

Addressing inequalities through health impact assessment

Introduction

This bulletin provides information for practitioners involved in planning, leading or contributing to health impact assessments (HIAs). It is one of a series of HIA Learning from Practice bulletins. The full series covers:

- Evaluating health impact assessment
- Addressing inequalities through health impact assessment
- Influencing the decision-making process through health impact assessment
- Deciding if a health impact assessment is required (screening for HIA).

The information in this bulletin is based on the real-world practical experience of HIA practitioners, leading academics, policy makers and commissioners involved in a variety of HIAs

across the country. Much of it was shared at a Learning from Practice workshop organised by the Health Development Agency (HDA) in November 2002. Further information about the Learning from Practice workshop and copies of the other summary bulletins in this series can be found at www.hiagateway.org.uk

This bulletin aims to highlight and explain the issues associated with addressing inequalities through HIA, and to offer advice and guidance based on ways in which other practitioners have overcome challenges and achieved success. It also provides pointers towards other sources of information about more general aspects of addressing inequalities, and suggests some lessons that can be learned from other areas of public health practice.

Inequalities and HIA

Defining health inequality and health equity

Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population groups, eg differences in mobility between elderly people and younger populations; or differences in mortality rates between people from different social classes.

The concept of health equity is distinct from inequality in that it has a moral and ethical dimension. Health inequities can be seen as resulting from avoidable and unjust differentials in health status. Whitehead has described equity in terms of creating equal opportunities for health and bringing health differentials down to the lowest possible level (Whitehead, M., 1990).

Dimensions of HIA

Equality and equity are a central dimension for all HIAs. The Acheson report (Department of Health, 1998) attached great importance to addressing the underlying determinants of health, and saw HIA as key to achieving this. The report made this its first recommendation:

‘We recommend that as part of health impact assessment, all policies likely to have a direct or indirect effect on health should be evaluated in terms of their impact on health inequalities, and should be formulated in such a way that by favouring the less well off they will, wherever possible, reduce such inequalities.’

Inequalities and HIA (continued)

The Department of Health recently completed a consultation exercise inviting views on a new health inequalities delivery plan. In its response to the exercise, the government made a commitment to build on existing work on equity audits, and stated that these could include a health inequalities assessment dimension (Department of Health, 2002).

Assessing inequality and inequity

In assessing policies and proposals for their positive and negative impacts on health, a balance must be struck between securing the greatest health gain for the population as a

whole, and protecting and promoting the health of vulnerable and marginalised groups. Failure to recognise this, and to address it explicitly through the HIA process, may result in a flawed appraisal that fails to give adequate consideration to how policies or proposals may reduce – or inadvertently compound – inequalities in health. Addressed properly, HIA can provide a valuable tool for stimulating the development of socially just policies and proposals that robustly and transparently consider the ways in which ‘winners’ and ‘losers’ will be created, and that take steps to manage this.

What can a focus on addressing inequalities achieve?

Many different types of inequalities in health persist, and they will be of more or less concern depending on the subject of the HIA. Health impact assessments can make a significant contribution to ensuring that health inequalities, and the factors that contribute to them, are adequately considered.

Health impact assessments can be a useful route to considering how policies or proposals may have a positive or negative impact on different population groups, eg how the proposal:

- Is likely to affect groups that are already known to be disadvantaged
- Might compound existing health inequalities
- May impose new health burdens on specific groups
- Could change exposure to, and distribution of, risk factors or specific determinants of health, eg inequalities in living and working conditions, and access to services or facilities.

Addressing inequalities within HIA can result in:

- **Better decision making** By combining evidence from a range of sources, HIAs can support decision makers in assessing the merits and limitations of the options before them, on the grounds of equity. This can be achieved by a range of approaches, including using participatory methods to ensure community involvement, in particular by involving marginalised or disadvantaged groups; and by assessing the best available evidence for information about the likely impact of proposals on inequalities in health. Providing recommendations to enhance these positive impacts and mitigate the negative

impacts may result in changes to proposals that support reductions in health inequalities.

