



Health **Equity** Impact Assessment

Public Health Unit Supplement

in collaboration with Public Health Ontario

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Health Equity Impact Assessment (HEIA) Resource Guide for Public Health Units (PHUs)

Introduction

PHUs in Ontario have specific requirements around health equity, which are outlined in the Ontario Public Health Standards and the Ontario Public Health Organizational Standards. HEIA is a useful planning tool that public health units can use to meet these requirements. The following guide serves as a supplemental resource for PHU staff to support their use of the HEIA tool in meeting these requirements.

Ontario Public Health Organizational Standards

The Ontario Public Health Organizational Standards¹ were released in 2011 and establish the management and governance requirements for all PHUs and boards of health.

Section 3 – “Leadership” requires boards of health to undertake a process of strategic direction setting through a strategic plan. As a part of this process, the board of health is required to describe “how equity issues will be addressed in the delivery and outcomes of programs and services.”

Ontario Public Health Standards

With the introduction of the 2008 Ontario Public Health Standards (OPHS),² steps to address health inequities were integrated into the mandates of boards of health. Specifically, the OPHS Foundational Standard directs Ontario’s boards of health to plan and deliver focused interventions to meet the needs of priority populations.

Progress on the reduction of health inequities ultimately depends on a paradigm shift in the focus of public health interventions towards priority populations. To achieve maximum impact on the reduction of health inequities and to minimize contributing risk factors, PHUs must be fully aware of the composition of the communities they serve, including those groups at greatest risk of poor health outcomes.

The OPHS specify that board of health initiatives, including those to reduce health inequities among priority populations, are to be guided by the principles of need, impact, capacity, and partnership and collaboration. Of these, the principles of need and impact directly address health inequity.

The principle of need requires public health programs and services to consider the needs of the local population. It states “it is evident that population health outcomes are often influenced disproportionately by sub-populations who experience inequities in health status and comparatively less control over factors and conditions that promote, protect, or sustain their health. By tailoring programs and services to meet the needs of priority populations, boards of health contribute to the improvement of overall population health outcomes. Boards of health shall also ensure that barriers to accessing public health programs and services are minimized.” (OPHS, page 12).

¹ Ontario Ministry of Health and Long-Term Care. *Ontario Public Health Organizational Standards*. Toronto, ON: Queen’s Printer for Ontario; 2011. Available at http://www.health.gov.on.ca/en/pro/programs/publichealth/orgstandards/docs/org_stds.pdf

² Ontario Ministry of Health and Long-Term Care. *Ontario Public Health Standards*. Toronto, ON: Queen’s Printer for Ontario; 2008. Available at http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/progstds/pdfs/ophs_2008.pdf

The principle of impact acknowledges the public health sector's role in recognizing and influencing the determinants of health and broader societal changes that reduce health disparities and inequities. This principle requires boards of health to consider what barriers exist to narrowing inequities in health. This includes not only examining the accessibility of programs and services to address barriers, but also assessing, planning, delivering, managing and evaluating programs to reduce inequities in health while maximizing the health gain for the whole population.

Requirements for local boards of health to conduct population health assessment, surveillance, research, knowledge exchange and program evaluation are embedded in the OPHS Foundational Standard and the Population Health Assessment and Surveillance (PHAS) Protocol,³ in order to contribute to the public health knowledge base and ultimately improve public health programs and services, including those aimed at reducing health inequities.

Requirements in the OPHS Foundational Standard and PHAS Protocol regarding priority populations are also reflected in all of the OPHS Program Standards:²

- Chronic Disease Prevention
- Prevention of Injury and Substance Misuse
- Reproductive Health
- Child Health
- Infectious Diseases Prevention and Control
- Rabies Prevention and Control
- Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)
- Tuberculosis Prevention and Control
- Vaccine Preventable Diseases
- Food Safety
- Safe Water
- Health Hazard Prevention and Management
- Public Health Emergency Preparedness

³ Ontario Ministry of Health and Long-Term Care. *Population Health Assessment and Surveillance Protocol*. Toronto, ON: Queen's Printer for Ontario; 2009. Available at http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/progstds/protocols/population_health_assessment.pdf

Links between HEIA and the OPHS Foundational Standard and PHAS Protocol

The HEIA tool is a resource for public health planners, providers, and decision-makers. The tool can contribute to meeting the requirements in the OPHS Foundational Standard and the PHAS Protocol.

