

Health Equity Impact Assessment Training

Location: Mississauga Halton LIHN 2019
Conference

Date: February 28th, 2019

Facilitators: Aamna Ashraf & Mercedes Sobers

camh



AGENDA

Health Equity: A Brief Overview

1:15 – 1:30pm

Health Equity Impact Assessment

1:30 – 1:40pm

Implementing the HEIA

1:40 – 1:50pm

Case Study

1:50 – 2:10pm

1

Health Equity: A Brief Overview

The Office of Health Equity



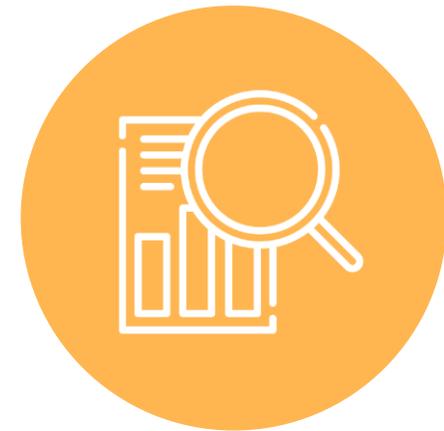
**Interpretation
services**



**Education &
training**



**Evidence-
based service
improvement**

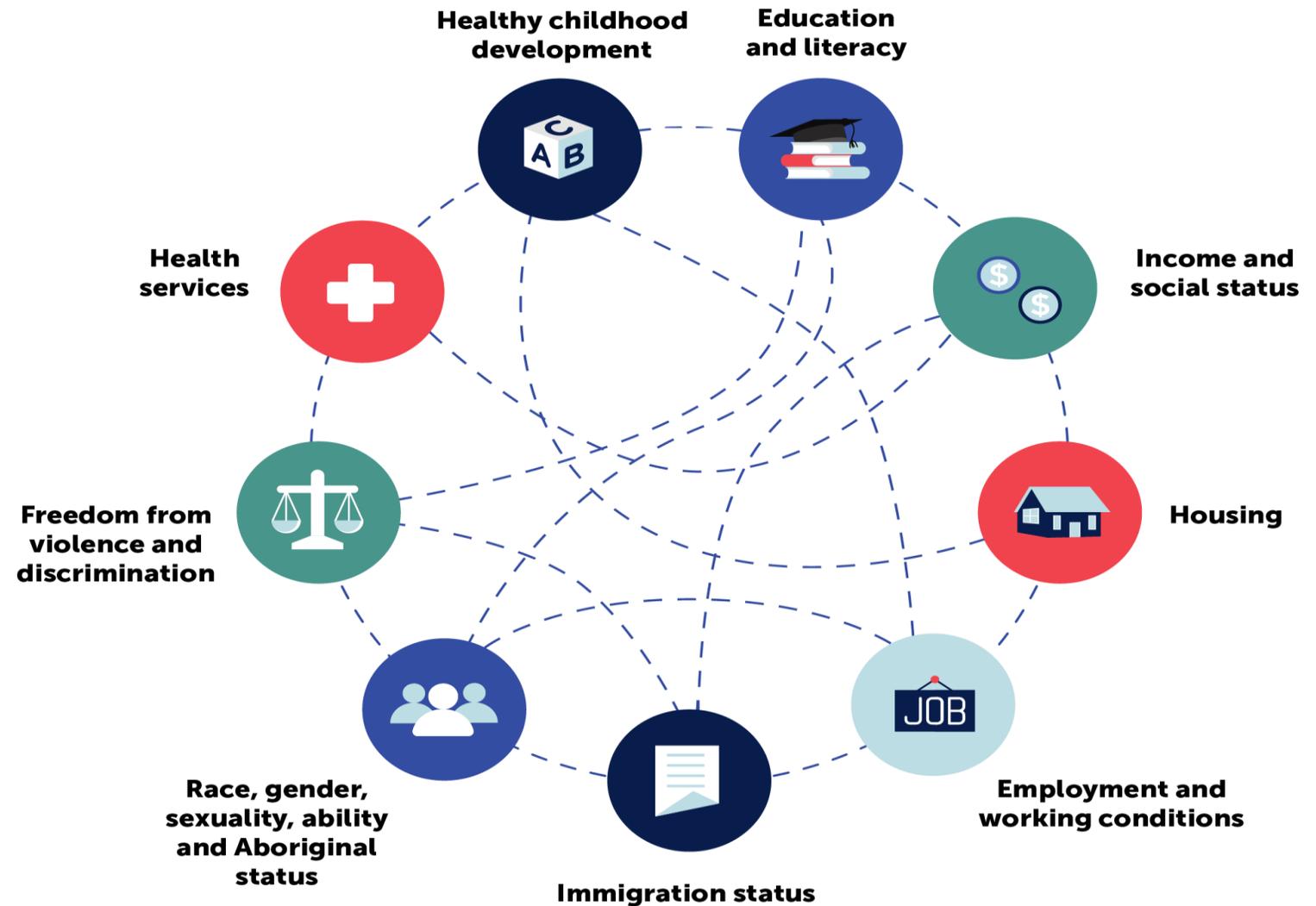


**Research &
quality
assurance**

Health inequities and social determinants of health

Social determinants of health are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life (WHO, 2015)

The primary factors that shape people's health. These life conditions account for 50 per cent of what shapes our health (CMA, 2016).

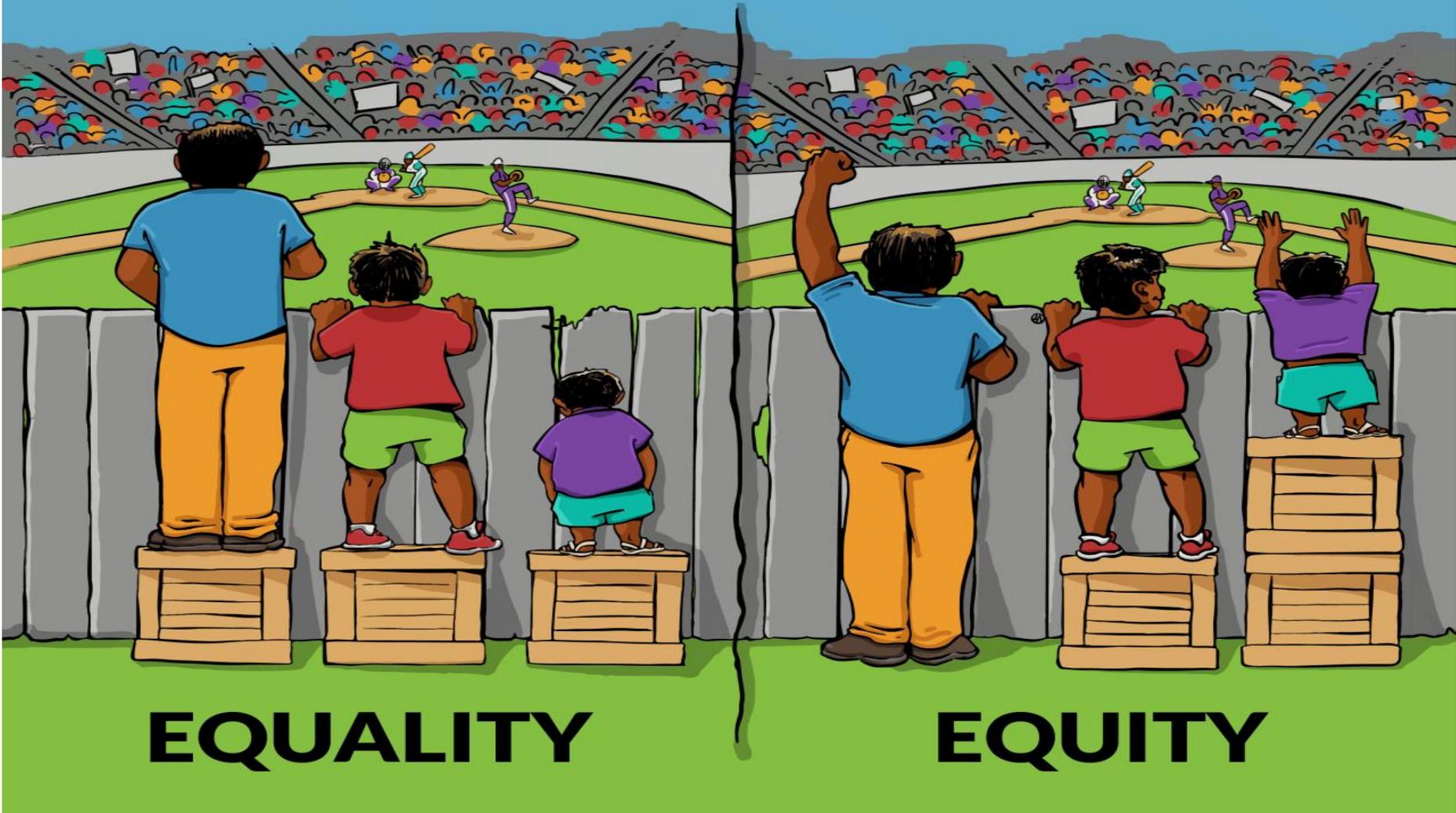


Health Equity

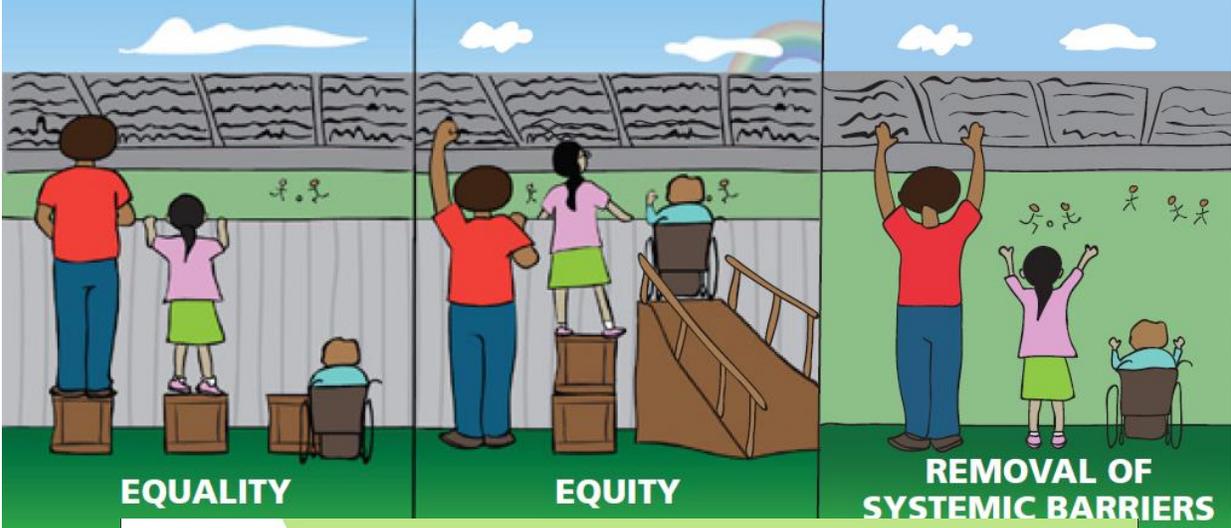
“Health equity allows people to reach their full health potential and receive high-quality care that is fair and appropriate to them”

