EQUITY IMPACT ASSESSMENT FRAMEWORK

PURPOSE

The Equity Impact Assessment (EIA) has broad applications and is intended for use by the CRTO Council and Committees, whose decisions impact the health of Ontarians. The EIA tool also intends to be a bridging tool to encourage creative thinking, collaboration, and practical, actionable solutions to current policies, programs, or initiatives impacting health outcomes.

Using evidence, identify which populations may experience significant unintended health impacts (positive or negative) as a result of the planned policy, program or initiative.

EQUITY IMPACT ASSESSMENT TOOL

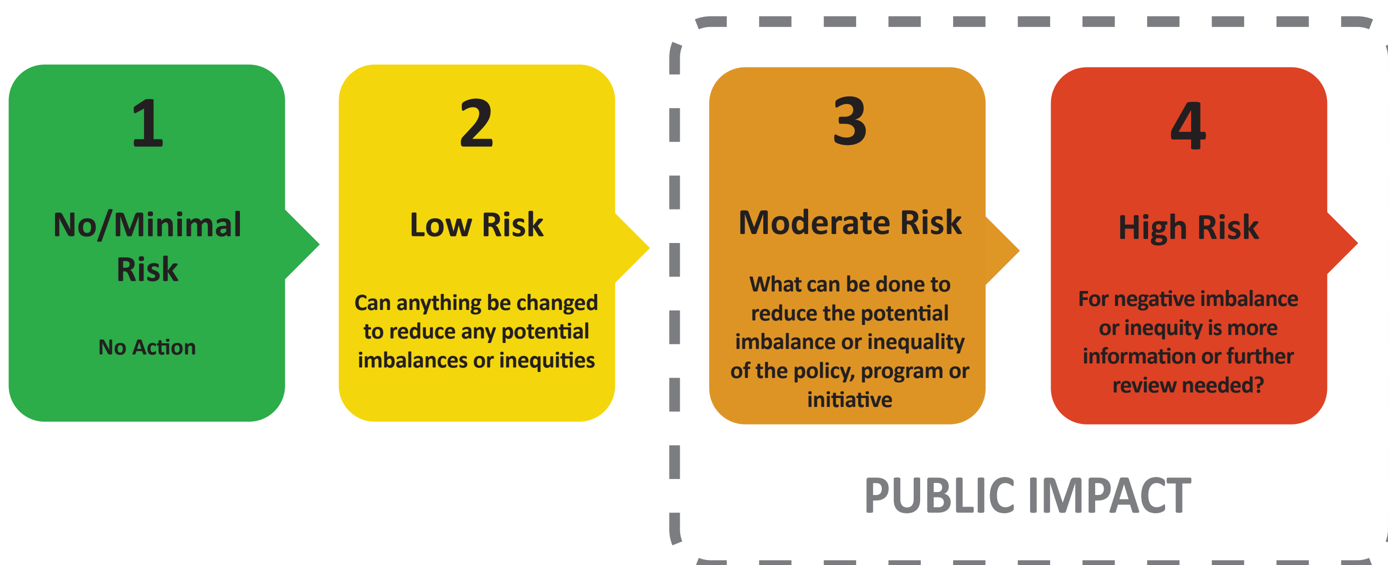
	STEP 1 SCOPING	STEP 2 POTENTIAL IMPACTS			STEP 3 MITIGATION
POPULATIONS	**Potential Health Inequities** *(yes/no)*	**Unintended Positive Impacts** *(1 - 4)*	**Unintended Negative Impacts** *(1 - 4)*	**More Information Needed** *(yes/no)*	**Identify ways to reduce potential negative impacts and increase positive impacts.**
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					
OTHER: (please describe other populations)					

For more information on filling in this tool or definitions, please see further in this document.

DEFINITIONS OF POTENTIAL EQUITY IMPACT SCALE

IMPACT SCALE	DESCRIPTION
No Impact	• Information does not require further action
Low or Minimal Impact	• Unlikely to have an unintended potential positive or negative impact on equality, or the public interest
Moderate Impact	• Moderate unintended potential positive or negative impact on equality, or the public interest • What can be done to reduce the potential imbalance or inequality of the policy, program or initiative
High Impact	• High unintended potential positive or negative impact on equality, or the public interest • What can be done to reduce the imbalance or inequality of the policy, program or initiative • Is more information needed, should it be further reviewed and come back at a future meeting?

