



Title: A Systematic Review of Health Inequity Impact Assessments

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Abstract:

Around the world, flaws in healthcare systems are becoming apparent and many nations are looking for how to rebuild in the post-COVID-19 era. Health Inequity Impact Assessments (HIIAs, also referred to as Equity-Focussed Health Impact Assessments, or Health Equity Impact Assessments) have been identified as a promising tool for supporting an equitable return to a new normal, and they have been recommended by the World Health Organisation since the 2008 Commission on the Social Determinants of Health. Our team conducted a systematic review of HIIA frameworks in order to explore the different approaches used globally and better understand the factors that may challenge or facilitate their effectiveness.

We identified a range of challenges associated with the use of HIIAs, including a lack of use of academic evidence as well as a lack of integration of migrant needs and perspectives. Furthermore, key factors affecting HIIA implementation also came to light, ranging from staff availability and competency and time sufficiency to the integration of HIIAs into operational plans, as well as collaboration at an organizational level. Using our findings from the systematic review, we aim to understand how effective England's current approach is and what we can learn from other healthcare systems across the globe. Ultimately, our research will culminate in a policy briefing to Public Health England and the Faculty of Public Health to provide guidance and recommendations on the use of HIIAs in England. Developing the vital tools used to mitigate health inequalities during policy planning will be critical in placing equity at the heart of healthcare as England's healthcare system recovers from the challenges of the COVID-19 pandemic.

Our recommended solutions have been divided into immediate mitigating strategies, short term, and long term strategies in order to reduce the impact of the ongoing COVID-19 pandemic and increase accessibility and affordability of primary care.