Evaluation of the HIA of Traffic and Transport in Ballyfermot

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1.0 Introduction

The Department of Public Health at the former Eastern Regional Health Authority (ERHA) was commissioned by URBAN Ballyfermot Ltd., EU URBAN II Initiative to conduct a Health Impact Assessment (HIA) of traffic and transport in Ballyfermot. The HIA was conducted between 2003 and 2004 and culminated in the publication of a report entitled: A Health Impact Assessment of Traffic and Transport in Ballyfermot (ERHA 2004). The HIA was managed by a Steering Group, which included representation from the former ERHA and the former South Western Area Health Board (SWAHB), URBAN Ballyfermot Ltd. (which included representatives from the local community), the Institute of Public Health in Ireland (IPHI), Dublin City Council (DCC) and an external consultant.

Transport policy is highly relevant to human health and therefore HIA. According to the Acheson Report (1998) the primary function of transport is in enabling access to people, goods and services. In doing so it promotes health indirectly through the achievement and maintenance of social networks. The report notes that some forms of transport promote health directly, while a lack of transport may damage health by denying access to people, goods and services, by diverting resources from other necessities, and also by accidental injury and air pollution.

The current national transport policy, Transport 21, was published by the government in November 2005. It details a ten-year plan 2006-2015 of capital investment (€34 billion) and comprises two key strategies: A Greater Dublin Area strategy and a national strategy. This very significant strategic policy development provides a timely opportunity to examine the potential health effects of the various transport programmes and initiatives contained within Transport 21, through the use of HIA.

According to objective number one of the national health strategy 'Quality and Fairness – a health system for you' (Department of Health and Children 2001) the health of the population is at the centre of public policy. Action number one related to this objective concerns the introduction of health impact assessment (HIA) as part of the public policy development process. The Department of Health and Children were charged with responsibility for the development of HIA in the Republic of Ireland and in supporting other departments and agencies in carrying out HIAs. In addition, the requirement for regional-level structures such as local authorities and city/county development boards to consider the impact of their decisions on population health in their area was outlined in the health strategy (Department of Health and Children 2001). The lack of a formal legislative requirement to undertake HIAs has hindered is its progress and development in The Republic of Ireland. In this context, it should be noted that the Ballyfermot HIA was the first HIA on traffic and transport to be conducted in the Republic of Ireland, and was conducted prior to the publication of Transport 21.

This evaluation seeks to examine the process, impact and outcomes of the Ballyfermot HIA of traffic and transport and represents the final phase of the Ballyfermot HIA.

1.1 Principal Types of HIA Evaluation

Process evaluation involves assessing the HIA procedures against the Terms of Reference initially agreed by the Steering Group, and the assessment of the extent to which agreed recommendations of the HIA were actually implemented (Scott-Samuel et al. 1998). As a way of learning from the experience of conducting a HIA, this can provide lessons about why and how the HIA worked and so help with future HIAs (Taylor et al. 2003; Abrahams et al. 2004).

Impact evaluation assesses the overall value and worth of HIA through focusing on its impact on current processes such as decision-making, policy and programme developments, and inclusive participative strategies.

Outcome evaluation involves constructing and comparing notional and actual outcomes relating to the originally-proposed and actually-implemented projects (Scott-Samuel et al. 1998).

2.0 Aims & objectives of the evaluation

2.1 Aim

The aim of this evaluation project was to conduct process, impact and outcome evaluations of the HIA of Traffic and Transport in Ballyfermot.

2.2 Objectives

HIA Process Evaluation Objectives (Taylor et al. 2003)
To evaluate the process of conducting the HIA through examining the steps taken including:
a. reasons/purposes of the HIA, what it sought to achieve (screening)
b. project blueprint/terms of reference, work plan and governance arrangements (scoping)
c. evidence gathering and data collection methods, collation, and analysis
d. major content of the HIA Report – review the rigorousness of evidence and data (appraisal)
e. how were various stakeholders involved
f. were health inequalities accessed? (equity criterion) (Abrahams et al. 2004)
g. how were decision makers involved
h. framing of recommendations – how were these formulated and prioritized, what influenced this decision making process (appraisal)?
i. how and when were recommendations delivered to relevant decision makers?

HIA Impact Evaluation Objectives
a. what were participants perceptions of the HIA process used?
b. what were their expectations of the process and were these fulfilled?
c. what was the influence of HIA on decision-making, communication and information, inter-agency collaboration (intended/unintended consequences)
d. learning from the conduct of the HIA, views on its usefulness and value , how the process could be improved in the future?

HIA Outcome Evaluation Objectives
Based on the objectives and recommendations, planned outputs (Abrahams et al. 2004) of the Ballyfermot HIA and key areas of influence on health (Scott-Samuel et al. 1998, p. 11) we will develop an 'outcomes matrix' of perceived change based on the following headings:
a. local priorities regarding the Physical Environment, Public Policy/Transport Policy
b. local priorities regarding the Public Services
c. local priorities regarding the Social Environment
d. local priorities regarding Personal/Family Circumstances and Lifestyle
e. data and information issues

3.0 Methodology

Qualitative methodologies were utilised in the conduct of this evaluation project comprising content analysis and in-depth interviews.

3.1 Content Analysis

First, a detailed content analysis of the Ballyfermot HIA Report (2004) was conducted through the application of evaluation criteria from the (IMPACT) and (Scott-Samuel et al. 1998) guidelines for HIA. The following key steps of a HIA framework are:

- **Screening** is the procedure whereby projects, programmes or policies are selected for health impact assessment.
- **Scoping** involves the establishment of a steering group for the HIA, agreeing terms of reference for the assessment, and selecting an assessor.
- **Conducting the assessment** involves a range of methodology to profile affected communities, interview stakeholders and key informants, assess collected evidence and establish priority impacts recommend and justify options for action.
- **Development of recommendations and negotiating favoured options** involves the consideration of alternative options (or the undertaking of a formal option appraisal).
- **Monitoring** involves the collection and interpretation of appropriate indicators and may be viewed as analogous to an audit cycle in which, following project implementation, the results of subsequent monitoring and evaluation in turn influence the continuing operation of the project (Scott-Samuel et al. 1998; IMPACT).

Further content analysis of additional documentation provided by the HIA Steering Group chairperson was carried out. This documentation comprised:

1. The HIA proposal document - the form submitted to URBAN Ballyfermot Ltd. for funding to carry out the HIA project;
2. Frameworks document – lists all stages of the HIA with specific actions for each stage;
3. Selection questionnaire – summarised version of the HIA proposal form;
4. Progress report form – blank form showing format of progress reports to the funders, URBAN Ballyfermot Ltd.;
5. Minutes of meeting with Dublin Bus 13/12/04;
6. Minutes of meeting 30/09/03 concerning the HIA boundaries;
7. Appraisal Day minutes 30/3/04;
8. Flip chart notes from the Appraisal Day 30/3/04;
9. "HIA: Health Impact Assessment 2004" – summary pamphlet distributed with the URBAN Ballyfermot Ltd local ID10 newspaper.

3.2 Sampling for Interviews

A series of in-depth interviews using semi-structured interview schedules were conducted as part of this evaluation project to explore stakeholders perceptions and experiences of developments regarding the HIA process *per se* and the key objectives (Appendix 1), outputs (Appendix 2) and recommendations (Appendix 3) of the Ballyfermot HIA Report.

In terms of the selection of interviewees, attempts were made to contact the twenty reported members of the Steering Group, with a total of one group and ten individual interviews conducted. It was not possible to make contact with the remaining Steering Group members listed within the timeframe available, some of which had moved to different positions and/or organisations.

Table 1 Interview Details of Steering Group Members

Name of Steering Group Member	Organisation	Type of Contact
Catherine Hayes	HSE, former ERHA	Face-to-face interview
Annette Rhatigan	HSE, former ERHA	Telephone interview
Donal Matthews	Dublin City Council (DCC)	Telephone interview
Séan Moloney	Dublin City Council (DCC)	Group interview
Paul Clegg	Dublin City Council (DCC)	Unavailable*
Evelyn Wright	Dublin City Council (DCC)	Unavailable*
Amy Byrne	Community Representative	Unavailable*
Michelle Griffin	Community Representative	Unavailable*
Billy Mangan	Community Representative	Face-to-face interview
Maureen Phelan	Community Representative	Telephone interview
Martina Queally	HSE, former SWAHB	Unavailable*
Enda Halpin	HSE, former SWAHB	Unavailable*
Sarah O'Gorman	URBAN Ballyfermot Ltd.	Face-to-face interview
Margaret Doyle	URBAN Ballyfermot Ltd.	Face to face interview
Joe Kenny	URBAN Ballyfermot Ltd.	Left URBAN
Caitriona Ryan	URBAN Ballyfermot Ltd.	Left URBAN
Jayne Parry	University of Birmingham, UK	Telephone interview
Paul Kavanagh	Institute of Public Health (IPH)	Unavailable*
Cathal Doyle	Institute of Public Health (IPH)	Unavailable*
Owen Metcalfe	Institute of Public Health (IPH)	Telephone interview
Claire Collins	Social and Clinical Research Consultants	Telephone interview
Lisa English	Dublin Transportation Office (DTO)	No longer involved

* Not contactable in the time frame of the study or other representatives interviewed where the named person had changed position/job since the HIA Report was published in 2004.

A snowballing sampling technique, whereby some Steering Group members identified other key informants, was also utilised. This process identified Local Action Group members from both the community and service provider agencies and organisations and other relevant service providers. In total, twenty-two names were provided and two group and three individual interviews were carried out.

Table 2 Interview Details of Community and Service Members of Ballyfermot HIA Local Action Group

Name	Organisation/Group	Type of Contact
Pat Teehan	Dublin City Council (DCC)	Face-to-face interview
Breda Noonan	Dublin City Council (DCC)	Group interview
Brian McManus	Dublin City Council (DCC)	Received email response to questions
Henry Harding	Community member, Local Action Group (LAG)	Unable to attend group interview
Mary Storey	Community member, LAG	Group interview
Sarah Tracey	Community member, LAG	Group interview
Christine Daly	Community member, LAG	Unable to attend group interview
Linda Cooney	Community member, LAG	No longer involved in the HIA*
Veronica Bulger	Community member, LAG	Group interview
Sharon Griffin	Community member, LAG	Unable to attend group interview
Bernie Lyons	Community member, LAG	Unable to attend group interview
Catherine Lane	Community member, LAG	Group interview
Padraig Rehill	Community Services, HSE, LAG	Group interview
Tony Owens	The Base, Ballyfermot, LAG	Face-to-face interview
Garda Kevin McCahy	Ballyfermot Garda Station, LAG	Unavailable*
Sgt. John Edgesworth	Ballyfermot Garda Station, LAG	Face-to-face interview
Pat Quinn	FAS, LAG	Unavailable*
Gwen Doyle	CDYSB, LAG	No longer involved in the HIA
Derek Ahern	Ballyfermot Regional Office, LAG	Unavailable*
Paddy Glynn	Dublin Bus, LAG	Unable to attend group interview
Jim Woods	Dublin City South Volunteer Centre, LAG	Unavailable*
Eamonn Ryan	DCC, LAG	Unavailable*

* Not contactable in the time frame of the study or other representatives interviewed where the named person had changed position/job since the HIA Report was published in 2004.

3.3 Methods

As outlined in Tables 1 and 2, most interviews were conducted on a face-to-face basis, while a small number were conducted via the telephone. The responses to evaluation questions were sent by email in one case. All the face-to-face interviews took place in Dublin. Most of the interviews were recorded and transcribed while detailed notes were taken for a small number.

3.4 Analysis

The analysis of the qualitative data was based on an amalgamation of the core themes explored in the semi-structured interview schedules.

Following on from the thematic analysis, a value analysis of the Ballyfermot HIA is presented based on the values governing HIA as identified in the Gothenburg Consensus Paper (The European Centre WHO, 1999). These values comprise: sustainability, the promotion of health, democracy, equity, equality, and ethical use of evidence.

Furthermore, guides set out in Parry et al. (2005) are used to summarize and evaluate the Ballyfermot HIA with respect to the three inter-related objectives and domains of HIA:
i)   to predict impacts in a robust manner and to judge both their magnitude and importance ('prediction')
ii)   to involve the people affected (stakeholders) in the assessment process ('participation'); and
iii) to inform the decision-making process ('informing') (Parry et al. 2005).

4.0 Process evaluation - Main Findings

4.1 Introduction

In this Section each step of the Ballyfermot HIA process is examined with respect to guidelines for conducting an HIA. The criteria used to examine the steps are derived from a variety of sources discussing the evaluation of the HIA process (IMPACT) and (Scott-Samuel et al. 1998). The Section is arranged according to the steps of a HIA framework: Screening, Scoping, Conducting the Assessment, Development of recommendations and negotiating favoured options, Monitoring and Evaluation.

Each step of the HIA process is described and considered with respect to:

- Information derived from qualitative methodology conducted during this evaluation that involved detailed interviews with:
  - o The HIA steering group chairperson,
  - o A programme Manager of the URBAN Ballyfermot Initiative,
  - o Consultant members of the Steering Group:
    - ▪ An external consultant from the University of Birmingham,
    - ▪ A member of the Social and Clinical Research Consultants Organisation,
    - ▪ A member of the Institute of Public Health in Ireland.

- The process evaluation also involved a content analysis of documentation of the HIA that was provided by the Steering Group chairperson.

- The content of the final HIA report, that comprised the main published source of information on the Ballyfermot HIA process, was analysed.

Learning points are highlighted throughout this section and a summary of the main learning points presented at the end.

4.2 Screening

Criteria
This step of the HIA process is about deciding whether of not to undertake a HIA. The Merseyside Guidelines for HIA (Scott-Samuel et al. 1998) state that in order to make the most efficient use of available expert resources, it is necessary to be selective about what work is undertaken. These guidelines suggest criteria for selection of the most appropriate projects. Typical screening criteria include:
i) The processes or location is considered sensitive
ii) Communities are considered to be beneficiaries or disadvantaged by the project
iii) The project is a cause of popular concern
iv) The project is of unfamiliar or unevaluated type
v) The project has important health impacts
(Scott-Samuel et al. 1998; IMPACT).

The theme of the Ballyfermot HIA arose from a consultation process held under the URBAN Ballyfermot initiative. The consultation involved surveys in schools, local organisations and door to door in the Ballyfermot area.

In order to initiate the development of the HIA proposal, contact was made by URBAN Ballyfermot Ltd. with the Department of Public Health, ERHA to request that a HIA of traffic and transport be conducted for implementation in conjunction with an existing URBAN Ballyfermot project on air and noise quality which was being carried out by Dublin City Council. Subsequently a full proposal for the HIA was sent by the Department of Public Health, ERHA to URBAN Ballyfermot Ltd. in order to secure funding for the project.

Screening criteria for the Ballyfermot HIA were developed from two sources:
i) The screening tool in the Luton guide to HIA (Egbutah and Churchill 2002).
ii) Screening criteria from the Institute of Public Health in Ireland's HIA guidance manual (Doyle et al. 2003).

Project selection was made by URBAN Ballyfermot Ltd. via several stages: Initially the HIA project was considered by their Advisory Committee, followed by an evaluation of various aspect of the project (see below) by their Appraisal and Evaluation Committee and finally the decision to fund the project was made by the Board of URBAN Ballyfermot Ltd.

The Appraisal and Evaluation Committee's selection process included consideration of the HIA project with respect to its:
- Additionality and Complementarity
- Consultation and Communication
- Partnership
- Transnational Exchange
- Equality of Opportunity
- Publicity and Transparency
- Accountability[1].

Minutes of a HIA meeting held on 30/9/03 report an initial screening document prepared by a sub-group of the Steering Group, however no details of this document were available for the purposes of this evaluation.

Content of the Ballyfermot HIA Report

The screening process for the Ballyfermot HIA was not explicitly referred to in the report and the screening criteria used were not reported. However, under the heading 'Impetus for carrying out a HIA on transport in Ballyfermot' (Section 1.6, p. 2, ERHA 2004) reasons for carrying out the HIA were given as:
  - public concern that air pollution in Ballyfermot was increasing
  - public concern over the impacts of traffic density and the scope for assessing recently introduced traffic calming measures
  - Ballyfermot is an area of economic and social disadvantage and poor physical environment. These factors had been highlighted during the URBAN Ballyfermot consultation process.

➢ **Learning point**
  Having used specific criteria for screening, it would have been informative for the HIA process had these been included in the final report.

