

ACHEIA

***Equity-Focused
Health Impact Assessment
Framework***

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Suggested Reference

Further Information on this Report

Further Information on the Australasian Collaboration for Health Equity Impact Assessment (ACHEIA)

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1. BACKGROUND

1.1. Background to the Development of the Equity-Focused HIA Framework

The equity focused health impact assessment (EFHIA) framework arises out of a two year research project funded for the most part by the Australian Government's Public

definitive statement or 'toolkit' on the best way to proceed. Further practice, refinement and adjustment will be needed over many years to consolidate both HIA and EFHIA. As well as this guide to the framework, additional outputs from the project team include:

Ø

2. EQUITY FOCUSED HEALTH IMPACT ASSESSMENT

An equity approach recognises that not everyone has the same level of health nor level of resources to deal with their health problems and it may therefore be important to deal with people differently in order to work towards equal outcomes (NSW Health 2004). While there are many definitions of equity, the key features of relevance to EFHIA are:

1. Health differences resulting from factors which are considered to be both avoidable and unfair: EFHIA is about *both* identifying and assessing differential health impacts *and* making judgments about whether these potential differential health impacts will be, are, or were, inequitable – that is, avoidable and unfair.
2. Reducing the potential for these differential impacts to become health inequities by using the findings from the EFHIA to amend, ameliorate and improve the proposal, ideally before it is implemented.

2.3. Why is there a need for EFHIA?

There are two main reasons why EFHIA is needed.

It will strengthen current HIA processes and approaches

2.4. In what circumstances would EFHIA be used?

There are many methods by which health impacts can be measured, including:

1. Evaluation
2. Needs Assessment
3. Monitoring during implementation
4. HIA
5. Other tools such as regulatory impact statements (e.g. the NSW Aboriginal HIA process), audits or checklists.

Despite their differing intentions (e.g. needs assessment not being about health impacts), all of these activities have a role in determining health impacts.

Similarly, there is a range of other equity-focused activities which are used that differ in their intention from EFHIA:

- An **equity lens** refers to ‘a metaphorical pair of glasses that ensures people ask ‘who will benefit?’ (Signal 2002). An equity lens would be applied throughout the development cycle to ensure that the proposal was developed, implemented and evaluated taking due account of equity.
- An **equity audit** is used to identify the differential needs of targeted population groups usually in local areas and to set priorities. It would be conducted during the needs assessment and planning stages.

As all of these activities are used to determine health impacts, they are all part of the EFHIA process.

