

HEALTH EQUITY: WHAT IS THE ROLE OF HIAP?

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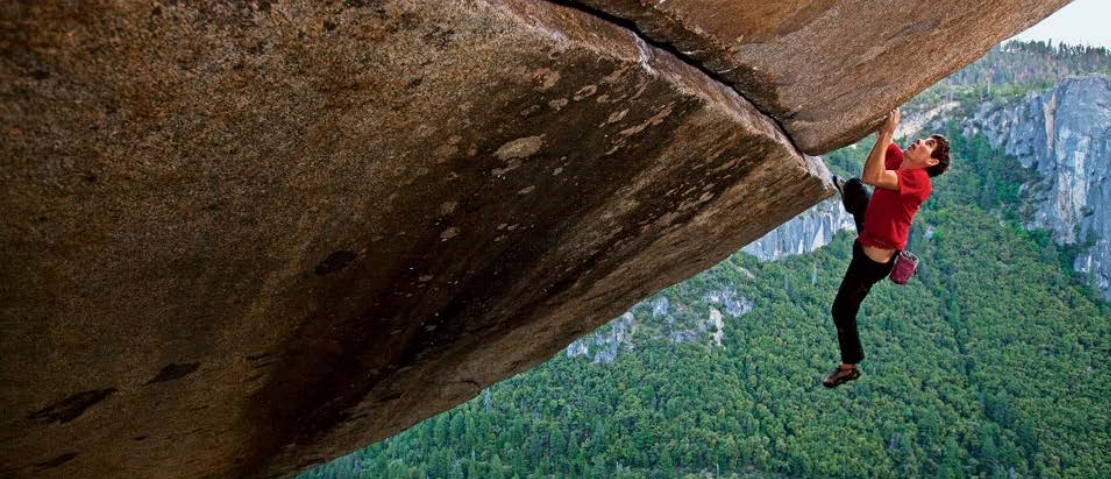
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My
work.....



UNSW
SYDNEY



DISTINCTION BETWEEN INEQUALITIES & INEQUITIES IN HEALTH – MORE THAN SEMANTICS

Inequalities in health are a consequence of:

Natural biological variation;

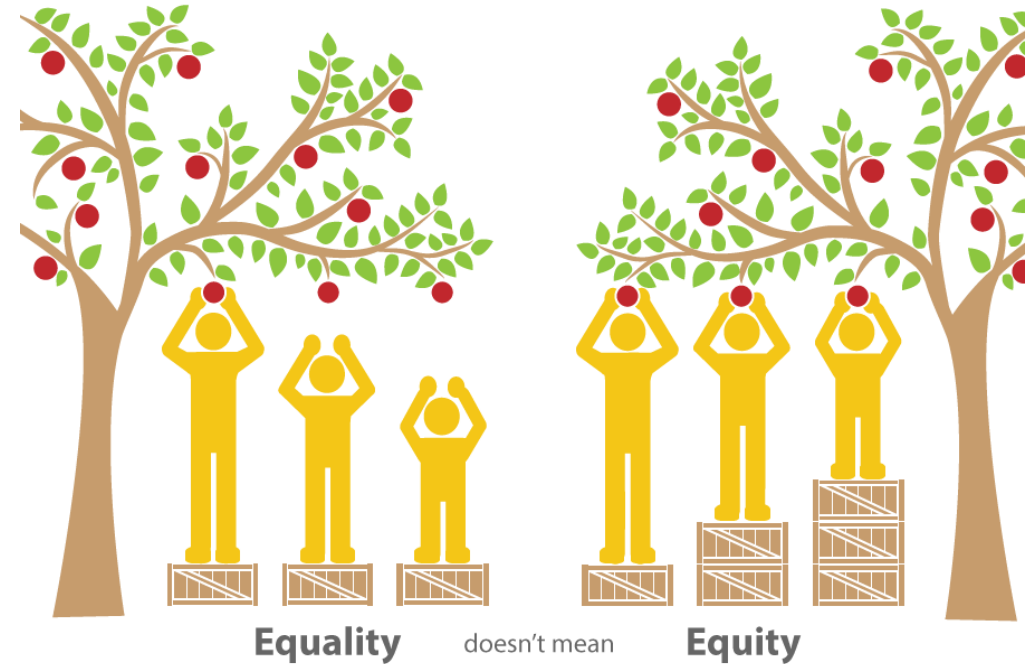
Health-damaging behaviour if freely chosen, such as participation in certain sports and pastimes;

The transient health advantage of one social group over another when that group is first to adopt a health promoting behaviour (as long as other groups have the means to catch up fairly soon).



