

A nighttime photograph of a city street. In the foreground, a paved plaza with benches is visible. A tall utility pole stands on the left. The background features a large, multi-story building with a curved facade, illuminated with warm yellow lights. A sign for 'READING CINEMA' is visible on the building. Streetlights create bright starburst effects against the dark blue twilight sky. A flagpole with a flag is also visible.

**Guidelines for
Conducting a Health
Impact Assessment for
Local Alcohol Planning**

APRIL 2013

Contents

Introduction	2
Who are the guidelines for?.....	4
Territorial authorities.....	4
Public health services.....	4
ACC.....	4
Background	6
Defining HIA.....	7
Whānau Ora HIA.....	7
What are the benefits of HIA?.....	7
The elements of HIA.....	8
Factors influencing health and wellbeing.....	8
Examples of determinants of health specific to alcohol consumption.....	9
How to conduct an HIA for alcohol	10
Main steps of an HIA.....	11
The main steps in conducting an HIA for local alcohol planning.....	12
Examples of alcohol-related HIAs conducted in New Zealand	18
1. Health Impact Assessment: Proposed Liquor Restriction Extensions in North Dunedin.....	19
2. Whānau Ora Health Impact Assessment of the Draft Wairarapa Alcohol Strategy.....	19
3. Wellbeing (Health) Impact Assessment of the Whangarei District Council's Draft Liquor Licensing Policy.....	20
References	21

Introduction

These guidelines have been developed by the Health Promotion Agency (HPA) in partnership with the Ministry of Health's National Public Health Alcohol Working Group.

Introduction

These guidelines have been developed by the Health Promotion Agency (HPA) in partnership with the Ministry of Health's National Public Health Alcohol Working Group. Health Impact Assessment (HIA) is a tool that can be used to assist local alcohol planning. Several communities have already used HIA (Wairarapa, Dunedin, Whangarei) with positive results. As well as in the development of local alcohol policies, HIA can be used in many different policy settings, including the development of alcohol strategies and liquor control bylaws. It may also be used to address a specific alcohol-related issue such as outlet density or trading hours of licensed premises.

“Local communities have many opportunities to influence their drinking environment and produce structural changes to affect the drinking behaviour of future generations” (Law Commission, 2010).

The aims and objectives of the guidelines are to:

- raise awareness and understanding of HIA in local alcohol planning
- support regulatory agencies and community organisations in developing HIAs to assist local alcohol planning
- provide a process for the local community to participate.

The guidelines are not intended to be prescriptive and should be interpreted to meet the issues specific to each local area.

Local alcohol planning enables communities to reduce alcohol-related harm (Alcohol Advisory Council of New Zealand [ALAC], 2005). Its benefits include:

- raising the profile of alcohol-related issues in the community
- encouraging a joined-up approach between councils and partners in developing strategies to address local alcohol issues
- defining the responsibilities of councils and their partners in tackling alcohol-related harm
- demonstrating how councils are fulfilling their obligations under relevant legislation (ALAC, 2008).

Territorial authorities plan for alcohol locally in their development of local alcohol policies. Such policies would be reflected in licensing decisions and licence conditions. Those territorial authorities who choose to develop a policy must consider the nature of alcohol use in their district and all communities must be given the opportunity to share their views on how alcohol should be managed in their district.

When producing a local alcohol policy, a territorial authority must have regard to the following:

- the objectives and policies of its district plan
- the number of licences of each kind held for premises in its district, and the location and opening hours of each of the premises
- any areas in which bylaws prohibiting alcohol in public places are in force
- the demography of the district's residents
- the demography of people who visit the district as tourists or holidaymakers
- the overall health indicators of the district's residents
- the nature and severity of the alcohol-related problems arising in the district.

A local alcohol policy may include policies on any or all of the following matters relating to licensing (but no others):

- location of licensed premises by reference to broad areas
- location of licensed premises by reference to proximity to premises or facilities of particular kinds
- whether further licences (or licences of a particular kind or kinds) should be issued for premises in the district concerned, or any stated part of the district
- maximum trading hours
- the issue of licences, or licences of a particular kind or kinds, subject to discretionary conditions
- one-way door restrictions¹.

Local communities have many opportunities to influence their drinking environment and produce structural changes to affect the drinking behaviour of future generations. Furthermore, the Law Commission (2010) has called for communities to take action to improve their environment without necessarily resorting to the law to do this for them. National policy is important to support change at the local level but huge potential exists for communities to keep aware and concerned about alcohol-related harm (Law Commission, 2010).

The good health and wellbeing of the population is largely a product of the settings in which people live, work and play. This means that improving the health and wellbeing of the population requires more than the provision of health care services. It requires new ways of working together with new approaches and new tools (Public Health Advisory Committee [PHAC], 2006). It also requires responsibility for health and wellbeing to be shared across public and private sectors, and across central and local government, working with communities to ensure that the settings in which people live, work and play support their health and wellbeing.

Who are the guidelines for?

These guidelines are intended to be used by anyone involved in local alcohol planning. Specifically this includes:

Territorial authorities

- District Licensing Committee inspectors
- safety planners
- community development planners
- policy analysts.

Public health services

- Medical Officers of Health
- alcohol compliance officers
- health promotion and health protection officers
- policy analysts.

ACC

- injury prevention consultants.

