In this special edition of the HIA E-news we focus on six case studies undertaken as part of an Australian Government project to develop a framework for equity focused health impact assessment (EFHIA). The six case studies were undertaken in a variety of health settings with the dual purpose of (a) using EFHIA to improve and/or enhance the proposal under consideration and (b) to pilot or test the draft EFHIA framework.

The development of the EFHIA framework was funded through the Department of Health and Ageing’s Public Health Education and Research Program (PHERP). The project is being undertaken by the Newcastle Institute of Public Health, Newcastle University, Deakin University and the Centre for Health Equity Training Research and Evaluation (CHETRE), University of NSW. The six case studies include:

3. Application of EFHIA to the National Health and Medical Research Council’s guideline “Healthy Eating for Older Australians”.
4. Assessing the health impacts of the John Hunter Hospital’s outpatient Cardiac Rehabilitation Program.
5. Assessing the equity impacts of the ACT Health Promotion Board’s Community Funding Program

As part of the project an international two day EFHIA meeting is being held in Sydney on 25 and 26 August 2004. The draft EFHIA framework and the six case studies, along with other HIAs will be showcased at the meeting. This special edition of the HIA E-news has been developed for this meeting. To find out more about equity focused HIA, read on!

Equity Focused HIA in New Zealand

What It Can Do For Policy Development

The New Zealand Ministry of Health is part of the Australasian Collaboration for Health Equity Impact Assessment (ACHEIA). The purpose of the New Zealand case study was to apply the EFHIA tool to the development of the New Zealand Healthy Eating – Healthy Action strategy developed in 2002 to address obesity, nutrition and physical activity.

Working and steering groups were established to carry out the case study; advise the contractor hired to undertake the work; discuss Healthy Eating - Healthy Action Framework

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by Sarah Simpson
CHETRE
Ben Harris-Roxas
CHETRE
[chetre.med.unsw.edu.au](http://chetre.med.unsw.edu.au)

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results at each stage; and to formulate recommendations. The EFHIA tool was applied retrospectively to the development of the strategy, using a rapid appraisal process. Methods included collecting information on how useful the tool was in a policy context, and collecting information on the equity focus of the development of the strategy. Relevant Ministry of Health records were reviewed. Key informants within and outside of the Ministry were interviewed about the process of strategy development, including any perceived equity considerations. The objective of the EFHIA case study was ‘did the way the policy was developed have the potential to create, maintain or reduce health inequalities, with particular reference to Maori health?’

Main Findings

• The case study process provided information to improve the draft framework for EFHIA developed by ACHEIA. Suggestions were made about ways in which the tool could be adapted to encompass a rapid retrospective study, to widen the definition of equity and to weave an equity perspective into each step of the EFHIA.

• The way the Healthy Eating – Healthy Action strategy was developed could have been improved to strengthen the equity focus in the final document. For example, consultation with Māori was found wanting, mostly due to the Ministry’s lack of Māori networks. These findings can be applied to the development of other health policies.

• EFHIA is a useful tool to encourage the promotion of equity in policy development.

• EFHIA is likely to be effective in sectors outside of health to introduce both the health dimension and the equity dimension to any social policy development that addresses the wider determinants of health.

Recommendations

1. Review the current Ministry of Health Consultation Guidelines from an equity perspective.
2. Review implementation of the Ministry of Health Consultation Guidelines from an equity perspective.
3. Review the Ministry of Health policy implementation process (policy wheel) and incorporate an equity perspective at each step of the process.
4. The implementation group for the Healthy Eating – Healthy Action strategy to consider the equity findings of the case study, and build on the strengths and address the weaknesses of the strategy development in the implementation phase.

Lessons Learnt

Lessons learned by Ministry of Health staff pertaining to the equity and other shortcomings of the consultation process in developing the Healthy Eating – Healthy Action strategy are being taken into consideration in the implementation phase of the project currently underway. These lessons can also be applied to development of other policies. These lessons - including the need to build in an equity perspective at each step of the consultation and policy development process in order to more fully engage the groups likely to be affected - can also be applied to development of other policies. With regard to the application of the EFHIA tool to the case study, suggestions have been made to ACHEIA at each point in the case study to help to refine and reframe the tool in relation to these three issues.

Things That Changed

The recommendations to review the Ministry of Health Consultation Guidelines from an equity perspective and to review the Ministry of Health policy development process to incorporate an equity perspective at each stage of the process emanated directly from the EFHIA. These changes are likely to occur as a result of the EFHIA.
A Practical Focus on Equity
EFHIA of the ACT Community Funding Program

About the Program
Healthpact (the ACT Health Promotion Board) has a strong commitment to evidence based practice and undertook an equity focused health impact assessment (EFHIA) of the Board’s Community Funding Program (CFP). This was done to assess the potential health inequalities impact of the CFP in the ACT and to identify how the equity focus of the program might be strengthened.

