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Health Impact Assessment: Its role in regeneration

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Introduction

How can the health of people living in deprived communities be influenced by programmes, policies, or projects, which actively seek to regenerate those communities? How can such activities be amended so that people affected can experience more positive health impacts, and fewer negative health impacts? Health Impact Assessment (HIA) is based on a holistic understanding of 'health'; one that considers the wider determinants of health, such as housing, environment and working conditions. In light of this, HIA can, and should, play a crucial role in any regeneration activities. The idea of a broader and more holistic understanding of health runs alongside the increasing significance of 'well-being'. This term is used to describe a contented state of being happy, healthy and prosperous. Well-being powers were issued to local authorities under the Local Government Act 2000[1] to provide or improve the economic, social or environmental well-being of their area. The new powers are wide ranging and enable local authorities to improve the quality of life, opportunity, and health of their local communities. With this responsibility to promote well-being, and also the broader place-shaping agenda, local authorities and other public sector bodies are under increasing obligation to nurture 'healthier places'; both in terms of individuals' physical health, and the wider factors such as housing, employment opportunities and environment conditions that make for a healthy community. This Local Work seeks to explain the valuable role that HIA, as a methodology, can play in promoting the health benefits of regeneration activities through:

- exploring our understanding of 'health' and its wider determinants;
- summarising the Merseyside Guidelines for undertaking HIA;
- highlighting key findings from a HIA case study of Kingsway Business Park;
- offering personal reflections on the opportunities and challenges of carrying out HIA.

[1] http://www.opsi.gov.uk/Acts/acts2000/ukpga_20000022_en_1

'Health' and its wider determinants

Traditionally health has been defined as the absence of disease or illness. By this definition, healthy communities have lower levels of disease or illness (such as coronary heart disease, cancers or stroke) than unhealthy communities. This definition of health is often termed the 'biomedical model', and came to dominate our understanding of health and health care for much of the 20th Century. The goal of healthy public policy making, in accordance with the biomedical model, is to eradicate illness and disease within the population through the development of new and effective drug therapies, such as insulin and antibiotics. This assumption that the pharmaceutical industry could provide the answers for all conditions has historically exerted a powerful influence upon the UK's health and social care system. Indeed the architect of the UK's Welfare State, Sir William Beveridge, asserted at the birth of the NHS in 1948, that once illness had been eradicated, the actual need for a national health service would decrease over time. UK health policy has been developed, in accordance with this approach, through measures such as mass immunisation, health education and provision of safe food and clean drinking water in order to further disease prevention.

However, the biomedical model has been criticised for its limited capacity to explore health outcomes due to its complete emphasis upon comparative death rates and the frequency with which objectively assessed disease or illness is recorded within the population. A more satisfactory 'social model' of health emphasises economic, social, environmental and psychological factors that influence health at the population level, and it is this model that underpins HIA. The social model of health emphasises the importance of general socio-economic, environmental, cultural, housing and working conditions, particularly in seeking to reduce existing health inequalities within the population[2]. In addition, the effect of unequal income distribution within the population on poorer health outcomes has also been highlighted[3]. Similarly both the Black Report[4] and the Acheson enquiry into health inequalities in the UK[5] have served to demonstrate the very powerful influence that living conditions have on population health.

As such, the social model of health asserts that major improvements in the health of populations are more likely to be achieved through interventions in economic, industrial, housing, transport, education and other areas (i.e. so-called 'wider determinants of health') than NHS-specific areas.

The following random examples illustrate the potential health effects of some of these wider determinants of health:

- poor housing conditions affected by damp, condensation and mould can increase the incidence of asthma, bronchitis and other respiratory problems;
- traffic congestion can produce higher levels of air pollution, particularly in urban areas, which may exacerbate respiratory diseases, such as asthma. It can also create accident hazards, and become a source of noise pollution.

