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Lea den Broeder et al.
Where are the residents?

Where are the residents?
How to carry out participative HIA for a new neighbourhood

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Introduction
In Health Impact Assessment, the engagement of communities and other stakeholders is perceived as a key process element (1).
In a setting where an HIA is carried out for a newly developed area, and a community is not yet present, the question is how to deal with community engagement. In this paper we describe how we perform 'participative' HIA for a new neighbourhood. Our case concerns Bajes Kwartier, a new neighbourhood to be built in the Dutch capital Amsterdam, on the grounds of a former prison. The ambition is to create a sustainable and health-enhancing living environment for all future residents, linking up to the city's health priorities to reduce overweight, support an active life style, and prevent loneliness. We describe our approach and discuss dilemmas.

Figure 1. Artist impression of Bajes Kwartier

1. Project Bajes Kwartier

The future neighbourhood Bajes Kwartier is located in the eastern part of the Dutch capital Amsterdam, very close to the Amstel River (Figure 1). The 750 hectare (approximately 18 acres) area used to be a prison, containing of six towers linked to each other by a covered passageway, a reception building, a parking building and, outside the actual prison grounds, 20 staff houses. The prison was closed in 2016. Since then, the buildings are used as temporary student housing and housing for refugees. Nine staff houses are in use by

squatters and in four staff houses former staff members have remained. In 2019, a start was made with taking down the existing buildings.
Bajes Kwartier will contain 1350 dwellings consisting of long stay residencies for expats, studios for artists, family housing for small size and larger size households, social rental housing including student housing, and apartments for elderly. Materials of the existing buildings will be re-used and recycled for 98%, and elements of the structure of the area will be recognisable in the newly built neighbourhood. For example, on the site of the old covered passageway, nicknamed by the prisoners as 'Kalverstraat', a new walkway will be constructed. One of the towers will remain in place and will be turned into a vertical park with green space and urban agriculture. There will also be a museum , a health care centre and a day care facility for young children (2). The residents of 'Bajes Dorp' living in the former staff houses will remain in the area and have established a mini housing corporation which cooperates with the project developer.

2. Amsterdammers' health

Amsterdam can be characterised as a 'superdiverse' city: its 845.000 inhabitants have many different origins, nationalities and sociocultural backgrounds (3, 4). A large proportion of the population are of non-western migration background (Figure 2).

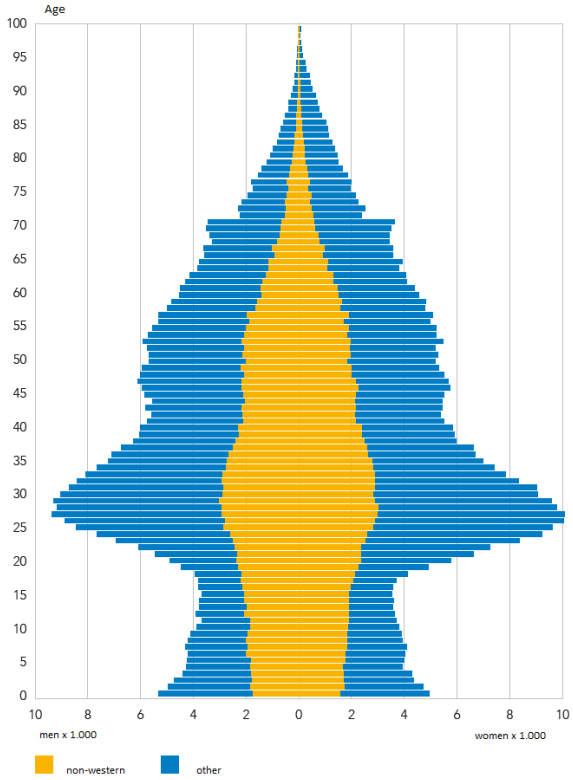

Figure 2. Population (age, sex, migration background[1]) 1 January 2018 (source: Gemeente Amsterdam, 2018)
[1] Non-western migration background: Surinam, Dutch Antilles, Turkey, Morocco and other non-western.
Other: western and Dutch

