Health Equity Impact Assessment (HEIA)

FOCUS ON COMMUNITY MENTAL HEALTH

Presenters:
Nila Sinnatamby, Ontario Ministry of Health and Long-Term Care
Sheela Subramanian, Canadian Mental Health Association, Ontario
Andrea Bodkin, Health Nexus
Alexandra Lamoureux, Canadian Mental Health Association, Toronto
Webinar Goals

*Increase understanding of:*

- Health equity
- Equity issues in mental health in Ontario
- Health Equity Impact Assessments (HEIA)
- How to use HEIA in community mental health
Today’s Agenda

Part 1:
What’s health equity? (*Nila*)
What does equity mean in mental health? (*Sheela*)

Part 2:
What’s an HEIA? (*Nila*)
How do I conduct an HEIA? (*Andrea*)
A real life community mental health example (*Alex*)

Q & A
What is health equity?
Health equity is most often defined by the absence of health inequities or disparities.

Health inequities or disparities are differences in the health outcomes of specific populations that are **systemic**, patterned, **unfair** and **actionable**, as opposed to random or caused by those who become ill.

Health Burden & Access Barriers (Hurdles) Widen Equity Gap

People figures from Denmark’s National Strategy to Reduce Social Inequalities in Health (2007)
Canada recognizes a number of key determinants of health

Why does Health Equity Matter?

What does it mean to you?
Determinants of health influence health outcomes

**Examples of health inequities in Ontario**

- Of the approximately 2,000 children in Ontario who suffer from Crohn’s disease and ulcerative colitis, children from low-income neighbourhoods are 17% more likely to be hospitalized and 80% more likely to undergo surgery than those from high-income neighbourhoods (ICES, 2011).

- A Toronto pediatric dental study showed that of 2,505 children around 4 years old, 39% had never been to a dentist – children from families with the lowest incomes ($0-59,999) were most likely to have not seen a dentist (Pediatrics, 2014).

- The majority of Ontarians (85%) who had sought care from a family doctor to monitor health problems reported no difficulties with access; however, women who had been in Canada for less than ten years reported more difficulties than those who had been here longer or who were Canadian born (Power Study, 2010).
Why take action on health equity?

• There are legal and ethical reasons for addressing health equity.

• There are cost implications for our broader health and social services.

• We must address consider health equity and how we can reduce health disparities in our planning.
How do we Improve Equity in the Health System?

• Ensure equitable provision of high quality health services regardless of circumstances and make sure that all individuals and communities get the care they need
• We can do this by:
  1. Building health equity into all health planning and delivery
     • doesn’t mean all programs are all about equity
     • but all take equity into account in planning their services and outreach
  2. Targeting resources or programs specifically to addressing disadvantaged populations or key access barriers
     • looking for investments and interventions that will have the highest impact on reducing health disparities or enhancing the opportunities for good health of the most vulnerable
Understanding Equity in Mental Health
CMHA Ontario’s Advancing Equity in Mental Health: Understanding Key Concepts

http://ontario.cmha.ca/equity

- Launched in May 2014

Goals:
- Build common language and understanding
- Identify key equity issues in mental health
- Identify key populations to consider
- Plan for action
Defining Mental Health

• More than absence of a mental health condition/illness

• Two continuum model presents two dimensions of MH
  – One continuum for presence/absence of symptoms or diagnosis
  – One for poor to positive mental health

• Mental health is not fixed
  – A person with a MH condition can experience positive mental health
  – A person without a condition can experience poor MH
Two continuum model

- It's possible to have a mental health condition and positive mental health.
- It's possible to experience poor mental health without a mental health condition.
Social Determinants of Health

• Socio-economic conditions shape our lives

Three are especially significant for mental health:

1. Discrimination and violence
2. Social exclusion
3. Poverty or access to economic resources

Defining Equity

Equity is...

