



# Health Inequalities and Wellbeing Impact Assessment (HIWIA) and Screening Toolkit

This HIWIA Toolkit adapted from the MWIA toolkit is to be used as a 'stand alone' process for making an initial assessment of a proposal. It does not constitute an impact assessment in its own right.



## 1. Screening – Initial assessment and helping you decide if you need to do a further Impact Assessment

Measuring the impact of policies, services, programmes or projects (collectively referred to hereafter as proposals), on reducing health inequalities is a complex process. It is important that we capture the impact of any proposals to reduce health inequalities. This screening tool builds on the Mental Wellbeing Impact Assessment because national research shows that negative impact of stress, inequity and control contributes to poor outcomes in people's health and wellbeing. We have added the HINST 'Christmas Tree' model (page 15) as a tool for Commissioning effective outcomes to tackle health inequalities. This toolkit is designed to be:

- ✓ part of performance & commissioning framework, can inform evaluative work
- ✓ A short stand-alone group desk-top exercise
- ✓ A tick box and 'how we can do better' exercise
- ✓ Completed within one and half hours (average) which is considered a reasonable time for stakeholders to reflect and consider the impact of their proposal
- ✓ Undertaken before the proposal has been finalised so that there is maximum opportunity for improvements to be made. It can be done on existing proposals if there is an opportunity or willingness to make changes to improve the rest of delivery, or learn lessons
- ✓ Used on:
  - strategies – Government Policies, Community Plans, Housing or Transport Policies
  - Services such as Older People's support, promoting wellbeing etc
  - Programmes such as Healthy Schools, Healthy Weight Management, Expert Patients
  - Projects such as Timebanks, Community Arts.

The overall indicator for health inequalities is the measure of age of life expectancy at birth. This indicator, overall can take around 20

years to generate results, so other shorter-term proxy-indicators are required.

To be confident and assured that our collective efforts are contributing positively to the reduction of health inequalities, Mind the Gap (Kent's Health Inequalities Action Plan) provides a range of initiatives across all agencies to reduce health inequalities. These initiatives need to be:

- Targeted to be accessible to the right people, in the right place and at the right time
- Measurable and able to evidence positive outcomes for the people who need them most
- Demonstrate that they "improve the health of the poorest fastest" (*Marmot*)

Whilst completing the form, users may identify points that they would wish to follow up or find out more about. A space for such comments has been allowed after each section and can form part of an action plan which can assist with redesigning specific areas of the proposal to have greater effect on the reduction of inequalities.

**Before you begin** to undertake the HIWIA screening process you will need to:

- ✓ Identify a group of up to 5 key stakeholders representing a diversity of knowledge and experience of the proposals for this task. These might include a service user, a funder and an operational manager and can build a more complete picture and understanding and ownership of the outcomes of the exercise. One person needs to take the lead for asking questions and another tasked for writing.
- ✓ Prepare information regarding the proposal(s) you wish to screen. This should relate to known information regarding the 'target groups' demographic profile, knowledge of what is involved with the proposal.
- ✓ Clarify the scope to influence decision and the timescale. If there is no scope or time to influence, it might be worth re-thinking whether the proposal you have chosen is the right one!

**HIWIA SCREENING TOOLKIT – the aim of this screening process is to measure the impact of health inequalities on the Initiative/proposal**

**Section 1**

Whilst completing the form, you may identify key points to follow up or find out more about. A space for such comments has been allowed after each section, and can then be transferred to the Action Plan on the last page. This can assist with the call for redesigning specific areas of the proposal to maximise the reduction of inequalities.

**1. Name of Activity, Initiative, Service or Project (ie. The Proposal):**

**2. At what stage is your proposal?**

Not yet started?

Half way through?

On-going?

Coming to an end?

Other? (please explain)

**3. Name and Title of person responsible for the project:**

**Name:**

**Title:**

**4. Names and roles of other people involved:**

**Others identified who need to be involved:**

**5. Date of completing screening toolkit:**

**6. Is there an opportunity to influence or change the ways in which the proposal is being delivered?** This will be important in helping to decide whether the initiative or proposal can be redesigned to impact more positively on Health Inequalities if need be.

