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• Sydney South West Area Health Service Human Research Ethics Committee (Western Zone)
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The Healthy Urban Development Checklist (HUDC) is available at:
• HUDC Hardcopy orders:
  NSW Health Resource Distribution Centre
  Building 41, Old Gladesville Hospital, Punt Rd
  Gladesville NSW 2111
  Tel: 02 9879 0443

Note: Spelling and minor grammatical mistakes in quotes used within this report have been corrected to ensure they are clear. The authors do not believe this has changed the intended meaning of these quotes.

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Executive summary

There is growing recognition that the built urban environment has a significant influence on health, particularly lifestyle related chronic diseases and risk factors such as overweight and obesity, Type 2 diabetes, and heart disease.

The NSW Healthy Urban Development Checklist (HUDC or Checklist) was created primarily to assist health professionals in influencing the planning and development process for creating built environments, with the ultimate goal of improved health outcomes in the population. It was launched in February 2010 as a NSW Department of Health guideline.

This evaluation commenced in June 2011 to evaluate the intended short term outcomes of the HUDC (primarily the impact of the Checklist on its users and their work), to contribute information for the improvement of future editions of the HUDC, and to contribute to the evidence base on the health sector’s engagement with the planning process.

Data was collected for this evaluation from three sources: an online survey of identified probable HUDC users; a review of orders for hardcopies of the HUDC; and a review of visits to the HUDC webpage on the NSW Health website.

This evaluation has found a high level of satisfaction with the HUDC amongst people who have read and/or used it, and that the Checklist has largely met its intended short term objectives. This has been clearly demonstrated by the high proportion of survey participants who responded that they:

- would use the HUDC again;
- had promoted or would promote the HUDC;
- found that the HUDC improved their understanding of the link between the built environment and health, and about the planning process;
- found that the HUDC improved their confidence in working in this field;
- found the HUDC easy to use;
- found the HUDC useful, relevant, and appropriate;
- found the HUDC improved the process of responding to development proposals, projects, policies and strategies in comparison to other methods;
- had a high level of satisfaction with most sections within the checklist.

The high level of satisfaction was further highlighted by the number of positive comments about the HUDC in the survey, and that there were more positive than negative comments. Similarly, the highly complementary nature of many of the positive comments further bore this out.

This evaluation found a significant and sustained interest in, and level of demand for, the HUDC, as evidenced by the number of visitors to the HUDC webpage over time (even following the launch of the interactive HUDC website), and significant and sustained orders for hardcopies of the HUDC.

Despite the generally positive conclusions of this evaluation, a number of recommendations have been made as potential areas of improvement for the HUDC based on the evaluation results. These include:

- update the planning section, and explore ways of keeping it current;
- include a summary section and index;
- increase the online HUDC presence and explore new technologies;
- increase the content relevant to rural settings;
- provide more technical and detailed guidance in relation to local plans;
- use the average ratings of various sections to guide future editing of the HUDC;
- consider ways to increase legislative and high level support for healthy urban development and/or the uptake of recommendations generated by the use of the HUDC;
- increase links and references to evidence, best practice, and other resources;
- increase distribution and marketing, particularly to local councils;
- provide online feedback forms.
Background

The population of New South Wales (NSW) is estimated to increase from 6.8 million people in 2006 to 9.1 million in 2036, with significant growth expected in two primary regions of Sydney, the North West Growth Centre and the South West Growth Centre. This will require significant development of, and investment in, housing, transport, and a range of infrastructure including social infrastructure to support the growth in population.

There is growing recognition that the natural and built urban environment has a significant influence on health, particularly lifestyle related chronic diseases and risk factors, such as overweight and obesity, Type 2 diabetes, and heart disease. Chronic diseases have overtaken infectious diseases as the leading causes of ill health in Australia. Health services across NSW have been exploring ways to more actively engage in the urban planning and development process to build urban environments which contribute to preventing chronic diseases. It has been recognised that there is a need to develop the capacity of NSW Health to influence healthy urban design and development and to more actively participate in, and influence, urban planning and development processes.

Against this backdrop, the Healthy Urban Development Checklist (HUDC or Checklist) was created primarily to assist health professionals in influencing the planning and development process for creating built environments, with the ultimate goal of improved health outcomes in the population. In particular, the Checklist was intended to support NSW Health, particularly Area Health Services (now Local Health Districts), in providing comments on urban development plans, proposals, policies and strategies ('proposals') and on building relationships with organisations involved in the planning process.

The HUDC was developed by the former NSW Department of Health (now NSW Ministry of Health, MoH) and the former Sydney South West Area Health Service (SSWAHS), and launched in February 2010 as a NSW Department of Health guideline. Following the launch, an email with a link to the online PDF version of the HUDC was distributed widely amongst NSW Health staff. Two hardcopies of the HUDC were distributed to each of the Managers and Directors of Population Health Services in the former Area Health Services and to key staff at local councils within the former SSWAHS. In addition, a series of training workshops in the use of the HUDC were distributed widely amongst NSW Health staff. Two hardcopies of the HUDC were distributed to each of the Managers and Directors of Population Health Services in the former Area Health Services and to key staff at local councils within the former SSWAHS. In addition, a series of training workshops in the use of the HUDC have been delivered to relevant health service staff across NSW by the Healthy Built Environments Program within the University of NSW (HBEP).

The main purpose of the HUDC is to assist health professionals to provide advice on urban development proposals. It is intended to ensure that the advice provided is both comprehensive and consistent. The checklist is principally about helping to answer the questions:

- What are the health effects of the urban development proposal?
- How can it be improved to provide better health outcomes?

Although not exclusively, the primary users of the checklist were initially intended to be health staff in NSW who will use the checklist to:

- Guide and inform feedback and advice to, for instance, local government and developers on urban development policies and plans in NSW.
- Evaluate the health aspects of urban developments.
- Support engagement between urban planners and developers and health professionals.
- Inform others (planners, developers, policy makers) about the range of factors that need to be considered in healthy urban developments.

It was hoped that some people outside of health, such as developers, town planners, people working for local councils, people working in related government agencies such as the Department of Planning and Infrastructure or Housing, as well as students, may use or read the checklist. These non-health users were considered the Secondary Target audience.

The checklist includes ten chapters covering the ten most relevant aspects of the built environment to health. These are:

- Healthy food
- Physical Activity
- Public Open Space
- Housing
- Social Infrastructure
- Transport and Physical Connectivity
- Social Cohesion and Social Connectivity
- Quality Employment
- Environment and Health
- Community Safety and Security
- Public Open Space
- Social Infrastructure
- Social Cohesion and Social Connectivity
- Environment and Health

Each of these chapters contains a series of questions to be applied by the reader to the development proposals that they are reviewing. These questions form the guide to analysing the major health influencing aspects of the proposed development.

Goals and objectives of the HUDC

The Healthy Urban Development Checklist was primarily developed to assist health professionals in influencing the planning and development process for creating healthy urban environments with the ultimate goal of improved health outcomes in the population.

The HUDC aims to achieve this by:

1. Building the capacity of NSW Health in influencing urban development policies, plans and proposals through:
   - Enhanced knowledge among health professionals of the link between health and urban environments.
   - Increased awareness among health professionals of opportunities to influence the urban planning and development process.
   - The provision of a standardised tool to guide and inform feedback and advice on urban development proposals that is both comprehensive and consistent.

2. Supporting engagement and developing effective partnerships between urban planners and developers and health professionals through:
   - Increased awareness among urban planners and developers of the range of factors that need to be considered in planning and designing urban environments that support health.
   - The provision of the latest evidence to urban planners and developers to support decisions on the importance of the built environment to health and wellbeing.

The intended short term outcomes of the HUDC were:

- Increased knowledge and awareness of the link between the built environment and health.
- Increased knowledge of the planning process and awareness of points of influence.
- Increased levels of confidence and skills in responding to urban development policies, plans and proposals that is both comprehensive and consistent.
- Increased staff involvement in responding to urban development policies, plans and proposals.
- Cross-sectoral engagements between Health Services and urban planners/developers.
- Target groups for the HUDC have been identified and engaged.

- HUDC is considered appropriate and easy to interpret and use.

Aim of this evaluation

The aims of this evaluation are:

1. To evaluate the achievement of the intended short term outcomes of the HUDC.
2. To evaluate the overall level of user satisfaction with the HUDC.
3. To contribute information for quality improvement for the HUDC. It is intended that knowledge generated from this evaluation can be used to inform and improve the quality of both the online interactive version of the HUDC and a possible next edition of the hardcopy HUDC.
4. To inform improved methods of engagement, promotion and training with both the primary and secondary target users.
5. To contribute to the evidence base regarding tools to assist health professionals engage with the planning process to produce improved outcomes in relation to healthy urban development.

Governance and Guidance

A HUDC Evaluation Steering Committee was established. It provided ongoing guidance and support to the evaluation process. The members of the HUDC Evaluation Steering Committee are:

- Peter Sainsbury – Chair
- Ms Claudine Lyons
- Dr Roy Byun
- Mr Mark Thornell
- Ms Michelle Maxwell
- Mrs Sharon Peters
- Dr Kleet Simpson

Ethics approval

This evaluation was submitted for ethics approval as a low and negligible risk project at the former Sydney South West Area Health Service Human Research Ethics Committee (HREC). Approval was obtained in October 2011.
Methods
An earlier framework for evaluating the HUDC, developed by Dr Roy Byun, was used extensively as a guide for this study.

Three data sources were used to evaluate the HUDC: an online survey of probable users, the list of people who had requested a hard copy of the HUDC, and the visits to the HUDC website on the NSW Health website.

Online Survey
A copy of the online survey is provided in Appendix B. The online version is available at: https://www.surveymonkey.com/s/HUDCsurv

1. Identification of HUDC users
An initial mapping exercise was undertaken in order to identify probable users of the HUDC. In some cases HUDC users were identified individually, whilst in other cases they were identified as teams, sections, or organisations.

The following methods and sources were used to identify potential primary and secondary target HUDC users:

Primary target HUDC users
- Original mail distribution list following the HUDC launch.
- Original mail-out list for hard copies of the HUDC.
- List of those who ordered hardcopies of the HUDC from the Centre for Population Health’s Resource Distribution Unit between March 2010 and July 2011.
- Healthy Built Environments Program 2010-2011 workshop list of attendees.
- Key informants, including members of the HUDC Evaluation Steering Committee.
- Staff identified in appropriate areas and roles within NSW Health.
- Staff identified in appropriate areas or roles within Local Health Districts, including: Population Health, Public Health, Community Health, Health Promotion.
- Other identified individuals or organisations who/that do not work within Health, and who the evaluators believe have used or ordered the HUDC. This includes people in other states and countries.

