Toronto Public Health - Health Impact Assessment Tool

Contents

Updated Toronto Public Health - HIA Tool (Draft - May 12, 2014)

Introduction

Every sector of the economy, such as transport, service, agriculture, housing and energy, all have impacts on our health. For example, transport is a major factor in injuries and death due to collisions, air pollution and noise. In the dry cleaning industry, older practices involved the use of chemical solvents that lead to liver damage, respiratory failure and cancer while newer processes are less harmful. In farming, certain practices are more environmentally friendly than others (i.e. pesticide free). So on and so forth.

A Health Impact Assessment (HIA) is a process used to determine the health impacts of an initiative (i.e. policy, procedure, project, etc.) from any economic sector. HIAs often evaluate the distribution of these impacts on a population, particularly on vulnerable or disadvantaged groups. The results are used to develop policy recommendations for decision-makers and stakeholders, with the aim of maximizing the positive health effects and minimizing its negative health effects. While there are many ways to conduct an HIA, there is a general process which includes:

1) Screening – determining whether a health impact is necessary;

2) Scoping – determining the focus, methods and work plan;

3) Assessment – establishing the health impacts; and

4) Prioritizing and reporting the findings.

Historically, the Medical Officer of Health and Toronto Public Health has been asked to comment on municipal decisions that affect health. Examples include the Toronto City Centre Airport, Portlands energy centre and the use of tasers by the police service. However, in recognition of the fact that many initiatives have the potential to affect health; the Toronto Board of Health recommended that a health impact assessment be conducted for all City of Toronto policy and decision-making and to create a tool that can be used by the broader City of Toronto and its agencies, boards and commissions.

This document provides the basic steps to conduct an HIA and has been used to determine the health impacts of various initiatives. For example, in 2013 Toronto Public Health used this HIA tool to determine the potential health impacts of a Casino in Toronto. Evidence on employment, local economic development, crime, social safety net impacts and neighbourhood impacts (including traffic) was reviewed to predict the change a new casino might have on each impact, the subsequent impact on community health and wellbeing and the potential changes to population health in Toronto. It was determined that the introduction of a new casino is likely to have greater adverse health-related impacts than beneficial impacts and that the results be taken into consideration while deliberating whether or not a casino be permitted in Toronto.

This HIA tool is intended for use by Toronto Public Health as well as other professionals within the City of Toronto and its agencies, boards and commissions. Using this tool will ensure human health and well-being is actively considered in the decision-making process so health can be actively promoted and disease/injury prevented.

This tool also helps examine how potential health effects may be distributed amongst different sub-populations so that potential health inequities are identified and eliminated.

Step 1: Screening – is a health impact assessment necessary?

Screening Questions	Answers
Are there potential positive impacts on health, including the determinants of health (see page #)?	
Are there potential negative impacts on health?	
Are many people affected?	
Are the consequences potentially serious?	
Are negative impacts more likely on disadvantaged populations, that is, is there a potential increase in health disparity?	
Is there a high level of concern in the community?	
Is there high uncertainty about (or dispute regarding) the potential impact?	

If the screening stage indicates that some health impact (either positive or negative), which needs further investigation, is expected the project then goes to the scoping stage

Step 2: Scoping – determining the focus, methods and work plan.

Scoping the HIA to be undertaken

Considerations	Comment
What are the aims and objectives of the HIA?	
What are the geographic boundaries, if applicable?	
What impacts are to be included? What are these decisions based on (i.e. time, resources, what is measurable, etc)?	
What is the start date?	
How much time will it take?	
Who will conduct the HIA and what skills are needed?	
Who are the stakeholders that need to be informed and consulted?	
What is the temporal scope of the HIA? Are you concerned about the next 5 years, 20 years, 50 years? How heavily will you discount future impacts, if at all?	
If the whole proposal is not being assessed, what portions are being assessed?	
What comparison policy/proposal, benchmark and/or best-practices, if any, be used for the HIA	

Step 3: Assessment – establishing health impacts

A. What are the potential impacts on health?

Which of the following health determinants might be affected by the proposal/policy? If so, is the impact positiveor negative?

