

Tools and Approaches for Assessing and Supporting Public Health Action on the Social Determinants of Health and Health Equity

Comparative Tables | November 2012

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NATIONAL COLLABORATING CENTRE FOR DETERMINANTS OF HEALTH

The National Collaborating Centre for Determinants of Health is one of six National Collaborating Centres (NCCs) for Public Health in Canada. Established in 2005 and funded by the Public Health Agency of Canada, the NCCs produce information to help public health professionals improve their response to public health threats, chronic disease and injury, infectious diseases, and health inequities. The National Collaborating Centre for Determinants of Health focuses on the social and economic factors that influence the health of Canadians. The Centre translates and shares information and evidence with public health organizations and practitioners to influence interrelated determinants and advance health equity.

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NATIONAL COLLABORATING CENTRE FOR HEALTHY PUBLIC POLICY

The National Collaborating Centre for Healthy Public Policy (NCCHPP) seeks to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge. The NCCHPP is one of six Centres financed by the Public Health Agency of Canada. The six Centres form a network across Canada, each hosted by a different institution and each focusing on a specific topic linked to public health. In addition to the Centres' individual contributions, the network of Collaborating Centres provides focal points for the exchange and common production of knowledge relating to these topics.

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The development of “healthy public policy”¹ for action on the social determinants of health² and for the achievement of health equity³ has been a public health objective since the 1980s. Indeed, from the Ottawa Charter for Health Promotion (World Health Organization [WHO], 1986), to the World Health Organization’s Commission on Social Determinants of Health (CSDH) (CSDH , 2008), the public health community has been called upon to work in partnership with other sectors and to focus efforts on these goals.

A variety of impact assessment tools have been used for many years to identify the effects of public and private sector initiatives on human health and/or on the environment. The National Collaborating Centre for Healthy Public Policy (NCCHPP) documented a comparison of four main types of impact assessment used in Canada to help public health and other stakeholders select the most appropriate tools and approaches for assessing the impacts of various public policies (Mendell, 2011). The current guide presents tools and approaches used specifically to reduce (or at least to not exacerbate) health inequalities. It is intended for those people working in the public health sector who are considering how to strengthen their approaches to addressing social determinants of health and advancing health equity.

This document provides examples of the tools and approaches that have been adopted or applied by the public health and health sectors, with a focus on regions and authorities in Canada. Examples from outside of Canada have been included in cases where the approaches and tools are “foundational” or particularly relevant to the Canadian context.

All of the identified resources are summarized using a quick reference table format to help facilitate comparison and have been grouped into three broad areas:

1. Checklists and Lenses – these can be applied to and/or integrated into existing planning and implementation activities.
2. Processes – these include impact assessments that can be used to guide and support a more comprehensive and structured planning approach to integrating social determinants and health equity.
3. Support structures – these can be developed and implemented as part of public health organizations to support the implementation of a health equity approach throughout the organization.

The various tables contained herein outline a number of resources that can be quickly referenced to find those that best suit a particular context. For example, a health unit that is adapting a pre-natal parenting program may wish to apply a quick “checklist” to ensure they are not increasing inequity in access to this public health service. Alternatively, a health authority that is starting a new 4-year strategic planning cycle may want to consider the establishment of a “health equity office” to ensure health equity objectives are supported throughout the organization. One key to the success of each of these tools and approaches is that they be integrated as early as possible in the program planning and implementation

1 Healthy public policy is “public policy that potentially enhances populations’ health by having a positive impact on the social, economic, and environmental determinants of health” (NCCHPP, 2011).

2 The social determinants of health are “the circumstances, in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics” (CSDH, n.d, p.1.).

3 Health inequities are, “*avoidable* inequalities in health between groups of people within countries and between countries” (CSDH, n.d., p.1).

cycle. Each reference table includes a number of dimensions that will help to outline as well as differentiate the tools or approaches that are summarized. The dimensions are defined below.

