NSW GOVERNMENT

South Western Sydney
Local Health District

Fair Health Matters

Equity Framework to 2025

Map of South Western Sydney Local Health District

Foreword

Equity is a priority for South Western Sydney Local Health District (SWSLHD). Our District is characterised by high levels of cultural diversity, a growing population, areas of low income, social housing areas with concentrated disadvantage, and significant numbers of newly arrived refugees and asylum seekers. SWSLHD has a history of leadership in tackling health inequities, and the Equity Framework to 2025 will further strengthen and prioritise this work. The Framework will ensure 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.

This Equity Framework outlines:	The goals and principles of addressing health inequities in SWSLHD.
	Key approaches and strategies for incorporating equity into SWSLHD culture and practice.
	What health equity means and how SWSLHD staff can work towards achieving it.
	Systems and processes that can be developed and monitored to ensure that our health service is supporting health equity.

The Equity Framework has been informed by consultation with staff across services and locations. The consultation aimed to reach those who will be affected by the Framework to ensure that its design and implementation reflects the perspectives of our health service and our staff. Interviews were conducted with key stakeholders from Planning, Population Health, clinical fields, and consumer representatives. The interviews were supplemented with focus groups of frontline staff from these departments. These interviews and focus groups are referred to throughout this document. We would like to thank everyone who has supported the development of this Framework through sharing their experiences and perspectives.

Ms Amanda Larkin
Chief Executive, South Western Sydney Local Health District

Mr Sam Haddad
Chair, South Western Sydney Local Health District Board

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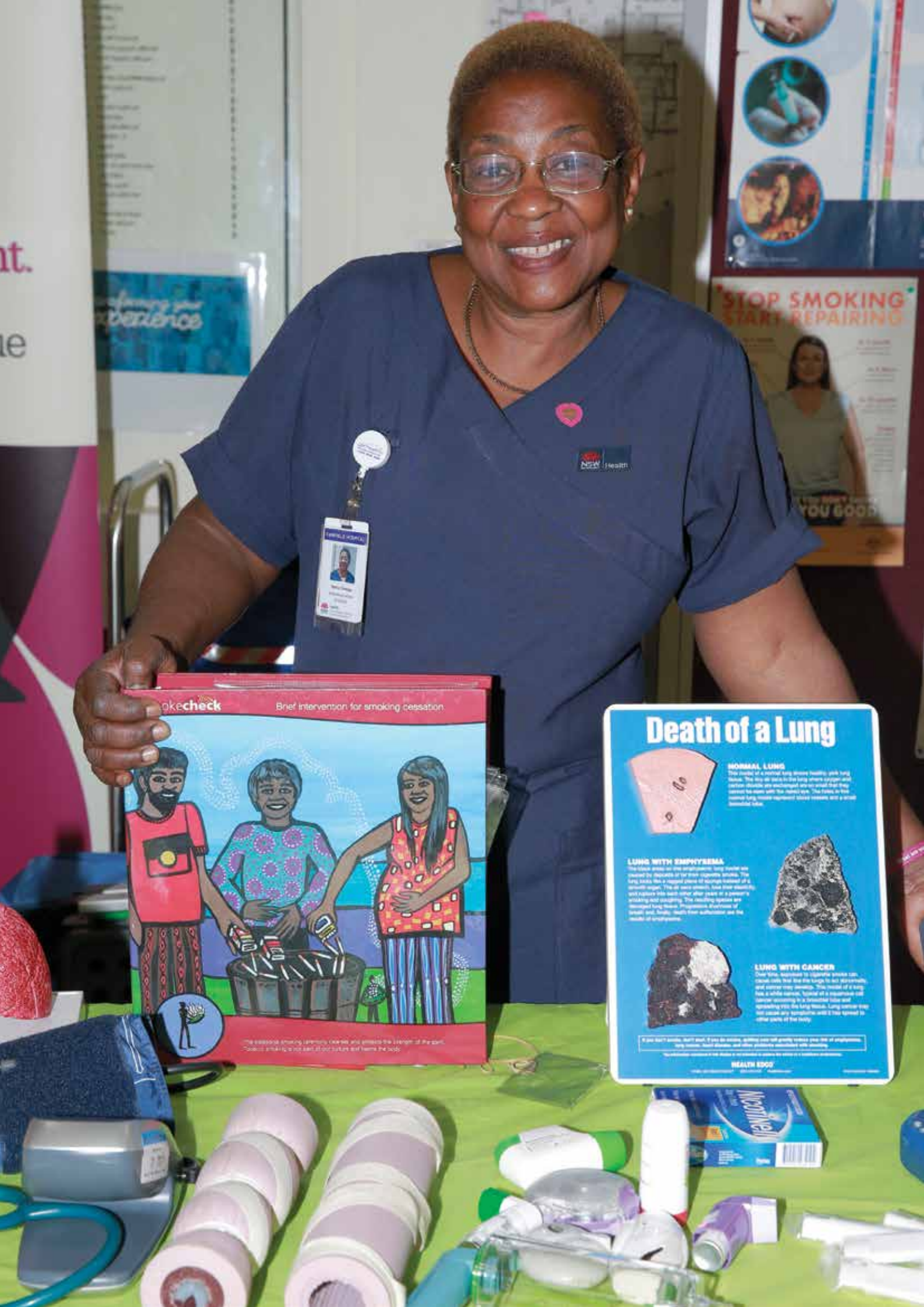

