This document is a simulated HEIA created as an educational case study within the author's Master of Public Health program. The author has written the case study from the perspective of a public health unit in Ontario as a learning exercise. This educational simulation was not completed on behalf of a health unit, nor do the views expressed reflect those of a health unit, the Government of Ontario, the Centre for Addiction and Mental Health, the Health Equity Impact Assessment Community of Interest, or necessarily the author. The Health Equity Impact Assessment Community of Interest is sharing this document as an educational resource for those who are learning how to create a HEIA.

# HEIA Health Equity Impact Assessment

**Objective for Completing the HEIA:**

To examine the potential health impacts associated with the provincial government's decision to cancel the Basic Income Pilot Project in Thunder Bay and to develop mitigation strategies for populations that may be affected.

**Organization*:** Thunder Bay District Health Unit (TBDHU)

*Mission:* TBDHU is committed to meeting the public health needs of their citizens by delivering accessible programming of the highest standards in protection, prevention and health promotion.

TBDHU is one of seven public health units in Northern Ontario, servicing a geographic area of 230,000 square kilometers and 146,000 residents. The main TBDHU office is in Thunder Bay, with branch offices and/or services located in Geraldton, Marathon, Nipigon, Manitouwadge and Terrace Bay. They offer supportive services in areas such as healthy families, safe communities, and health and well-being, and strive to deliver high quality accessible programming for the areas that they serve.

TBDHU has highlighted numerous health statistics and social determinants that influence their demographic. These include a higher unemployment rate, higher rates of food insecurity, and lower rates of high school and postsecondary educational attainment. TBDHU identified that children in its communities are more likely to live in low-income families, and its residents had slightly lower rates of healthcare access compared to other Ontario communities. Finally, although perceived life stress was lower in TBDHU and a sense of belonging was stronger than average, TBDHU residents were less likely to rate their mental health as good or excellent.

**all information gathered from TBDHU official website: https://www.tbdhu.com/*

**Policy Change:** Cancellation of the Ontario Basic Income Pilot (OBIP) Project

**Policy Summary:**

In July 2018, the new Progressive Conservative government in Ontario announced that it would wind down the OBIP project effective March 21, 2019. The program started in April 2017 and intended to run for three years in Thunder Bay and its surrounding municipalities; Hamilton, Brantford, and Brant County; and Lindsay. OBIP enrolled over 4000 people aged 18-64 to receive a basic monthly income payment (a payment "that ensures a minimum income level, regardless of employment status") for three years, with over 2000 people of the same age range enrolled in a control group.[1] Low-income was defined as earnings under $34,000 per year for an individual and under $48,000 per year for couples. Participants were eligible to receive up to $16,989 per year for an individual (less 50% earned income), and $24,027 per year for a couple (less 50% earned income), with people with a disability receiving up to $500 extra per month.[1] It is critical to note that basic income is not the same as social assistance. Basic income is more straightforward to administer and can be given to anyone meeting the eligibility criterion including those who may be working but are still earning below the basic income level.[1]

Throughout the OBIP project both groups were asked about health, employment, and housing status to determine if basic income was associated with improved outcomes in food security, stress and anxiety, mental health, healthcare usage, housing stability, education and training, and employment participation.[1]

**Conclusions (please see attached HEIA for more information):**
The Ontario government recently declared it would wind-down the Basic Income Pilot (OBIP) Project in Thunder Bay, Hamilton, and Lindsay. This policy decision will have implications for vulnerable populations within TBDHU's catchment area, namely those already affected by low-income, such as Indigenous populations, persons with disabilities, ethno-racial communities (including visible minorities and new immigrants) and under and un-employed individuals outside of these groups. Removing the supplemental income received through the OBIP program will place these populations once more at a socioeconomic disadvantage and remove the potential to further examine if basic income has positive associations with various aspects of health in vulnerable populations. There is the potential for some positive impacts with the cancellation of this project, namely the re-installment of some ODSP wages in addition to removing the economic burden related to work disincentives (although this burden could be offset by the increases in human capital in the form of increased educational attainment). However, there is an overwhelming amount of evidence that suggests lower socioeconomic status in these populations will have negative affects on educational attainment, employment, and physical and mental health outcomes, including increases in mortality among ethno-racial communities.