The 'Amsterdammers', in general, consider their health as 'good'. However, there are three important health challenges. Firstly, 40% of the adult population has overweight. The active lifestyle norm (i.e. 5 days per week half an hour, per day, moderately intense physical exercise) is met by 65%. Only 36% and 46% of the population , respectively, have sufficient vegetable and fruit intake (2). For children the most recent data show overweight of almost 30% for 10-year olds (5). Secondly, loneliness is a major health complaint. Loneliness can be both social (lack of a social network) and emotional (lack of meaningful emotional relationships) (6). Amsterdammers suffer from both types, with a larger proportion of social loneliness. Moderate loneliness is experienced by 37% of the Amsterdammers, and 13% feel severely lonely. Elderly people are particularly at risk (2). Amsterdam is developing a programme to combat loneliness, by improving currently existing activities (7). Thirdly, there is a persisting and sharply present health gap between socioeconomic groups in Amsterdam. (8). This difference is particularly visible when comparing the city's average health with the health of an affluent neighbourhood (city centre) and a low income neighbourhood (Geuzenveld Slotermeer) (Figure 3).

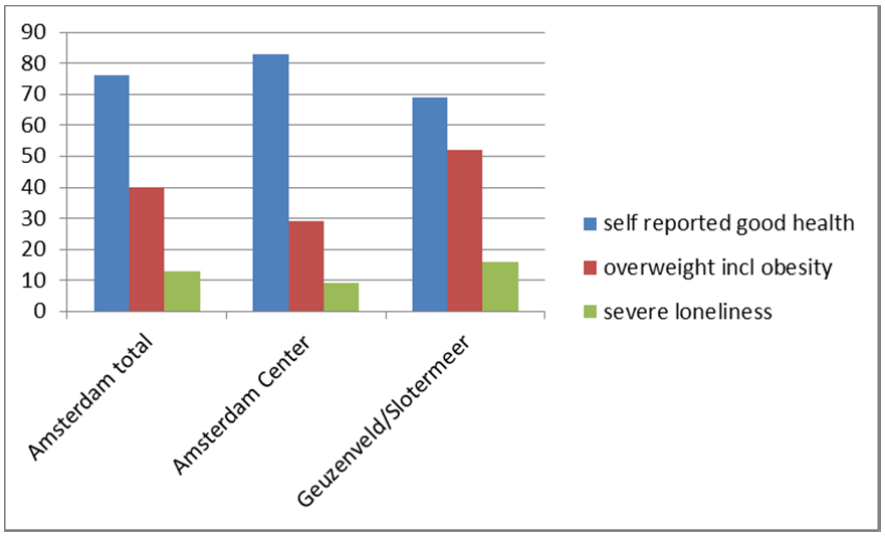

Figure 3. Self-reported health, overweight and loneliness: Amsterdam, City Center and Geuzenveld-Slotermeer (Source: Gemeente Amsterdam, 2018)

3. Focus of the HIA

The project developer of Bajes Kwartier has designed plans comprising the ambition to help gain two extra healthy life years for the residents of the area. Although such ambitions are common, they are often not evidence-informed and city planners and health experts speak different languages (9). In addition, lay and local knowledge, views and needs of citizens are often under-used in city planning (10). The project developer of Bajes Kwartier explicitly aims to fill this knowledge gap and the HIA is commissioned to provide a more robust knowledge base regarding the health aspects of the plan. However, the aim of two extra healthy life years for all residents is very generic. Therefore, the focus in the HIA was placed on factors that influence the two most important health challenges in Amsterdam: obesity and loneliness. For further specification, the focus was narrowed down to three life style aspects: 1) physical exercise, 2) healthy diet, and 3) social interaction. In addition, exact calculation and prediction would be impossible as too many factors play a role, and people might not stay in the area for their entire life course. The quantitative approach, initially expected by the project developer, was therefore replaced by a mainly qualitative one.

4. Methodological challenges

The HIA was planned to be carried out in a common way, performing plan analysis, collecting baseline information about the future population and conducting literature study, combined with collecting views of the future residents.

We faced two major methodological challenges. Firstly, although a 177 pages Master Plan was available at the HIA's start (11), many details are developed at later stages. For example, the selection of architects for the buildings took place only recently. This challenge is addressed by conducting the HIA in an incremental way, providing information and advice to the project developer and associated partners 'on the go'. Meetings with the project developer provide a means for the HIA team to access information about new steps taken in the area's development. In addition, the HIA is accompanied by a series of small experiments to develop innovative ideas for a neighbourhood that stimulates physical exercise, a healthy diet, and social encounters (Figure 4).

