Applying a health lens analysis to transit oriented development:

A case study of a Health in All Policies approach to policy development

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Introduction

The South Australian government and SA Health are committed to taking action to promote health and reduce health inequalities through addressing the social determinants of health. In order to incorporate consideration of health impacts into the policy development process of all sectors and agencies an innovative policy strategy termed *Health in All Policies* (HiAP) is being used in South Australia. This requires engagement of all sectors of government and leadership from the health sector and other key decision-makers.

A key mechanism in the South Australian Health in All Policies model is a process termed health lens analysis which draws on health impact assessment methods. The HLA process essentially aims to develop systemic change through evidence-based recommendations. It is an iterative process and uses flexible methodologies to ensure that the approach fits with the project proposal in question, the resources available and the local populations affected. The key stages in a HLA project are Engaging with key partner agencies and stakeholders; Gathering Evidence to establish impacts between health and the policy area under focus, and to identify evidence-based solutions or policy options; Generating a set of policy recommendations and a final report that are jointly owned by all key agencies involved; Navigating the recommendations through the decision-making process and finally Evaluating the process.

The health lens analysis process has been applied to range of policy areas including settlement, water security, transit-oriented development, and access to digital technologies. Evaluation is seen as an essential component of the Health in All Policies process with emerging evaluation results informing future development of the model and processes.

This report details the evaluation of the health lens analysis process as applied to transit oriented development. The project was a collaborative initiative between the Department of Planning and Local Government, Department for Transport, Energy and Infrastructure, Department of Health and the Land Management Corporation. Transit Oriented Development is a key feature of the The 30 Year Plan for Greater Adelaide.

The project team produced a report *Transit-oriented developments...through a health lens: A Guide for Healthy Urban Developments* “intended as design guidance to improve liveability, quality of life and health outcomes in Transit-oriented Developments (p. v)”

This report is the fourth in a series of case study reports which examine the processes and methods used in the health lens analysis and explore the impacts of the process in terms of policy development.
Key Messages

- Active policy development in the production of *The 30-Year Plan for Greater Adelaide* provided this health lens analysis (HLA) the opportunity to focus on an area of strategic importance with the potential to have far-reaching impacts on health and wellbeing, but also meant the project was undertaken in a politically charged context.

- Intersectoral work is complicated by differences in language used, organisational and professional cultures and differing priorities. Making these visible during the engagement phase and revisiting them during the life of the project will contribute to the success of the HLA projects.

- The nature and use of evidence is contested and HLA working groups need to carefully consider what type of research enables them to answer the research questions posed. Assessment and synthesis of evidence is a complex task and clear understanding of the purpose of the review is required.

- Debate and contest about evidence is likely when working in an intersectoral team and can act to challenge team relationships.

- The role and mandate of HiAP staff in maintaining links and dialogue with all partners facilitated ongoing productive teamwork. This is consistent with evidence that productive partnerships require a ‘driver’ to maintain momentum and support relationships.

- Conflict within a project is not necessarily a bad thing. When managed constructively, tensions between stakeholders and agencies can lead to better understanding of the issues and increase agencies’ abilities to work together productively.

- The two tiered management structure (operational working group & strategic steering group) was first fully implemented in this project and proved an important means of both managing project challenges and communicating up the management chain.

- Participants reported the new perspectives and shared learning that resulted from the HLA were valuable outcomes of the process.
Evaluation

This evaluation of the Transit-oriented Development (TOD) health lens analysis (HLA) project was undertaken as part of the broader process evaluation of the Health in All Policies approach to policy making. The TOD project is the fourth case study of a health lens analysis – a key component of the SA HiAP model. It was a collaborative project undertaken between Department of Planning and Local Government, Department for Transport, Energy and Infrastructure, Department of Health and the Land Management Corporation.

Methods

The evaluation was undertaken by the South Australian Community Health Research Unit (SACHRU) to explore the process of applying a HLA to TODs and document any preliminary outcomes arising from the project.

Individual in-depth interviews with twelve key informants were undertaken as well as a review of the final guidance document produced by the project and other relevant documentation.

Background

The TODs health lens analysis was a collaborative project undertaken between Department of Planning and Local Government (DPLG), Department for Transport, Energy and Infrastructure (DTEI), Department of Health (DH) and the Land Management Corporation (LMC).

