Workbook: Using the Health Equity Impact Assessment Tool

June/July 2009

Prepared by:

Toronto Central LHIN

WELLESLEY INSTITUTE
advancing urban health

Ministry of
Health and Long-Term Care

Table of Contents

Getting Started **3**

Using This Workbook 3

Definitions 3
Health Equity *3*
HEIA: Health Equity Impact Assessment *3*
Social Determinants of Health *4*

Purpose of HEIA....5

When to Conduct HEIA 6

Who Should Conduct HEIA 6

HEIA in Five Steps 6

HEIA Template: Doing the Assessment **8**

Step 1: Scoping Vulnerable or Disadvantaged Populations 8

Step 2: Impact Assessment 11

Step 3: Mitigation Strategy....14

Step 4: Monitoring 16

Other Health Equity Resources 18

Acknowledgements

This Health Equity Impact Assessment Tool and Workbook have been developed by the Ontario Ministry of Health and Long-Term Care in partnership with the Toronto Central LHIN. The Wellesley Institute was engaged to facilitate community consultations and piloting.

We would also like to acknowledge St. Michael's Hospital for their role in project administration and for sharing their expertise.

Getting Started

Using This Workbook

This Workbook provides general information for health service providers and others on how to conduct a Health Equity Impact Assessment (HEIA) and how to use the HEIA Tool.

This workbook:

- Leads assessors through conducting HEIA step-by-step;
- Provides examples and prompts to illustrate how each section of the tool can be filled out;
- Provides space to fill out the answers to each question. Working through the stages within the workbook will assist in completing the HEIA Tool.

Definitions

Health Equity

Within the health system, equity means reducing systemic barriers to equitable access to high quality health care for all; addressing the specific health needs of people all along the social gradient, including the most health disadvantaged populations; and ensuring that the ways in which health services are provided and organized contributes to reducing overall health disparities.

Simply put, health inequities or disparities are differences in health outcomes that are avoidable, unfair and systematically related to social inequality and disadvantage. Research shows that the roots of health disparities lie in broader social and economic inequality and exclusion, and that there are clear social gradients in which people's health tends to be worse the lower down the hierarchies of income, education and overall social advantage. Health equity, then, works to reduce or eliminate socially structured health inequalities and differential health outcomes. It is linked with broader ideas about fairness, social justice, and civil society.

HEIA: Health Equity Impact Assessment

Health Equity Impact Assessment (HEIA)[1] is a flexible and practical assessment tool that can be used to identify potential health impacts (positive or negative) of a plan, policy or program on vulnerable or disadvantaged groups within the general population. In identifying those impacts, the assessor can then make recommendations to decision

[1]Health Equity Impact Assessment arose out of Health Impact Assessment (HIA) methodology which has gathered considerable momentum internationally over the past decade as a decision support tool to enable "healthy public policy". While HIA often addresses health inequities, its structure did not lend itself to a more targeted and systematic focus on health inequities. As a result, a model of equity-focused Health Impact Assessment evolved and is currently in use in the U.K. (Wales), New Zealand, Australia and other jurisdictions.

makers as to what adjustments to the initiative might mitigate negative impacts and maximize positive impacts on the health of vulnerable and disadvantaged groups.

The primary focus of this tool is to reduce inequities that result from barriers to access and quality of health services and increase positive health outcomes by identifying and mitigating impacts of an initiative before implementation. Broader corporate initiatives such as strategic and business planning, budget/resource allocation, accreditation, governance, accountability, regulatory, and community engagement processes can also benefit from HEIA, as it supports the integration of health equity throughout an organization. While primarily applied during the design phase of an initiative, it can also be applied retrospectively to reviews or evaluations for the growth, realignment, or closure of existing programs or services.

On a macro level, the tool can be used to assess the "mix" of programs/initiatives to determine whether that mix will result in equal benefit across the population or whether it will exacerbate existing health inequities. It may also be useful in identifying equity-based indicators of success.

Social Determinants of Health

The most effective approach to health disparities is grounded in a framework that includes consideration of social determinants of health (SDOH) - it looks beyond the traditional confines of the health care system - and focuses "upstream" on a broad range of socio-economic influences and outcomes that affect both individual and community or population health.