Points to consider:
- *The size and significance of the potential impacts (positive/negative)*
- *The potential for cumulative or long-term impacts*
- *If you do not have enough information, check Not Enough Information*
- *If there is no relationship between the determinant of health and the proposal or it is not relevant, check not applicable (N/A)*

Determinants of Health	Potential Impacts					Importance	Comments/Evidence
	Positive	Neutral	Negative	Not enough information	N/A	1-less important; 2 – important; 3- more important	Please describe in what way you think an impact might happen. What existing evidence (either presumed or otherwise) do you have for this?
Environmental Factors							
Air quality	☐	☐	☐	☐	☐		
Odour	☐	☐	☐	☐	☐		
Water quality	☐	☐	☐	☐	☐		
Soil quality	☐	☐	☐	☐	☐		
Land use	☐	☐	☐	☐	☐		
Vegetation	☐	☐	☐	☐	☐		
Noise	☐	☐	☐	☐	☐		
Built Environment	☐	☐	☐	☐	☐		
Other (Specify)	☐	☐	☐	☐	☐		
Other (Specify)	☐	☐	☐	☐	☐		

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Determinants of Health	Potential Impacts					Importance	Comments/Evidence
	Positive	**Neutral**	**Negative**	**Not enough information**	**N/A**	**1-less important; 2 – important; 3- more important**	**Please describe in what way you think an impact might happen. What existing evidence (either presumed or otherwise) do you have for this?**
Social and economic factors							
Income and social status	☐	☐	☐	☐	☐		
Economic security/working conditions	☐	☐	☐	☐	☐		
Education and literacy	☐	☐	☐	☐	☐		
Food security	☐	☐	☐	☐	☐		
Family cohesion	☐	☐	☐	☐	☐		
Community and social cohesion	☐	☐	☐	☐	☐		
Crime/violence	☐	☐	☐	☐	☐		
Housing /living conditions	☐	☐	☐	☐	☐		
Social support networks	☐	☐	☐	☐	☐		
Social inclusion	☐	☐	☐	☐	☐		
Culture	☐	☐	☐	☐	☐		
Stress / well-being	☐	☐	☐	☐	☐		
Healthy child development	☐	☐	☐	☐	☐		
Other (Specify)	☐	☐	☐	☐	☐		
Other (Specify)	☐	☐	☐	☐	☐		
Lifestyle factors							
Diet /nutrition	☐	☐	☐	☐	☐		
Physical activity	☐	☐	☐	☐	☐		
Smoking	☐	☐	☐	☐	☐		
Alcohol	☐	☐	☐	☐	☐		
Drug use	☐	☐	☐	☐	☐		
Sexual behaviour	☐	☐	☐	☐	☐		

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	Positive	**Neutral**	**Negative**	**Not enough information**	**N/A**	**1-less important; 2 – important; 3- more important**	**Please describe in what way you think an impact might happen. What existing evidence (either presumed or otherwise) do you have for this?**
Violence	☐	☐	☐	☐	☐		
Other (Specify)	☐	☐	☐	☐	☐		
Other (Specify)	☐	☐	☐	☐	☐		
Access to services							
Health services (e.g. primary care, specialized care, sexual health, mental health, etc)	☐	☐	☐	☐	☐		
Education (e.g. preschool, primary school, high school, post-secondary, apprenticeship, adult training, etc)	☐	☐	☐	☐	☐		
Social services (e.g. social assistance, child-care, employment support, housing/shelter support, counseling, etc)	☐	☐	☐	☐	☐		
Transport (e.g. public transit, active transportation, affordability, accessibility, etc)	☐	☐	☐	☐	☐		
Recreation/Leisure (e.g. parks, arts, sport and culture)	☐	☐	☐	☐	☐		
Legal services							
Community gardens	☐	☐	☐	☐	☐		
Food banks	☐	☐	☐	☐	☐		

