



How To Advance Equity through Health Impact Assessments

Metrics

How to Advance Equity through Health Impact Assessments

A Planning and Evaluation Framework by the SOPHIA Equity Working Group



The Framework for Equity in HIA Practice

Equity is a core value of Health Impact Assessment (HIA).¹ Many HIA practitioners engage in the work to address systemic, avoidable, unjust, and unfair differences between population groups in factors important to health.

The conceptual framework and tools in this resource emphasize building community power through the practice of HIA as a key process for advancing equity. **Building community power** is the process by which communities gain control over the factors that shape their lives, including access to information and opportunity, decision-makers, and policy-making. A true balance of power implies more than the participation of communities, but rather community ownership of processes, planning, and actions that seek to change the determinants of health equity.

Why we need to emphasize building community power to advance equity.

We must achieve a balance of power and find ways to share power equitably in order to advance health equity, acknowledging that existing power structures work to maintain the *status quo* and favor some groups over others. The unequal distribution of power—in all its forms—is the source of inequities in social conditions. Research over the past two decades repeatedly shows the relationship between inequities in socioeconomic factors such as housing, employment and wages, education, and neighborhood conditions and inequities in health outcomes.^{2, 3, 4, 5}

Structural, institutional, interpersonal, and internalized forms of oppression based on race/ethnicity, class, gender, sexual orientation, ability and other social constructs lead to health inequities and are used by those who benefit from retaining power.

What is the role of the HIA practitioner in community power building?

An important role of the HIA practitioner is to facilitate a process that leads to growing power among communities facing inequities. Conducting HIA with this as an explicit goal can help to build agency in communities facing inequities and contribute to institutional reform, systems change, and the redistribution of power in decision-making.

Working with community organizing groups can help achieve community engagement.

It is a challenge for the HIA practitioner alone to organize the engagement of the impacted community during an HIA due to various constraints, including timelines, resources, level of trust, and geographic scope.

Working through existing groups that directly engage those most impacted can be a good alternative. We consider working with community organizing groups to reach those most impacted by a decision to be authentic community engagement.

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We define a community organizing group as an organization that⁶:

- Helps a community identify common problems or change targets, mobilize resources, and develop and implement strategies to reach their collective goals.
- Brings people who identify as being part of the community together to solve problems that they themselves identify.
- Works to develop civic agency among individuals and communities to take control over their lives and environments.

HIA Practitioners must take into account the decision-making context.

Before beginning an HIA, a practitioner should:

- Understand the full context surrounding the proposal under consideration and what others are already doing to advance equity.
- Consider the purpose of the HIA and the HIA process within this context.
- Take advantage of any authentic community engagement and power building that may already be occurring as part of the overall decision-making process—by government agencies leading the process, community organizing groups, or others.

Context and scale influence a practitioners' approach to and level of community engagement.

The practitioner's organizational context will influence their ability to focus on building community power and additional shifts in public health practices may be necessary to support a focus on community power building. Engaging and building power in communities most impacted by a proposal gets increasingly difficult as the proposal's scope increases from the neighborhood to the federal level. For example:

- Practitioners at a community-based non-profit or an academic institution may have the leeway to make building community power central to their HIA work.
- Practitioners in a local public health department may focus their HIA practice on local decisions and may have or be able to form relationships with communities that will be most impacted—engaging with these communities is likely already recognized to be within their purview.
- Practitioners in state or federal public health agencies may be able to engage directly with communities facing inequities, but are less likely to have direct or sustained relationships with them due to the role these agencies play and the geographic scale they cover. They may have more direct and sustained relationships with advocacy groups who represent communities.

State and federal agencies can support community power building.

While some state or federal health agencies may be able to build community power through the HIA process, others may not be able to do this and can play alternate roles by:

- Providing technical assistance to local health departments on how to engage the community.
- Providing funding to community organizing groups to engage in HIA.
- Targeting resources to places or populations facing the greatest inequities.
- Strengthening language in policies and funding opportunities about the required degree of community engagement for HIA.

