Policy Frameworks
Supporting Information
MP 0185/24
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OFFICIAL

Health Equity (Culturally and Linguistically Diverse and Socioeconomic Status) Impact Statement and Declaration Policy Implementation Guideline

Contents

1. Purpose

This guideline supports the application of MP 0185/24 *Health Equity (Culturally and Linguistically Diverse and Socioeconomic Status) Impact Statement and Declaration (ISD) Policy* by providing practical guidance for WA health entities on:

- defining people of Culturally and Linguistically Diverse (CaLD) backgrounds and/or people living in lower socioeconomic (SE) conditions (see section 4)
    - For the purpose of this document, these two groups are collectively termed 'priority group/s'. WA Health recognises that these priority groups can be interconnected, and people may identify in one or both priority groups.
- defining significant initiatives (see section 5)
- information and resources to support embedding equity into significant initiatives (see section 9).

2. Policy context

The *Health Equity (CaLD and SE Status) ISD Policy* was developed in response to Recommendation 3 of the Sustainable Health Review (2019) (SHR). Recommendation 3 requires the WA health system to achieve equity in health outcomes and access to care with focus on:

3a) Aboriginal people and families in line with the *WA Aboriginal health and Wellbeing Framework 2015-2030*
3b) people of CaLD backgrounds
3c) people living in lower SE conditions.

The SHR identifies these three broad population groups as requiring immediate, priority focus, because they experience worse health outcomes compared to the Australian population by a range of measures.[1, 2, 3] These population groups are complex and varied. Not all individuals who identify as Aboriginal or of a CaLD background, and not all people living in lower SE conditions, experience inequity in health outcomes or barriers to accessing care.

The *Health Equity (CaLD and SE Status) ISD Policy* ensures that the intent of SHR Recommendations 3b and 3c are embedded in the development, implementation and review of **significant** health system initiatives. See section 6 for the types of initiatives this policy intends to capture.

3. Difference between Aboriginal Health ISD and Health Equity ISD

The MP 0160/21 *Aboriginal Health Impact Statement and Declaration (ISD) Policy* supports WA health entities to identify the needs of Aboriginal people, undertake effective stakeholder engagement and embed cultural safety whenever a policy document, health program or strategy is developed, reviewed, amended or discontinued. Through the Aboriginal Health ISD policy, WA health entities are supported to implement the *WA Aboriginal Health and Wellbeing Framework* and meet their policy obligations under the *National Agreement on Closing the Gap* and the *Sustainable Health Review*.

However, the *Health Equity (CaLD and SE Status) ISD Policy* requires health entities to provide a declaration for significant initiatives that are **intended to or could reasonably be expected to have an impact on** supporting equity for priority group/s, irrespective of budget. See section 5 for further guidance on how to define significant initiatives. The table below summarises the difference between these two ISDs.

	Aboriginal Health ISD	Health Equity (CaLD and SE Status) ISD
An ISD must be completed when:	A policy document, health program or strategy is developed, amended, reviewed, or discontinued, regardless of its perceived significance. HSP employees should also check if their HSP has mandated a broader scope through an internal HSP policy or guideline.	Developing and implementing significant new initiatives, or reviewing and making changes to existing significant initiatives, including, policies, programs, services, communications, infrastructure planning and development, projects and data collection.
An ISD does not need to be completed if:	An exemption has been granted by the relevant health entity's Aboriginal Health Strategy Unit or Department of Health's Aboriginal Health Policy Directorate.	The WA health entity determines the initiative is not significant.