Inequities in health are a consequence of:

1. Health-damaging behaviour where the degree of choice of lifestyle is severely restricted;
2. Exposure to unhealthy, stressful, living and working conditions;
3. Inadequate access to essential health and other public services.
4. Natural selection or health-related social mobility involving the tendency for sick people to move down the social scale. (Whitehead 1992)

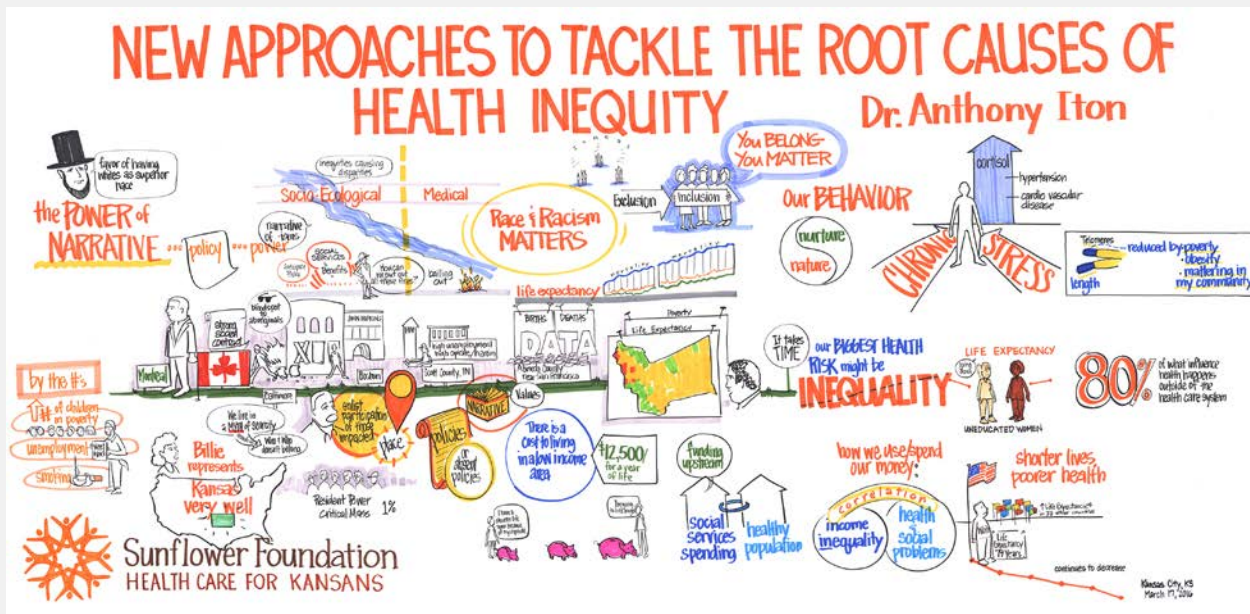


TYPES OF INEQUITIES

- Race
- Ethnicity
- Sex
- Sexual identity
- Age
- Disability
- Socioeconomic status
- Geographic location/rurality



VALUES AND EVIDENCE



- If we accept that health inequities result from the decisions that society makes about the distribution of its resources, then it's clear that the solutions cannot be apolitical, a-cultural, technocratic actions restricted to the domain of health care and public health.
- It challenges us to recognize that a more health-producing society is also a socially and economically just society.

HOW DO WE IMPROVE HEALTH
EQUITY?

HEALTH IN ALL POLICIES

“HiAP is a change in the **systems** that determine how **decisions are made and implemented** by local, state and federal governments to ensure that decisions have **neutral or beneficial impacts** on factors that shape health.” -NACCHO



CASE STUDY – HEALTH IN ALL POLICIES

WOLLONDILLY SHIRE HEALTH INTEGRATION

Collaborative project between health district, local council, and CHETRE.

