

ENVIRONMENTAL SCAN

Equity Assessment Tools to Advance Public Health Practice

Published: April 2025

Key Findings

- A wide range and breadth of equity assessment tools were uncovered through an environmental scan of the peer-reviewed and grey literature, highlighting a strong interest across the health sector in equity-focused impact assessment as a practice to advancing equity.
- With the number and type of tools available, this environmental scan presents an appraisal process for assessing various equity and non-equity metrics pertaining to the tools, and a shortlist of the 14 highest-ranked tools identified through the quality appraisal process.
- The highest ranked tools (N=14) are presented in this review by tool type:
 - Health equity assessment tools (N=4)
 - General equity assessment tools (N=2)
 - Racial equity assessment tools (N=5)
 - Gender equity assessment tools (N=3)
- The findings of this scan emphasize that equity assessment tools are not one-size-fits-all. Rather, the selection of the “most appropriate” tool depends on various contextual factors, including the specific program or policy under review, perspectives and ways of knowing of impacted communities, and organizational resources, priorities, and capacity.
- While equity tools are one way to advance equity, several pre-requisites can support their uptake and implementation: individual and organizational understanding of equity, anti-oppression, and community engagement; reciprocal relationships with affected communities; and organizational resources to conduct the assessment and to implement mitigation strategies.

Background

Health equity is reached when all people have a fair opportunity to reach their fullest health potential.¹ To achieve health equity requires reducing unnecessary and avoidable differences between groups that are unfair and unjust.² Central to creating conditions for health equity is reducing or eliminating social and structural factors which create disparities in health status and outcomes¹ and ensuring that individuals experiencing inequities are meaningfully and actively engaged in decision making that impacts their lives.³ Beyond striving for health equity as an outcome, the critical path to advancing health equity entails embedding it into our processes, including working towards anti-oppression in the design, implementation, and evaluation of public health programs, services, and initiatives.⁴

Equity-focused impact assessments are one of the ten promising practices to guide local public health practice to reducing inequities in health.⁵ Health equity assessment tools (HEATs) are used to identify the intended and unintended health equity impacts of policies and initiatives on individuals, groups, and populations.⁵ This includes naming and identifying systemic inequities, including the enduring impacts of systems of oppression, such as racism, colonialism, ableism, and other forms of discrimination on individuals' and communities' health and wellbeing. Through the identification of these impacts, both quantitatively and through community knowledge, HEATs can be used to (co)develop recommendations or decisions that mitigate negative and maximize positive equity impacts.⁶ They are conducted by public health planners, policy makers, and researchers at various stages of program or policy development: during the planning phase (prospective), early implementation, or after a program is completed (retrospective).⁶ Further, HEATs remain a recommended approach within the Ontario Public Health Standards (OPHS) Health Equity Guideline and Standard.⁷

In the Ontario context, the Health Equity Impact Assessment (HEIA) developed by Ontario Ministry of Health (MOH), has been commonly used or adapted by local public health units (LPHUs) over the last decade. This is supported by a 2023 environmental scan of LPHUs conducted by Southwestern Public Health Unit which aimed to understand which health equity tools are being used and integrated into program planning. Findings suggest that despite the time that lapsed since its development, many LPHUs continue to use the HEIA, with some adapting the tool to meet the needs of their organization.⁸ This ranges from developing a variation of the HEIA to reflect organizational context or creating additional resources to support the HEIA including worksheets, checklists, and guidelines.⁸

In absence of any planned updates to the HEIA, Public Health Ontario (PHO) in consultation with members of the Northern Racial Equity Community of Practice determined the need for an environmental scan to identify examples of additional HEATs that can be used to support program planning, implementation, and evaluation. **To support the work of local public health and health system partners, this environmental scan seeks to present HEATs which can be used to identify and mitigate the unintended negative equity impacts of programs, policies, and initiatives.** With the wide range of tools available, this environmental scan also presents an appraisal process for assessing various equity and non-equity metrics pertaining to the tools, and a shortlist of the highest-ranked tools identified through a quality appraisal process. The appraisal process and shortlist can be used by LPHUs and health system partners to:

- Support identifying the most appropriate tool to assess equity impacts based on local, organizational and program context and readiness
- Identify key elements to consider when planning and implementing programmatic and organizational approaches to addressing health equity
- Support self-reflection on the integration of equity-related processes in all stages of program and policy planning and implementation
- Identify any pre-requisites to applying health equity assessment tools (e.g., personal reflexivity, education, training) in practice

Note on Terminology

Language is powerful. We strive to use language that promotes equity and reflects the priorities and perspectives of individuals and communities. As public health practitioners, this requires ongoing learning, unlearning and consultation to ensure that language we use and the narratives we shape do not exacerbate exclusion, stigmatization, stereotyping and other forms of harm toward people or groups we are working for and with.⁹

The literature we reviewed uses a variety of terms to describe specific population groups. For accuracy, this report uses the authors' original terms when discussing their work. Aside from this, we reflected on and applied the National Collaborating Centre for Determinants of Health (NCCDH) principles of asset-based, system focused, and person-first language, to frame how we presented the findings of this scan.⁹

Methods

Document Review

Central to informing the scope and process for conducting this scan was regular consultation with an advisory group comprised of members of the Northern Racial Equity Community of Practice, including LPHUs, Ontario Health, and internal PHO staff. The advisory group co-developed the scope of this scan, refined inclusion and exclusion criteria, provided feedback on data extraction categories, and informed the usability of findings, including piloting the appraisal process for the final included set of equity tools.

Search strategy and terms for the scan were informed through consultations with PHO Library Services and included both published (peer-reviewed) literature and grey literature. The detailed search strategy, including specific search terms, is available on request. The peer-reviewed literature search was conducted in MEDLINE, CINAHL, PsycINFO, Health Policy Reference Center, ProQuest Public Health, SocIndex and Scopus databases on August 8, 2024. To identify grey literature, a general search engine (Google) and three custom search engines were programmed to search the websites of Canadian Health Departments and Agencies, US State Government Websites, and International Public Health Resources. The grey literature searches were run on August 27, 2024. Additional records were also retrieved through referral by subject matter experts. The inclusion criteria were:

- Structured health equity assessment tools
- Tools applicable and/or comparable to Canadian Context (e.g., tools published in Canada, US, UK, Australia, and New Zealand)
- Tools written in English
- Tools published between 2014–2024
- Tools applicable for implementation in the health sector

Tools were excluded if they were not developed for or adaptable to the health sector. While these were excluded, we acknowledge that these tools are relevant in inferring the transferability of HEATs across different sectors. Additionally, risk and needs assessments, impact assessments not focused on equity (e.g., environmental impact, health technology impact), qualitative studies on equity impacts of programs and interventions with no mention of a tool, and case studies/use examples of existing HEATs were considered out of scope for this review.