Through the CFP the Board conducts an annual funding round to provide grants and sponsorships to community, arts, health, cultural and sporting agencies to undertake health promotion activities. The intent of the funding round is to add value to existing activities, build the health promotion capacity of the non-government sector and to encourage new and/or innovative health promotion approaches - not to explicitly address health inequalities.

Preliminary Findings
A draft report on the findings of the EFHIA including recommendations was presented to the Board in July 2004 and is in the process of being finalised. Initial findings include:
• the CFP is viewed positively by community organisations and as having the potential to positively impact on health inequalities;
• there is scope, however to strengthen the equity focus within the program eg. by including an equity focus within the existing focus on the social determinants of health; and
• funding behavioural health promotion projects can have the potential to widen the health inequalities gap by improving the health of people who are already health advantaged.

Lessons About EFHIA
Equity focused HIA is not “rocket science”, however it does require the investment of good process, ample time and resources. When using EFHIA include allowing enough time and resources to undertake both the actual EFHIA (eg. the actual collection and analysis) and the support tasks that accompany it (eg. briefing the Steering Group and decision makers, taking minutes). Also, practitioners need to be clear about who is responsible for each aspect of the EFHIA.

Invest time and more time in screening and scoping properly (it will save you time in the longer term); allow two meetings of your Steering Group (if possible) to map the health impacts; and only use a matrix to map key informant interviews; a workshop with potential applicants and consumers; and content analysis of the processes for the 2003/2004 CFP funding round.

The goal of the EFHIA was: to assess the impact of the ACT Health Promotion Board’s funding decision processes on health inequalities in the ACT using equity focused health impact assessment retrospectively.
A Practical Focus on Equity
EFHIA of the ACT Community Funding Program

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Equity focused HIA is not ‘rocket science’, however it does require the investment of good process, ample time and resources.

the health impacts if it assists in identifying the nature and extent of potential health impacts. Familiarise yourself with the:
• different ways in which equity and health equity are defined and understood – this will affect how you, other members of the Steering Group and decision-makers interpret and act on the results; and
• steps of health impact assessment and the expected outcomes of each step eg. what you should have achieved at the end of screening. To this end we found the list of questions about the tasks/outcomes that we should have completed at the end of each step was more useful than some of the screening tools or matrixes.

We suggest that you undertake EFHIA or HIA in a stepwise process and document your decisions. For example develop reports on the key outcomes/decisions made as part of the screening and scoping steps. This might seem unnecessarily bureaucratic but later on if you lose focus – you can return to the research question/rationale for undertaking the EFHIA.

Most importantly, the decision-makers must be engaged early on in the EFHIA (particularly where the majority of decision-makers are not involved in the Steering Group), rather than waiting until the end.

Conclusion
Undertaking an equity focused HIA of the Community Funding Program was a useful exercise. In terms of strategic and operational directions, it was an opportunity for learning and development about explicit equity outputs/outcomes, and a useful tool for reflection on evidence based practice. The key learning from the EFHIA itself is that it is an important learning and development change tool. When considering undertaking an EFHIA, it is important to ensure the dedication of adequate resources (time and staff) to the project. Most important is the shared understanding of and commitment to an “equity focus” by all parties.

Eat Well for Life
An EFHIA of Consumer Information Publications

The Program
This case study applied the draft EFHIA framework to the consumer brochure and booklet which accompany the Dietary Guidelines for Older Australians (DGOA) produced in 1999 by the National Health and Medical Research Council (NHMRC). The aim of the Eat Well for Life publications is to provide knowledge about diet and nutrient intake, information, skills and resources to “independent healthy older Australians” to increase and maintain their health.

The Process
The key questions for the EFHIA were what are the likely health impacts of these publications on sub-groups of the target population, and are these health impacts likely to be differentially distributed by socio-economic status, gender, ethnicity and geographic location? Qualitative data were collected from focus groups with “healthy older Australians” and informal feedback from service providers provided an additional perspective on the DGOA.

Steering Committee membership comprised two project staff, two “healthy independent older Australians” to act as community representatives, representatives from the NHMRC, Office of Ageing Australia, a local community dietitian, General Practitioner, and an academic nutritionist from South Australia.

