2. *IN ALL FAIRNESS* : INCREASING EQUITY IN HEALTH ACROSS NSW

MESSAGE FROM THE DIRECTOR-GENERAL

It is well known that the burden of disease and disability falls more heavily on some people than on others, and that the good health experienced by many is not shared by all. Many of the factors contributing to poorer health are also well known. Some factors lie beyond the reach of any public health system to address, but a number of them are within our grasp.

Equity has for many years been a guiding principle for NSW Health. *Strengthening Health Care in the Community, Ensuring Progress in Aboriginal Health*, and *Healthy People 2005* are just three examples of important initiatives that have adopted a holistic approach to addressing the health needs of people in their living environments, and targeting services to those with the greatest needs.

The NSW Health and Equity Statement *In All Fairness* adds to the significant and growing body of work nationally and internationally, presenting a compelling case for focusing our efforts on reducing the gap in health between the most and least disadvantaged in our community. It is a timely opportunity for the NSW health system to affirm our commitment to fairer health outcomes, to review our efforts to date, and to chart the way forward.

In All Fairness prompts us to use an 'equity filter' in looking at the way we plan, fund and deliver health care. It also provides a signpost for future directions in the NSW public health system, where equity considerations will exert even greater influence on the way we do business.

Of course, the achievement of sustainable improvements in the health of the most disadvantaged in our society will depend on working together with the full range of government and non-government agencies, and this must in itself be another focus of action.

I am confident that our commitment to action and the clear directions provided through *In All Fairness* will result in an even stronger and more sustainable effort throughout NSW Health to increase equity and improve health outcomes for all the people of NSW.

Robyn Kruk

WHAT DOES EQUITY IN HEALTH MEAN?

Generally speaking, people living in NSW enjoy good health and have access to some of the best health care services in the world. There are, however, certain groups in our society who have poorer health than others. Some differences are due to genetic or biological variations and/or result from personal lifestyle choices. Other disparities in people's health are not so easily explained.

There is a wealth of evidence to indicate that socioeconomic factors such as how much we earn, what our job is, and what level of education we attain, have a profound influence on our health. There is also increasing evidence that various psychosocial factors such as the quality of our friendships and other social relationships can influence our health.

The latest *The health of the people of New South Wales: Report of the Chief Health Officer, 2002* documents evidence of differences in health related to a number of factors including Aboriginality, country of birth, rurality, socioeconomic status, and incarceration. It provides statistical evidence of differences in the prevalence of various diseases and risk factors for disease between the most and the least disadvantaged groups in NSW.

When we talk about 'equity in health' we're actually talking about *fairness*. Equity in health involves all efforts, both within and beyond the health system, aimed at improving life opportunities for those people who are most disadvantaged, so they have the best chance of achieving and maintaining good health.

Governments have for many years recognised the importance of ensuring access to clean water, adequate housing, and sanitation as being fundamental prerequisites for good health. Advances in clinical practice and medical technology have also enabled the health system to better diagnose and treat many diseases, and to know more about certain risk factors for poor health.

These advances have undoubtedly resulted in significant increases in life expectancy and general improvements in population health.

An equity approach recognises that:

- not everyone shares the same level of health or level of resources to improve their health;
- in working towards more equitable health it is important to respond to people with differing needs in different ways.

There is evidence that the health gains realised over the past several decades have not been equally shared across the entire population. Despite these many advances there is still a health 'gap' between those people with the best and poorest health in NSW, which is related to the broader socioeconomic determinants of health.

We know there are differences in factors such as how long you will live, what you will die of, and even at what age you will have your first baby, which are related to socioeconomic status and degree of disadvantage.

People from the most disadvantaged groups in our community:

- have the highest rates of exposure to risk factors such as smoking, substance abuse, physical inactivity, and poor nutrition;
- make the most use of primary and secondary health services but the least use of prevention and health promotion services;
- are much more likely to die earlier and experience higher rates of illness and disability than people from the least disadvantaged groups.