The second and more important challenge, mentioned before, is how to engage the very diverse future community in the process. Three groups need specific attention. Firstly, those with a low socioeconomic position. Secondly, elderly people because they may be more vulnerable and –in time- will become frail. In the coming decades, this group will increase. In 2030, 23% of the Dutch population will be 65+ (12). Youth are another vulnerable group, but, despite their vulnerability, they are also receptive for health interventions. To reach out to these different groups, tailor-made approaches are needed. These are described in the next section.

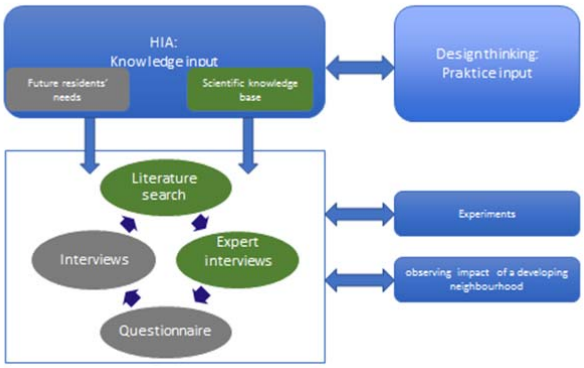

Figure 4. HIA design

5. Engaging future residents

Buyers and upmarket renters

Right from the start of the Bajes Kwartier development, people who were interested in buying or renting (except social renters, see below) a house in the area could register. This resulted in a database of over 9500 potential residents. These people were invited to fill out an online survey containing structured items about views and needs regarding physical exercise and social encounters. We received a 7% response rate. About 56% of these were women, 80 % had higher education (i.e., bachelor/master) and 88% had a job. In general, these respondents viewed health as an important value and healthy life styles as relevant to themselves. Figures 4-7 in annex 1 are examples of their responses (a more detailed overview will be published in the HIA report).

Social renters

People who will move into the social rental dwellings cannot be engaged in this way. In Amsterdam, the waiting time for social rental is currently 10,8 years (13). Available dwellings are distributed according to a system of waiting list position, income, household situation and composition, and partly through draw. This means that it is impossible to directly contact the future residents of these dwellings, until they have signed their renting contract, which will be after the project is finalised. This was remedied by following a proxy approach. The housing corporation that rents out the social rental dwellings was interviewed as well as social renters, living in other Amsterdam neighbourhoods.

Elderly people

This group is an important target group as a number of senior apartments will be realised. Like the social renters, these future residents are unknown as yet. Here again, we follow a proxy approach. Elderly people will be contacted through local professionals in elderly care and interviewed.

Youth

As a school for secondary education will be built in the area, school pupils, aged 12-18 years, are an important user group. Contact was made with the school and together with teachers ways of engaging the pupils are developed. A first step will be a field visit of a group of pupils with their teacher to the area and the project team.

Structured Interview Matrix

As the future community will consist of highly diverse groups of people, it is important to bring representatives of the different groups together and combine their insights and needs. To accomplish this, a Structured Interview Matrix (SIM) session will be conducted. SIM is a participative method to collect and combine views and develop priorities with a group of up to 40 people. The method is set up in the form of a sequence of introductory plenary and subgroup sessions, individual participant-to-participant interviews and concluding subgroup and plenary sessions. The design of a SIM ensures that every participant is both an interviewer and an interviewee, allowing each voice to be heard (14). Participants will be invited from all groups above, combined with residents of the current Bajes Dorp and members of the area development team.

Completing the picture

Due to the differences in accessibility of the various groups, there will be abundant information about the needs and views of buyers and upmarket renters and less about the other groups, in particular elderly, youth, and people with a low socioeconomic position. Therefore, in the literature study, planned as part of the HIA, the focus will be on those vulnerable groups. Searches have

already been performed regarding physical activity, healthy diet and social cohesion/social encounter in the urban environment, retrieving mainly systematic reviews. Vulnerable groups will be core in the analysis of the papers. Moreover, professionals working with these groups in other city areas will be interviewed.

6. Discussion

This case shows that it is relatively easy to engage people with a strong societal position, in HIA for a new neighbourhood, while groups that are more vulnerable remain difficult to reach out to. However, the easy-to reach group, who are aware of the need to, and do, perform physical exercise, have strong networks and, probably, healthy diets, as suggested by the survey results, may not be the group to focus on when striving for better health in the new neighbourhood. The vulnerable groups, with a weaker societal position, a less adequate life style in terms of exercise as well as diet and more feelings of loneliness, need more support and the design of the neighbourhood could play a role in this.