¹ In countries other than New Zealand, one-way door policies are often referred to as 'lockouts'.

“The good health and wellbeing of the population is largely a product of the settings in which people live, work and play. This means that improving the health and wellbeing of the population requires more than the provision of health care services. It requires new ways of working together with new approaches and new tools” (Public Health Advisory Committee [PHAC], 2006).

Background

WHAT IS HIA?

Health Impact Assessment (HIA) is a formal process that aims to predict the potential effects of policies on health and wellbeing, and on health inequalities (PHAC, 2005). It can be applied to policy making at central and local government level, and is most effective when used early in the policy development process.

Background

Defining HIA

Health impact assessment is defined as *“a combination of procedures, methods and tools by which a policy may be assessed and judged for its potential effects on the health of the population, and the distribution of those effects within the population”* (World Health Organization [WHO], 1999). It uses the World Health Organization’s definition of health, which states that “health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”².

HIA identifies the potential impacts on the health of the population of any proposed policy, strategy, plan or project, prior to implementation (PHAC, 2007). Once the potential impacts are identified, a set of recommendations is prepared, to inform the proposal’s decision-making process. These recommendations are evidence based and outcomes focused. They propose practical ways to enhance the positive overall wellbeing/health effects of a proposal and to remove or minimise the negative health effects. They focus on potential overall health impacts and the distribution of those impacts across the population, to check no population groups will be disadvantaged by a proposal. HIA can therefore assist in achieving equity goals in addition to benefits for overall health improvement.

HIA does not attempt to make the necessary policy decisions, but highlights particular areas of policy that may impact positively or negatively on the health of a population. It is recognised that sometimes policy makers may make tradeoffs between different interests and goals in their decision making.

Whānau Ora HIA

Whānau Ora Health Impact Assessment follows the same methodology as HIA (Ministry of Health, 2007). It was developed for policy makers to use as a tool for assessing the positive and negative impact of their policies on Māori and to identify ways these could be enhanced or adapted.

“HIA does not attempt to make the necessary policy decisions, but highlights particular areas of policy that may impact positively or negatively on the health of a population. It is recognised that sometimes policy makers may make tradeoffs between different interests and goals in their decision making.”

It complements other resources aimed at promoting Māori health including the Health Equity Assessment Tool (Ministry of Health, Public Health Consultancy, Te Rōpū Rangahau Hauora a Eru Pōmare, 2004). At the heart of the tool is the concept of ‘Whānau Ora’, which means “Māori families being supported to achieve their maximum health and well being”. Its overarching aim is to ensure equity in health for Māori. Consequently, this tool should be considered when the policy under development will affect Māori.

What are the benefits of HIA?

Key reasons to undertake an HIA are to:

- improve health and wellbeing, and reduce inequalities in health
- help policy makers use a sustainable development approach
- assist policy makers to meet public health requirements of legislation and policy direction, such as the Local Government Act (2002)
- help policy makers incorporate evidence into policy-making
- promote cross-sectoral collaboration
- promote a participatory, consultative approach to policy making
- help policy makers consider Treaty of Waitangi implications
- strengthen community involvement.

² Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19 June – 22 July 1946; signed on 22 July 1946 by the representatives of 61 States and entered into force on 7 April 1948.

Overall, HIA strengthens community action on public policy. Several studies have shown that prevention partnerships, coalitions, and other configurations of community organisations for prevention can effectively advocate for and achieve community-level tobacco, alcohol and drug policy change (Pentz, 2000). Other positive outcomes may also result from increased community input into decision making on alcohol matters. Research shows a link between knowledge of the local democratic process and enhanced wellbeing and social capital in communities (Hothi et al, 2008).

The elements of HIA

These include:

- *consideration of evidence about the anticipated relationships between a proposal and the health and wellbeing of a population*
- *consideration of the opinions, experience and expectations of the stakeholders who may be affected by the proposal*
- *provision of more informed understanding by decision makers and the public about the effects of the policy, programme or project on health*
- *provision of a set of recommendations to the decision makers to enhance the positive and reduce the negative health impacts. (WHO, 1999).*

For more information on HIA, go to:

www.health.govt.nz/our-work/health-impact-assessment

Health and wellbeing are not determined by the health sector alone. In fact, determinants of health and wellbeing such as education, employment, poverty and inequality tend to have a far more profound and long-lasting effect on health and wellbeing than curative services (National Health Committee, 1998).

Health and wellbeing are determined by the interplay between individual lifestyle factors, the environment in which people live and the services people have access to, as well as broad social and economic factors. While individual lifestyle factors or risk-taking behaviours have an effect on individual health, these factors are themselves fundamentally determined by the socioeconomic environment in which individuals live. Broad social and economic environments, such as sound and reliable governance, unemployment rates, general economic conditions, and social support structures, make a major contribution to wellbeing (National Health Committee, 1998).

It is, however, often difficult to determine the relative importance of each health and wellbeing determinant, particularly as they occur simultaneously and are often inter-related. Therefore, it can be a challenge to establish the link between a specific determinant and health. When these determinants are likely to be affected by a proposal, then health and wellbeing will also be affected, either directly or indirectly, positively or negatively. HIA helps to assess how the broader determinants of health and wellbeing are likely to be affected by a proposal and the risks or benefits of this with respect to health outcomes.