DIMENSION	DEFINITION
Definition	A referenced definition is provided in cases where a common definition exists in peer-reviewed or grey literature. Otherwise, we offer a general description of the approach.
Framework	Many of these approaches are presented alongside a model, founding document(s) and/or underlying method(s). These are what we refer to as the “framework” of the approach.
Objective	This refers to the stated purpose of the approach.
Emphasis	This refers to one or various area(s) of focus that the approach seeks to address: for example, specific health determinants, health determinants in general and/or health equity.
Levels and timing of application	This refers to the timing, level or stage of the application of the approach.
Sectors assessed	This dimension indicates whether the approach is meant to be used in assessing one or several specific sectors (a specific public health program or region, or sectors other than health).
Procedure	This refers to whether or not there are steps and guidelines for implementation. Some approaches have very specific procedural guidelines, others are more general.
Institutionalization	Institutionalization refers to the organizational/legislative adoption of the approach. Some are mandated and/or applied by law, others are implemented by an organization at the local/regional level.
Policy recommendations?	This dimension asks whether the approach involves making recommendations at any level of government (local, regional, provincial, federal).
Recommendations beyond public health?	Here, we ask whether the approach involves making recommendations to sectors outside of public health (for example, to a transportation ministry or to a municipality).
Evaluation	This dimension addresses whether evaluations of the approach generally (not specific applications of the approach) have been done. This may include external, published reports as well as internal assessments.
Benefits	These refer to positive effects of adopting the tools/resources.
Drawbacks	These refer to potential or actual complications or negative side effects.
Examples	There are two types of examples given: examples of the approaches themselves and/or of their application in the context of a specific program or policy, particularly if there is a Canadian application example.

This summary of tools and approaches to support action on social determinants of health and health equity is not intended to be definitive or exhaustive. For example, we do not include tools that cross the boundary between the health sector and the community such as the Equity Gauge (Global Equity Gauge Alliance, 2003). As well, we do not detail resources that are specific to individual social determinants such as gender, ethnicity, indigenous populations or poverty. However, in Section 4, Additional Resources, we have included a few references/links to helpful documents in these areas for those who wish to explore further, particularly in relation to the intersection of various social determinants.

The purpose of this document is to provide a starting point for public health practitioners, planners and decision makers to assess and strengthen public health and health sector programs and services. Our hope is that the strengths and limitations of these tools and approaches will be properly assessed in the near future. We welcome your feedback and suggestions.

1 CHECKLISTS AND LENSES

1.1 EQUITY CHECKLISTS AND AUDITS	
Definition	Sometimes retrospective evaluation of existing programs (these are often referred to as audits). Other times, checklists to ensure that health equity is considered during the planning process or to evaluate new programs.
Framework	Social determinants of health (Dahlgren & Whitehead, 1991).
Objective	To evaluate whether a new or existing public health program/policy/intervention is likely to exacerbate inequities and/or how it might alleviate them.
Emphasis	Social determinants.
Levels and timing of application	Appropriate for use at any point in planning, implementation and evaluation. Checklists tend to be internal tools which can be quickly implemented.
Sectors assessed	Health organizations; individual programs; Public health programs; health sector (access to health care services, especially in the case of audits).
Procedure	Not always systematic, but there are several existing guides for both checklists and audits (see examples).
Institutionalization	Varied.
Policy recommendations?	Varied. Usually internal to health organization.
Recommendations beyond public health?	Yes, but mostly broad and/or abstract; can include for example, recommendations to increase housing allowances (without jurisdiction to enforce).
Evaluation	Not yet formally evaluated.
Benefits	Supports reflection on how public health programs contribute to/reinforce inequity. Some, particularly checklists, can be performed at low cost and in a fairly short time span.
Drawbacks	Still evolving, therefore sometimes unsystematic and ad hoc (e.g., Sudbury & District Health Unit mentions that not everyone agrees on basic definitions or understands the determinants model proposed).
Examples	Sudbury & District Health Unit (2007). http://www.sdhu.com/uploads/content/listings/SDHUHealthEquityChecklist-2007.pdf National Health Service (UK) (2005). http://www.nice.org.uk/nicemedia/documents/health_equity_audit.pdf

1.1 EQUITY CHECKLISTS AND AUDITS (CONT.)	
Examples (cont.)	<p>National Health Service: Royal Free Hampstead (UK) (2009). http://www.royalfree.nhs.uk/doc/EqIA/EqIA%20screening%20checklist.doc</p> <p>Devon Health Forum (UK)(2003). http://www.nice.org.uk/media/hiadocs/Health_and_Well_Being_Screening_Checklist.pdf</p> <p>Bro Taf Health Inequalities Impact Assessment Equity Checklist (Wales) (n.d.) http://www.london.gov.uk/lhc/docs/lhs/hia2/r_hia811.pdf</p>