The Commission on Social Determinants of Health established by the World Health Organization (WHO) states that "health care is an important determinant of health. Lifestyles are important determinants of health, but it is factors in the social environment that determine access to health services and influence lifestyle choices in the first place."[2] The Public Health Agency of Canada has identified some of these factors as:

- income
- employment and working conditions
- food security
- environment and housing
- early childhood development
- education and literacy
- social support and connectedness
- health behaviours, and

[2] *Closing the gap in a generation: Health equity through action on the social determinants of health*, 2008. The Commission identifies nine themes that it finds raise determinants of health: early child development, employment conditions, globalization, social exclusion, health systems, priority health conditions, women and equity, urbanization, measurement and evidence (www.who.int/social_determinants).

- access to health care[3]

Although many of the determinants that produce health disparities lie beyond the health care system itself, analysis of social determinants of health has the potential to clarify important pathways to health outcomes and may suggest powerful approaches to address identified health inequities.

Purpose of HEIA

Addressing disparities in health service delivery and planning requires a solid understanding of key barriers to equitable access to high quality care and of the specific needs of health-disadvantaged populations; and this requires an array of effective and practical planning tools. HEIA is one part of this repertoire of equity-driven planning tools. It is not appropriate for all purposes. For example, HEIA is not as well suited as other equity tools for needs assessment, measuring and tracking action on equity, programme and service evaluation, or strategic planning.

HEIA is often seen as a 'first-pass' screening tool that can assist decision makers in integrating equity considerations into new initiatives and more detailed planning. In this way, HEIA supports the achievement of the long term strategic priority of improved access and responding to the needs of diverse communities as identified as an important priority by the Ontario Ministry of Health and Long-Term Care.

HEIA has five primary purposes for service providers:

- Help identify potential health impacts (positive or negative) of a plan, policy or program on vulnerable or disadvantaged groups within the general population

- Help develop recommendations as to what adjustments to the initiative might mitigate negative impacts as well as maximize positive impacts on the health of vulnerable and disadvantaged groups.

- Embed equity across an organization's existing and prospective decision-making models, so that it becomes a core value and one criterion to be weighed in all decisions.

- Support equity-based improvement in program/service design: "How does this program need to be adjusted to meet the needs of specific populations?" "Could this program benefit some, but not others?"

- Raise awareness about health equity as a catalyst for change throughout the organization, so planners and managers develop "stretch goals": How can we include more people in this program, especially those often missed? What barriers do we have to look for? Are we as effective as we could be, especially those with the greatest and most complex health needs?

[3] For more information see PHAC website: www.phac-aspc.gc.ca/publicat/2008. Determinants of health identified by other researchers and practitioners include income/wealth distribution and poverty, gender, race and ethnicity, citizenship and immigration status, language, ability, sexual orientation, age, racism and discrimination, social exclusion, and natural and built environments.

HEIA can also offer a valuable framework for examining whether a provider's individual initiatives overall are exploiting available opportunities to improve equity or whether they may potentially result in widening the health disparities between vulnerable and disadvantaged populations and the general population.

While LHINs may use HEIA to assess individual policies and planning initiatives, they may also apply HEIA at a macro level to assess their mix of current or planned initiatives with the goal of assessing that mix to determine whether it will potentially widen health disparities or improve health equity.

When to Conduct HEIA

HEIA should be conducted **as early as possible** in planning or proposal development to enable adjustments to the initiative before opportunities for change become more limited.

While early assessment is ideal, HEIA can still be introduced at later points within the planning or policy/program/proposal development cycle – during reviews or evaluations for program growth, realignment, or closure, for example. Resulting recommendations, however, may be constrained by factors such as earlier decisions, investments already made, remaining resources, and time commitments. Nonetheless, these considerations should not limit or preclude an HEIA analysis.

Who Should Conduct HEIA

HEIA is typically conducted by the planning, policy, program or proposal development staff who will use the assessment in designing the initiative. The results of HEIA should then be considered by decision makers in the planning, policy, program or proposal development process.

HEIA in Five Steps

Experience in other jurisdictions shows that HEIA has five key steps:

Screening

Determine if the initiative requires a HEIA. If the initiative has the potential to impact the health of vulnerable or disadvantaged groups, HEIA is applicable. It is desirable that **all** initiatives be screened.

Scoping

Identify affected populations or groups and predict key impacts (positive or negative) on those groups. Consider a wide range of vulnerable or disadvantaged groups to avoid overlooking unexpected or unintended consequences of an initiative.

