

Health Development Agency

Clarifying health impact assessment, integrated impact assessment and health needs assessment

Overview

Health impact assessment (HIA), integrated impact assessment (IIA) and health needs assessment (HNA) are approaches used across sectors to help improve health and reduce health inequalities. Sectors using them include local, regional and national government, voluntary agencies and the NHS.

This summary is designed to clarify these approaches, providing a description of the common features and tasks within each,

and how the different approaches may link together. Below is a summary table, followed by more detailed information about these three rapidly developing and commonly used decision-making approaches. For each we describe:

- What it is
- The policy context
- Who is doing it, and on what
- Links to further information.

	Health impact assessment	Integrated impact assessment	Health needs assessment
Starting point	Proposal	Proposal	Population
Primary output recommendations	Suggest how to maximise benefits and minimise negatives of a proposal to inform decision-making; and improve joined-up working	Suggest how to maximise benefits and minimise negatives of a proposal to inform decision-making; and improve joined-up working	Inform decisions about strategies, service priorities, commissioning, and local delivery plans, and inform future HIAs and IIAs
Aims to take account of inequalities, help improve health and reduce health inequalities	Compare how proposals may impact on most vulnerable groups in population	Compare how proposals may impact on most vulnerable groups in population	Describe health needs and health assets of different groups in local population
Involvement of stakeholders	Always	Always	Always
Involvement of community	Ideally (dependent on resources)	Ideally (dependent on resources)	Always
Involvement from many sectors	Usually	Always	Sometimes
Based on determinants of health	Ideally	Always	Usually
Best available evidence is used	Always	Always	Always

Health impact assessment (HIA)

What is HIA?

HIA is an approach that can help identify and consider the health and inequalities impacts of a proposal on a given population. The usual starting point for an HIA is a proposal (policy, programme, strategy, plan, project or other development) that has not yet been implemented. Its primary output is a set of evidence-based recommendations geared to informing the decision-making process associated with the proposal. These recommendations aim to highlight practical ways to enhance the positive aspects of a proposal, and to remove or minimise any negative impacts on health and inequalities (known as a prospective HIA).

Sometimes an HIA is carried out on a proposal that has already started (a concurrent HIA); rarely, an HIA is carried out on proposals that have been completed (a retrospective HIA).

HIA typically uses the determinants of health as a basis for assessing proposals and determining how they may exert their impact on the health of a population. Determinants such as transport, housing, education, the environment and economic activity have major effects on the current and future health of a population.

A wide range of stakeholders can be involved in the HIA approach, and HIA may include a significant level of community involvement and consultation, where appropriate and where resources are available. The HIA framework is designed to take account of, and to balance, the best available evidence from a variety of both quantitative and qualitative sources. At its best, it aims to consider a range of different types of evidence – going beyond published evidence from specific research findings to include the views and opinions of key players who are involved or affected by a proposal or area of work. HIAs can be undertaken comprehensively (usually over months) or rapidly (usually within days/weeks – and in certain circumstances within hours). The key stages of an HIA are outlined in the following box.

Six steps to HIA

- 1 Deciding whether to undertake an HIA (screening)
- 2 Deciding how to undertake the HIA (scoping)
- 3 Identifying and considering the evidence of health impact (appraisal)
- 4 Formulating and prioritising recommendations
- 5 Further engagement with decision-makers
- 6 Ongoing monitoring and evaluation.

The policy context

Policy impact appraisal is not new. It has occurred for economic, environmental, political and social reasons, with health being a recent addition. HIA has been endorsed and signalled in a range of European and national policies and strategies. For example, at the European level Article 152 of the Amsterdam Treaty calls for the EU to examine the possible impact of major policies on health (European Commission, 1999).

At national level, despite there being no statutory requirement to undertake HIA, there is recognition within the UK of the value of HIA as a resource to support efforts to improve health, and particularly to address health inequalities. The government has clearly signalled its acknowledgement of the importance of the determinants of health, and its commitment to promoting HIA at a policy level (Department of Health, 1999). The recommendations of the Acheson Report on inequalities in health and the new *Tackling health inequalities* report also reflect the importance of assessing the impact of policy on health inequalities (Department of Health, 1998; 2003a). The value and importance of HIA have also been strongly endorsed or signalled by a range of other policies, programmes and guidance, eg:

- *New Deal for Transport* (DETR, 1998)
- *New Deal for Communities* (Cabinet Office, 1998)

- *National Service Framework for coronary heart disease* (Department of Health, 2000)
- *Modernising Government* (Cabinet Office, 1999)
- *Power to promote or improve economic, social or environmental well being* (DETR, 2001)
- *Health and Neighbourhood Renewal* (Department of Health and Neighbourhood Renewal Unit, 2002)
- Neighbourhood renewal
- Community strategies
- Local and regional transport and land-use plans
- Local delivery plans
- Best Value
- Integrated Pollution Prevention Control Regulations
- Equity audits
- Regeneration initiatives.