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Determinants of Health	Potential Impacts					Importance	Comments/Evidence
	Positive	**Neutral**	**Negative**	**Not enough information**	**N/A**	**1-less important; 2 – important; 3- more important**	**Please describe in what way you think an impact might happen. What existing evidence (either presumed or otherwise) do you have for this?**
Other (Specify)	☐	☐	☐	☐	☐		
Other (Specify)	☐	☐	☐	☐	☐		
Settings							
Workplaces	☐	☐	☐	☐	☐		
Neighbourhoods	☐	☐	☐	☐	☐		
Correctional Facilities	☐	☐	☐	☐	☐		
Hospitals	☐	☐	☐	☐	☐		
Primary care	☐	☐	☐	☐	☐		
Long term care	☐	☐	☐	☐	☐		
Hostels	☐	☐	☐	☐	☐		
Schools	☐	☐	☐	☐	☐		
Places of worship	☐	☐	☐	☐	☐		
Other (Specify)	☐	☐	☐	☐	☐		
Other (Specify)	☐	☐	☐	☐	☐		
Other Determinants							
Other (Specify)	☐	☐	☐	☐	☐		
Other (Specify)	☐	☐	☐	☐	☐		
Other (Specify)	☐	☐	☐	☐	☐		

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B.   What populations are affected?

Some populations, groups and/or communities may be affected differently than others (either positively or negatively). Please identify populations of concern using the table below.

Points to consider:
- *Are impacts differentially distributed in the population?*
- *Are there any socially excluded, vulnerable, disadvantaged groups likely to be affected?*
- *Can people living outside Toronto be affected?*

* 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. The population groups noted with an (*) are groups which have been identified in the MOHLTC HEIA Tool as potentially vulnerable/marginalized groups requiring special attention.*

Populations	Potential Impacts					Comment
	Positive	Neutral	Negative	Not enough Information	N/A	Please describe in what way you think an impact might happen. What existing evidence (either presumed or otherwise) do you have for this?
*Aboriginal peoples (e.g., First Nations, Inuit, Métis, etc.)	☐	☐	☐	☐	☐	
*Age –related groups (e.g., early years/children, adolescence/youth, seniors, women of child-bearing age, etc)	☐	☐	☐	☐	☐	
Care givers (e.g., persons providing unpaid support, including people with dependants, young carers, etc)	☐	☐	☐	☐	☐	
Health Conditions (e.g., cancer,	☐	☐	☐	☐	☐	

Populations	Potential Impacts					Comment
	Positive	Neutral	Negative	Not enough Information	N/A	Please describe in what way you think an impact might happen. What existing evidence (either presumed or otherwise) do you have for this?
diabetes, AIDS, mental illness, addictions/substance use, etc)						
*Disability (e.g., physical, deaf, deafened or hard of hearing, visual, intellectual, developmental, learning,, etc.)	☐	☐	☐	☐	☐	
Employed persons or worker groups (e.g., occupations, sectors, unionized/non-unionized, etc)	☐	☐	☐	☐	☐	
*Racialized groups (e.g., ethno-cultural communities)	☐	☐	☐	☐	☐	
*Francophone (including new immigrant francophones, deaf communities using LSQ/LSF etc.)	☐	☐	☐	☐	☐	
*Homeless (including marginally or under-housed, etc.)	☐	☐	☐	☐	☐	
Immigrants and migration status (e.g. undocumented, tourists, temporary visa, refugees, asylum seekers, newly arrived immigrants, permanent residents, other immigrant group)	☐	☐	☐	☐	☐	
*Linguistic communities (e.g., uncomfortable using English or French, literacy affects	☐	☐	☐	☐	☐	

Populations	Potential Impacts					Comment
	Positive	**Neutral**	**Negative**	**Not enough Information**	**N/A**	**Please describe in what way you think an impact might happen. What existing evidence (either presumed or otherwise) do you have for this?**
communication, etc.)						
*Low income or economically disadvantaged (e.g., unemployed, underemployed, precariously employed, in receipt of social assistance, etc.)	☐	☐	☐	☐	☐	
Marital status (e.g. single, married, divorced, common-law, etc)	☐	☐	☐	☐	☐	
*Religious/faith or persons with political beliefs (e.g. recognized religious denominations, atheists, other belief systems, political groups, etc)	☐	☐	☐	☐	☐	
* Neighbourhood characteristics (e.g., neighbourhood improvement areas (NIAs), , under-serviced areas, geographic/social isolation, etc.)	☐	☐	☐	☐	☐	
*Sex/gender (e.g., male, female, women, men, trans, transsexual, transgendered, two-spirited, etc.)	☐	☐	☐	☐	☐	
*Sexual orientation (e.g., heterosexual, lesbian, gay, bisexual)	☐	☐	☐	☐	☐	