(HQO, 2016)

Equity vs. Equality



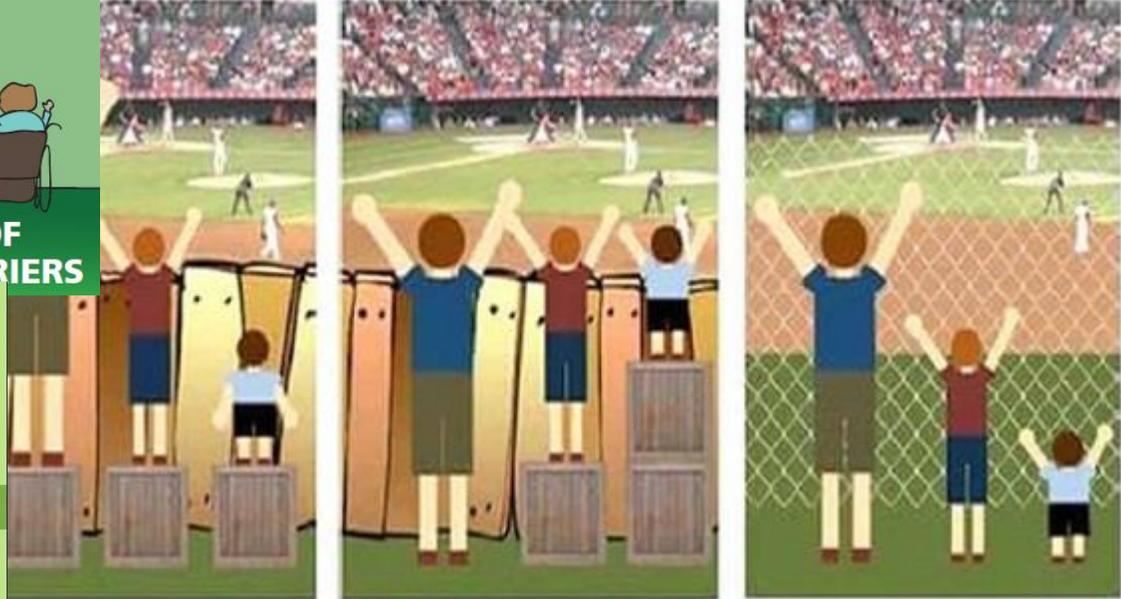
Equity vs. Equality



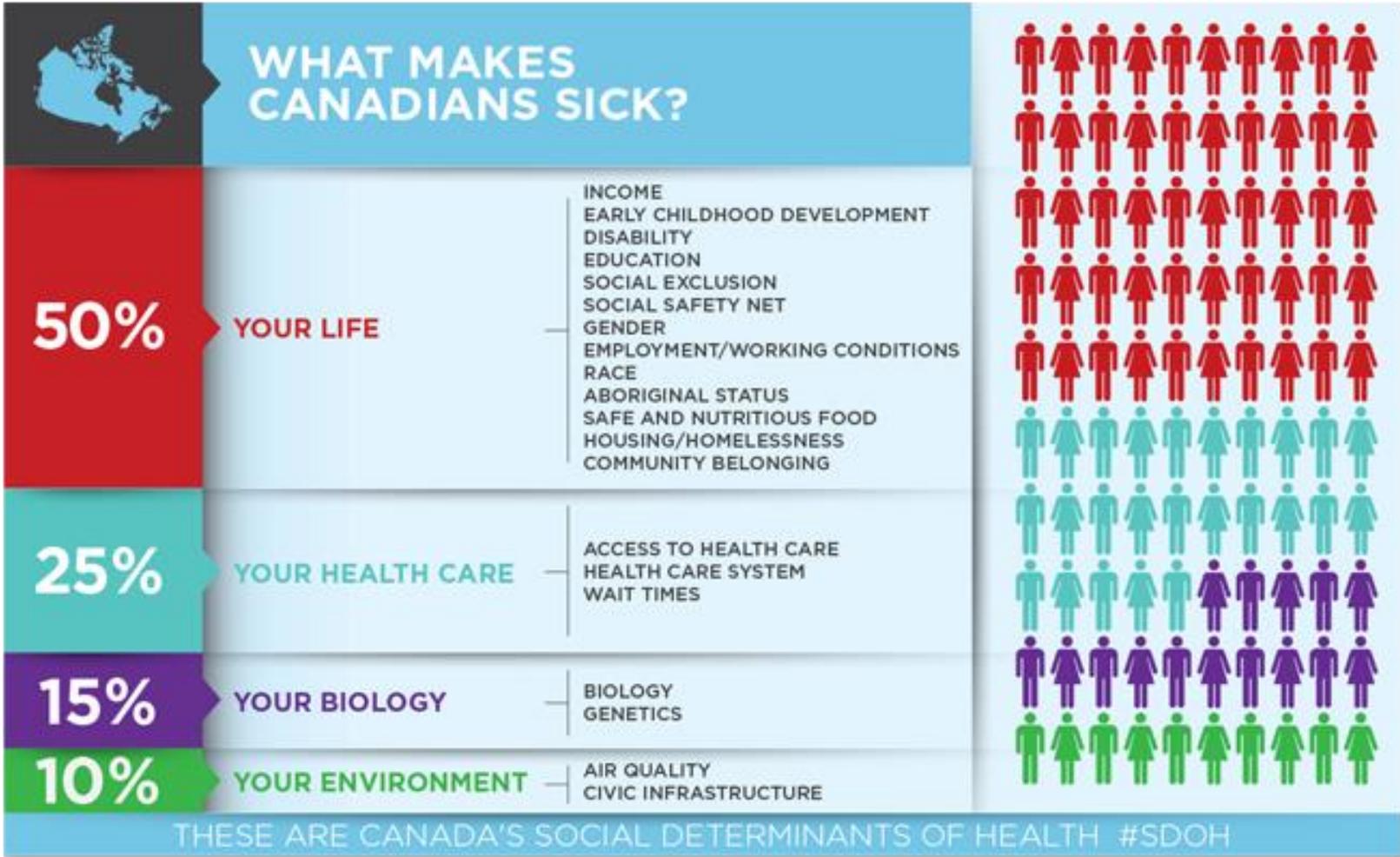
Equality



Equity



Determinants of Health



Why consider health equity issues?

Ethical

- The right to health is a basic human right (WHO, 1946)

Legal

- The Patients First Act, 2016
- Excellent Care for All Act, 2010
- French Language Services Act, 1986
- Canadian Human Rights Act, 1977

Economic

- Approximately 20% of total health care spending can be attributed to income inequality (Health Council of Canada, 2010)

Health inequities?

- Health inequities are
 - differences in the health outcomes between specific populations that are systemic, patterned, unfair and actionable, as opposed to being random or caused by those who become ill (Whitehead, 1991).
 - rooted in social determinants of health.
- Overwhelming evidence shows that social factors have a significant influence on people's health status, access to services and the quality of care they receive.
- For example, in Canada (Health Canada, 2016; Anderson et al., 2015):
 - Men in the top 20 per cent income bracket live six years longer than men in the bottom 20 per cent.

Health inequities?

- The rate of hospitalization for mental illness among people in the lowest income level is two times higher than the rate in the highest income level.
- Suicide rates among First Nations youth are five to seven times higher than for non-Aboriginal youth.
- Immigrants from the Caribbean and Bermuda have higher rates of psychotic disorders.
- Risk factors for common mental disorders (anxiety and depression) are strongly associated with social inequities. There is also an association between social factors and the onset, course and outcome of psychosis (WHO, 2014; Shah, Mizrahi & McKenzie, 2011).

Health Equity Impact Assessment Tool

What is the Health Equity Impact Assessment?

A **decision support** tool that identifies **unintended** potential equity impacts (positive or negative) of a policy, program, or initiative on vulnerable or marginalized groups within the general population

End goal: more equitable program, service, policy

Why take action on health equity via impact assessment?

HEIA provides a systematic method to embed equity in planning and decision making

HEIA leverages existing work and creates greater consistency and transparency in the way that equity is being considered across the broader system.

HEIA raises the quality of work being done through evidence-based decision making

HEIA Identified Populations

Sub-populations, identified by the HEIA tool, who are vulnerable or marginalized may include, but are not limited to the following:

Aboriginal peoples

Age-related groups

Disability

Ethno-racial Communities

Francophone

Homeless

Linguistic Communities

Low income

Religious/Faith Communities

Rural/remote or inner-urban populations

Sex/gender

Sexual orientation

This is a non-exhaustive list of who to consider when considering whether a policy, program or service is equitable.

The MOHLTC HEIA tool

HEIA provides the basis for one common language
to improve health beyond health care

What does the HEIA tool look like?



HEIA Template

The numbered steps in this template correspond with sections in the HEIA Workbook. The workbook with step-by-step instructions is available at www.ontario.ca/healthequity.

Step 1. SCOPING		Step 2. POTENTIAL IMPACTS			Step 3. MITIGATION	Step 4. MONITORING	Step 5. DISSEMINATION
a) Populations*	b) Determinants of Health	Unintended Positive Impacts	Unintended Negative Impacts	More Information Needed	Identify ways to reduce potential negative impacts and amplify the positive impacts.	Identify ways to measure success for each mitigation strategy identified.	Identify ways to share results and recommendations to address equity.
Aboriginal peoples (e.g., First Nations, Inuit, Métis, etc.)	Identify determinants and health inequities to be considered alongside the populations you identify.						
Age-related groups (e.g., children, youth, seniors, etc.)							
Disability (e.g., physical, D/deaf, deafened or hard of hearing, visual, intellectual/developmental, learning, mental illness, addictions/substance use, etc.)							
Ethno-racial communities (e.g., racial/racialized or cultural minorities, immigrants and refugees, etc.)							
Francophone (including new immigrant francophones, deaf communities using LSQ/LSF, etc.)							
Homeless (including marginally or under-housed, etc.)							
Linguistic communities (e.g., uncomfortable using English or French, literacy affects communication, etc.)							
Low income (e.g., unemployed, underemployed, etc.)							
Religious/faith communities							
Rural/remote or inner-urban populations (e.g., geographic/social isolation, under-served areas, etc.)							
Sex/gender (e.g., male, female, women, men, trans, transsexual, transgendered, two-spirited, etc.)							
Sexual orientation (e.g., lesbian, gay, bisexual, etc.)							
Other: please describe the population here.							