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Components of the Planning and Evaluation Framework

We have organized the framework into four equity-related components:

1. Ensuring the HIA process and products focus on equity.
2. Ensuring the HIA process builds the capacity of communities facing health inequities to engage in future HIAs and in decision-making more generally.
3. Using the HIA process to shift power to the benefit of communities facing inequities.
4. Using the HIA to reduced health inequities and inequities in the social and environmental determinants of health.

The following tools can help you plan and evaluate an HIA with these four components in mind from beginning to end.

Ways to Use the Framework

We encourage HIA practitioners to advance this conceptual framework by using the **HIA Equity Planning Tool** and the **HIA Equity Evaluation Tool**:

- Use the **HIA Equity Planning Tool** throughout the HIA process, to help plan your approach to addressing equity.
- Evaluate a completed HIA using the **HIA Equity Evaluation Tool** as a self-reflective exercise to assess how well your HIA built community power and improved health inequities.
- Use the **HIA Equity Evaluation Tool** as part of a more thorough HIA evaluation process with multiple data points.
- Use the **HIA Equity Evaluation Tool** to inform policies or legislation related to HIA. [For Policymakers]

The concepts and practices reflected in the **HIA Equity Planning Tool** and the **HIA Equity Evaluation Tool** will likely be useful to advance equity in other processes, policies, and practices beyond HIA—including Health in All Policies. We encourage those outside of the HIA field to consider how these tools can be adapted for their use.

Notes

Many of the metrics in the **HIA Equity Evaluation Tool** can be evaluated soon after completion of an HIA and decision-making on the issue informed by the HIA. However, it is likely that the analysis of the latter metrics will require additional time; it often takes time to realize shifts in power or reductions in inequities. In addition, the last metric—improvements in health outcomes—is aspirational given that many diseases are multifactorial and that causal links between the HIA, policy change, and health outcomes are difficult to validate.

See *Guidance and Best Practices for Stakeholder Participation in Health Impact Assessments*⁷ for many examples of meaningful engagement at each step.

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HIA Equity Planning Tool

1	Screening	
	To do	Tips
	<input type="checkbox"/> Partner with communities facing inequities to identify the proposal on which you will conduct your HIA. If you can't do this, make sure the proposal on which you choose to conduct your HIA is relevant to communities facing inequities.	<ul style="list-style-type: none">• Ask communities facing inequities what issues, policies and/or plans are affecting their lives and health.• Analyze the power, policy, and historical context of the practice or policy up for an HIA, to understand its relevance to equity.
	<input type="checkbox"/> Meaningfully engage communities facing inequities in Screening.	<ul style="list-style-type: none">• Structure the Screening process so that community members have the opportunity to substantially shape decisions about the HIA topic (e.g., community members hold decision-making authority).
2	Scoping	
	To do	Tips
	<input type="checkbox"/> Include equity-specific goals in your HIA Scope. <input type="checkbox"/> Include equity-specific research questions in your HIA Scope. <input type="checkbox"/> Include equity-specific methods in your HIA Scope.	<ul style="list-style-type: none">• Include at least one equity-specific goal.• Develop research questions and methods that will reveal the size and nature of inequities.
	<input type="checkbox"/> Meaningfully engage communities facing inequities in Scoping.	<ul style="list-style-type: none">• Structure the Scoping process so that community members have the opportunity to substantially shape the HIA goals, research questions, and methods (e.g., community members hold decision-making authority).

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HIA Equity Planning Tool

3	Assessment	
	To do	Tips
	<input type="checkbox"/> Analyze the distribution of opportunities for healthy living and health outcomes across populations.	<ul style="list-style-type: none">• Quantitatively assess disproportionate impacts and potential cumulative impacts on communities facing inequities.• Conduct focus groups and/or surveys with communities facing inequities.
	<input type="checkbox"/> Use the community knowledge and experience as evidence.	
	<input type="checkbox"/> Meaningfully engage communities facing inequities.	<ul style="list-style-type: none">• Use community participatory methods to include members of communities facing inequities in data collection, for example.
4	Recommendations	
	To do	Tips
	<input type="checkbox"/> Ensure your recommendations focus on mitigating negative impacts and maximizing positive impacts on communities facing inequities.	<ul style="list-style-type: none">• Recommendations should target impacts on communities facing inequities at the same time as promoting health improvements for the entire greater community.• Community priorities should be reflected in the recommendations.
	<input type="checkbox"/> Ensure your recommendations are responsive to the concerns of communities facing inequities.	
	<input type="checkbox"/> Meaningfully engage communities facing inequities.	<ul style="list-style-type: none">• Structure the process of developing recommendations so that community members have the opportunity to substantially shape recommendations and priorities (e.g., community members hold decision-making authority).

