Addressing inequity

Context

- Research suggests that clinical care influences only 16 per cent of a person's overall health and wellbeing, while socioeconomic factors, health behaviours, cultural factors, genetic factors, and the physical environment influence all health outcomes.[1]

- The Sustainable Health Review (SHR) Panel heard through a range of submissions and engagement events of the comparatively poorer health outcomes impacting some population groups.

- There is an unacceptable difference in the health status of many people in the Western Australian community. Aboriginal people, people living in country areas, people with mental health conditions, and people living in low socioeconomic conditions all experience poorer health outcomes and mortality rates than the rest of the Western Australian population.[2, 3]

- Additionally, the social determinants of health were raised as an important component of health outcomes. This describes all the factors that contribute to a healthier life including secure housing, education, employment, transport and the environment.[4, 5]

- Another key group that experiences variation in health outcomes is people with Cultural and Linguistic Diversity (CALD). This refers to the range of different cultures and language groups (other than English) represented in a population. Around 32 per cent of Western Australians were born outside of Australia and approximately 17 per cent of Western Australians were born in non-English speaking countries. To respond better to the health needs of CALD people, the WA health system needs to gain a better understanding of the health status and issues of different groups within the CALD population.[6]

- The *SHR Interim Report*[7] outlined recommendations and identified areas for further work aimed at improving health services for some of the key groups who experience health inequalities, in particular people with mental health issues, Aboriginal people, CALD people and people living in rural and remote areas.

- Recommendations for immediate action included reviewing the mental health clinical governance and improving the mental health service model. Areas for further work to improve services for cohorts were identified, including ensuring that mental healthcare can be delivered in the communities, improving country patient transport systems, establishing formal arrangements for patients in regional hospitals to have direct links to a metropolitan hospital and piloting the regional commissioning model in the Kimberley.

- There are complex interactions between health status and the broader social determinants of health, and the health system cannot work alone to improve the health status of Western Australians. There is a need for shared responsibility and partnerships, focused on improving the health of all people living in WA. This requires cross-sector and cross-agency collaboration and commitment, together with the community, to deliver appropriate services.

- Embedding the voices of consumers and carers in the planning, design and evaluation of services is the key to sustainable change in the health system.
- The *WA Aboriginal Health and Wellbeing Framework 2015-2030* outlines clear directions and priority areas to improve health and wellbeing of Aboriginal Western Australians. The importance of Aboriginal health workers in models of care is recognised across Australia, with calls for greater effort to improve recruitment and retention of this important workforce.[8]
- Working with CALD populations will enable the health system to develop a better understanding of the community's health needs.

Exemplars considered

A range of exemplars were identified throughout the course of the SHR in public submissions, Clinical and Consumer and Carer Reference Groups, Working Groups and in public forums. The following exemplars are indicative, however are not an exhaustive list of the exemplars considered throughout the SHR.

Telehealth

- WA has implemented Telehealth, using information and communication technology to provide healthcare across the State. Telehealth connects regional patients to healthcare professionals virtually, providing cost-effective clinical services closer to home, reducing access related issues and inequities in healthcare provision.
- There have been over 40,000 'virtual' clinical consultations across WA with Emergency Telehealth Service equipment being installed in more than 60 regional sites. The goal is that telehealth will become the mainstream practice in the future.

Western Australia Trachoma Program[9]

- Trachoma is an eye disease which is mostly found in regional and remote Aboriginal communities and is preventable with good hygiene practices such as the ability to wash effectively in the home environment.
- Through the WA Trachoma Program, Trachoma rates have reduced in remote and regional WA Aboriginal communities from 24 per cent in 2006 to 2.6 per cent in 2015.
- The reduction has been driven by a widespread screening program of children, the administration of antibiotics in endemic communities (mass drug administration) and surgery for any identified advanced disease state in adults. While mass drug administration of antibiotics has effectively reduced trachoma rates, elimination of this disease and prevention of any resurgence is entirely dependent on a sustained hygiene practices. WA has committed to Australia's goal of eliminating Trachoma as a public health issue in Australia by 2020.
- Australia has adopted the World Health Organization approach to trachoma control of Surgery, Antibiotics, Facial Cleanliness and Environmental health.