Populations	Potential Impacts					Comment
	Positive	Neutral	Negative	Not enough Information	N/A	Please describe in what way you think an impact might happen. What existing evidence (either presumed or otherwise) do you have for this?
Intersections: In addition to the specific populations mentioned above, are there possibly any differential impacts that arise from the intersection of two or more factors/population characteristics?	☐	☐	☐	☐	☐	
Other: Please describe the population(s) below						
Other (Specify)	☐	☐	☐	☐	☐	
Other (Specify)	☐	☐	☐	☐	☐	

Step 4: Prioritizing and reporting the findings

Positive Impacts Prioritized

If you have identified any **positive** impacts for any of the determinants of health please prioritize these impacts. Please group these positive impacts into the following 3 categories:

Very important	Important	Less Important

Negative Impacts Prioritized

If you have identified any **negative** impacts for any of the determinants of health please prioritize these impacts. Please group these negative impacts into the following 3 categories:

Very important	Important	Less Important

Once the assessment is finished and the impacts prioritized, the results of the HIA, including recommendations, should be reported to all stakeholders. The results should inform the design and implementation of the proposal.

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Glossary

Social Determinants of Health (Taken from MOHLTC, 2012)

The most effective way to address health disparities is grounded in a framework that includes consideration of the social determinants of health (SDoH)—looking beyond the traditional confines of the health care system, focusing "upstream" on a broad range of socio-economic influences and outcomes that affect individual, community and population health.

The Commission on Social Determinants of Health established by the World Health Organization (WHO) states that "health care is an important determinant of health. Lifestyles are important determinants of health, but it is factors in the social environment that determine access to health services and influence lifestyle choices in the first place." While the list continues to evolve, the Public Health Agency of Canada has identified the following list of social determinants of health:

• Income and Social Status
• Social Support Networks
• Education and Literacy
• Employment/Working Conditions
• Social Environments
• Physical Environments
• Personal Health Practices and Coping Skills
• Healthy Child Development
• Biology and Genetic Endowment
• Health Services
• Gender
• Culture

Although many of the determinants that produce health disparities lie beyond the health care system itself, analysis of social determinants of health has the potential to clarify important pathways to health outcomes and may suggest powerful approaches to address identified health inequities.

Health impacts

The overall effects, direct or indirect, of a policy, plan, program or project on the health of a population.

Differential impacts

When health impacts are experienced to a greater extent by one group.

Health equity (taken from MOHLTC, 2012)

Within the health system, equity means reducing systemic barriers in access to high quality health care for all by addressing the specific health needs of people along the social gradient, including the most health-disadvantaged populations. Equity planning acknowledges that health services must be provided and organized in ways that contribute to reducing overall health disparities.

Health inequities or disparities are differences in health outcomes that are avoidable, unfair and systemically related to social inequality and marginalization. Research shows that the roots of health disparities lie in broader social and economic inequality and exclusion, and that there are clear social gradients in which people's health tends to be worse the lower they are on the scales of income, education and overall privilege.

Health equity, then, works to reduce or eliminate socially structured differentials in health outcomes. Health equity builds on broader ideas about fairness, social justice, and civil society.