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[1] The HIA proposal document

4.3 Scoping

This step of the HIA process involves:
i) Establishment of a steering group;
ii) Agreement on the appointment to various roles within the steering group;
iii) Setting the HIA boundaries and agreement of the terms of reference (TOR) for the steering group and the assessor.
(Scott-Samuel et al. 1998; IMPACT)

4.3.1 Steering Group Membership and Roles Within the HIA

Criteria
i) Steering group members should ideally be able to take decisions on behalf of those they represent and be able to provide access to resources and evidence. In general membership and should include:
- Representatives of the commissioners of the HIA
- The assessors carrying out the HIA
- The project's proponents (i.e. those developing, planning or working on it)
- Representatives of the affected communities
- Key informants
- Health experts

ii) Steering Group membership should be listed in the TOR, together with members' roles, including those of Chair and Secretary.
(Scott-Samuel et al. 1998; IMPACT)

With regards to the Ballyfermot HIA, Steering Group membership was originally ad hoc and did not become formalised until funding was obtained from URBAN Ballyfermot Ltd. and an external consultant appointed to the HIA. Initial proposed Steering Group membership was reported in the HIA proposal document[2] where the methodology section lists key stakeholders as the community of Ballyfermot, voluntary organisations, minority groups, Ballyfermot schools and health care professionals.

After receipt of funding Steering Group membership was reviewed and assessed using the Easy Guide to HIA for Local Authorities (Egbutah and Churchill 2002). Community representatives were selected on the basis of their potential for contribution to the HIA via established links between URBAN Ballyfermot Ltd. and the local community.

With respect to the specific roles of Steering Group members within the HIA:
i) The project leader, in terms of obligations to URBAN Ballyfermot Ltd., subsequently held the roles of Steering Group chairperson and the HIA assessor. Information regarding relevant expertise for this role was made available to URBAN Ballyfermot Ltd. within documentation for the HIA proposal[3].
ii) Steering Group members from Dublin County Council, Dublin Transportation Office, URBAN Ballyfermot Ltd., Community representatives and the former SWAHB acted as key informants to the HIA
iii) Steering Group members from the Institute of Public Health in Ireland with other consultants held advisory roles.

A Steering Group project team was also formed, the members of which were given specific tasks including: compilation of the literature review and the arrangement of focus groups and interviews.

[2] The HIA proposal document
[3] Ibid

These members were from the former ERHA, the IPHI and consultant members of the Steering Group. Steering Group members also played a role in the writing and reviewing of the final disseminated report.

Content of the Ballyfermot HIA Report

A list of Steering Group members and the roles of Steering Group Leader and the external consultant is reported on p. 1 of the final report (ERHA 2004). These represent the major stakeholders in the Ballyfermot area with respect to traffic and health. Information concerning the choice of members for the Steering Group and their appointment to other specific roles within the HIA was not reported.

➢ **Learning point**
In order to maintain transparency of the HIA process it is important to be clear about who played what role in the HIA and to show that biases and conflicts of interest had been minimised. It would therefore have been informative to have presented, within the final, report the criteria for selection of members for the Steering Group and the roles to which they had been appointed within the HIA.

The agencies and population represented were:

Local service agencies:
Dublin City Council, DCC (4)
Senior Engineer, Office of the Director of Traffic;
      Area Manager;
      Assistant Area Manager;
      Senior Executive Environmental Health Officer
South Western Area Health Board, SWAHB (2)
      General Manager
      Director of Health Promotion
Eastern Regional Health Authority, ERHA (2)
      Specialist in Public Health Medicine
      Specialist Registrar in Public Health Medicine
Dublin Transport Office (1)

Community stakeholders:
Ballyfermot community representatives (4)

Funder:
URBAN Ballyfermot Ltd. (2)

Consultants:
      Institute of Public Health in Ireland (3)
      Social and Clinical Research Consultant (1)
      External consultant (1)

The omission of a representative from Dublin Bus as a relevant stakeholder was noted in Section 9.3 p. 68 of the final report.

4.3.2 Setting the Terms of Reference (TOR)

Criteria

The purpose of the TOR is to provide a quality assurance procedure for the work being undertaken. The following generic criteria for the setting of TOR are recommended in the Merseyside Guidelines (Scott-Samuel et al. 1998):

i) Steering Group membership should be listed, together with members' roles, including those of Chair and Secretary

ii) The nature and frequency of feedback to the Steering Group should be specified

iii) The methods to be used in the assessment should be described in adequate detail

iv) An outline of the form and content of the project's outputs, including any conditions associated with their production and publication. Issues associated with publication of outputs include ownership, confidentiality and copyright

v) An outline of the scope of the work should be provided, what is to be included and excluded, and the boundaries of the HIA in time and space

vi) An outline programme, including any deadlines, should be provided

vii) The budget and source of funding should be specified

Initial boundaries of the Ballyfermot HIA were decided during the funding application stage. The HIA budget, aims, objectives, actions and initially proposed potential health impacts of traffic initiatives were set out in the HIA proposal form, p. 5-8[4], submitted to URBAN Ballyfermot Ltd. When the Steering Group met in September 2003 more detailed inclusion and exclusion criteria were discussed with respect to the geographic boundaries of the HIA and the traffic and transport initiatives to be assessed[5]. A majority decision was taken at this meeting to conduct a retrospective HIA on various traffic claming measures carried out in 'Old Ballyfermot'. No community representatives were present at this Steering Group meeting. The Steering Group subsequently met monthly throughout the HIA.

➢ **Learning point**
The absence of community representation at the Steering Group meeting to discuss the initiatives to be assessed and the time and spatial boundaries of the HIA was a crucial omission, as representation by the local community should have contributed to such decisions.

A detailed work plan, formulated on a monthly basis for the first year and quarterly for subsequent years, was submitted as part of the HIA proposal[6]. After funding had been received the external consultant produced a framework that comprised six stages outlining specific actions at each stage[7].

Key outputs of the HIA were detailed in the HIA proposal[8] (see Appendix 2):

Along with the final report, a short summary consultation document was produced and given to all participants and an article written for the local magazine, published by URBAN Ballyfermot Ltd., the ID10 newspaper. An IBSN code was obtained for the final report in order to make it accessible to libraries.

No concerns over confidentiality were recorded during the HIA, all media communication was planned in advance and information was disseminated as a supplement to the local URBAN ID10 newspaper.

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[4] HIA proposal document
[5] Minutes of meeting 30/09/03
[6] HIA proposal document
[7] Frameworks document
[8] HIA proposal document

Content of the Ballyfermot HIA Report

The aims and objectives of the Ballyfermot HIA were reported on p. 4 of the report and a schematic of the framework presented on p. 5 (ERHA 2004).

➢ **Learning point**
Inclusion of a timeline for the events within the schematic would have been useful for assessing timing of these events during the HIA process.

Methodologies used in the HIA were briefly outlined in Section 1.8 p. 4 and 5. Further methodology was presented in Sections 5.2 p. 31 (accessing quantitative data) 6.1 p. 42 (focus groups) and 8.2 p. 58 (identifying and weighting health impacts).

In Ch. 2 under the title 'Traffic in Ballyfermot' several traffic initiatives were presented (Section 2.3) as the subject of the HIA. The layout of this chapter leaves it unclear as to what exactly was being assessed in the HIA. For example it is not clear:
i) whether only the initiatives in Section 2.3 were to be assessed
ii) whether the studies in Sections 2.4 to 2.6 were also to be assessed or if these studies represented the description of past and present levels of traffic referred to in Section 1.8 p. 4.

➢ **Learning point**
Clarity on the specific initiative(s) to be assessed is vital in order to frame the assessment and appraisal of the health impacts of these initiatives, and to develop unambiguous recommendations.

Time boundaries for the HIA were reported as covering the period from the late 1990's to 2003 when various traffic initiatives were carried out in the area. Space boundaries were described with the use of maps of the electoral districts within the Ballyfermot area and were presented on p. 20 and 21 of the report, their situation within the SWAHB is reported on p. 19.

Source of funding for the HIA was clearly reported in the executive summary of the final report, budgeting details, however, were not presented.

No reference was made to TOR in the final report or in details from content analysis of other documentation from the HIA.

➢ **Learning point**
There would have been greater clarity had a section been included early in the final report clearly listing budgeting details, the traffic initiatives to be assessed, geographic boundaries, various inclusion and exclusion criteria, and clear time boundaries for the initiatives being assessed. While some of this information is present in various places throughout the report it is not easy to piece together.

4.4 Conducting the Assessment

Methodologies used for conducting the assessment include:
- Community profiling and reviewing baseline conditions
- Identification of health impacts and interviewing stakeholders and key informants
- Assessment and integration of the evidence and establishing priority impacts.

(Scott-Samuel et al. 1998; IMPACT 2005).

4.4.1 Profiling the Community and Baseline Conditions

Criteria

Profiling involves collecting data on a number of indicators that are expected to be relevant given the focus of the HIA and its possible impacts on health or health determinants. Indicators are measurable variables that reflect the state of a community or of persons or groups in a community. A profile of the area and communities likely to be affected by the project should be compiled using available socio-demographic and health data and information from key informants. The profile would ideally consist of trend (time series) data that provide a baseline from which trends after the implementation of recommendations formulated during the HIA can be assessed.

Abrahams et al (2004) and Scott-Samuel et al (1998) suggest that an indicator set for a community profile could include measures concerning:
• The population affected, population sub-groups, vulnerable and disadvantaged groups should be given special consideration. The profile should include an assessment of the nature and characteristics of groups whose health could be enhanced or placed at risk by the project's effects
• Health status, e.g. mortality rates, perceived health and well being
• Health determinants, e.g. housing conditions, employment status, air quality, social support, access to health care services, diet and activity.

The HIA proposal[9] for the Ballyfermot HIA outlined information and data required to review health promoting and health damaging effects of traffic and transport in Ballyfermot. The methodology used for this purpose included:
- Integration of datasets relevant to health and transport in Ballyfermot using Geographic Information System (GIS) software
- Review of five year trends for mortality data with respect to respiratory diseases, cardiovascular diseases and road traffic accidents
- Review of morbidity data and lifestyle data.

Content of the Ballyfermot HIA Report

Ch. 2, 4 and 5 present information on the situation current at the time of the HIA in Ballyfermot with respect to traffic profile studies (Ch. 2), demographics (Ch. 4) and the health status of the population, accident data and air quality and noise in the area (Ch. 5). These sections all clearly reference appropriate information sources.

Presentation of information in Ch. 2 on the initiatives to be assessed for health impacts in the

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[9] The HIA proposal document

same section as survey data on traffic levels as a review of the current traffic profile in Ballyfermot is confusing.

➢ **Learning point**
Information collected for the profile of the community and baseline conditions in the area may have been better presented under a single main heading making their purpose within the HIA framework clearer. Similarly, the traffic initiatives in Section 2.3 would have been better presented within a clearly labelled set of TOR in a separate section preceding all information intended for baseline profiling and assessment of these initiatives.

With respect to determining baseline conditions, the HIA was retrospective and most of the traffic initiatives were either underway or already completed by the time the HIA was conducted. This would generally make it difficult to compare before and after scenarios. However, much of the data available for the review of the health status of the population, accident data and air quality and noise in the area pre-dated the traffic initiatives and as such could therefore provide baseline trends for future monitoring.

➢ **Learning point**
Where possible, given the dates available for these data, linking the timing of the traffic initiatives in Section 2.3 within the graphical presentations of health data in Ch. 5 would have been informative for visualisation of the temporal sequence of events/conditions.

Members of the Steering Group project team conducted the literature reviews and data analysis necessary for the compilation of this information

4.4.2 Identification of Potential Health Impacts and Interviewing Key Informants

Criteria
The collection of data on potential health impacts involves qualitative research with the stakeholders and key informants. The range of potential methods includes semi-structured interviews, focus groups, Delphi exercises, and with- and without-project scenarios. (Scott-Samuel et al. 1998)

A list of potential key health promoting and key health damaging impacts were detailed in the Ballyfermot HIA proposal. During the HIA focus groups with the public and interviews with key informants were arranged by members of the Steering Group project team. Literature reviews highlighted previously reported impacts of traffic on health.

The Steering Group agreed that six focus groups would be conducted, each with a maximum of ten people. Arrangement of the focus groups involved the targeting of specific population groups that were considered vulnerable or were thought to need a specific voice with respect to traffic and health issues in the area. At an early stage in the formulation of the HIA project the proposers had decided that, as there were very few travellers within the geographic area of Ballyfermot, this population group did not need to be considered as a vulnerable group within the HIA.

During the HIA disability was highlighted as a significant issue. Initial feedback from the draft report (prior to the appraisal day) highlighted a feeling that insufficient emphasis was given to transport access for disabled people. The report was subsequently revised to incorporate this.

Content of the Ballyfermot HIA Report

Methodology used to identify potential health impacts is clearly reported in Ch. 6. Literature searches were used to identify known issues concerning the impact of traffic on health.

Participation by the public to determine community perceptions on traffic initiatives was enabled through the focus groups, and interviews held with key informants from the community. Themes covered in the focus groups and key informant interviews included: a general description of Ballyfermot and issues, personal transport habits, traffic issues, traffic effects, and the traffic measures already in place in Ballyfermot. Perceptions recorded from the focus groups and interviews are well presented and highlighted with relevant quotes in Ch. 6 under these themes.

➢ **Learning point**
A summarised list of all potential health impacts identified and how they related to the specific traffic initiatives that were the subject of the HIA would have been instructive at this point in the report.

4.5 Appraisal

4.5.1 Assessment and Integration of the Evidence and Establishing Priority Impacts

Criteria
Appraisal requires that the potential health issues identified are prioritised and the evidence gathered is organised, and disseminated to the stakeholders. This evidence is then integrated and used to assess the health impacts of the projects that are the subject of the HIA.
(Scott-Samuel et al. 1998; IMPACT)

An Appraisal Day for the Ballyfermot HIA was organised to assess the various data collected and rank the various impacts. The assessor and members of the Steering Group project team completed background work for the Appraisal Day. Attendance on day included representatives from DCC (n=2), the community (n=2), the former ERHA (n=3, including the HIA group secretary), the former SWAHB (n=1), IPHI (n=2), other HIA consultants (n=2), and URBAN Ballyfermot Ltd. (n=1). No representative was present from DTO.

Material such as impact matrices and strategies for framing recommendations from previously completed HIAs had been prepared as guides for the Steering Group members to use during the Appraisal Day. The external consultant facilitated the day. The assessor presented a brief summary of the draft report prior to the Steering Group determining the main impacts.

The criteria adopted on the Appraisal Day to judge risk of impact on health were:
i) Where an issue could be clearly assessed based on known probabilities of impact from the literature, this information was used to determine whether it was 'definite'

ii) Where an issue arose repeatedly as opposed to being a once-off, i.e. where an issue was mentioned in two out of three instances in the qualitative, quantitative or literature derived information it was deemed 'probable'
iii) Where there was less clear data available, then that issue was considered to be 'speculative'.

Among of the Steering Group members interviewed for this evaluation study there was an understanding that evidence included in the HIA would be both qualitative and quantitative, and that both forms of evidence were of value. However, one community representative pointed out that it was difficult to assess some of the evidence during the day, given lack of expertise, and that the process felt somewhat exclusive in that respect.

➢ **Learning point**
This highlights the need for relevant training of community representatives in basic approaches to methodology and the HIA process. Arising from the HIA, training is currently being undertaken by some local action group community members in the Ballyfermot area.

In situations where conflicting evidence arose further monitoring was recommended. For example: One Steering Group interviewee explained that a study by an environmental health officer (EHO) from the Local Authority (DCC) reported that air pollution in the Ballyfermot area was an issue. In addition some residents perceived air pollution to be a problem. However, the air monitoring study conducted for the HIA found that it was within the EU regulatory limit (albeit in some instances at the higher end of that limit). It was therefore recommended that air quality be kept under review.

Content of the Ballyfermot HIA Report

Assessment of the identified health impacts was conducted on an Appraisal Day. While the report made reference to the Steering Group members attending the Appraisal day, it did not include reference to which members attended and in particular, whether all of the relevant organisations were represented.

Methodology for the identification and weighting of the main impacts is clearly outlined in Ch. 8 and involved the use of 'Post-it' stickers grouped to identify the main issues or themes and a matrix of health determinants (Scott-Samuel et al. 1998) to identify negative and positive impacts of these themes.

Eight main impacts or themes were identified with the following information for each of these considered: positive and negative health impacts; health categories and determinants resulting in the impacts identified; project activities altering determinants; nature and size of impact and measurability of impact. Criteria used to judge measurability was reported, however, criteria used to judge risk of impact i.e. 'definite', 'probable' or 'speculative' were not defined.

Each theme is discussed separately and information summarised in table format with negative and positive impacts, comments/recommendations, measurability and risk of impact clearly presented.

The known potential links between traffic, transport and health are clearly presented using a schematic from published literature. However, the link between identified impacts and specific traffic initiatives in Ballyfermot was not clearly presented.