Two reviewers completed title and abstract screening and met to resolve discrepancies. One reviewer completed full text screening and data extraction. The advisory group was consulted on any discrepancies that required further discussion and input. Given the large number of tools uncovered through the search, in consultation with the advisory group, it was agreed that an assessment process be undertaken on the final set of tools through the process described below, to develop a short list of quality appraised HEATs.

Assessment of Health Equity Assessment Tools

The assessment process of the final set of tools was proposed to support in enhancing the utility and applicability of findings for LPHUs and health system partners. The scoring and shortlisting process was based on a series of 13 equity and non-equity metrics adapted from the Health Impact Assessment (HIA) Equity Evaluation Tool,¹⁰ Authority, Accuracy, Coverage, Objectivity, Date, Significance (AACODS) Checklist,¹¹ and Feasibility of Intervention Measure Scale.¹²

The equity metrics adapted from Heller and colleagues' (2014) HIA Equity Evaluation tool consist of a series of prompts and scales to assess how health impact assessment tools build power and improve health inequities.¹³ These metrics were adapted to assess the extent to which the final set of tools consider equity across processes, including whether and how the tools embed the social and structural determinants of health and build the capacity and ability of communities facing health inequities to engage in future HEATs and decision-making, more generally.¹³ Non-equity metrics were adapted from the AACODS Checklist,¹¹ a critical appraisal tool specifically to assess the credibility and relevancy of grey literature sources and the Feasibility of Intervention Measure Scale¹² to assess the utility and feasibility of the HEATs uncovered through the scan.

All 13 metrics were shared with the members of the advisory group for feedback and refinement. Four members of the advisory group piloted the assessment process on a health equity assessment tool and a racial equity assessment tool. Feedback was sought from the four members on the adapted metrics, scoring, and examples of the highest-ranking tools. Following the pilot, suggestions and feedback were integrated into the final metrics. Two reviewers with subject matter expertise in health equity completed the assessment of the remaining tools and met to discuss any discrepancies.

Results

Our initial search yielded 1,078 results (477 from peer-reviewed literature, 589 from grey literature and 12 obtained through hand searching). Following title and abstract screening and full text screening, an excel database was used to organize and extract information from the remaining 23 records (3 from peer-reviewed and 20 from grey literature). Data extraction categories and descriptions that were retrieved from the 23 records are outlined in [Appendix A](#). The full data extraction details for each tool are available upon request.

The final 23 records were assessed using the adapted equity and non-equity metrics outlined in [Appendix B](#) to identify the 'highest ranked' tools. The maximum score for each tool was 36 based on the 13 metrics. Any tool that scored at least 26 through the assessment process were included, resulting in a total of 14 tools (N=2 from peer-reviewed and N=12 from grey literature) included in the final set. The full scoring process, including the adapted equity¹³ and non-equity metrics^{11,12} for assessing the tools is outlined in [Appendix B](#). To support the scoring process, examples of high scoring tools are outlined in [Appendix C](#).

Inventory of Equity Assessment Tools

The following is a list of the highest scoring tools (N=14) through the adapted appraisal process. The list of tools is organized by tool type: health equity assessment tools (N=4), general equity assessment tools (N=2), racial equity assessment tools (N=5), and gender equity assessment tools (N=3). Each list outlines the highest-ranking tools within that category based on appraisal scores. A description of the tool is provided, alongside key details related to the adapted metrics to support users in selecting the tool or tools that is most appropriate to their context.

Health Equity Assessment Tools

1. Health Equity Impact Assessment, North Carolina Department of Health and Human Services, 2021¹⁴

What is It? North Carolina's Department of Health and Human Services developed a [Health Equity Impact Assessment \(HEIA\) Implementation Guide](#) to support workplace conversations about the root causes of inequities across the organization. It is advised the HEIA be used alongside community perspectives to improve an existing or proposed program or policy.

How to Use it: The HEIA tool consists of three pre-work steps, four action steps (describe the current policy/program, analyze and interpret the data profile, identify changes, and developing a monitoring plan), a Glossary, and related Appendices. The department advises that the four action steps should be completed jointly with leadership and the implementation team over a set period. Based on pilot experiences, it takes approximately five hours to complete the four action steps, including break time. Authors highlight that the monitoring plan is essential to determine if the recommended changes have led to intended outcomes and how any negative unintended consequences of programs were addressed.

Pre-requisites to Application: The guide includes pre-work activities, including resources such as a participant identification table to identify key community partners, a self-assessment and resources to prepare the implementation team with necessary health equity knowledge and skills, and completing a data profile.

2. Health Equity Assessment Tool, Office for Health Improvement and Disparities, NHS England, 2024¹⁵

What is It? The [Health Equity Assessment Tool \(HEAT\)](#) is comprised of a series of questions and prompts to systematically assess health inequalities related to programs and identify how to reduce these inequalities. The tool has four stages:

1. prepare
2. assess
3. refine and apply
4. review

How to Use it: The authors of the tool emphasize that communities experiencing inequalities and who may be impacted by the program should be considered and engaged in the process, highlighting the detrimental impacts of low trust and confidence between affected communities and public services. The tool also acknowledges intersectoral impacts of discrimination on access to programs and services.

Pre-requisites to Application: Authors recommend conducting the assessment through a collaborative and community-focused approach, with support from senior leadership within an organization as a key prerequisite. The Appendix of the HEAT includes topic-specific equity prompts on areas such as poverty, violence prevention, substance use, and mental health. It's important to note many details are specific to the United Kingdom (UK) policy context and may not be relevant to the public health context in Canada.

3. Health Equity Research Impact Assessment, Castillo & Harris, 2020¹⁶

What is it? The Health Equity Research and Advisory Committee at the David Geffen School of Medicine at the University of California, Los Angeles developed the [Health Equity Research Impact Assessment \(HERIA\)](#) in response to the inequities experienced by racialized and marginalized communities during the COVID-19 pandemic. The committee is comprised of experienced researchers specialized in health disparities and community-partnered research with racialized communities. The HERIA was developed as an initial step in the broader efforts for health researchers and ethics review boards to systemically prioritize equity in health research.

