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Planning Through an Equity Lens

Incorporating the Health Equity Impact Assessment (HEIA) 2.0 Tool

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HEIA Information/Training Session

April 04th, 2014

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Agency for Health Protection and Promotion
Agence de protection et de promotion de la santé

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Overview

- BACKGROUND
  - Health equity in Ontario legislation
  - Improving health equity in the health system
  - Use of equity focussed Assessment tools
- DESCRIPTION OF HEIA 2.0
  - Brief outline of the tool
  - Brief overview of the PHU supplement
- INTEGRATING HEIA 2.0 INTO YOUR WORK
  - HEIA in the planning cycle
  - How long does it take to do HEIA
  - Facilitators and barriers to implementation
- GROUP DISCUSSION Q&A

Objectives

- Describe the inter-related concepts of health, social determinants of health, and health equity;
- Understand the ethical, legal and health system rationales for taking action on health equity;
- Contextualize the HEIA within public health practice
- Review tips and tricks for using the MOHTLC HEIA tool
- At the end of this session, participants know what they need to do when they arrive back at the desk to begin working with the HEIA tool

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What is health equity?

Health equity is most often defined by the absence of health inequities or disparities.

Health inequities or disparities are differences in the health outcomes of specific populations that are "**systemic,** patterned, **unfair, unjust,** and **actionable,** as opposed to random or caused by those who become ill."

Health Inequalities

Differences in health status experienced by various individuals or groups in society. These can be the result of genetic and biological factors, choices made or by chance, but often they are because of unequal access to key factors that influence health like income, education, employment and social supports.

Health Inequities

Health inequities are differences in health which are not only unnecessary and avoidable, but in addition are considered unfair and unjust.

Source: Glossary for the Ontario Public Health Standards. Accessed: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/glossary.aspx#p

"The **unequal distribution** of health-damaging experiences **is not in any sense a "natural" phenomenon** but a result of a toxic combination of **poor social policies** and programs, **unfair economic arrangements** and **bad politics**. Together the structural determinants and conditions of daily life constitute the **social determinants of health** and are **responsible for a major part of health inequalities** between and within countries."

Source: Closing the Gap in a Generation, World Health Organization, 2008

Why do something?

There are **ethical reasons** for addressing health equity

> *"Above all, on humanitarian grounds national health policies designed for an entire population cannot claim to be concerned about the health of all the people if the heavier burden of ill health carried by the most vulnerable sections of society is not addressed."*
>
> *- Whitehead 1992*

Source: Maxwell J. Smith. What do we Mean by Health Equity in Public Health? Assumptions and Theoretical Commitments. Presentation to public health Ontario Rounds April 24th 2013. Available at: http://www.publichealthontario.ca/en/Learning And Development/Events/Pages/Ethics_health_equity_public_health.aspx

Why do something?

There are **legal reasons** for addressing health equity

- In the *Excellent Care for All Act* preamble, equity is defined as a critical component of quality health care.
- Local Heath System Integration Act, 2006 (LHSIA) states that the health system should "be guided by a commitment to equity and respect for diversity in communities in serving the people of Ontario."
- The Ontario Public Health Standards (2008) explicitly acknowledges the work of public health in reducing health inequities. Specifically, the OPHS Foundational Standard directs boards of health to plan and deliver focused interventions to meet the needs of priority populations.

Why do something?

There are **cost implications** of inequity in Ontario

- 30 % of hospitalizations for four common ambulatory care sensitive conditions (ACSCs) (heart failure, chronic obstructive pulmonary disease, diabetes, and asthma)—could potentially be avoided if the hospitalization rates observed among adults living in the highest-income neighbourhoods could be achieved across all neighbourhood income levels.

Source: Bierman AS, Shack AR, Johns A, for the POWER Study. Achieving Health Equity in Ontario: Opportunities for Intervention and Improvement. In: Bierman AS, editor. Project for an Ontario Women's Health Evidence-Based Report: Volume 2: Toronto; 2012.

Addressing health equity in the health system…

- Ensure equitable provision of high quality healthcare regardless of circumstances and make sure that all individuals and communities get the care they need
- We can do this by:
  1. **Targeting resources or programs specifically to addressing disadvantaged populations or key access barriers**
     - looking for investments and interventions that will have the highest impact on reducing health disparities or enhancing the opportunities for good health of the most vulnerable
  2. **Building health equity into all health planning and delivery**
     - doesn't mean all programs are all about equity
     - but all take equity into account in planning their services and outreach

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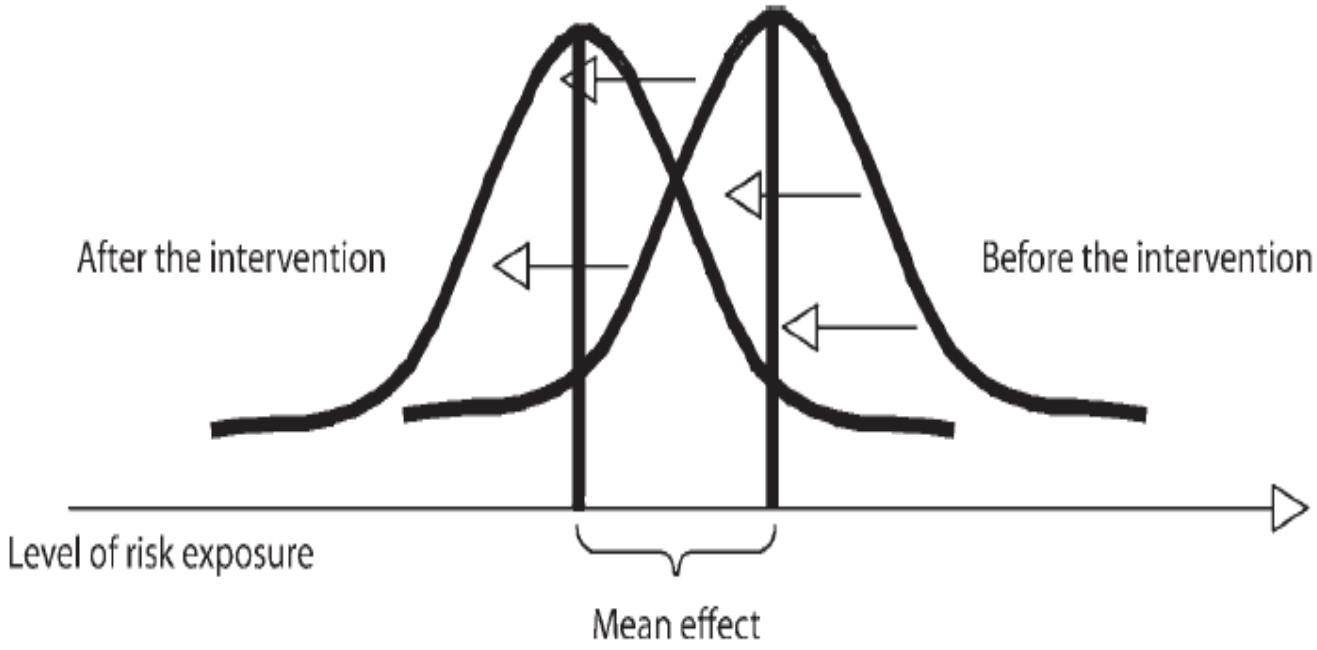
1. Targeting resources or programs specifically to addressing disadvantaged populations or key access barriers

