

HEALTH EQUITY IMPACT ASSESSMENT

Step 1. SCOPING		Step 2. POTENTIAL IMPACTS			Step 3. MITIGATION	Step 4. MONITORING	Step 5. DISSEMINATION
A: Populations*	B: Determinants of Health						
Using evidence, identify which populations may experience significant unintended health impacts (positive or negative) as a result of the planned policy, program or initiative.	Identify determinants and health inequities to be considered alongside the populations you identify.	Unintended Positive Impacts.	Unintended Negative Impacts.	More Info 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.
Other: Mental Illness_Addictions Substance Abuse / Misuse	1. Income and Social Status	Clients may have an increased awareness and access to employment and volunteer opportunities when all program and services are housed under one central location.	Integration process - clients may be concerned about changes during the transition period (perceived or real) of services/worker which can increase level of stress. Increase stress can result in an exacerbation of health issues. Initial communication stated that changes would not occur. This may or may not be true (based on staff reallocation agreements).	n/a	1. Development of process for clients to have meaningful input into decision making of the new organization. 2. Utilize the client info sharing sessions to recruit interested persons to participate in an advisory capacity.	1. Policy development and initiated 2. # of clients involved in advisory committee	1. Posting completed HEIA and summary of success and lessons learned of mitigation strategies to Bruce Grey Public Health Website. 2. Share with other MH service providers across the SWLHIN via the LHIN website.
	2. Social Support Networks	Program/Service meetings with clients to discuss integration with the opportunity to ask questions and provide input - has the potential to strengthen peer relations ("we are all in this together").	Integration process could potentially impact social support networks. Possible cultural change of programs/services. A client expressed concern about change and possible loss of supportive relationship with current worker, program and or peers.	n/a	1. Cultural inventory (positive and negatives) at agency and program level. Build positive attributes into the new organization. 2. Develop service/program info sharing sessions to encourage discussion about concerns, ideas, and obtain suggestions to ensure a smooth transition.	1. Inventory done. 2. # of sessions held 3. # of clients attending	
	3. Education and Literacy	Client awareness, involvement and participation in educational events/groups may increase due to an integrated provider/service location.	The communication approach about the integration process and impact, if any on services/programs needs to be further developed and delivered in ways to meet the population needs. Diverse clients - past, present, future (sex, age, culture, literacy, comprehension etc.) may require different communication strategies to ensure that everyone is well informed. Type of communication strategies used will need to vary depending on the target audience.	n/a	1. Identify diverse groups that we need to communicate with. 2. Develop unique communication strategies for each group identified.	1. Groups identified. 2. Communication to all groups completed.	
	4. Employment / Working Conditions	n/a	n/a	n/a	n/a	n/a	n/a

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	5. Social Environment	A shared community location of resources (workers, offices, programs) will increase socialization opportunities for clients.	Potential for interruption/change/delay (perceived or real) in access or in current relationship with their program/worker and social environments. There also may be concern about future and potential change of current social networks as a result of amalgamation of providers.	n/a	1. Develop strategy to ensure responsiveness to client needs - inclusive of all programs/services. This could be an info HELP phone # and person available to receive and respond to immediate client complaints or concerns related to service/access throughout the transition period of amalgamation (in addition to signs and recorded messages). Note this is not the same as a crisis line. 2. If/when a site location is closed - ensure resources are available initially (for a defined period of time) to redirect the client.	1. # of HELP Calls/ Contacts received 2. # of Complaints/Accolades	
	6. Physical Environment	A shared centralized community location of resources (workers, offices, programs) will reduce/eliminate transportation and parking costs for more clients.		n/a			
	7. Personal Health Practices and Coping Skills	Potential for clients to have increased direct contact with more workers, programs and services (educational, employment, volunteering etc.) with a centralized community office location(s)	Many of MH and A clients have limited coping skills. Any change (or perceived change) in delivery of services could be stressful and result in deteriorated health. Greater care will be required to mitigate this possibility.	n/a	1. Identify clients who will experience a change in worker (if any) due to the amalgamation process and then in partnership with the client - develop a transition care plan based on the clients needs (transfer of care - new worker, time frame, therapeutic relationship building etc.)	1. # of clients impacted 2. # of MH & A patients presenting to GB hospital ER's during transition period June to December 2018 compared to June to December 2017 3. # of Crisis Line calls during transition period June to December 2018 compared to June to December 2017 4. # if any of the customized care plan patients required hospitalization (psychiatric) during the transition period June to December 2018.	

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	8. <i>Healthy Child Development</i>	n/a	n/a	n/a	n/a	n/a	
	9. <i>Biology and Genetic Endowment</i>	n/a	n/a	n/a	n/a	n/a	
	10. <i>Health Services</i>	Client optimism that less "competition" between programs will occur - reducing their stress of treatment demands	Potential concern about loss of current access to service as a result of integration of services/providers. Additional effort may be needed to reassure clients that no change in accesses will occur. Access to service may temporarily be reduced and wait lists for new service consumers could grow during amalgamation process. The responsiveness of a larger organization to individual client needs may be more challenging.	n/a	1. Develop a coordinated centralized intake process for all program referrals. 2. Development of the "HELP" line (see item # 5 - 1) to address integration related concerns. Note this is not a crisis line.	1. # of new referral during transition period by program. 2. wait time (days) for service initiation by program and if greater or less than prior to amalgamation period.	
	11. <i>Gender</i>	There will be an opportunity to develop system wide gender inclusivity policies and training as part of the new amalgamated organization.	Potential need for different approach for information sharing, collection of identified concerns etc. (i.e. G&B House - males only - MH programs most if not all open to anyone, LGBTQ populations etc.).	n/a	1. Consider health equity in all new policy/program related decisions of the new amalgamated organization.	1. Policy development that speaks to Health Equity	

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	12. Culture	Opportunity to build a stronger relationship with Indigenous partner service providers through the integration processes and establishment of a new amalgamated organization. A stronger organizational alliance will reduce health inequities related to service delivery with the Indigenous population.	Need to ensure that culturally sensitive communication strategies are explored with our Indigenous partners so that they can actively participate in the conversations about the amalgamation process. Is there a need to also reach out to our French Language populations, Anabaptist or Newcomers etc.? - Communication strategies may require a unique strategy depending on the audience.	n/a	1. Arrange a meeting with our Indigenous Partner organizations to discuss amalgamation and establish a collaborative working environment to improve mental health and addiction services for the Indigenous population of Grey Bruce. 2. Co-design a communication strategy to inform the Indigenous population of the organizational amalgamation. 3. Identify any other culturally sensitive populations (i.e. Anabaptist, French Language populations, Newcomers etc.) that we serve and arrange to discuss the amalgamation and future opportunity to have input into service needs/requirements from the new organization.	1. Meetings completed with documented outcomes/action items. 2. % of the employees of the new amalgamated organization that have completed the online Indigenous Cultural Safety Training.	