



THE UNIVERSITY
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**Health Impact Assessment:
Measuring the Effect of Public Policy
on Variations in Health**

EXECUTIVE SUMMARY

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1. Overview of the Project

This document summarises the objectives, methods and findings from a two-year research and development project concerned with applying Health Impact Assessment (HIA) to regeneration initiatives. The research was funded under the Department of Health's Health Inequalities Research Programme and was carried out by a multi-disciplinary team at the University of Liverpool.

The objectives of this study were:

- *to consider a number of conceptual and methodological questions about HIA;*
- *to develop workable HIA methods through regeneration project case studies;*
- *to explore how regeneration impacts upon health determinants and health;*
- *to contribute to the development of the HIA evidence-base;*
- *to make recommendations for the further development of HIA in this field.*

Particular attention was paid to:

- exploring the methodological implications of variations in the timing and depth of HIA;
- assessing the health impacts of different types of regeneration activity through a series of regeneration project case studies.

Case study selection criteria included stage of project implementation, likely health determinants affected, likely access to relevant data and geographical location. There was also a stipulation that the selected schemes were examples of non-health regeneration projects.

The project-level was chosen as the scale of analysis for the case studies in order to explore the impact of specific regeneration policy interventions on health determinants and to minimise the confounding effects of multi-objective programmes. The case studies were carefully chosen to represent social, cultural, economic and environmental regeneration approaches impacting upon the following 'health determinants':

The physical environment;
Education, training and employment opportunities;
Lifestyles and behaviour;
Criminal victimisation and the fear, anxiety and stress of crime;
Social capital and community empowerment.

The case studies and the timing of the HIAs (e.g. prospective, concurrent, retrospective) was as follows:

Mainly Prospective HIA:

- Parenting 2000' - a parenting programme which aims not only to facilitate the development of parents as educators, but also, to develop the skills of those parents re-entering the job market;
- 'New Deal for Communities' Delivery Plan – a programme providing new opportunities for employment and training for local, long-term unemployed people, but also, helping in the physical regeneration of the area.

Mainly concurrent HIA:

- Improving private rented dwellings – a programme designed to improve the quality of private-rented dwellings, particularly accommodation converted for multiple occupation, usually occupied by the most vulnerable tenants;
- 'Stepping Out' – a project aiming to empower young women to make informed decisions about their future, providing alternative choices to criminal and anti-social behaviour.

Mainly Retrospective HIA

- 'Target Hardening' – the project aims to reduce the incidence of repeat burglaries to vulnerable properties by undertaking security improvements to these properties.

The methodology included:

- In-depth discussions within the research team about the nature and meaning of the underlying concepts and approaches to HIA;
- Reviews of the existing evidence base (literature and research) on the health impacts of identified interventions;
- Analysis of Delivery Plans and policy documents;
- Application of HIA procedures and specific methods to selected regeneration projects based on the Merseyside Guidelines.

The methodology enabled 'evidence' to be assembled from previous research, policy documentation, stakeholders (including identified project users) and key informants. A limited amount of quantitative analysis was undertaken on results from questionnaire surveys. Triangulation was achieved by comparing the evidence from different sources and assessing how far this corroborated and reinforced the nature, strength and direction of the identified health impacts.

2. The Health Impacts of Regeneration Approaches

Reducing Anxiety, Stress and Fear

- The health impacts of the burglary reduction initiative in Liverpool (the 'Target Hardening Project') were found to be predominantly positive. They included reductions in levels of psychological distress resulting from the burglary and health-harming coping mechanisms (e.g. increased consumption of alcohol, tobacco) together with improving confidence and self-esteem.
- 40 victims of crime, whose homes had been made more secure, were interviewed. All of those suffering sickness/dizziness, loss of appetite, depression and panic attacks following a burglary claimed, not only, that their condition improved following the installation of security measures in their homes, but also, attributed the change directly to the crime prevention measures and the greater peace of mind that these provided.
- Greater home security (e.g. window locks, door bolts, alarms) also prevented subsequent burglary, thereby, preventing the trauma and associated health impacts of being a victim of crime
- Negative health impacts were mainly thought to arise as a result of the displacement of crime and the fear and trauma associated with it into new areas or through 'crime switch' whereby offenders choose new targets (e.g. vehicles) and, thereby, create new victims (e.g. vehicle owners) whose health may be affected.
- Heightened awareness and anxiety about crime experienced by the victims' families, neighbours and the wider community, which are not being addressed by the project, can also generate negative health impacts
- There is a clear need to 'Link the Thinking' between agencies following a domestic burglary. This might include referrals by crime prevention agencies (e.g. police, Victim Support) to GPs when patients with existing health problems are victimised, and when victims suffer acute psychological distress from the burglary and to social services for vulnerable people in need of care and support, respite or longer term, to maintain their independence at home.

