

Case-study 8.4.6

Hammersmith & Fulham health impact assessment project - Regeneration, healthy living initiatives and health improvement ... work in progress

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Introduction

Ealing Hammersmith and Hounslow Health Authority and the London Borough of Hammersmith and Fulham have secured Department of Health funding to conduct health impact assessments on two policy areas, as follows.

- Safe Routes to School: a Single Regeneration Budget 5 (SRB5) project managed by Groundwork West London.
- An SRB5 initiative combined with a Healthy Living Initiative to be funded by the New Opportunities Fund.

The two HIAs will be complementary, but undertaken as separate studies.

A major aim of this work is to compare two contrasting methodologies for HIA. One strand considers the detailed mechanisms by which regeneration projects are thought to have an impact on health – in this case, Safe Routes to School. The other strand considers the use that can be made of routine data, e.g. from household surveys, in assessing the broad health impacts of policy. This latter strand is particularly important in trying to address the question of how HIA could become a matter of routine in assessing public policy, without incurring large additional costs.

Why choose this policy or project for health impact assessment?

The Single Regeneration Budget programme and Healthy Living Centres are part of the Government's policy drive to create a fairer society, by tackling social and economic inequalities and social exclusion. As these factors are also known to be determinants of health, it is reasonable to ask to what extent do they promote the conditions for good health or reduce the burden of disease amongst their beneficiaries.

The Government Office for London (GOL) identified the promotion of public health as a strategic aim in the guidance for SRB5 bids, and Hammersmith and Fulham laid considerable emphasis on this in their bid for funding. Healthy Living Centres make an explicit connection between health status and the broad determinants of health such as income, by promoting links between mainstream health services and initiatives such as credit unions.

The funding streams are summarised below:

SRB Round 3 (1997 – 2003). SRB - £7m. Matched funding - £16m. Total - £23m.
SRB Round 5 (1999 – 2006). SRB - £13m. Matched funding - £18m. Total - £31m.
Healthy Living Initiative (New Opportunities Fund) (applied for). £1m

Aim

To assess the impact on health over 5 years of two SRB programmes and a Healthy Living Centre initiative by comparing the self-assessed health and well-being of individuals and wards in Hammersmith who will be in receipt of these programmes with those of individuals and wards who will not

Objectives

- To assess the feasibility of making a quantitative as well as a qualitative assessment of the potential health impact of policy.
- To attempt to rank various elements of regeneration programmes, and other interventions, that are aimed at influencing socio-economic structures with their perceived impact on health and well-being, with a view to setting priorities for health advocacy and funding in the future.
- To extend and expand the evidence/experience base for health impact assessment

Specific HIAs

1. Safe Routes to Schools: a Single Regeneration Budget 5 (SRB5) project managed by Groundwork West London - in this HIA, there will be a specific focus safe routes to schools.
2. An SRB5 initiative combined with a Healthy Living Centre initiative to be funded by the New Opportunities Fund - in this HIA, the combined effects of several similar interventions in a small area - two SRB programmes and a Healthy Living Centre initiative – will be compared with outcomes in two similar areas, one of which is not subject to such interventions and the other of which will be subject to the latest SRB5 programme only. The three areas to be studied will be:
 - North Hammersmith (SRB3, Healthy Living Centre initiative, SRB5);
 - parts of Fulham (SRB5 only);
 - other parts of the Borough of Hammersmith and Fulham (no intervention).

This represents a broad approach, and it is recognised that such an attempt to assess various structural interventions in combination will be difficult because the increase in scope presents major challenges for study design. However, it also presents major opportunities to capture the complexity of public policy factors that affect health

Partners

The HIAs will be managed by a partnership of the stakeholders from the local authority, health authority and voluntary sector, in collaboration with academic institutions. The involvement of project beneficiaries and the public is to be discussed as the project plan develops.

Although the main partners in this project are to be confirmed, the partners it is anticipated will be involved, and their respective roles and responsibilities, are shown in Table H&F1.