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5	Reporting	
	To do	Tips
	<ul style="list-style-type: none"><input type="checkbox"/> Disseminate the findings and recommendations in communities facing inequities.<input type="checkbox"/> Support members of communities facing inequities to disseminate the findings and recommendations.<input type="checkbox"/> Use a range of culturally and linguistically appropriate media and platforms to disseminate findings and recommendations.	<ul style="list-style-type: none">• Translate findings and recommendations into relevant languages and media formats (e.g., social media).• Train community leaders to communicate findings and recommendations on their own behalf to policymakers and other community members.
	<ul style="list-style-type: none"><input type="checkbox"/> Meaningfully engage communities facing inequities.	<ul style="list-style-type: none">• Members of communities facing inequities should present HIA findings to the media and decision-makers, for example.

6	Monitoring and Evaluation	
	To do	Tips
	<ul style="list-style-type: none"><input type="checkbox"/> Ensure the monitoring and evaluation plan assess equity impacts.<input type="checkbox"/> Ensure the monitoring and evaluation plan include accountability mechanisms.	<ul style="list-style-type: none">• Identify those with positional power who must take action, be held accountable, and report back to the community if negative equity impacts are found during monitoring and evaluation.
	<ul style="list-style-type: none"><input type="checkbox"/> Meaningfully engage communities facing inequities.	<ul style="list-style-type: none">• Promote community member decision-making authority and responsibility for monitoring.

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HIA Equity Planning Tool

Opportunities for Increasing Health Equity in HIA Purpose and Intent

Opportunities	Tips
<ul style="list-style-type: none">❑ Use the HIA process to build knowledge and awareness of decision-making processes among communities facing inequities.❑ Use the HIA process to build the capacity of communities facing inequities to influence decision-making processes, such as the ability to plan, fundraise, and take action within the decision-making context.	<ul style="list-style-type: none">• Provide leadership training for members of communities facing inequities as part of the HIA process.• Build understanding among members of communities facing inequities of action research and how it can be used to make change.• Build the skills of community members to analyze the power, policy, and historical context of decisions.
<ul style="list-style-type: none">❑ Use the HIA process to increase the influence communities facing inequities have over decisions, policies, partnerships, institutions, and systems that affect their lives.	<p>Use the HIA process to:</p> <ul style="list-style-type: none">• Shift the culture within institutions and among communities so that they consider community data and knowledge as evidence.• Build or strengthen alliances between organizations that are addressing inequities in their work.• Create opportunities for members of communities facing inequities to have a seat at decision-making tables.
<ul style="list-style-type: none">❑ Use the HIA process to change government agencies and other institutions so they are more aware of inequities and more transparent, inclusive, responsive, and/or collaborative.	<p>Use the HIA process to:</p> <ul style="list-style-type: none">• Change agency oversight, for example to include a Community Advisory Board.• Create new government offices, such as an Office of Health Equity.• Change the mission of a government agency.

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HIA Equity Evaluation Tool

Outcome 1: The HIA process and product focus on equity			
Metric 1.a	Data Collection Methods		Interview Questions
Proposal analyzed in the HIA was identified and/or relevant to communities facing inequities.	<ul style="list-style-type: none"> ➤ Interviews with HIA practitioner ➤ Interviews with community participants ➤ HIA Report 		<ul style="list-style-type: none"> • Who was involved in identifying the proposal analyzed in the HIA? <ul style="list-style-type: none"> • Were members of the community that would be impacted by the proposal involved in identifying this as a potential HIA topic? • If not, did the community have concerns about issues that were relevant to this proposal? • If not, how was this HIA relevant to communities facing inequities? How was this determined? • Was this proposal of interest to the lead HIA practitioner(s) and not of interest or relevant to the community? • Was an analysis conducted to understand how the decision being analyzed for this HIA fit into the larger policy-making context and how the HIA could be used to advance equity more broadly? • Did the HIA process and products reflect an understanding of the power, policy and historical context of the decisions?
Score (circle one)			Examples of high-scoring activities
<i>Not at all</i> The proposal is not of interest or relevant to the community.	<i>To some extent</i> The proposal was identified by HIA practitioner as being relevant to communities facing inequities.	<i>Very</i> The proposal was prioritized by communities facing inequities as being important for their health.	<ul style="list-style-type: none"> ✧ HIA practitioner asked community facing inequity what policy or plan they thought would have an impact on their health and proceeded with that as the HIA topic. ✧ HIA practitioner asked community facing inequity what their main health concerns were, identified an HIA topic based on that, and gained community support for moving forward with the HIA. ✧ HIA practitioner analyzed the power, policy, and historical context of the decision to understand its relevance for equity.
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HIA Equity Evaluation Tool

