

An Equity Focused Health Impact Assessment
of the
Community Funding Program,
ACT Health Promotion Board

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on behalf of the

EFHIA Steering Group

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Acknowledgments

The EFHIA Steering Group would like to acknowledge the support of the ACT Health Promotion Board, in particular the Chair, Ms Kerry Arabena. We would also like to acknowledge ACT Health's contribution in both negotiating for an EFHIA to be undertaken in the ACT and by providing funding for the EFHIA through the Health Improvement Branch. The Steering Group also acknowledges the input of the EFHIA Project Management Committee and the EFHIA International Reference Group for the overall EFHIA Project. The International Reference Group comprises over 30 members who meet every three months. For nearly 18 months, they have provided overall guidance for the development and implementation of the Project. Finally we would like to thank all those who contributed their time and knowledge either through participating in the key informant interviews or by participating in the half-day workshop for the EFHIA.

Abstract

Health**pact** (the ACT Health Promotion Board) have a strong commitment to evidence based practice and agreed to undertake an EFHIA of the Community Funding Program (CFP) to:

- assess the potential health inequalities impact of the CFP in the ACT; and
- identify how the equity focus of the program might be strengthened.

An intermediate and retrospective EFHIA of the CFP was undertaken by the Centre for Health Equity Training Research and Evaluation (CHETRE) in collaboration with the Health**pact** secretariat and a Board member. Information on potential health inequalities impacts was collected through: a literature review on health promotion and health inequalities; key informant interviews; a workshop with potential applicants and consumers; and content analysis of the processes for the 2003/2004 CFP funding round.

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.

Key learnings about processes of the EFHIA include:

- the process was extremely useful although time and resource intensive;
- being explicit about values throughout the process is critical; and
- it's important to engage/inform the key decision-makers both verbally and in writing throughout the process – not just the beginning and end.

The key learning from the EFHIA itself is that it is an important learning and development change tool.

1. Background

The Health Improvement Branch, ACT Department of Health were involved in discussions about possible case study sites at the beginning of the overall EFHIA project. They approached the ACT Health Promotion Board (known in the community as Health**pact**) who nominated the CFP because the Board have a strong commitment to evidence based practice. Health**pact** is a health promotion statutory authority in the ACT and comprises nine people appointed by the ACT Minister for Health for their expertise in areas such as community health, sport, environmental health and business.

Through the Community Funding Program 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.

Since the new Board commenced in June 2003, a number of continuous improvement directives have been implemented including administrative changes to the CFP. As part of its commitment to continuous improvement, however the Board agreed to undertake an equity focused HIA (EFHIA) of the CFP.

2. Aims, objectives & expected outcomes

The **overarching goal** of the EFHIA is: *to explore the potential health inequalities impacts of health promotion funding agencies using the Health**pact** EFHIA as a case study.*

The **goal** of the EFHIA is: *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.*

The **objectives** of the EFHIA included:

1. Review the Community Funding Program processes for the 2003/2004 funding round (including all relevant funding policy documents, guidelines and applications) to determine whether they potentially have a differential health impact and if these differential impacts are potentially inequitable.

2. Assess whether different funding approaches used (sponsorships versus grants) have potentially different health impacts (eg. potential differential health impacts that may be inequitable).
3. Advise the Board about the outcomes of the EFHIA and make recommendations on how EFHIA could be incorporated into future funding processes and decisions for improving or influencing outcomes, to maximize health gains and minimise potential health impacts that may be inequitable.
4. Contribute to the development of the draft EFHIA framework by auditing the case study process in order to provide feedback to ACHEIA on the applicability of the framework.

3. Application of EFHIA Framework

3.1 Screening

Potential issues identified as part of the screening step include:

- The CFP has a specific focus on addressing the social determinants of health, however this does not equate with an equity focus. For example, projects funded under the healthy communities banner potentially still only benefit those who are already health advantaged.
- Current measures of the CFP do not contain information about the potential health inequalities impact(s) of the program.
- The priority population groups are groups within the population who may experience health inequalities but not necessarily inequities.
- Four of the seven focus areas of the CFP are focused on behavioural risk factors – increasing the chance that many funded projects will focus on individual behavioural risk factors and therefore potentially widen the health inequalities gap by improving the health of those who are already well/health advantaged.
- Systemic change in health inequalities requires long-term effort, commitment and ongoing resources. Potentially the majority of projects funded through the CFP are for one year only – which may mean that the majority of grants and sponsorships are unlikely to have a long-term impact in addressing health inequalities.

