




Health Equity Tools 2013



Equity
Lens in
Public
Health

Acknowledgements

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Introduction

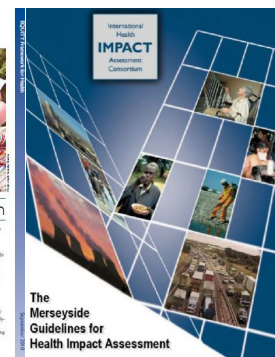
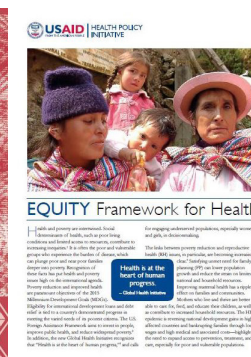
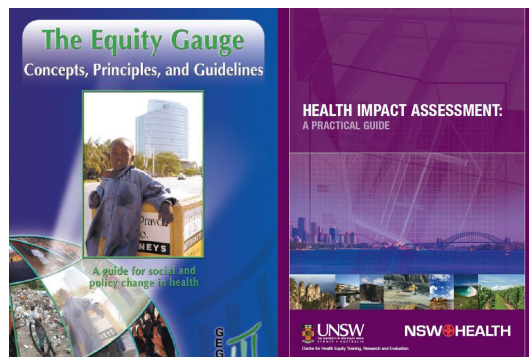
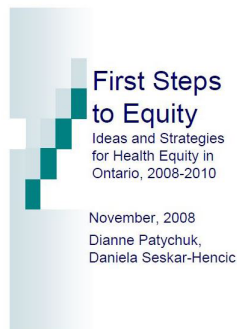
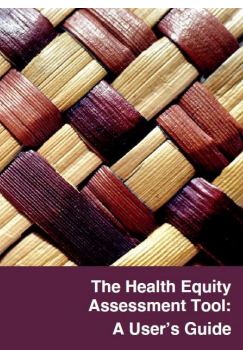
Equity Lens in Public Health (ELPH) is a 5-year (2011-2016) program of research funded by the Canadian Institutes of Health Research (CIHR) and the Public Health Agency of Canada (PHAC). Our aim is to produce new knowledge for systemic promotion of health equity. The purpose of this inventory is to supply public health practitioners with a descriptive summary of health equity tools.

What is a health equity tool?

We have defined a health equity tool as a document or resource that clearly identifies improving health equity as a goal and provides a set of steps, questions, or a framework that people can follow to achieve this goal. By “tool” we mean a document or resource that either assesses the degree to which health equity is included in policies or programs, measures health equity, or promotes the inclusion of health equity in policies or programs.

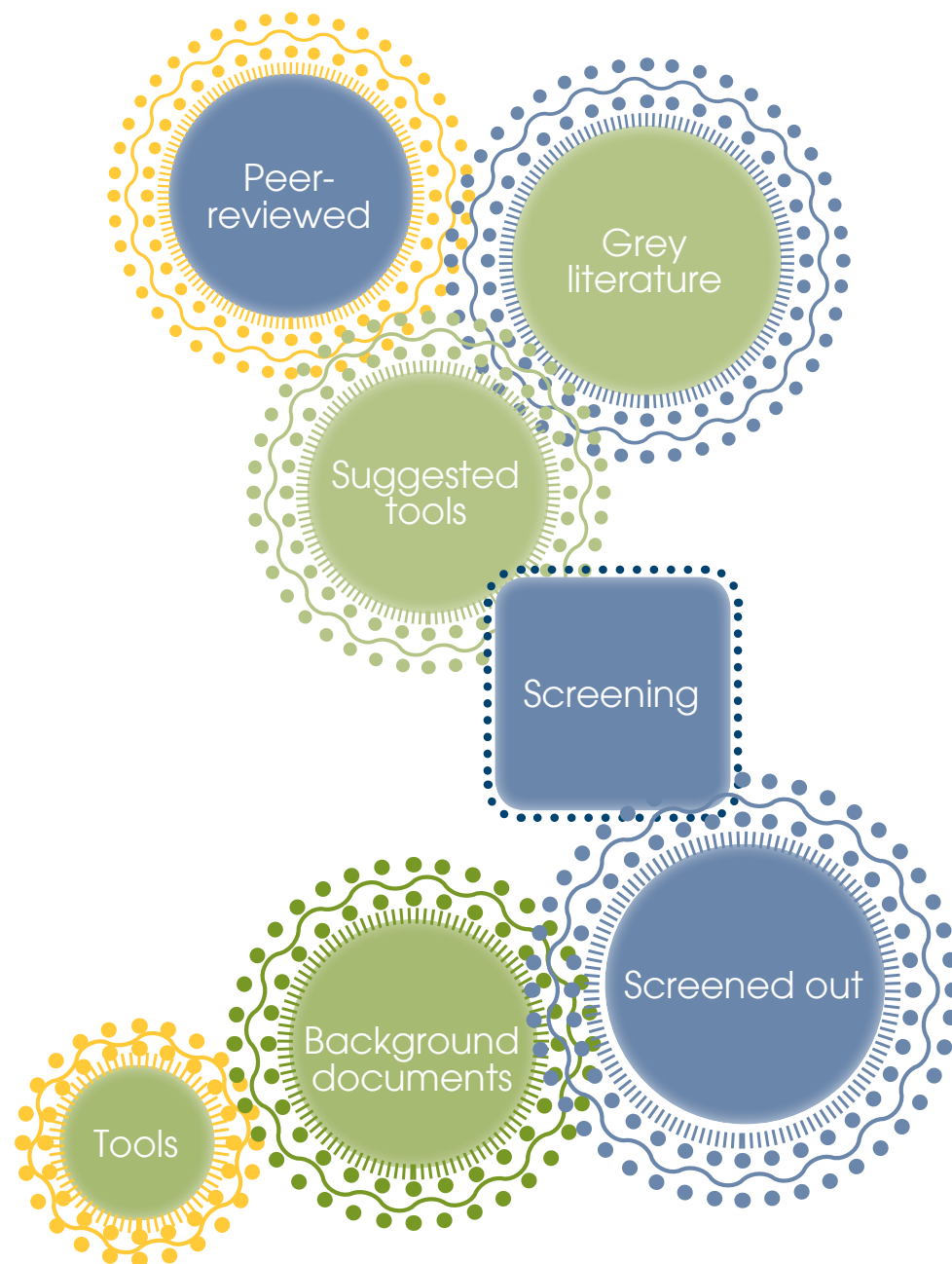
Why was the inventory created?

This inventory was created to help people working in public health make sense of the growing number of health equity tools available. Future versions of this inventory will include advice on assessing health equity tools as well as our assessment of the theoretical underpinnings and practical value of currently available tools.



How was the inventory created?

- We searched peer-reviewed and grey literature published in English in or before the year 2011. The literature search included reports, articles, and any document that self-identified as a tool, guide, resource, audit, or framework for health equity.
- We searched nine databases using search terms such as health equity, inequities, and disparities combined with audit, impact assessment, framework, gauge, lens, tool, checklist, model, and guide. Team members also identified documents to assess.
- All documents were screened for relevance to public health and had to have a set of steps or a process to follow.
- Background documents that did not include the tool itself or a set of steps or process were screened out. We reviewed background documents, however, to identify any tools not retrieved in our initial searches.
- Each document was screened for inclusion by at least two members of the research team. We summarized all documents identified as tools.



How to use this inventory

Tool summaries

We've created detailed descriptions of each tool including the objective, intended users, how the tool can be used, key words, and any information available about application and evaluation of the tool.

Purpose

Description

This includes both a brief description of the tool document and an overview of the steps involved in using it.

Key words: Key words indicating content and tool type if identified.

Applications

We've noted any known applications of the tool. If there's no entry for application, it means we didn't find any indications it had been applied.

Who would use it?

Evaluation

We've noted any evaluations conducted on the tool. If there's no entry for evaluation, it means we didn't find any evaluations for that tool.

Reference

The full citation for the tool.

Index

We've indexed the tools by content and type at the end of the inventory.

Appendix

In the Appendix, you will find a set of supplementary resources organized according to tool name. If no supplementary resources are listed for a tool, it is because we did not locate any in our search.

Applying Clinical Epidemiological Methods to Health Equity: The Equity Effectiveness Loop

Purpose

To inform the development and evaluation of population health interventions and policies across socioeconomic gradients.

Who would use it?

National and international organizations, such as the World Health Organization.