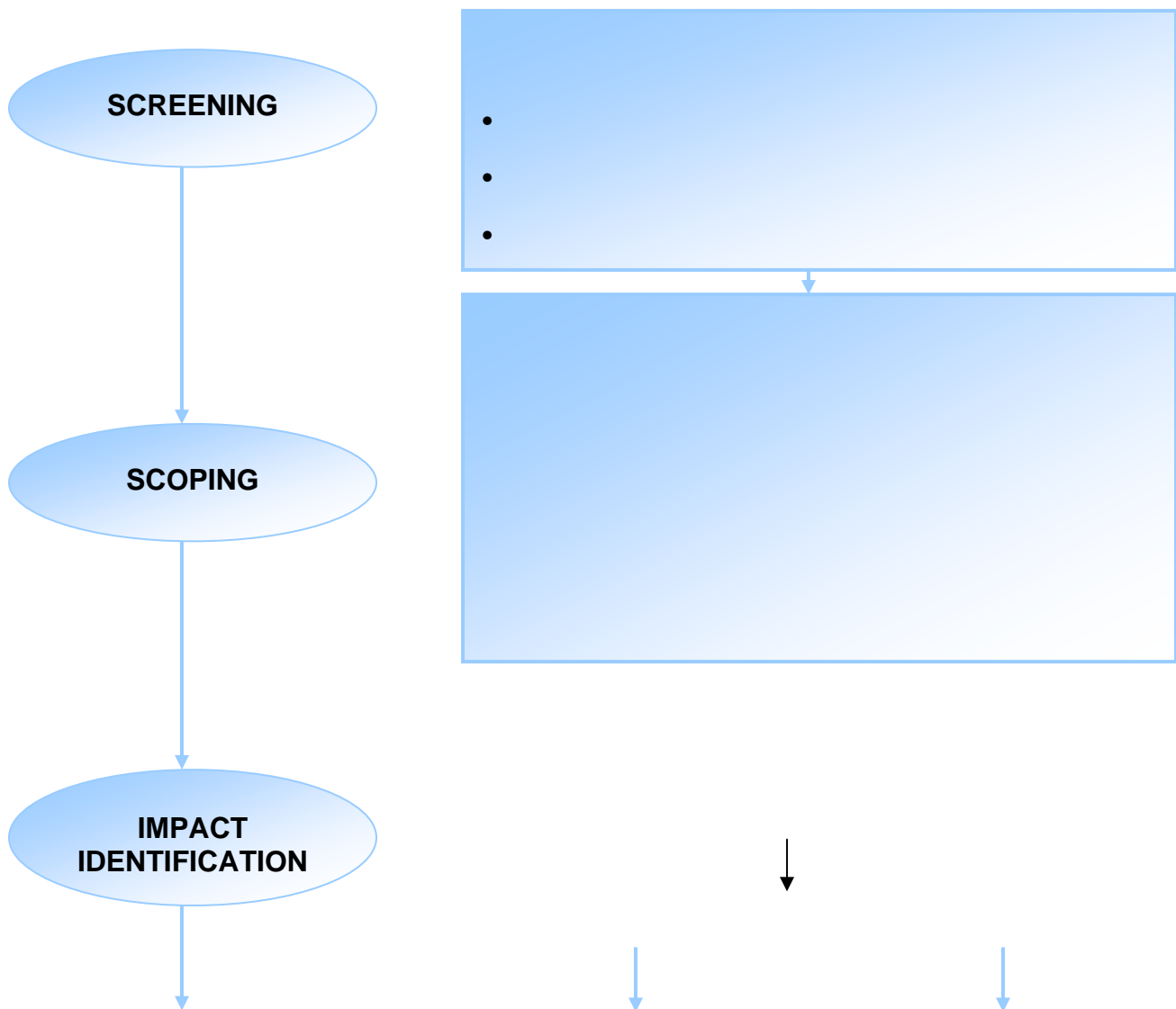
3. THE EFHIA FRAMEWORK

3.1. Components of the EFHIA Framework

The following diagram shows the steps and components of the EFHIA framework.

Equity focused HIA follows the six generally accepted steps of HIA. To undertake an EFHIA one needs to: screen, scope, identify impacts and assess these making judgments based on equity considerations, develop recommendations and evaluate *and* actively apply an equity focus at each step.

Figure 1: The EFHIA Framework



3.2. Applying the EFHIA Framework

The following section will outline the components inherent in

4. STEP 1 - SCREENING

4.1. Definition and Explanation of the Step

Screening involves:

- Ø identifying the links between the policy or practice and health,
- Ø what links there might be to equity and inequalities in health, and,
- Ø whether, and in what ways, it might impact differentially on groups within the population.

It should usually be a quick process that assumes some basic understanding of health and equity and involves taking a preliminary look at the proposal to determine whether an EFHIA is warranted and if so at what level or depth. However it is worth investing time at this step and during scoping to make sure that you get it right. Spending too little time on screening may result in you not undertaking an EFHIA where it is required, meaning

Table 1: Screening Step Components and Suggested Actions Cont.

Component	Suggested Actions
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Recommendation 3

There is considerable uncertainty about

- the (potential) impacts,
 - the differential impacts,
 - the extent of the non-negligible impacts, or
 - the opportunities for adjusting the proposal (select as appropriate).
- therefore an EFHIA is recommended for addressing the following aspects:

4.3.3. What level of action is required?

Based on the previous answers, it is important to make a recommendation which is realistic of the workplace and the pressures on resources.

Traditional HIA approaches determine the need for an HIA based on the size and cost of the proposal and the extent of the impacts across the population. The EFHIA can be conducted at three different levels: mini or audit level, rapid or intermediate level or comprehensive level.