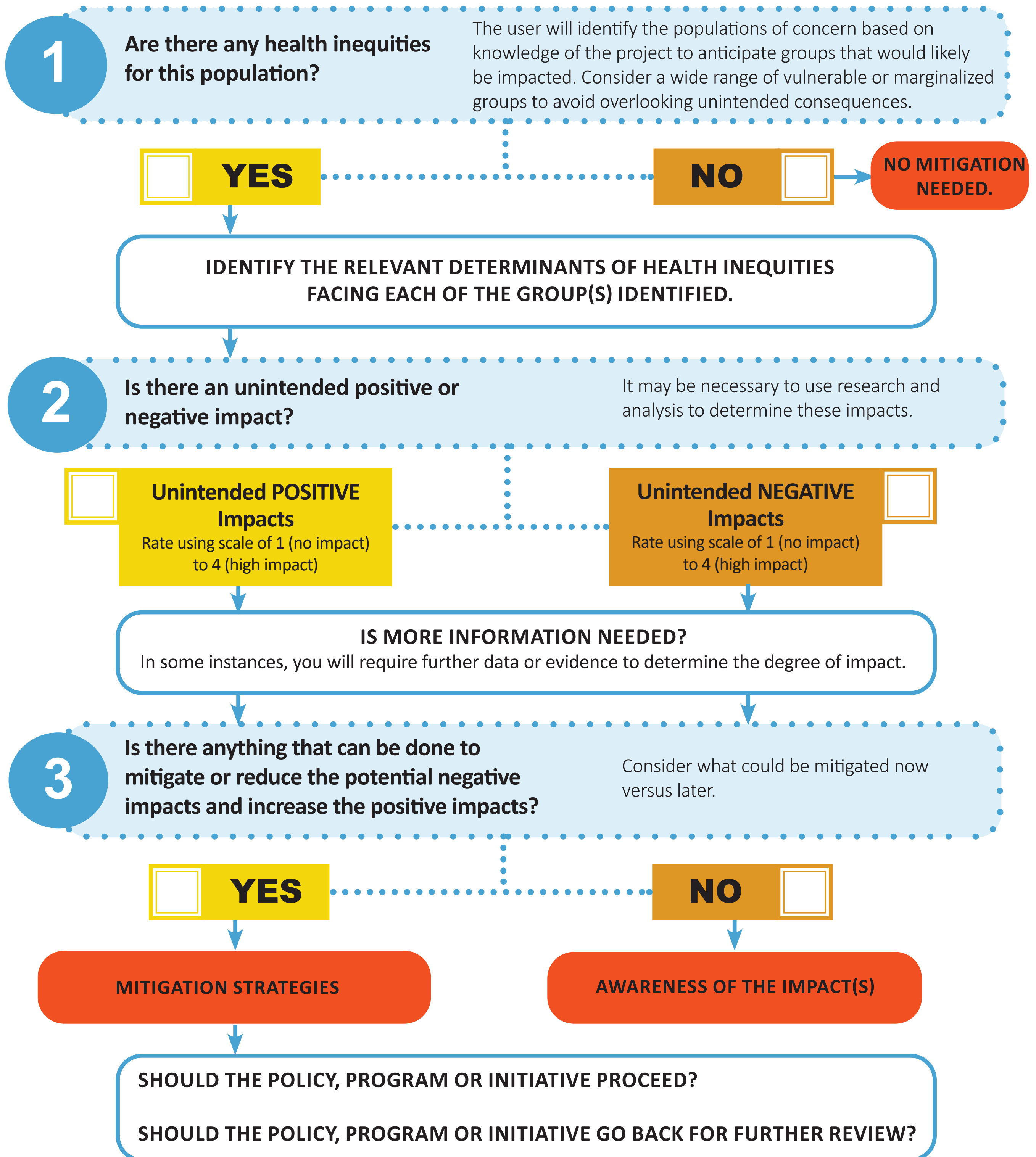
EQUITY IMPACT ASSESSMENT



This tool and process were created based on the HEIA tool and workbook developed by the Ontario Ministry of Health and can be found at https://www.health.gov.on.ca/en/pro/programs/heia/tool.aspx

EQUITY IMPACT ASSESSMENT TOOL PROCESS

This Equity Impact Assessment (EIA) process was developed to assist Council and Committees in completing the EIA tool. The steps in this guide correspond to the steps in the EIA tool. Further definitions and instructions are available in this document.



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DEFINITIONS

ANALYSIS

- Through further evaluation of the policy, program or initiative, the effectiveness of the mitigation strategies are reviewed to determine recommendations for addressing equity awareness and if there are any other gaps in equity that need to be filled. Through this process, lessons learned will help reduce inequities in the long term. This is a cyclical process.