*Note: The terminology listed here may or may not be preferred by members of the communities in question and there may be other populations you wish to add. Also consider intersecting populations (i.e., Aboriginal women).

May 2012 © Queen's Printer for Ontario 2012

Primary purposes of HEIA

1. Help identify potential, unintended health impacts of a planned policy, program or initiative on vulnerable or marginalized groups
2. Help develop recommendations as to what adjustments to the plan may mitigate negative impacts as well as maximize positive impacts
3. Embed equity across an organization's existing and prospective decision-making models
4. Support equity-based improvements in program or service design
5. Raise awareness about health equity as a catalyst for change throughout the organization

Gathering the evidence

The HEIA analysis is as robust as the quality of evidence fed into the tool

Evidence:

- Mainstream research
- Grey literature
- Community consultations
- Key informant interviews
- Program evaluation results
- Client surveys
- Field evidence, staff evidence, organizational data

Barriers to using the tool:

Applicability

Facilitation

Intersectionality

Intimidating

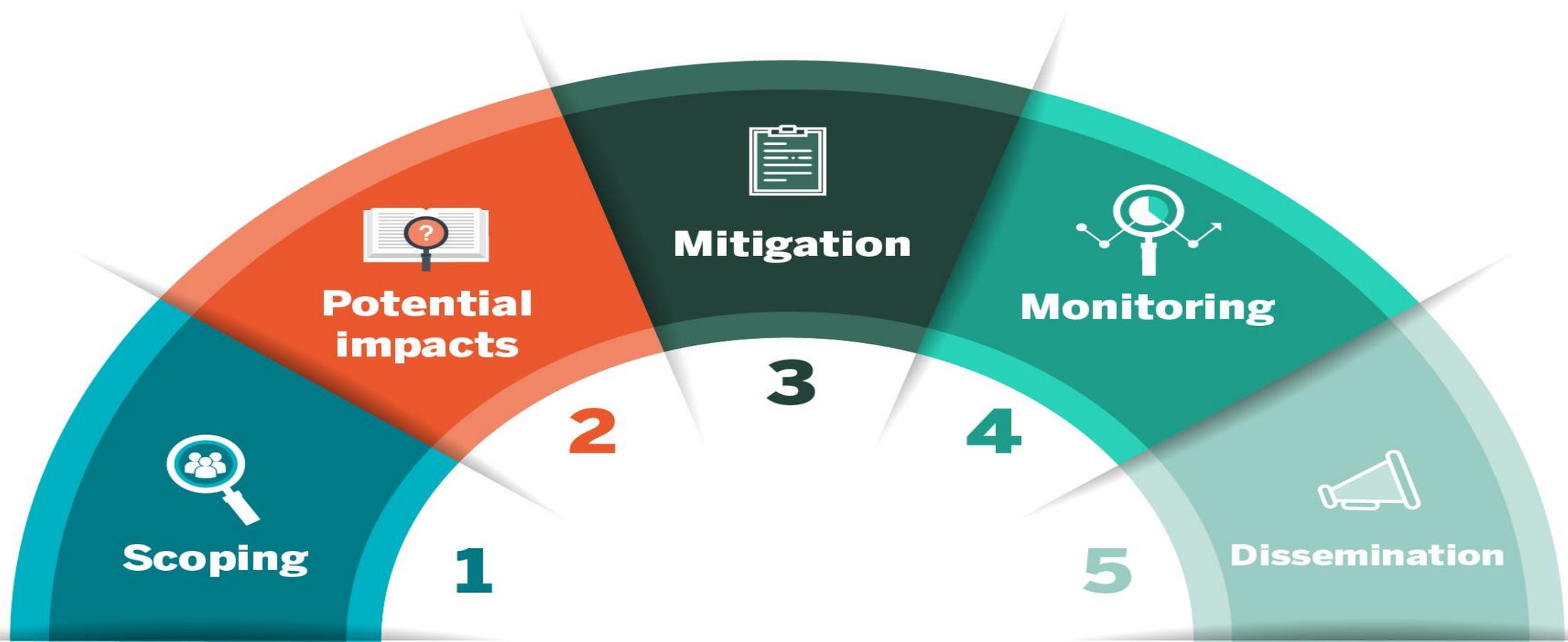
Length

Quality control

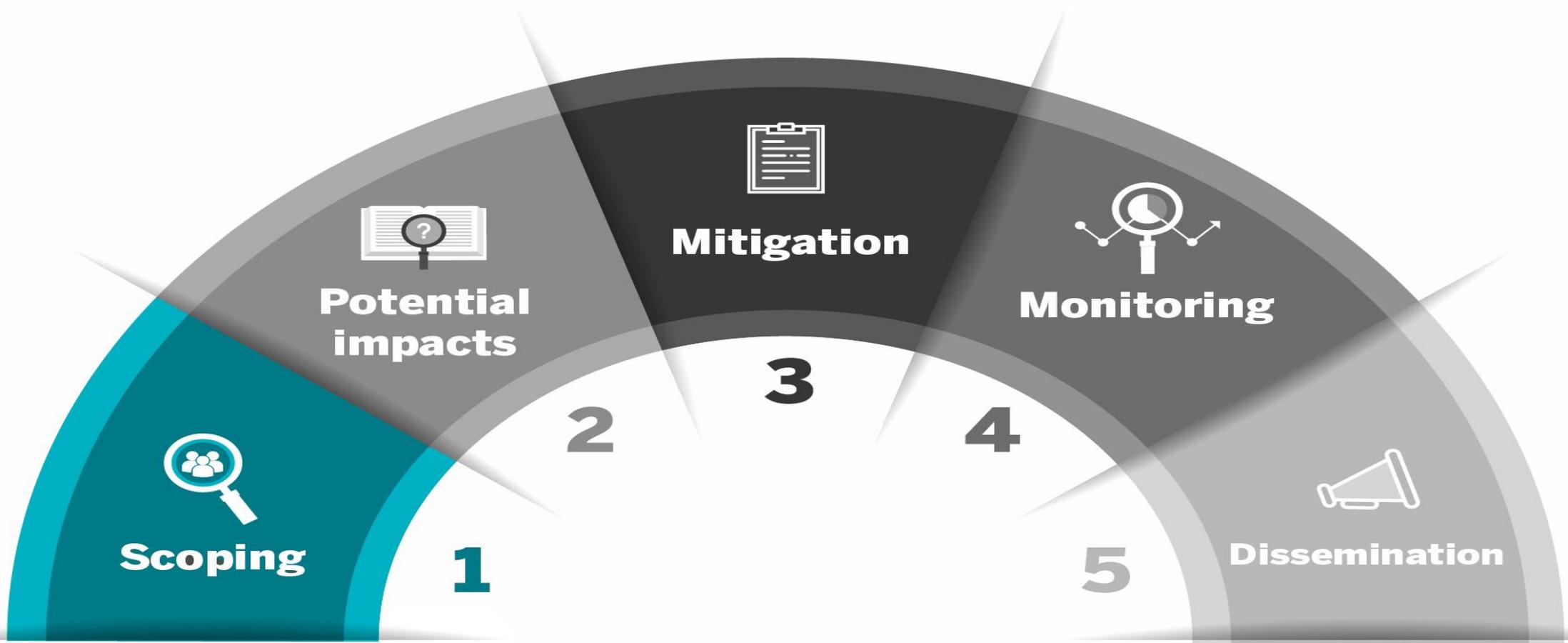
Usability

Implementing the HEIA

The 5 steps of HEIA



Step 1: Scoping



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Using evidence, identify which populations may experience significant unintended health impacts (positive or negative) as a result of the planned policy, program or initiative.	Identify determinants and health inequities to be considered alongside the populations you identify.						
Aboriginal peoples (e.g., First Nations, Inuit, Métis, etc.)							
Age-related groups (e.g., children, youth, seniors, etc.)							
Disability (e.g., physical, D/deaf, deafened or hard of hearing, visual, intellectual/developmental, learning, mental illness, addictions/substance use, etc.)							
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Sex/gender (e.g., male, female, women, men, trans, transsexual, transgendered, two-spirited, etc.)							
Sexual orientation (e.g., lesbian, gay, bisexual, etc.)							
Other: please describe the population here.							

Identify affected populations or groups and potential unintended health impacts (positive or negative) on those groups for the planned policy, program, or initiative

Consider a wide range of vulnerable or marginalized groups to avoid overlooking unintended consequences of an initiative.

Scoping – Questions

Will your policy, program or initiative have a differential impact on people or communities that you serve?