Description

Use of the “equity effectiveness loop” framework can highlight equity issues and factors that influence health equity gaps through assessment of health needs, effectiveness, cost effectiveness and monitoring of population health interventions and policies. The loop consists of five steps arranged in a circle:

1. Burden of illness and aetiology
2. Equity effectiveness
3. Economic evaluation
4. Knowledge translation and implementation
5. Monitoring of programme

Key words: assess health equity gaps, knowledge translation, population health intervention, program planning, socio-economic status

Applications

The author applies the framework in two examples: nets treated with insecticide for malaria prevention and total joint arthroplasty for osteoarthritis.

Reference

Tugwell, P., de Savigny, D., Hawker, G., & Robinson, V. (2006). Applying clinical epidemiological methods to health equity: The equity effectiveness loop. (Review). *British Medical Journal*, 332(7537), 358-361.

Assessing Equity in Clinical Practice Guidelines

Purpose

To assess how well Clinical Practice Guidelines (CPGs) address health equity.

Who would use it?

Anyone assessing or developing clinical practice guidelines.

Description

The authors provide a list of five questions, or an “equity lens,” for assessing clinical practice guidelines (CPGs). The Knowledge Plus Project of the International Clinical Epidemiology Network developed this equity lens for CPGs. The Network’s goal is to improve CPG development by encouraging consideration of sociopolitical dimensions like equity and local appropriateness. The five questions that comprise the “equity lens” are:

1. Do the public health recommendations in the guidelines address a priority problem for disadvantaged populations?
2. Is there a reason to anticipate different effects of intervention in disadvantaged and privileged populations?
3. Are the effects of the intervention valued differently by disadvantaged compared with privileged populations?
4. Is specific attention given to minimizing barriers to implementation in disadvantaged populations?
5. Do plans for assessing the impact of the recommendations include disadvantaged populations?

Key words: clinical practice guidelines, program planning

Applications

As an example, the authors apply the equity lens to the Philippine Heart Association’s planned guidelines for the diagnosis and management of dyslipidemia.

Reference

Dans, A. M., Dans, L., Oxman, A. D., Robinson, V., Acuin, J., Tugwell, P., . . . Kang, D. (2007). Assessing equity in clinical practice guidelines. *Journal of Clinical Epidemiology*, 60(6), 540-546.

Avoiding the Danger that Stop Smoking Services May Exacerbate Health Inequalities: Building Equity Into Performance Assessment

Purpose

To find out whether a public health initiative reduces or exacerbates health inequities. The authors use a framework to evaluate the impacts of a public health initiative (stop smoking services) on health equity.

Description

The authors describe a method for analyzing data from a public health stop smoking initiative and the impacts on health equity. The authors assess whether the program is effective for all socioeconomic groups, or whether the program exacerbates health inequities by improving conditions for more affluent people. Application of this evaluative framework combines measures of the overall number of people who quit smoking with measures of socioeconomic disparity among smokers to provide estimates of the relative gap in smoking cessation rates between socio disadvantaged and affluent neighbourhoods.

Key words: data analysis techniques, evaluation, socio-economic status, substance use, United Kingdom

Applications

As an example, the framework is applied to a smoking cessation program in Derwentside, a former Primary Care Trust in the north east of England. When applied to the Derwentside program, the authors show that while overall levels of smoking were reduced, the gap in the quit rate per adult between affluent and deprived neighbourhoods was lower than the gap in smoking prevalence. This meant that affluent areas benefited more and that the program was not contributing to reduction of health inequities.

Reference

Low, A., Unsworth, U., Low, A., & Miller, I. (2007). Avoiding the danger that stop smoking services may exacerbate health inequalities: Building equity into performance assessment. *BMC Public Health*, 7(198), 1-9.

Who would use it?

This framework may be of interest to anyone planning or implementing smoking cessation programs.

Culturally Relevant Gender Application Protocol Workbook

Purpose

To promote equality for aboriginal women in health, social and economic outcomes through a process of empowerment.

Description

The Culturally Relevant Gender Application Protocol (CR-GAP) is a strategy for considering the interests and perspectives of aboriginal women in policy development and evaluation. Background information and a set of questions to support community engagement of Aboriginal women in policy development processes are included in the workbook. Engagement with aboriginal women is key to promoting health equity. The workbook is organized around the three intended outcomes: equity in participation, balanced communication, and equality in results. This strategy can be applied at any point in policy development or continuously throughout the process of developing, applying and evaluating policy.

Key words: Aboriginal, community development, empowerment, engagement, ethno-cultural considerations, evaluation, gender - women, policy development

Who would use it?

Policy makers, practitioners and evaluators.

Reference

Native Women's Association of Canada. (2010). *Culturally relevant gender application protocol workbook*. Ottawa: Author.

<http://www.nwac.ca/sites/default/files/imce/CR-GAP%20Context%20AUG2010.pdf>

Equity Focused Health Impact Assessment Framework

Purpose

To determine differential impacts of policies and practices on the health of the population as well as specific groups; to assess whether these differences are unfair and avoidable.

Description

Use of the framework involves six steps: screening, scoping, impact identification, impact assessment, recommendations and monitoring/evaluation. The framework can be applied prospectively or retrospectively. It provides a flexible and structured approach for introducing equity concerns and reduction of health inequities to policy agendas. It is a means for introducing evidence related to inequities and provides a focus on specific needs of differing population groups. Instructions for three levels of equity focused health impact assessment: rapid, intermediate, and comprehensive are included. The choice of level used depends on available resources and the degree to which impacts are already known.

Key words: Australia, equity focused health impact assessment, evaluation, health policy, New Zealand, program planning

Who would use it?

People who are in a position to review or effect change in existing or potential policy and practice.

Applications

This tool was used to assess a community funding program that sponsors arts, health, cultural and sporting agencies in their health promotion activities.

Evaluation

Harris-Roxas (2011) and colleagues evaluated a rapid equity-focused health impact assessment. See the Appendix for full reference.

Reference

Mahoney, M., Simpson, S., Harris, E., Aldrich, R., & Stewart Williams, J. (2004). *Equity focused health impact assessment framework*. The Australasian Collaboration for Health Equity Impact Assessment (ACHEIA).

An Equity Framework for Health Technology Assessments

Purpose

To include ethical considerations and equity in Health Technology Impact Assessment.

Description

The Equity Framework for Health Technology Assessments (HTA) is a way of systematically evaluating the effects of a health care intervention, usually to inform decision making about which health interventions to implement. The Framework's objectives are twofold: (1) to structure health technology assessment discussions through consideration of all potentially relevant factors and evidence, and (2) ensure sufficient detail in minutes and accounts of decisions to allow for retrospective analysis of decisions taken. The framework includes consideration of equity, domains of equity, and embedded inequity as specific elements.

Key words: evaluation, health technology assessment, knowledge translation

Reference

Culyer, A. J., & Bombard, Y. (2012). An equity framework for health technology assessments. *Medical Decision Making*, 32(3), 428-441.

Who would use it?

People setting up HTAs, and specifically for informing the terms of reference of advisory bodies involved in HTA.



EQUITY Framework for Health

Purpose

To improve responses to the health needs of the world's poorest people by integrating equity into health policies, plans, and development agendas.

Who would use it?

Policy makers and program planners.

Description

The EQUITY Framework for Health is an approach to integrating equity into health policies to address the needs of the poor. EQUITY stands for: Engage and empower the poor; Quantify the level of inequalities; Understand barriers to equitable access; Integrate equity goals, approaches, and indicators into policies, plans and development agendas; Target resources and efforts to reach the poor; Yield public-private partnerships for equity.

Key words: access to care, health policy, socio-economic status

Applications

The overview describes the application of the framework to women's reproductive health in Peru. The additional briefs in this series provide further guidance and examples of the use of each component of the framework with other groups.

Reference

USAID Health Policy Initiative. (2010). *EQUITY Framework for Health*. Washington, D.C.: Author.

<http://www.healthpolicyinitiative.com/index.cfm?ID=topicEquity>

The Equity Gauge: Concepts, Principles, and Guidelines

Purpose

To monitor health equity and actions to reduce health inequities.

Who would use it?

Policy makers, practitioners, and program planners.

Description

This 35-page document contains a description of health equity gauges and instructions for completing one. The health equity gauge approach requires involvement of a range of actors concerned with development and social justice including researchers, health workers, policy makers, the media, the general public and non-governmental organizations. The authors describe three interrelated pillars of the equity gauge: (1) social/political/economic assessment and monitoring, (2) advocacy, (3) community empowerment. Specific, detailed guiding questions, suggestions, and summary tables are provided for each pillar, highlighting multi-level and systemic determinants of inequity for numerous disadvantaged social groups. This tool was developed through an international collaboration funded by the Rockefeller Foundation.

Key words: empowerment, health equity gauge

Applications

There are 13 countries listed on the Global Equity Gauge Alliance (GEGA) website as having developed an equity gauge as part of the GEGA. For example, Chile (Vega, 2002) and South Africa (Scott, 2008) have developed equity gauges. McCoy et al. (2003) give some reflections on early experiences. See the Appendix for supplemental references and resources.

