \$1 billion annually to the economy of the north. Since the 1980s, and in spite of major upgrades and ongoing maintenance to the Flinders Street Mall, investment by traders and Townsville residents has declined substantially. The Townsville City Council is committed to revitalising Flinders Street to its rightful historic role as a vibrant retail and commercial city hub. It has been recommended that reintroducing traffic to the area is necessary to encourage quality retail, dining and entertainment opportunities and encourage residents and visitors to the heart of the city.

As the Flinders Street Redevelopment planning project is nearing final sign off, it is anticipated that the HIA will be effective in adding value and evidence to the development of the master plan. It has also been identified that HIA recommendations could provide guidance to the progression of the planning and infrastructure processes.

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-up¹.

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 minimising the potentially negative health impacts and maximising the potentially positive health impacts.

The following section outlines the process and outcome of each of these steps during the Townsville Flinders Street Redevelopment HIA.

Screening

Screening was conducted through an informal brainstorming session with Tropical Population Health Services staff and HIA experts from the Centre for Health Equity Training, Research and Evaluation (CHETRE) UNSW. A Health Impact Assessment Screening Tool was used for this process (appendix 1). The outcomes are detailed below.

Potential Health Impacts

It was agreed that overall the Redevelopment of the Flinders Street Precinct will have positive health impacts. However, it was recognised from the master plan that there were opportunities to maximise the positive health impacts and reduce the negative impacts. It was also decided that a HIA may help to inform the Council on how best to proceed with feedback on the master plan based on current research and evidence and community consultation results.

Health Inequalities

The concept of health inequality was discussed with a focus on creating opportunities for all ages and abilities and population groups most at risk of the negative health impacts.

Available resources and capacity

TPHS provided 2 staff members to carry out the bulk of the work within their current workload and access expert advice from key stakeholders that was possible within the timeframe.

Agreement to proceed

It was decided that due to the limited time-frame, it was worthwhile to proceed with a Rapid Desktop Health Impact Assessment. These types of HIAs are an 'off the shelf' exercise that synthesise and appraise existing information to rapidly provide a broad overview of potential health impacts.

Scoping

The purpose of scoping was to determine the scope and parameters of the HIA. Two scoping meetings were held and it was decided to focus the HIA on issues related to the project purpose of creating a safe vibrant community. Through the development of a tool that identified the activities being undertaken in the project, the determinants of health and population groups most affected (positively and negatively) were acknowledged. The main determinants of health identified were: safety and injury prevention; safety and security from crime; community connectedness and participation, sense of place and identity and accessibility for all ages and abilities.

Can put something about equity here (is covered quite well below so people may ask why) – equitable distribution of impacts was scoped as a core value and concern that drove the HIA?

Collection of Evidence and Identification and assessment of potential health impacts:

As part of scoping, it was agreed that the following types of evidence would be required:

- Existing community profile
- Existing Council documentation (community consultation report and relevant local action plans and policies).
- Literature reviews
- Key informant interviews/workshops

The Townsville Council provided the community profile and community consultation report. Literature reviews were conducted using TPHS electronic and hard copy library peer reviewed reports and articles which included themes such physical activity and the built environment, the built environment and health, mental health and wellbeing and community connectedness, culture and health. Further articles on similar HIAs were sourced from the UNSW Research Centre for Primary Health Care and Equity 'HIA Connect' website (www.hiaconnect.edu.au). Informant meetings were undertaken with health and council representatives identified as experts in their relevant fields such as Aboriginal and Torres Strait Islander, environmental health, health promotion, social planning, community development, engineering, community engagement. This ensured all key resources and information had been included.

Community Profile

The current population of Townsville is 169,484 which is expected to grow to over 220,000 by 2026². In June 2007 there were 137,484 persons resident in the urban centres of Townsville and Thuringowa². In the 2006 Census, 21.7% of the population usually resident in the new Townsville City were children aged between 0 to 14 years and 18.9% were people aged 55 years and over². The fastest growing segment of this population group are those aged 85 years and over². Eighteen percent of the population attend the variety of government and non-government schools in the area. Sixteen point five percent of all families are one-parent families and people with disabilities who need daily living assistance make up 3.5% of the population².