Factors influencing health and wellbeing

Individual and population health status is largely the result of the social, cultural and physical environment in which we live (Dahlgren & Whitehead, 1991). Factors such as the state of our environment, access to resources to meet our basic needs, our exposure to risks and capacity to cope with these, our income and education level, and our social network of relationships with friends, family and neighbours all have considerable impacts on health and wellbeing. Understanding these factors, commonly referred to as the 'determinants of health', can help in developing policies and programmes that contribute to a change in the population's health (ALAC, 2007).

The main determinants of health³



Examples of determinants of health specific to alcohol consumption

- general socioeconomic, cultural and environmental conditions – for example, does our position in society and/or income contribute to alcohol misuse; does public policy support healthy drinking behaviour; what cultural norms surround our drinking patterns?
- living and working conditions – for example, is alcohol being used as an escape from a bad home situation or from stress in the workplace?
- social and community factors – for example, does alcohol feature as an important part of our socialising; how available is alcohol within the local community; is our game of touch rugby finished with a few drinks?
- individual lifestyle factors – for example, do we drink each night of the week; is Friday night a big drinking occasion?
- age, sex and hereditary factors – for example, are we male and between the ages of 14 and 25; is there a family history of alcohol dependence? (ALAC, 2007).

Other examples include:

- alcohol-related crime
- alcohol intake
- perception of safety
- injury
- expenditure on health services
- litter
- intoxication in public places.

³ Adapted from Dahlgren & Whitehead, 1991.



How to conduct an HIA for alcohol

The first step is to identify the main stakeholders who are to be involved in the HIA and form a working group. At its initial stages, it may be necessary for the group to meet on several occasions before commencing the HIA process.

How to conduct an HIA for alcohol

An HIA can include a number of components such as key informant interviews, community and/or stakeholder workshops and a summary of selected literature and local information/data. An analysis of the findings of these components is then undertaken and from this analysis recommendations are developed. The decision about which methods to use often depends on factors such as time, available resources, and appropriateness for participants.

Main steps of an HIA

The main steps of an HIA are:

1. **Screening** – to determine if an HIA is the best way to ensure health and equity issues are addressed effectively.
2. **Scoping** – to establish the focus, boundaries and resources of the HIA, ie develop Terms of Reference (TOR), decide on methods to be used, and develop an overall project plan.
3. **Appraisal** – to identify relevant determinants of health and consider a range of evidence for potential impacts of health and equity through these determinants.
4. **Reporting with recommendations** – to bring together information collected and to formulate and prioritise recommendations based on the best available evidence for decision makers.
5. **Implementation** – establishing a framework for intersectoral action; and negotiating resource allocations for health safeguard measures.
6. **Monitoring and evaluation** – to assess compliance and pertinent health indicators, and the influence and benefit of the HIA (Quigley et al, 2006; Public Health Advisory Committee, 2007).

“... bring together information collected and to formulate and prioritise recommendations based on the best available evidence for decision makers”

Common evidence/information sources for appraisal and reporting

These include:

1. Population profile:
 - collection and analysis of appropriate secondary data from relevant authorities (eg national or district health statistics and demographic data)
 - direct field observations
 - mapping using Geographic Information Systems.
2. Policy context:
 - identification and analysis of relevant policies.
3. Published evidence:
 - review of relevant literature.
4. Stakeholder evidence – including public engagement and dialogue:
 - interviewing key informants and conducting focus group discussions in stakeholder groups (participatory approaches).

The main steps in conducting an HIA for local alcohol planning

1. Identify main stakeholders for engagement

The first step is to identify the main stakeholders who are to be involved in the HIA and form a working group. At its initial stages, it may be necessary for the group to meet on several occasions before commencing the HIA process.

The main stakeholders may include but not be limited to:

Police	Licensees and their staff
District Licensing Committee	Council’s safety advisors
Public health service	ACC
Health providers	Emergency services
Community	Health Promotion Agency
Māori	Hospitality New Zealand

2. Set up the HIA

From this group it is useful to form a steering group, a group of member stakeholders to drive the process and define the objectives of the HIA. This group may also be responsible for securing funding for the HIA.

The steering group should conduct a screening and scoping workshop to assess:

- the potential health and wellbeing impacts
- the negative or positive impacts
- the impact on vulnerable groups
- any public or community concerns
- affected groups and agencies
- support from policy makers to conduct an HIA
- whether an HIA is necessary/appropriate.

If an HIA is required, the HIA needs to be scoped, that is, the Terms of Reference and project plan developed. The group may choose to focus on the whole or part of the policy or strategy. For example, it may choose to focus only on trading hours of licensed premises or outlet density. It will also decide which health determinants will be considered during the HIA.

Examples may be:

- Whānau Ora – strengthening social relationships
- alcohol-related harm – injury admissions at Emergency Departments, crime statistics
- economic impacts – licensees, employees, families, transportation
- community safety – perception, crime.

3. Gather the information and evidence

(a) Population/community profile

A community profile should be developed to identify the populations most affected. Information may be drawn from demographic profiles available from councils and Statistics New Zealand. It should also include information on people who visit the region as tourists and holidaymakers.