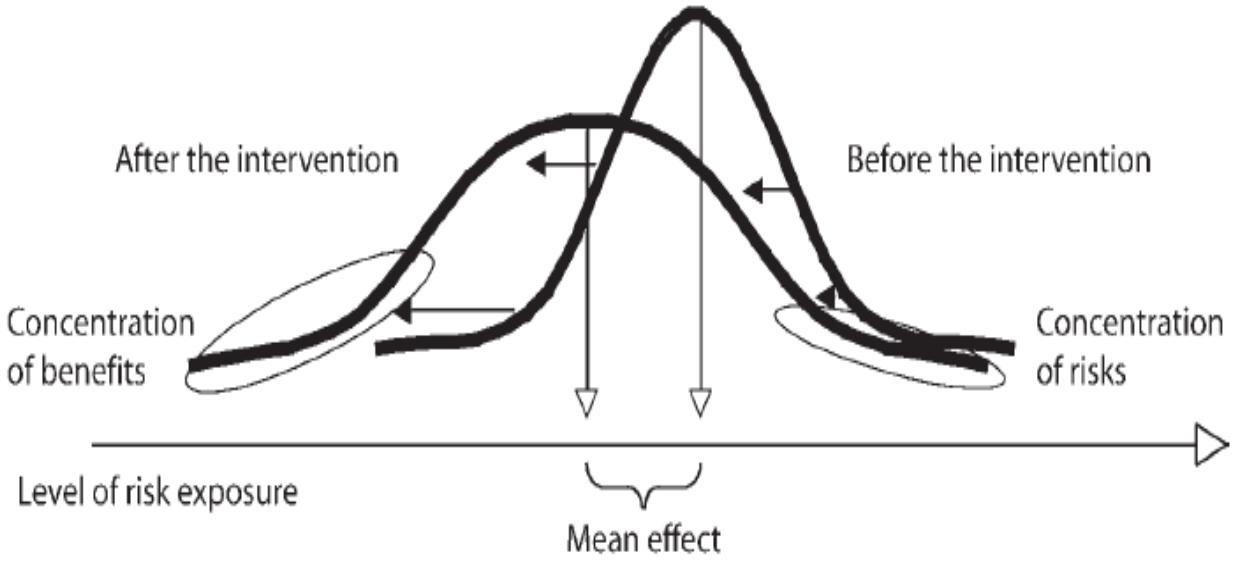
Shifting the Curve



Note. Arrows indicate where the lines of the distribution would be after a population-level approach.

FIGURE 1—Hypothetical homogenous effect of a population-approach intervention on the distribution of risk in a population.

Source: Frohlich,KL. ,Potvin L. The Inequality Paradox: The Population Approach and Vulnerable Populations. *Am J Public Health.* 2008;98:216–221.



Source. Adapted from Rose.[6(p74)]
Note. Arrows depict the shifting of the curve after a population-level approach. Circles indcate where the variation in risk is most flagrant.

FIGURE 2—Illustration of a potential increase in the variation of risk following a population-approach intervention.

Source: Frohlich,KL., Potvin L. The Inequality Paradox: The Population Approach and Vulnerable Populations. *Am J Public Health.* 2008;98:216–221.

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Targeting within Universalism

- If the goal is to “level up”, then some targeting must occur improving disproportionately the health of more disadvantaged groups while at the same time improving the health of the entire population.
- Targeting can be used as an instrument to make universalism more effective ensuring that extra benefits are directed to poorer groups and acts to “fine-tune” essentially universal policies.

Sudbury & District Health Unit. (2011). 10 promising practices to guide local public health practice to reduce social inequities in health: Technical briefing. Sudbury, ON

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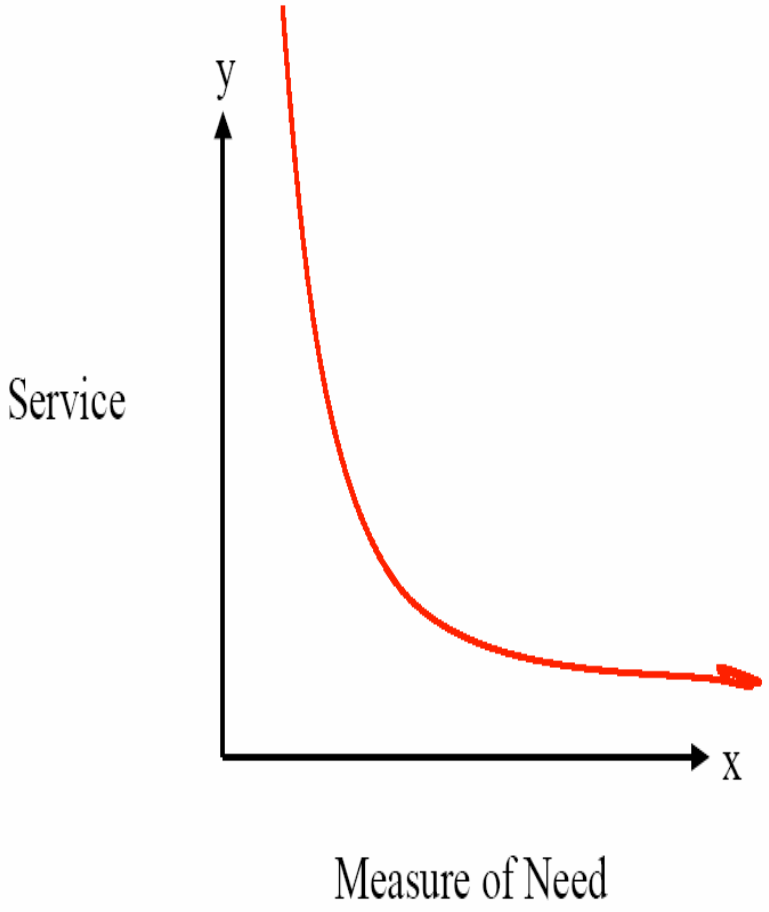
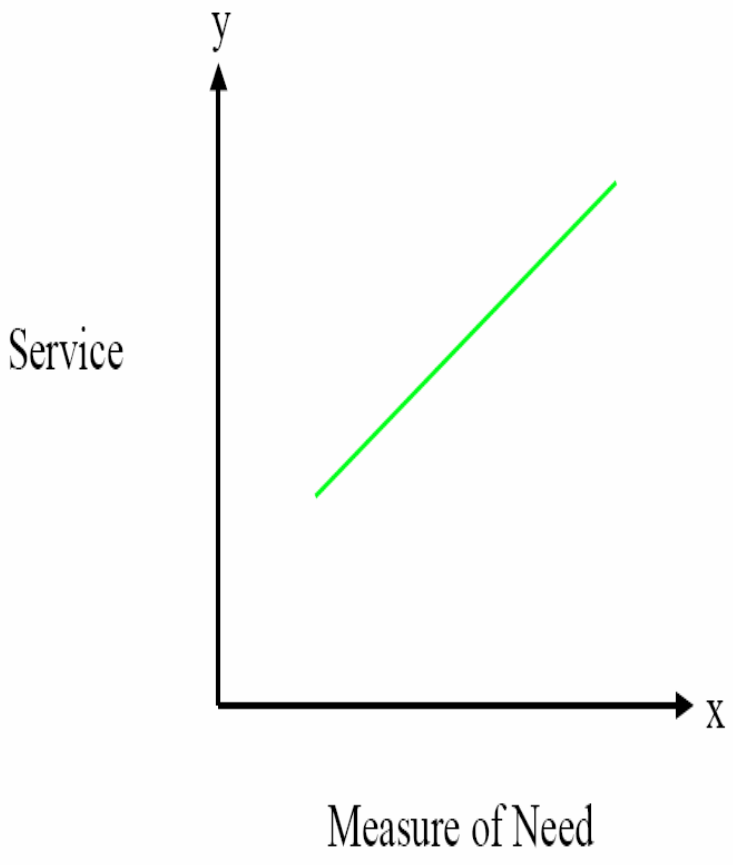
2. Building health equity into all health planning and delivery