At the time of the Census, the Indigenous population comprised of 5.5% of the total Townsville population which is higher than for Queensland². The breakdown is: 3.9% stating they are Aboriginal, 1% Torres Strait Islander and 0.6% both Aboriginal and Torres Strait Islander². Townsville's culturally diverse population make up 4.6% of the population who speak a language other than English at home². This is smaller than the state average of 7.8%². The mix of ethnic communities in Townsville comprise of peoples from Europe, Asia and Africa².

Chronic diseases are the major cause of death in Queensland³. The prevalence and impact of chronic disease is increasing due to an increasing ageing population and poor lifestyle

choices. Insufficient physical activity for health, unhealthy diet, smoking, alcohol misuse and psychological distress contribute to chronic disease³. A prevention strategy for Townsville requires partnerships between government and non government sectors, the private sector and civil society³. Promoting and supporting healthy choices through education, the built environment and policies has potential benefits in improving the holistic health and wellbeing across the population³.

Due to the time limitations, there was no external community consultation conducted as part of the rapid HIA. However, information received by the Townsville City Council’s community consultation on the master plan was sourced. A brainstorming workshop was conducted with TPHS staff in the Health Promotion and Environmental Services and informal consultations were conducted with staff from Council’s Community and Environmental Services and members of the Flinders Street Redevelopment Project Team. A socio-environmental model of health was used to generate detailed lists of health determinants which have been demonstrated to influence health status.

Assessment

Using the socio-environmental model of health, issues identified in the scoping process were combined under similar themes which are outlined below.

| Determinants of health | Rationale for selection |
|---|---|
| Safety (injury prevention) | <ul style="list-style-type: none"> • Principles around accessibility for all ages and abilities will contribute to increased patronage • Risk of accidents/injury is relevant for the older population, people with a disability and young children. • Accidents may be increased through increased traffic, but may be decreased by improvements to the walking areas and improved lighting • Tropical climate and health risk factors |
| Security – crime prevention and perceptions of safety | <ul style="list-style-type: none"> • TCC community consultation found safety was an important issue • Lack of security (real or perceived) impacts on mental health and decreases patronage to an area. Safe perception increases participation • Affects all population groups, especially women and older people |
| Connectedness & Identity | <ul style="list-style-type: none"> • TCC rationale of the development to improve identity and encourage activity in the city heart • Opportunity to integrate high Indigenous population in Townsville (5.5% of total population) • Sense of identity / ownership increases usage and decreases vandalism |

| | |
|--------|--|
| Access | <ul style="list-style-type: none"> • Access issues affect the older population, people with a disability and young families • Improved access will encourage use of public spaces • Increased numbers of people increase the perception of safety |
|--------|--|

An assessment matrix was developed which included the population groups most at risk and the activities most likely to impact on their health and welling. This matrix was used during informant meetings in tandem with the evidence collected through consultation and literature review. The matrix assisted in determining the possible health impacts and identifying possible differential impacts on community populations. The traffic light system provided a visual picture of how the activities had the potential to impact on the health of the population groups. Green displayed a positive impact, amber related to activities that could be enhanced and red was used for those activities that could have a negative impact unless modified. Notes were made to inform the basis of recommendations. An example of a section of the matrix is shown below.