Yes

Some

No

Unclear

## Section 2. Population Characteristics

Age, gender, class, race/ethnicity, disability, sexuality and physical health influence risk and protective factors for health inequalities and mental wellbeing. The relative impact of population characteristics is in turn affected by wider factors. The experience of childhood, old age, coming from a working class family, belonging to a Black or Minority Ethnic community, being gay or lesbian, living with a physical or learning disability or suffering from chronic illness vary considerably.

Measures of health inequality are not primarily about health but of socio-economic status which has an impact on health and can lead to disease. Relative deprivation impacts on a person's ability to participate or have access to employment, occupation, education, recreation, family and social activities and relationships which are commonly experienced by the mainstream. People in deprived circumstances often do not present with major health problems until too late.

Please look at the table below. Think about your proposal and the populations/communities you are targeting and consider the ones that you think are most important (although remember this is a brief assessment so you don't need to be too detailed).

Population Characteristics	Key Question	Likely Impact? Positive, negative, indirect or unknown?	Explain Why. Comments/Notes for Screening Proposal:	Further action required:
<b>Age</b>  <b>Give Every child the Best Start in Life:</b> Improving health in the early years of life contributes considerably to better health outcomes in later life, with reduced levels of diabetes, coronary heart disease and hypertension, all of which have a significant impact on the NHS as well as wider society, children and their families. Foundations for good health and development start at conception and lie in pregnancy, infancy and early childhood. Parenting style and attachment are the key factors. The quality of the 'home environment', quality of pre-school and the amount of time in pre-school are all associated with greater 'self regulation', an attribute strongly linked to improved educational outcomes.	Will this proposal impact upon parents and families and if so, does it support them from child conception, pregnancy, childbirth and first years of life?			

Section 2: Population Characteristics

<b>Population Characteristics</b>  <b>Age</b>	<b>Key Question</b>	<b>Likely Impact?</b> <b>Positive, negative, indirect or unknown?</b>	<b>Explain Why.</b>  <b>Comments/Notes for Screening Proposal:</b>	<b>Further action required:</b>
<b>Adolescence:</b> Without life skills and readiness for work, as well as educational achievement, young people will not be able to fulfil their full potential to flourish and take control over their lives. Protective factors include: attachment to school, family and community; positive peer influence; opportunities to succeed and problem solving skills. ‘Social capital’ indicators (eg. Friends, support networks, valued social roles and positive views on neighbourhood) are closely related to risk and severity of emotional and behavioural disorders.	Will this proposal impact on feelings of security, motivation, self-esteem, belonging and connection in young people and reduce risk taking behaviours particularly the most vulnerable young people?			
<b>Later Life:</b> Services that promote the health, well-being and independence of older people and, in so doing, prevent or delay the need for more intensive or institutional care, make a significant contribution to ameliorating health inequalities. For example, the Partnerships for Older People projects have been shown to be cost effective in improving life quality (Marmot, p.20). Poverty, fear of crime and lack of transport are key concerns, with daily hassles’ contributing more significantly to psychological distress than major life events.	Will this proposal impact positively or adversely on supporting older people to live safe, independent and fulfilled lives and support disabled people to live independently at home?			

<b>Population Characteristics</b>  <b>Gender</b>	<b>Key Question</b>	<b>Likely Impact?</b> <b>Positive, negative, indirect or unknown?</b>	<b>Explain Why.</b>  <b>Comments/Notes for Screening Proposal:</b>	<b>Further action required:</b>
<p>Gender has a significant impact on risk and protective factors for health inequalities and the way in which the experience of mental distress is expressed. Depression, anxiety, attempted suicide and self harm are more prevalent in women, while completed suicide, drug and alcohol abuse, crime and violence are much more prevalent among men. Women are much more vulnerable to poverty and unemployment and are more likely to suffer domestic violence, rape and child abuse.</p>	<p>Will the proposal impact differently on men and women?</p>			
<p><b>Race and Ethnicity:</b> Race and ethnic differences in experiences of health inequalities and the levels of health outcomes and mental wellbeing are due to a complex combination of socio-economic factors, racism, diagnostic bias and cultural and ethnic differences. The way these cultural differences are presented, perceived and interpreted are often reflected in health outcomes.</p>	<p>Will this proposal impact differentially on different ethnic groups, including refugees, gypsies and travellers, asylum seekers and newly arrived communities?</p>			
<p><b>Socio-Economic Position:</b> Socioeconomic position (SEP) refers to the position of individuals &amp; families, relative to others, measured by differences in income, educational qualifications, occupation, housing tenure or wealth. It is generally analysed by quintile (eg comparing outcomes of those in the poorest fifth of the population with those in the richest fifth). SEP shapes access to material resources, to every aspect of experience in the home, neighbourhood and workplace and is a major determinant of health inequalities. Different dimensions of SEP (income, education, occupation, prestige) may influence health through different pathways and involves exposure to psychological as well as materials risks and buffers &amp; structures our experience of dominance, hierarchy, isolation, support &amp; inclusion. Social position also influences identity and social status, which impact on well-being eg. low self esteem, shame &amp; disrespect</p>	<p>How will the proposal impact on people in different social positions? Greater take up and better outcomes for higher socio-economic groups may result in greater health inequalities. Will the proposal reinforce or reduce inequalities?</p>			