• A way to understand and respond to marginalization
  – Uneven distribution of power/resources in society

• An understanding that different populations need different actions to achieve similar outcomes

Intersectionality

• Different experiences of marginalization intersect

• E.g. South Asian woman living with bipolar disorder in a rural region
Equity & Mental Health: Relationships

1. Equity impacts on mental health

2. Mental health impacts on equity

3. Intersectionality matters
1. Equity impacts on mental health

Due to the social determinants of health, populations that experience inequities face greater risk of poor mental health and some mental health conditions

- LGBT people face higher rates of depression and anxiety, and LGBT youth face approx. 14 times risk of suicide than heterosexual peers (Rainbow Health Ontario, 2011)

- Ontario women are twice as likely to report depression than men (POWER Study, 2009)

- People in Ontario’s low-income neighbourhoods more likely to report depression than highest-income neighbourhoods (POWER Study, 2009)
2. Mental health impacts on equity

People with lived experience face discrimination, stigma and social exclusion

- Ontario Human Rights Commission (2012) documents extensive discrimination in housing, employment and services

- Significant unemployment for PWLE, particularly those with severe and persistent disability

- Discrimination against PWLE who have come into contact with justice system results in barriers to accessing mental health and social services and violence/victimization in correctional system

24% of Canadians surveyed are afraid of people with MH conditions (Salvation Army, 2010)
3. Intersectionality matters

People who experience intersecting mental health issues and marginalization face added inequities

- Immigrant, refugee and ethno-racial groups face language gaps, discrimination, ineffective/inappropriate service models, overlapping SDOMH when accessing services

- Some groups (e.g. temporary workers, international students, visitors, undocumented) excluded from provincial health insurance

- Bisexual Ontarians report significant need for, but negative experiences of MH services

Northern Ontarians report higher rates of depression, higher use of medication and higher hospitalization rates, but have access to a less comprehensive, available and accessible basket of services
Who is impacted?

3 population clusters emerge:
Action Strategies

At the organizational, planning and policy levels:

1. Embed equity in mental health policy and planning
2. Expand the evidence-base for equity issues in mental health
3. Foster meaningful participation of PWLE and marginalized populations
4. Build healthy communities
5. Challenge discrimination, stigma and exclusion of PWLE
What is Health Equity Impact Assessment (HEIA)?
Health Equity Impact Assessment (HEIA) helps users to align services/policies/programs with need—enabling better health outcomes.

Source: Health Equity Audit: A Guide for the NHS, UK Department of Health
In this simplified example, those with the most need experience the wrong type of service/policy: the undesirable “inverse care law”

Source: Health Equity Audit: A Guide for the NHS, UK Department of Health
In this simplified example, there is a match between need and high services/programs: a desirable situation

Source: Health Equity Audit: A Guide for the NHS, UK Department of Health
HEIA is a structured method to include equity in health planning and decision making

- HEIA is a practical tool for assessment and decision support

- It helps to address and anticipate any unintended health impacts that a plan, policy or program might have on vulnerable or marginalized groups within the general population

- It builds on existing work and creates greater consistency and transparency in the way that equity is being considered across the health system

- The end goal of HEIA is to achieve health equity and eliminate disparities in health
Health equity impact assessments are used provincially, nationally and internationally

- A number of organizations both within Canada and internationally use some form of a health equity impact assessment
- A number of organizations in Ontario are using MOHLTC’s HEIA tool
When should you conduct an HEIA?

HEIA

End: Desired Outcomes
- Health Equity
- Healthier Communities

Start: Health Issues
- Health Inequities
- Less Healthy Communities

1. Needs Assessment
   - Priority Populations
   - Problems & Objectives

2. Research
   - Analysis
   - Consultation

3. Recommend Option(s)

4. Implementation

5. Review & Re-assess
   - Monitoring
   - Evaluation

HEIA retrospectively

HEIA prospectively

The tool is a living document that evolves throughout the development and planning process.
Who should conduct an HEIA?

Preferably someone internal

Not necessary to use external consultant
How much time does it take?

- Desk-top Assessment
- Rapid Assessment
- Comprehensive Assessment
The Health Equity Impact Assessment Tool

# 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

### a) Populations

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

### b) Determinants of Health

Identify determinants and health inequities to be considered alongside the populations you identify.