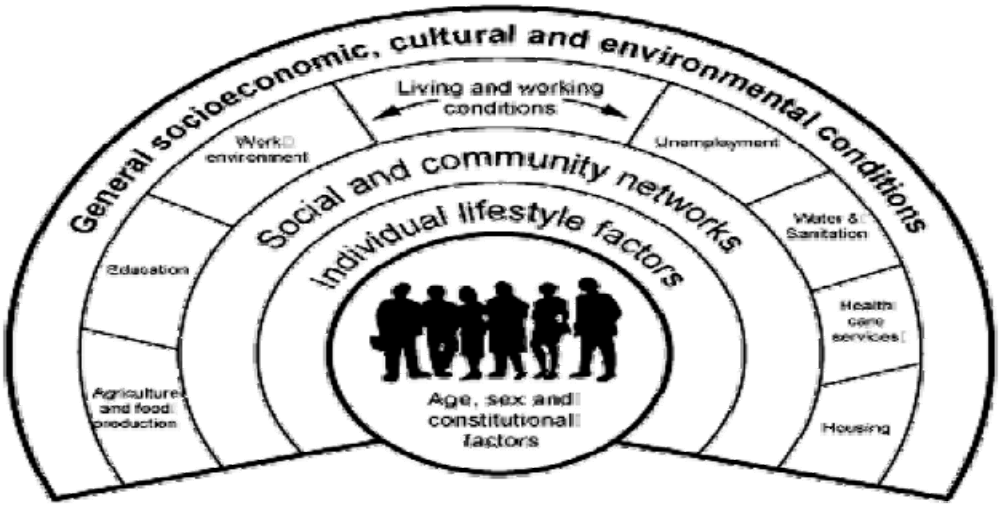
Health also has a significant impact on individuals' working life. Dame Carol Black's recent review of the health of Britain's working age population[6], published in March 2008, considered the human, social and economic costs of impaired health and well-being. With clear benefits for individuals, communities and the economy, reducing worklessness and raising the employment rate is one of the government's key priorities. The report argued that occupational health must be widened, to improve not only health at work, but also to help people who have not yet

[2] Whitehead, M. *Tackling Inequalities: A Review of Policy Initiatives.* In Benzeval, M et al (eds) *'Tackling Inequalities in Health'* London: Kings Fund (1995)
[3] Wilkinson, R. *Unhealthy Societies: The Afflictions of Inequality.* London: Routledge (1996)
[4] Black, D., Morris, J.N., Smith, C. & Townsend, P. *Inequalities of Health: The Black Report* London: Penguin (1980)
[5] Acheson, D. *Independent Inquiry into Inequalities in Health: Report* London: The Stationery Office (1998)
[6] Black, C. *Working for a healthier tomorrow* London: The Stationary Office (2008)
http://www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf

found work, or who have become workless, to enter or return to work. Dame Black also recognised the impact of social and environmental factors on health, and as such argued that the delivery of healthcare needs to be sensitive to the patient's circumstances in the home, at work and in society.

The endorsement of the social model approach to health accords strongly with the World Health Organisation (WHO) definition of health as '*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*'[7]. Dahlgren and Whitehead have developed a useful model which demonstrates the different spheres of influence upon the health of the population (see fig 1 below)[8]. At the nucleus of the model is the individual, whose sex, age and constitutional factors (i.e. genetic make-up) is fixed and cannot be altered. Individual lifestyle factors, such as smoking, excessive alcohol consumption, poor diet and inadequate physical activity can have a detrimental impact upon the individual's quality of life. Social and community networks, including close family ties, social and neighbourhood relations can have a positive influence on an individual's / community's quality of life. Beyond these inner strata exist a wide range of diverse economic, social and environmental conditions that are entirely beyond the influence of the individual, yet exert extremely profound impacts upon the community's health and well-being. It is important to note that health care services have a relatively weak influence on the health of the population in comparison with these broader socio-economic, cultural and environmental categories of influence.

A Socio-Environmental Model of Health Determinants (Fig 1)



What is Health Impact Assessment?

There are various definitions of HIA. The World Health Organisation (WHO) defines it as '*a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of the population, and the distribution of effects within the population*'[9]. HIA is, therefore, concerned with the health of the population, and attempts to predict the future consequences of decisions (which can impact upon the population's health) that have yet to be implemented. HIA should, therefore, be carried out prospectively, so that modifications to policies, programmes or projects can be carried out in a timely and constructive manner.