Developed an understanding of how land use plans get approved and opportunities for looking at health.

Developed three recommendations for integrating health thinking:

1. Create a high-level health policy;
2. Create a health assessment policy; and
3. Establish a joint staff position with the health district.



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A photograph of a wooden boardwalk or bridge with a metal railing, set against a backdrop of dense green trees and foliage. The boardwalk is made of wooden planks and leads into the distance. The railing is made of metal posts and horizontal bars. The trees are tall and have many green leaves, creating a canopy effect. The overall scene is peaceful and natural.

What about
equity?

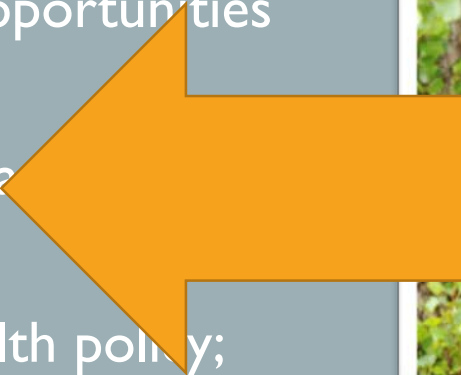
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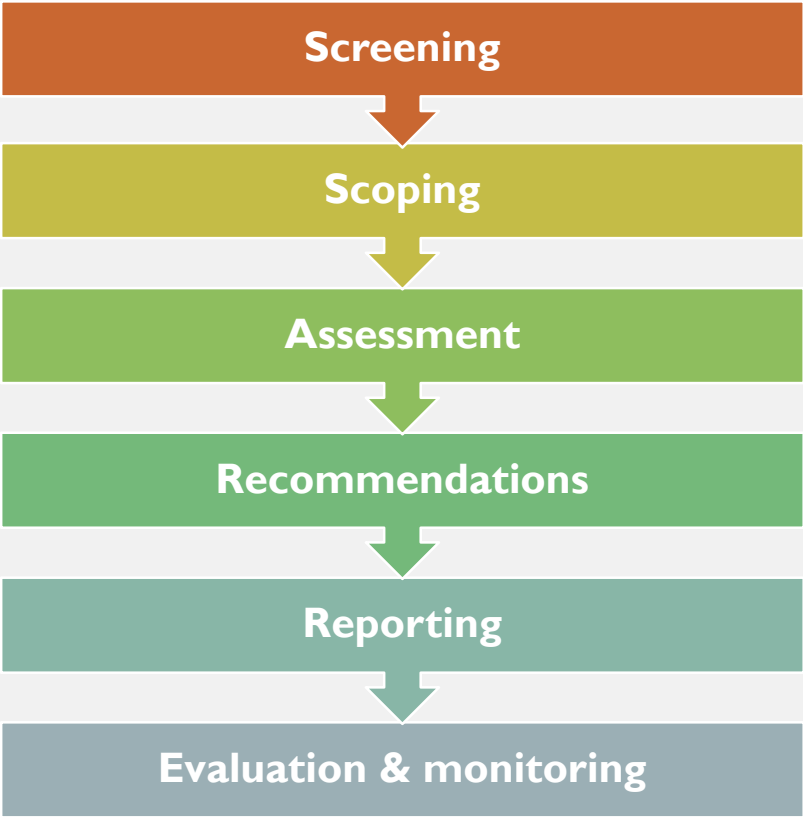


Creating a health and well-being policy, or 'vision statement,' implemented at the strategic planning level, would create the impetus for health to be considered at all other levels of planning.

**EQUITY IS INCLUDED IN THIS HEALTH
POLICY**



HEALTH IMPACT ASSESSMENT (HIA)



EQUITY IN HIA IS ABOUT

1. Both identifying and assessing differential health impacts and making judgments about whether these potential differential health impacts will be, are, or were, inequitable – that is, avoidable and unfair.
2. Identifying evidence-based recommendations to reduce or eliminate potential and existing identified health inequalities.