Table 2: Levels of EFHIA

Level	Description
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In EFHIA judgement has to be made on the basis of:

- the importance of the proposal,
- the extent to which considerations of equity are important within the organisation or policy/practice context,
- the extent to which evidence exists on the need for attention to be paid to the health of specific populations, and
- clear instances of the existence of inequities but where little is known about how to reduce or remove them.

4.4. Specific Issues to be Considered

- Ø It is hard to identify the implicit assumptions in a policy or practice, particularly if you were responsible for drafting it and its intentions are benevolent. A range of expertise and differing perspectives should be used to assist in the task.
- Ø As a pragmatic approach to determining the need for an EFHIA, one can adopt the position that the policy *is* equitable (i.e. innocent until proven guilty) in order that a prioritisation process can be built up into the screening stage - EFHIA can be time consuming and/or resource intensive if not used judiciously.
- Ø As a way of framing the scoping, the following factors that might be taken into account: the context in which the policy or practice was developed; the processes used; the target population included or excluded from it; the stakeholders involved; and, the content.
- Ø The potential to influence decision-makers will be vitally important in making the judgment about appropriate future action.
- Ø Be prepared to find that an EFHIA is not needed. Once people are committed to EFHIA or HIA it is sometimes hard to get them to stop at the end of screening if that is all that is needed.
- Ø The recommendations to undertake a comprehensive EFHIA and to commit extensive resources to it must be based on the knowledge that one has a very good chance of making significant changes to long- term policy and practice.

4.5. An Example Drawn from the Pilot EFHIA Projects

Box 1: Healthpact EFHIA Screening

Background

pact

Box 1: Healthpact EFHIA Screening Cont.

Outcomes

-
-
-
-

5. STEP 2 - SCOPING

5.1. Definition and Explanation of the Step

“Scoping is a procedure for bounding the assessment in time and space and consulting all stakeholders about their concerns” (Birley 1999). It consists of three components:

- Ø Establishing the scope and nature of the specific EFHIA and being clear about

-
- Ø Briefing papers at each step are helpful to keep the EFHIA on track.
 - Ø Consultation can be helpful in the scoping step to assist with the framing. It can help to identify any stakeholder concerns; identify any equity issues, classify and prioritise these in this community; identify and acknowledge any restrictions on the EFHIA process; and, identify the desired outcomes for the broader constituency.
 - Ø If the EFHIA is inadequately structured and poorly planned at the beginning, the whole EFHIA will be problematic and unhelpful in showing potential impacts.
 - Ø Any of the work delegated or assigned to a third party must be detailed and specifications for requirements should be drawn up.

5.5. Examples Drawn from the Pilot EFHIA Projects

Box 2: Dietary Guidelines for Older Australians EFHIA Scoping

Background

Approach Taken to Scoping

Outcomes

Lessons Learnt

6. STEP 3 –IMPACT IDENTIFICATION

6.1. Definition and Explanation of the Step

Impact identification involves collecting information (data and evidence) to identify the potential and/or actual impacts of the proposal. There are three core activities in this stage:

- Ø Profiling the affected comde

Table 4: Impact Identification Step Components and Suggested Actions Cont.

Component	Suggested Actions
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6.3. Core Questions to be Addressed During the Step

There are two core questions to be answered in the impact identification step. The answers will be drawn from a range of different sources as appropriate and include a detailed exploration of the research evidence and the consultation processes undertaken.

1. What are the potential impacts on health, positive and negative, arising from the implementation of this policy in general and on different groups in the population?
2. Are these health impacts likely to be differentially distributed e.g. by socioeconomic status, gender, age etc?

Answering these questions will involve three main activities:

- literature searches for evidence of the relationship(s) between population sub-groups, SEP and/or the variable of interest.
- obtaining evidence from colleagues, experts and stakeholders about these

-

The depth to which the literature is searched and critically appraised will be determined by the level of the EFHIA (see Appendix 2) and this level will have already been established in the scoping step. There should be heavy reliance on routinely available local data on both the population, SES, the issue and health status. Similarly, depending on the level of EFHIA being undertaken, the amount of consultation will vary (see Appendix 2). The task of any consultation process is to identify as the group sees it, the potential health impacts of the policy/practice and the extent to which they envisage differential impacts potentially occurring (or having occurred) for different groups. The key questions to be asked focus on their perceived views of the relationships between the policy, the population sub-groups and SEP or the variable of interest.