okecheck
Brief intervention for smoking cessation
Death of a Lung
NORMAL LUNG
LUNG WITH EMPHYSEMA
LUNG WITH CANCER
HEALTH EDCO
STOP SMOKING
START REPAIRING

Fair Health Matters
Equity Framework to 2025 – at a glance

VISION

Leading care, healthier communities

VALUES

Collaboration | Openess | Respect | Empowerment

EQUITY PRINCIPLES

System wide | Tailored to need | Addressing the determinants of health equity | Human rights based | Partnering with our communities

INTENT

Integrating equity within and throughout all our services and working in partnership with our communities to address the determinants of health inequity

STRATEGIC DIRECTIONS

Embed equity into all facets of the health service

Translate and implement evidence

Build capacity and develop skills

Partner with our communities and collaborators

PERFORMANCE MEASURES

Context and achievements

What is 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.[1] 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.

What is the difference between health equity and health equality?

It is important to note that health equity is not the same as health equality. As reflected in Figure 1, 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.[2]

Figure 1: Visualising Health Equity: One Size Does Not Fit All[3]

A human rights-based approach to health equity

Human rights are universal legal guarantees supporting essential human needs and protecting individuals and groups against actions and omissions that affect their freedom and dignity. Human rights include the "right of everyone to the enjoyment of the highest attainable standard of physical and mental health".

A rights-based approach is a framework that integrates the norms, principles, standards and goals of the international human rights system into processes and outcomes.

The right to health requires an effective, responsive, integrated health system of good quality that is accessible to all. Key principles include that health services must be available, accessible, acceptable, of appropriate quality, and provided without discrimination. People have the right to participate in decision making, and reporting needs to be transparent and accountable.

Health services and health equity

The role of the health system is particularly relevant to health equity. The health system can influence health inequities through access to services and also as a partner in intersectoral action on health equity. Equity in health service provision can be understood in terms of availability, accessibility, acceptability, and quality (see figure to the right). Systems and processes are required to identify and act on systemic differences across these dimensions.

Figure 2: The essential equity elements for health services

Figure 3 below shows how access to health services influences health equity. Access is affected by the interface between health systems and populations.[4] Health service access can be considered in terms of how health services provide care and people's ability to engage with these services (see figure 3).