This project demonstrates the evolution of the health lens analysis in a number of ways. Rather than the idea originating from Executive Committee of Cabinet (ExComm) the project was proposed to the ExComm by the Public Health & Clinical Systems Division of the Department of Health following discussion regarding possibilities of working with DTEI in relation to DTEI’s South Australia’s Strategic Plan (SASP) target of increasing use of public transport. It also linked with another of the government’s strategic frameworks, the 30-Year Plan for Greater Adelaide, which sets the scene for future planning and development in metropolitan Adelaide. TODs are a key component of the 30-Year Plan as a means of producing liveable and efficient urban communities. Thus the focus on TODs was seen as a strategic opportunity to engage in an area of active policy development.

here’s a major government policy that’s going to change the way that Adelaide looks and feels... we could produce a document, and pull that evidence together that did say something like, if these are the sorts of things you think about when you’re developing a TOD, that’s a good thing, it’s good for public health.

The focus on TODs provided the opportunity to expand the project remit beyond transport to include built environment design and notions such as walkability and liveability. So whilst there is a clear relationship to SASP the focus was expanded beyond specific SASP targets. ExComm agreed to the proposal indicating the health lens process was seen to have utility beyond assessment of the SASP targets.

The project also differed from previous HLA projects in that the project outcome, rather than a report and recommendations, was to be a guidance document articulating principles of good design in relationship to TODs.
This HLA also saw the emergence of a two-tiered governance structure with an expert working group that worked at the operational level and a steering group that provided strategic oversight.

The TODs health lens project also intersected with other Department of Health initiatives designed to embed health considerations in the policies and programs of other sectors. A 3-year ‘Health in Planning’ project was funded by the Health Promotion Branch aiming to ensure that policies, key planning documents and practices within DPLG maximised opportunities to eat well and be active. The Health in Planning project funded a full-time position, job-shared by two officers, within DPLG. This intersection of initiatives provided additional capacity and leverage to this project with the active participation of the Health in Planning officers in the HLA.

The project also built on work previously commissioned by the Health Promotion Branch with support from Planning SA which examined the impact of urban planning on health outcomes and partnerships with the Land Management Corporation and the Active Living Coalition. Thus the HLA was able to capitalise on the existing good relationships between stakeholders developed through various initiatives. The complementarity of these measures and shared aims suggest they could all be considered under the rubric of health in all policies i.e. “Effective and systematic action for the improvement of population health, using genuinely all available measures in all policy fields” (Hyssälä 2006 prospects and potentials report).

Process

As with previous HLA work, the process essentially followed the steps outlined in the South Australian HLA model: engage; gather evidence; generate; navigate; evaluate, and like other HLA projects, the process was also less linear than indicated by the model. Participants all noted that there had been considerable challenges and some conflict, particularly related to the relevance and use of evidence during the project but also reported that overall the process had been rewarding and had produced a high quality and useful product.

Engage

As noted above there were existing relationships between at least some of the stakeholders which contributed to the ease of the engagement process. The HiAP unit staff played a key linking and coordinating role in identifying and bringing together the project team. The process of scoping and agreeing on the focus for the project proceeded quickly and smoothly. The project steering group and project group were formed in March 2009 and the project proposal was approved by agency Chief Executives in April 2009.

[The process] was incredibly quick. Everybody agreed. It was a great alignment of ideas, great alignment of intent, great alignment of what people’s outcomes were. So the project proposal got written and signed off in a month with four different agencies.

This stands in contrast to reflections of participants in other HLA projects where the start-up phase was slow and there was considerable discussion and debate before an agreed scope of work was arrived at. Whereas competing priorities in different departments were a challenge in other projects, the TODs working group appeared to reach consensus very quickly. In other projects, differences in language and concepts had proved to be obstacles requiring considerable
negotiation before the project could proceed but TODs project participants reported that during this initial phase there appeared to be a common understanding and intent.

One participant also reflected that the quick start to the project meant that the HLA process was not explored in detail at the beginning and so was not well understood by all the partners.

I think we were happy for SA Health to lead the agenda and for us to sort of participate in discussions and there were lots of discussions about what the different values were and what things were important and what some issues were but I think in terms of coming to grips with the core methodology, I don’t think the other partners, the partner representatives really, we pushed ourselves hard enough to really understand where this was going, I suppose.

Gather Evidence

The project moved quickly to the next phase of the project which was bringing together the supporting evidence. The scope of the evidence had been decided through initial brainstorming and discussions regarding TODs and links with health and wellbeing. Minutes of the June 2009 meeting of the working group note that the relationship between design elements of TODs, the determinants of health and health outcomes had not yet been clearly described and this task needed to be addressed through a review of the literature. The task of undertaking the literature review was taken on by a group within health. People with extensive experience and expertise in health protection and health impact assessment were part of that working group. A participant in this group suggested they “were really positioned as the technical advisory group.”