DETERMINANTS OF HEALTH

- The Public Health Agency of Canada defines the determinants of health (DOH) as:

  "...the range of personal, social, economic and environmental factors that determine the health status of individuals or populations.[1] The determinants of health can be grouped into seven broad categories:[2] socio-economic environment; physical environments; early childhood development; personal health practices; individual capacity and coping skills; biology and genetic endowment; and health services."

  While the list continues to evolve, the Public Health Agency of Canada currently identifies the determinants of health,[3] as listed in the populations in the EIA tool.

HEALTH EQUITY

- Health equity is reducing systemic barriers in access to high-quality health care for all by addressing the specific health needs of people along the social gradient, including the most health-disadvantaged populations. Equity planning acknowledges that health services must be provided and organized in ways that contribute to reducing overall health disparities.[4]

HEALTH INEQUITY

- Health inequities or disparities are differences in health outcomes that are avoidable, unfair, and systemically related to social inequality and marginalization. Research shows that the roots of health disparities lie in broader social and economic inequality and exclusion. There are clear social gradients in which people's health tends to be worse the lower they are on the scales of income, education, and overall privilege.[5]

MITIGATION

- Minimize the negative impacts that create or contribute to existing disparities and maximize positive impacts that create or contribute to equity.

MITIGATION STRATEGIES

- Ways to lessen negative impacts through evidence-based policies, systems, and environmental tactics to mitigate social and health inequities. See the workbook for examples of mitigation strategies.

MONITORING

- How the policy, program or initiative will be observed to determine the impacts on vulnerable or marginalized groups compared to other populations.

POTENTIAL IMPACTS

- The process of identifying how a program, policy or initiative will impact population groups in different ways. The goal is to maximize positive impacts and reduce negative impacts that could potentially widen health disparities between population groups.

POTENTIAL VULNERABLE OR MARGINALIZED POPULATIONS

- The following list of populations is not exhaustive. The terminology used may or may not be preferred by members of the communities in question, as preferences vary both within and across communities. Examples are provided under each population outlined below to clarify populations listed in Step 1 of the EIA tool. Vulnerable and marginalized populations may include, but are not limited to, the following:
  - **Aboriginal Peoples:** The Aboriginal peoples of Canada comprise the First Nations, Inuit and Métis (FNIM) peoples. These distinct groups have unique heritages, languages and cultures.[6]
  - **Age-Related Groups:** Refers to populations whose health or equity could be specifically impacted by factors related to their age (such as the ability to vote) or developmental factors (early childhood), or physical changes (such as frail elderly). Potential groups within this category include infants, children, youth, seniors, the elderly, etc.
  - **Disability:** Refers to people with physical or mental disability, infirmity, malformation or disfigurement such as blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, mental impairment (developmental or learning disability), a mental disorder, or a workplace injury or disability.[7] This could also refer to people with a mental illness, addiction, or substance use problem.

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DEFINITIONS

- **Ethno-Racial Communities:** An ethnic group (or ethnicity)[8] is a group of people whose members identify with each other through a common heritage, often consisting of a common language, a common culture (often including a shared religion) and/or an ideology that stresses common ancestry or endogamy. Potential communities include racial or racialized groups, cultural minorities, immigrants, refugees, etc.
- **Francophone:** People who communicate in French as their primary official or preferred language, including new immigrant francophones, deaf communities using French or Quebec sign language (la langue des signes québécoise) (LSQ)/la langue des signes francaise (LSF), etc.
- **Homeless:** Includes marginally or under-housed people, those without a permanent address, and those without stable housing or high-quality housing, including transient people.
- **Linguistic Communities:** People uncomfortable communicating in either English or French or who prefer a first language other than English or French, or those whose literacy level affects communication in any language.
- **Low Income:** This includes economically vulnerable people who are underemployed, unemployed, living on a fixed income, receiving social assistance, etc.
- **Religious/Faith Communities:** This refers to religious beliefs or faith systems that may also include specific dietary or cultural practices.
- **Rural/Remote or Inner-Urban Populations:** This includes people facing geographic or social isolation, or living in under-serviced areas, or living in densely populated areas.
- **Sex/Gender:** Sex refers to the biological and physiological characteristics that define male and female, while gender refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women.[9] Potential groups include female, male, women, men, transsexual, transgendered, two-spirited, etc.
- **Sexual Orientation:** Sexual orientation is a personal characteristic covering the range of human sexuality from lesbian and gay to bisexual and heterosexual.[10]
- **Other:** This includes any other relevant population group not captured in the EIA Tool. For example, uninsured people (people without legal status in Canada and no government health insurance), people without a family doctor, etc.