- **Better awareness of the political dimensions of health** The different organisations and stakeholders involved in an HIA will often not have a clear understanding of the factors that could affect health inequalities. Health impact assessment can demonstrate how proposals relating to, for example, housing or employment could contribute to narrowing or widening the health gap. The benefits of this are twofold. As well as generating recommendations that lead to more equitable solutions in the context of a specific HIA, people involved in the HIA process may take away lessons that confer benefits elsewhere. The London Health Commission’s experience of appraising a series of strategies suggests that partner involvement in previous HIAs has led to subsequent proposals being more supportive of health and considering inequalities from the outset.
- **Better outcomes for communities** As addressing inequalities often requires a participatory approach, there is potential for the HIA process itself to contribute to better health, quite separately from the effects of its recommendations. Community involvement is a common feature of many HIAs, and practitioners report that it can be a useful way not only of identifying health inequalities, but also of starting to address them. Managed well, community involvement in HIAs can be an empowering experience for participants, as the experience of the New Cross Gate New Deal for Communities programme (see overleaf) shows.

Learning from practice examples

Addressing inequalities using HIA: New Cross Gate New Deal for Communities

The New Deal for Communities (NDC) programme in New Cross Gate (Lewisham, London) commissioned a comprehensive HIA of their Year 2 Delivery Plan. The primary care trust oversaw the work, with significant input from residents (some of whom were also board members), and from a local umbrella community organisation. Extensive community participation was a key feature of the approach taken.

The HIA was undertaken over a period of nine months, and a report was made to the NDC board. The board agreed that the information gathered and subsequent recommendations would form the foundation for their future plans. A key recommendation was to refocus the target groups not only to include black and minority ethnic communities, as per the original plan, but also to involve young people, people with mental health problems, and people who were long-term unemployed – specifically, to address how the NDC Delivery Plan could have an impact on those most affected by health inequalities.

The target groups for engagement were identified through inputs from an HIA workshop held with steering group members, and through discussions with community leaders. A community profile was created, informed by a list of key groups most affected, as identified in significant national documents such as Social Exclusion Unit reports, the Acheson report and the local public health report. Contact with these groups was supplemented through one-to-one interviews with those who preferred not to attend a group or workshop, eg refugees and asylum seekers. Existing health inequalities were considered, and care was taken that new health burdens would not be imposed on specific groups.

Key features of the approach taken are listed below.

- Establishing and supporting a highly motivated steering group. It required considerable time to persuade residents that it was worth getting involved. Clear lines of communication with the decision-making process helped when barriers were encountered.
- Attempts to recruit and train community members to undertake some of the HIA were unsuccessful early in the process, partly because of cynicism within the community. This provided an opportunity to reformulate the approach, having talked extensively with local people, leading to greater involvement and allowing progress to be made.
- Running a series of rapid HIA workshops for the steering group, service providers and local people.
- Visiting many groups on their own territory.
- One-to-one interviews with 'isolated' individuals or key workers based on an understanding of health inequalities.
- Continuous feedback to those involved – all were invited to a final workshop to prioritise the recommendations, drawing on their experience as to how to maximise the potential positive health impact on specific groups.

Using participatory methods, and getting the community involved, raised understanding about health inequalities, created an empowering experience for the community participants, and strengthened the NDC partnership. It also allowed better information to be gathered, particularly about health inequalities, making this available to decision makers.

With thanks to Anthea Cooke, Independent Health Policy Specialist and the New Cross Gate NDC HIA Steering Group members

Challenges in addressing inequalities through HIA

Experienced practitioners report a common set of challenges and concerns that can be encountered when trying to ensure HIAs include a focus on inequalities.