Guidance

Sample Screening Questions

Questions to consider potential impacts (positive / negative) on vulnerable populations:

- Determine whether your initiative will have a positive or negative impact on vulnerable or marginalized communities by asking questions such as:
  - How will the policy, program, or initiative affect access to opportunities or services for this population?
  - Is it likely to have positive impacts or effects that enhance equity?
  - Is it likely to have negative effects that contribute to, maintain or strengthen disparities?
  - How will it affect the quality and responsiveness of opportunities or services for this community?
  - Will this initiative help to narrow the gap between the best and worst off in terms of health outcomes?
  - If you don't know, what more do you need to know and how will you find out?
  - Will some people or communities benefit more from the initiative than others, and why?
- Your appraisal should also consider:
  - The nature and quality of the evidence you are using to assess impact;
  - The probability of the predicted impact(s);
  - The severity and scale of the impact(s); and
  - Whether the impact(s) will be immediate or latent

Sample Assessment Questions

Questions to analyze how the impact of your initiative will be mitigated:

- How can you reduce or remove barriers and other inequitable effects?
- How can you maximize the positive effects or benefits that enhance equity?
- What specific changes do you need to make to the initiative so it meets the needs of each vulnerable or marginalized community you have identified? How does it need to be customized or targeted?
- Could you engage the population in designing and planning these changes or consult with key stakeholders?
- How will the initiative address systemic barriers to equitable access to opportunities or services?
- Will you be making recommendations to decision-makers?

Sample Monitoring Questions

Questions to analyze how the impact of your initiative will be monitored:

- How will you know if the initiative has enhanced equity?
- How will you know when the initiative is successful?
- What equity indicators and objectives be measured, and how?

Adapted from MOHLTC (2012). Health Equity Impact Assessment (HEIA) Workbook

Guidance and Examples of Potential Vulnerable or Marginalized Populations

Populations	Guidance/supporting evidence	Examples (When identifying vulnerable or marginalized populations, look for these kinds of health disparities as they relate to your project)	Prompt Questions
*Aboriginal peoples (e.g., First Nations, Inuit, Métis, etc.)	The Aboriginal peoples of Canada comprise the First Nations, Inuit and Métis (FNIM) peoples . These distinct groups have unique heritages, languages and cultures. Statistics Canada . "Aboriginal peoples ." Available at http://www5.statcan.gc.ca/subject-sujet/theme-theme.action?pid=10000&lang=eng	<u>Example:</u> project designed to improve early years' health <u>Description of impact:</u> Certain populations often have poorer infant and child health. For example, the death rate from injury for Aboriginal infants is four times the rate of that for infants in the broader Canadian population, while Aboriginal preschoolers experience five times the rate, and teenagers experience three times the rate of death from injury versus the broader Canadian population.[1]	
*Age –related groups (e.g., children, youth, seniors, women of child-bearing age, etc)	Refers to populations whose health or equity could be specifically impacted by factors related to their age (such as the ability to vote) or developmental factors (early years) or physical changes (such as frail elderly).	<u>Example:</u> use of artificial turf in sports fields and playgrounds <u>Description of impact:</u> Preschoolers and school-age children may benefit from increased outdoor physical activity and softer playing surfaces, but may also be differentially exposed to risks. Children in child care centres may have more exposure to artificial	

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[1] Bierman, A . et al . POWER Study, 2009

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		turf as they require two hours of outdoor activity per day. There is also a potential risk of direct ingestion of rubber crumb among young children. Children are also more susceptible to heat-related illness than are adults.	
Care givers (e.g., persons providing unpaid support, including people with dependants, young carers, etc)	Care givers or "carers" as they are described in other jurisdictions often take on practical and/or emotional caring responsibilities that would normally be expected of an employed adult. The tasks undertaken can vary according to the nature of the illness or disability they are caring for, the level and frequency of need for care and the structure of the family as a whole. http://www.carers.org/what-carer		
Health Conditions (e.g., cancer, diabetes, AIDS, mental illness, addictions/substance use, etc)			
*Disability or pre-existing health conditions (e.g., physical, deaf, deafened or hard of hearing, visual, intellectual, developmental, learning, etc.)	Refers to people with physical or mental disability, infirmity, malformation or disfigurement such as blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, mental impairment (developmental or learning disability), a mental disorder, or a workplace injury or disability. This could also refer to people with a mental illness, addiction, or substance use problem.		Will the proposal/policy reinforce or reduce inequalities and discrimination experienced by people with disabilities?