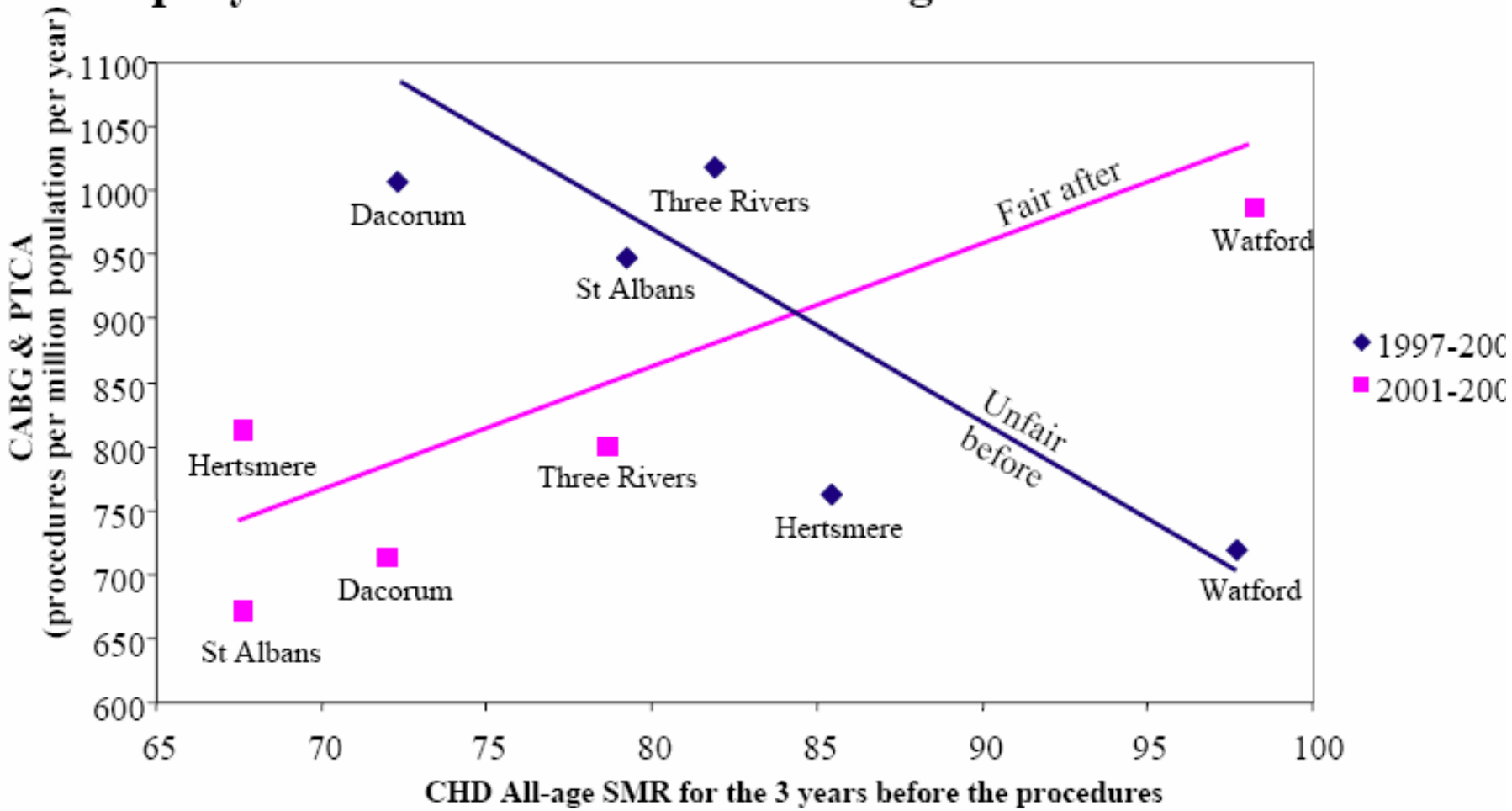
Health Equity Impact Assessment (HEIA) helps users to align *services* with *need*—enabling better health outcomes





Source: Health Equity Audit: A Guide for the NHS, UK Department of Health

The Improvement in W Hertfordshire Coronary Revascularisation Equity Before and After Introducing the CHD NSF



Source: Local finance information system and ONS; all denominators are based on Census 2001 projecti

Source: Health Equity Audit: A Guide for the NHS, UK Department of Health

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HEIA provides an evidence-based, systematic method to embed equity in planning and decision making

- HEIA is a **practical tool** for assessment and decision support
- It helps to address and anticipate any **unintended health impacts** that a plan, policy or program might have on vulnerable or marginalized groups within the general population.
- It builds on existing work and creates greater **consistency** and **transparency** in the way that equity is being considered across the health system.
- The end goal of HEIA is to **achieve health equity** and eliminate disparities in health.

