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MCH Innovations Database Practice Summary & Implementation Guidance

Health Equity Impact Assessment

The Health Equity Impact Assessment (HEIA) is a structured process which involves stakeholders to guide the development, implementation, and evaluation of policies and programs that impact population health and communities, with a goal of reducing health disparities and inequities.



Location

North Carolina



Topic Area

Health Equity



Setting

Community



Population Focus

Cross-cutting/Life Course



NPM

Cross-cutting



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Section 1: Practice Summary

PRACTICE DESCRIPTION

Across measures of health of individuals and communities, there are persistent gaps by race, ethnicity, disability status, income, and other key factors. Often these differences are preventable. Just as often, these differences can be perpetuated by inequitable public health programs and practices at the local and state levels (however unintentional), as well as the distinct inequitable social and economic conditions in the places where people live, learn, work, and age. Policymakers, agency administrators, and members of impacted communities can and should collaborate to address the highly interconnected social and economic factors that influence health outcomes of individuals and communities while improving systems of care and public policies. That's why #impactEQUITYNC, a group made up of representatives from NC Child, NC Division of Public Health (DPH), NC Office of Minority Health and Health Disparities, and the NC Chapter of the March of Dimes created the NC Health Equity Impact Assessment (HEIA). Based on a tool originally developed in Washington state, the HEIA provides a structured process to guide the development, implementation and evaluation of policies and programs that impact population health, with a goal of reducing health disparities and inequities. Data and community involvement are central to the tool's success in facilitating systems change.

The HEIA consists of a series of action steps intended to focus discussions and document proposals for equitable modifications to the policy or program being assessed. The primary action steps are completed jointly by an implementation team consisting of stakeholders, community experts, content experts, providers, etc. who are knowledgeable about the policy/program being assessed on the day(s) of the assessment. These steps include creating a clear description of the current or proposed policy or program, examining the community data profile, identifying changes to the policy or program that will make it more equitable, and developing a monitoring plan for measuring changes to the policy or program.

The HEIA tool was first released in 2017 and used internally by DPH staff members, but it was quickly adopted and used annually by local health departments participating in the NC Improving Community Outcomes for Maternal and Child Health Initiative (ICO4MCH) to evaluate how well the evidence-based programs aimed at improving birth outcomes, reducing infant mortality rates, and improving the health status of children ages 0-5 address root causes of disparities and inequities. A revised version of the tool was released in November 2021 which includes clearer, simpler language and an updated graphic design to improve ease of use along with a more flexible timeline. These revisions were based on feedback gathered by graduate students at the Duke Sanford School of Public Policy which included interviews with local health department staff members who had implemented the HEIA. The HEIA can be downloaded from the [NC Child website](#).

Health Equity Impact Assessments are grounded in literature of Health Impact Assessments (process that helps evaluate the potential health effects of a plan, project, or policy before it is built or implemented) and Racial Impact Statements (systematic examination of how different racial and ethnic groups will likely be affected by a proposed action or decision). Both have been used internationally in Canada and Australia, as well as in the US at state and local levels in Washington, California, Wisconsin, and Minnesota.

The original NC HEIA was informed by health equity assessment tools used in Washington state, and in particular, King County, since 2012. A webinar to glean information and lessons learned from King County was held in 2017, and the NC Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality Social Determinants of Health Workgroup (#impactEQUITYNC) revised the tool for NC based on feedback from



local health departments and community-based organizations. The NC HEIA was then tested during the NC Public Health Accreditation process with the Infant Mortality/Perinatal Health Committee and piloted with the NC ICO4MCH sites.

CORE COMPONENTS & PRACTICE ACTIVITES

The HEIA is a step-by-step guide to help facilitate conversations about factors that support or weaken health, including the root causes of disparities and inequities. Information gathered throughout this process will provide community perspective and guide a team in strategic planning to improve an existing or proposed public policy/program. Core components of this tool include strong leadership, being data-driven and collaborative, and ensuring that appropriate monitoring is in place.