Secondary target HUDC users
- Original mail distribution list following the HUDC launch.
- Original mail-out list for hard copies of the HUDC.
- List of those who have ordered hardcopies of the HUDC from the NSW Centre for Population Health Resource Distribution Unit from March 2010 to July 2011.
- Key informants, including members of the HUDC Evaluation Steering Committee.
- Relevant individuals and areas identified within Landcom (now Urban Growth NSW).
- Relevant individuals and areas identified within other NSW Government Departments including the Departments of Planning and Infrastructure, Housing, Transport.
- Relevant staff and areas within local councils known to have utilised the HUDC, including all local councils in the former Sydney South West (SSW) AHS.
- Other identified individuals or organisations who/that do not work in health and are known to have used or ordered the HUDC.

2. Refining the Survey
The online survey was designed using the “SurveyMonkey” website and associated software. Questions were designed to measure the short-term outcomes and process objectives.

The survey was piloted amongst members of the HUDC Evaluation Steering Committee. Feedback was sought, and necessary changes then made to the survey.

The final survey consisted of 29 questions, 25 of which had multiple choice components, and 19 of which had free text answer components.

3. Delivery of survey
The survey was sent to the identified probable HUDC users by either email or postage (if we did not have an email address for the identified individual or position). The contact was made either directly to an individual or via an appropriate manager or other contact for the team or organisation identified to contain probable HUDC users (who were in turn asked to distribute the invite email or letter to the appropriate staff member/s).

The correspondence included the website for the online survey (a link in the emails), a letter of invitation, and a participant information sheet.
To maximise response rates, Dr Kerry Chant (NSW Chief Health Officer) signed the letter of invitation.

247 survey participation invitations were sent on 19 March 2012, 155 by email and 92 by post. On 12 April 2012 a reminder was sent via email only.

The survey was closed on 7 May, seven weeks after the invitations were sent out.

4. Data collection and analysis

Survey responses were collected through SurveyMonkey, and the data then exported from SurveyMonkey to Microsoft Excel for analysis. The exported data was in two forms, counts of the responses to the multiple choice questions, and text responses to those survey questions requiring a comment.

A thematic analysis of the text data (comments) was undertaken. Comments were organised into groups based on common themes of the ideas they expressed. Some comments were classified into more than one theme, as they raised several issues in the one comment. The number of comments pertaining to each theme was counted, and in this way the most commonly raised issues were identified. This was done both by total number of comments on that theme and number of different individuals making comments within that theme (for example, one individual might comment on the same issue four times in different responses whilst undertaking the survey).

The comments were also considered for their individual value, such as providing helpful suggestions in relation to a commonly raised problem.

The quantitative data (multiple choice responses) were analysed utilising Microsoft Excel. Descriptive analysis was undertaken on this data.

Other methods

In addition to the online survey, visits to the HUDC website and orders of the HUDC hardcopy were also used as data sources to evaluate the short term outcomes of the HUDC.

Visits to the HUDC Website

Google Analytics Software was utilised to obtain data on visits to the HUDC webpage from 11 February 2010 to 3 September 2012 (located on the NSW Ministry of Health website). The data was exported to Microsoft Excel for further analysis. Unfortunately this data was not of as high a quality as hoped, with only the data on number of visits by date, number of unique visits by date, and overall bounce and exit rates considered accurate. Data on a number of other areas of interest, including source of visit (by city and country), web source of visit (e.g. via Google search), web destination on exit, search terms used to find webpage if applicable, appeared to be clearly compromised and could not be utilised for this evaluation (although inferences of interest could be drawn from such data). The number of downloads of the PDF was also, unfortunately, unable to be obtained.

HUDC hardcopy orders

Data was obtained from the records of requests for hardcopies of the HUDC kept at the NSW Health Resource Distribution Centre from March 2010 to July 2011 (the only primary source of hardcopies of the HUDC). The data was entered into Microsoft Excel for analysis.
Results
Survey

Participation
Of the 247 invitations sent out, 110 individuals commenced the survey, a response rate of 44.5%. Only 1 of the 110 declined to continue the survey following the introductory information and consent page.

The majority of respondents were from NSW (79%) followed by Queensland (20%), Victoria (1%) and Western Australia (1%). No respondents were from overseas.

Most respondents work for some form of government agency (85%), see Figure 1. Specifically, respondents worked most commonly for a government health agency (i.e. “health”, 61%), followed by other government agencies (15%), local government (9%), academia (6%), private consultancy (4%), other (3%), and private planning organisation (2%).

Of the respondents working in health, the majority worked in one of the three fields of health promotion (43%), population health (19%), or health protection (12%), see Figure 2. Smaller numbers worked in community health (6%), clinical acute health care (6%), primary health care (3%), non-clinical acute health care (3%), and other (8%). Others included health service planning (2%), capital works (1%), and ‘Management’ (1%).

Amongst the 109 respondents, the response rate throughout the 29 questions of the survey varied highly, from 30% to 100% (mean 87%, median 96%). However, if the four open-ended questions which had no multi-choice component (i.e. requested comments only) are excluded, the response rate ranged from 76% to 100% (mean 94%, median 97%).

Seventeen of the 29 questions in the survey requested some form of text answer as either a comment or explanation of the associated multiple-choice answer. Of these 17 comment questions, four were open ended questions requiring text responses with no associated multi-choice component to the questions, and 13 requested information further to an associated multiple-choice question. The four open-ended questions had a response rates varying for 30% to 58% (mean 43%, median 43%), whilst the rates of providing comments in the other 13 questions ranged from 16% and 100% (mean 57%, median 52%).

Of the 13 questions associated with a multiple choice component, those with lower response rates were broad and simply asking if the respondent had ‘any comments’, whilst those with higher response rates asked a specific question directly related to the associated multiple-choice question. The exception
was in question 2, which had a low response rate and in which people were asked to provide the name of the organisation where they worked. It is possible the low response rate to question 2 was due to confidentiality and anonymity concerns.

A total of 293 textual responses were made by the 109 individuals. Some comments expressed more than one idea. Amongst the 293 separate comments, 337 ideas were identified which were then classified according to topic or ‘themes’, and analysed both within questions and across the survey.

**HUDC awareness and usage**

Ninety-four percent of respondents working in health had provided comments or other input into development proposals whilst 74% were aware of the HUDC.

Of the respondents who do not work in the health field, 90% confirmed that they had worked on development proposals whilst 90% claimed to be aware of the HUDC.

Ninety-one percent of all respondents claimed to have read all (46%) or parts (45%) of the HUDC, whilst a smaller percentage said they had actually used the Checklist (60%).

Respondents had used the HUDC to develop proposals, and (more frequently) to comment on the proposals of others (Figure 1). Provision of comments on draft local government plans and community or urban regeneration or renewal projects were the two most common uses cited. Sixty percent of those who had used the HUDC had also used the Checklist to inform others of factors that needed to be considered for a healthy urban development. Other uses mentioned in the comments included that they used the HUDC in preparing academic papers, and to gather evidence on how the built environment impacts on health (see Figure 3).

Respondents most frequently said they had used the HUDC on their own (67%), although a substantial proportion had used it with other people within their own organisation (57%). A smaller but still considerable proportion had used the Checklist with people from other organisations (29%).

Most of the respondents who were aware of the HUDC found out about it from work or colleagues (49%), received a hardcopy of it (31%), received an email about it (21%), or found out at a conference or seminar (12%). Smaller numbers discovered the HUDC on the internet (9%), through a friend (2%), or by other means (10%). Other means expanded on in comments included being involved in its development (5%), undertaking HUDC training at UNSW (2%), as a part of another planning course at UNSW (1%), as part of a policy advice collaborative in Queensland (1%), as part of the Fairfield Health Partnership (1%), in a meeting with CHETRE UNSW (1%), and “at university” (1%).

**Respondents’ opinions and experiences of HUDC**

Over half of respondents who had used the HUDC agreed with the statement that it had created opportunities to work with other organisations (55%).

![Figure 3 Purposes for which participants have used the HUDC (could choose more than one)](image-url)
Of the 30 respondents who work in health who have used the HUDC, 25 (83%) stated that they had worked with organisations and people from the non-health field as a result of using the Checklist. Similarly, of the 20 respondents who work in non-health fields who have used the HUDC, ten (50%) stated that they had worked with organisations and people from health as a result of using the Checklist.

A substantial majority agreed that the Checklist had improved their understanding of the link between the built environment and health (79%), and a smaller majority that it had improved their understanding of the planning and development process (57%) (see Figure 4). When asked if they had any comments in relation to these responses, ten respondents stated that they already knew the topic (with three also noting that it was good reinforcement of the topic), three that it was a good reference as it jogged the memory, three that it was difficult to tailor to the Queensland context, and two that they found the topic was dealt with too broadly in the Checklist.

“I work in Environmental Health and already had a sound understanding on factors affecting the built environment but I used it as a reference.”

“Already knew the planning process well. However checklist has enabled articulation of social/community planning principles within the planning process ... and as a registered nurse with community health experience before I joined local government, the checklist makes a whole lot of sense!!!”

Of those who had used the HUDC, 75% agreed that it had improved their confidence in responding to development proposals whilst 82% agreed that it had improved their confidence in incorporating health promoting features into any development proposals which they work on.

The vast majority of respondents who had used the HUDC rated it as ‘very easy’ or ‘somewhat easy’ to use (94%), with only a small proportion rating it as ‘not very easy’ to use (6%). No one rated it as ‘Not at all’ easy to use.

“Love the hardcopy format - and free distribution of multiple copies. The tabs are enormously helpful - you’ve made quite a complex issue relatively easy to learn about for people from all different backgrounds and levels of understanding. This is one of the most helpful resources our staff have found in this space.”

“It’s very general and long. Some of the issues are relevant to specific plans and some are not. I found I have to filter the information quite extensively, to determine which parts are relevant to the particular plan of policy that I am preparing comments for. Also some built environment issues are not addressed in the checklist e.g driveway safety and falls from windows and balconies.”

Figure 4 Issues where the HUDC has improved the user’s understanding
In relation to using the Checklist to provide input into development proposals respondents overwhelmingly rated it as useful (69% very, 29% somewhat), relevant (55% very, 44% somewhat), and appropriate (56% very, 42% somewhat) (see Figure 5). When prompted to explain their responses, the most common comment themes included that being a government endorsed document increased the credibility of the HUDC (3 comments), that the HUDC was difficult to apply to Queensland (3), that the Checklist provides a consistency of response and analysis (2), that it was easy to use (2), and that it was too general and should contain more technical and detailed advice (2).

