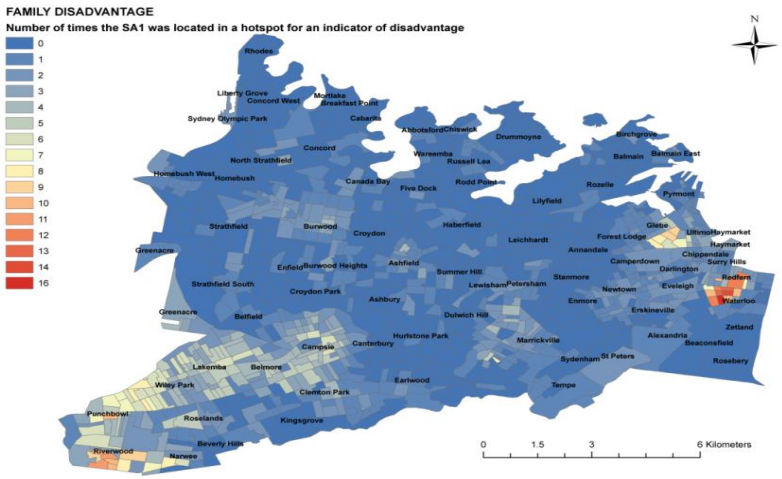
Sydney Local Health District
Health Equity Research and Development Unit (HERDU)

A Snapshot – July 2016

SLHD Health Equity Research and Development Unit (HERDU)

Access and equity are core values of the NSW Health system that drive a commitment to health for all in the Sydney Local Health District (SLHD). Despite this some groups of people and places in the District have shorter lives, more illness and higher levels of disability than the average in NSW. Places of high need are Canterbury LGA, Redfern/Waterloo and Riverwood. (See map). 107,000 people in the SLHD are in the lowest socioeconomic quintile.



Many staff, services. and programs in the SLHD invest significant personal and organisational resources to make high quality health services accessible to all residents of the District. Evidence has shown that there is a need to expand the role of the SLHD in identifying, reducing, and preventing health inequities.

HERDU is a unit of Population Health in Sydney Local Health District and a research hub of the Centre for Primary Health Care and Equity at UNSW Australia. HERDU aims to work with SLHD staff and with communities to improve the health of groups of people who do not have opportunities to receive the health care and resources they need to be as healthy as others in the population.

HERDU is working in four strategic directions:

1. Re-orienting local health services, policies and plans towards improving health equity.
2. Working with government, non-government, private and community organisations to identify and address the social determinants of health inequity.
3. Conducting high quality research to describe health inequities, translate evidence into practice, and evaluate the impact of interventions, policies and programs on health equity.
4. Developing leadership skills and capacities to increase health equity through training of SLHD staff, partner organisations and communities.

To achieve this HERDU is working with the leadership and staff of SLHD and in partnership with local organisations including the Primary Health Network. HERDU is building a small infrastructure of qualified and experienced staff, and engaging in national and international collaborations to conduct health equity research.

What is health equity?

The International Society for Equity in Health defines health equity as:

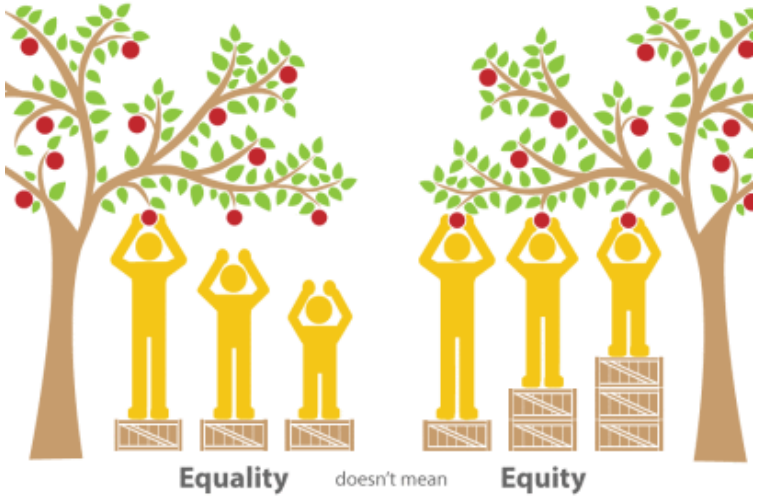
> *The absence of systematic and potentially remediable differences in one or more aspects of health across populations or population groups defined socially, economically, demographically, or geographically.*

Some differences in health occur as part of the normal life cycle, such as ageing. However, a large proportion of differences are due to the way social resources are distributed in society, leaving some people with unfair, unjust disadvantages that mean they require greater action on the part of the health system and other sectors to achieve the same level of health.