How to Use it: The tool outlines questions to support embedding health equity into research processes: community engagement and research partnerships; recruitment, representativeness, generalizability; intervention design; interpretation and contextualization; and dissemination of research findings and community benefit. It is advised that the HERIA is instated alongside existing scientific and ethical review processes.

Pre-requisites to Application: Authors recommend that institutions interested in adopting this framework should identify local health equity experts and community partnerships and tailor the framework with their input. While no formal validation study of the tool has been conducted, the tool was piloted to review 30 applications for funding allocated to COVID-19 health equity research. This tool is specific to research settings, but the qualitative prompting questions can be adapted to public health practice and implementation contexts.

4. Worcestershire Equality and Public Health Impact Assessment, Worcestershire County, 2018¹⁷

What is it? The [Worcestershire Equality and Public Health Impact Assessment \(EPHIA\)](#) was designed for project managers and policy and decision-makers to support embedding equality and health considerations into program planning, policy, development or significant changes to existing projects. In particular, the EPHIA guides practitioners in assessing whether initiatives or policy has a disproportionate impact on persons with Protected Characteristics in accordance with the UK Equality Act.

How to Use it: The EPHIA consists of two parts. Part 1 involves completing a 'screening template' to identify any equity or public health issues associated with the program or policy that require a more detailed assessment. Part 2, if required, involves the completion of a full assessment. Authors advise that the EPHIA should be conducted during new policy development (as soon as there is enough detail to conduct meaningful consultation) or on existing policies.

Pre-Requisites to Application: The EPHIA includes detailed guidance and prompting questions across four stages, definitions on determinants of health, and a sample of a completed assessment. Details within the tool are specific to the UK policy context and may not be relevant to the public health context in Canada.

General Equity Assessment Tools

1. Equity Impact Review Process, King County, 2016¹⁸

What Is It? The [Equity Impact Review \(EIR\) Process](#) was developed to ensure that equity impacts are considered consistently across the design and implementation of a proposed plan, policy, and program. It merges both qualitative (community engagement findings) and quantitative (empirical data) to inform planning, decision-making and implementation of policies, programs, and services.

How to Use it: The EIR process has six phases with corresponding actions: scope, assess equity and community context, analysis and decision processes, implement, and ongoing learning. The tool consists of a checklist to support conducting the EIR process.

Pre-Requisites to Application: Authors of the tool encourage considering the following when conducting an EIR process: organizational and cultural diversity, including affected parties or individuals who regularly engage with community, involving managers and leadership and engaging with subject matter experts.

2. Equity Impact Assessment Tool, Office of Equity and Anti-Racism, Nova Scotia, 2024¹⁹

What Is It? The Equity Impact Assessment (EIA) was developed to support an all of government approach to identify and address systemic inequities and institutional racism. The EIA consists of a [tool](#) and [guide](#) which outlines the enduring impacts of colonialism, ableism, slavery, racism, and other forms of discrimination on communities. The guide also emphasizes the importance of the EIA in supporting the government in integrating equity and anti-racism considerations in the development and implementation of policies, programs, and services.

How to Use it: Authors recommend that departments use the EIA when developing new policies, programs or services and when making amendments to existing policies, programs or services. The EIA supports teams in identifying and addressing systemic inequities through a five-step process with several prompting questions on: problem definition, defining solutions and actions to take, expected impacts of actions, implementation and evaluation and accountability.

Pre-Requisites to Application: The EIA is designed to support with identifying and addressing systemic racism and inequities through a series of questions on equity impacts and meaningful consultation with impacted communities. A complementary [Public Engagement Guidebook and Planning](#) template is available to ensure engagement includes impacted communities and includes a number of tools and resources. The tool is developed for a general policy and program development perspective and can be adapted to public health contexts.

Racial Equity Assessment Tools

1. Racial Equity Impact Assessment – Short Form, DC Office of Racial Equity, 2021²⁰

What Is It? Authors describe racial equity as both an outcome and a process. The [Racial Equity Impact Assessment \(REIA\)](#) was developed as a step towards integrating racial equity across the organization's work. The REIA questions were designed for users to identify strategies and resources required to embed racial equity as they develop, implement, and evaluate policies, practices, and programs.

How to Use It: Authors encourage using the assessment early in the policy and program development stage. The assessment consists of 16 questions across five different categories:

1. framing the vision – what are the expected goals and outcomes
2. what does the evidence show
3. partners: who are the stakeholders
4. anticipate: what are the possible benefits and burdens
5. accountability: how will the agency/department follow up?

Pre-Requisites to Application: Authors suggest discussing the REIA as a group with all staff who are responsible for developing and implementing the program. The REIA also contains a pocket guide of data sources (specific to the US Context), a sample completed assessment, and a draft community engagement plan.

2. Princeton Racial Equity Impact Assessment Toolkit, Princeton Civil Rights Commission, 2021²¹

What Is It? The Princeton Civil Rights Commission (CRC) developed the [Racial Equity Impact Assessment \(REIA\) Toolkit](#) to action their commitment to acknowledging racism as a public health issue. Rooted in the recognition of anti-Black racism and inequities experienced because of structural and institutional racism, the toolkit is currently in its' pilot phase and may be subsequently expanded to other inequities.

How to Use It: The REIA Toolkit is designed for use before the development and implementation of new and existing budgets, programs, policies and should be used to inform decision-making in areas such as workplace risk assessments, and environmental impact statements. The toolkit provides 17 questions alongside additional resources to support with community engagement.

Pre-Requisites to Application: Authors of the tool recommend that staff, elected officials, and board members receive ongoing racial equity and implicit bias training to support the implementation of the REIA toolkit. The authors provide resources that could be considered to support this training.

3. Racial Equity Impact Assessment, Puget Sound Regional Council, 2023²²

What is it? This [Racial Equity Impact Assessment \(REIA\)](#) was collaboratively developed by the Puget Sound Regional Council (PSRC) and alongside the PSRC's Regional Planning, Growth Management Planning, Transportation Planning, and Data Groups. Authors developed the REIA to integrate explicit and systematic consideration of racial equity in decision-making, across programs, policies, and budgets.

How to Use It: Adaptable to various contexts, including health, the tool is specified for use throughout the planning process and can be returned to during additional phases as more materials are gathered. The tool consists of six steps, with resources for further learning integrated throughout each step and definitions of key concepts used throughout the tool.