(adapted from Mahoney et al, 2004)





EQUITY-FOCUSED HEALTH IMPACT ASSESSMENT (EFHIA)

May consider decisions that occur *within* the health sector.

Politically viable framework for working in health sector.

Less focused on identifying health impacts, more focused on the distribution of those impacts.



EFHIA ASSESSMENT

- What is the initiative trying to do?
- Is there evidence it will work?
- Is there evidence of inequity?
- Who may be disadvantaged or advantaged by the initiative?
- Are there likely to be unanticipated impacts?
- What are the key recommendations for implementation?



CASE STUDY – TOBACCO CONTROL

EFHIA OF TOBACCO CONTROL IN VICTORIA, AUSTRALIA

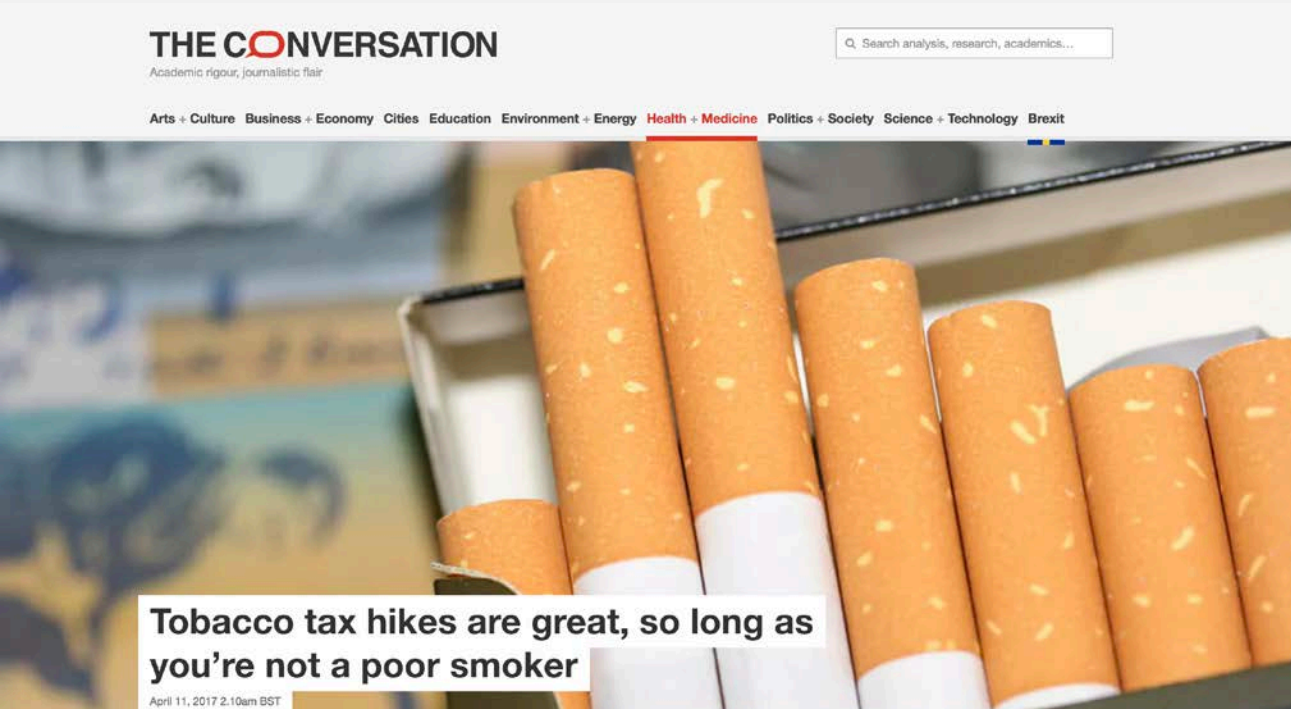
Group	% who smoke
Australian general population	15.1 Males 16.4 Females 13.9
People in low socioeconomic groups	24.6
Unemployed people	27.6
People with a mental illness	32.4
Sole parents	36.9
Aboriginal and Torres Strait Islanders	47.7
People living with psychosis	66
Prisoners	84
People experiencing homelessness	77
Young people in custody	79
People with other substance use disorders	85

