

Turning up the HEAT: Using an Equity Lens with District Health Boards

**Dr Louise Signal, Wellington School of
Medicine and Health Sciences and**

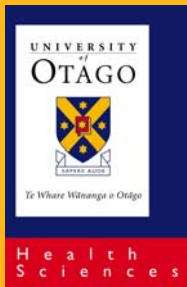
**Dr Ruth Richards,
Ministry of Health**

MANATU HAUORA



A New Zealand equity lens

- Report on use of a pair of tools to assess the health equity of policy and programmes
 - Health Equity Assessment Tool (HEAT)
 - Reducing Inequalities Intervention Framework (RIIF)
- Governments' commitment - consistent with initiatives internationally



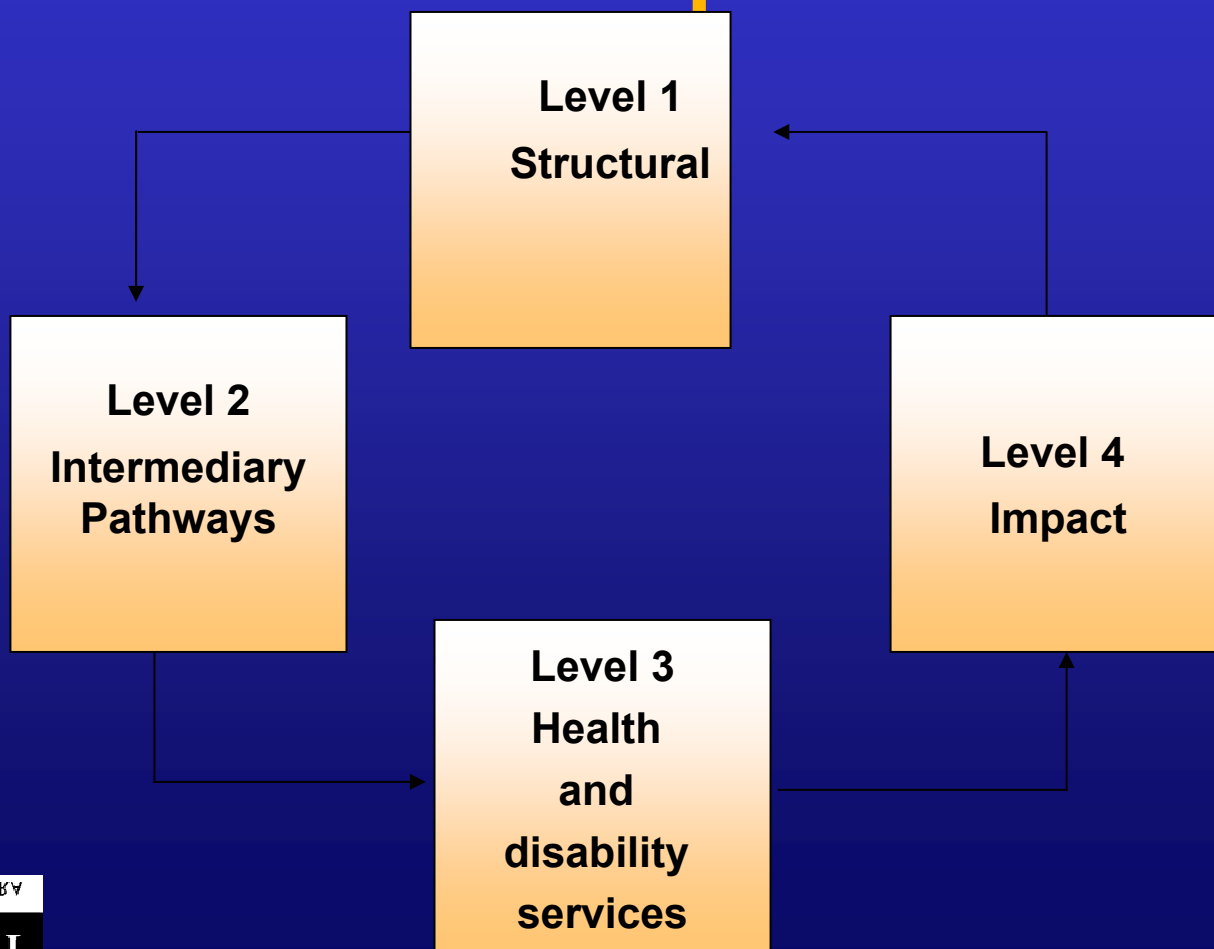
Ministry of Health response to Government commitment

- Reducing Inequalities in Health
 - Analyses health inequalities in New Zealand – well documented
 - Includes socio-economic, ethnic, geographic and gender inequalities
 - Explores how to intervene to tackle them