Pre-Requisites to Application: The tool highlights that community input is key to successful conducting a REIA and recommends conducting inclusive community engagement as a preliminary step and sharing findings of the assessment with affected communities. Planning for adequate budget and resources for conducting community engagement can allow for it to be integrated throughout the REIA process.

4. Racial Equity Impact Assessment Tool for Gun Violence Prevention, Educational Fund to Stop Gun Violence, DC Justice Lab, n.d.²³

What Is It? The [Racial Equity Impact Assessment \(REIA\)](#) was developed for organizations working on gun violence prevention, their partners and allies and for any organization working on violence prevention, in general. The REIA assists with identifying and assessing factors impacting racial equity prior to the implementation of a policy. In the context of preventing gun violence, assessing these factors can be used to avoid unintended negative impacts such as victimization, arrest, incarceration, and others.

How to Use it? The REIA contains a set of nine open-ended questions, with probing sub-questions and an example of how to apply the tool. Authors recommend that the REIA is considered as a guide rather than a checklist and should be used to generate discussion among partners and impacted communities. Questions within the tool refer to structural determinants of health such as the historical and contemporary racial context and how the proposed policy can perpetuate or exacerbate racial inequity.

Pre-Requisites to Application: The REIA is designed to be a collaborative process, engaging a diversity of perspectives within and outside the organization, including trusted partners and people with lived experiences. An accompanying racial equity framework is included, which could be helpful to support dialogue and understanding.

5. Race Equity Impact Assessment, Center for the Study of Social Policy, 2018²⁴

What Is It? Developed for the social sector, particularly child welfare, the [Race Equity Impact Assessment \(REIA\)](#) was developed to support decision-makers when developing new policies or considering modifications to existing policies. In particular, the tool can be used in initiatives that are aiming to reduce inequities, confront institutional racism and advance policies that are culturally or linguistically appropriate.

How to Use it? The REIA is a systematic assessment of how a proposed policy, program or decision will affect different racial and ethnic groups. It contains a checklist with a series of questions

Pre-Requisites to Application: Authors of the tool acknowledge that the REIA process entails more than just the tool. While the assessment questions identify information to support equitable policy development, there are several factors to incorporate in the policymaking process. This includes having a system to collect and analyze data, opportunities to meaningfully engage and incorporate interest holders in decision making, appropriate funding to support meaningful implementation and an accountability plan that can be tracked and adjusted.

Gender Equity Assessment Tools

1. Gender-Based Analysis+ Practitioners Guide, Government of Canada, 2021²⁵

What Is It? [Gender-based analysis plus \(GBA+\)](#) is designed to support practitioners with identifying who may be impacted by a project and potential positive and adverse effects of those impacts. The guide highlights that community experiences with systemic racism, sexism, colonialism and the intersectional impacts of these forms of discrimination are important to recognize and understand when considering potential impacts of projects.

How to Use It: Authors suggest that GBA+ is applied to all stages of project activities, including planning, design, implementation and monitoring to be comprehensive. The tool includes clear and comprehensive guidance and additional resources. However, the length may deter LPHUs from using it.

Pre-Requisites to Application: The Guide suggests that practitioners conducting a GBA+ should have a baseline understanding of cultural sensitivity, safety, and humility, understand good practices for collecting sensitive data in a confidential manner, and community-based research methods that are responsive to context.

2. Gender Impact Assessment, Commission for Gender Equality in the Public Sector, Government of Victoria, 2022²⁶

What Is It? The Commission for Gender Equality in the Public Sector, Government of Victoria developed the [Gender Impact Assessment \(GIA\) Toolkit](#) as a systematic guide to considering how policies, programs, and services meet the distinct needs of women, men and gender diverse people.

How to Use It: The four steps of the GIA are used to assess the effects that a policy, program, or service might have on people of different genders and explain how it will be modified to better support all genders and promote gender equality. Authors encourage applying an intersectional approach to consider how gender inequality can be compounded by disadvantage based on other factors such as ethnicity, age or disability.

Pre-Requisites to Application: Three questions are proposed to help determine if a gender impact assessment is required under the Victoria Government's Gender Equality Act (2020):

1. What do policies, programs, and services look like in my organization?
2. Which policies, programs, and services have a direct and significant impact on the public?
3. Even if not required under the Gender Equality Act, why not apply a gender impact assessment lens to other work?

3. Transgender Equity Impact Assessment Tool, Kinney, Pearson, Aoki, 2022²⁷

What Is It? Modeled after racial equity and health equity impact assessment tools, authors propose a [transgender equity impact assessment \(TEIA\) tool](#) for researchers and policy makers to assess proposed and existing legislation for gender inclusivity and discrimination. Community engagement is at the heart of the transgender equity impact assessment tool, particularly through a community advisory board to be consulted throughout the process.

How to Use It: Though not formatted as a structured assessment tool (which may impact usability), authors propose six steps with critical considerations that can be expanded upon and adapted to various health and non-health contexts. The details required for effective community advisory boards are specified, including detailed parameters in terms of time commitment, roles, compensation, and decision-making power.

Pre-Requisites to Application: For organizations that already use a REIA or HEIA, authors suggest that specific questions from the TEIA could be added to these processes, rather than using a separate TEIA to affirm that transgender and non-binary perspectives are being addressed. The authors also acknowledged that for Indigenous Peoples and organizations, further thinking by Indigenous people with lived experiences is important to ensure that the TEIA and any assessment tool aligns with Indigenous ways of knowing.

Discussion

The findings of this environmental scan demonstrate the vast number and types of equity assessment tools that have been published in both the peer-reviewed and grey-literature. These tools cover a range of different areas including racial equity, gender equity, and equity more broadly. The breadth of equity assessment tools suggests there is no one-size-fits-all tool that can be applied to every context. Rather, the selection of the most appropriate tool depends on several factors, including the type and nature of the program, organizational resources and capacity, and the focus of the organization's health equity work. The findings from this scan reinforce that equity is both a process and an outcome. That is, the use of equity assessment tools is not the end goal, but a step in a journey towards integrating an equity lens across all areas of work.²⁰ The scan also highlights that the uptake and implementation of these tools is dependent on several pre-requisites, including: a baseline understanding of equity, cultural safety, and unconscious bias;^{14,25} regular personal reflexivity;¹⁴ building and maintaining trust with affected communities;^{14,18,23,24} and adequate budget and resources for conducting a HEAT and implementing the findings.²²

While the equity tools identified in this scan are distinct, a key commonality across the tools was the steps required to carry out the assessment. These steps typically entail scoping; identifying and assessing potential equity impacts on populations experiencing inequities; identifying and implementing mitigation strategies; and monitoring and evaluating implementation. All the tools suggested engaging with communities facing inequities in completing the equity assessment process. Specifically, 71% of the tools recommended engaging with communities facing inequities across all steps whereas 29% of the tool suggested engaging with communities in some but not all steps.