Core Components & Practice Activities		
Core Component	Activities	Operational Details
Leadership	Development of a strong leadership team	The leadership team will identify and invite the members of the implementation team, collect necessary data, and engage a strong facilitator to lead the assessment.
Data Driven	Creation of a useful data profile	A necessary component is the collection and analyses of data by race/ethnicity and other key demographic factors to identify health MCH Innovations Database – Emerging Practice Submission Form 6 disparities and understand the complex factors and root causes that contribute to health inequities across groups of people.
Collaborative	Having the right people at the table during the assessment	It is important that the implementation team reflects the diversity (racial/ethnic, gender, socioeconomic, individuals with disabilities, etc.) of the community involved in the program or policy being assessed.
Monitoring	Ensuring that proposed modifications are made and do not have unintended consequences	The development of an accountability plan is essential to ensure that the changes get made to the revised policy/program and that communication continues with the impacted communities, partners, and stakeholders



HEALTH EQUITY

Health is essential to everything we do. Across measures of individual and community health, there are persistent gaps by race, ethnicity, income, and other key factors. Often these differences are preventable. Just as often, these differences can be perpetuated by inequitable programs and practices in public health (however unintentional), as well as the distinct social and economic conditions in the places where people live, learn, work, and age. Eliminating health disparities requires intentional efforts to enhance the health and well-being of residents. The HEIA is designed to support the planning, review, and implementation of public policies and programs to reduce and eliminate health disparities and to improve the overall well-being of all populations.

EVIDENCE OF EFFECTIVENESS

The University of North Carolina at Chapel Hill (UNC) ICO4MCH Evaluation team released the ICO4MCH: Lessons Learned from the HEIA for #impactEQUITYNC report detailing lessons learned about the twelve HEIAs conducted between July 2017 and 2019 by the ICO4MCH grantees. Compiled from written quarterly reports from the sites about HEIA implementation and modifications made to the evidence-based practices as well as from focus groups held with Community Action Teams in the spring of 2019, process and outcome lessons learned and benefits of the HEIA were detailed.

Plans to evaluate the HEIA more fully are underway as a team comprised of two evaluators from UNC, a Policy Analyst/NC KIDS COUNT Project Director from NC Child, and the NC SSDI Coordinator with the NC DPH Title V Office submitted a letter of intent (LOI) to the Evidence for Action (E4A): Innovative Research to Advance Racial Equity program of the Robert Wood Johnson Foundation. While the team learned on April 5, 2022, that their LOI was not recommended for funding, they are open to looking for other opportunities to conduct this evaluation, including doing some of it under the umbrella of the existing ICO4MCH evaluation team.

The ICO4MCH evaluation team continues to evaluate the use of the HEIA within its project sites. During the pandemic, fewer sites have been able to conduct an in-person assessment, so information about how well the tool can be used in a virtual format is being collected. The research questions identified for the E4A program are as follows, and all of these measures relate to measuring or reducing health inequities and systemic oppression (including structural racism):

- What are the barriers and facilitators to implementing the HEIA?
- What are the factors associated with HEIA implementation team members' ability to effectively lead and facilitate a HEIA?
- Does the HEIA raise racial equity as a meaningful issue among individual stakeholders who participate in the HEIA?
- To what degree are organizations who use the HEIA able to modify strategies for an existing or proposed program or policy based on the HEIA?



Section 2: Implementation Guidance

COLLABORATORS AND PARTNERS

#impactEQUITYNC was formed in 2016 through a collective vision by the original members (staff from NC Child, NC DPH/Title V Program, and the Office of Health Equity) for North Carolina to be a place where every resident has the resources and opportunities to achieve their best health. #impactEQUITYNC members collaborated to develop, test, and disseminate a tool to evaluate the impact of public policies, programs, and administrative practices on health disparities in North Carolina. While original team members of #impactEQUITYNC have moved on to other positions and agencies, the three primary partnering agencies remain committed to this vision and to continually improving the HEIA. #impactEQUITYNC was a vital partner in the HEIA subcommittee of North Carolina’s team participating in AMCHP’s Infant Mortality Collaborative Innovation and Improvement Network (CoIIN) on Social Determinants of Health which provided both sustainability and accountability to #impactEQUITYNC as well as a mechanism to engage new partners (e.g., Center for Maternal and Infant Health, March of Dimes). With the ongoing HEIA requirement in the ICO4MCH projects and potential for its uptake by other programs within the Women, Infant and Community Wellbeing Section and perhaps others in NC DPH, sustainability of the group should be assured. NC Child’s ongoing participation by hosting the HEIA on its website and promoting its use with its numerous partners has been invaluable, along with the expertise of their Research Program Directors over the years.