The EFHIA Steering Group therefore recommended that an intermediate and retrospective EFHIA be undertaken to identify:

- the potential health equity impacts from the Community Funding Program using the outcomes of the 2003/2004 funding round as a focus; and
- how the equity focus of the CFP can be strengthened (if appropriate).

A report reflecting the key issues considered as part of screening was developed.

3.2 Scoping

The key issues addressed as part of the scoping step by the Steering Group included:

- **formal confirmation**: of the goal, objectives, strategies and expected outcomes and timeframe for the EFHIA; and of the processes for conducting the EFHIA.
- **identification** of: the principles/values that would inform the EFHIA (in addition to equity); and all interested parties – those not on the Steering Group.
- **agreement** about: the proposed approach for engaging interested parties - eg. key informant interviews & workshop; the proposed search strategy for reviewing the literature; a process for valuing information collected as part of the EFHIA; and processes for reporting and accountability.
- development of agreed **definitions** for equity, health inequalities, HIA, health, health promotion and the agreed principles.
- **consideration** and discussion of a process for negotiation and decision making.

A report on the outcomes of the scoping step was developed.

3.3 Profiling

Profiling of the ACT population and information on potential health impacts of the Community Funding Program was collected through:

1. A review of the literature on health promotion and health inequalities
2. Content analysis of key ACT policy and program documents
3. Interviews with key informants in the ACT
4. A half day workshop with community and government organisations and.
5. A content analysis of all applications received as part of the 2003/2004 funding round of the CFP.

3.4 Mapping

As part of the mapping step, the Steering Group met twice:

1. First to consider a draft report on the results from the profiling step and discuss how best to map the findings as potential health inequalities impacts; and

2. Second to consider a further draft of the report on the findings, identify areas for recommendation, and how to progress the findings from the EFHIA (eg. presentation to Board etc).

At the second meeting, specific feedback was provided on the draft Health Inequalities Impact Statement and it was agreed that a postscript detailing the changes that the new Board had made to the CFP subsequent to 2003/2004 should be included with the EFHIA report once it was finalised.

The Steering Group did not use a matrix to map the potential health inequalities impacts as this did not meet their purposes. Instead the Group considered how the potential outcomes of existing CFP processes (as identified through the profiling step) potentially impacted on health inequalities in the ACT.

The draft recommendations focus on three main areas:

1. Disseminating the results of the EFHIA to other health promotion agencies (eg. VicHealth) with a focus on encouraging them to give consideration to testing their grants or funding programs in terms of explicitly addressing equity, including the development of funding criteria that enable applicants to address equity issues.
2. Suggestions for the ACT Health Promotion Board to consider about strengthening the Community Funding Program's ability to address equity.
3. Suggestions for the Healthpact Secretariat as the operational arm of the Board in terms of how the CFP could more explicitly address equity.

3.5 Evaluation

At the time of writing the results of the EFHIA have only just been presented to the ACT Health Promotion Board for their consideration and the final report from the EFHIA is still being finalised. It is expected that the evaluation of the EFHIA process and outcomes will be undertaken by the EFHIA Steering Group in late 2004.

3.6 Monitoring

Following completion of the EFHIA, it will be the responsibility of the Healthpact secretariat to:

- Monitor the Board's uptake of recommendations from the EFHIA
- Implement and monitor any recommendations endorsed by the Board
- Evaluate progress against the overarching goal of the EFHIA

- Evaluate the actual impacts that arise as a result of any changes to the Community Funding Program

With regard to evaluating actual impacts, it is recognised that the Healthpact secretariat are not in a position at present to monitor the actual impacts arising from projects funded through the CFP. Currently organizations who receive funding through the CFP are required to evaluate their grant or sponsorship. A potential outcome of this EFHIA may be to recommend that all funded organizations report on a specific health inequalities impact indicator as part of their funding agreement. This issue requires further discussion and will need to be considered as part of Healthpact's implementation of the recommendations.

4. What was learned and by whom? Explain how you might do things differently next time.

- EFHIA is not “rocket science”, however it does require the investment of good process, and ample time and resources.
- Engaging decision makers (verbally and in writing) at the beginning and throughout the process is vitally important. This would be done differently next time.
- Invest more time in scoping and identifying the values of the EFHIA plus the process for negotiation and decision making.

