Summary: Health needs assessment at a glance
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**Step 1**
Getting started
- What population?
- What are you trying to achieve?
- Who needs to be involved?
- What resources are required?
- What are the risks?

**Step 2**
Identifying health priorities
- Population profiling
- Gathering data
- Perceptions of needs
- Identifying and assessing health conditions and determinant factors

**Step 3**
Assessing a health priority for action
- Choosing health conditions and determinant factors with the most significant size and severity impact
- Determining effective and acceptable interventions and actions

**Step 4**
Planning for change
- Clarifying aims of intervention
- Action planning
- Monitoring and evaluation strategy
- Risk-management strategy

**Step 5**
Moving on/review
- Learning from the project
- Measuring impact
- Choosing the next priority

Figure 1: The five steps of health needs assessment
What is health needs assessment?
Health needs assessment is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities.

Why undertake HNA?
- HNA is a recommended public health tool to provide evidence about a population on which to plan services and address health inequalities
- HNA provides an opportunity to engage with specific populations and enable them to contribute to targeted service planning and resource allocation
- HNA provides an opportunity for cross-sectoral partnership working and developing creative and effective interventions

How does HNA support national and local priorities?
The government is committed to reducing health inequalities within the population. It has set a public service agreement to: ‘REDUCE HEALTH INEQUALITIES BY 10% BY 2010 AS MEASURED BY INFANT MORTALITY AND LIFE EXPECTANCY AT BIRTH’
www.hm-treasury.gov.uk/media/70320/sr04_psa_ch3.pdf
HNA provides a vital tool to meet this objective, and is recommended in various policy documents to inform regional and local strategic plans.

What are the benefits of HNA?
Benefits from undertaking HNAs can include:
- Strengthened community involvement in decision making
- Improved team and partnership working
- Professional development of skills and experience
- Improved communication with other agencies and the public
- Better use of resources.

What are the challenges of HNA?
- Working across professional boundaries that prevent power-or information-sharing
- Developing a shared language between sectors (see Section 2)
- Obtaining commitment from ‘the top’
- Accessing relevant data
- Accessing the target population
- Maintaining team impetus and commitment
- Translating findings into effective action.
2 Common language
The following terms underpin the health needs assessment process described in this publication. It is important that HNA project teams and stakeholders adopt a shared language for key terms at the start of a project, to ensure there is agreed understanding of objectives.

**Health**

Health is defined as a positive concept that emphasises social and personal resources, as well as physical capabilities. It involves the capacity of individuals – and their perceptions of their ability – to function and to cope with their social and physical environment, as well as with specific illnesses and with life in general (WHO, 1984; Baggott, 1994).

**Inequalities in health**

All government departments are now committed to closing the gap between the most advantaged sections of society and the least advantaged, as defined by childhood mortality and life expectancy. HNA can be a useful tool in this process through targeting services and support towards the most disadvantaged groups (DH, 2003a).

**2 Common language**

**Health needs**

These can be:

- Perceptions and expectations of the profiled population (felt and expressed needs)
- Perceptions of professionals providing the services
- Perceptions of managers of commissioner/provider organisations, based on available data about the size and severity of health issues for a population, and inequalities compared with other populations (normative needs)
- Priorities of the organisations commissioning and managing services for the profiled population, linked to national, regional or local priorities (corporate needs).

An HNA should involve comparing and balancing these different needs when selecting priorities (see also definitions of need by Bradshaw, 1994; Stevens and Rafferty, 1994). The information can then be used as a basis for bringing about change through negotiation with stakeholder groups.
Determinants of health

This is a concept based on the model of Dahlgren and Whitehead (1991) (see Figure 2 above), which suggests that there are complex, multi-layered influencing factors with an impact on the health of individuals. At the centre are factors including age, gender and genetic inheritance. In the second layer are behavioural patterns such as smoking, diet and physical activity. In a third layer are social position, economic resources and the material environment. The fourth layer includes the wider or underlying determinants, consisting of social and community networks, work environment, housing and living conditions, education and transport. In the outer layer are the economic, political, cultural and environmental conditions present in society as a whole.

Tackling health inequalities requires action within all these layers of influence, and HNA can be used to identify, assess and prioritise where effective action should be targeted. The HNA should therefore involve a multi-agency team in collecting information about specific populations, along with cross-sectoral stakeholders capable of, and committed to, undertaking a range of actions to improve health and service delivery.

Figure 2
Influences on health
[Dahlgren and Whitehead (1991); from Acheson (1998)]
Population

HNA populations can be identified as people sharing:

- Geographic location – eg living in deprived neighbourhoods or housing estates
- Settings – eg schools, prisons, workplaces
- Social experience – eg asylum seekers, specific age groups, ethnicity, sexuality, homelessness
- Experience of a particular medical condition – eg mental illness, diabetes, respiratory disorders.

Often a target population will be identified through a combination of main and subcategory groups, eg older people living in a deprived rural area and recovering from a stroke.

Levels of prevention of ill health

There are three levels at which interventions can be effective in tackling ill health for individuals and within populations:

- **Occurring** – preventing the problem occurring at all (primary prevention)
- **Recurring** – preventing the problem progressing or recurring by detecting and dealing with it (secondary prevention)
- **Consequences** – preventing the consequences or complications of the problem (tertiary prevention).

HNA selection criteria

HNA is worthwhile undertaking only if it results in changes that will benefit the population. It is essential to be realistic and honest about what you are capable of achieving. Four criteria should be used in selecting issues for intervention:

- **Impact** – which health conditions and determinant factors have the most impact, in terms of size and severity, on the health functioning of the population?
- **Changeability** – can the most significant health conditions and determinant factors be changed effectively by those involved in the assessment?
- **Acceptability** – what are the most acceptable changes needed to achieve the maximum impact?
- **Resource feasibility** – are there adequate resources available to make the required changes?