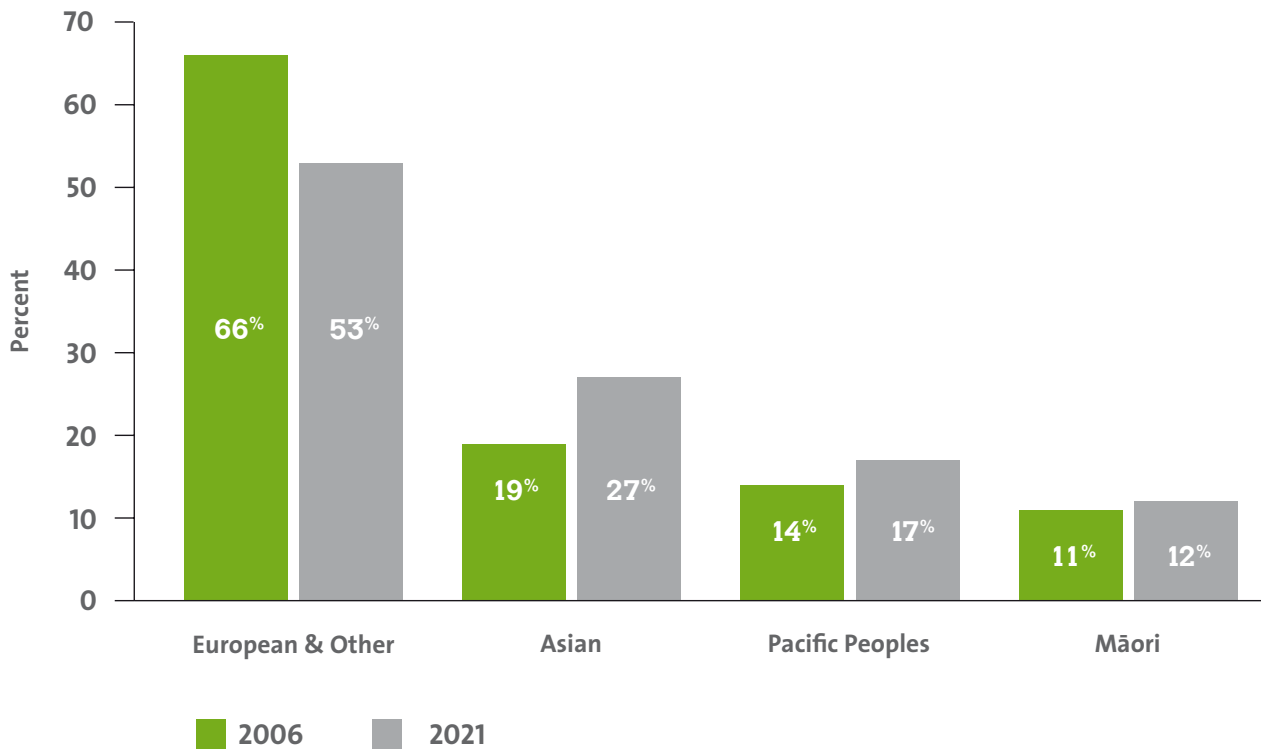
A community profile should provide a picture of:

- population
- ethnicity
- income
- age profile
- deprivation index
- housing status
- employment
- demography
- health and socioeconomic status
- tourists and holidaymakers.

From this it should be possible to identify who the affected/priority population(s) is/are with regard to local alcohol-related harm. Affected populations may include:

- young people
- Māori
- Pacific Peoples
- students
- whānau
- heavy drinkers.

