



**ASSESSING THE POTENTIAL HEALTH IMPACTS OF
A TRANSITION TOWN INITIATIVE:
A HEALTH IMPACT ASSESSMENT OF TOTNES TRANSITION TOGETHER
AND TRANSITION STREETS**

**A SHORT REPORT PREPARED FOR TRANSITION TOWN TOTNES
MAY 2011**

SUMMARY

The Health Impact Assessment (HIA) process provides an opportunity to promote sustainable communities, by ensuring that new strategies and developments are considered in the context of their contribution to the health and wellbeing and social cohesion of local populations.

This Health Impact Assessment focused on aspects of the Transition Town Totnes Transition Together / Transition Streets initiative. The HIA used an equity framework and assessed the potential (positive and negative) health and wellbeing impacts of these projects and their potential to, for example, increase physical wellbeing and social cohesion, and address fuel poverty, through assessment of the evidence (paper-based and discussions with 'key informants').

The findings highlight the possible associated wellbeing benefits of engagement in such an initiative, and the potential for building social capital, whilst also raising concerns regarding inclusivity and access.

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INTRODUCTION

Health Impact Assessment (HIA) has been defined as “a combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population” (WHO 1999 p4). HIA has been recommended as a means of considering the impacts of policy on health and health inequalities and consequently supporting informed decision making in designing and implementing policy (Kemmer 2003). Through this process, HIA intend to foresee the potential impacts of decisions; minimise health risks and maximise health benefits (Kemmer 2003; Bhatia and Wernham 2008).

HIA is underpinned by a holistic view which includes aspects of mental, physical and social health and wellbeing and their wider determinants (Bhatia and Wernham 2008; Chilaka 2010). In doing this HIA considers a broad range of socioeconomic factors such as equality, equity, environmental and economic concerns, and provides a method of influencing the decision making process with the intention of reducing harmful policy outcomes whilst maximising potential health benefits (Joffe and Mindell 2005).

The HIA process may typically involve a broad range of agencies and individuals including planners, public health workers, the private sector, voluntary agencies, other local stakeholders and identified key informants (Joffe and Mindell 2005). This wide involvement of participants is seen as a means of enabling community empowerment and maintaining democracy, equity and openness (Parry and Wright 2003; Danenberg et al 2006).

Often HIAs are carried out prospectively with a view to prediction and intervention. However, it has been recognised that the realities and time constraints of the planning process may cause HIA to be carried out concurrently or even retrospectively. Even so, such HIAs may still be of value and make a valid contribution to policies and developments (Parry and Wright 2003; Chilaka 2010).

The HIA process provides an opportunity to promote sustainable communities, by ensuring that new strategies and developments are considered in the context of their contribution to the health and wellbeing of local populations, and the potential to address health inequalities.

AIM

The aim of this study was to examine the potential health and wellbeing benefits of the Totnes Transition Together / Transition Streets initiative¹.

The purpose of this investigation was to:

- consider this community-based initiative within a broader public health context
- consider the potential for such an initiative to reduce health inequalities
- make recommendations regarding the delivery of such projects in order to mitigate negative effects and enhance positive effects – particularly in respect to equity and disadvantaged communities.

METHODS

This was a rapid HIA based on documentary evidence and contributions from 'key informants' and used an equity framework, paying particular attention to inclusivity.

A HIA template was used for data collection² that focused our appraisal of the evidence for the effect of Transition Streets / Transition Together on health and wellbeing in the following domains: Equity / Equality; Lifestyles; Social Environment; Education; Income; Physical Environment; Quality of Services; Sustainability of the Scheme.

Documentary evidence: A rapid desktop HIA assessed the potential impacts to the wider community based on a range of documents, including those relating to the Transition projects and wider evidence regarding the health and wellbeing of the local population (see Appendix 1. Table 1).

Key Informants: Individual meetings took place with 12 'Key Informants' who were selected on the basis of their participation in Transition Streets / Transition Together or their knowledge of the local community / environment (see Appendix 2. Table 2). Four of the Key Informants were involved in Transition Together / Transition Streets (TT/TS); an email asking for Key Informants was sent by the TT/TS project co-ordinator to a small number of project participants informing them about the HIA and asking them to participate, meetings were held with those who volunteered. The TT/TS project participants were made up of two who were involved in the 'first wave' of the project and two from the 'second wave'. Three of these participants also work for Transition Town Totnes or the Transition Network. One had installed solar Photo Voltaic's (PV), and two were unable to install PVs due to not qualifying for the grants.

¹ For further details of the scheme see: <http://www.transitionstreets.org.uk/>

² http://www.nhslothian.scot.nhs.uk/your_rights/equalityanddiversity/Appendix%20%20-%20Rapid%20Impact%20Assessment%20Checklist%20and%20Guidance%20MAY%202009.doc

This HIA was conducted between November 2010 and January 2011. The HIA was conducted by the authors of this report, with input and advice from the Regional HIA adviser.

MAIN FINDINGS

A summary provided by the Transition Together / Streets project team suggests that 468 households in 60 groups have thus far been involved³. Of these, 45 groups are involved in Transition Streets (with PVs on offer), the rest are involved in Transition Together.

Of those participating in the 'second wave', thirty one groups applied with an average of 8 households per group. The project team report that 19 groups were chosen based on the percentage of low incomes in the groups and assuming 24% take up of grants for PVs; 53% of households in the selected groups were low income, with less than £250 household disposable income per month (thus eligible to apply for the PV grant). One group subsequently dropped out of the scheme.