Impact Assessment

Use available data/evidence to prospectively assess the impacts on vulnerable or disadvantaged groups in relation to the broader target population. It is both useful and important to consider a broader range of evidence including consultation findings and

grey literature (including project or program reports, informal practice guidelines, recommended or promising practices). These sources of evidence should be weighed based on their strength and quality.

Where there is very limited data/evidence available, note the lack of evidence in the assessment or, where possible, implement other strategies to gather evidence. Strategies could include conducting surveys, focus groups, or consultation with experts or members of the affected groups where time permits.

Mitigation Strategy

Develop evidence-based recommendations to minimize or eliminate negative impacts and maximize positive impacts on vulnerable or disadvantaged groups. These recommendations comprise your mitigation strategy. Uptake of these recommendations in the roll out of the initiative will help to ensure that the initiative contributes to equity and does not perpetuate or widen existing health disparities. Where possible, recommendations should be informed by diverse members of the affected communities.

Monitoring and Evaluation

Determine how the rollout of the initiative will be monitored to determine its impacts on vulnerable or disadvantaged groups in comparison to other subpopulations or the broader target population. The resulting data will enhance the overall evidence base for equity-based interventions and can be fed back into the planning, policy or program development process.

After the HEIA process has been completed, conduct a short process and impact evaluation of the completed HEIA process to determine whether the tool was practical and appropriate (process), as well as whether there was uptake of the recommendations for plan/policy/program adjustment made as part of the mitigation strategy (impact).

HEIA Template: Doing the Assessment

This section of the Workbook uses an HEIA Template to guide service providers through each part of the HEIA Tool, with prompts and examples to help. The examples are not meant to be comprehensive, but instead act as illustrations to guide analysis.

Note: Each numbered step of this template corresponds to the appropriate step in the HEIA Tool. A graphic at the end of each step highlights where in the HEIA Tool you are located.

Step 1: Scoping Vulnerable or Disadvantaged Populations

While it is difficult to identify all groups that are vulnerable or disadvantaged with respect to a specific health initiative, disparities in access and quality of care have been repeatedly associated with some key sub-populations. Disadvantaged groups, however, may vary from one initiative to another. In completing the HEIA tool, the populations of concern will be identified by the assessor based on knowledge of the initiative, groups that would likely be impacted by the initiative and known or suspected barriers to care.

Questions

Determine if your initiative could have a positive or negative impact on the health of vulnerable or disadvantaged communities by asking questions such as:

- How does your program/service affect health equity for identified vulnerable or disadvantaged populations in your area?
- Will the program have a differential impact on people or communities that you serve? Will some clients have different access to care, or overall health outcomes, than others?
- Are there other vulnerable or disadvantaged communities which may experience unintended results of this program?

Potential Vulnerable or Disadvantaged Populations

Note: The following populations are <u>not exhaustive</u> and use terminology that may or may not be preferred by members of the communities in question as preferences can vary both within and across communities. If preferences are not known, it is helpful to seek guidance with respect to preferred terminology from local experts and representatives of the communities themselves. (Note that examples are provided under each population outlined below, in an effort to clarify populations listed)

When assessing your program under Step 1 of the HEIA Tool, vulnerable and disadvantaged subpopulations may include, but are not limited to, the following:

Aboriginal

First Nations, Inuit, Métis or other indigenous populations

Age-related groups

Children, seniors/elderly, youth

Disability

These can include, but are not limited to, a person with a physical or mental disability, infirmity, malformation or disfigurement such as blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, mental impairment (developmental or learning disability), a mental disorder, or a workplace injury or disability[4]

Ethno-racial Communities

Racial /racialized communities, cultural minorities, immigrants, refugees

Francophone

People who communicate in French as their primary official or preferred language

Homeless, marginally or under housed people

People without a permanent address or stable housing; transient people

Linguistic Communities

People uncomfortable receiving care in English/French or who prefer a first language other than English/French, or whose literacy level affects communication regardless of language spoken

Low income, underemployed, or unemployed people

Economically vulnerable people

Religious/Faith Communities

Systems of religious beliefs or faith that may also include dietary or cultural practices

Rural/remote, inner-urban

People facing geographic or social isolation, or living in under serviced areas

Sex/gender

Women, men, transsexual, transgendered

Sexual orientation

[4] Ontario Human Rights Code, R.S.O. 1990

Lesbian, gay, bisexual, two-spirit

Other

Uninsured people (people without legal status in Canada and no government health insurance), or people without a family doctor

One of the most important considerations in determining health disparities is that these various lines of inequality and identify can intersect and often reinforce each other in individuals and communities: health disadvantages faced by homeless people with disabilities and limited literacy or English fluency will be even worse, and low-income older immigrant women may face specific multiple barriers. Disadvantage is almost always multi-dimensional.