The tools differed in the extent to which they recommended working with communities to analyze equity impacts and develop recommendations. For example, only 57% of tools suggested consulting with multiple forms of information (specifically data and community knowledge) to analyze equity impacts. Further, only half of the tools specified that recommendations to address equity impacts should be developed in collaboration with communities and are responsive to community concerns. Just 21% of tools specified that dissemination of findings should occur in and by communities facing inequities, through appropriate media and platforms.

While most tools described the structural determinants of health either in the instructions or guidance for completing the tool, only 29% of the tools specifically incorporated the structural determinants of health into the tool itself. This signals an area for improvement, given the significant impact of the structural determinants and systems of oppression, including but not limited to racism, colonialism, and ablism, on health opportunities and outcomes.¹ In addition, only one tool recommended that assessments and processes reflect multiple knowing practices, including but not limited to Indigenous and Afrocentric ways of knowing. The Transgender Equity Impact Assessment Tool described the need to consult with Indigenous Peoples and organizations to understand how the assessment being undertaken reflects values and ways of Indigenous knowing and being.²⁷ This presents a significant area for consideration as health practitioners: ensuring that assessment tools and processes are driven by community perspectives and reflect the knowledge, values, and practices of affected communities. It reinforces that communities are not monoliths and brings forward the question of unravelling and challenging Eurocentric methodologies implemented across systems and structures to avoid unintentionally increasing inequities. The [HEIA Indigenous Lens Tool](#) developed by Cancer Care Ontario (now Ontario Health) was not included in this review but can be referred to for guidance on applying the HEIA tool in a culturally responsive way to policies and programs that may impact Indigenous Peoples.²⁸

Lastly, over 60% of the tools identified next steps or accountability measures either in development, implementation and/or evaluation of the tool. Evaluation of the tools can include both process and impact evaluations. Process evaluations consider whether the tools used a systematic process, engaged appropriate partners or communities, and critically reviewed appropriate evidence.³² On the other hand, impact evaluations consider whether or how the tool was effective in identifying and mitigating unintended negative impacts of programs, policies, and initiatives.³² Details on formal evaluations of the implementation of these tools was not uncovered in the search despite evaluation being included as a recommended step in the process. Additional measures referenced included the development of accountability plans to ensure recommendations are implemented and that changes to programs and services are communicated back to impacted communities.¹⁴

Limitations

This scan focused specifically on tools designed for, or applicable to, the health sector. Several tools uncovered in the search were excluded from the final set of records given their focus on other sectors. We acknowledge this limits the number of results captured and acknowledge the value of these tools in assessing equity beyond the health sector. Further, we recognize that the tools uncovered in this search span a variety of jurisdictions, which could impact the degree of adaptation of the tools to an Ontario context.

Through restricting our search to jurisdictions applicable and/or comparable to Canadian Context (e.g., tools published in Canada, US, UK, Australia, and New Zealand), this may have limited number of tools that acknowledged or centred the need to for tools and equity assessment processes to reflect multiple knowing practices, including but not limited to Indigenous and Afrocentric ways of knowing. Lastly, we

acknowledge that tools are but one small means for guiding local public health practice to reduce health inequities and the use of tools must be paired with deep engagement and power sharing with those affected by the health issue under consideration, as well as critical thinking, reflexivity, and continued learning and unlearning on systems of oppression to lead to advancements in health equity.

Conclusion

The use of equity tools is evident in many jurisdictions and sectors and appear to be a critical means to identify the intended and unintended consequences of programs and services, as well as key mitigation strategies. While there is no standardized approach to conducting an equity impact assessment, the steps in which to conduct an assessment, as well as the involvement of community are key elements that were identified across each tool. Combining conducting HEATs with organizational education on equity, regular reflexivity on positionality and bias, allocating adequate resources to complete the HEATs in collaboration with affected communities, and designating budget for implementing and monitoring the implementation strategies are fundamental aspects of this work.

References

1. National Collaborating Centre for Determinants of Health (NCCDH). Let's talk: health equity. 2nd ed. Antigonish, NS: St. Francis Xavier University; 2023. Available from: https://nccdh.ca/images/uploads/NCCDH_Lets_Talk_Health_Equity_EN_June5.pdf
2. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Health equity [Internet]. Toronto, ON: King's Printer for Ontario; 2024 [cited 2025 Feb 10]. Available from: <https://www.publichealthontario.ca/en/Health-Topics/Health-Equity>
3. National Collaborating Centre for Determinants of Health (NCCDH). Community engagement for health equity. Antigonish, NS: St. Francis Xavier University; 2021. Available from: <https://nccdh.ca/images/uploads/comments/Lets-Talk-Community-Engagement-EN.pdf>
4. Equitable Evaluation Initiative (EEI). Equitable evaluation framework [Internet]. Seattle, WA: jdcPARTNERSHIPS; Foundation; 2023 [cited 2025 Feb 10]. Available from: <https://www.equitableeval.org/framework>
5. Public Health Sudbury & Districts (PHSD). 10 promising practices [Internet]. Sudbury, ON: PHSD; 2021 [cited 2025 Feb 10]. Available from: <https://www.phsd.ca/health-topics-programs/health-equity/10-promising-practices-health-equity/>
6. Ontario. Ministry of Health and Long-Term Care. Health equity impact assessment [Internet]. Toronto, ON: Queen's Printer for Ontario; 2012 [cited 2025 Feb 10]. Available from: <https://www.camh.ca/en/professionals/professionals--projects/heia/heia-tool>
7. Ontario. Ministry of Health and Long-Term Care. Health equity guideline. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: <https://files.ontario.ca/moh-guidelines-health-equity-guideline-en-2018.pdf>
8. Southwestern Public Health. Health equity tools and program planning - environmental scan summary. St. Thomas, ON: Southwestern Public Health; 2023.
9. National Collaborating Centre for Determinants of Health (NCCDH). Let's talk: language of health equity. Antigonish, NS: NCCDH, St. Francis Xavier University; 2023.
10. Society of Practitioners of Health Impact Assessment (SOPHIA). How to advance equity through health impact assessments [Internet]. Oakland, CA: SOPHIA; 2014. Available from: https://humanimpact.org/wp-content/uploads/2016/11/SOPHIA_EquityMetricsV2_2016.11.pdf
11. Tyndall J. AACODS checklist [Internet]. Adelaide: Flinders University; 2010 [cited 2025 Feb 10]. Available from: <https://fac.flinders.edu.au/dspace/api/core/bitstreams/e94a96eb-0334-4300-8880-c836d4d9a676/content>
12. Weiner BJ, Lewis CC, Stanick C, Powell BJ, Dorsey CN, Clary AS, et al. Psychometric assessment of three newly developed implementation outcome measures. *Implement Sci.* 2017;12(1):108. Available from: <https://doi.org/10.1186/s13012-017-0635-3>
13. Heller J, Givens ML, Yuen TK, Gould S, Jandu MB, Bourcier E, et al. Advancing efforts to achieve health equity: equity metrics for health impact assessment practice. *Int J Environ Res Public Health.* 2014;11(11):11054-64. Available from: <https://doi.org/10.3390/ijerph111111054>
14. Department of Health and Human Services North Carolina. Health equity impact assessment implementation guide [Internet]. Raleigh, NC: NCDHHS; 2021 [cited 2025 Mar 14]. Available from: <https://www.ncdhhs.gov/heia-implementation-guide/open>