HIAs are also a requirement under professional competencies for public health specialists.

Who is doing it, and on what?

Even though HIA has a short history in England there is evidence of growing activity. A number of specialist centres, specialist practitioner posts and independent HIA practitioners have emerged to support and promote HIA and/or provide access to local-level information on health. Examples include Northern & Yorkshire PHO, London's Health Observatory, Birmingham University, Imperial College, Northumbria University and Liverpool University, to name a few.

Such centres and practitioners are often responsible for commissioning and managing HIA. Embedding HIA in the decision-making processes within organisations is also occurring – this is a key requirement for sustainability of the HIA approach.

HIA is undertaken on a wide range of topics, such as housing and leisure initiatives, road and airport developments, and industrial developments. Over 100 completed HIA case studies are available from www.hiagateway.org.uk. Many HIAs are initiated from within local strategic partnerships, and other related work, eg:

Further information

For further information about the HIA approach, a key website providing detailed information and links to completed HIA case studies, reports, journal articles, HIA toolkits, training courses, and contact details of people working in HIA is at www.hiagateway.org.uk

Other useful websites are:

- www.ihia.org.uk/about.html (IMPACT, England and international)
- <http://online.northumbria.ac.uk/faculties/hswe/hia/index.htm> (Northumbria University HIA)
- www.plymhealthimpact.co.uk/index.html (Plymouth HIA website)
- www.hiadatabase.net (Netherlands and international)
- www.who.int/hia (World Health Organization headquarters)
- www.euro.who.int/echp (WHO Europe, Brussels)
- www.euro.who.int/eprise/main/WHO/Progs/HMS/Home (WHO Europe, Rome)
- www.whiasu.cf.a.uk (Welsh health impact assessment support unit)
- www.cmo.wales.gov.uk/content/work/health-impact/index-e.htm (Chief Medical Officer Wales)
- www.iaia.org (international)

Integrated impact assessment (IIA)

What is IIA?

IIA is an approach that assesses the possible impact of proposals (strategies, policies, programmes, projects, plans or other developments) on a range of issues that previously may have been assessed separately – such as economic, environmental, sustainability, equal opportunities, health,

wellbeing and quality of life. As with HIA, its primary output is a set of evidence-based recommendations geared to informing the decision-making process associated with the proposal. These recommendations aim to highlight practical ways to enhance the positive aspects of a proposal, and to remove or minimise any negative impacts on health

and inequalities. The approach is most effective when applied to proposals that are being developed (prospective IIA), but can also be used to scrutinise proposals that are already completed (retrospective IIA), or strategies that are under way (concurrent IIA).

Current IIA tools have two different origins:

- IIA focused on assessing sustainability – the balanced integration of economic, social and environmental outcomes
- IIA focused on the integration of a wide range of sector-specific objectives designed to assure joined-up planning.

Despite their different origins, each IIA typically carries out similar tasks. Some IIA tools provide a list of sector-specific questions that seeks to check whether strategy, policy, programmes, projects, or plans are:

- Sustainable
- Provide joined-up planning or ‘policy coherence’ across economic, social and environmental outcomes, **and**
- Have not missed the ‘added value’ of doing differently what is already being planned through integrating structures, processes and potential outcomes.

As IIA deals specifically with education, housing, transport and other determinants, it can be useful to think of IIA as a health determinants impact appraisal tool. The North West Region's *Integrated appraisal toolkit* (otherwise known as the IAT) has been designed so that it can be used at any stage of an initiative's development or review process, and this tool recommends an iterative process of use to ensure sustainability and integration are properly embedded. As with HIA, IIA uses the best available evidence from a variety of both quantitative and qualitative sources to develop recommendations.

