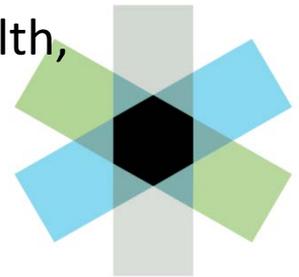


Facilitators and barriers to the application of health equity assessment tools: Results of case study analysis

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Overview

- Outline purpose and methods of our case study review
- Provide brief introduction to health equity assessment tools
- Discuss selected case studies
- Summarize facilitators and barriers to the application of health equity assessment tools
- Mention HEIA evaluation

Description of Project

Jurisdictional scan of materials relating to the application and evaluation of health equity planning tools; includes case studies on the published and grey literature, as well as key informant interviews; excludes application in developing nations and non-English materials.

Objectives

- Identify factors that facilitate or hinder the application and uptake of health equity planning and assessment tools.
- Describe the current activities related to evaluation of the use of equity planning tools

Methods

1. Literature Review

- Published and grey literature - emphasis on “case studies”
- 144 articles generated through search engines → 79 further reviewed → 33 included in the study

2. Key Informant Interviews

- Semi-structured qualitative interviews
- Experts from Australia, Canada and New Zealand

Rationale

- There are different tools designed to integrate equity into health programs/policies and assess programs/policies impact on health equity.
- Many of the tools are derived from Health Impact Assessment (HIA), but emphasize on the equity aspect.
- There is a limited research on the application and evaluation of such policy tools

OVERVIEW OF HEALTH EQUITY ASSESSMENT TOOLS

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.”



Improving Equity through the Health System

How Can We do This?

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

Equity focused tools have been adopted in a number of jurisdictions

- Including Australia, New Zealand, the United Kingdom.
- 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.

Promising Practice #5

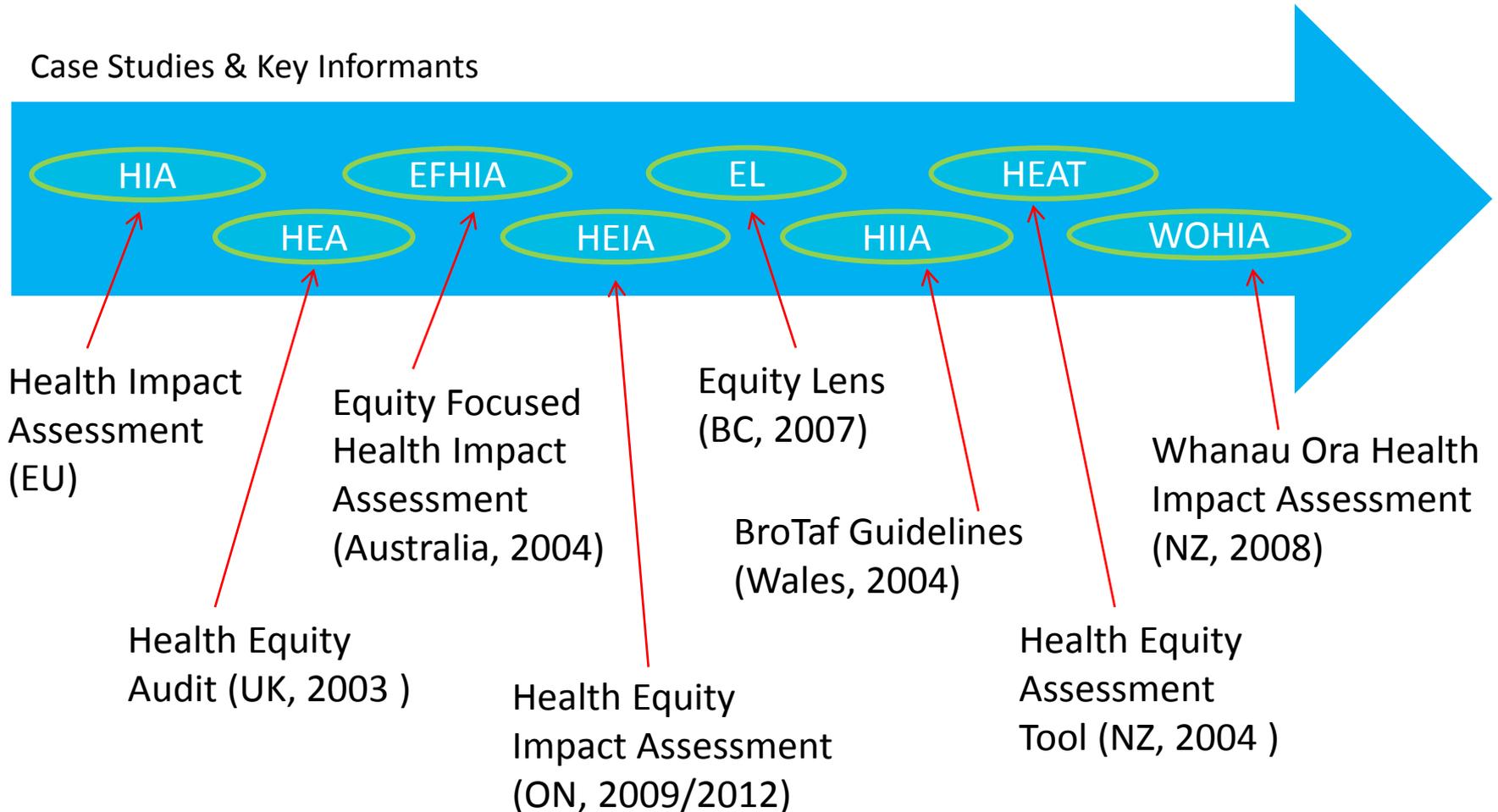
- *10 promising practices to guide local public health practice to reduce social inequities in health* identifies Health Impact Assessment (HIA) and equity-focused HIA (Ef-HIA):
 - Structured method to assess potential impacts of proposed policies or practices
 - Assess the impact of proposals at the 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