➢ **Learning point**
The link between the identified impacts and specific traffic initiatives in Ballyfermot could have been made clearer had the second column of figure 8.1 p. 59 (Project development/operation activity) been maintained in the summary tables in Ch. 8 with the negative/positive impacts for

each relevant initiative presented in that format.

Triangulation was used to integrate the evidence collected (Section 1.8 p. 4). The final report did not make clear how instances of conflicting evidence were dealt with.

> **Learning points**
> *In order to maintain the transparency of the HIA process it would have been informative to specify the criteria for handling instances of conflicting evidence. This is particularly pertinent where these occur between data derived from qualitative and quantitative methodologies. This is a major issue in terms of balancing and integrating the evidence from these different data forms within the HIA framework.*

4.6 Negotiation and development of recommendations

Recommendations were initially brainstormed on the basis of the evidence presented during the Appraisal Day, and followed on directly from the process of prioritising the main issues and appraising their impact. It was agreed by the Steering Group members that the recommendations needed to be specific, and that it was necessary to try to develop a framework to target them to relevant organisations for implementation.

Content of the Ballyfermot HIA Report

Recommendations were drafted on the Appraisal Day and approved by members of the Steering Group. In total 28 recommendations are clearly presented Ch. 10 p. 70 and sub-divided according to the stakeholder(s) that had primary responsibility for their implementation. The first category includes recommendations where joint inter-agency implementation was relevant (n=10), followed by those for DCC (n=7), the SWAHB (n=8) and the Local Community (n=3) (see Appendix 3).

4.7 Monitoring and Evaluation

Criteria
Monitoring involves the collection and interpretation of appropriate indicators and is necessary to detect changes in health determinants / status and detect early warning signs for further action (Scott-Samuel et al. 1998). Evaluation determines the effectiveness and quality of the HIA through an examination of its process, impacts and outcomes (Taylor and Quigley 2002).

The indicators and methods proposed for monitoring will depend not only on the nature and content of the project, but also on the perceived importance of this stage of the assessment. If significant resources can be made available, monitoring may include not only the collection and interpretation of appropriate indicators but also the phased replication of parts of the actual health impact assessment.
(Scott-Samuel et al. 1998; IMPACT)

The HIA project proposal made provision for the conduct of a formal evaluation of the Ballyfermot HIA. However, after a time period of two years since publication of the final report, many of the people interviewed had less than clear memories of the process they had been involved in.

➢ **Learning point**
Concurrent process evaluation of the HIA (i.e. evaluation built into the HIA process) would be a way forward in terms of enabling continuous appraisal of the HIA process. For example, the London Health Commission (2003) reporting on the use of HIA evaluation methods acknowledges it did not prove possible to track all of its HIA processes concurrently. However, it noted that use of group discussion and observation of scoping meetings and workshops proved useful in providing immediate feedback about the HIA processes and enabled the suggestions for adjustments while the HIAs were being conducted.

Content of the Ballyfermot HIA Report

In Ch. 5 of the Ballyfermot HIA, a broad range of measures were chosen for review of the community profile., including:
• Mortality data (1994 -1998 Ballyfermot compared to ERHA)
• Morbidity data using hospital discharge data (1995- 2002 Ballyfermot DEDs and Dublin 10 residents)
• Road traffic Accident data (1997 – 2002 Ballyfermot and, Dublin City County)
• Cancer incidence (1994 – 2000, Ballyfermot compared to ERHA)
• Prescribing patterns for medical card holders for asthma, cardiovascular disease, anxiety and lack of sleep and depression (1995 – 2003, Ballyfermot DEDs compared to Eastern Region)
• Lifestyles data including physical activity, obesity and smoking (SLÁN and HBSC surveys 2002)
• Air quality and noise monitoring (Dublin City Council Traffic, Noise and Air Quality Unit air quality study August 2003 – February 2004 and the Ballyfermot Noise Mapping Project August – December 2003) .

An ongoing programme to monitor these various measures was not included in the final Ballyfermot report. However, several of the recommendations arising from the HIA specified on-going monitoring of conditions in Ballyfermot, these are further discussed in Section 5.3 of this present evaluation report. In this context it should be noted that few existing HIAs had made provision for a monitoring stage.

➢ **Learning point**
In order to detect changes in health determinants / status and detect early warning signs for further action resulting from the initiatives examined by the HIA, a review of baseline conditions (community profile) could have provided sets of indicators for follow-up monitoring.

With respect to evaluation, at the time of publication of the final report insufficient time had passed to be able to comment on the impacts and outcomes of the HIA. However, it was reported that a formal evaluation would be conducted.

4.8 Feedback of information to stakeholders

Scheduled feedback to stakeholders is outlined in the work plan for the HIA proposal[10]. Various methods were utilised in order to feed back information to stakeholders during and after the HIA, as follows:

Documentation
- A summary document was distributed with the local ID10 newspaper to inform community members about the HIA
- The Lord Mayor of Dublin launched the final report. The launch took place in Stewarts Hospital, Ballyfermot and was also attended by the Deputy CEO of the former ERHA, the Director of Traffic, DCC, and Dublin Bus. The HIA Steering Group chairperson presented a summary of the findings.
- The final report was placed on the URBAN Ballyfermot Ltd. and IPHI websites:
  http://www.urbanbl.ie
  http://www.publichealth.ie/index.asp?locID=163&docID=180
- A copy of the final report was sent to all the participant stakeholders and was sent to several universities and libraries (an IBSN code was obtained to make the report accessible to libraries), including: The National Library of Ireland, UCD, DCU, NUI, Maynooth, University of Limerick, UCC, NUI, Galway, TCD, Oxford and Cambridge Universities
- A write up of the research study was presented in the ERHA 2000-04 Report.

Media coverage
- The HIA assessor gave an interview on Newstalk 106
- An article on the study was published in the Irish Times (Houston 2005).

Presentations
Presentations were made to:
- A presentation was made to the South Central Area Committee, the local authority serving Ballyfermot.
Other presentations were made at:
- the International Healthy City Conference in Belfast;
- the Faculty of Public Health Medicine Faculty Meeting;
- the All-Ireland Social Medicine Conference;
- the (6th) UK and Ireland HIA Conference, Birmingham, UK.

Training
The Ballyfermot HIA final report has been used during HIA training courses run by the IPHI.

Other
The HIA project received the Irish Pharmaceutical Health Care Award in 2005.

Content of the Ballyfermot HIA Report

Although reference is made to draft material being sent to Steering Group members, a schedule of outputs and disseminated material during the HIA was not presented in the report.

➢ **Learning point**
In order to maintain transparency of the HIA process a clearly presented outline of outputs and the manner in which material was disseminated should be presented in the HIA report.

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[10] HIA proposal document

4.9 Summary of Key HIA Process Evaluation Learning Points

On the basis of the process evaluation of the Ballyfermot HIA the following are key learning points that could inform the conduct of future HIAs.

Transparency of the HIA process
In order to minimise biases and conflicts of interest in a HIA it is necessary to clarify at the outset the:
- Criteria for the selection of topics for assessment
- Criteria for selection of members for the Steering Group
- Roles of Steering Group members in the HIA
- Criteria for handling instances of conflicting evidence
- Outputs of the HIA and the manner in which material is to be disseminated.

Setting terms of reference
- Clarity on setting of the terms of reference is essential in order to frame the specific initiative(s)/project(s) that are the focus of the HIA.

Participation
Participation is a primary principle of HIA, it is therefore important that there is:
- Inclusion of community representation in all decisions about the HIA, particularly in decisions concerning the initiatives to be assessed and the time and spatial boundaries of the HIA
- Provision of training of community representatives in the HIA process, relevant methodology and interpretation of evidence.

Presentation of the HIA process
Key reporting, commutation and dissemination aspects of HIAs should include:
- A section listing all elements of the terms of reference of the HIA
- A timeline for the events in the HIA process as such information enables others to estimate work schedules when conducting HIAs
- Provision of a clear distinction between the initiatives that are to be assessed and information that describes the conditions current at the time of the HIA (i.e. community profiling)
- The linking of identified potential health impacts to the specific initiatives that are being assessed.

Evaluation
- The use of concurrent evaluation could provide immediate feedback on the HIA process thereby enabling continuous adjustments and improvements.

Table 3 Summary of the process evaluation

KEY HIA STAGES	Detail/Criteria (Scott-Samuel 1998; Scott-Samuel et al. 1998; IMPACT)	Information derived from this Evaluation Study	Information presented in the Ballyfermot HIA Report, 2004
SCREENING	• Deciding whether or not to undertake a HIA • Setting out the reasons for undertaking the HIA	Screening criteria was developed from two sources: • Luton Guide to HIA • IPHI Guidance Manual An initial screening document was prepared by a sub group of the HIA SG.	Screening criteria were not explicitly reported, however in Section 1.6 p. 2 the impetus for the HIA was given as: • Public concerns over air pollution • Impacts of traffic density on air pollution • The status of Ballyfermot as a deprived area
SCOPING	• Planning how to undertake the HIA. • Setting up a Steering Group (SG). • Setting the Terms of Reference.		
Steering group	Enlisting potential members, including: • Project proponents • Key informants • Representatives of stakeholders • Advocates • Health experts • Local health workers • External consultant	Initial proposed SG membership was reported in the HIA proposal document. Membership was originally *ad hoc* becoming formalised after funding was obtained. Community representatives were selected via established links between URBAN and the local community.	Agencies and groups represented in the SG are listed on p. 1 of the report. Criteria for deciding the SG membership were not reported. Reported as missing were representatives from Dublin Bus.
Terms of reference (TOR)	Setting TOR for: • The steering group • The assessor		TOR were not presented for either the steering group or the assessor in the final report.
Core criteria for TOR for the SG	Appointing an assessor	The HIA project leader held the roles of SG chairperson and the HIA assessor. Information regarding relevant expertise for this role was made available to URBAN within documentation for the HIA proposal.	The appointment of the assessor and the selection process used was not presented in the final report.
	Listing the roles and responsibilities of SG members.	• SG members from DCC, DTO, URBAN, the former SWAHB and Community representatives acted as key informants to the HIA. • SG members from the IPHI with other consultants held advisory roles. • Several SG members held roles in a SG project team.	With the exception of the HIA chairperson and the external consultant, the roles and responsibilities of SG members were not presented in the final report.
	Agreeing meetings of the SG and the HIA schedule.	The SG met monthly throughout the HIA. A detailed work plan was submitted as part of the HIA proposal. Post funding a framework was produced comprising 6 stages outlining specific actions at each stage.	Information regarding the SG meeting schedule was not presented in the final report. A schematic of the stages of the HIA was presented in Section 1.8 p. 5.
Core criteria for TOR for the assessment	Setting the HIA space and time boundaries.	Initial geographic boundaries were decided during the funding application stage. More detailed discussion took place at a meeting of the SG in September 2003 when it was decided to conduct a retrospective HIA and the geographic boundaries were set as the 'Old Ballyfermot' area.	Time boundaries for the HIA were reported as covering the period from the late 1990's to 2003 when various traffic initiatives were carried out in the area. Space boundaries were described with the use of maps of the electoral districts within the Ballyfermot area, presented on p. 20 and 21, their situation within the SWAHB is reported on p. 19.

KEY HIA STAGES	Detail/Criteria (Scott-Samuel 1998; Scott-Samuel et al. 1998; IMPACT)	Information derived from this Evaluation Study	Information presented in the Ballyfermot HIA Report, 2004
	Setting the scope of work: inclusion/exclusion criteria.	Detailed inclusion/exclusion criteria were discussed at a meeting of the SG in September 2003 when it was decided to conduct the HIA on various traffic calming schemes in old Ballyfermot.	The use of a wide socio-economic definition of health is reported on p.1 of the report. Aims and objectives of the HIA are set out in the Executive Summary and Section 1.7 p. 4. These predominantly detail aims concerning the impact of the HIA, rather than setting out the TOR for the HIA.
	Detailing the methodology used in the HIA.	Methodology for the HIA was set out in the detailed work plan in the HIA proposal submitted to URBAN.	Methodologies were outlined in Section 1.8 p. 4 and 5. Further methodology was presented in Sections 5.2 p. 31 (accessing quantitative data) 6.1 p. 42 (focus groups) and 8.2 p. 58 (identifying and weighting health impacts).
	Setting out the form and content of the HIA outputs and production or publication conditions.	Key outputs were detailed in the HIA proposal.	Planned outputs were not presented in the report, however, a summary document with key recommendations is referred to on p. xii.
	Confidentiality and publication issues.	No concerns over confidentiality were reported.	Information concerning confidentiality was not presented in the final report.
	Budgeting and source of funding.	The HIA budget was set out in the detailed work plan in the HIA proposal submitted to URBAN.	The source of funding, was reported on, p. xi of the report. The HIA budget was not presented in the final report.
PROFILING THE COMMUNITY	• The population affected, and vulnerable sub-groups • Health status of the population affected • Health determinants in the area affected		Ch. 2, 4 and 5 of the report present information on the situation current at the time of the HIA with respect to traffic profile studies (Ch. 2); demographics (Ch. 4); the health status of the population, accident data and air quality and noise in the area (Ch. 5).
IDENTIFYING POTENTIAL HEALTH IMPACTS	Collection of data on potential health impacts. Range of potential methods includes: • semi-structured interviews • focus groups • Delphi exercises • with- and without-project scenarios	A list of potential key health promoting and key health damaging impacts were detailed in the HIA proposal. During the HIA, focus groups with the public and interviews with key informants were arranged by members of the SG project team.	Methodology used to identify potential health impacts is clearly reported in Section 6.1 p. 42. The report describes the use of focus groups and interviews to enable community participation and literature searches to identify reported links between traffic and health. Ch 3 reviews the literature on how transport affects health in terms of road traffic injuries, air and noise pollution, physical activity, effects on community and social inclusion. Ch 5 reviews impacts of traffic on health status within Ballyfermot. Ch. 6 presents perceptions of traffic, transport and related health effects.
PRIORITIS-ING THE POTENTIAL HEALTH IMPACTS	Criteria for prioritization (Fleeman and Scott-Samuel 2000): • has clear and important health implications • high frequency of identification • impact being causal precursor of further impacts • has clear and important policy implications	The assessor and members of the Steering Group project team completed background work for the Appraisal Day. Attendance was reported in the minutes taken on the day. Criteria used to judge risk of impact was described by the HIA assessor when interviewed.	Methodology for the identification and weighting of the main impacts was outlined in Section 8.2 p 58. While it was reported that the SG members attended an Appraisal day, it was not clarified which members attended and in particular, whether all of the relevant organisations were represented. Criteria used to judge measurability is reported, however, criteria used to judge risk of impact i.e. 'definite', 'probable' or 'speculative' was not outlined. 8 impacts/ themes were presented, each summarised in table format. Known links between traffic and health are presented using a schematic from published literature. Links between identified impacts and specific traffic initiatives in Ballyfermot, however, could have been made clearer.

KEY HIA STAGES	Detail/Criteria (Scott-Samuel 1998; Scott-Samuel et al. 1998; IMPACT)	Information derived from this Evaluation Study	Information presented in the Ballyfermot HIA Report, 2004
DEVELOPING RECOMMEND-ATIONS	Considering and agreeing recommendation and alternative options.	Recommendations were brainstormed on the basis of the evidence presented during the Appraisal Day, It was agreed that the recommendations needed to be specific, and that it was necessary to try to develop a framework to target them to relevant organisations for implementation.	Recommendations were drafted on the Appraisal Day and approved by members of the SG. 28 recommendations were presented in Ch. 10 p. 70 and sub-divided according to the stakeholder(s) holding responsibility for their implementation.
MONITORING	Collection and interpretation of appropriate indicators to: • Detect changes in health determinants / status. • Ensure the agreed recommendations are implemented	A Local Action Group comprising community representatives and service providers was set up as a joint recommendation of the HIA. This group monitors the adoption of the HIA recommendations.	Two of the recommendations detailed in Ch. 10 p. 70 to DCC require that ongoing monitoring be carried out. Ch. 5 presents a broad range of measures chosen for baseline review of the situation in Ballyfermot. An ongoing programme to monitor these measures was not presented. At the time of publication insufficient time had passed to be able to comment on outcomes of the HIA.
FEEDBACK	Disseminating information about the HIA to stakeholders.	Scheduled feedback to stakeholders is outlined in the work plan for the HIA proposal. Various methods were utilised in order to feed back information to stakeholders. Published documentation including a summary document and the final report. Media coverage including radio interview and newspaper article. Presentations were made to a number of conferences. The Ballyfermot HIA is used as an example for HIA training purposes by the IPHI.	The final report, p. XX1 and p. 4, refers to feedback of recommendations to stakeholders. A summary document was produced which listed the key recommendations and invited comments and further suggestions. A schedule of outputs and disseminated material during the HIA was not clearly reported.