Example of presentation of ethnicity data



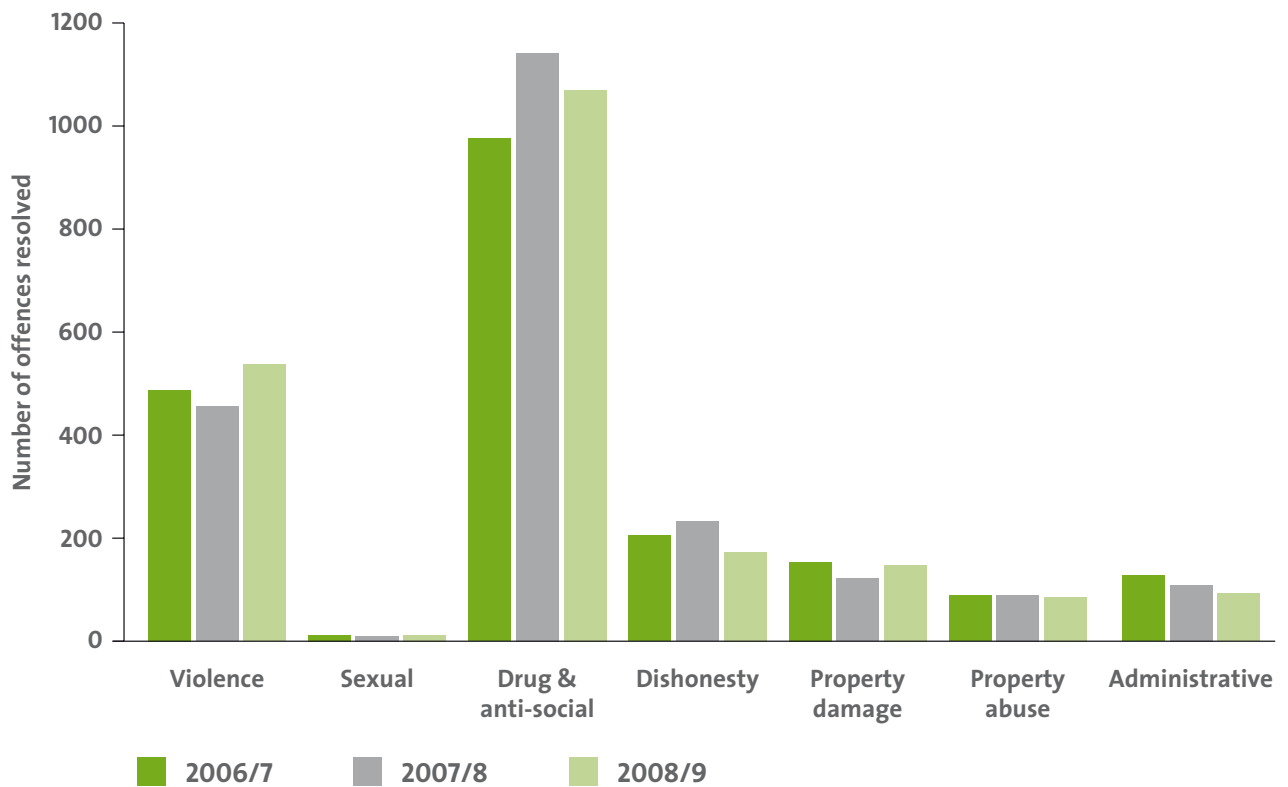
(b) Data collection

It is useful to establish, from the key stakeholders identified above, what data, if any, they collect in relation to alcohol-related harm, what they do with the data, and whether they have any plans for the collection of data in the future. The collection and analysis of local data will identify key features of alcohol-related harm. Collection of data may also include surveys, for example, a survey of late-night users of an area such as the CBD.

Examples of data include:

- alcohol-related crime data from New Zealand Police, including alcohol-related offending, place of last drink and drink drive offending
- breaches of liquor control bylaws from police
- alcohol-related injury data from hospital Emergency Departments available from District Health Boards
- ACC data of alcohol-related injury
- ambulance data of alcohol-related harm
- problem premises and areas from councils
- liquor licensing offences by licensees and bar staff, including allowing intoxication and service to minors (ie failed Controlled Purchase Operations)
- noise control data from councils
- location of alcohol-related offences mapped by councils
- local opinion surveys identifying concerns and anxieties.

Example of data on alcohol-related offences



	Violence	Sexual	Drug & anti-social	Dishonesty	Property damage	Property abuse	Administrative
2006/7	488	12	976	205	154	89	128
2007/8	456	10	1142	232	122	90	109
2008/9	537	12	1070	173	148	86	93

Police collect a significant amount of data on alcohol-related offending. One of the strengths of their data is that it allows identification of the time and location of the offence, place of last drink and the estimated level of intoxication of the offender, as well as the usual demographic information. Police also employ intelligence analysts, who are skilled at making sense of the numbers and preparing intelligence reports that can be used by those who have less expertise in this area.

(c) Location and type of licensed premises

Data on location and type of licensed premises (ie on-, off- or club-licensed) is available from District Licensing Agencies. The collection of this data may also include the trading hours of licensed premises. It may be helpful to map the location and type of licensed premises to establish their density and also the location of problem premises to identify any specific problem areas.

Presentation of data to show number and location of licences (and type) relative to population and land area will provide further information on licensed premises density. Mapping the number and location of licensed premises relative to deprivation will identify any relationship between licensed premises density and deprivation. It may be of further assistance to use heat maps to map areas in which bylaws prohibit alcohol in public places. Heat maps are maps that use a heat scale based on the number of licences per census area unit (see below).

Example of a heat map showing liquor licence density and locations in Auckland City



(d) Policy context

Recognise the constraints on the policy. For example, there may be legislative or environmental boundaries on what is possible.

(e) Published evidence/literature review

A review of available evidence-based literature should be carried out to answer the question: *What does the research tell us about how the policy/strategy impacts on the prioritised determinants of health?*

The literature review should include but not be limited to:

- alcohol-related harm
- restriction of alcohol availability and its association with alcohol-related harm
- outlet density
- proximity to sensitive sites
- trading hours
- one-way door policy
- liquor control bylaws.

The literature review should comprise professional and academic literature on alcohol consumption and alcohol-related issues. In conducting the literature review, it is important to consider both the quantity and frequency with which alcohol is consumed. How much people drink in a single occasion influences the risk of immediate harms such as acute health trauma or injury, whereas the frequency of volume consumed influences long-term health effects (Law Commission, 2009).

Suggested databases to use when conducting the literature review include:

- Google Scholar
- PubMed
- MEDLINE
- Science Direct
- Scopus
- Embase.

Suggested search words to enter into the databases:

Alcohol consumption	Trading hours
Alcohol-related harm	(Outlet) density
Alcohol-related issues	Location
Socioeconomic status	Demand reduction
Social outcomes	Limitation
Health outcomes	Liquor (alcohol) control bylaws
Injury outcomes	One-way doors (lockouts)
Harm reduction	Advertising
Policy	Enforcement
Supply control	Education

These search words should be used in various combinations.

It is important to consider how the evidence from the literature review links to the health determinants selected for the HIA.