Lifestyles

The initiative emphasises positive changes in lifestyles through, for example healthy eating and increased physical activity. Participants in the scheme reported associated changes in lifestyle such as growing their own produce and sharing vegetables. Effects are speculative to probable – though possibly 'preaching to the converted' (according to a number of key informants).

Social Environment

Increase in social cohesion through neighbours meeting and socialising together is a positive impact for those engaged, with the potential for ongoing gains. Conversely the possible low social cohesion for those not involved (or excluded) requires mitigation in subsequent similar initiatives.

Education / Skills Development

Participants report skills development and increased knowledge of climate change issues for those involved in the initiative, which in turn leads to behaviour change. This could be transferred into the wider community through skills sharing.

Income

One positive impact is the potential for greater disposable income due to increased energy and water efficiency and referral to other housing repair funding schemes.

Physical Environment

Potential for improvements in insulation, increase of warmth and reduction of damp; targeting those in fuel poverty requires active engagement of housing and health services in order to reach those groups.

³ Email communication with Transition Together / Transition Streets Co-ordinator

Sustainability of Scheme

Actual and sustained behaviour change needs to be evaluated, and creative solutions should be developed to take the initiative to the wider community. Ongoing funding may be required to support and sustain the initiative in the future.

Equity / Equality

The reduction of fuel poverty through lower energy costs is speculative and will mainly apply to home-owners. Where less affluent residents are not engaged in the initiatives this could be divisive within the community and increase health inequalities; some key informants suggested that participants in the initiative were the 'educated middle classes'. Therefore mitigation should focus on increasing engagement in hard to reach groups, residents in rental properties, and those in fuel poverty in order that these groups can also have the advantage of the associated co-benefits reported above.

DISCUSSION

There is growing interest in the Transition Town movement as it provides an example of how mobilising local communities can benefit society. Furthermore, Transition Towns provide a means by which local communities can proactively plan for the adverse effects of climate change and address issues such as food and energy security. What is absent from the discussion, and particularly relevant to public health, are the potential health and wellbeing co-benefits, and the positive and negative effects on health inequalities. This Health Impact Assessment has demonstrated a means by which Transition Town initiatives can provide health and wellbeing benefits, whilst at the same time raising concerns about inclusivity and equity.

The Public Health White Paper⁴ highlights local innovation and outlines the cross-government framework that will enable local communities to reduce inequalities and improve health at key stages in people's lives. It includes measures to empower local government and communities, which will have new resources, rights and powers to shape their environments and tackle local problems. Transition Town initiatives could play a significant role in this. However there are particular issues to consider such as who has access, who controls resources, and what happens to those who don't have a voice. Therefore efforts need to be made to engage potentially disadvantaged groups and those who may gain greater benefit in the process.

⁴ Public Health White Paper – consultation document 'Healthy Lives, Healthy People: Our strategy for public health in England'
<http://www.dh.gov.uk/en/publichealth/index.htm>

CONCLUSION

Transition Town initiatives such as Transition Together and Transition Streets have the potential to provide a number of health and wellbeing benefits for those engaged in the schemes. However those not engaged could be disadvantaged if they do not have access to these benefits and efforts should be made to mitigate for this in future Transition initiatives.

This is a pre-publication report and should be quoted as:
'Pre-publication report of Assessing the potential health impacts of a Transition Town initiative: A Health Impact Assessment of Totnes Transition Together and Transition Streets May 2011'.

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Appendix 1. Table 1. Evidence documents used in the Health Impact Assessment

Document	Source	Evidence Number
Transition in Action: Totnes and District 2030 (Energy Descent Action Plan)	Published by Green Books	E1
Transition Together Folder	Transition Town Totnes office	E2
Low Carbon Investment Fund (Dept of Energy & Climate Change) completed grant application	Transition Town Totnes office	E3
Private Sector House Condition Survey Draft Report December 2009	South Hams District Council	E4
South Hams Health Profile 2009	Department of Health	E5
South Devon Healthcare NHS Foundation Trust Health Inequalities Analysis	Devon PCT Public Health Intelligence Team	E6
Devon Town Mosaic Profile: Totnes, July 2007	Devon County Council (Mosaic data, Experian Ltd)	E7
Devon Town Baseline Profile: Totnes May 2006	Devon County Council	E8
Leatside Surgery Practice Profile	Devon PCT Public Health Intelligence Team	E9
Catherine House Surgery Practice profile	Devon PCT Public Health Intelligence Team	E10

Appendix 2. Table 2. Key Informant List

Code	Details
K1/JR/01	TTT employee, Co-Manager of Transition Streets Project
K1/JR/02	SHDC Councillor
K1/JR/03	Director – Totnes Renewable Energy Company
K1/JR/04	Involved in Transition Together (2 nd wave)
K1/JR/05	1 st pilot of Transition Together programme
K1/JR/06	Involved in Transition Together (2 nd wave)
K1/JR/07	1 st wave of Transition Streets
K1/JR/08	Town Councillor
K1/TH/01	Chief Executive of local CVS links with and supports the voluntary sector in South Hams and based in Totnes
K1/TH/02	Divisional Manager of the Private Sector Housing Team for South Hams District Council, provides grants for disrepair and home energy conservation
K1/TH/03	Trustee of Transition Town Totnes and a resident of a transition street
K1/TH/04	Local Manager for Cosy Devon involved in promoting and providing grant assistance to local households