(From Turrell and Mathers, Socioeconomic status and health in Australia, *Med J Aust* 2000; 172: 434–438.)

'… equity in health is not about eliminating all health differences so that everyone has the same level of health, but rather to reduce or eliminate those which result from factors which are considered to be both avoidable and unfair. Equity is therefore concerned with creating opportunities for health and with bringing health differentials down to the lowest levels possible' (Whitehead M, *The concepts of equity and health*, World Health Organization, 1990).

WHY HAVE A HEALTH AND EQUITY STATEMENT?

Achieving 'fairer access' is a goal for NSW Health. A range of policies and programs have been developed and implemented to reduce health inequalities across a range of health issues and specific population groups.

The NSW Health Council reinforced this commitment in its March 2000 report by stating 'we believe that everyone in NSW should have equitable access to quality health care for comparable need'. The Health Council highlighted the 'need to reduce the social, economic and environmental factors which lead to poor health' (Executive Summary; xiii–xiv).

In All Fairness has been developed to provide a point of reference for the NSW health system to gauge our current strategic directions, policies and programs in terms of reducing health inequities. It also allows us to build on the good work already being done by acting as a platform for planning and decision-making within the NSW health system to reduce health inequities.

The yardstick for the Statement's success will be measurable changes in health service delivery and a reduction in the gap between those with the best and poorest health in NSW.

PRINCIPLES UNDERPINNING THE *NSW HEALTH AND EQUITY STATEMENT*

Core value: Equity in health is fundamental to the work of the NSW Department of Health and Area Health Services, and is taken up within universal and targeted services and programs.

Universal and targeted action: Specific action must be taken to reduce the gap between those who are most and least disadvantaged, while continuing to improve the health of all people.

Resourcing: Action will require long term commitment and adequate levels of resources.

Partnerships: Are essential for effective action to address health inequalities within the health system and with local communities and other government and non-government organisations.

Cultural diversity: The diversity of cultural and linguistic backgrounds of the people of NSW is valued and should be reflected in approaches to program development and service delivery.

Evidence based: Evidence of effective action needs to be demonstrated through investing in innovation and regular evaluation of policies and programs.

WHAT ARE SOME OF THE FACTS AND FIGURES ABOUT HEALTH INEQUALITIES IN NSW?

Socioeconomic status (SES) is a major indicator of health outcomes in all societies across the world. People from lower SES groups consistently have the worst overall health, and health status significantly improves as SES increases.

The health of the people of New South Wales: Report of the Chief Health Officer, 2002 suggests that over the last two decades the rate of health gain in NSW has been considerably greater for people from the highest SES group compared with those in the lowest SES group, and the rest of the population. Although premature death rates have dropped for both males and females across all SES groups in NSW over this period, the rates of decline have not been evenly shared across different SES groups.

Figure 1 shows the percentage difference in premature death rates between the highest and lowest SES groups