“It’s easy to use, relevant to NSW & summarises appropriate evidence for use as ammunition. Being a NSW Gov document it lends great weight as a reference when advocating for healthy urban environments, particularly to Local Gov.”

When asked to compare the use of the HUDC to other methods they had utilised in the past to assess or produce development proposals the vast majority agreed it improved the process (82%), with a further 16% neither agreeing nor disagreeing, and only 2% disagreeing. The result was slightly less enthusiastic when asked if it improved the outcomes, with 70% agreeing, 28% neither agreeing nor disagreeing, and 2% disagreeing (see Figure 6). Thirteen respondents provided further information when asked if they had any comments, with the most common response theme being that they still found it difficult for health to influence planning (3 comments), which appears to support the results of the multiple choice question.

“While I may recommend compliance with the Checklist, it does not always make it into the eventual strategy, plan, Conditions of Consent, etc so it cannot be guaranteed to lead to the right outcome. More pressure may need to be applied to certain divisions with the Department of Planning and other agencies to ensure they seriously consider the principles of the Checklist.”

“The problem I have had is that when we provide feedback to council or to the Dept Planning they take our advice then ask us questions on health service planning or public health which in health promotion we cannot answer. When we refer these questions on to relevant departments in health, they are too busy to deal with them. There does not seem to be a consistent push from the top down to engage all of population health in the healthy built environment. Even within health promotion, I wonder how long it will be before this work is shelved. It would be great if the Ministry of Health could develop a 5 or 10 year plan for health promotion that clearly includes healthy built environment planning so that we can be sure investing our staff in training in this area will be worth it.”

“I’m not sure if it improves the outcomes as yet, there probably needs to be some evaluation of the developments that have used the checklist against health and use of spaces for that community.”

Figure 5 Respondents’ ratings of usefulness, relevance and appropriateness

[Graph showing respondent ratings]
Eighty-eight percent of respondents reported that they would use the Checklist again, whilst 12% said they would not.

Sixty-five percent responded that they had recommended or otherwise promoted the HUDC to other people, with another 24% saying that they would, although they had not yet done so. Eleven percent of respondents said they would not.

Respondents were asked to comment on what they particularly liked and disliked about the HUDC. Forty-six responses were made regarding likes, and 37 regarding dislikes.

The aspects people liked most commonly about the HUDC were:

- The design (30)
- Links to references/evidence/leading practice (9)
- Easy to read/understand/use (8)
- Is a good reference (8)
- Is a good resource (7)
- Good summary/concise (5)
- Being government document lends HUDC credibility (4)
- Comprehensive (3)
- General positive praise (3)
- Relevant (2)
- Good for educating health staff (2)
- Good introduction to a health lens to non-traditional partners (2)
- Fills a need for a resource of its kind (2)
- Good on planning system (2)

- Good questions table (2)
- Provides a method for consistent analysis and response (2)

“The HUDC is accessible, well structured, easy to use, and in my view, adds to the likelihood of improving the positive health impact of urban development in NSW.”

“It’s the concise HUD ‘bible.’”

“The checklist gives a standard and rigorous approach to consider, analyse and comment on major local initiatives which had previously not been available.”

“It is nicely set out. The tabs down the side make it easy to find the different sections you might be looking for.”

“I liked the formatting of the checklist and in particular the questions that focus your attention to particular issues with a development, plan or proposal.”

“It is a great introductory space that enables a health lens to be shared with traditionally ‘non-health partners’ like our local councils, as the HUD enables them to see the overlap.”

“...think it is a great ‘thought provoker’ and a good place to start a systematic approach to commenting on plans/policies.”

“...comprehensive, well set out, easy to read...”

![Figure 6 Comparison of HUDC with other methods of assessing PPPS](image)
“Useful for educating internal (ie. Health) staff with limited knowledge of planning systems and healthy urban design principles. A good first resource in an emerging area/field of health intervention. Built confidence in responding to plans etc., by providing a NSW Health endorsed document. Filled a gap in available NSW Healthy urban planning resources, which had been identified by our local government colleagues.”

The aspects people disliked most commonly about the HUDC were:

• Too long (11)
• Too General (5)
• Not enough on rural/too metro specific (5)
• No Queensland version (4)
• Weak on environmental health and industrial developments (2)

“As it is almost 200 pages, it would be good to have a summary of approx 25 Pages.”

“It tries to do too much and is too general; it is difficult to tailor all the information you need for specific plans or polices.”

“That there was some information that was almost irrelevant to many rural settings. It would be handy if this was highlighted somehow, so as to streamline the checklist somewhat. And likewise for metro areas, there is sections that are not relevant to them also.”

Respondents were also asked if they had any suggestions for improving the Checklist. This question prompted 31 responses, with the most common themes shown below:

• Needs updating of planning system section (3)
• Less focus on metro/Sydney, more rural (3)
• Needs a summary (2)
• Suggest more links to resources/websites/other guidelines (2)
• Suggest wider distribution (2)
• Need to influence local councils, especially rural, to use (2)

“Update information particularly on new planning legislations (i.e. deemed REPs, repeal of Part 3A, Metropolitan Plan for Sydney 2036).”

“It needs to be a wiki and include a discussion on how to get ideas onto practice. This is fast moving area. Having edition one, then edition 2 is way too slow.”

“I have found the UNSW HBEP lit. review to be most useful tool for developing comments.”

Respondents’ opinions on different sections of HUDC

Question 23 of the survey asked respondents to rate how helpful they found the various different sections within the HUDC when assessing a proposals as either ‘very helpful’ (rating score 3), ‘OK’ (2), and ‘not helpful’ (1) (see Figure 7). The category with the least frequent response for every section of the HUDC was ‘not helpful’. A ratings average was generated for each section, with all sections scoring within a relatively small range from 2.26 to 2.68 (mean 2.46). Therefore, all the sections had an average rating between ‘OK’ and ‘very helpful’, with the average mean for all sections being slightly closer to ‘OK’ than ‘very helpful’.

In addition, respondents were asked to rate in a similar way the sections which recurred in chapters 7 to 16, which cover the ten major areas to consider for healthy urban developments. The mean rating for these sections was 2.48 (median 2.44). These chapter sections are listed below by their average rating:

• Key evidence and leading practice (2.6)
• Further information (2.5)
• Relevance to NSW (2.44)
• Dividing the questions into principle based and urban form (2.43)
• The specific questions (2.43)

Response themes throughout the survey

Questions 15, 20, 21, 22, 24, 25, 26, 28, and 29 frequently prompted comments with similar themes. The fifteen most commonly cited themes (with number of different people making comments in this theme in brackets) were:

• Liked the design (35)
• Too long/tries to cover too much/more succinct (16)
• General positive praise (16)
• Easy to read/understand/use (11)
• Too broad/too general/needs to be more specific, at least in parts (10)
• Too metro-centric/not enough rural (10)
• Already knew the topic well (10)
• Liked links to refs/evidence/leading practice (10)
• Is a good reference (8)
• Good for overview/teaching/introducing topic (8)
• Government document lends the Checklist and
this issue credibility (7)

• Too NSW-centric/requests for Queensland planning information (6)

• Need to update planning section/needs ability to easily update i.e. via online version (6)

• Needs legislative support and/or high level support or health input will not be heeded (6)

• Is a good resource (5)

The comments in these 15 themes comprised 72% of the total number of ideas expressed throughout all of the comments (for questions 15, 20, 21, 22, 24, 25, 26, 28, and 29), highlighting the importance of these themes amongst users of the HUDC.

“1. (Add a) One page executive summary, 2. Add an index...”

“I suggest it is divided up into sections relevant to specific plans. So say if you are commenting on a precinct plan, use these sections of the checklist, if you are preparing comments on a draft LEP, use these sections. It needs to start with the draft proposal, not the health issues, i.e the checklist should start with the plans/proposals that need comments to be developed, as this is what we wish to see changes in, if possible. Of course by the time we get draft plans/proposals it is often too late in the whole process to do anything meaningful.”

HUDC hardcopy orders

Between February 2010 (the launch of the HUDC) and October 2011, 698 copies of the HUDC were ordered in 59 separate orders by 51 different individuals. There was a significant peak in the number of separate orders and total copies ordered in April 2010, following the launch of the Checklist. The number of separate orders and copies then slowly decreased over the period reviewed, although there was significant month to month variation. For example, in the 11 months within 2010, there were 40 separate orders for 415 copies of the HUDC, whilst for the 10 months reviewed within 2011, there were 20 separate orders for 284 copies (see Figure 8).
Most of the orders were made by people from NSW (597 copies in 40 orders), with a significant number also from Queensland (91 copies from 6 orders), and a few from Western Australia (7 copies in 3 orders) and Victoria (3 copies in 2 orders).

In relation to which organisation types were the source of orders, most were a government health agencies (499 copies in 26 orders), followed by other government agencies (82 copies in 7 orders), academia (80 copies in 1 order), unknown (16 in 5), health related NGO (11 in 3), Local Government (7 in 6), Private consultancy (2 in 2), and non-health related NGO (1 in 1).

Within government health agencies, 2 orders came from the NSW Department of Health, and the following numbers from NSW Area Health Services: Greater Western 6; Hunter-New England 3; North Coast 3; Sydney South West 2; North Sydney-Central Coast 2; Greater Southern 2; and Sydney West 1. In addition, 2 orders came from Queensland Southern Region Services, and the following numbers from Queensland Public Health Units: Darling downs 2; Gold Coast 1; Wide Bay 1; Brisbane South 1.

**HUDC webpage visits**


The webpage had 2199 unique page views from the launch of HUDC on 11 February 2010 until the launch of the interactive HUDC website on 5 September 2011. Interest has remained strong following the launch of the interactive HUDC website, with a further 890 unique page views between 6 September 2011 and 3 September 2012 (see Figure 9). Excluding the initial 3 months following the launch of the HUDC, the rate of unique page views per month slowed only slightly over the period 11 February 2010 to 3 September 2012.

From 11 February 2010 to 3 September 2012 Google Analytics statistics for the HUDC webpage suggested that a higher proportion of people who viewed the webpage had specifically sought it out and/or had found what they were looking for when compared to the average webpage on the NSW Health website. This conclusion was supported by the following statistics over the period:

![Figure 8 Number of hardcopies of HUDC ordered from NSW Health Resource Distribution Centre, March 2010-October 2011](image-url)
The bounce rate is the percentage of single-page visits (i.e. visits in which the person left the website from the entrance page). This bounce rate tends to be higher for pages people are specifically seeking, rather than those that they come across whilst browsing a website. The bounce rate for the HUDC webpage was 79.6%, compared to the average for all webpages on the NSW Health website (http://www.health.nsw.gov.au) of 55.9%.