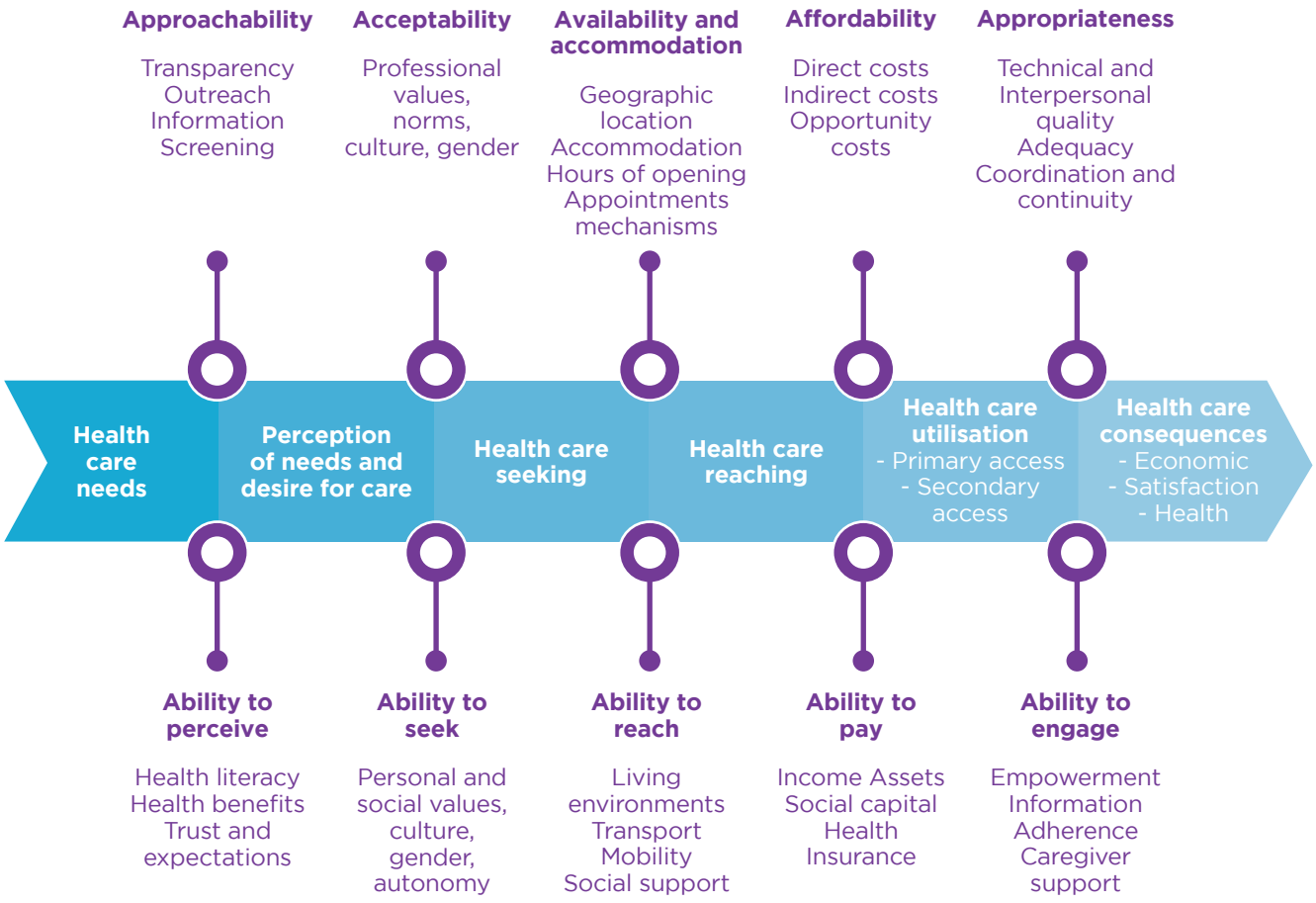


Figure 3: Conceptual Framework for Access to Health Care (Levesque et al 2013)

What health equity means to SWSLHD staff

SWSLHD staff recognise the significance of health inequity in the South Western Sydney context, citing the high level of diversity within the population and within the health service itself. When asked what health equity means to them, staff identified five key elements of health equity.

Access	The most common understanding was that access should be independent of characteristics such as age, gender, location and race.
Equal health outcomes	Health equity is much more than equal access to health services, it also includes equity of health outcomes. Staff recognise that while individuals may have similar levels of access to health services, there may be differences in health outcomes. Patients may present with similar problems, but once they are in the health system, they may receive different levels of treatment.
Fairness	Fairness was used to highlight the difference between equality (everyone is treated the same) and equity (everyone is treated fairly based on their needs). Fairness includes how we treat our staff as well as patients.
Inclusivity	Our culture, policy and practice should allow for the differing needs and identities of patients, carers, their families and staff.
Addressing the social determinants of health	Staff highlighted the importance of the social determinants of health and the role that they play in equitable outcomes for patients. Participants noted determinants including education level, housing status, socioeconomic status, transport disadvantage or whether or not someone has a disability.

ACCESS

In terms of both the way we respond to people, but also the way that people can find us and deal with us as well. All of the practical accessibility type issues; where services are, how they cater to the needs of different population groups, transport issues...

Everybody is able to access whatever services they need, when they need them, where they need them in a way that's appropriate for them, irrespective of their background or a range of things.

EQUAL HEALTH OUTCOMES

It's providing the supports and services so that everybody has the same access to healthcare and also puts them at a position where they have the potential to have similar outcomes.

FAIRNESS

Levelling the playing field- everybody having equal access to services irrespective of their gender, sex, socio-economic status.