[7] World Health Organisation Constitution WHO Geneva (1946)
[8] Dahlgren, G. & Whitehead, M. *Policies and Strategies to Promote Social Equity in Health* Stockholm: Institute for Future Studies (1991)
[9] WHO European Centre for Health Policy *Health Impact Assessment: Main Concepts and Suggested Approach* Gothenberg Consensus Paper (1999)

The aim of HIA is to influence decision-making so that policies, projects and programmes lead to improved population health (i.e. have a positive health impact) or do not damage the health of the population (i.e. have a negative health impact). Ultimately HIA seeks to develop recommendations which can enable positive health gains to be maximised, whilst mitigating negative health impacts. Barnes and Scott-Samuel[10] have highlighted three key strengths of HIA for developing healthier public policy-making:

1. HIA informs policy decisions by providing a valid and explicit assessment of their potential health impacts;
2. HIA adds health awareness to policy-making at every level;
3. HIA makes concern for improving public health the norm within public policy development.

Within the UK, central government has shown considerable encouragement for the development of HIA within national policy-making agendas. The white paper *'Saving Lives: Our Healthier Nation'*[11] referred to the need to undertake HIA of both national and local policies. Similarly, consultative documents on public health strategy for both Scotland[12] and Wales[13] have concurred with this view. Furthermore, the Acheson inquiry[14] also proposed HIA as a means of identifying and addressing the needs of vulnerable groups through health inequalities impact assessment.

Key principles underpinning HIA approach to healthier public policy-making

HIA provides a tool that enables informed policy decisions to be made based on a valid assessment of their potential health impacts, whilst adding valuable health awareness to policy making at every level. It is based upon some key principles:

- *a social model of health and well-being* – this model of health recognises that the well-being of individuals and communities is determined by a range of economic, social and environmental influences;
- *an explicit focus on equity and social justice* – in this context, equity has a moral and ethical dimension, so that there is an emphasis on not increasing, and where possible reducing, existing health inequalities;
- *a multidisciplinary, participatory approach* – HIA draws on the experience and expertise of a wide range of stakeholders. These may include professionals with expert knowledge relevant to the issues being addressed, key decision makers, voluntary organisations and community representatives whose lives will be affected by the policy;
- *the use of qualitative and quantitative evidence* – HIA involves an evaluation of quantitative, scientific evidence, but also recognises the importance of more qualitative information. This can include the opinions, experience and expectations of people most affected by public policies. It tries to balance various types of evidence.

Types of Health Impact Assessment

It is important to recognise that although healthy public policy-making is a widely accepted principle, there is no single definitive method for carrying out HIA[15]. Various methods have been developed for carrying out HIA, although it is felt that there will always be an important element of flexibility in HIA methodology given the variety of policies, programmes and projects to which HIA is applied. In the words of a leading commentator, HIA will never become rigidly

[10] Barnes, R. & Scott-Samuel, A. *Health Impact Assessment: A Ten Minute Guide* International Centre for Health Impact Assessment, University of Liverpool (2000)
[11] Secretary of State for Health *'Saving Lives: Our Healthier Nation'* London: The Stationery Office (1998)
[12] Secretary of State for Scotland *'Working Together for a Healthier Scotland'* Cm3584. Edinburgh: The Stationery Office (1998)
[13] Secretary of State for Wales *'Better Health – Better Wales'* Cm 3922 London: The Stationery Office (1998)
[14] ibid
[15] Lock, K. *Health Impact Assessment* British Medical Journal 320, pp1395-1398 (2000)

uniform, as '*each HIA is uniquely located in time, space and local conditions*'[16]. Nonetheless common to all HIA approaches are the following key stages: screening; scoping; appraisal; decision-making; monitoring and evaluation. The Merseyside Guidelines for HIA[17] are the best known within the UK. The Merseyside Guidelines differentiate between procedures and methods, explaining that the HIA framework is a procedure and the methods represent the ways that an appraisal might be undertaken. For further information on the Merseyside Guidelines, see Appendix 1.

There are a number of different types of HIA that can be carried out, which this Local Work will now go on to set out:

- ***Comprehensive HIA***
  The Merseyside Guidelines (see Appendix 1) are designed for comprehensive HIA prior to the implementation of policies, projects or programmes. Clearly such assessments tend to require the collection of new data, significant involvement and consultation with a wide range of stakeholders, systematic reviews of existing evidence and secondary analysis of existing data. The process can take several months, require specialist skills, and demand significant resources. The financial costs of undertaking HIA dictate the need to screen potential candidate projects, but also to have a range of methods available according to the depth of analysis required. However, a rapid or an intermediate HIA may be more suitable given the reduced costs involved and time needed to carry out the assessment.