The percentage exit is the percentage of site exits that occurred from a specified page. This tends to be higher for web pages in which a high proportion of viewers are satisfied with what they have found, rather than those who have yet to find what they are looking for within a website. The percentage exit for the HUDC webpage is 66.2% whilst the average for all web pages on the NSW website of 33.4%.

The average time spent on the page was 3 minutes 11 seconds, compared to the average time spent on web pages across the NSW Health website of 1 minute 15 seconds.

Unfortunately, the Google Analytics Software was unable to provide the more detailed information which it can usually provide and which would have been of interest for this evaluation (see ‘limitations’ below).

Figure 9 Number of unique views to the HUDC webpage per month, 11 February 2010 to 19 March 2012
Discussion

The relatively high response rate to the survey was encouraging. Typically, internet based electronic surveys have quite poor response rates, and sometimes abysmal. This result may indicate a high level of interest in either the general topic of healthy built environments, and/or a specific interest in the HUDC. It should be noted however, that the process used to identify invitees would select for those with a higher interest in this area than the average health worker. The high response rate may also have been bolstered by the Chief Health Officer’s signature on the invitation, which was sought to maximise participation.

There was a high representation of people from government and health within the survey, but this was expected (as it reflects the invitee selection process) and welcome (as it reflects the primary target audience of the HUDC). Most of the health staff worked in health promotion, population health, or health protection. However in the future it would be encouraging to see more people from the community health, primary health, and health NGOs utilising the Checklist.

Respondents were largely individuals who already had an interest or had done some work in the area of the built environment and health. Of respondents who work in health 94% have ever provided comments or other input into development proposals, whilst 74% were aware of the HUDC. This suggests that although most of the health respondents were exactly the type of people that the HUDC would initially like to engage, fewer of these had actually been successfully engaged. Of the respondents who do not work in the health field, 90% confirmed that they had ever worked on development proposals, and 90% claimed to be aware of the HUDC. Therefore these results suggested that secondary (non-health) target users had been more successfully engaged than primary users, however significant selection bias, particularly in relation to secondary target users (see limitations, below) means that one cannot be assured of this interpretation of these results.

One unexpected result of the evaluation was the relatively high level of interest seen in Queensland. The exact reason for this for this is unclear, although two comments suggested that the HUDC was used as a reference tool by a Queensland Health Policy Advice Collaborative, which may have increased the exposure of a number of Queenslanders to the publication. In any case, it seems to have generated an interest in the publication which could be utilised to increase the distribution, use, and effect of the checklist.

Awareness of the HUDC was high. This was expected given the process of identification of survey invitees. Perhaps surprisingly, awareness of the Checklist was higher amongst non-health respondents than health respondents. This is again probably due to the process of selection, whereby non-health participants were selected as individuals from information about exposure to the HUDC, whereas more of the health participants were identified by their organisational position rather than as an individual (with the accuracy of this method for identifying HUDC users then further eroded by the concurrent re-structure of NSW Health). Interestingly, for health participants (but not non-health), the proportion of people who had input into proposals was higher than the proportion who were aware of the HUDC. This indicates that there is still incomplete penetrate of the HUDC amongst those health workers who would almost certainly have a use for it, and therefore room for improvements or increases in distribution and marketing of the Checklist.

More survey participants used the HUDC to provide input to proposals or educate others about the topic than to contribute to the development of proposals. This was expected as far more health than non-health people undertook the survey. The HUDC was more often used in relation to proposals of local rather than regional or state significance and more in relation to plans than higher level policies and strategies. This indicates that a relative shift in focus within the HUDC from content to assist with regional or state level policies and strategies to content to assist with more local planning issues may be warranted.

Encouragingly, a high proportion of participants believe that the HUDC has increased their knowledge of both the link between the built environment and health, and the NSW planning system. However, the proportion was notably higher for the built environment and health link than planning. This probably reflects not only the fact that most respondents were health people and would probably find the planning system inherently more difficult to understand than a health issue, but also that the planning section needs updating.

Most respondents found that using the HUDC had increased their confidence in providing input into proposals and incorporating health promoting features into proposals they were involved in developing. Interestingly, the confidence increase was even greater for the latter than the former. This may be because the process of influencing the projects of others is inherently more difficult than simply applying an approach to one’s own projects. Another reason may be that more of the health people (who largely provided comments) using the HUDC already had a very strong understanding of this topic, and hence found the HUDC had not increased their confidence (as it was already high), whilst the non-health participants (more of whom were involved in developing development proposals) were newer to the topic and found the use of the HUDC had more of an effect on their work.
Limitations and assumptions of this evaluation

The following are the major limitations and assumptions which may impact on the validity of this evaluation’s findings, and should be taken into consideration when considering this report’s recommendations:

• **NSW Health re-structure.** During 2011 to 2012 (including over the period of data collection for this evaluation) there was a significant re-structure of NSW Health. The structural changes were often quite profound, and included the alteration or redundancy of many existing positions and significant staff movements. The re-structure caused difficulties in identifying probable HUDC users within the new structure. This re-structure was a long process which was evolving during the survey period, and was developing differently and at variable pace across the various parts of NSW Health. The result was that the process of identifying survey participants and inviting them to undertake the survey took longer than anticipated, and the proportion of initially identified Health invitees (most of whom were employed by NSW Health) who subsequently successfully received an invitation to participate in the survey may have been reduced (whilst contacting identified non-health invitees was not so affected).

• **Sampling bias.** Invites to participate in the survey included those: who had ordered hardcopies of the HUDC; whom NSW Health had sent the HUDC in association with the launch or subsequently; and who attended HUDC training, presentations, or related events (such as events associated with the launch of the HUDC). Sometimes the invitees were specific individuals, sometimes they were in a specific position, and sometimes they were a contact point into a team or organisation and asked to provide the invitation to work colleagues whom they knew or believed might utilise the HUDC. Roughly 44% (see ‘denominator’ limitation below) of the invitees actually undertook the survey. There are a number of points of potential selection bias in this process. Therefore, the results may not accurately represent all people who have used the checklist, or all target users of the checklist. However, for the purposes of interpreting the survey results for this evaluation, it has been assumed that the survey respondents do represent all people who have read or used the checklist.

For the purposes of this evaluation on the short term outcomes, we believe that this assumption is unlikely to have altered the conclusions and recommendations of this evaluation significantly. The selection bias also meant we were unable to ascertain the level of use of the HUDC amongst the target audience accurately.

• **Unknown Denominator.** The invitation to participate in the survey was directed not only at the individual recipient, but also others they believed had read or used the HUDC. Therefore, although 247 invitations were sent out, and this was assumed to be the denominator for a small part of the descriptive analysis within this evaluation, the true denominator was unknown. As the true denominator was probably higher than 247, this would have resulted in an over-estimation of the response rate. On the other hand, due to the restructure, some of the invitations may not have reached their intended recipients (thus reducing the denominator), so the overall effect is unknown.

• **The HUDC interactive website was not reviewed as part of this evaluation.** This was intentional as the interactive website had not been launched at the commencement of the evaluation of the HUDC. It is not known how much the availability of the interactive website affected demand for and use of the HUDC. It should be noted that the results of HUDC website or hardcopy orders after September 2011 may have been affected by the availability of the interactive website.

• **Descriptive analysis only.** Only a descriptive analysis was undertaken of the data. An early decision was taken not to attempt a true random sample of all potential users in NSW, as it would be resource intensive and be unlikely to have a high enough response rate to produce significant results in any case. Therefore, due to the selection bias inherent to the participant selection process used, the data collected was not considered appropriate for statistical analysis.

• **Google Analytics data flaws.** Unfortunately, the Google Analytics Software was unable to provide the more detailed information which it can usually provide, and which would have been of interest for this evaluation. The technical reason for this is unknown; data was produced but was clearly incorrect. This information included: the country from which the page view is occurring; the city from which it is occurring; the source of the page view (that is, from which website did the viewer come immediately before reaching the webpage of interest); keywords used in any searches prior to reaching the webpage of interest (if a search engine was used immediately before arriving at the webpage of interest); and the number of visitors
who were return visitors versus new visitors to the webpage (a visitor being defined by the IP number of the computer they are accessing the webpage from). This is unfortunate because the information could have assisted in developing search and marketing recommendations.

- **Possible incomplete records of the prior HUDC exposure.** The SWS LHD records of people who had been exposed to the HUDC may not have been complete, and it is possible that some people who definitely were exposed to the HUDC were not sent an invitation to participate in the survey. However, the authors believe that most potential participants were identified.

### Conclusions

This evaluation has found a generally a high level of satisfaction with the HUDC amongst people who have read and/or used it. This was seen most clearly by the high proportion of survey participants who responded that they:

- would use the HUDC again;
- had or would promote the HUDC;
- found that the HUDC improved their understanding of the key issues;
- found that the HUDC improved their confidence in working in this field;
- found the HUDC easy to use;
- found the HUDC useful, relevant, and appropriate;
- found the HUDC improved the process of responding to development proposals in comparison to other methods;
- had a high level of satisfaction with most sections within the checklist, and most aspects within chapters 6 to 17.

The high level of satisfaction was further highlighted by the number of positive comments about the HUDC in the survey, and that there were more positive than negative comments. Similarly, the highly complementary nature of many of the positive comments further bore this out.

This evaluation has found a significant and sustained interest in, and level of demand for, the HUDC, as evidenced by:

- A sustained interest in the HUDC webpage, even following the launch of the interactive HUDC website; and,
- Ongoing orders for hardcopies of the HUDC.

### Short term objectives

The HUDC has largely met the short term objectives as articulated in the Framework for the Evaluation of the HUDC. These have been met as follows:

- **Increased knowledge and awareness of the link between the built environment and health.**

  This was demonstrated by the substantial majority of respondents to the survey who agreed that the HUDC had improved their understanding of the link between the built environment and health (79%), and the regularly raised comment theme in which it was noted to be good for educating people on the topic.

- **Increased knowledge of the planning process and awareness of points of influence.**

  This was demonstrated by the majority of respondents indicating that the HUDC had improved their understanding of the planning and development process (57%).

  However, it should also be noted that a major theme raised by respondents’ comments was that the planning sections require updating. In addition, it was also suggested that having a web based version which could be regularly updated to reflect changes would be ideal, as planning processes tend to change frequently and are key to the effective use of the HUDC.