Diseases and health conditions

Diseases and health conditions experienced within a population are important when they affect health functioning. Diseases and health conditions can sometimes be caused or exacerbated by a determinant factor, such as poor housing or smoking. In the process of undertaking HNA, actions or interventions that can reduce disease and ill health should be considered at all three levels of prevention (see above).

Health functioning

Health functioning can be defined as the individual’s or population’s experience in terms of whether the health condition or determining factor:

- Negatively affects social **roles** of caring, partnering, friendship, sexual relationships, employer/employee
- Negatively affects the population’s level of mobility (**physical ability**)
- Causes physical **pain**
- Contributes to **mental illness**
- Negatively affects energy levels (**vitality**).
Health triangle

The health triangle is an analytical tool that can assist in:

- Identifying potentially important health issues for the population
- Reviewing the associations between health conditions, determinant factors and health functioning (see previous definitions)
- Structuring the collection and presentation of data to compile a useful profile.

The health triangle should be used with the target population and all main stakeholders to achieve consensus about priorities for action.

*Rank 0 = low impact; 10 = high

Note: A high impact score for health functioning indicates a priority for action

Figure 3
The health triangle
[adapted from the original model used by Hooper and Longworth (2002)]
Partnership
Local collaboration by statutory, voluntary, community and private sector organisations in planning and implementing economic, social and health programmes. Local strategic partnerships may commission HNAs.

Stakeholders
The different partners or sectors who should be involved in decisions about health, regeneration and other programmes. Stakeholders for HNA may include representatives from local business, education, police, housing, transport, social services and leisure, as well as from health agencies. Most importantly, they should include members and representatives from the target population.

Community engagement
A general term used in this context to describe the active participation of local people in defining priority issues and being part of the solution-determining process.
HNA and other assessment tools

HNA is one of several approaches being used across sectors to help improve health and reduce health inequalities. Other frequently used tools include health impact assessment (HIA), integrated impact assessment (IIA) and health equity audit (HEA). Although there are similarities in these approaches, a key difference is their starting point.

- **HNA** starts with a population – when the health needs of that population are known, proposals are put forward for the development and delivery of improved programmes and services.
- **HIA** starts with a policy or project, and predicts the impact on the health of the population.
- **IIA** starts with a policy or programme, and predicts the impact on economic, social and environmental outcomes.
- **HEA** starts with a defined population, and is a process whereby local partners systematically review inequities in the causes of ill health and in access to effective services for that population. HNA might be an action undertaken in response to inequities identified by HEA, or might be used to inform HEA about inequities in the population and how they might best be addressed.

Each of these approaches involves a variety of similar research methods, but it is important to select the assessment tool according to your aims and objectives. Similarities and differences between these tools are covered in more detail by Quigley et al. (2005).
3 The five steps of health needs assessment
3 The five steps of health needs assessment

The five-step project planning process outlined here presents a set of practical activities and quantitative and qualitative research exercises that will ensure a robust and systematic assessment, with tangible outcomes, is undertaken. The information gained can be used to inform service delivery and improve health outcomes for a targeted population, as well as leading to other potential benefits, as outlined in Section 1. The process includes some exercises and models, eg the health triangle (Figure 3, page 15), to assist the project team in identifying priority health conditions and underlying factors affecting the health of the population, and in reaching a consensus on appropriate interventions for positive change. This five-step process is based on the model outlined by Hooper and Longworth (2002), which provides further information relating to the steps on pages 25–89. Additional help with many of the practical skills and methodologies associated with the steps are provided in Section 4.

As each project will be unique, and will differ in complexity, it is difficult to provide time estimates for the HNA process – a project may take anything from a couple of weeks to several years. The time that individual members of the team can allocate to the project should be considered at the beginning to ensure the scope of the project is realistic.

See the five steps diagram opposite.

Although the step approach, as presented in this publication, may indicate a linear process, in practice the process requires cross checking and regular revisions. It is therefore important to be aware of the key elements within all the steps from the start of the project. Some activities, such as evaluation and risk management described in step 4, will need to be applied throughout the whole project, as well as to the interventions selected to implement health improvements.
The five steps of health needs assessment

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**Step 5**
Moving on/review
- Learning from the project
- Measuring impact
- Choosing the next priority
To undertake this first step, you should assemble a group of people who are interested in the project to consider the following questions. Ensure that you record your decisions for future referral, report writing and evaluation purposes. Invest some time in making sure people have a shared understanding of the common language (see Section 2) – this will avoid a lot of potential confusion later on.

By the end of this step you should:

• Have a clear definition of the population you are going to assess
• Have a clear rationale for the assessment and its boundaries
• Know who needs to be involved, and how
• Understand what resources are required, and how to keep the project on track.

**WHAT POPULATION AND WHY?**

Have you clearly defined your main population? eg all people living in a disadvantaged neighbourhood.

Have you clearly defined any subpopulation groups? eg children under five and their families living in a disadvantaged neighbourhood.

Why have this population and any subpopulation groups been chosen?

• Are there any specific issues about this population that makes it significantly more important than other local populations for assessing health needs?

• Does this population have significantly worse health than others locally – are there significant health inequalities?

How does the population you have selected relate to national, regional and local priorities for improving health and reducing health inequalities?

**WHAT ARE YOU TRYING TO ACHIEVE?**

• Set clear aims and objectives for your HNA – ensure these have not already been addressed by other agencies by checking across sectors (statutory and voluntary)
• Check that the aims and objectives are realistic in terms of current or projected resources available
• What relevant information is available about this population?
• Ensure you have checked existing policy directives and priorities relating to the selected population, and that you understand the remits of the organisations involved
• Ensure the target population has not already been assessed to death!

These points will help clarify not only what you are trying to achieve, and why, but also what is outside the scope of the assessment.

**WHO NEEDS TO BE INVOLVED?**

Consider the following:

• A project leader who can lead and oversee the HNA process, ensure methodological quality, and be a coordinating link
REVIEW – STEP 1
At the end of step 1 you should be clear about the population you are working with, and have clarified the aim of the assessment and its boundaries. You should also know whether or not you have the capacity to undertake the type and scope of project you are considering.