After examination of the unintended impacts the cancellation of the OBIP project may have on these populations, I have developed potential mitigation strategies for TBDHU to consider moving forward.

A Graduation Coach should be considered as an addition to TBDHU's *Healthy Schools* program, in order to offer academic, social, and emotional support to students. High school completion is associated with better employment rates and income in adulthood and so could reduce the amount of people in need of supplemental income supports, thus offsetting many negative effects that arose due to the cancellation of the OBIP project.[23] Students at a higher risk for dropping out who are found to have additional needs or concerns can also be directed to community resources and agencies if needed.

For indigenous populations specifically, more resources could be given to the Thunder Bay Indigenous Friendship Center to implement more Indigenous-focused education programs and supports. Nova Scotia saw an increase in Indigenous high school completion rates after their implementation of First Nations run schools.[21] Although operating at a smaller scale, educational supports in the community could prove effective, especially for adolescents living away from family and with boarders to attend secondary school.

Persons with disabilities should be given information on supplemental income sources that they may be unaware of and have access to professionals who can answer questions and help complete necessary forms and applications. Additionally, because access to mental health services is an area of concern for the population, more resources could be directed at home-based or e-health for persons with disabilities and their caregivers.

Finally, for ethno-racial communities within the TBDHU area, I suggest cultural competency training for health care professionals, as it has been found that this population has unmet health needs due to receiving inappropriate or inadequate care.[8] Additionally, an anti-discrimination/racism campaign can be implemented at the community level to combat negative stereotypes and inherent biases in the workplace, as it has been found that although this population tends to be more educated, they are still passed over for higher paying jobs and are subsequently more likely to work in a low-income occupation.[7]

| Step 1. SCOPING | |
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| **a) Populations*** | **b) Determinants of Health**<br>Identify determinants and health inequities to be considered alongside the populations you identify. |
| **Indigenous peoples** (First Nations, Inuit, Métis) | ***Income and social status***: low socioeconomic status among Indigenous populations is associated with increased rates of poverty, homelessness, and unequal access to health care.[2]<br>***education and literacy****:* Indigenous youth are less likely than non-indigenous youth to obtain a high school education.[3]<br>***employment/working conditions****:* the unemployment rate for Indigenous peoples in Canada is almost 3 times higher than the non-Indigenous rate.[3]<br>***colonialism****:* Colonialism continues to have social and physical health consequences such as higher rates of mental health crises, chronic diseases, and food insecurity.[3] |
| **Disability** (e.g., physical, D/deaf, deafened or hard of hearing, visual, intellectual/developmental, learning, mental illness, addictions/substance use, etc.) | ***Income and social status:*** A 2017 study found that 23% of people with disabilities had low-income, compared to only 9% of those without a disability.[4]<br>***employment/working conditions:*** The employment rate for Canadians with disabilities is 49%, compared to 79% for Canadians without a disability.[5]<br>***health services:*** There is evidence that people with disabilities have poorer health and more unmet needs compared to those without disabilities.[6] |
| **Ethno-racial communities** (visible minorities, immigrants) | ***Income and social status:*** Visible minorities are more likely than other Canadians to live below the low-income threshold (26% versus 11.5%).[7]<br>***employment/working conditions:*** visible minorities have higher unemployment rates compared to the Canadian average, despite being similarly or more educated.[7]<br>***health services:*** Minority populations are more likely to experience poor health outcomes and are more likely to have unmet healthcare needs due to perceived inadequacy of healthcare, in addition to not being able to access care and experiencing language barriers to appropriate care.[8] |
| **Low income** (unemployed, underemployed)<br><br>NB: this population intersects with those listed above, and may show some overlap, as Indigenous peoples, peoples with disability, and Ethno-racial communities are more likely to have low-incomes compared to Canadian averages. | ***Income and Social Status:*** low income has been linked to various negative health outcomes. The wider the gap between society's richest and poorest populations, the greater the health differences between these groups.[9]<br>***education and literacy:*** low-income populations are, on average, less likely to complete high school or obtain a post-secondary degree.[10] Children from low-income households on average have increased drop-out rates, poor cognitive development and socioemotional processing, and subsequently poor income and health in adulthood, resulting in a cyclical pattern of poverty.[11]<br>***employment/working conditions:*** low-income has been associated with more precarious work, worse working conditions, and increases in job insecurity. These work environments have been linked to adverse physical and mental health outcomes.[12]<br>***health services:*** low-income populations are less likely to have non-wage benefits such as supplementary health and dental insurance.[13] Additionally, they experience more adverse health outcomes compared to people living in higher income brackets. These include more acute care in-patient hospitalizations and prescription medication costs.[14] |