5.0 Impact and Outcome Evaluation – Main Findings

5.1 Introduction

The HIA Report contains a series of detailed objectives that are outlined in Ch. 1, p. 4, while Ch. 10 of the HIA Report contains a total of 28 specific recommendations assigned to the relevant stakeholders as appropriate(see Appendices 1 & 2). The HIA Report notes that the recommendations were framed in the context of facilitating joint working amongst the different agencies and sectors such as the HSE, the local authority, the transport authority, and local community. The overall aim of the recommendations was "to maximise the positive health impacts of transport" (ERHA 2004, p.70). Both the objectives and recommendations of the HIA Report informed the core focus of the impact and outcome evaluation. The questions posed in semi-structured interview schedules were used to explore the interviewees' perceptions of developments regarding the enactment of the Report's objectives and recommendations.

The Methodology Section 3 of this Evaluation Report outlines the qualitative methodology that was used to explore stakeholders perceptions and experiences of developments regarding the HIA process *per se,* and the key objectives and recommendations of the Ballyfermot HIA. For the impact and outcome evaluation, a total of ten interviews were conducted utilising a mixture of group and individual interviews. Stakeholders from the following constituencies were consulted as part of the qualitative data collection for the impact and outcome evaluations:

- LAG   Community members (n=6)
- LAG   Service providers
  - HSE (n=3)
  - DCC (n=5)
  - Gardaí (n=1)
  - The Base (n=1)
- URBAN Ballyfermot Ltd. (n=2)

5.2 Impact Evaluation

Stakeholder's perceptions of the HIA process, the main lessons learned from the practice of HIA, limitations and suggestions for improvement are outlined in this Section. The evaluation sought to elicit whether the HIA had changed the various agencies and sectors understanding of the relationship between transport and health, and whether the HIA had or was having an impact on transport policy. Perceptions of changes in inter-agency working relationships resulting for participation in the HIA were examined. The issues of information sharing and communications were explored, with a particular focus on accessibility for the local community.

5.2.1 Opinions of HIA as a Process

One of the objectives outlined in the Ballyfermot HIA was to develop learning around the practice of HIA. LAG (community) interviewees explained that the HIA Report has been of value in the sense of providing base line information and creating an awareness of the main issues and problems that need to be dealt with in the area. A core impetus for the HIA was the perception in the local area that air pollution levels were increasing in Ballyfermot. Therefore, the Report was commended for the provision of information on the relationship between traffic, pollution and people's health in the area. As one interviewee commented:

> "*It is great. I think it was a very good way of collecting information, dispelling some of the myths and perceptions that are out there and also gathering the reality, real information*".

In a similar manner, another interviewee explained that:

> "*It was good information to get, that the traffic exhaust fumes for example weren't horrendously high or anything like that, weren't detrimental, it hasn't a huge impact on peoples' health. I think we didn't know that at the start and I think it was a great thing to know that, given the history of pollution in the area*".

In line with recommendations 10.5.1 and 10.5.2, which refer to the importance of an active role on the part of the Ballyfermot local community, the vibrancy of community spirit in the area was emphasized in the interviews with LAG (community) members in terms of initiating the HIA of traffic and transport and local participation in it. As one interviewee explained:

> "*It's a really strong, vibrant community here in Ballyfermot, definitely suffering from lots of these features of disadvantage, but yet is incredibly strong and vibrant in other ways. They're well able to stand up for themselves and this is an example of that where they have this perception that there is an issue there and they rally round and lobby for work to be done on it. They're really excellent like that and they have a lot of experience because it's an older community in relative terms in Dublin, they have a lot of experience in fighting their corner and coming together and that kind of thing*".

Similarly, another interviewee commented that with regards to the HIA:

> "*There is no shortage of people in Ballyfermot who are willing to participate*".

5.2.2 Relationship between Transport and Health

One of the objectives of the Ballyfermot HIA was to promote an understanding across the sectors of the relationship between transport and population health. Interviewees were asked whether they thought that participation in the HIA study changed understanding across the different sectors and agencies such as health, education, the local authority and so on, of the relationship between transport and health. It was explained that the HIA probably increased awareness of the more obvious issues regarding transport and health such as road safety, the inconvenience of traffic, the length of journey times, and pollution. Additionally, it was pointed less obvious effects were only revealed as a result of the HIA process. To quote one DCC interviewee

> "*we started out with the expecting to examine and focus on the physical effect of transport on health. However, the main outcomes in relation to stress, anxiety, security of transport, access to transport etc. are not so much about the physical as quality of life issues. These came up in the focus groups*".

Likewise, a HSE interviewee pointed out that other less obvious considerations which would not have arisen

> "*unless you asked the locals living there*" such as "*safety on buses for older people and the effect of the behaviour of some youths on older people not getting on the bus wouldn't have been thought of before. Also things like a road cutting through a community and the impact of this in people finding it difficult to go to church, shop etc*".

Another similar comment was made by one LAG (community) member who referred to the fact that people began to see traffic and transport, "*more as a social issue…not being able to cross the streets sort of thing*".

5.2.3 Impact of the HIA on Transport Policy in Ballyfermot

A core objective of the HIA was to influence future transport policy in the area. Interviewees were asked for their opinions on the impact of the HIA on transport policy. Some LAG (community) members remarked that this was a very broad question, and therefore difficult to answer. However, it was pointed out that the Report is beneficial in terms of providing baseline information:

> "*we have that study done, we don't have to repeat it, and we can actually move forward from that study now, its there for us and can be used to change things*".

An important point was raised by two interviewees in DCC concerning the source of transport policy and impact of the HIA on local traffic and transport policy in the area. They explained that this was difficult to answer, since transport policy is national policy, and therefore the extent to which a HIA on "*a small part of a city*" can influence national policy is very hard to assess. It was pointed out that the influence of the HIA on transport policy in the area is confounded by its location:

> "*Ballyfermot isn't the end in itself, it's on the way to lot of places….from a traffic point of view there is also Clondalkin and Palmerstown*". It was also explained that, "*as policy is strategic, it is city based so it is hard for locally based initiatives to influence wider policy*".

Additionally, in terms of the possible influence of the HIA on transport policy, DCC explained that various transport and traffic initiatives and policies would be happening anyway, as a result of issues raised by local people in the community, through the local council, and through the area committee. Therefore, it was pointed out that a lot of the findings of the HIA would have been known prior to its publication. Nonetheless, it was felt that as a result of the HIA "*some of these issues are crystallised,*

there might be more issues raised, which otherwise people would not have been aware of".

Similarly, one HSE interviewee commented that it was difficult to assess "*as some of the transport changes happened before we started the HIA*", since the HIA was conducted retrospectively. She stated that "*HIA is very valuable but it should be done in advance of initiatives*". When asked if she thought the HIA will influence the implementation of future transport policy in the Ballyfermot area, the interviewee went on to state that it would, as various "*issues are highlighted through the HIA*".

The type of 'hard' information used for transport planning and decision-making purposes, and the disparity between this and some of the 'softer' HIA information, was commented on by one DCC interviewee. He referred to the reliance on quantitative, scientific data as the basis for transport policy, explaining that

> "*transport policy tends to be discussed in relation to engineering issues, how to get from A to B, and how long this will take. It tends to deal with measurable things rather than issues which arise from focus groups such as the theme of stress caused by delays in buses. Transport policy focuses on things which are easily measured outcomes, that is what policy is driven by*".

The interviewee commented that the HIA has not demonstrated how to bring the:

> "*qualitative type of information and perspective into a discipline dominated by engineering and economics, for instance issues around levels of discomfort, stress, and quality of life*". He concluded that "*a big selling job is needed as it is unusual for a Transport Department to have to deal with perceptual information*".

The interviewee from URBAN Ballyfermot Ltd. questioned whether it was possible for the HIA to influence transport policy. As she explained "*I don't know that it has really because it couldn't have. I mean transport seems to have a life of its own. If there is a gap, a car will find its way into it*". She noted the impact of the speed ramps and speed restrictions in the area.

The Garda interviewee did not think there has been any change in Ballyfermot transport policy resulting from the HIA.

5.2.4 Interagency Working Relationships

One of the objectives of the HIA was to develop partnerships for conjoint working between the community, statutory and voluntary sectors that work in Ballyfermot. Recommendation 10.2.1 referred to the development of a multi-sectoral local action group in Ballyfermot to address the various issues identified by the Ballyfermot HIA Report. Such a group was subsequently formed in January 2005 and later was sub-divided into a community group (Local Action Group) and service provider group.

For the purposes of this evaluation, opinions were sought on perceived changes in the working relationship between the different sectors, including statutory bodies, the local authorities, and the voluntary and community sectors, since becoming involved in HIA. Mixed views were given in this regard. Members of the LAG (community) commended the development of the Local Action Group and its potential, "*we have formed coalitions now with people alright.....we have something to offer and they (DCC, HSE etc.) are going to listen to us*".

However, contrasting ways of working in formal structures such as DCC and the HSE where "*they work from the top-down*" and in the community sector "*we work from the bottom up*" were highlighted by some LAG (community) interviewees. It was felt that as a result "*one is not always*

compatible with the other, so you're disempowered in a way sometimes by what you can achieve". An interviewee from URBAN Ballyfermot Ltd. made a similar comment stating that perhaps involvement in the HIA has led to "*a bit more interaction*" between the different agencies, however, it is "*still a bit top-downish*".

Some interviewees from both DCC and HSE pointed out that the relationship amongst the different agencies has changed as a result of the HIA, since they now meet together with the aim of "*trying to progress the recommendations*". The different agencies and community members also hold monthly meetings in relation to making public transport safer. It was pointed out that the training that the Local Action Group members can avail of on Saturdays has been funded jointly by DCC and the HSE.

The notion that inter-agency work was something new, that resulted from the HIA process, was contested by some interviewees. For instance, one URBAN Ballyfermot Ltd. interviewee explained that while there may be "*a bit more interaction*" between the different agencies resulting from the HIA process, a lot of this type of inter-agency work would have been ongoing in the community anyway. Similarly, while familiarity with the workings of the other agencies as a result of participation in the HIA was positively referred to, the Garda interviewee noted that, "*the Gardaí are involved in working with these sectors and agencies anyhow as part of their job*".

5.2.5 Local Community Access to Information

Both DCC and the former SWAHB were assigned specific responsibilities for improving information sharing and communications concerning transport and health in the Ballyfermot area. The need for DCC to improve communications and information sharing with the local community regarding changes in transport policy and the works programme was addressed in recommendations 10.3.2 and 10.3.3 The former SWAHB was assigned responsibility for improving the dissemination of information on available health services in the area, and health promotion information regarding the health benefits of using public transport and broader lifestyle issues, with regular local health fairs suggested as a possible means of information sharing 10.4.5. The need for improved communications regarding Community Health Services in Dublin West was highlighted, with the development of a local directory of services for the Ballyfermot area recommended as a possible solution 10.4.6.

Some of the interviewees from the LAG (community) commented on the issue of access to information, during the interviews. For instance it was stated that, "*when we were involved in URBAN in the beginning, there were a lot of grey areas that people don't realise what their entitlements are around health particularly*". It was pointed out that the current local directory of services, funded by URBAN Ballyfermot Ltd. and produced by several agencies, was published about three years ago and is now being updated. In relation communications regarding services provided by the HSE community health division in Dublin West, both LAG (community) interviewees and one HSE interviewee explained that the HSE has just published a new directory of health services in the area which is currently awaiting printing. A HSE interviewee explained that a health fair was organised in December 2005, and it is intended that this will be held on an annual basis to disseminate information more widely on health services in the area and raise awareness about healthy lifestyles.

Views were sought on the issue of access to information on changes in transport policy in the local area for local residents. One DCC interviewee explained that such changes are reported to the Traffic Advisory Group (TAG), which in turn are communicated to the Area Committee in the community. Two regular publications were mentioned, namely the local magazine Traffic News and a South Central Area newsletter. It was also pointed out that the Internet was a useful source of information, however it was noted that "*not everybody has it*". It was explained that DCC intend developing a specific website for the dissemination of significant traffic news. This website and a Ballyfermot Regional Office phone line were named in the Strategic Action Plan as modes through which information on changes in transport policy could be accessed.

A problem regarding the lack of dissemination of research information and data feedback to the Ballyfermot community arose, during the interviews. As one LAG (community) member pointed out

> "*there are a lot of surveys done by the HSE and other outside bodies for some reason in Ballyfermot, but they never come back to us with the result. The local people give up their time, and its almost impossible to get the results, they never come back to you to say this is what we found*".

It was felt that such sharing of information should be a core part of the research process and would prevent the same type of research being repeated "*it could save us all that work and we could move on*".

The lack of information generally, the importance of gathering locally based information, and the potential role for HIA was emphasized by one DCC interviewee. He envisioned that HIA "*would take on small projects to highlight different things in the community, because one of the major problems with every community in Dublin is the lack of information*". The interviewee stated that "*I'm hoping the HIA will get that information out there and be a point of contact, or a facilitator of information throughout the community*". He discussed the power of information and his role in relation to ensuring that it is made available to local people in the area. The interviewee emphasized the need to ensure that "*information of all kinds is given out to the community so that they become masters of their own destiny*". Equipping local people with the necessary skills to collect information was identified as another core aspect of his role.

5.2.6 The Main Lessons Learned from the Practice of HIA

The development of learning around the practice of HIA was named as a specific objective in the Ballyfermot HIA report. HIA participants recounted several valuable lessons learnt from participation in the HIA process. The learning and understanding gained in relation to what other agencies and service providers are doing, how they plan, and the types of difficulties they faced was highlighted by both DCC and the HSE interviewees. To quote one interviewee it is a "*very good methodology for interagency working*". It was noted by DCC that it is useful to have a structured way of developing policy, and the HIA process could be of value for instance in planning traffic and transport issues "*if the planners sat down with all the agencies, as in, the local authority, the Gardaí, and the health promotion department*". Useful connections and networks were made in the various agencies as a result of working on the HIA, with one HSE member explaining that, "*we now know where to go for the data*". One HSE interviewee noted the advantage of "*having local people represented on the Steering Group was good, as they know what happens on the ground*".

Interviewees noted the usefulness of the HIA in terms of information and planning. For instance, the value of the report in terms of having a number of recommendations "*that we can look at and we can name, a kind of road map*" was commented on, while another interviewee stated, "*I think the whole report has raised peoples' conscience, and conscience within the organisations*". An URBAN Ballyfermot Ltd. interviewee felt that the HIA process was useful as "*there's a reference point now that in five or ten years time if people are talking about health or pollution in the area, they can look at what's happened in the interim*".

One interviewee from the HSE commented that the HIA process broadened participants' perceptions of health.

> "*HIA helped in seeing that health is not just a health service thing. You gain respect for other agencies and get to know about the level at which they prioritize health. Health includes road traffic accidents, road crossing safety etc. but also mental health issues that cross boundaries*".

Likewise, it was pointed out that in the absence of the HIA, the broad ranging impacts of traffic and transport on health may not otherwise have been considered:

> *"we might not have thought of various mental health aspects without the HIA, for example, the elderly becoming distanced from their community because of the frequency of buses, a change in the frequency of buses would change their lives, elderly are very dependent on the bus service"*.

It was suggested that it would be very useful from a learning and information sharing point of view, if those who carried out the Ballyfermot HIA came and made a presentation to the LAG (community) on their experiences of conducting a HIA.

5.2.7 Limitations & Suggestions for Improvement

The timing of the HIA arose as a key issue. This HIA was conducted retrospectively, and examined initiatives that were already in place. Some interviewees from both DCC and the HSE pointed out that conducting a HIA by engaging with local agencies "*at the planning stages*", "*before plans are drawn up*" and "*before initiatives happen*" would be more appropriate. For instance, one interviewee from the HSE explained that, "*By the time we got involved the Ballyfermot Village Movement had happened. If the HIA had been done earlier it would have informed transport better*". In other words prospective as opposed to retrospective HIAs would be more beneficial.

Stakeholders had varied perceptions of the exact purpose of the HIA. For instance, one HSE interviewee stated the HIA was "*a little bit unfocused, if a specific initiative had been focused on, in a very clear way*" it would have been more beneficial while an interviewee from DCC similarly felt that this "*was not as focused as it could have been*".

The complicated nature of the process was highlighted with regards to "*the number of agencies involved – DCC, the HSE, Dublin Bus, the Gardaí…..we do work together but there may be gaps in relation to joined-up thinking*".