One of the community representatives was elected chair and was instrumental in the success of the case study. The chair’s input resulted in significant improvements in...
recruiting consumer representatives to the focus groups. Recruiting participants who were socially marginalized though "healthy" was difficult and depended on the professional knowledge and networks of the community dietitians on the Steering Committee.

Findings
Feedback from participants showed that the publications had reached hardly any of the people in the target group. Participants’ views on the information in the consumer publications, once they had read them, were that they contained "nothing new". Participants stated that they felt confident that they consumed a healthy diet anyway, with women in the target group were much more likely to be interested in participating than men. Disadvantaged groups were found to face substantial difficulties arising from broader issues, such as isolation and lack of transport, that the publications failed to acknowledge or address.

Recommendations
The Steering Committee developed seven recommendations, relating to specific strategies for coping with the barriers peculiar to older people, including:
- types of food and oral problems
- the bulkiness/weight of foods and transport/shopping
- the expense of food
- nutrient density of foods and quantities, and decreased appetite
- the need for more innovative and effective dissemination strategies

Lessons Learnt
Positive relationships with diverse stakeholders early in the process are fundamental to the success of an EFHIA. The case study highlighted the utility of incorporating an equity approach to render visible the plight of marginalised communities, often missed when target groups are assumed to be homogenous.

Things That Changed
Most Steering Committee participants became more conscious of equity issues and the challenges of addressing equity in health policy and services. The value and necessity of consulting with marginalised groups if equitable outcomes are desired was made apparent.

Is the Medium the Message?
EFHIA of a Support Scheme for Rural Specialists

The Program
The Royal Australasian College of Physicians (RACP) manages the Support Scheme for Rural Specialists which provides funds for continuing professional development (CPD) projects targeting the needs of medical specialists in rural Australia. One strategy used for delivering CPD is videoconferencing. It was considered that this EFHIA would assess the impact of telemedicine as a delivery mechanism for continuing professional development for specialists practising in rural Australia and determine whether this policy had any equity implications.

What We Did
A review of the published literature was undertaken and consultation was carried out with colleagues, experts and stakeholders via an e-mail survey, focus groups of rural specialists (some by video-conference) and personal interviews with commercial teleconference providers.
Is the Medium the Message?
EFHIA of a Support Scheme for Rural Specialists

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providers and government policy officials.

What We Found
The results indicated that videoconferencing was widely regarded as having potential to improve to professional development for rural specialists and it could potentially have flow-on effects for communities served by those specialists. However, where technology fails to keep pace with available programs videoconferencing may widen disparity between specialists, with flow-on effects to the communities they serve.

Recommendations
1. Funding for CPD delivered by telemedicine continue to be supported however a number of issues should be considered when planning such events, including:
   • timeliness
   • target group’s access to the technology
   • target group’s understanding of how to use the technology
   • consultation with target group during event planning
2. Consideration and support should be given to alternative means of delivering education where telemedicine technology is not available
3. Liaison with metropolitan institutions should be encouraged to support the transfer of CPD offered in metropolitan locations to rural areas
4. The roll-out and updating of technology should be monitored to ensure equity of distribution throughout rural Australia by liaison with Telemedicine Units at the relevant State Health Departments
5. Ensuring that people know the uses and benefits of the technology, how to access the technology is equally important to ensure it is utilised to its fullest capacity.

Lessons Learned
The RACP is largely involved with the training and assessment of specialist doctors. However, the College is also involved in developing policy around a range of issues that address training, assessment and CPD for Fellows. The routine application of EFHIA could benefit the following areas:

• Ensure target groups have been clearly considered and stated within the policy
• Ensure the involvement of all relevant stakeholder groups during all stages of the policy development process
• Assist in identifying potential barriers to implementing the policy at various levels and assist with developing strategies to overcome these barriers
• Assist in identifying evaluation strategies to ensure the effectiveness of the implementation of the policy is measured.

In addition, timeframes and resources available should be considered prior to conducting an EFHIA.

Conclusion
All specialist medical colleges play a role in delivering appropriate and timely CPD to their fellows. It is likely that projects will be encouraged to ensure other delivery mediums are considered if a proportion of their target audience do not have access to appropriate and timely videoconference facilities.

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email b.harris-roxas@unsw.edu.au

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EFHIA in South Australia
Health Equity Impacts of the Breastfeeding Action Plan

South Australia’s experience at conducting HIA has been given a considerable boost with the opportunity to undertake an EFHIA. Raising the profile of EFHIA, and adding a focus on the social determinants of health all came together when Health Promotion SA decided to undertake an EFHIA on the SA Breastfeeding Action Plan using the draft EFHIA framework developed by ACHEIA.