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	Ontario Human Rights Code, R .S .O . 1990, Available at http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h19_e.htm		
Employed persons or worker groups (e.g., occupations, sectors, unionized/non-unionized, etc)			
***Racialized groups** (e.g., ethno-cultural communities)	Race is a "socially constructed way of judging, classifying and creating difference among people" on the basis of physical features such as skin colour (Ontario Human Rights Commission, 2005) Racialization is "the process by which societies construct races as real, different and unequal in ways that matter to economic, political and social life"(Ontario Human Rights Commission, 2005). Racism is "an ideology that either directly or indirectly asserts that one group is inherently superior to others." (Ontario Human Rights Commission, 2005). An ethnic group (or ethnicity) is a group of people whose members identify with each other, through a common heritage, often consisting of a common language, a common culture (often including a shared religion) and/or an ideology that stresses common ancestry or endogamy. Potential communities include racial or racialized groups, cultural minorities, immigrants, refugees, etc Ornstein, M . "Ethno-Racial Groups in		• Does the proposed policy indicate possible adverse impact on some racial groups? • Could the proposed policy lead to direct/indirect discrimination? • Which racial/ethnic groups are currently most advantaged and most disadvantaged by the issues this proposal seeks to address? How are they affected differently? • What quantitative or qualitative evidence of inequality exists? What evidence is missing or needed?"

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	Toronto, 1971-2001," Institute for Social Research . Available at http://www.isr.yorku.ca/download/Ornstein--Ethno-Racial_Groups_in_Toronto_1971-2001.pdf		
*Francophone (including new immigrant francophones, deaf communities using LSQ/LSF etc.)	People who communicate in French as their primary official or preferred language, including new immigrant francophones, deaf communities using French or Quebec sign language (la langue des signes québécoise) (LSQ)/la langue des signes francaise (LSF)		
*Homeless (including marginally or under-housed, etc.)	Includes marginally or under-housed people, those without a permanent address, and those without stable housing or high-quality housing, including transient people	Example: project designed to assist under-housed individuals obtain stable housing Description of impact: keep in mind that homeless people often suffer from poorer health. In 2006, homeless people in Toronto were 20 times as likely to have epilepsy, five times as likely to have heart disease, four times as likely to have cancer, three times as likely to have arthritis or rheumatism, and twice as likely to have diabetes.[2] Acknowledging and developing methods to address these disparities could help make your program or initiative more effective.	
Immigrants and migration status		Example: the health care of undocumented workers	Will the proposal impact differentially on different

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[2] Khandor E & Mason K . The Street Health Report 2007 . www.streethealth.ca

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(e.g. undocumented, tourists, temporary visa, refugees, asylum seekers, newly arrived immigrants, permanent residents, other immigrant group)		Description of impact:	migrant groups, including refugees, asylum seekers, newly arrived groups, or immigrants with no papers?
*Linguistic communities (e.g., uncomfortable using English or French, literacy affects communication, etc.)	People uncomfortable receiving care in either English or French or who prefer a first language other than English or French, or those whose literacy level affects communication in any language		
*Low income or economically disadvantaged (e.g., unemployed, underemployed, precariously employed, in receipt of social assistance, etc.)	Includes economically vulnerable people who are underemployed, unemployed, living on a fixed income, receiving social assistance, etc	Example: access to recreational space Description of impact: Residents of low-income communities of color are usually found to have lower physical activity, and this may be due partly to a disparity in access to parks and other recreation environments.[3]	Will the proposal/policy impact on people in different social positions? Will it reinforce or reduce inequalities?
Marital status (e.g. single, married, divorced, common-law, etc)			Will the proposal/policy impact differently on single, married, divorced or common-law people?
*Religious/faith or persons with political beliefs (e.g. recognized religious denominations, atheists, other belief systems, political groups,	Refers to systems of religious beliefs or faith that may also include specific dietary or cultural practices		Will the proposal/policy impact differently on people with certain religious or political beliefs?