• A team to undertake the assessment – consider what skills will be needed at different stages of the project
• Key stakeholders – consider the range of stakeholders who should be involved and be clear about their remit. Ensure the stakeholder group includes representation and involvement of the target population as well as multi-agency representation to drive through change
• Senior managers and policy makers – ensure you have their agreement and commitment to support any necessary changes arising as a result of findings from the HNA.

Consider:
• Who knows about the problem/issue?
• Who cares about it?
• Who can do anything about it?
This can help clarify who needs to be involved in different steps in the process.

WHAT OTHER RESOURCES WILL YOU REQUIRE?

Consider:
• Time
• Meeting space
• Access to the population
• Access to data
• Skills
• Funding to conduct the project.

WHAT RISKS MIGHT YOU ENCOUNTER, AND HOW WILL YOU OVERCOME THEM?

Try to anticipate as many barriers and threats to the project as possible, and consider strategies for overcoming these (see pages 7-9 Benefits and challenges and pages 43-44, Process evaluation).

HOW WILL YOU MEASURE SUCCESS AND ENSURE THE PROJECT STAYS ON TRACK?

As soon as you are confident you are going to proceed with the project, you will need to develop a monitoring and evaluation process for each step in the process (see pages 43-44, Monitoring and evaluation strategy, for more detailed advice).
**Illustrative case study – Step 1 Getting started**

**Health Needs Assessment for a Sure Start Programme in West Newcastle upon Tyne**

| What population, where located and why chosen? | Children under four, their families and carers living in a defined geographical area of West Newcastle upon Tyne. The area was chosen as the three wards made up the third, fourth and seventh most deprived in Newcastle and North Tyneside according to multiple deprivation scores |
| What were the aims and objectives? | The HNA was part of the Sure Start programme planning process. To work with parents-to-be, parents and children to promote the physical, intellectual and social development of babies and young children – breaking the cycle of disadvantage |
| Who was included in the project team? | The HNA was led by the Public Health Nurse for West Locality and an experienced community development worker employed by Riverside Community Health Project established in offering family support in the area |
| Who was included in the stakeholder group? | Local workers in health, social care, education and many representatives from local non-statutory services, local parents, grandparents, carers and children |
| What resources were required? | The Public Health Nurse and Community Development Worker were allocated some time within their present jobs to undertake this work. A request for early funds was successfully made which helped pay for the community development workers’ extra hours and some of the additional consultation |
Step 2
Identifying health priorities

By now you will have a working definition of the population you will be assessing, and have clarified the aim of the assessment and its boundaries. The next step is to identify the health priorities for that population.

By the end of step 2 you should have:
- Identified the aspects of health functioning and conditions and factors that might have a significant impact on the health of the profiled population
- Developed a profile of these issues
- Used this information to decide a limited number of overall health priorities for the population, using the first two explicit selection criteria of HNA –
  - **Impact** – they have a significant impact in terms of severity and size
  - **Changeability** – they can be changed locally.

Within any population, there is a potentially huge number of issues that could be tackled to improve health and reduce inequalities. The process of choosing priorities is at the heart of the health assessment process. It involves making hard decisions. Involving people in the debate that leads to these decisions is crucial if they are going to be carried through and acted on. This highlights the need to check that the right people are involved before you start.

In choosing priorities, you are trying to screen out issues that do not meet the first two HNA selection criteria – impact and changeability (see Section 2, page 14). Consider each criterion in turn to narrow down the list of issues that could be tackled. If an issue is not seen as having a significant impact, you do not need to consider it for changeability.

This step involves a series of field activities and assembly of data to gather information about health issues affecting the defined population. The information sources for any needs assessment include:
- Perceptions of the population
- Perceptions of service providers and managers
- Data on the size of the potentially important aspects of health functioning/conditions/factors and population characteristics
- Relevant national, local or organisational priorities.

**Note:** useful skills, tools and resources relating to these activities are in Section 4 (see also page 36 of Hooper and Longworth, 2002). The field activities will require careful planning to ensure the quality of the findings.
POPULATION PROFILING

Gather general information about the target population:

• How many people are in the target group?
• Where are they located?
• What data are currently available about them?
• What are the main common experiences and differences within the group?

How does the population perceive its needs?

• Hold workshops or focus groups for those involved in this assessment, such as representatives from the population and providers
• Interview key people
• Send out questionnaires (see page 38 of Hooper and Longworth, 2002)
• Consider reaching individuals/groups who might be excluded from the main consultation methods (see Community engagement, page 50; Henderson et al., 2004, pages 70–81).

WHAT ARE THE HEALTH CONDITIONS AND DETERMINANT FACTORS AFFECTING THE HEALTH FUNCTIONING OF THE TARGET POPULATION?

However you have gathered your data, a list of the health conditions and determinant factors affecting the population should be pulled together for final debate and agreement. These will form the main outcomes of the assessment, and are important in steps 3 and 4 when planning for change.

The determinant factors that might be affecting health conditions (see Section 2, page 13, Determinants of health) can be grouped under five general categories:

• Social
• Economic
• Environmental
• Biological
• Lifestyle.

WHAT HEALTH CONDITIONS AND DETERMINANT FACTORS HAVE A SIGNIFICANT IMPACT ON HEALTH FUNCTIONING?

Use the health triangle (see Section 2, page 15) to assess what impact the health conditions and determinant factors have on the health functioning, in terms of size and severity, of the profiled population.

Then review the list for:

• Health conditions and determinant factors whose evidence of impact is unknown or contested – then delete them
• Health conditions and determinant factors that are relatively unimportant in size and severity – then delete them
• Check that all relevant national or local priorities have been included.

Share the list with all stakeholder groups involved to check for completeness, accuracy and understanding of the results of the assessment.
### EXAMPLE: TARGET POPULATION – CHILDREN UNDER FOUR AND THEIR FAMILIES

**Health conditions:**
- Low birth weight
- Post-natal depression
- High levels of accidental injury in children.

**Determinant factors:**

**Social –**
- Experience of domestic violence
- Isolation/loneliness
- Isolation from family support
- Low English language proficiency.