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.

Unofficial, Incomplete Overview of Health Equity Assessment Tools

Case Studies & Key Informants



Typology of Use

Decision Support

- Undertaken voluntarily by organisation responsible for developing the policy, program or project that is being assessed

Mandated

- Undertaken to fulfil a statutory or regulatory requirement

Advocacy

- Undertaken by organisations and groups who are neither proponents nor decision-makers with the goal of influencing decision-making and implementation.

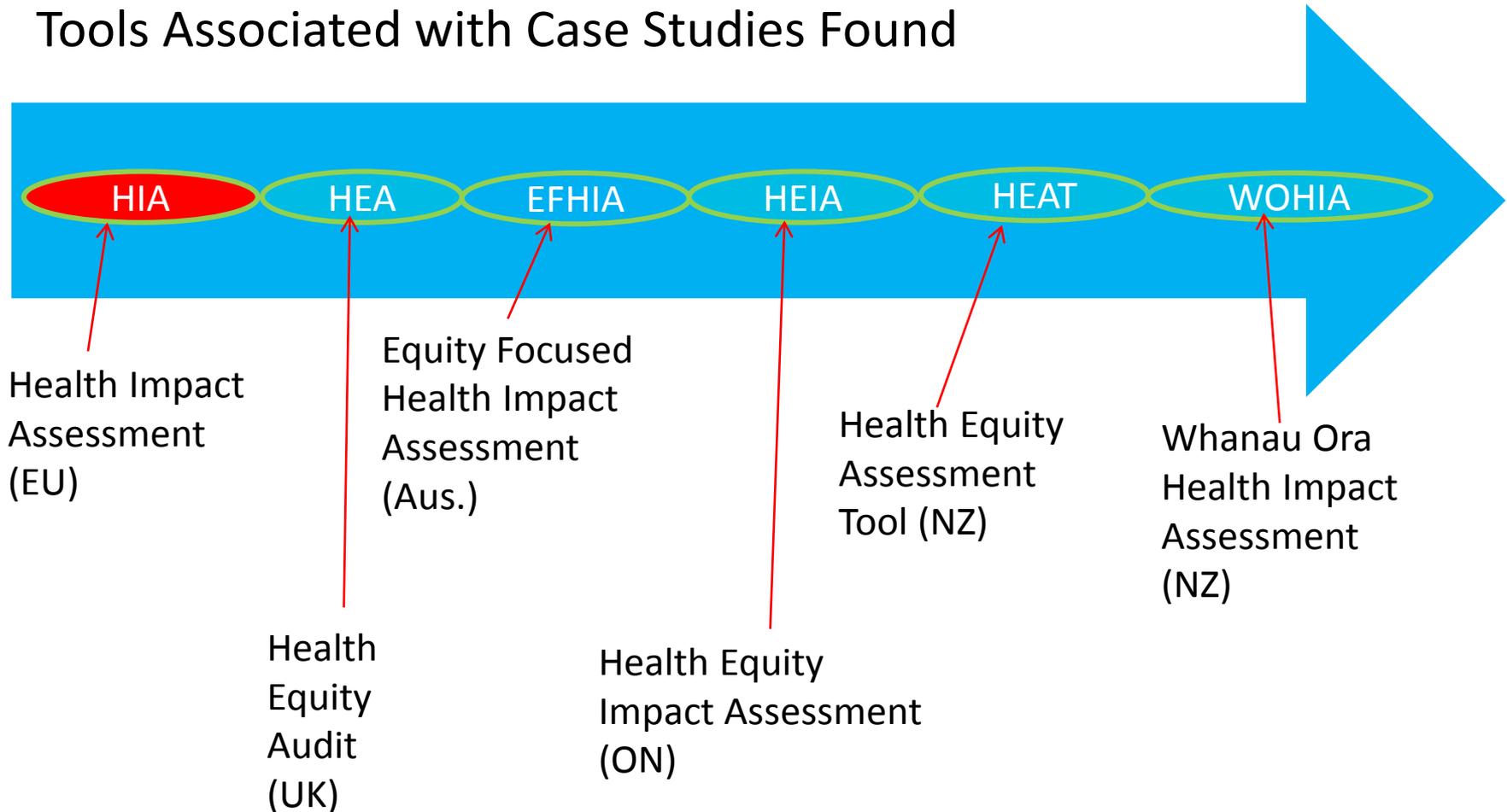
Community Led

- 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)

