Developing Capacity and Capability in Health Impact Assessment across the South West of England

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This paper examines an exciting regional programme that sought to develop the capability and capacity of public health and planning professionals to engage in Health Impact Assessment (HIA) of new residential developments. Health Impact Assessment is a process by which positive and negative health impacts of planning proposals can be assessed, with a view to maximising health benefits and minimising 'disbenefits'. As development of new housing is a key priority across the Region, the need to consider how to assess health impacts of such activities is crucially important. The programme brought together planning and public health professionals from across the South West in a series of workshops, to share and spread good practice and develop knowledge and skills. Led by the WHO Collaborating Centre for Healthy Cities and Urban Policy, and funded by the regional public health group, the programme also involved the development of web-based resources, including the establishment of an on-line Health Impact Assessment repository.

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We know that the design of our settlements can have profound impacts on the health of local people and the health of the planet. Experience and evidence shows that both strategic urban form, such as the location of uses, transport and resource infrastructure, and also a myriad of detailed urban design considerations, such as building orientation, public realm design and street trees, all contribute to, or detract from, a 'healthy' outcome.

Health impact assessment is a process by which positive and negative health impacts of planning proposals can be assessed, with a view to maximising health benefits and minimising 'disbenefits'.

This article reports on an exciting regional programme of work arising from the WHO Collaborating Centre. In 2009, the Collaborating Centre was approach by the strategic regional health authority, in the face of plans for long term housing growth across the south west; plans which include new settlements, urban extensions and 'growth arcs' in existing conurbations. Progress has slowed due to the recession and details are subject to uncertainty due to withdrawal of the regional spatial strategy; this has taken an edge off the urgency but not the importance of this work.

Proposals can undergo various statutory and non-statutory impact assessments, focusing on sustainability, environmental impacts or equality. Aspects of health can be found implicitly in many of these assessments and explicitly in a few. Within the focus of proposed major regeneration, town extensions and growth areas, the south west already has exemplary examples of health impact assessment processes, such as the HIA processes applied to the Sherford Valley proposal (South Hams District Council, 2007). The task is how to spread good practice - how to develop capacity and capability for health impact assessment across the south west. Proposals can undergo various statutory and non-statutory impact assessments, focusing on, for example, sustainability, environmental impacts and equality.

Our methodology was to involve stakeholders in every part of this project. As such, we started with fundamental questions, redefining what we meant by health impact assessment, and then reviewing the wide range of health impact assessment activity occurring in the region. Participants were asked what their needs were, from which the programme of building relevant training and support developed.

For this project it was important not to restrict the use of the term 'health impact assessment' for any specific technique or process. It was used generically to refer to a wide variety of techniques that might have a role in resisting development proposals that would lead to unhealthy places to live and promoting the design of places which are healthier for people and healthier for the planet. In approaching

this challenge, we knew that it would be vital to develop a programme that could bring together planning and public health professionals from across the south west.

The first stage was to review the health impact assessment landscape in terms of what participants understood, what their experiences were and what type of work had been undertaken (Figure 1). Twenty five participants attended a workshop in Autumn 2009 as part of this stage, which also included didactic training in the basic concepts delivered by a close associate of the Collaborating Centre, Ben Cave.

The SW HIA landscape

Activity type	No.
Health/planning policy	6
HIA capacity building/training	33
HIAs completed	27
HIAs anticipated/in hand	8

Figure 1: Health impact assessment activity landscape for the southwest (includes training work, policy development as well as stand-alone impact assessments).

Health impact assessments show a wide variation in a number of essential parameters; a framework was required in order to start to identify good practice and compare like with like. Using the participants' experiences, several axis were developed to help define and start a typology (Figure2).

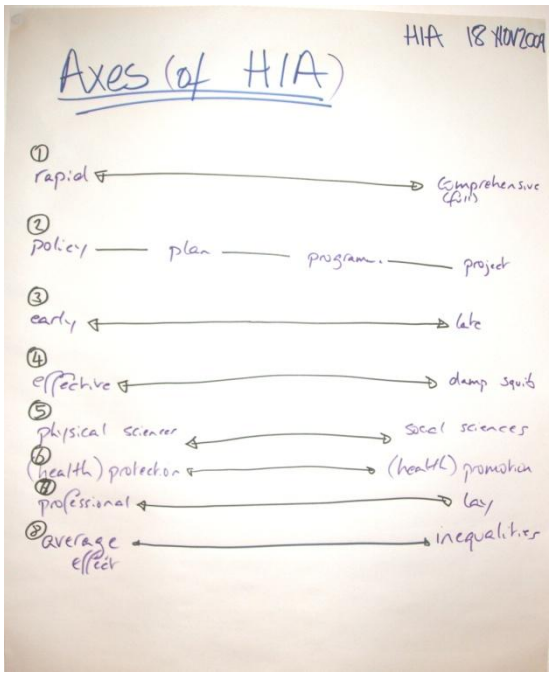

Figure 2: Axis of difference for health impact assessments. Notice the qualitative outcomes; from 'made a difference' to 'damp squib'. The 'damp squibs' can be expensive in both time and money.

The programme also involved the development of web-based resources for the southwest, including the establishment of an on-line Health Impact Assessment repository. This is a searchable web based support tool to deliver case studies, of both 'good' and 'bad' examples, to those wanting see examples of what works and what does not.

The next stage, a workshop attended by 43 participants during summer 2010, was based on the deconstruction of a celebrated good example, the Sherford Valley HIA (Cave et al, 2007). Using large aerial photos of the site, participants first got to grips with the spatial determinants of health through having to prepare a schematic design for a new development and then having to carry out a rapid health impact scoping of another group's efforts (Figure 3). This was followed by learning to use a critical appraisal tool (Winge Fredsgaard, Cave and Bond, 2009) to identify strengths and weaknesses in the published health impact assessment of Sherford Valley. Supported by the authors of the assessment and the local planning officer, valuable insights were obtained and lessons learned.

Figure 3: Participants getting to grips with designing a healthy settlement.

The final stage of the participatory learning was a workshop in spring 2011 where 45 participants were introduced to the Spectrum health assessment appraisal tool (Barton and Grant, 2008) on a 'live' proposal. The proposal was for a large urban development to the south of Exeter. The process allowed for the participants to both review the proposal against health criteria and also to feed back potential improvements and options for better health outcomes to the site promoters, designers and local planners.

The series of workshops was well-received by participants from both planning and public health backgrounds, who valued the opportunity to learn more about health impact assessment in an environment of shared learning. The application of health impact assessment tools to real life case studies, and the grounding of the learning in practical examples from both participants and workshop facilitators, was widely valued.

This project and its design are typical of how the WHO Collaborating Centre approaches issues of concern and real world problems. Through using an empirical action research approach, project outcomes add value though teaching and stakeholder support and provide useful additions to research though co-generation of knowledge.

References

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