Promising Practice #5

- Structured method to assess potential impacts of proposed policies or practices at the general population level
- EfHIA applies an equity lens to HIA:
  - Can assist decision makers to minimize and/or mitigate negative health outcomes
  - Can increase awareness of SDOH and equity considerations among decision makers
  - Potential to influence both immediate and long-term policy decisions

Sudbury and District Health Unit. (2011). 10 promising practices to guide local public health practice to reduce social inequities in health: Technical Briefing. Sudbury, ON

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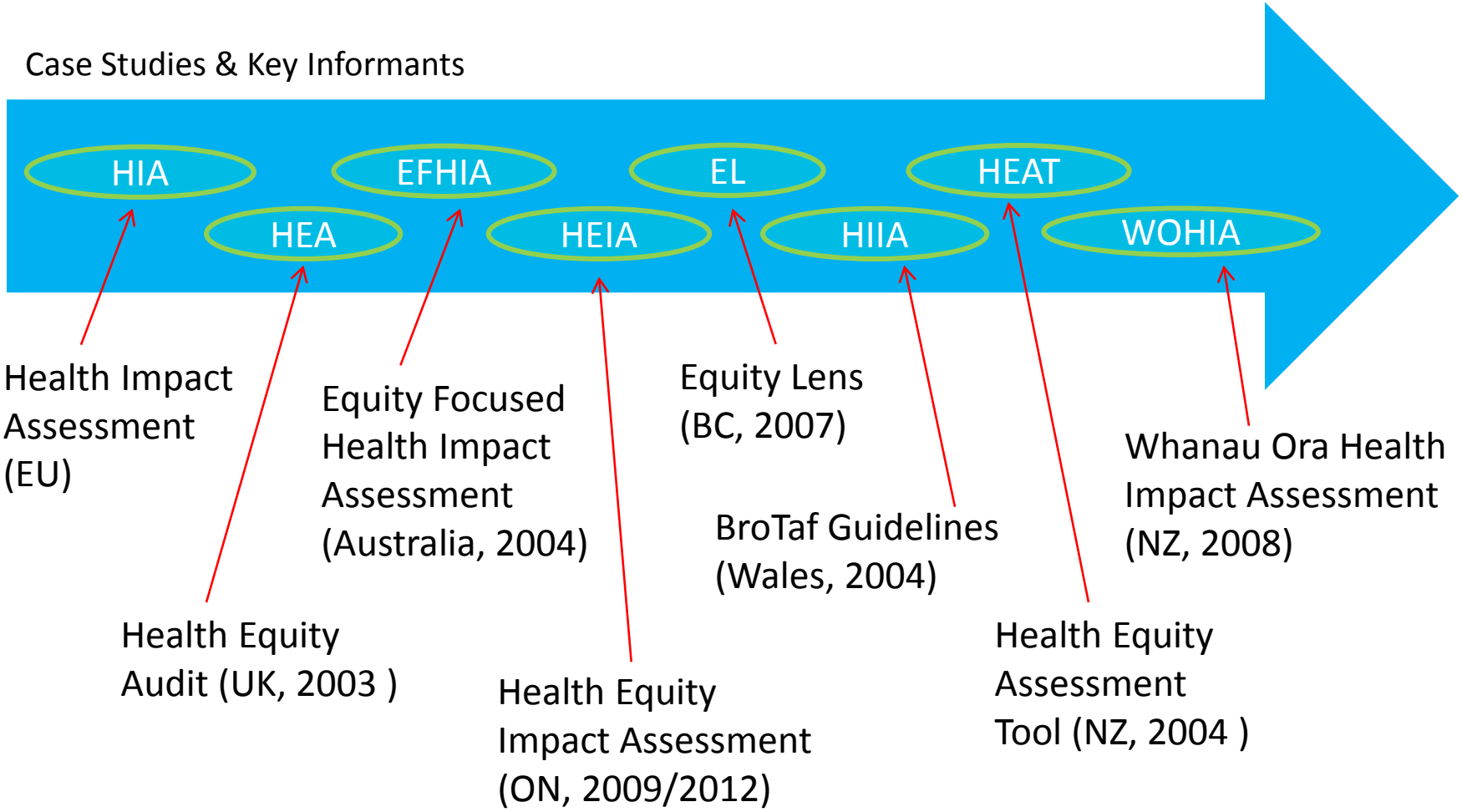
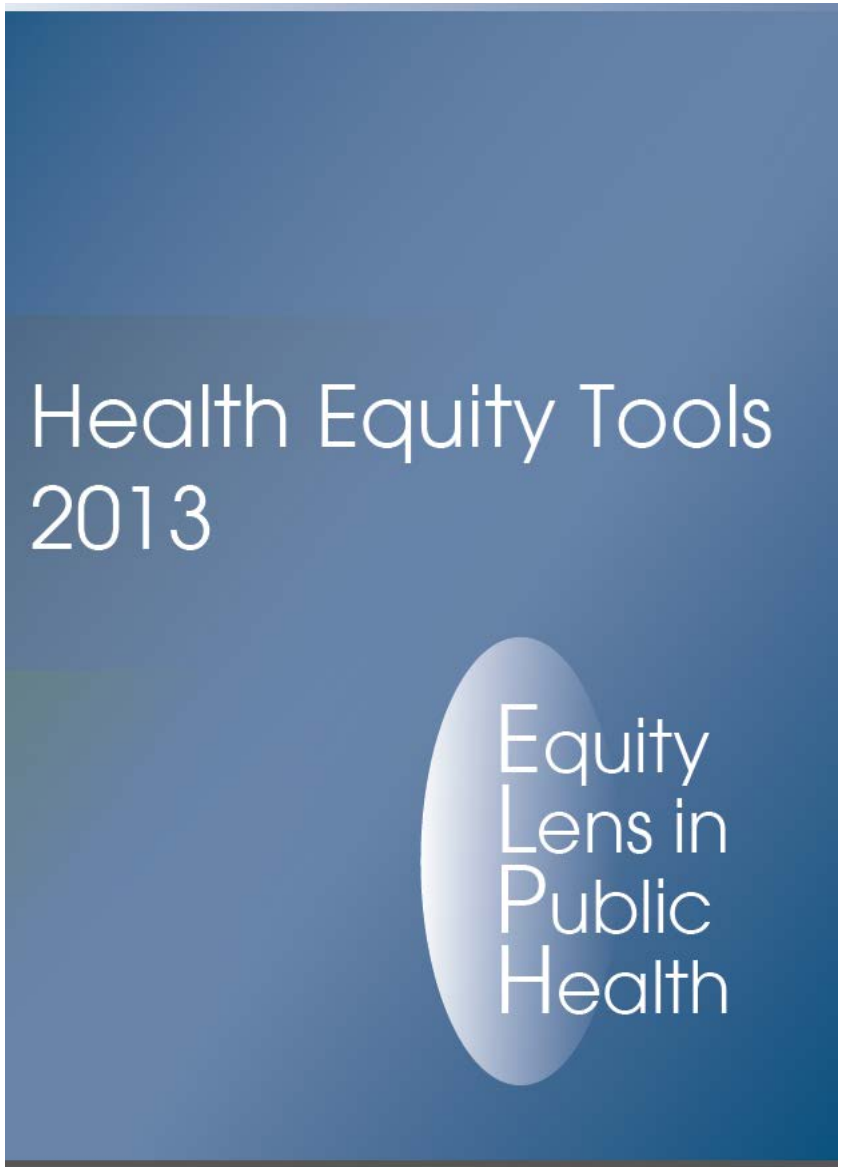
Incomplete Overview of Health Equity Assessment Tools