Setting the boundaries

It can be especially difficult to reach the right balance between competing stakeholders' interests and concerns. Questions of equity inevitably involve a political dimension, and those responsible for HIA can find themselves negotiating a complex web of ideologies and viewpoints. In considering a major development, such as the rebuilding and extension of a substantial manufacturing plant, for example, commercial interests may not be easily reconciled with community views. Narrowly focused interests, such as the concerns of residents immediately adjacent to the proposed development, must be balanced against wider social impacts. And care must be taken to ensure all relevant interests are considered, including not just information about the views of the factory owners themselves, but also the impact on employees of the plant. Finally, all this must be considered in the light of the available evidence, which may contradict stakeholders' views. Striking the right balance can be a difficult process. Making inequalities an explicit part of HIA at the start can at least help ensure that stakeholders expect to address these kinds of issues.

Involving communities

Securing effective community participation can be particularly important for HIAs with an inequalities dimension. But community involvement can be a slow process, while HIAs – especially rapid HIAs – generally have to be delivered over a short period. Practitioners responsible for planning or leading HIAs may feel they lack the confidence, or skills or both to manage effective community involvement. Useful lessons can be learned from other areas of practice, such as community development, and

many HIAs make use of external facilitators to support community engagement. Although highly participatory HIAs might be favoured, a pragmatic approach reflecting available resources is what the real world often demands. Where 'hard-to-hear' groups genuinely cannot be reached within the scope of an HIA, experts and representatives can act as advocates, ensuring that relevant perspectives are still considered. This will never provide a perfect substitute for engaging people directly, and transparency in how information was gathered is important. Existing information about the local population should be reviewed, either to inform further participatory work or (where time and resources dictate) to supplement a lower level of community involvement. Use should be made of any community profiles and surveys previously carried out, as well as documents such as public health annual reports. Information from community participation is only one form of evidence, and should be combined with other qualitative, as well as quantitative, information to inform decision making.

Identifying those affected

A further challenge involves the identification of particular vulnerable or marginalised groups, or those at greatest risk of being disadvantaged by the proposals and options under consideration. Choices may need to be taken about whether to focus on geographical communities or defined socio-demographic groups. In many cases practitioners may be concerned that their HIA will not manage to consider all relevant aspects and dimensions of the population concerned. The availability of accurate, in-depth community profiling data, or support to compile such a profile, can make a big difference.

Although these aspects of HIA can be challenging, examples from practice show what can be achieved by building an explicit focus on inequalities into the HIA.

Promising practice guidance

Getting it right from the start

Successfully addressing inequalities requires action at every stage of the HIA process. The design of an HIA should maximise the focus on inequalities at every step, from screening to reporting.

Be clear about purpose and choices

- Setting clear aims and objectives for the HIA will help you define who your stakeholders are, and identify the methods needed to involve them, either directly or indirectly, in the HIA process.
- Be explicit about the equity dimension of your HIA: you could state, as the London Health Commission does, that the purpose of the HIA is to 'assess the likely positive and negative impacts of the proposals on inequalities in health, and the determinants of health'.
- Ensure stakeholders and participants expect to consider inequalities as part of the HIA, and provide them with information that will improve their understanding of inequalities and the determinants of health.

Screening and scoping

- Screening (the process of deciding whether an HIA is necessary) should consider explicitly whether proposals are likely to have an impact on inequalities, and is the subject of a separate bulletin in this series – *Deciding when health impact assessment is needed (screening for HIA)*.
- In particular, think about the criteria that should be applied to assessing which proposals will have the greatest impact on equity and equality – this will help with the assessment, and can be very useful in giving shape to clear, focused recommendations.
- At the scoping stage (the process of deciding which elements or aspects of proposals should be subjected to HIA), try to identify the issues that are likely to have most impact on health inequalities – rather than just on health – and ensure these are included within the full HIA.
- Involve stakeholders in scoping to support a rapid initial review of proposals, and highlight those most likely to disadvantage vulnerable groups.
- Identify the groups most likely to be affected by the proposals.
- Work with partners to ensure good quality community profiles exist, and secure specialist public health support where needed.

