South Western Sydney Local Health District

Fair Health Matters

Health Equity Toolkit

South Western Sydney
Local Health District

Purpose

The South Western Sydney Local Health District (SWSLHD) Health Equity Toolkit (HET) is a planning and review tool to identify health equity impacts when planning or evaluating your work to address health inequities. The main output is a set of recommendations to strengthen the consideration of health equity across the district.

The HET is an action of the SWSLHD Fair Health Matters Equity Framework to 2028 and supports a strategic direction from the SWSLHD Strategic Plan.

The SWSLHD Fair Health Matters Equity Framework to 2028 ensures that our services effectively meet the needs of our communities through four strategic directions:

- embedding equity into all facets of the health service;
- using evidence and equity data to translate into practical implementation;
- building capacity and developing skills; and
- partnering with our communities and collaborators.

The HET can be used for forward planning or evaluating an existing initiative to develop actions to address equity. An initiative can be a new (if planning), or existing (if evaluating) service, project, program, plan or policy. Use the toolkit to fit the stage your activity or initiative is at. The range of initiatives of focus include:

- planning new activities and services
- revising/reviewing a service
- an equity issue has been identified
- as part of equity focussed training and capacity building

How to use

The toolkit is designed to put into practice the principles in the equity framework across the business of the LHD. The equity framework states that 'everyone in the health service has a role to play in addressing health inequities in the daily business of health promotion and health care'.

The toolkit can be used by anyone to identify existing or potential health equity impacts of planned or existing activities, plans, processes. The tool will work best if a group of stakeholders work together using the HET questions. The staff member responsible for leading the development or review of activities should take responsibility for initiating and leading the process.

Use the toolkit flexibly to 'fit' your activity and suit your needs. The tool centres on a series of questions directly related to the principles in the Equity Framework (see Figure 1). Resources to support using the toolkit are provided in the Appendix.

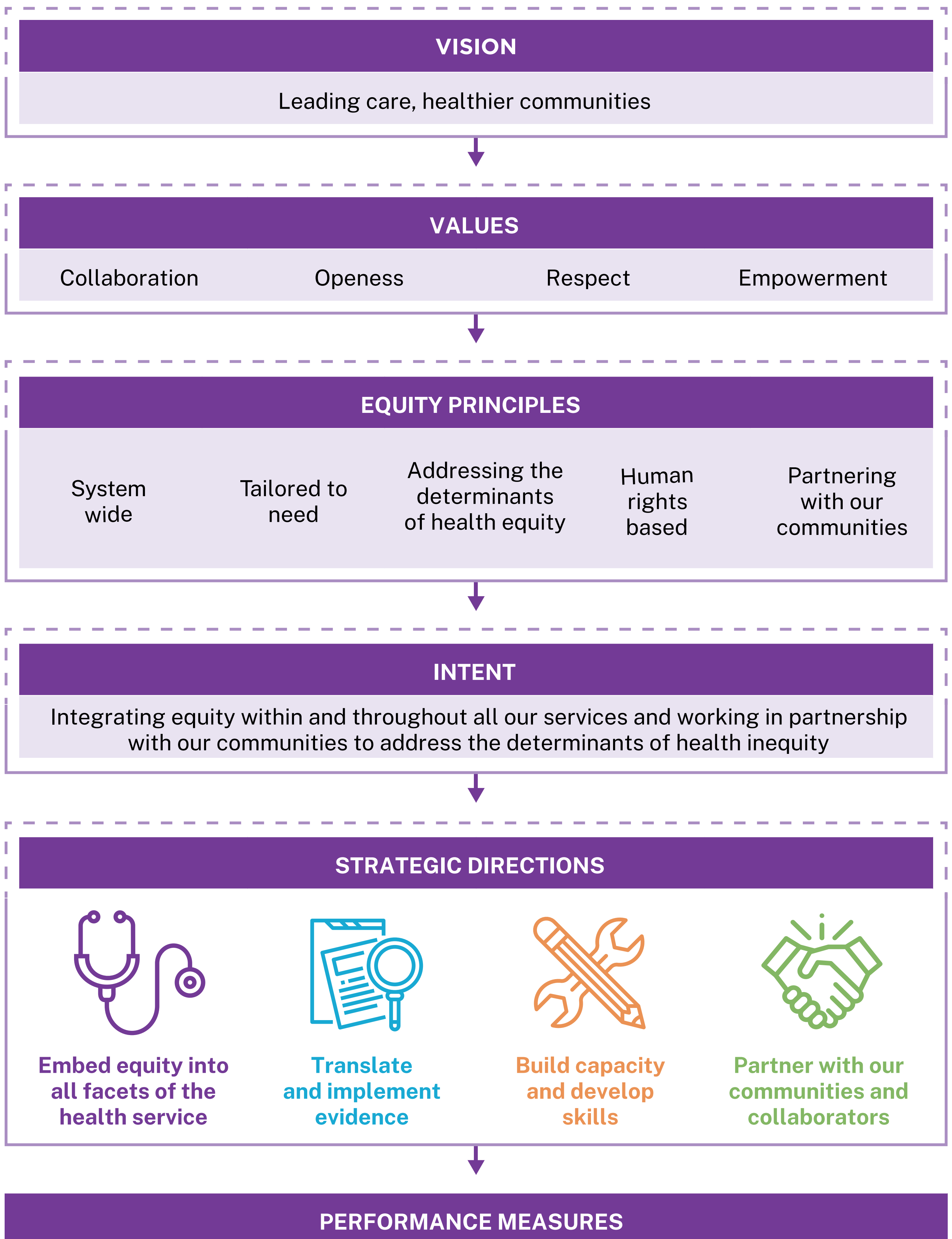
The toolkit is structured in the following way. First are questions to deliver the principles in the framework. The third section provides hints and tips which focus attention on the practice of specific services in SWSLHD.