Outcome 1: The HIA process and product focus on equity			
Metric 1.b	Data Collection Methods		Interview Questions
The HIA scope—including goals, research questions, and methods—clearly addresses equity.	<p>➤ HIA Report</p> <p>Or</p> <p>➤ Interview with HIA practitioner and community participants if goals, research questions, and methods are not included in the HIA report</p>		<ul style="list-style-type: none"> • What were the HIA goals and research questions? • If the HIA goals and/or research questions don't mention equity: did the goals and research questions consider equity? Which inequities were addressed? • Did your research methods address equity? If so, how?
Score (circle one)			Examples of high-scoring activities
<i>Not at all</i> No.	<i>To some extent</i> Scope includes equity-related goals, questions, or methods.	<i>Very</i> Scope includes equity-related goals, questions, and methods.	<ul style="list-style-type: none"> ✧ At least one of the primary goals of the HIA is to assess equity impacts, whether or not the term equity is used. ✧ Research questions call for focus on communities facing inequities.
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Outcome 1: The HIA process and product focus on equity			
Metric 1.c			Data Collection Methods
<p>Distribution of health and equity impacts across the population were analyzed (e.g., existing conditions, impacts on specific populations predicted) to address inequities.</p> <p>The HIA utilized community knowledge and experience as evidence.</p>			<p>➤ HIA Report</p>
Score (circle one)			Examples of high-scoring activities
<p><i>Not at all</i></p> <p>Distribution of impacts not assessed and community knowledge/ experience not included.</p>	<p><i>To some extent</i></p> <p>Distribution of impacts assessed or community knowledge/ experience included.</p>	<p><i>Very</i></p> <p>Distribution of impacts assessed and community knowledge/ experience included.</p>	<p>✧ Quantitative assessment of disproportionate impacts (and potential cumulative impacts) on communities facing inequities included in the HIA.</p> <p>✧ Focus groups and/or surveys conducted in communities facing inequities.</p>
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HIA Equity Evaluation Tool

Outcome 1: The HIA process and product focus on equity			
Metric 1.d	Data Collection Methods		Interview Questions
Recommendations focus on impacts to communities facing inequities and are responsive to community concerns.	<ul style="list-style-type: none"> ➤ HIA Report ➤ Interviews with the HIA practitioner ➤ Interviews with community participants 		<ul style="list-style-type: none"> • Did the recommendations focus on equity impacts and/or impacts to communities facing inequities? If so, how? • Did the communities facing inequities have input into the recommendations? If so, can you describe the process for collecting and integrating community input? • Do any of the recommendations reflect specific input from communities facing inequities? If so, how?
Score (circle one)			Examples of high-scoring activities
<i>Not at all</i> Recommendations do not address issues related to equity.	<i>To some extent</i> Recommendations address equity impacts.	<i>Very</i> Recommendations address equity impacts and are responsive to community concerns.	<ul style="list-style-type: none"> ✧ Key recommendations focus on impacts to those facing inequities, not just on improving overall population health ✧ Recommendations reflect community priorities
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Outcome 1: The HIA process and product focus on equity			
Metric 1.e	Data Collection Methods		Interview Questions
Findings and recommendations were disseminated in and by communities facing inequities using a range of culturally and linguistically appropriate media and platforms.	<ul style="list-style-type: none"> ➤ Interviews with the HIA practitioner ➤ Interviews with community participants ➤ Review of communications (e.g., summary documents, resulting media) 		<ul style="list-style-type: none"> • Were findings disseminated to the communities facing inequities? If so, how? By whom/what format? Do you have any idea how many people received or read them? How do you know people received/read them? • Were the findings communicated in a way that was understandable to many people in the community? How do you know? • Were communities facing inequities involved in the development of dissemination products, or determination of key audiences and communication outlets? If so, how?
Score (circle one)			Examples of high-scoring activities
<i>Not at all</i> No dissemination in or by communities facing inequities.	<i>To some extent</i> Dissemination occurs in or by communities facing inequities.	<i>Very</i> Dissemination occurs in and by communities facing inequities with appropriate media and platforms.	<ul style="list-style-type: none"> ✧ Findings and recommendations translated into relevant languages and media formats (e.g., social media) and distributed ✧ Community leaders communicate findings on their own behalf to policymakers and other community members
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HIA Equity Evaluation Tool

