

Tool 1: Equity Checklist

For service leads, cluster leads, and coordinators, here are some friendly reminders to keep health equity in mind in planning and delivery.

Target Audience -

Understand your population & address their needs

<p>Who? are the population you serve?</p>	<p>Have you considered the following categories?</p> <ul style="list-style-type: none"><input type="checkbox"/> People living in your most deprived 20% postcodes?<input type="checkbox"/> Those with protected characteristics?<input type="checkbox"/> Your inclusion health groups?<input type="checkbox"/> Your rural population<input type="checkbox"/> Who miss appointments regularly?<input type="checkbox"/> Who is missing in your data?
<p>What? are their needs?</p>	<p>Think about the following categories:</p> <ul style="list-style-type: none"><input type="checkbox"/> Health conditions<input type="checkbox"/> Lifestyle and healthy Behaviours<input type="checkbox"/> Prevention<input type="checkbox"/> Any other needs based on their social circumstances?<input type="checkbox"/> Are there are differences in Health outcomes?<input type="checkbox"/> What are your populations unmet needs?<input type="checkbox"/> Have you spoken to people & organisations in your area who might have soft local knowledge?
<p><input type="checkbox"/> Checkpoint</p> <p>Combining above two have you identified your priority population(s) and their needs?</p>	
<p>What? could be improved for your population? E.g. a service, project, or pathway, experience</p>	<ul style="list-style-type: none"><input type="checkbox"/> Have you looked at the evidence of what interventions work?<input type="checkbox"/> Do you know what services and pathways already exist in your area?<input type="checkbox"/> Are service pathways accessible?<input type="checkbox"/> What barriers have you considered?<input type="checkbox"/> Are services in the right place? Right time? (are your pathways equitable?)

	<input type="checkbox"/> Are your pathways equitable? <input type="checkbox"/> What does patient experience tell you?
<p>How? are you going to address it?</p>	<input type="checkbox"/> Have all relevant professionals been included in planning? <input type="checkbox"/> Are you collecting the necessary data? (which group or who experience health inequity the most?) <ul style="list-style-type: none"> ○ Have you looked at the demographics (age, gender, ethnicity, postcode) ○ health outcomes? ○ Social determinants? <input type="checkbox"/> Have you got sufficient resources? <ul style="list-style-type: none"> ○ workforce – sufficient numbers, relevant training (confidence & capability of your staff)/ identified champions or leads on inequality ○ funding (type of funding & for how long? / think about longevity, short term fundings often doesn't help) <input type="checkbox"/> Could your intervention increase health inequalities?

Checkpoint

See the [caution card](#) in the next page to check how your plan could potentially increase health inequalities.

<p>Who else can help you?</p>	<p>Think about:</p> <input type="checkbox"/> (your community assets, local partnerships, 3rd sector organisations, local authorities, social care, your patients, your peer professionals etc) <input type="checkbox"/> Can you co design it?
<p>Have you made a difference?</p>	<input type="checkbox"/> How will you know if you have made the change you wanted to? <input type="checkbox"/> What does your collected data tell you? <input type="checkbox"/> Has your patient's experience changed? <input type="checkbox"/> Has your intervention decreased or increased health inequalities? <input type="checkbox"/> What will you do differently to drive improvements? <input type="checkbox"/> Have you been able to maximise the outcomes which matter to people at the lowest possible cost? <input type="checkbox"/> Who can help you evaluate? (universities, local public health team etc)



Equity Caution Card

Caution your plan / intervention could widen inequalities by:

- Focusing only on **individual level actions**, which are likely to be done by affluent groups.
- Not tackling **the wider and full spectrum of causes** – you cannot do this on your own but your wider partners in local authorities, 3rd sector, social services and others can support. Find your key stakeholders with common interests and goals and seek their support. Plan your project / service in collaboration (find your tribe and trust them).
- Relying too much on **professional led interventions only**.
- Not tackling the **root causes** of health inequalities – same as 2nd bullet point, sounds big and you cannot do it on your own but other professionals and organisations who are already working on it can support you. They are there on the ground working on it you just need to find and talk to them.
- Not considering **Cost of the intervention**: Some health interventions, even when subsidised, might still entail out-of-pocket expenses (e.g., transportation, time off work) that poorer individuals cannot afford.
- Not considering opportunity Costs: Individuals with lower incomes may prioritise immediate financial needs over health interventions that do not provide immediate benefits.

Not considering:

- o **cultural beliefs and attitudes**: Diverse cultural attitudes towards healthcare can influence how different groups perceive and engage with interventions. minority or disadvantaged groups might have less trust in the healthcare system or face cultural barriers to participation.
- o **Social Support**: Higher socio-economic groups often have better social support systems that facilitate adherence to health interventions. consider how you could potentially promote that in your areas of deprivation and with groups who have multiple and complex needs.