INCLUSIVITY

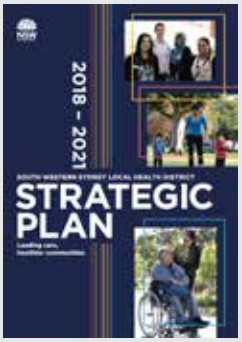
Ensuring that everybody, irrespective of their age, race, sexual identity, preferences, personal beliefs, should be treated with respect, and get the same level of treatment, irrespective of who they are.

SOCIAL DETERMINANTS OF HEALTH

If I don't have the same education as somebody else, how can I then have the same outcome that the education would provide? Or if I don't have the same housing supports or social infrastructure, how can I have the same support to receive health outcomes.

Policy context

The SWSLHD Equity Framework is informed by a number of national, state and local health district policies and frameworks which are dedicated to addressing social and health outcomes for different population and disadvantaged groups among their broader commitments to improve the health system.

National	Closing the Gap 	Multicultural Access and Equity Policy 	National Disability Strategy 2010-2020 
State	The NSW State Health Plan –Towards 2021 	NSW Premier's Priorities and State Priorities NSW Making it Happen 	The First 2000 Days Framework 
Local	SWSLHD Strategic Plan 2018 – 2021 	Our strategy to transform South Western Sydney Local Health District 2017-2021 	SWSLHD Health Literacy Roadmap 2019-2021 

Other enabling plans and strategies in SWSLHD:

- Aboriginal Health Plan 2017-2021
- Disability and Carers Strategy 2017–2022
- Mental Health Strategic Plan 2015-2024
- Education and Training Strategic Plan 2015-2021
- Research Strategy 2019-2023
- Information Communications and Technology Strategy 2015-2021
- Workforce Strategic Plan 2014–2021
- Consumer and Community Participation Framework 2016-2019
- Multicultural and Refugee Health Implementation Plan 2016

What does health equity look like in SWSLHD?

South Western Sydney Local Health District covers a large area, spanning seven local government areas (LGAs) of the former Bankstown (now part of Canterbury-Bankstown), Camden, Campbelltown, Fairfield, Liverpool, 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. Table 1 outlines some of the key areas of diversity in SWSLHD when compared with NSW and within SWSLHD.

Table 1: Community Profile[5] - health differences between SWSLHD and NSW

	SWSLHD	NSW	Range within SWSLHD
Born overseas (2016)	43%	35%	18% (Wollondilly) 59.4% (Fairfield)
Speaks a language other than English at home (2016)	45%	25%	6% (Wollondilly) 71% (Fairfield)
Aboriginal and Torres Strait Islander (2016)	2 %	3%	0.9% (Fairfield) 4.5% (Campbelltown)
Refugee settlement (2012-2016)	15,658 (56% of NSW intake)	27,960	0% (Wollondilly and Wingecarribee) 66% (Fairfield)
Populations living in geographic areas with below average Index of Relative Socioeconomic Disadvantage (IRSD)	56%	42%	12.2% (Camden) 92.5% (Fairfield)
Disability (2016)	6.5%	5.4%	4.3% (Camden) 8.5% (Fairfield)
Private health insurance rate (hospital cover) (2016)	44%	52%	26% (Fairfield) 62% (Camden)
Unemployment rate (2016)	8%	6%	7.5% (Liverpool) 10.5% (Fairfield)
Food insecurity (2014)	9%	7%	N/A at LGA level
Current smoking in adults (2017)	20%	15%	N/A at LGA level

> *"South West Sydney has always had a large amount of postcodes sitting in that high level of disadvantage. And when you're looking at things like smoking, the data tells us South West Sydney has 5% higher than the state average with people that smoke"*

Differences in health outcomes exist in the SWSLHD, with marginalised populations experiencing poorer health. Some of these differences include:

Table 2: Health outcome differences

	SWSLHD	NSW	Range within SWSLHD
Life expectancy at birth (years) (2016)	Males – 81 Females – 85	Males – 81 Females – 85	Males – 80; Females – 84 (Campbelltown) Males - 82; Females – 86 (Fairfield)
Rates of potentially preventable hospitalisations for vaccine preventable conditions (2015-16 to 2016-17)	2476 per 100,000	2248 per 100,000	1756 per 100,000 (Wingecarribee) 2919 per 100,000 (Campbelltown)
Prevalence of diabetes (2018)	7%	5%	5% (Wingecarribee) 8% (Fairfield)

Aboriginal people have poorer health outcomes. According to the 2019 SWSLHD Report Card[6] compared to the non-Aboriginal population, South Western Sydney's Aboriginal people:

- have a higher rate of hospitalisation from all causes
- are three times more likely to be hospitalised for dialysis
- are two and a half times more likely to be hospitalised for mental health disorders
- have a higher death rate from all causes
- are more likely to have babies born with a low birthweight
- have half the rate of breast screening participation.

