



EQUITY ACTION

JOINT ACTION ON HEALTH INEQUALITIES



EU Joint Action on Health Inequalities ‘Equity Action’:

A rapid review of enhancing the equity focus on policy orientated Health Impact Assessment

Stephen Gunther

March 2011

Equity Action – Joint Action on Health Inequalities Agreement No 2010 22 03

The contents of the above document are the sole responsibility of the author. The Executive Agency is in not responsible for any of the contents herein.



EQUITY ACTION

JOINT ACTION ON HEALTH INEQUALITIES



Contents

Executive Summary	3
Background.....	5
Aims and Objectives:	5
Purpose of the paper:.....	5
Methods	6
Results	6
HIAef or HIA.....	6
Current Government use of HIA's	7
Equity in HIA's.....	7
Scrutiny.....	8
Undertaking HIA	8
Expert groups.....	9
Involving stakeholders.....	9
Learning and training.....	9
Practical tips in undertaking a HIA	10
Suggested Frameworks	11
Summary.....	11
References:.....	13
Appendix 1.....	16

Equity Action – Joint Action on Health Inequalities Agreement No 2010 22 03

The contents of the above document are the sole responsibility of the author. The Executive Agency is in not responsible for any of the contents herein.



EQUITY ACTION

JOINT ACTION ON HEALTH INEQUALITIES



Executive Summary

Addressing Health inequalities across Europe is seen by the European Commission and Member States as an important issue to tackle. Health Action Partnership International (HAPI) is coordinating a Joint Action (JA) to assist MS involved, and with the Department of Health (England) is leading the work strand to improve integrated working to tackle socioeconomic and geographic health inequalities.

The JA aims to help to reduce health inequalities, with one Work Strand aiming to develop *tools to improve the health equity focus in cross government policy making*. One such tool is Health Impact Assessment with equity focus (HIAef).

The aim of the paper is to provide a summary of the current thinking and reports on HIAef and propose options to MS on how to take forward this Work Strand, HIAef within the JA. The methods included a rapid review of evidence and opinion on the current practice relating to HIAef.

The review found that Health Impact Assessment (HIA) is the preferred terminology, and good HIAs should consider equity within them. HIAs are poorly carried out across government within Europe and England, and equity is not consistently covered within HIAs at present. HIAs should look at the impact of policy first and then look at the distribution of that impact on different groups and addressing equity appropriately is not easily achieved. Experts suggested that there ought to be a scrutiny of the process to ensure there is appropriate governance of any HIA and frameworks were suggested for quality assuring HIAs.

When undertaking a HIA, the most important stages are the screening and scoping, as these set the consideration of equity for the rest of the HIA. Assessing gradient was viewed as the most important aspect of equity to consider. A checklist of groups to be analysed should be used as an aide-mémoire to aid further analysis, and when deciding which groups to assess, available data sources should be considered to ensure analysis can be undertaken.

To speed up the process of undertaking a HIA, expert reference groups were viewed as important. These would provide on hand advice and act as “sounding boards” to policy makers. Stakeholders should be included as early as possible in the policy making process so they feel they have some ownership of the policy.

Training should run alongside the HIA and sharing learning between participants was viewed as an efficient way of supporting people. Valuable learning could be achieved by undertaking a HIA looking back at an existing policy, especially if it was to inform future policy.

Successful HIAs tend to be led by the policy maker, with involvement from key stakeholders. Definitions of terms used ought to be agreed at the outset so there are no misunderstandings during the HIA. Equity particularly, as this is based on values and assumptions, influenced by evidence, politics, cultural and social values.

Equity Action – Joint Action on Health Inequalities Agreement No 2010 22 03

The contents of the above document are the sole responsibility of the author. The Executive Agency is in not responsible for any of the contents herein.



EQUITY ACTION

JOINT ACTION ON HEALTH INEQUALITIES



There were many different frameworks suggested for assessing equity in the HIA, however there was no “best” framework and whatever HIA framework is used, it needs to be contextual to meet the needs of stakeholders involved in the process and constantly modify to effectively assess equity.

