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Review Article

Equity focused health impact assessment: social determinants of health

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ABSTRACT

Addressing health disparities during planning and delivery of services in health care requires an understanding of the health requirements of the disadvantaged population as well as key barriers to equitable quality care. To gain knowledge in social determinant of health it is important to have effective planning tools. Over the past two decades there has been continuous use of health impact assessment (HIA) to assess the health impacts of proposals, programs, policies, projects and even plans. The major problem affecting the implementation of HIA is the identification of the health issues in a policy since it depends on the judgment and the interpretation of the policy aspects by policy makers. The equity focused HIA has an opportunity to make important contributions to policy making processes. The main purpose of EFHIA (Equity Focused Health Impact Assessment) is to ensure that policies, plans, and programs being developed or proposed have observed health equity in order to promote social health.

Keywords: Social determents, Health impact assessment, Equity focused health impact assessment, Public health, Policies, Projects

INTRODUCTION

Health in the 21st century is influenced by different factors that are outside health service jurisdiction. These elements include environment, transport, education and poverty. However, many other sectors including community, the voluntary sector, health sector, non-governmental agencies, and national and local government have a role to play to ensure equitable health to society. But the question is how do communities and other sectors such as government and voluntary sectors reduce health inequalities and improve individual health? To answer this question, it is essential for these sectors to ensure policies being developed are effectively analyzed and their impact on health is determined. Over the past two decades there has been continuous use of Health Impact Assessment (HIA) to assess the health impacts of proposals, programs, policies, projects and even plans.[1,2]

The HIA develops evidence-informed recommendations that assist in implementation of proposals as well as minimize negative health impacts, and at the same time maximize positive impacts.[1] As a result, HIA provides measures that are designed to improve the health outcome of society, promote alternative approaches that attain the same objectives provided by a given program or policy, mitigate negative health impacts and at the same time provide recommendations that prevent the implementation and use of a given proposal.[3] A specific form of HIA is Equity Focused Health Impact Assessment (EFHIA) that has recently been promoted internationally, nationally and regionally by Public Health Organizations.[1] The main purpose of EFHIA is to ensure that policies, plans, and programs being developed or proposed have observed health equity in order to promote social health.

Addressing health disparities during planning and delivery of services in health care requires an understanding of the health requirements of disadvantaged populations as well as key barriers to equitable quality care. To gain such an understanding as well as to gain knowledge in social determinant of health it is important to have effective planning tools. The EFHIA equitable health planning tool has been introduced to analyze the impact of changes in policies and health service on disadvantaged groups' health.[1] EFHIA uses the social determinants of health and health impact assessment within a given proposal or policy to determine the health impact on the general population, and to also determine whether the proposed health within the policy is inequitable. Although HIA aims to promote health equity and ensure equal distribution of potential impacts, this aspiration has not been effectively achieved.[12] This is because of resource and time constraint associated with policy and proposal assessment processes.[1] As a result, EFHIA is currently being used as a form of HIA to ensure health equity is observed before the implementation of any proposal or policy.

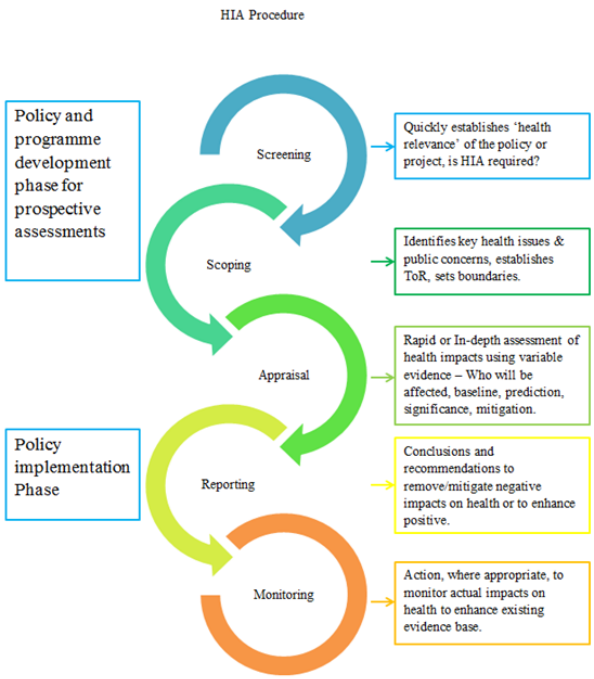

Figure 1: The flow diagram of HIA framework.