Advice and support can be accessed from:

- Population Health
- Centre for Health Equity Training Research and Evaluation (CHETRE)- for assistance with health equity research
- Population Health Intelligence, Healthy People and Places Unit- for assistance with health data Consumer and Community Participation Unit- for guidance with community participation

Please fill out the Health Equity Toolkit Worksheet form at the end of this document, using the Health Equity Questions (pages 6-7) and send the completed form to your manager.

Fair Health Matters
Equity Framework to 2028 - at a glance



The Health Equity Toolkit to 2028

Aim: Understanding how a service, project, program or policy initiative impacts on equity and identify potential health equity impacts for those who may be disadvantaged by the initiative (Q1-2) and making changes, recommendations and monitoring (Q3)

Principles:

- Ensure that services are accessible, appropriate and treat everyone fairly
- Equity in health service provision can be understood in terms of availability accessibility, acceptability, and quality (see figure below)
- Concerns the whole LHD as a system

Fair Health Matters: Equity Framework to 2028 states that when understanding health equity: "Many factors that influence health equity are outside our influence, everyone in the health service has a role to play in addressing health inequities in the daily business of health promotion and health care. When designing service models and care pathways, it is important to ensure that services are accessible, appropriate and treat everyone fairly. Planning targeted services, taking a good social history, securing an interpreter, taking time with a patient or client with learning difficulties, referring to a social worker, and taking care with discharge planning for clients with complex social needs are all important ways to address health equity in day to day business. These are all practical ways to address health equity through tailoring our health service to people's differing requirements."

Fair Health Matters: Equity Framework to 2028 outlines the role of health services in addressing health equity: "The health system can influence health inequities through access to services and also as a partner in intersectoral action on health equity. Systems and processes are required to identify and act on systemic differences across these dimensions.''

Health Equity Toolkit Questions

Please see appendix for worksheet version of these questions as well as some resources to assist.

Questions
1. What is or was the initiative being considered trying to do or achieve (think about aims, goals and objectives)? Is health equity a concern for this initiative, or should it be?
Who is the activity targeted at (whole of population or specific sub-groups or populations e.g. Aboriginal and Torres Strait Islander population, culturally and linguistically diverse (CALD), elderly, children, homeless, people experiencing socio-economic disadvantage, or a combination of all these?)
What health issues are intended to be addressed (specific clinical issues or risk factors or determinants of health)?
Were or should relevant members of the public be involved in helping to plan/develop the initiative? E.g. consumers or carers, particularly those experiencing socio-economic disadvantage, or people living in disadvantaged neighbourhoods
2. Based on evidence you have or will collect, was or will the initiative be: **Acceptable?** (I.e. culturally acceptable, gender inclusive, accepting of different values about health and health services)
Available and accommodating? (I.e. its geographical location, operating hours, appointment mechanisms)
Affordable? (I.e. direct and indirect costs to users)
Appropriate? (I.e. of high quality for everyone and especially at risk populations, including cultural safety).

Questions

1. Based on your answers to 1 and 2, how are you going to improve the initiative: **Internally**

- To be more equitable, are more resources, staffing, capacity, skills, knowledge, or competence required for the initiative or your service as a whole?
- How will you ensure that these are developed and provided?