- **Health Equity Impact Assessment (HEIA)** – include the classic steps of an HIA, however, focus on the potential impacts of service initiatives/policies on disadvantaged populations, access barriers and related equity issues.
- **Health Equity Audit (HEA)** – an evaluative assessment tool with 3 steps to systematically review health inequities, ensure required actions to reduce inequities are incorporated into local plans and evaluation the impact of the actions
- **Equity Lens** – a simple tool consisting of 3-5 questions to ensures awareness and some consideration of equity issues in service delivery/planning

Pauly, B., MacDonald, M., O'Briain, W., Hancock, T., Perkin, K., et.al on behalf of the ELPH Research Team (2013). Health Equity Tools. Victoria, BC: University of Victoria.

Typology of Use

Decision Support	Mandated	Advocacy	Community Led
• Undertaken voluntarily by organisation responsible for developing the policy, program or project that is being assessed	• Undertaken to fulfil a statutory or regulatory requirement	• Undertaken by organisations and groups who are neither proponents nor decision-makers with the goal of influencing decision-making and implementation.	• Conducted by communities to help define or understand issues and contribute to decision-making that impacts directly on their health.

(Harris-Roxas and Harris, 2011)

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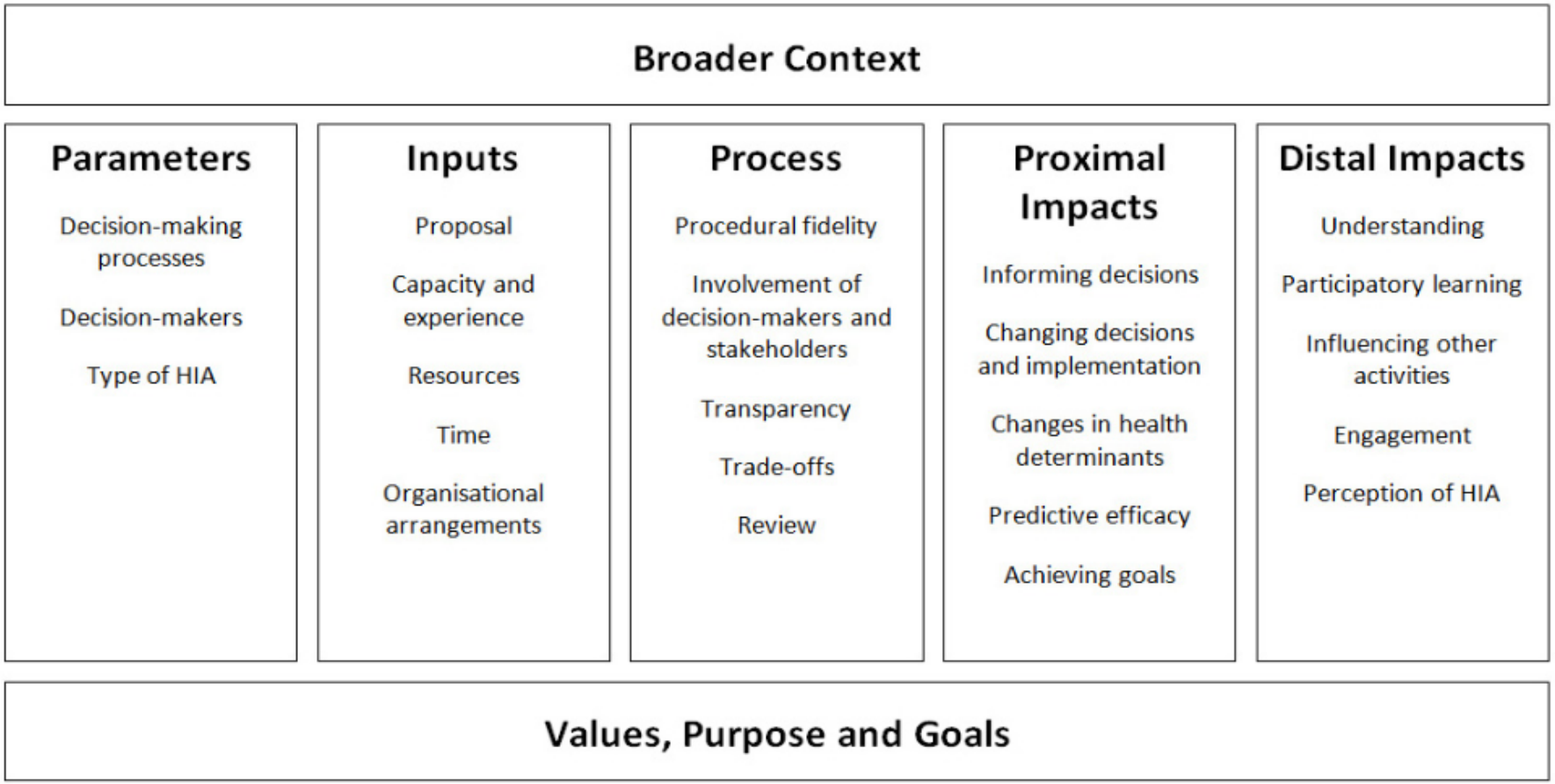
Evaluation Considerations



Harris-Roxas B. Conceptual Framework for Evaluating the Impact and Effectiveness of Health Impact Assesssment, Centre for Health Equity Training, Research and Evaluation (CHETRE), 2008.
http://www.hiaconnect.edu.au/evaluating_hia.htm