EFHIA has a broad international application to the health system. It is intended for use by health service providers and organizations that have a direct and indirect impact on health. For this reason, EFHIA is intended for use by different health care systems such as long-term care, the Ministry of Health, public health units, local health integration networks and health service providers.[14] Furthermore, it is used by different organizations that are not directly involved in health but whose work can also have a significant effect on community health.[12] Such organizations include the Ministry of Transportation, Ministry of Education, Youth Services, and Ministry of Children, community service providers and non-profit organizations. The EFHIA is a bridging tool across all organizations in countries that promote practical, collaboration, creative thinking and actionable solutions on current plans, initiatives, programs and policies that impact on society's health outcomes.

The EFHIA framework

To evaluate a policy and understand its equitable health impact, the EFHIA abides to six major steps of HIA. The process involved in evaluating health impacts of a given policy includes: screening the policy to understand its elements, identifying the scope of the policy based on identified elements and carrying out an assessment based on health and equity considerations.[3] In addition, the person evaluating the policy needs to provide recommendations based on their assessment and evaluate the health impact of EFHIA on policy.[14] Below are flow diagrams indicating the major steps of EFHIA.

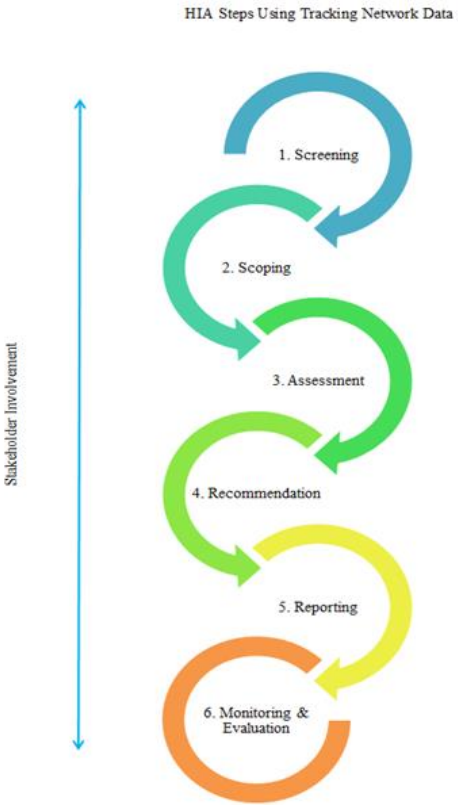

Figure 2: The flow diagram of HIA procedure.

Acceptance of EFHIA at the international level

EFHIA has become a practical and flexible international assessment tool that is being used by different countries to identify the impacts of different initiatives, programs and policies on marginalized groups.[15] Using EFHIA as a tool, different sectors are able to provide recommendations or solutions to policy makers

pertaining to what adjustment are needed to eliminate negative impacts. At the same time, it is essential to also promote positive impacts on specific groups within the general public.[3] The international focus of this tool is to ensure quality health services and reduce health inequalities, especially among vulnerable populations. The EFHIA tool has become accepted internationally because broader corporate initiates including accountability, regulatory, legislative, governance, accreditation. Additionally, resource allocation equally benefits from EFHIA as it ensures health equity within different organizations.[3]

Internationally, there is strong policy support requiring different institutions and governments to assess health impacts and ensure health equity in major projects, programs, plans, and policies on health to address problems of health inequalities.[4] For the last two decades, different nations across Europe, America and Asia have promoted EFHIA and have recognized it as an effective mechanism through which policy and program assessment can be achieved in a timelier, efficient, transparent, and structured way. In addition, many countries including New Zealand and USA have gained extensive experience on how EFHIA can effectively ensure health equity, promote decision making processes and add value to different policies.[4] EFHIA enables different sectors within a given country to analyze health inequalities within a policy and provide effective alternatives before the policy is implemented. As a result, it has become an international practical policy intervention that is changing the image of public health. This is because EFHIA analyses social determinants of health within a policy, including access to health care service, access to public safety and transportation operations, access to education, and emerging technologies affecting health.[16]

The universal sensitivity of health inequalities especially among marginalized communities has attracted the attention of different organizations including the research community. This has resulted to rapid growth of literature of EFHIA at the international level. These include published health reports from different countries across the world such as Netherlands, Germany and the United Kingdom. Such countries have developed EFHIA resources including health websites that promote capacity building.[6] These resources have significantly provided the community with information pertaining to equitable health. In addition, certain countries today understand the importance of equitable health to an extent that they even offer training courses on health impact assessment.[17]