Another issue raised was the lengthy nature of the HIA process which is based on an inter-agency system of working. As one DCC member commented "*A big selling job needs to be done in local authorities because HIA is very time consuming*", while a HSE interviewee stated that because of "*the amount of time it takes in interacting with other agencies, you have to suit all and plan well in advance*".

A number of HSE and DCC interviewees questioned the extent to which some of the recommendations in the HIA Report were appropriate, realistic and achievable. For instance, one HSE interviewee pointed out that responsibility for some of the recommendations assigned to the HSE were problematic and it was felt that the HSE was "*to a certain extent in a difficult position*" as "*when you talk about traffic and transport, the HSE are to a certain extent peripheral……..there's nobody in the HSE that has responsibility for traffic or transport so trying to get our heads around that…..*". It was explained that while there is a health aspect involved, "*some of these recommendations were hard to progress*" and "*the recommendations should have been framed slightly differently at the outset*".

Similarly, a DCC interviewee commented on the unrealistic nature of some of the recommendations whereby "*there was never a chance of being able to implement them*". He suggested that the report would have been better if "*the report writers prepared the recommendations with those people who have to implement it at ground level…it would be more realistic*". Another DCC interviewee questioned how real the impact of the HIA would be on people and the practicability of making the area healthier. He pointed out that

> *"if you look out there at five o clock you will see a huge big long line of traffic. What can we do about that?. They're going to be sitting there, they're going*

> *to be, you know. Can we tell them to switch off their engines while they sit*
> *there in traffic, no we can't, ok, so what can we do?"*.

An emphasis was put on the requirement of additional resources for the implementation of HIA recommendations and actions. DCC in particular refereed to the lack of resources and funding to accompany this HIA, and the complication of local areas having their own budgets. It was stated that *"DCC is short of resources anyway and it (HIA) takes a lot of resources"* while DCC *"received no extra resources in terms of staffing or money"* to implement the recommendations and actions of the Report. The point was made that

> *"health impact assessments cannot be divorced from budgeting and local*
> *areas have their own budgets. There's very little in our budget (DCC) to do*
> *new initiatives, everyone is struggling to keep the existing show going on and*
> *there is very little allocated for something new, and that's a reality, you need*
> *to resource it (i.e. HIA)"*.

An interviewee from the HSE also made a similar comment, stating that *"I think there aren't enough resources"* in order for the Health Promotion department to take on board several of the recommendations *"about changing peoples habits"*.

A sense arose from discussions with some interviewees that the HIA process was somewhat hierarchical, and the provision of appropriate skills training for community members was discussed. For instance, one LAG (community) interviewee felt that *"all the information came from the experts…..while there were some local issues raised about traffic and traffic lights, but not very in-depth"*. An URBAN Ballyfermot Ltd. interviewee explained that the process could be improved if it became more driven from the bottom-up, i.e. rather than the community just being consulted by the experts, if community members were trained *"they might do research in their own way……that's the core of community development"*. In this way, it was explained that, *"people will feel they have a sense of ownership of it"*. A core suggestion in addressing this issue was discussed by one DCC interviewee who discussed *"the community aspect of HIA"* in depth. He pointed out that the people who should be doing the HIA *"are the people in the community"*, and he highlighted the lack of necessary skills amongst community representatives in relation the HIA. The interviewee explained that *"people who have an interest in the community"* should receive *"training up to the level where they can go out and gather all this information and be able to put it into a report. That is about building skills within the community"*. He identified three advantages of this approach, first, people are educating themselves, second they become more aware of their own community, and thirdly the rest of the community buy into it, because it is their own people.

Some LAG (community) interviewees explained that they have now moved on to the next phase, which concerns planning actions in relation to the issues raised in the Report (recommendation 10.2.2). Since several of the LAG (community) members only became involved in the HIA study after it was published, they are now attending a training course in the Ballyfermot Civic Centre on HIA and broader community development issues. This training which is funded by the HSE is seen an opportunity to increase the ability of the local community to participate in research and development activities in their area. The DCC interviewee with responsibility for the community Local Action Group explained that the purpose of the HIA training is to provide community members, who were interested in this process, with the necessary skills to engage with service providers. As he explained:

> *"The reason for that (the training) is that the community themselves felt that*
> *they weren't able to participate fully with the service providers. So you have*
> *the service providers at one end working on a strategic level and you've the*
> *community element working on the ground at the local level. And this is*
> *where the HIA training came in. It was designed by myself and Ann to build*
> *up the skills within the group, but also to empower them to be able to*

> *articulate at that level, with those people, and not be scared of doing it*".

Other comments made in relation to the HIA process were the extra work which involvement in HIA adds to ones ordinary workload, and it was suggested that HIA needs to be more driven to a greater extent by senior management in the future. One interviewee felt that improved organizational information would enhance HIA

> "*More definition of structures generally in various organisations……It would be really useful if we had a directory of services for the other agencies. Formal management structures – algorithms, would be useful*".

5.3 Outcome Evaluation

5.3.1 Introduction

The outcome evaluation Section of this Evaluation Report is based on the analysis of a number of key themes that were explored during the interviews with the various stakeholders involved in the Ballyfermot HIA. The following themes and/or issues are discussed: health promotion and health awareness; physical activity developments regarding 'active transport'; traffic and car usage; public transport; road safety; traffic lights; personal safety; transport policy enforcement; air quality and monitoring; noise.

In addition, an outcomes matrix of perceived changes regarding local priorities in relation to the HIA's objectives and recommendations is presented under the following headings:
a. Physical Environment, Public Policy, Transport Policy
b. Public Services
c. Social Environment
d. Personal/Family Circumstances and Lifestyle
e. Data and Information issues

Taylor and Quigley (2002) discuss the difficulty of demonstrating the health outcomes of the HIA approach due to confounding factors. This is because health determinants are situated in a wide socio-economic, socio-cultural, and political environment. Therefore, attribution of health outcomes to any one intervention or approach is problematic. This acknowledged difficulty in HIA evaluation was found in the current evaluation study of the Ballyfermot HIA as outlined below.

5.3.2 Health Promotion and Health Awareness

Responsibility for a series of recommendations (10.4.1-10.4.8) concerning the improvement of health and reduction of health inequalities, several of which included health promotion and awareness aspects were assigned in the HIA Report to the former SWAHB.

Interviewees were asked about their awareness of any health promotion and/or health awareness initiatives organised in the Ballyfermot area as a result of this Health Impact Assessment. While several initiatives were discussed by the interviewees, it was explained that the initiatives did not necessarily result directly from the HIA. Rather, some were in existence prior to the Report and some were established independently afterwards. To quote one interviewee from the HSE, "*I mean a lot of things have happened which I suppose were part of the regeneration of Ballyfermot*".

Healthy eating was identified as one of the main health promotion initiatives in the area. This scheme includes the establishment of breakfast clubs and healthy dinners in schools in the local area. Another scheme regarding healthy eating was the provision of healthy cooking classes under the 'Healthy Food Made Easy' Programme, particularly aimed at young mothers. It was pointed out that while URBAN Ballyfermot Ltd. initially funded several of these health awareness schemes, the Ballyfermot Partnership has now taken over much of this work. A healthy eating week and 'smoothie day' targeted at young people were organized in conjunction with local retailers. It was explained that both the HSE and the Ballyfermot Partnership employ healthy eating coordinators.

As recommended (10.4.4) a HSE employee with an understanding of public health has been assigned from the local Community Care Area, Dublin West to the local service provider action group to promote health and physical activity in the area. Other developments mentioned were the primary

care programmes and health care teams in Ballyfermot and the Senior Citizens help line and Teenline, both of which are run on a voluntary basis. It was explained that the HSE Health Promotion Department is working with DCC in relation to establishing a local sports partnership for Ballyfermot as proposed in recommendation 10.4.7.

In terms of targeting the health of teenagers (recommendation 10.4.8), a new dedicated youth centre, The Base (a flagship project of the URBAN Ballyfermot programme), was referred to as a very significant development in the Ballyfermot area. Interviewees explained that the youth centre is currently being built and is a joint development funded through several sources including URBAN Ballyfermot Ltd., DCC, several governmental departments and the EU. A Youth Health Coordinator was originally employed by URBAN Ballyfermot a year and a half ago to run the centre and is now employed by the HSE. During the interview with the Youth Health Coordinator, it was explained that The Base was developed using a bottom-up approach, following consultation with the young people in the area who were asked what kinds of services should be provided in a Youth Health Programme. The consultation found the setting of service provision as a key issue, with young people in the area explaining that they wanted a "*youth friendly environment*" and did not want to access health services via the standard health clinics. As the Coordinator explained

> "*They want to go somewhere in a youth centre, where they can talk to somebody like a youth worker around issues such as counselling, sexual health, mental health, parenting programmes, drug and alcohol awareness, general physical activity and wellness*".

It was suggested that The Base will therefore "*link young people into lots of services and programmes*" with physical activity, health awareness, and health promotion being the main focus.

Other developments concerning the health of teenagers (10.4.8) and increasing physical activity (10.2.3) were also discussed. DCC pointed out that since the publication of the HIA Report the council has employed a Sports Development Officer in Ballyfermot. The Base Youth Health Coordinator is currently working with the Sports Development Officer in DCC to set up a Sport and Health Awareness Programme run over a thirteen week period, aimed at training local teenagers in four or five different sports, and getting health advisors to talk to them about diet, smoking, drugs, alcohol, sexual health and so on. Teenagers will receive a FETAC accreditation upon completion of the Programme. Additionally it was explained that a new Sports and Active Living Coordinator post in DCC is the first of its kind in the country and this will be a good opportunity to advance some of the actions in the HIA Report, although the post is not specific to the Ballyfermot area, rather it is on a local authority basis. DCC also noted that they employ a FAI (Football Association of Ireland) coach to promote soccer, and that a new sports and leisure complex will be opened in the Autumn, which contains a state of the art swimming pool, sports hall, and gym.

The Youth Health Coordinator explained that as a result of the disbandment of URBAN Ballyfermot Ltd. who were the main drivers of the youth programme and the Base, a vacuum now exists and this should be filled "*by one organisation and one specifically assigned person in either DCC or the HSE.....it will still need a figure head, one body*" to organise meetings, set out aims, objectives, and outcomes, and keep all the different parties, including the local action group.

5.3.3 General Physical Activity Developments in Relation to 'Active' Healthy Transport

The HIA Report recommended the development of a joint strategy to promote increased physical activity with shared responsibility for this amongst the SWAHB, DCC and the community 10.2.3. The HSE were assigned lead responsibility for this, and one HSE interviewee said that such a strategy has been developed. A number of various physical activities in the area were discussed by interviewees, some of these were the direct result of the HIA, while other were not.

The HIA Report also recommended that resources should be targeted to promote active transport, for example walking and cycling in Ballyfermot (10.3.1). An interviewee from DCC explained that resources have not been targeted specifically for the area of Ballyfermot to promote active transport, rather from a strategic perspective, such policies and initiatives tend to be developed on a broader basis than this, with the remit covering the city as a whole.

Walking
The Slí na Sláinte routes erected by DCC and supported by the Irish Heart Foundation mapping out the local walkways were discussed by some LAG (community) members. A recently completed Slí na Sláinte route in the area namely, the California Hills was mentioned. It was pointed out by some LAG (community) members that awareness and usage of these walkways would need to be highlighted to local people living in the area(10.5.1). Members of the LAG (community) also referred to a world health day walk organized by the Irish Heart Foundation for the past two years. As one interviewee commented, *"over the past two years we got loads of people to come out, young and old, and do the walk. It's really just to raise awareness that walking is healthy"*.

A specific initiative recommended in the HIA Report was the walking bus 10.2.5, whereby instead of going to school by car or bus, children would walk to school accompanied by adults. In the Strategic Action Plan document, it was stated that, the Walking Bus and other safe routes to school need to be developed and supported by SWAHB in conjunction with the Local Area Office and in partnership with local schools. Part of recommendation 10.5.1 referred to the need for the Ballyfermot Community to become actively involved with schools to improve safety and encourage walk to school initiatives. However, it was pointed out by several interviewees that, the walking to school initiative has not been successful to date. The main reason given was the lack of parental involvement and ongoing commitment for the project:

> *"parents simply didn't want it". The reality of why it hasn't been a success is that it requires, parental involvement, people have to take the time to look after a group of children, bring them safely to school, they have got to walk with them, they have to be involved with them, road assistants have to be involved with them as well, a commitment by parents - that is the main stumbling block. Children have to be guided safely and they have to have parental supervision".*

One major restriction to walking to school that was mentioned was the issue of safety in relation to the traffic flow in the area. Other issues raised involved insurance, responsibility and litigation. A recommended ratio of five children to one adult, was mentioned by one interviewee, while another asked the question:

> *"so the issue is then, does somebody become responsible for other people's children?, if anything happens to those children going from A to B, they don't want to be responsible".*

Another reason given for the lack of success the walking bus initiative was the proximity of children's homes to the schools. It was pointed out that a considerable number of children in the area are already walking to school since the schools in the area very centrally located. This was backed up by a recent survey conducted by DCC, which found that the number of children walking to school in the area (58 per cent) was considerably above the norm. Hopes were expressed by some interviewees that the walking bus initiative would commence again with the support of the community and particularly, *"if you had a pool of parents that would be willing to give it a go"*.

Cycling
Referring to part of recommendation 10.3.1 concerning making cycling more attractive, an interviewee from DCC explained that cycle lanes were put in as part of the development of the village centre, and bicycle racks have also been provided in the area. He explained that the lighting and the

condition of the cycle paths on the main road in Ballyfermot is adequate "*as they were done up a couple of years ago*". In relation to the provision of changing facilities, he explained that this is not realistic, and "*will not come to pass*", and questioned why this was put into the recommendations. A HSE interviewee pointed out that the Health Promotion Department is going to launch a right start cycle training programme for fifth and sixth year pupils in primary schools. This involves ten sessions in the classroom with training to promote the use of cycle lanes. Some LAG (community) interviewees pointed out that there would be a lot more people cycling in the area in Summer than in Winter, but they were not sure if the HIA per se had an impact on the number of people cycling. One respondent commented, "*I think the cycle lanes have helped, people feel safer*", however the lack of continuous cycling lanes was criticised.

5.3.4 Traffic and Car Usage

Traffic levels and car usage in the area
The practicality of some of the recommendations was questioned with regards to both traffic levels and car usage in the area. Despite the recommendations to promote active transport 10.3.1 and decrease car usage in the area 10.5.1, there was a unanimous consensus amongst the LAG (community) members interviewed that traffic volumes in the area has become worse in recent years. To quote one interviewee "*it's really horrendous*". Similarly, both DCC and HSE interviewees explained, that like everywhere else in the country the traffic situation is getting worse. The numbers of car registrations are rising every year and since there is a limit to the amount of road space, it does lead to congestion. It was pointed out that a significant amount of the traffic passing through Ballyfermot is not local traffic, rather a recent survey by DCC found that "*58 per cent of traffic in the morning coming through Ballyfermot is actually using it as a route to get elsewhere*". Similarly, the Garda commented that a significant proportion of the traffic passing through the area is not local as "*a lot of people in the area don't have cars, they are on foot or use public transport*". It was also stated that the current upgrading of the M50 is probably having a detrimental effect on the traffic in Ballyfermot, because people are avoiding the M50 and looking for alternative routes, and one of which is through Ballyfermot. It was explained that the traffic issue is set to worsen, since while the population growth in the area has only increased by approximately 2 or 3 per cent, the Cherry Orchard-Park West area is set to triple over the next few years.

Monitoring of the Traffic Flow
DCC have responsibility for monitoring the traffic flow in Dublin city. Recommendation 10.3.4 stated that DCC would continue to monitor traffic flow in the area. An interviewee from DCC explained that traffic engineers from the Council are involved in ongoing monitoring of traffic in the area. He explained that some of the monitoring is in relation to day-to-day traffic flow whereby, "*the city council has a series of cameras all over the city, to monitor traffic and black spots*". In contrast, another DCC interviewee referred to reactive monitoring by DCC based on requests or complaints about traffic volume or violations, rather than ongoing monitoring by the Council. Similar confusion was found amongst the LAG (community) interviewees who were not clear on how the traffic departments from DCC monitor traffic flow in the area. Some stated that it was not monitored "*unless there is a particular study*". The other monitoring mentioned by interviewees concerned the three tonne truck limit (see Section 5.35 below).

5.3.5 Enforcement of Transport Policy

During the interviews perceptions of enforcement of transport policy in relation to issues such as vandalism, anti-social behaviour, prohibiting smoking on buses, disabled parking restrictions, violating stop signs, and the three tonne truck limit were examined (recommendations 10.2.9 and 10.5.2).