Section 2: Population Characteristics

<b>Population Characteristics</b>  <b>Physical and Mental Health</b>	<b>Key Question</b>	<b>Likely Impact?</b> <b>Positive, negative, indirect or unknown ?</b>	<b>Explain Why.</b>  <b>Comments/Notes for Screening Proposal:</b>	<b>Further action required:</b>
<p>Poor physical health is a significant risk factor for health inequalities in later life and poor mental health; conversely, mental well-being protects physical health and improves health outcomes and recovery rates, notably for coronary heart disease stroke and diabetes. Poor mental health is associated with poor self management of chronic illness and a range of health damaging behaviours, including smoking, drug and alcohol abuse, unwanted pregnancy and poor diet. Stress epidemiology demonstrates the link between feelings of despair, anger, frustration, hopelessness, low self worth and higher cholesterol levels, blood pressure and susceptibility to infection. For heart disease, psychosocial factors are on a part with smoking, high blood pressure, obesity and cholesterol problems.</p>	<p>Will the proposal have an impact on or take into consideration the physical and mental health of the communities likely to be affected? Does the proposal recognise the relationship between mental health and physical health.</p>			
<p><b>Disability:</b>  Life chances (notably education, employment and housing), social inclusion, support, choice, control and opportunities to be independent are the key factors influencing the mental health of people with disabilities. <i>This is reflected in the Joint Strategic Needs Assessment and identified as County-wide priorities in <b>Kent Mind the Gap</b> Action Plan:</i></p> <ul style="list-style-type: none"> <li>- <i>help Older People and Disabled People live independently (see 2.3 of the Mind the Gap Action Plan)</i></li> <li>- <i>Create Fair Employment and Good Work for All (see Chapter 3 of Mind the Gap Action Plan)</i></li> </ul>	<p>Will the proposal reinforce or reduce inequalities and discrimination experienced by people with disabilities?</p>			

Section 2: Population Characteristics

<b>Population Characteristics</b>  <b>Sexuality and Trans-Gender</b>	<b>Key Question</b>	<b>Likely Impact?</b> <b>Positive, negative, indirect or unknown ?</b>	<b>Explain Why.</b>  <b>Comments/Notes for Screening Proposal:</b>	<b>Further action required?</b>
<p>Some studies suggest that gay, lesbian, bisexual and transgender people are at increased risk of some mental health problems – notably anxiety, depression, self harm and substance misuse – and more likely to report psychological stress than their heterosexual counterparts, while being more vulnerable to certain factors that increase risk (eg. Being bullied, discrimination and verbal assault)</p>	<p>Will the proposal impact positively or adversely on gay men, lesbians, bisexuals and transgender people?</p>			
<p><b>Other Population Groups (tick as appropriate)</b></p> <p>Looked after Children <input type="checkbox"/></p> <p>Gypsy and Travellers <input type="checkbox"/></p> <p>Migrants <input type="checkbox"/></p> <p>People with Long Term Conditions <input type="checkbox"/></p> <p>Those in residential settings <input type="checkbox"/></p> <p>Carers <input type="checkbox"/></p> <p>Those experiencing violence/abuse <input type="checkbox"/></p> <p>People in criminal justice system <input type="checkbox"/></p> <p>Ex-offenders <input type="checkbox"/></p> <p>Armed Forces/Veterans <input type="checkbox"/></p> <p>Others (give details) <input type="text"/></p>	<p>Will the proposal have an impact or take into consideration any of the groups mentioned?</p>			