The policy context

The EU has developed an IIA Framework for European Union planning and spending which will be operational from 2004. The EU now carries out IIA on all major initiatives to improve the quality and coherence of the policy development process. This will contribute to an effective and efficient

Six steps to IIA

- 1** Scope the initiative – what is to be achieved? (objective appraisal)
- 2** Identify options for delivery – which is the most sustainable? (options appraisal)
- 3** Draft initiative proposal – what are the detailed activities? (policy or activity appraisal)
- 4** Review integration of initiative – are defined activities compatible with policy or activity appraisal? (full plan or project appraisal)
- 5** Set indicators – how will you know when you have achieved your goals? (indicator selection)
- 6** Monitor and evaluate – how will you keep the initiative on target ? (appraisal for feedback and review)

regulatory environment, and to a more coherent implementation of the European Strategy for Sustainable Development (http://europa.eu.int/eur-lex/en/com/cnc/2002/com2002_0276en01.pdf).

Who is doing it, and on what?

Many administrative levels of government have decided to develop their own IIA tool. Nationally, the Cabinet Office has produced a form of integrated impact/sustainability appraisal as part of its Better Policy Making Programme focusing on regulatory impact assessment (Cabinet Office, 2003), and the Scottish Executive is piloting an IIA checklist.

English regions are also developing their own IIA-related tools, the most developed of which is the North West Region's *Integrated appraisal toolkit*, based on the regional priorities and objectives contained in *Action for sustainability*, the North West's regional sustainable development framework. The tool has merged IIA and sustainability impact assessment to produce a tool that can be used for strategy, policy, programmes, projects, or plans at all levels. It has been used in the planning of a large (£230 million) NHS private finance initiative, and in housing strategies and local community plans. Developing models of strategic environmental assessment and rural proofing are also

contributing significantly to the development of IIA and sustainability impact assessment tools.

Further information

- The most comprehensive guide to what is available in the UK on IIA is the Northumbria University Report, *Integrated impact assessment: UK mapping project* (Milner *et al.*, 2003), available via www.hiagateway.org.uk
- The North West Region's *Integrated appraisal toolkit* (North West Region, 2003) can be downloaded in pdf format at www.nwra.gov.uk/afs or www.hiagateway.org.uk
- *Better policy making – a guide to regulatory impact assessment* (Cabinet Office, 2003) is available at www.cabinet-office.gov.uk/regulation/scrutiny/betterpolicy.htm
- *Environmental impact assessment: a guide to procedures* (DTLR, 2001) is available at www.planning.odpm.gov.uk/eia/guide/index.htm
- *Rural proofing – policy makers checklist* (Countryside Agency, 2002) is available at www.countryside.gov.uk/Publications/articles/Publication_tcm2-4278.asp
- A case study is available from the *Health Service Journal* (Moore, 2003).

Health needs assessment (HNA)

What is HNA?

HNA is an approach that reviews systematically the health issues facing a given population. The starting point in HNA is a defined **population**. Health issues selected as priorities will usually be those that can help reduce health inequalities. The primary outputs are a set of recommendations, an action strategy based on the evidence gathered about that population, and the identification of effective and acceptable interventions. These should be used to influence policies and service delivery in order to improve health outcomes.

HNAs should involve a multi-agency team to plan and implement the programme and to ensure appropriate cross-sectoral actions are taken on the findings. The findings from HNAs could be used to inform health equity audits, health impact assessments and integrated impact assessments.

The policy context

HNA linked with commissioning has been an integral task of health authorities since 1989. *Saving lives: our healthier nation* (Department of Health, 1999) stressed the importance of the community role in the identification of health needs and priorities; and *Shifting the balance of power within the NHS*

(Department of Health, 2001) gave specific responsibility to primary care trusts:

‘Primary care trusts will be responsible for assessing the health needs of their local community and preparing plans for health improvement which recognise the diversity of local needs. A strengthened public health function will be needed in primary care trusts to support this needs assessment and to ensure that public health surveillance and population screening are carried out across local communities.’

HNAs are recommended in various policy documents to inform:

- Local delivery plans
- Community strategies
- Specialised services commissioning
- Health and social care joint planning and commissioning
- General practice strategic development plans.

HNAs are also a requirement under professional competencies for public health specialists.

Who is doing it, and on what?

The concept and practice of HNA developed during the 1990s (Stevens and Rafferty, 1994,

1997). It is now undertaken by people from a range of sectors at different professional levels, including strategic managers and practitioners concerned with inequalities and improvements in public health. HNAs should involve a multi-agency team to collect in-depth information about specific populations, and take actions that may involve the cooperation of several sectors. The skills and techniques needed include project management, local data collection and analysis, and community engagement. Benefits from undertaking HNAs can include strengthening community involvement in decision-making, and improved team and partnership working.