> *"What's happening now...? Once you do that landscape audit around what's happening now, I think a lot of people will be surprised that we are doing the practice of equity, but we just haven't labelled it."*

Our Achievements

Health equity concerns are already evident in a lot of current work across our health service. The stakeholder consultations echoed this and highlighted that although services do a lot of equity work, it is not always referred to as 'equity'.

Examples of our achievements

Drug Health De-stigmatization and Anti-discrimination Project

The aim of the project is to address stigma and promote anti-discrimination of drug health clients within the health system by treating all clients with integrity, respect, and without judgement irrespective of how they are presenting.

The project aims to educate health service workers and the greater community on the common misconceptions around substance use, encouraging people to challenge beliefs and consider how people come to use substances through the depiction of life stories and creating an emotional connection. It is supported by partnerships with drug and alcohol non-government organisations (NGOs) and the NSW Ministry of Health.

Aboriginal Transfer of Care Program

The SWSLHD Aboriginal Health Unit has a program which aims to enhance the discharge process for Aboriginal patients with chronic disease(s) and/or complex needs. It was developed to address the high number of unplanned readmissions of Aboriginal clients in SWSLHD and involves the Aboriginal Liaison Officers working with the Transfer of Care Nurses. The program is built into the existing discharge process. The team meets daily to review the Aboriginal patient list and assesses the discharge process more closely (than standard care) to ensure that adequate support is in place e.g. community-based services, medications, psychosocial factors and allocation of follow up. This has been delivered at Liverpool and Campbelltown Hospitals.

PROMPT-Care - Collecting Patient Reported Outcomes in Cancer Patients to drive improved cancer service delivery and better patient outcomes.

The SWSLHD Cancer Service, together with the Illawarra Cancer Centre, has developed an electronic tool that enables the routine electronic collection of patient - reported outcome measures (PROMs). This identifies problems that patients are experiencing which, have not been identified by treatment staff. Studies have shown improved outcomes and better health service use. The completed study of over 400 patients identified an improvement in outcomes for patients using the system. Take-up by patients varied and often depended on patients having computer literacy, health literacy and spoke sufficient English.

The current project is using an improved e-tool to incorporate electronic PROMs collection into routine care for all patients. This will develop electronic collection of translated e-questionnaires and/or using the spoken word via mobile phone apps. This study will maximise uptake of routine electronic PROMs collection to improve the care of cancer patients and reduce gaps in treatment availability.

The Maternal Early Childhood Sustained Home-Visiting Program

The Maternal Early Childhood Sustained Home-visiting (MECSH) program is an evidence-based model for the delivery of effective perinatal and early childhood sustained nurse home visiting for vulnerable families. First developed and tested through a randomised controlled trial in a significantly disadvantaged community in South Western Sydney, it has been further tested through a large, independent trial, known as right@home in seven sites in urban and regional Victoria and Tasmania. Both studies found that MECSH significantly improved child development; mother's health, confidence and self-efficacy; and the quality of the home environment to promote child development. At the core of MECSH is a structured yet flexible program that works in partnership with families experiencing adversity and their communities, providing support during those critical sensitive periods in child development, and promoting children's and families' health and development.

Addressing Health Equity in SWSLHD

SWSLHD has identified six principles and four strategic directions to guide action on health equity. This section provides detailed information on the strategies we will implement between 2020 and 2025.

Guiding principles

System wide approaches	We will integrate equity in all our work by orienting LHD policies and plans towards improving health equity.
Tailored to need	We will adapt the scale, intensity and approach of health services to the level of need or disadvantage.
Addressing the determinants of health and health equity	We will work with organisations and communities to strengthen the determinants of health equity.
Human rights based	We will integrate the standards and the principles of human rights into the planning and delivery of health services.
Engage and partner with our communities	We will involve our communities in decisions that affect their health and health-care services.