FIGURE 1

PREMATURE DEATHS: PERCENTAGE DIFFERENCE BETWEEN LOWEST AND HIGHEST SOCIOECONOMIC GROUPS, NSW 1980–2000

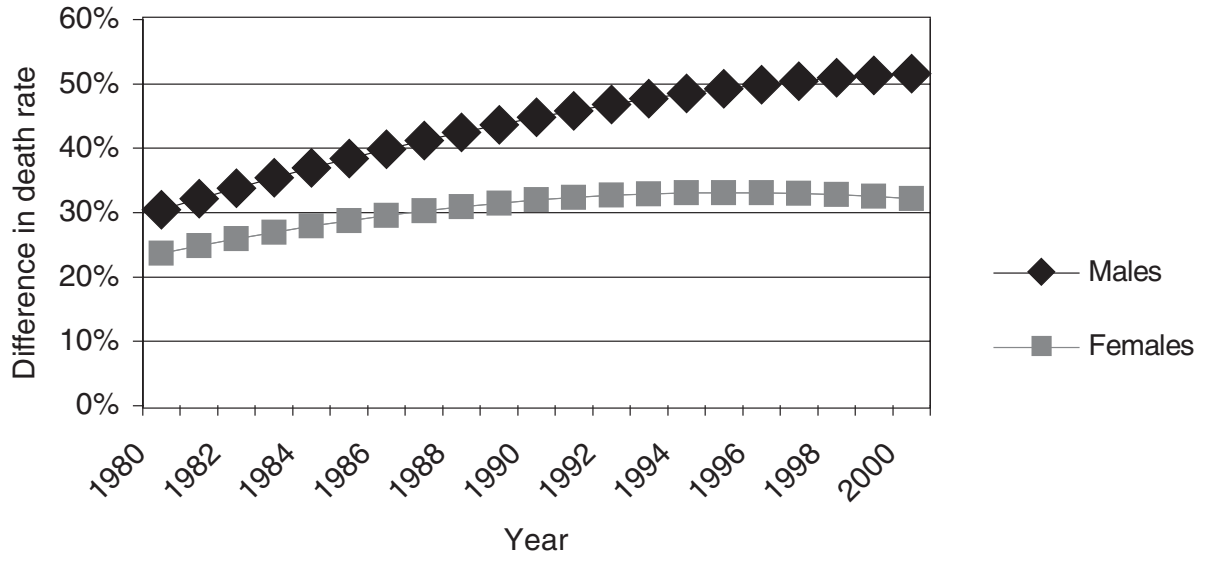
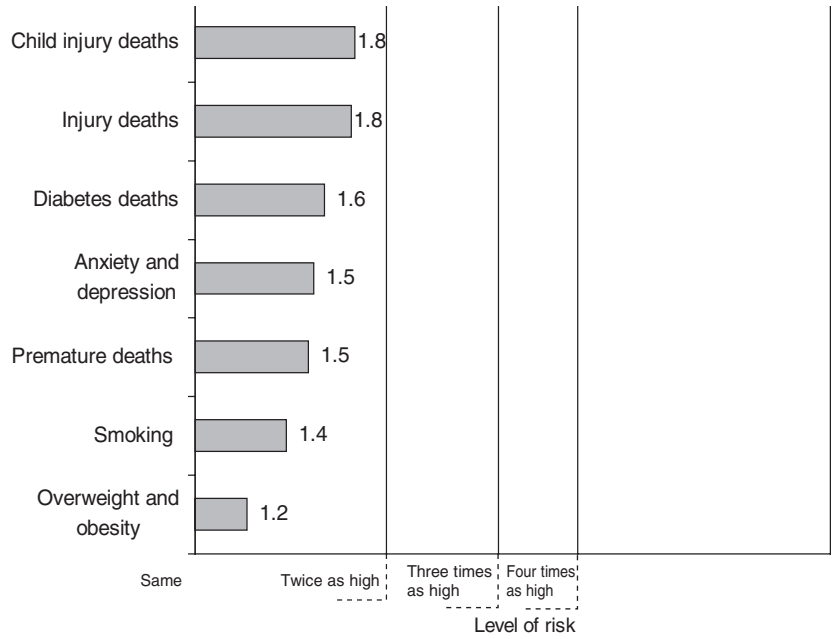


FIGURE 2

HEALTH DISADVANTAGE OF LOWEST SOCIOECONOMIC GROUP COMPARED WITH THE HIGHEST FOR SELECTED INDICATORS BETWEEN 1997 AND 2000, NSW