The Breastfeeding Action Plan was completed in 2003 following extensive consultation with stakeholders throughout SA. The plan is currently being implemented through a reference group of stakeholders and experts from a wide range of areas and organisations.

The EFHIA provided an opportunity to apply prospective assessment to a plan that included major components that were yet to be implemented. Foremost of these were aspects relating to the promotion of breastfeeding in families and community settings.

An intermediate level EFHIA was undertaken, in part due to the timelines set by ACHEIA. The team planned a timetable of progress through the steps. Most important for this planning was the engagement of a steering committee that involved as wide a representation from stakeholders as possible.

Perhaps greatest of the steering committee’s contributions was the critique of our list of potential impacts on population groups. The team struggled to formulate potential impacts on specific groups, and the committee’s comments, together with the results of the literature search, produced a quite different list.

A literature search was conducted, limited to the peer reviewed literature. In addition to this the team searched the Internet, and sent emails to existing nutrition networks to which we had access throughout Australia. The latter produced some material which we considered, but the greatest amount of information came from the literature search.

The steering committee made a substantial contribution to sorting through the data and making recommendations, despite meeting only four times. The committee identified that working mothers were more likely to experience inequitable impacts arising from breastfeeding policies, in part because workplaces with mainly unskilled or semi-skilled workers are less likely to have breastfeeding-friendly policies or facilities.

The recommendations of the EFHIA were well received by the Breastfeeding Reference Group and it was heartening to find that all the issues we identified had received some attention. The EFHIA therefore played an important role in confirming and reinforcing many of the issues that the Reference Group was addressing.

The overall experience of the EFHIA was that existing research was inadequate to properly address all the population groups identified by the steering committee, for example women who had been the victim of sexual abuse. The level of EFHIA used precluded initiation of new research. The team’s opinion is that the real value of EFHIA lies in a more detailed and longer term process that generates new information. This would differentiate it from intermediate level EFHIAs that are able to correct inadequacies or omissions in projects but are limited in extending understanding of issues.
Equity and Patient Recovery
EFHIA of a Cardiac Rehabilitation Program

The Program
This case study applied the draft EFHIA framework to the Cardiac Rehabilitation Program (CRP) run by the Division of Medicine at the John Hunter Hospital (JHH), Newcastle, NSW. The aims of the CRP are to optimise the recovery of patients following an acute cardiac event and to reduce the risk of further cardiac events. Patients attend the CRP for approximately six weeks post hospital discharge.

The CRP is an educational program of classes, streamed for different levels based on the severity of their acute cardiac event. The program is organised and delivered by a team of clinical nurse specialists, with support from social workers, physiotherapists and dietitians. The classes which include presentations and discussions as well as physical exercises, are held between 9am and 5pm on weekdays at the JHH. The CRP has no dedicated budget and runs on ‘in kind’ support from various hospital departments. The EFHIA was undertaken, between November 2003 and March 2004, by Julie Brookes and Jenny Stewart Williams from the EFHIA project management team.

The Process
The co-operation of the CRP staff was seen as essential for the EFHIA - from the outset project officers spent time meeting with staff and patients and observing the program. Steering Committee membership comprised CRP staff and current CRP participants.

The key questions for the EFHIA were what are the likely health impacts of this CRP on the sub-groups of the target population, and are these health impacts likely to be differentially distributed by socio-economic status, gender, ethnicity and geographic location? Qualitative data were collected from focus groups and telephone interviews in order to gather views and experiences from the perspectives of both participants and non participants. Informal feedback from CRP staff was also sought.

Findings
The results showed contrasting perceptions regarding program inequities, between participants, non-participants and staff. This highlighted the point that equity is a value laden concept and views on what is equitable or not are influenced by personal and social experience in ways that are not always clear. The CRP participants generally praised the program and its staff. The telephone interviews with patients who did not participate in the CRP highlighted many practical barriers to access including transport, their physical, mental and emotional state of health, and carer responsibilities. Staff became increasingly open to the views of non-participants as the EFHIA proceeded.

Recommendations
The recommendations included the need for a dedicated budget for the CRP, more classes to be held at other locations and times, and greater support and involvement from cardiac specialists regarding the CRP.

Lessons Learnt
The establishment of positive relationships with staff and other stakeholder early in the process is fundamental to the success of an EFHIA. When EFHIAs are conducted in busy health services delivery settings, staff must be convinced that the EFHIA is worth doing.

Things That Changed
All participants became more conscious of equity issues and the challenges of improving equity in health services priority setting.