Specifically, HEIA integrates equity considerations into the development or evaluation of a policy, program, or initiative by systematically identifying priority populations and the potential unintended health impacts (both positive and negative) on those populations. HEIA also enables the systematic identification of evidence-based mitigation strategies for these unintended impacts, as well as the development of appropriate monitoring measures. Applying the HEIA tool can also assist planners in discovering gaps and/or room for improvement in service delivery, program planning, and health needs, so that public health can better address the needs of vulnerable or marginalized groups. This information can then be shared with key stakeholders to ensure that others can benefit from lessons learned.

Table 1 – Links Between HEIA and the OPHS Foundational Standard and PHAS Protocol

Health Equity Impact Assessment (HEIA)	Relevant OPHS Foundational Standard Requirements	Relevant PHAS Protocol Requirements
Step 1: Scoping Consider and identify affected populations, including intersecting populations and relevant determinants of health and health inequities. * Also, risk factors.	Req 3: ... use population health, determinants of health and health inequities information to assess the needs of the local population, including the identification of populations at risk, to determine those groups that would benefit most from public health programs and services (i.e., priority populations).	Req 2 a): ... undertake monitoring, analysis, and interpretation of population health data and information on a systematic and timely basis. ... Req 2 b): ... analyze population health data and interpret the information to describe the distribution of health outcomes, preventive health practices, risk factors, determinants of health, and other relevant information to assess the overall health of its population. Req 2 c): ... make comparisons by person, place, and time and consider the relationships among these elements. ... Req 2 g): ... synthesize data and information into a situational assessment as required. Req 2 h): ... identify priority populations to address the determinants of health, by considering those with health inequities including: increased burden of illness; or increased risk for adverse health outcome(s); and/or those who may experience barriers in accessing public health or other health services or who would benefit from public health action.

Health Equity Impact Assessment (HEIA)	Relevant OPHS Foundational Standard Requirements	Relevant PHAS Protocol Requirements
Step 2: Potential Impacts Identify the potential unintended health impacts (negative and positive) of the planned policy, program, or initiative.	Req 1: ... assess current health status, health behaviours, preventive health practices, health care utilization relevant to public health, and demographic indicators in accordance with the <i>Population Health Assessment and Surveillance Protocol, 2008</i> (or as current). Req 2: ... assess trends and changes in local population health in accordance with the <i>Population Health Assessment and Surveillance Protocol, 2008</i> (or as current).	Req 2 a): ... undertake monitoring, analysis, and interpretation of population health data and information on a systematic and timely basis. ... Req 2 b): ... analyze population health data and interpret the information to describe the distribution of health outcomes, preventive health practices, risk factors, determinants of health, and other relevant information to assess the overall health of its population. Req 2 c): ... make comparisons by person, place, and time and consider the relationships among these elements. ... Req 2 h): ... identify priority populations to address the determinants of health, by considering those with health inequities including: increased burden of illness; or increased risk for adverse health outcome(s); and/or those who may experience barriers in accessing public health or other health services or who would benefit from public health action.

