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**Health Equity Impact Assessment
Workshop
Healthy Connections
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Outline

- Icebreaker
- Health equity 101
- Why we do planning on HE?
- HEIA Tool
- Small group assignment
- Report back

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Getting on the bus...



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WHO Definition of Health (1948)

Health is a state of complete
physical, mental and social well-being and not
merely the absence of disease or infirmity.

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Equality vs. Equity

Equality = Sameness
Treating everyone the same, removing difference
Ignores power differentials

Equity = Fairness
Acknowledging and respecting our differences
Treating people accordingly

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Health Equity

- Health disparities or inequities are differences in health outcomes that are *avoidable, unfair and systematically related to social inequality and disadvantage*
- The goal of a health equity strategy is to reduce or eliminate socially and institutionally structured health inequalities and differential outcomes

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Understanding discrimination...

Systemic Discrimination
 -"The way we do things around here"
 -How our multiple identities "intersect" with each other to compound discrimination
 -A social institution that uses it's power to discriminate

Discrimination
 An action resulting from prejudice and stereotype, of an individual or small group of people of treating someone differently.

Prejudice
 Making a decision about a person without getting all the facts, usually based on a stereotype.

Stereotypes
 A negative generalization applied to all members of an identified social/cultural group.

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What about other isms?

Racism	Faith affiliation
Sexism	Political affiliation
Homophobia	Country of origin
Ableism	Language
Class bias	Health status
Anti-Semitism	Housing status
Islamophobia	Family status
Ageism	Gender expression
Transphobia	Dress/Appearance

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Health Disparities in Ontario

- there is a clear gradient in health in which people with lower income, education or other indicators of social inequality and exclusion tend to have poorer health + major differences between women and men
- in addition, there are systemic disparities in access to and quality of care within the healthcare system
- that's why enhancing health equity has become a clear priority – from the Province to LHINs to many providers
- and that's why we need tools and approaches to build equity into effective system and service planning

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Think Big, But Get Going

- the point of all this analysis is to be able to identify policy and program changes needed to reduce health disparities
- but health disparities can seem so overwhelming and their underlying social determinants so intractable → can be paralyzing
- think big and think strategically, but get going
- need to start somewhere – and we’re in health systems

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Need Equity-Focused Planning

- **addressing health disparities in service delivery and planning requires a solid understanding of:**
 - key barriers to equitable access to high quality care
 - the specific needs of health-disadvantaged populations
 - gaps in available services for these populations
- **and this requires an array of effective and practical equity-focused planning tools**

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Equity-Focused Planning Tools

1. quick check to ensure equity is considered in all service delivery/planning	1. simple equity lens
2. take account of disadvantaged populations, access barriers and related equity issues in program planning and service delivery	2. Health Equity Impact Assessment
3. assess current state of provider organization	3. equity audits and/or HEIA
4. determine needs of communities facing health disparities	4. equity-focused needs assessment
5. assess impact of programs/interventions on health disparities and disadvantaged populations	5. equity-focused evaluation

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Health Equity Impact Assessment

- HEIA is one part of this repertoire of equity-focused planning tools
- arose out of broader health impact assessments, which have been increasingly used in many jurisdictions in last 15 years
 - HIA is commonly understood in municipal and community planning circles
 - one reason for HEIA was increasing policy attention to SDOH and health disparities → need explicit equity focus
 - at same time, need for shorter and more focused processes – sometimes called Rapid HIA – had been recognized
 - HEIA is seen to be relatively easy-to-use tool
- planning tool that analyzes potential impact of program or policy change on health disparities and/or health disadvantaged populations

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Components of HEIA

1. screening – identifying projects where HEIA would be useful
2. scoping – which pop'n and health effects to consider
3. assessing potential equity risks and benefits – specifying particular pop'n
4. developing recommendations – to promote positive or mitigate negative effects
5. reporting results to decision makers
6. monitoring and evaluation – of effectiveness of recommendations

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Piloted In Toronto and Ontario

- Ontario surveyed best practice jurisdictions:
 - Wales and New Zealand were furthest advanced
 - Ontario model was adapted from them
 - but increasing interest in other jurisdictions
 - including from PHAC here in Canada
- MOHLTC equity unit developed a one page tool and accompanying 'how-to' guide – first used in *Aging at Home* initiatives in 2008
- MOHLTC partnered with the Toronto Central LHIN
- the Wellesley Institute was engaged to consult, refine and pilot test the tool in spring-summer 09

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Revised Ontario HEIA Tool

- **in response to consultations:**
 - template was revised
 - a new workbook was developed to support easy and consistent use
- **the workbook:**
 - provides definitions, examples, prompts and possible questions
 - is set up to help users work through the HEIA process in a step-by-step way
 - users simply fill out the appropriate tables in workbook itself to complete their HEIA
 - the workbook was designed so it can be adapted to become a Web-based interactive resource
- **further changes were made in response to the pilot phase, but this basic structure has been retained**

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Current Situation

- HEIA is being used in Toronto Central LHIN:
 - Aging at Home applications are encouraged to use HEIA in developing their proposal
 - those short-listed will be required to do HEIA
- MOHLTC is working with several LHINs to further implement and develop HEIA
- HEIA is being incorporated into a “health in all policies’ framework by MOHLTC

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Workshopping HEIA

- **each table will actually go through the HEIA for a concrete specific example**
- **we will see if participants have examples they want to pursue**
- **and/or some tables will work up this hypothetical case:**
 - You are planning to develop diabetes outreach in a specific neighborhood. You want to improve people’s ability to monitor and manage their own care, and to get residents hooked into primary care for ongoing support and monitoring. Use the tool to help plan this programme.
- **we will then report back and collectively discuss lessons learned**

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Further Resources on HEIA

Wellesley has developed a page on HEIA resources at <http://www.wellesleyinstitute.com/health-equity-impact-assessment-heia-resources>

Other Health Equity Resources:

- The Wellesley Institute <http://wellesleyinstitute.com>
- Health Equity Council <http://thehealthequitycouncil.ca>
- Rainbow Health Network <http://www.rainbowhealthnetwork.ca>
- Ontario Women's Health Network <http://www.owhn.on.ca>
- Ethno-Racial People with Disabilities <http://erdco.ca>
- Health Equity Toolkit – blog is at <http://www.smallstepsbigdifference.blogspot.com>

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