Equity Action – Joint Action on Health Inequalities Agreement No 2010 22 03

The contents of the above document are the sole responsibility of the author. The Executive Agency is in not responsible for any of the contents herein.



EQUITY ACTION

JOINT ACTION ON HEALTH INEQUALITIES



Background

In 2005, the *'Health Inequalities in Europe'* report (Mackenbach, 2005) identified that health inequalities based on socio-economic status exist in all countries of the European Union. In 2006 the Finnish Presidency proposed a Health in All policies approach (HiAP), as health is determined to a large extent by factors outside the health area. Now all EU policies are required by the EU treaty to follow this HiAP approach, including that a HIA is carried out at all levels. To be fully effective, this approach needs to be extended to national, regional and local policies.

Responding to increasing concern about persisting and widening inequities, World Health Organisation (WHO) established the Commission on Social Determinants of Health (CSDH) in 2005 to provide advice on how to reduce them. The Commission's final report *"Closing the gap in a generation"* (CSDH, 2008) contained three overarching recommendations; to improve daily living conditions, tackle the inequitable distribution of power, money and resources, and measure and understand the problem and assess the impact of action.

The European Commission's Communication *'Solidarity in Health: Reducing Health Inequalities in the EU'* (2009) acknowledged these problems, and set out actions which the European Commission would take. The European Parliament adopted a resolution on reducing health inequalities in the EU on the 8th March 2011 (EU, 2011).

In response to the proposed actions required, Health Action Partnership International (HAPI) is coordinating a Joint Action (JA) to assist MS involved, and with the Department of Health (England) is leading the work strand to improve integrated working to tackle socioeconomic and geographic health inequalities.

Aims and Objectives:

The general objective of the JA is to help to reduce health inequalities by; supporting the engagement of MS, developing knowledge and share learning for action on health inequalities, developing effective action to tackle socio-economic and sub-national geographic health inequalities.

Within the project, Work Strand 4 (*Tools to improve the health equity focus in cross government policy making*) aims to develop an agreement on Health Impact Assessments with equity focus (HIAef). The Work Strand aims to identify key actions that have been undertaken within the area, current consensus from MS in the HIAef approach, key elements of success criteria for HIAef and identify a practical approach to provide guidelines for MS to implement HIAef.

Purpose of the paper:

The aim of the paper is to provide a summary of the current thinking and reports on HIAef to support MS to take forward Work Strand 4, HIAef within the JA.

Equity Action – Joint Action on Health Inequalities Agreement No 2010 22 03



EQUITY ACTION

JOINT ACTION ON HEALTH INEQUALITIES



Methods

This was a rapid review of evidence and opinion on the current practice relating to HIAef. Information was sought on the current thinking and practice on HIAef, what action has been undertaken before in this area and whether there is a consensus on the approach for HIAef. Opinions were sought on policy HIAs – with a view to having an impact on the policy making process. This will enable the analysis of health impacts and their distribution to be fully taken into consideration, particularly by other government departments when undertaking a HIA. We were also interested in how this is best achieved.

A literature search was conducted using a wide range of search engines, reviewing published and grey literature. Experts in the field were also contacted to collect evidence on current opinions of HIAef. Papers were reviewed if they specifically covered equity within them in relation to HIA and those which we were directed to by experts. Open conversations were had with experts covering the topic, exploring their opinions on HIAef and what resources should be used if equity was to be specifically covered. Methodology of these can be found in Appendix 1.

Results

Results are presented below.

HIAef or HIA

One policy statement was found relating equity within HIAs. The UK Public Health Association position statement on health impact assessment (UKPHA, 2010) recognises that HIAs have an important role to play in improving health and reducing health inequalities, and they should be undertaken alongside or as part of other assessments of strategic plans. They strongly recommend:

“the use of HIA as the overarching term to describe all current and future forms of assessing the health and wellbeing impacts of the full range of policies, plans, programmes and projects”.

