THE SOCIETY OF
PRACTITIONERS OF
HEALTH IMPACT ASSESSMENT

# SOPHIA

## Equity Metrics for Health Impact Assessment Practice, Version 1

Authors:
- Maria Benkhalti Jandu – University of Ottawa
- Emily Bourcier – Center for Community Health and Evaluation
- Tim Choi – San Francisco Department of Public Health
- Solange Gould – University of California, Berkeley
- Marjory Givens[*] - Health Impact Project
- Jonathan Heller[*] – Human Impact Partners
- Tina Yuen – National Association of County and City Health Officials

[*]Corresponding authors

*This is a product of the SOPHIA Equity Working Group.*

**Background**

Equity is one of the core values of Health Impact Assessment (HIA).[1] Many HIA practitioners engage in the work to address unjust and avoidable 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 impacts[2] and have sought to remedy this through new tools[3] and guidance.[4] A set of clear metrics for evaluating the degree to which an HIA successfully incorporated equity has not been available, though such metrics could help guide HIA practitioners and evaluators, as well as equity advocates, and thereby advance the consideration of equity in practice. With this in mind, over the course of a year, the SOPHIA Equity Working Group collaborated in a consensus process to develop this set of process and outcome metrics related to promoting equity through HIA. These metrics provide more detail to the HIA Practice Standards[5] regarding the incorporation of equity into HIA practice.

---

**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."

**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 various terms.

The metrics have been organized into four equity-related outcomes:
1. The HIA process and products focus on equity.
2. The HIA process built the capacity and ability of communities facing health inequities to engage in future HIAs and in decision-making more generally.
3. The HIA resulted in a shift in power benefiting communities facing inequities.
4. The HIA contributed to changes that reduced health inequities and inequities in the social and environmental determinants of health.

The final two outcomes can result from successfully achieving outcomes one and two.

The metrics emphasize community empowerment through the practice of HIA as a key process for advancing equity. The authors share theoretical assumptions that the unequal distribution of power, in all of its forms,[6] is the major source of inequity, and that community empowerment can have a sustained impact on this distribution of power. 'Empowerment' refers to the process by which communities re-negotiate power in order to gain control over the factors that shape their lives, including access to information and opportunity, decision-makers, and policy-making. Research over the past two decades repeatedly demonstrates the relationship between poor health outcomes and socioeconomic factors such as inadequate and unsafe housing, work environments, and neighborhoods, low educational attainment, social exclusion, poverty, racism, and other structural inequities.[7, 8, 9, 10] Community empowerment addresses these social, political, economic, and environmental determinants that underpin health and health inequities. Empowerment implies more than the participation of communities, but rather community ownership of processes, planning, and actions that seek to change the determinants of health. It assumes that people are their own assets, and a role of the HIA practitioner is to facilitate an HIA process that leads to community empowerment. Empowering communities as an approach to advancing equity is most successful when actions are sustained and coordinated to realize the redistribution of power.  Conducting HIA with equity as an explicit goal can empower communities facing inequities, and contribute to institutional reform, systems change, and to the redistribution of power in decision-making and agendas.

---

**Key Concepts**

**Health inequity vs. health inequality** – Populations within a society can have disparate health outcomes. This can happen for a variety of reasons. Some disparities are to be expected; arthritis, for example, is more common among seniors. These differences are commonly called **health inequalities** or **health disparities**.

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

## How to use the metrics

This tool may be used in a variety of ways depending on the objectives, time, and other resources of the user.  For a complete and accurate evaluation of the degree to which an HIA successfully incorporated equity, careful consideration of all the metrics and of many sources of data (including document review and interviews with other stakeholders) will be necessary. Examples of other ways the metrics could be used include:

- An HIA practitioner could employ the entire set of metrics as a self-reflective exercise, taking a more cursory approach with limited or no consideration of additional sources of data.
- HIA practitioners could compare several HIAs using a subset of the metrics to evaluate how those HIAs addressed specific aspects of equity.
- HIA stakeholders could evaluate an HIA together as a group using the metrics as discussion questions.
- At the start of an HIA, practitioners could use the tool to aid in planning their approach to addressing equity.
- Policymakers could use a subset of the metrics as benchmarks in legislation related to HIA and Health in All Policies.

For each metric, a practitioner or evaluator can score an HIA on a defined scale in which a higher score indicates a more successful incorporation of equity. One measure (Metric 2.a) is measured on a wider scale (from 0 to 6 rather than from 0 to 2), reflecting the variety of ways stakeholders can be meaningfully engaged in every step of HIA,[11] which is integral to achieving equity in HIA practice; see references 4 and 5 for further explanation of the importance of meaningful stakeholder engagement.

