

HIA: a tool to support action on health inequalities

HIA Forum
Dublin, 27th April 2010

Ms Sarah Simpson, WHO European Office for Investment for Health and Development, Venice

Outline presentation

1. Health Impact Assessment: its purpose
2. HIA and equity: the history of their relationship
3. The Australasian experience: equity-focused HIA
4. Current context and making HIA part of our armoury for healthy public policy



1. Health impact assessment

An overview of its expressed purpose



HIA: Purpose by definition

- **systematic assessment** of health effects are needed to inform the development of policies and to include health in other sectors' agenda
- potential effects on the health of a population, **and the distribution of those effects within the population.**
- aims at studying upstream health determinants in an **integrated way** rather than concentrating on single risk factors
- uses **quantitative, qualitative and participatory techniques**
- **overall objective** is to provide decision-makers with sound information on implications on health of any given policy.



Purpose of HIA: why do we do it?



What are the other ingredients?

**1 ingredient for Healthy
Public Policy**



2. Equity and HIA

The history of their relationship.



Why EFHIA: Australasian context?

- 2002 – no national policy on health inequalities
 - NSW Health & Equity Statement
- HIA relatively new as a tool for improved policy & program development
 - national HIA guidance strong health protection focus
 - narrow definition of health
 - States & Territories using diverse approaches
 - Investment in building capacity & skills in public health workforce including healthy public policy

EFHIA: Western European context?

- 1998 Acheson recommendation for Health Inequalities Impact Assessment (HIIA) – as part of national approach to address inequalities
- Late 1990s+
 - Increasing use of HIA as a tool for healthy public policy
 - Gothenberg Consensus – equity as a core value
 - Seminar on HIIA – UK (200?)
- 2002 – equity as part of HIA not health equity impact assessment



Health equity Impact Assessment: 2008

- Final report of global Commission on Social Determinants of Health called for health equity impact assessment

But look at the context of the recommendation

- Improved measurement and evidence for knowledge for action and evaluation of action
- One among several related recommendations on measurement & evidence



HEIA recommendations: CSDH

To assess the health equity impact (particularly of macro-level policies), the CSDH recommended

- Institutionalizing **health equity impact assessment** of major global, regional, and bilateral economic agreements (see Rec 10.3; 16.7), globally and nationally, with the support from WHO and in collaboration with other relevant multilateral agencies;
- Implementing **health equity impact assessment** of all government policies, including finance (see Rec 10.3);
- Monitoring social determinants of health and health equity using appropriate indicators (see Rec 12.1; 15.1; 16.2; 16.7);
- Building capacity for **health equity impact assessment** among policy-makers and planners across government departments. (see Rec 10.3; 12.1).

WHO & CSDH recs on HEIA

- A resolution on **Reducing health inequities through action on the social determinants of health** was passed at the 62nd World Health Assembly in May 2009, urging Member States

"to take into account health equity in all national policies that address social determinants of health and to ensure equitable access to health promotion, disease prevention and health care."

3. The Australasian experience

An overview of the framework for equity focused HIA and how it was developed



What We Did

1. International advisory group as part of collaboration
2. Systematic review of the literature
3. Developed draft framework for HIIA – using steps of HIA as a basis
4. 5 case studies/pilot sites for HIIA undertaken using draft manual & support tools
5. International capacity building meeting – including training
6. Analysis of feedback from case studies & meeting
7. Framework for equity focused HIA