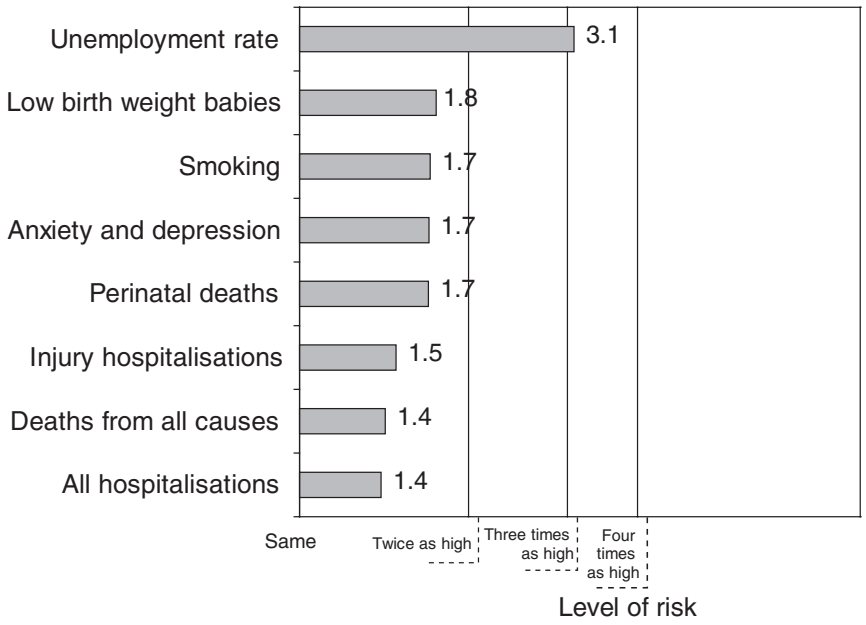
between 1980 and 2000. We can see that the relative difference in death rates between these two groups has actually increased for both males and females, and that the gap is larger for males than females.

In 1980, the premature death rate in the lowest SES group was 24 per cent higher for females and 30 per cent higher for males than in the highest SES group. By 2000, these rates had increased to 32 per cent higher for females and 52 per cent higher for males.

Similarly, Figure 2 compares the relative health disadvantage between the highest and lowest SES groups across certain selected indicators. It shows that people from lower SES groups have a higher prevalence of health risk factors (for example, smoking and obesity) and poorer

FIGURE 3

INDIGENOUS HEALTH DISADVANTAGE COMPARED WITH NON-INDIGENOUS



health outcomes (for example, anxiety and depression) than people from higher SES groups.

Aboriginal health

The differences in health status between Aboriginal and non-Aboriginal people is the most extreme example of health inequalities across Australia and within each state.

Life expectancy for Aboriginal people is roughly 20 years less than for non-Aboriginal people. In 1998–99 an Aboriginal boy could expect to live on average to 56 years and an Aboriginal girl to 64 years. These figures are comparable with life expectancies experienced by the non-Aboriginal population in the early 1900s.

Figure 3 highlights the health disadvantage experienced by Aboriginal people living in NSW across a range of selected indicators.

Rural and urban

Table 1 shows the difference in life expectancy between people in the most and least disadvantaged SES groups living in rural and urban areas of NSW.

While it is acknowledged that areas of disadvantage exist within both urban and rural areas, there are significant inequalities in life expectancy when comparing rural and urban populations generally. Males born in one of the most disadvantaged rural areas of NSW (for example, the Central Darling Local Government Area) can expect to live on average 14 years less than a male born in one of the least disadvantaged urban areas (for example, the Ku-ring-gai Local Government Area).

TABLE 1

LIFE EXPECTANCY AT BIRTH IN NSW, 1994–1998

	Area of residence	Boys (years)	Girls (years)
Rural	Most disadvantaged	66	73
	Least disadvantaged	80	83
Urban	Most disadvantaged	70	79
	Least disadvantaged	80	86

WHAT ARE THE PRIORITY AREAS FOR ACTION IDENTIFIED IN THE STATEMENT AND HOW WERE THEY CHOSEN?

In All Fairness identifies six key focus areas as priorities for action to reduce health inequalities. Each focus area contains a series of strategic directions for implementation.

The first step in developing the Statement was a review of the literature both in Australia and internationally. The strategies are identified on the basis of a number of criteria including:

- evidence the intervention has an effect on reducing inequalities;
- a balance of 'early wins', intermediate benefits and longer term outcomes;
- a balance between risks and benefits;
- appropriateness in terms of culture, ethics, and community focus;
- tackles the social determinants of health and is broader than a purely clinical intervention.