SUMMARY OF CASE STUDY REVIEW

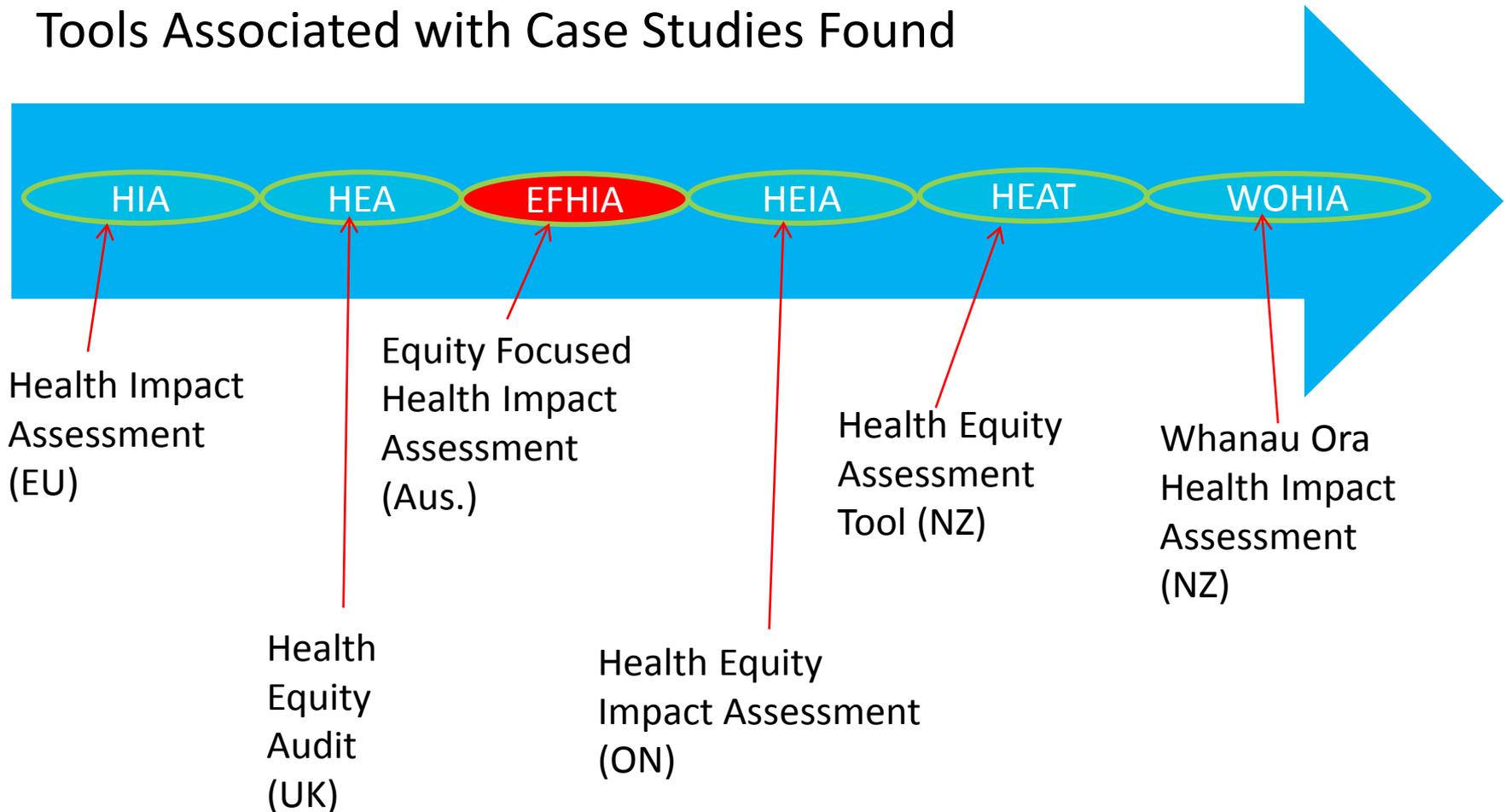
Tools Associated with Case Studies Found



Health Impact Assessment

- Many EU countries are embracing *Health in all Policy (HiAP)* , using HIA as the assessment tool
- Classically applied HIA does address equity explicitly (stating equity as one of its principles) as well as implicitly (using a broad definition of health).
- Povall et al., (2010) concluded that existing HIA methodology is appropriate to address health equity considerations in principle, however required strengthening to address more effectively the full range of health equity influences an policy impacts

Tools Associated with Case Studies Found



Equity Focussed Health Impact Assessment

- Created by Center for Health Equity Training, Research and Evaluation (CHETRE)
- Uses HIA methodology
- Has been applied to broad range of different types of initiatives for a variety of purposes (decision support, advocacy and community led)
- Applying EFHIA is not mandatory

Notable Case Studies

Initiative	Purpose
ABHI - National initiatives that focus on prevention and early detection of chronic diseases	Decision support
EFHIA of Goodooga Health Services	Community Led
Construction phase of redevelopment of a hospital	Decision support
Community funding program	Decision support
Good for Kids Good for Life - Child Obesity Prevention Trial Program	Decision support
Training opportunity for specialists in Rural Australia	Advocacy

Case Study 1: Australian Capital Territory (ACT) Community Funding Program (CFP) (Simpson, 2005)