Factors responsible for health inequity include:

- Severely restricted choice of lifestyle and greater health damaging behaviours;
- Exposure to unhealthy, stressful, living and working conditions;
- Inadequate access to essential health and other public services;
- The tendency for sick people to move down the social and income scale; and
- Vulnerabilities due to inadequate support at transitional stages across the lifecycle (pregnancy, early childhood, youth and aged).

Some social groups are more likely than others to have poorer health outcomes that are a consequence of discrimination, or social exclusion.



There are many ways in which Health Services can take action to increase health equity including:

- Prioritising disadvantaged groups and locations in allocating resources and service locations;
- Improving equity of service use by removing or reducing barriers for those with fewer resources, knowledge or skills;
- Strengthening the knowledge and skills of service providers to communicate and meet the health needs of disadvantaged groups;
- Working with other sectors to increase disadvantaged groups' access to education, employment, transport and to safe, sustainable physical environments.

Who is HERDU?

HERDU was established in 2014. It now has a complement of four staff (2.4 FTE) including:

A/Prof Elizabeth Harris (Director 0.6FTE) is internationally known for her work in health equity especially for research addressing the health of unemployed people, Aboriginal children, disadvantaged communities and Health Impact Assessment (HIA).

A/Prof Marilyn Wise (Research Fellow 0.2 FTE) is internationally known for her work in health promotion and health equity.

Dr Karen McPhail-Bell (External Relations Advisor 0.8 FTE) is a qualitative researcher with experience in health promotion and policy, program management and decolonising methodologies.

Ms Jude Page (Service Development Manager) is experienced in health service development, evidence informed models of care, program evaluation and working with marginalised populations.

HERDU works in close collaboration with the senior executive of the SLHD Division of Population Health and draws upon expertise of colleagues from the Centre for Primary Health Care and Equity including A/Professor Elizabeth Comino who leads the research on the Ageing Cohort of the 45 and Up Study, A/Professor Terry Finlay and Professor Mark Harris who have provided input to the development of academic primary care as part of the Green Square Health One and Dr Jane Lloyd who has provided input on organisational health literacy.

HERDU is supported by an expert Advisory Committee and also draws on a range of expertise across the SLHD and CESPHN.

What is HERDU doing?

1. Re-orienting local health services, policies and plans to improve health equity

HERDU has implemented processes to assess the accessibility and delivery of health services through the use of Equity Focused Health Impact Assessment (EFHIA) and the STARS Equity App. This has helped to:

- Identify differences in patterns of use of services such as hospital in the home services across the LHD;
- Reinforce and prompt the inclusion of strategies to reduce inequities in SLHD policies and plans (e.g. Child Health Strategic Plan, Multicultural Services Plan, and Community Health Plan);
- Identify need for specific services such as bilingual community educators.

HERDU has also promoted models of care and policy development to prevent or reduce inequities including early childhood sustained nurse home visiting and integrated care between primary and secondary health services.

2. Working with government, non-government, private and community organisations to address determinants of health inequity

Together with Central and Eastern Sydney Primary Health Network (CESPHN) and SLHD Health Promotion Unit, HERDU has worked with immigrant communities through Can Get Health in Canterbury to provide training in mental health first aid and, with Rohingya

refugees and asylum seekers and the services and community organisations responsible for their health and wellbeing.

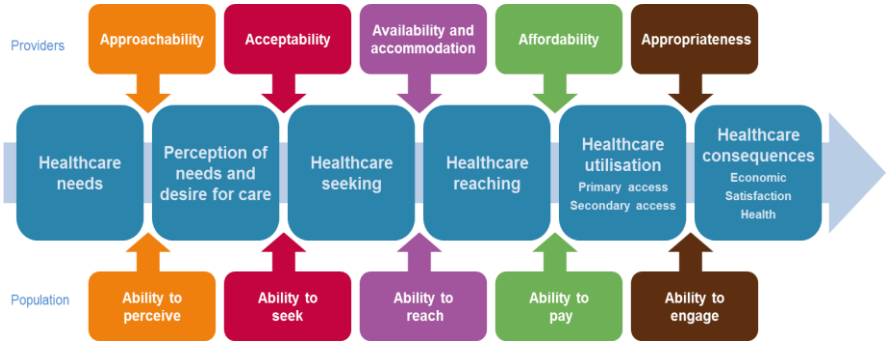
HERDU has also worked with:

- Human services agencies (supporting child and youth health plans);
- Local government and other agencies to enhance the positive health impact of urban development.