| ACTIVITY | DETERMINANT OF HEALTH | OVERALL | Children/youth | Older persons | Workforce | Persons with disabilities | SES or marginalised |
|--|--------------------------|---|--|---|---|--|-------------------------|
| Furniture (seating - workers, gathering of people, mix of signage and seats) | Connectedness & Identity | Large potential if local, iconic Allocated spaces for recreational, organised activities, Ensure facilities for all ages and abilities | Involvement of children to do artwork Excursions and education | Historical heritage artwork | Seating adequate for workforce as well as consumers | | |
| | Safety/Injury | Rest spots Provision of bike racks Easy access to public telephones Hard surfaces, bollards/barriers required (dining areas to prevent accident from vehicles), maintenance of fixed amenities, seating design non-trip (does not contribute to safety hazards), shade over taxi and bus stops, built furniture designed with round edges (injury) | Ensure anti-vandal devices installed on seating, provision of bike racks | Higher seating suitable for elderly and frail | Seating adequate for workforce as well as consumers | Ensure wheelchair suitable seating, including shade. | Provision of bike racks |
| | Access | ensure is accessible to all – ages and abilities | Play areas | | Seating adequate for workers as well as consumer | | |

Decision making and formulating recommendations

The decision making and recommendations process was conducted by a brainstorming activity and key informant interviews where the evidence was reviewed. Themes and recommendations revolved around safety and security through environmental design; community identity and participation through community involvement and developing a 'sense of place' and health promoting and sustainable environments. The evidence base for each theme and recommendations is included below. Draft recommendations were reviewed by The Flinders Street Redevelopment Project Team in relation to their level of high or low importance and high or low modifiability. Final draft recommendations were endorsed by the project team.

Recommendations with rationale

THEME 1 Safety and Security through environmental design and management approaches

Health Impact of Identified Theme

The overall health impact was identified as positive for this theme. The recommendations reflect the differential impacts identified during the assessment process. This theme has the potential to have a large impact as it is envisaged that a large percentage of the community will access this area.

Evidence Base

The built and natural environment has a direct influence on people's wellbeing in relation to whether it encourages or inhibits physical activity and social interaction^{4,5,6}. Studies show that more pedestrians and cyclists that utilise a particular area actually increases activity and perception of safety and security and decreases the incidence of accidents and injury for all (including vehicle users)⁷. Bicycle paths and footpaths need to be sufficiently wide, maintained, attractive, well lit and linked to other resources⁵. Providing supportive environments for pedestrians and cyclists can reduce vehicle usage for all trips (long or short). Encouragement of pedestrians, social interaction and participation is also likely to reduce crime. Stress and fear of crime is associated with higher blood pressure and increased anxiety^{4,13}.

Pathways with a minimum width of 1800mm will sufficiently accommodate two-way traffic and safe use by people who need assistance (eg mobility vehicle, a person who require to be accompanied, and a person who uses an assistance animal)⁸. People with disabilities can be marginalised physically and psychosocially isolated due to the built and social environment. In streets with kerbs, kerb gradients of 1:10 (minimum is 1.8) are more user friendly and reduce the risk of injury. Ramps at a gradient of 1.15:5 are more accessible than the current regulation of 1.14⁸.

Active living is encouraged by the implementation of traffic controls such as restrictions on speed limits, traffic calming devices, clearly marked crossings and clear signs about road traffic patterns to help cyclists, pedestrians, and drivers to avoid injury and respect each others routes^{5,9}.

Falls are a major cause of injury for children and older people with rates of fatal and hospitalised injury rising significantly after the age of 65 years¹⁰. Designing accessibility and universal design minimises the risk of falls occurring. Avoiding steps and providing non-slip and non-glare flooring, providing clear identification of changes in surfaces and good lighting can contribute to reduced risk of falls¹¹. Risk reduction strategies include structures and vegetation that cannot be climbed on by children and providing clear lines of sight, especially at pedestrian crossings⁵.

Public transport usage is increased if pickup points are convenient, comfortable, pleasant and provide safe access⁵. It is understood that Council may have limited ability to impact on the public transport systems (eg. reliability of bus timetables), however, council's role in providing safe and secure end of transport facilities can greatly affect the size of the impact.

Population studies indicated that two out of three people who spent their childhood or adolescence in Australia will require treatment for at least one skin cancer in their lifetime¹². Protection from ultraviolet radiation (UVR) by natural and built shade infrastructure has the potential to reduce up to 75% of UVR¹². The size of shade structures and the position of a person in relation to the edge of the structure, have a great influence on the amount of UVR received¹².