The incongruence between, on one hand, the importance of early engagement of vulnerable groups, in order to develop a health enhancing environment, and, on the other hand, the limited opportunities to realise this engagement provides a serious dilemma for HIA. Do we, inadvertently, increase the health gap between the well-off and those that face financial, social and cultural challenges by performing different strategies for each group? How does this relate to equity as a basic HIA value (15)? This dilemma is even more important in the light of current policy developments in the Netherlands, in particular the new Environmental Planning Act (16). According to this act, municipalities and other organisations involved in spatial development should ensure public participation early on in the process. At the same time, people with a low societal position participate much less that those with a higher position (17) and Dutch professionals doubt whether they have the ability to effectively do so (18). Some might therefore argue, like Parry (19) that it would be better to avoid a participative approach altogether.

In this HIA, despite these second thoughts, we have chosen to take a middle road by trying to remediate the lack of direct contact with vulnerable groups by a proxy approach, extra interviews, and a focused literature analysis. We feel that this will help ensure that the neighbourhood will reflect its community's needs. However, new ways to deal with this dilemma, outside the HIA scope, in the planning process itself, should be developed, for example by enabling social renters to register for a dwelling in the plan at the same time as buyers and upmarket renters. A better planning process may be the best guarantee for a better HIA process.

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Annex 1. Examples of responses to survey

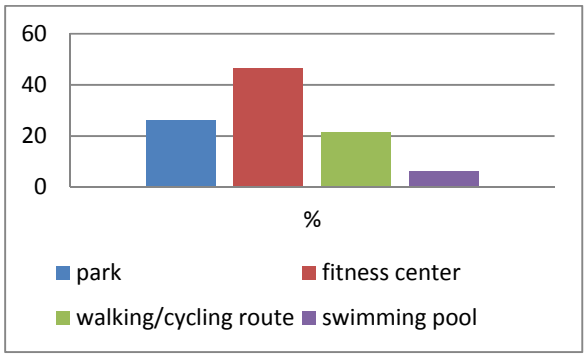

Figure 5. Favourite exercise facilities (%). N= 735

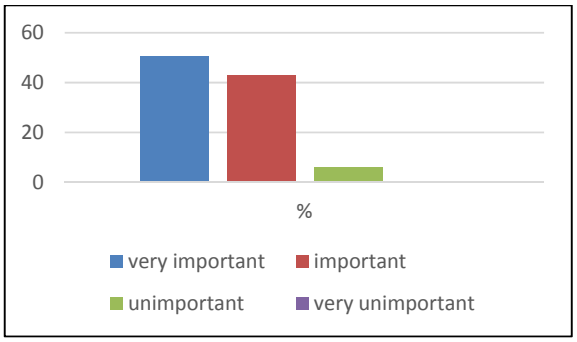

Figure 6. Perceived importance of physical exercise (%) N= 729

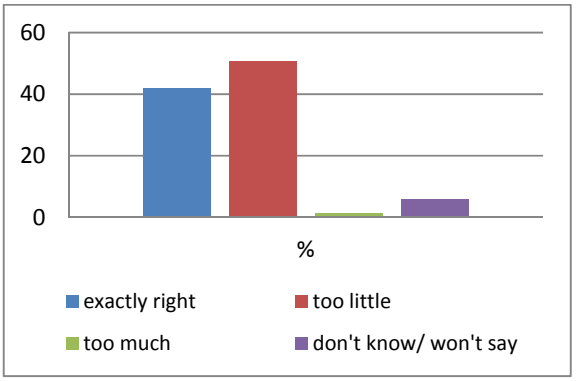

Figure 7. Perceived amount of physical exercise (%) N= 728

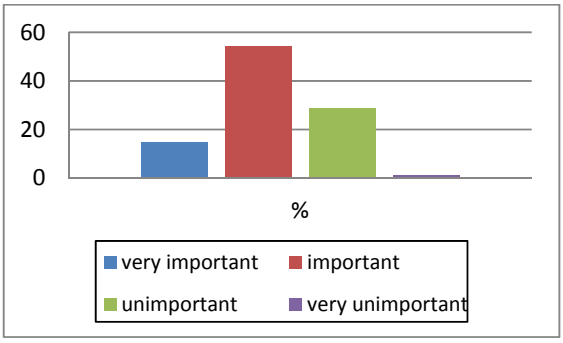

Figure 8. Perceived importance of contact with neighbours (%) N= 697