- Retrospective EFHIA
- Aim:
 - Determine the potential impact of CFP
 - Strengthen the existing equity focus of the program and to support decisions in the future funding activities.
- Resources used included:
 - Literature reviews; review and analysis of key ACT policy documents; Interviews with key informants within ACT;
 - Half day workshops with community, government organisations, and consumers; and content analysis of funding applications for one budget year

Community Funding Program ...continued

- Result: Identified a range of ways to strengthen the equity focus, including re-emphasizing the importance of giving funding priority to projects that seek to address health inequality.
- Lessons Learned
 - Difficulties in resolving different opinions concerning the “negative impacts” or “unintended consequences”.

Case Study 2: Australian Better Health Initiative (ABHI) Implementation Plan (Harris et al., 2006)

It was agreed that EFHIA would be applied to the ABHI plan with some preconditions, as follows:

- Needed to be done within 4 business days to meet the deadline of approval of the final document
- Should not suggest new strategies but instead recommend how the existing strategy could be strengthened
- The review should be revenue neutral.

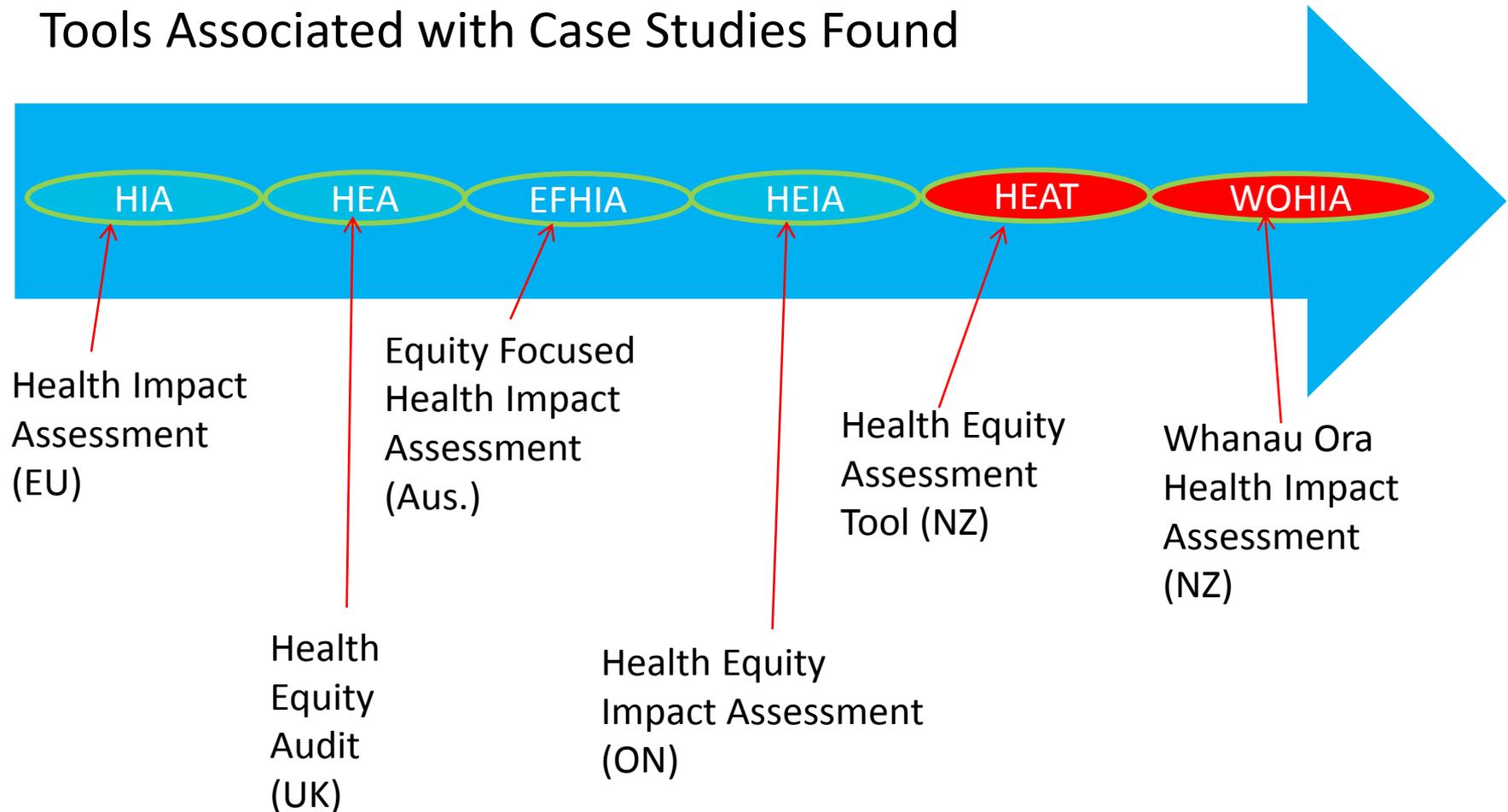
Australian Better Health Initiative ...continued