| Step 2. POTENTIAL IMPACTS | | | |
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| **a) Populations** | **Unintended Positive Impacts.** | **Unintended Negative Impacts.** | **More Information Needed.** |
| **Indigenous peoples** | | There is a high concentration of Indigenous peoples in the TBDHU area, who are more likely to have low SES, low educational attainment, and higher unemployment rates. Income is positively associated with better access to education, job opportunities, and better health outcomes. Cancelling OBIP creates a barrier to improving SES, education and health.[15] | More information is needed on how Indigenous populations responded to OBIP for the year that it ran. Were there many improvements in their health and well-being and did they feel like active participants? Information on current barriers for Indigenous peoples in TBDHU to employment and income should be investigated. |
| **Disability** | Certain ODSP benefits could not be continued during the OBIP, such as the special diet allowance, service dog benefit, and assistive devices co-payment coverage.[16] With the cancellation of the policy people originally receiving these payments will have them reinstated. | The OBIP increased payments for people in TBDHU living with disabilities by $787.75 - $814.25/month, allowing additional health care/living costs associated with disability status to be paid comfortably.[16] This change may result in people with disabilities returning to low-income status, which has been associated with worse access to healthcare and poorer mental health for this population.[17] | More information is needed on the amount of people with disabilities in the TBDHU area and what proportion of those disabilities are considered mild, moderate, or severe to tailor more effective mitigation strategies to the population. |
| **Ethno-racial communities** | | Although immigrants and visible minorities on average had higher educational attainment, they had lower-income and more negative health-outcomes compared to other Canadians.[7] The removal of a basic income will result in the continuation of low SES status, which has been linked to increases in morbidity and mortality in addition to worse access to health services.[18] | More information is needed on the disconnect between education and employment within this population. |
| **Low income**<br>NB: this population intersects with those listed above, and may show some overlap, as Indigenous peoples, peoples with disability, and Ethno-racial communities are more likely to have low-incomes compared to Canadian averages. | Some studies conducted in the United States found modest associations between guaranteed income and work disincentives, resulting in an economic cost to society.[19] Cancelling the basic income pilot project could reduce these costs in the TBDHU area. | TBDHU's population is more likely to be unemployed and less likely to have completed high school compared to Canadian averages. Other basic income projects found Increased rates of educational attainment and employment in adulthood.[19] Cancelling OBIP would leave low-income populations vulnerable to high drop-out rates and unemployment. | Basic income research is not very robust, and many studies are based on older projects, many of which focused on outcomes unrelated to health.[18] More information is needed on positive and negative effects of basic income, which this policy could have contributed to. |

