



Equity focused health impact assessment

Walk to School 2016

Health equity is the notion that everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential if it can be avoided. VicHealth is working to integrate health equity – to make health equity promotion more deliberate, explicit and routine. One way of ensuring that equity is considered in program planning is by conducting an equity focused health impact assessment (EFHIA).

Equity focused health impact assessments use health impact assessment methodology to assess potential differential impacts of a decision, program or policy, before it is implemented, so that it can be modified to ensure more equitable outcomes.

VicHealth conducted an EFHIA of its 2016 Walk to School program.

The Walk to School campaign is a statewide program designed to increase active travel to and from school by primary school-aged children. It has been implemented by VicHealth each year in October since 2006. Since 2013, VicHealth has provided grants to Victorian local councils to deliver Walk to School in their local area.

VicHealth conducted an EFHIA to gauge rural and regional accessibility of the Walk to School 2016 campaign. The outcomes of the EFHIA will inform amendments to the campaign design to ensure health equity is addressed.

The EFHIA was conducted from July 2015 to early 2016 by a VicHealth team participating in the Health Impact Assessment 'Learning by Doing' training at the Centre for Health Equity Training, Research and Evaluation (CHETRE), UNSW Centre for Primary Health Care and Equity. Walk to School 2016 was used as a case study for the purposes of the training.

In addition to strengthening equity considerations for Walk to School, this EFHIA provided an opportunity to test the process within the VicHealth context and will be used as a case study to inform future EFHIAs across the organisation.

Regional and rural accessibility

The EFHIA working group considered a range of population groups and health determinants when scoping the Walk to School EFHIA. Due to factors such as existing evidence, anticipated relevance to key stakeholders and available time and resources, the scope of this EFHIA focuses on how accessible Walk to School 2016 would be for rural and regional communities.

Data identification and assessment

The working group collected data and information related to regional and rural communities, including health determinants, levels of active travel, participation in past Walk to School campaigns, and so on.

VicHealth invited stakeholders to participate in the assessment process. Representatives from the City of Ballarat, Mildura Rural City Council, Mitchell Shire Council, Moorabool Shire Council, South Gippsland Shire Council, Wimmera Health Care Group, Sunraysia Community Health Services, Victoria Walks and the Heart Foundation all contributed to the EFHIA. This involved a face-to-face workshop and email correspondence to discuss the evidence, provide context and insights and agree on recommendations for improving the accessibility of Walk to School 2016 for rural and regional communities.

RECOMMENDATIONS

A list of nine priority recommendations was agreed by the working group and stakeholders. An action plan has been developed to address each recommendation and, where possible, these will be incorporated into the Walk to School project plan.

The priority recommendations are:

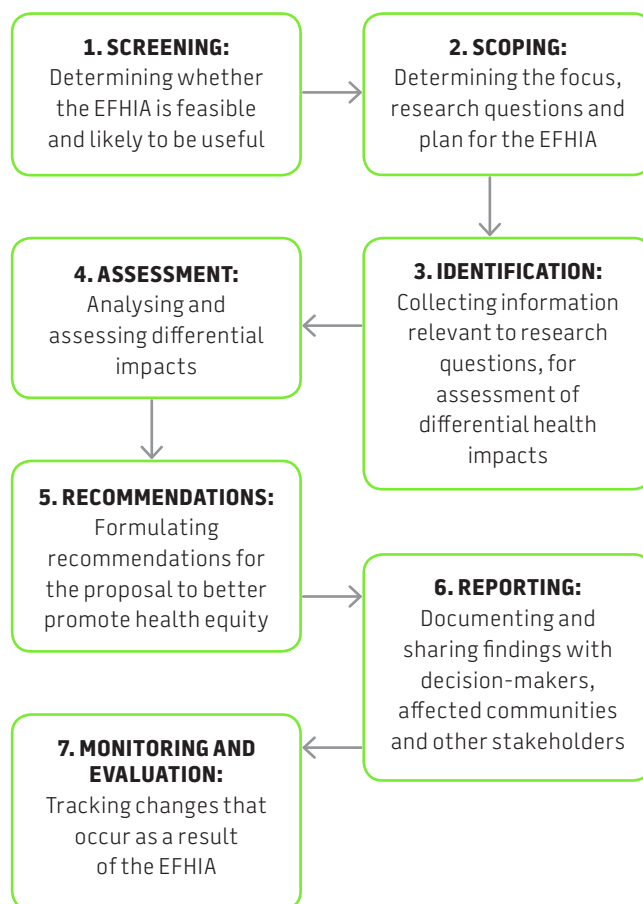
1. Enhance social infrastructure planning, including park spots, walking buddies, walk maps and the involvement of older students in a leadership capacity. There is the potential to use social media for all these and to align with other complementary work on infrastructural changes conducive to walking.
2. Look at what can be realistically and effectively achieved in a month and link into larger council plans.
3. Make equity goals explicit and conduct further research and targeting of population sub-groups with reduced access to the program in rural and regional areas.
4. Develop best-practice guidelines, such as tools and case studies, for councils (and schools).
5. Open the funding to include health organisations, who can then work with low capacity councils.
6. Keep the Walk to School program flexible so that it can be tailored by and for communities.
7. Align and frame with other community goals, not only physical activity. For example, consider how Walk to School helps councils achieve their other objectives.
8. Incorporate walking and other active travel indicators in the VicHealth Indicators Survey.
9. Collect or advocate for better outcomes data.

Monitoring and evaluation

Monitoring and evaluation of the EFHIA recommendations will be incorporated into the Walk to School project plan and evaluation.

Steps in an equity focused health impact assessment

Equity focused health impact assessments are conducted by working through a sequence of key steps:



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