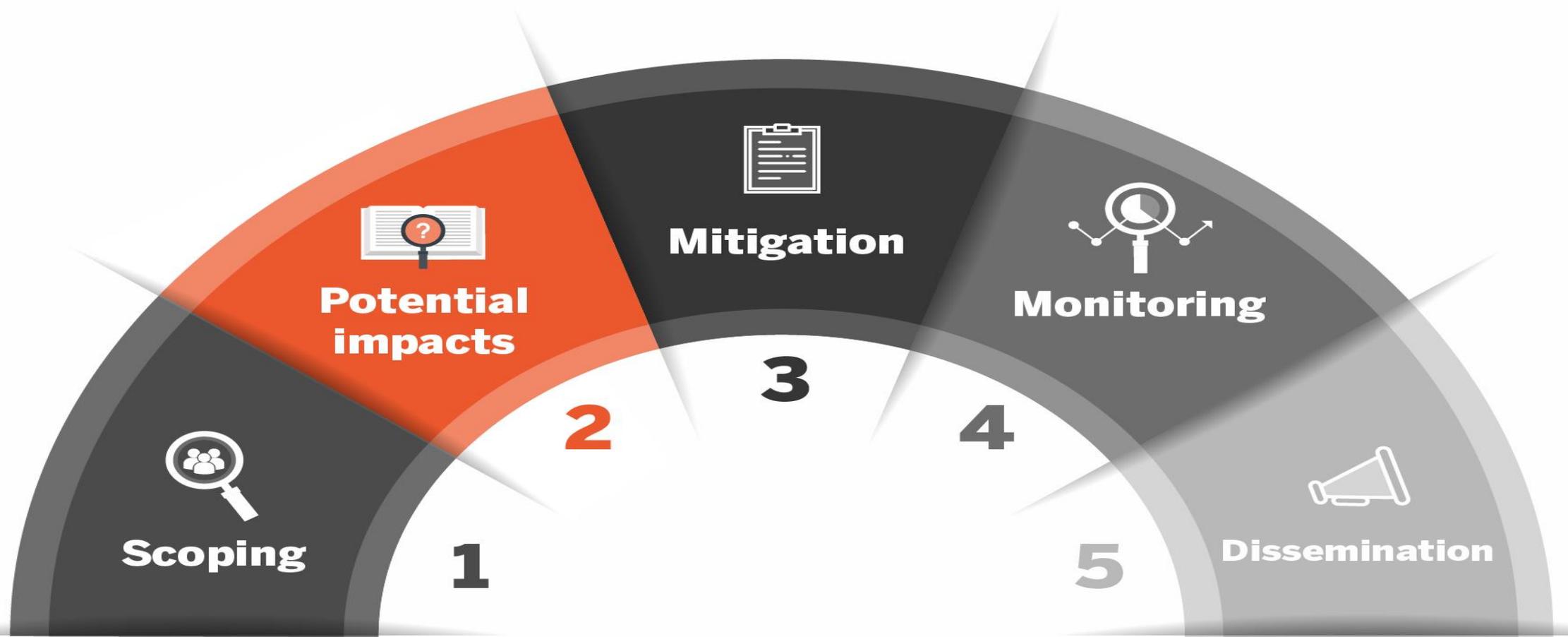
Will some clients have different access to care, or overall health outcomes, than others?

Are there other vulnerable or marginalized communities which may experience unintended results of this program?

For example ■ ■ ■

For a project developing a service that requires people to come into a hospital or clinic it will be important to identify populations who experience transportation barriers: persons with physical disabilities, those with low incomes or those who are more geographically isolated.

Step 2: Potential Impacts



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Using evidence, identify which populations may experience significant unintended health impacts (positive or negative) as a result of the planned policy, program or initiative.	Identify determinants and health inequities to be considered alongside the populations you identify.							
Aboriginal peoples (e.g., First Nations, Inuit, Métis, etc.)								
<p>Use available data or evidence to prospectively assess the unintended impacts of the planned policy, program or initiative on vulnerable or marginalized groups in relation to the broader population</p> <p>It is both useful and important to consider a broader range of evidence, including consultation findings, grey literature, or field evidence.</p>								

Potential Impacts - Questions

How will the policy, program, or initiative affect access to care for this population?

Is it likely to have negative effects that can contribute to, maintain or strengthen health disparities?

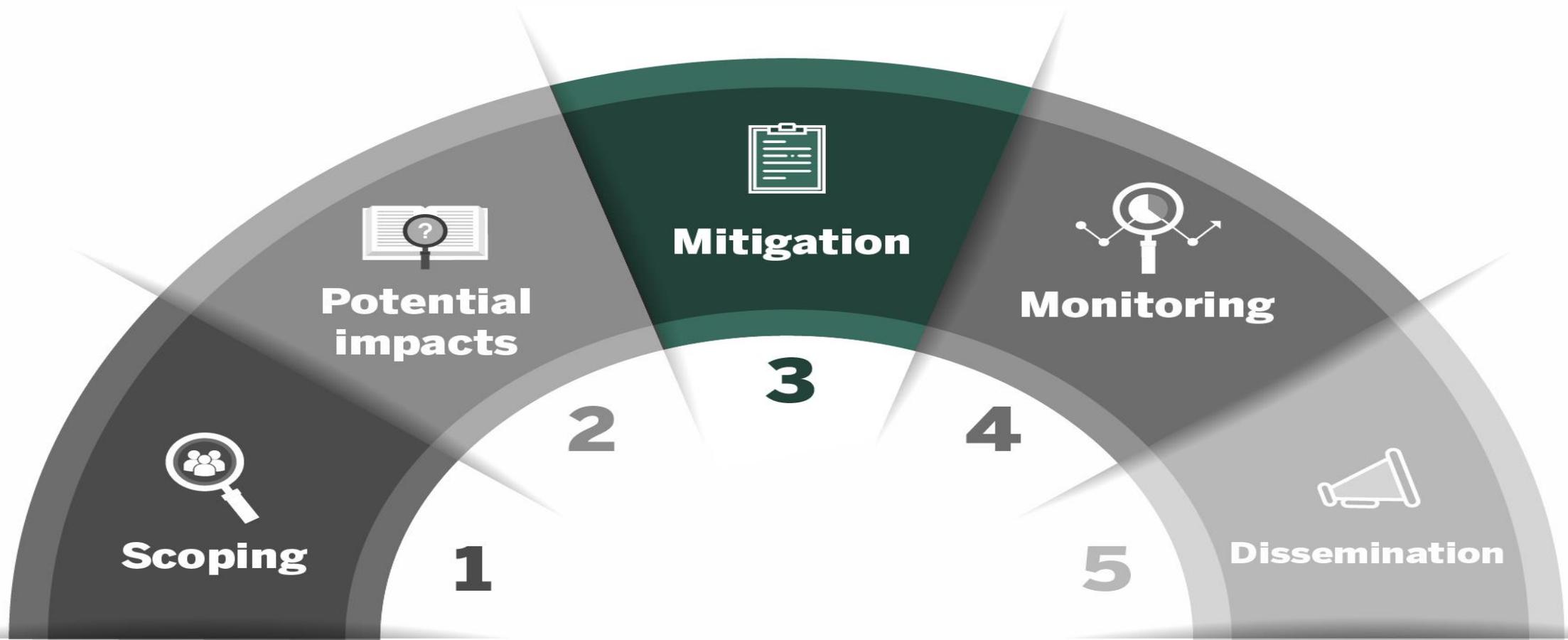
Will some people or communities benefit more from the program than others, and why?

For example ■ ■ ■

You are planning to roll out a heart health awareness campaign. People with higher education and income levels typically use health promotion programs more, with the unintended consequence that these programs can serve to increase health disparities.

- Could this be the case here?
- Will the program be understandable and relevant for people from diverse cultural backgrounds?

Step 3: Mitigation



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Aboriginal peoples	<p>Develop evidence-based recommendations to minimize or eliminate negative impacts and maximize positive impacts on vulnerable or marginalized groups.</p> <p>Uptake of these recommendations in the rollout of the initiative will help to ensure that the initiative contributes to equity and does not perpetuate or widen existing health disparities.</p>							
Age-related groups								
Disability (e.g., physical, hearing, visual, intellectual, mental illness, addiction)								
Ethno-racial communities (e.g., cultural minorities, immigrants)								
Francophone (including deaf communities)								
Homeless (including sheltered and unsheltered)								
Linguistic communities (English or French, bilingual)								
Low income (e.g., unemployed, part-time workers)								
Religious/faith communities								
Rural/remote or isolated (e.g., geographic/socially isolated)								
Sex/gender (e.g., male, female, transgender, transsexual)								
Sexual orientation								
Other: please describe								

Mitigation - Questions

How can you reduce or remove barriers and other inequitable effects?

How you can you maximize the positive effects or benefits that enhance health equity?

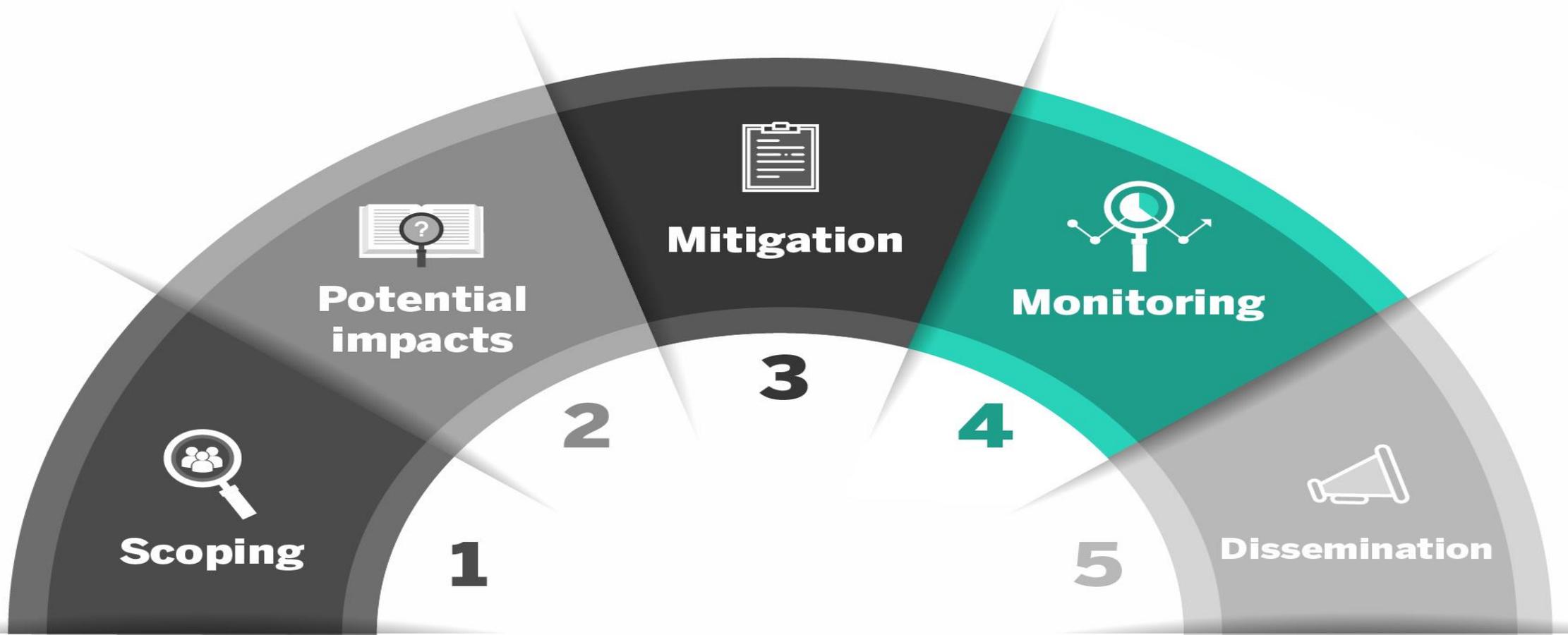
What specific changes do you need to make to the initiative so it meets the needs of each vulnerable or marginalized community you have identified?