Table H&F1:

Partners, and their respective roles and responsibilities, it is anticipated will take part in the HIAs.

Partner	Roles/responsibilities
West London Health Promotion Agency	Project planning, management, public health liaison, social inclusion panel liaison
London Borough of Hammersmith and Fulham: Policy and Equalities	Project planning, management, local authority liaison
London Borough of Hammersmith and Fulham: Regeneration	Quantitative surveys, information
Groundwork West London	Safe Routes to Schools project management
Groundwork Hackney	Safe Routes to Schools project management
University of Liverpool, Departments of Public Health, and Civic Design	SRB and Healthy Living Initiative impact, study design and implementation.
Queen Mary and Westfield College, University of London, Department of Geography	Safe Routes to Schools project, study design and implementation.

A steering group will be established to look at the detailed questions of methodology and study design.

HIA Methodology

The HIA will be a prospective study over five years, undertaken in two stages. The approach will be essentially ecological, in the sense that individuals will not be tracked over time: changes will be assessed from residents' surveys, conducted 5 years apart. However, part of the study will involve in-depth interviews with individuals or groups who have benefited from the programmes in question, in order to examine mechanisms of change and gather qualitative data.

There will be some in-depth qualitative analysis of how policy translates into action, and how such action affects health and the determinants of health. There will also be an attempt to quantify effects of policy on population health and health determinants, through adaptation of existing large-scale surveys and databases (see below).

Data sources

Existing sources of data will be used or adapted, in order to achieve maximum value for money, including:

- Borough-wide residents' surveys;
- SRB tracking (e.g. measuring how many people access training or jobs);
- SRB evaluation.

Qualitative data, and information about possible mechanisms through which health benefits are derived, will be collected by individual interviews with beneficiaries of the programmes, or through group interviews and structured discussion.

Outcomes

The outcomes of interest will be changes in self-assessed health status, well-being, and any other relevant health measures. Changes in social and economic well-being can be regarded partly as an intermediate outcome.

As sources of data will be mainly routine or derived from using additional questions inserted into already planned surveys, the study will be largely dependent upon these sources with regard to sample size and therefore power. Outcomes will be defined with this in mind.

Main limitations and challenges

Some of the challenges we are facing on this project include the difficulty of:

- discriminating between the effects of the identified public programmes and those that could have derived from other possibly larger influences, not only over time but also between areas;
- comparing intervention and control areas, particularly as intervention areas are chosen for the intractability of socio-economic problems, and as such may be slower to change;
- linking geographical area-based regeneration with benefits to individuals, families or specific small communities;
- comparing individual beneficiaries of the interventions with non-beneficiaries because the two groups may differ in important ways other than their participation in the programmes;
- monitoring and evaluating true long-term benefits - the regeneration of a local area is a lengthy process and the effects tend to accumulate over a longer period than the timespan of Government funding. Tracking such longer term benefits would have implications for the scale and scope of the study.

Part of the project will be to assess these challenges and their implications for future work, particularly for the use of quantitative HIA. It may be possible to meet some of the challenges, for example, there may be retrospective data that could be used to extend the timescale of the study.

Personnel

1 Researcher for 1 year 1999/2000/2001, then a further year 2004/5/6.

The main responsibility of the researcher is to manage the data collection in a strategic way working within existing systems. The main tasks will be:

- to organise a multi-agency steering group to frame robust and relevant research questions;
- to define and organise collection of data about interventions and outcomes;
- to work with existing data collection and research systems to ensure these will produce the desired results;
- to retrieve and analyse data;
- to undertake qualitative research, e.g. in-depth interviews with participants in SRB programmes or beneficiaries of the Healthy Living Centre initiative.

Funding

Much of the cost of this project will be marginal, i.e. adding questions to existing surveys and using routine data.

The overall costs will be in the region of £12,000, of which £2,000 will be in the form of matched funding from partner agencies, through professional support to the study.

Next steps

- Finalise agreements with academic partners
- Plan details of study design
- Negotiate survey questions for baseline measurements

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