Section 2: Population Characteristics



Population Characteristics  Settings	Key Question	Likely Impact? Positive, negative, indirect or unknown ?	Explain Why.  Comments/Notes for Screening Proposal:	Further action required:
<p><b>(tick as appropriate)</b></p> <p>Schools <input type="checkbox"/></p> <p>Workplace <input type="checkbox"/></p> <p>Neighbourhoods <input type="checkbox"/></p> <p>Prisons <input type="checkbox"/></p> <p>Hospitals <input type="checkbox"/></p> <p>Primary Care <input type="checkbox"/></p> <p>Housing <input type="checkbox"/></p> <p>Others (give details) <input type="text"/></p>	<p>Will the proposal have an impact on or take into consideration any of the settings mentioned?</p>			

### **Section 3. The wider determinants and protective factors that have a particular impact on health inequalities, mental health and wellbeing**

**Wider determinants** such as our physical health and more broadly employment, housing, poverty also affect health inequalities, mental health and wellbeing.

The first table in section 3 cover the wider determinants at the socio-economic/environmental level. The remaining tables cover the three protective factors for health inequalities at both the individual and community/social level.

- Enhancing control
- Increasing resilience and community assets
- Facilitating participation and promoting inclusion

Thinking about your proposal and the populations/communities it affects, consider the factors that you think are most important (although remember this is a brief assessment so you don't need to be too detailed).

#### **3a Wider determinants at a socio-economic environmental level**

The wider determinants are the factors that are determined at a structural level and impact on a population or the whole of society. Social and economic inequalities underpin the determinants of health: the range of interacting factors that shape health and wellbeing. These include: material circumstances, the social environment, psychosocial factors, behaviours and biological factors. In turn, these

factors are influenced by social position, itself shaped by education, occupation, income, gender, ethnicity and race. All these influences which are affected by the socio-political and cultural and social context in which they sit.

There is a dynamic relationship between the wider determinants, the three protective factors and mental well-being. Mental well-being is an outcome of the circumstances and experiences of our lives: individual psychological resources, for example, confidence, self efficacy, optimism and connectedness are embedded within social structures such as our position in relation to others at work, at home, and in public spaces. Mental well-being and resilience also influences a very wide range of outcomes; health behaviour, physical health and improved recover rates, educational attainment, employment and productivity, relationships, crime, community cohesion, quality of life and few limitations in daily living. Mental well-being and resilience may also be a factor in helping to explain why socio-economic disadvantage does not always correlate with health damaging behaviours.

The most effective initiatives are often joined up, multi-agency and engage communities and groups in their development. Very often, due to some weak relationships with organisations, essential elements or contributions to initiatives are lacking or deficient. This screening toolkit can help identify opportunities for other agencies to contribute to more holistic and well-rounded outcomes for people.

**Table 3a: wider determinants at a social-economic and environmental level**  
**Question: How does the proposed development impact on the wider determinants?**

<b>Wider Determinants (often at a socio-economic/environmental level)</b>	<b>Likely Impact? Positive, negative or indirect impact?</b>	<b>Who are the relevant partners. And are they engaged?</b>	<b>Further action required:</b>
<b>Access to quality housing</b> Eg. Security, tenure, neighbourhood, social housing, shared ownership, affordable and appropriate.			
<b>Physical Environment</b> Eg. Access to green space, trees, natural woodland, open space, safe play space, quality of built environment.			
<b>Economic security</b> Eg. Access to secure employment (paid and unpaid), access to an adequate income, good working conditions, meaningful work and volunteering opportunities.			
<b>Good Quality Food</b> Eg. Affordable, accessible.			
<b>Leisure Opportunities</b> Eg. Participate in arts, creativity, sport, culture.			
<b>Transport access and options</b> Eg. Providing choice, affordability, accessibility			
<b>Local democracy</b> Eg. Devolved power, voting, community panels			
<b>Ease of access to high quality public services</b> Eg. Housing support, health and social care			
<b>Access to Education</b> Eg. Schooling, training, adult literacy, hobbies			
<b>Challenging Discrimination</b> Eg. Racism, sexism, ageism, homophobia and discrimination related to disability, mental illness or faith			
<b>Other?</b> Please State			

