

How NWMPHN identifies and tackles health inequities



Addressing health inequities is a complex process and requires long-term commitment.

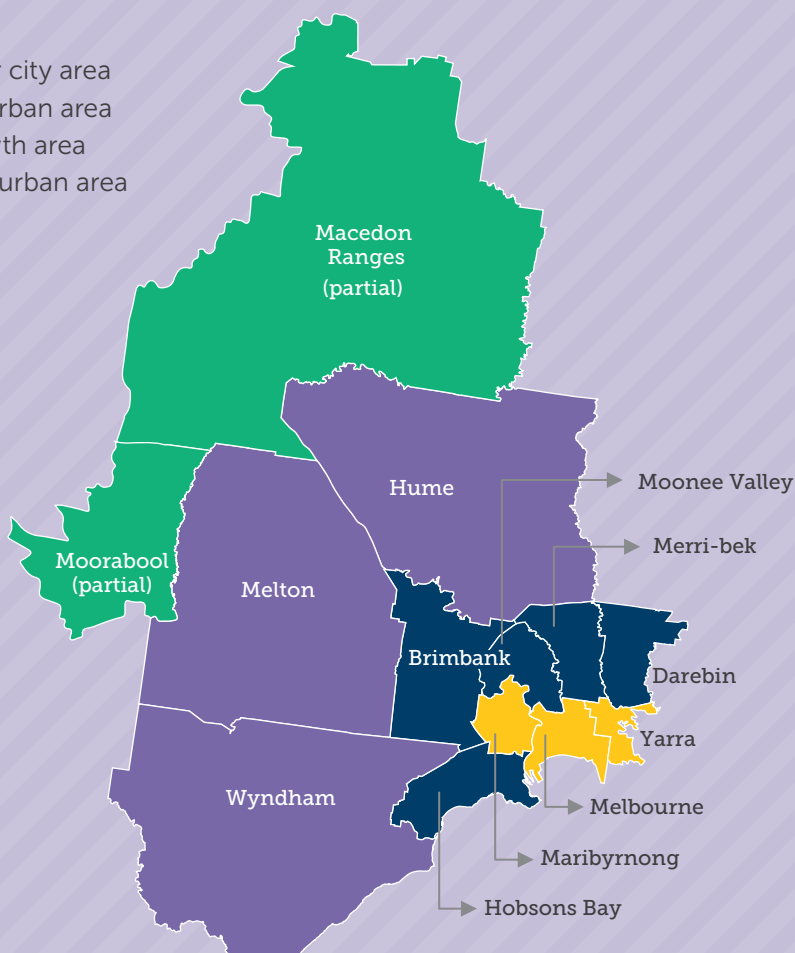
To guide this process NWMPHN developed its Access and Equity Framework 2021-2024. It provides a foundation for identifying, and addressing, inequitable health outcomes in the catchment.

We recognise that by working together we can create meaningful and ongoing change, using a

whole-of-organisation approach that:

- reduces barriers to health care access, especially for population groups likely to experience poorer outcomes;
- recognises that non-medical factors play a significant role in health outcomes.

- inner city area
- suburban area
- growth area
- peri-urban area



37%

of people living in the NWMPHN region were born overseas

40%

speak a language other than English at home

220

languages spoken

Index of Relative Socio-economic Disadvantage (IRSD) score

NWMPHN: 994
Victoria: 1010
Australia: 1000

Source: PHIDU 2021

The Access and Equity Framework embeds approaches that address health inequities for all community members through 6 priority areas:

- 1 Showing leadership and commitment to equity as a strategic priority
- 2 Embedding equity into everything we do
- 3 Using data and evidence to support action
- 4 Engaging with communities, including people with lived experience
- 5 Partnering with collaborators, and
- 6 Building capacity and developing skills.

Framework implementation is an ongoing and dynamic process, but already it has informed several important approaches to reducing health inequity.

These include:

Health Needs Assessments

NWMPHN uses the social determinants of health to analyse health status across the region, and to quantify overall need.

Equity-based funding distribution

Funding is distributed across the region based on the quantified need, in accordance with our health needs assessment approach. This approach distributes 40 to 50 per cent of funding based on population size, with the remainder determined by the social determinants of health.

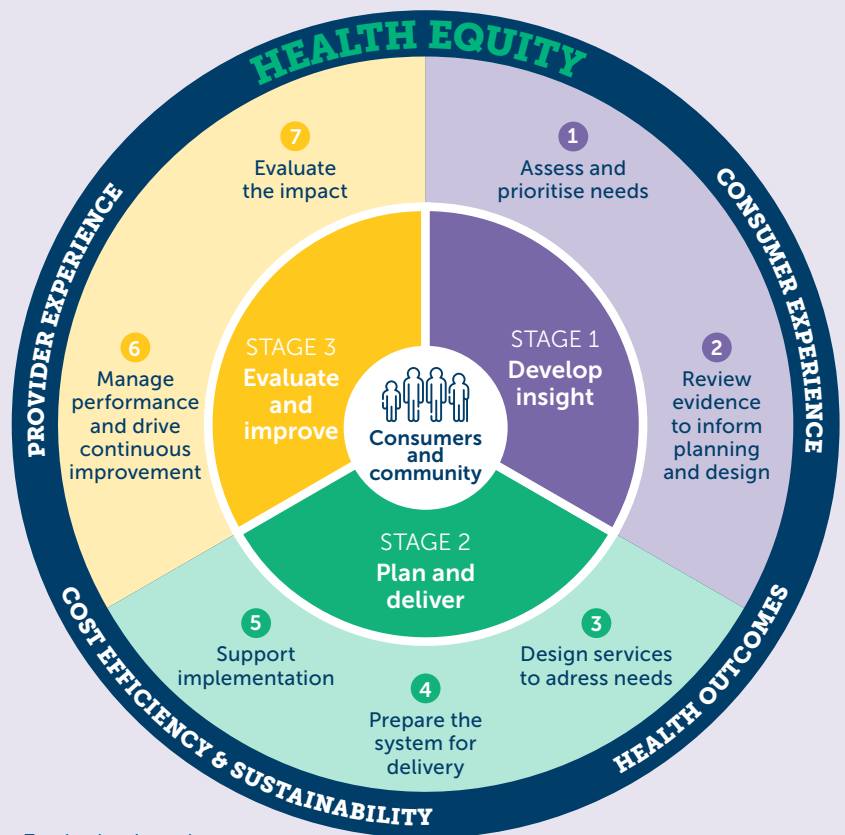
Cultural Responsiveness Assessment Tool (CRAT)

This approach supports commissioned providers to deliver culturally responsive and accessible services, and to improve equity and cultural safety for consumers from culturally and linguistically diverse backgrounds.

What have we learned?

As this process continues, it is modified by lessons learned. These include:

- Success depends on commitment and engagement by senior leadership and staff.
- Designated leads or champions can drive consistent and sustainable implementation.
- Embedding equity into an organisation requires clear governance and an authorising environment.
- Using health equity policy subject matter experts is essential for making the Framework robust.
- The Framework must be embedded into all other business practices.



Equity is pivotal to NWMPHN’s commissioning approach, pictured above.

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For more information

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