1.2 EQUITY LENSES	
Definition	Attempts to integrate equity issues into the fabric of health authorities' programs/policies – some very general, others (e.g., Health Equity Assessment Tool (HEAT)) more systematically spelled out. Lenses may be an overall commitment to keeping a focus on equity, or a more systematic application of a tool.
Framework	Social determinants of health (Dahlgren & Whitehead, 1991).
Objective	<p>To ensure that programs are planned and carried out with health equity in mind. Ideally to improve health equity or at least not to increase health inequity.</p> <p>Bring determinants perspective to fore and make equity an explicit goal of public health.</p>
Emphasis	Social determinants of health: income; gender; race/ethnicity most common.
Levels and timing of application	Programs/organizational policies; appropriate for use at any point in planning, implementation and evaluation.
Sectors assessed	Public health.
Procedure	Yes/no depending on the specific lens being applied. Some are more formal, others attempt to keep equity “in mind” while designing interventions.
Institutionalization	Yes, it has been adopted as an official organizational policy (albeit perhaps in an ad hoc way).
Policy recommendations?	Yes.
Recommendations beyond public health?	Yes, but mostly broad and/or abstract; can include for example, recommendations to increase housing allowances (without jurisdiction to enforce).

1.2 EQUITY LENSES (CONT.)	
Evaluation	Not yet formally evaluated.
Benefits	Operationalizes integration of equity as a key concern for public health into planning, programming and evaluation.
Drawbacks	Because the lenses are highly conceptual, they are open to interpretation and can be difficult to translate into systematic approaches.
Examples	<p>New Zealand Ministry of Health, Health Equity Assessment Tool (HEAT) (2008). http://www.health.govt.nz/publication/health-equity-assessment-tool-users-guide</p> <p>BC Ministry of Health, Population Health and Wellness (2007). http://phabc.org/pdfcore/Equity_Lens-Evidence_Review.pdf</p> <p>NHS Employers. (UK) (2009). http://www.nhsemployers.org/SiteCollectionDocuments/EqIA_template200109.pdf</p>

2 PROCESSES (IMPACT ASSESSMENTS)

2.1 HEALTH IMPACT ASSESSMENT (HIA)	
Definition	“[A] combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population” (European Centre for Health Policy, 1999, p.4).
Framework	Environmental Impact Assessment (EIA), Ottawa Charter for Health Promotion (WHO, 1986), Social determinants of health (Dahlgren & Whitehead, 1991).
Objective	“To improve knowledge about the potential impact of a policy or program, inform decision-makers and affected people, and facilitate adjustment of the proposed policy in order to mitigate the negative and maximize the positive impacts” (European Centre for Health Policy, 1999, p.1).
Emphasis	Social determinants of health, equity (a core value of HIA). <u>Differential impact</u> is examined but a judgment as to whether difference is inequitable is not necessarily made (as it is with use of EFHIA – see EFHIA table on page 11).
Levels and timing of application	Policy, program, project; applied prospectively, before a proposal has been adopted.
Sectors assessed	All sectors outside of health.
Procedure	Five step process: 1. Screening, 2. Scoping, 3. Appraisal, 4. Reporting, 5. Evaluation and monitoring.
Institutionalization	In Canada: Québec: Section 54 of the <i>Public Health Act</i> . http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=/S_2_2/S2_2_A.html British Columbia: Section 61 of the <i>Public Health Act</i> . http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_08028_01 Montérégie region (Québec): Local action plans of various local health centres. <i>[No online resources available].</i>
Policy recommendations?	Yes.
Recommendations beyond public health?	Yes.

2.1 HEALTH IMPACT ASSESSMENT (HIA) (CONT.)	
Evaluation	<p>Yes: Wismar, Blau, Ernst & Figueras (2007), The Effectiveness of Health Impact Assessment.</p> <p>http://www.euro.who.int/data/assets/pdf_file/0003/98283/E90794.pdf</p>
Benefits	<ul style="list-style-type: none"> - Way to operationalize health promotion frameworks (Cole et al., 2003); - Institutional commitments to social justice (Corburn & Bhatia, 2007); - Can occur relatively early in the decision-making process (formulation of policy stage); - Opportunity for stakeholders to be heard; - Opportunity for coalition building.
Drawbacks	<ul style="list-style-type: none"> - Difficult to predict health outcomes – increased level of uncertainty (Cole et al., 2003); - Emphasis on procedure over results (i.e., importance of the sensitization of decision-makers and creation of links between groups, rather than on concrete impact on public policy and decision making); - Small body of empirical work testing HIA in practice (i.e., evaluations); - Difficulty/reluctance for actors outside of health to be familiar with health concepts and literature (Corburn & Bhatia, 2007; Rattle, Unpublished).
Examples	<p>Guides:</p> <p>Québec Ministry of Health and Social Services HIA Guide (in French)(2006): http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2006/06-245-01.pdf</p> <p>The Merseyside Guidelines for Health Impact Assessment (UK) (2001): http://www.liv.ac.uk/ihia/IMPACT%20Reports/2001_merseyside_guidelines_31.pdf</p> <p>New Zealand Ministry of Health (2007). http://www.health.govt.nz/publications/whanau-ora-health-impact-assessment-2007</p> <p>Practical applications:</p> <p>HIA Pilot Project in Montérégie, Québec (2011): http://www.ncchpp.ca/133/publications.ccnpps?id_article=666</p> <p>Mixed Waste Processing Study HIA (Toronto Public Health, 2010): http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2010.HL32.2</p>