SIX KEY FOCUS AREAS AS PRIORITIES FOR ACTION

Strong beginnings: Investing in the early years of life;

Increased participation: Engaging communities for better health outcomes;

Stronger primary health care system: The first point of contact with the health sector;

Regional planning and intersectoral Action: Working better together;

Organisational development: Building our capacity to act;

Resources: For long term improvement in reducing inequalities.

EXPLORING THE SIX KEY FOCUS AREAS

Strong beginnings: Investing in the early years of life

There is growing evidence that individuals who receive a good start in life enjoy significant long-term physical, mental and emotional health benefits. This begins with good maternal health, antenatal and postnatal care and ensuring an environment supportive of healthy development, particularly in the first eight years of life. As childhood experiences and the influence of families and peers are very important for developing future health-related behaviours, strategies need to be implemented which support mothers, their babies and families.

Example: *In All Fairness supports the NSW health system's participation and commitment to initiatives such as the Families First Strategy, which is the NSW Government's interagency prevention and early intervention strategy to support families in raising their children. A key element of Families First is home visiting by trained nurses following childbirth. Intensive home visiting programs are being implemented in disadvantaged areas, providing specialist antenatal and postnatal care services for young mothers and vulnerable families.*

Increased participation: Engaging communities for better health outcomes

There is increasing recognition of the value of people participating in decisions about their health and health services. A person's sense of wellbeing is directly related to the quality of their relationships and the amount of control they feel they have over their situation. There are a range of strategies empowering people and communities to identify problems and work together in developing solutions about things that affect their health.

Example: *NSW Health has established the Health Participation Council to advise the Minister, the Department and Health Services on consumer and community participation. The Council is one of the ways in which community members can have a say in decisions about the NSW public health system at a state level.*

A stronger primary health care system: The first point of contact with the health sector

For most people the first point of contact with the health system is the primary health care sector, whether through their general practitioner, a community health centre, or a health promotion program in a local shopping centre. There is evidence that those people and communities with the poorest health often have poorest access to health services and make least use of preventive health services.

Primary health care services need to work better together as a network, as well as with hospitals and other tertiary services, and to be more proactive and accessible in meeting the needs of local communities.

Example: *Through the Strengthening Health Care in the Community Strategy, NSW Health is funding the modelling of Primary Health Care Networks, involving consumers, community based providers from Health Services, GPs, specialists, other government and non-government agencies. These Networks will promote better coordination and integration of primary health care and improve access to these services.*

Regional planning and intersectoral action: Working better together

NSW Health must continue working with multiple partners to reduce health inequities. Effective collaboration across government and non-government agencies is essential for addressing the wider social factors that influence health, and for developing health services that are comprehensive and responsive to the range of people's needs. Planning and implementing strategies must involve action at all levels, from local communities, to local, regional and state agencies, and the Commonwealth Government.

Example: *NSW Health and the Department of Community Services as lead agencies have established a multi-agency–multidisciplinary Child and Family Team in Green Valley area of South Western Sydney Area Health Service. The model involves a total of 17 other government and non-government agencies providing services to children, young people and families affected by domestic violence, drug and alcohol abuse, child neglect and mental illness in the area. It aims to provide better case management and greater practical support in a more coordinated and timely way.*

Organisational development: Building our capacity to act

Efforts to reduce inequities in health must become even more central to the business of NSW Health. Planned improvements in systems and infrastructure are required to assist in building the NSW health system's capacity to reduce health inequities.

Health impact assessments are a useful way of evaluating the extent to which policies and programs developed by NSW Health contribute to reducing inequities.

Example: *An Aboriginal Health Impact Statement has been developed to ensure a consistent approach in the development of policy and program initiatives in Aboriginal health. It also provides a 'how to' guide for consultation and negotiation as well as a checklist for working with Aboriginal health networks and key stakeholders.*

Resources: For long term improvement in reducing inequalities

Health disadvantage and inequity develop over many years through a complex interplay of factors. Sustaining successful strategies for dealing with long-term difficulties depends on establishing realistic resourcing and timeframes. NSW Health is seen as a leader in seeking to distribute resources equitably. However, more must be done at all levels of administration.