For example ■ ■ ■

You have proposed a policy that aims to mitigate the risk of the flu virus spreading by successfully vaccinating as many citizens as possible. The strategy involves using primary health care providers to deliver the necessary vaccination services.

To mitigate barriers that individuals with disabilities might face, ensure that all locations where the vaccination is offered are accessible to those with a physical disability.

Step 4: Monitoring



Step 4: Monitoring

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Age-related groups (e.g., children, youth, older adults)							
Disability (e.g., physical, D/deaf hearing, visual, intellectual/developmental illness, addictions/substance use)							
Ethno-racial communities (e.g., cultural minorities, immigrants, refugees)							
Francophone (including new immigrants and deaf communities using LSQ/LSF)							
Homeless (including marginally housed)							
Linguistic communities (e.g., English or French, literacy affected)							
Low income (e.g., unemployed, underemployed)							
Religious/faith communities							
Rural/remote or inner-urban populations (e.g., geographic/social isolation, under-serviced areas, etc.)							
Sex/gender (e.g., male, female, women, men, trans, transsexual, transgendered, two-spirited, etc.)							
Sexual orientation (e.g., lesbian, gay, bisexual, etc.)							
Other: please describe the population here.							

Determine how the rollout of the initiative will be monitored to determine its impacts on vulnerable or marginalized groups in comparison to other subpopulations or the broader target population.

Monitoring - Questions

How will you know if your program has enhanced equity?

How will you know when the program is successful?

What equity indicators and objectives will you measure, and how?

Examples

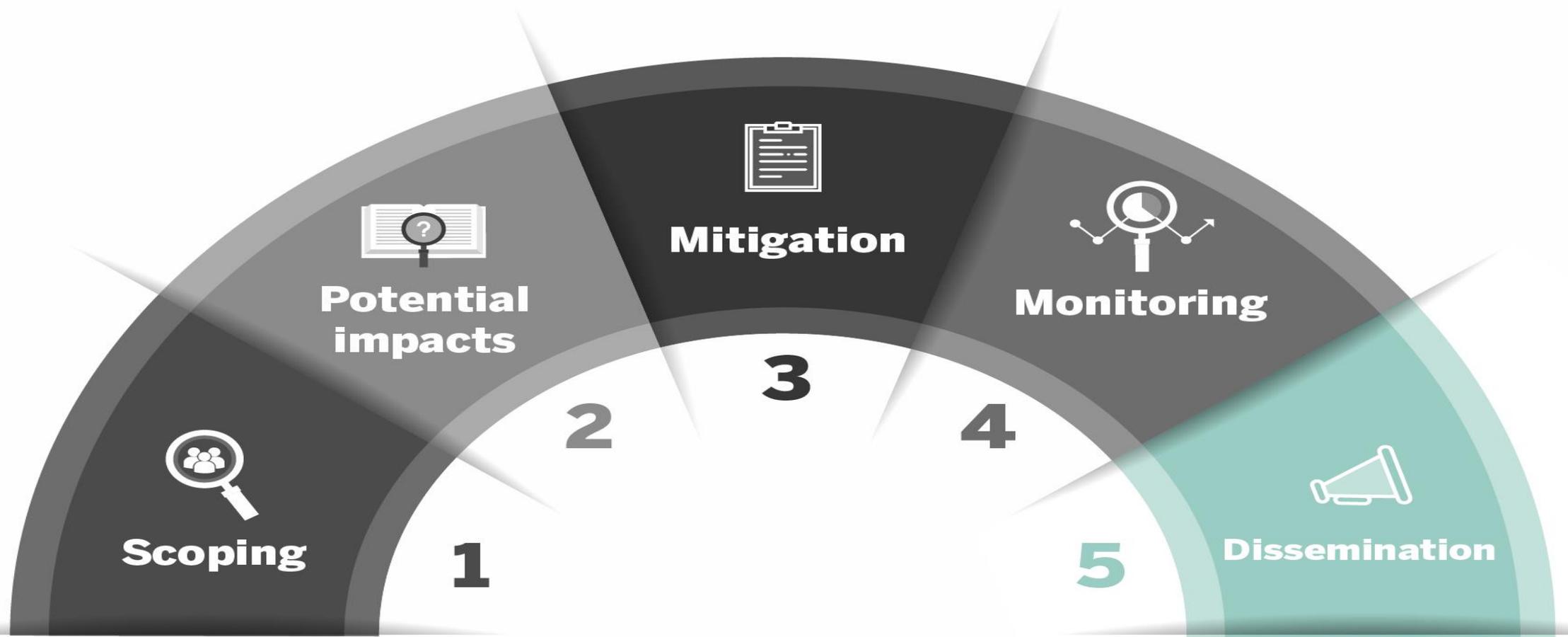
Client satisfaction surveys

Monitoring the organization's broader community engagement activities for information and feedback from particular marginalized populations

Program evaluation that disaggregates and tracks measures of program success by vulnerable or marginalized groups (e.g. tracking hospital re-admission or cancer screening rates)

Consultation with key providers and other stakeholders on how they are seeing the equity impact of the initiative

Step 5: Dissemination



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Other: please describe the population here.							

Share the results of your evaluation with relevant groups and stakeholders from health and non-health sectors.

Examples

Sharing the assessment as a case study through a conference presentation, webinar, workshop

Publication of literature review or evidence summary

Formation of a community of practice focused on the reduction of health inequities

Remember!

The tool needs to work for you, adapt it as needed

Bottom line: the best way to learn how to do a HEIA is to go out and do a HEIA.

How has HEIA been used?

A Healthy Start for Baby and Me is a prenatal and postpartum resource created by the Best Start Resource Centre (BSRC) - a maternal, newborn and early child development resource centre.

BSRC completed a HEIA on *Healthy Start* to identify and address unintended positive and negative health impacts of the resource.

The HEIA identified several unintended positive impacts of the resource, including that clients shared knowledge from the resource with their friends and family and, thereby, felt more empowered. Unintended negative impacts of the resource included potential for further marginalization and that it may compromise participants' likelihood to seek additional care.



How has HEIA been used?

Nucleus Independent Living, which helps adults live at home independently in Toronto, Mississauga and Halton, conducted a HEIA on its Supports for Daily Living (SDL) Program. This program assists seniors who want, and are able, to continue living in their own homes.

Although its initial aim was just to complete the tool, the Nucleus HEIA committee soon found that the HEIA could be a framework for learning more about health equity and for sharing this learning with teams within the organization. “I would suggest that it’s not only about the outcome (that is, a completed tool or template), but more importantly it’s about the process,” said Carole Beauvais, Executive Director of Nucleus.



Examples of HEIA in Policy

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Wellesley Health Equity Lens for Policy Makers

To help policy makers quickly and effectively identify how planned policy changes or program initiatives could affect health and health inequities

Step 1: Initial scoping analysis	Step 2: Analyze the potential equity impact for the affected population or community	Step 3: Change policy or program to enhance equity
<p>1.1 Could the planned policy, budget decision, program or initiative affect health?</p> <p>Examples:</p> <ul style="list-style-type: none"> • Could indexing the minimum wage to inflation affect health? • Could implementing user fees at community centres affect health? 	<p>2.1 How could the planned policy, budget decision, program or initiative affect the identified community or population?</p> <p>Examples:</p> <ul style="list-style-type: none"> • Women and racialized populations are more likely to earn minimum wage • People with low income could face barriers to using community centres. 	<p>3.1 How can you maximize the positive equity impacts of the planned policy, budget decision, program or initiative?</p> <p>Example:</p> <ul style="list-style-type: none"> • Inflation-adjust thresholds for income-tested benefits (like child benefits) to ensure that minimum wage earners continue to receive these benefits.
<p>1.2 Could some populations be particularly affected by the planned policy, budget decision, program or initiative?</p> <p>Examples: people who are homeless or precariously housed; recent immigrants; those in precarious and low paid work, people with low income and economically vulnerable people; people with disabilities; racialized populations; Aboriginal people; others facing social inequality and exclusion.</p>	<p>2.2 Could the planned policy, budget decision, program or initiative improve or worsen inequities between different groups or communities?</p> <p>Examples:</p> <ul style="list-style-type: none"> • Scheduled increases to the minimum wage could reduce income inequality across the population, with greater benefits for women and racialized populations • Implementing user fees in community centres could prevent people with low income from accessing health-promoting services and worsen inequities between lower and higher income populations. 	<p>3.2 How can you mitigate or eliminate the inequitable effects of the planned policy, budget decision, program or initiative?</p> <p>Examples:</p> <ul style="list-style-type: none"> • Do not implement user fees • Do not implement user fees in community centres in low income neighbourhoods • Waive user fees for specific populations, e.g. children, seniors or people with low income. Any program to waive user fees should be adequately funded to meet actual need.
	<p>2.3 What more do you need to know? And how will you get the necessary data and information?</p> <p>Examples: information from people who would be affected by the policy, external experts, stakeholder groups, other ministries/departments and/or other levels of government.</p>	<p>3.3 How will you know when the initiative is successful? What equity indicators and objectives will be used to measure impact?</p> <p>Examples:</p> <ul style="list-style-type: none"> • Reduction in the percentage of households with income below the Low Income Measure (LIM) • Maintained or increased enrollment in community centres with user fees waived.

Interim Federal Health Program

The Real Cost of Cutting Refugee Health Benefits: A Health Equity Impact Assessment

Steve Barnes

May, 2012



The Real Cost Of Cutting The Interim Federal Health Program

By Steve Barnes



October, 2013

Interim Federal Health Program

Two HEIAs on the impact of cuts to the Interim Federal Health Program

- The first was a rapid assessment of the health and health equity impacts that could occur if the federal government reduced access to health care services for refugees and claimants
 - Wellesley used data collected by Canadian Doctors for Refugee Care to show specific cases where a lack of access to health care services contributed to a poor health outcome.
- The second was a little over a year later and was intended to illustrate the actual health equity impacts.
 - The second HEIA was entered into evidence in the federal court.

