

Some frequently asked questions about health impact assessment

The East London HAZ guide to 'HIA for Regeneration Projects' uses case studies to answer these FAQs and more ... writes Ben Cave ...

What is HIA?

HIA looks at ways in which programmes or projects might change people's health in a particular community or area for better or for worse. If HIA is done early on then the lessons can be used to suggest changes to how the programme or project is planned and delivered.

What do you mean by health?

Some people understand health as meaning health services ... more GPs, shorter waiting lists. HIA works with a broad model of health which includes, but doesn't stop at, the health service and medical models: **determinants of health** are major things which affect our health like the state of our housing, whether we have paid employment, the types of work we do, the support we get from friends and family ... the list can go on. **Inequalities** in these have serious effects and are a major focus for health and social policy.

What can HIA tell us?

HIA shows how regeneration outcomes link to health and health inequality. It recommends how to maximise positive results. HIA can suggest how to measure and evaluate change: showing how a Safe Routes to School project increases confidence among children is a relevant step towards reducing road traffic injuries. It is also easier to show than a drop in routine indicators in a small area ... increased confidence has other beneficial effects for the children.

What won't HIA tell us?

The HIA will not give quantifiable projections of health impact ... it's main role is to show how regeneration affects health and to get people thinking about health. This is vital for sustainable change.

How much does it cost?

HIA is not 'resource neutral' – it does cost money. It is very flexible and can be adapted to suit the needs, and budget, of any intervention. The process could involve several meetings or it could spread over several months and involve interviews and workshops. It is always cheaper, and better practice, to identify and deal with difficulties before they occur.

When do we start?

There are three models of HIA depending on when you start: before the scheme has begun, or **prospective**, is the recommended model as you can feed recommendations into the planning process. A **concurrent** HIA is carried out if the project is already underway. A **retrospective** HIA is done when the project is over.

Who does it?

You will need a facilitator who is familiar with the population health effects of regeneration programmes. It is very important to involve the local communities and decision-makers. Expert help may be useful depending on the topic.

How do we convince people to get involved?

HIA allows project staff to 'think outside the box'. It can be part of the planning and consultation process. Additionally it further strengthens the partnership between health agencies and the stakeholders within regeneration partnerships - particularly the local communities.

Where is there more information?

Visit the website below or contact Ben Cave for information about training and the HAZ programme of work around HIA.

The East London HAZ guide to **Health impact assessment for regeneration projects** is available from <http://www.geog.qmul.ac.uk/health/guide.html>

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