Outcome 1: The HIA process and product focus on equity			
Metric 1.f			Data Collection Methods
Monitoring and evaluation (M & E) plan included clear goals to monitor equity impacts over time and an accountability mechanism (i.e., accountability triggers, actions, and responsible parties) to address adverse impacts that may arise.			<ul style="list-style-type: none"> ➤ HIA report ➤ Monitoring and evaluation plan (M & E plan)
Score (circle one)			Examples of high-scoring activities
<i>Not at all</i> Equity impacts not included in M & E plan	<i>To some extent</i> Equity impacts included in M & E plan	<i>Very</i> Equity impacts included in M & E plan and accountability mechanisms put in place.	✧ During M & E, if negative equity impacts are found, decision-makers are responsible for implementing an improvement plan and reporting back to the community.
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Outcome 2:

The HIA process built the capacity and ability of communities facing health inequities to engage in future HIAs and decision-making more generally.

Metric 2.a		Data Collection Methods	Interview Questions
Communities facing inequities lead or are meaningfully involved in each step of the HIA.		<ul style="list-style-type: none">➤ Interview with HIA practitioner➤ Interview with community participants	<ul style="list-style-type: none">• Were communities facing inequities meaningfully engaged in each step of the HIA? If yes, can you describe how for each step? Can you describe the range or types of community stakeholders who participated in each step of this HIA?
Score (circle one)			Examples of high-scoring activities
Not at all No involvement of communities facing inequities	To some extent Communities facing inequities meaningfully engaged in some, but not all, HIA steps	Very Communities facing inequities meaningfully engaged in all HIA steps	<ul style="list-style-type: none">✧ See <i>Guidance and Best Practices for Stakeholder Participation in Health Impact Assessments</i> (referenced above) for many examples of meaningful engagement at each step.✧ For example, in the scoping stage this could include communities facing inequities having decision-making authority over the final Scope; in the assessment stage this could include utilizing community participatory methods.
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Outcome 2: The HIA process built the capacity and ability of communities facing health inequities to engage in future HIAs and decision-making more generally.			
Metric 2.b		Data Collection Methods	Interview Questions
<p>As a result of the HIA, communities facing inequities have increased knowledge and awareness of decision-making processes, and attained greater capacity to influence decision-making processes, including ability to plan, organize, fundraise, and take action within the decision-making context</p>		<ul style="list-style-type: none"> ➤ Interview with HIA practitioner ➤ Interview with community participants 	<ul style="list-style-type: none"> • What, if anything, is different for the communities facing inequities, as a result of the HIA? For example, were there: <ul style="list-style-type: none"> • Any changes in knowledge or awareness of decision-making processes? Please describe specifically. What do you see or hear that tells you there is such a change? Specific examples? • Any changes in the ability of the community to plan, organize, fundraise, or take action on future similar decisions? What do you see or hear that tells you there is such a change? Specific examples of any steps taken? • As a part of the HIA process, were communities facing inequities meaningfully engaged to understand the power, policy, and historical context of the proposed decision? • Were there any changes in organizational culture or practices around community member participation in the proposal/decision that was the target of this HIA? What about for decisions beyond the target of this HIA?
Score (circle one)			Examples of high-scoring activities
<p><i>Not at all</i></p> <p>No increase in knowledge or awareness of decision-making processes</p>	<p><i>To some extent</i></p> <p>Communities facing inequities acquired knowledge and awareness</p>	<p><i>Very</i></p> <p>Communities facing inequities acquired knowledge, awareness, and greater capacity to take action</p>	<ul style="list-style-type: none"> ✧ HIA process involved leadership training for members of communities facing inequities ✧ HIA conducted in such a way as to increase understanding of action research as a tool for community change ✧ Community members have a better understanding of how to analyze the power, policy, and historical context of decisions.
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HIA Equity Evaluation Tool