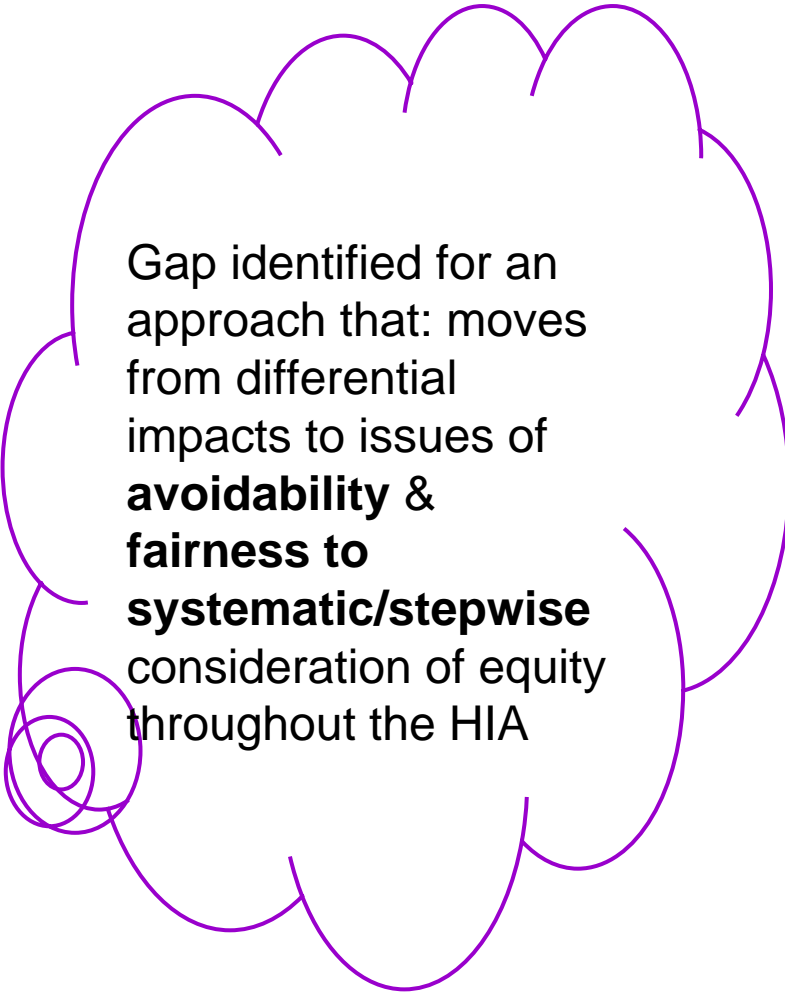
HIA pilot sites

1. Healthy eating action policy (New Zealand)
2. Dietary guidelines for older Australians
3. Continuing educ & prof dev program for rural medical specialists
4. Community funding program of health promotion grants & sponsorships
5. Outpatient cardiac rehabilitation program



Literature Review

- Equity is not systematically addressed and rarely explicitly addressed
- Differential impact not equity
- Social determinants not equity
- Community participation as a substitute
- Some approaches offer scope for consideration of equity eg. Bro Taf



Gap identified for an approach that: moves from differential impacts to issues of **avoidability & fairness to systematic/stepwise** consideration of equity throughout the HIA



Intent of Equity-focused HIA

To:

strengthen the ways in which equity is addressed in each step of health impact assessment

ACHEIA

Equity-Focused Health Impact Assessment Framework

Mary Mahoney
Sarah Simpson
Elizabeth Harris
Rosemary Aldrich
Jenny Stewart Williams

Australasian Collaboration for Health Equity Impact Assessment



Aims

1. Raise awareness of need to consider differential impacts & inequality in health impact assessments.
2. Provide a systematic process for doing this by strengthening the equity focus in each step of health impact assessment.

What does it look like?

1. Screening
2. Scoping
3. Impact identification
4. Assessment
5. Decision making & recommendations
6. Evaluation & follow-up



EQUITY



An efHIA of a funding program

- 1 of first equity focused HIAs of a community based funding program for projects and grants for health promotion
- Funding enabled activities that are all well intentioned
- Avoidable differences were not meant to be an explicit principle or objective
- Well established & popular program
- At least 9 categories of priority populations

An efHIA of a funding program: what I did

- Rapid review of key policy & programme documents - screening
- Scoping - setting parameters with equity focus
- Assessment of potential impacts
 - Literature review
 - Policy review
 - Stakeholder interviews
 - Workshop/consultation
- Draft report discussed with Board
- Draft report revised & recommendations developed

The findings about best intentions

- Difference between social determinants of health & avoidable differences was blurred
- Ways to strengthen equity-focus of program including:
 - Ensuring universal initiatives eg. Sponsorships accessible
 - Behavioural risk criteria have a targeted focus so as not to widen the gap
 - Prioritisation based on equity information
 - Looking at timeframes & size of grants in terms of health equity gain

Trade offs

Good

Accuracy
of
intent

data



Accuracy & good intentions

- Wanted to find that they were doing well because overall program well-intentioned
- Blurred differences between SDH & avoidable differences
- No definitions of priority population groups
- Minimal evaluation and follow up on matching between
 - criteria & implementation
 - design & actual impact of programs
 - overall contribution to health improvement



Good data

- Used local data & good data on avoidable differences BUT not convinced that it applied to their program
- Able to highlight key issues by making good use of existing data, from different sources & do synthesis
- Highlighted need for better measurement
 - evidence informed – priority groups
 - Monitoring & evaluation
- Example where decomposition of avoidable differences in health might have been useful

Trade-offs

- Lots of little short term projects to lots of community groups for 1-2 years likely to increase avoidable differences in health
- or
- 2-4 long term grants over 2-3 years for fewer groups but greater potential to reduce avoidable differences



Recommendations for improvement

- Decision about projects, grants & sponsorships recognising trade off and in relation to overall community funding program
- Whatever decision was made
 - Greater clarity about priority population groups including working definitions
 - Making better use of local data to define priorities & local needs within the program