This means terms such as “health equity impact assessment”, “equity focused Health Impact Assessment” should be seen as being encompassed by HIA, rather than being something different or separate from HIA.

The Department of Health (DH) (England) (through correspondence with experts) is of the same position, that equity should be considered within HIA’s rather than creating a separate HIAef. These findings were supported in a recent study undertaken by IMPACT (2010) in Liverpool. This study recommended that there was no need for a new methodology, just a need to strengthen existing HIA process. However the authors stated that new HIA tools are required which address the role of politics and policy and acknowledge the determinants of health equity outcomes.

Opinions from experts varied, regarding the process and the definitions that should be used when undertaking a HIA. However, there was a consensus that HIA should be the only term used with other terms not being appropriate and that a HIA is incomplete if it does not consider equity impacts within its process.

Equity Action – Joint Action on Health Inequalities Agreement No 2010 22 03



EQUITY ACTION

JOINT ACTION ON HEALTH INEQUALITIES



Therefore future focus should lie on strengthening the equity focus within current HIA guidance, ensuring that equity is systematically integrated and systemically assessed, documenting any differential impact. The rest of the paper considers HIA as the term used rather than HIAef, unless specifically stated by the paper reviewed.

Current Government use of HIA's

Analysis undertaken by Wismar et al. (2007), suggest there are varying approaches to undertaking HIAs and different countries undertake HIAs in differing ways. The DH in England (DH, 2010a) conducted an analysis on how HIAs are carried out by government departments in England, and found that when health impacts are considered there is a tendency to focus on negative health impacts at the expense of positive health impacts. Impact assessments (IA) focused on a small number of the determinants of health, did not consider health inequalities and did not use public health evidence to back up statements. HIAs were not widely seen as equally important for positive health impacts and there was a lack of awareness and use of guidelines. The document recommends that all IAs should complete the screening questions and justify how judgement was made if a full HIA was not carried out. The DH have developed a further framework in response to the report based on the research (DH, 2010b). This framework takes account of the need to constantly modify in response to changes in the policy development process and sets out stages for deciding what is needed and when.

Equity in HIA's

Experts stated that not all HIA systematically assessed equity within the process, and HIAs should look at the impact of the policy on health and then the distribution of that impact of the policy on different groups. Addressing equity within HIAs has been viewed as an issue of double losers (those impacted and those differentially impacted), however it was stressed that absolute losers in any policy should be avoided. Changes to policy should then be made to enhance the distribution of positive impacts and minimise negative impacts on health, with the final judgement on fairness of particular impacts resting with democratically accountable decision makers, not a health impact assessor.

Any HIA needs to focus on the; nature, magnitude and likelihood of impact in order to assess if these differential impacts are inequitable. Any framework used needs to address issues of fairness and avoidability/remediability. The process needs to think about vulnerability and disadvantage, look at the distribution of resources in relation to need to ensure equity is considered fully.

When considering equity, thought of both differential exposure and susceptibility should be made. It was suggested that the process needs to prove that the policy does not have a significant impact on health, rather than proving it does.

Many experts stated that equity is based on values and assumptions – influenced by evidence, politics, cultural and social values. Therefore, it was important not to underestimate the impact of values of professionals – i.e. people have different boundaries. Any HIA needs to consider allowing space for shared understanding of different views and boundaries that stakeholders have.

Equity Action – Joint Action on Health Inequalities Agreement No 2010 22 03



EQUITY ACTION

JOINT ACTION ON HEALTH INEQUALITIES



Experts recognised that addressing equity appropriately requires resources, commitment, collaboration and involvement from the communities to which the policy would impact upon. This was recognised not to be easily achieved and those undertaking a HIA need to understand that action on the social determinates of health and equity are not the same thing.

Scrutiny

Many experts were of the opinion that HIAs should be open to some kind of scrutiny or quality assurance to ensure there is governance of the process; having a set of standards to be judged against. Questions should be asked of what happens to the results once the HIA is undertaken, what is the outcome for the investment, and what is the effect on the overall policy. There is a need to identify how HIA will fit into existing policy making processes, and where are the access points to monitor if a HIA has been completed or not. A review package produced by Fredsgaard et al. (2009) may be the start for developing standards for HIAs and a guide produced by Mindell et al. (2006) may help to review published evidence for use in a HIA.