Reference

Global Equity Gauge Alliance. (2003). *The equity gauge: Concepts, principles, and guidelines. A guide for social and policy change in health*. Durban: Global Equity Gauge Alliance and Health Systems Trust.

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

Fair Financing for Health and Health Care

Purpose

To question the general health and health care situation in a country and to question health sector reforms in the context of wider societal issues in order to assess fair financing of the health care system.

Who would use it?

Policy makers and data analysts.

Description

The author outlines essential issues and questions in a matrix on pages 27 to 33 that could be used as a check-list to measure the drive towards fairness, equity and social justice in health and health care. The author suggests that this can be applied to the general health and health care situation in a country, or to health sector reforms in the context of wider societal issues. The Fair Financing Scale consists of ratings on a series of issues including health inequities, health care inequities, health determinants inequities, taxes, health financing inequities, health reform issues, general reform issues and value debates.

Key words: data analysis techniques, financing

Applications

Gericke and colleagues (2005) applied this to a national health insurance system in Yemen. See the Appendix for full reference.

Reference

Schwefel, D. (2004). *Fair financing for health and health care*. Berlin: European Commission's Working Group on Fair Financing. Commissioned by German Agency for Technical Cooperation (GTZ).

<http://detlef-schwefel.de/219-Schwefel-fair-financing-2004.pdf>

First Steps to Equity: Ideas and Strategies for Health Equity in Ontario

Purpose

To provide an equity lens on health assessment, analysis and planning activities and to assess population health programming, social and environmental conditions to promote health equity.

Who would use it?

People and organizations working to promote health equity especially in relation to the Ontario Public Health Standards.

Description

In this report, the authors lay out steps, ideas and resources for organizations and individuals wishing to promote health equity in Ontario. Included are examples and steps for promoting health equity already in place or that could be expanded as part of the new Ontario Public Health Standards (OPHS) particularly the Population Health Assessment and Surveillance Protocol. A general set of questions are outlined for applying a health equity lens to the Population Health Assessment and Surveillance Protocol. The goal is to help users understand social and environmental conditions that need to be addressed to minimize barriers to health in public health programs. Additional health equity tools, including a rapid equity focused health impact assessment, and health equity audits are provided in an appendix.

Key words: Canada, health equity strategies, health policy, program planning

Applications

A number of case studies are included.

Reference

Patychuk, D., & Seskar-Hencic, D. (2008). *First steps to equity: Ideas and strategies for health equity in Ontario*. Toronto: First Steps to Equity.

http://dev.healthnexus.net/sites/default/files/resources/first_steps_to_equity.pdf

Framework for Girls' and Women-Centred Health: An Implementation Guide for Vancouver Coastal Health

Purpose

To contribute to improvements in health for women and girls by assessing programs and services for inclusiveness and empowerment of women and girls.

Description

This 12-page booklet contains a gender-based analysis of women's health, tips for using the framework, a checklist for assessing programs and services, examples of best practices and a glossary. The framework is represented as a flower. The outer petals represent determinants of health, the inner petals represent elements of best practices. The inner circle is an Aboriginal four quadrant or medicine wheel framework, and the centre reads "Girls, women and their communities". The checklist goes through the best practices elements found on the framework's inner petals, which include categories such as respect and safety, empowerment, involvement and participation, and social justice.

Key words: Aboriginal, Canada, community development, empowerment, gender - women, health service delivery, program planning

Applications

The document provides some examples from health services in VCH.

Reference

Vancouver Coastal Health. (2009) *Framework for girls' and women-centred health: An implementation guide for Vancouver Coastal Health*. Vancouver, BC: Author.

Who would use it?

Staff in Vancouver Coastal Health (VCH), a regional health authority in British Columbia, Canada. It may be useful for anyone providing health services to women and girls.

A Framework Linking Community Empowerment and Health Equity: It is a Matter of CHOICE

Purpose

To assess the influence of equity and empowerment on health outcomes.

Who would use it?

Program planners and policy makers.

Description

The acronym (CHOICE) represents the important elements of the relationship between health equity and community empowerment. CHOICE stands for Capacity-building, Human rights, Organizational sustainability, Institutional accountability, Contribution, and Enabling environment. The author provides a description of each element, a review of supporting evidence, significance and examples to illustrate the contribution of each element to the framework. The elements form the basis of a tool to assess the link between equity and community empowerment and impact on health. The author recommends that further work is needed to create a practical, valid, and reliable tool.

Key words: community development, empowerment, program planning

Applications

This framework has been applied to two case studies (Ratna and Rifkin 2007) and one evaluation (Motamed, Rifkin and Rougemont 2011). See the Appendix for full references.

Reference

Rifkin, S. B. (2003). A framework linking community empowerment and health equity: It is a matter of CHOICE. *Journal of Health, Population and Nutrition (JHPN)*, 21(3), 168-180.

The Health Analysis and Action Cycle: An Empowering Approach to Women's Health

Purpose

To provide an analysis of the Health Analysis and Action Cycle (HAAC) as an empowering community development process to promote women's health.

Description

The Health Analysis and Action Cycle (HAAC) tool is conceived as an empowering approach that promotes health for women by enabling them to review and act on their health and environmental situation. Participants examine their own beliefs surrounding health and illness in order to plan and take action for themselves. The Cycle uses a participatory, empowerment process with the women engaged in every step. Health mapping is used to link the factors that impact health in order to focus health preventive measures and the actions that can be taken to achieve holistic health. Gibbon uses social network analysis as an approach to consider health within a socio-environmental context.

Key words: community development, empowerment, gender - women, program planning

Who would use it?

The focus is on women and people working in community development.

Applications

This paper uses a case study approach to describe the application of the HAAC with women in rural Nepal.

Reference

Gibbon, M. (2000). The health analysis and action cycle: An empowering approach to women's health. *Sociological Research Online*, 4(4).

<http://www.socresonline.org.uk/4/4/gibbon.html>

The Health Equity Assessment Tool (HEAT): A User's Guide

Purpose

To promote health equity in health policies, programs and services.

Description

The Health Equity Assessment Tool (HEAT) is used to assess equity dimensions of a health problem and help users to tackle health inequities when deciding on policies and programs. This 44-page guide book reveals ways of promoting health equity through mainstream health policies, programs and services. The tool consists of 10 questions for assessing health initiatives for their current or future impact on health equity (see Appendix A). The guidebook includes worksheets and case studies.

Key words: Health Equity Assessment Tool (HEAT), health policy, New Zealand, program planning

Applications

The document includes a chapter with two case studies discussing the application of HEAT by the Ministry of Health in New Zealand and a regional health board. According to the introduction, the tool has been well-used in public health, but its use in clinical services has been limited to date.

Reference

Signal, L., Martin, J., Cram, F., & Robson, B. (2008). *The health equity assessment tool (HEAT): A user's guide*. Wellington, New Zealand: Ministry of Health.

<http://www.pha.org.nz/documents/health-equity-assessment-tool-guide1.pdf>

Who would use it?

Health sector workers, including policy makers, non-governmental organizations (NGOs), community groups, social services and local governments.

Health Equity Audit: A Guide for the NHS

Purpose

To use evidence on inequalities to inform decision making related to investment, service planning, and delivery and to evaluate impacts of action on inequities.

Who would use it?

Executive level decision makers, performance managers, acute care and other service providers. Designed for the UK's National Health Service.

Description

This 40-page guide contains a brief overview of health equity audits and the health equity audit cycle, followed by several examples of HEAs from the UK. The HEA cycle consists of six steps: (1) Agree on partners and issues; (2) Equity profile – Identify the gap; (3) Agree on high impact local action to narrow the gap; (4) Agree on priorities for action; (5) Secure changes in investment and service delivery; and (6) Review progress and assess impact. This tool can be used to focus assessment on projects that will have the most impact on health inequities as well as addressing dimensions of health including social class, geography, gender, ethnicity, age and vulnerable groups. Life expectancy and infant mortality are identified as primary issues.

Key words: assess health equity gaps, evaluation, health equity audit, program planning, United Kingdom

Applications

Aspinall and Jacobson (2005) describe how the HEA has become embedded in the UK national strategy as a mandatory requirement for Primary Care Trusts. A self-assessment tool was developed to help address organizational development issues underpinning the Health Equity Audit (HEA) process and is designed as a precursor to the Health Equity Audit to assess an organization's readiness and capacity to use the HEA. See the Appendix for full references.