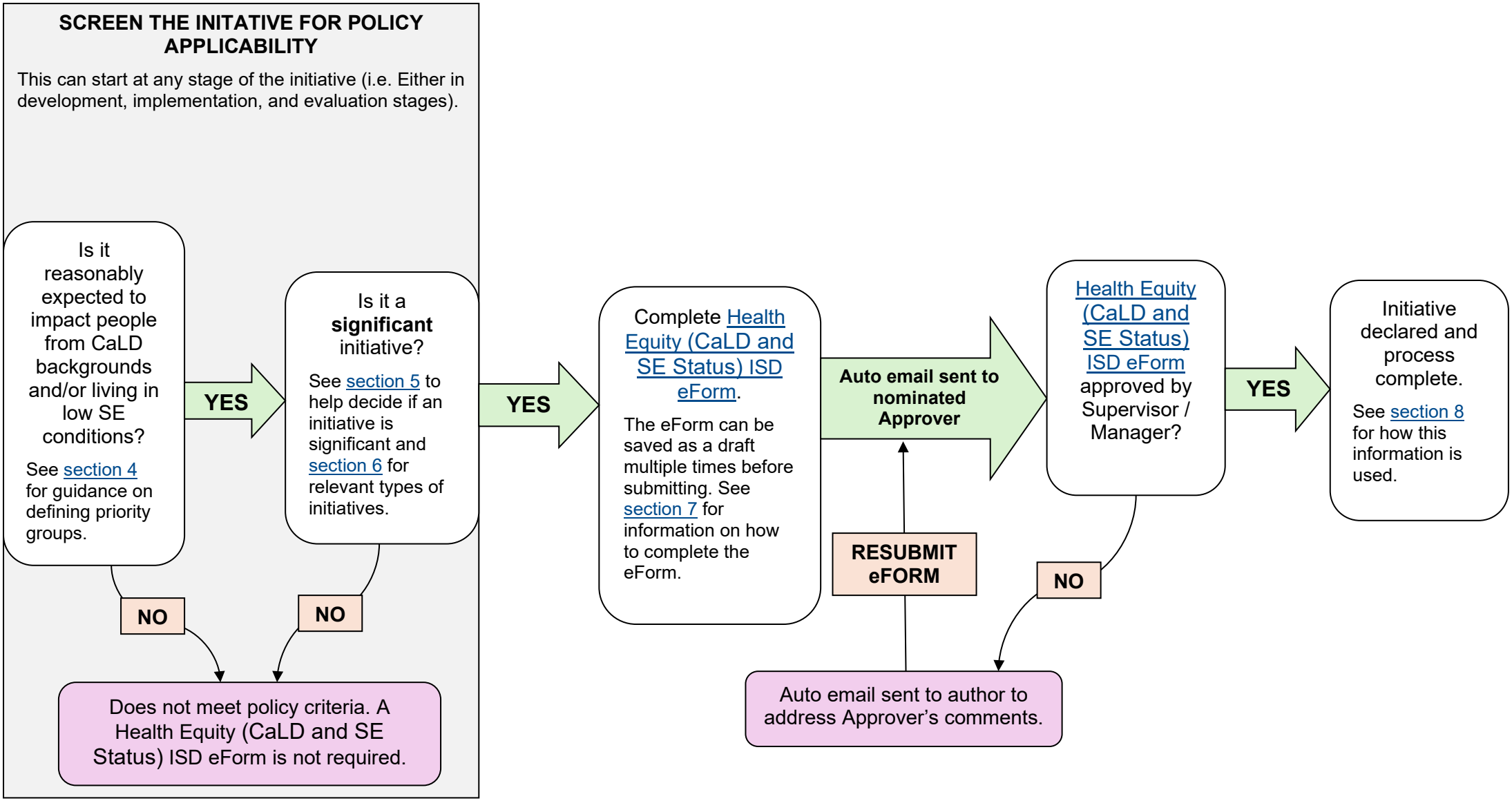
Do I need to submit both a Health Equity (CaLD and SE Status) ISD eForm and Aboriginal Health ISD eForm?

This policy is complementary to and does not replace the requirement to complete an *Aboriginal Health ISD eForm*. Completing the Aboriginal Health ISD eForm is mandatory whenever a health entity develops, reviews, amends or discontinues a policy, health program or strategy.

A Health Equity (CaLD and SE Status) ISD eForm should be submitted to declare a significant initiative. If Aboriginal people have specific needs that are related to the two priority groups (e.g. speakers of Aboriginal languages), managers can decide whether they wish to complete a Health Equity (CaLD and SE Status) ISD eForm as well.

Policy Implementation Overview

The diagram below provides an overview of the *Health Equity (CaLD and SE Status) ISD Policy* implementation process.



4. Defining priority groups

Definitions of priority groups are included in the *Health Equity (CaLD and SE Status) ISD Policy.* In health settings, individuals may belong to several priority population groups at once, and these overlapping identities, including cultural background, disability, care responsibilities, age, gender diversity, and social or economic conditions, can influence how people navigate services. An intersectional approach to planning and service delivery ensures that policies and programs respond to this complexity to enable more equitable outcomes.

The *Health Equity (CaLD and SE Status) ISD Policy* does not require health entities to undertake demographic analysis above and beyond their standard processes in planning for service delivery. It is understood that health system decision makers have a good understanding of the demography of their consumer base, in line with the requirements of their service agreements.

The following information is for general information and guidance only.