UNINTENDED NEGATIVE IMPACT

- When a policy, program or initiative’s outcome wasn’t expected but turned out to have a negative effect, and the consequences of the outcome are the opposite of what you intended, typically negative.

UNINTENDED POSITIVE IMPACT

- When a policy, program or initiative’s outcome wasn’t expected but turned out to be beneficial.

UNINTENDED IMPACT VS. *INTENDED* IMPACT

- Consider, for example, the **intended** goal of a province-wide asthma prevention and management program. Imagine the program’s intended goal is to reduce the incidence rate of ER visits and improve care and health management for those with asthma. The **unintended** consequence of an operational decision to only provide this program online may be that it excludes those who have no Internet access, having a potential inequitable impact on the health of those groups. A further impact is that those who may already be vulnerable and at risk of poorer health will be disproportionately affected and thus further marginalized – an unintended consequence contravening the intended goals of the program, which are the province-wide improvements in asthma incidence rates and care Mitigation strategies to improve access should then be considered to avoid increased marginalization of those identified vulnerable groups.[11]

COMPLETING THE EQUITY IMPACT ASSESSMENT

What is the EIA tool?

The primary focus of this tool is to reduce inequities that result from barriers in access to quality services and programming and to increase positive outcomes by identifying and mitigating unintended impacts of an initiative prior to implementation.

Broader initiatives such as strategic and business planning, budget or resource allocation, accreditation, governance, accountability, legislative and regulatory, and community engagement processes can also benefit from EIA, as it supports integration of equity across an organization.

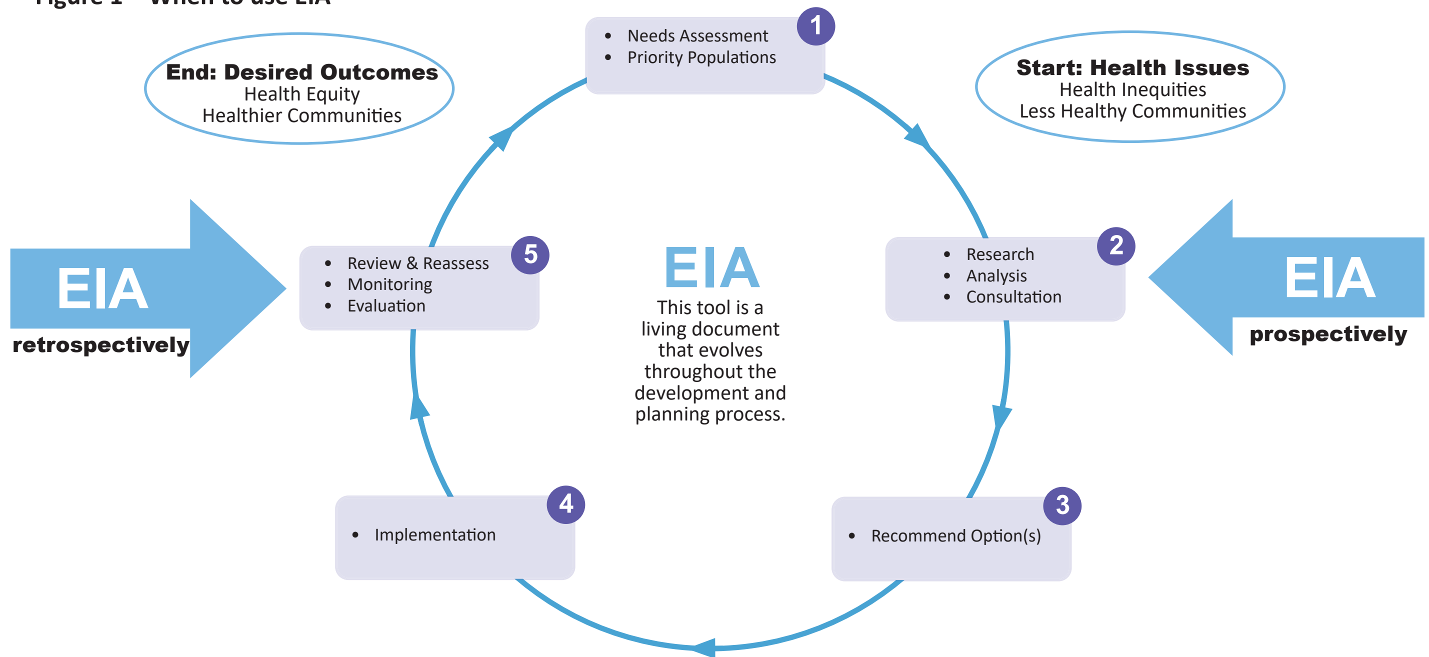
Although intended primarily for application during the design phase of an initiative (pre-implementation), the tool can also be applied retrospectively to reviews, evaluations, or decisions related to expansion, realignment, or closure of existing programs or services.