The Public Health Education in Australia established the HIA and EFHIA projects as part of a better Health Initiative Plan to explore the impact of health on the community. The EFHIA was meant to ensure equity within the health system by addressing the health inequality within different policies and programs developed by different sectors.[10] The NSW Department of Health established the Better Health Initiative Plan to achieve better health for the community in Australia by focusing on early detection. In doing so, they established protection measures to prevent various chronic diseases[18] Within this plan, staff of Centres involved in the implementation noted little explicit focus on the concept of equity despite this concept being effectively and thoroughly addressed. As a result, the team approached the NSW Department of Health and requested them to carry out an EFHIA on the plan before it had been implemented into the wider Australian community.

Various European governments have made commitments to put EFHIA to the political agenda and have included this tool to policy papers for its implementation in the health system.[17] Furthermore, the World Health Organisation (WHO) has supported European Regions in the development and implementation of EFHIA.[18] In the process, different nations have adopted legislative approaches to ensure different organizations within individual countries respect and uphold the policies of EFHIA.[8] The first approach which is being considered is supporting the use of HIA by different organizations including WHO. Regarding this approach, different organizations must understand that human health is a priority and should ensure equitable health distribution strategies to minimize social determinants of health.[18]

According to the Equator principles signatories in Africa and Australia on projects that they finance, health should be part of the project assessment criteria. As a result, this has supported the practice of EFHIA in those countries that are financed by equator principles including Sub-Saharan Africa. Similarly, the National Environmental Policy Act in the United States of America requires different organizations in different sectors to reference health in their policy in consideration of transport and the environment. In addition, infectious disease prevention and control in Vietnam requires the HIA to be included during construction of residential houses, urban areas, and industrial parks, ensuring equal health assessment for all, irrespective of colour, age or physical and mental ability[11] Due to the endorsement of EFHIA by different international and local bodies including WHO, EFHIA has become an effective tool that enables different organizations to collaborate with health and other sectors such as the transport industry. This has resulted to provision of equity health to marginalized societies.[19]

Addressing health equity at the international level can improve sustainability of the health system by minimizing preventable illness and the cost of treating such illnesses.[19] However, addressing disparities in health programs across different countries in the world requires involved organizations to understand the health needs of disadvantaged groups and barriers that inhibit equitable health service delivery. As a result, EFHIA is a screening tool which is effectively being used internationally to facilitate decision makers and policy analysts to consider aspects of equity during policy analysis.[13] As a result,

decision and policy makers are able to respond and improve the health needs of the community who are exposed to various social determinants of Health. Therefore, the purpose of EFHIA is to embed equity across the health system established by a given organization, raise awareness pertaining to the need of equity within the health sector, and identify negative health impacts within policies or programs being developed.

DISCUSSION

Historical perspectives of HIA

Historical analysis of EFHIA indicates that the implementation of this tool in different countries is highly contested. This is because the concept has been provided different meanings, and depending with historical, local and region of origin, it was used by policy analysts to attain a number of roles.[19] In Australia, the development of the HIA tool for policy development stated with the introduction of a National Framework for Environment around the 1990s. During this time, the HIA was meant to be used by policy makers in understanding the impact of environmental health policy to the general population.[20] However, in early 2000 this tool was used by decision makers to analyze the Health Impact Guidelines. The Department of Health and Ageing (DHA) in the early 2000's introduced a project which was meant to further strengthen the HIA policy tool.[7] This DHA project was meant to analyze the role of HIA in strengthening the health of the general public as well as the administrative dimension provided by the policy tool. Furthermore, DHA aimed at ensuring that the HIA incorporated equity within the policy in order to ensure every person receives equal health irrespective of social status, color, language or political affiliation.

Although HIA has a history of over 50 years since the first day the concept was introduced, it is still a concept in the health sector and in other areas of policy development that are still evolving.[8] The reason of introducing HIA into the public domain and into policy development was to rectify some of the common problems experienced during government planning and policy development processes. This problem was related to population health disparities within the population, environmental management, and agenda to minimize inequalities in service delivery, especially within the health sector.[21] In the late 1990s when there was increased publication of health related journals across the world, especially in Canada, America, and England, the need to have a HIA greatly intensified.[11] The common theme of having HIA was to develop proposals and programs that focused on public health. Majority, especially those involved in policy analysis and decision making argued that HIA would enable them to analyze the impact of a given proposal, plan or policy on population health.