Altering lifestyles and behaviour/ empowerment

- Stepping Out's main impact was increasing the self-esteem of some of the young women involved in the project. Evidence from youth workers, experts in the field and the young women themselves suggested, strongly, that self esteem was closely linked to immediate positive impacts on mental health and well-being, including the development of positive self-concepts and identity, reductions in self-harm, risk-taking behaviour (smoking, alcohol, drug misuse and unsafe sex), eating disorders, anxiety and depression.
- Other important mechanisms through which detached youth work impacts upon the health of vulnerable young women were perceived to be through the development and enhancement of social networks, education and training and the securing of employment.
- Parenting 2000 's main impact (identified through an extensive literature review and interviews with stakeholders and key informants) was the potential to enhance positive parenting and to improve family relationships. A secondary pathway to influencing health determinants was through providing a gateway to other services and resources, including health, welfare rights and advisory services, through the provision of a 'one stop shop' information service. However, as the project was not specifically targeted at the most disadvantaged groups it was unlikely to reduce health inequalities. A locational profile of a sample of existing clients identified disproportionate use of the service by residents from non-deprived communities.

Modifying the physical environment

- The private rented dwellings case study suggested that regeneration initiatives tightly focussed on housing improvements might have unintended effects on a target area's demographic and social structure if rents are raised following improvements forcing existing residents out of the area. The resultant 'gentrification' might reveal improved indicators of overall health status in the target area but this will be for a 'new population' following the displacement of the most vulnerable groups into other areas.

Education, training and employment opportunities;

- The New Deal for Communities (NDC) case study concluded that the Initiative's Delivery Plan had considerable potential for impacting positively on the health of the target area's residents. In the long term, this ten-year regeneration programme could reduce the incidence of degenerative diseases such as heart disease and cancer amongst disadvantaged groups and offer substantial savings to the NHS and social services in terms of treatment and care costs.
- Significantly, the NDC HIA highlighted the very real risk of increasing social polarisation and inequalities in health in deprived areas if the Delivery Plan was only partially implemented (e.g. if outcomes relating to worklessness, education and training are met, but those relating to crime and the physical environment are not). The danger here is of selective out-migration of those becoming more competitive as a result of NDC leading to higher concentrations of people with more severe disadvantage living in increased social isolation.

Targeting and impacts on health inequalities

- It is particularly important, with regard to regeneration projects, that judgements about the size and composition of the 'affected community' (i.e. those for whom health impacts from the policy are being attributed) reflects what a project can realistically achieve. Modestly-funded social regeneration projects usually only reach a minority of those in need. Unless the search for a policy impact, (including any health impacts that can be attributed to it), is broadly proportional to the resources provided for it and their social and spatial distribution, there will be a mismatch between the scale of the policy's resources and that used to detect an impact.
- The impact of regeneration on reducing health inequalities depends on how far such programmes are likely to be/have been effective in both targeting and reaching the most deprived communities. Whilst Stepping Out reached the most vulnerable young women, Parenting 2000 appears to have assisted relative advantaged groups (e.g. higher income group parents already motivated towards 'family improvement'). By not targeting the most vulnerable families (e.g. young parents, single parents, families on low income, families under stress) the project, if successful, will widen the gap between groups of different socio-economic circumstances.

3. Conclusions

Although the research identified how different forms of regeneration impact upon health determinants and health, it also, revealed shortcomings in existing HIA approaches and techniques and identified priorities for the future.