- **Increased levels of confidence and skills in responding to urban development proposals that is both comprehensive and consistent.**

  This was demonstrated by 75% of survey respondents agreeing that the HUDC had improved their confidence in responding to development proposals. In addition, 82% agreed that it had improved their confidence in incorporating health promoting features into any direct contributions they made to development proposals.

  Some themes commonly raised by respondents also suggested that the HUDC has increased their level of confidence in responding to development proposals, such as that being a government document lends the Checklist and the broader issue credibility, and that it provides a standard for consistency of analysis and response.

  Furthermore, when asked to compare the use of the HUDC to other methods they had utilised in the past to assess or produce development proposals, the vast majority agreed it improved the process (82%). The result was only slightly less enthusiastic regarding improved outcomes, with 70% agreeing.

  However, other themes amongst the comments indicated that there may be some room for improvement in increasing this confidence. These
themes include requests to increase the level of detail and specificity of the HUDC in relation to some particular types of development, and recommending that the HUDC and the issue of healthy development generally have more legislative and/or high level executive support to increase the chances that utilising it will lead to a successful outcome.

- **Increased staff involvement in responding to urban development proposals.**

Unfortunately, this evaluation was unable to adequately assess this short term outcome. However, there was some data which suggests this outcome by showing ongoing demand and interest in the HUDC. For example, the fact that the levels of demand for hardcopies of the HUDC and visits to the HUDC website have not decreased significantly since the launch indicates an ongoing demand. Likewise, the fact the 65% of respondents indicated that they had recommended or otherwise promoted the HUDC to other people indicates that new people have been introduced to the HUDC, if not the topic area generally.

The commonly recurring comment themes relating to the HUDC being a good educational tool also indicate that people are using it as such or considering using it as such. They thereby introduce new people to the topic and HUDC, some of whom will presumably become involved in responding to development proposals.

- **Cross-sectoral engagements between Health Services and urban planners/developers.**

More than half of the respondents who had used the HUDC agreed with the statement that it had created opportunities to work with other organisations (55%).

There was also direct evidence of cross sectoral engagement. A high proportion of respondents who worked in health and who had used the HUDC had worked with non-health people or organisations as a result of the HUDC (83%), and vice versa (50%).

In addition, two health background respondents stated that the HUDC was a good resource for introducing a health lens to non-traditional partners.

- **Target groups for the HUDC have been identified and engaged.**

The intended target groups of the HUDC were broadly identified during the development and pre-launch phases of the Checklist.

Although not exclusively, the primary users of the checklist were initially intended to be NSW health service workers. It was hoped that some people outside of health, such as developers, town planners, people working for local councils, people working in related government agencies such as the Department of Planning and infrastructure or Housing, as well as students, may use or read the checklist. These non-health users were considered the Secondary Target audience. These audiences appear highly appropriate given the content and purpose of the HUDC.

Unfortunately, this evaluation was not able to estimate the proportion of potential primary and secondary target individuals, or groups, who had been specifically identified and engaged. That would require a much larger survey of the broader health, local government, and planning and development workforces within and beyond NSW, which was considered beyond the resources and scope of this evaluation.

However, the results did show that nearly all respondents worked either in health, local government, planning, transport, or development, or were students or academics (that is, they were either primary or secondary target groups). Most of these worked within health (the primary target group). Most were also from NSW (79%), although presumably the use of the HUDC by people outside NSW, but who otherwise fit the description of a primary or secondary HUDC user, was also welcomed (notably Queensland users).

The high proportion of respondents who had read and used the checklist also suggested that they were in general the intended audience. Similarly, the high proportion of respondents stating that they would use the HUDC again also supports this view.

Two of the less frequently occurring comment themes do seem to suggest that there were potential areas of improvement in identifying and engaging suitable users of the HUDC, including suggestions of wider distribution and the need to influence local councils, particularly rural local councils, to utilise the Checklist.

- **HUDC is considered appropriate and easy to interpret and use.**

The vast majority of respondents who had used the HUDC rated it as ‘very easy’ or ‘somewhat easy’ to use (94%), with only a small proportion rating it as ‘not very easy’ to use (6%). No one rated it as ‘Not at all’ easy to use.

In relation to using the checklist to provide input into development proposals, respondents overwhelmingly rated it as useful (69% very, 29% somewhat), relevant (55% very, 44% somewhat), and appropriate (56% very, 42% somewhat).

A number of the themes amongst the comments also supported the view that the HUDC was appropriate and easy to use. This included, but was no means limited to, the most common comment theme of liking the design, and that the HUDC: is easy to read/understand/use; is a good reference; is a good resource; is good for educating others; provides a standard of consistency.
of analysis and response; as a government document lends the checklist and the topic credibility; fills a need for resource of its kind; and is relevant.

However, there were also a number of themes amongst the comments that indicated that there was room for improvement in terms of appropriateness and ease of use, including that the HUDC: is too long; is too general; takes a long time to get used to using; is highly relevant for some, but not all, planning requests; does not have enough on rural healthy developments; is not strong enough on environmental health and industrial development; and should have more links to resources, websites and other guidelines.

This evaluation was initially intended to be Stage 1 of a two-stage evaluation process. It was proposed that stage 2 consist of a number of key informant interviews, which would add further depth, meaning, and understanding of the success of the HUDC in meeting its intended short term outcomes, and identifying areas for improvement. This evaluation could assist in determining how many key informant interviews should be undertaken, and help identify who those key informants may be. More importantly the results will help form the basis of the content, structure, and questions within the interviews.

The requirement for a stage 2 evaluation will be determined by a number of factors, including staff availability, timing (including when drafting of any second edition of the HUDC may occur), and the perceived level of need for further information than presented here.

Recommendations
Despite the generally positive results and feedback found in this evaluation, a number of potential areas of improvement within the HUDC were raised. In this section are described recommendations for improvement of the HUDC raised by the evaluation. It is intended that these recommendations will benefit the writing of any future editions of the HUDC, and any similar guidelines in other jurisdictions.

The recommendations are listed as higher and lesser priority, based upon the level of support for this issue by HUDC users in the evaluation.

Higher priority

- **Update the planning section, and explore ways of keeping it current.** There have been a lot of significant changes to the NSW planning system and regulations since this evaluation was commenced. The planning section needs to be updated to reflect the new system. However, planning systems do tend to change, significantly or subtly, on a fairly regular basis. It is recommended that the HUDC authors consider methods of ensuring that the planning section within the HUDC remains current. Consideration should be given to the role that online content (which can be regularly updated) can play in achieving this (also see internet content recommendation below). Results from this evaluation suggested that the hardcopy is currently a popular medium for the HUDC, and a second printed edition may be warranted. However, as the interactive website develops and people’s preferences for digital media change, the need for a hardcopy may be revisited in the future. Given retention of the hardcopy, clear information should be supplied within the planning section directing the reader to an online version of the HUDC or planning section of the HUDC in which the planning section is current, or recent changes are highlighted. It is noted that the interactive HUDC website includes links to each of the Australian jurisdiction’s planning websites. Whilst this is useful, it is unlikely to prove as useful to health staff as the purpose-written planning summary. However, the links might be supplied in addition to a written summary, so that people can look up minor changes to the planning system which do not warrant re-writes to the HUDC planning summary.

- **Provision of a summary and index.** One of the major complaints about the HUDC amongst the survey comments was that it was too long and tries to cover too much. This view was by no means universal, with other (fewer) comments noting that it was a good summary, easy to read and so forth. Whilst it would be useful to review the HUDC with a view to removing any unnecessary content,
Conclusions and Recommendations

Conclusions

• Increase online HUDC presence and explore new technologies. Following the same logic as noted in regards to the planning system (above), an online version of the HUDC is useful in that it can be updated more easily, direct links can be provided to related useful information, and it can be a relatively cheap and simple way of increasing and improving distribution. Other technologies may also assist, such as creating a Wiki associated with the online HUDC (including the interactive website), which is one way to encourage discussions and exchange of experiences of using the HUDC.

• Increase rural content. Consideration should be given to increasing the rurally relevant content within the HUDC. It would then be useful to distinguish between information which was rural specific, information which was urban specific, and information which does (or might) apply to both rural and urban settings. This may be done for example by having a way of highlighting each of these classes throughout the checklist (e.g. with symbols for each location), or perhaps having a dedicated ‘rural and remote settings’ chapter.

• Provision of more technical and detailed guidance. The second most common ‘negative’ theme about the HUDC was that it was too broad and general, and that it needed to provide more technical and detailed information in relation to certain types of proposals (particularly in relation to smaller scale and more specific and detailed plans and proposals). At first glance, this would appear to be a difficult issue to rectify whilst simultaneously addressing the most common ‘negative’ theme, that the HUDC is too long. Nevertheless, two possibilities are: a separate ‘technical’ publication, providing more detailed content, questions, and guidance on responses for the most common types of proposals that the HUDC is used for (for example, for responding to draft LEPs); and provision of more detailed advice on the interactive HUDC website, and directing HUDC readers to that website if they want more detailed, technical, or specific information or guidance.

• Use average rating to guide editing. Utilise the average ratings of different sections within the HUDC, presented in this evaluation, to guide editing for the second edition. For example, the ratings could be used to help prioritize revision of the HUDC for a second edition. Those parts that have lower scores could be edited first and receive more attention, or perhaps given a lower threshold for removal or replacement, whilst those with higher scores might require less time or be expanded.

Lesser priority

• Increase support for healthy development and the HUDC. Consider ways of increasing legislative, high level, and cross departmental support for the Checklist or healthy urban development broadly into high level NSW Health strategies and policies. Three themes that emerged amongst the comments were: that some were sceptical about the impact health could have on development (regardless of input): that there was a fear that the issue would drop off the health agenda and therefore this important issue (and the HUDC) abandoned; and that increases in legislative, high level (executive), and Government non-health agencies’ support, and incorporation into high level NSW Ministry of Health strategies and plans would assist in increasing the use and impact of the HUDC. The notable difference in support for the statement “improves the process” over “improves the outcome” within the survey also bore out this point.

• Increase links to evidence, best practice, and other resources. The links to evidence were generally well liked amongst survey respondents. However, there were a few requests for this to be increased, and suggestions of how to increase it and with what content. One obvious source of evidence which was noted and has emerged since the launch of the HUDC is the Healthy Built Environments Program (UNSW) “Healthy Built Environment: a review of the literature”. Again, links via the internet are particularly useful as the information is accessible instantly and to the latest version.

• Increase distribution and marketing, particularly to local councils. It was felt that local councils were a crucial partner in ensuring the increased use of the HUDC as they are involved at various levels in the development process, from formulating proposals to responding to them. Amongst the comments, there was a perception that such engagement should definitely include rural councils.