4.1 Socioeconomic disadvantage

The Australian Bureau of Statistics (ABS) defines socioeconomic advantage and disadvantage as a measure of 'people's access to material and social resources, and their ability to participate in society.'[1] This includes people who may have low income, education level, unemployed and / or jobs considered low skill. The ABS measures socioeconomic advantage or disadvantage using the Index of Relative Socioeconomic Disadvantage (IRSD), which summarises a range of information about the economic and social conditions of people and households within a geographic area.

A **low score** indicates relatively greater disadvantage in general. For example, an area could have a lower score if there are **many**:

- households with low income
- people with no qualifications, or
- people in low skill occupations.

A **high score** indicates a relative lack of disadvantage in general. For example, an area may have a higher score if there are **few**:

- households with low incomes
- people with no qualifications, or
- people in low skilled occupations.

IRSD is a useful guide when a health entity wants to target initiatives to disadvantaged areas. It is recommended in situations where one:

- wants to look at disadvantage and lack of disadvantage, or
- wants a broad measure of disadvantage, rather than a specific measure (such as low income).

4.2 Cultural and Linguistic Diversity

For the purpose of this policy, 'CaLD' refers to groups and individuals who differ according to religion, language, and ethnicity, and whose ancestry is other than Aboriginal or Torres Strait Islander, Anglo-Saxon or Anglo-Celtic.[2,3]

[1] Australian Bureau of Statistics. 2071.0 - Census of Population and Housing: Reflecting Australia - Stories from the Census. Socioeconomic advantage and disadvantage. ABS, 2016 (abs.gov.au) Accessed 02/08/23.
[2] CaLD Definition (omi.wa.gov.au)
[3] While WA Health recognises the rich cultural and linguistic diversity of the Aboriginal peoples of WA, this is addressed through the Aboriginal Health ISD Policy rather than this policy.

A range of information is needed to understand a person's CaLD identity, such as a person's country of birth, their ancestry and where their parents were born. It is also important to consider that these aspects may differ within CaLD groups. For example, people born in the same country may not identify with the same culture or speak the same language.

The ABS provides a nationally consistent framework for the collection and dissemination of CaLD data. Their Standard Set of Cultural and Language Indicators includes twelve data items; four of which form part of their minimum core set:

- country of birth
- Aboriginal status (noting that Aboriginal people are not considered 'CaLD' – the ABS collects separate data about the cultural and language diversity of Aboriginal people)
- main language other than English spoken at home
- proficiency in spoken English.

Health Service Providers currently collect these data items for health service consumers in WebPAS (Web-based Patient Administration System). Improving CaLD data collection across WA health system data collection systems is also a priority under Recommendation 3b of the SHR, and work on implementation of the new CaLD data items in WebPAS is underway.

Related resources

- **ABS IRSD Interactive Map**
  - Free information on IRSD across WA that can be broken down by Statistical Area Level 1 (SA1), Statistical Area Level 2 (SA2), Local Government Area (LGA), Postal Area (POA) and State Suburb (SSC). Further information on statistical areas is available here. Guidance on how to use the interactive map is available here, and detailed results are available from the Downloads tab.
- **Western Australia Parliamentary Library – Social Atlas**
  - Free census data based on the electoral boundaries in WA. Information such as income, wellbeing and diversity is available under the 'Social Atlas' tab.
- **Department of Health data sets**
  - The WA Health and Wellbeing Surveillance System (WA HWSS) provides insights into the health and wellbeing of adults and children in each Health Region. Requests for specific population-based information can be made to the Epidemiology Directorate by completing a data request form.
- **Search Diversity WA**
  - This WA Office of Multicultural Interests resource provides information on cultural and linguistic diversity across WA. This information can be broken down by electoral divisions and LGAs. Further statistics are available here.

5. Defining significant initiatives

Significant initiatives are initiatives that are **intended to or could reasonably be expected to have an impact on** supporting equity in the priority groups, irrespective of budget, and where it would reasonably be anticipated that there would be consultation, stakeholder engagement or other form of information gathering to guide the development or adoption of the initiative.

Significant refers to scale and likelihood of impact on priority group/s rather than (for example) amount of expenditure on a given initiative. There is no simple definition that will work for all health entities in all instances. For example, relatively inexpensive changes to signage and other visual cues may make a significant difference to accessibility for people with low English literacy.

The *Health Equity (CaLD and SE Status) ISD Policy* allows health entities to decide if an initiative is significant, to avoid unnecessary or unreasonable reporting requirements.

Completing a Health Equity (CaLD and SE Status) ISD eForm means that your health entity's initiative will be captured in the health system's reporting on progress against the SHR recommendations, and will demonstrate alignment with the system's overarching commitment to deliver a safe, high quality and sustainable health system for all Western Australians. See section 7 for information on when and how to complete the Health Equity (CaLD and SE Status) ISD eForm.