Use a participatory approach

- Involve disadvantaged groups and/or advocates in steering and planning groups as well as stakeholder workshops.

- Work with existing channels for community participation.
- Identify the specialist skills and support you need, such as external facilitation for stakeholder meetings.
- Learn from other areas of practice that use participatory techniques, such as community development.
- Use representatives and 'experts' as advocates for 'hard-to-hear' groups where you need to – they are not a perfect substitute, but can still protect against excluding points of view.

Work systematically

- Aim to appraise inequalities in a systematic way.
- Ensure the evidence review adequately addresses inequalities, making best use of the evidence available from a range of sources.
- Ensure the agenda for all topics at stakeholder workshops contains questions about the likely impact on inequalities.
- Set core questions about inequalities, and apply these consistently – you could ask participants to consider the likely positive and negative impacts of proposals on defined vulnerable groups (eg black people, those from minority ethnic groups, people with disabilities, older people, people on low incomes, families with young children).
- Consider using one of the toolkits or case studies referred to under 'Further information' overleaf to help guide you to consider systematically the different impacts of policies and proposals on different population sub-groups.

Reporting back

- Feedback is especially important when participatory methods have been used – make sure stakeholders, especially community representatives, understand how they contributed to recommendations, and what will happen next.
- Consider holding a final workshop to agree and develop consensus around final recommendations – highlight areas of common ground and, where agreement cannot be reached, explain what has been decided, and why.
- In any written report, explain fully why and how you addressed health inequalities.
- State your recommendations clearly in terms of their likely impact on health inequalities.

References and further information

The HIA Gateway website

The HIA Gateway website (www.hiagateway.org.uk) provides access to HIA-related resources, networks and information to assist those participating in the HIA process. The site is designed for both beginners and seasoned HIA practitioners. The case study and London Health Commission's HIAs referred to in this bulletin are available as full reports on the website, under the 'Resources' section (Completed HIAs).

The website also features a further case study, 'Health Impact Assessment on the Ferrier Estate' (2000), and an equity toolkit, 'A health equity strategy for Bro Taf' (1999), which may be useful.

To add to the website information about your HIA, toolkit or resource, or your contact details, go to the 'Contact us' section and follow the simple instructions.

Other useful reports and publications include:

- Barnes, R. (ed.) (2000) Equity and Health seminar, Manchester, 16–17 June 2000. Available at www.liv.ac.uk/PublicHealth/obs/OBS.HTM

- Barnes, R. and Scott-Samuel, A. (2002) Health impact assessment and inequalities. *Pan American Journal of Public Health* 11 (5/6): 449-53.
- Department of Health (1998) *Independent Inquiry into Inequalities and Health*. The Stationery Office, Norwich
- Department of Health (2002) *Tackling Health Inequalities: Consultation on a plan for delivery* (DH, London)
- Ritsatakis, A., Barnes, R., Douglas, M. and Scott-Samuel, A. (2002) Health impact assessment: an approach to promote intersectoral policies to reduce socio-economic inequalities in health. In: Mackenbach, J. and Bakker, M. (eds) *Reducing inequalities in health: a European perspective*. Routledge, London
- Whitehead, M (1990) *Concepts and principles of equity and health*. World Health Organization, Copenhagen.

A publication that focuses on inequality and equity issues will appear in an article by Jayne Parry and Ed Scully, 'Health Impact Assessment and the consideration of impact inequalities', *Journal of Public Health Medicine LS* (in press).

Learning from Practice workshops

The HDA held a series of Learning from Practice workshops at the end of 2002. Attended by expert practitioners and academics, these workshops demonstrated the value of sharing

real-life experience of a number of aspects of HIA. A report of the workshops can be found at www.hiagateway.org.uk

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