In relation to disabled parking, the Garda also explained that parking in disabled spaces is an issue and is enforced rigorously. It was noted by LAG (community) interviewees that as a result of the pay parking system that is now in place in the area, the enforcement of disabled parking has become a lot stricter. An interviewee from DCC stated that

> "*the only input DCC has in relation to enforcement is clamping in pay parking areas. Since the introduction of clamping there has been more enforcement in relation to parking offences and more compliance*".

Members of the LAG (community) explained that in the past buses were suspended on some routes in the area because of anti-social behaviour and vandalism. Stone throwing at buses was cited as a particular problem. It was stressed that such anti-social behaviour was especially a problem around Halloween. A series of meetings were set up with the Dublin Bus, DCC, the community, Ballyfermot Partnership, and the Gardaí in relation to health and safety issues regarding the public transport, through which many of the problems were resolved. In particular, as mentioned above, the 'plain clothes Gardaí initiative' was regarded as being successful in addressing anti-social behaviours on buses, including smoking.

There is a prohibition of trucks over three tonnes driving through the Ballyfermot area. The enforcement of this limit is ongoing, with some LAG (community) interviewees explaining that the situation has improved, with fewer trucks passing through, since only those trucks with delivery permits are now permitted to drive in the area. It was explained that there are road signs displaying the three tonne limit in the area and the Gardaí are stopping larger trucks. The Garda interviewee stated that the Gardaí recently met with the Health Minister in relation to this issue, pointing out the enforcement problem encountered as:

> "*the €60 fine is not an adequate deterrent, and it's slow and costly to bring the issue through the courts*".

5.3.6 Public Transport

The HIA Report contained a number of recommendations regarding public transport policy including: making travel by bus safer and a more attractive option (10.2.6), supporting older and disabled people in relation to access, safety, routes and timetables (10.2.7), enforcement of no smoking legislation on buses (10.2.9), disseminating information on the health benefits of using public transport (10.4.5), and promoting increased usage of public transport in the area and decreasing vandalism and anti-social behaviour on buses (10.5.2).

Contrasting opinions amongst local residents and DCC were found with regards to the local bus service. Dublin Bus routes in the Ballyfermot area are as follows: 18, 76, 76A, 76B, 78, 78A, 79, 79A and 206. The LAG (community) interviewees were not at all satisfied with the public bus service in the area. Complaints were made in relation to the infrequency of the buses in the area, and the lack of wheelchair access on buses with the exception of new buses on the 79 route. One LAG (community) member commented that the bus lanes "*work well going into town, but coming back its diabolical. There's no dedicated bus lane coming back*". The 79A is a new route, which services the Parkwest Industrial Estate. It was explained that the 206 bus service was resumed last year following local public pressure to provide people and particularly the elderly with transport access to services. It was pointed out that the extension of the Luas to the area would be very beneficial.

On the other hand, one DCC interviewee felt that the frequency of the bus service in the area is very good, in particular the 78 bus route was mentioned.

The Garda interviewee stated that there has been no increase or decrease in buses, and no changes regarding bus lanes or bus shelters in the area since the publication of the HIA Report. He explained that the 78A bus route has been changed to cater for the increased population in Cherry Orchard. The Gardaí set up their own initiative over 10 years ago with senior citizens in the area and the CIE in terms of access for older people, and this is ongoing.

In terms of improving the accessibility of the buses, the low-floor buses were referred to by two members of DCC. It was pointed out that

> "*there is a policy to make transport more accessible. This is being rolled out on a route by route basis. It is on the cards to get a full fleet of low-floor buses*".

In relation to the recommendations about making public transport safer, a DCC interviewee explained that:

> "*there are monthly meetings involving partners from DCC, the local community, Dublin Bus, the unions, and the Gardaí with a view to ensuring that measures are taken to counteract anti-social behaviour on buses. We're making it a more attractive and safe for people to travel on buses, and that's happening*".

One DCC interviewee stated that as a result "*the anti-social behaviour has drastically reduced, but is under continued review*".

The plain-clothes Gardaí initiative set up, "*to enforce the Dublin Bus bylaws concerning anti-social behaviour, and smoking*" was mentioned by both DCC and the Garda interviewees. It was explained that this initiative arose as a result of meetings with the Gardaí, Dublin Bus and the Unions. The Garda stated that "*the plain clothes* Gardaí *travelling on the buses have been very effective in stopping this (cannabis and cigarette) smoking*", particularly on the 78A bus. It was explained that the Gardaí met with locals and Dublin Bus Union in relation to the problem of vandalism, in particular the breaking of bus windows. Target areas were subsequently set up to deal with such criminal damage.

In relation to the issue of safety on buses, some LAG (community) interviewees explained that bus drivers now have "*a video, like a TV screen*" or "*camera*" where they can see everyone on the bus, and this has deterred some people from anti-social behaviour. However, some said they still do not feel safe travelling on the buses in the area. For instance, one LAG (community) interviewee said

> "*I know my son will get the bus from town to Chapelizod and walk up the hill rather than get the 78A*".

Regarding the attractiveness of the buses, an interviewee from DCC pointed out that

> "*Dublin Bus always put the worst buses on the Ballyfermot routes, the old stock, because of the vandalism and so on. But, I don't know if there is any difference between the Ballyfermot buses and anywhere else*".

A HSE interviewee stated that to date the HSE's health promotion committee has not made any progress on promoting the health benefits of using public transport.

5.3.7 Road Safety

Road safety comprised a core theme of the Ballyfermot HIA. Two of the objectives of the HIA were to influence the implementation of future transport policy including road safety initiatives in the Ballyfermot area and to inform the second review of the DCC Road Safety Plan, while two specific recommendations regarding road safety were outlined in 10.2.4 and 10.2.8.

The issue of speed arose during the qualitative discussion on road safety and some LAG (community) interviewees discussed the problem of significant traffic speeds in this area. For instance, it was noted that the side roads are the main problem for people driving because people tend to drive very fast on these. Another interviewee said she has noticed "*a lot more speeding, because young people now are owning their own cars*".

In terms of addressing the speed issue, it was pointed out that most of the roads in the area now have speed ramps. However, the ramps were not an outcome of the HIA since they were erected prior to the publication of the HIA Report. One interviewee commented that, "*the ramps added interest, like an obstacle course, its more interesting*". DCC also referred to the existing speed ramps on most of the roads in the area as a traffic calming measure, used to deter through traffic. It was also explained that a series of ten new "*road cushions or ramps*" are going to be put in the new Coldcut Road. The Garda interviewee did not generally perceive speed to be a major a problem in the area. However, he noted that,

> "*there are a fair amount of stolen cars but generally the area has quietened down over the years*". "*There is a small problem in relation to rat-runs*" and "*ramps were brought in for the joy-riding problem, they have not been too effective, but they slow down cars*".

The interviewees described several initiatives concerning road safety. However, these can not be attributed to the Ballyfermot HIA *per se*. It was explained that DCC gives talks throughout the city to promote awareness regarding safety and planning issues. As one DCC interviewee stated:

> "*I think everyone knows what the issues are in the ideal world, you need to plan, you need to have your recreational facilities, the routes need to be safe, you need to keep away heavy vehicles, restrictions, whatever, but it's very difficult to bring the whole picture together really. Every country, every city, every town has the same problem*".

The findings of a survey conducted in the Dominican school, Ballyfermot about a year and a half ago was mentioned by a DCC interviewee. The main issues found in the survey related to traffic and traffic management issues.

> "*from the information that came back, it looked as if, it was going to be very difficult to change the mode of transport, but, it might be easier to look at the environment and see what safety measures could be put in place*".

DCC explained that it is involved in communicating road safety messages to schools in the area via its road safety officer. For instance, the Safe Ways to School and the Social, Personal and Health Education (SPHE) programmes were referred to. With regards to the elderly, DCC have produced a leaflet 'Older and Wiser' containing road safety messages. This is distributed to the elderly around the city via community centres. In terms of pedestrians, DCC pointed out that:

> "*all along the main road here in Ballyfermot there are controlled pedestrian crossings so people can cross certainly at the main road, you can cross safely if you want*".

Other safety initiatives by the Garda were also highlighted including the Garda Schools Programme, which has been ongoing for a number of years, and gives advice on road and personal safety. The Gardaí recently spoke with the elderly and the Saint John of God services on safety issues.

When asked whether the HIA Report had informed the Dublin City Council's second Road Safety Plan, one DCC interviewee pointed out that

> "*DCC were aware of the HIA report when preparing the Road Safety Plan but I am not sure if it made any difference as the Plan is very specific in terms of aiming to reduce road accidents*".

5.3.8 Traffic Lights

Particular issues that arose during the HIA concerned the sequencing of traffic lights, pedestrian crossing times at the lights in some areas of Ballyfermot, and the number of traffic lights on the Ballyfermot road. Recommendation 10.3.7 outlined the need for DCC to improve the sequencing of traffic lights, particularly at the Tesco junction.

Two members of DCC discussed the traffic lights sequencing issue. It was explained that the traffic lights have been rebalanced at the Tesco junction, in particular, to make it safer for people shopping at the store. However, some interviewees from the LAG (community) felt that a dangerous situation regarding the pedestrian crossing at the traffic lights at Tesco remains. As one interviewee commented:

> "*if there's two buses parked at the bus stop they cross over the pedestrian crossing, so you can't see the green man if you're standing there, and you've got the taxis coming as well*".

More generally, two DCC interviewees noted that altering the sequencing of traffic lights "*is controversial*" and "*you've got to be careful*" as there are different interests to take into account "*in terms of who gets 'green time' i.e. pedestrians versus traffic users*".
For instance, it was explained that:

> "*there is the same amount of road space and there's a lot of traffic coming from A to B. Everyone wants priority when they're going on a particular route, so there are competing demands. If I'm at the pedestrian, I want plenty of time, if I'm a driver I want the opposite. If you give too long to the pedestrians it has an effect on the traffic, cars on the road with their engines running causing noise and so on and so forth*".

Similar issues concerning the balancing of diverse road usage are outlined in the following quotation:

> "*The overriding strategic transport policy in relation to Quality Bus Corridor routes, such as the one on the Ballyfermot route, is to keep traffic flowing, whereas the local view point may focus on pedestrian crossings and access to local shops etc. It's a difficult balance, if you change too much in favour of pedestrians it leads to traffic backlog and public transport delays. It's an ongoing balancing act*".

Furthermore, it was pointed out that while the sequencing of traffic lights is examined on an ongoing basis, "*it is reactive, in terms of being based on complaints or discussion with whoever*".

The Garda explained that there are ten sets of lights on the Ballyfermot road, and "*they are all necessary*". He stated that most of the junctions have pedestrian lights. Similarly, some LAG (community) interviewees stated that "*the ones (lights) at the junctions are essential*". In a similar vein to DCC, the different interests were noted by the Garda, who explained that:

> "*A lot of people in the area don't have cars, they are on foot or use public transport. There is a complaint that the lights hold up rush hour traffic but a lot of people driving through Ballyfermot don't live here*".

5.3.9 Personal Safety

While the HIA Report dealt with the issue of personal safety in terms of public transport usage (10.2.6), a number of LAG (community) members brought up the issue of general personal safety during the interview. For instance, they referred to the planning permission recently displayed for the erection of CCTV cameras in different parts of the area where there tends to be groupings of people.

Another person mentioned the television advertisements in relation to safety and driving, drink driving and speed. It was stated that there were four community Gardaí in the area and that was "*inadequate really, because they take so much on, they're spread thin, we need more*", given the size of the population which is continuing to grow.

5.3.10 Air Quality & Monitoring

Recommendation 10.3.5 outlined DCC's responsibility for preserving relatively good air quality in Ballyfermot, ensuring compliance with National and European legislation, and monitoring air quality measurements. One of the core objectives of the HIA was to use the findings and recommendations to provide a health focus to an Air Quality and Noise Monitoring Project being carried out concurrently by DCC on behalf of URBAN Ballyfermot Ltd.

A DCC interviewee explained that the Environment and Health Section in the council have responsibility for monitoring air quality. He stated that DCC run a network of sites, including one in Ballyfermot, that monitors PM10, Nitrogen Dioxide, Sulphur Dioxide, Carbon Monoxide and Lead "*on a continuous basis, 24/7/365 days of the year*". The sites form part of a multi-pollutant network that assess air quality for compliance with EU and National limit levels throughout Dublin.

The interviewee explained that the HIA did not provide a health focus to the Air Quality Projects and Noise Monitoring Projects being carried out concurrently by DCC, since

> "*even before the term HIA was developed there was always and still is a health focus. This is or was the prime reason for the Environmental Health Department to commence and continue monitoring in Dublin from as far back as 1975*".

When asked about perceived changes in air quality in the area resulting from various HIA recommendations and objectives, some LAG (community) interviewees felt that things have not changed, while others commented that the air quality has become worse as a result of an increase in traffic volume in the area. For instance, it was pointed out that

> "*you get a lot of traffic going through Ballyfermot going to Liffey Valley, Lucan, Palmerstown, and Clondalkin, so you've got a run of traffic all the time. Not everybody that comes into Ballyfermot lives in the area you know, so it's that as well*".

One LAG (community) interviewee explained that the information on air pollution emissions contained in the HIA Report has raised awareness and concerns amongst some parents in the area, as the place where the monitoring was conducted was very close to one of the local schools (St. Louise's) located near a by-pass road.

5.3.11 Noise

It was recommended (10.3.6) that DCC aim to preserve existing 'quiet areas' in Ballyfermot and reduce noise levels in specific areas identified in the Ballyfermot Air Quality and Noise Assessment Report (2002) and at locations near major commuter routes.

It was explained by one DCC interviewee that in practice, such initiatives regarding noise are not so specific or focused to local areas, rather they are more general initiatives, developed at a city wide level in relation to transportation. He stated that

> "*by July 2008 Dublin City Council is required to have developed an action plan. It is envisaged its primary focus will be on preserving quiet areas in Dublin and reducing noise levels in appropriate areas where it is deemed to*

be excessive. It is envisaged that this action plan will be produced on a city wide basis as action taken at one individual location may have a negative effect on other local areas if it is not carried out in a strategic and co-ordinated fashion. To date the EPA and Department of Environment have not been asked to designate areas that are 'quiet' within the agglomeration of Dublin".

Traffic driving through the area comprises a significant source of noise. As described above, some members from DCC explained that the Council has attempted to discourage through traffic in the area via the speed ramps, which are also used as a traffic calming measure. It was stated that traffic volumes are monitored in the area. However, some interviewees highlighted the shortage of Gardaí to conduct this monitoring of traffic.

Again, the practicality of some of the recommendations concerning noise was questioned. DCC and LAG (community) interviewees both pointed out by that noise is mainly the result of the volume of traffic and traffic volume is continuously increasing in the area. Hence, three possible options suggested to reduce noise were: (a) exclude traffic from Ballyfermot altogether, (b) reduce the traffic volume (c) make the cars quieter, change the technical specifications for cars.

Table 4 Outcomes matrix

The following Table comprises an Outcomes Matrix of the various objectives and recommendations of the HIA Report. Based on the premise that transport is very relevant to health and well-being, the following matrix was developed in terms of core headings on the broad social determinants of health (Scott-Samuel et al. 1998, p. 11), which were particularly relevant to the Ballyfermot HIA. An additional section on data, information and communications is included, given the importance of this theme from a HIA perspective.

Social Determinants of Health	Recommen-dations	Lead Stakeholder Responsibility	Perceived Changes	Actions/Comments
Physical Environment, Public & Transport Policy				
Public safety on buses	10.2.6	Joint	Mixed	Anti-social behaviour on buses reviewed on an ongoing basis, with monthly meetings of DCC, local community, Dublin Bus, unions, and the Gardaí. Plain-clothes Gardaí initiative. Cameras fitted on buses for drivers to monitor. Some LAG interviewees still had concerns about safety on some of the buses such as the 78A.
Supporting the elderly and disabled using public transport	10.2.7	Joint	Yes	Low-floor buses currently being introduced on some of the routes.
Health awareness strategy delivery via regular local health fairs	10.4.5	SWAHB/HSE	Mixed	One health fair was held in December 2005. However, none have been held since, while there are plans to hold a health fair on an annual basis.
Local community promotion of public transport use through identification of barriers	10.5.2	Local Community	Yes	Anti-social behaviour on buses reviewed on an ongoing basis, with monthly meetings of DCC, local community, Dublin Bus, unions, and the Gardaí.
Traffic flow monitoring	10.3.4	DCC	Mixed	Some referred to ongoing monitoring by DCC traffic engineers and cameras, while others referred to reactive monitoring.
Road safety HIA Report to influence future transport policy including road safety	Objective		No	It was explained that transport policy is not made at a local level, rather it is made on a national and city-wide basis. Therefore is unclear as to whether local HIAs can influence transport policy more generally.
HIA Report to inform review of DCC Road Safety Play	Objective		No	DCC's second Road Safety Plan dealt mainly with road accident prevention and therefore the relevance of the HIA Report was questioned.
Initiatives and campaigns to improve road safety	10.2.4 10.2.8	Joint Joint	Yes	Speed ramps on many of the local roads in the area. However, these were in place prior to the HIA and not a result of it. Talks by DCC in the city on road safety and planning issues. Road safety messages communicated by DCC's road safety officer. The Safe Ways to School, and Social, Personal and Health Education (SPHE) Programmes. Older and Wiser leaflet by DCC on road safety for the elderly. Garda Schools Programme includes advice on road and personal safety.