Reference

Department of Health. (2003). *Health equity audit: A guide for the NHS: National Health Service*. United Kingdom: Author.

http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4084138

Health Equity Impact Assessment (HEIA) Workbook: How to Conduct HEIA

Purpose

To identify a policy or program's unintended impacts on the health of marginalized groups. The ultimate goal is to reduce health inequities that result from barriers to access to health care.

Who would use it?

Ontario Ministry of Health and Long-Term Care (MOHLTC), Local Health Integration Networks (LHINs) and by health services providers.

Description

This workbook consists of instructions to assess and plan for the health equity implications of a policy on the health of marginalized groups. It contains a description of the purpose, when and who should conduct a HEIA, and how to do the audit following four steps: scoping, impact assessment, mitigation strategy and monitoring. This tool is based on Health Impact Assessment (HIA) methodology which has been applied widely. According to this document, HIAs often address health inequities but not in a targeted and systematic way.

Key words: Australia, Canada, health equity impact assessment, New Zealand, program planning, United Kingdom

Applications

The HEIA evolved and is currently in use in the UK, New Zealand, and Australia

Reference

Ontario Ministry of Health and Long-Term Care and Local Health Integration Networks. (2011). *Health Equity Impact Assessment (HEIA) Workbook: How to conduct HEIA*. Ontario: Author.

<http://www.health.gov.on.ca/en/pro/programs/heia/docs/workbook.pdf>

Health Impact Assessment-Based Tools

Purpose

Health impact assessment (HIA) is a process for predicting the health effects of policies, plans, projects or programs, and developing recommendations for mitigation of any negative effects.

Who would use it?

Policy makers,
program planners,
program managers.

Description

HIAs typically includes six steps (from Harris P. 2007):

1. Screening
2. Scoping
3. Identification
4. Assessment
5. Decision making and recommendations
6. Evaluation and follow-up

Key words: health impact assessment

Application

HIAs are applied widely, but their inclusion of health equity considerations varies significantly. This has led to criticism that HIAs do not make very good health equity tools (Parry 2003, Morgan 2008). Given the wide range of HIAs with varying focus on health equity, we have included in this health equity tools inventory HIA tools that have a health equity focus or focus on a population of concern.

Reference

This is a key reference that includes several HIAs:

Orenstein, M. & K. Rondeau (2009) *Scan of health equity impact assessment tools*. Calgary: Habitat Health Impact Consulting. Prepared for: The Strategic Initiatives and Innovations Directorate, Public Health Agency of Canada.

See the Appendix for further resources.

Health Risks and Health Inequalities in Housing: An Assessment Tool

Purpose

To assess the health risks of housing and judge the level of health risk associated with unhealthy or unsafe housing in order to promote health equity through improved housing conditions.

Who would use it?

England's Housing Learning & Improvement Network (LIN) prepared this tool for housing and health professionals.

Description

Poor housing has significant detrimental effects on health, and people with fewer financial resources, who are already disadvantaged when it comes to health, are more likely to live in sub-standard housing. As part of this tool key health risks associated with housing are summarized. The tool enables the user to record a judgment about the level of health risk attributable to unhealthy or unsafe housing conditions, and to compare this with the adequacy of local practice in mitigating the risk. Specifically, the tool includes two checklists. The first checklist uses a five-point scale to assess each health risk and the extent of housing and neighbourhood conditions known to be associated with the risk while the second assesses local policy and practice with regard to minimizing the risk to health from these conditions. Ratings can be entered into an MS Excel spreadsheet and graphed to show the 'performance gap' between the extent of risk and the extent of good practice.

Key words: housing, program planning, United Kingdom, urban planning

Applications

Examples of data input from a completed risk assessment and the associated radar graph produced from part of the data are provided. Further case studies are available online.

Reference

Blackman, T. (2005). *Health risks and health inequalities in housing: An assessment tool*. London: Department of Health.

<http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/type/resource/?cid=1638>

How to Analyse Ethnic Differences in Health, Health Care, and the Workforce: A Toolkit for the NHS

Purpose

To assist the UK's National Health Service (NHS) trusts and other organizations to meet their legal requirement to assess whether their policies negatively impact certain ethnic groups.

Who would use it?

The target audiences are public health and information analysts in NHS organizations. The authors suggest that the tool may be of interest to a wider constituency.

Description

The UK's NHS collects ethnicity data on both employees and patients. The authors of this tool suggest that this data could be used to improve health equity for patients and cultural diversity in the workforce. This 117-page toolkit contains directions for what data to collect, how to collect it, report it, and analyze it. The toolkit has detailed instructions, many specific to the UK context, for the best ways to assess equity using ethnicity data collected from patients and health workforce.

Key words: data analysis techniques, ethno-cultural considerations, health workforce, United Kingdom

Reference

Aspinall, P. J., & Jacobson, B. (2006). *How to analyse ethnic differences in health, health care, and the workforce: A toolkit for the NHS*. London: London Health Observatory.

<http://www.lho.org.uk/Download/Public/10625/1/DH%20TOOLKITSep06.pdf>



Incorporating Concepts of Inequality and Inequity into Health Benefits Analysis

Purpose

To improve estimates of the health benefits of policies, particularly pollution control policies by including health equity in the calculations.

Who would use it?

Policy makers. This tool would require some specialized knowledge in quantitative data analysis.

Description

In this academic article, the authors assess health equity indicators for conformance to general principles, or axioms, of health equity measurement. The authors compare frameworks for health benefits analysis and environmental justice analysis to develop appropriate inequality indicators. The authors assess various indices for fit and equity, and conclude that the Atkinson index is the best fit although results may be improved if other indices are used as well.

Key words: data analysis techniques, health benefit analysis, indicators

Applications

The authors present an example of their proposed inequality index, but it does not appear that this has been applied in any actual health benefits analysis.

Reference

Levy, J. I., Chemerynski, S. M., & Tuchmann, J. L. (2006). Incorporating concepts of inequality and inequity into health benefits analysis. *International Journal for Equity in Health*, 5(1), 2.

Local Basket of Inequalities Indicators

Purpose

To support local action toward UK national inequalities targets for life expectancy and infant mortality.

Description

To compare geographic areas, users of this tool would combine population health indicators with information related to the social determinants of health. Thus, users would identify areas of health disadvantage. Similar techniques can be used to assess health inequity within a geographic area. Seventy indicators including measures of health status/outcomes, social determinants of health and access to services are included. Users can choose indicators of local interest from among the 70 options.

Key words: data analysis techniques, indicators, United Kingdom

Applications

Examples are provided of the use and interpretation of an indicator. The indicators list has now been incorporated into the indicators portal:

<https://indicators.ic.nhs.uk/webview/>

Reference

Fitzpatrick, J., & Jacobson, B. (2003). *Local basket of inequalities indicators*. London, UK: Association of Public Health Observatories and Health Development Agency.

http://www.lho.org.uk/LHO_Topics/Analytic_Tools/BasketOfIndicatorsDataTool.aspx

Who would use it?

The tool is for use in the UK by local authorities or primary care trusts in the National Health Service. It is designed for users with a wide range of technical ability.

Measuring Health Inequalities between Genders and Age Groups with Realization of Potential Life Years (RePLY)

Purpose

To measure avoidable health inequalities between age-sex groups that could be reduced through policy intervention.

Who would use it?

Policy makers, or anyone with responsibility for resource allocation decisions.

Description

Realized Potential Life Years (RePLY) is the ratio of age at death to the potential length of life. The authors of this tool define health equity as a condition where everyone in a given population can fully realize his or her potential life span. RePLY is more informative than life expectancy which may mask inequalities due to natural mortality risk differences between groups. Those who have an unavoidable death have fully realized their potential lifespan, while those with avoidable death realize only a fraction of their potential lifespan. This measure can reveal health inequalities as well as social disadvantage because it identifies deaths that could be prevented through the allocation of resources.

Key words: age, data analysis techniques, sex

Applications

The authors applied this tool to data from 191 countries (Tang, Petrie & Prasada Rao, 2009). See the Appendix for full reference.

Reference

Tang, K. K., Petrie, D., & Rao, D. (2007). Measuring health inequalities between genders and age groups with realization of potential life years (RePLY). *Bulletin of the World Health Organization*, 85(9), 681-688.

<http://www.who.int/bulletin/volumes/85/9/06-037382.pdf>

Mental Well-Being Impact Assessment: A Toolkit for Well-Being

Purpose

To help users to understand what puts mental well-being at risk, and what can be done to improve and sustain mental well-being.

Who would use it?

A broad range of decision-makers in a variety of settings. The authors suggest that anyone interested in the mental well-being impact of policies, services, or programs could use the tool.