**Economic –**
- Lack of access to training and employment
- Low income
- Low parental educational achievement.

**Environmental –**
- Unfit housing/hostels/temporary accommodation
- Lack of access to health services
- Lack of community and play facilities
- Poor transport links.

**Biological –**
(may be determinant factors, but unchangeable; see page 29, Changeability)
- Gender/sexuality/age/ethnicity
- Genetic factors
- Mental and physical disabilities.

**Lifestyle –**
- Substance and alcohol abuse
- Smoking
- Poor nutrition.

### CHOOSING PRIORITIES ACCORDING TO IMPACT ON THE HEALTH OF THE POPULATION

The rest of this step can be done in one or a number of workshop(s) with all those who should be involved. Profiling involves using valid data from various sources and comparing this with different perspectives of participants may seem daunting. Remember the main function of data is to act as a check for the results of the preceding discussions about perceptions. Follow these principles when considering data:

- **Essentials** – information not directly relevant to the objectives of profiling should be ignored
- **Bias** – all information is subject to a bias, whether incomplete; untimely; varied definitions, etc – this is fine so long as any bias is identified and acknowledged

**Triangulation** – assemble the data from a range of sources – if they emerge with similar results or themes, these will be reasonably robust; if not, consider whether their biases are different.

### WHICH HEALTH CONDITION / DETERMINANT FACTORS HAVE A SIGNIFICANT IMPACT, IN TERMS OF SEVERITY, ON HEALTH FUNCTIONING?

Put each of the identified health condition/determinant factors in a list of high, medium or low impact by assessing each for severity:

- Does the health condition/determinant factor significantly affect the most important aspects of health functioning?
- Does the health condition/determinant factor significantly affect other issues that affect health?
• Does the health condition/determinant factor significantly affect long-term health?
• Does the health condition/determinant factor cause death?

**WHICH HEALTH CONDITIONS/DETERMINANT FACTORS AFFECT THE HEALTH FUNCTIONING OF MANY PEOPLE – SIZE IMPACT?**

Review known data or information on incidence or prevalence, either directly about your population, or extrapolated from other, similar populations. Consider:

- **Absolute size**, eg number of cases of post-natal depression occurring within the population
- **Comparative size**, ie is the local size higher or lower than other local populations/national averages?

You may find using a table with these headings useful to draw out what the data are saying.

### Choosing priorities according to size

<table>
<thead>
<tr>
<th>Data item</th>
<th>Data known? Yes/No</th>
<th>What do the data say?</th>
<th>Implications? So what?</th>
<th>Most important in size? Yes/No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Data item</th>
<th>Data known? Yes/No</th>
<th>What do the data say?</th>
<th>Implications? So what?</th>
<th>Most important in size? Yes/No</th>
</tr>
</thead>
</table>

*Table 1  
Recording impact – size*

Now enter both the severity and size impact ratings on Figure 4 (page 29).

Check that:

- Any health conditions and determinant factors where the evidence of impact is either unknown, extremely low, or contested are deleted from the list.
- Relevant national or local priorities are included in the list.

- There is agreement on a final list of issues with significant impact in terms of size and severity on health functioning that can now be considered for changeability.

Finally, identify whose health is most likely to be at risk from the negative impact of these high priority health conditions/determinant factors – these will be the target population groups for action.
3. THE FIVE STEPS OF HEALTH NEEDS ASSESSMENT

Impact

<table>
<thead>
<tr>
<th>Health condition/determinant factor</th>
<th>Severity (−ve/+ve)</th>
<th>Size Important</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>Yes/No</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>Yes/No</td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

**Figure 4**
Recording impact – severity and size

**CHOOSING PRIORITIES ACCORDING TO CHANGEABILITY**

Which of the priority health conditions/determinant factors can be effectively improved by those involved? Using the list of issues assessed for high impact of severity, assess them as:

- **High** – definitely changeable, with good evidence – keep in list
- **Medium** – some aspects significantly changeable, but not overall – possibly delete?
- **Low** – little, no or unknown changeability – delete from list.

Then check the list of priorities with both high impact and changeability for:

- Are all three levels of prevention assessed for action? (see Section 2, page 14)
- Are there relevant professional/organisational policies that define recommended actions?
- Are these local and national priorities?
- Does this list of changeable priorities help to reduce health inequalities?

Ensure everyone is signed up to creating the final list of priorities and to taking these forward, and that the priorities are agreed by the most relevant senior planning groups.

It is important to be clear which organisations will need to be involved in taking the main priorities forward through step 3.

**EXAMPLE: POST-NATAL DEPRESSION AND LEVELS OF PREVENTION**

Provision of a safe babysitting service to isolated mothers, enabling them to have increased access to social and community activities, could be effective at all three levels: by preventing post-natal depression from occurring (primary); by preventing it from recurring or progressing (secondary); and by preventing or alleviating consequences of the problem (tertiary). (See Section 2, page 14).
When you have assessed all the conditions and factors for impact and changeability, ensure you return to your population and stakeholder group with any preliminary findings.

Check that you have interpreted their input correctly, and that they understand the assessment results.

Aim for consensus between expert opinion, data and community perceptions when agreeing a shortlist of health priorities based on the findings. These can then be considered for selection in step 3.

COMPARE SCORES, COMMUNICATE THE FINDINGS AND SHORTLIST PRIORITIES FOR ACTION

REVIEW – STEP 2

At this point you should have identified a shortlist of health priorities for the profiled population, and assessed associated health conditions and determinant factors for each of these priorities for impact, in terms of size and severity and changeability.

This process will not have produced a totally objective assessment, but should ensure that issues are thoroughly debated and that a group consensus is reached about relative impact and priorities. If the project team’s assessment is regularly referred back to the stakeholder group and to the population for input, and adjustment if necessary, a democratic basis for further action will be established.
ILLUSTRATIVE EXERCISE, GROUP ACTIVITY

Aim: to assess the health conditions and determinant factors having an impact on children under four and their families in a deprived ward (number affected: 60 families).