15. United Kingdom. Office for Health Improvement & Disparities. Health equity assessment tool (HEAT) [Internet]. London: Crown copyright; 2024 [cited 2025 Feb 10]. Available from: <https://www.gov.uk/government/publications/health-equity-assessment-tool-heat>
16. Castillo EG, Harris C. Directing research toward health equity: a health equity research impact assessment. *J Gen Intern Med*. 2021;36(9):2803-8. Available from: <https://doi.org/10.1007/s11606-021-06789-3>
17. Worcestershire County Council. Equality and public health impact assessment [Internet]. Worcester: Worcestershire County Council; 2018 [cited 2025 Feb 10]. Available from: https://www.worcestershire.gov.uk/sites/default/files/2023-02/proposal_to_introduce_parking_charges_at_worcester_woods_country_park_-_appendix_a.pdf
18. King County. 2015 equity impact review process overview [Internet]. King County, WA: King County; 2016 [cited 2025 Feb 10]. Available from: https://kingcounty.gov/~media/elected/executive/equity-social-justice/2016/the_equity_impact_review_checklist_mar2016.ashx?la=en
19. Government of Nova Scotia. Equity impact assessment tool [Internet]. Halifax, NS: Government of Nova Scotia; 2024 [cited 2025 Feb 10]. Available from: <https://www.oeaengagement.ca/26883/widgets/188241/documents/136505>
20. Government of the District of Columbia, Mayor's Office of Racial Equity. Racial equity impact assessment - short form [Internet]. Washington, DC: Government of the District of Columbia; 2021 [cited 2025 Feb 10]. Available from: https://ore.dc.gov/sites/default/files/dc/sites/ore/publication/attachments/Racial%20Equity%20Impact%20Assessment_Short%20Form.pdf
21. Municipality of Princeton. Princeton racial equity impact assessment toolkit [Internet]. Princeton, NJ: Government of Princeton; 2021 [cited 2025 Feb 10]. Available from: <https://www.princetonnj.gov/DocumentCenter/View/5977/Princeton-Racial-Equity-Impact-Assessment-Toolkit-PDF>
22. Puget Sound Regional Council. Racial equity impact assessment [Internet]. Seattle, WA: Puget Sound Regional Council; 2023 [cited 2025 Feb 10]. Available from: <https://www.psrc.org/media/7123>
23. Educational Fund to Stop Gun Violence (EFSGV), DC Justice Lab. Racial equity impact assessment tool for gun violence prevention [Internet]. [California]: Consortium for Risk-Based Firearm Policy; 2023 [cited 2025 Feb 10]. Available from: <https://riskbasedfirearmpolicy.org/reports/racial-equity-impact-assessment-tool-for-gun-violence-prevention/>
24. Center for the Study of Social Policy (CSSP). Race equity impact assessment [Internet]. Washington, DC: CSSP; 2018 [cited 2025 Feb 10]. Available from: <https://cssp.org/wp-content/uploads/2018/08/Race-Equity-Impact-Assessment-Tool.pdf>
25. Impact Assessment Agency of Canada. Guidance: gender-based analysis plus in impact assessment [Internet]. Ottawa, ON: Government of Canada; 2021 [cited 2025 Feb 10]. Available from: <https://www.canada.ca/en/impact-assessment-agency/services/policy-guidance/practitioners-guide-impact-assessment-act/gender-based-analysis.html>
26. Commission for Gender Equality in the Public Sector. Gender impact assessment hub [Internet]. Victoria: Government of Victoria; 2022 [cited 2025 Feb 10]. Available from: <https://www.genderequalitycommission.vic.gov.au/gender-impact-assessments>
27. Kinney MK, Pearson TE, Ralston Aoki J. Improving "life chances": surveying the anti-transgender backlash, and offering a transgender equity impact assessment tool for policy analysis. *J Law Med Ethics*. 2022;50(3):489-508. Available from: <https://doi.org/10.1017/jme.2022.89>

28. Jumah, N.A., Kewayosh, A., Downey, B. et al. Developing a Health Equity Impact Assessment 'Indigenous Lens Tool' to address challenges in providing equitable cancer screening for indigenous peoples. BMC Public Health. 2023;23:2250. Available from: <https://doi.org/10.1186/s12889-023-16919-7>
29. International Association for Public Participation. Spectrum of engagement [Internet]. Ottawa, ON: Canadian Institute for Health Information (CIHI); [cited 2025 Feb 10]. Available from: <https://www.cihi.ca/sites/default/files/document/iap2-spectrum-of-engagement-framework-en.pdf>
30. National Collaborating Centre for Determinants of Health (NCCDH). Glossary of essential health equity terms [Internet]. Antigonish, NS: St. Francis Xavier University; 2022 [cited 2025 Feb 10]. Available from: <https://nccdh.ca/learn/glossary/>
31. Pauly B, Martin W, Perkin K, van Roode T, Kwan A, Patterson T, et al. Critical considerations for the practical utility of health equity tools: a concept mapping study. Int J Equity Health. 2018;17(1):48. Available from: <https://doi.org/10.1186/s12939-018-0764-6>
32. Douglas, M. Health Impact Assessment Guide for Practitioners. Scottish health inequality impact assessment: report [Internet]. Glasgow: ScotPHN; 2016 [updated 2019 Mar; cited 2025 Feb 10]. Available from: <https://www.scotphn.net/wp-content/uploads/2015/11/Health-Impact-Assessment-Guidance-for-Practitioners-SHIIAN-updated-2022.pdf>