Similarly, research on the SDOH indicates these different lines of inequality can themselves contribute to poorer prospects and positions within the labour market, which contributes to higher levels of poverty, poorer housing, and other SDOH.

Examples

When identifying vulnerable or disadvantaged populations, look for these kinds of health disparities as they relate to your initiative:

- If your initiative is designed to address a chronic condition such as arthritis, diabetes or depression, it is important to consider how it will impact on women. While Ontario women live longer than men, a majority are more likely to suffer from disability and chronic conditions. It is also important to consider low-income women as a vulnerable and disadvantaged population as this group have more chronic conditions, greater disability and a shorter life expectancy than women in high income groups.[5]

- For a program or initiative that is designed to improve early year's health it would be important to take into the account the often poorer infant and child health of certain populations. For example, the death rate from injury for Aboriginal infants is four times the rate of that for infants in the broader Canadian population, while Aboriginal preschoolers experience five times the rate and teenagers experience three times the rate of death from injury experienced by the broader Canadian population.[6]

- If the goal of a program is to assist under-housed individuals obtain stable housing it would be important to keep in mind that homeless people often suffer from poorer health. In 2006, homeless people in Toronto were 20 times as likely to have epilepsy, five times as likely to have heart disease, four times as likely to have cancer, three times as likely to have arthritis or rheumatism, and twice as likely to have diabetes.[7] Acknowledging and developing methods to address

[5] Bierman, A. et al. POWER Study, 2009.
[6] Ibid.
[7] Khandor E & Mason K. *The Street Health Report 2007*. www.streethealth.ca

these disparities could help make your program or initiative more effective.

- If you are developing a service that requires people to come into a hospital or clinic it will be important to identify populations that experience transportation barriers such as persons with physical disabilities, those with low incomes or those who are more geographically isolated. Additionally, if your initiative requires that individuals have access to a primary care physician or specialist, those who reside in rural areas may experience barriers. In 2004, 21.4% of the Canadian population lived in rural areas, where only 9.4% of physicians (15.7% of family physicians and 2.4% of specialists) practised.[8]

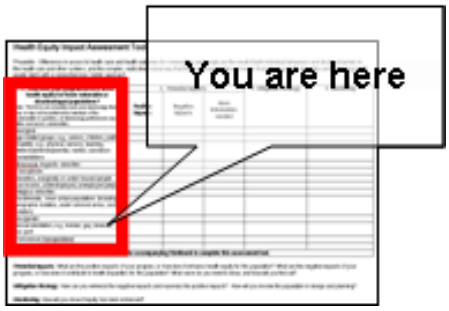
Identified Vulnerable Populations

Based on your research and analysis, have you identified vulnerable or disadvantaged groups who may be affected by your program/service? If so, identify them below.

Vulnerable or Disadvantaged Populations

1.
2.
3.
4.

It may be necessary to add rows to accommodate identified populations



Step 2: Impact Assessment

Once you have identified disadvantaged populations that could be affected by the initiative, the next step is to analyze the potential impact on the health of these populations.

Questions

Determine whether your initiative will have a positive or negative impact on vulnerable or disadvantaged communities by asking questions such as.

[8] Pong RW, Pitblado JR. *Geographic Distribution of Physicians in Canada: Beyond How Many and Where*. Ottawa: Canadian Institute for Health Information. 2006

- How will the program affect access to care for this population?
- Is it likely to have positive impacts or effects that enhance health equity?
- Is it likely to have negative effects that contribute to, maintain or strengthen health disparities?
- How will it affect the quality and responsiveness of care for this community?
- Will providing this program, or improving access to it, help to narrow the gap between the best and worst off in terms of health outcomes?
- If you don't know, what more do you need to know and how will you find out?
- Will some people or communities benefit more from the program than others, and why?