The group gathered evidence regarding different issues, for example environmental, physical and mental health impacts. A narrative review was then written which was presented back to the broader group for comment. The literature review was to provide an information base for the guidance document.

A number of participants commented on the impacts of Health taking responsibility for the writing of the literature review, for example:

I think what happened was it then became seen as a health document, and there were lots of cultural issues that came out about language, sort of language we use compared to the language that they use in the more sort of economic departments and the more industry related departments like planning and LMC.

Although there was agreement from the partner agencies that Health would lead the writing of the review, in practice this led to less exploration of the other agencies’ agendas, in part as the agencies did not engage as extensively as they could, and led to some conflict within the project. Participants suggested that in hindsight it would have been a better option to commission a literature review from an external group with recognised expertise in this field or for the writing group to have been a crossagency group.

The HiAP unit staff played a critical role in maintaining dialogue with all participants when conflicts surfaced. The underpinning principle of ‘win-win’ allowed for repair of strained relationships. Health staff were careful not to take a health imperialist stand:
What we’re trying to demonstrate here is that this is good for you, you can actually improve the developments, you can improve, you can sell government policy better. Get people on side, and so there’s a lot of advantage for all of the players if we can do it right.

The TODs HLA was also taking place in a politically charged environment. There was considerable focus on the government’s commitment to TODs with controversy over a land deal at St Clair and an election campaign.

The hot topic in the 30-year plan is TODs and with it our health lens on TODs.

For HLA participants this added to the pressure to ‘get it right’.

The evidence gathering phase in this instance, uncovered some of the differences in assumptions, language and organisational cultures that had not surfaced in the engagement phase.

I think that we didn’t really have common agreement and understanding at the beginning. I think there was always different perceptions and that we hadn’t taken the time to tease those out.

Misunderstandings regarding terminology created problems. An example given by a number of participants was the use of the word ‘density’ – used by some participants to refer to housing density and others to refer to population density. Concepts such as equity were also contested:

When you talk about putting on an equity lens, first SA Health has to explain the problem. What is the problem? ... If the problem is around long commuting times, access to job and access to services, the planning solution is to make sure there’s access to services on the outer, not to try and provide million dollar homes for – houses that cost a million dollars to build in Bowden. So, I think the stuff that we build when you can touch and see it is much easier to explain to people. Equity – it needs more explaining. Even I struggle to explain it.

When the feedback from this HLA is considered alongside the previous evaluations it suggests that these issues are likely to arise in most intersectoral initiatives and will need to be negotiated at some point in the process. Paradoxically it may have been the already established relationships between the agencies that led to an apparent consensus being reached when in fact there were some significant differences in language and understandings. It points to the need for participants to problematise commonly used terms and familiar concepts in order to uncover differences in the ways they are used.

The writing of the literature review also brought to the forefront issues regarding the nature and use of evidence:

I think the other thing was that we actually had people that, because they were coming from very much a health background couldn’t flip to evidence that might have been available through planning and development, research agendas that might not be evidence based in the true sense of evidence based in certainly health perspective, but still very relevant in terms of providing knowledge and information that guided the overall document and I think we can get hung up on research being so scientific, that we lose opportunities and information that is just as relevant as the in-depth detailed research.
So, in terms of the types of documents that were chosen for the literature review, they would – they weren’t the same types of documents that someone working in the planning space would choose for the review.

Debates over the nature, use, appraisal and organisation of evidence are not unusual in public health decision making:

The research findings to help answer the question may well exist, but locating that research, assessing its evidential “weight” and relevance, and incorporating it with other existing information is often difficult (Petticrew, Roberts 2003 p.527).

As Petticrew et al (2003) suggest, the very term ‘evidence’ is contested and what sort of evidence is to be accepted or rejected is often not discussed. The task of assembling the evidence base for the TODs project was further complicated by the ambiguity of exactly what a transit-oriented development comprises.

I guess talking to people it seems like one person’s TOD isn’t necessarily another person’s TOD.

Generate

There was considerable discussion and debate over the use of the evidence to inform design criteria for healthy TODs. The design principles of various TODs can vary and much of the literature cited dealt with overseas examples and thus applicability to the Australian context was contested. The non-health sector partners considered the first drafts of the guidance document overstated the risks associated with TODs and did not adequately describe their health promoting potential.

It came down to very much a clash of professional cultures. The methodology – it made me realise – it dawned on me that they are essentially using – they were using a risk analysis approach... because it was written by a non-planner or a non-designer, it didn’t really get to the right level of understanding.

I think it’s a bit of a failure right across the state public sector, didn’t have a big enough appreciation of the bigger picture or how things would be received in other departments, and some of the documents just weren’t pitched appropriately to their audience within government, perhaps because we all tend to operate too much in silos.