Recommendations

- 1.1** Ensure crossing points for local residents and visitors have clear signage, clear line of sight and accessible for all ages and abilities (ie in line with minimum standards and the Townsville City Council Disability Action Plan 2007-2010 so that people with wheelchairs, prams and the frail have access). International evidence has shown that the safest crossing points are those which are raised and clearly marked.
- 1.2** Ensure ongoing management and maintenance of Crime Prevention Through Environmental Design (CPTED) principles in the Flinders Street Redevelopment to increase the safety and perceptions of safety of residents and tourists and reduce the potential for anti-social behaviour in public spaces.
- 1.3** Provide sufficient seating and tables with shade and shelter. Provide a variety of heights in seating infrastructure at regular intervals for rest periods and to facilitate social interaction for traders, workers and consumers. Seats should be at levels to suit older adults (ie not too low to the ground).
- 1.4** Ensure seats and tables are designed to reduce injury hazards (eg non-trip, rounded edges) and have enough space so that people with prams and wheelchairs can sit next to people on seats. Recommendations 1.3 and 1.4 will also provide opportunities for connectedness and participation.
- 1.5** Ensure that trees and plants are non-toxic and non-allergenic. Inhaled allergens can trigger asthma attacks. Local native plants will also contribute to the sense of identity.
- 1.6** Reduce the potential for mosquito breeding by ensuring infrastructure and landscaping does not allow for standing water (specifically service pits) to avoid the health risk of mosquito borne diseases.

- 1.7** Improvements in public transportation including safety and security at public transport points (ensuring public space activity), reliability of bus timetables and clearly displayed bus times (eg computerised bus times). Public and privately owned public space in the vicinity of the bus station be designed to enhance the experience of waiting for and catching public transport. Active street fronts that offer opportunities for cafes or to wait in sheltered areas.
- 1.8** Improvements to shaded areas for walkways, transit areas and public meeting spaces via the built and natural environment. Queensland has the highest rate of skin cancer in the world. Shade can reduce up to 75 per cent of ultraviolet (UVR). UVR can reflect off surfaces such as grass, water, and concrete.

THEME 2 Community identity and participation through community involvement and developing a ‘sense of place’

Health Impact of Identified Theme

The overall health impact was identified a positive for this theme. The evidence and recommendations reflect the differential impacts identified during the assessment process.

This has the potential to have a large impact as the project would benefit from consultation with key stakeholders, specifically in relation to interpretative signage and public art. Consultation and partnerships with key stakeholders for the management and maintenance of the CPTED principles would contribute to ownership and sense of place.

Evidence Base

Good evidence to date for community participation through the community consultation that Townsville City Council has conducted. Evidence supports community participation in the planning process to provide opportunities for the people to feel empowered about decisions that will affect the places and spaces in which they live⁴. Built and natural environments that promote social interaction and participation will also afford the development of sense of place, community cohesion and social ties – all seen as important determinants of mental health and wellbeing^{4,6}. Participation in the ongoing cultural and political life of their community is an essential component for enhancing the sense of community competence and collective efficacy¹³. The opportunity to participate in civic life has been identified as a core human need and essential to the psychological health of individuals and communities¹³. Studies have shown that most forms of civic engagement help to create trust, reciprocity and cooperation, which in turn helps to discourage anti-social or criminal behaviour¹³.

- 2.1** Provide signage that reflects the heritage and cultural significance and adds character and interest to the streetscape. Design clear, concise and consistent signage (eg internationally recognised symbols) that provide clear direction to essential services and places of interest. Use large lettering, non-reflective and durable materials to minimise maintenance. This approach contributes to education, participation and sense of safety for residents and visitors and will foster ownership and place attachment for Townsville residents.

2.2 Adopt a participative planning approach that involves engagement with key population groups and stakeholders for all elements and at all stages of the Flinders Street Redevelopment to ensure all of the health determinants are considered. Key stakeholders may vary at different stages but will include:

- access design consultants
- relevant government and non government departments
- families, seniors, people with disabilities, Aboriginal and Torres Strait Islander peoples, Culturally and Linguistically Diverse population groups.