Outcome 3: The HIA resulted in a shift in power benefiting communities facing inequities.			
Metric 3.a		Data Collection Methods	Interview Questions
Communities that face inequities have increased influence over decisions, policies, partnerships, institutions and systems that affect their lives.		<ul style="list-style-type: none"> ➤ Interviews with decision-makers ➤ Interviews with community participants ➤ Additional check-ins for updates over time with community participants 	<ul style="list-style-type: none"> • Did community members have an increased influence over decisions, policies, partnerships, institutions, or systems that were the target of this HIA? If so, how do you know? Can you describe the change in influence? <ul style="list-style-type: none"> • Has community participation in decision-making increased, as a result of this HIA? If yes, how do you know? Can you describe that participation? • Did the institutions and communities change their ideas about what is considered valid evidence or data? Can you give examples? • Were community members invited to participate in future planning or decision-making efforts on this issue? • Was there mutual learning that resulted in a culture change both within communities and institutions about considering community concerns in decision-making? • Did participating communities have an increased ability to influence decisions, policies, partnerships, institutions, or systems that affect their lives beyond the target of this HIA? If yes, can you give examples of where they have been able to increase their sphere of influence and power? <ul style="list-style-type: none"> • For example, were community members invited to sit on Community Advisory Boards, councils, workgroups, or other venues that would give them influence in other spheres or sectors beyond the specific target of this HIA?
Score (circle one, if data is available)			Examples of high-scoring activities
<i>Not at all</i> No increased ability to influence	<i>To some extent</i> Individuals and groups had increased influence over the decision that was the focus of the HIA	<i>Very</i> Individuals and groups have increased influence over a broad range of decisions and systems that affect their lives	<ul style="list-style-type: none"> ✧ A shift in culture both within institutions and among communities about what is considered evidence (i.e., community data or knowledge as "expert" and valid evidence) ✧ Members of communities facing inequities get invited to the decision-making table
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Outcome 3:

The HIA resulted in a shift in power benefiting communities facing inequities.

Metric 3.b		Data Collection Methods	Interview Questions
Government and institutions are more transparent, inclusive, responsive, and/or collaborative.		<ul style="list-style-type: none"> ➤ Interviews with decision-makers ➤ Interviews with community participants ➤ Additional check-ins for updates over time with community participants ➤ Review of public documents 	<ul style="list-style-type: none"> • What, if anything, is different for government and institutions, as a result of the HIA? Were there any changes in administrative practices that make them more transparent, inclusive, responsive, or collaborative with the community facing inequities? If yes, can you give some examples? <ul style="list-style-type: none"> • For example, is addressing inequities a new part of the institution's stated mission or goals? • Were any new resources assigned to address health or equity, such as a new office, staff person, or program? • Will the institution assess and monitor the status of health inequities over time, measured by indicators created with input from communities facing inequities? And, if so, are there required actions if inequities persist? • Was there an improvement in how accessible data is to the community? • Is community outreach by the institution better now than it was before the HIA? What is different? What do you see or hear that tells you it is better?
Score (circle one, if data is available)			Examples of high-scoring activities
<i>Not at all</i> No increase in institutional transparency or inclusiveness	<i>To some extent</i> Institutions more transparent and inclusive	<i>Very</i> A systems-level change has been implemented that allows for sustained influence	✧ Change in institutional design, such as Community Advisory Boards, new offices of Health Equity, or integration of equity into all missions
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Outcome 4:

The HIA contributed to changes that reduced health inequities and inequities in the social and environmental determinants of health.

Metric 4.a

Data Collection Methods

The HIA influenced the social and environmental determinants of health within the community and a decreased differential in these determinants between communities facing inequities and other communities.