• Continue support for use of the HUDC. Some users found that filtering the information within the Checklist for their own needs was difficult. Methods of supporting HUDC users in tailoring the Checklist to their own needs should be considered. This includes the ongoing provision of training sessions either on request or at regular intervals, editing future editions to assist in the navigation of the HUDC (such as an index) and further development of the web-based interactive HUDC (including an evaluation).
• Exploration of a Queensland HUDC. This evaluation has found a surprisingly high level of interest in the HUDC amongst Queenslanders. This was reflected in the number of respondents to the survey from Queensland, the number of orders for hardcopies of the HUDC from Queensland, and the recurring request for a Queensland edition. It is recommended that this finding be made known to Queensland Health who can decide if it wants to pursue the development of a Queensland Edition of the HUDC or equivalent. Similarly, it would be useful if future HUDC editions provide links to the planning sections of other states and territories in the same way as the HUDC interactive website currently does.

• Provision of online feedback forms. It was intended that HUDC feedback forms would also be reviewed as part of this evaluation, however unfortunately no HUDC feedback forms have ever been received. Whatever the underlying reasons for this, it is likely that one of the major ones is the disincentive of the time required to fill out the form and mail it in, in the age of electronic communication. It is recommended that an electronic feedback form be made available, probably available via a link on the same web page as the PDF of the HUDC, with the internet address of this webpage made clear within the hardcopies of the HUDC.

Further potentially useful suggestions arising from the survey

There were also a number of suggestions which were one off or did not occur regularly throughout this evaluation. Below are some that may be worth consideration for future editions of the HUDC:

• Increase content about children's health and the built environment.

• Increase content about health of the elderly and the built environment.

• Increase the content on mental health.

• Increase content related to alcohol, and how its effect on health and the community can be affected by the built environment.

• Consider entering content specific to transport corridors.

• Increase content about industrial developments.
Appendix A – Comment themes

Comment themes across questions
Comment themes raised amongst questions which prompted similar types of responses.

Comments across questions 15, 20, 21, 22, 24, 25, 26, 28, 29
Themes raised within comments to questions 15, 20, 21, 22, 24, 25, 26, 28, 29 (listed by highest to lowest number of different individuals commenting on that theme).

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of comments</th>
<th>Number of different individuals commenting</th>
<th>Positive / Negative / Neutral</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liked the design</td>
<td>37</td>
<td>35</td>
<td>Positive</td>
<td>1</td>
</tr>
<tr>
<td>Too long/tries to cover too much/needs to be more succinct</td>
<td>22</td>
<td>16</td>
<td>Negative</td>
<td>2</td>
</tr>
<tr>
<td>General positive praise</td>
<td>18</td>
<td>16</td>
<td>Positive</td>
<td>3</td>
</tr>
<tr>
<td>Easy to read/understand/use</td>
<td>11</td>
<td>11</td>
<td>Positive</td>
<td>3</td>
</tr>
<tr>
<td>Too broad/too general/needs to be more specific, at least in parts</td>
<td>13</td>
<td>10</td>
<td>Negative</td>
<td>5</td>
</tr>
<tr>
<td>Too metro-centric/not enough rural</td>
<td>12</td>
<td>10</td>
<td>Negative</td>
<td>6</td>
</tr>
<tr>
<td>Already knew the topic well</td>
<td>10</td>
<td>10</td>
<td>Neutral</td>
<td>7</td>
</tr>
<tr>
<td>Liked links to reference/evidence/leading practice</td>
<td>10</td>
<td>10</td>
<td>Positive</td>
<td>7</td>
</tr>
<tr>
<td>Is a good reference</td>
<td>11</td>
<td>8</td>
<td>Positive</td>
<td>9</td>
</tr>
<tr>
<td>Good for overview/teaching/introducing topic</td>
<td>8</td>
<td>8</td>
<td>Positive</td>
<td>10</td>
</tr>
<tr>
<td>Government document lends the Checklist and this issue credibility</td>
<td>8</td>
<td>7</td>
<td>Positive</td>
<td>11</td>
</tr>
<tr>
<td>Too NSW-centric/requests for Queensland planning information</td>
<td>12</td>
<td>6</td>
<td>Negative</td>
<td>12</td>
</tr>
<tr>
<td>Need to update planning section/needs ability to easily update i.e. via online version</td>
<td>8</td>
<td>6</td>
<td>Negative</td>
<td>13</td>
</tr>
<tr>
<td>Needs legislative support and/or high level support or health input will not be heeded</td>
<td>7</td>
<td>6</td>
<td>Negative</td>
<td>14</td>
</tr>
<tr>
<td>Is a good resource</td>
<td>5</td>
<td>5</td>
<td>Positive</td>
<td>15</td>
</tr>
<tr>
<td>Good and needed resource in emerging field</td>
<td>4</td>
<td>4</td>
<td>Positive</td>
<td>16</td>
</tr>
<tr>
<td>Highly relevant for some, but not all, planning requests</td>
<td>4</td>
<td>4</td>
<td>Neutral</td>
<td>16</td>
</tr>
<tr>
<td>Provides a standard for consistency of response and analysis</td>
<td>5</td>
<td>3</td>
<td>Positive</td>
<td>18</td>
</tr>
<tr>
<td>Takes long time to get used to using</td>
<td>3</td>
<td>3</td>
<td>Negative</td>
<td>19</td>
</tr>
<tr>
<td>Prefer a change to standard size guideline</td>
<td>3</td>
<td>2</td>
<td>Negative</td>
<td>20</td>
</tr>
<tr>
<td>Found other resources to be as good or better than HUDC</td>
<td>2</td>
<td>2</td>
<td>Negative</td>
<td>21</td>
</tr>
<tr>
<td>Meets our needs</td>
<td>2</td>
<td>2</td>
<td>Positive</td>
<td>21</td>
</tr>
<tr>
<td>Unclear who HUDC is directed at/health ‘centric’</td>
<td>2</td>
<td>2</td>
<td>Negative</td>
<td>21</td>
</tr>
<tr>
<td>Would like more links to other guidelines/checklists/websites/resources</td>
<td>2</td>
<td>2</td>
<td>Negative</td>
<td>21</td>
</tr>
<tr>
<td>Suggest wider distribution</td>
<td>2</td>
<td>2</td>
<td>Negative</td>
<td>21</td>
</tr>
<tr>
<td>Fear that HUD issue will fall off agenda</td>
<td>2</td>
<td>2</td>
<td>Negative</td>
<td>21</td>
</tr>
<tr>
<td>Good planning system explanation</td>
<td>2</td>
<td>2</td>
<td>Positive</td>
<td>21</td>
</tr>
<tr>
<td>Theme</td>
<td>Number of comments</td>
<td>Number of different individuals commenting</td>
<td>Positive / Negative / Neutral</td>
<td>Rank</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>--------------------</td>
<td>--------------------------------------------</td>
<td>-----------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Good questions tables</td>
<td>2</td>
<td>2</td>
<td>Positive</td>
<td>21</td>
</tr>
<tr>
<td>Not strong enough on traditional Environmental health issues including industrial developments</td>
<td>4</td>
<td>1</td>
<td>Negative</td>
<td>29</td>
</tr>
<tr>
<td>Pull out, flick and tick type checklists would help</td>
<td>2</td>
<td>1</td>
<td>Negative</td>
<td>30</td>
</tr>
<tr>
<td>Weak on child health</td>
<td>2</td>
<td>1</td>
<td>Negative</td>
<td>30</td>
</tr>
<tr>
<td>Don't like chapter numbering</td>
<td>2</td>
<td>1</td>
<td>Negative</td>
<td>30</td>
</tr>
<tr>
<td>Need to influence LC’s more to appreciate and participate in this issue</td>
<td>2</td>
<td>1</td>
<td>Negative</td>
<td>30</td>
</tr>
<tr>
<td>Good on community safety</td>
<td>1</td>
<td>1</td>
<td>Positive</td>
<td>34</td>
</tr>
<tr>
<td>Good housing section</td>
<td>1</td>
<td>1</td>
<td>Positive</td>
<td>34</td>
</tr>
<tr>
<td>Good on social infrastructure</td>
<td>1</td>
<td>1</td>
<td>Positive</td>
<td>34</td>
</tr>
<tr>
<td>Good on social cohesion</td>
<td>1</td>
<td>1</td>
<td>Positive</td>
<td>34</td>
</tr>
<tr>
<td>Enabled articulation of link between planning and health</td>
<td>1</td>
<td>1</td>
<td>Positive</td>
<td>34</td>
</tr>
<tr>
<td>High quality of information</td>
<td>1</td>
<td>1</td>
<td>Positive</td>
<td>34</td>
</tr>
<tr>
<td>Some HUD areas not covered</td>
<td>1</td>
<td>1</td>
<td>Negative</td>
<td>34</td>
</tr>
<tr>
<td>Not enough mental health</td>
<td>1</td>
<td>1</td>
<td>Negative</td>
<td>34</td>
</tr>
<tr>
<td>Not enough on alcohol</td>
<td>1</td>
<td>1</td>
<td>Negative</td>
<td>34</td>
</tr>
<tr>
<td>Not enough on elderly (beyond housing)</td>
<td>1</td>
<td>1</td>
<td>Negative</td>
<td>34</td>
</tr>
<tr>
<td>Healthy Food chapter bit naive</td>
<td>1</td>
<td>1</td>
<td>Negative</td>
<td>34</td>
</tr>
<tr>
<td>Not enough evidence behind Contact with nature section</td>
<td>1</td>
<td>1</td>
<td>Negative</td>
<td>34</td>
</tr>
<tr>
<td>Didn't like or understand Housing chapter</td>
<td>1</td>
<td>1</td>
<td>Negative</td>
<td>34</td>
</tr>
<tr>
<td>Didn't like Social capital chapter</td>
<td>1</td>
<td>1</td>
<td>Negative</td>
<td>34</td>
</tr>
<tr>
<td>Should be more explicit about shade provision</td>
<td>1</td>
<td>1</td>
<td>Negative</td>
<td>34</td>
</tr>
<tr>
<td>Add to chapter 16 interim guidelines for transport corridor development</td>
<td>1</td>
<td>1</td>
<td>Negative</td>
<td>34</td>
</tr>
<tr>
<td>Format of document can make difficult to use</td>
<td>1</td>
<td>1</td>
<td>Negative</td>
<td>34</td>
</tr>
<tr>
<td>Checklist concept focuses attention to narrowly</td>
<td>1</td>
<td>1</td>
<td>Negative</td>
<td>34</td>
</tr>
<tr>
<td>Problem focused rather than solution focused, but is there a choice as not the solution evidence yet?</td>
<td>1</td>
<td>1</td>
<td>Negative</td>
<td>34</td>
</tr>
<tr>
<td>Internal conflicts in recommendations</td>
<td>1</td>
<td>1</td>
<td>Negative</td>
<td>34</td>
</tr>
<tr>
<td>Was not invited to give input despite long working history in HUD area</td>
<td>1</td>
<td>1</td>
<td>Negative</td>
<td>34</td>
</tr>
<tr>
<td>Add how to construct response to Plan, policy, development</td>
<td>1</td>
<td>1</td>
<td>Negative</td>
<td>34</td>
</tr>
<tr>
<td>Develop and add examples of HUDs</td>
<td>1</td>
<td>1</td>
<td>Negative</td>
<td>34</td>
</tr>
<tr>
<td>Does not believe link between built environment and populations</td>
<td>1</td>
<td>1</td>
<td>Negative</td>
<td>34</td>
</tr>
<tr>
<td>Already knew planning process</td>
<td>1</td>
<td>1</td>
<td>Neutral</td>
<td>34</td>
</tr>
<tr>
<td>I have only used this method</td>
<td>1</td>
<td>1</td>
<td>Neutral</td>
<td>34</td>
</tr>
<tr>
<td>Stopped using list of references, use specific comments to specific issues instead</td>
<td>1</td>
<td>1</td>
<td>Neutral</td>
<td>34</td>
</tr>
<tr>
<td>Review should include Health Protection and Health Promotion staff across NSW</td>
<td>1</td>
<td>1</td>
<td>Neutral</td>
<td>34</td>
</tr>
</tbody>
</table>
Questions 13 and 18
Themes raised within comments to questions 13 and 18.