Facilitators and Barriers to the Process

	SYSTEM LEVEL	ORGANIZATIONAL LEVEL	OPERATIONAL LEVEL
FACILITATORS	•Mandated use of the tools •Use embedded into performance management incentives •National/regional inequality targets	•Organizational commitment and readiness •Buy in from top management •Supportive views of public health leaders and key policy makers •Organizational commitment, readiness and buy-in	•Project management, including a pre-defined approach detailing each stage of the application process •Availability of literature and other sources of information/data •The ability of staff to conduct and analyze literature review •The size (manageable size) and the skill set of working committee to conduct literature review, analyze quantitative and qualitative data
BARRIERS	•Absence of facilitators •Allocation/re-allocation of resources to acute issues •Conflicting priorities between different health sectors. e.g. local health unit interested in applying the tool to a program but provincial/national interest in implementing the program without applying the tools or suggestion of modifications •Political pressures to adopt programs or policies without equity consideration	•Lack of organizational commitment and readiness •Lack of buy in from top managements •Lack of discussion on applying the tool at management level	•Lack of resources (financial/human) •Capacity of the health care sector to conduct research, access different types of information and analyze data. •Differing views on heath equity/inequities among working group members •Difficulty in reaching consensus regarding the nature and extent of health inequities (i.e. subjectivity of the tools) •Lack of data to support consensus •Time constraints

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MOHTLCs Health Equity Impact Assessment (HEIA) tool

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HEIA
Health Equity Impact Assessment

- The Ontario HEIA tool was developed by MOHLTC in collaboration with the province's Local Health Integration Networks (LHINs) and a second edition was recently launched with Public Health Ontario. It incorporates international evidence as well as input gathered during regional pilots and conversations with health service providers.

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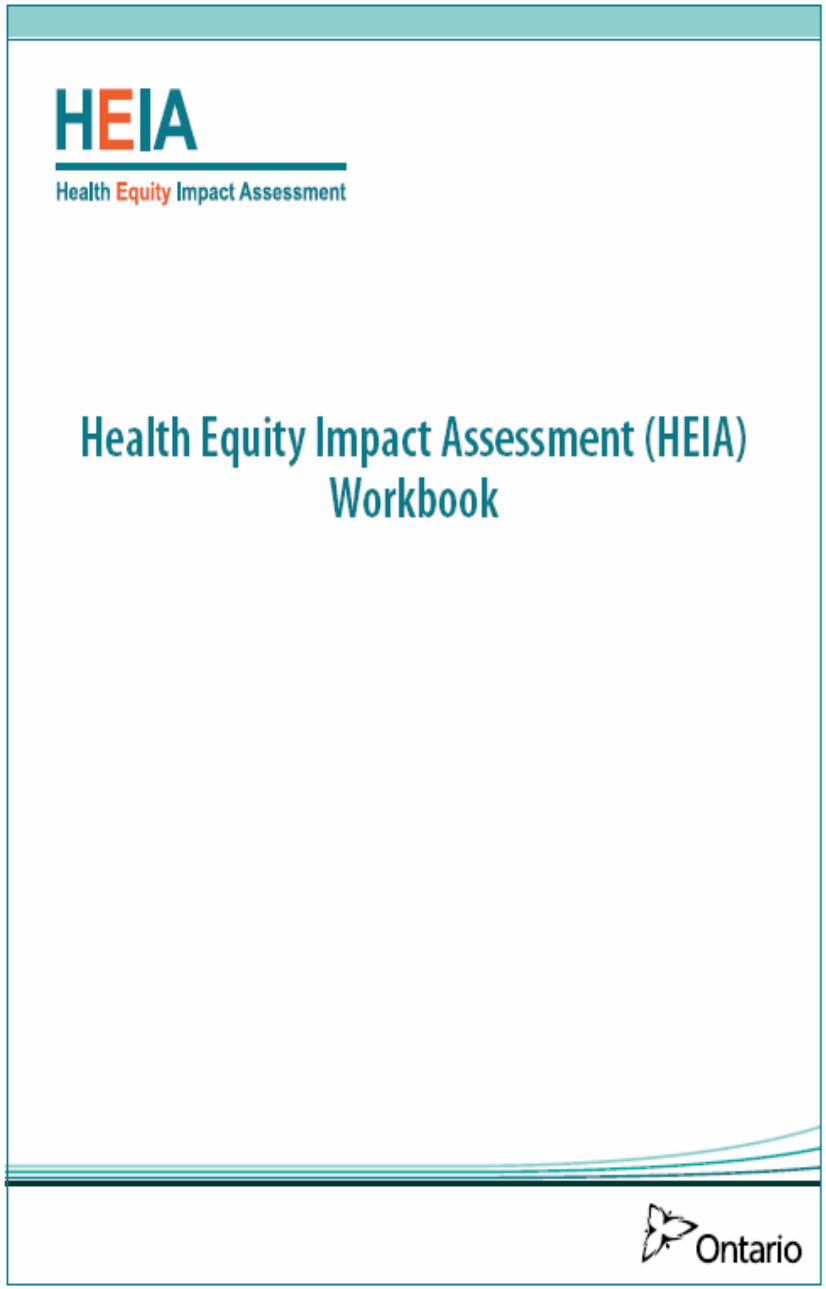
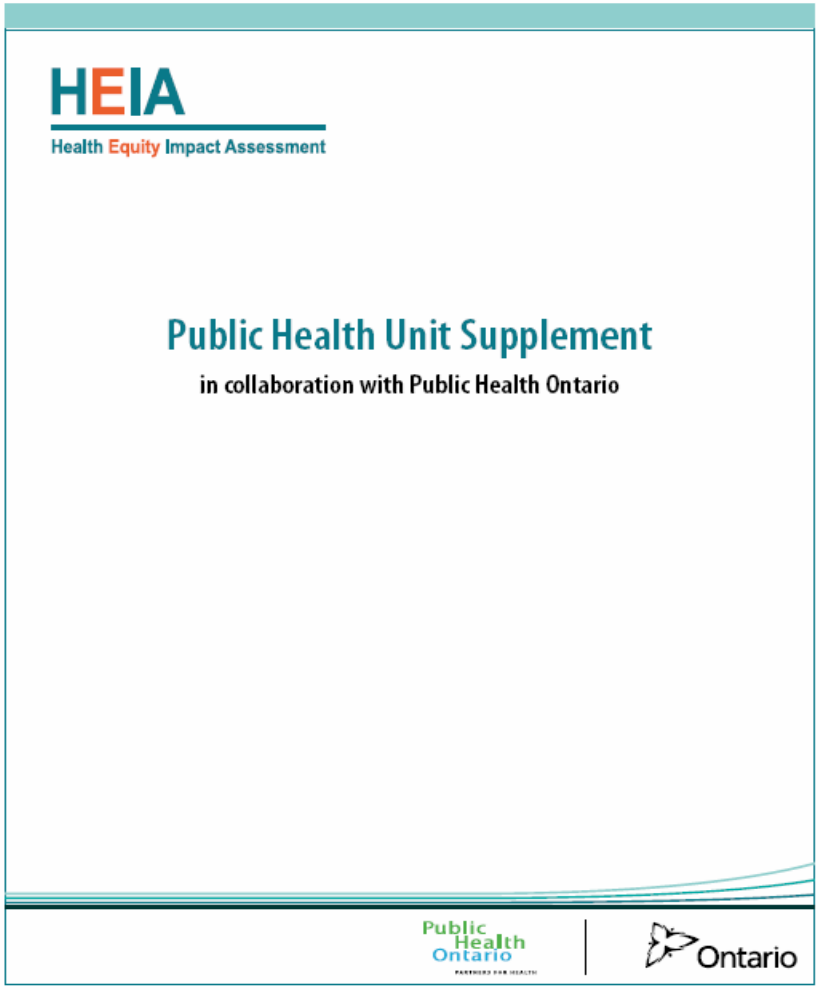
HEIA provides an evidence-based, systematic method to embed equity in planning and decision making