Undertaking HIA

There was a consensus from experts that getting screening and scoping right are the most important parts of the process, needing to consider equity in the conception and formulation, specifically identifying impacts of underlying social determinants of health, including social status, as these underpin health inequalities. At this phase, equity should be considered assessing the gradient and specifically identify any impacts on identified groups, with recommendations made prioritising impacts on these groups. Implementation of these recommendations was viewed highly important if health inequalities are to be reduced.

HIA should focus on gap, gradient, socially excluded groups and distribution of impact when assessing equity, although gradient appeared most important, it was found the most difficult to analyse. At a practical level it was often suggested that differential impacts at the screening stage look at: age, sex, socioeconomic status, ethnicity including Roma, locality including proximity and remoteness, and existing levels of health and disability. This checklist should be used as a way to identify the relevant populations and issues, and should be considered a start of the process rather than covering all aspects. Stakeholders involved in the process should determine who else should be considered and the evidence and data gathered thereafter depends on the issues identified. Tools such as the Dahlgren and Whitehead social determinates model (1995) or PROGRESS Plus equity lens (Kavanagh et al., 2008) could aid discussions (IMPACT, 2010).

Those undertaking a HIA should consider the sources of data available to them of all different groups that could be affected by the policy (i.e. is it available) and when presenting data, averages should be avoided as it masks inequalities. It was noted that there is always a challenge synthesising conflicting evidence; e.g. what is more important; published scientific data or qualitative community group feedback. Judgements should be made by the stakeholders in the development of the HIA on what they value to be more important.

Equity Action – Joint Action on Health Inequalities Agreement No 2010 22 03



EQUITY ACTION

JOINT ACTION ON HEALTH INEQUALITIES



Expert groups

As the HIA process demands heavily on time and resources, there is sometimes a need for the process to be as rapid as possible, especially if running in parallel with a fast changing policy development process. Expert reference groups were deemed important, especially if the process was to be shortened. The reference groups' usefulness appeared to depend on the degree of existing relationships between experts and decision makers (i.e. the better the relationship, the better the trust, therefore better informed decisions). Consequently policy makers need to develop networks of experts to help inform policy and have a point of contact within or between countries to offer support. These would act as "sounding boards" so policy makers can think out aloud, learn from each other and give an unbiased view/neighbouring perspective.

Experts within these groups need to bring knowledge of topic area to the table rather than going off to find evidence, to make this process efficient (although this may introduce bias). Respondents suggested that expert groups should be no larger than 8 people (10 max); otherwise it could become cumbersome, and consist of two thirds experts and one third policy makers. This allows joint process and all feeling part of the policy process to own the outcome.

An example of this was an equity focused Health Impact Assessment (efHIA) of an overweight and obesity plan undertaken by Maxwell and Harris (2010). They found that there is a need for a reference group to support decision making, as it ensures there is a consensus on scope, impacts that will be assessed (parameters of the HIA) and definitions used. The effectiveness of this efHIA was particularly determined by support from a reference group as they were consulted on to discuss and finalise the recommendations. A rapid appraisal of the evidence can be carried out with stakeholders in a workshop and if facilitated properly the process could be undertaken in one afternoon.

Involving stakeholders

Experts felt that all HIAs should make particular efforts to include those most likely to be adversely affected or least likely to benefit from the proposed policy, particularly when collecting qualitative information on the views. These groups should be engaged in the process as early as possible, so they feel they have some ownership of the policy. Disadvantaged groups may differ between countries and settings but are likely to include socio-economically disadvantaged people, and ethnic minority communities.

Learning and training

It was recognised that valuable learning could be achieved by a HIA looking back at a policy, especially if you have the opportunity to inform future policy, learning from actions previously taken. Furthermore it was deemed more valuable that training and undertaking a HIA while developing policy was more beneficial, with this training needing to focus on health equity and its determinants.