**Table 3b: Protective Factor – Enhancing Control**

**Question: How does the proposed development impact on people’s control?**

Protective Factors for Enhancing Control	Likely Impact? Positive, negative or indirect impact?	How is this being achieved?	Further action required:
<b>Individual</b>			
<b>A sense of control</b> eg. Setting and pursuit of goals, ability to shape own circumstances.			
<b>Belief in own capabilities and self determination</b> eg. Sense of purpose and meaning			
<b>Knowledge skills and resources to make healthy choices</b> Eg. Understanding what makes us healthy and being able to make choices.			
<b>Maintaining Independence</b> Eg. Support to live at home, care for self and family.			
<b>Community/Organisation</b>			
<b>Self-Help Provision</b> Eg. Information advocacy, groups, advice, support			
<b>Opportunities to Influence Decisions</b> Eg. At home, at work or in the community			
<b>Opportunities for expressing views and being heard</b> Eg. Tenants groups, public meetings			
<b>Workplace Job control</b> Eg. Participation in decision making, work-life balance			
<b>Collective organisation and action</b> Eg. Social enterprise, community-led action, local involvement, trade unions			
<b>Resources for financial control &amp; capability</b> Eg. Adequate income, access to credit union, welfare rights, debt management			
<b>Other?</b> Please State			

Section 3: Wider determinants and protective factors

**Table 3c: Protective Factor – Increasing resilience and community assets**

**Question: How does the proposed development impact on resilience and community assets?**

Protective Factors for Increasing Resilience and Community Assets	Likely Impact? Positive, negative or indirect impact?	How is this being achieved?	Further action required:
<b>Individual</b> <b>Emotional Wellbeing</b> eg. Self esteem, self worth, confidence, hopefulness, optimism, life satisfaction, enjoyment and having fun. <b>Ability to understand, think clearly and function socially</b> eg. Problem solving, decision making, relationships with others, communication skills. <b>Have beliefs and values</b> Eg. Spirituality, religious beliefs, cultural identity. <b>Learning and Development</b> Eg. Formal and informal education and hobbies. <b>Healthy Lifestyle</b> Eg. Taking steps towards this by healthy eating, regular physical activity and sensible drinking.			

**Table 3d: Protective Factor – Facilitating participation and promoting inclusion**  
**Question: How does the proposed development impact on participation and inclusion?**

<b>Protective Factors for Participation and Inclusion</b>	<b>Likely Impact? Positive, negative or indirect impact?</b>	<b>How is this being achieved?</b>	<b>Further action required:</b>
<b>Individual</b>			
<b>Having a valued role</b> eg. Volunteer, governor, carer.			
<b>Sense of Belonging</b> eg. Connectedness to community, neighbourhood, family group, work team.			
<b>Feeling involved</b> Eg. In the family, community, at work.			
<b>Community/Organisation</b>			
<b>Activities that bring people together</b> Eg. Connecting with others through groups, clubs, events and shared interests			
<b>Practical support</b> Eg. Childcare, employment, on discharge from services			
<b>Ways to get involved</b> Eg. Volunteering, Time Banks, advocacy			
<b>Accessible and Acceptable services or goods</b> Eg. Easily understood, affordable, user friendly, non-stigmatising, non-humiliating			
<b>Cost of Participating</b> Eg. Affordable, accessible.			
<b>Conflict resolution</b> Eg. Mediation, restorative justice			
<b>Cohesive communities</b> Eg. Mutual respect, bringing communities together			
<b>Other?</b> Please State			