- HEIA is a **practical tool** for assessment and decision support
- It helps to address and anticipate any **unintended health impacts** that a plan, policy or program might have on vulnerable or marginalized groups within the general population.
- It builds on existing work and creates greater **consistency** and **transparency** in the way that equity is being considered across the health system.



- Will/Do some people or communities benefit more from the policy, program or initiative than others, and why?
- Will/Does providing or improving access to this policy, program or initiative, help to narrow the gap between the best and worst off in terms of health outcomes?
- Will/Does this policy, program or initiative have negative effects that contribute to, maintain or strengthen health disparities?
- How will/does the policy, program or initiative affect access to care for this population?
- If you don't know, what more do you need to know and how will you find out?



- Table 1 – Links Between HEIA and the OPHS Foundational Standard and PHAS Protocol
- Resources available on conducting situational assessments in public health
- Link monitoring to OPHS program evaluation (the systematic gathering, analysis, and reporting of data about a policy, program, or initiative to assist in decision-making)
- Dissemination ideas

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HEIA

Health Equity Impact Assessment

HEIA is a flexible and practical assessment tool that can be used to identify and address **potential unintended health impacts** (positive or negative) of a policy, program or initiative on specific population groups.

Note: The *HEIA Template* is designed to be used alongside the accompanying *HEIA Workbook*, which provides definitions, examples and more detailed instructions to help you complete this template.

Date:	
Organization:	
Name and contact information for the individual or team that completed the HEIA:	
Project Name:	
Project Summary:	
Objective for Completing the HEIA: (e.g., to determine where to best invest resources in a new policy, program, or initiative?)	
Note: This section to be filled in after completing the following HEIA template.	
Conclusions: (e.g., what decisions were made following completion of the HEIA tool?)	

Ontario

What is the purpose of your HEIA assessment?

- Awareness raising/Capacity-building
- Program Evaluation/Quality improvement (CQI)
  - HEIA be introduced as an evaluation tool to examine whether individual initiatives are capitalizing on available opportunities to improve equity or whether they may potentially result in widening health disparities.
- Program planning
  - HEIA can be conducted in planning or policy development to enable adjustments to the initiative before opportunities for change become more limited;
- Resource allocation/Budgeting

What you are applying the HEIA tool to?

- Are you applying the tool to a policy, program or project?
- What are the details of the policy, program or project
  - (eg. include a straw dog, process map, template, P&Ps)
- Is this a time of change? If yes, articulate the change proposed (if any)
- If necessary, consider breaking down equity assessments by population or by program process, access and/or materials

What kind of data do you have available?

- All evidence sources should be weighed based on their strength and quality
- Streams of evidence, include:
  - Grey literature and Online resources;
  - Inter-jurisdictional evidence;
  - Consultation and community engagement findings;
  - Key informant interviews;
  - Program evaluation results;
  - Client surveys; and
  - Field evidence, staff evidence, organizational data, tacit evidence, etc

How long do you have to apply the HEIA tool?

- **Desktop assessment**
  - Information is gathered by the user from existing data and resources
  - Generally completed within a few days
- **Rapid assessment**
  - More detailed and involves more outreach and sourcing of information
  - Generally completed in a few weeks
- **Comprehensive assessment**
  - Involves more extensive research such as community and sector consultation
  - Complete assessment can take months
  - Typically used for large scale, very complex projects

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HEIA Template

The numbered steps in this template correspond with sections in the HEIA Workbook. The workbook with step-by-step instructions is available at www.ontario.ca/healthequity.

Step 1. SCOPING		Step 2. POTENTIAL IMPACTS			Step 3. MITIGATION	Step 4. MONITORING	Step 5. DISSEMINATION
a) Populations* Using evidence, identify which populations may experience significant unintended health impacts (positive or negative) as a result of the planned policy, program or initiative.	**b) Determinants of Health** Identify determinants and health inequities to be considered alongside the populations you identify.	**Unintended Positive Impacts**	**Unintended Negative Impacts**	**More Information Needed**	**Identify ways to reduce potential negative impacts and amplify the positive impacts.**	**Identify ways to measure success for each mitigation strategy identified.**	**Identify ways to share results and recommendations to address equity.**
Aboriginal peoples (e.g., First Nations, Inuit, Métis, etc.)							
Age-related groups (e.g., children, youth, seniors, etc.)							
Disability (e.g., physical, D/deaf, deafened or hard of hearing, visual, intellectual/developmental, learning, mental illness, addictions/substance use, etc.)							
Ethno-racial communities (e.g., racial/racialized or cultural minorities, immigrants and refugees, etc.)							
Francophone (including new immigrant francophones, deaf communities using LSQ/LSF, etc.)							
Homeless (including marginally or under-housed, etc.)							
Linguistic communities (e.g., uncomfortable using English or French, literacy affects communication, etc.)							
Low income (e.g., unemployed, underemployed, etc.)							
Religious/faith communities							
Rural/remote or inner-urban populations (e.g., geographic/social isolation, under-serviced areas, etc.)							
Sex/gender (e.g., male, female, women, men, trans, transsexual, transgendered, two-spirited, etc.)							
Sexual orientation (e.g., lesbian, gay, bisexual, etc.)							
Other: please describe the population here.							

