Getting going on health equity

Health inequalities are pervasive in Ontario and around the globe. In Ontario, people with low incomes report their health to be poor or fair at a rate three times that of people with high income. People with higher incomes live longer with better quality of life than people with low incomes. The same gradients are found for particular conditions, and health outcomes can be worse for specific populations including aboriginals, recent immigrants, women, and remote communities.

While the roots of these health disparities lie in wider social determinants of health such as income inequality, precarious work, racism and social exclusion, inequitable access to quality early childhood development, inadequate housing, and other dimensions of social inequality and exclusion, the health system is also key. Not only do disadvantaged populations end up sicker and in need of care, they also face inequitable access and differential quality of care. While the health system can mediate the impact of the social determinants of health, it can also further widen health disparities if inequitable access and quality are not addressed.

What is needed is a comprehensive strategy to tackle these disparities. This includes building equity into strategic priorities and performance management, aligning equity with existing drivers and priorities, and using available resource and policy levers to drive equity-focused initiatives. This requires understanding specific barriers to equitable care and support, and the specific needs of health disadvantaged populations. And this requires equity-focused planning using an array of effective and practical tools. One promising tool is Health Equity Impact Assessment (HEIA).

HEIA: a promising tool

HEIA is a tool used to analyze a new program or policy’s potential impact on health disparities and/or on health disadvantaged populations. It is an adaptation of health impact assessment (HIA) with an explicit focus on equity. There are a few variations of HEIA tools (see list below), but they share similar processes with the purpose of prospectively building health equity into the planning of new services, policies, or other initiatives. HEIA has also been used as a way to assess or realign existing programs. HEIAs may be conducted within an organization to aid decision making, by outside groups to influence decision-making, by potentially affected communities to voice their concerns, or collaboratively by a variety of stakeholders. HEIA tools are easy to use, following five general steps.

Five steps of HEIA

1. **Screening** — Does the program have the potential to impact health disparities or health disadvantaged groups? If yes, then HEIA is appropriate.
2. **Scoping** — What populations or groups might be affected by the program? Think about health disadvantaged groups. This doesn’t have to be an exhaustive list, but thinking of many groups may help in discovering unexpected consequences of a program.
3. **Impact Assessment** — Drill down on the impacts of the program, both positive and negative, for each of the populations affected. Consider many types of evidence on how impacts occur, and think about their cumulative effects.
4. **Develop a Strategy** — Come up with recommendations on how to mitigate negative effects, and build
on positive ones. Involving impacted groups, both in identifying needs and barriers, and in coming up with solutions, is key to HEIA.

5. Monitoring and Evaluation — Follow up with the program. Were the recommendations followed? Was the health of identified populations improved? Were disparities reduced? An evaluation built in from the start, with indicators, data collection, and community input helps to figure out what works and why.

Where HEIA has been used

Health Equity Impact Assessment is gaining attention. New Zealand, Wales, and Australia have led in developing the tool. Its use has since been advocated by The World Health Organization Commission on the Social Determinants of Health, the governments of the United Kingdom, and at home in the Ontario Ministry of Health and Long Term Care and Local Health Integration Networks.

HEIA has been used in a variety of fields, from the health system, to regional land-use planning, to road construction. To illustrate, examples include:

• HEIA of Aging at Home initiatives in Toronto – The Toronto Central Local Health Integration Network (LHIN) required HEIA of all proposed Aging at Home plans for funding applications in 2009. The Aging at Home program aims to expand seniors’ access to home care and community support services; some of its initiatives include transitional housing for seniors with mental illness or addictions, the South Asian Diabetes Prevention Program, and a common wait list and application form for mental health supportive housing providers. The LHIN also required hospitals to employ HEIA when they refreshed their equity plans in 2010.

• Equity-focused health impact assessment of the Whitsunday Hinterland and Mackay Regional Plan, Australia — This HEIA was carried out by representatives from the health services agency, the regional Departments of Infrastructure and Planning and Communities, and the police service. The group assessed how the regional development plan would impact specific determinants of health (e.g. physical activity, safety) for different population groups (e.g. by age, gender, place of residence) and then developed a series of recommendations to minimize negative and maximize positive health impacts [1].

• Community conducted equity-focused health impact assessment of the Review of Goodooga Health Service, Australia — This assessment was carried out by residents of the remote community of Goodooga. They assessed the impacts of proposed reductions in health services in their area, and provided recommendations for the health service’s implementation plan [2].
• Health inequality impact assessment of a proposed new road in St. Mellons, Wales — This was conducted jointly by area residents, the health authority, city staff and elected officials. The group collected evidence on a number of potential impacts (e.g. noise, stress, employment, and housing value). The group concluded that the road would bring more harm than good to local residents, but developed a set of recommendations to mitigate negative impacts should the road be built [3, 4].