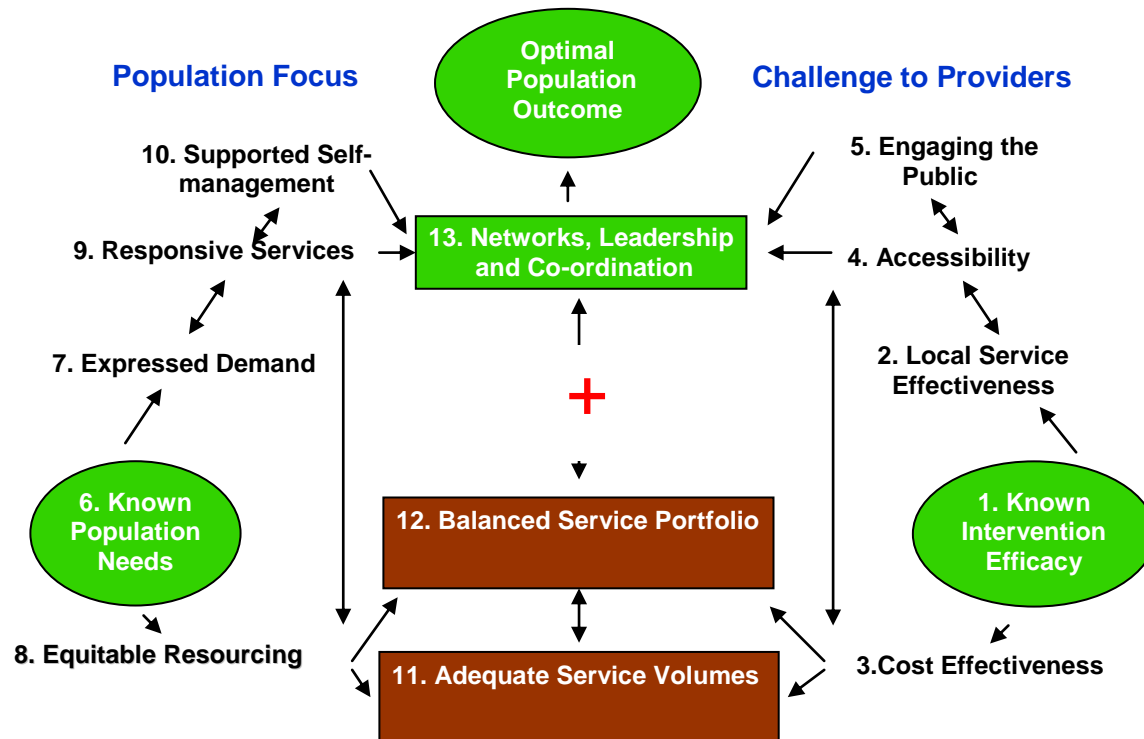
Section 3: Wider determinants and protective factors

## Section 4 – The HINST Christmas Tree Model: Commissioning for Best Outcomes

The department of Health 'Health Inequalities National Support Team' (HINST) developed the Christmas Tree model to introduce greater emphasis on the Population focus (left hand side of the model) that is needed to fully achieve effective outcomes. It has the potential to support commissioners to engage in the systematic delivery of the best health outcomes

from a given set of interventions and ensure that local people have a voice. **Commissioners** are advised to complete this section to maximise opportunities for effective outcomes **Project Managers** may be interested in or may wish to be aware of the 13 steps for best outcomes and are also welcome to complete this section.

### Commissioning for Best Outcomes



Section 4: HINST  
Christmas Tree

**Table 4: Commissioning for Best Outcomes: HINST Christmas Tree Model**

**Question: Have the following commissioning criteria been addressed?**

**Identify any outstanding areas that need to be addressed to ensure all commissioning steps have been followed.**

Have the following been addressed?			
	<b>Yes/ No</b>	<b>State How This Is Measured.</b>	<b>Further action required:</b>
<b>Challenge to Providers:</b> <b>Known Intervention Efficacy:</b> Are interventions at the core of service based on good evidence – black/white rather than grey?			
<b>Local service effectiveness</b> Will governance audit and training elements be in place to drive up most effective delivery locally?			
<b>Cost Effectiveness</b> Is the intervention affordable at the scale necessary to reach the desired outcomes?			
<b>Service is accessible</b> Has delivering the service close to areas of greatest need been explored without reducing effectiveness or unacceptably increasing cost?			
<b>Public have been engaged</b> Not just ‘usual suspects’ but also equity groups and those not engaging appropriately with service			
<b>Population Focus:</b> <b>Known Population Needs:</b> Identifying distribution of need, segmentation into meaningful sub-groups and clustering like with like			
<b>Known expressed demand for service/ initiative</b> How does actual use of service match what might be expected? Who is missing and what are their barriers to access?			