Target populations are usually defined by categories:

- **Geographically** – eg people living in a neighbourhood or catchment area
- **Within a setting** – eg school, workplace, prison or hospital
- **By shared experience** – eg age, ethnicity, homelessness
- **By having a particular health condition** – eg disease, mental illness or physical disability.

But HNAs will often define populations using a combination of main and sub-categories, eg 'older people living in a deprived neighbourhood'.

Further information

- *Health needs assessment in primary care – a pilot project* (Barwick and Glendenning, 2002), www.gmconfed.org.uk (Local developments/Learning disabilities/Primary and community care)

Five steps to HNA

- 1 Getting started – establishing aims, objectives and a project framework
- 2 Identifying population health priorities
- 3 Assessing health priorities
- 4 Action planning
- 5 Moving on/review – reflective questions about the project and impact

- *Guidance on Developing Prison Health Needs Assessments and Health Improvement Plans* (Department of Health, 2003b), www.doh.gov.uk/prisonhealth/pdf/needsassessment.pdf
- The HDA's *Health needs assessment workbook* (Hooper and Longworth, 2002) is available at www.hda.nhs.uk, and is regularly being revised
- Mid-Hampshire PCT's (2002) *Health needs assessment toolkit* on CD-ROM is available via www.healthaction.nhs.uk
- The *Norfolk Needs Assessment Tool Box* (Norfolk Public Health Nurses' Forum, 2002) is available via www.knowledgenorfolk.nhs.uk/needs_assessment/index.htm or email peter.brambleby@norfolk.nhs.uk for a hard or electronic copy.

Further information and sources of support for conducting HNAs can be obtained from the following websites:

- www.healthaction.nhs.uk – the HNA page contains news, contact lists, discussion forum and links to case studies and resources
- Public health observatories, www.pho.org.uk

Links between HIA, IIA and HNA

Starting points

Both HIA and IIA start with a proposal (either policy, programme, strategy, plan, project or other development), then try to predict what impact that proposal is likely to have. HIA predicts the potential impact on the health of the population, with a particular focus on inequalities of health; whereas IIA

predicts the impact on economic, social and environmental outcomes. In contrast, HNA has its starting point with a population, and determines the health assets and health needs of that population – so that proposals are put forward for the development and delivery of improved programmes and services (see the diagram opposite).

Primary outputs

Each approach produces a set of recommendations for decision-makers to:

- Suggest changes to a proposal, or changing ways of working (HIA and IIA)
- Inform strategies, service priorities, commissioning and local delivery plans (HNA).

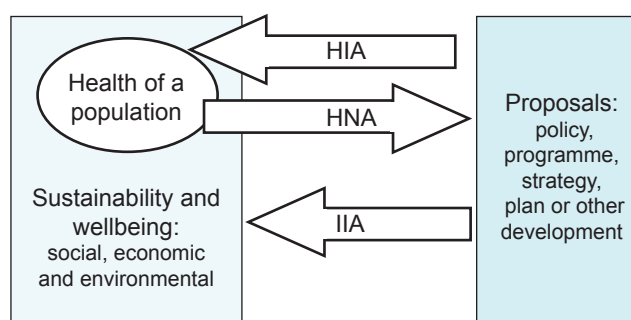
Aims

All three approaches are designed to take account of inequalities to help improve health and reduce health inequalities: HIA and IIA by viewing how proposals may affect the most vulnerable groups in the population compared with how they may affect the least vulnerable; HNA by providing a local picture

building new ways of working together and ensuring joined-up planning/working is occurring – at project, programme, strategy, plan or policy levels. A particular strength is the involvement of people across many sectors – and that the lead may be taken by people from any sector. Similarly, community involvement is typically a component of all three approaches, reassuring decision-makers that this important group is reflected in recommendations that are put forward.

Within each approach, a similar range of methods are used to gather, synthesise and communicate information. For example, ways of engaging people in thinking about health issues for HNA may be equally appropriate

Starting points of HIA, IIA and HNA



of inequalities by describing the health needs and health assets of different groups within the population. HIA, IIA and HNA can then tailor recommendations to address inequalities – eg by changing priorities and targeting resources – or at least ensure inequalities do not widen further. HIA and IIA can also be used to stimulate better use of local assets such as local workforces, community networks and service delivery systems (this concept is known as ‘asset release’).

Which approach should I use?

