

Lessons in applying health impact assessment to regeneration schemes: the Victorian experience

Jessica McCormick

Department of Health Science, Monash University
Email: Jessica.McCormick@med.monash.edu.au

Abstract: The value of health impact assessment (HIA) to sectors outside the health domain is increasingly being recognised. A Victorian study explored the application of HIA within a regeneration context. What emerged is a complex analysis of the practical dimensions of applying HIA in this context.

In recent years, widespread national and international attention has been focussed on the role of health impact assessment (HIA) as an approach to identify and analyse the potential and often unanticipated health impacts of proposals on the health and the distribution of those effects within the population.^{1,2} Increasingly, the value of HIA to sectors outside the health domain is being recognised, particularly where considerations of health are not traditionally a primary concern. The application of HIA to regeneration and neighbourhood renewal type initiatives is one such policy platform in which HIA has been used extensively in the United Kingdom. Urban regeneration, as a policy platform, has gained prominence in the UK since the election of the New Labour government in 1997.³ Initiatives such as the New Deal for Communities, Healthy Living Centres and the Single Regeneration Budget have been established as a means to address health and social inequalities, social exclusion and deprivation.³ The application of a HIA approach to such initiatives is particularly pertinent, where addressing inequalities in health is sustained through action often in non-health sector areas such as transport, crime and safety and education.

Internationally, the application of HIA to urban settings, particularly regeneration schemes and the recognition of its role as a decision-making tool within this context, is longstanding. In Australia, however, there have been few studies on HIA and little attention has been directed towards the role that HIA can play within decision-making that occurs at the community level within regeneration schemes. This article describes several of the findings from one project undertaken in Victoria. It draws on the

findings of one component of a study undertaken for a PhD on the application of HIA to regeneration schemes and the potential for HIA to address issues associated with social exclusion.

The study

In 2003, a collaborative partnership between the Victorian Department of Human Services and Deakin University was established to provide a vehicle for exploring the application of HIA to strategy development processes within Neighbourhood Renewal. The key focus of this study was to explore how HIA could best be positioned and applied within Neighbourhood Renewal in Victoria by comparing and contrasting its use within two different sites. The overall study also involved extensive overseas consultations with key informants who were working on the application of HIA to regeneration initiatives and a comprehensive review of the literature, each of which informed the approach taken in Victoria.

It is not within the scope of this paper to provide a detailed description of the methods used to integrate HIA into the strategy development processes of each Neighbourhood Renewal action group. However, a participatory rapid HIA process, including a stakeholder workshop, was used to assist each action group in their decision-making processes by adding evidence of the potential health impact of one action over another. The expectations of HIA were three-fold: (i) that HIA would make the decision-making process more transparent; (ii) that it would provide opportunity for community input so as to enhance the likelihood of decisions being made in alignment with community needs; and (iii) that it would provide an evidence base to direct priority development and action, particularly in relation to the strategies developed by the action group.

Neighbourhood renewal – the Victorian approach

A core objective for the Victorian Government's Neighbourhood Renewal Strategy is to '...tackle local sources of health inequality.'⁴ Neighbourhood Renewal is the Government's priority response to place-based inequality and it seeks to challenge the underlying determinants of health in order to improve health and well-being, create more cohesive communities and reduce disadvantage.⁵ Given this focus, it is based on highly participatory governance structures so that people (ie local residents, business and service providers) can have a say in decision-making about issues of importance to them and their community.⁵

Box 1. Three lessons for the successful application of health impact assessment from the health impact assessment of the Victorian Government's Neighbourhood Renewal Strategy

1. Levels of support for, and understanding of, HIA are crucial when it is used in a Neighbourhood Renewal context. Staff who are in a position to offer leadership and guidance to the resident-based action groups must understand what HIA is, why it is being used and the outcomes desired. If it is not present there are serious implications for how HIA is embraced, facilitated and positioned within the decision-making processes of the community-level action group. Where knowledge of HIA was limited among Neighbourhood Renewal staff providing support to the action groups, it was difficult to position and there were ongoing problems linked to the outcomes it generated in the strategy development processes.