Both of these HEIAs were intended to flag a health equity issue and encourage decision-makers to undertake a formal HEIA

Federal Election Platforms

Federal Party Platforms Regarding Affordable and Social Housing

	 CONSERVATIVE	 GREEN	 LIBERAL	 NDP
General Provisions	Platform not yet released.	Implement a National Housing Strategy	Implement a National Housing Strategy	Implement a National Housing Strategy
Spending on Affordable and Social Housing	Platform not yet released.	<p>\$400M in new funding for social and affordable housing starting 2015-16, increasing to \$1.4B by 2019-20</p> <p>\$3.4B in total new social and affordable housing spending over 2016-2019</p> <p>Ramp up to build 20,000 new affordable housing units per year</p> <p>Renew 8,000 units a year of existing stock</p> <p>Provide rent supplements and shelter assistance for 40,000 low-income households per year</p> <p>Increase housing funding by 5% per year reliably after 2018-19</p>	<p>\$20 billion over ten years for Social Infrastructure including affordable and social housing</p> <p>\$1.7B in new funding for Social Infrastructure in 2016-17, increasing to 3.2B by 2025-26</p> <p>\$4.6B in total new Social Infrastructure spending over 2016-2019</p>	<p>\$430 million per year for affordable housing programming, ramping up to \$640 by 2020.</p> <p>\$1.5B in total new social and affordable housing spending over 2016-2019</p> <p>Programming to include capital repairs, RGI subsidies, and new affordable housing construction.</p>

Health Equity Assessment of Party Housing Platforms

Access to affordable, adequate, and secure housing is a foundation for the good health and well-being of Canadians. The Green, Liberal, and NDP parties all plan on forming and implementing a National Housing Strategy design to address the 1.5 million Canadian households precariously housed. The Conservative Party has not announced a plan to implement a National Housing Strategy.

The Green Party would direct significant new investments to affordable and social housing, increasing overall funding by \$1.4 billion annually by 2020. The Green Party plan would improve the health and health equity of Canadians through their housing promises to build 20,000 new affordable housing units per year; refurbish and repair 8,000 aging existing social housing; and provide 40,000 households rent supplements to improve affordability. The \$800 million per year in increased funding for Aboriginal education, water, and housing may also lessen the current inequities between Aboriginal households and the general population.

The Liberal Party has announced \$20 billion over ten years in Social Infrastructure spending, much of which would be spent on improving affordable and social housing. On average this amounts to an annual increase in social infrastructure spending of roughly \$1.5B over the 2016-2019 period. The Liberal Party has also announced \$125 million per year in extended tax credits for private sector rental housing developers who build affordable rental. This could have some benefits for renters in general, depending on how it is structured.

The NDP has announced a plan to increase federal investments in affordable housing programs by \$640 million per year by 2020. A one-time infusion of \$500 million in 2015-16 is also planned to incentivize new private sector affordable and market rental development, which could help to marginally improve rental affordability.

Case Study

York Region Food Handler Certification

The YorkSafe Food Handler Certification course trains people working or wanting to work in the food industry on how to safely prepare food.

The Ministry has standardized the food handler certification content based on a gold standard.

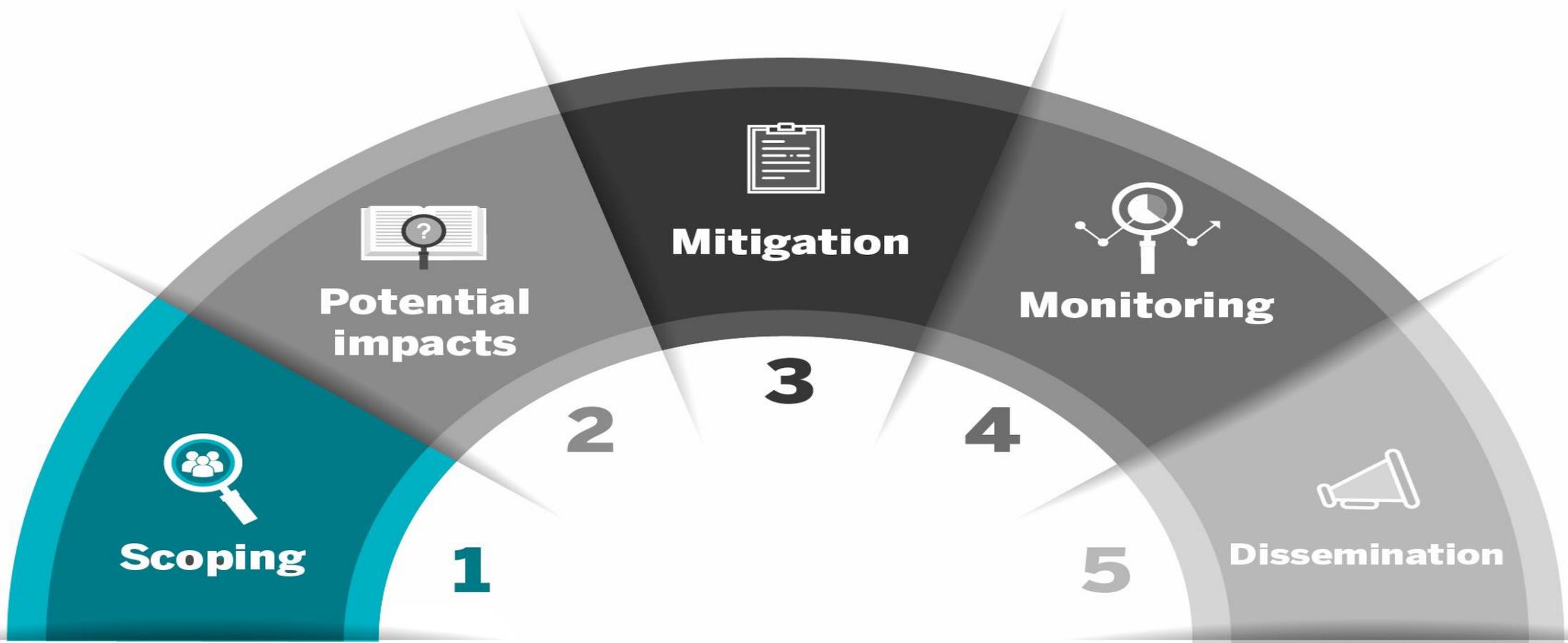


HEIA Goal

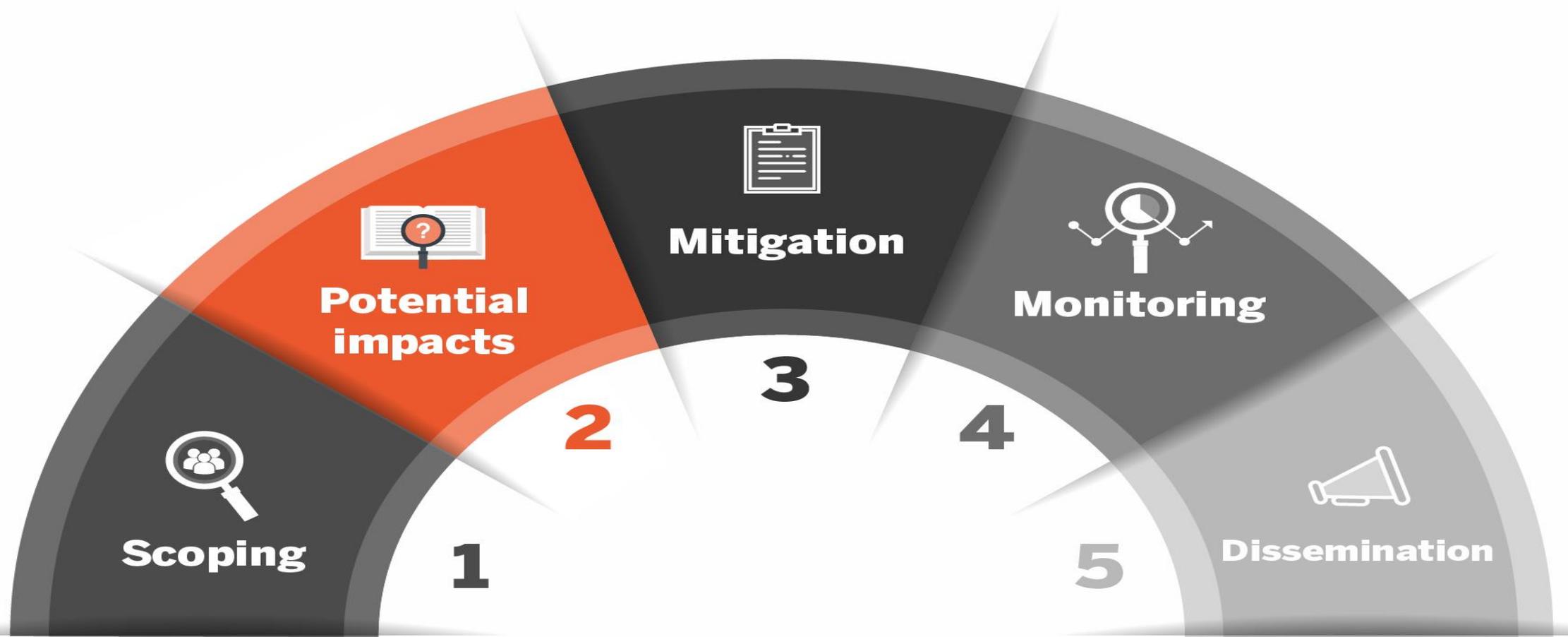
Objective for Completing the HEIA:

- 1) Identify unintended negative impacts on identified population(s)
- 2) Develop mitigation and monitoring strategies based on identified negative impacts