[3] Floyd MF, Taylor WC, Whitt-Glover M. (2009). Measurement of park and recreation environments that support physical activity in low-income communities of color: highlights of challenges and recommendations. Am J Prev Med. Apr;36(4 Suppl):S156-60.

etc)

* Neighbourhood characteristics (e.g., neighbourhood improvement areas (NIAs), under-serviced areas, geographic/social isolation, etc.)	Includes people facing geographic or social isolation, or living in under-serviced areas, or living in densely populated areas	Example: initiative requires that individuals have access to a primary care physician or specialist. Description of impact: Those who reside in rural areas may experience barriers. In 2004, 21.4 per cent of the Canadian population lived in rural areas, where only 9 .4 per cent of physicians (15 .7 per cent of family physicians and 2 .4 per cent of specialists) practised.[4]	
*Sex/gender (e.g., male, female, women, men, trans, transsexual, transgendered, two-spirited, etc.)	Sex refers to the biological and physiological characteristics that define male and female, while gender refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women .15 Potential groups include female, male, women, men, transsexual, transgendered, two-spirited, etc	Example: project designed to address a chronic condition such as arthritis, diabetes or depression Description of impact: It is important to consider how it will impact on women. While Ontario women live longer than men, a majority are more likely to suffer from disability and chronic conditions. It is also important to consider low-income women as a vulnerable and marginalized population as they have more chronic conditions, greater disability, and a shorter life expectancy than high-income women.[5]	Will the proposal/policy impact differently on men, women, or transgendered people?
*Sexual orientation	Sexual orientation is a personal characteristic	Example: housing allocation policy	Will the proposal/policy

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[4] Pong RW, Pitblado JR . Geographic Distribution of Physicians in Canada: Beyond How Many and Where . Ottawa: Canadian Institute for Health Information, 2006

[5] Bierman, A . et al . POWER Study, 2009

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(e.g., heterosexual, lesbian, gay, bisexual)	that covers the range of human sexuality from lesbian and gay, to bisexual and heterosexual . Ontario Human Rights Commission . "Sexual orientation and human rights ." Available at http://www.ohrc.on.ca/en/issues/sexual_orientation	Description of impact: Certain population groups may be disadvantaged, as such a policy may not apply equally to heterosexual cohabiting couples and lesbian or gay cohabiting couples.	impact differently on gay men, lesbians, bisexuals than on straight (heterosexual) people?
Intersections: In addition to the specific populations mentioned above, are there possibly any differential impacts that arise from the intersection of two or more factors/population characteristics?	Various biological, social and cultural categories such as gender, race, class, ability, sexual orientation, and other axes of identity can interact on multiple and often simultaneous levels, contributing to systematic injustice and social /health inequality.	Example: Accessibility policy Description of impact: Muslim female who has a physical disability and requires access to a public facility for maintaining her health has the potential to have a very different experience from a male with a physical disability who non-religious.	

Other Useful Resources

- Toronto Public Health, Access and Equity Glossary - http://insideto.toronto.ca/health/moh/ae_resources.htm
- Toronto Public Health, Using an Equity Lens in Service Planning - http://insideto.toronto.ca/health/moh/ae_resources.htm
- MOHLTC Health Equity Impact Assessment (HEIA) Tool - http://www.health.gov.on.ca/en/pro/programs/heia/tool.aspx

Mental Well-being Impact Assessment Tools:
- **Mental well-being impact assessment (MWIA): A toolkit**, Cooke et al (2011)
- **Assessing the mental health promotion impact of policy**, p.8, State of Victoria, Department of Health (2012)

Racial Equity Impact Assessment Tools:
- **The Racial Equity Impact Analysis**, The Annie E. Casey Foundation (2008)
- **Racial Equity Impact Assessment Toolkit**, Race Forward (2009)
- **Racial Equity Impact Assessment Guide for Economic Policies and Public Budgets**, Race Forward (2009)
- **Racial Equity Toolkit (Seattle)**, Racial and Social Justice Initiative (2012)

For more health equity impact tools, please review the following HPP internal document: Inventory of Equity-Focused Impact Assessment Tools by Jurisdiction and Tool Type