This scoring system can be used to compare HIAs (e.g., an HIA previously completed by a practitioner can be measured against a more recent one), with the goal of improving practice as it relates to equity. It can also be used to identify areas of improvement in a practitioner's approach or to purposefully plan for the inclusion of equity in both HIA process and outcomes. The total score of a single HIA has no value on its own; scores are only meant to be used in comparison.

Examples of practices and achievements that would receive high scores are provided. Suggested sources and approaches to data collection for the proposed metrics, which include review of the HIA report and communications materials, interviews with practitioners and community participants, review of public documents, and review of monitoring and evaluation data, are also offered.  We provide an interview guide that can be used as the basis for discussion and decision-making by those scoring an HIA using the equity metrics.

Many of these metrics 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; shifts in power or reductions in inequities may evolve over time, for example. In addition, the last metric – improvements in health outcomes as a result of the HIA – is aspirational given that many diseases are multifactorial and that links between the HIA, policy change, and health outcomes would be difficult to validate.

For more information please contact Jonathan Heller at jch@humanimpact.org or Marjory Givens at mgivens@pewtrusts.org.

**Equity Metrics for Health Impact Assessment Practice, Version 1**
*SOPHIA Equity Working Group*

| Outcome 1: The HIA process and product focus on equity. | | | |
|---|---|---|---|
| **Metric 1.a** | **Proposal analyzed in the HIA was identified by and/or relevant to communities facing inequities** | **Measurement scale**<br>**0** = No<br>**1** = Proposal identified by HIA practitioner as being relevant to communities facing inequities<br>**2** = Proposal prioritized by communities facing inequities as being important for their health | **Comments**<br>_____<br>_____<br>_____ |
| | **Data Collection**<br>Interviews with HIA practitioner and community participants as well as HIA report | **Interview Questions**<br>For HIA practitioner and community participant(s):<br>• Who was involved in identifying the proposal analyzed in the HIA?<br>  o Were members of the community that would be impacted by the proposal involved in identifying this as a potential HIA topic?<br>  o If not, did the community have concerns about issues that were relevant to this proposal?<br>  o If not, how was this HIA relevant to communities facing inequities? How was this determined?<br>• Was this proposal of interest to the lead HIA practitioner(s) and not of interest or relevant to the community?<br>• 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?<br>• Did the HIA process and products reflect an understanding of the power, policy and historical context of the decisions? | **Examples of high scoring activities/results**<br>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; 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 |
| **Metric 1.b** | **The HIA scope – including goals, research questions, and methods – clearly addresses equity** | **Measurement scale**<br>**0** = No<br>**1** = Scope includes equity related goals, questions, **or** methods<br>**2** = Scope includes equity related goals, questions, **and** methods | **Comments**<br>_____<br>_____<br>_____ |

| | | |
|---|---|---|
| **Data Collection**<br>HIA report (or interview with HIA practitioner and community participants if goals, research questions, and methods are not included in the HIA report) | **Interview Questions**<br>For HIA practitioner and community participant(s):<br>• What were the HIA goals and research questions?<br>• (If they don't mention equity:) Did the goals and research questions consider equity? If so, how? Which inequities were addressed?<br>• Did your research methods address equity? If so, how? | **Examples of high scoring activities/results**<br>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 |
| **Metric 1.c** — **Distribution of health and equity impacts across the population were analyzed (e.g., existing conditions, impacts on specific populations predicted) to address inequities; the HIA utilized community knowledge and experience as evidence** | **Measurement scale**<br>**0** = Distribution of impacts not assessed and community knowledge/experience not included<br>**1** = Distribution of impacts assessed **or** community knowledge/experience included<br>**2** = Distribution of impacts assessed **and** community knowledge/experience included | **Comments**<br>_____<br>_____<br>_____ |
| **Data Collection**<br>HIA report | | **Examples of high scoring activities/results**<br>Quantitative assessment of disproportionate impacts (and potential cumulative impacts) on communities facing inequities included in the HIA; focus groups and/or surveys conducted in communities facing inequities |
| **Metric 1.d** — **Recommendations focus on impacts to communities facing inequities and are responsive to community concerns** | **Measurement scale**<br>**0** = Recommendations do not address issues related to equity<br>**1** = Recommendations address equity impacts<br>**2** = Recommendations address equity impacts and are responsive to community concerns | **Comments**<br>_____<br>_____<br>_____ |

| **Data Collection** | **Interview Questions** | **Examples of high scoring activities/results** |
|---|---|---|
| HIA report as well as interviews with HIA practitioner and community participants | For HIA practitioner and community participant(s):<br>• Did the recommendations focus on equity impacts and/or impacts to communities facing inequities? If so, how?<br>• Did the communities facing inequities have input into the recommendations? If so, can you describe the process for collecting and integrating community input?<br>• Do any of the recommendations reflect specific input from communities facing inequities? If so, how? | Key recommendations focus on impacts to those facing inequities, not just on improving overall population health; recommendations reflect community priorities |