As a team:

1. Identify the health conditions and determinant factors that might have a significant impact on the health functioning of children under four and their families.

2. Select a health condition and enter this on the health triangle. Consider the relationship between the health conditions and each set of determinant factors (e.g., childhood injury with environmental factors; see example).

3. Reach a consensus about a final ranking for the effect of the health condition and its determinant factors on health functioning, by sharing individual rankings with the rest of the group and discussing differences.

4. Consider how much the health condition and determinant factors:
   - affect health functioning
   - affect other health conditions
   - affect health, transiently or long term
   - cause death

5. Repeat this exercise for the same health condition and other determinant factors.

6. Repeat the exercise with other health conditions and their determinant factors.

7. Agree the severity ranking and size of the condition, and enter the findings on Figure 7.

8. Consider each health condition/determinant factor for changeability across the three levels of prevention – occurring, recurring and consequences in the short to medium term. Enter findings on Figure 8.

9. Compare scores for each factor on both impact and changeability, and prioritise issues for action.
Illustrative case study – Step 2 Identifying health priorities

### Health Needs Assessment for a Sure Start Programme in West Newcastle upon Tyne

<table>
<thead>
<tr>
<th>How was a profile of the population developed?</th>
<th>The Public Health Nurse in conjunction with the Citywide Sure Start Health Coordinator collated quantitative data</th>
</tr>
</thead>
</table>
| What data were available on the health of the population? | Index of multiple deprivation scores (2000)  
Census information regarding numbers of families with under fours, levels of employment, lone parents, breakdown by ethnicity  
Going for growth consultation information and responses by local people; numbers of children on the child protection list, number of mothers experiencing post-natal depression; number with low birth weight babies; number of mothers with children under one; number of emergency admissions to hospital, SATs results, estimated literacy levels |
| How was information gathered about the population’s and service providers’ perceptions of needs? | Through multiple methods of consultation and ongoing involvement during the development of this Sure Start programme to include:  
• Meetings with existing parents’ and grandparents’ groups  
• Meetings with professionals in key organisations  
• The use of ‘H’ forms (a simple diagrammatic technique) to gather information about ‘What was good about local services for families and young children, what was not so good, what would make things better, and what services people valued most?’  
• Kids’ cocktail parties (consultation through fun activities for 3 to 14 year olds)  
• Passport to family support event  
• Under fives summer fun week and holiday activities  
• Newcastle Action for Parents and Toddlers Initiative Survey |
| What barriers were encountered? | Initially the parents in the two main communities were consulted separately, as they did not naturally meet, and eventually formed a whole representative group.  
In addition, one large area covered was undergoing consultation as a Going for Growth Regeneration Area, and there was much dissatisfaction with the local council at this time |
What were the key issues for the population?

<table>
<thead>
<tr>
<th>Issue</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>More activities for children of all ages, and affordable leisure</td>
<td>More activities for children of all ages, and affordable leisure and sports facilities –</td>
</tr>
<tr>
<td>and sports facilities – specifically holidays and after school</td>
<td>specifically holidays and after school</td>
</tr>
<tr>
<td>An increase in the amount of affordable, good quality childcare</td>
<td>An increase in the amount of affordable, good quality childcare</td>
</tr>
<tr>
<td>Health visitors must be more accessible within the community</td>
<td>Health visitors must be more accessible within the community</td>
</tr>
<tr>
<td>Improved transport links to key services, specifically the need for</td>
<td>Improved transport links to key services, specifically the need for lo-liner buses</td>
</tr>
<tr>
<td>lo-liner buses</td>
<td></td>
</tr>
<tr>
<td>Integrated services all on one site</td>
<td></td>
</tr>
<tr>
<td>Places for parents and children to meet and socialise</td>
<td>Places for parents and children to meet and socialise</td>
</tr>
<tr>
<td>Improved family support, particularly for women suffering from</td>
<td>Improved family support, particularly for women suffering from post-natal depression</td>
</tr>
<tr>
<td>post-natal depression</td>
<td></td>
</tr>
<tr>
<td>Home-based support and information about safety in the home,</td>
<td>Home-based support and information about safety in the home, information and support to</td>
</tr>
<tr>
<td>information and support to access safety equipment</td>
<td>access safety equipment</td>
</tr>
</tbody>
</table>

In terms of quantitative data, there was a need to increase access to training, education and employment, and to increase the educational attainment of the children in this area. There were many more areas for action.
Illustrative case study example of Figure 3 (page 15) health triangle used to assess the impact of accidental injury and determinant factors on the health functioning of children under four

Health functioning

Total = 17

Role functioning = 5
Mental health = 3
Physical ability = 3
Vitality = 1
Pain = 5

Health conditions
Childhood injury (under four)

Determinant factors
Environmental
  • Unfit housing/hostels/temporary accommodation/overcrowding
  • Lack of quality childcare services
  • Lack of safe community and play facilities
  • Busy traffic
  • Lack of health and safety awareness

(100 reported incidences in 2003)

*Rank 0-10
*Rank 0-10
*Rank 0-10
*Rank 0-10
*Rank 0-10

Note: A high impact score for health functioning indicates a priority for action
Illustrative case study example of Figure 4: Impact size and severity rating

<table>
<thead>
<tr>
<th>Health condition/determinant factor</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Severity (−ve/+ve)</td>
</tr>
<tr>
<td></td>
<td>High</td>
</tr>
<tr>
<td>Post-natal depression and environment</td>
<td>X</td>
</tr>
<tr>
<td>Low birth weight and environment</td>
<td></td>
</tr>
<tr>
<td>Accidental injury and environment</td>
<td></td>
</tr>
</tbody>
</table>

Illustrative case study example of Figure 5: Changeability – levels of prevention