2.2 EQUITY-FOCUSED HEALTH IMPACT ASSESSMENT (EFHIA)	
Definition	<p>“EFHIA uses <u>health impact assessment</u> methodology to produce a complementary and structured way of determining the potential differential and distributional impacts of a policy or practice on the health of the population as well as on specific groups within that population and <u>it assesses whether the differential impacts are inequitable</u>” (Mahoney, Simpson, Harris, Aldrich & Stewart, 2004).</p> <p>Also referred to as Health Equity Impact Assessment (HEIA): similar process and objectives (see Ontario Ministry of Health and Long-term Care, 2012).</p>
Framework	Health Impact Assessment; Social determinants of health (Dahlgren & Whitehead, 1991).
Objective	Help identify potential health impacts of plans on vulnerable or marginalized groups; help develop mitigation strategies; embed equity in decision-making process; support equity-based improvements to existing and prospective programs; raise awareness of equity issues (Ontario Ministry of Health and Long-term Care, 2012).
Emphasis	Health equity.
Levels and timing of application	Policy, program, project; before or after a proposal has been adopted.
Sectors assessed	Health sector and other sectors.
Procedure	<p>EFHIA: Six-step process: 1. Screening, 2. Scoping, 3. Impact Identification, 4. Appraisal, 5. Recommendations, 6. Evaluation and monitoring (Mahoney et al., 2004).</p> <p>HEIA: Four-step process: 1. Scoping, 2. Impact Assessment, 3. Mitigation Strategy, 4. Monitoring and Evaluation (Ontario Ministry of Health and Long Term Care, 2012).</p>
Institutionalization	<p>In Canada:</p> <p>Toronto Central Local Health Integration Networks (LHINs): http://www.torontocentrallhin.on.ca/Page.aspx?id=2936</p>
Policy recommendations?	Yes.
Recommendations beyond public health?	Yes.
Evaluation	Not yet formally evaluated.

2.2 EQUITY-FOCUSED HEALTH IMPACT ASSESSMENT (EFHIA) (CONT.)	
Benefits	<ul style="list-style-type: none"> - Makes explicit the consideration of equity within HIA (Harris-Roxas, Harris, Harris & Kemp, 2011); - Helps to embed the notion of equity into policy-making, and program and project planning.
Drawbacks	<ul style="list-style-type: none"> - Differences in judgment with regards to what disparities are inequitable cause conflict and are difficult to resolve (Orenstein & Rondeau, unpublished); - May add confusion to users of impact assessment who must already choose between numerous approaches; - Few examples exist.
Examples	<p>Guides:</p> <p>Australasian Collaboration for Health Equity Impact Assessment (2004). http://www.apho.org.uk/resource/item.aspx?RID=44801</p> <p>Ontario Ministry of Health and Long-Term Care (2012) HEIA Tool: http://www.health.gov.on.ca/en/pro/programs/hea/tool.aspx</p> <p>Practical applications:</p> <p>Currently in progress: EFHIA of Teen Triple-P Parenting Program by Healthy Child Manitoba and University of Manitoba. For more information: http://www.gov.mb.ca/healthychild/pdre/pop_based.html</p> <p>A rapid EFHIA (Australia): http://www.biomedcentral.com/content/pdf/1475-9276-10-6.pdf</p>

2.3 HEALTH EQUITY IMPACT ASSESSMENT (HEIA)	
Definition	A tool to identify unintended potential health impacts (positive or negative) of a plan, policy or program on vulnerable or marginalised groups within the general population (Ministry of Health and Long-Term Care, 2012).
Framework	Social determinants of health.
Objective	Embed equity across an organization's existing and prospective decision-making models; Support equity-based improvement in program/service design; Raise awareness about health equity as a catalyst for change throughout the organization.
Emphasis	Health equity.
Levels and timing of application	<ul style="list-style-type: none"> - Policy, program, project, service; - Before OR after a proposal has been adopted.

