Government of Western Australia
Department of Health

Policy Frameworks
Supporting Information
MP 0185/24
Effective from: 1 July 2024

Health Equity Impact Statement and Declaration Guideline

This guideline supports the application of MP 0185/24 *Health Equity Impact Statement and Declaration Policy.*

Contents

1. Context for this policy

This policy has been developed in response to Recommendation 3 of the Sustainable Health Review (2019) (SHR).

Recommendation 3 requires the WA health system to achieve equity in health outcomes and access to care with focus on:

a) Aboriginal people and families in line with the *WA Aboriginal health and Wellbeing Framework 2015-2030*

b) Culturally and Linguistically Diverse (CaLD) people

c) People living in lower socioeconomic (SE) conditions.

The SHR identifies these three broad population groups as requiring immediate, priority focus, because they experience worse health outcomes compared to the Australian population as a whole by a range of measures.[1, 2, 3] It is acknowledged that these population groups are complex and varied. Not all individuals who identify as being Aboriginal or of a CaLD background, and not all people living in lower SE conditions, experience inequity in health outcomes or barriers to accessing care.

MP 0160/21 *Aboriginal Health Impact Statement and Declaration Policy* outlines requirements to declare and demonstrate that the interests of, potential impacts on, and opportunities for Aboriginal people are considered and appropriately embedded within policy development processes.

The *Health Equity Impact Statement and Declaration Policy* ensures that the intent of SHR Recommendations 3b and 3c are also embedded in the development, implementation and review of significant health system policies, programs and initiatives. In this document, these population groups are individually and collectively termed 'priority group/s'. WA Health recognises that these priority groups can be interconnected, and people may identify in one or both priority groups.

This policy is complementary to, and does not duplicate or replace the *Aboriginal Health Impact Statement and Declaration Policy*.

2. Do I need to submit both the Health Equity Impact Statement and Declaration eForm and the Aboriginal Health Impact Statement and Declaration eForm?

The Health Equity Impact Statement and Declaration Policy is complementary to and does not replace the Aboriginal Health Impact Statement and Declaration Policy (MP 0160/21).

Completion of the Aboriginal Health Impact Statement and Declaration eForm is a systemwide mandatory requirement for all health system policies and other relevant health initiatives. The purpose is to demonstrate that the potential impacts on, or opportunities for Aboriginal people (consumers, staff or community) have been considered during the process of developing the intended program, policy, strategy, practice, procedure or health initiative.

The *Health Equity Impact Statement and Declaration Policy* requires health entities to provide a declaration for significant initiatives. Significant initiatives are defined as initiatives that are

[1] Indigenous health and wellbeing - Australian Institute of Health and Welfare (aihw.gov.au)

[2] Culturally and linguistically diverse Australians Overview - Australian Institute of Health and Welfare (aihw.gov.au)

[3] Health across socioeconomic groups - Australian Institute of Health and Welfare (aihw.gov.au)

intended to, or could reasonably be expected to have an impact on, supporting equity in the priority groups, irrespective of budget.

If an initiative is primarily targeted to Aboriginal people, but may have also be reasonably expected to have benefits for priority group/s, managers can decide whether they wish to complete a Health Equity Impact Statement and Declaration (ISD) eForm as well.

A Health Equity ISD eForm would be submitted in cases when an initiative is **intended to, or could reasonably be expected to benefit** priority group/s, and where it would reasonably be anticipated that there would be consultation, stakeholder engagement or other form of information gathering to guide the development or adoption of the initiative.

3. Defining priority groups

Definitions of priority groups are included in the *Health Equity Impact Statement and Declaration Policy.*

The *Health Equity Impact Statement and Declaration Policy* does not require health entities to undertake demographic analysis above and beyond their standard processes in planning for service delivery. It is understood that health system decision makers have a good understanding of the demography of their consumer base, in line with the requirements of their service agreements.

The following information is for general information and guidance only.

3.1 Socioeconomic disadvantage

The Australian Bureau of Statistics (ABS) defines socioeconomic advantage and disadvantage as a measure of 'people's access to material and social resources, and their ability to participate in society.'[4] The ABS measures socioeconomic advantage or disadvantage using the Index of Relative Socioeconomic Disadvantage (IRSD), which summaries a range of information about the economic and social conditions of people and households within a geographic area.

A low score indicates relatively greater disadvantage in general. For example, an area could have a lower score if there are:

- many households with low income
- many people with no qualifications, or
- many people in low skill occupations.

A high score indicates a relative lack of disadvantage in general. For example, an area may have a higher score if there are:

- few households with low incomes
- few people with no qualifications, or
- few people in low skilled occupations

This index is recommended in situations where the user:

- wants to look at disadvantage and lack of disadvantage, or
- wants a broad measure of disadvantage, rather than a specific measure (such as low income).