3. Conducting high quality research to describe health inequities and evaluate, translate evidence into practice, and monitor the impact of interventions, policies and programs on health equity

Together with CESPHN and SESLHD, HERDU has established an older persons' cohort as a subgroup of the 45 and Up Study cohort in NSW. HERDU also participated in a Universal Health Home Visiting review across several LHDs and in the conduct of baseline research for the Healthy Homes and Neighbourhoods Program.

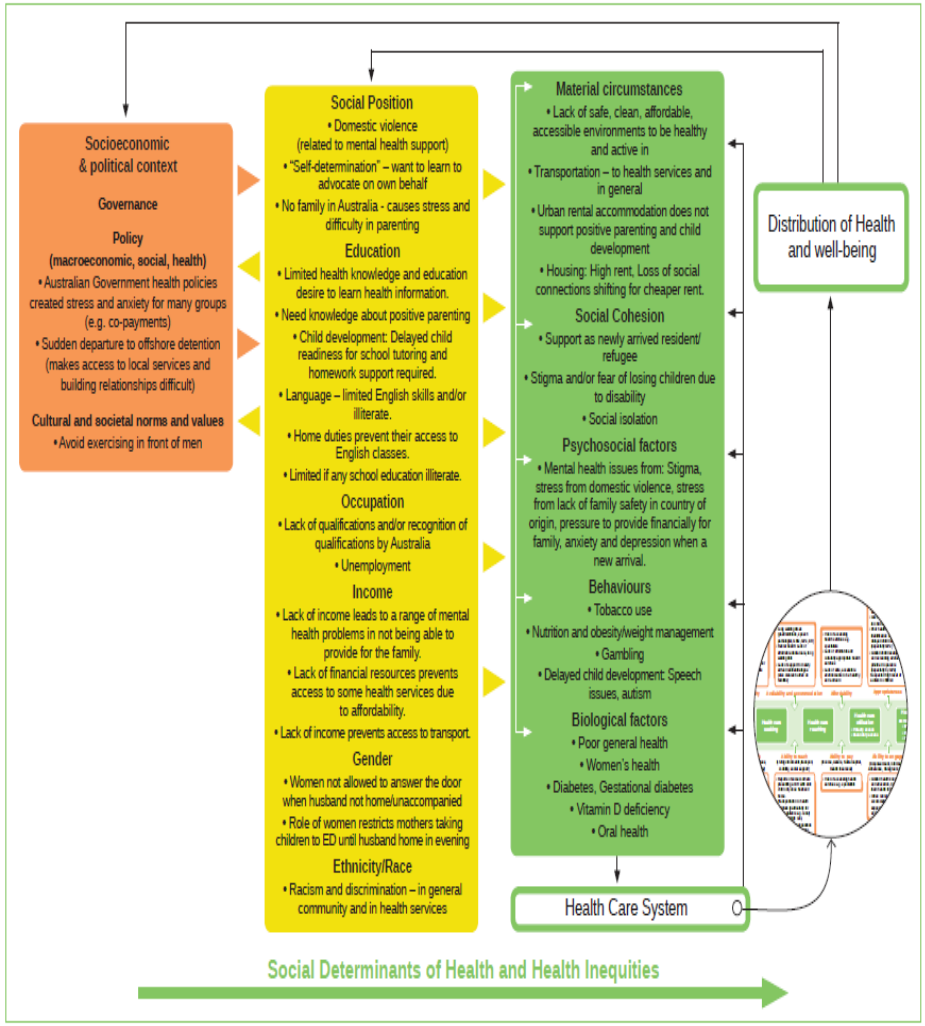
Together with CPHCE it is developing research to evaluate an initiative to develop the organisational health literacy of hospitals and community services and new models for increasing equitable access to health services.



Levesque JF, Harris MF, Russell G. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. IntJEiH 2013; 11:12:18

Based on consultations with community organisations and groups, HERDU staff developed an integrated model to describe the self-reported barriers to health care experienced by immigrant populations in the SLHD.

The responses were grouped and mapped onto the WHO framework linking social determinants of health and health inequities. (See over page).



4. Developing leadership, skills and capacities to address health equity through training of SLHD staff, partner organisations and communities

HERDU has:

- Secured free access for SLHD staff to relevant MPH Summer School programs at UNSW;
- Mentored four Learning by Doing projects being undertaken by SLHD services to assess and respond to inequities in the provision and delivery of services;
- Supervised research students examining refugee and immigrant health;
- Conducted workshops and symposia on health equity and equity related issues.

