Measuring and valuing community empowerment as a surrogate health outcome within urban regeneration: a discrete choice experiment

In-person presentation / Written paper

Baba, C.1,
Tannahill, C.2
McIntosh, E.1,

1Health Economics and Health Technology Assessment (HEHTA), University of Glasgow
2Glasgow Centre for Population Health, Glasgow

Background: Seeking to improve physical, economic, and social conditions, urban regeneration programmes are increasingly seen as population health interventions, well-placed to improve health and quality of life. A community’s role within these programmes has been emphasized in policy worldwide. The concept ‘community empowerment’ has shown promising evidence of links to quality of life and health. Currently, there is an evidence gap on the investment value of resources to activities fostering community
empowerment as a surrogate outcome of health exists. Identifying, measuring and valuing community empowerment would enable its inclusion in economic evaluations of urban regeneration programmes as a potential cost-effective means to improved community health and optimal resource allocation.

Method: Two-stage study design was conducted. First, systematic review with narrative synthesis to identify attributes of community empowerment within urban regeneration. Secondly, UK-wide representative discrete choice experiment (n=311) asking respondents to value hypothetical community empowerment scenarios.

Findings: Six attributes were identified; sense of inclusion, belonging, trust in stakeholders, residents’ time commitment, availability of stakeholder help/support and availability of information about the regeneration. The survey revealed the most valued attributes were sense of belonging and feeling informed about the regeneration programme whilst stakeholder help/support was the least valued. Strongest preference shown for community empowerment requiring less time commitment, offering participation opportunities, transparent decision-making processes, increased neighbourly social interactions, having stakeholder help and, keeping residents fully informed.

Conclusion: Paper provides policy-makers with values for community empowerment attributes as initial guidance for investment in community empowerment activities. This research illustrates that investment in activities supporting community empowerment should not exclude one attribute in favour of another without considering a community’s existing ‘stock’ of empowerment. Achieving an optimal configuration of attributes to yield the highest sense of empowerment may produce health gains yet needs to be balanced against the resources required to deliver this.

• Author(s) Biography (200 words each):

Dr. Camilla Baba

Camilla Baba is a research assistant working at the University of Glasgow’s Health Economics and Health Technology Assessment Team. She holds a MA(Hons) IN Geography and Central and East European Studies and an MSc in Town Planning. She recently completed her PhD exploring the application of DCE methodology to the measurement and valuation of non-health outcomes of population health interventions. Specifically this focused on capturing community empowerment as an interim surrogate outcome of urban regeneration linked to health. This built on her pre-doctorate research background which was centered on town planning and how it can impact on health. Currently her research looks at the use of mixed methodology in health economics to examine the use of willingness to pay techniques in evaluations of large scale digital health interventions for elderly populations and how qualitative methods can inform discrete choice experiment methodology.
Prof. Carol Tannahill

Carol Tannahill is Director of the Glasgow Centre for Population Health, and since 2014 she has also taken up the role of Chief Social Policy Adviser with the Scottish Government on a part-time secondment, working on the Government’s approaches to supporting communities and tackling deep-rooted inequalities. She is a Fellow of the Faculty of Public Health, the Royal Society of Edinburgh and the Academy of Social Sciences, a trustee on the board of the Joseph Rowntree Foundation (JRF) and Honorary Professor with the University of Glasgow and Glasgow Caledonian University. She has over twenty years’ experience of contributing to public health policy and strategy developments in international, national and local contexts. Throughout her career, Carol has been committed to strengthening the research base to inform public health policy, and building the connections between research, policy and practice.

Prof. Emma McIntosh

Emma McIntosh is Professor of Health Economics and Deputy Director of the Health Economics and Health technology Assessment centre at the University of Glasgow. At HEHTA Emma leads the ‘Economics of Population Health’ theme. Emma’s methodological interests are in the area of economic evaluation, evaluating public health interventions, stated preference methods and cost benefit analysis more generally. Emma co-authored a book entitled ‘Applied Methods of Cost-Benefit Analysis in Health Care’ as part of Oxford University Press’s Handbooks in Health Economic Evaluation series and is currently co-editing the next in the series entitled ‘Applied Health Economics for Public Health practice and research: Public Health Economics’. Emma’s current interest in the use of discrete choice and willingness to pay methods relate to their use in the evaluation of population health interventions, digital health and to the use of DCE’s in developing a new value framework for oncology. Emma has previously held posts at HERC at the University of Oxford, HERU at the University of Aberdeen, the Health Services Research Unit (HSRU) at the University of Aberdeen and the Personal Social Services Research Unit (PSSRU) at the University of Kent.