- Under these conditions EFHIA was applied at total cost of \$4,306
 - “Less “literature review” and more “expert opinion”
- Result: The original ABHI plan was “redrafted” to include the general and specific equity related recommendations, without changing the overall funding needed.
- Lessons Learned:
 - EFHIA could be applied under limited time and resource constraints
 - Difficulties were encountered in resolving different opinions concerning negative impacts or unintended consequences.

Additional Results

- When EFHIA is conducted in planning phase recommendations are more likely to be incorporated.
- Some case studies gave different levels to the recommendations as “highly recommended” “recommended” and “suggested” which appeared to be a good practice to facilitate their implementation.

Tools Associated with Case Studies Found



WOHIA & HEAT

- Two tools are associated with New Zealand:
 - Health Equity Impact Assessment Tool (HEAT)
 - Whanu Ora Health Impact Assessment (WOHIA)
 - specific to use with NZ Indigenous (Maori) population
- Not mandatory but constitutional commitment (Treaty of Waitangi) to address health equity among Maori may enhance its use
- New Zealand's health Ministry's HIA support Unit published guidelines to writing HIA case studies and a website to post completed material

<http://www.health.govt.nz/our-work/health-impact-assessment/evaluation-health-impact-assessment/hia-case-studies-and-guide>

Notable Case Studies

Initiative	Purpose
Wairarapa District Health Board Regional Alcohol Strategy	Decision support
Tobacco control intervention	Decision support
Oral Health Policy_for children	Decision support
Northland District Health Board Prioritization Policy	Decision support
Urban design for commercial and industrial suburb	Decision support

