Health Equity (Culturally and Linguistically Diverse and Socioeconomic Status) Impact Statement and Declaration – Draft eForm

Instructions

This eForm must be completed for initiatives which the health entity considers to be **significant**.

Please complete this form to show that the needs of:

- consumers and carers of culturally and linguistically diverse (CaLD) backgrounds, and/or
- people living in low socioeconomic (SE) conditions

have been considered and incorporated during the development, implementation, review and changes to your significant initiative.

The Health Equity (CaLD and SE Status) ISD Policy is complementary to and does not replace MP 0160/21 *Aboriginal Health Impact Statement and Declaration Policy*. Health entities are required to submit an Aboriginal Health Impact Statement and Declaration for **all** health system policies and other relevant health initiatives.

Please refer to MP 0185/24 *Health Equity (CaLD and SE Status) ISD Policy* for further information before completing this form. The policy document provides definitions for terms used in this form, and further guidance is included in Supporting Information.

- Please provide brief information in dot point format if no drop-down menu is provided
- Please avoid the use of acronyms/abbreviations.

This form should take no more than 20 minutes to complete.

If you need help filling out this form, please email PPH.StrategicPolicy@health.wa.gov.au.

NOTE: This template is intended to be used as a tool for preparing, editing and seeking approval before officially submitting the eForm to a line manager via REDCap.

*Must provide a response

Health Service / Agency	
1. Please select your agency: *	Choose an item
2. Branch/division *	
3. Directorate/work unit if applicable *	
Contact details	
4. Family name *	
5. Given name *	
6. Email address *	

7. HE number (Numbers only) *	
Details of the initiative	
8. Title of initiative *	
9. Type of initiative (tick all that apply) *	☐ Policy ☐ Program ☐ Services ☐ Communications ☐ Building/other infrastructure planning and development ☐ Project ☐ Data collections
10. Priority group/s in which the initiative is expected to support equity in health outcomes and access to care (tick one or both) *	☐ People of CaLD backgrounds ☐ People living in low SE conditions
11. How will the initiative support equity in health outcomes / access to care? (Word limit: 250) *	
Engagement process	
12. Has engagement been undertaken with relevant stakeholders? *	Choose an item

12a. If you answered '**Yes**' to Question 12, please go to Question 13. If you answered '**No**' to Question 12, please say why engagement has not been undertaken (Word limit: 150) * Then **go to Question 20.**	
13. Which stakeholder group/s have you engaged with? (tick all that apply) *	☐ Government agencies ☐ Your agency's consumer stakeholder group/s ☐ Non-government organisation/s and / or peak bodies ☐ Consumers (people with lived experience) ☐ Health professionals ☐ Universities and/or research institutions ☐ Other (please specify) _____
14. Type of engagement (tick all that apply) *	☐ Workshop, forum, or meetings ☐ Working group or committee ☐ Public or targeted consultation (e.g. in-person, online via Citizen Space) ☐ Use of findings/outcomes from previous engagement/consultation ☐ Other (please specify) _____
15. Date(s) and/or period of engagement *	
16. Briefly describe key issues and/or needs arising from the engagement (Word limit: 250) *	

17. Briefly describe any actions taken to address issues and / or meet needs (Word limit: 250) *	
18. Did your engagement process include providing feedback to stakeholders on the outcome of the engagement? *	Choose an item
18a. If you answered '**No**' to the above question, please **go to Question 19**. If you answered '**Yes**' to the above question, please briefly describe what feedback you provided (Word limit: 250) *	

19. Please provide any additional information about the engagement process (if needed) (Word limit: 250)	
20. Please indicate how this initiative will contribute to supporting equity in health outcomes and access to care (tick all that apply)*	☐ Affordability *Removing financial barriers to access and strengthening financial enablers* ☐ Accessibility *Services are easily contactable, convenient to access and flexible in responding to community need* ☐ Availability *Establishing new or scaling-up existing services, includes supporting infrastructure, equipment and workforce capacity* ☐ Workforce capability *Upskilling staff to meet the needs of the community through training and professional development* ☐Partnerships and collaboration between services *Improving links between services within the health sector and beyond to support holistic care* ☐ Safety *Ensuring physical, psychological and cultural safety* ☐Appropriate communication and information *Communication that appropriately considers health literacy, culture and language* ☐ Other (please specify) _____

21. Is there any further information you would like to provide about your initiative? (Word limit: 250)*	

Declaration	
Contribution to supporting equity in health outcomes and access to care for consumers and carers of CaLD backgrounds and consumers and carers living in lower socioeconomic conditions has been considered in development / revision of this initiative.*	☐ I declare that I agree with this statement.
Approver Details	
Approver full name (manager / supervisor) *	
Approver email address (manager / supervisor) *	
Approver to Complete	
I have approved the Health Equity (CaLD and SE Status) ISD form.	Choose an item

Thank you for completing this Health Equity (CaLD and SE Status) ISD.

Receipt of your Statement and Declaration will be acknowledged, and will contribute to annual reporting on this policy.