Tobacco Control activities being considered for funding:

1. Population-level social marketing
2. Policy and advocacy
3. Smoking cessation support services
4. Reducing tobacco related health inequities

	People who are homeless	People with a mental illness	People with alcohol or drug dependency	People from low socioeconomic groups	Aboriginal and Torres Strait Islander Peoples	People with limited access to internet and phone
Populations who will be MOST positively impacted by this initiative	✓	✓	✓	✓	✓	
Populations who will be LEAST positively impacted by this initiative						✓

RAPID REVIEW OF TOBACCO TAXATION POLICY



Looked at the recent 2016 Australian tobacco excise increase to determine potential impacts on:

- Household income
- Stigma
- Illicit trade
- Tobacco industry lobbying

Asked similar questions:

- Who might be unintentionally harmed by this policy?
- What can we do to avoid harms and improve benefits?



Health in All Policies

a manual for local government



IS EQUITY ALWAYS PART OF HIAP/HIA?

Different levels of emphasis put on equity, but it should always be a part of it

For example, Health in All Policies Manual (UK Local Gov Assoc) key elements:

Promote health, equity and sustainability

Support intersectoral collaboration

Benefit multiple partners

Partnership

Engage stakeholders

Create procedural change to embed HiAP

Develop common monitoring and evaluation

OPPORTUNITIES FOR CONSIDERING EQUITY IN YOUR WORK



Who is involved [in
HIA]

5 A's- Availability,
(Physical) Access,
Affordability,
Appropriateness,
Acceptability

Who has control

Who do you talk to
(stakeholders and key
informants)

What value is placed
on lay evidence and of
evidence on lay
priorities

Inform, consult, involve,
collaborate, or
empower

EQUITY ASSESSMENT TOOLS

How to Advance Equity through Health Impact Assessments

HIA Equity Planning Tool



1

Screening

To do

Tips

- ☐ Partner with communities facing inequities to identify the proposal on which you will conduct your HIA.

If you can't do this, make sure the proposal on which you choose to conduct your HIA is relevant to communities facing inequities.

- Ask communities facing inequities what issues, policies and/or plans are affecting their lives and health.
- Analyze the power, policy, and historical context of the practice or policy up for an HIA, to understand its relevance to equity.

- ☐ Meaningfully engage communities facing inequities in Screening.

- Structure the Screening process so that community members have the opportunity to substantially shape decisions about the HIA topic (e.g., community members hold decision-making authority).

2

Scoping

To do

Tips

- ☐ Include equity-specific goals in your HIA Scope.
- ☐ Include equity-specific research questions in your HIA Scope.
- ☐ Include equity-specific methods in your HIA Scope.

- Include at least one equity-specific goal.
- Develop research questions and methods that will reveal the size and nature of inequities.

- ☐ Meaningfully engage communities facing inequities in Scoping.

- Structure the Scoping process so that community members have the opportunity to substantially shape the HIA goals, research questions, and methods (e.g.,

RACE EQUITY IMPACT ASSESSMENT

These questions can help you begin your race equity impact assessment.