Gathering the view of the local community is an additional tool for building the evidence base. This may be achieved by surveys to assess the community's views on the policy/strategy and to collect data on desired behaviours to inform the HIA. It may be achieved by holding community meetings or focus groups, particularly with affected individuals and/or groups.

(f) Stakeholder evidence

This could comprise results from community consultation, input from selected key informants and stakeholders, and appraisal workshop(s) with key stakeholders. The prioritised determinants of health should be considered, along with the likelihood, severity, and numbers affected.

The appraisal workshop(s) should include all the main stakeholders identified previously. The aims of the workshop(s) are to:

- describe the potential positive and negative impacts
- assess the significance (ie size) of the impacts
- make recommendations.

The appraisal workshop(s) should allow for local knowledge and expertise to be added to the range of information being drawn on for the HIA. This is the stage when participants assess the potential impact of the policy/strategy on the determinants of health chosen for the HIA. It involves gathering information, developing the data collected, and its analysis. It also includes assessing the impacts and developing the evidence base for the impacts and recommendations, as well as formulating the recommendations themselves.

Appraisal questions should be developed prior to the workshop.

These may include:

- How might the policy/strategy affect the selected determinants of health, either positively or negatively?
- How might those positive or negative changes affect wellbeing?
- What is the existing evidence for the answers given above (eg past experience, facts, research and existing data sources)?
- Will some people be affected more than others? If so, who will benefit/suffer the most?
- How big are the impacts and what are the most important impacts?
- What factors might encourage or prevent the positive or negative impacts?
- How can the policy/strategy be improved?

4. Reporting

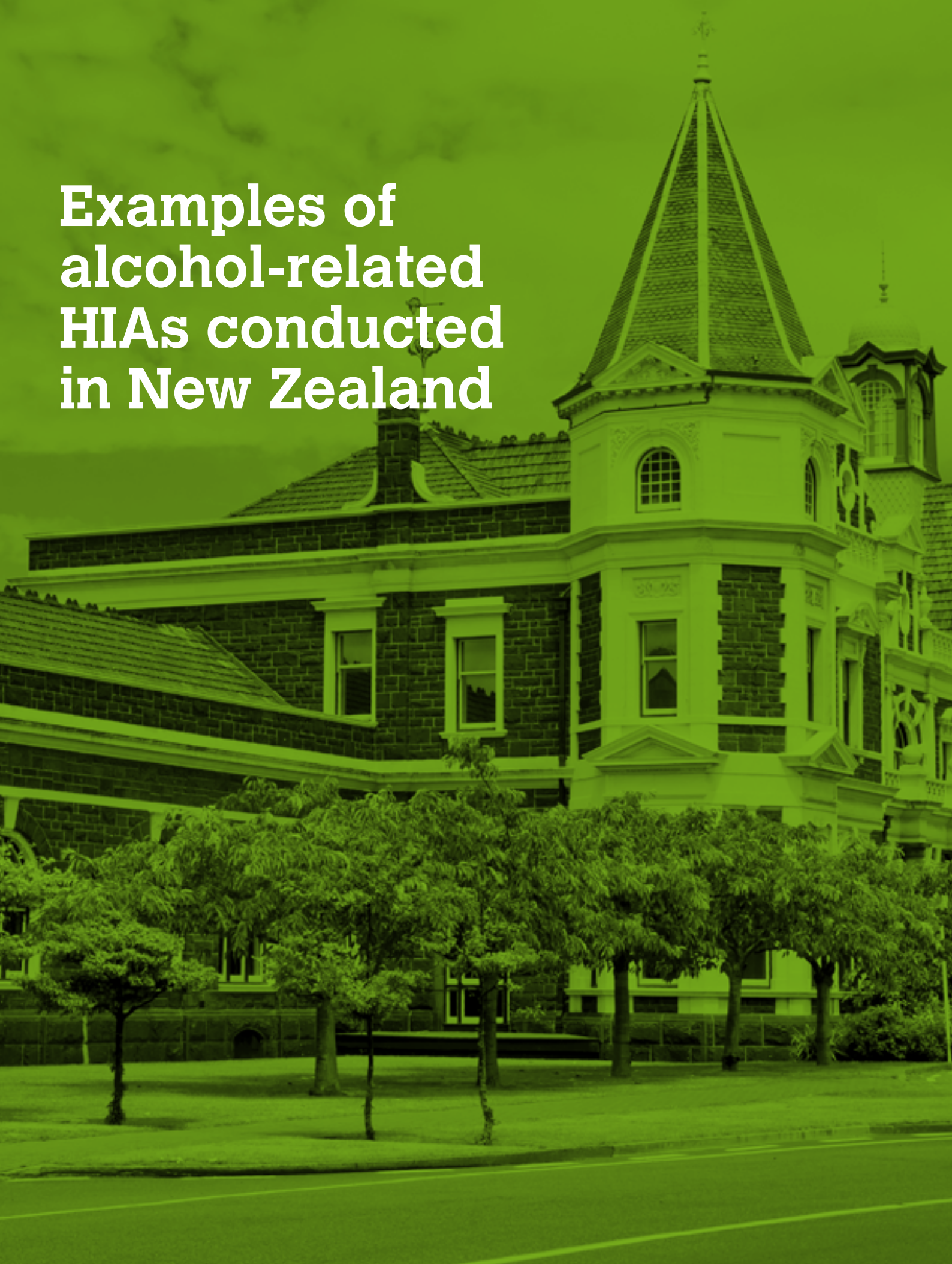
Reporting brings together the evidence/information collected to formulate and prioritise recommendations based on the best available evidence for decision makers.