[4] Australian Bureau of Statistics. 2071.0 - Census of Population and Housing: Reflecting Australia - Stories from the Census. Socioeconomic advantage and disadvantage. ABS, 2016 (abs.gov.au) Accessed 02/08/23.

IRSD is a useful guide when a health entity wants to ensure an allocation of funds goes to disadvantaged areas.

Information on IRSD across WA is freely accessible through the ABS IRSD Interactive Map. The information can be broken down by Statistical Area Level 1 (SA1), Statistical Area Level 2 (SA2), Local Government Area (LGA), Postal Area (POA) and State Suburb (SSC). Further information on statistical areas is available here. Guidance on how to use the interactive map is available here, and detailed results are available from the Downloads tab.

3.2 Cultural and Linguistic Diversity

The Office of Multicultural Interests uses the term 'CaLD' to apply to groups and individuals who differ according to religion, language, and ethnicity, and whose ancestry is other than Aboriginal or Torres Strait Islander, Anglo-Saxon or Anglo-Celtic.[5]

A range of information is needed to understand a person's CaLD identity, such as a person's country of birth, their ancestry and where their parents were born. It is also important to consider that these aspects may differ within CaLD groups. For example, people born in the same country may not identify with the same culture or speak the same language.

The ABS provides a nationally consistent framework for the collection and dissemination of CaLD data. Their Standard Set of Cultural and Language Indicators includes twelve data items; four of which form part of their minimum core set:

- country of birth
- Aboriginal status (noting that Aboriginal people are not considered 'CaLD' – the ABS collects separate data about the cultural and language diversity of Aboriginal people)
- main language other than English spoken at home
- proficiency in spoken English.

HSPs currently collect these data items for health service consumers in WebPAS (Web-based Patient Administration System). Improvements to CaLD data collection across WA health system data collections and systems are also a priority under Recommendation 3b of the SHR, and work on implementation of new CaLD data items in WebPAS is underway.

Information on cultural and linguistic diversity across WA can be accessed through the WA Office of Multicultural Interests resource Search Diversity WA. This information can be broken down by electoral divisions and LGAs. Further statistics are available here.

Department of Health data sets

The WA Health and Wellbeing Surveillance System (WA HWSS) provides insights into the health and wellbeing of adults and children in each Health Region. Requests for specific population-based information can be made to the Epidemiology Directorate by completing a data request form.

4. What kinds of initiatives is this policy intended to capture?

The policy is intended to be broad in scope, as many kinds of initiatives have an impact on and/or contribute access to care and equitable health outcomes. Examples include, and are not limited to:

[5] CaLD Definition (omi.wa.gov.au)

4.1 Policies

A policy is a statement of intent and is implemented as a procedure or protocol. The Director General has issued 21 binding policy frameworks containing a suite of mandatory policies that establish required standards, to ensure that Western Australians experience the same level of high-quality care, regardless of where they live, and which service they use.

Examples of policies implemented by the WA health system include:

- policies establishing minimum standards for enabling effective communication through language services for consumers and carers interacting with the WA health system
- policies eliminating discrimination in the provision of public services and promoting awareness of the needs of priority groups
- policies ensuring workplaces are free from discrimination and harassment, and promote equal employment opportunities.

4.2 Programs

A program is a set of related measures or activities that may be undertaken towards achieving a goal. Examples of programs implemented by the WA health system include:

- public health education programs that include activities, messaging and resources which are inclusive of priority groups
- one-on-one or group community-based support programs implemented in communities and/or facilities designed to reach priority groups
- programs designed to deliver professional development, training and resources to build capability and competency of staff and stakeholders working with priority groups.

4.3 Services

A service is a system supplying goods, utilities, assistance or other helpful activity in order to fulfil a public need. Examples of services implemented by the WA health system include:

- services intended to assist with system navigation, improve accessibility and connections with support services
- telehealth and other outreach methods of service delivery to extend accessibility and provide care closer to home
- services administered by staff with specialised training in working with priority groups.

4.4 Communications

Communication includes any method of information sharing through written, verbal or electronic means. Examples of communications implemented by the WA health system include:

- implementation of inclusive communications and stakeholder engagement strategies
- physical and digital resources offered in multiple languages as part of a health service
- inclusive messaging and/or imagery used in campaign materials for health promotion and other public education or information programs.

4.5 Infrastructure planning and development

Infrastructure includes building and engineering works that create an asset, including the construction and installation of facilities and fixtures. Examples of infrastructure planning and development that the WA health system undertakes include:

- decision-making about siting of capital works may be based on meeting the needs of the demographics of a particular area
- facility design including layout planning or installation of fixtures to enable provision of specialised services to priority groups. For example, additional rooms with access to utilities to serve as short or long-stay accommodation
- provision of facilities that accommodate different cultural needs associated with (for example) faith, food preparation, and toileting.