| **Metric 1.e** | **Findings and recommendations were disseminated in and by communities facing inequities using a range of culturally and linguistically appropriate media and platforms** | **Measurement scale**<br>**0** = No dissemination in or by communities facing inequities<br>**1** = Dissemination occurs in **or** by communities facing inequities<br>**2** = Dissemination occurs in **and** by communities facing inequities with appropriate media and platforms | **Comments**<br>_____<br>_____<br>_____ |
|---|---|---|---|

| **Data Collection** | **Interview Questions** | **Examples of high scoring activities/results** |
|---|---|---|
| Interview with HIA practitioner and community participants as well as review of communications (e.g., summary documents, resulting media) | For HIA practitioner and community participant(s):<br>• 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?<br>• Were the findings communicated in a way that was understandable to many people in the community? How do you know?<br>• Were communities facing inequities involved in the development of dissemination products, or determination of key audiences and communication outlets? If so, how? | 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 policy makers and other community members |

| **Metric 1.f** | **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** | **Measurement scale**<br>**0** = Equity impacts not included in M & E plan<br>**1** = Equity impacts included in M & E plan<br>**2** = Equity impacts included in M & E plan and accountability mechanisms put in place | **Comments**<br>_____<br>_____<br>_____ |
|---|---|---|---|

| parties) to address adverse impacts that may arise | | |
|---|---|---|
| **Data Collection** <br> HIA report/ monitoring and evaluation plan | **Interview Questions** | **Examples of high scoring activities/results** <br> During M & E, if negative equity impacts are found, decision-makers are responsible for implementing an improvement plan and reporting back to the community |

| | **Outcome 2: The HIA process built the capacity and ability of communities facing health inequities to engage in future HIAs and in decision-making more generally.** | | |
|---|---|---|---|
| **Metric 2.a** | **Communities facing inequities lead or are meaningfully involved in each step of the HIA** | **Measurement scale** <br> **0  1  2  3  4  5  6** <br><br> **0** = No involvement of communities facing inequities; <br> **Additional point** for each step of the HIA in which communities facing inequities are meaningfully engaged | **Comments** <br> _____ <br> _____ <br> _____ |
| | **Data Collection** <br> Interview with HIA practitioner and community participants | **Interview Questions** <br> For HIA practitioner and community participant(s): <br> • 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? | **Examples of high scoring activities/results** <br> See *Guidance and Best Practices for Stakeholder Participation in Health Impact Assessments* (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 |

| | | Measurement scale | Comments |
|---|---|---|---|
| **Metric 2.b** | **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** | **0** = No increase in knowledge or awareness of decision-making processes<br>**1** = Communities facing inequities acquired knowledge and awareness<br>**2** = Communities facing inequities acquired knowledge, awareness, and greater capacity to take action | _____<br><br>_____<br><br>_____ |
| | **Data Collection**<br>Interview with HIA practitioner and community participants | **Interview Questions**<br>For HIA practitioner and community participant(s):<br>• What, if anything, is different for the communities facing inequities, as a result of the HIA?  For example, were there:<br> o 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?<br> o 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?<br>• 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?<br>• (For decision-makers as well) 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? | **Examples of high scoring activities/results**<br>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. |

## Outcome 3: The HIA resulted in a shift in power benefiting communities facing inequities.

| Metric 3.a | Communities that face inequities have increased influence over decisions, policies, partnerships, institutions and systems that affect their lives | Measurement scale | Comments |
|---|---|---|---|
| | | **0** = No increased ability to influence<br>**1** = Individuals and groups had increased influence over the decision that was the focus of the HIA<br>**2** = Individuals and groups have increased influence over a broad range of decisions and systems that affect their lives<br>**N.D.** = Data not available yet | _____<br>_____<br>_____ |

| | | |
|---|---|---|
| **Data Collection**<br>Interviews with decision-makers and community participants (and additional check-ins for updates over time) | **Interview Questions**<br>For decision-makers and community participant(s):<br>• 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?<br>  o Has community participation in decision-making increased, as a result of this HIA? If yes, how do you know?  Can you describe that participation?<br>  o Did the institutions and communities change their ideas about what is considered valid evidence or data?  Can you give examples?<br>  o Were community members invited to participate in future planning or decision-making efforts on this issue?<br>  o Was there mutual learning that resulted in a culture change both within communities and institutions about considering community concerns in decision-making?<br>• 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?<br>  o 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?<br>• Were communities given any additional decision-making power through changes in processes or in other ways?  Can you describe that? | **Examples of high scoring activities/results**<br>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 have a seat at the decision-making table |