When should the EIA tool be used?

EIA should be conducted as early as possible in the development and planning stages in order to enable adjustments to the policy, program, or initiative before opportunities for change become more limited (e.g., such as during implementation).

Figure 1 depicts a simplified development and planning process, indicating the stages at which the EIA tool can be applied, as part of either a prospective or retrospective analysis.

Figure 1 – When to use EIA



While early assessment is ideal, EIA can be introduced at later points in the development and planning process, such as during post-implementation reviews or evaluations. EIA is only one part of a collection of equity-driven planning tools, and may not be appropriate for all purposes. For example, EIA is not as well suited as other equity tools for needs assessment, measuring and tracking action on equity, program and service evaluation, or strategic planning.

Who should use the EIA tool?

EIA is typically conducted by the development and planning Council, Committees and staff working on the policy, program, or initiatives. The results of EIA should then be considered by decision-makers in the organization. EIA is not intended to be conducted by third parties to policy-making (e.g., consultants), as they are further removed from the process and the cost can be prohibitive.

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EIA in Five Steps

If the policy, program, or initiative has the potential to impact the vulnerable or marginalized groups, EIA is applicable. It is desirable that all potential decisions or plans be considered, and a recommendation made whether to proceed further to complete a EIA, and with what scope of analysis.

1. Scoping

Identify affected populations or groups and potential unintended impacts (positive or negative) on those groups of the planned policy, program, or initiative. Consider a wide range of vulnerable or marginalized groups to avoid overlooking unintended consequences of an initiative.

2. Potential Impacts

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. It is both useful and important to consider a broader range of evidence, including consultation findings, grey literature, or field evidence. These sources of evidence should be weighed based on their strength and quality. Where there is very limited data or no evidence available, note this in the EIA tool or, where possible, implement strategies to gather required evidence. Strategies could include conducting surveys, focus groups, or consultation with experts or members of the affected groups where time permits.

3. Mitigation

Develop evidence-based recommendations to minimize or eliminate negative impacts and maximize positive impacts on vulnerable or marginalized groups. These recommendations comprise your mitigation strategy. 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. Where possible, recommendations should be informed by a diversity of members of the affected communities.

4. Monitoring

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. The resulting data will enhance the overall evidence base for equity-based interventions and can be fed back into the development and planning process. After the EIA is completed, conduct a short process and impact evaluation to determine whether the tool was practical and appropriate (process), and whether there was uptake of the recommendations for adjustments made as part of the mitigation strategy (impact).

5. Dissemination

This step involves sharing results and recommendations for addressing equity. Dissemination is a cyclical process, interacting with step four (monitoring). By sharing the results of your EIA, you are raising awareness of the gaps in equity and service provision that need to be filled, and sharing lessons learned which are important to reduce inequities in the long run.

It is important to document and share the results of the EIA with relevant groups and stakeholders who would be interested in learning from the information you have collected. By sharing the results of your application of the EIA, you are contributing to the growing body of knowledge on the reduction of inequities. By sharing results of new indicators and evaluation you are also increasing access to evidence and evaluation data for the future. It is especially important to share your results and recommendations with relevant stakeholders as their initiatives and policies can have a substantive impact on inequities.

After the EIA process has been completed, it is useful to consider your results, particularly those from the monitoring strategy and how these can be incorporated into broader planning instruments such as corporate and regional strategies, annual planning and reports and other similar documents.

NOTE: The content contained within the CRTO EIA tool and worksheets is a streamlined version of the Ministry of Health and Long-Term Care's HEIA Tool and Workbook. For more detailed information and descriptions please view the fill workbook.

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ENDNOTES

1 World Health Organization (WHO), Health Promotion Glossary, 1998.
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2 Source: Public Health Agency of Canada. "Canada's Response to WHO Commission on Social Determinants of Health." Available at http://www.phac-aspc.gc.ca/sdh-dss/glos-eng.php

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4 Source: Ontario Ministry of Health and Long-Term Care "The HEIA Workbook."
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5 *Ibid*

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9 World Health Organization. "What do we mean by 'sex' and 'gender'?"
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10 Ontario Human Rights Commission. "Sexual orientation and human rights."
Available at http://www.ohrc.on.ca/en/issues/sexual_orientation

11 Source: Ontario Ministry of Health and Long-Term Care "The HEIA Workbook"
Available at https://www.health.gov.on.ca/en/pro/programs/heia/tool.aspx

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