Reflections & key issues

- Time required
- Good intentions
- Quality of the evidence
- “This is not what we meant”
- Expected outcomes
- Policy processes
- Other approaches



EfHIA: Australia 2008+

- No national health inequalities policy but
 - *Closing the Gap between Indigenous & Non-Indigenous Australians* (2008 budget)
- HIA as a tool for healthy public policy – increased acceptance but changed cycle
 - NSW 5 years of investment in HIA capacity building program & – still doing HIAs within area based health services
 - Monash University HIA program

Still making case for using the “e-word”

EfHIA: Australia 2008+

- CHETRE undertaken more rapid EfHIAs
 - *Good for Kids Food for Life* – a 5 year program with a focus on Aboriginal children
 - *Australian Better Health Initiative* – Priorities 1 & 3
 - **Emergency Intervention in the Northern Territory**
 - Godooga HIA
 - Distribution of health impacts
 - Evaluating equity focused HIA



HEIA: global context 2008+

- CSDH recommendation for HEIA
 - HIA conference 2008 – accept equity in HIA not being done well but not comfortable with separate form of HIA
 - HIA conference 2009 – equity in HIA issues paper
- Significant devs in use of HIA as tool for HPP & potential for equity
 - Thai approach to HIA with focus on participation
 - Increasing number of countries outside of Western Europe – Central & Eastern European countries, USA

HeIA: Canadian response 2009

- 2009 – report of Senate Standing Committee for equity focused HIA and investing in a social determinants of health approach
- Health impact assessment – 1990s at federal level – investment in broader application of HIA
 - Detailed guidance
 - Activity within provinces eg. Ontario



4. Current context & making use of the evidence



Current economic environment

- Government deficit to GDP ratio increased from 2.0% in 2008 to 6.3% in 2009 in the euro area and from 2.3% to 6.8% in the EU27.
 - Largest government deficit was recorded by Ireland (-14.3).
- Government debt to GDP ratio increased from 69.4% at the end of 2008 to 78.7% at the end of 2009 in the euro area and from 61.6% to 73.6% in the EU27
 - 12 Member States had government debt ratios higher than 60% of GDP in 2009: Italy (115.8%) was the highest and Ireland (64.0%).

Government's response

2010 budget - Ireland

- Removal of €4 billion from wages, social benefits & welfare spending
 - Public sector pay cut from 5 to 15%
 - Social welfare by average 4.1%
 - Introducing 50 cent prescription charge
 - Health emergency charges increased €10
- Increases in tax revenue
 - Broaden base of those eligible to pay tax



Impact of fiscal crisis

- IFRC 2009 – not only increasing inequalities but impact undermining health & social gains made in previous years
- Impact on countries with strong universal health & social protection systems eg. Nordic countries
- Potentially locking a generation out of the employment market – beginning the cycle of inter-generational unemployment



Emphasis in government responses

- Increasing conditionality for identifying those most in need
- Decreasing scope & coverage of health and social protection systems
 - Increased user charges
 - Decreasing what is provided
- Increasing the potential taxation base



What does the evidence on inequalities show

- Investment in early childhood development – one of most powerful investments a country can make
- Increasing conditionality of health & social protection systems decreases effectiveness & expected gains
- Prevention is better than cure
- Employment
 - unemployment is bad for health and the country's prospects in the longer term
 - but the security and quality of work matter equally in terms of health impacts
- Inequalities affect us all & are not sustainable

Equity-focused HIA as part of the armoury: why do it

- What's the potential for uptake in the current climate?
- Not changing the decision
 - but making a difference to implementation
 - enabling monitoring of potential health equity impacts
- Beginning to change the policy debate
- Changing the policy process upstream



Equity-focused HIA as part of the armoury: what/how to do?

- Integration of evidence of health impacts
- Advocacy for public health
 - Using diverse sources of evidence
 - Using evidence differently
 - Making the case
- Looking at the distribution not just the average
- A view for the longer term
 - Sustainability
 - A different society
 - Different questions



3 reasons for acting

1. Value based

- Health as a human right
- Solidarity

2. Economic

- Costs of not acting
- Gains from acting to improve level & distribution of health

3. Effectiveness

- Increased coverage of public health programmes by addressing social factors



Equity-focused HIA: being realistic about the outcome

- Part of the armoury not **the** answer
- Check the rest of the armoury: assessing the environment for uptake & positioning for uptake of results
- Expect, anticipate & plan for resistance to uptake irrespective of goodwill & stated commitments
- Longer term contribution to bigger process
 - unintended benefits of process of HIA & its contribution eg. off the shelf evidence

Questions