• Health impact assessment of the Flaxmere Town Centre Urban Design Framework, New Zealand – It involved partners from the district council and health board, and focused on the potential impacts of a proposed town centre design on transport, economic factors, safety, and neighbourhood housing for Pacific families, Maori youth, and the elderly [5].

The impact of HEIA

The explicit rationale for HEIA is to ensure health equity is effectively considered and acted upon within planning and policy development. A broader potential of HEIA is in embedding equity as a core organizational value, so that it is the concern of everyone and not just designated “equity people.”

While HEIAs have been used in a variety of settings, their impacts on policy and program development and implementation have not been well documented. An evaluation of three HEIAs in Australia found that there were subsequent changes in decision-making and implementation, but it was difficult to tell if these were a direct result of the HEIA recommendations [6]. The HEIAs were successful in identifying impacts that had not been previously considered in planning.

In some cases, HEIAs have had material effects. A Health Inequality Impact Assessment of a child health program in Wales resulted in the introduction of home visiting programs and hiring of additional staff in a particular area [7]; further, the local health authority then introduced this type of impact assessment into its service planning. In Australia, a retrospective assessment of a childhood obesity prevention program resulted in
80 recommendations on increasing positive impact on Aboriginal children; all 80 were incorporated into an amended plan [8]. Beyond impacts on the specific programs being assessed, HEIAs have also led to improved relationships and collaboration among different sectors [1, 9] and prompted decision-makers to think differently and consider equity concerns [10].

Fostering the use of HEIA

Meaningful application of HEIA is possible in a context where there is an awareness of equity as an issue, encouragement and support to use the HEIA tool, and a clear goal for its use. Participants in HEIAs in Australia and New Zealand found that having clear objectives, an agreed upon definition of equity, and structured tools facilitated the assessment process [10]. It has also been beneficial for HEIAs to involve policy makers and be conducted by small but diverse groups with a range of expertise [11]. Further, because HEIA’s purpose is to consider impacts on a community, that community’s involvement and input is a key part of HEIA. Some participants have found that HEIA is a unique forum to engage in planning in areas where they traditionally have not been involved [1]. In some cases, HEIAs have been carried out by community members to influence policy [2, 12].

There are also some barriers to conducting HEIA. The equity focus can raise conflict over participants’ differing values, and it may be difficult for participants to identify negative consequences of their own programs [6, 11]. Participants have said that HEIAs require a significant time commitment, better research and data on population subgroups, support from government, and investment in capacity building for HEIA [10, 11, 13]. There are several ways that HEIA’s implementation can be encouraged, including explicit requirements, incentives, funding, or support. The governments of Wales and New Zealand have set up specific HIA support units, while academic units in Australia and New Zealand have partnered in several HEIAs, providing training, evaluation, and a ‘help desk’ function [13].

There has been a great deal of work done on developing HEIA tools, and several examples of where and how they have been used. The next question is whether the use of HEIA consistently leads to changes in policies or program implementation and whether it has impacts on equity. Still, HEIA’s potential lies beyond generating specific recommendations for a policy or program; it also gets people together and makes equity a mainstream concern in planning.

Resources

The WI website has an HEIA page with a range of presentations, workshops on HEIA, and links to other resources: http://www.wellesleyinstitute.com/policy-fields/healthcare-reform/roadmap-for-health-equity/health-equity-impact-assessment

MORE INFORMATION ON HEIA

- Canadian National Collaborating Centre on Healthy Public Policy paper on HIA and Inequities: http://ccnpps.ca/docs/HIA_Inequities_EN_March2010.pdf
- Examples of completed HEIAs: http://www.hiaconnect.edu.au/completed_hia_topic.htm#Health_Equity

HEIA TOOLS, FRAMEWORKS, AND TEMPLATES

- Scotland Equality Impact Assessment Tool: http://www.scotland.gov.uk/Topics/People/Equality/18507/EQIAtool
- Health Inequalities Impact Assessment tools for Wales - see #6 on this site: http://www.health-inequalities.eu/bot_SeleSeite3459.html

PAGES WITH LOTS OF INFO ON HIA AND HEIA

- HIA Gateway of the UK Association of Public Health Observatories: www.hiagateway.org.uk
- UCLA Health Impact Assessment Clearinghouse: http://www.hiaguide.org/
- HIA Connect, University of New South Wales: www.hiaconnect.edu.au
• Health Impact Assessment Blog: http://healthimpactassessment.blogspot.com
• NZ Ministry of Health HIA Support Unit: http://www.moh.govt.nz/hiasupportunit
• WHO webpage on HIA: http://www.who.int/hia/en/
• Health Impact Project: http://www.healthimpactproject.org/
References


2. The Goodooga community, Equity Focussed Health Impact Assessment of the Review of Goodooga Health Service (to inform Greater Western Area Health Service’s implementation plan concerning changes to the Goodooga Health Service). 2009.