<table>
<thead>
<tr>
<th>Health condition/determinant factor</th>
<th>Level of prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rank 0-10*</td>
</tr>
<tr>
<td></td>
<td>Occurring</td>
</tr>
<tr>
<td>Post-natal depression and environment</td>
<td>5</td>
</tr>
<tr>
<td>Low birth weight and environment</td>
<td>0</td>
</tr>
<tr>
<td>Accidental injury and environment</td>
<td>7</td>
</tr>
</tbody>
</table>

*Rank 0=low; 10=high

Note: In this example you might conclude that your team can do little or nothing to influence the effect of environmental factors in low birth weight in the short to medium term, but that it might be possible to intervene to reduce the incidence and consequences of post-natal depression and accidental injury. You might place these higher on the shortlist of priorities. But remember your stakeholders may disagree.
Step 3
Assessing a health priority for action

This step is the assessment of a specific health priority for action. The health priority may have been identified from either:

- The profile of the important aspects of health conditions/determinant factors for your target population and agreed list of health priorities – established by working through steps 1 and 2; or
- A national or local priority identified without population profiling or completing step 2 – eg a priority for many NHS planners is coronary heart disease, as both a national and local priority. If you are starting with a national or local priority it is crucial to ensure local ownership and involvement with that priority (see page 30).

By the end of this step you should have:

- Identified who should be involved in making the specific change happen, and included them in the process of choosing actions to tackle this health priority
- Gained a clear and shared understanding of the health priority through identifying the health conditions and determinant factors that have significant impacts on it
- Gained a clear understanding of the boundaries of the assessment
- Identified effective interventions to tackle this health priority
- Defined your target population
- Identified the changes required
- Confirmed that the proposed changes will help reduce health inequalities.

The task is to assess each specific health priority for change. The needs-led approach requires being clear about the ‘what and why’ before considering the ‘how’. By completing this step you should be much clearer about:

- Why this specific health priority is important for the profiled population
- What changes you can make that will have a positive impact on the most significant issues affecting the priority.

This will ensure the detailed action planning in step 4 is based on sound information and clear assumptions.

This step starts with working through the same questions as for steps 1 and 2 for this specific priority, then applying the two final HNA selection criteria (see Section 2, page 14):

- **Acceptability** – what are the most acceptable changes required for the maximum positive impact?
- **Resource feasibility** – are the resource implications of these changes feasible?

**WHO IS BEING ASSESSED BY WHOM, AND WHY?**

It is important to be clear why the assessment of this specific priority is being carried out, and who cares enough to take any notice of the results.
Check:
- What is the aim of this assessment?
- Why are you doing this assessment?
- What are the boundaries of it?
- What are the fixed points?
- Who will be involved, when, and how?
- Are key partner agencies and groups involved or, if not, does this matter?

When you feel these are reasonably clear, gather together those involved to go through the following tasks. These may take some time, as you will probably need to collect information between the tasks.

IDENTIFYING HEALTH CONDITIONS/DETERMINANT FACTORS THAT MIGHT HAVE A SIGNIFICANT IMPACT ON THIS HEALTH PRIORITY

Using the health triangle (see page 15):
- Identify the most important aspects of health functioning for people affected by this specific priority
- Ask each member of the group individually to rank the aspects of health functioning in terms of their importance to the health priority
- Reach a consensus about the final ranking by sharing their rankings with the rest of the group, and discussing any differences; write the aspects in the health triangle template
- Identify the health conditions and determinant factors that have a significant impact on the most important aspects of health functioning, across the three levels of prevention (use the determinant factor groups and the levels of prevention as a check that important things have not been overlooked).

CHOOSING THE HEALTH CONDITIONS/DETERMINANT FACTORS WITH THE MOST SIGNIFICANT IMPACT ON THIS HEALTH PRIORITY

Put each health condition/determinant factor identified into a list of high, medium or low impact, by assessing each for severity and then size of impact (see page 28).

Severity
- Does the health condition/determinant factor significantly affect the most important aspects of health functioning?
- Does the health condition/determinant factor significantly affect other issues that affect health?
- Does the health condition/determinant factor significantly affect long-term health?
- Does the health condition/determinant factor cause death?

Its impact could be at any of the three levels of prevention, and it could be either positive or negative.

Are there any issues whose strength of evidence about the impact is unknown (unclear, little, unknown, or no impact?) If so – delete them from the list.
Size
Review any known data or information on incidence or prevalence directly for your population, or extrapolated from other, similar populations. Think about:

- **Absolute size**, eg number of cases of post-natal depression occurring within the population
- **Comparative size**, ie is the local size higher or lower than other local populations/national averages?

Look at the resulting flip chart for high, medium and low severity. Should any of the health conditions or determinant factors move group when you consider:

- Their **size** in your population?
- Any national or local policies (corporate) or expressed needs.

If so, move them, and agree the final list of priorities as high, medium or low.

Finally, identify whose health is most likely to be at risk from the negative impact of these high-priority conditions/determinant factors – these will be the target groups for action.

**Example:** In one **PCT** that had 146 mothers with children under one year old, 27 were known to **have post-natal depression**, which equates to 18.5% of mothers in the area at that time. Following the processes outlined in step 3, the decision was reached to provide more home visiting support and a babysitting initiative.

**IDENTIFYING EFFECTIVE ACTION FOR THIS HEALTH PRIORITY – CHANGEABILITY**

Taking the list of high-priority issues, check who else may need to be involved now, and how you might include them.

Create a list of potential actions by discussing:

- What are effective actions that could improve the significant health conditions/determinant factors across the three levels of prevention?

- What is the strength of their evidence of effectiveness?

- Are there professional or organisational policies that set out what should be done (eg National Service Frameworks, Social Services Inspectorate guidance etc)? Include only those with positive evidence of effectiveness, or national ‘must do’s’.