| Metric 3.b | **Government and institutions are more transparent, inclusive, responsive, and/or collaborative** | **Measurement scale**<br>**0** = No increase in institutional transparency or inclusiveness<br>**1** = Institutions more transparent and inclusive<br>**2** = A systems level change has been implemented that allows for sustained influence<br>**N.D.** = Data not available yet | **Comments**<br>_____<br>_____<br>_____ |
|---|---|---|---|
| | **Data Collection**<br>Interviews with decision-makers and community participants (and additional check-ins for updates over time); review of public documents | **Interview Questions**<br>For decision-makers and community participant(s):<br>• 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?<br>  o For example, is addressing inequities a new part of the institution's stated mission or goals?<br>  o Were any new resources assigned to address health or equity, such as a new office, staff person, or program?<br>  o 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?<br>  o Was there an improvement in how accessible data is to the community?<br>• 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? | **Examples of high scoring activities/results**<br>Change in institutional design, such as Community Advisory Boards, new offices of Health Equity, or integration of equity into all missions |

| Outcome 4: The HIA contributed to changes that reduced health inequities and inequities in the social and environmental determinants of health. | | | |
|---|---|---|---|
| **Metric 4.a** | **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** | **Measurement scale**<br>**0** = No change in determinants<br>**1** = Communities facing inequities experience improvements in health determinants<br>**2** = Communities facing inequities realize improvements in health determinants and close the gap on inequities<br>**N.D.** = Data not available yet | **Comments**<br>_____<br>_____<br>_____ |
| | **Data Collection**<br>Monitoring of data related to the determinants of health (e.g., from government agencies) upon completion of the HIA | **Interview Questions** | **Examples of high scoring activities/results**<br>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 |
| **Metric 4.b (Aspirational)** | **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** | **Measurement scale**<br>**0** = No change in health outcomes<br>**1** = Communities facing inequities experience improvements in health outcomes<br>**2** = Communities facing inequities realize improvements in health outcomes and minimize health disparities<br>**N.D.** = Data not available yet | **Comments**<br>_____<br>_____<br>_____ |
| | **Data Collection**<br>Monitoring of data related to health outcomes (e.g., from health agencies and hospitals) upon completion of the HIA | **Interview Questions** | **Examples of high scoring activities/results**<br>Health outcomes that were the focus of the HIA are improved in communities facing inequities at a faster rate than in the general population |

## References

1 Quigley R, den Broeder L, Furu P, Bond A, Cave B, and Bos R. (2006). Health Impact Assessment, International Association for Impact Assessment, International Best Practice Principles. Special publication series No. 5. Available at: http://www.iaia.org/publicdocuments/special-publications/SP5.pdf

2 Harris-Roxas B, Simpson S, and Harris E. (2004). Equity Focused Health Impact Assessment: A literature review. Sydney: CHETRE on behalf of the Australasian Collaboration for Health Equity Impact Assessment. Available at: http://www.healthimpactproject.org/resources/document/Harris-Roxas_B_2004_Equity_Focused_HIA.pdf

3 See, for example: Harris-Roxas, BF, Harris PJ, and Kemp LA. (2011). A rapid equity focused health impact assessment of a policy implementation plan: An Australian case study and impact evaluation. Int J Equity Health. 10:6.

4 Heller J, Malekafzali S, Todman L, and Wier M. (2013). Promoting Equity Through the Practice of Health Impact Assessment. Available at: http://www.humanimpact.org/component/jdownloads/finish/9/294.

5 North American HIA Practice Standards Working Group (Bhatia R, Branscomb J, Farhang L, Lee M, Orenstein M, Richardson M). Minimum Elements and Practice Standards for Health Impact Assessment, Version 2. North American HIA Practice Standards Working Group. Oakland, CA: November 2010.

6 See, for example: Grassroots Policy Project. Power and Social Change. Available at: http://www.strategicpractice.org/system/files/power_and_social_change.pdf.

7 Krieger, N. (1994). Epidemiology and the web of causation: Has anyone seen the spider? *Social Science & Medicine, 39*(7), 887-903.

8 Marmot, M., & Wilkinson, R.G. (Eds.). (1999). *Social determinants of health.* Oxford, U.K.: Oxford University Press.

9 Williams, D. R., Costa, M. V., Odunlami, A. O., & Mohammed, S. A. (2008). Moving upstream: How interventions that address the social determinants of health can improve health and reduce disparities. *Journal of Public Health Management and Practice,14*(Suppl), S8-17.

10 Commission on the Social Determinants of Health. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health.* Final Report of the Commission on Social Determinants of Health. Geneva, Switzerland: World Health Organization.

11 Stakeholder Participation Working Group of the 2010 HIA in the Americas Workshop. (2011). Best Practices for Stakeholder Participation in Health Impact Assessment. Oakland, CA. Available at: http://www.humanimpact.org/component/jdownloads/finish/11/191/0.