Step 1: Scoping



Step 2: Potential Impacts

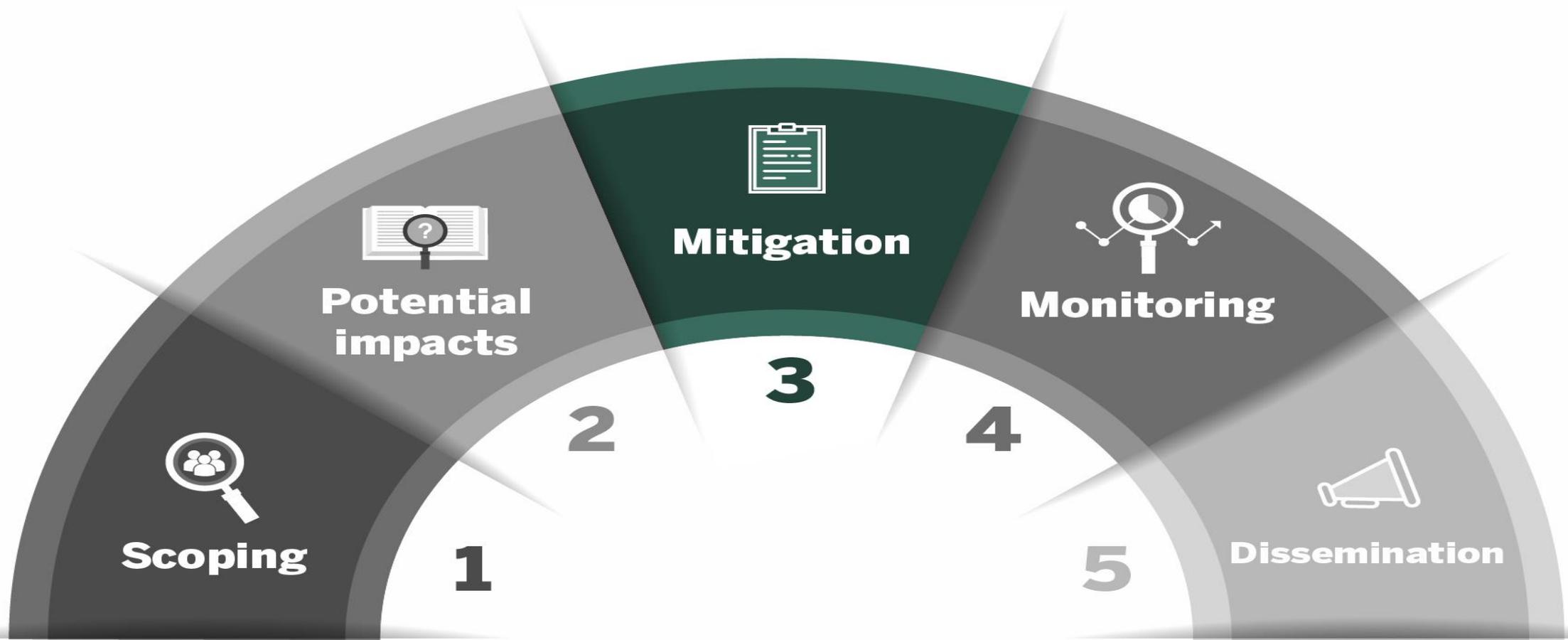


HEIA Steps 1 & 2: Scoping & Impacts

Individuals with Intellectual Disabilities

An opportunity to help address an equity issue was identified not by using the HEIA, but by community agencies who requested a training that was adapted for adults with intellectual disabilities

Step 3: Mitigation



HEIA Step 3: Identifying Mitigation Strategies

To gain a thorough understanding of clients needs, the project team consulted with a broad range of people, including:

- Public health nurses (PHNs) that specialize in the social determinants of health in the Health Equity Program;
- an evaluation specialist;
- health equity research specialist, Dr. Ingrid Tyler from Public Health Ontario;
- staff and clients at community agencies; and
- teachers.

HEIA Step 3: Identifying Mitigation Strategies

Carefully planned a training that was adapted to meet the clients' learning needs.

Included modifications such as:

- Increased time of training sessions
- Incorporated more breaks
- Made session more hands on

Equity Measures Already in Place:

Language

The Food Handler manual has translated into Chinese and Tamil, in addition to having the Ministry's French manual.

Ina addition to the Ministry's French exam, York Region then translated their exams in Chinese, Farsi, Korean, Tamil and Russian.

Workshops have been provided in Cantonese, Mandarin, Russian and Tamil.

Equity Measures Already in Place:

Time/Transportation

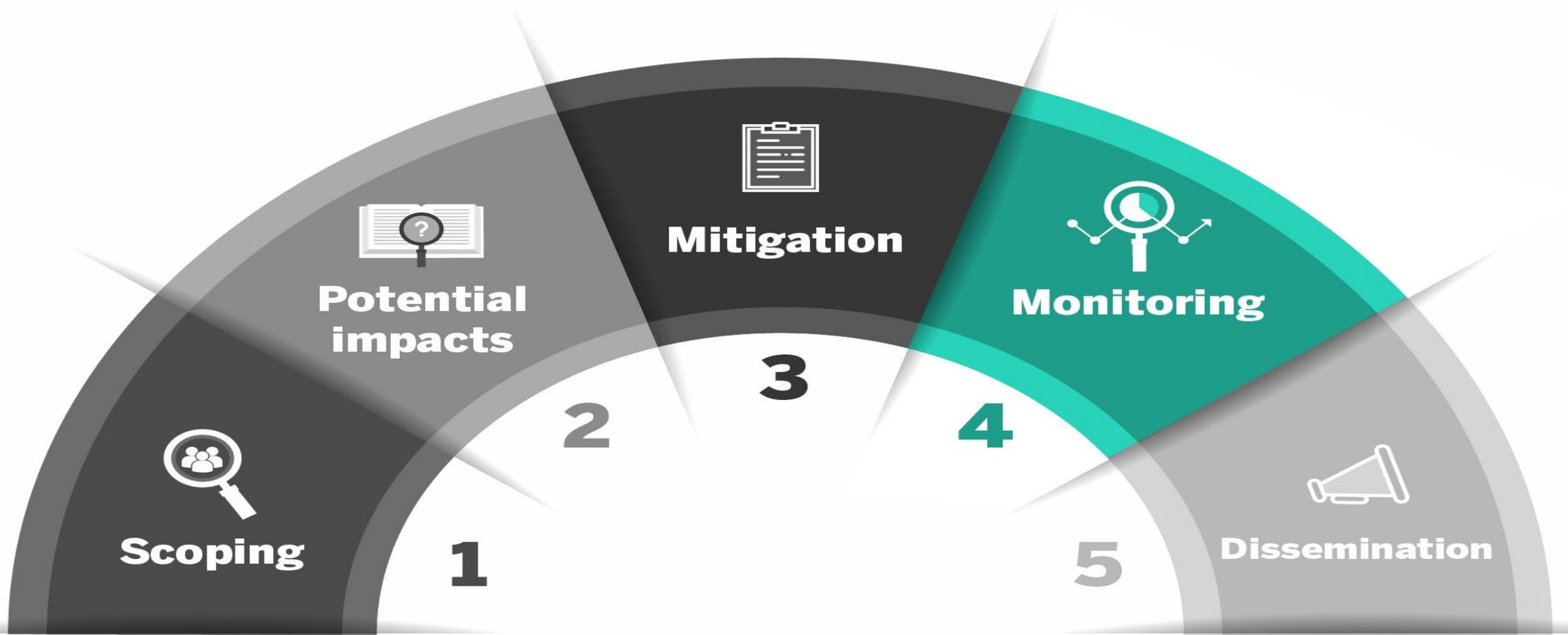
York Region has accommodated people by adding afternoon, evening exam session, weekend workshops and online learning modules.

Equity Measures Already in Place:

Income/Immigration status

Improved accessibility for low income participants and newcomers to the Region by providing training for free.

Step 4: Monitoring



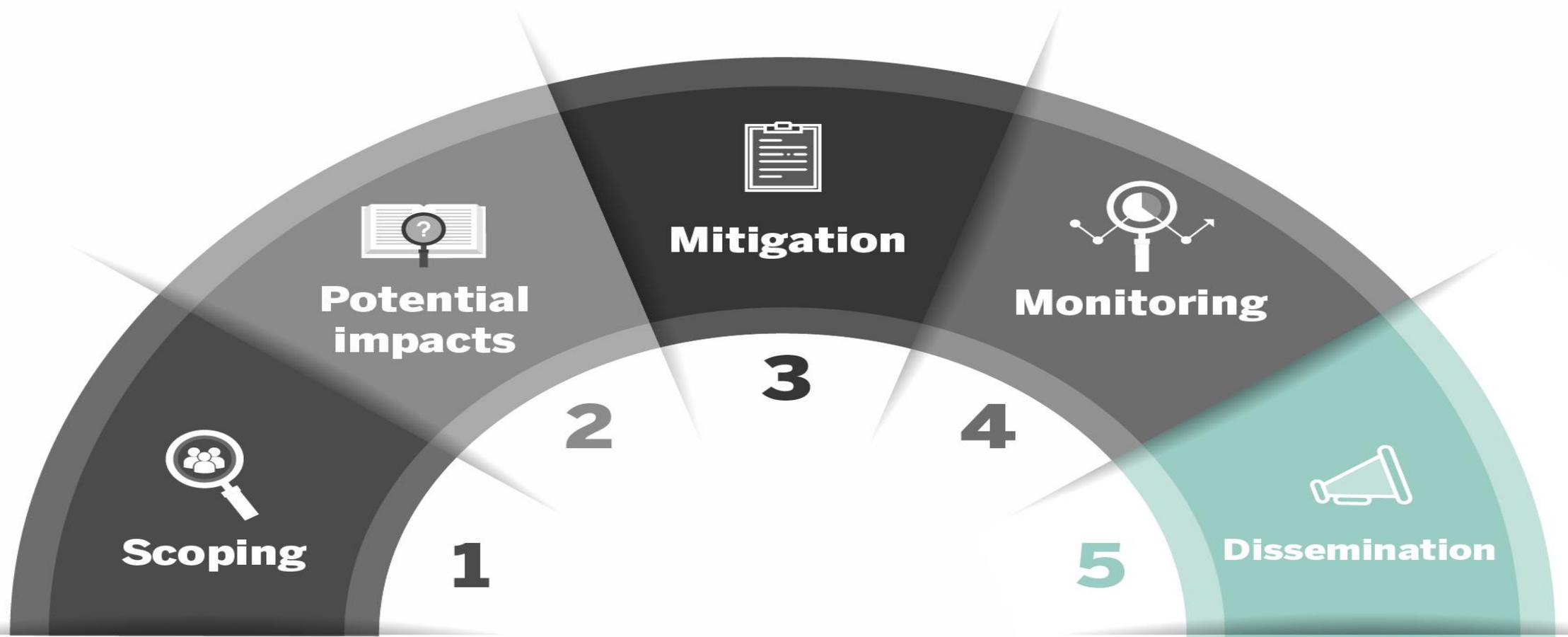
Step 4: Monitoring

Evaluation specialists sent surveys to teachers, the Public Health Inspectors (PHIs), and staff and participants at community agencies.

For participants, the survey was done in person, one-on-one, and measured behaviour change, acquisition of knowledge and feedback on the course.

The PHIs, teachers and staff had their survey emailed to them one week after their session.

Step 5: Dissemination



Step 5: Dissemination

Content in the Food Handler Certification is standardized by the Ministry of Health and Long-Term Care.

Therefore, York Region is in the process of submitting our adapted training materials to the Ministry to have it assessed for meeting the standards.

The completed HEIA has also been shared with colleagues at other public health units and presented to the HEIA Community of Interest in the form of a webinar and blog.

