Public Health England

Protecting and improving the nation's health

Health Equity Assessment Tool (HEAT)

Simplified version

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About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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Health Equity Assessment Tool (HEAT)

About HEAT

What is HEAT?
HEAT is a tool consisting of a series of questions and prompts, which are designed to help you systematically assess health inequalities related to your work programme and identify what you can do to help reduce inequalities. It will also help you to consider the requirements of the Equality Act 2010.

When and why should I use it?
HEAT has similarities to other health equity assessment tools, but is unique in providing a lightweight yet still systematic framework for assessing and driving action on health inequalities.

It provides an easy-to-follow template which can be applied flexibly to suit your work programme. Its specific prompts ensure consideration of multiple dimensions of health inequalities.

How is it structured?
The tool has 4 stages:
1. **Prepare.**
2. **Assess.**
3. **Refine and apply.**
4. **Review.**

It is designed to be completed at the start of a work plan to help you consider its potential effects, but it can be used retrospectively. In practice, your assessment is likely to be iterative and will help you continuously improve the contribution of your work to reducing health inequalities.

Because tackling health inequalities at scale is likely to require 'buy-in' from senior leaders in your organisation or the system you work in, we recommend that the use of the HEAT process is sponsored by a senior leader.

This document provides a simplified version of the tool.

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What should be considered when completing it?
There are a number of different dimensions or characteristics to consider when completing HEAT.

1. The protected characteristics outlined in the Equality Act 2010 are as follows:
   • age
   • sex
   • race
   • religion or belief
   • disability
   • sexual orientation
   • gender reassignment
   • pregnancy and maternity
   • marriage and civil partnership
2. Socio-economic differences by individual socio-economic position e.g. National Statistics Socio-economic Classification, employment status, income, area deprivation.
3. Area variations by deprivation level (Index of Multiple Deprivation), service provision, urban/rural or in general.
4. Vulnerable and Inclusion Health groups, for example people experiencing homelessness, people in prison, or young people leaving care.

What should be considered when completing it?
Health inequalities are unjust differences in health and wellbeing between different groups of people (communities) which are systematic and avoidable. Health inequalities in England exist across a range of dimensions or characteristics, including the nine protected characteristics of the Equality Act 2010, socio-economic status, geographic deprivation, or being part of a vulnerable or Inclusion Health group.

Health inequalities may be driven by:
1. Different experiences and distribution of the wider determinants of health or structural factors. For example, the environment, community life, income or housing. In other words, the social economic and environmental conditions in which people live, work and play.
2. Different exposure to social, economic and environmental stressors and adversities. These affect states of mind from an early age and throughout life. Stress and psychological wellbeing directly affect resilience, health conditions and health behaviours.
3. Differences in health behaviours or other risk factors between groups, for example smoking, diet, and physical activity levels have different social distributions. Health behaviours may be influenced by wider determinants of health, like income.
4. Unequal access to or experience of health and other services between social groups.

People who share protected characteristics, as defined in the Equality Act 2010, may experience poorer health outcomes as a direct result of discrimination or due to different experiences of the factors described above.

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The tool

Programme or project being assessed:		Date completed:	
Contact person:		Name of strategic leader:	

Question	Issues to consider	Response
1.What health inequalities (HI) exist in relation to your work?	•Explore existing data sources (see resources section – not exhaustive) on the distribution of health across different population groups •Consider protected characteristics and different dimensions of HI e.g. socioeconomic status or geographic deprivation	
2. How might your work affect HI (positively or negatively)? How might your work address the needs of different groups that share protected characteristics?	•Consider the causes of these inequalities. What are the wider determinants? •Think about whether outcomes vary across groups, and who benefits most and least •Consider what the unintended consequences of your work might be **a)**Protected characteristics **b)**Socio-economic status or geographic deprivation **c)**Specific socially excluded or vulnerable groups e.g. people experiencing homelessness, prison leavers, young people leaving care	
3. What are the next steps?	•What specific actions will you take to address health inequalities and the needs of groups/ communities with protected characteristics? •Is there anything that can be done to shift your work 'upstream' to make it more likely to reduce health inequalities?	
4. How will you monitor and evaluate the effect of your work?	•What quantitative and/or qualitative evaluation will be established to check you have achieved the actions you set? •What output or process measures will you use?	
5. Review (To be completed 6 to 12 months after first completion	•Consider lessons learnt – what will you do differently? Identify actions and changes to your programme to drive improvement	