

# TACKLING HEALTH INEQUALITIES IN THE NSW HEALTH SYSTEM: THE NSW HEALTH AND EQUITY STATEMENT

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The issue of equity and health has been a central concern of the NSW Department of Health for many years. A major focus has been on ensuring the equitable distribution of health resources and health services through the Resource Distribution Formula (RDF). This has resulted in a significant redistribution of health services and health service funding based on population need rather than where health services, especially hospitals, had historically developed.<sup>1</sup> However it has always been recognised that the RDF alone could not adequately address the significant health inequalities in NSW that have been extensively described in *The Health of the People of NSW—Report of the Chief Health Officer 2000*.<sup>2</sup> A more comprehensive approach was required to address and reduce health inequalities.

## **DEVELOPING THE NSW HEALTH AND EQUITY STATEMENT**

The first step in the development of a specific health and equity policy initiative was made in 1999, when the NSW Department of Health Policy Development Committee considered a scoping paper that outlined the rationale, opportunities and processes for developing a *Health and Equity Statement*. The development of the statement was written into the Department's performance agreement later that year. These developments occurred in the broader context of several workshops with key international researchers in the field of health inequality sponsored by the NSW Department of Health and increased interest nationally and internationally in addressing health inequality.<sup>3,4,5</sup> The NSW Department of Health Policy Branch was also actively involved in the development of the Royal Australasian College of Physicians policy booklet *For Richer, for poorer, in sickness and in health*.<sup>6</sup> The specification of 'reducing health inequalities' as one of three health improvement initiatives in *Healthy People 2005* added extra impetus to the development of the statement.<sup>7</sup>

In 2000 the NSW Department of Health established a Health and Equity Project with the University of Western Sydney and the Centre for Health Equity Training, Research and Evaluation (CHETRE). As the Director of Health Services Policy in the NSW Department of Health, I was seconded to the University of Western Sydney to work with Professor John McCallum, Dean of Health at the University, and Elizabeth Harris, Director, CHETRE, to develop a *NSW Health and Equity Statement*.

A project management group, chaired by the Director-General of NSW Department of Health, was established;

the Chief Health Officer and Deputy Director General, Policy are also members. Two reference groups, one comprising external stakeholders and the other made up of internal Department of Health stakeholders, were formed to provide advice to the project team.

To broaden input to the project and build support for the *Statement*, the Chief Executive Officers (CEO) of most Area Health Services in NSW have been interviewed, and a series of forums for Area Health Service and Department of Health staff have been held across NSW. These were interactive workshops that presented important information from the Australian and international literature, identified potential strategies and encouraged the input of 'equity champions' in the health system.

## **AIMS AND OUTCOMES**

The *NSW Health and Equity Statement* will provide advice to the NSW Department of Health and Area Health Services on action they can take to redress health inequalities. The aims of the statement are to improve the health of all people in NSW and to reduce the gap between those people with the best and poorest health, especially indigenous peoples. The statement will promote the inclusion of an equity focus in the day-to-day core business of the health system, and provide strategies that build on existing initiatives and directions and can be adopted at all levels of the health system. While fine tuning of strategies and monitoring of progress will be essential, it is not intended that specific equity-improvement projects will be established.

Five equity-promoting strategy areas were established early in the life of the project and a technical working group was formed for each one:

- *Strong Beginnings*: focusing on the early childhood years where there is strong evidence that the ante-natal period and the first eight years of life are crucial in securing long term good health outcomes;
- *Increased Participation*: building on existing work of the NSW Health Council to realise the potential of patient involvement and community management in health services to improve health outcomes;
- *A Focus on Place*: looking at ways in which services can best be delivered to meet the needs of a specific community taking into account changes in the physical, social and economic environments in which people live to create better living environments;
- *Regional Planning and Intersectoral Action*: increasing the capacity of the health sector to work with others on specific projects or through new organisational and funding mechanisms;
- *Organisational Development*: increasing the capacity of the health system, including non-government organisations and communities, to reduce health

inequalities through improved systems and infrastructure.

Following early consultations another focus area was added: *the allocation of health resources*.

It is expected that the project will produce a number of resources:

- the *NSW Health and Equity Statement*, which will outline a set of practical steps to be taken over the next five years to tackle health inequality;
- a targeted literature review in each of the five original strategy areas;
- a report on the findings of the interviews with the CEOs and the workshops.

The project is expected to be completed and the statement released by the end of 2001.

### SUMMARY

The *NSW Health and Equity Statement* is an early and significant step in the journey to improve health and reduce the gap between people with the poorest and best health in NSW.

The statement complements *Healthy People 2005* and has the support of the Director-General, the Departmental

Executive and the CEOs of urban and rural Area Health Services. Although the statement will focus on what the NSW health system can do to reduce inequalities during the next five years, over time it will be important to extend the work to the social determinants of health that operate outside the usual responsibilities of the health system.

### REFERENCES

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## MANAGING A TOBACCO CONTROL PROGRAM IN NSW CORRECTIONAL CENTRES, 1999–2001

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Tobacco smoking remains the leading cause of premature death and the number one preventable public health problem in Australia and in most developed countries.<sup>1</sup> Unlike the trends in the general population, where a decreasing prevalence has been observed over the past 30 years,<sup>2</sup> smoking prevalence among inmates of Australian correctional centres remains consistently high, with over two-thirds of the inmate population being regular smokers.<sup>3</sup> This article describes a tobacco control program implemented in NSW correctional facilities from May 1999 to April 2001. The future directions of the program are also discussed.

### PROGRAM STRUCTURE AND ACTIVITIES

The Tobacco Control Program (TCP) is jointly planned and monitored by the Corrections Health Service (CHS) and the Department of Corrective Services (DCS). At each correctional facility, the program is implemented by alcohol and other drug workers from DCS, and clinic nurses from CHS. The aims of the TCP are to:

- reduce the uptake of smoking;
- reduce tobacco consumption;
- promote smoking cessation;
- protect non-smokers from environmental tobacco smoke;<sup>4</sup>
- provide viable accommodation options for non-smoking inmates.

The TCP promotes non-smoking as the social norm while ensuring that its tobacco control activities are anti-smoking without being anti-smoker. It is not a tobacco prohibition program.

Between May 1999 and April 2001, the following activities were undertaken as part of the TCP:

- raising awareness about tobacco and health;
- prevalence studies of tobacco use among inmates;
- an attitudinal survey of staff and inmates;
- a pilot program of smoking cessation and support.

### RAISING AWARENESS ABOUT TOBACCO AND HEALTH

Historically, correctional facilities have been neglected in tobacco control initiatives, at both state and national