Appendix A: Data Extraction Categories for Equity Assessment Tools

- **Name of equity assessment tool:** The full title of the tool (if different from the full title of the article/product)
- **Author, Year:** Author(s)/Institution name, Publication year
- **Jurisdiction:** Geographical location where the tool was developed/ implemented
- **Type of Evidence Source:** Selection of peer reviewed or grey literature
- **Setting:** Setting (e.g., public health, primary care) where the tool was developed/implemented
- **(Co)Development Process:** Description of who was consulted and/or involved in the development of the tool
- **Purpose of Health Equity Assessment Tool:** Intended use(s) of the health equity assessment tool
- **Definition of Health Equity:** Full definition of health equity according to the author/institution
- **Reference to power, privilege, and/or oppression:** Description of whether the tool includes details that speak to issues of power, privilege, and/or oppression
- **Reference to structural determinants of health:** Description of whether/how tool is assessing structural determinants of health
- **Guiding Theor(ies)/Principles:** Established health equity theories and/or principles used to provide a foundational basis for and to guide the development of the tool
- **Relevant Background Information:** The rationale behind the creation and development of the tool
- **Example of Application:** Examples of use cases in where/in which context(s) the tool has been applied
- **Prerequisite(s) to Application:** Examples of prerequisites to applying equity tools (e.g., organizational readiness, buy-in from leadership)
- **Next Steps/Accountability:** Next steps either in the development, implementation or evaluation of the tool (including how often the tool should be updated, when was the last updated, or how often the tool should be reapplied)
- **Acknowledgement of Diverse Ways of Knowing:** Information whether the tools were developed in a culturally responsive manner to incorporate and centre diverse ways of knowing, including but not limited to Indigenous and Afrocentric ways of knowing.
- **Limitations:** Limitations identified by the authors
- **Notes:** Additional notes/comments from data extractors
- **Link to the Resource:** URL to the webpage or PDF of the resource

Appendix B: Adapted Equity¹³ and Non-Equity Metrics^{11,12} for Assessing Tools

Four outcomes were assessed through the scoring process:

- **Outcome 1:** The Health Equity Assessment Tool (HEAT) process focuses on equity¹³
- **Outcome 2:** The HEAT process builds the capacity and ability of communities facing health inequities to engage in future HEATs and decision-making more generally¹³
- **Outcome 3:** The HEAT contributes to changes that reduce inequities and inequities in the social and structural determinants of health¹³
- **Outcome 4:** The HEAT contains relevant non-equity related dimensions to support its' authority, relevancy, and feasibility^{11,12}

Depending on the scoring definition the tool met for each metric, a point was assigned:

- Not at all = 1 point
- To some extent = 2 points
- Very much = 3 points

The scores were added up, with a maximum score a tool could be awarded being **36**.

Table B1: Outcome 1 Metrics and Scoring Definitions

Metric	Scoring Definitions		
	1. Not At All	2. To Some Extent	3. Very Much
1.a. Does the tool suggest engagement with communities facing inequities when identifying a HEAT proposal?	Tool does not suggest engagement with communities facing inequities when identifying a HEAT proposal	Tool identifies engagement with practitioners or other colleagues who work with communities facing inequities when identifying a HEAT proposal	Tool identifies engagement with communities facing inequities when identifying a HEAT proposal
1.b. Does the tool’s purpose or scope specify assessing equity impacts?	Scope/purpose do not include equity-related questions or questions	Scope/purpose includes equity-related goals OR questions	Tool's scope includes equity-related goals AND questions

Metric	Scoring Definitions		
	1. Not At All	2. To Some Extent	3. Very Much
1.c. Does the tool suggest consulting with multiple forms of information (specifically data AND community knowledge) to analyze health equity impacts?	Tool does not recommend assessing distribution of impacts AND does not suggest consulting with community knowledge/experience	Tool suggests assessing distribution of impacts OR including community knowledge/experience	Tool suggests assessing distribution of impacts AND including community knowledge/experience
1.d. Does the tool specify developing recommendations with communities facing inequities and/or that are responsive to community concerns?	Tool does not specify developing recommendations with community to address equity impacts	Tool specifies developing recommendations with community to address equity impacts	Tool specifies developing recommendations with community to address equity impacts AND that are responsive to community concerns
1.e. Does the tool suggest that findings and recommendations should be disseminated in or by communities who were engaged in the process in an accessible and culturally responsive manner?	Tool does not specify dissemination to communities who were engaged in the HEAT process	Tool specifies that dissemination should occur in OR by communities who were engaged in the HEA process	Tool specifies that dissemination occurs in AND by communities who were engaged in the HEA process in an accessible and culturally responsive manner
1.f. Does the tool reference developing a monitoring and evaluation (M&E) plan or accountability plan to monitor equity impacts over time?	Tool does not specify developing an M&E or accountability plan to monitor equity impacts over time	Tool specifies developing an M&E plan with equity impacts	Tool specifies developing an M&E plan with equity impacts and implementing accountability mechanisms

Max score for Outcome 1 = 18

Definitions:

- 1.a. Refer to the [IAP2 Spectrum of Engagement](#)²⁹ to identify the type of or level of participation with community.
- 1.b. Health equity as defined in the [NCCDH Glossary of Terms](#)³⁰
- 1.c. Refer to the [IAP2 Spectrum of Engagement](#)²⁹ to identify the type of or level of participation with community.

Table B2: Outcome 2 Metrics and Scoring Definitions

Metric	Scoring Definitions		
	1. Not At All	2. To Some Extent	3. Very Much
2.a. Does the tool suggest meaningful engagement or leadership of communities experiencing inequities in each step of the HEAT?	The tool does not suggest involvement of communities facing inequities in each step of the HEAT	The tool suggests engaging with communities facing inequities in some but not all HEAT steps	The tool suggests engaging with communities facing inequities across all HEAT steps
2.b. Does the tool cite sharing decision-making processes and power with communities facing inequities as a process or factor in the assessment	The tool does not cite sharing decision-making and power with communities facing inequities as a process or factor in the HEAT	The tool cites sharing decision-making and power with communities facing inequities as a process or factor in some steps of the HEAT	The tool cites sharing decision-making and power with communities facing inequities as a process or factor across all steps of the HEAT

Max score for Outcome 2 = 6

Definitions:

2.a. Refer to the [IAP2 Spectrum of Engagement](#)²⁹ to identify the type of or level of participation with community.