- ***Intermediate HIA***
  An intermediate assessment uses readily accessible and routinely collected data but can also involve a literature search for appropriate evidence and indicators. This work may be combined with a workshop for interested parties that uses and/or sets the specification for the data collected.

- ***Rapid HIA***
  A rapid assessment can be done in roughly half a day by a group of informed people using their judgement. Any evidence used will be from existing sources, such as local authority and health statistics or local evaluations and from the experiences of those making the assessment. Information will be needed on which groups of people are being targeted for the assessment (younger people, older people, ethnic minority communities etc) and on the design and operation of the policy, program or project being assessed. A rapid HIA can "score" a number of options for their health impact and help to identify gaps and ways to improve health outcomes at little cost. One of the outcomes of rapid appraisal may be recognition of the need for a more substantial assessment.

Case Study of Intermediate HIA: Kingsway Business Park

Introduction

Kingsway Business Park (henceforth referred to as 'Kingsway') will be one of the largest in the UK, and will be situated in Rochdale. It will cover an area of 170 hectares, which is roughly equivalent to half the size of Manchester city centre. It will house 285,000 square metres of industrial units, and 27,000 square metres of office space. This will create a diverse range of office, industrial and warehousing accommodation. In addition, more than 22,000 square metres of space has been allocated for retail, hotel and conferencing facilities. There will also be a substantial leisure and service sector, comprising food and drink / childcare facilities.

It is intended that Kingsway will create in excess of 7,000 jobs over the course of its development. Its key strategic location between the North of England's main cities (Manchester, Leeds and Liverpool) means that Kingsway will not be more than an hour's travelling distance

[16] Scott-Samuel, A. *Methods for Prospective Health Impact Assessment of Public Sector Policy.* In Department of Health, *Health Impact Assessment: Report of a Methodological Seminar* London: Department of Health pp61-75 (1999)
[17] Scott-Samuel, A., Birley, M., Arden, K. *The Merseyside Guidelines for Health Impact Assessment*. Second Edition (May 2001)

from these major commercial centres. With approximately 8 million people living within an hour's drive from Kingsway, it is intended that employers will have ready access to a multi-skilled workforce.

Methodology

This HIA was largely based upon a desk-based analysis of the evidence-base pertaining to the key ambitions of the Kingsway development: job creation and skills / training development, particularly in relation to young people. It can perhaps best be described as an Intermediate HIA. The scope of this HIA has, therefore, focused specifically on two areas which were felt to have the greatest capacity to directly impact upon local communities:

- opportunities for creating employment;
- opportunities for increasing access to skills and training.

The key stages of the HIA were as follows:

1. Literature review

It was felt that all communities, particularly those experiencing socio-economic disadvantage, will benefit from Kingsway. However, it is suggested that the current generation of young people have most to gain in supporting the long-term economic and social regeneration of Rochdale through their involvement with the Kingsway development. Hence the Kingsway HIA explored recent literature concerning:

- good practice in relation to promoting skills training and apprenticeships, particularly for young people from disadvantaged groups;
- good practice in maximising the sustainability of the local environment with regard to the development of business parks, drawing upon experience from within the UK and elsewhere;
- examining the role of eco-industrialism and presenting the case for Kingsway's development as an eco-industrial business park for the promotion of a cleaner, greener and more sustainable environment;
- a review of the Environmental Impact Assessment, and consideration of any potentially environmentally harmful impacts.

2. Community health and economic profile of Rochdale

A community health and economic profile of Rochdale was carried out in relation to current levels of economic activity, as well as the skills and training levels of young people. This considered levels of economic activity, income inequalities, health outcomes, relative unemployment, low income and a ward-based analysis of multiple deprivation.

3. Training and educational profile of Rochdale

A comparative training and educational profile of Rochdale was undertaken, focused upon post-16 school performance for Rochdale, NW Region and England. In a similar vein, further analysis was carried out with regard to GCSE results, 'A'/'A/S' level results, entry into Higher Education and the proportion of 16 and 17 years olds in full-time education and work-based learning. In addition, examples of good practice in relation to promoting skills training were provided, particularly in relation to young people from minority ethnic groups, and those with disabilities and learning difficulties.