<table>
<thead>
<tr>
<th>Health Priority</th>
<th>Action</th>
<th>Action</th>
<th>Action</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower rates of accidental injury</td>
<td>Raise awareness through targeted health information literature</td>
<td>Provide safety awareness and first-aid courses for parents</td>
<td>Provide free smoke alarms and cupboard safety catches</td>
<td>Improve safety surfaces in playgrounds</td>
</tr>
<tr>
<td>Lower incidence of post-natal depression</td>
<td>Raise awareness of services available through targeted health information literature</td>
<td>Provide home-based family support, via safe babysitting, to isolated and vulnerable families</td>
<td>Increase access to post-natal health and fitness activities</td>
<td>Facilitate parent and baby support groups</td>
</tr>
</tbody>
</table>

**Figure 6**
*Identifying actions for the health priority to improve physical, intellectual and social development of under-fours in a disadvantaged area*
IDENTIFYING ACCEPTABLE CHANGES FOR THIS HEALTH PRIORITY – ACCEPTABILITY

For each of the effective actions agreed previously, check if similar activities for this priority are already happening. If yes, note:

- Who is involved in a similar activity locally?
- What is the target population for these actions, and how many recipients are there?
- Are these actions reaching the most disadvantaged?
- Are actions of the required quality?

Answering these questions should help to decide whether to improve existing action, or initiate new action.

Agree on a shortlist of potential effective interventions or actions, and consider these for public and professional acceptability. Remember that interventions or actions sometimes need to be grouped in order to be effective or to give a choice, and that single actions can have limited effect.

WHAT ARE THE MOST ACCEPTABLE INTERVENTIONS/CHANGES?

Consider whether interventions or changes would be acceptable to:

- The target population and the wider community?
- Those delivering the activity?
- Organisations commissioning and managing the activity?

If any are totally unacceptable to one of these groups, should they be deleted from the list?

WHAT ARE THE RESOURCE IMPLICATIONS OF THE PROPOSED INTERVENTIONS?

- What resources will be required to implement the proposed changes?
- Can existing resources be used differently to support the changes?
- Are other resources available that have not been accessed before?
- What resources might be released if existing ineffective interventions are stopped?
- Which actions will achieve the greatest impact on health for the resources used?

ARE THE RESOURCE IMPLICATIONS OF THE PROPOSED CHANGES FEASIBLE?

It is important to clarify the resources that will be required to bring about the agreed changes. This will be influenced by who is involved, and how committed they are to this assessment. Health improvement is likely to be far greater if existing or mainstream resources are already directed at the health priority.

Key resources issues are:

- **People** – how long will it take to get the right people, in the right places, doing the right job?
- **Space** – is physical space available for the actions?
- **Equipment** – what equipment is required and is it available? If not, how and when can it be acquired?

Check:

- Can existing resources be used differently?
- Are possible funds recurrent or non-recurrent?
- When might savings from stopping ineffective actions become available?
- Which actions will achieve the greatest impact on health for the resources used?

Any acceptable changes that will have a significant impact on health, and require only low resource levels to implement, should be included in the action plan (step 4). Discussion needs to concentrate on those requiring medium or high resource levels to implement.
### Illustrative case study Step 3 – Assessing a priority for action

#### Health Needs Assessment for a Sure Start Programme in West Newcastle upon Tyne

| What interventions were considered most effective and acceptable? | 1. Employment of family safety workers to undertake home visits once they had undertaken a training programme. To promote safety by sharing information; enable parents to carry out safety checks in their own homes; assist parents in making use of safety equipment; facilitate groups in first-aid and child safety  
2. Newcastle Family Support (previously the Baby Sitting Initiative) to provide babysitting and support to isolated and vulnerable families that:  
  - Is community based, takes place in the family home  
  - Provides counselling, advocacy and signposting facilities to families face-to-face and via telephone contact  
  - Operates seven days a week between 9 am and 11 pm  
  - Is free to families referred via the health visitor, a social worker, community psychiatric nurse, school or other voluntary agency  
  Main focus to provide support to those families where the mother has or is at risk of developing post-natal depression |
| How were resource needs met? | 1. To help build local capacity the programme wanted to offer these posts to local people and to make sure training was offered to ensure a wider audience could apply. Family Safety Scheme – would be Sure Start funded. In addition to the cost of training and employing two local people, the experienced health visitor extended her hours to help coordinate this function across two programmes. The two new workers were housed with the existing Family Safety Scheme  
2. Sure Start funds were transferred to Children North East to extend their existing ‘family support’ service into the new and neighbouring Sure Start area |
REVIEW – STEP 3

At this stage in the process you should:

• Be confident that the health conditions/determinant factors with the most significant impact on health functioning for the selected health priority are being tackled

• Be sure the action is focused on reducing health inequalities for that health priority

• Have identified acceptable and cost-efficient actions to improve the selected health priority.

You will now be ready for action planning.
Step 4

Action planning for change

Now you have worked out what changes you want to make in order to tackle your chosen health priority, and why, you should concentrate on how to implement change. This is the action planning for change stage of the project, and you will need to bring your team together to agree a plan.

By the end of this step you should have
• Agreed a clear set of aims, objectives, indicators and targets
• Set out the actions and tasks you need to undertake to achieve these
• Agreed how you will evaluate your programme
• Identified the key risks to the success of the programme and how they will be managed.

AIMS

• What, overall, are you trying to achieve?
It is important to remember what you agreed as the most significant aspects of health for the target population at the beginning of step 3, as this should be the basis of your overall aim.

OBJECTIVES

• What are you trying to achieve specifically, and how will this be measured?
Your objectives should reflect the health conditions/determinant factors that, as agreed in step 3, have the most significant impact and are changeable through acceptable and feasible actions.

To help focus on the differences you want to make, ask yourselves:
• What will the target population do differently?
• What will they say differently?
• What will you see in them that is different?
• How will you be able to demonstrate this?
This will help ensure the objectives you set are SMART (specific, measurable, agreed, results-orientated, time-bound).

Spending time ensuring you have robust objectives will help you define your:
• Indicators – against what measures should you monitor progress?
• Targets – what level of outcome do you want to achieve, for whom and by when?
This is also critical for effective outcome evaluation. (For more help with defining aims and objectives, and setting indicators and targets, see Hooper and Longworth, 2002, pages 80-85).