It was suggested to develop an equity focussed HIA learning resource that could be used alongside any HIA guide. This would help to focus the different HIA stages, scoping and screening on equity issues and what needs to be discussed prior to the start of the full HIA.

Equity Action – Joint Action on Health Inequalities Agreement No 2010 22 03



EQUITY ACTION

JOINT ACTION ON HEALTH INEQUALITIES



Training was considered important in successful HIA. Experts identified that there is a need to equip people to undertake a HIA and many learn by doing – *“they need to see and feel it by doing one to learn”*. Stakeholders need support to make this happen, having coaching and experts on hand for advice, running alongside the process of developing a HIA and policy. Providing training alongside the process and sharing learning between participants as they undertook the HIA was seen as an efficient way of supporting people to undertake a good HIA.

Online training was considered only practical for initial understanding of HIA and that face to face training was better. The suggested format of training was to have two days on screening and scoping with participants, with them then going off to take action. Two days to talk about the progression so far and go through issues/barriers within the process (a practical level on how to do it) and a final one day session looking at lessons learnt after the completion of the HIA (tell the story of what happened). These sessions should be carried out in an open environment, to critique the process and consolidate the learning. Undertaking a HIA during the training was felt as crucial to learn and further develop the methods.

Practical tips in undertaking a HIA

A case study using the ACHEIA equity focused impact assessment tool (Harris-Roxas et al., 2011) found four steps to successful efHIA implementation. These were; commitment from the commissioner, clarity of instructions from the commissioner on the task, a structured process, and composition and experience from expert panel to support the process. However even with successful completion of efHIA, it made little impact, as judged by some, on the final policy. This said the process was completed within four days and the outcome of the efHIA was considered in the policy making process to some degree, as judged by others.

For successful implementation of HIA recommendations, the HIA should be led by the policy maker to get buy in and uptake or be led by an expert from ‘outside’ if decision makers want to hear external advice. Therefore the process needs to be appropriate to the circumstances in which is being developed. This should include stakeholders and be conducted early enough in the policy making process to influence the policy. Involving wider stakeholders throughout the process, providing different policy options and applying pressure to act on recommendations were seen as very important to successful HIA.

Suggestions from experts recommended that when undertaking a HIA, consideration is required to understand (within each country) the mechanisms for triggering the process to undertake a HIA. Questions to ask would be; what are the triggers in the policy making process to undertake a HIA, how do you get health in all polices, what are the equity triggers and who pays for the HIA. There needs to be a specific entry point for people to get on board with the process rather than broad brush approach, HIA needs to be built into policy making in a way that maximises the chance of influencing the policy and would ideally be a requirement for policies to be approved.

Experts noted that there was a need for clear definitions of terms used in the HIA and shared understanding of those terms at the outset of the process, so there were no misunderstandings. For example equity has been defined and understood differently in different contexts (Mindell et al., 2008). Analysis within a HIA

Equity Action – Joint Action on Health Inequalities Agreement No 2010 22 03



EQUITY ACTION

JOINT ACTION ON HEALTH INEQUALITIES



ought to focus on the distribution of benefit from different policy options, with appropriate recommendations made to maximise the outcome for the whole population.

Suggested Frameworks

There are a range of different HIA frameworks available and these should be used, rather than inventing a new one. Experts felt it was important to use a framework that was contextually relevant to the stakeholders, flexible to their needs and reinforce the equity aspect of the process. There is a need to focus on the causal pathway to the problems identified rather than just the identified outcomes, the “causes of the causes”, the “social determinates”. This can be undertaken in the pre-screening/scoping phase of the process to refine areas in which to look at. This could enable a better scoping of the groups to which the HIA needs to consider.

A number of different frameworks were suggested (DH England, ACHEIA, IMPACT, HPP-HIA, IAIA, SOPHIA, Scottish Government, Panayotov Matrix, PHAC and Whânau Ora), with the Equity focused health impact assessment (Mahoney, 2004), A guide to health impact assessment: A policy tool for New Zealand (PHAC, 2005), Whânau Ora health impact assessment (Ministry of Health, 2007) and Department of Health: Health Impact Assessments for Government policy (DH, 2010b) specifically for policy level HIA (IMPACT 2010).