2. Developing rapport and trust between the HIA practitioner, the Neighbourhood Renewal staff and the action group members was critical to the successful application of HIA. Developing an understanding of the mechanics of the group and issues of importance to group members was not only beneficial to the process of HIA (eg screening, scoping, impact identification) but assisted in dissolving potential power differentials between people who understood about HIA and those who did not. Relationships based on integrity and a willingness to work with local residents was a key factor in the successful application of HIA and in achieving an impact on the decision-making processes. In addition, the capacity and readiness of action group members to engage with the processes of HIA was also important in determining the degree to which HIA was effective.

3. The quality and effectiveness of HIA is very much dependent on **the skills of the designated HIA practitioner** or team of people involved and the resources allocated (including time, skill level and funding). A sound understanding of HIA and the capacity to facilitate the entire process from screening to monitoring and evaluation was important in instilling a sense of direction and confidence among action group members.

Resident involvement within Neighbourhood Renewal principally occurs in two distinct ways: (i) as a member of the steering committee; and (ii) as a member of a resident-based action group. These local action groups provide a structure for resident involvement and leadership in developing and implementing strategies for action which will address issues that are identified as concerns within the community. In the absence of any other prescribed approaches or initiatives to attend to the factors that influence health, HIA is one possible approach. Research has shown that HIA can be used to strengthen the strategy development processes, particularly at the local level where little or no attention to health concerns is evident.⁶⁻⁸

Considering context in applying HIA to regeneration

Three lessons can be taken from this work. These factors, relate to contextual factors that require careful consideration if HIA is to be successfully applied to Neighbourhood Renewal type schemes. While these are facilitators for community-based HIA, they can equally act as barriers if they are not carefully managed. The three factors are: awareness and understanding of HIA; trust and rapport; and resourcing and capacity building (Box 1).

Conclusion

The successful practical application of HIA within neighbourhood renewal or regeneration-type initiatives was influenced by a series of factors. If one of the goals of such schemes is to improve health outcomes, then it is crucial that we plan for health to be the focus within the whole scheme. One way of doing this is to use HIA. For it to be effective though we must: learn the lessons from its application elsewhere; modify the processes to be effective in the Australian decision-making context; and attend to the detail required to make it work. It is therefore vital that training, development and support underpin the applica-

tion of HIA so that it can be successful in focussing on the determinants of health and can support the achievements of the regeneration scheme.

Acknowledgements

The author wishes to acknowledge several people and organisations for their support of this project including Professor John Catford, Mary Mahoney, the Southern Metropolitan Region and North and West Metropolitan Region, Victorian Department of Human Services, and staff and residents from the two Neighbourhood Renewal sites.

References

1. Lehto J, Ritsatakis A. *Gothenburg consensus paper: Health Impact Assessment Main concepts and suggested approach*. Brussels: European Centre for Health Policy, World Health Organization Regional Office for Europe, December 1999.
2. Mahoney M, Morgan R. Health Impact Assessment in Australia and New Zealand: An exploration of methodological concerns. *Int J Health Promot Educ* 2001; 8(1): 8–11.
3. Barnes R. HIA and urban regeneration: the Ferrier State, England. In: Kemm J, Parry J, Palmer S, editors. *Health Impact Assessment*. Oxford: Oxford University Press, 2004.
4. Klein H. Health inequality, social exclusion and neighbourhood renewal: Can place-based renewal improve the health of disadvantaged communities. *Aust J Prim Health* 2004; 10(3): 110–9.
5. Klein H. Neighbourhood Renewal: Revitalising Disadvantaged Communities in Victoria. *Public Administration Today* 2004; September–November: 20–9.
6. Elliot E, Williams G. *Housing, Health and Wellbeing in Llangeinor, Garw Valley*. Cardiff: School of Social Sciences and Regeneration Institute Cardiff University, 2002.
7. Greig S, Parry N, Rimmington B. Promoting sustainable regeneration: learning from a case study in participatory HIA. *Environ Impact Assess Rev* 2004; 24(2): 255–67. doi:10.1016/j.eiar.2003.10.020
8. Kearney M. Walking the walk? Community participation in HIA: A qualitative interview study. *Environ Impact Assess Rev* 2004; 24(2): 217–29. doi:10.1016/j.eiar.2003.10.012