| Step 3. MITIGATION | |
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| **a) Populations** | **Identify ways to reduce potential negative impacts and amplify the positive impacts.** |
| **Indigenous peoples** | The cancellation of the OBIP project disproportionately effects those living with low-incomes. Indigenous peoples are more likely to be unemployed and live under the poverty line compared to the general population within the TBDHU area. Educational attainment is much lower in this group, which has direct affects on future income. To reduce these disparities in the absence of a basic income program, TBDHU should consider partnering with Indigenous leaders and Indigenous stakeholders to develop culturally sensitive community programs that aim to foster individual and community-wellbeing with a focus on Indigenous-specific education. Currently the Indigenous Friendship Center in Thunder Bay offers cultural workshops and camps.[20] TBDHU should consider expanding this program to more Northern zones of the TBDHU area who cannot access this center and add more resources for education specifically. Similar programs have been undertaken at a larger scale in Nova Scotia, where First Nations controlled schools were created. Research found that graduation rates began to rise after their introduction.[21] Additionally, community-based programs that strengthen traditional cultural practices had positive associations with improving mental health outcomes within the Indigenous community.[22] |
| **Disability** | Although more information is needed on the amount of people living with disabilities in the area and what types of disabilities (mild-severe) are occurring, one avenue of mitigation is to ensure persons with disabilities and their families have accessible information and resources on supplemental income that was not available through OBIP (ex. Remote communities allowance, employment supports, and child care costs).[16] Additionally, access issues for mental health crises can be mitigated by offering more supports for home-visits and digital health (sometimes referred to as e-health), so that accessibility barriers are removed from receiving appropriate care. |
| **Ethno-racial communities** | To reduce negative impacts concerning the increased risk of morbidity and mortality that occurs among visible minority and immigrant populations in part due to low-income, TBDHU could ensure appropriate training for healthcare staff in hospitals and community health clinics in how to work with diverse communities and offer them culturally-appropriate training programs. In addition, TBDHU should ensure this population is given decision-making roles in designing and delivering health promotion strategies to mitigate the high rates of morbidity and risk factors that disproportionately affect this population. An anti-discrimination and anti-racism campaign could also be undertaken, as discrimination in the workforce can lead to higher educated people from ethno-racial communities being passed over for higher paying jobs, which further contributes to this population's low-income status. |
| **Low income**<br>NB: this population intersects with those listed above, and may show some overlap, as Indigenous peoples, peoples with disability, and Ethno-racial communities are more likely to have low-incomes compared to Canadian averages. | One of the main findings from Manitoba's basic income project was that high school drop-out rates decreased.[19] It has also been found that a high school education increases employment by approximately 25%.[23] The TBDHU area is already at a higher risk of adolescents not completing high school. One way to attempt to mitigate this is to add a 'Graduation Coach' to TBDHU's already existent *Healthy Schools* program. Implemented in Dryden Ontario and the Lakehead Public School Board, the Graduation Coach works as a counsellor and advisor in the school. Additionally, they track student progress to ensure that students are given necessary academic, emotional and social supports or are directed to community resources and agencies if needed. The program has already seen success in Dryden, with more students attending classes, earning credits, and participating in extra-curricular activities. Furthermore, more students were remaining in school.[23] Adding this role to TBDHU's *Healthy Schools* program could be a viable way to decrease high school drop out rates and increase employment opportunities within the region. |