6. Types of initiatives this policy intends to capture

The policy is intended to be broad in scope, as many types of initiatives have an impact on and/or contribute access to care and equitable health outcomes. Examples include and are not limited to:

Initiative	Example
Policies Statement of intent and is implemented as a procedure or protocol.	• policies establishing minimum standards for enabling effective communication through language services for consumers and carers interacting with the WA health system. • policies eliminating discrimination when providing public services and promoting awareness of the needs of priority groups. • policies ensuring workplaces are free from discrimination and harassment, and promote equal employment opportunities.
Programs A set of related measures or activities that may be undertaken towards achieving a goal.	• public health education programs that include activities, messaging and resources which are inclusive of priority groups. • one-on-one or group community-based support programs implemented in communities and/or facilities designed to reach priority groups. • programs designed to deliver professional development, training and resources to build capability and competency of staff and stakeholders working with priority groups.
Services A system supplying goods, utilities, assistance or other helpful activity in order to fulfil a public need.	• services intended to assist with system navigation, improve accessibility and connections with support services. • telehealth and other outreach methods of service delivery to extend accessibility and provide care closer to home. • services administered by staff with specialised training in working with priority groups.
Communications	• implementation of inclusive communications and stakeholder engagement strategies.

Communication includes any method of information sharing through written, verbal or electronic means.	• physical and digital resources offered in multiple languages as part of a health service. • inclusive messaging and/or imagery used in campaign materials for health promotion and other public education or information programs.
Infrastructure planning and development Infrastructure includes building and engineering works that create an asset, including the construction and installation of facilities and fixtures.	• decision-making about siting of capital works may be based on meeting the needs of the demographics of a particular area. • facility design including layout planning or installing fixtures to provide specialised services to priority groups. For example, additional rooms with access to utilities to serve as short or long-stay accommodation. • providing facilities that accommodate different cultural needs associated with (for example) faith, food preparation, and toileting.
Projects A time limited activity that produces a change within the organisation.	• piloting a new service model to test ways of improving access or outcomes for priority groups. • redesigning a process or workflow (for example, referral pathways and patient information flows). • developing and trialling new tools or resources before wider implementation.
Data collections A collection of information that is recognised as having value for the purpose of enabling the WA health system to perform its clinical and business functions, which include supporting processes, information flows, reporting and analytics.	• collecting improved demographic data (e.g., language, cultural background, or socioeconomic indicators) to better understand the needs of priority groups. • implementing a new or updated data collection process or system to support more accurate reporting, monitoring or evaluation. • conducting a review or audit to identify gaps, trends or barriers affecting priority groups.

7. When and how to fill out a Health Equity (CaLD and SE Status) ISD eForm

It is recommended that completion of the Health Equity (CaLD and SE Status) ISD eForm is considered at the beginning of the initiative's development or review to help guide application of the policy. However, filling out the eForm can start at any stage of the initiative (i.e. Either in development, implementation, and evaluation stages). The whole Health Equity (CaLD and SE Status) ISD eForm can be viewed before completing it, and the form can be filled out and saved as the development or review of the initiative proceeds. This is easier than deciding at the end of development that the form should be completed and doing so retrospectively.

The Health Equity (CaLD and SE Status) ISD eForm is housed on REDCap (Research Electronic Data Capture), the data capture platform used by the WA health system for secure surveys and other data purposes. The reporting officer accesses the Health Equity (CaLD and SE Status) eForm using their HE number and password. All parts of the Health Equity (CaLD and SE Status)

ISD eForm must be completed, other than where it is specified that a response is optional. The form should take **no more than 20 minutes** to complete, and provides drop down menus, tick boxes and space for free text responses where appropriate.

If required, a fillable PDF of the Health Equity (CaLD and SE Status) ISD eForm is available to download to prepare, edit and seek approval for responses to the questions before officially submitting the eForm to a manager via REDCap.

You will receive a downloadable PDF copy of the Health Equity (CaLD and SE Status) ISD eForm once your manager has approved it. This should be saved in line with local record keeping procedures.

8. Use of information in the Health Equity (CaLD and SE Status) ISD eForm

The Population and Preventive Health Directorate, Department of Health, will collate the data received and prepare a summary annual report on behalf of the System Manager.