It was noted, that not one framework, was the best and it was a decision of the HIA lead to decide which best meets their needs and is combatable to the context (Mindell et al., 2008). For example, speaking to the authors of the ACHEIA framework, they admitted that the framework could improve on its equity focus within the process. Alternative views were that it did not matter what framework was used, it just needed to consider equity systematically in the process.

Summary

The review found that HIA is the preferred terminology, and good HIAs should consider equity within them. Therefore, there is no need to develop new and wider terminology. HIAs are poorly carried out across government within Europe and England, and equity is not consistently covered within HIAs at present. HIAs should look at the impact of policy first and then look at the distribution of that impact on different groups. Experts recognised that addressing equity appropriately requires resources, commitment, collaboration and involvement from stakeholders and is therefore not easily achieved.

Experts suggested that there ought to be a scrutiny of the process to ensure there is appropriate governance of any HIA and those undertaking a HIA should identify how HIA will fit into existing policy making processes. Frameworks were suggested for quality assuring HIAs.

When undertaking a HIA, the most important stages are the screening and scoping, as these set the consideration of equity for the rest of the HIA. Assessing gradient was viewed as the most important aspect of equity to consider; however, analysis of gap, socially excluded groups and distribution of impact should be undertaken. A checklist of groups to be analysed should be used as an aide-mémoire to aid further analysis,

Equity Action – Joint Action on Health Inequalities Agreement No 2010 22 03



EQUITY ACTION

JOINT ACTION ON HEALTH INEQUALITIES



rather than a complete list. When deciding which groups to assess, available data sources should be considered to ensure analysis can be undertaken.

To speed up the process of undertaking a HIA, expert reference groups were viewed as important. These would provide on hand advice and act as “sounding boards” to policy makers. Therefore, policy makers should build up relationships with experts in the policy field. Stakeholders should be involved as early as possible in the policy making process so they feel they have some ownership of the policy.

Training should run alongside the HIA and sharing learning between participants was viewed as an efficient way of supporting people. Valuable learning could be achieved by undertaking a HIA looking back at an existing policy, especially if it was to inform future policy.

Successful HIAs tend to be led by the policy maker, with involvement from key stakeholders, although expert advice from ‘outside’ can aid the process. The policy makers should know the trigger points in the policy making process to initiate a HIA and when undertaking a HIA, definitions of terms used, ought to be agreed at the outset so there are no misunderstandings during the HIA. Equity particularly, as this is based on values and assumptions, influenced by evidence, politics, cultural and social values.

There were many different frameworks suggested for assessing equity in the HIA, and it was recommended to use an existing one, rather than invent another. However there was a consensus that there was no “best” framework and whatever HIA framework is used, it needs to be contextual to meet the needs of stakeholders involved in the process. Therefore any framework used needs to constantly modify the HIA methods in response to changes in the policy development process, to set out stages for deciding what is needed and when to effectively assess equity.

Equity Action – Joint Action on Health Inequalities Agreement No 2010 22 03

The contents of the above document are the sole responsibility of the author. The Executive Agency is in not responsible for any of the contents herein.



EQUITY ACTION

JOINT ACTION ON HEALTH INEQUALITIES



References:

Commission on Social Determinants of Health (CSDH) (2008) *Closing the gap in a generation: Health equity through action on the social determinants of health*. [Online] Available at:

http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf Accessed on: 25th March 2011.

Department of Health (DH) (2010a) *Putting health in the Policy Picture: Review of how Health Impact Assessment is carried out by government departments*. [Online] Available at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113193.pdf Accessed on 25th February 2011.

Department of Health (DH) (2010b) *Health Impact Assessment of Government Policy: A guide to carrying out a Health Impact Assessment of new policy as part of the Impact Assessment process*. [Online] Available at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_120110.pdf Accessed on 25th February 2011.