*Note: The terminology listed here may or may not be preferred by members of the communities in question and there may be other populations you wish to add. Also consider intersecting populations (i.e., Aboriginal women).

Ontario

Step 1. Scoping

Consider and identify affected populations (including *intersecting populations and SDoH)*

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Step 1: Identifying Determinants of Health (DOH) and Inequities

- Consider:
  - Inequities in access to the fundamental determinants of health (eg. income, housing, nutritious food, clean water…)
  - Inequities in health status (eg. burden of disease, mortality, quality of life)
  - Inequities in the incidence of high risk behaviours
  - Inequities in the access to and utilization of programs and services
- Identify:
  - known or likely pathways that lead to the inequities identified can assist in determining potential impacts and mitigation measures.

Step 1: Identifying Determinants of Health (DOH) and Inequities

- Use data to support your analysis:
  - Field evidence, staff evidence, organizational data, tacit evidence…
  - Client surveys; Program evaluation results;
  - Grey literature and online resources; Peer- reviewed literature;
  - Consultation and community engagement findings

- **Remember:** Track your sources (eg. (author, date); (personal communication; J. Doe (colleague/client));(program stats 2008-2012); (personal/program experience); (assumption))
- **Remember**: Track your decision-making (eg. Sex/gender are not relevant to this program because…. There no further analysis for this group…)

Step 2. Impact Assessment

Identify and record the potential unintended (negative/positive) impacts of the planned policy, program, decision.

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Impact Assessment

- 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

- **Remember:** Track your sources (eg. (author, date); (personal communication; J. Doe (colleague/client));(program stats 2008-2012); (personal/program experience); (assumption))
- **Remember**: Track your decision-making (eg. …because quality of care already underwent review in 2011 for this aspect of the program, we did not re-consider it from a CQI perspective at this time…)

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Impact Assessment

- Will/Do some people or communities benefit more from the policy, program or initiative than others, and why?
- Will/Does providing or improving access to this policy, program or initiative, help to narrow the gap between the best and worst off in terms of health outcomes?

- Will/Does this policy, program or initiative have positive impacts or effects that enhance health equity?
- Will/Does this policy, program or initiative have negative effects that contribute to, maintain or strengthen health disparities?

- How will/does the policy, program or initiative affect access to care for this population?
- How will the policy, program or initiative affect the quality and responsiveness of care for this community?

- If you don't know, what more do you need to know and how will you find out?

Missing Information

- Both Steps 1, 2 and 3 may identify gaps in the data or instances where the relationship between health inequities and certain populations and social determinants of health are not clear-cut
- Documenting the gaps and bringing them to light is an important aspect of moving toward achieving health equity
- An assessment of health inequities does not always yield clear answers; rather it provides information that helps to make informed decisions

Step 3. Mitigation

Identify and record the best ways to reduce the potential negative impacts and amplify the (unintended) positive impacts

HEIA Template

The numbered steps in this template correspond with sections in the HEIA Workbook. The workbook with step-by-step instructions is available at www.ontario.ca/healthequity.

Step 1. SCOPING		Step 2. POTENTIAL IMPACTS			Step 3. MITIGATION	Step 4. MONITORING	Step 5. DISSEMINATION
a) Populations* Using evidence, identify which populations may experience significant unintended health impacts (positive or negative) as a result of the planned policy, program or initiative.	**b) Determinants of Health** Identify determinants and health inequities to be considered alongside the populations you identify.	**Unintended Positive Impacts**	**Unintended Negative Impacts**	**More Information Needed**	**Identify ways to reduce potential negative impacts and amplify the positive impacts.**	**Identify ways to measure success for each mitigation strategy identified.**	**Identify ways to share results and recommendations to address equity.**
Aboriginal peoples (e.g., First Nations, Inuit, Métis, etc.)							
Age-related groups (e.g., children, youth, seniors, etc.)							
Disability (e.g., physical, D/deaf, deafened or hard of hearing, visual, intellectual/developmental, learning, mental illness, addictions/substance use, etc.)							
Ethno-racial communities (e.g., racial/racialized or cultural minorities, immigrants and refugees, etc.)							
Francophone (including new immigrant francophones, deaf communities using LSQ/LSF, etc.)							
Homeless (including marginally or under-housed, etc.)							
Linguistic communities (e.g., uncomfortable using English or French, literacy affects communication, etc.)							
Low income (e.g., unemployed, underemployed, etc.)							
Religious/faith communities							
Rural/remote or inner-urban populations (e.g., geographic/social isolation, under-serviced areas, etc.)							
Sex/gender (e.g., male, female, women, men, trans, transsexual, transgendered, two-spirited, etc.)							
Sexual orientation (e.g., lesbian, gay, bisexual, etc.)							
Other: please describe the population here.							

* Note: The terminology listed here may or may not be preferred by members of the communities in question and there may be other populations you wish to add. Also consider intersecting populations (i.e., Aboriginal women).

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Step 3: Mitigation strategy considerations

Intervention	Organization	Alignment/collaboration
Modifications that support or supplement a reduction in health inequities: Access to programs/services Priority group participation in service development Program delivery or policy implementation Reducing barriers to benefit from the service Additional supports Communication plans	Modifications that support or supplement a reduction in health inequities: Population health assessment Surveillance Research and knowledge exchange Program evaluation Staff education and development External communications Internal policies and procedures	With complementary initiatives that might help to reduce inequities: Internal to your organization Local agencies and/or services Local, provincial or federal stakeholders

Step 4. Monitoring

Identify ways to measure success for each mitigation strategy identified

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Step 4: Monitoring

- Choose indicators to measure any change in inequalities or health inequities that may result from the mitigation strategies identified and/or implemented

Consider

- What are the range of options for measuring any reduction in health inequities for each mitigation measure identified?

And

- What modifications (identified in Step 3) were implemented?
- What impacts, resulting from these modifications can you observe or measure?

Step 5. Dissemination

Identify and record how results and recommendations for addressing health equity will be shared

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Step 5: Dissemination

- Share your literature reviews
- Share evidence and data gaps identified
- Share proposed solutions to missing information
- Share success factors and barriers to HEIA implementation and evaluation identified
- Share case studies
- Share your evaluation

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Summary

- Completing HEIA can help to identify and amplify/mitigate unintended positive or negative impacts on health equity of policies and programs.
- Using the HEIA tool helps to organize your work for reference, organizational memory and so that no impacts/mitigation options are missed.
- Sharing HEIA case studies and results can help to identify important areas of missing data, information, research and evaluation.

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Contact Information

For further assistance, advice, questions or if you have comments, contact the HEIA team:

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English Site: **www.ontario.ca/healthequity**

French Site: **www.ontario.ca/equite-sante**

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