<table>
<thead>
<tr>
<th>Themes</th>
<th>Number of comments</th>
<th>Positive / Negative / Neutral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council staff/Councillors</td>
<td>6</td>
<td>Neutral</td>
</tr>
<tr>
<td>Staff working in health</td>
<td>4</td>
<td>Neutral</td>
</tr>
<tr>
<td>University affiliated (non-students)</td>
<td>3</td>
<td>Neutral</td>
</tr>
<tr>
<td>Students</td>
<td>2</td>
<td>Neutral</td>
</tr>
<tr>
<td>Environmentalist/Naturalists</td>
<td>2</td>
<td>Neutral</td>
</tr>
<tr>
<td>Planners</td>
<td>2</td>
<td>Neutral</td>
</tr>
<tr>
<td>Policy Advice Collaborative for government</td>
<td>2</td>
<td>Neutral</td>
</tr>
<tr>
<td>Housing</td>
<td>1</td>
<td>Neutral</td>
</tr>
<tr>
<td>Bush fire Brigade</td>
<td>1</td>
<td>Neutral</td>
</tr>
<tr>
<td>Other local stakeholder</td>
<td>1</td>
<td>Neutral</td>
</tr>
</tbody>
</table>

Comment themes within questions
Themes raised within comments to individual survey questions (listed by highest to lowest number of different individuals commenting on that theme)

Question 3 (asks to provide the name of the organisation if the respondent works for an organisation when answering the multiple-choice question “Please choose the option which best describes where your position sits”)

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of comments</th>
<th>Positive / Negative / Neutral</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Health Districts</td>
<td>9</td>
<td>Neutral</td>
<td>1</td>
</tr>
<tr>
<td>Queensland Health</td>
<td>2</td>
<td>Neutral</td>
<td>2</td>
</tr>
<tr>
<td>NSW government other</td>
<td>2</td>
<td>Neutral</td>
<td>2</td>
</tr>
<tr>
<td>UNSW</td>
<td>2</td>
<td>Neutral</td>
<td>2</td>
</tr>
<tr>
<td>Private industry</td>
<td>2</td>
<td>Neutral</td>
<td>2</td>
</tr>
</tbody>
</table>

Question 9 (asks to write what “other” was if chosen as an option in answer to the multiple-choice question “How did you find out about the HUDC?”)

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of comments</th>
<th>Number of different individuals commenting</th>
<th>Positive / Negative / Neutral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through a University</td>
<td>5</td>
<td>5</td>
<td>Neutral</td>
</tr>
<tr>
<td>Involved in its development</td>
<td>4</td>
<td>4</td>
<td>Neutral</td>
</tr>
<tr>
<td>I am a member of a policy advice collaborative via Queensland Health</td>
<td>1</td>
<td>1</td>
<td>Neutral</td>
</tr>
<tr>
<td>Fairfield Health Partnership</td>
<td>1</td>
<td>1</td>
<td>Neutral</td>
</tr>
</tbody>
</table>
**Question 13** (“If you used the Checklist with other organisations, which type of organisation?”)

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of comments</th>
<th>Positive / Negative / Neutral</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council staff/Councillors</td>
<td>6</td>
<td>Neutral</td>
<td>1</td>
</tr>
<tr>
<td>Health promotion units</td>
<td>3</td>
<td>Neutral</td>
<td>2</td>
</tr>
<tr>
<td>Policy Advice Collaborative</td>
<td>2</td>
<td>Neutral</td>
<td>3</td>
</tr>
</tbody>
</table>

**Question 15** (requested comments about the associated multiple-choice question “Has the Checklist improved your understanding of the link between: health and the built environment; the planning and development process”)

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of comments</th>
<th>Positive / Negative / Neutral</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Already knew the topic well</td>
<td>7</td>
<td>Neutral</td>
<td>1</td>
</tr>
<tr>
<td>Jogs memory (good for reference)</td>
<td>3</td>
<td>Positive</td>
<td>2</td>
</tr>
<tr>
<td>Already have good knowledge but like HUDC/good reinforcement</td>
<td>3</td>
<td>Positive</td>
<td>2</td>
</tr>
<tr>
<td>Difficult to tailor to Queensland needs</td>
<td>3</td>
<td>Negative</td>
<td>2</td>
</tr>
<tr>
<td>Too broad</td>
<td>2</td>
<td>Negative</td>
<td>5</td>
</tr>
</tbody>
</table>

**Question 20** (asks for comments associated with the multiple-choice question “How easy was the Checklist to use?”)

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of comments</th>
<th>Positive / Negative / Neutral</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liked the design</td>
<td>7</td>
<td>Positive</td>
<td>1</td>
</tr>
<tr>
<td>Wordy/Repetitive/Too long</td>
<td>3</td>
<td>Negative</td>
<td>2</td>
</tr>
<tr>
<td>Not enough rural relevant, is metro-centric</td>
<td>3</td>
<td>Negative</td>
<td>2</td>
</tr>
<tr>
<td>Too general</td>
<td>2</td>
<td>Negative</td>
<td>4</td>
</tr>
<tr>
<td>Too much overlap between chapters</td>
<td>2</td>
<td>Negative</td>
<td>4</td>
</tr>
</tbody>
</table>

**Question 21** (asked to explain answers to the multiple-choice question “In relation to using the checklist to provide input into PPPS, please rate the following characteristics: usefulness; relevance; appropriateness”)

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of comments</th>
<th>Positive / Negative / Neutral</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government document lends the Checklist credibility</td>
<td>3</td>
<td>Positive</td>
<td>1</td>
</tr>
<tr>
<td>Difficult to apply to Queensland</td>
<td>3</td>
<td>Negative</td>
<td>1</td>
</tr>
<tr>
<td>Provides consistency of response and analysis</td>
<td>2</td>
<td>Positive</td>
<td>3</td>
</tr>
<tr>
<td>Easy to use</td>
<td>2</td>
<td>Positive</td>
<td>3</td>
</tr>
<tr>
<td>Too high level - Need more detailed/technical advice</td>
<td>2</td>
<td>Negative</td>
<td>3</td>
</tr>
</tbody>
</table>
Question 22 (asked to provide comments in relation to their answer to multiple-choice question “In comparison to other methods you have used in the past to assess or produce PPPS, how does the checklist compare: improves the process; improves the outcomes”)

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of comments</th>
<th>Positive / Negative / Neutral</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Still find it difficult for health to influence planning</td>
<td>3</td>
<td>Negative</td>
<td>1</td>
</tr>
</tbody>
</table>

Question 24 (“What did you particularly like about the Checklist?”)

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of comments</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liked the design</td>
<td>30</td>
<td>1</td>
</tr>
<tr>
<td>Liked links to reference/evidence/leading practice</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Easy to read/understand/use</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Is a good reference</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Is a good resource</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Good summary/concise</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Government document lends the Checklist credibility</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Comprehensive</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>General positive praise</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Relevant</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Good for educating health staff</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Good for introducing health lens to non-traditional partners</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Fills a need for a resource of its kind</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Prompts methodology for consistent analysis and response</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Good questions table</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Good on planning system</td>
<td>2</td>
<td>10</td>
</tr>
</tbody>
</table>

Question 25 (“What did you particularly dislike about the Checklist?”)

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of comments</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too long</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>Too General</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Not enough on rural/too metro specific</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Requests for Queensland version</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Not strong enough on Environmental health issues of industrial developments</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>
**Question 26** (“Please list any suggestions you have for improving the Checklist”)

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of comments</th>
<th>Positive / Negative / Neutral</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs updating of planning system section</td>
<td>3</td>
<td>Negative</td>
<td>1</td>
</tr>
<tr>
<td>Less focus on metro/Sydney, more rural</td>
<td>3</td>
<td>Negative</td>
<td>1</td>
</tr>
<tr>
<td>Needs a summary</td>
<td>2</td>
<td>Negative</td>
<td>2</td>
</tr>
<tr>
<td>Suggest more links to resources/websites/other guidelines</td>
<td>2</td>
<td>Negative</td>
<td>2</td>
</tr>
<tr>
<td>Suggest wider distribution</td>
<td>2</td>
<td>Negative</td>
<td>2</td>
</tr>
<tr>
<td>Need to try and influence LC’s, esp rural, to use</td>
<td>2</td>
<td>Negative</td>
<td>2</td>
</tr>
</tbody>
</table>

**Question 27** (asked to indicate how they promoted the HUDC if they answered yes to the question “Have you ever recommended the HUDC to anyone, or otherwise promoted it?”)