Your appraisal should also consider:

- The nature and quality of the evidence you are using to assess impact
- The probability of the predicted impact(s)
- The severity and scale of the impact(s)
- Whether the impact(s) will be immediate or latent

Examples

- Imagine that a program is designed to increase access to pre-natal care for lower income women and is being rolled out in designated neighbourhoods, with a facility that will be open from 10:00 a.m. to 6:00 p.m. Many people with a low income work more than one job, or have a job that falls outside of traditional 9 to 5 hours. Taking this into consideration might mean that the hours of service for this facility would have to be altered to ensure access.

- You are planning to roll out a heart health awareness campaign. People with higher education and income levels typically use health promotion programs more, with the unintended consequence that these programs can serve to increase health disparities. Could this be the case here? Will the program be understandable and relevant for people from diverse cultural backgrounds? Not all groups communicate and access information in the same manner, and understanding how to best access your intended audience can contribute to your programs success.

Assessment of Potential Impact on Identified Populations

Thinking back to the vulnerable or disadvantaged groups you identified in Step 1, what are the positive and negative impacts you have identified for each of the groups? It may be necessary to rely on research and analysis to determine these impacts.

Use the table below to help record the positive and negative impacts you have identified for each group. If your initiative is neutral in its impact with respect to a specific group, indicate this with N/A under each of the impact columns.

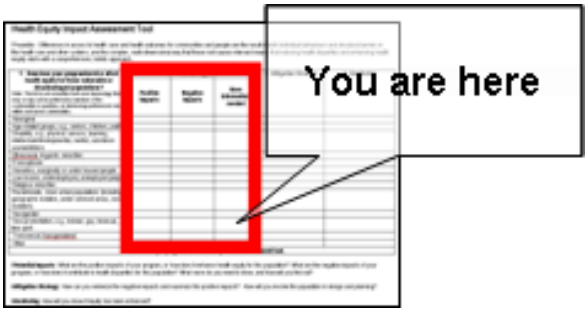
Potential Impacts on Identified Populations

Positive Impacts	Negative Impacts

Population 1:	1:
Population 2:	2:
Population 3:	3:
Population 4:	4:

It may be necessary to add rows to accommodate more impacts

Note: In some instances, you will identify the fact that you require further data/evidence in order to more accurately identify the impacts of your initiative on a specific population. In this instance, you may identify this information in the "More Information Needed" column of the HEIA Tool. If information cannot be located within program timelines, the missing information should be noted in the template as a possible missing component of the analysis.



Potential Impacts on Social Determinants of Health

Many vulnerable or disadvantaged populations are disadvantaged with respect to SDOH. If the opportunity arises during your assessment, examining initiatives through a SDOH 'lens' may also help identify potential adjustments that will reduce the disparate impact on these groups.

A program could have an effect beyond its formal objectives and targets on client social connectedness, skills building and labour market opportunities, or individual or family living conditions; all of which can have a major impact on health.

If positive or negative impacts on SDOH are identified they can be treated like other identified impacts - recorded on the template under SDOH and addressed through a mitigation (or enhancement strategy) as set out in Step 3 below. Examples of SDOH impacts might include:

- A health service for seniors was delivered in a community health setting, but is now redesigned to provide in-home service. This could result in a negative

impact on social supports and connectedness by removing an opportunity for social interaction for isolated elderly individuals.

- A community kitchen program is designed to strengthen healthy eating behaviours for members of a specific ethnocultural community at high risk for diabetes and its complications. The program has additional positive impacts relating to social connectedness for members of this community by bringing together members who might otherwise be isolated by both cultural and linguistic barriers. The positive impacts on social connectedness might be further enhanced in the program design by providing participants with additional social supports such as child care.

- A network of health system navigators or "health ambassadors" is created to assist members of a community of recent immigrants who require assistance to overcome cultural and linguistic barriers to their health care. Navigators with medical or health system skills/expertise from their country of origin are hired from within the community to fill this role. Experience on this project is leveraged to overcome barriers to employment experienced by the health ambassadors themselves and to assist them to advance their careers in the health system in Ontario.

Step 3: Mitigation Strategy

Once you have identified the impacts of your initiative, the next step is to plan how to minimize the negative effects of your initiative that create or contribute to existing health disparities, and to maximize positive impacts you have identified.