This recommendation is in line with the Townsville City Council Family Charter and Community and Environmental Services target groups. Participative planning can identify potential users' needs, preferences and sense of belonging.

2.3 Obtain community participation into the development of interpretative signage and public art.

THEME 3 Health Promoting and Sustainable Environments

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. Environmental sustainable opportunities can reach and influence large numbers of people, and have the potential to achieve healthy sustainable outcomes.

Evidence Base

Environments that promote and support healthy choices and behaviours contribute to community wellbeing. People are more likely to use environments that are educational, interesting, share functional and social significance and foster a shared sense of place⁴.

A well planned network of walking and cycling routes allows people to travel and partake in physical activity in safety and ease¹⁴.

Access to fluoridated drinking water is the single most safe, equitable and effective population health strategy for reducing dental caries at a population level¹⁵. Children in Townsville, which has fluoridated water, have significantly less tooth decay than children living in Brisbane which has until recently had a non-fluoridated water supply¹⁶.

Breastfeeding is a key determinant of the nutrition, health, development and emotional wellbeing of infants and mothers¹⁷. The current rates of breastfeeding in Queensland are extremely low with only 19% of infants being breastfed at six months of age. This is in comparison to the Queensland Health target for at least 50% of infants to be fully breastfed at six months of age. Determinants concerning suboptimal breastfeeding initiation and duration have been extensively documented in the research¹⁷. This previous research has established that social acceptance, lack of public facilities and the quality of public facilities may hinder the duration of breastfeeding following hospital discharge of mother and infants. These determinants are characterised as acceptable, suitable and comfortable environments to breastfeed outside the home¹⁷. A recent audit by the Tropical Population Health Service Nutrition team reviewed the quality of public parenting room facilities in Townsville and the surrounding Councils. Approximately three quarters of the facilities did not meet the desirable

or essential criteria for parenting rooms as endorsed by the Australian Breastfeeding Association (ABA), including the current facility in the Flinders Mall. A full copy of the Breastfeeding audit report is available on request and has been provided to Townsville City Council. The audit found that the majority (75%) of facilities in Townsville and surrounding Shires are substandard when correlated with ABA guidelines.

- 3.1** Access to clean drinking water (including assistance animals), and secure bicycle parking.
- 3.2** Improve the availability and quality of community parenting rooms in line with the Australian Breastfeeding Association (ABA) guidelines to encourage breastfeeding in public and the subsequent duration of breastfeeding.
- 3.3** Improvements in environmentally friendly and sustainable infrastructure such as solar lighting and recycling disposal units (including needle disposal units).
- 3.4** Consider the development of a comprehensive partnership approach for improving and promoting the community's access to healthy food in the Flinders Street Redevelopment project. An approach such as this will ensure workers, consumers and visitors have access to and awareness of healthy choices.
- 3.5** Consider infrastructure to support connectivity to current and future pedestrian and cycling tracks eg the Strand, railway station, the planned Southbank development. Linked street networks and arcades to local destinations and activity centres promote physical activity and decreased car usage.
- 3.6** To enhance connectivity and ease of movement around the city centre, consider some bus routes that loop through the city streets including the re-opened mall. This would allow public transport patrons to gain more direct access to city shops and services.

Evaluation

Impact evaluation will monitor the uptake of the recommendations during the infrastructure phase of the project. This will be undertaken whilst TPHS are ongoing members of the Flinders Street Redevelopment Project Team.

Conclusion

The Townsville Flinders Street Redevelopment project has demonstrated that conducting a rapid HIA is a very useful method to engage and build relationships between sectors within Population Health and the local Council in progressing prevention and protection based activities that can benefit the health and wellbeing of the community. The methodology of the HIA provided a framework to conduct a systematic process to identify and review potential health impacts, raise awareness across multi-disciplinary and cross-sector teams and provide recommendations. The consideration of the physical and social dimension in planning work also supports the State Government's Q2 policies and initiatives.