As the assessment stage will appraise the identified impacts, no attempt should be made at this stage to do anything

Box 4: Support Scheme for Rural Specialists EFHIA Scoping Cont.

Lessons Learnt

7. STEP 4 – ASSESSMENT OF IMPACTS

7.1. Definition and Explanation of the Step

This is a complex step requiring the appraisal of the identified impacts from an equity perspective. Assessment of impacts seeks to match all the sources of kinds of evidence derived from the previous

7.2. Outcomes to be Achieved by the End of the Step with Suggested Actions

By the end of this step you will have:

Table 5: Assessment of Impacts Step Components and Suggested Actions

Component

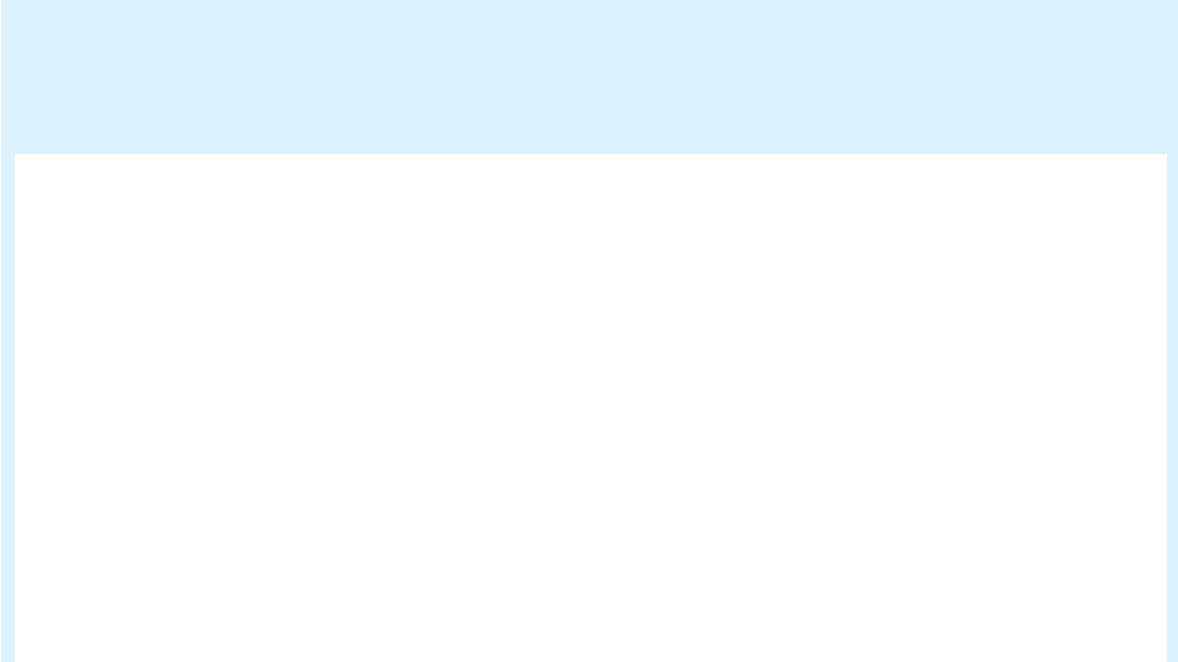
Suggested Actions

outcomes and equity considerations, is to develop a matrix of impacts. Multiple matrices can be used to deal with a large quantity of information from differing sources. Alternatively if different methods have been used to gather data then the findings from each method can be represented separately to indicate differing trends. There is no one right way to deal with the data at this stage but matrices will help to synthesize the evidence and to draw out the equity parameters which were set at scoping. The potential impacts for each of the groups in the target population need be explored from a range of perspectives and judgments about actions which ensure fairness, avoidance or justice are required. Mapping the evidence will also illustrate where the gaps are.