**Table 4 continued : Commissioning for Best outcomes: HINST Christmas Tree Model**

<b>Commissioning for Best Outcomes</b> <b>Have the following been addressed?</b>  <b>Challenge to Providers:</b> <b>Known Intervention Efficacy</b>	<b>Yes/ No</b>	<b>State How This Is Measured.</b>	<b>Further action required:</b>
<b>Equitable Resourcing</b> ie. Provision of resources and how these are allocated <b>are they based on the support necessary to achieve equitable outcomes?</b>			
<b>Services are seen to be responsive to demand</b> <b>are they welcoming, supportive, and do they help users navigate to where they need to be in the system?</b>			
<b>Supported self-management</b> either by individuals or by communities <b>Are users given the knowledge and skills to help themselves get the best out of available interventions?</b>			
<b>Are adequate service volumes being commissioned?</b> <b>Could they accommodate current unmet need?</b>			
<b>Is service portfolio balanced across Provider and Population focus</b> <b>Are links between providers across the pathway seamless, avoiding bottlenecks and barriers?</b>			
<b>Are networks, leadership and co-ordination clear?</b> <b>Who is responsible for overall delivery of the targets reporting to which Board? Are they empowered to fulfil this role?</b>			

## 5. Scale of Impact and Population

For all to complete

The 'Further Action Required' fields in this assessment document will provide you with an action plan to strengthen the positive impact of reducing health inequalities.

There are two more aspects to consider before determining your Action Plan.

**a) Scale of the impact on health inequalities**  
**If known (or suspected) at this stage, what is the duration of the likely health inequalities impact of your proposal**  
*(Please tick: this could be more than one period of time)*

Brief	<input type="checkbox"/>
Weeks	<input type="checkbox"/>
Months	<input type="checkbox"/>
Years	<input type="checkbox"/>
Entire Life of proposal	<input type="checkbox"/>
Sustained beyond proposal	<input type="checkbox"/>
Proposal Unclear	<input type="checkbox"/>

**b) What is the scale of the population affected by your proposals?**

A few people	<input type="checkbox"/>
A small part of the population	<input type="checkbox"/>
Majority of population	<input type="checkbox"/>
Entire population	<input type="checkbox"/>

Having completed the screening assessment process the following sections will help you determine the areas that will require further action in your action plan.

For each question in the central column, please circle or highlight appropriate answer

Further Action Required	Question	No further action Required
Yes/Don't know	Does your proposal affect in a negative way any of your population groups in Section 2?	No
Yes/Don't know	Does your proposal affect in a negative way any of the wider determinants and protective factors in Section 3	No
Yes/Don't know	Are there any indirect impacts identified that may affect people in a negative way?	No
Yes/Don't know	Are the impacts likely to be over a long period of time (one year or more)	No
Yes/Don't know	Is there any opportunity to influence the delivery of the proposal you are screening?	No

If you have identified a number of mental wellbeing factors that need addressing as a result of this exercise, you may wish to consider undertaking the full Mental Wellbeing Impact Assessment process. <http://www.nmhd.org.uk/news/new-edition-of-the-mental-wellbeing-impact-assessment-toolkit/>

## Creating an Action Plan

Throughout the screening process you will have made a list of comments or action points. Develop an action plan based on your screening findings, in order to refine your project to prioritise health inequalities and/or to reduce potential negative impacts. Some of the following methods may assist in the development of your action points. For example:

- Find out more about the proposed activities in relation to health inequalities determinants? consider holding a stakeholder workshop
- Find out more about the characteristics of the population targeted by the project? consider completing a community profile
- Find out about how to target population groups not using the project, who may benefit in terms of health inequalities? Consider completing a community profile and find out further information about your population group.
- Find out if there are any further opportunities to influence the proposal and/or who may be in a position to influence the proposal and seek their support for reducing health inequalities
- Consider integrating an indicator into your existing data collection to measure your impact on health inequalities.

## What next?

**If you have identified a number of negative impacts or have any concerns about the health inequalities outcomes of the proposal.....**

You may wish to consider a more in-depth impact assessment or undertake a full risk assessment.

**For further support, advice or information .....**

about targeting or re-designing proposals to reduce health inequalities, please contact the Kent Health Inequalities Group. There should be a key contact representing your locality who could assist further. For more information please contact [Deborah.Smith@kent.gov.uk](mailto:Deborah.Smith@kent.gov.uk)

For further information on the range of activities undertaken in Kent to reduce health inequalities, please refer to Mind the Gap. ([link...kent.gov.uk](http://link...kent.gov.uk))

## Action Plan

	<b>Page</b>	<b>Reference (key question)</b>	<b>Further Action Identified</b>	<b>By Who?</b>	<b>By When?</b>
1.					
2.					
3.					
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