| Step 4. MONITORING | |
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| **a) Populations** | **Identify ways to measure success for each mitigation strategy identified.** |
| **Indigenous peoples** | *Please see monitoring for low-income populations below for measures of monitoring educational attainment, employment, and income.<br>To monitor the satisfaction of Indigenous peoples with the community-based education program focused on Indigenous learning and culture, client satisfaction surveys could be sent to the specific population (regardless of if they are using the support or not). Surveys could be sent to various Indigenous cultural centers (aside from just the Thunder Bay Indigenous Friendship center), to ensure that Indigenous peoples who have accessed the program and Indigenous peoples who have not accessed the program are both reached. The survey can ask about the perceived pros and cons, the reasons why some people choose not to utilize the support, and if there are any quality concerns or barriers that can be improved to further increase the effectiveness of the intervention. Additionally, an evaluation should be undertaken to ensure that Indigenous peoples have been fully integrated into the decision-making process and feel that their concerns and ideas are being heard and implemented appropriately. |
| **Disability** | TBDHU may also consider a client-satisfaction survey to monitor the effectiveness of an information campaign on supplemental income supports for persons with disability and their families/caregivers. The main questions posed should be if they have heard of the support (i.e. has the campaign reached them), has it helped alleviate some of the economic burden faced by additional costs of living, and if they feel that the TBDHU area is accessible (with an option for concerns or suggestions for improvement. This survey should be conducted in-person with a trained professional to ensure accessibility concerns/needs are met.<br>To further monitor the progress of digital health and home visits, focus groups can be conducted with persons with disability to gauge their experience thus far. Data should be collected on the usage of this service compared to hospital visits to evaluate its effectiveness. |
| **Ethno-racial communities** | The amount of people requesting services in another language should be monitored by health care providers to determine the extent to which more culturally-diverse resources should be implemented in healthcare facilities. Focus groups can be conducted both with healthcare staff and the priority populations to determine how effective the cultural training has been for staff, and what perceived barriers may still be reducing access to appropriate health care in this population.<br>Regarding an anti-discrimination/racism campaign, a similar monitoring technique to the client-satisfaction survey for peoples with disabilities can be undertaken, where community residents and businesses answer questions concerning the reach of the campaign, and if they felt it was effective or not. It is important for this campaign that business owners and employers are approached to see if the campaign was effective at reducing inherent biases within the workplace. |
| **Low income**<br>NB: this population intersects with those listed above, and may show some overlap, as Indigenous peoples, peoples with disability, and Ethno-racial communities are more likely to have low-incomes compared to Canadian averages. | To monitor the mitigation strategy for low-income populations, it is recommended that TBDHU requires the *Healthy Schools* team, particularly the Graduation Coach, to collect information from schools on performance and drop-out rates and report this information to the health unit. Furthermore, employment rate and median after-tax income information can be tracked through current measures, such as the Labour Force Survey and Canadian census. |

| Step 5. DISSEMINATION | |
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| **a) Populations** | **Identify ways to share results and recommendations to address equity.** |
| **Indigenous peoples** | Information gathered concerning the effectiveness of Indigenous-based supplementary education in the community should be shared with Indigenous leaders within the TBDHU geographic area. A meeting should be set-up with Indigenous leaders and stakeholders, and a presentation highlighting the effectiveness, ineffectiveness, and next-steps of the program can be shared and built upon.<br>A report should also be submitted to relevant organizations such as the NCCAH and CFHI, and a scientific abstract submitted for publication, to add to the body of research on Indigenous-based education initiatives in Canada. |
| **Disability** | TBDHU should ensure that in concert with the information campaign, the supplementary supports are listed on their website, with contact information for professionals who can help educate individuals on the exact purposes and framework for various supports, as well as aid in the completion and submission of forms and applications. TBDHU should also include information online on home supports for mental health in the community, including a justification for why the changes were originally implemented. Brochures highlighting these supports can be distributed to health care clinics and hospitals as well, to ensure people who may not have access to a computer are also knowledgeable about the changes.<br>Additionally, a report can be published for community health professionals concerning the utilization rates for the digital and home supports for mental health compared to hospital rates. |
| **Ethno-racial communities** | The results from the anti-discrimination/racism campaign should be publicly reported in a high-readership community paper such as the Chronicle Journal to allow for better understanding of the extent of racism and discrimination present in the community.<br>Results from surveys and focus groups regarding health care access and appropriateness should be presented to health care providers within the TBDHU area. This could be done through a professional conference or webinar so that health care professionals can see the effects that a more culturally competent care approach has had in the community.<br>If results are positive and significant, TBDHU should consider submitting a report for publication or passing on important details and key takeaways to other Health Units in the area. |
| **Low income**<br>NB: this population intersects with those listed above, and may show some overlap, as Indigenous peoples, peoples with disability, and Ethno-racial communities are more likely to have low-incomes compared to Canadian averages. | Results and recommendations can be disseminated to the community through a public report highlighting any changes of statistical or meaningful significance that were discovered through the data collected both by the *Healthy Schools* team and current Canadian surveys. This report should be easy for non-health professionals to read/understand and reflect the health literacy rates of the population.<br>To disseminate information to other health professionals, such as another health unit in Northern Ontario which may have similar demographics, assessment and evaluation of the project can be presented at a conference, where results can be more critically examined by the larger scientific community. |

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