- Have you identified the racial/ethnic groups in your jurisdiction?
- For this policy/program/practice, what results are desired, and how will each group be affected?
- What does the data say about different racial and ethnic groups?
 - ☐ Are there communities of color that are disproportionately represented in child welfare in your state/county?
 - ☐ Are there disparate outcomes for children of color and their families in your child welfare system (more removals, longer stays in care)? What are the decision points where inequities appear?
 - ☐ Are you tracking and using child welfare data routinely to understand the experiences of ethnic and racial groups in your state/county/jurisdiction?
 - ☐ Do administrative agencies (departments of education, behavioral health, health and human services, and juvenile justice) have shared access to relevant data? If not, is that an important consideration to advance child welfare policy in consideration? For example: data on educational opportunity gaps for children in foster care placements.
- Are all racial and ethnic groups that are affected by the policy, practice or decision at the table?
 - ☐ Are you engaging racial and ethnic minorities that will be impacted by this child welfare policy or practice?
 - ☐ Are you engaging tribal nations in this policy or practice development decision? Are you designing this policy in partnership with tribal child welfare?
 - ☐ Are you considering the views of communities of color by engaging diverse representation from families, foster parents, service providers, community members, and children and families formerly in contact with child welfare in your jurisdiction?
- How will the proposed policy, practice or decision affect each group?
 - ☐ How will this decision impact families in contact with child welfare that are not native English speakers?
 - ☐ How will this impact undocumented children or the children of undocumented parents?
 - ☐ How will this policy impact children in groups that are currently disproportionately represented or who are experiencing disparate outcomes?
 - ☐ How will this policy impact AI/AN children and families in contact with state child welfare systems?
 - ☐ How will it impact AI/AN children and families in tribal child welfare systems?
 - ☐ How does this policy or practice decision support healthy identity development?
- How will the proposed policy, practice or decision be *perceived* by each group?
 - ☐ Are you developing this policy or practice change in a way that is transparent and inclusive? How?
 - ☐ How have you included families of color meaningfully in this process?
 - ☐ On what basis can you assess whether families of color will view this decision as one they should have been part of making? Will families feel they have valuable ideas to contribute?
 - ☐ How have you included tribal nations meaningfully in this process?
 - ☐ Do you have reason to believe that this policy will be viewed as important to tribal nations?

Racial Equity Impact Assessment **GUIDE**

Below are sample questions to use to anticipate, assess and prevent potential adverse consequences of proposed actions on different racial groups.

1. IDENTIFYING STAKEHOLDERS

Which racial/ethnic groups may be most affected by and concerned with the issues related to this proposal?

2. ENGAGING STAKEHOLDERS

Have stakeholders from different racial/ethnic groups—especially those most adversely affected—been informed, meaningfully involved and authentically represented in the development of this proposal? Who’s missing and how can they be engaged?

3. IDENTIFYING AND DOCUMENTING RACIAL INEQUITIES

Which racial/ethnic groups are currently most advantaged and most disadvantaged by the issues this proposal seeks to address? How are they affected differently? What quantitative and qualitative evidence of inequality exists? What evidence is missing or needed?

4. EXAMINING THE CAUSES

What factors may be producing and perpetuating racial inequities associated with this issue? How did the inequities arise? Are they expanding or narrowing? Does the proposal address root causes? If not, how could it?

6. CONSIDERING ADVERSE IMPACTS

What adverse impacts or unintended consequences could result from this policy? Which racial/ethnic groups could be negatively affected? How could adverse impacts be prevented or minimized?

7. ADVANCING EQUITABLE IMPACTS

What positive impacts on equality and inclusion, if any, could result from this proposal? Which racial/ethnic groups could benefit? Are there further ways to maximize equitable opportunities and impacts?

8. EXAMINING ALTERNATIVES OR IMPROVEMENTS

Are there better ways to reduce racial disparities and advance racial equity? What provisions could be changed or added to ensure positive impacts on racial equity and inclusion?

9. ENSURING VIABILITY AND SUSTAINABILITY

Is the proposal realistic, adequately funded, with mechanisms to ensure successful implementation and enforcement. Are there provisions to ensure ongoing data collection, public reporting, stakeholder participation and public accountability?

Task one: Understanding health inequalities

Brainstorming (through the review of the data and discussion) the answers to questions one to three can be recorded using the template below (which is also in Appendix D). The template can be adapted to include the types of inequality that are specific to the issue you are examining. It may also be worthwhile to include any instances where particular inequalities do not exist for your issue.

Type of inequality	1. What inequalities exist?	2. Who is most advantaged and how?	3. How did the inequality occur?
Consider the range of inequalities.	What do you know about inequalities in relation to this health issue?	Who is advantaged in relation to the health issue being considered and how?	What causal chain(s) leads to this inequality?
Ethnic			
Gender			
Socioeconomic			
Geographical			
Disability			

THINGS TO CONSIDER

- It helps to establish a framework for considering equity.
- Once you know what questions to ask you can be less systematic.
- It helps to work with partners that share the same goals, and can bring added data/insight/skills to your work.
- Work *with* not *on* affected communities.
- Doing this work takes time!

THANK YOU!

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