Organisationally

- The solutions may lie beyond your service. Are organisational changes required across the whole of your department or unit?
- Are changes in key performance indicators or organisational strategic business planning required?
- Are changes in Departmental Policies required?
- How will these be addressed? (i.e. raise at meetings, raise with appropriate lead)

Systemically

- The solutions may lie beyond your department. Are systemic changes required across the whole of the LHD or unit?
- Are changes in LHD strategic priorities required?
- Are changes in LHD policies and practices required?
- How will these be addressed? (i.e. raise with appropriate lead to take to executive)

How would you know/what evidence will you collect to show equity is being considered/addressed?

- Data about services being more or less useful for different potential service users and their families and communities)
- Is your service preferencing one or more types of population groups over others?
- What sort of data do you have or do you need (for instance staff or consumer experiences of care, or use of service data)

What changes have or will you put into place?

Hints and Tips

Here are some examples of the types of specific details you may need to consider to answer the Health Equity Toolkit questions if your focus is on particular population groups (recalling that the Equity Framework asks the LHD to think of equity as more than access by specific groups to include outcomes, fairness, inclusivity, and addressing the social determinants of health)

Aboriginal and Torres Strait Islander client access
How many Aboriginal and Torres Strait Islander people does your service see?
Is this number appropriate given the focus of your service and the number of Aboriginal and Torres Strait Islander people in your community?
Is your service culturally safe for Aboriginal and Torres Strait Islander people?
Can you employ or use an Aboriginal liaison officer or administrative staff member in your service?

CALD
Does your service see a large number of people from CALD background?
Which CALD groups mainly use your service?
Is your service welcoming for people from diverse cultures?
Does your workforce reflect the cultural diversity of your community?
Do you ensure availability of interpreting services?
Have key resources been translated into main community languages?
Do you use pictographs and other visual prompts for examinations and tests etc.?
Can you easily direct CALD consumers to your service?

Geographic and physical access
Is your service physically located close to your main client groups?
Where is your most geographically distant or isolated client?
Can your clients reach your service by public transport?
If clients travel by car can they park close by?
Can your service offer outreach clinics, home visiting, telehealth or other solutions so that travel and associated cost is minimised and access improved?
Are your services accessible for consumers with disabilities?

Working people and people with children
Do you offer services outside of standard hours?
Have you considered operating extended hours one evening or a Saturday to accommodate working clients?

Social circumstances and disadvantage
Do you have triage/admission processes that can pick-up whether a clients is socially isolated, unemployed, homeless or otherwise in need of additional assistance?
Is your service free of charge?
Are their significant out of pocket costs for your clients?
Do you consider the needs of consumers with low literacy?

Targeted services
Is there any group of clients who are less likely to book, attend or re-attend your service?
Do you need to tailor a service specifically for them?
Do you need to take the service to them? Pick them up and transport them to your services?
Partner with an NGO or other trusted provider?

Data prompts
What proportion of your clients are from an Aboriginal and/or Torres Strait Islander background?
What proportion of your clients are from a CALD background?
What are your "did not attend" rates?
Do you have outcomes that you can measure for your clients (including client satisfaction) and can you review at outcomes by different groups?

Discrimination and racism
Does your service consider how discrimination and racism impacts your clients?
Is your service over or under-treating compared to the needs of the local community?
What percentage of staff completed competency training that addresses discrimination and racism? And has this been translated into their work practices?

Appendix

Why focus on health equity?

Health equity is the absence of systemic differences in health, both between and within countries that are judged to be avoidable by reasonable action. Health equity means that everyone has a fair and just opportunity to enjoy good health. Achieving health equity requires combined efforts across the community to improve the structural and intermediary social determinants of health. This involves actions that target the conditions and resources that highly influence health such as better access to good jobs with fair pay, high quality education, safe housing, good physical and social environments, and high-quality health care. Although many factors that influence health equity are outside our influence, everyone in the health service has a role to play in addressing health inequities in the daily business of health promotion and health care.

When designing service models and care pathways, it is important to ensure that services are accessible, appropriate and treat everyone fairly. Planning targeted services, taking a good social history, securing an interpreter, taking time with a patient or client with learning difficulties, referring to a social worker, and taking care with discharge planning for clients with complex social needs are all important ways
to address health equity in day to day business. These are all practical ways to address health equity through tailoring our health service to people's differing requirements.

It is important to note that health equity is not the same as health equality. Equity includes considering individual needs and tailoring efforts to improve health. Equity is not merely providing equal resources but rather creating equal opportunities for health for all and reducing health differences as much as possible.

Guiding Principle: System wide approaches: We will integrate equity in all our work by orienting LHD policies and plans towards improving health equity.

Appendix

What does health equity look like in SWSLHD?

