Health Equity Planning Tool[1]

Why use this tool?

The purpose of the Health Equity Planning Tool is to help users apply the principles of equity in the decision-making process when planning to implement new policies or programs. The principles of health equity state that all people should be valued equally, and "that everyone has a fair and just opportunity be as healthy as possible."[2] They also state that "health differences adversely affecting socially disadvantaged groups are particularly unacceptable because ill health can be an obstacle to overcoming social disadvantage."[2] In the process of using this tool, you will identify these disadvantaged groups and think about the ways in which your new program or policy might affect them. In this way you can make a more equitable decision that has the best possible outcome for every member of your community.

The instructions below will serve as a guide to help you fill out the seven sections of the planning tool.

STEP ONE: *Identify socially vulnerable groups you serve.*

Before examining your decision or proposal, select the groups in your community that are socially vulnerable or disadvantaged. *Socially Vulnerable Populations* are those that may experience unintended negative effects or potential harm due to "unfavorable social, economic, or political conditions that some groups of people systematically experience based on their relative position in social hierarches."[2]

> Common socially vulnerable groups include those based on **location** (rural, suburban, or urban), religion, occupation or **income** (the working poor, unemployed), **gender**, **age**, disability, refugee/immigrant status, primary language, literacy, **race/ethnicity**, sexual orientation, **educational level**, access to internet, **insurance status**, veteran status, housing, access to transportation, household size (single-parent).

Place each group in a separate cell on the table under "Socially Vulnerable Groups". The groups you select are those at increased risk of health disparities, the groups most often left out in the planning process.

STEP TWO: *State the program or policy you are implementing or want to evaluate*

This could be a new policy or program, or something that was developed in the past that you want to reevaluate in order to make the outcome more equitable. If you've noticed a policy that has excluded others in the past, this tool is a great resource to update your strategy.

STEP THREE: *Describe potential negative impacts of the policy on this population*

For each vulnerable group identified, list or describe how the policy or program might negatively impact the group. Do this for each vulnerable group. Consider inviting people who represent the socially vulnerable groups to review the policy or proposal from their vantage point.

STEP FOUR: *Brainstorm mitigation strategies*

Consider strategies and modifications that may be needed to eliminate any undue burden placed on these groups.

STEP FIVE: *What information is still needed?*

Describe information that you now realize you need before making a further decision.

STEP SIX: *Monitoring approach*

How will you know whether your policy or program are generating greater burden or negative impact on these vulnerable groups? How will you know whether your mitigation strategies are working?

STEP SEVEN: *Decisions*

Rewrite/modify the proposal based on findings from the tool.

Definitions and Examples:

Health Disparity: a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.[3]

Health Equity: Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. [4]

References:

[1] Adapted from https://jhu.pure.elsevier.com/en/publications/a-process-for-developing-a-telehealth-equity-dashboard-at-a-large
[2] https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html
[3] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222512/
[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222512/

Health Equity Planning Tool

Step 1: List socially vulnerable groups you serve:	**Step 2:** List the policy or program you are implanting or evaluating:

List socially vulnerable groups (from **Step 1**):	**Step 3:** Describe the potential negative impacts of the policy on this population:	**Step 4:** Mitigation strategies:	**Step 5:** What information is still needed?

Step 6: Monitoring strategies:	**Step 7:** Decisions:

Health Equity Planning Tool *(EXAMPLE)*

Step 1: List socially vulnerable groups you serve:

Those who live in rural areas, the working poor

Step 2: List the policy or program you are implanting or evaluating:

Reduce unused appts/no shows by discharging those with 2 or more no shows within a six month period. No shows include those who are more than 10 minutes late or cancel within two hours of the appt.

List socially vulnerable groups (from **Step 1**):	**Step 3:** Describe the potential negative impacts of the policy on this population:	**Step 4:** Mitigation strategies:	**Step 5:** What information is still needed?
Those who live in rural areas	Snow and ice may create transportation delays, especially if traveling from a distance. This group is likely to be labeled No Show more often and is at greater risk of discharge from the practice due to this policy compared to those who live near to the clinic.	Eliminate from the definition of No Show those who show up 10 minutes late. If they show up, do not label them as a "No Show". Redefine No Shows as that who do not come to their appointment.	
The working poor	Last minute home life and work commitments are relatively common in this group, and they may not have buffer or resources (e.g. childcare). They may need to cancel, even last minute, to attend to higher priorities.	Eliminate the 2-hour window from the cancellation policy Offer virtual visit at time of cancellation	What proportion of our clinic is considered 'working poor'? How do we define this group in our practice?

Step 6: Monitoring strategies: Audit dismissal letters every 6 months for disproportionate effect on these vulnerable groups. Bring repot to clinic leadership.

Step 7: Decisions: Rewrite the policy: individuals who have two or more No Shows within a six-month time period will be discharged from the office. The policy will be conveyed to patients upon check-in, both in writing and verbally by staff. The definition of a No Show is a person who does not show up at the clinic on the day of the appointment.