Description

This 141-page toolkit consists of an overview of the tool, policy context in Europe and the UK, an account of the current evidence, lists of questions and worksheets, detailed instruction on how to complete a MWIA, guidelines on developing indicators, and a list of resources to support the process. Equity and social justice are identified as core values in this process. This was developed in the UK, and is based on health impact assessment steps (e. screening, scoping, appraisal etc.).

Key words: health impact assessment, indicators, mental well-being, United Kingdom

Reference

Cooke, A., Friedli, L., Coggins, T., Edmonds, N., Michaelson, J., O'Hara, K., . . . Scott-Samuel, A. (2011). *Mental well-being impact assessment: A Toolkit for well-being* (3 ed.). London: National MWIA Collaborative.

<http://www.apho.org.uk/resource/item.aspx?RID=95836>



Monitoring Equity in Health and Healthcare: A Conceptual Framework

Purpose

To generate and apply knowledge for monitoring equity in health and healthcare.

Who would use it?

Policy-oriented researchers.

Description

The author provides a conceptual framework outlining the essential components of a system for monitoring equity in health and health care. The elements of the conceptual framework are identification of key questions, identification and definition of social groups to be compared, selecting health indicators and determinants and measures of disparities between social groups. The author outlines 8 steps in the process of monitoring equity in health and health care. The 8 steps are:

1. Identify social groups;
2. Identify general concerns and needs for equity in health and determinants of health;
3. Identify both qualitative and quantitative sources of information;
4. Identify indicators of health status, determinants of health and health care;
5. Describe current avoidable patterns of inequalities;
6. Describe trends in patterns over time;
7. Develop a public process for considering policy implications of information;
8. Develop a strategic plan for implementing, monitoring and research that involves stakeholders.

Key words: indicators, research

Reference

Braveman, P. A. (2003). Monitoring equity in health and healthcare: A conceptual framework. *Journal of Health, Population and Nutrition (JHPN)*, 21(3), 181-192.

PATHways II: The Next Steps. A Guide to Community Health Impact Assessment

Purpose

To facilitate the development of a Community Health Impact Assessment Tool (CHIAT) using a health promotion and community development process.

Who would use it?

Groups or organizations interested in fostering healthy communities.

Description

People Assessing their Health (PATH) is a process that uses community-driven health impact assessment to build the capacity of people to be active participants in the decisions that affect the well-being of their community. This process is meant to result in a customized tool for evaluating policies, programs or services likely to affect health in the community. The 42-page guide includes background and context for PATH and community health impact assessment, a case study, and practical instructions. The process involves a reflective, story-telling approach that is grounded in the principles of adult education and is distinctive in that it engages a community in developing the assessment tool (CHIAT) as a means for that community to initiate its own impact assessment. This is in contrast to traditional HIA in which communities are consulted rather than engaged.

Key words: community development, empowerment, evaluation, health impact assessment, program planning

Applications

This has been applied in Canada and India. The authors give one example in the document and further examples are provided by Cameron et al. (2011). See the Appendix for full reference.

Reference

Antigonish Women's Resource Centre. (2002). *PATHways II: The next steps. A guide to community health impact assessment*. Antigonish: Author.

<http://www.antigonishwomenscentre.com/pdfs/PATHways%20II%20manual.pdf>

A Planning Guide: Health Inequalities and the Voluntary and Community Sector

Purpose

To promote consideration of health equity in project planning by non-governmental organizations working with disadvantaged groups.

Who would use it?

Voluntary and community sector organizations (NGOs) interested in addressing health inequalities. Some of the information is specific to the UK.

Description

This 35-page guide includes a four phase process from planning a project, conducting a needs assessment, creating an issues checklist, to evaluating outcomes. This document was developed in consultation with key stakeholders from non-governmental organization (NGO) membership and key partners working in the area of health inequalities. The guide provides extensive suggestions for funding sources and NGO supports relevant to UK audiences and could be used at project start up, evaluation, or to assess an expansion or change of direction. The authors adapted parts of this tool from the Merseyside model of health impact assessment (Scott-Samuel, 2001). See the Appendix for full references.

Key words: health impact assessment, program planning, United Kingdom, voluntary sector

Reference

Chiwer, B. (2011). *A planning guide: Health inequalities and the voluntary and community sector*. London: National NGO Forum, Royal Society for Public Health.

<http://repos.hsap.kcl.ac.uk/content/m10037/latest/>

Promoting Action on Equity Issues: A Knowledge to Action Handbook

Purpose

To provide a framework to incorporate evidence-informed action into health service planning and decision-making through the development of a knowledge translation strategy.

Who would use it?

Health administrators, managers of diversity programs, and leaders within ethno-cultural communities.

Description

This 74-page handbook guides the reader through development of comprehensive strategy for health equity. This tool guides the user in framing the issue, identifying knowledge users and stakeholders, and evidence gathering. Barriers to evidence-based action and effective communication strategies are identified. By structuring the planning process according to a “knowledge to action” strategy, formulation of a coherent organizational intervention is fostered. It is based on the experiences learned in implementing initiatives within the Winnipeg Regional Health Authority, particularly their promotion of a Language Access interpreter service.

Key words: Canada, ethno-cultural considerations, knowledge translation

Applications

The document uses specific case examples from the development of the Winnipeg Regional Health Authority Language Access service.

Reference

Bowen, S., Botting, I., & Roy, J. (2011). *Promoting action on equity issues: A knowledge to action handbook*. Edmonton: School of Public Health, University of Alberta.

http://www.publichealth.ualberta.ca/research/~media/publichealth/Research/Research%20Publications/action_equity.pdf

Social Inequities in Health and Ontario Public Health

Purpose

To provide the basis for development of tangible provincial government and non-governmental organization (NGO) action on social inequities.

Who would use it?

Provincial governments, NGOs, and community organizations considering development of a comprehensive strategy to improve health equity.

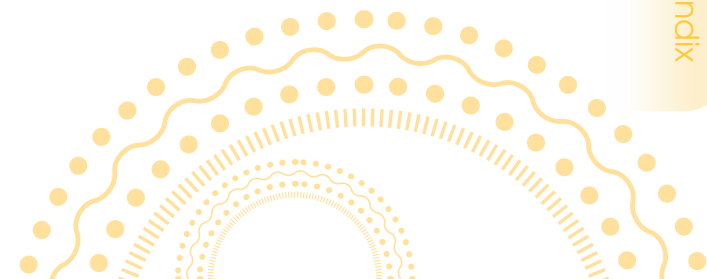
Description

This 31-page document provides provincial government and local public health strategies to tackle social inequities around individual lifestyles, social and community networks, living and working conditions, and socio-economic, cultural, and environmental conditions. The tool is a list of recommendations for government action and starts on p. 15. The recommendations were adapted from Dahlgren & Whitehead (2006) discussion paper "Levelling Up", Ross (2003) and Lefebvre, Warren, Lacle, & Sutcliffe (2006). See the Appendix for full references.

Key words: Canada, health equity strategies

Reference

Sutcliffe, P., Laclé, S., Michel, I., Warren, C., & Etches, V. (2007). *Social Inequities in Health and Ontario Public Health*. Sudbury, ON: Ministries of Health Promotion, Health and Long-Term Care and Children and Youth Services and the Sudbury & District Health Unit, Northwestern Health Unit and Simcoe Muskoka District Health Unit.



A Strategic Framework for Improving Racial/Ethnic Minority Health and Eliminating Racial/Ethnic Health Disparities

Purpose

To guide the development of a protocol for the evaluation of activities being funded in the United States and elsewhere. The framework was created by the Office of Minority Health (OMH).

Who would use it?

Geared toward people working in health services.

Description

In this framework, a systems approach to addressing racial/ethnic minority health problems is used and includes evaluating individual and system level changes.. Five steps are outlined that must be taken to ensure that strategies and practices aimed at improving racial/ethnic minority health and reducing racial/ethnic health disparities are effective: (1) identify the long-term problems, (2) identify the key factors that contribute to those long-term problems, (3) identify or develop strategies and practices that effectively address the contributing factors and the long-term problems, (4) identify expected outcomes and impacts and determine appropriate measures or indicators of such results, and (5) document progress in achieving agreed-upon objectives and goals.

Key words: ethno-cultural considerations, oral health, program planning, school wellness, United States

Applications

This tool has been applied as a framework by Nanney and Davey (2008) for school wellness policies and practices, and by Hilton and Lester (2010) on oral health disparities. See the Appendix for full references.

Reference

Graham, G. N. (2008). *A strategic framework for improving racial/ethnic minority health and eliminating racial/ethnic health disparities*. US Department of Health and Human Services, Office of Minority Health.

<http://minorityhealth.hhs.gov/templates/content.aspx?lvl=1&lvlid=44&id=8842>

Toolkit to Address Inequalities in Access to Care

Purpose

To help users to locate evidence they can use to enhance equitable access to healthcare.