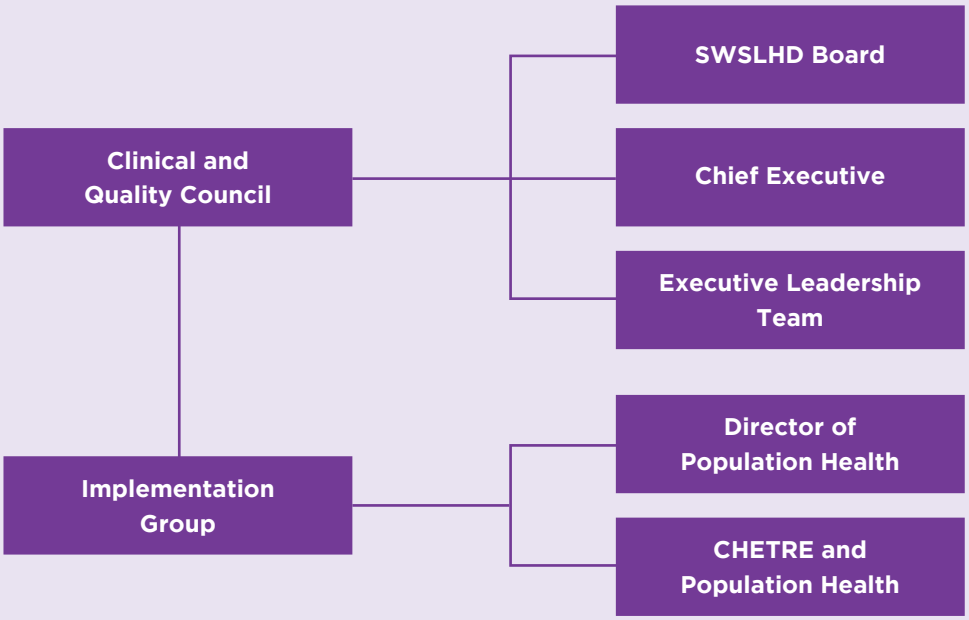
Strategic directions and actions

1. Embed health equity action in everything we do	
Outcome	Equity is a priority for the LHD and is embedded in our structure, planning and development processes. We identify inequitable variations between populations in health service experiences and outcomes and adjust or realign our approaches to achieve health equity. We show leadership and commitment to improving health equity, and health equity is reflected in our culture.
Over the next six years we will:	• Integrate explicit statements about addressing health equity into policy statements and strategies across services. • Recognise and celebrate equity best practice - create an equity focussed quality award. • Implement an equity planning / audit tool to support the consideration of equity when reviewing, developing and implementing services.
2. Use data and evidence to support action on health equity	
Outcome	We use data and evidence to describe heath inequities, translate evidence into practice, and evaluate the impact of interventions on health equity. We conduct high quality research on health equity.
Over the next six years we will:	• Support high quality health equity focused research and evaluation addressing health inequities within SWSLHD. • Embed equity considerations into quality improvement projects. • Develop an annual SWSLHD Equity Scorecard to summarise and track key clinical, health service and population health indicators that are amenable to action by SWSLHD. • Carry out annual 'equity deep dives' to promote and support equity focussed work.
3. Build capacity and develop skills	
Outcome	We build our capacity and skills to increase health equity by training staff, partner organisations, and communities. We provide information and resources about health equity and the role of health services.
Over the next six years we will:	• Provide targeted information and resources to increase staff knowledge and awareness of equity. • Provide education and training on cultural diversity to ensure staff understand our communities, and reflect this in providing care. • Develop a recruitment strategy that attracts diverse applicants that reflect our community.
4. Partner with our communities and collaborators	
Outcome	We partner with our communities and collaborators to address health inequities.
Over the next six years we will:	• Partner with communities and other local government and non-governmental sector to address inequities in health and the social determinants of health. • Work with communities experiencing health inequities to address major risk factors and build individual and community capacity. • Improve community awareness of health and medical research and the opportunities it presents to improve individual and population health outcomes. • Engage our consumers and carers in designing and evaluating a health equity tool kit. • Engage our communities to ensure that new and existing health system programs and services are available, accessible, and acceptable for our communities.

Governance, implementation and monitoring

Implementing the Equity Framework is a shared responsibility across the LHD. Monitoring will be led by Population Health under the leadership of the Director of Population Health and in collaboration with our partners. The Equity Framework Implementation Group will report on the progress of the implementation to the Clinical and Quality Council.

Implementation will be monitored through an annual reporting framework which tracks progress against performance measures contained in an Equity Scorecard. The Centre for Health Equity Research, Training and Evaluation and Population Health Intelligence team will provide implementation and monitoring support.



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