South Western Sydney Local Health District covers a large area, spanning seven local government areas (LGA) Canterbury-Bankstown (old Bankstown LGA only), Fairfield, Liverpool, Campbelltown, Wollondilly and Wingecarribee. The district is highly diverse with a high proportion of the population born overseas, Aboriginal and Torres Strait Islander peoples and newly arrived refugees. It also has areas of socioeconomic disadvantage and high unemployment. The table below outlines some of the key areas of diversity in SWSLHD when compared with NSW and within SWSLHD.

	SWSLHD	NSW	Range within SWSLHD
Born overseas (2016)	44.2%	35.5%	15.8% (Wollondilly) 61.4% (Fairfield)
Speaks a language other than English at home (2016)	45%	25%	6% (Wollondilly) 71% (Fairfield)
Aboriginal and Torres Strait Islander (2016)	2.1%	3.4%	0.7% (Fairfield) 4.4% (Campbelltown)
Refugee settlement (2020)	1108 (57% of NSW intake)	1955 (37% of national intake)	0% (Wollondilly and Wingecarribee) 59.1% (Fairfield)
Populations living in geographic areas with below average Index of Relative Socioeconomic Disadvantage (IRSD) (2016)	56%	42%	12.2% (Camden) 92.5% (Fairfield)
People living with a profound or severe disability (2011)	7.1%	6%	4.7% (Camden) 9.7% (Fairfield)
Private health insurance rate (hospital cover) (2016)	44%	52%	26% (Fairfield) 62% (Camden)
Unemployment rate (2016)	8.4%	6%	3.3% (Wingecarribee) 12.6% (Fairfield)
Food insecurity (2014)	8%	6%	N/A at LGA level
Current smoking in adults (2017)	20%	15%	N/A at LGA level

Resources for health equity

- The roots of health inequalities - web based course funded by the National Center for Minority Health and Health Disparities, National Institutes of Health (USA)
- Unnatural causes - documentary series produced by California Newsreel and Vital Pictures, Inc. (USA)
- World Health Organisation Health Inequities: Videos and illustrations of fundamental concepts on health inequalities
- The Last Straw! A Board Game on the Social Determinants of Health - developed by Kate Rossiter and Kate Reeve (Canada)
- Gender equality and health video for the SOPHIE project (Spain/EU)
- What is health equity? short film by the Health Equity Institute (USA)
- How wealth is distributed in the UK short film by Inequality Briefing (UK)
- Why equality is better for everyone - talk by Richard Wilkinson (UK)
- The Equality Trust Website
- The Great Leveller documentary produced by the Channel 4 Equinox series.
- Community factors & how they influence health equity, resources by the Prevention Institute
- Application of The Health Equity Assessment Toolkit (HIAT) - for the integration of equity into health research Ana Porroche-Escudero and Jennie Popay

Resources for community engagement

- The Public Involvement Impact Assessment Framework (PiiAF) website provides a wide range of resources to start thinking about what public involvement (PI) involves, and possibilities for research and implementation. It also provides a comprehensive list of resources and published cases of methods and tools that have been used to assess PI. These resources can inspire you to adapt them to involve the public in the context of your intervention
- The Service User Involvement Best Practice Guide provides a series of short videos to illustrate key issues around user involvement: what it is; why it is important; different methods for different contexts and users; barriers and how to overcome them. Remember that even if you intervention/action doesn't involve service users you can still use and adapt some of these ideas to develop your own work!
- Involve, an NHS-funded organisation, and the UK National Coordinating Centre for Public Engagement offer great examples of different ways in which you can involve the public in research and funding applications
- Powercube.net provides a compilation of conceptual and practical resources, including methods and case studies, to understand power relations in participatory projects. Be inspired by this case study involving UK citizens as activists and health officials to avoid the closure of a health centre
- Contact SWSLHD Consumer and Community Participation Unit
- NSW Health Aboriginal Cultural Engagement Self-Assessment Tool supports services to assess their approaches to deliver culturally safe and accessible services for Aboriginal patients and clients.

Health Equity Toolkit Worksheet

Please refer to Health Equity Toolkit Questions on page 6 for more information.
Use this table as a worksheet to fill out your responses. Once completed, please send to your manager.

Unit:

Lead:

Facility:

Initiative name:

Date of completion:

Question
1. What is or was the initiative being considered trying to do or achieve (think about aims, goals and objectives)? Is health equity a concern for this initiative, or should it be?

Comment

Question

2. Based on evidence you have or will collect, was or will the initiative be: **Acceptable? Available and accommodating? Affordable? Appropriate?**

Comment

Question

3. Based on your answers to 1 and 2, how are you going to improve the initiative: **Internally**, **organisationally** and **systemically**

Comment