York Region HEIA Webinar

HEIA

Health Equity Impact Assessment

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Working Together to Advance Health Equity in York Region

Presenters:

[Tina Leung](#) - Health Equity Team Lead, York Region Public Health

[Chetna Pandya](#) - Senior Public Health Inspector in the Health Protection Division, York Region Community and Health Services

Date: Wednesday, October 25th, 2017

[Watch here](#)

Summary

York Region Public Health is committed to advancing health equity in our communities through collaboration with community partners. Join the presenters from York Region Public Health for an overview of their Health Equity Program and how it supports public health professionals to use the Health Equity Impact Assessment for program and service planning. The presenters will also describe their experience of using the HEIA for the planning, implementation and evaluation of the Food Handler Certification Program for Clients with Intellectual Disabilities.

[Read Tina and Chetna's webinar recap here.](#)

Presenter Biographies

Tina Leung is the Health Equity Team Lead at York Region Public Health. She holds a Bachelor of Nursing Science and Master of Public Health from Queen's University. She works closely with public health professionals and community stakeholders to champion health equity considerations with the aim to create opportunities for good health for all. Tina is



Chetna Pandya



Tina Leung

HEIA Community of Interest

We're here to support you!

Purpose: to build evidence on the effectiveness of the Ontario HEIA tool.

Goal: to increase the application of HEIA to reduce inequities for access, use and outcomes of mental health and addictions care in Ontario.

- Webinars & live chats
- Online course
- E-newsletter
- Frequently asked questions
- Learning resources
- healthequity@camh.ca

<https://www.porticonetwork.ca/web/heia>

Case Study Breakouts

Avian Flu Vaccination Policy

FICTIONAL EXAMPLE FOR TRAINING PURPOSES ONLY

HEIA is a flexible and practical assessment tool that can be used to identify and address **potential unintended health impacts** (positive or negative) of a policy, program, or initiative on specific population groups.

NOTE: The *HEIA Template* is designed to be used alongside the accompanying *HEIA Workbook*, which provides definitions, examples, and more detailed instructions to help you complete this template.

Date: December 2, 2011

Organization: Provincial Health Ministry

Name and contact information for the individual or team that completed the HEIA: Lisa Q., Policy Advisor, 416-555-1111

Project Name: Avian Flu Vaccination Policy

Avian Flu Vaccination Policy

Project Summary:

A provincial health ministry is proposing a new Avian Flu vaccination policy that aims to mitigate the risk of the virus spreading by successfully vaccinating as many citizens as possible within a period of six months.

The proposed policy includes a target of vaccinating at least 75% of the population of the province. The strategy involves using primary health care providers to deliver the necessary vaccination services, with the provincial health ministry and the regional health planning authorities providing sufficient funding so that there will be no out-of-pocket expenses for vaccine recipients.

An innovative component of the proposed policy includes a new incentive scheme where those citizens who receive a vaccination will receive a provincial tax credit.

Objective for Completing the HEIA:

(e.g., to determine where to best invest resources in a new policy, program, or initiative?)

Use the HEIA tool to assess the impact of this proposed policy on the health of various population groups in the province.

Kidney Dialysis Integration

FICTIONAL EXAMPLE FOR TRAINING PURPOSES ONLY

HEIA is a flexible and practical assessment tool that can be used to identify and address **potential unintended health impacts** (positive or negative) of a policy, program, or initiative on specific population groups.

NOTE: The HEIA Template is designed to be used alongside the accompanying HEIA Workbook, which provides definitions, examples, and more detailed instructions to help you complete this template.

Date: February 18, 2012

Organization: Regional Health Planning Authority

Name and contact information for the individual or team that completed the HEIA: James N., Senior Planner, 416-555-1111

Project Name: Kidney Dialysis Integration

Kidney Dialysis Integration

Project Summary:

Within the geographic area served by the Regional Health Planning Authority, there are two hospital-based ambulatory kidney dialysis units. One unit is located in a main urban area in the southern part of the region. The other is located in the northern part of the region, which is primarily rural. A high proportion of the population in the northern part of the region is in a low income bracket.

For the past five years, each kidney dialysis unit has operated at only 50% capacity. As a result, the Regional Health Planning Authority decided to review the efficiency of its dialysis services.

The medical review panel determined that service integration was desirable in order to improve service efficiency and reduce unnecessary service duplication. The panel recommended closing the dialysis unit in the northern part of the region and consolidating all dialysis services in the southern part of the region, which is more densely populated.

Objective for Completing the HEIA:

(e.g., to determine where to best invest resources in a new policy, program, or initiative?)

Use the HEIA tool to assess the impact of this proposed decision on the health of various population groups in the geographic areas served by the Regional Health Planning Authority.

Bringing Health System Investments within Allocation

FICTIONAL EXAMPLE FOR TRAINING PURPOSES ONLY

HEIA is a flexible and practical assessment tool that can be used to identify and address **potential unintended health impacts** (positive or negative) of a policy, program, or initiative on specific population groups.

NOTE: The HEIA Template is designed to be used alongside the accompanying HEIA Workbook, which provides definitions, examples, and more detailed instructions to help you complete this template.

Date: January 17, 2012

Organization: Provincial Government Entity

Name and contact information for the individual or team that completed the HEIA: Jane D., Financial Analyst, Community Health Organizations Funding Unit, 416-555-1111

Project Name: Bringing Health System Investments within Allocation

Bringing Health System Investments within Allocation

Project Summary:

A provincial government entity currently funds various community health organizations to perform health policy development and advocacy, as well as public outreach activities. The annual budget for this work is currently \$7.96 million; however a 35% reduction in funding, to \$5.57 million, is being proposed in order to meet the commitment to bring the total annual budget within allocation for the next fiscal year.

All community health organizations receiving transfer payments will therefore be informed that in 2012/13 all funding agreements will reflect a 35% budgetary reduction. The decision to cut funding across the board in this way was made in an effort to be fair to all the funded organizations.

Go to next slide to view proposed budget changes.

Objective for Completing the HEIA:

(e.g., to determine where to best invest resources in a new policy, program, or initiative?)

Use the HEIA tool to assess the impact of this proposed budget decision on the health of various population groups in the province served by the community health organizations that receive funding.

Bringing Health System Investments within Allocation

Community Health Organizations (FICTIONAL—for Example Purposes Only)	Previous Annual Funding	Proposed Annual Funding
Aboriginal Health Authority	\$ 50,000	\$ 35,000
Provincial Sports & Recreation Collaborative	\$ 480,000	\$ 336,000
Centre for Multicultural and Immigrant Health	\$ 78,000	\$ 54,600
Gambling and Addictions Centre	\$ 60,000	\$ 42,000
National Diabetes Action Organization	\$ 1,250,000	\$ 875,000
Mental Health Promotion Project	\$ 250,000	\$ 175,000
Rural and Northern Issues Advocacy Group	\$ 125,000	\$ 87,500
Healthy Living Society	\$ 1,000,000	\$ 700,000
Inner City Urban Hospital	\$ 600,000	\$ 420,000
Women and Family Drop-In Centre	\$ 500,000	\$ 350,000
Seniors Home Care Initiative	\$ 150,000	\$ 105,000
Pediatric Disease Research Network	\$ 800,000	\$ 560,000
Cancer Awareness Group	\$ 2,500,000	\$ 1,750,000
LGBTQ Action Network	\$ 100,000	\$ 70,000
La société francophone (The Francophone Society)	\$ 20,000	\$ 14,000

Fortifying Families - a Social and Life Skills Building Program

FICTIONAL EXAMPLE FOR TRAINING PURPOSES ONLY

HEIA is a flexible and practical assessment tool that can be used to identify and address **potential unintended health impacts** (positive or negative) of a policy, program, or initiative on specific population groups.

NOTE: The HEIA Template is designed to be used alongside the accompanying HEIA Workbook, which provides definitions, examples, and more detailed instructions to help you complete this template.

Date: February 18, 2012

Organization: Applebee Family Services Centre

Name and contact information for the individual or team that completed the HEIA:

Tim C., Program Coordinator, 416-555-1111

Project Name: Fortifying Families - a Social and Life Skills Building Program.

Fortifying Families - a Social and Life Skills Building Program

Project Summary:

The Applebee Family Services Centre is planning to pilot a program called Fortifying Families: A Program for Building Social and Life Skills. This program is targeted to families living in the City of Applebee or the surrounding area (within a 25-kilometre radius) who have children at risk of substance use, emotional and behavioural problems and conflicts at school.

Families will be recruited from the Applebee Family Services Centre's current clientele. Each will complete a written survey to determine eligibility. Eight to ten families will be selected to participate.

The program will be free of charge. The participating families will meet once a week for three hours at Applebee Secondary School on Wednesday evenings from 5:00 p.m. to 8:00 p.m. The program will run for 12 weeks.

Each session will begin with the families sharing a meal together. After that, the program facilitators will lead the families through an established curriculum covering topics such as parenting and family life skills, communication, problem solving, anger management and other areas of family functioning.

At the end of the program, an evaluation will be completed to determine future need for similar programs.

Objective for Completing the HEIA:

(e.g., to determine where to best invest resources in a new policy, program, or initiative?)

Use the HEIA tool to assess the impact of this program on the health of various population groups in the City of Applebee and its surrounding area.

Walk-to-school program

FICTIONAL EXAMPLE FOR TRAINING PURPOSES ONLY

HEIA is a flexible and practical assessment tool that can be used to identify and address **potential unintended health impacts** (positive or negative) of a policy, program, or initiative on specific population groups.

NOTE: The HEIA Template is designed to be used alongside the accompanying HEIA Workbook, which provides definitions, examples, and more detailed instructions to help you complete this template.

Date: September 23, 2012

Organization: Public Health Organization

Name and contact information for the individual or team that completed the HEIA: Mary P., Consultant, 416-555-1111

Project Name: Walk-to-school program

Walk-to-school program

Project Summary:

A public health organization is planning to implement an evidence-based walk-to-school program to reduce obesity in children and youths. The program will encourage all children aged 4 through 12 to walk to school every day as one opportunity for them to be active.

A review of the three-year pilot project implemented across the public school system in Metropolis and Ruralville show that the program was very effective at encouraging walking to school, and resulted in a subsequent reduction in body mass index and obesity among participants.

The public health organization has approved an additional three years of funding to expand the walk-to-school program across the province. However, an accounting review found inconsistencies, inefficiencies and inexperience in the way that funds were spent by some smaller community organizations, primarily in the Ruralville area.

In order to address these problems, the public health organization is recommending that organizations without a certified accountant on staff to manage the funds not be eligible to apply for the program.

Objective for Completing the HEIA:

(e.g., to determine where to best invest resources in a new policy, program, or initiative?)

Use the HEIA tool to assess the impact of this recommendation on the health of various population groups in the province.

Thank You

camh