Practice Collaborators and Partners		
Partner/Collaborator	How are they involved in decision-making throughout practice processes?	Does this stakeholder have lived experience/come from a community impacted by the practice?
Members of #impactEQUITYNC	This team promotes the use of the tool and revises the tool as needed	Team members have a wide range of MCH work experience and lived experience.
ICO4MCH Site Coordinators, Staff Members, and Community Action Team Members	ICO4MCH team members provide feedback on the use of the tool to the UNC evaluation team through quarterly reports and focus groups	Staff members, particularly the newly added community health workers, often have lived experience within the local health department maternal and child health programs. Most members of the Community Action Team have received MCH services at the local health department



ICO4MCH Evaluators

They compile semi-annual and annual reports on the ICO4MCH health equity work and evidence-based strategies which inform the HEIA.

Some of the evaluators have received MCH services within NC, not necessarily at local health departments, however.

REPLICATION

With ongoing evaluation, the current version of the HEIA has been modified over time so that using the tool can be used with ease at multiple types of organizations for a variety of purposes. State and local policy leaders, public health agencies, or community-based organizations are all able to apply the HEIA tool to their work.

As noted, the primary users of the HEIA tool have been ICO4MCH sites across the state of North Carolina. Each site, however, is able to choose which program to evaluate with the HEIA. This has allowed for a wide range of evidence-based programs to be evaluated over time, including breastfeeding support, smoking cessation, and reproductive life planning programs.

The HEIA has been replicated by partner agencies and adapted to fit the needs of those groups. For example, the EarlyWell initiative, a group of collaborative partners led by NC Child with the goal of strengthening the state's early childhood mental health system, successfully used the HEIA to evaluate not only program but also policy level recommendations. The HEIA can also be used to evaluate internal agency policies and practices. For example, the HEIA has been used to improve the NC Sickle Cell Syndrome Program's grant application process.

INTERNAL CAPACITY

The HEIA process is led by a **leadership team** who engages a broader **implementation team**.

The **leadership team** is a small group of people come together to identify and address a policy or program in their community (or service area) that may be negatively affecting impacted communities and resulting in negative unintended consequences. This group is responsible for pre-work including:

- 1) *identifying, recruiting, and engaging stakeholders, community experts, content experts, providers, etc.* who become the **implementation team**;
- 2) preparing the **implementation team** through *sharing knowledge-building resources* (select resources are identified within the tool for the convenience of the leadership team); and finally,
- 3) *preparing a data profile* that analyzes relevant data by race/ethnicity and other key demographics. For this reason, it is recommended that at least *one leadership team member be knowledgeable in data collection and analysis*.

Time commitments for the **leadership team** may vary depending on the pace at which pre-work is completed.



The HEIA provides the **leadership team** with guidance on how to identify appropriate participants for the **implementation team**. Each member of the implementation team is asked to fulfil a specific role and reflect the expertise and experience of the particular role they are identified for. A comprehensive implementation team may include representatives including *a provider, community member, key decision makers, community experts, advocates, content experts, convening agency/organization staff*.

Following the pre-work, both the **leadership team** and **implementation team** work together on the day of the assessment to work through the four-step HEIA process. The process is estimated to take *five hours including break time*. It is recommended that the process be completed in one day with the same stakeholders present, however, if necessary, the process may be broken down and implemented over a series of days. Ongoing time commitments will depend on the development of the team monitoring plan and action steps.

PRACTICE TIMELINE

A complete description of the HEIA Pre-work and Action Steps can be found in the HEIA Implementation Guide, but below is a proposed timeline. Each implementation of the HEIA can and should be customized to the group using the tool, however, including time allotments for each step.