Depth and timing of HIA

- Three of the case studies involved conducting in-depth, comprehensive HIAs. These were labour intensive and time consuming and it would not be practical, or cost effective, to undertake these routinely. There needs to be a more systematic approach for deciding the depth, timing and conduct of HIA for regeneration projects that takes into account the nature of the initiative being examined (number, complexity, timetabling and resourcing of interventions), the availability of skills, knowledge and expertise in conducting HIA, the costs, duration and likely outcomes of the HIA.
- There needs to be further consideration given to an optimal or 'value for money' HIA cost range, for example, 0.1-5% of total project/policy costs. There may be a 'law of diminishing returns' that can be applied to HIA - investment beyond a certain limit does not generate further insights into the project's health impacts.

- Prospective HIA draws heavily on the analysis of policy blue prints and delivery plans ,but generally, does not explore the health impacts of policy dynamics. Attention needs to be focussed on the dynamic inter-relationship between policy formulation, implementation, learning and revision. HIA should consider, not only the health impacts of the full implementation of policy, but also, those that arise from a partial or altered implementation. A scenario- based approach to prospective HIA of a regeneration initiative would involve making assumptions about:
 - the timetable for delivery (e.g. a slower or faster implementation for all or some of the interventions and the effect on health impacts);
 - the achievement of specific objectives (e.g. building implementation failure into the HIA and removing some objectives entirely);
 - the policy out-performing its objectives;
 - the effectiveness of the policy in reaching its intended beneficiaries (i.e. targeting is effective and all/ most intended beneficiaries are reached/ targeting is ineffective and few/none of the intended beneficiaries are helped).

Identifying affected communities

- The profiling of affected communities was problematic because of the difficulty in obtaining data for regeneration project priority areas. HIAs should move towards defining the size of the population sub-groups targeted and those served or reached by regeneration initiatives. This should include estimating the numbers reached as a proportion of all vulnerable persons within the geographical boundary of the policy under investigation

Health Inequalities Impact Assessment

- Guidelines need to be produced on how HIA can be used to identify policy impacts on health inequalities. Particular consideration needs to be given to:
 - Defining the vulnerable groups within the targeted population, that is who is most likely to be adversely affected by the health determinants the policy is trying to address,
 - Comparing these groups with the groups that are being targeted by the policy,
 - Identifying a wider population for comparison,
 - Identifying the impacts of the policy on each population sub-group,
 - Defining how this affects any health inequalities.

Acquisition and interpretation of evidence

- Evidence from systematic reviews on the effects of non-health care policies, programmes and projects on key health determinants, and their consequences for health outcomes, needs to be consolidated. One way forward would be to make available on the HDA Website, a data base of completed HIAs with links to appropriate websites, for example, the HDA's Evidence 2000 Database, the Cochrane and Campbell collaboration databases.
- Further research and development work is needed on classifying the 'strength of evidence', qualitative and quantitative and criteria for assessing the 'likelihood of impacts' arising from regeneration approaches. Clear definitions need to be produced which describe the terms used for the Probability and Measurability of impacts.

Evaluating the accuracy of HIA

- The effectiveness of the different HIA approaches, in predicting health impacts, needs to be evaluated. This could be achieved by:
 - undertaking a series of prospective HIAs on non health-care policies and projects;
 - taking a non-interventionist and dynamic policy analysis approach;
 - undertaking retrospective HIAs on the same policies and projects over appropriate periods of time;
 - comparing the predicted health impacts (from the prospective HIAs) with the observed health impacts (from the retrospective HIAs).

Organisation and delivery of HIA

- Ideally, HIA should become an integral part of the continuous monitoring and development of a policy (i.e. where it can shape a policy's progress through time). To realise this, guidelines need to be developed that describe clearly:
 - who is politically accountable for HIA being integrated into the strategic planning process;
 - how accountability is managed by local people;
 - who is responsible for the strategic co-ordination of HIA;
 - who is responsible for co-ordinating HIA delivery;
 - who is responsible for implementing recommendations from each HIA.