Example: *The Health Need Index of the Resource Distribution Formula (RDF) has been revised to further refine the basis for allocating resources to Area Health Services. More work needs to be done, however, on developing internal resource distribution strategies within area health services to better promote equity of outcomes.*

HOW WAS *IN ALL FAIRNESS* DEVELOPED?

In All Fairness is based on a literature review and the results of a series of workshops and interviews held with individuals, groups and organisations within and external to NSW Health. The following two companion documents were also produced:

- Health and Equity: A Targeted Literature Review, which provides an overview of the evidence for effective interventions at reducing health inequalities;
- Integrating Equity into Practice, a strategies document that can be used as a toolkit to assist NSW Health to better develop services to reduce health inequalities.

A SHARED RESPONSIBILITY

Interventions to reduce health inequity generally involve multilevel interventions. No one individual or part of the health system will have responsibility for all of these actions (Harris E, Sainsbury P and Nutbeam D, *Perspectives on Health Inequity*, 1999)

IMPLEMENTING *IN ALL FAIRNESS*: HOW TO USE IT AND WHO NEEDS TO BE INVOLVED IN MAKING IT WORK?

NSW Health has a major role to play in doing all we can to reduce health inequities in NSW. *In All Fairness* provides a foundation for action at all levels of the health system.

It is intended that the key focus areas and strategies will provide an important impetus for the area health services to review existing initiatives using an 'equity filter'. The findings of such reviews should inform planning and decision making regarding resource allocation and service development and redevelopment.

Health services will receive seed funding to assist each of them to take action on the key focus areas. An equity consultant funded by the NSW Department of Health will be available to provide expert advice to health services in supporting these local efforts.

A starting point will be local profiles of health inequity developed by area health services as a part of their public health plans. These profiles will help to determine where action is required. *Integrating Equity into Practice: A Strategies Document for Addressing Health and Equity* will provide a practical guide to assist in local planning and decision making about what action to take in refining existing strategies or developing new approaches to improve health equity outcomes.

The goal of developing comprehensive and sustainable ways of reducing some of the underlying causes of health inequities cannot be achieved by NSW Health alone. We also have a role in advocating for interagency action that is beyond our control but not beyond our influence.

To do this we must work in partnership at all levels of the human services system with a range of interest groups, including communities, other government, and non-government organisations.

IMPLEMENTING *IN ALL FAIRNESS*: WHAT IS HAPPENING?

Equity Profiles and Public Health Plans

The area health services are developing and refining equity profiles for their populations, for use in the development of public health plans. These plans will contain specific strategies to reduce health inequities.

Health Impact Assessments

NSW Health has funded the NSW Health Impact Assessment (HIA) Project to explore the feasibility and scope of HIA in NSW and to identify the key areas where capacity needs to be developed. Phase 2 of this project is focusing on testing HIA in a NSW context through five developmental HIA sites. The Aboriginal Health Impact Statement is a specific tool also being developed to ensure a consistent approach to the development of Aboriginal health initiatives at the state and national levels.

Accountability for program impact

Consideration is being given to appropriate accountability mechanisms which provide for reporting on program impact using meaningful health equity indicators.

Equity workshop and funding
Equity workshops at state and local levels will be conducted following the Statement's release to discuss implementation issues. Seed funding will be available to facilitate local planning and action.

Health and Equity Symposium
A statewide Health and Equity Symposium will be held to showcase equity initiatives and learn from the experiences of the first 12 months in implementing the Statement.

THE ORGANISATIONAL STRUCTURE FOR ACTION

Implementation Review Committee
Executive-level Steering Committee chaired by the Director-General, NSW Department of Health, and involving independent and academic representation.

Equity Alliance
Operations group with NSW Department of Health and area health service representation.

Statewide Equity Network
A network of equity contacts in the area health services to work with the Equity Alliance.

Copies of *In All Fairness* may be downloaded from the NSW Department of Health website at **www.health.nsw.gov.au** .