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APPENDIX 1

Health Impact Assessment Screening Tool

| | |
|--|-----|
| 1. <i>What is the proposal about?</i> | |
| | |
| 2. <i>What is the context of the proposal? (eg policy context, history)</i> | |
| | |
| 3. <i>Does the proposal relate to any of the following determinants of health?</i> | |
| a) <i>Lifestyle</i> | Y/N |
| b) <i>Physical environment</i> | Y/N |
| c) <i>Social / economic environment</i> | Y/N |
| d) <i>Health system capacity</i> | Y/N |
| e) <i>Other (specify below)</i> | Y/N |
| 4. <i>What are the assumptions embedded in or underpinning the proposal?</i> | |
| | |
| 5. <i>Why does the proposal have the potential to impact on health?</i> | |
| | |
| a) <i>what are the potential positive health impacts?</i> | |
| | |
| b) <i>what are the potential negative health impacts?</i> | |
| | |
| c) <i>what are the intended consequences?</i> | |
| | |
| d) <i>what are possible unintended consequences?</i> | |
| | |
| 6. <i>What sources of information identify the nature and extent of the impacts on health for this proposal?</i> | |
| | |
| 7. <i>List the groups who are most likely to be affected by this proposal.</i> | |
| | |
| 8. <i>What are some of the potential equity issues?</i> | |
| a) <i>desirable:</i> | |
| | |
| b) <i>undesirable:</i> | |
| | |
| 9. <i>After considering the above, describe your assessment of whether an HIA is appropriate.</i> | |
| | |

APPENDIX 1 continued

| Screening Tool for Health Impact Assessment | | |
|--|--|--|
| Checklist | | |
| ANSWERS FAVOURING DOING A HIA | TO YOUR KNOWLEDGE | ANSWERS FAVOURING NOT DOING A HIA |
| HEALTH IMPACTS | | |
| <input type="checkbox"/> Yes/not sure | Does the initiative affect health directly? | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes/not sure | Does the initiative affect health indirectly? | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes/not sure | Are there any potentially serious negative health impacts that you currently know of? | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes/not sure | Is further investigation necessary because more information is required on the potential health impacts? | <input type="checkbox"/> No |
| <input type="checkbox"/> No | Are the potential health impacts well known and is it straightforward to suggest effective ways in which beneficial effects are maximised and harmful effects minimised? | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | Are the potential health impacts identified judged to be minor? | <input type="checkbox"/> Yes |
| COMMUNITY | | |
| <input type="checkbox"/> Yes/not sure | Is the population affected by the initiative large? | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes/not sure | Are there any socially excluded, vulnerable, disadvantaged groups likely to be affected? | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes/not sure | Are there any community concerns about any potential health impacts? | <input type="checkbox"/> No |
| INITIATIVE | | |
| <input type="checkbox"/> Yes/not sure | Is the size of the initiative large? | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes/not sure | Is the cost of the initiative high? | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes/not sure | Is the nature and extent of the disruption to the affected population likely to be major? | <input type="checkbox"/> No |
| ORGANISATION | | |
| <input type="checkbox"/> Yes | Is the initiative a high priority/important for the organisation/partnership? | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | Is there potential to change the proposal? | <input type="checkbox"/> No |
| TYPE OF HIA | | |
| <input type="checkbox"/> No | Is there only limited time in which to conduct the HIA? | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | Is there only limited opportunity to influence the decision? | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | Is the time frame for the decision-making process set by external factors beyond your control? | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | Are there only very limited resources available to conduct the HIA? | <input type="checkbox"/> Yes |
| ASSESSORS | | |
| <input type="checkbox"/> Yes | Do personnel in the organisation or partnership have the necessary skills and expertise to conduct the HIA? | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | Do personnel in the organisation or partnership have the time to conduct the HIA? | <input type="checkbox"/> No |
| FOR = | TOTAL | AGAINST = |