#### Potential Impacts

<table>
<thead>
<tr>
<th>Unintended Positive Impacts</th>
<th>Unintended Negative Impacts</th>
<th>More Information Needed</th>
<th>Identify ways to reduce potential negative impacts and amplify the positive impacts.</th>
<th>Identify ways to measure success for each mitigation strategy identified.</th>
<th>Identify ways to share results and recommendations to address equity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal peoples (e.g., First Nations, Inuit, Métis, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age-related groups (e.g., children, youth, seniors, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability (e.g., physical, intellectual, developmental, learning, mental illness, addictions/substance use, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnic/racial communities (e.g., racialized or multicultural minority, immigrants and refugees, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Francophone (including new immigrant francophone, deaf communities using LSF/LSIF, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeless (including marginally or under-housed, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linguistic communities (e.g., uncomfortable using English or French, literacy affects communication, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low income (e.g., unemployed, underemployed, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious/faith communities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural/remote or inner-urban populations (e.g., geographically isolated, underserviced areas, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex/sexuality (e.g., male, female, women, men, trans, transgender, transgender, trans-identified, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual orientation (e.g., lesbian, gay, bisexual, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: please describe the population here.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Terminology used here may or may not be preferred by members of the community in question and there may be other populations prevalent to add. Also consider intersecting populations (i.e., Aboriginal women).*
5 Steps in HEIA

- Scoping
- Impacts
- Mitigation
- Monitoring
- Dissemination
Step 1: Scoping

1A Identify Population Groups
- What population groups are most likely to experience inequities?
- What population groups can your program impact?

1B Identify Determinants
- What social determinants of health affect the population groups you’ve identified?
- Are their any determinants particular to your program?
Step Two: Impacts

• What **unintended positive** impacts might occur as a result of your program?

• What **unintended negative** impacts might occur as a result of your program?
Step 3: Mitigation

• What can you do to maximize the positive and minimize the negative potential impacts of your program?
  – Modifications to the program
  – Additional strategies
  – Additional research, outreach, consultation
Step 4: Monitoring

• How will you know if the modifications you have made had the intended affects?
  – Statistics and data collection
  – Evaluations, surveys
  – Focus groups, interviews (internal, external)

• What was the actual outcome of conducting the HEIA?
Step 5: Dissemination

- Who do you need to communicate with, and what do you need to tell them?
  - Internal staff/management
  - Those you consulted during the HEIA
  - External stakeholders
Example: Peel Service Collaborative

Community Engagement and Consultations will be conducted to identify the issues and needs of marginalized populations of children and youth with complex mental health and addictions needs in Peel

- **Objective of the HEIA**: to ensure that the consultation and engagement process is inclusive
- **Results**: the HEIA identified key stakeholders, key priorities and informed how the Service Collaborative will move forward
Wellesley Institute undertook an HEIA of the proposal to situate a casino in Toronto/GTA

- **Method:** academic-style research to produce recommendations
- **Result:** a casino would likely result in poorer health for already marginalized populations (those living in poverty, seniors, newcomers, young people). Deputation delivered to the Toronto Board of Health.
Example: 3M Health Leadership Award

This award program (Health Nexus and 3M Canada) recognizes leaders working in the social determinants of health. The HEIA focused on the communications outreach.

- **Method:** interviews with the team lead, focus groups with the project committee, key informant interviews
- **Results:** Mitigation strategies will be adopted to increase nominations from Aboriginal, low income and disabilities communities
- **Lessons learned:** asking the questions on the HEIA tool directed the conversation in a completely different way. Key informant interviews not only resulted in good ideas, but stronger or new relationships
Smoke Stoppers at CMHA Toronto

Project Summary
Through interactive group facilitation led by a multidisciplinary team, Smoke Stoppers supports individuals living with mental health issues to make changes to their smoking (reduce or quit). This program acknowledges that smoking rates are higher among people living with mental health issues, and at the same time prevalence of physical illnesses such as diabetes and heart conditions are higher among this group. Smoke Stoppers takes an integrated health approach which includes primary health care assessment and follow up.