Women's Health Strategy and Programs[10]

- The Women's Health Strategy and Programs area and the Women and Newborn Health Service unit offers a range of coordinated initiatives that address Family and Domestic Violence (FDV) within WA Health. These include the development of statewide policies, guidelines, reference manuals, screening tools and information materials for responding to FDV and Elder

Abuse; state-wide education and training for WA Health staff on FDV (including e-learning and video conferencing); a range of health promotion activities (including a quarterly FDV newsletter and 'FDV Toolbox'), and the oversight and management of strategic partnerships between WA Health and other agencies.

- Other work includes the facilitation of the WA Health Family and Domestic Violence Advisory Group; the introduction of mandatory FDV screening in the King Edward Memorial Hospital antenatal, gynaecology and oncology areas; and a recent costing exercise to determine the fiscal burden of FDV on the WA health system.

Mirrabooka Multicultural Centre[11] and Girrawheen Hub[12]

- Facilities that provide space for community associations and to support families who have recently arrived in Australia are important for the CALD community. They can provide education workshops, mentoring programs, and space for community meetings and collaborations.

Strong Spirit Strong Mind Metropolitan Project[13]

- The Strong Spirit Strong Mind Metro Project is a prevention campaign active in the Perth metropolitan area which is focused on improving the range of alcohol and drug support services for Aboriginal people.
- The aim of the campaign is to reduce alcohol and drug related harm. There is evidence in support of expanding the program to be delivered across WA, with the approach being used to address other public health issues.
- Key findings from an independent evaluation conducted in 2017 found the following:
    - 'Eighty-four per cent of respondents indicated they had seen or heard the Campaign at least once.
    - Sixty-nine per cent of respondents indicated they were more aware of where to get help as a result of the campaign.
    - At least a quarter of respondents were aware of the Alcohol and Drug Support Line.
    - The best known sources for help, as a result of the Campaign were friends/family and the Meth and Alcohol and Drug Support Lines.
    - Sixty-five per cent of respondents were more aware of the harms of alcohol and drug use.
    - There is almost a universal and increased support for the continuation of the Campaign and little sign of campaign media and message wear-out.
    - There is increased recognition of the *Strong Spirit Strong Mind Metro Project* brand and campaign executions, as a result of the recommended changes, by Aboriginal young people.'[13]

Aboriginal Community Controlled Health Sector

- The Aboriginal Community Controlled Health Sector (ACCHS) delivers health services through a unique model of care to ensure culturally appropriate maternal and child health services aimed at improving the health of Aboriginal families and children.
- The Aboriginal community together with ACCHS identified a need for culturally appropriate services through engaging an integrated child health team that supports early childhood, including maternal child health development.

- The ACCHS integrated early childhood model of care provides holistic health services meeting the needs of newborn Aboriginal children and their families through supporting an integrated team of child health workers within the ACCHS.

Inala Community Health Centre, Queensland[(14)]

- In 1994 only 12 Aboriginal patients attended the Health Centre, despite Aboriginal people making up a significant proportion of the area's population. A community engagement process led to the development and implementation of strategies including employing more Indigenous staff, establishing a culturally appropriate waiting room and providing cultural awareness training to the health centre staff.
- In 2008, Inala recorded having 3,000 Aboriginal and Torres Strait Islander patients, and a visit to the clinic could involve a dietician, psychologist, social worker, midwife, chronic disease educator, or Indigenous health worker, as well as visiting specialists. The wide range of service provision enables seamless access.

Specialist Outreach Services[(15)]

- Specialist Outreach Services in the Northern Territory provided an innovative solution to ensuring remote Aboriginal communities received the care that they need.
- The outreach services delivered specialist services and overcame the barriers relating to distance, communication and cultural appropriateness of services. The services resulted in a fourfold increase in the number of consultations with people from remote Aboriginal communities.

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

health.wa.gov.au

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