Who would use it?

Health services managers and health care providers.

Description

This 18 page toolkit provides a step by step approach to finding peer-reviewed research and grey literature evidence on which to base decisions and actions that promote access to health care. It could be used as a next step after the conduct of a local health impact or health needs assessment or health equity audit. Steps:

- A. Identify and define the issue
- B. What does the evidence tell you?
- C. Decide and agree on intervention and action
- D. Implement and monitor
- E. Evaluate

Key words: access to care, knowledge translation

Applications

This has been applied in the UK and the document provides a list of case studies and contact details.

Reference

Peters, J., Goyder, L., Blank, L., & Ellis, L. (2004). *Toolkit to address inequalities in access to care*. Sheffield, UK: University of Sheffield.

http://www.shef.ac.uk/scharr/sections/ph/research/h_i/toolkit

Understanding Health Disparities

Purpose

To better understand the complex causes of health disparities among racial and ethnic groups.

Description

This document is a background paper from the Commonwealth Fund report (McDonough 2004) and includes a list of recommendations for developing policies to eliminate racial and ethnic health disparities. This is a framework for examining the intricate web of factors that can contribute to health disparities and background information to create a common understanding of the issue of health disparities. The author provides guidelines developed at the 1999 Agency for Healthcare Research and Quality conference for designing interventions.

Key words: ethno-cultural considerations, health policy, United States

Reference

Health Policy Institute of Ohio. (2004). *Understanding health disparities*. Columbus, OH: Author.

<http://www.healthpolicyohio.org/resources/publications/understanding-health-disparities.php>

Who would use it?

State-level health policy makers in the United States.

Urban Health Equity Assessment and Response Tool: User Manual

Purpose

To identify health inequities in urban areas and develop actions to reduce health inequities based on the evidence generated.

Who would use it?

The authors suggest that local communities, program managers, and municipal and national authorities might use the tool.

Description

The Urban Health Equity Assessment and Response Tool (Urban HEART) is a 59-page decision making support manual. The manual guides users through the process of identifying health inequities and planning actions to reduce them. The authors of the tool organize health inequities into four domains: physical environment, social and human development, economics, and governance and politics.

Steps:

1. Build an inclusive team
2. Define your local indicator set and benchmarks
3. Assemble relevant and valid data
4. Generate evidence
5. Assess and prioritize health equity gaps, and gradients
6. Identify the best response

Key words: program planning, urban planning

Applications

Since the launch of the pilot program in 2008, Urban HEART has been pilot-tested in cities in Brazil, Indonesia, Islamic Republic of Iran, Kenya, Malaysia, Mexico, Mongolia, Philippines, Sri Lanka and Viet Nam. Up to 2011, officials in nearly 50 countries have been trained on using Urban HEART.

Reference

World Health Organization. (2010). *Urban Health Equity Assessment and Response Tool: user manual*. Kobe: The WHO Centre for Health Development.

http://www.who.int/kobe_centre/measuring/urbanheart/en/

Whānau Ora Health Impact Assessment

Purpose

To determine the effect of policies on Māori health and well-being and how policies can support Māori health and well-being and reduce inequalities faced by Māori people.

Who would use it?

Policy makers and community groups.

Description

This 49-page document includes information on Health Impact Assessments (HIA) in general and the development of the Whānau Ora, as well as a guide, questions, and worksheets. As the tool is based on HIA, the key elements are screening, scoping, appraisal/reporting, and evaluation. Significant attention is paid to engaging affected groups in policy development. The authors recommend using the tool as early as possible in the policy making process.

Key words: ethno-cultural considerations, health impact assessment, New Zealand

Application

The New Zealand Ministry of Health offers training and there is a list of reports from applications of this tool, available online at:
<http://www.health.govt.nz/our-work/health-impact-assessment/whanau-ora-health-impact-assessment>.

Evaluation

This builds on the Public Health Advisory Committee's, 'A Guide to HIA: A Policy Tool for New Zealand' (2005) and evaluated by Quigley and Watts (2006). See the Appendix for full references.

Reference

Ministry of Health. (2007). *Whānau Ora health impact assessment*. Wellington, New Zealand: Ministry of Health.
<http://www.health.govt.nz/our-work/health-impact-assessment/whanau-ora-health-impact-assessment>

Worksheets for Health Inequalities Impact Assessment and Rapid Appraisal

Purpose

To promote access to services and amenities for identified priority populations, and to monitor implementation.

Description

This tool is used to assess the positive and negative health impacts proposed projects might have on health inequalities and to identify opportunities for health promotion for vulnerable groups. There is a series of worksheets and guidance notes offering guiding questions, based on the HIA Toolkit from Bro Taff Health Authority (1999). The impact assessment's framework includes the consideration of health determinants into the planning stage of a project in order to reduce health inequalities.

Key words: health impact assessment, New Zealand, program planning

Applications

See Smith (2000) for a discussion of its application in Wales, reference in the Appendix.

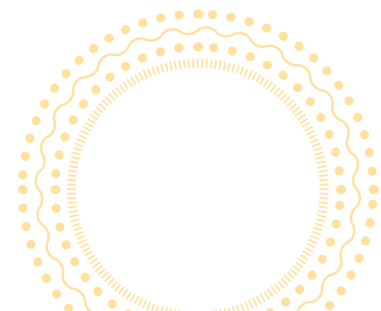
Reference

National Public Health Service for Wales. (2004). *Worksheets for health inequalities impact assessment and rapid appraisal*. Wales: Author.

http://hiaconnect.edu.au/old/files/HIIA%20_Bro_Taf_all.pdf

Who would use it?

Service developers and program planners considering new projects.



A Workshop on Inequalities Using the Escalators Metaphor: Presentation Kit

Purpose

To promote knowledge of health equity issues and highlight the systemic mechanisms contributing to health inequities in programs, policies, and budgetary decisions through the use of an educational toolkit.

Who would use it?

Those wishing to provide educational opportunities or workshops that promote knowledge and awareness of issues related to health inequities.

Description

The workshop is designed to bring people together with varying expertise including persons experiencing inequities. This toolkit is centered on the metaphor of an escalator for use in a workshop setting. In this model, some people are disadvantaged and have to walk up an escalator going down, while others get to travel on the escalator going up. The escalator represents social forces including government policies and poverty. The model is meant to show that those who are already well off become even better off, while those suffering disadvantage face increasing challenges. In the workshop, a facilitator explains the escalator model to a group and this forms the focus of a discussion about inequalities and poverty. The 47-page presentation kit includes background information, a facilitator's guide, poster template, a series of slides, and examples of workshop presentations.

Key words: community development, education, knowledge translation, socio-economic status

Applications

This workshop was delivered in 2008 at the International Francophone meeting on social inequalities in health, with 70 participants. This is described in the document, along with other experiences of using this metaphor.

Reference

Labrie, V. (2011). *A workshop on inequalities using the escalators metaphor: Presentation Kit*. Quebec: National Collaborating Centre for Health Public Policy.

http://www.ncchpp.ca/141/publications.ccnpps?id_article=634

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Appendix - Additional Resources

Applying Clinical Epidemiological Methods to Health Equity: The Equity Effectiveness Loop

Welch, V., Tugwell, P., & Morris, E. B. (2008). The equity-effectiveness loop as a tool for evaluating population health interventions. *Revista De Salud Pública* (Bogotá, Colombia), 10 Suppl, 83.

White, M., Adams, J., & Heywood, P. (2009). How and why do interventions that increase health overall widen inequalities within populations? *Social Inequality and Public Health*, 65-82.

Assessing Equity in Clinical Practice Guidelines

INCLen's Knowledge 'Plus' Project www.inclenrust.org/page.php?id=185

Avoiding the Danger that Stop Smoking Services May Exacerbate Health Inequalities: Building Equity Into Performance Assessment

No additional resources identified.

Culturally Relevant Gender Application Protocol

Native Women's Association of Canada. (2007). *Culturally relevant gender based analysis: An issue paper*. Ohsweken, Ont.: Native Women's Association of Canada. Available online: <http://www.laa.gov.nl.ca/laa/naws/pdf/nwac-gba.pdf>

Wolitski, E. (2008). *Culturally relevant gender-based analysis: A tool to promote equity*. Canadian Women's Health Network, 11(1), 26.

Website links to applications of GBA: <http://www.nwac.ca/programs/culturally-relevant-gender-analysis>

Pamphlet: http://www.nwac.ca/sites/default/files/imce/NWAC%20CRGBA2%20%282%29_1.pdf

<http://www.nwac.ca/home>

Equity Focused Health Impact Assessment Framework

Academic Articles

Gunning, C., Harris, P., & Mallett, J. (2011). Assessing the health equity impacts of regional land-use plan making: An equity focused health impact assessment of alternative patterns of development of the Whitsunday Hinterland and MacKay Regional Plan, Australia. *Environmental Impact Assessment Review*, 31, 415-419.

