HEIA Health Equity Impact Assessment

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Organization: CMHA, HopeGreyBruce, G & B House

Name and contact information for the individual or team that completed the HEIA:

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Project Name: Grey Bruce Mental Health and Addiction Services Integration

Project Summary:

CMHA, HopeGreyBruce and G & B House have decided to integrate their services to create a single new community-based mental health and addictions organization to better serve clients and their family members. The new single community entity will build on staff expertise and program strengths of the existing organizations, will improve access and coordination, reduce duplication and improve operating efficiencies.

Objective for Completing the HEIA:

People with Lived Experience with Mental Health/ Substance Abuse/ Misuse are identified as our vulnerable and marginalized population who may experience health inequities. We recognize that many of our clients also experience many intersecting vulnerabilities – they may also experience cognitive or physical disabilities, homelessness, low income, rurality, gender issues, questions of sexual orientation, etc., or be a member of the local indigenous population. Significant socio-economic conditions like discrimination and violence, social exclusion (stigma) and poverty or access to economic resources all contribute to their health disparities and increase the risk of poor mental health.

Conclusions:

Completion of the HEIA has increased our understanding of possible unintended impacts (positive and negative) of the ***integration process*** of Grey Bruce Community Mental Health and Addition Services on the population we serve. This increased awareness has directed us to recommend, develop, plan and implement strategies to mitigate these identified potential negative impacts on health equity. These strategies are intended to ensure smooth transitions for our clients and community as the integration process unfolds and to foster positive relationships.

Monitoring strategies will be implemented to help monitor the success of these actions and if adjustments or changes to the strategies are indicated.

Use of the HEIA tool has increased our awareness of health equity issues for the mental health and addiction population and this will influence and guide us as we establish our new organizations policies, programs and services.

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HEIA Template

The numbered steps in this template correspond with sections in the HEIA Workbook. The workbook with step-by-step instructions is available at www.ontario.ca/healthequity.

Step 1. SCOPING		Step 2. POTENTIAL IMPACTS			Step 3. MITIGATION	Step 4. MONITORING	Step 5. DISSEMINATION
a) Populations* Using evidence, identify which populations may experience significant unintended health impacts (positive or negative) as a result of the planned policy, program or initiative.	**b) Determinants of Health** Identify determinants and health inequities to be considered alongside the populations you identify.	**Unintended Positive Impacts.**	**Unintended Negative Impacts.**	**More Information Needed.**	**Identify ways to reduce potential negative impacts and amplify the positive impacts.**	**Identify ways to measure success for each mitigation strategy identified.**	**Identify ways to share results and recommendations to address equity.**
Aboriginal peoples (e.g., First Nations, Inuit, Métis, etc.)	Considered – intersecting population with MH and Addictions group.						
Age-related groups (e.g., children, youth, seniors, etc.)	Considered – N/A						
Disability (e.g., physical, D/deaf, deafened or hard of hearing, visual, intellectual/developmental, learning, mental illness, addictions/substance use, etc.)	Considered – decision to make Mental Health and Addiction/Substance abuse – own priority group. Other Disabilities are intersecting with the MH and Addictions priority group						
Ethno-racial communities (e.g., racial/racialized or cultural minorities, immigrants and refugees, etc.)	Considered – intersecting population with MH and Addictions group.						
Francophone (including new immigrant francophones, deaf communities using LSQ/LSF, etc.)	Considered – N/A						
Homeless (including marginally or under-housed, etc.)	Considered – intersecting population with MH and Addictions group.						
Linguistic communities (e.g., uncomfortable using English or French, literacy affects communication, etc.).	Considered – N/A						
Low income (e.g., unemployed, underemployed, etc.)	Considered – intersecting population with MH and Addictions group.						
Religious/faith communities	Considered – N/A						
Rural/remote or inner-urban populations (e.g., geographic or social isolation, under-serviced areas, etc.)	Considered – intersecting population with MH and Addictions group.						
Sex/gender (e.g., male, female, women, men, trans, transsexual, transgendered, two-spirited, etc.)	Considered – intersecting population with MH and Addictions group.						
Sexual orientation, (e.g., lesbian, gay, bisexual, etc.)	Considered – intersecting population with MH and Addictions group.						
Other: Mental Health and Addiction/Substance Abuse	See detailed plan	See detailed plan	See detailed plan	See detailed plan	See detailed plan	See detailed plan	See detailed plan

*NOTE: *The terminology listed here may or may not be preferred by members of the communities in question and there may be other populations you wish to add. Also consider intersecting populations (i.e. Aboriginal women).*

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