Social Determinants of Health	Recommen-dations	Lead Stakeholder Responsibility	Perceived Changes	Actions/Comments
Physical Environment, Public & Transport Policy cont.				
Traffic Lights	10.3.7	DCC	Yes	Traffic light sequencing and rebalancing done by DCC traffic dept. Ten sets of traffic lights on Ballyfermot Road. Pedestrian lights at several junctions.
Personal Safety	10.2.6	Joint	Mixed	CCTV cameras. Television advertisements on road safety, drink driving and speed. Perception of inadequate number of Community Gardaí in the area.
Air quality & monitoring	Objective & 10.3.5	DCC	Mixed	Air quality monitoring is the responsibility of the Environment and Health Section of DCC. DCC runs a network of sites, including one in Ballyfermot, which continually monitors air pollution. There has always been a health focus in the monitoring projects conducted by DCC, even prior to the HIA. Varied perceptions amongst LAG members as to changes in air quality in the area as a result of the HIA. Some did not think there was any change while others believed air quality has deteriorated as a result of increased traffic volumes.
Noise	Objective & 10.3.6	DCC	No	It was explained that policies regarding noise reduction and quiet area preservation are made in relation to broader transportation policy on a city wide as opposed to a local basis. Attempts at traffic reduction on some of the local roads through the erection of speed ramps. However, traffic was identified as a major cause of noise as a result of increasing traffic volumes in the area.
Public Services				
Health promotion and awareness	10.4.2 to 10.4.8	SWAHB/HSE	Yes	A range of developments were mentioned including: Healthy eating and nutrition programmes and coordinators; Primary care programmes and health care teams; Help lines for senior citizens and teenagers; The inclusion of a HSE employee with understanding of public health on the LAG (service providers).
Transport legislation enforcement by the Gardaí	10.2.9 10.5.2	Joint Local Community	Yes	Meetings of Dublin Bus, DCC, the community, Ballyfermot Partnership, and the Gardaí to address health and safety issues regarding public transport. Plain-clothes Gardaí initiative to deal with anti-social behaviour including smoking and vandalism on public buses. Garda enforcement of the three tonne truck limit but the problem of an inadequate deterrent in the form of a fine and/or court appearance highlighted. Garda enforcement of disabled parking restrictions.

Social Determinants of Health	Recommen-dations	Lead Stakeholder Responsibility	Perceived Changes	Actions/Comments
Public Services cont.				
Targeting of resources to promote 'active' healthy transport i.e. physical activity, walking, cycling, sports and recreation	Objective & 10.2.3	Joint	Yes	Joint strategy to promote physical activity.
	10.2.5	Joint	No	Walking bus initiative has to date been unsuccessful.
	10.3.1	DCC	Mixed	Resources are planned and allocated to improve walking and cycling across the whole city rather than on a local area basis. Specific initiatives in the area mentioned included: Slí na Sláinte route in California Hills; Participation in the Irish Heart Foundation world health day walk; Right to cycle programme in primary schools organised by DCC. Cycle lanes and bicycle racks provided prior to HIA as part of Ballyfermot Village regeneration project. No further upgrades since publication of HIA Report.
	10.4.7 10.4.8	SWAHB/HSE	Yes	A number of sports and youth health initiatives were mentioned: A local sports partnership for the area; Sports Development Officer and Sports and Active Living Coordinator employed by DCC; FAI coach to promote soccer; A new sports and leisure complex – The Base youth centre.
	10.5.1	Local Community	Mixed	A general perception that car usage and traffic levels in the area are increasing was outlined. It was also pointed out that many in the area do not own cars and a lot of traffic in the area is from surrounding areas. The following specific initiatives to decrease car usage and promote physical activity in the area were mentioned: Slí na Sláinte route in California Hills; Walking to school initiative which to date has been unsuccessful; Garda enforcement of appropriate use of car parking spaces.
Public transport	General comments			It was explained that some bus routes have been added (79A), some have changed to cater for the increased population (78A), and some bus services that were stopped have resumed (206). Local interviewees generally dissatisfied with the public bus service in terms of frequency, lack of wheelchair access, lack of bus lanes from the city, and personal safety issues. DCC were satisfied with frequency of bus service in the area.

Social Determinants of Health	Recommen-dations	Lead Stakeholder Responsibility	Perceived Changes	Actions/Comments
Social Environment				
Partnership for conjoint/interagency working	Objective		Mixed	Multi-sectoral groups were formed for various purposes including dealing with anti-social behavioural problems and other health and safety issues regarding public transport. Some interviewees pointed out that they would already have been involved in multi-sectoral and interagency work prior to the HIA, given the nature of their work roles.
Multi-sectoral local action group & plan	10.2.1	Joint	Yes	Contrasting ways of working amongst formal bodies such as DCC and the HSE on the one hand and the community sector on the other were highlighted. This in turn impacted on the ability of community members to participate fully in the HIA process. As a result a specifically designed skills training course was developed by DCC and jointly funded by DCC and the HSE for interested community members to avail of.
	10.2.2	Joint	Mixed	A Local Action Group convened in January 2005 was subsequently sub-divided into a service providers group and local community members group. An action/strategic plan was developed by service providers group of the LAG and it is unclear whether the community members of the LAG were involved in this.
Personal & Family Circumstances, Lifestyle				
Promoting healthy lifestyles	10.4.2-10.4.8	SWAHB/HSE	Yes	A range of developments and initiatives were discussed including: The Base youth centre; Youth Health Coordinator; Sports Development Officer; Sports and health awareness programme; Health Fair December 2005. However, none have been held since, while there are plans to hold a health fair on an annual basis; Mental health awareness programme; World health day walk (Irish Heart Foundation); Ballyfermot Fit and Healthy Week.
Local community promotion of public transport use through identification of barriers	10.5.2	Local Community	Yes	Anti-social behaviour on buses reviewed on an ongoing basis, with monthly meetings of DCC, local community, Dublin Bus, unions, and the Gardaí.

Social determinant of health	Recommen-dations	Lead Stakeholder Responsibility	Perceived changes	Actions/Comments
Data, Information & Communications				
Improved information sharing and communications concerning transport and health	10.3.2	DCC	Yes	Two regular publications by DCC: Traffic News and a quarterly South Central Area Newsletter. The internet as a useful information source regarding DCC and a traffic news website for the area office is currently being developed. Ballyfermot Regional Office phone line gives information on changes in transport policy.
	10.3.3	DCC	Yes	Transport policy changes are reported to the Traffic Advisory Group (TAG), which are in turn communicated to the Area Committee in the community.
	10.4.5	SWAHB/HSE	Yes	Health Fair Dec 2005 and plans by the HSE to hold this annually.
	10.4.6	SWAHB/HSE	Yes	Current updating of a local directory of services. A new HSE directory of health services in the area awaiting publication.
	General comment			The HIA Report was generally regarded as very useful in terms of gathering relevant health and transport data in one document which can be used a baseline for further research and applied work in the area. Some referred to its importance of dispelling what were termed 'myths' or 'misconceptions' about levels of air pollution in the area, and providing facts instead. More generally, the lack of dissemination of research information and data by the HSE and other bodies back to the Ballyfermot community was highlighted as an issue. The importance of gathering locally based information and providing local community with the skills to gather such data was mentioned.

6.0 Conclusion

According to the Gothenburg Consensus Paper, the values underpinning HIA are sustainability, the promotion of health, democracy, equity, equality, and ethical use of evidence (European Centre for Health Policy 1999). Such values are important in framing HIA within its broader contextual setting in terms of influencing the policy environment. For the purposes of this evaluation, these values are used to frame the overarching conclusions and reflections pertaining to the process, impact and outcomes of the Ballyfermot HIA.

In addition, the following three interrelated categories of influence of HIA identified by Parry et al. (2005) can also usefully be applied, i.e. was this HIA conducted in a manner such that it was able to? i) predict impacts in a robust manner and to judge both their magnitude and importance ('prediction'); ii) involve the people affected (stakeholders) in the assessment process ('participation'); and iii) inform the decision-making process ('informing').

It should be reiterated that while this evaluation has sought to apply relatively strictly the criteria for assessing the conduct of an HIA, the Ballyfermot HIA of traffic and transport was the first project of its kind conducted in the Republic of Ireland and hence was undertaken within the context of providing a learning experience in relation to the conduct of HIA.

6.1 Value Analysis

In terms of sustainability, a primary focus of the Ballyfermot HIA project was to facilitate on-going working partnerships between the community, local authority, the HSE, the voluntary sector, and other key service providers. This principle of sustainability has been achieved to some extent, through the development of both formal and informal working relationships amongst locals in the community and service providers. A noteworthy key development was the provision of HIA and community development training to members of the LAG (community). Those who were availing of this training reported significant benefits such as increased confidence and understanding of the intricacies of policy-making, decision-making, and the research processes.

In terms of promoting health, the evaluation revealed a significant number of developments and initiatives in the Ballyfermot area to promote health and health awareness, and address increased physical activity through the facilitation of active healthy transport, such as walking, cycling, recreation and sports. In addition, the HIA raised awareness of both obvious and more indirect issues regarding the impact of transport and traffic on health.

From a democratic perspective, the HIA included consultation with and participation of stakeholders from a wide range of community and professional backgrounds. A core aspect of democracy requires that processes are fully transparent. Many of the detailed steps concerning the process of conducting a HIA were not adequately presented in the final HIA Report. For example, having used specific criteria for screening, it would have been informative for the HIA process had these been included in the final report. Other process not reported included the selection of steering group members and the setting of terms of reference. This lack of detail about the process in the HIA Report made the ability to conduct a rigorous evaluation from the published report alone problematic, and inevitably made the procedure more lengthy and costly to conduct. Parry et al. (2005) have noted that HIA reports in the peer-reviewed literature can rarely contain all of the information required to evaluate the HIA, but that full reports published in the grey literature should not be so constrained.

In relation to equity, the Ballyfermot HIA did include a focus on vulnerable groups including youths, older people, and the disabled in the data collection phase of the HIA, and also in considering the

identified positive and negative impacts of traffic on health. With regards to equality, some community members felt that their experience of participation was not equal to that of professional members of the HIA. In particular, a sense of hierarchy and a top-down approach was commented on in some of the interactions with decision makers and service providers. For instance, when detailed evidence was being presented some felt it was difficult to fully engage in the discussions, given the requirement for specialised skills. However, as outlined above, this issue is now being addressed through the provision of skills training to community members of the LAG.

Ethical use of evidence comprises the rigorous use of data, and the employment of a range of disciplines and methodologies to achieve a comprehensive assessment of health impacts. With respect to the Ballyfermot HIA, scope of data was substantial derived from a mix of both quantitative and qualitative methodologies. However, in a field such as health which tends to be dominated by quantitative enquiry, a key challenge in conducting research comprising both quantitative and qualitative data, is the integration of objective, 'factual' and subjective, 'perceptual' types of information. Given the methodological nature of HIA, this challenge is one that needs addressing (Love et al. 2005).

During this evaluation it was acknowledged in an interview with a service provider that transport policy tends to be based primarily on data that are easily measured as opposed to subjective experiential information. This interviewee stressed the need for HIA to demonstrate how qualitative information could influence a discipline dominated by engineering and economics. In addition, some participants in the Ballyfermot HIA referred to the usefulness of quantitative, factual evidence relating to air quality levels in dispelling 'myths' or misconceptions about air pollution in the area. However, this factual based approach could lead to a negation of experiential, perceptual perspectives. In the example of air quality, consideration may need to be given to whether there are vulnerable groups who may experience the air quality as poor despite measured levels being at or below set standard levels. It is crucial, therefore, that those involved in conducting an HIA are aware of the importance of balancing and interpreting different types of data and evidence.

6.2 Categories of Influence of HIA

6.2.1 Prediction of Impacts

From a timing perspective, HIAs on a particular policy, programme or project may be conducted prospectively, concurrently, or retrospectively. It is widely accepted that the ideal time to conduct a HIA is when a policy, programme or project is in the developmental or planning stage. This is because at these early stages, the findings and recommendations of the HIA can influence decision-making (Metcalf et al. 2006), and enable the modification of a policy in a timely and constructive way (Scott-Samuel 1998). This is termed prospective HIA.

Timing arose as an issue for the Ballyfermot HIA, the main problem being the funding channels that needed to be accessed in order to fund the HIA. As EU funding was sought, the funding proposal process became being relatively lengthy. This resulted in the HIA being conducted retrospectively, consequently the prediction of impacts, and judgments of their likely magnitude and importance was not applicable.

While the current Irish health strategy (Department of Health and Children 2001) identifies the introduction of HIA as part of the public policy development process (Action Number 1), nonetheless, the practice of HIA in the public sector in Ireland continues to be largely absent. If HIA was incorporated into the public policy arena as a statutory requirement this would greatly enhance its chances of becoming more mainstreamed in practice, and reduce the timing problems, since

consideration of the predicted impact of decisions on population health would occur prior to the commencement of initiatives.

6.2.2 Involvement and Participation of Affected Stakeholders

A central feature of HIA is the broad mix of stakeholders involved in the process, ranging from research experts, professionals, local government officials to policy makers in the area being studied. A core group with regards to HIA is the Steering Group. Other core stakeholders include local residents since those living in a particular area have the highest level of tacit and experiential knowledge of issues related to their local environment. Furthermore, equity is a key feature of HIA, and an equity-focus requires practitioners to look beyond the health impacts for the overall population to systematic health differences in sub-groups of the population and groups who are not specifically included in the proposal (Simpson et al. 2005). HIA also tends to focus on vulnerable groups who tend to be disproportionately affected by various initiatives.

The Steering Group membership for the Ballyfermot HIA included representation from a broad spectrum of backgrounds including the HSE, DCC, the community, URBAN Ballyfermot Ltd., University of Birmingham, the Institute of Public Health in Ireland, Social and Clinical Research Consultants, and Dublin Transportation Office. For the purposes of the qualitative data collection focus groups were held with a wide selection of population groupings. Several key informant interviews were also conducted professionals working in the area. A Local Action Group was formed to implement the HIA's recommendations. This Group was subsequently spit into a community group and a service provider group.

Despite the wide-ranging spectrum of constituents involved in the Ballyfermot HIA, feedback gathered for the HIA evaluation revealed a perception amongst some of the stakeholders that the HIA process was rather hierarchical and top-down. Notwithstanding community membership on the Steering Group, the extent of this involvement is unclear. In particular, there was a noteworthy absence of any community representatives at an important Steering Group meeting held in September 2003 where the boundaries of the HIA were discussed. A very positive outcome of the HIA was the establishment of a skills training programme for the community members of the LAG in order to facilitate a more equal balance between the various stakeholders. It was explained that such up-skilling could facilitate a 'community development' approach to future HIA work in the area, thereby empowering local stakeholders. Finally, the evaluation revealed a perception amongst some interviewees from the community of a one-way information and communications flow, with a lot of research being done by various agencies in Ballyfermot, however minimal feedback of this research was being presented or shared with the local community members.

6.2.3 Informing the Decision-Making Process

One of the strengths of HIA is its potential to inform policy decisions by providing a valid and explicit assessment of their potential health impacts, (Barnes and Scott-Samuel 2002) through recommendations to enhance predicted positive health impacts and minimise negative ones (Scott-Samuel et al. 1998).

Some pertinent reflections were made in relation to the potential of the Ballyfermot HIA to inform and influence the decision making process with regards to transportation policy. As pointed out earlier, prospective HIA have the greatest chance of influencing decision-making since plans, programmes and proposals are only at development stages. The Ballyfermot HIA was conducted retrospectively, i.e. after initiatives were established, and therefore its ability to inform decision-making was greatly reduced. It was also deemed difficult to assess the influence of the HIA on decision making as some initiatives and developments referred to in the recommendations would have happened in the absence

of the HIA. It was also equally difficult to predict whether the HIA would influence future transport policy in the area.

Moreover, consideration is required regarding the level at which it is feasible to set recommendations from a HIA. HIAs are by nature locally focused. It was pointed out that some strategies and decisions with regards to transport policy are made at a national level and/or city wide level, and therefore the ability of a local HIA to influence these is questionable. It seems that for HIA to inform decision making in reality, a more decentralised governance arrangement regarding policy development is required.