ACTIONS

To ensure you are successful, you will need to plan:
• Actions and tasks required to achieve the aims and objectives for the selected priority issue
• Responsibilities – who will do what?
• Delegation of key tasks to members of the project team and a programme of meetings to which they must report
MONITORING AND EVALUATION

As a project team you should:

- Be clear about what you want to evaluate, why, and how it will benefit those involved with the project
- Decide how you will collect data for the evaluation
- Ensure this includes a system for providing feedback to the population and policy makers/service providers.

You should appoint someone to take lead responsibility for monitoring and evaluation at the outset of the project.

You should put in place systems to measure how well the process you have chosen is progressing at various stages – **process evaluation**. You will also need to measure the impact or added value of your intervention on the health of the target population – **outcome evaluation**. This should be based on the aims, objectives, indicators and targets agreed earlier in this step.

**Process evaluation**

Agree a set of indicators that will enable interim progress on the project to be monitored (**operational indicators**), eg the number of people attending core team meetings indicating continued engagement with the project.
RISK MANAGEMENT

A risk-management strategy should be incorporated from the beginning of the project to evaluate and address the impact of risk to achieving the project’s aims and objectives. It should also be built into the planning of specific interventions. This might include:

- Identify potential risks to achieving project/intervention objectives
- Assess each risk according to both likelihood and impact as high, medium or low
- Inform the team and stakeholders about each high or medium risk, and enter onto a risk register (see illustrative example that follows)
- Review the risk register regularly at progress meetings
- Choose options for treating/minimising risks
- Allocate a person to manage risks
- Evaluate risks to ensure effectiveness of risk treatment
- Check for any new risks.
Illustrative case study example Figure 9: Key strategic risks

<table>
<thead>
<tr>
<th>ID No.</th>
<th>Date added to register</th>
<th>Source</th>
<th>Risk identified</th>
<th>Consequences</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Risk treatment</th>
<th>Management lead</th>
<th>Risk evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.1</td>
<td>31.01.04</td>
<td>Project team meeting 12.12.04</td>
<td>Failure to attract suitable applicants from local population</td>
<td>Project delayed</td>
<td>M</td>
<td>H</td>
<td>Consider secondment possibilities</td>
<td>Project coordinator</td>
<td>Application deadline</td>
</tr>
</tbody>
</table>

REVIEW – STEP 4
By the end of step 4 you should be ready to implement your plan for action, and have planned everything thoroughly to maximise your chances of effecting change and making sustainable improvements to the health of your target population.

Illustrative case study Step 4 – Assessing a priority for action

Health Needs Assessment for a Sure Start Programme in West Newcastle upon Tyne

Summary of the action planning process
As both initiatives were already running in another programme, the two leads for each project took responsibility to employ and train local people. An open event was arranged for local people to come and learn about the jobs, and support was offered to people in completing applications and looking at how part-time employment would affect their benefits. Each lead set their own project timescales and targets in line with the national targets set for Sure Start, and demonstrated how they could help the overall programme meet its objectives.
This final stage of the HNA process involves the team in some reflective questions and the opportunity to take stock and learn, both for individual contributors and from a team perspective. This is a vital part of the process if HNA is to continue to be a relevant and effective tool in improving health and tackling health inequalities in the population.

Learn from the project:

• What went well, and why? Check achievements against the original aims and objectives of the project
• What did not go well, and why?
Is any further action required?
• Identify further action to be taken.
Perceived improvement in health/services following the interventions:

• How effective was it?
• How could it have been improved?
• What were the main challenges?
• What were the main barriers?
If appropriate, choose your next priority for assessment:

• Revisit the shortlist of priorities
• Take stock of any interim changes
• Is the priority still an issue? If so, return to step 3

Celebrate having reached this stage in the five-step process.
### Illustrative case study Step 5 – Moving on/project review

<table>
<thead>
<tr>
<th>Health Needs Assessment for a Sure Start Programme in West Newcastle upon Tyne</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How well was the action plan implemented?</strong></td>
</tr>
</tbody>
</table>
| **What was achieved by the project?** | 1. Newcastle Family Support has been in great demand, with many families requiring a wide variety of support. Staff have been employed across both Sure Start programmes which has enhanced availability and choice for local people. We have also been able to target those most in need.  
2. The family safety workers have worked actively with health visitors in local clinics, enhancing service provision. They have promoted the safety service and accessed individuals in clinics and community groups which has led to home-based safety assessments |
| **How did it contribute to reducing inequalities?** | There has been increased access to safety equipment and family support to those most in need. Employment and training opportunities have been made available in an area of high unemployment |
| **What was learned through the project’s successes and challenges?** | The importance of joint working across agencies, and increased awareness of how one service can complement and support another. In both projects described, referrals in and out of statutory services have increased, as has signposting |
| **What needs to happen next?** | Formal evaluation of both is ongoing |
| **What new priority was chosen for the population?** | Action on a multitude of priorities is still being taken in this huge programme |
| **What main message from the last HNA will you take forward to the next?** | The importance of joint working. The strong partnership between the public health nurse and the community development worker was invaluable, with each bringing different knowledge and skills to this work |
Acknowledgements

The authors of this publication gratefully acknowledge the contribution of Judith Hooper and Phil Longworth, the authors of the HDA Health needs assessment workbook (2002), for developing the framework and some of the original material on which this guide is based. Other contributors to this guide include the participants of the HDA regional scoping, learning and expert workshops 2002/04, and internal and external colleagues who have supplied advice, case studies and other material. Particular thanks are due to:

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HDA Regional Associate Directors and Practice Development Officers

From 1 April 2005, the functions of the Health Development Agency transferred to the National Institute for Clinical Excellence.

The new organisation is the National Institute for Health and Clinical Excellence (to be known as NICE). It is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

The web address from 1 April 2005 is www.nice.org.uk
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