Health Equity Impact Assessment (HEIA)	Relevant OPHS Foundational Standard Requirements	Relevant PHAS Protocol Requirements
Step 3: Mitigation Identify ways to reduce the potential unintended negative impacts and amplify the potential unintended positive impacts.	Req 4: ... tailor public health programs and services to meet local population health needs, including those of priority populations, to the extent possible based on available resources. Req 7: ... interpret and use surveillance data to communicate information on risks to relevant audiences in accordance with the <i>Identification, Investigation and Management of Health Hazards Protocol, 2008</i> (or as current); the <i>Infectious Diseases Protocol, 2008</i> (or as current); the <i>Population Health Assessment and Surveillance Protocol, 2008</i> (or as current); the <i>Public Health Emergency Preparedness Protocol, 2008</i> (or as current); and the <i>Risk Assessment and Inspection of Facilities Protocol, 2008</i> (or as current).	Req 4 a): ... use population health assessment and surveillance data and information to: i) identify options for action, including but not limited to: • Continuation of existing policies, programs, or interventions; • Modification of existing policies, programs, or interventions; • Creation of new policies, programs, or interventions; • Launch of timely investigations and responses to exposures, potential or confirmed communicable disease outbreaks, non-communicable disease clusters, and emerging public health issues; and • Further investigations using evaluation and/or research methods as identified in the Foundational Standard; ii) Make decisions and set priorities; and iii) Implement and action decisions.

Health Equity Impact Assessment (HEIA)	Relevant OPHS Foundational Standard Requirements	Relevant PHAS Protocol Requirements
Step 4: Monitoring Identify ways to measure success for each mitigation strategy identified.	Req 6: ... conduct surveillance, including the ongoing collection, collation, analysis, and periodic reporting of population health indicators, as required by the Health Protection and Promotion Act and in accordance with the <i>Population Health Assessment and Surveillance Protocol, 2008</i> (or as current). Req 11: ... routinely monitor program activities and outcomes to assess and improve the implementation and effectiveness of programs and services, including collection, analysis, and periodic reporting of indicators related to inputs, resources, implementation processes, reach, outputs and outcomes. Req 12: ... conduct program evaluations when new interventions are developed or implemented, or when there is evidence of unexpected operational issues or program results, to understand the linkages between inputs, activities, outputs and outcomes.	Req 2 a): ... undertake monitoring, analysis, and interpretation of population health data and information on a systematic and timely basis. ... Req 4 b): ... continually incorporate new data and information generated from this decision-making process into the population health assessment and surveillance cycle.

Health Equity Impact Assessment (HEIA)	Relevant OPHS Foundational Standard Requirements	Relevant PHAS Protocol Requirements
Step 5: Dissemination Identify ways to share results and recommendations to address equity. This will ensure equity considerations found while doing this assessment are disseminated and applied towards other projects.	Req 5 : ... provide population health information, including determinants of health and health inequities to the public, community partners, and health care providers. ... Req 8: ... engage in knowledge exchange activities with public health practitioners, policy-makers, community partners, health care providers, and the public regarding factors that determine the health of the population and support effective public health practice gained through population health assessment, surveillance, research and program evaluation. Req 9: ... foster relationships with community researchers, academic partners, and other appropriate organizations to support public health research and knowledge exchange. Req 13: ... use a range of methods to facilitate public health practitioners' and policy-makers' awareness of factors contributing to program effectiveness.	Req 3 a): ... develop and maintain a locally appropriate plan for reporting and dissemination. ... Req 3 b): ... produce information products to communicate population health assessment and surveillance results. ... Req 3 c): ... distribute/make available population health assessment and surveillance information products as appropriate. ...

Application of HEIA

This section provides additional information to assist PHUs with the application of the HEIA. In addition, key considerations relevant to the nature and scope of PHU services are provided for each step of the tool.

Step 1: Scoping

The first step of HEIA involves the identification of populations that may potentially experience unintended health impacts resulting from the planned policy, program, or initiative. The HEIA workbook and template provide a list of potential priority populations, as well as some questions to assist you with this step (i.e., identifying other population groups that may be impacted).

When completing the first step of the HEIA, it is helpful to rely on multiple sources of information. The analysis of combined information from a variety of sources is referred to as a “situational assessment” in the OPHS Population Health Assessment and Surveillance Protocol.

There are several resources available on conducting situational assessments in public health, including:

The Health Communication Unit at Public Health Ontario’s *Situational Assessment Resources*, available at www.thcu.ca/infoandresources/resource_display.cfm?search=%20search&res_sub_topicid=32 and at www.thcu.ca/workplace/sat/pubs/sat_v200.pdf.