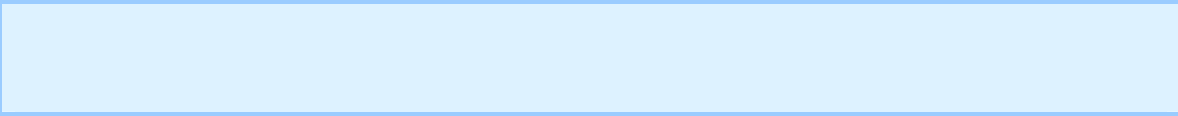
- Ø There are two potential areas of conflict during the impact assessment stage: first, evidence which shows conflicting information and second, differing opinions on the interpretation of that evidence and the subsequent changes required. Equity considerations will must be used for determining the actions to be recommended.
- Ø In cases of conflicting evidence or opinion on likely health impacts or differential impacts, judgment must be made by looking at the main question that the EFHIA is seeking to answer. For instance, if one's goal is to decide whether the policy has the potential to impact negatively on one group then the

7.5. Examples Drawn from the Pilot EFHIA Projects

Box 4: Healthpact EFHIA Assessment of Impacts



Box 6: Cardiac Rehabilitation Program EFHIA Assessment of Impacts Cont.



STEP 5 - RECOMMENDATIONS

8.1. Definition and Explanation of the Step

Solution focused recommendations are the suggested changes to the proposal or to the existing initiative within the organisation. They are prepared and presented in such a way that the decision makers are aware of the (potential) impacts on health of the population or various sections of the population, the likely consequences and the potential impacts in respect to socioeconomic status and inequalities in health arising out of the (proposed) policy or practice. The recommendations need to be contained within a clear and concise report that outlines clearly the changes or modifications that are needed, priority actions and the evidence to support the claims being made.

8.2. Outcomes to be Achieved by the End of the Step with Suggested Actions

By the end of this step you will have:

Table 6: Recommendations Step Components and Suggested Actions

Component	Suggested Actions
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ideal world". When formulated, political realities will have to be considered

Box 7: Healthy Eating: Healthy Action (HEHA) EFHIA Recommendations Cont.

Developing Recommendations

9. STEP 6 - EVALUATION AND

REFERENCES

APPENDICES

Appendix 1: Glossary of Terms Used in EFHIA

Differential health impacts

are those changes (positive or negative) that may occur as a result of the proposed initiative are *differentially* distributed among population groups. For example, a new home visiting initiative for families where first contact is made through telephoning the family at home. A potential impact of this proposal is that those families without telephones at home won't be contacted and therefore the health impact is distributed differentially among the target population.

Health differentials

are measurable differences, variations and disparities in the health of individuals or groups. Differentials arise in populations due to range of factors including (but not limited to) age, gender, race and socioeconomic status. These observed differences in health are seen in mortality data, morbidity data (including mental health) and health risk behaviours. For example the higher:

- mortality rate among older people than younger people
- Aboriginal mortality rates
- rates of poor to fair self-reported health status am

**Box 12: A Model for Dealing with Conflicting Evidence in Impact Assessment Step
Where the Evidence is Deemed to be of Equivalent Quality Cont.**

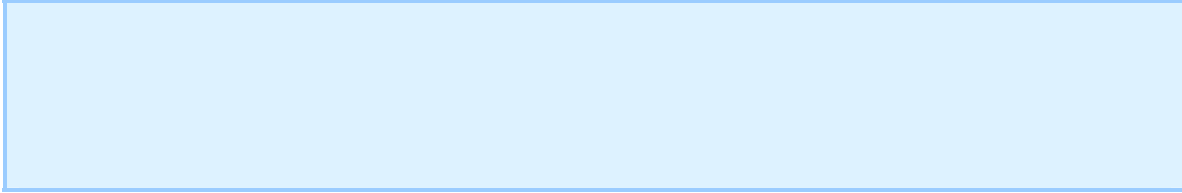


Table 8: Levels of Evidence and Consultation Required

Level of EFHIA	Published Evidence	Suggested Levels of Consultation