Tackling inequalities: From theory to action

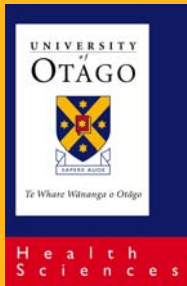
- Awareness-raising workshops with senior staff / boards DHBs and MoH
- Critical importance of key health goals
 - improving health
 - reducing inequalities in health
- Partnership between WSMHS and MoH

Intervention Framework to Improve Health and Reduce Inequalities



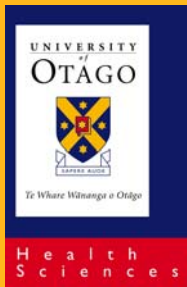
Comprehensive approach to intervention at four levels of society

- **Structural** - tackling the fundamental causes of health inequalities: i.e. the social, economic, cultural and historical factors
- **Intermediary pathways** - material, psychosocial and behavioural factors that mediate the impact of structural factors on health



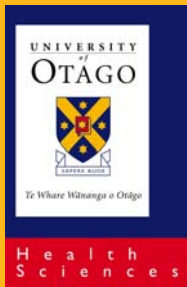
Comprehensive approach to intervention at four levels of society

- **Health and disability services** - undertaking specific actions on:
 - Improving access
 - Improving pathways through care
 - Taking a population health approach
- **Impact** - minimising the impact of disability and illness on socioeconomic position



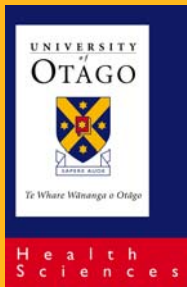
A Health Equity Assessment Tool

- 12-question rapid assessment tool
- Adapted from health inequalities impact assessment tool developed in Wales
- Modified to take a Treaty approach
- To focus on who is advantaged
- To explore how inequalities have occurred and how to address them
- Best used by a group with range of views



A Health Equity Assessment Tool

1. What health issue is the policy/programme trying to address?
2. What inequalities exist in this health area?
3. Who is most advantaged and how?
4. How did the inequality occur?
5. What are the determinants of this inequality?
6. Where / how to intervene (RIIF)



A Health Equity Assessment Tool

7. How will you address the Treaty of Waitangi?
8. How could this intervention affect health inequalities?
9. Who will benefit most?
10. What might the unintended consequences be?
11. What will you do to make sure it does reduce/eliminate inequalities?
12. How will you know if inequalities have been reduced/eliminated?

MAIATU HAUORA

HEALTH
MINISTRY OF

Use of the Tools

Ministers Letter of Expectation to DHBs

Part of “Start Here” list:

- “Reducing inequalities – Reducing Inequalities Framework (focus on Maori, Pacific and lower socio-economic groups)

Implementation (1)

Built into DHB Planning Guidelines
2004/05:

- Evidence for using RIIF and HEAT tools
- Process to ensure inequalities are not increased
- Specific actions for Pacific people to reduce inequalities
- Note separate section for Maori health

Implementation (2)

Built into DHB Reporting
Requirements, 2003/04:

- Demonstrate progress towards implementing the Reducing Inequalities Intervention Framework:
 - Nature of health inequalities
 - New initiatives
 - Level of framework for new initiatives

Implementation (3)

- One of Indicators of DHB Performance (IDP) – Monitoring Tool. For 2004/05:
- Consideration of Needs Assessment from equity perspective
 - Include health status, risk factors and access to services
 - Using Tools (RIIF and HEAT)
 - Demonstrate service reconfigurations and other actions based on this analysis

Implementation (4)

Built into Ministry of Health Policy
Wheel

- Upstream guide for policy
development

Practical Applications

Feedback from Health Inequalities Training. Tools built into:

- DHB Board decision making
- DHB Funding and Planning decisions
- DHB/MoH Contracting processes
- MoH cross-Ministry work programme

Any differences observed?

Examples include:

- DHB quarterly reports – some doing well
- MoH policy processes – Clinical Services Directorate applying tools to routine policy work
- MoH policy review – Oral Health Services Review using Intervention Framework

So What?

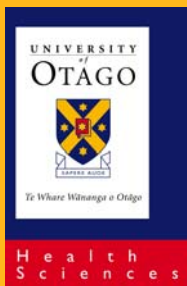
- Tools are 'Health Equity Impact Assessment' for the health sector.
- Covering three dimensions of health equity:
 - Reducing disadvantage
 - Closing health gaps between populations
 - Reducing health gradient across socio-economic spectrum

Where to from here?

- More dissemination of tools
- Review of use of tools
- Develop an ‘institutional change’ tool

The Challenge

- On the basis of a needs analysis
- Applying the HEAT
- Using the intervention framework
- Identify actions that will reduce inequalities in health
- AND THEN ACT



What does success look like?

Health equity as a fundamental
mainstream health activity

MANATU HAUORA