Harris-Roxas, B., Harris, P. J., Harris, E., & Kemp, L. A. (2011). A rapid equity focused health impact assessment of a policy implementation plan: An Australian case study and impact evaluation. *International Journal for Equity in Health*, 10(6), 1-12.

Mindell, J. S., Boltong, A., & Forde, I. (2008). A review of health impact assessment frameworks. *Public Health*, 122, 1177-1187.

Simpson, S., Mahoney, M., Harris, E., Aldrich, R., & Stewart-Williams, J. (2005). Equity-focused health impact assessment: A tool to assist policy makers in addressing health inequalities. *Environmental Impact Assessment Review*, 25, 772- 782.

Reports

Harris, E., Harris, P., & Kemp, L. (2006). *Rapid equity focused health impact assessment of the Australia Better Health Initiative: Assessing the NSW components of priorities 1 and 3*. Sydney: Centre for Primary Health Care and Equity, University of New South Wales.

Harris-Roxas B., Simpson, S., & Harris, E. (2004). *Equity-focused health impact assessment: A literature review*. Sydney: Centre for Health Equity Training Research and Evaluation (CHETRE) on behalf of the Australasian Collaboration for Health Equity Impact Assessment (ACHEIA).

Position Papers

Williams, J., Aldrich, R., Mahoney, M., Harris, E., & Simpson, S. (2003). *Equity-focused health impact assessment- working collaboratively to develop a strategic framework*. Australasian Collaboration for Health Equity Impact Assessment (ACHEIA).

Websites

Several templates for EFHIA are available on through website:

http://www.wellesleyinstitute.com/news/user_guides_to_equity-focused_impact_assessment/

An Equity Framework for Health Technology Assessments

Equity Oriented Toolkit for Health Technology Assessment: http://www.cgh.uottawa.ca/whocc/projects/eo_toolkit/

EQUITY Framework for Health

The Health Policy Initiative's EQUITY series and other resources are available online at www.healthpolicyinitiative.com.

The Equity Gauge: Concepts, Principles, and Guidelines

<http://www.gega.org.za>

McCoy, C., Bambas, L., Acurio, D., Baya, B., Bhuiya, A., Chowdhury, A.M.R., Grisurapong, S., Liu, Y., Ngom, P., Ngulube, T.J., Ntuli, A., Sanders, D., Vega, J., Shukla, A., & Braveman, P. A. (2003). Global equity gauge alliance: Reflections on early experiences. *Journal of Health, Population and Nutrition*, 21(3), 273-287.

Moynihan, R. (2004). *Using health research in policy and practice: Case studies from nine countries*. New York: Milbank Memorial Fund.

Scott, V., Stern, R., Sanders, D., Reagon, G. & Mathews, V. (2008). Research to action to address inequities: The experience of the Cape Town Equity Gauge. *International Journal for Equity in Health* 7(6).

Vega, J., Jadue, L., Delgado, I., Burgos, R., Brown, F., Marin, F., & Zuniga V. (2002). *Disentangling the pathways to health inequities: The Chilean Health Equity Gauge*. Santiago: Pontificia Universidad Católica de Chile.

Fair Financing for Health and Health Care

Mathauer, I., & Nicolle, E. (2011). A global overview of health insurance administrative costs: What are reasons for variations found? *Health Policy*, 102(2-3), 235-246.

Gericke, C., Drupp, M., Velter, M. B., Doetinchem, M. O., Krech, R., Scheil-Adlung, X., ... & Al-Agbary, A. (2005). *Towards a national health insurance system in Yemen Part 3: Materials and documents*. World Health Organization.

First Steps to Equity: Ideas and Strategies for Health Equity in Ontario

Several resources are listed at the end of the First Steps to Equity document.

Framework for Girls' and Women-Centred Health: An Implementation Guide for Vancouver Coastal Health

No resources additional identified.

A Framework Linking Community Empowerment and Health Equity: It is a Matter of CHOICE

Ratna, J., & Rifkin, S. (2007). Equity, empowerment and choice: From theory to practice in public health. *Journal of Health Psychology*, 12(3), 517-530.

Motamed, S., Rifkin, S. B., Rougemont, A. C., & the community from Meinier. (2011). An evaluation of the Lime Tree Project: The creation of a new village centre and an intergenerational living space near Geneva, Switzerland. Available online: <http://www.ghf12.org/?p=2123>

The Health Analysis and Action Cycle: An Empowering Approach to Women's Health

Gibbon, M. & Cazottes, I. (2001). Working with women's groups to promote health in the community using the health analysis and action cycle within Nepal. *Qualitative Health Research* 11(6), 728-750.

The Health Equity Assessment Tool (HEAT): A User's Guide

New Zealand Ministry of Health (2007). A Health Equity Assessment Tool (HEAT). One page summary.

The HEAT tool has been adapted for use in other locations, for example: Bernalillo County, New Mexico, USA: <http://www.>

bcplacematters.com/resources/health-equity-assessment-tool/

Cram, F., & Ashton, T. (2008). The Health Equity Assessment Tool. Health Policy Monitor. Available online: <http://www.hpm.org/nz/a12/4.pdf>

Health Equity Audit: A Guide for the NHS

The Health Poverty Index: <http://www.hpi.org.uk/index.php>

The Local Basket of Indicators for health inequalities, which contains measures that can be used for HEA, can be found on the London Health Observatory site at <http://www.lho.org.uk>

Academic Articles – UK context

Aspinall, P. J., & Jacobson, B. (2005). Managing health inequalities locally: A baseline survey of primary care trusts' experience with health equity audit in the implementation year. *Health Services Management Research: An Official Journal of the Association of University Programs In Health Administration / HSMC, AUPHA* 18(4): 223-231.

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Landes, D. P., & Jardin, C. (2010). Targeting dental resources to reduce inequalities in oral health in the North East of England – a health equity audit methodology to evaluate the effects of practice location, practice population and deprivation. *British Dental Journal*, 209, E3.

Low, A., & Low, A. (2006). Health economics: Importance of relative measures in policy on health inequalities. *British Medical Journal*, 332(7547), 967-969.

Dyer, T. A., Skinner, J., Canning, D., & Green, J. R. (2010). A health equity methodology for auditing oral health and NHS General Dental Services in Sheffield, England. *Community Dental Health*, 27(2), 68-73.

Pritchard, C., & de Verteuil, B. (2007). Application of health equity audit to health visiting. *Community Practitioner*, 80(5), 38-41.

Zhang, W., Chou, Y., Meara, J., & Green, M. (2011). Evaluation and equity audit of the domestic radon programme in England. *Health Policy*, 102(1), 81-8.

Academic Articles – non-UK

Joseph, V. V. (2007). Health Equity Audit - 20 (HEA-20): A methodical tool for tackling health. *Sudanese Journal of Public Health*, 2(4), 203-206.

Karimi, S., & Moghadam, S. (2010). Designing a health equity audit model for Iran in 2010. *Journal of Research in Medical Sciences*, 16(4), 541-552.

Reports

Department of Health. (2004). *Health Equity Audit: A self-assessment tool*.

Ubido, J., Church, E., & Michel, E. (2004). *Merseyside mental health equity audit: Equity in access to and provision of mental health services in Merseyside* (Liverpool Public Health Observatory Report Series, report no.59).

Vieu, M. N. (2005). *Lambeth Primary Care Trust equity profile of smoking cessation services level 2*.

Note: There are numerous other examples of HEA reports available online.

Health Equity Impact Assessment (HEIA) Workbook: How to Conduct HEIA

Toronto Central LHIN. (2009). *Workbook: Using the Health Equity Impact Assessment Tool*. Toronto: Wellesley Institute and Ministry of Health and Long-Term Care.

Tool template: <http://www.health.gov.on.ca/en/pro/programs/heia/docs/template.pdf>

Public Health Unit Supplement: http://www.health.gov.on.ca/en/pro/programs/heia/docs/phu_supplement.pdf

French Language Services Supplement: http://www.health.gov.on.ca/en/pro/programs/heia/docs/fls_supplement.pdf

Health Impact Assessment-Based Tools

General resources

Forsyth, A., Schively Slotterback, C., & Krizek, K. (2010). Health Impact Assessment (HIA) for planners: What tools are useful? *Journal of Planning Literature*, 24(3), 231–245.

Harris-Roxas, B., & Harris, E. (2011). Differing forms, differing purposes: A typology of health impact assessment. *Health Impact Assessment in the Asia Pacific*, 31(4), 396–403.