After extensive international deliberation, a Gothenburg Consensus paper (GCP) was adopted, defining some of the commonality within the HIA policy concept.[9] According to GCP, HIA was an effective policy tool that enabled the policy and decision makers to pinpoint potential health impact within a given proposal, program or policy. In addition, HIA provided a platform that delivered an effective mechanism enabling the general public and policy analysts to negotiate for changes within a given program. It also enabled identification and reporting of risks that may have a negative health impact on the general population to the government or policy owners.[9] With the historical advancement of HIA, many countries today have recognized the inclusion of the equity health focus in order to have policies that not only focus on health impact, but also analyze the equity of health provided by policy.[3]

Today, EFHIA is being used as a policy process around the world aiming to identify unanticipated health effects of programs, plans or policies on given subgroups or country populations.[3] EFHIA is based on the fact that equitable health is only achieved by the collaboration of health services and other factors outside the health sector such as government policies. This is important when developing policies at the government level because the EFHIA tool allows health to be considered within the policy context prior to the implementation of the policy to the general population.[4] The introduction of equity focused HIA allows policy makers to make informed decisions which allow them to analyze the health impact of their policy to a given subgroup within the general population. As a result, this tool is founded on the basis that the general population should share their views on how a given policy will affect their general health.[21] Likewise, policy and decision makers should carefully analyze policies and programs to ensure they do not affect the health outcome of the general public. While a culture of transparency and openness within different organizations are developing policies to be used by the public, the public should also be given a chance to review the policy and determine their potential health impact.[10]

The problem with the HIA policy tool

From the Women, policy and politics book, Bacchi indicates that it is merely impossible for an individual to separate the program, proposal or policy target from the way the policy and decision makers represent the idea given.[5] This is one major problem faced during the implementation of HIA because policy marker's identification of health issues in a policy solely depends on judgment and interpretation of aspects of the policy. Bacchi adds that social problems usually take a certain shape based on the way they are presented to a given society.[5] As a result, it usually becomes difficult to pinpoint some of the negative health impacts within a given proposal or policy depending on the way the problem is presented to society. Therefore, most of the health problems created by the policy, especially at the

governmental level are usually ignored following increased political pressure to have the policy developed and implemented.[20] Unfortunately, there are no universal forms of HIA which have been brought forward to benefit policy makers to address all health complications created by policies. Some policy makers tend to overlook such problems and the impact of this decision is felt in a later stage of policy implementation.

A public policy must address inequity and create an environment which will enable the general population and especially those who are disadvantaged to live healthy lives. However, the health status adopted by the given policy usually depends on individuals' behavior and the available health services provided.[6] In addition, health is determined by other social factors such as poverty and educational level. Due to complexity associated with the concept of health, it is usually impossible for policy makers to identify all the health requirements needed to be incorporated within a given policy. This therefore weakens the EFHIA policy tool and makes it seem less effective.

There is lack of scrutiny in policies, especially those developed at the national and local government level. This is because of the existence of a notion which happens to indicate that majority of policies developed at the government level are well intentioned and have no inequitable impacts to the intended population.[12] Furthermore, many departments from other sectors including transport and education do not understand their responsibility in minimizing some of the social determinants of health by analyzing the government policies and the impact they can have on health. As a result, majority of such departments are unwilling to use the HIA tool.[20]

Attaining a health public policy through the implementation of HIA

EFHIA is today being considered as an effective tool that provides solution, enabling policy and decision makers to attain healthy public policies or programs. The EFHIA tool enables policy makers to analyze their policies and proposals for elements of health impacts, enabling achievement of a transparent and open culture, facilitating consultation from other agencies and the general population about certain issues within policy.[13] However, to attain healthy public policy, all policy makers must accept the Equity focused HIA as an effective and efficient tool that helps identify health concerns of policies.[20] In addition, every individual and involved stakeholder(s) in policy development must appreciate the evidence provided by HIA on some of the inequity within policies.[19]

CONCLUSION

Addressing health disparities during planning and delivery of services in health care requires an understanding of the health requirements of disadvantaged populations, as well as key barriers to equitable quality care. To gain such an understanding and knowledge in social determinant of health it is important to have effective planning tools, which the EFHIA contributes to. The main purpose of EFHIA is to ensure that policies, plans, and programs being developed or proposed have observed health equity in order to promote social health. This highlights the importance of health sectors, ministries, industries, organizations, and influential individuals recognizing and putting into practice the HIA and EFHIA tools in the development and implementation processes of policies, plans, and programs.