The report should include:

- a description of the HIA process undertaken
- information/evidence collected
- appraisal/analysis
- recommendations.

The key output of the HIA will be a set of recommendations based on evidence and designed to inform and influence decision makers.

Examples of alcohol-related HIAs conducted in New Zealand



Examples of alcohol-related HIAs conducted in New Zealand

1. Health Impact Assessment: Proposed Liquor Restriction Extensions in North Dunedin

An HIA was undertaken on the proposed liquor restrictions in North Dunedin by Public Health South (an entity of the Otago District Health Board). The Dunedin City Council had been asked by the Dunedin Police to consider extending the existing liquor restrictions to an area covering North Dunedin. This request stemmed from a number of activities that had involved alcohol and drinking in public places, which, in some instances, had resulted in crime, disorder, litter and a strain on police resources. These issues were supported by a survey conducted among key stakeholders in the North Dunedin area along with an increase in recorded offences in North Dunedin. The Dunedin City Council therefore considered extending the bylaw to the North Dunedin area.

A rapid screening exercise was completed by staff from Public Health South and Dunedin City Council involved in liquor licensing and addressing alcohol-related harm. This process identified the potential impact of the proposed liquor restrictions and confirmed the need to complete an HIA on this bylaw. The HIA was conducted to answer the questions:

- How will the implementation of the proposed liquor restriction extensions in North Dunedin affect the health and wellbeing of the local population?
- Is there anything we can suggest for these aspects of the plan to improve health and wellbeing, or reduce any harmful impacts on health and wellbeing?

A scoping workshop was then held with representatives of Dunedin City Council, Police, Otago District Health Board, Public Health South, Student Health Services, the Injury Prevention Research Unit and the University of Otago (administration, student services and OU Students' Association executive members). The workshop set the scope of the HIA, and was followed by an appraisal workshop which included a broad range of stakeholders.

The process generated a range of recommendations, many of which were aimed at addressing alcohol-related issues in North Dunedin and are included in the report. However, because the primary purpose of an HIA is to identify the potential impacts a particular policy may have, it is important to separate these recommendations out for consideration.

Recommendations relevant to the proposed bylaw were:

- (a) Implement a city-wide liquor restriction as opposed to one only in North Dunedin.

If the proposed bylaw is implemented in North Dunedin:

- (b) Implement an education campaign to publicise police discretions widely.
- (c) Complete a comprehensive evaluation of the liquor control bylaw in relation to the determinants of health identified in this HIA.

To download a copy of the Health Impact Assessment: Proposed Liquor Restriction Extensions in North Dunedin go to www.alcohol.org.nz.

2. Whānau Ora Health Impact Assessment of the Draft Wairarapa Alcohol Strategy

The local Community Alcohol Action Group developed the Draft Wairarapa Alcohol Strategy with a vision to create an environment in which alcohol-related activities can be enjoyed with minimal risk of harm to the community. The Strategy was put forward by the Group for adoption by the three District Councils in the Wairarapa region: Masterton, Carterton and South Wairarapa District Councils.

A Whānau Ora HIA was conducted to answer the following questions:

- How will the implementation of the draft Strategy affect the health and wellbeing of the local Māori population?
- Are there any recommendations to the draft Strategy that would improve health and wellbeing or reduce harmful impacts on health and wellbeing?

The methods used included:

- discussions around the Whānau Ora HIA process and to determine if a Whānau Ora HIA should occur
- a scoping meeting to plan the boundaries and approach of the Whānau Ora HIA with key informants
- a summary of selected literature
- a profile of the Wairarapa community
- appraisal workshops with key stakeholders
- reports to participants and decision makers.

Participants agreed the central question for the Whānau Ora HIA was:

How could increased partnership and consistency between organisations impact positively or negatively on the health and wellbeing of Māori in the Wairarapa, with a special focus on whānau?

Through the process, the potential positive and negative impacts were identified. The main finding was that increased partnership and a consistent approach were unlikely to lead to substantial alcohol harm reduction in the Wairarapa. Notwithstanding that finding, the participants were able to identify potential positive pathways related to two general themes if the draft Strategy was completed appropriately:

- (a) community ownership of the draft Strategy and increased collaboration between community networks
- (b) increased genuine partnerships and consistency between organisations.

Similarly, the potential negative pathways followed two themes:

- (a) little or no community ownership of the draft Strategy or no collaboration between community networks
- (b) decreased partnerships and consistency between organisations.

To download a copy of the Whānau Ora HIA of the Draft Wairarapa Alcohol Strategy go to www.alcohol.org.nz

3. Wellbeing (Health) Impact Assessment of the Whangarei District Council's Draft Liquor Licensing Policy

A Wellbeing (Health) Impact Assessment (HIA) was undertaken on Whangarei District Council's draft Liquor Licensing Policy (LLP). The process was facilitated by the Northland District Health Board's Public and Population Health Services. The draft LLP proposed introducing uniform licensing hours for on-, off- and club licences across Whangarei District, and also looked at

introducing a one-way door policy for Whangarei CBD on-licensed premises. The overall goal of the proposed draft LLP is to reduce alcohol-related harm in Whangarei District.