Questions

Analyze how the impact of your initiative will be mitigated by asking questions such as:

- How can you reduce or remove barriers and other inequitable effects?
- How you can you maximize the positive effects or benefits that enhance health equity?
- What specific changes do you need to make to the initiative so it meets the needs of each vulnerable or disadvantaged communities you have identified? How does it need to be customized or targeted?
- Could you engage the population in designing and planning these changes or consult with key stakeholders?
- How will the program address systemic barriers to equitable access to care created by the health care and other systems?
- Will you be making recommendations to decision makers?

Examples

- If a cancer screening program is being designed to reach women in low-income neighbourhoods, its strategies might include extending opening hours to accommodate a range of work schedules, ensure it is located in a building easily accessible by public transit, and provide free child care services for those women

who require it. If a particular low-income neighbourhood has one or more significant ethnoracial populations, strategies should also address potential barriers to these groups, such as barriers related to linguistic accessibility, cultural competence or system navigation.

- Community Health Centres and others have employed strategies that include training and supporting community-based peer workers in outreach and system navigation services to overcome language and cultural barriers: e.g., lay people from particular ethno-cultural communities provide health promotion to particular communities, in the language and culture they understand.

- Language can be a significant barrier to care and a real quality problem if it leads to poor communication between patients and providers (and possible misdiagnoses or inappropriate prescriptions or treatment). Common directions have included enhanced interpretation services, engaging directly with affected language and other communities, and training in culturally competent care.

- Some populations can have particularly complex needs and/or be particularly difficult to reach. Psychiatric services have been delivered to homeless people in shelters and other non-medical sites, rather than assuming homeless people will come into hospitals or clinics to receive psychiatric care. These services can be combined with multi-disciplinary care and support to address the underlying reasons individuals are homeless (i.e., SDOH).

- Some CHCs directly provide or partner with other agencies to offer employment, literacy and other services that address the underlying roots of ill health in poverty and broader social determinants of health in supporting their clients.

Strategy/Strategies

For each of the negative and positive impacts identified in Step 2 above, outline the recommended adjustments to the initiative you will make in order to:

- Reduce negative impacts on disadvantaged groups, and/or
- Maximize positive impacts on disadvantaged groups

Please use this table to help identify mitigation strategies to either reduce negative impacts or maximize positive impacts for impacts you have identified for particular disadvantaged groups in Step 2.

Mitigation Strategies

Impacts (from Step 2)	**Mitigation Strategy**
1.	1.
2.	2.
3.	3.

4.	4.

It may be necessary to add rows to accommodate more strategies

Step 4: Monitoring

The final step of the HEIA is to determine, if possible, how roll-out of the initiative will be monitored to determine its impacts on vulnerable or disadvantaged groups in comparison to the broader target population. The resulting data will enhance the evidence base and feed back into the planning, policy or program development process.

Questions

Analyze how the impact of your initiative will be monitored by asking questions such as:

- *How will you know if your program has enhanced equity?*
- *How will you know when the program is successful? What equity indicators and objectives will you measure, and how?*

Examples

There are many ways you can monitor the impacts on equity as your initiative is implemented. For example:

- Client satisfaction surveys –surveys could be provided to members of identified vulnerable or disadvantaged populations for example to monitor quality of care issues; or the broader population could be surveyed with results stratified by gender, ethno-cultural background or socio-economic status.

- Monitoring the organization's broader community engagement activities for information and feedback from particular disadvantaged populations.

- Program evaluation that disaggregates and tracks measures of program success by vulnerable or disadvantaged groups (e.g., tracking hospital re-admission or cancer screening rates).

- Process evaluation to ensure that planners, program and policy developers and decision makers are integrating equity considerations into their processes.

- Consultation with key providers and other stakeholders on how they are seeing the equity impact of the initiative; focus groups with affected populations.

Monitoring Strategy

Please describe your monitoring strategy below.

Monitoring Strategy:

Other Health Equity Resources

Public Health Agency of Canada: www.phac-aspc.gc.ca

Ontario Health Quality Council: www.ohqc.ca

Toronto-based Health Equity Council: www.healthequitycouncil.ca

National Institute of Public Health in Quebec: http://ccnpps.ca/

World Health Organization: www.who.int/social_determinants

HIA gateway (UK): http://www.apho.org.uk/default.aspx?QN=P_HEIA

HIA connect (NSW Australia): http://www.HEIAconnect.edu.au/

WHO HIA site: http://www.who.int/hia/en/

These and other resources are available on the Wellesley site at www.wellesleyinstitute.com