



Health  
Sydney  
Local Health District



# EQUITY FEST

PEOPLE, PLACE AND PARTNERSHIPS

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# Addressing health inequities through collaboration – going beyond our limits

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## Inequalities or inequities in health?

Inequalities in health are differences that can arise naturally, randomly, or as a result of personal choices

Inequities, though, are differences that affect some social groups **systematically**, and that are judged to be unfair and unjust

because they arise from social treatment

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## What is 'social treatment'?

- A health service has a two strikes and you're out policy
- A local health district has a limited system in place to monitor changes in its population that means adapting to changing needs
- A clinician prescribes a complex medication regime to people with limited literacy
- A receptionist's body language suggests disapproval or disdain
- A health service is offered at times or in locations that are difficult for some people to attend
- People experience multiple problems that include poor health, but that are not within the mandate of the health sector alone, to resolve

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## What is noteworthy about the social treatment?

each of the decisions is made by people from within the health sector

- clinicians, technical or administrative staff
- managers
- the Board
- the Ministry of Health

## Inequities in health arise because

- we make decisions that mean that some social groups, *systematically*, do not receive health care services sufficient to meet their need;
- the health sector cannot make all the decisions that influence peoples' access to the resources and opportunities we need for our health and wellbeing.

Collaboration is essential to reduce inequities

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# Collaboration is

A process

- through which parties who see different aspects of a problem
  - can constructively explore their differences and
- search for solutions that go beyond the limits of their own organisation's mandate and their own vision of what is possible.

Easier said than done

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# NOCRAPS – a framework for working together effectively

- **Necessity** = reasons it is essential to collaborate
- **Opportunity** = an authorising environment
- **Capacity** = workforce + infrastructure + money
- **Relationships** = how to work together – structure, rules, and processes
- **Actions Planned, implemented and evaluated jointly** = deciding what is to be done, by whom, and doing it!
- **Sustainability** = evaluation of benefits to each and all + what is needed to sustain success

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# OPPORTUNITY

Can arise from:

- New idea, committed person/people
- New evidence – intervention, technology
- Shift in government or organisational policy or priorities
- Crisis

Can be created – over time, with persistence

Necessity + Opportunity = a platform upon which to base the  
authority to collaborate

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# CAPACITY

- Resources – money, technology, infrastructure – to maintain the relationship and to take action
- Resources – workforce – process skills, strategic and technical skills
- Resources – time, authority to invest in maintenance as well as joint action

Capacity + Relationships = platform to plan and implement actions and achieve and sustain positive results

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## NECESSITY

### The most important step is to articulate the **NECESSITY** to collaborate?

- What is the problem we're trying to solve? Who are the other parties involved? Are they as concerned as we are?
- What are causes of the problem? (There is always more than one).
- Is collaboration the only way to make progress?
- Is collaboration with communities the only way to make progress?

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## Why is it a necessity to work with communities?

- The ways our system is structured, which policies are given priority and investment, the ways our work is structured and what we're rewarded for – as individuals and as a whole system. The system is set up to satisfy the needs of the majority.

AND

- Worldviews – our beliefs, values, norms, our knowledge and experiences. We make assumptions and judgements based on these.
- They vary by age, culture, gender, occupation, religion, peer group and living and working environments.

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## Why is it a necessity to work together?

To clarify what communities are seeking from the health sector

- Respect, dignity, safety, and responsiveness to expressed need?
- Access to high quality health care services?
- Information that is relevant, comprehensible, timely?
- Communication through avenues and by people who are trustworthy – authoritative and respected?

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## And to understand what communities bring?

- Worldviews – beliefs, values, norms and assumptions
- Knowledge – of lived experiences, of current living conditions, and of the demands of and skills in living across cultural boundaries
- Access to community resources – people, infrastructure – reach
- Felt needs and priorities
- Skills in community organisation + technical advice
- Legitimacy – trust and respect

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## WHAT ARE CHALLENGES for communities in working with the health sector?

- Difference in power and capacity
- Differences in experiences in and expectations of health care
- Limited, formal representative structures
- Few opportunities to create shared meanings

### **What are challenges for the health sector working with communities?**

- Difference in worldviews, experiences, and understanding the impact of how we treat one another – message sent may not be the one received;  
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- Few opportunities to create shared meanings about problems and solutions;
- We engage with community members but not with formally-selected or appointed representatives

## What next, then? RELATIONSHIPS and Representation

**Recognise that it is a necessity** to collaborate with social groups to create shared meanings and create mechanisms through which to achieve that.

- Reflect on our own worldviews and recognise those of others – respect and value differences - dignity, freedom from discrimination – the ways in which we feel when participating in our society are critical to health;
- Devise structures, rules, and processes to formalise and value community representation; (**ask, listen, hear & act**)
- Support community structures that are representative of constituencies within communities.

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Necessity + Opportunity + Capacity + Relationships + Actions + Sustainability

Each of the steps in the NOCRAPS model is critical to collaborating effectively to reduce inequities in health

You are us!

We are one!

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