A screening and scoping workshop was conducted with the Steering Group members. The screening process identified the potential impact of the proposed draft LLP and the usefulness of completing an HIA on the draft LLP. The scoping exercise set the boundaries of the HIA, and the process for the HIA including information and data to be collected for the appraisal workshop.

Following the screening and scoping workshop, the HIA team conducted a brief literature review, community profile, analysis of alcohol-related data from police, analysis of alcohol-related injury data from the Whangarei Hospital, analysis of different types and locations of licensed premises, and a community survey of young people aged 18-35 years in the District.

An appraisal workshop was held with the key stakeholders and it became evident that the proposed draft LLP could have both positive and negative impacts on the health and wellbeing of the District's population.

To enhance the positive impacts and mitigate negative impacts of the draft LLP, the following recommendations relevant to the proposed draft LLP were generated during the appraisal workshop:

1. Off-licensing hours should be from 9 am to 9 pm throughout the Whangarei District.
2. CBD on-licensing hours should be reduced, giving consideration to various impacts on CBD on-licensees, whānau/family and the wider Whangarei community.
3. A one-way door policy should not be implemented because of lack of evidence to support it.
4. Residential and Non-Residential categories are ambiguous and should be well defined.
5. The adopted LLP should be reviewed once the Law Commission's Review of the Regulatory Framework for the Sale and Supply of Liquor is completed and the Government adopts a new Sale and Supply of Liquor and Liquor Enforcement Policy.

To download a copy of the Wellbeing (Health) Impact Assessment of the Whangarei District Council's Draft Liquor Licensing Policy go to www.alcohol.org.nz

References

- Alcohol Advisory Council of New Zealand. (2005). *Planning for alcohol in the community: Local government toolkit*. Wellington: ALAC.
- Alcohol Advisory Council of New Zealand. (2007). *Strengthening community action on alcohol* (Rev ed). Wellington: ALAC.
- Alcohol Advisory Council of New Zealand. (2008). *Guidelines for preparing an alcohol strategy*. Wellington: ALAC.
- Dahlgren, G., & Whitehead, M. (1991). *Policies and strategies to promote social equity in health: Background document to WHO – strategy paper for Europe*. Stockholm: Institute for Futures Studies.
- Hothi, M., Bacon, N., Brophy, M., & Mulgan, G. (2008). *Neighbourliness + empowerment = wellbeing: Is there a formula for happy communities?* London: Young Foundation.
- Law Commission. (2009). *Alcohol in our lives: An issues paper on the reform of New Zealand's liquor laws*. Wellington: Law Commission.
- Law Commission. (2010). *Alcohol in our lives: Curbing the harm: A report on the review of the regulatory framework for the sale and supply of liquor*. Wellington: Law Commission.
- Local Government New Zealand. (2003). *The know how guide to governance: Under the Local Government Act 2002*. Wellington: LGNZ.
- Ministry of Health. (2007). *Whānau Ora health impact assessment*. Wellington: Ministry of Health.
- Ministry of Health, Public Health Consultancy, Te Rōpū Rangahau Hauora a Eru Pōmare. (2004). *A health equity assessment tool. Amended by the Ministry of Health*. Wellington: Ministry of Health, Public Health Consultancy, Te Rōpū Rangahau Hauora a Eru Pōmare.
- National Health Committee. (1998). *The social, cultural and economic determinants of health in New Zealand: Action to improve health*. Wellington: National Advisory Committee on Health and Disability.
- Pentz, M. A. (2000). Institutionalizing community-based prevention through policy change. *Journal of Community Psychology*, 28(3), 257-270.
- Public Health Advisory Committee. (2005). *A guide to health impact assessment: A policy tool for New Zealand* (2nd ed). Wellington: Public Health Advisory Committee.
- Public Health Advisory Committee. (2006). *Health is everyone's business: Working together for health and wellbeing: A report to the Minister of Health on the implications of a changing context for public health in New Zealand*. Wellington: Public Health Advisory Committee.
- Public Health Advisory Committee. (2007). *An idea whose time has come: New opportunities for health impact assessment in New Zealand public policy and planning*. Wellington: Public Health Advisory Committee.
- Quigley, R., den Broeder, L., Furu, P., Bond, A., Cave, B., & Bos, R. (2006). *Health impact assessment: International best practice principles*. Fargo, ND: International Association for Impact Assessment.
- World Health Organization Regional Office for Europe. (1999). *Health impact assessment: Main concepts and suggested approach*. Copenhagen: European Centre for Health Policy: WHO Regional Office for Europe.

For more information, contact:

Wellington

Health Promotion Agency

PO Box 2142, Wellington

Phone 04 917 0060

Fax 04 473 0890

Email enquiries@hpa.org.nz

Auckland

Health Promotion Agency

PO Box 11791, Ellerslie, Auckland

Phone 09 916 0330

Fax 09 916 0339

Email enquiries@hpa.org.nz

Christchurch

Please contact Wellington office

Freephone 0508 258 258

Visit alcohol.org.nz

ISBN/EAN 978-1-927224-30-4 (print)
ISBN/EAN 978-1-927224-31-1 (online)