<table>
<thead>
<tr>
<th>Themes – by method of informing others of HUDC</th>
<th>Number of comments</th>
<th>Number of different individuals commenting</th>
<th>Positive / Negative / Neutral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Via word of mouth</td>
<td>11</td>
<td>11</td>
<td>Neutral</td>
</tr>
<tr>
<td>Sent or gave hard copies of HUDC</td>
<td>9</td>
<td>9</td>
<td>Neutral</td>
</tr>
<tr>
<td>Method unstated</td>
<td>9</td>
<td>9</td>
<td>Neutral</td>
</tr>
<tr>
<td>Sent a link</td>
<td>2</td>
<td>2</td>
<td>Neutral</td>
</tr>
<tr>
<td>Listed as reference in document</td>
<td>2</td>
<td>2</td>
<td>Neutral</td>
</tr>
<tr>
<td>Via a presentation</td>
<td>1</td>
<td>1</td>
<td>Neutral</td>
</tr>
<tr>
<td>Listed as reference for processes</td>
<td>1</td>
<td>1</td>
<td>Neutral</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Themes – by whom informed of HUDC</th>
<th>Number of comments</th>
<th>Number of different individuals commenting</th>
<th>Positive / Negative / Neutral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Others who work within this field</td>
<td>13</td>
<td>13</td>
<td>Neutral</td>
</tr>
<tr>
<td>Colleagues</td>
<td>10</td>
<td>10</td>
<td>Neutral</td>
</tr>
<tr>
<td>General/unstated</td>
<td>9</td>
<td>9</td>
<td>Neutral</td>
</tr>
<tr>
<td>Working within group</td>
<td>1</td>
<td>1</td>
<td>Neutral</td>
</tr>
<tr>
<td>To peers</td>
<td>1</td>
<td>1</td>
<td>Neutral</td>
</tr>
</tbody>
</table>

**Question 29** (“Do you have any further comments about the HUDC?”)

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of comments</th>
<th>Positive / Negative / Neutral</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive praise</td>
<td>8</td>
<td>Positive</td>
<td>1</td>
</tr>
<tr>
<td>Needs updating</td>
<td>4</td>
<td>Negative</td>
<td>2</td>
</tr>
<tr>
<td>Need legislative support for this and other guidelines</td>
<td>2</td>
<td>Negative</td>
<td>3</td>
</tr>
<tr>
<td>Fear that HUD issue will fall off agenda</td>
<td>2</td>
<td>Negative</td>
<td>3</td>
</tr>
</tbody>
</table>
Appendix B – HUDC Evaluation Survey

Following is a typed version of the online survey. It is slightly different as it is in this different form. All questions are listed here, however in undertaking the survey some questions may be skipped due to the logic of the online survey (i.e. in a hypothetical questionnaire, if a person is on question 4 and answers ‘no’ to the question the online survey logic may take them to say question 8, but if they answer ‘yes’ they may continue onto question 5). For this reason some questions appear repeated (e.g. questions 6 and 8 below), however they are being asked of different people depending on how they answered an earlier question.

THE SURVEY

Participant Information Statement and Consents

You are invited to participate in an evaluation of the Healthy Urban Development Checklist (HUDC) by undertaking this online survey. We anticipate that it will take you 5-10 minutes to complete.

We hope to learn about the reach of the HUDC and about people’s use of the HUDC, with a view to improving the HUDC and increasing its uptake.

We do not anticipate any risks to yourself or your organisation as a consequence of completing this survey.

Confidentiality and disclosure of information

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or except as required by law. If you consent by undertaking the online survey, we plan to discuss, analyse, and report on the results. This report shall be made publicly available, and shall be sent to those individuals or organisations which do or may utilise the HUDC, including NSW Health and other NSW government agencies, local councils, and selected developers. In addition, the information may be used for relevant conference presentations or for publication in peer reviewed publications if the results are considered significant enough for such uses. The purpose of these publications would be to share our knowledge about tools to increase healthy urban developments with the broader health and development communities. In any documents or publications resulting from this survey, information will be provided in such a way that you cannot be identified.

Your consent

Your decision whether or not to participate will not prejudice your present or future relationship with Population Health, South Western Sydney Local Health District, NSW Health or any other institution cooperating in this study. If you decide to participate, you are free to discontinue your participation at any time without prejudice.

If you have any questions, please feel free to ask us. Dr Klee Simpson will be happy to answer them, and can be contacted at ksmp@doh.health.nsw.gov.au, or on (02) 9612 0706.

Any complaints may be directed to the Ethics Secretariat, South Western Sydney Local Health District, Locked Bag 7017, LIVERPOOL BC, NSW, 1871 (phone 9612 0614, fax 9612 0611, email research.support@swslhd.nsw.gov.au).

You are now making a decision whether or not to participate. Undertaking the online survey indicates that, having read the information provided above and in the invitation email, you have consented to participate in this evaluation.

1. Do you want to continue on to the survey?
   • Yes – continue to survey
   • No, I don’t want to do the survey
Welcome

Thank you for taking the time to do the Healthy Urban Development Checklist Evaluation Online Survey, we appreciate it.

Please answer as many of the questions as you can. The questions with an asterisk (*) next to them are mandatory, and need to be answered to move forward to the next question.

Your Details

*2. In which state or territory do you work?
   - Australian Capital Territory
   - New South Wales
   - Northern Territory
   - Queensland
   - South Australia
   - Tasmania
   - Victoria
   - Western Australia
   - Another country (please specify)

*3. Please choose the option that best describes where your position sits
   - Other
   - Government health agency
   - Other government agency (planning, housing, transport etc)
   - Local government
   - Private developer
   - Private Planning organisation
   - Non government organisation – health
   - Non government organisation – other
   - Private consultancy
   - Academia
   - Private health organisation

If you work for an organisation, what is the name of that organisation?

4. Which description best describes the area of health you work in?
   - Population Health
   - Health Protection
   - Health Promotion
   - Community Health
   - Primary Health
   - Acute Health (non-clinical)
   - Acute Health (clinical)
   - Other

If other, please describe
5. Do you ever provide comments or other input to development plans, proposals, policies, or strategies?
   • Yes
   • No

*6. Are you aware of the Healthy Urban Development Checklist?
   • Yes
   • No

7. Do you ever work on development plans, proposals, policies, or strategies?
   • Yes
   • No

*8. Are you aware of the Healthy Urban Development Checklist?
   • Yes
   • No

9. How did you find out about the Healthy Urban Development Checklist?
   • I received an email about it
   • I was sent a hardcopy of it
   • Conference/Seminar
   • Work/colleagues
   • Friend
   • Internet
   • Other

*10. Have you read the Healthy Urban Development Checklist, either in part or in its entirety?
   • All or most
   • Part(s)
   • No

*11. Have you used the Healthy Urban Development Checklist?
   • Yes
   • No

**Use of Checklist**

12. For what purpose(s) did you use the Checklist? (tick as many as appropriate)
   • To develop a plan, policy, or strategy
   • To directly contribute to a planning or development policy or process
   • To provide comments on a draft local government plan (e.g. master plan, environmental plan, or development plan)
   • To provide comments on a draft state or regional development plan
   • To provide comments on a draft plan for a community or urban regeneration or renewal project
   • To provide comments on a draft private sector plan (e.g. master plan or development plan)
   • To provide comments on a draft state or regional planning-related policy or strategy
   • To inform others about the range of factors that need to be considered in healthy urban developments
   • Other

If other, please specify
13. When you used the Checklist, was it:
   • On your own?
   • With other people in your organisation?
   • With people from other organisation?
   • If other organisations, which type of organisations (e.g. councils, developers, health promotion units)?

14. Has the use of the Checklist created opportunities to work with other organisations?
   • Yes
   • No

15. Has the Checklist improved your understanding of:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>The link between the built environment and health?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The planning and development process?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any comments?

16. Has using the Checklist improved your confidence in responding to development plans, policies and/or proposals?
   • Yes
   • No
   • Unsure

17. Has using the Checklist improved your confidence in incorporating health promoting features into the development plans, proposals, policies or strategies which you work on?
   • Yes
   • No
   • Unsure

18. Which types of organisations or people have you worked with as a result of using the Checklist?
   • Government Health agency
   • Government Planning agency
   • Government Housing agency
   • Government Transport agency
   • Government developer
   • Local Government agency
   • Private developer
   • Private planning organisation
   • Consultant
   • Academic
   • Non Government Organisation-health
   • Non Government Organisation-other
   • Other organisation

If other organisation, please specify
19. On average, for each project of which you used the Checklist, please estimate the length of time that the people in your organisation (total person hours) spent using it?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Less than 2 hours</th>
<th>2-4 hours</th>
<th>4-10 hours</th>
<th>More than 10 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Going through the checklist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing a report or response</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20. How easy was the Checklist to use?

- Very
- Somewhat
- Not very
- Not at all

Any comments?

21. In relation to using the checklist to provide input into development strategies, plans, policies and proposals, please rate the following characteristics:

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Very</th>
<th>Somewhat</th>
<th>Not very</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usefulness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relevance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriateness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please explain your responses

22. In comparison to other methods you have used in the past to assess or produce development policies, plans, or proposals, how does the Checklist compare?

<table>
<thead>
<tr>
<th>Comparison</th>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved the process</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improves the outcomes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any comments?
23. We’d like to know how useful you found the various parts of the checklist. Please rate each of the following features in terms of their helpfulness to you during your assessment of the policy, plan or proposal.

<table>
<thead>
<tr>
<th>Feature</th>
<th>Very helpful</th>
<th>OK</th>
<th>Not helpful</th>
<th>Unsure/didn’t use</th>
</tr>
</thead>
<tbody>
<tr>
<td>The introductory chapters (1-3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The planning system (ch.4)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>How to use this checklist (ch.5)</td>
<td></td>
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<tr>
<td>Pre-checklist activities (ch.6)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Healthy food (ch.7)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Physical activity (ch.8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing (ch.9)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transport and physical connectivity (ch.10)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality employment (ch.11)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community safety and security (ch.12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public open space (ch.13)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social infrastructure (ch.14)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social cohesion and social connectivity (ch.15)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environment and health (ch.16)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific contexts (ch.17)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beyond a checklist (ch.18)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glossary (ch.19)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checklist Summary form (App. 1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy Urban Development Advice (App.2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Within the Checklist chapters 6-17:**
- ‘Relevance to NSW’
- ‘Key evidence and leading practice’
- Dividing the questions into principle based (unshaded) and urban form (shaded) groups
- The specific questions
- ‘Further information’

24. What did you particularly like about the checklist? (E.g. what influenced your answers to the previous question)

25. What did you particularly dislike about the checklist?

26. Please list any suggestions you have for improving the usefulness of the checklist.

27. Have you ever recommended the Health Urban Development Checklist to anyone, or otherwise promoted it?
   - Yes
   - No
   - No, but I would
   If yes, please indicate how it was promoted

28. Would you use the checklist again?
   - Yes
   - No
   If no, please explain why?

29. Do you have any further comments about the Healthy Urban Development Checklist?