5. How do managers decide if an initiative is 'significant'?

The *Health Equity Impact Statement and Declaration Policy* allows health entities to decide if an initiative is significant, to avoid unnecessary or unreasonable reporting requirements. Significant refers to scale and likelihood of impact on priority group/s rather than (for example) amount of expenditure on a given initiative. There is no simple definition that will work for all health entities in all instances.

For example, relatively inexpensive changes to signage and other visual cues may make a significant difference to accessibility for people with low English literacy.

Completing a Health Equity ISD eForm means that your health entity's initiative will be captured in the health system's reporting on progress against the SHR recommendations, and will demonstrate alignment with the system's overarching commitment to deliver a safe, high quality and sustainable health system for all Western Australians.

6. When and how to fill out a Health Equity Impact Statement and Declaration eForm

The Health Equity ISD eForm should be considered at the beginning of the initiative's development or review, to help guide application of the policy. The Health Equity ISD eForm can be viewed in its entirety before completion, and the form can be filled out and saved as the development or review of the initiative proceeds. This is easier than deciding at the end of development that the form should be completed and doing so retrospectively.

The Health Equity ISD eForm is housed on REDCap (Research Electronic Data Capture), the data capture platform used by the WA health system for secure surveys and other data purposes. The reporting officer accesses the Health Equity eForm using their HE number and password. All parts of the Health Equity ISD eForm must be completed, other than where it is specified that a response is optional. The form should take no more than 20 minutes to complete, and provides drop down menus, tick boxes and space for free text responses where appropriate.

The Health Equity ISD eForm collects brief information about:

- the reporting entity, and contact details of the reporting officer
- the title and type of initiative
- which priority group/s the initiative is expected to support
- how the initiative will contribute to equitable health outcomes and/or access to care
- information about the consultation process undertaken, including the priority group/s consulted
- a summary of the consultation findings, including issues and/or needs identified, and actions taken to address these

- how the initiative will contribute to supporting equity in health outcomes and access to care for the priority group/s
- the name and HE number of the manager who is signing off on the declaration.

The Health Equity ISD eForm also includes information on how to find additional information, if required.

You will receive a downloadable copy of the Health Equity ISD eForm once your manager has approved it. This should be saved in line with local record keeping procedures.

7. Use of information collected in the Health Equity ISD eForm

The Chronic Disease Prevention Directorate, Department of Health, will collate the data received and prepare a summary annual report on behalf of the System Manager.

Information collected may form part of other health system reporting, for example in:

- mandatory regular reporting on the WA health system's progress in relation to Recommendations 3b and 3c of the Sustainable Health Review (SHR)
- reports prepared by the Sustainable Health Implementation Support Unit on activities undertaken that align with SHR recommendations
- Department of Health Annual Reports
- other internal and external public reporting as determined by the System Manager.

In collaboration with health entities, the System Manager may use information gathered from Health Equity ISD eForms to demonstrate progress in, and promote examples of good practice across the WA health system as they relate to supporting equity in health outcomes and access to care in priority group/s.

8. What happens if an initiative is not declared?

It is up to health entities if they declare an initiative or not. The policy holder does not investigate whether health system entities are submitting declarations.

Not completing a Health Equity ISD eForm for significant initiatives means that opportunities for health entities to demonstrate their commitment to, and to showcase good practice across the system are missed. It also means that the extent of effort being made by entities and the health system is underrepresented in annual reporting.

9. Where can I find guidance on consultation?

The Department and HSPs provide site-specific information and resources about consumer engagement on their intranet service hubs.

The policy is a mechanism for capturing consultation that is already occurring as part of usual processes when designing, making changes to or reviewing significant initiatives.

The policy does not call for additional consultation.

Resources

The Department of Health's Working with Consumers and Carers Toolkit provides practical, accessible tools and resources that can be applied to any initiative across the WA health system.

The Office of Multicultural Interests' Engaging Culturally and Linguistically Diverse Communities is a guide for the wider WA public sector.

10. How does this policy fit in with WA Health Multicultural Policy Framework Action Plans?

The *WA Multicultural Policy Framework* (MPF) requires WA public sector agencies to develop multicultural plans and report on their implementation annually. The MPF is administered by the Office of Multicultural Interests (OMI), within the Department of Local Government, Sports and Cultural Industries. The Department of Health, and all health entities develop their own MPF Action Plans in alignment with the MPF's requirements, and report directly to OMI each year. A summary report is tabled in parliament by the Minister for Citizenship and Multicultural interests.

The MPF is broader than the *Health Equity Impact Statement and Declaration Policy*, which is health system and health equity specific. However, the policies are aligned and complementary. For example, it is probable that health entity initiatives developed in alignment with the MPF priority area for 'culturally responsive policies, programs and services' would be significant, and appropriate for submitting a Health Equity ISD eForm.

Health entities provide their site-specific multicultural plans on their intranet service hubs.

This document can be made available in alternative formats on request for a person with a disability.