

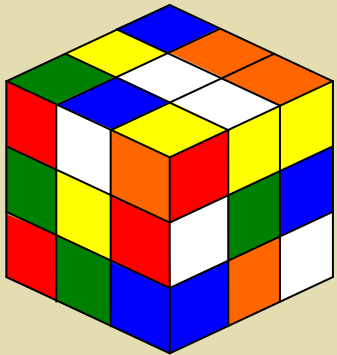
Community evidence in HIA

- 'The 3D element'

Anthea Cooke and colleagues - 17th October 2007

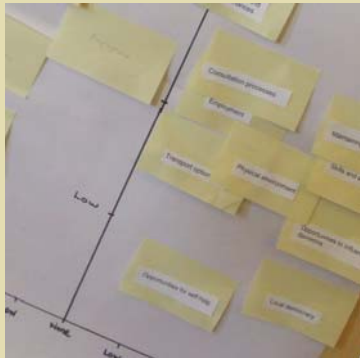
A contribution to the debate

- What can experiential community 'evidence' add to a HIA and to Public Policy?
- What are the main challenges to ensure credibility?
- Case study to illustrate
- Best practice



What do we mean by community evidence?

- Who are the community?
- What constitutes 'evidence'?
- Why does experiential community evidence in HIA have a mixed reputation?



What does 'community' evidence add to HIA?

- **Identifies** local concerns, priorities, perceived risks – complements Community Profiling and desk top evidence
- Can build on / begin a process for **raising awareness** and negotiation on ways to mitigate potential negative impacts with affected communities



Contributes to the principles of HIA

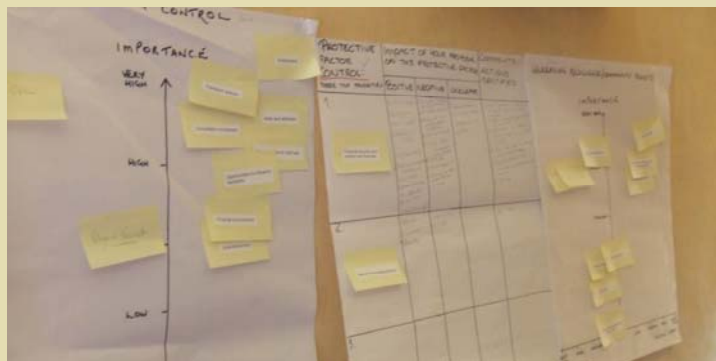
- Openness and transparency
- Equity
- Social justice
- Health inequalities

Contributes to democratic processes



When not to bring in community evidence

- Desk top and can draw on previous consultations?
- High level strategies that are not 'real' for local communities – go for 'higher level stakeholders'
- When resources and 'capability' is not available to do it well



Challenges to gain credibility...

- Defining what we mean by community evidence – is it really just opinions, how reliable or replicable is it?
- Defining what we mean by the process of collecting the evidence – ‘passive or active’, community development?
- Expectations and conflicts of clients and ‘communities’
- Capability and capacity to do the work

Challenges to gain credibility...

- Representation and motivation of 'communities'
- Collection and appraisal methods – not always 'possible' to do structured interviews / workshops, subjectivity of assessors
- Participation can be seen as an intervention in own right
- Sustainability of community 'engagement'

A case study

Dart Street Home Zone Community Planning

There were eight key elements to our community consultation and planning for a potential home zone in Dart Street. These were:

- Local children's arts competition
- Dart Street area community questionnaire survey
- Community planning day and street party
- Newsletter and website information
- Liaison with key Council, Health and Highways stakeholders
- Residents design advisory group
- Final exhibition
- Consultation Strategy Consultative Group