The Ontario Public Health Association’s *Evidence and Practice-based Planning Framework* for using Situational Assessment and Identifying Priority Populations in Program Planning, available at www.opha.on.ca/resources/docs/PgmPlanning-SituationalAssessment.pdf.

Health Nexus’ *First Steps to Equity guide* containing ideas and strategies for health equity in Ontario, available at www.healthnexus.ca/policy/firststeps_healthyequity.pdf.

Appendix C of the HEIA Workbook’s “*Methodology – useful resources and methods for gathering information and evidence for the HEIA.*” Available at www.ontario.ca/healthequity.

Step 2: Potential Impacts

The second step of HEIA enables you to determine if your planned policy, program, or initiative will have any unintended health impacts (positive or negative) on your identified population, and/or uncover any unintended consequences. As is the case with the first step, there are a range of data sources that can assist you with this task, or you may identify the need to collect new data in order to assess potential impacts. Please refer to the main HEIA workbook for a complete list.

Step 3: Mitigation

The HEIA workbook identifies a number of questions to guide planning to minimize the negative impacts of your program or service on your identified populations that may be contributing to health inequities. Table 2 summarizes additional considerations that may be useful for the development of mitigation strategies for public health initiatives. Consider how your program/policy/initiative could be changed to bring about a reduction in health inequities.

Table 2 – Additional Mitigation Strategy Considerations for PHUs

Modifications to Policy/Program/Initiative	Possible Mitigation Strategies
Changing internal PHU policies and procedures.	
Greater alignment/collaboration with complementary initiatives and/or partners (local, regional, provincial or federal, both inside and outside of the public health sector).	
Offering staff education/professional development.	
Other (please specify):	

Step 4: Monitoring

The OPHS defines program evaluation as the systematic gathering, analysis, and reporting of data about a policy, program, or initiative to assist in decision-making. Evaluation activities can be completed by program staff, committees, working groups, or external consultants.

Evaluation is embedded in the OPHS Foundational Standard. Specifically, it states that “program evaluation includes quantitative, qualitative and mixed-method approaches” and it “produces the information needed to support the establishment of new programs and services (needs assessment); assess whether evidence-informed programs are carried out with the necessary reach, intensity and duration (process evaluation), or document the efficiency of programs and services (outcome evaluation).”

Table 3 helps you to link impacts to mitigation strategies your health unit may have implemented to reduce health inequities among vulnerable or marginalized groups. These results should be reviewed to identify any additional modifications to your program, policy, or initiative.

Table 3 – Monitoring Impact of Mitigation Strategies

Modifications to Policy/Program/Initiative	Monitoring (Impacts Observed or Measured)
Changing internal PHU policies and procedures.	
Greater alignment/collaboration with complementary initiatives and/or partners (local, regional, provincial or federal, both inside and outside of the public health sector).	
Offering staff education/professional development.	
Other (please specify):	

Step 5: Dissemination

The fifth step of HEIA focuses on sharing results and recommendations for addressing equity.

It is important to document and share the results of your evaluation with relevant groups – internal and external and stakeholders who may be interested in learning from the information you have collected. By sharing the results of your application of the HEIA tool, you are contributing to the growing body of knowledge on the reduction of health inequities through public health initiatives. You are also encouraged to disseminate your results and recommendations with stakeholders from non-health sectors, such as housing, transportation and childcare, as their policies, programs, and initiatives can have a substantive impact on health inequities.

Here are some knowledge exchange activities that are most appropriate to the HEIA tool:

- Sharing of the HEIA application as a case study through a conference presentation, webinar, or other vehicle for knowledge exchange;
- Publication of literature review or evidence summary;
- Submission of an abstract at a scientific meeting;
- Development of a workshop or professional development activity based on your experience; and
- Formation of a community of practice focused on the reduction of health inequities.

Conclusion

Putting the Pieces Together: Applying HEIA to Public Health Initiatives

To illustrate how HEIA can be applied as a planning tool to identify potential inequities and mitigation strategies for public health unit initiatives, Public Health Ontario and the Ontario Ministry of Health and Long-Term Care have developed a series of hypothetical case studies, which are available at www.ontario.ca/healthequity.