Mindell, J., Ison, E., & Joffe, M. (2003). A glossary for health impact assessment. *Journal of Epidemiology and Community Health*, 57(9), 647–651.

Parry, J., & Scully, E. (2003) Health impact assessment and the consideration of health inequalities. *Journal of Public Health Medicine* 25(3), 243–245.

World Health Organization. (1999). *Health impact assessment: Main concepts and suggested approach* (Gothenburg consensus paper). Brussels: European Centre for Health Policy.

World Health Organization. (2005). *Health impact assessment toolkit for cities*. Copenhagen, Denmark: Author.

Australia

Harris, P., Harris-Roxas, B., Harris, E., & Kemp, L. (2007). *Health impact assessment: A practical guide*. Sydney: Centre for Health Equity Training, Research and Evaluation (CHETRE).

Harris, P., & Spickett, J. (2011). Health impact assessment in Australia: A review and directions for progress. *Environmental Impact Assessment Review*, 31, 425–432.

Canada

Health Canada. (2004). *Canadian handbook on health impact assessment* (Volumes 1-4). Ottawa, Ontario: Minister of Health.

Lauziere, J. (2008). *Health Impact Assessment (HIA): Guides and tools*. Quebec, QC: National Collaborating Centre for Healthy Public Policy.

Lauziere, J., & Hamel, G. (2011). *Health impact assessment (HIA): selected resources*. Quebec, QC: National Collaborating Centre for Healthy Public Policy.

St-Pierre, L. (2010). *HIA and Inequities* (Briefing Note). Quebec, QC: National Collaborating Centre for Healthy Public Policy.

United Kingdom

Ison, E. (2000). *Resource for health impact assessment* (Volume 1: The main resource). London: NHS Executive.

Kemm, J. (2007). *More than a statement of the crushingly obvious: A critical guide to HIA*. West Midlands Public Health Observatory.

Scott-Samuel, A., Birley, M., & Ardern, K. (2001). *The Merseyside guidelines for health impact assessment* (2nd ed.). Liverpool: IMPACT.

Taylor, L., & Blair-Stevens, C. (2002). *Introducing health impact assessment (HIA): Informing the decision-making process*. London: Health Development Agency.

Tearle, I. (2003). *Health and well-being screening checklist: A guide to using health impact assessment in your organization*. Exeter: The Devon Health Forum.

Other areas

Morgan, R. K. (2008). Institutionalising health impact assessment: The New Zealand experience. *Impact Assessment and Project Appraisal* 26(1), 2-16.

Snyder, J., Wagler, M., Lkhagvasuren, O., Laing, L., Davison, C., & Janes, C. (2009). An equity tool for health impact assessments: Reactions from Mongolia. *Environmental Impact Assessment Review*, 34, 83-91.

Health Risks and Health Inequalities in Housing: An Assessment Tool

No additional resources identified.

How to Analyse Ethnic Differences in Health, Health Care, and the Workforce: A Toolkit for the NHS

The London Health Observatory website has links to companion documents: <http://www.lho.org.uk/viewResource.aspx?id=10625>

Incorporating Concepts of Inequality and Inequity into Health Benefits Analysis

Williamson, J. W., & van Nieuwenhuijzen, M. G. (1974). Health benefit analysis. *Journal of Occupational and Environmental Medicine*, 16(4), 229-233.

Local Basket of Inequalities Indicators

The actual list of indicators (Appendix B) is separate from the document, see indicators portal: <https://indicators.ic.nhs.uk/webview/>
Some background documents with references are detailed in section 3.

Measuring Health Inequalities Between Genders and Age Groups with Realization of Potential Life Years (RePLY)

Tang, K. K., Petrie, D., & Prasada Rao, D. S. (2009). Measuring health inequality with realization of potential life years (RePLY). *Health Economics*, 18, S55-S75.

Mental Well-Being Impact Assessment: A Toolkit for Well-Being

Lalani, N. (2011). *Mental well-being impact assessment: A primer*. Wellesley Institute. Available online: <http://www.wellesleyinstitute.com/publication/mental-well-being-impact-assessment/>

Monitoring Equity in Health and Healthcare: A Conceptual Framework

This paper was partly based on a World Health Organization Report:

Braveman, P. (1998). *Monitoring equity in health: A policy oriented approach in low- and middle-income countries*. Geneva: World Health Organization. Available online: http://whqlibdoc.who.int/hq/1998/WHO_CHS_HSS_98.1.pdf

PATHways II: The Next Steps. A Guide to Community Health Impact Assessment

Cameron, C., Ghosh, S., & Eaton, S.L. (2011). Facilitating communities in designing and using their own community health impact assessment tool. *Environmental Impact Assessment Review*, 31, 433-437.

Gillis, D. E. (1999). The 'people assessing their health' (PATH) project: Tools for community health impact assessment. *Canadian Journal of Public Health*, 90, S53-6.

Mahoney, M., & Potter, J. L. (2005). *Taking it to the streets: Health impact assessment as a health promoting activity to reduce inequalities within the community*. Geelong, Vic.: Deakin University.

The Antigonish Women's Resource Centre (AWRC): PATH Documents <http://www.antigonishwomenscentre.com/reports.htm#path>

A Planning Guide: Health Inequalities and the Voluntary and Community Sector

Scott-Samuel, A., Birley, M., & Arden, K. (2001). *The Merseyside guidelines for health impact assessment* (2nd ed.). Liverpool: IMPACT.

Promoting Action on Equity issues: A Knowledge to Action Handbook

No additional resources identified.

Social Inequities in Health and Ontario Public Health

Dahlgren, G., & Whitehead, M. (2006). *European strategies for tackling social inequities in health: Levelling up Part 2*. Copenhagen: World Health Organization.

Ross, D. P. (2003). *Policy approaches to address the impact of poverty on health: A scan of policy literature*. Ottawa, ON: Canadian Institute for Health Information, Canadian Population Health Initiative.

Lefebvre, S., Warren, C., Laclé, S., & Sutcliffe, P. (2006). *A framework to integrate social and economic determinants of health into the Ontario public health mandate: A discussion paper*. Sudbury, ON: Sudbury & District Health Unit.

A Strategic Framework for Improving Racial/Ethnic Minority Health and Eliminating Racial/Ethnic Health Disparities

Key Take Away Messages from the Framework: <http://minorityhealth.hhs.gov/templates/content.aspx?lvl=1&lvlID=44&ID=7890>

Nanney, M. S., & Davey, C. (2008). Evaluating the distribution of school wellness policies and practices: A framework to capture equity among schools serving the most weight-vulnerable children. *Journal of the American Dietetic Association*, 108(9), 1436.

Hilton, I.V., & Lester, A.M. (2010). Oral health disparities and the workforce: A framework to guide innovation. *Journal of Public Health Dentistry*, 70(Suppl 1), S15-S23.

Toolkit to Address Inequalities in Access to Care

Goyder, E. C., Blank, L., Ellis, E., Furber, A., Peters, J., Sartain, K., & Massey, C. (2005). Reducing inequalities in access to health care: Developing a toolkit through action research. *Quality and Safety in Health Care*, 14(5), 336–339.

The toolkit, a summary document and a power point presentation are available on this website: http://www.shef.ac.uk/scharr/sections/ph/research/h_i/toolkit

Understanding Health Disparities

McDonough, J., Gibbs, B., Scott-Harris, J., Kronebusch, K., Navarro, A., & Taylor, K. A. (2004). *A state policy agenda to eliminate racial and ethnic health disparities*. NY: Commonwealth Fund.

Urban Health Equity Assessment and Response Tool: User Manual

Castillo-Salgado, C., & Gibbons, C. (2010). Developing new urban health metrics to reduce the know-do gap in public health. In

Perspectives of Knowledge Management in Urban Health, Healthcare Delivery in the Information Age (pp. 171-186), New York, NY: Springer.

Haber, R. (2011). *Community planning with a health equity lens: Promising directions and strategies*. Vancouver: National Collaborating Centre for Environmental Health.

Whānau Ora Health Impact Assessment

Quigley & Watts. (2006) *An evaluation of the Whānau Ora HIA Guide: Informed via its use on the Ministry of Health's criteria for capital assistance for small drinking-water supplies*. Wellington, NZ: Ministry of Health.

Worksheets for Health Inequalities Impact Assessment and Rapid Appraisal

Smith, K. (2000). *Implementing health inequalities impact assessment in Bro Taf*. Cardiff: Directorate of Public Health, Bro Taf Health Authority.

A Workshop on Inequalities Using the Escalators Metaphor: Presentation Kit

A poster, guide and power point are available on this website: http://www.ncchpp.ca/141/publications.ccnpps?id_article=634

