



# Health Equity Impact Statement and Declaration Policy

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## 1. Purpose

The WA health system is committed to achieving equity in health outcomes and access to care with a focus on Aboriginal people, consumers and carers of culturally and linguistically diverse (CaLD) backgrounds and/or living in lower socioeconomic (SE) conditions. In this document, these population groups are individually and collectively termed 'priority group/s'.

The Health Equity Impact Statement and Declaration Policy (the policy) mandates the requirement to report on how the needs of consumers and carers in priority group/s have been considered and incorporated during the development, implementation, review and changes made to significant WA health system initiatives.

The policy aligns with recommendations 3b and 3c of the [Sustainable Health Review](#) (SHR), which prioritises the requirement for the WA health system to reduce inequity in health outcomes and access to care for people of CaLD backgrounds, and people living in lower SE conditions. The SHR notes that these priority groups are more likely to face barriers in accessing services.

It is acknowledged that both of these population groups are complex and varied. Not all people who identify as being of CaLD background, and not all people living in lower SE conditions, experience inequity in health outcomes or barriers to accessing care. Further, it is acknowledged that these priority groups can be interconnected, and people may identify in one or more priority groups which can increase their experience of inequity.

Consideration of equitable health outcomes and access to care for Aboriginal people is covered under [MP 0160/21 Aboriginal Health Impact Statement and Declaration Policy](#) and is not within the scope of this policy.

This policy is intended to support equity in health outcomes and access to care by:

- ensuring considerations for equitable health outcomes and access to care are embedded in the development, implementation, review and changes to significant initiatives
- ensuring that consumers and carers of priority group/s are consulted in the development, implementation, review and changes to these initiatives
- providing a central mechanism for collecting, sharing and promoting information about current or planned significant WA health system initiatives, through completion and submission of a Health Equity Impact Statement and Declaration (ISD) electronic form (eForm) by WA health entities.

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 health system policy and planning.

The Health Equity ISD eForm collects information about:

- which priority group/s the initiative is expected to support
- how the initiative will contribute to equitable health outcomes and/or access to care
- information about the consultation process undertaken, including the priority group/s consulted
- a summary of the consultation findings, including issues and/or needs identified, and actions taken to address these
- how the initiative will contribute to supporting equity in health outcomes and access to care for priority group/s.

The policy is a mandatory requirement for Health Service Providers under the *Clinical Services and Planning Policy Framework* pursuant to section 26(2)(c)(d) of the *Health Services Act 2016*.

The policy is also a mandatory requirement for the Department of Health pursuant to section 29 of the *Public Sector Management Act 1994*.

## 2. Applicability

This policy is applicable to WA health entities.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or Health Service Provider. The State of Western Australia or Health Service Provider contract manager is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

## 3. Policy Requirements

WA health entities must complete a [Health Equity ISD eForm](#) when:

- developing and implementing significant new initiatives, or
- reviewing and making changes to existing significant initiatives.

In this context, 'significant' refers to initiatives which are intended to, or could be reasonably expected to have an impact on reducing inequity in the priority groups, irrespective of budget. This policy allows WA health entities to decide if an initiative is significant, to avoid unnecessary or unreasonable reporting requirements.

Significant initiatives include:

- Policies – statements of intent which are implemented as a procedure or protocol.
- Programs – a set of related measures or activities that may be undertaken towards achieving a goal.
- Services – a system supplying goods, utilities, assistance or other helpful activity in order to fulfil a public need.

- Communications – any method of information sharing through written, verbal or electronic means.
- Infrastructure planning and development – building and engineering works that create an asset, including the construction and installation of facilities and fixtures.

A [Health Equity Impact Statement and Declaration \(ISD\) eForm](#) must be lodged by WA health entities to demonstrate that the needs of priority groups of consumers and carers have been considered and incorporated during the development, implementation, review and significant WA health system initiatives.

These priority groups must include;

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

WA health entities must ensure that appropriate stakeholder consultation with impacted priority groups is undertaken before the implementation or amendment to any new or existing initiatives.

#### 4. Compliance Monitoring

The Chronic Disease Prevention Directorate (CDPD) on behalf of the System Manager is responsible for maintaining the register of Health Equity ISD eForms, and for monitoring and reporting on the health system’s compliance with this policy.

The CDPD will collate the data reported in Health Equity ISD eForms and prepare an annual report for the System Manager at the end of each calendar year.

The annual report will provide, at a minimum, information on the number of initiatives, the types of initiatives, and the name of the submitting health entity. Once approved by the Director General, the report will be shared with all health entities.

#### 5. Related Documents

The following documents are mandatory pursuant to this policy:

- [Health Equity ISD eForm](#)

#### 6. Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this policy:

- [Health Equity Impact Statement and Declaration Guideline](#)

#### 7. Definitions

The following definition(s) are relevant to this policy.

Term	Definition
Carers	The <i>Carer’s Recognition Act 2004</i> defines a person as a carer if they provide ongoing care or assistance to: <ul style="list-style-type: none"> <li>• a person with a disability as defined in the <i>Disability Services Act 1993</i> section 3,</li> </ul>

	<ul style="list-style-type: none"> <li>• a person who has a chronic illness, including a mental illness as defined in the <i>Mental Health Act 1996</i> section 3,</li> <li>• a person who, because of frailty, requires assistance with carrying out everyday tasks, or</li> <li>• a person of a prescribed class.</li> </ul> <p>For the purposes of this policy the term carer also includes parents, guardians or people looking after children under 18 years of age and people who care for their parents. For people of CaLD backgrounds, the term may also include any family member who is available to take on the responsibility of caring for another member of the family, including extended family members.</p>
Consumers	Anyone who uses or may use health services, as well as their family and carers.
Culturally and Linguistically Diverse (CaLD)	People of CaLD backgrounds are those who are born in identified countries which are not mainly English speaking and who speak proficiently in a language other than English. Within this broad definition sit multiple and complex subgroups that may require additional support or have different needs. Not all people of CaLD backgrounds face inequity in health outcomes or experience barriers in access to care.
Equity	‘Equity’ is the absence of unfair, avoidable, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other dimensions of inequality
Initiative	‘Initiative’ refers to policies, programs, services, communications, and infrastructure planning and development.
Lower socioeconomic (SE) conditions	The Australian Census defines socioeconomic advantage and disadvantage as ‘people’s access to material and social resources, and their ability to participate in society.’ This includes people who may have low income, low educational attainment, are unemployed, or are employed in occupations that are classified as relatively low skilled. This composite definition is referred to as the Index of Relative Socioeconomic Disadvantage (IRSD). IRSD is further explained in the Guidelines. Not all people living in lower SE conditions face inequity in health outcomes or experience barriers in access to care.
WA health entities	WA health entities include:  (i) Health Service Providers as established by an order made under section 32 (1)(b) of the <i>Health Services Act 2016</i> .

	(ii) Department of Health as an administrative division of the State of Western Australia pursuant to section 35 of the <i>Public Sector Management Act 1994</i> .
WA health system	The WA health system is comprised of: (i) the Department; (ii) Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, PathWest Laboratory Medicine WA, Quadriplegic Centre and Health Support Services); and (iii) contracted health entities, to the extent they provide health services to the State.

## 8. Policy Contact

Enquiries relating to this policy may be directed to:

Title: Director, Chronic Disease Prevention

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## 9. Document Control

Version	Published date	Review date	Amendment(s)
MP 0185/24	1 July 2024	July 2025	Original version

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

## 10. Approval

Approval by	Sash Tomson, A/Assistant Director General, Strategy and Governance Division, Department of Health
Approval date	5 June 2024

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