Kids don't Fly

The first phase of the Can Get Health in Canterbury was devoted to identifying entry points for action to reduce health inequities in Canterbury. One of the early findings was evidence from a partner in the Education sector pointing to the need for action to support early childhood development in the Bangladeshi community. A local Bangladeshi community member was invited to join the Can Get Health in Canterbury Advisory Committee to advise on ways forward.

Although there was strong support for initiatives to increase early childhood development with particular emphasis on increasing children's school readiness, the first issue raised by the community member was concern about young children falling from apartment windows or balconies. The issue arises particularly as a consequence of the design and quality of the construction of the high density, multistorey housing in which a large proportion of the Bangladeshi community in the SLHD lives (with no window locks; unsafe balcony railings). There was also limited information available to parents about the danger and about ways to reduce the danger.

A NSW Ministry of Health mass (and targeted) communication campaign on this issue, Kids Don't Fly, had been running for some time – but the translated materials did not include versions in Bangla. The CGHiC Project employed a Bangladeshi community development worker and worked with the NSW Ministry of Health and the Multicultural Health Communications Service to develop translated written resources; to attend multiple Bangladeshi and

multicultural community events to distribute the resources and speak with concerned parents; to canvass the views of local real estate agents to identify their perspectives on opportunities and barriers to the installation of window locks and safe balcony railings in all apartments under their control; and to insert short articles in the *Suprovat Sydney* newspaper to describe actions to make homes safer, and to reinforce the need to ensure children's safety.

What has HERDU achieved?

Over the past 3 years, HERDU has been able to make a significant contribution to improving the equity of access and delivery of health services in SLHD, and has made important contributions to enhancing the capacity of services to develop processes, policies and practices that will reduce inequities in health.

Significant achievements have included:

1. Increased emphasis on health equity in new policies and strategies developed by SLHD notably the SLHD strategic plan, the plan for Multicultural services and the cross agency child wellbeing plan.
2. Implementation and continuation of the Can Get Health in Canterbury project in partnership with the CESPHN. This has established long term partnerships with local organisations and communities including Arabic-speaking, Chinese, and Bangladeshi communities and Rohingya refugees and asylum seekers.
3. Plans for the training and deployment of bilingual community educators in Sydney and South Eastern Sydney LHD.
4. The establishment of the Central and Eastern Sydney primary and community care Aged Cohort a sub-study of the 45 and Up cohort. A feasibility study has been completed demonstrating its usefulness in understanding the impact of local interventions to improve the pathway from hospital into the community.
5. Teaching health services and individual health & human service professionals how to identify health inequity and to improve access to health and social services for disadvantaged groups.
6. New models of urban primary health care including the HealthOne being developed as part of the Green Square development.

Future Directions

HERDU will continue to build on existing programs and strategies and the focus for the next 5 years will include:

1. **Improving systems and strategies to address health Inequities**: Working with the local health system to build equity assessment in to all processes for planning, commissioning, monitoring, and implementation of services and programs. This includes the use of EFHIA and other tools, and new Access Models.

2. **Strengthening partnerships and collaborations:**
   Working across sectors with community organisations, local and state governments to increase health equity by influencing policies, plans, and services.

3. **Conducting high quality research and evaluation:**

a) Identifying and describing health inequities and their causes, and identify effective interventions to, for example, ensure ready access to health services for new immigrants in Canterbury.

b) Translating evidence into practice
   - Developing new evidence-based models of care to increase equity of access and outcomes; child health initiatives, Health One and community health workers;
   - Health Impact Assessments – identifying and predicting potential health impacts to inform equitable health development.

4. **Monitoring and evaluating the impact of interventions, policies and programs to reduce health inequities**
   - Reviewing Universal Health Home Visiting across LHDs;
   - Analysing linked data in a healthy ageing cohort to determine impacts of interventions to improve the continuity of care between primary health care and hospital services and the equity of access to services.

5. **Improving the capacity of the health workforce to undertake research and action to reduce inequities in health**
   - Improving access to high quality online and face to face teaching and learning;
   - Improving access to seminars and learning opportunities
   - Improving mechanisms for identifying and correcting inequalities in the delivery of services, and for increasing the equitable distribution of access to the social determinants of health by the most disadvantaged social groups in the SLHD.

6. **Providing Expertise and Leadership**
   Collaborating with national groups (including the CRE on the Social Determinants of Health) and international organisations (including WHO and IUHPE) on equity focused health impact assessment and immigrant and refugee health, and on effective interventions to reduce inequities in health.