2.b. Power as defined in the [NCCDH Glossary of Terms](#)³⁰

Table B3: Outcome 3 Metric and Scoring Definitions

Metric	Scoring Definitions		
	1. Not At All	2. To Some Extent	3. Very Much
3.a. Does the HEAT include/capture assessment of structural determinants of health?	The tool does not capture assessment of structural determinants of health	The tool's context references the structural determinants of health as contributing to health inequities	Structural determinants of health are reflected throughout the tool, where relevant

Max score for Outcome 3 = 3

Definitions:

3.a. Structural determinants of health as defined in the [NCCDH Glossary of Terms](#)³⁰

Table B4: Outcome 4 Metrics and Scoring Definitions

Metric	Scoring Definitions		
	1. Not At All	2. To Some Extent	3. Very Much
4.a. Authority: Does the HEAT have a detailed reference list or bibliography?	No detailed reference list or bibliography included.	Some references included throughout the HEAT.	HEAT includes a detailed reference list or bibliography.
4.b. Date: Can you find the date?	No date included in the HEAT.	Some date details can be inferred.	Date is included in the HEAT.
4.c. Feasibility: Is the HEAT concise, easy to use and applicable to a diverse range of situations?	Not concise, easy to use or applicable to a diverse range of situations	Either concise, easy to use OR applicable to a range of situations	Concise, easy to use AND applicable to a range of situations

Max score for Outcome 4 = 12

Definitions:

4.c. For characteristics of feasible and practical health equity tools, refer to [Critical considerations for the practical utility of health equity tools: a concept mapping study](#)³¹

Appendix C: Example of High Scoring Tools¹³

Outcome 1

Metric 1.a. Does the tool suggest engagement with communities facing inequities when identifying a HEAT proposal?

- Tool suggests collaborating with communities facing inequities to determine HEAT proposal
- Tool suggests partnering with community facing inequities to identify main health concerns and gain community support for moving forward with the HEAT
- Tool suggests analyzing the power, policy, and historical context of the policy or initiative to determine its' equity relevancy

Metric 1.b. Does the tool's purpose or scope specify assessing equity impacts?

- At least one of the primary goals of the HEAT is explicitly to assess equity impacts
- Tool suggests that research questions call for focus on communities facing inequities

Metric 1.c. Does the tool suggest consulting with multiple forms of information (specifically data AND community knowledge) to analyze health equity impacts?

- The tools methods describe conducting both quantitative assessment of distribution of impacts on communities facing inequities AND focus groups and/or surveys conducted with communities facing inequities

Metric 1.d. Does the tool specify developing recommendations with communities facing inequities and/or that are responsive to community concerns?

- Tool specifies HEAT recommendations should focus on those facing inequities, not just on improving overall population health
- Tool specifies HEAT recommendations should be identified with community and reflect community priorities

Metric 1.e. Does the tool suggest that findings and recommendations should be disseminated in or by communities who were engaged in the process in an accessible and culturally responsive manner?

- Tool specifies recommendations should be translated into relevant languages and media formats (e.g., social media) and distributed.
- Tool specifies that community leaders communicate findings on their own behalf to policymakers and other community members.

Metric 1.f. Does the tool reference developing a monitoring and evaluation (M&E) plan or accountability plan to monitor equity impacts over time?

- Tool specifies that during M&E, if negative equity impacts are found, decision-makers are responsible for implementing an improvement plan and reporting back to the community.

Outcome 2

Metric 2.a. Does the tool suggest meaningful engagement or leadership of communities experiencing inequities in each step of the HEAT?

- Scoping stage examples: communities facing inequities have decision-making authority over the final HEAT scope
- Assessment stage examples: using community participatory methods to conduct HEAT

Metric 2.b. Does the tool cite sharing decision-making processes and power with communities facing inequities as a process or factor in the assessment?

- Tool suggests leadership training for members of communities facing inequities to participate in HEAT process.
- Members of communities facing inequities have an active seat at the decision-making table.
- Tool cites community members as experts in understanding of power, policy and historical context of decisions.

Outcome 3

Metric 3.a. Does the health equity assessment tool include/capture assessment of structural determinants of health?

- Assessment stage example: Tool prompts reflection and assessment of the structural determinants of health and their impacts on inequitable health outcomes or access to resources and services

Outcome 4

Metric 4.a. Authority: Does the item have a detailed reference list or bibliography?

- Detailed reference or bibliography list is included in the tool

Metric 4.b. Date: Can you find the date?

- Tool has a clearly stated and easily discernible date related to content

Metric 4.c. Feasibility: Is the HEAT concise, easy to use and applicable to a diverse range of situations?

- Tool is easy to follow, contains plain language and/or resources to better support understanding.
- Tool is concise and has clear purpose and objectives.
- Tool is applicable to various public health or health system contexts.

Authors

Taheera Walji
Senior Program Specialist
Health Promotion, Chronic Disease, and Injury Prevention
Public Health Ontario

Samiya Abdi
Senior Program Specialist
Health Promotion, Chronic Disease, and Injury Prevention
Public Health Ontario

Acknowledgments

This report was reviewed and/or developed in consultation with:

Anlan Yao
Peel Public Health

Shana Calixte-Pitawanakwat
Ontario Health

Dinna Lozano
North Bay Parry Sound District Health Unit

Shreya Sachdeva
Southwestern Public Health

Ginette Demers
Public Health Sudbury and Districts

Kara Watson
Public Health Ontario

Jessica Love
North Bay Parry Sound District Health Unit

Daniel Harrington
Public Health Ontario

Samantha McReavy
Northwestern Health Unit

Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Equity assessment tools to advance public health practice. Toronto, ON: King's Printer for Ontario; 2025.

Disclaimer

This document was developed by Public Health Ontario (PHO). PHO provides scientific and technical advice to Ontario's government, public health organizations and health care providers. PHO's work is guided by the current best available evidence at the time of publication. The application and use of this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use. This document may be reproduced without permission for non-commercial purposes only and provided that appropriate credit is given to PHO. No changes and/or modifications may be made to this document without express written permission from PHO.

Public Health Ontario

Public Health Ontario is an agency of the Government of Ontario dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. Public Health Ontario links public health practitioners, front-line health workers and researchers to the best scientific intelligence and knowledge from around the world.

For more information about PHO, visit publichealthontario.ca.