Phase: Planning/Pre-Implementation		
Activity Description	Time Needed	Responsible Party
Identify the policy/program to be reviewed.	Dependent on the group’s history and what the subject matter is. Could be as short as one hour or up to several hours of meeting time.	HEIA Leadership Team
Determine the members of the Implementation Team (includes making a list of people, inviting them to participate, and finding replacements if the original members are not available).	Meeting one to two hours to determine appropriate members, and then several days/weeks to confirm availability and commitment.	HEIA Leadership Team
Prepare Implementation Team by sending them resources to review to enhance their knowledge and skills associated with health equity, health disparities, and implicit biases. If working with an already existing group, holding training sessions to help prepare	Send out resources several weeks before HEIA Implementation Day. A training could be done in an hour or more depending on the subject matter to be covered.	HEIA Leadership Team is responsible for making resources available, but HEIA Implementation must be committed to doing the work requested.



the group in addition to self-study is preferred.		
Prepare data profile by engaging leadership team in collecting and analyzing data by race/ethnicity that is relevant to the policy/program to be reviewed.	2 to 3 weeks. Again, depending on history of the group and the program/policy, this could take several discussions with leadership team and time to pull data and prepare an easily understood data document.	HEIA Leadership Team (and enlist help from epidemiologist or data coordinator as needed)

Phase: Implementation

Activity Description	Time Needed	Responsible Party
Action Step 1 – Describe the current policy/program	Approximately 1 hour	HEIA Implementation Team
Action Step 2 – Analyze and interpret the data profile	Approximately 1.5 hours	HEIA Implementation Team
Action Step 3 – Identify changes to program/policy	Approximately 1.5 hours	HEIA Implementation Team
Action Step 4 – Develop a monitoring plan	Approximately 1 hour	HEIA Implementation Team



Phase: Sustainability

Activity Description	Time Needed	Responsible Party
Carryout the monitoring process identified in Action Step 4	Dependent on what action steps were identified, but at least 1-2 hours every quarter until changes are fully implemented or another HEIA is done.	HEIA Implementation Team Members or others identified during Action Step 4.

PRACTICE COST

There is variability in cost when implementing the HEIA based on the size and purpose of the convening. In planning for the implementation, the following cost implications should be considered – staff time, community member stipends, data analysis, meeting space, facilitation/coaching, food/nutritious supplements, printing, and supplies. Childcare considerations may also be needed depending on your audience. For more information on practice startup costs and budgets, please email Sarah McCracken directly at sarah.mccracken@dhhs.nc.gov.

LESSONS LEARNED

The most important lessons learned thus far are to have a strong facilitator to lead the assessment, set aside adequate time to complete it, make sure you have access to qualitative and quantitative data that can be shared and easily understood by the entire implementation team, and that who shows up on the day(s) of the assessment is very important as the implementation team must be representative of the population being served.

One of the barriers was being able to find uninterrupted periods of time to do the assessment (5 to 7 hours is required and this was off-putting to many potential members of the implementation team, particularly community experts), so the new guide discusses options for breaking it up into separate days (but with the same team of people if at all possible). Work is still being done to see how or if the tool can be used well in a virtual setting.

The first versions of the tool included a lot of jargon that was off putting to many participants. The clearer, simpler language should help make the tool more accessible and user-friendly. The revisions to the facilitator's guide should also help.

NEXT STEPS

In November 2021, with the release of the new version of the tool, the #impactEQUITYNC team released a blog on the NC Child website about the tool and did a series of information sessions about the tool to partner



agencies and offered ongoing support around the use of the tool. Conversations with many of these groups, including the Reproductive Life Planning Stakeholders Group and the NC Institute of Medicine's Task Force on the Future of Local Public Health in North Carolina continue. In addition, #impactEQUITYNC is working on an Advancing Health Equity webinar for use by the NC Division of Public Health for all its employees which includes the HEIA as a resource.

The HEIA will continue to be modified with input from ICO4MCH sites as well as through any future evaluation efforts

RESOURCES PROVIDED

- [Download the Health Equity Impact Assessment](#)
- [Moving the Needle on Health Equity](#)
- [2015 King County Equity Impact Review Process Overview](#)
- [Local Health Department Experience with the Health Equity Impact Assessment](#)