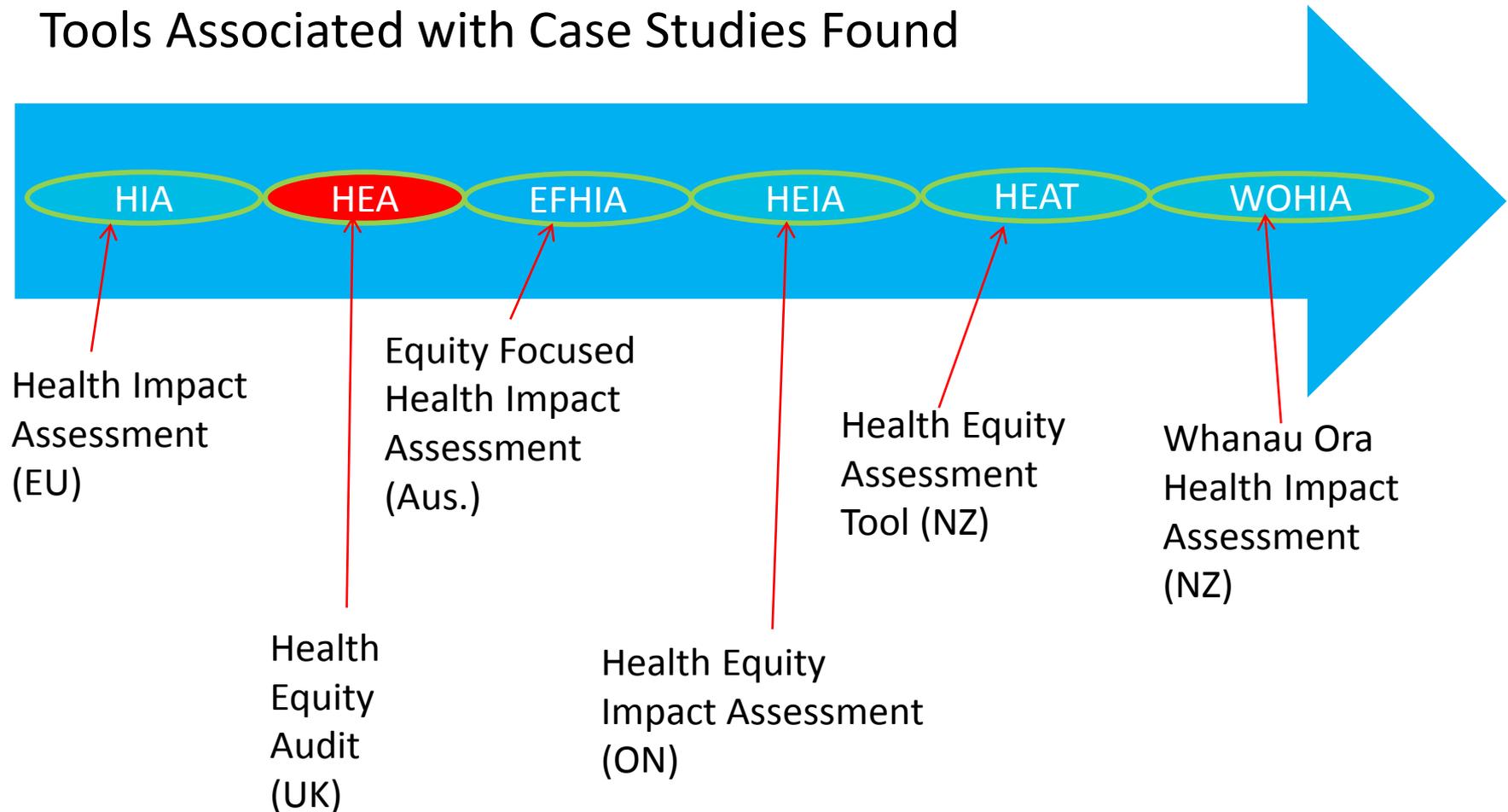
Case Study 3: Whānau Ora HIA of the Draft Wairarapa Alcohol Strategy (Wairarapa District Health Board, 2010).

- Aim:
 - To inform the decision-making process in order to maximise gains in health and wellbeing, and reduce or remove negative impacts or inequalities.
- Methods:
 - Literature review
 - Key stake holders were consulted
 - Workshop on how to best engage all stake holders.
 - For those who could not attend workshops one on one meeting was conducted

Draft Wairarapa Alcohol Strategy ... continued

- Lessons Learned:
 - Lack of common knowledge and understanding among different stakeholders should be expected.
 - Ensure that everyone is informed of each step no matter their scope of involvement.
 - Be prepared to gather and synthesize mass amounts of information - It was essential to have a facilitator to synthesize the information and conduct thematic analysis to workshop notes.
 - Ensure that the final information was easily understood and that participants voice were heard in the final report.
- Result:
 - Five evidence based recommendations were made to the strategy

Tools Associated with Case Studies Found



Health Equity Audit

- A nine step iterative process
- Mandatory and embedded in performance management of Primary Care Trusts (PCTs)
- Health-service oriented
- Most of the reports are quantitative on distribution of services but few incorporate qualitative data