European Parliament (EU) (2011) *Reducing health inequalities in the EU*. [Online] Available at:

<http://www.europarl.europa.eu/oeil/FindByProcnum.do?lang=en&procnum=INI/2010/2089> Accessed on: 25th march 2011.

Fredsgaard, M.W., Cave, B. and Bond, A. (2009) *A review package for Health Impact Assessment reports of development projects*. [Online] Available at: http://www.bcahealth.co.uk/pdf/hia_review_package.pdf

Accessed on: 22nd March 2011.

Harris E, Simpson S. (2003) *NSW health impact assessment project: phase 1 report*. Sydney Centre for Health Equity Training Research and Evaluation, University of New South Wales.

Harris-Roxas B et al. (2011) A rapid equity focused health impact assessment of a policy implementation plan: An Australian case study and impact evaluation. *International Journal for Equity in Health* 2011, **10**:6.

IMPACT (2010) *Health equity Impact Assessment Pilot Study*. [Online] Available at:

http://www.liv.ac.uk/health-inequalities/Research/Health_Equity_Impact_Assessment.htm Accessed on 3rd March 2011.

Kavanagh J, Oliver S, Lorenc T (2008) Reflections on developing and using PROGRESS-Plus. *Equity Update* 2:

1–3. [Online] Available at: http://equity.cochrane.org/Files/Equity_Update_Vol2_Issue1.pdf Accessed 22 March 2011.

Mackenbach J.P. (2005). *Health Inequalities: Europe in Profile* [Online] Available at:

http://ec.europa.eu/health/ph_determinants/socio_economics/documents/ev_060302_rd06_en.pdf Accessed on 25th March 2011.

Mahoney M., Simpson S., Harris E., Aldrich R., Stewart Williams J. (2004) *Equity Focused Health Impact Assessment Framework*, the Australasian Collaboration for Health Equity Impact Assessment (ACHEIA)

[Online] Available at: http://www.hiaconnect.edu.au/files/EFHIA_Framework.pdf Accessed on 25th March 2011.

Equity Action – Joint Action on Health Inequalities Agreement No 2010 22 03

The contents of the above document are the sole responsibility of the author. The Executive Agency is not responsible for any of the contents herein.



EQUITY ACTION

JOINT ACTION ON HEALTH INEQUALITIES



Maxwell M. & Harris P. (2010). *Equity-focussed Health Impact Assessment – SSWAHS Overweight and Obesity Prevention and Management Plan*, Population Health Sydney South West Area Health Service and the Centre for Health Equity Training, Research and Evaluation: Sydney.

Mindell J, Biddulph JP, Boaz A, Boltong A, Curtis S, Joffe M, Lock K, Taylor L. (2006) *A Guide to Reviewing Evidence for use in Health Impact Assessment*. London: London Health Observatory [Online] Available at: http://www.lho.org.uk/Download/Public/10846/1/Reviewing%20Evidence-Final%20v6.4_230806.pdf Accessed on 22nd March 2011.

Mindell. J., Boltong, B., Forde, I. (2008) A review of health impact assessment frameworks, *Public Health*, 122 (11): 1177-1187.

Ministry of Health. (2007). *Whánau Ora Health Impact Assessment*. [Online] Available at: [http://www.moh.govt.nz/moh.nsf/pagesmh/6022/\\$File/whanau-ora-hia-2007.pdf](http://www.moh.govt.nz/moh.nsf/pagesmh/6022/$File/whanau-ora-hia-2007.pdf) Accessed on: 25th March 2011.

Panayotov J., Public Health and Average Health Status: Do Health Inequalities Matter? (Panayotov Matrix), ICARE, 08 August 2008, [Online] Available at : <http://icare.academia.edu/JordanPanayotov/Papers> Accessed 25th March 2011

Public Health Advisory Committee (PHAC) (2005) *A guide to health impact assessment: A policy tool for New Zealand*. 2nd Edition, June 2005. [Online] Available at: [http://www.phac.health.govt.nz/moh.nsf/pagescm/764/\\$File/guidetohia.pdf](http://www.phac.health.govt.nz/moh.nsf/pagescm/764/$File/guidetohia.pdf) Accessed on 25th March 2011.