- Monitoring of data related to the determinants of health (e.g., from government agencies) upon completion of the HIA

Score (circle one, if data is available)

Examples of high-scoring activities

Not at all

To some extent

Very

No change in determinants

Communities facing inequities experience improvements in health determinants

Communities facing inequities realize improvements in health determinants and close the gap on inequities

- ✧ Determinants of health that were the focus of the HIA are improved in communities facing inequities at a faster rate than in the general population

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HIA Equity Evaluation Tool

Outcome 4:

The HIA contributed to changes that reduced health inequities and inequities in the social and environmental determinants of health.

Metric 4.b

Data Collection Methods

The HIA influenced physical, mental, and social health issues within the community and a decreased differential in these health outcomes between communities facing inequities and other communities.

- Monitoring of data related to the determinants of health (e.g., from government agencies) upon completion of the HIA

Score (circle one, if data is available)

Examples of high-scoring activities

Not at all

To some extent

Very

No change in health outcomes

Communities facing inequities experience improvements in health outcomes

Communities facing inequities realize improvements in health outcomes and minimize health disparities

- ✧ Health outcomes that were the focus of the HIA are improved in communities facing inequities at a faster rate than in the general population

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Key Definitions

Equity

As Margaret Whitehead wrote in 1992: “Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that none should be disadvantaged from achieving this potential, if it can be avoided.” Paula Braveman adds that “equity in health is the absence of systematic disparities in health (or in the major social determinants of health) between groups with different levels of underlying social advantage or disadvantage, namely wealth, power or prestige.”⁸

Communities facing inequities

This term was chosen to describe communities that are facing impacts of a decision with implications for equity, and that may have historically faced negative impacts from previous decisions. Many phrases have been used to describe similar populations such as vulnerable or socially disadvantaged. Community advocates have pointed out issues with these phrases, including that communities themselves may not identify with these terms.

Health Inequity vs. Health Disparity

Populations within a society can have disparate health outcomes. Some disparities are to be expected—arthritis, for example, is more common among seniors. These differences are commonly called **health disparities**.

Other differences, most often between populations that have varying levels of power and access to opportunity, may be systemic, avoidable, unfair or unjust. For example, people in a low-income community of color in one part of a city may have lower life expectancy than more affluent people in a separate part of the same city. These differences are commonly called **health inequities**.

Power

Power is defined as the potential to shape our lives and the world around us. There are multiple forms of power,⁹ including:

- Influencing decision-making directly by organizing people and resources.
- Influencing what is on the political agenda by building an infrastructure of organizations.
- Influencing ideology and worldview by changing the public narrative.

Community engagement

Community engagement is the process of including members of communities facing inequities and other communities in the HIA process. Engagement can take various forms: informing, consulting, involving, collaborating, or empowering.¹⁰

How to Advance Equity through Health Impact Assessments

A Planning and Evaluation Framework by the SOPHIA Equity Working Group

About This Framework

Equity is a core value of Health Impact Assessment (HIA).¹¹ Many HIA practitioners engage in the work to address systemic, avoidable, unjust, and unfair differences in factors important to health between population groups. There are many compelling moral, economic, and health arguments for prioritizing and incorporating equity into HIA practice.

HIA practitioners and evaluators have found that many HIAs could be improved by taking a more intentional and thorough approach to addressing equity impacts¹² and have sought to remedy this through new tools¹³ and guidance.^{14 15} A clear framework for planning an HIA and evaluating the degree to which an HIA successfully incorporated equity has not been available, though such a framework could help guide HIA practitioners and evaluators, as well as equity advocates. Such a framework would also provide more detail to the HIA Practice Standards¹⁶ regarding the incorporation of equity into HIA practice.

With this in mind, the SOPHIA Equity Working Group collaborated in a consensus process to develop *Equity Metrics for Health Impact Assessment, Version 1*, which was released in 2014. Many of the original authors reconvened in 2016 to solicit input from practitioners and other users, and then incorporated this feedback to evolve the framework presented here as Version 2.

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How to Advance Equity Through Health Impact Assessments: A Planning and Evaluation Framework was developed with funding from the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts.

How to Advance Equity through Health Impact Assessments

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