6.3 Reflections on the Future Direction of HIA in the Irish Public Sector

In concluding this evaluation, we reflect on two key domains, the health sector and local government, in which HIA can contribute significantly to public policy and decision-making. The HIA conceptual framework is underpinned by a broad view of health and wellbeing that links both biomedical and socio-economic spheres. It therefore gives cognizance to not only direct influences on health, such as biological, genetic, physiological, physical, psychological, mental health, functional status, disability, access to treatment and care, and so on, but also to wider non-medical determinants associated with factors such as socio-economic, quality of life, educational, occupational, spatial and accommodation conditions.

6.3.1 HIA in the Irish Health Sector

As previously noted, under the goal entitled 'Better health for everyone' of the current national health strategy (Department of Health and Children 2001), Objective 1 states that the health of the population is at the centre of public policy. One of the actions of this objective specifies that HIA will be introduced as part of the public policy development process. It states that HIA be carried out on all new government policies in relevant Government departments with effect from June 2002. More recently, the Health Services Executive (2006) published a Transformation Programme 2007-2010 containing six high-level priorities, one of which is to implement a model for the prevention and management of chronic illness. The development of a framework for HIA is named as one of the projects to be undertaken in order to achieve this priority. The Health Intelligence sub-directorate within the Population Health service delivery unit of the HSE lists one of its roles as 'focusing on the methodology of HIA, assessing and reviewing current and potential future tools used in conducting and evaluating HIAs, and offering guidance on the appropriate use of HIA(Health Services Executive 2007). The Institute of Public Health in Ireland has produced a Health Impact Assessment Guidance manual (Metcalf et al. 2006) on behalf of the Ministerial Group on Public Health to assist practitioners to conduct HIA. It also delivers HIA training programmes for a wide range of sectors and disciplines throughout the Island of Ireland on the conduct of HIA. However, while the strategic policy context underpinning HIA is evident in the Irish health sector, and training is available, the conduct of HIA remains underdeveloped. Indeed, the HIA of Traffic and Transport in Ballyfermot is one of the few HIAs completed in the Republic of Ireland to date.

6.3.2 HIA in Local Government

Within the context of mapping the core characteristics and values of HIA onto local government Ison (2007) noted that local government works with all sectors, employs people from many disciplines, deals with inequalities in its population, collects both quantitative and qualitative data, and has experience in community consultation and participation. This, Ison (2007) noted, makes the local

government value base complementary to that of HIA, given its focus on sustainability, its democratic character, and its concern to reduce inequity.

From a local authority perspective, Dawson (2007) described the context of assessing a broad range of factors with regards to policy and programme development in Irish local government. Given its statutory basis, Dawson (2007) noted that Environmental Impact Assessment (EIA) is the most commonly utilized tool for impact assessment of major infrastructural work. Other considerations, though not statutorily required, include focus on the rural environment (rural proofing), on poverty (poverty proofing), on gender (gender proofing), equality and risk, to name but a few. In addition, in large-scale capital and infrastructural projects the 'value for money' criterion is now a key concern. This criterion is generally assessed using conventional Cost Benefit Analyses (CBA) that are based on the assessment of the economic efficiency of a project or programme. It has been suggested that the narrow remit of CBA, which include only goods and services that are traded in actual markets, should be extended to include all effects that impact positively and negatively upon human well-being. For instance, some recent extensions of this approach have sought to integrate environmental impacts and quality of life factors alongside economic factors (Ozdemiroglu and Bullock 2002). Dawson (Dawson 2007) noted that in the case of transport projects, the approach has included expert assessment of public health issues such as noise, air quality, congestion, reduced stress levels, access, journey ambiance, and safety, and that such a multi-criteria approach is now accepted by the Department of Finance for the CBA of capital projects.

A key consideration, then, is in what form HIA should operate within the local government decision-making process. The discussion generally centres on the conduct of HIA as a stand-alone assessment versus its integration into existing assessments such as EIA, Strategic Environmental Assessment (SEA) and CBA. In practice, as Ison (2007) has explained, there will be occasions when it is more appropriate and effective to use HIA as a separate methodology, while on other occasions its influence may be maximized through its integration into other impact assessments. In order to make such a decision, a set of criteria determining when to use a stand alone versus an integrated methodology should be developed.

Additionally, there is a need for debate on the most appropriate platform through which HIA could operate most effectively and practicably within the local government planning and decision making structure. Structures identified in the national health strategy (Department of Health and Children 2001), the City and County Development Boards (CDBs), established under Section 129 of the Local Government Act, (2001), are potentially suitable structures given their strategic economic, social and cultural development remit, their focus on the common good of the community, and their wide representation of members.

Given the potential benefits of HIA from a public health perspective, it is imperative that managers, policy and decision makers in both the Irish the local government and health sectors engage with the relevant stakeholders in community, voluntary and academic communities in the development, conduct and evaluation of HIA.

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Appendix 1 Objectives of the HIA of Traffic and Transport in Ballyfermot

The overall objectives of the HIA were to:
- Influence the implementation of future transport policy including road safety initiatives in the Ballyfermot area.
- Inform a review of the DCC Road Safety Plan.
- Provide a health focus to an Air Quality and Noise Monitoring Project being carried out at the same time by DCC and funded by URBAN Ballyfermot Ltd.
- Influence future health service development and delivery in the Ballyfermot area.
- Stimulate co-operation across the different sectors around initiatives which promote activity, such as cycling and walking.
- Engage the community to actively participate in decision-making by working in partnership with the statutory sector to influence planning and service development in the Ballyfermot area.
- Promote understanding of the relationship between transport and health.
- Develop learning around the practice of HIA.

(ERHA 2004).

Appendix 2 Key Proposed Outputs of the HIA

The following key proposed outputs were detailed in the HIA proposal[11]:

- An assessment of key positive and negative health impacts of urban transport policy
- A set of evidence based recommendations to maximise positive health impacts and minimise negative health impacts
- A set of evidence based recommendations to inform the development strand to the URBAN Community Initiative
- Identification and collation of the relevant datasets on health, traffic, noise air pollution
- A structure to facilitate community participation, local consultation and ongoing joint working between the community, local authority, the health board and voluntary organisations

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[11] HIA proposal document

Appendix 3 Recommendations of the HIA of traffic and transport in Ballyfermot

10.2 Joint Local Initiatives pertaining to the HIA in Ballyfermot

10.2.1

A key recommendation is that a local action group be convened in Ballyfermot to identify how the issues identified by the HIA may be addressed locally. This group will include local key stakeholders in the area i.e., members of DCC, SWAHB, the Gardaí, Dublin Bus, schools and representatives from the community. The broad representation on this multi-sectoral group will ensure recognition of the local issues raised relating to transport and health and development of feasible solutions. Representatives could be nominated by the URBAN Ballyfermot Ltd. board, as it already has representation from many of the aforementioned bodies.

10.2.2

The group will develop a joint action plan and will be responsible for its implementation. The action plan will be communicated to residents. This will be facilitated by URBAN Ballyfermot Ltd. for a period of one year but will need to be reviewed after that time. Some commitment to sustainability will be required after 2006 when URBAN Ballyfermot Ltd. funding will cease.
The group will be charged with ensuring that the actions identified will be managed and completed within an agreed timeframe. It is recommended that projects identified will be up and running by 2006.

10.2.3

In keeping with other areas of socio-economic disadvantage, the HIA found that the health of the residents in Ballyfermot is poor, when compared with the Eastern Region as a whole. Promotion of active transport i.e. walking and cycling and public transport is a common agenda for those involved in health promotion and traffic management. Promotion of increased physical activity needs to be made a priority for multi-sectoral working between the health and local authorities in the Eastern Region with links strengthened between Local Authority Transport Planners and Health Promotion Managers to provide integration and added value. A joint strategy to promote increased physical activity is recommended. This was recognised as being a shared area of responsibility for the SWAHB, DCC and the community, to be led by SWAHB. The local Health Promotion Committee will look at how best this strategy can be implemented in the light of a proposed new regional taskforce to address obesity. Residents should be encouraged to use alternative means of transport such as walking and cycling and be made aware of the health benefits of moderate exercise. Projects that could be developed and supported as part of this strategy include:
■ Community-based developments such as community sport initiatives and mini-marathons
■ Safer walking routes to be developed in local parks such as a local Slí na Sláinte route.

10.2.4

Joint initiatives to improve road safety will be undertaken. Training on codes of behaviour when cycling should be developed and provided to older primary school children. There is one Road Safety Officer in DCC for the city. The SWAHB and Home School Liaison Officer will need to link with the Road Safety Officer to progress this issue.

10.2.5

'Walking Bus' and other safe routes to school initiatives need to be developed and supported by SWAHB in conjunction with the Local Area Office of DCC and in partnership with local schools. A pilot "Safe Routes to School" programme is currently being carried out in Griffith Avenue by DCC and this could be assessed with regard to its suitability for Ballyfermot.

10.2.6
Personal safety, poor timetabling and the general unattractiveness of the buses serving Ballyfermot were identified as issues in the HIA. These findings need to be brought to the attention of Dublin Bus. It is recommended that the local group work with Dublin Bus to make travel by bus a safer and more attractive option. For instance, an electronic messaging system/passenger information system might be installed for customers as a priority, informing people when the next bus is due. In addition, the Steering Group recommended that a confidential phone line be made available by Dublin Bus specifically to report anti-social behaviour on buses and at bus stops.

10.2.7
Increased awareness of the safety needs of the elderly and disabled persons in relation to traffic and transport is needed. Disembarking from buses and insufficient time to cross roads were identified as issues. Despite the high proportion of disabled people in Ballyfermot, only a few buses facilitate access. Transport policy developed by Dublin Bus needs to be examined in terms of its support of older and disabled people particularly in relation to issues such as access, safety, routes and timetables.

10.2.8
It is recommended that a local safety awareness campaign be developed by DCC, in conjunction with the local implementation group, for all road users regarding safety when crossing the roads, and that awareness
programmes for bus drivers and pedestrians be developed in partnership with Dublin Bus to address issues such as older people alighting safely from buses.

10.2.9
There is a need for better local enforcement of legislation affecting transport policy such as parking restrictions and enforcement of no smoking on buses. Joint action is needed from the local Garda Siochana, Dublin Bus and the community on this.

10.2.10
The potential for exchange and integration of data, including accident, air quality and routine health data, between the National Roads Authority and the health and local authorities should be explored. The ERHA will take the lead on this in the Eastern region.

10.3 Local Recommendations for DCC

10.3.1
It is recommended that DCC endeavour to target resources to promote active transport i.e. walking and cycling in Ballyfermot, within the agreed priorities of the South Central Area Committee (SCAC) and in line with Dublin City Council policy. The SCAC consists of local representatives who agree the works programme for the South Central Area of Dublin. Initiatives to make walking and cycling more attractive, need to be encouraged by DCC such as improved lighting, paths, changing facilities, bike lock-ups and bike racks (including at bus stops). There is a continuous plan to improve and upgrade cycle lanes. It may also be possible to map out cycle routes in local parks.
However, in relation to other transport initiatives, initiatives around cycle lanes and routes may not be cost effective in the short–term because of their low current usage and perceptions around usage, especially around safety issues.

10.3.2
There is a general lack of awareness of developments in transport policy. Access to information on changes in transport policy needs to be improved for local residents. Better use of local media sources is one way to address the lack of awareness. Possible actions, pending feasibility and agreement of staffing implications, might include:

■ Articles in local newspapers including the URBAN Ballyfermot Ltd. publication, the ID10 newspaper when issues or changes arise in local transportation policy
■ Setting up a phone line in the Regional Office of DCC for traffic/transportation queries
■ Slots on the Ballyfermot Access Radio Station which might be a suitable medium for raising awareness and encouraging debate about the links between transport and health in Ballyfermot.

10.3.3
While there is already an effective mechanism in place between DCC and local representatives to deal with traffic issues on a request basis through the DCC Traffic Advisory Group (TAG), changes to the works programme carried out as a result of requests are not necessarily communicated to residents. The Local Area Office will review its processes in terms of feedback to the local community on the outcome of requests to the TAG.

10.3.4
DCC will continue to monitor traffic flow in the area particularly in the light of the new link road to Park West and the major development in the Cherry Orchard Area.

10.3.5
DCC will work towards preserving the relatively good air quality in Ballyfermot and ensure continued compliance with National and European legislation. Air quality measurements will continue to be monitored with regard to the potential effects on air pollution from the new developments in Cherry Orchard.

10.3.6
DCC will aim to preserve the existing 'quiet areas' in Ballyfermot and work towards reducing high noise levels in areas identified in the study.

10.3.7
Efforts to improve the sequencing of traffic lights need to be re-examined. The traffic lights at the Tesco junction seemed to cause particular annoyance. Possible actions include the inclusion of a countdown for pedestrians at this junction.

10.4 Local Recommendations for the SWAHB

10.4.1
Currently within the SWAHB all designated disadvantaged areas are identified as priority areas for service planning and resource allocation. It is recommended that the SWAHB endeavour to target resources to improve health and reduce health inequalities in Ballyfermot within this framework.

10.4.2
Personnel in the Health Promotion Department of the SWAHB have specific responsibility for Dublin West regarding health promotion initiatives. It is recommended that the Health Promotion Department continue to seek resources to develop local health promotion teams and services and work with the General Manager of the Community Health Services in relation to this.

10.4.3
The Community Health Services serving Community Care Area Dublin West of the SWAHB are located in the grounds of Cherry Orchard Hospital. The Community Health Services, in liaison with the SWAHB, will interact with URBAN Ballyfermot Ltd. initiatives to give maximum health benefit for the local population from existing health services.

10.4.4
It is recommended that a member of staff with a broad understanding of public health be assigned from the local Community Care Area Dublin West to the local implementation group to promote

health and physical activity in Ballyfermot. The General Manager of Dublin West, who is member of the URBAN Ballyfermot Ltd. Board, is supportive of this.

10.4.5
Better dissemination of information regarding the health benefits of using public transport may have a positive impact on affecting a shift towards using public transport. This would impact significantly on local traffic congestion. Similarly, channels of information to the public regarding the benefits of a healthy lifestyle need to be improved. It is recommended that SWAHB and in particular, the local Health Promotion Committee work in partnership with the local community through URBAN Ballyfermot Ltd. to develop a health awareness strategy for Ballyfermot. A possible means of delivering such a strategy would be through regular local health fairs, perhaps on an annual basis. These would give an opportunity to:
■ Disseminate information more widely on health services available in the area
■ Raise awareness about healthy lifestyles among the local population
■ Provide health promotion information on:
■ Exercise
■ Alcohol
■ Smoking
■ Healthy lifestyles
■ Accident prevention

10.4.6
It is recommended that communication be strengthened regarding the services provided by the Community Health Services in Dublin West, including health promotion, mental health and addiction services. A Directory of Services for Dublin West is available. However, more needs to be done to ensure that residents are aware of what services are available in the area. A local directory of services for Ballyfermot might be a feasible solution.

10.4.7
A number of local Sports Partnerships already exist between the area health boards and the local authorities. Funding could be sought for development of a local sports partnership for Dublin South Central (which serves Ballyfermot), which could work with the schools and parents to exploit opportunities to improve physical activity in the area.

10.4.8
It is recommended that opportunities for targeting the health of teenagers in the area be explored. This will require the further development of links by the health service with the URBAN Ballyfermot Ltd. 'Youth' sector to explore the potential for joint working to improve youth health, along with a range of healthy lifestyles initiatives including drug awareness.

Recommendations for the Local Community

In the process of carrying out the HIA, it was recognised that the local community spirit is strong and active. It is also understood that specific initiatives such as walking, bus, training in road safety for children and safe parking at schools will not be successful without the active involvement of the local community who are in daily contact with the schools and will not be sustainable without their involvement.

10.5.1
The Ballyfermot Community will need to take an active role in promotion of initiatives, which will decrease car usage and promote physical activity in the area. This will include:
■ Encouragement of walking and cycling on local trips
■ Active involvement with schools to improve safety and encourage walk to school initiatives

■ Efforts to discourage the inappropriate use of car parking spaces and working with the Gardaí towards enforcement.

10.5.2
It is recommended that members of the community take an active role in ensuring the promotion of public transport use in Ballyfermot. Through the joint local action group, the barriers to using public transport identified in the report should be brought to the attention of the relevant authority and steps taken to decrease vandalism on buses. One suggestion made by the Steering Committee was that Dublin Bus makes a confidential phone line available for reporting anti-social activity on public transport.

10.5.3
The residents should seek involvement in other local URBAN Ballyfermot Ltd. and SWAHB initiatives to improve health awareness through the local implementation group.