Quigley, R., L. den Broeder, P. Furu, A. Bond, B. Cave and R. Bos (2006) *Health Impact Assessment International Best Practice Principles*. Special Publication Series No. 5. Fargo, USA: International Association for Impact Assessment.

Research and Development Programme on Healthy Public Policy and Health Impact Assessment (HPP-HIA) *Health Impact Assessment*. [Online] Available at: http://www.hpp-hia.or.th/index_eng.html Accessed on 25th March 2011.

Scottish Government (unpublished) *The Health Inequalities Impact Assessment (HIIA) Project: A pilot of an Integrated Impacted Assessment Policy Tool. Project Report*.

Scott-Samuel, A., Birley, M., Ardern, K., (2001). *The Merseyside Guidelines for Health Impact Assessment*. Second Edition, May 2001.

Simpson S, Harris E, Harris-Roxas B. (2004) Health impact assessment: an introduction to the what, why and how. *Health Promot J Aust* ;15:162– 7.

UK Public Health Association (2010) *UKPHA Health Impact Assessment Position Paper* [Online]. Available at: <http://www.ukpha.org.uk/media/20974/hia%20position%20paper%20-%20web%20version.pdf> Accessed on: 25th February 2011.

Equity Action – Joint Action on Health Inequalities Agreement No 2010 22 03

The contents of the above document are the sole responsibility of the author. The Executive Agency is not responsible for any of the contents herein.



EQUITY ACTION

JOINT ACTION ON HEALTH INEQUALITIES



Whitehead M. (1990) *The concepts and principles of equity and health*, Copenhagen, World Health Organisation, Regional Office for Europe.

Whitehead M. (1995) Tackling inequalities: a review of policy initiatives. In: Benzeval, M., Judge, K., and Whitehead, M. (eds.) *Tackling inequalities in health: an agenda for action*. London: King's Fund, 22-52.

Wismar M, Blau J., Ernst K., Figueras J. (2007) *The effectiveness of Health Impact Assessment. Scope and limitations of supporting decision-making in Europe*. [Online] Available at: http://www.euro.who.int/_data/assets/pdf_file/0003/98283/E90794.pdf Accessed on 25th March 2011.

Equity Action – Joint Action on Health Inequalities Agreement No 2010 22 03

The contents of the above document are the sole responsibility of the author. The Executive Agency is in not responsible for any of the contents herein.



EQUITY ACTION

JOINT ACTION ON HEALTH INEQUALITIES



Appendix 1.

This was a rapid review of current thinking and reports on Health Impact Assessment with equity focus and is not a systematic review and therefore consequently may have missed out important documents relating to the subject. However, a broad search was undertaken on the 4th February 2011 in the following search engines: AMED, CINAHL, EMBASE, HMIC, MEDLINE, PubMed, and Google.

Search terms used were: Health impact assessment, equity, impact assessment, equity focused health impact assessment, impact assessment. Papers, reports and opinions articles were reviewed which had an equity focus. Views were also sort through HIAgateway via questionnaire using Delphi methodology:



Suggested process to take this forward c

Responses were received from:

- Andrew Buroni
- Margaret Douglas
- Helen Keleher
- Jennifer Mindell
- Jordan Panayotov
- Colleen Williams

Individual meetings were had with the following experts discussing HIAef and what they should cover. These were open conversations, exploring their opinions on HIAef and what resources should be used if equity was to be specifically covered.

Expert	Date of meeting
Sarah Simpson	28 th February
Ben Harris-Roxas	28 th February
Ben Cave	21 st February
Peter Goldblatt	15 th February
Sue Wight	7 th February
John Kemm	4 th February

Equity Action – Joint Action on Health Inequalities Agreement No 2010 22 03

The contents of the above document are the sole responsibility of the author. The Executive Agency is in not responsible for any of the contents herein.