Equity Evaluation Tool

This tool attempts to provide a framework for practitioners to examine the equity component of their work. It is not a tool to examine ‘big picture’ equity interventions such as social policy initiatives or regional interventions. It has been developed for application to the small-scale, local interventions that characterise much of community health’s work.

To plan and evaluate the equity component of their work practitioners need a clear understanding of:
- health equity that is congruent with primary health care principles,
- possible pathways to health equity that the intervention may have an impact on
- questions and issues to consider in both planning and evaluation
- possible indicators and data sources
- evaluation methods appropriate to the particular intervention

Achieving health equity requires more than the programmes and services within the scope of community health. However primary health care, with its strong commitment to health equity has done much innovative and useful work in this area and this should be recognised and disseminated. Evaluation is an important step in this process.

In order to address health equity effectively practitioners must be able to
- Articulate the equity issue
- Situate your activity
- Describe the pathway linking their program or practice to health equity

Articulate the equity issue
- What is known about the issue? This might include incidence rates, service utilisation rates, death and disability rates.
- What is inequitable? Is there a “systematic and potentially remediably” difference in health across population groups?
- For whom? How is the population group defined: demographically; culturally; socially; geographically?
- Are there factors specific to the local context that need to be considered? How does local and community knowledge add to the picture?

Situate your activity
Primary health care services and programs can have an impact on health equity in a number of ways:
1. Through health care activities which have an impact on the progression of illness and disability.
2. Through activities which act to prevent illness and injury.
3. Through promotion of positive health and wellbeing.
Primary health care includes both health care activities and activities that lie mostly outside the traditional health care sector. The influence of primary health care services on equity in health is often greater in areas of social and economic disadvantage. Programs with a community or population focus often aim to have an impact on pathways to health equity that lie mostly outside the scope of health care services. Many community health interventions are aimed at influencing factors which mediate the effect of social and economic disadvantage on health. Others aim at influencing the social and economic conditions that lead to inequitable health outcomes. Typically these interventions will be characterised by inter-agency and intersectoral partnerships.

Is your activity aiming to promote health equity through:
1. health care service provision?
2. influencing factors outside health care service?

**Describe the pathway**

**Health care**

Whitehead provides a useful starting point to explore pathways to equity in health care. She defines equity in health care along three dimensions:
- Equal access to available care for equal need
- Equal utilisation for equal need
- Equal quality of care for all

Using the ‘lenses’ - accessibility, utilisation and quality - we can explore the ways in which our program or practice may influence health equity. The following diagram illustrates some key enablers/barriers we need to consider when we examine our practice in this way.
For each enabler/barrier a range of questions can be posed:

**Availability:**
- Does everyone have equal entitlement to information, resources and services according to need?
- Are there gaps in services?
- Are services available to those who need them?
- If there is a priority of access how is decided? Is it based on need?

**Accessibility:**
- Are resources, facilities and services fairly distributed across geographical areas in accordance with need?
- Are there physical or geographic barriers to access?
- Is the service easily accessible by public transport?
- Do all those in need of a service have reasonable ease of access? (e.g. disabled access)
- Is the site easy to navigate, appropriately signposted, free from hazards such as traffic?

**Affordability:**
- Are services affordable for those who need them?
- Are there other financial barriers that unfairly limit access to services? e.g. transport costs in reaching the service.

**Acceptability:**
- Are services culturally appropriate for those who need them?
- What factors influence different utilisation rates for different groups?
- Are services promoted to and used by those most in need?
- What processes are in place to engage marginalised groups?

**Service capacity/waiting lists**
- Are there access barriers as a result of limited service capacity or resources?
- Is the impact of limited service capacity equitably shared?
- Are waiting times for assessment and service acceptable?
- Are services over-used by some groups?

**Staff and system discrimination:**
- Do service systems ensure access to services in accordance with need?
- Do all population groups in society receive the same standard of care according to need?
- Are staff equipped to work with different population groups in an equitable manner?
- Do various parts of the health service/system work together?
- Is it easy for users to negotiate the health service/s they need?

**Working outside health services**

The lenses of accessibility, use and quality are also useful in applying an equity focus to community health activities outside the traditional health care sector. If we think about accessibility, use and quality in terms of ‘resources for health’ rather than ‘health care’ these principles can be applied to a range of programs.