4. Key stakeholder interviews

Due to time constraints, it was not feasible to undertake interviews with lay representatives, although efforts were made to contact tenants and resident groups living adjacent to the Kingsway development. However, a depth interview was carried out with key members of the Kingsway Recruitment Team (KRT), focusing upon efforts to support marginalised groups in Rochdale access employment and training opportunities, and methods of engagement with young people.

Key recommendations

The business activities which will take place within Kingsway, and the manner in which it will become available to people living in the local community, was felt to have a potentially very positive impact upon community health and well-being. There are potentially very significant economic benefits, given the immense scale of the project, which may impact positively upon the local and regional population. Equally the provision of skills training to affected communities could also play a significant role in the degree to which disadvantaged communities gain access to such opportunities.

In the light of the Kingsway HIA, the following recommendations were made:

- Kingsway Partners should explore ways of encouraging industrial firms moving onto Kingsway Business Park to adopt sustainable eco-industrial activities in order to reduce waste and support the health of the population. This could lead to the development of protocols on eco-friendly behaviour that enables investors to function in a symbiotic manner with other industries;
- Kingsway Partners should seek to develop an ethos of Kingsway as a 'Healthy Business Park', so that it may become an exemplar to which other similar initiatives may aspire. This would involve firms moving onto Kingsway Business Park explicitly committing themselves to supporting a Health Charter (endorsed by Heywood, Middleton & Rochdale PCT), which would require them to encourage health-promoting activities amongst their workforce. This could include provision of subsidised leisure facilities, and encouraging participation in smoking cessation and healthy eating;
- Kingsway Partners should require firms moving onto Kingsway Business Park to monitor and record their staff intake in terms of their lifestyle, social circumstances (including area of residence and benefit status), so that tangible changes may be recorded longitudinally with regard to the health status of those recruited to Kingsway;
- educational institutions and training providers should ensure that inclusive training practices are adhered to, and that principles of equity, equality, diversity and widening participation become the cornerstone of policy development across all training providers. This involves developing clear and effective policies for engaging young people, providing improved monitoring and support, providing adequate financial resources and collaborating effectively with partner organisations;
- training providers need to follow best practice in brokering apprenticeships for young people placed with firms in Kingsway. This involves working closely with employers, tackling discriminatory practice where it occurs and incorporating the key learning points from good practice;
- training providers need to ensure good practice is followed in relation to planning apprenticeships, ensuring proper selection, induction, managing learning plans, reviewing programmes and enhancing progress and employability.

Personal reflections on the opportunities and challenges of carrying out HIA

In recent years, I have carried out various HIAs of public transport initiatives, crime prevention programme and NHS service provision. The following summarises some general observations from my involvement with HIA:

- ***The need for a flexible methodological approach***

  It is vital that HIA practitioners and commissioners retain a flexible approach to the methods used in carrying out HIA. The diversity of policies, programmes and projects and the varied kinds of quantitative and qualitative evidence means that there can never be a single agreed method, although the HIA Steering Group can play a valuable role in supporting and advising HIA practitioners in this regard, based upon their insight and experience. This lack of absolute clarity around the methodological approach can be a source of concern for commissioners, yet the inherent strength of HIA lies in its adaptability to diverse policy, programme and project arenas. An overly rigid approach could mean that

more subtle implications of policy, project or programme activities might not be included within the assessment.

- ***Exploring and weighting different kinds of evidence***
  It is important that different kinds of evidence is weighted in accordance with the policy, project or programme under investigation. Hence varying levels of attention needs to be placed upon the literature review or community health profile, depending upon the kind of information that is required to inform the HIA. In some HIAs, the relationship between health determinants and population health outcome (such as the positive health benefit arising from increased levels of employment, or reduced income inequalities) is more generally understood. However, in other HIAs, there needs to be a greater emphasis upon exploring relevant literature that does not generally lie within the public domain. Hence the HIA case study summarised in this Local Work, which has focused upon the potential impacts of Kingsway Business Park, required a specific emphasis on the development of eco-industrial practices and projected impacts upon the health of the surrounding population through promoting cleaner use of industrial technologies.

- ***Supporting the lay perspective within HIA***
  HIA is geared towards bringing together both the professional and lay perspective. However, due to budgetary constraints and the time needed to collate and analyse primary data, the lay perspective can sometimes appear less valuable and consequently more dispensible. It is vital, however, that the voice of lay communities is brought to bear, as their insight into the practical barriers to accessing public health improvements arising from policies, programmes and projects is invaluable. In addition, it is particularly pertinent that particular attention is placed upon obtaining the views of disadvantaged communities within the population affected (such as disabled people, those in receipt of low incomes, black and minority ethnic groups, single parent families) whose voices are not traditionally considered within policy-making forums. Consequently where primary evidence cannot be gathered due to time or budgetary constraints, it is vital that secondary evidence be reviewed and scrutinised.