Information collected may form part of other health system reporting, for example in:

- mandatory regular reporting on the WA health system's progress in relation to Recommendations 3b and 3c of the Sustainable Health Review (SHR)
- reports prepared by the Sustainable Health Implementation Support Unit on activities undertaken that align with SHR recommendations
- Department of Health Annual Reports
- other internal and external public reporting as determined by the System Manager.

In collaboration with health entities, the System Manager may use information gathered from Health Equity (CaLD and SE Status) ISD eForms to demonstrate progress in, and promote examples of good practice across the WA health system as they relate to supporting equity in health outcomes and access to care in priority group/s.

9. Stakeholder engagement

WA health entities must ensure that appropriate stakeholder engagement is undertaken to inform the design, implementation and review of significant initiatives to ensure they meet the needs of the population and/or priority groups they serve. This policy does not mandate stakeholder engagement. It is a mechanism for capturing information on stakeholder engagement that is already occurring as part of usual processes when designing, making changes to or reviewing significant initiatives. Additional engagement with priority groups is not required if this has already been undertaken for related initiatives and the input is current and applicable to the initiative.

The Department and Health Service Providers provide site-specific information and resources about consumer engagement on their intranet service hubs to support in identifying and effectively engaging with stakeholders.

Resources

- The Department of Health's Working with Consumers and Carers Toolkit provides practical, accessible tools and resources that can be applied to any initiative across the WA health system.
    - The Working with Consumers and Carers Toolkit eLearning course moves through the stages outlined in the Toolkit to build capability for working with consumers, families, carers and the wider communities.
- Consumer engagement information hubs:
    - Child and Adolescent Health Service
    - Department of Health
    - East Metropolitan Health Service
    - North Metropolitan Health Service
    - South Metropolitan Health Service
    - WA Country Health Service
- The Office of Multicultural Interests' Engaging Culturally and Linguistically Diverse Communities is a guide for the wider WA public sector.
- The WA Council of Social Services' Lived Experience Framework outlines the principles and practices for working with people who have Lived Experience to inform any initiative.

Please contact your health service's Consumer Engagement team if you need additional guidance.

10. Additional information

10.1 What happens if an initiative is declared?

Information gathered through this process will give the System Manager a line of sight over initiatives intended to support the needs of priority groups, and help to inform WA health system policy and planning.

Health entities are responsible for determining whether this policy applies to their initiative(s) and whether a declaration is required. The policy owner does not investigate whether WA health entities are submitting declarations.

Completing a Health Equity (CaLD and SE Status) ISD eForm for significant initiatives may mean that:

- opportunities for health entities to demonstrate their commitment to, and to showcase good practice across the system are captured.
- the extent of effort being made by health entities and the health system more broadly is represented in annual reporting.
- examples of effective practice that could inform and strengthen system-wide approaches are captured.
- system-level understanding of progress against SHR Recommendations 3b and 3c is complete.

10.2 How does this policy fit in with WA Health Multicultural Policy Framework Action Plans?

The *WA Multicultural Policy Framework* (MPF) requires WA public sector agencies to develop multicultural plans and report on their implementation annually. The MPF is administered by the Office of Multicultural Interests (OMI), within the Department of Creative Industries, Tourism and

Sport. The Department of Health, and all health entities develop their own MPF Action Plans in alignment with the MPF's requirements, and report directly to OMI each year. A summary report is tabled in parliament by the Minister for Citizenship and Multicultural interests.

The MPF is broader than the *Health Equity (CaLD and SE Status) ISD Policy*, which is health system and health equity specific. However, the policies are aligned and complementary. For example, it is probable that health entity initiatives developed in alignment with the MPF priority area for 'culturally responsive policies, programs and services' would be significant, and appropriate for submitting a Health Equity (CaLD and SE Status) ISD eForm.

Health entities provide their site-specific multicultural plans on their intranet service hubs.

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1.0	1 July 2024	1 July 2025	Strategic Policy and Performance unit	Director, Population and Preventive Health	Original version
2.0	8 September 2026	8 September 2029	Strategic Policy and Performance unit	Director, Population and Preventive Health	Amendments as listed below.

- Title amended to include Culturally and Linguistically Diverse and Socioeconomic Status' and align with the policy's focus on health equity for 2 priority groups.
- Contents re-structured and formatted to improve flow and interactivity.
- New visual diagram outlining the policy implementation process.
- Clarified defining low SE, the Health Equity ISD eForm approval process, and stakeholder engagement requirements.
- Included additional resources for defining priority groups and guidance on consumer engagement.
- New Health Equity ISD eForm fillable PDF added to 'When and how to fill out a Health Equity ISD eForm' section.
- New 'Additional questions' section with existing questions added to it.

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