Sometimes there is confusion about the similarities and differences between these three approaches. It is important to remember that the approach you choose to use (HIA, IIA or HNA) depends entirely on your aims and objectives, and the circumstances in which you operate.

Similarities

All three approaches work best when they involve a wide variety of stakeholders,

for gathering community views within HIA or IIA. The research methods mastered for one assessment (eg HNA) may be of use for tackling a second (eg HIA) in the future.

IIA and HIA both use the determinants of health as a basis for assessing proposals, allowing both HIA and IIA to consider how issues from outside the typical ‘health frame’ may exert their impact, eg on transport, housing, education, the environment, or economic activity. HNA may consider some or all of these issues affecting people’s health, so that recommendations can be put forward to address them.

All the approaches make use of similar evidence to inform their work – local health data, local professional and community views, and (in the case of HIA and IIA) evidence of proposals’ potential impacts gathered from epidemiological studies and other relevant research. In all cases, the aim is to use the best available evidence given the resources available.

References

- Barwick, D. and Glendenning, R. (2002) *Health needs assessment in primary care – a pilot project*. Public Health Department, Stockport. www.gmconfed.org.uk (Local developments/ Learning disabilities/Primary and community care).
- Cabinet Office (1998) *Bringing Britain together: a national strategy for neighbourhood renewal*. Stationery Office, London.
- Cabinet Office (1999) *Modernising government*. Stationery Office, London.
- Cabinet Office (2003) *Better policy making – a guide to regulatory impact assessment*. Stationery Office, London. www.cabinet-office.gov.uk/regulation/scrutiny/betterpolicy.htm
- Countryside Agency (2002) *Rural proofing – policy makers' checklist*. Countryside Agency, Cheltenham. www.countryside.gov.uk/Publications/articles/Publication_tcm2-4278.asp
- DETR (1998) *A New Deal for Transport*. Government white paper on the future of transport. Department of Environment, Transport and the Regions/Stationery Office, London.
- DETR (2001) *Power to promote or improve economic, social or environmental well being*. Department of Environment, Transport and the Regions, London.
- Department of Health (1998) *Independent Inquiry into Inequalities in Health* (Acheson Report). Stationery Office, London.
- Department of Health (1999). *Saving lives: our healthier nation*. Stationery Office, London.
- Department of Health (2000) *National Service Framework for Coronary Heart Disease: main report*. Department of Health, London.
- Department of Health (2001) *Shifting the balance of power within the NHS: securing delivery*. Stationery Office, London.
- Department of Health (2003a) *Tackling health inequalities: a programme for action*. Department of Health, London.
- Department of Health (2003b) *Guidance on developing prison health needs assessments and health improvement plans*. Department of Health, London. www.doh.uk/prisonhealth/hna.htm
- Department of Health and Neighbourhood Renewal Unit (2002) *Health and neighbourhood renewal: guidance from the Department of Health and the Neighbourhood Renewal Unit*. Department of Health, London.
- DTLR (2001) *Environmental impact assessment: a guide to procedures*. Department of Transport, Local Government and the Regions, London. www.planning.odpm.gov.uk/eia/guide/index.htm
- European Commission (1999) *Fourth report on the integration of health protection requirements in community policies*. V/99/408-EN. European Commission, Brussels.
- Hooper, J. and Longworth, P. (2002) *Health needs assessment workbook*. Health Development Agency, London. www.hda.nhs.uk
- Mid-Hampshire PCT (2002) *Mid Hampshire Primary Care Trust health needs assessment toolkit* (CD-ROM). www.healthaction.nhs.uk
- Milner, S., Bailey, C., Deans, J. and Pettigrew, D. (2003) *Integrated impact assessment: UK mapping project*. HIA R&D Programme, Northumbria University. www.hiagateway.org.uk
- Moore, A. (2003) Atmospheric pressure: 'sustainable development': an assessment of impact. *Health Service Journal*, 113: 34-5.
- Norfolk Public Health Nurses' Forum (2002) *Norfolk needs assessment tool box, Version 2*. Norfolk Public Health Nurses Forum, Norwich PCT. www.knowledgenorfolk.nhs.uk/needs_assessment/index.htm
- North West Region (2003) *Implementing action for sustainability: an integrated appraisal toolkit for the North West*. www.nwra.gov.uk/afs or www.hiagateway.org.uk
- Stevens, A. and Rafferty, J. (1994, 1997) *Health care needs assessment: the epidemiologically based needs assessment reviews*, Vols 1 and 2. Radcliffe Medical Press, Oxford.

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