- ***Recognising the politics of HIA***
  Who has ownership of HIA? Working with a range of organisational and community stakeholders in a collective effort to explore health impacts can be a challenging process. There can be a lack of confidence on the part of different groups of stakeholders in relation to the activities of others, and members of the Steering Group itself may lack confidence in their role, or differ in how they perceive the public health implications of the activity under discussion. However, HIA can play a powerful role in increasing levels of understanding among different stakeholders of each other's role, as well as informing stakeholders about public health issues and the role which they can play in enhancing the health of their population. The process of developing understanding of how apparently non-health activities can have a direct bearing upon the health of the community is invaluable, and lies at the heart of HIA.

Appendix 1: The Merseyside Guidelines

The key stages of the Merseyside Guidelines, which are common to most HIA methods, are as follows:

Screening
This involves selecting appropriate policies or projects for assessment, in order to make most effective use of available resources. This short process considers whether the policy, project or programme is likely to affect population health, and if so, what depth of HIA is required.

Establishing a Steering Group and agreeing Terms of Reference (TOR)
Following screening and project selection, a multi-disciplinary Steering Group is then established to agree the Terms of Reference (TOR) of the HIA, as well as to offer advice and support as it develops. Membership includes commissioners of the HIA, those carrying out the HIA and lay representatives of affected communities. Deciding the TOR involves agreeing upon the methods used in the assessment, the form and content of the HIA's outputs, the scope of the work (i.e. what is to be included, and the limits of the HIA in space and time) and funding for the HIA.

Carrying out the HIA: Key methodological steps
A variety of components can make up HIA methodology, and these are summarised as follows.

1. ***Policy analysis***
   Policy analysis helps to explore the socio-political and economic context in which the policy, project or programme is to be implemented. A literature review can form a very valuable part of a HIA in helping to examine wider considerations that may influence the outcome of the policy, project or programme.

2. ***Profiling of affected areas / communities***
   Profiling areas and communities likely to be affected by the project using relevant available socio-demographic and health data is vital for interpreting how the policy, programme or project will affect the local population. This data can include statistical evidence on health outcomes, crime and disorder, educational attainment, relative multiple deprivation and/or a variety of other data. Vulnerable and disadvantaged segments of the population require particular consideration in order to bolster the health inequalities element of the impact assessment. Affected communities may be defined by gender, ethnicity, income, educational attainment, economic activity or other socio-economic activity.

3. ***Stakeholders and key informants***
   Broad participation is required for a comprehensive picture of potential health impacts to be established. The views of key informants (i.e. those with expert knowledge) and representatives of local communities (who will be directly affected by the initiative) are vital. This is to ensure that local concerns are addressed, and also for ethical reasons of social justice. The views of decision-makers, key interest groups and proponents of the initiative should also be sought. Various methods of data collection may be used, including semi-structured interviews and focus group discussions. Secondary survey data from previous studies may also be helpful in this regard.

   The views of stakeholders are considered in relation to the various determinants of health, so that perceived positive and negative impacts are recorded, together with the size of the impact and whether the risk can be defined as definite, probable or merely speculative.

4. ***Negotiating favoured options for achieving optimal health impact***
   It may be possible to assess the size of quantifiable impacts when identified by informants, or this may require a separate process of reviewing previously published evidence. All

participants should be encouraged to prioritise or rank the impacts they have identified. The Steering Group may be best placed to carry out this priority-setting exercise, although the number of priorities vary according to the size of the HIA, the importance of the initiative and the nature of the impacts identified.

In most cases, a series of options will need to be defined and explored. Formal option appraisal may be appropriate in some cases, whereas in others a less formal approach may suffice. The ultimate result will be an agreed set of recommendations for modifying the initiative in such a way that its health impacts are optimised.

5. ***Monitoring and evaluating processes and outcomes of the HIA, and providing feedback to influence continuing review***

The Merseyside Guidelines suggest continual monitoring and evaluation to observe the effects of the amended initiative over time.

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