Objectives for Conducting the HEIA:
To ensure that the Smoke Stoppers program does not increase or perpetuate inequities, and if so that such inequities are mitigated. To identify equity based improvements in program design, delivery and evaluation.

Methodology
Literature review and team of clinicians trained in HEIA to conduct the assessment; HEIA workbook
Step 1: Scoping

### 1a) Populations:
- Disability (mental health and addictions)
- Ethno-racial communities
- Linguistic communities
- Low income
- Sex / gender
- Sexual orientation

### 1b) Determinants:
- Income and social status, social support networks, education and literacy,
- employment/working conditions, social environments, physical environments,
- personal health practices and coping skills, gender, culture, health services

*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
### Step 2: Potential Impacts

**Positive**
- Access to Nurse Practitioner; improved social connections and self-confidence, diabetes education

**Negative**
- Group format only, no peer facilitators, limited access to Nicotine Replacement Therapy

---

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

*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.,

---

Canadian Mental Health Association Toronto
Step 3: Mitigation Strategies

- Explore partnerships for improved access to NRT
- Explore peer involvement
- Explore one-on-one support
Step 4: Monitoring

Review program logic model and incorporate mitigation strategies; integrate follow up on HEIA into annual program review; follow up on partnership developments.
Step 5: Dissemination

HEIA Template

<table>
<thead>
<tr>
<th>Step 1. SCOPING</th>
<th>Step 2. POTENTIAL IMPACTS</th>
<th>Step 3. MITIGATION</th>
<th>Step 4. MONITORING</th>
<th>Step 5. DISSEMINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Populations Using evidence, identify which populations may experience significant unintended health impacts (positive or negative) as a result of the planned policy, program or initiative.</td>
<td>b) Determinants of Health Identify determinants and health inequities to be considered alongside the populations you identify.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal peoples (e.g., First Nations, Inuit, Métis, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age-related groups (e.g., children, youth, seniors, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability (e.g., physical, D/deaf, deafened or hard of hearing, visual, intellectual/developmental, learning, mental illness, addictions/substance use, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethno-racial communities (e.g., racial/ethnic or cultural minorities, immigrants and refugees, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Francophone (including new immigrant francophones, deaf communities using LQSL, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeless (including marginally or under-housed, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linguistic communities (e.g., uncomfortable using English or French, literacy affects communication, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low income (e.g., unemployed, underemployed, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious/faith communities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural/remote or inner-urban populations (e.g., geographic/social isolation, underserviced areas, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex/gender (e.g., male, female, women, men, trans, transgender, two-spirit, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual orientation (e.g., lesbian, gay, bisexual, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: please describe the population here.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3 conference presentations on Smoke Stoppers program, included equity analysis and mitigation strategies; this webinar; sharing updates on HEIA internally with management and all staff; sharing our Health Equity work through conferences and presentations, including HEIA.

*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.,...
A Mental Health Lens for HEIA

1. Consider impacts on people with lived experience of MH issues (PWLE)

2. Identify additional populations that may be impacted
   • Think intersectionally!
   • PWLE who have contact with the justice system

3. Consider mental health impacts for all populations
   • How might the program or policy decision contribute to positive or poor mental health for any group?
Key Learnings for a Successful HEIA

• Develop a plan to conduct the HEIA & implement the findings
• Customize the HEIA process to meet your needs
• Ensure that you have internal support
• Consider a wide variety of data sources
• Make sure that your mitigation strategies are feasible!
• HEIA is ONE tool. Make addressing it part of your comprehensive health equity strategy
Questions? Contact Us!

Nila Sinnatamby, Ontario Ministry of Health and Long-Term Care  
HEIA@ontario.ca

Sheela Subramanian, Canadian Mental Health Association, Ontario  
ssubramanian@ontario.cmha.ca  
1-800-875-6213 x4157

Andrea Bodkin, Health Nexus  
a.bodkin@healthnexus.ca  
416-408-6911

Alexandra Lamoureux, Canadian Mental Health Association, Toronto  
alamoureux@cmha-toronto.net  
416.789.7957 x 379