Notable Case Studies

Initiative	Purpose
Health visiting services provided by the NHS	Decision support
Access to chronic obstructive pulmonary (COPD) services	Decision support
Children's health and dental services	Decision support
Diabetes patients services	Decision support
Stop Smoking Services	Decision support

Case Study 4: Application of HEA to Health Visiting

- Aim:
 - To investigate if the distribution of health visitors correlates with deprivation.
- Methods:
 - Quantitative approach
 - Assessed the amount of time devoted to the most needy compared to the least needy clients.
 - Noted methodological limitation (issues related to data quality)
- Results:
 - Found that the amount of time devoted to the most vulnerable clients compared to the least vulnerable clients varied greatly.
 - Recommended that health visitor resources be allocated based on need as well as vulnerability

Additional Results

- The most influencing factors in choosing equity topics to be considered were: views of the director of public health, manageability of the issue with existing resources, good evidence base for health inequity.
- Institutionalization of HEA, embedding it in performance management and having national inequity target contributed to nationwide application of the tool

RESULTS SUMMARY

Facilitators

System Level	Operational Level
... to the application of equity impact assessment tools	
<ul style="list-style-type: none"> - Leadership support - Mandating the use of tool - Incorporate into performance management - Setting inequality targets 	
... to the incorporation of resulting recommendations	

Facilitators

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<ul style="list-style-type: none"> - Leadership support - Mandating the use of tool - Incorporate into performance management - Setting inequality targets 	<ul style="list-style-type: none"> - Availability of data and literature - The size and the skill set of working committee - Availability of resources and support - Prior relationship, trust and common purpose among working groups
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... to the incorporation of resulting recommendations	
	<ul style="list-style-type: none"> - The timing of the application of the tool

Key Informant - Facilitators

- “In order to increase the uptake of the tools you need to attach or align it with pressures and drivers of organizational changes. You need to either require it or provide incentive to do it.”
- “Have someone at the end of a line to answer questions... or have some kind of virtual community where interested users of the tools can drop questions and get answer from those who have the skills. These will help those who are applying the tool from getting stuck in the process.”

Barriers

System Level	Operational Level
... to the application of equity impact assessment tools	
<ul style="list-style-type: none">- Absence of facilitators- “Acute” Issues	
... to the incorporation of resulting recommendations	

Barriers

System Level	Operational Level
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... to the incorporation of resulting recommendations	
	<ul style="list-style-type: none"> - The reality of decision making process

Key Informant - Barriers

- “You can have a great tool but if the organization is not ready, and there is no discussion, or no buy-in from top management then it’s not going to work.”
- “Sometimes it is difficult to find evidence that recommendations are picked up by policy makers... by the time they are implemented they often end up looking quite different from what was originally proposed.

All key informants emphasized the importance of documenting case studies

NOTES ON EVALUATION

Evaluating complex health interventions

Harris-Roxas and Harris (2012) developed an evaluation framework for Health Impact Assessment (HIA)

Three key domains: Context, Process and Impacts.

Two main outcomes of applying the tools:

1. Direct change in decision making
2. Indirect changes (better understanding of health equity issues, better learning of SDOH, improved partnership etc.)

Example of HEIA Evaluation

- Harris-Roxas et al., (2011) evaluated three EFHIAs 18-24 months after completion using Collaizzi's seven steps of phenomenological analysis informed by document analysis and interviews with the working committee.
- All of the EFHIA's evaluated identified potential health inequities that had not been previously noted.
- Although they found evidence of changes in decision making it was difficult to attribute these solely to the application of the tool.

??? Questions ???

Acknowledgements

- All of our Key Informants Brian Hyndman, Senior Planner, Public Health Ontario
- Jo-Ann Salci, Public Health Nurse, Hamilton Public Health
- Christiane Mitchell, Research Assistant, Public Health Ontario
- Heather Manson, Chief, Health Promotion, Chronic Disease and Injury Prevention, Public Health Ontario
- MOHTLC HEIA Team

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Resources

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