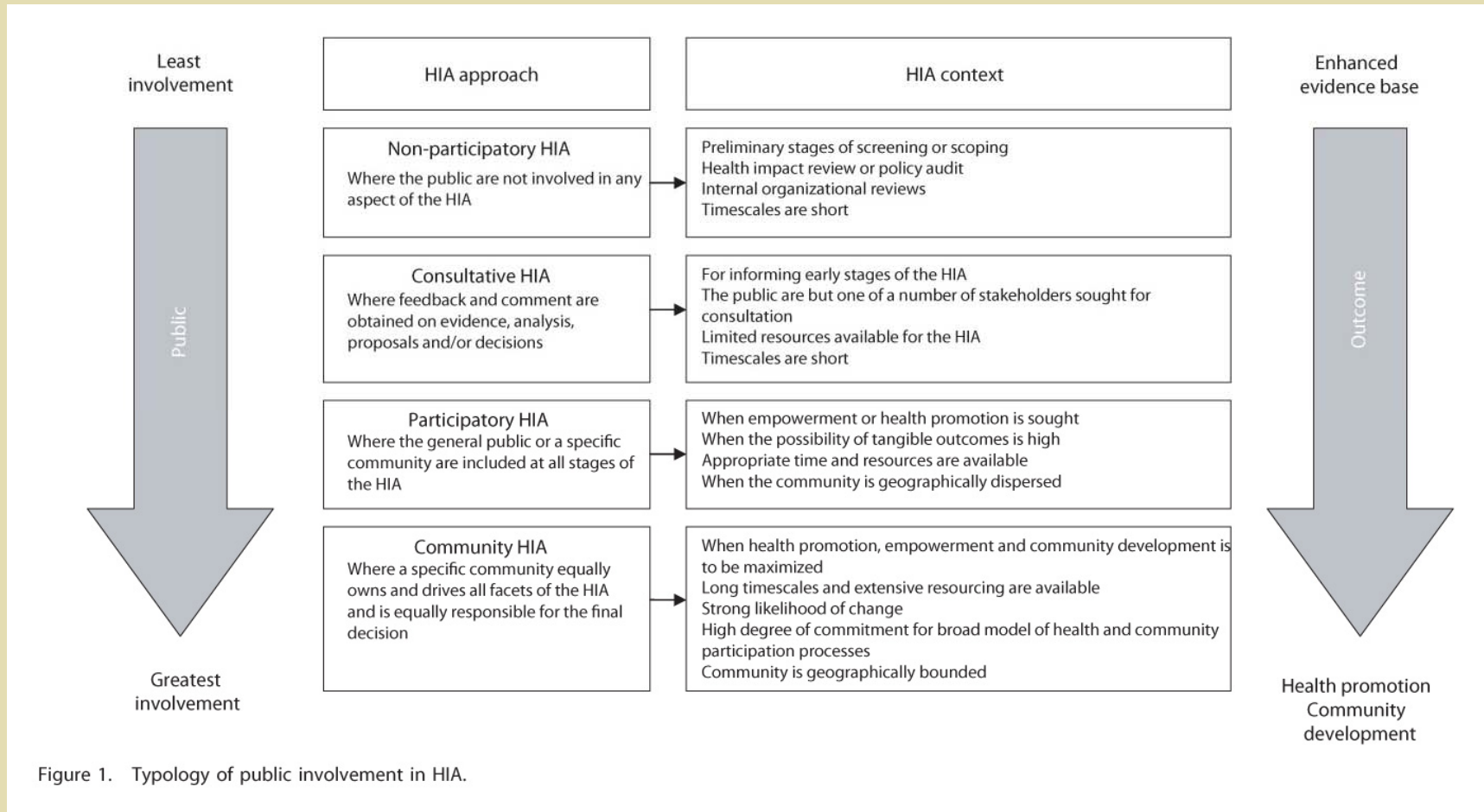


Best practice to help our case...

- Terminology
- Clarity about levels of 'community' evidence collection and status within the HIA
- Scoping the collection process and identifying skills, resources and opportunities – whom do we prioritise to work with?



Our own 'ladder' of community participation in HIA?



Best practice to help our case...

- Methods for working with communities and in sufficient numbers / representation
- Collection and recording of evidence gathered
- Framework for assessing the evidence & triangulating it
- Exit strategy for community participation



Evaluating Evidence

Criteria ↓	Quantitative	Qualitative
Internal or construct validity	Representative	Do communities recognise 'truth' of findings
External validity / generalisability	Transferable findings to other communities	Transferable findings to other communities
Reliability	Repeatable?	Repeatable?
Objectivity	Clear hypothesis and methods	Is the research methodology fit for purpose?

Conclusion

- Experiential community evidence has an important contribution to Health Impact Assessment, and hence, to Public Policy making and Private Developments / Business
- Only one part of the HIA process
- Needs to be undertaken with due regard to rigour
- ‘Under promise and over deliver’!