5. What has/would be expected to change if the results of the EFHIA were implemented and why? (at an individual, policy/ service / management, institutional level.

At present, the results of the EFHIA have only just been presented to the ACT Health Promotion Board for their consideration. The screening step of the HIA however has resulted in improved awareness of equity and of a difference between addressing the social determinants of health and focusing on equity. A postscript has been developed, which outlines the actions taken during 2003/04, independent of the recommendations arising from the EFHIA.

6. Practical considerations when implementing EFHIA.

Practical issues to consider 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). Practitioners need to be clear about who is responsible for each aspect of 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.

7. Advice for beginners (200 words)

Familiarise yourself with the steps of EFHIA 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 using a flow chart/diagram etc. There is a plethora of resources on how to do the screening and scoping steps of HIA on websites – use the resources but don't get stuck or bogged down with them. If they are not helping you answer the questions that you need to answer, don't use them.

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 it will help when you lose focus – you can return to the research question/rationale for undertaking the EFHIA.

Invest time and more time in screening and scoping properly (it will save you time in the longer term); leave plenty of time for transcribing and then analysing your information on health impacts; allow two meetings of your Steering Group (if possible) to map the health impacts; and only use a matrix to map the health impacts if it assists in identifying the nature and extent of potential health impacts.

Engage the decision-makers both verbally and in writing from the beginning. For example, at screening or just after provide a verbal update to the Board plus a written summary of how you plan to proceed, then the same again after completing the profiling step – let them know the preliminary findings and then finally when you present the draft report on the EFHIA with recommendations – present it verbally as well as in writing.

Expect people to ask questions about how EFHIA and HIA are different to other methods of measuring health impact (eg. needs assessment, evaluation) and know the answers. Above all else – BE FLEXIBLE – once you get to the mapping stage

you may find that what you agreed to as part of the scoping stage doesn't work any more – be open to this – can you still answer the questions but without the matrix?

8. Other areas of the [your] organisation, which would benefit (and how) from the routine application of EFHIA to policies and/or practices.

Although committed to the principles of EFHIA, the full application of EFHIA is not considered routine, because of the significant resources required to undertake an EFHIA. However, the outcomes from the EFHIA just undertaken could be applied to other Healthpact investment areas, such as the Research and Evaluation Centre, Field Development and the Small Projects Community Funding Round.

9. Other comments/issues not already covered

Equity focused HIA provides a structured process for professional reflection on the policy development or planning process – a process for quality assurance and/or better practice. However, it may be useful to reflect on how and/or how well the “equity focus” has been addressed in a new proposal, earlier in the policy development/planning process eg during needs assessment or program planning. For example using an “equity lens” at these earlier stages – that is a series of questions that act as a checklist/reflective process about equity. In this way it is important to think of equity focused HIA as one tool that practitioners would use as a part of an overall process that seeks to ensure an “equity focus” throughout the policy development/planning process rather than always as a separate exercise. In addition, in those instances where there is no opportunity to undertake EFHIA (eg. the policy development timeframe is too tight) using an “equity lens” may assist in double checking – rapid appraisal.

The other issue not already covered is that of the mapping, negotiation and decision-making steps. Within both equity focused HIA and HIA, these steps appear to be the crux of the issue but there is very little guidance or information about how to undertake the steps. One of the potential positives of HIA/EFHIA is potentially improved policy and/or planning through improved decision-making – information on health impacts enables amelioration of potentially negative and enhancement of potentially positive health impacts in advance of implementation. More information – through published case studies that focus on these steps of the EFHIA/HIA process would assist practitioners, particularly beginners.

10. Concluding remarks.

Undertaking the EFHIA was a useful exercise. In terms of strategic and operational direction, it was an opportunity for learning and development about explicit equity outputs/outcomes, and a useful tool for reflection on evidence based practice.

When considering undertaking and EFHIA, it is important to consider the dedication of adequate resources (time and staff) to the project. Most important is the shared understanding of and commitment to an “equity focus” of all parties.

Appendix 1: Members, Equity focused HIA Steering Group

The Health**pact** EFHIA is oversighted by a Steering Group comprising:

1. Ms Sam Moskwa, Director, Health**pact**
2. Ms Elizabeth Gaukroger, Program Manager, Health**pact**
3. Emeritus Professor Val Brown, Member, ACT Health Promotion Board
4. Ms Elizabeth Harris, Director, CHETRE (Chair)
5. Ms Sarah Simpson, Program Manager HIA, CHETRE