Although there was to some degree a pause in the project while contested issues were resolved, commitment remained high.

I don’t, didn’t ever get a sense that anyone was going to walk away from it, or ask their boss if they could bow out or anything like that. Everyone stuck to it, thick and thin sort of, but it’s just that painful process to actually go through...

The complexity of working across sectors is well documented and public sector structures are often more supportive of working within rather than across boundaries.

I think as a general comment across government is that we’re exhorted to work across government, but the actual practicalities and rewards for doing so, practicalities are that it’s difficult and time consuming and we’re not often rewarded for it, in any sense at all.
Here the emerging governance structures – a two tiered system with the working group and a higher level steering group - came into play. The difficulties with the project were brought to the attention of the steering group comprising the agency directors. This was seen as a positive step in resolving the direction the project would take. Given the political context it was seen as appropriate and important that higher-level staff gave clear direction to the project.

[A] meeting was held of those at the slightly higher point in the hierarchy, and I think there was a lot of goodwill around the table trying to get back on track, and certainly we devoted quite a bit of time within the department to help reword documents and redirect it. So it’s not as if we all threw our hands up in horror and walked away, or thought about walking away it was like this might not work, it might not get acceptance if we don’t intervene so we chose to I think quite healthily intervene.

...[the context] was highly politically charged, that made the senior group even more important I think. It did mean that we had to be slow and careful and very considerate throughout. I think the management structure actually worked well under those circumstances.

Again, existing positive relationships between the individuals involved supported the process. New members joined the project group – the second of the project officers funded by Health Promotion Branch in DPLG and a second representative from the Land Management Corporation. On the basis of previous versions, re-working and rewriting of the guidance document continued, this time with active participation of the non-health sector participants. A number of participants noted that the guidance document was informing their work even before it was completed.

I think that all of the agencies that have involved in it have influenced their thinking without the document even being finished.

Navigate

In August 2010 the revisions to the (then named) Healthy TODs Guidelines were finalised and accepted and the following month recommendations were approved by the Chief Executives of the four partner agencies.

The steering group also played a role in ensuring that the Chief Executives of the agencies involved were aware of the project. The steering group members had direct contact with their Chief Executives who were to sign off on the project and its products.

We explicitly wanted Chief Executive sign off, before it went back to ExComm, but they were the right people to navigate because of their close contact with the Chief Executive, so it was the right process to go through.

DTEI and Health are very large departments and the role of the steering group members was important in keeping the CEs informed about HiAP work.

You’ve got the official process of the formal paperwork going through, but because we’ve got this huge mega department with very divergent responsibilities, rather than [CE] trying to read the document, every word himself, just a brief conversation to smooth its passage through.
In October 2010 the guidance document *Transit-oriented Developments... through a health lens: A Guide for Healthy Urban Development* was endorsed by the four Chief Executives and in December was approved by ExComm, with the proviso that it was referred to the Government Planning and Coordination Committee. The Environmental Protection Agency had expressed some concern that the noise and air quality sections needed strengthening but the Guide was endorsed by them in April 2011 with only minor amendments.

The Guide was noted by Cabinet in June 2010. A document designed for general public information was developed to accompany the Guide. This work was led by DPLG, with support from the other partner agencies. Both documents were officially launched by the Deputy Premier and Minister for Urban Development, Planning and the City of Adelaide, and the Minister for Health in September 2011.

**Conclusion**

It is clear that this HLA project encountered difficulties, took longer than expected and required considerable investment from the partners. Ultimately however, the process has produced a guidance document that is already informing work in the planning and development sphere. The product has the potential to influence work not only within government but also that of private developers. The partnership has developed an understanding of the potential health impacts associated with TODs and articulated how health can be supported through planning and design. Partnerships were tested by this process but importantly all partners maintained a commitment to delivering on the project. The learning that has taken place through participation in the project is seen as an important outcome in and of itself.

... what we really want is health and wellbeing being considered as a core element in the normal business of other departments to have the policy levers, and that happens during the process... and I think this has been a really good example of that, because the document, the learning from the health lens process and just understanding that agencies actually can influence health and wellbeing, and it can be very useful for them.

There is greater awareness within the partner agencies regarding the impact of the built environment on health and the potential for using those levers to support and promote health. Relationships were strengthened rather than weakened by the conflict.

*I really feel with this one we did develop a shared language and we started to understand evidence basis and we understood each other’s biases really, and that we do have biases and we worked together to solve the political problems... we’re going to work together to make sure we get an outcome and it’s not about one upmanship...It’s a joint responsibility. So very firm relationships I think, very strong relationships.*