2.3 HEALTH EQUITY IMPACT ASSESSMENT (HEIA) (CONT.)	
Sectors assessed	Health services delivery.
Procedure	Four steps: 1. Scoping, 2. Impact Assessment, 3. Mitigation Strategy, 4. Monitoring and Evaluation.
Institutionalization	Ontario Ministry of Health and Long-Term Care, 2012. http://www.health.gov.on.ca/en/pro/programs/heia/ Toronto Central Local Health Integration Networks. http://www.torontocentrallhin.on.ca/Page.aspx?id=2936
Policy recommendations?	Yes.
Recommendations beyond public health?	No.
Evaluation	Not yet formally evaluated.
Benefits	Helps to embed the notion of equity into policy making, and program and project planning.
Drawbacks	Focuses on health equity without considering other health impacts (Harris-Roxas, Harris, Harris & Kemp, 2011); Few examples exist.
Examples	Guide: Ontario Ministry of Health and Long-Term Care (2012). http://www.health.gov.on.ca/en/pro/programs/heia/docs/workbook.pdf Practical application: Toronto Central LHIN HEIA (Pilot project) <i>[No online resources available].</i>

3 SUPPORT STRUCTURES

3.1 HEALTH EQUITY OFFICES	
Definition	An equity office, department, or observatory is one which oversees and implements equity in local/regional/provincial health organizations.
Framework	WHO Commission on Social Determinants of Health (CSDH, 2008); Ottawa Charter for Health Promotion (WHO, 1986).
Objective	To make health equity a priority within their organization and oversee the implementation of equity policies/tools.
Emphasis	Health determinants and health equity.
Levels and timing of application	Policies, programs, projects, organizational structures/departments.
Sectors assessed	Public Health organizations/authorities, local or municipal government, health sector.
Procedure	Variable, from providing guidelines and training to performing assessments.
Institutionalization	The establishment of an office or department usually means incorporating it into an institution. Otherwise, it may be ad hoc and internal.
Policy recommendations?	Yes – organizational and to government.
Recommendations beyond public health?	Yes.
Evaluation	Not yet formally evaluated.
Benefits	Embeds equity as a priority for regional/local authorities and provides implementation support.
Drawbacks	Depending on the structure, may not have the authority necessary to ensure that equity is a focus throughout the organization.
Examples	<p>Sudbury & District Health Unit, Health Equity Program: http://www.sdhu.com/content/healthy_living/doc.asp?folder=3225&parent=3225&lang=0&doc=11759</p> <p>Alberta Health Services, Healthy Public Policy Unit & Reducing Disparities Unit:</p> <ul style="list-style-type: none"> – Public Health Innovation and Decision Support, http://www.albertahealthservices.ca/2169.asp – Healthy Public Policy Unit, http://www.albertahealthservices.ca/1209.asp

3.1 HEALTH EQUITY OFFICES (CONT.)

Examples (cont.)

- Towards an Understanding of Health Equity,
<http://www.albertahealthservices.ca/poph/hi-poph-surv-shsa-tpgwg-annotated-glossary.pdf>

Wisconsin Center for Health Equity (City of Milwaukee Health Department):
<http://www.wche.org/>

4 ADDITIONAL RESOURCES

Gender Impact Assessment:

<http://www.iaia.org/iaia/wiki/gender.ashx>

Gender Analysis Tools:

<http://tamarackcommunity.ca/downloads/gender/Tools.pdf>

Intersectionality Theory:

Hankivsky, O., Grace, D., Hunting, G., Ferlatte, O., Clark, N., Fridkin, A., Giesbrecht, M., Rudrum, S. & Laviolette, T. (2012). *An intersectionality-based policy analysis framework*. Simon Fraser University: Institute for Intersectionality Research and Policy.

Hankivsky, O. (Ed.). (2011). *Health Inequities in Canada: Intersectional Frameworks and Practices*. Canada: UBC Press.

McGibbon, E., & McPherson, C. (2011). Applying intersectionality theory and complexity theory to address the social determinants of women's health. *Women's Health and Urban Life*, University of Toronto, 10 (1), 59-86.

Race Equity Impact Assessment (REIA):

http://www.nice.org.uk/niceMedia/documents/clarifying_approaches.pdf

Poverty Impact Assessment:

<http://www.oecd.org/dataoecd/46/39/38978856.pdf>

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http://www.gega.org.za/download/gega_guide.pdf
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