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REFERENCES

1. Social Determinants of Health. Healthy People 2020. Healthy people. 2016. Available at: http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health. Accessed on 25 November, 2015.
2. Harris-Roxas B, Haigh F, Travaglia J, Kemp L. Evaluating the impact of equity focused health impact assessment on health service planning: Three case studies. BMC Health Services Res. 2014;14(1):371.
3. Harris-Roxas B, Viliani F, Bond A, Cave B, Divall M, Furu P. et al. Health impact assessment: The state of the art. Impact Assessment and Project Appraisal. 2012;30(1):43-52.
4. Harris-Roxas B, Harris P, Harris E, Kemp L. 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(1):6.
5. Bacchi C. Women, policy, and politics. London: Sage; 1999.
6. O'Mullane M. Integrating health impact assessment with the policy process. Oxford: Oxford University Press; 2013.
7. Health equity. Health-inequalities. 2016. Available at: http://www.health-inequalities.eu/HEALTHEQUITY/EN/tools/health_impact_assessment. Accessed on 25 November, 2015.
8. Barraclough S, Gardner H. Analysing health policy. Marrickville, N.S.W.: Elsevier; 2007.
9. Garrido M, Kristensen F, Nielsen C, Busse R. Health technology assessment and health policy-making in Europe: Current status, challenges and potential. 14th ed. United Kingdom: World Health Organization; 2008. Available at: http://www.euro.who.int/__data/assets/pdf_file/0003/90426/E91922.pdf. Accessed on 25 November, 2015.

10. Ross C, Orenstein M, Botchwey N. Health impact assessment in the United States. New York: Springer-Verlag, New York; 2014.
11. Mendell A, Dyck L, Ndumbe-Eyoh S, Morrison V. Tools and approaches for assessing and supporting public health action on the social determinants of health and health equity. 2012. Available at: http://www.ncchpp.ca/docs/Equity_Tools_NCCDH-NCCHPP.pdf. Accessed on 25 November, 2015.
12. Kemm J. Health impact assessment. Oxford: Oxford University Press; 2013.
13. Simpson S, Mahoney M, Harris E, Aldrich R, Stewart-Williams J. Equity-focused health impact assessment: A tool to assist policy makers in addressing health inequalities. Environmental Impact Assess Rev. 2005;25(7-8):772-82.
14. NSW DH (New South Wales Department of Health). NSW health aboriginal health impact statement and guidelines. 2nd ed. Sydney: NSW Department of Health; 2007. Available at: http://www0.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_082.pdf. Accessed on 25 November, 2015.
15. Oregon Government. Health impact assessment. 2011. Available at: http://www.oregon.gov/DHS/ph/hia/index.shtml. Accessed on 25 November, 2015.
16. Cole BL, Hoffman S, Shimkhada R. Health impact assessment of modifications to the Trenton Farmers' Market (Trenton, New Jersey) UCLA Health Impact Group, University of California Los Angelo's School of Public Health; 2007. Available at: http://www.ph.ucla.edu/hs/health-impact/docs/FarmersMktFullReport.pdf. Accessed on 25 November, 2015
17. Australian Government Federal Register of Legislation. Environment Protection (Impact of Proposals) Act 1974 - Order under section 6. Australian Government; 2009. Available at: http://www.comlaw.gov.au/Details/F2009B00167. Accessed on 25 November, 2015.
18. ANTHC (Alaska Native Tribal Health Consortium) Health impact assessment program. Anchorage, AK: Alaska Native Tribal Health Consortium; 2011. Available at: http://www.anthc.org/chs/ces/hiap. Accessed on 25 November, 2015.
19. Bhatia R, Wernham A. Integrating human health into environmental impact assessment: An unrealized opportunity for environmental health and justice. Environ Health Perspect. 2008;116(8):991-1000.
20. Hassan A, Birley M, Giroult E, Zghondi R, Khan M, Bos R. Environmental health impact assessment of development projects: A practical guide for the WHO Eastern Mediterranean region. Amman: World Health Organisation; 2005. Available from: http://www.who.int/water_sanitation_health/resources/emroehiabook.pdf. Accessed on 25 November, 2015.
21. Kwiatkowski Rooi M. Integrated environmental impact assessment: A Canadian example. Bulletin of the World Health Organization. 2003;81(6):434-38.

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