

# The Hawke's Bay Health Equity Framework



*Transforming our systems to deliver health equity*

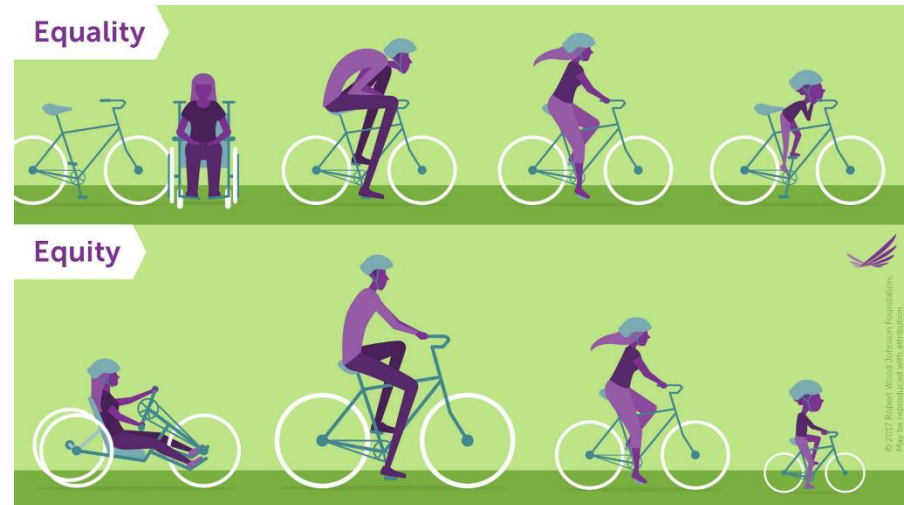
# Introduction

## *What are health inequities?*

Health inequities are differences in health outcomes between groups that are both avoidable and unfair.

Health equity means that all groups have a fair opportunity to reach their full potential for a healthy life.

Equity recognises that different people with different levels of advantage require different approaches and resources to achieve equitable health outcomes.



## *Health inequities are formed across the life course*

The environment we live in has a big impact on our health. For instance, things like housing, education, employment, social connection, and experiences of racism impact on our health and wellbeing. These factors are often referred to as the determinants of health.

Differences in the quality of healthcare services received by different groups also have an impact on health outcomes.

As an organisation we have a key role to play in working alongside communities to improve the environment in which people are born and live, as well as ensure that all communities within Hawke's Bay receive high quality and culturally safe healthcare.

## Health inequities in Hawke's Bay

As a District Health Board we are responsible for delivering equitable health outcomes within Te Matau a Māui/Hawke's Bay. This is underpinned by our obligations under te Tiriti o Waitangi/The Treaty of Waitangi.

Hawke's Bay has produced three separate Health Equity Reports. Each provide a snapshot of the areas where there are big differences in health outcomes between different groups within our region.

Progress towards equity has been made in some key areas - such as immunisation and cervical screening.

However, the big picture is that Māori, Pasifika, and our most disadvantaged communities are still not experiencing the same health outcomes as other, more advantaged groups.



## ***Why do we need a health equity framework?***

The Hawke's Bay Health Equity Framework was developed in response to the marked health inequities demonstrated by the 2018 Health Equity Report. The purpose of this framework is to make sure that as an organisation we are working collectively to address health inequities within our region. Many different actions are needed to improve the health and wellbeing of our most disadvantaged populations, and each of us have a different role to play.

Having a framework helps to concentrate resource and action around the things we know will have the biggest impact on achieving equitable health outcomes.

It also brings together different parts of the organisation to make sure we are working together to take a 'whole of systems' approach to improving health inequity; whether it is through taking a population health approach to improve the determinants of health or working to improve how accessible and culturally safe our clinical services are.

## ***The Hawke's Bay Health Equity Framework***

The Hawke's Bay Health Equity Framework has been adapted from an international best practice framework developed by the Institute of Healthcare Improvement.

It consists of five principles that will be applied throughout the organisation to bring about the change that is needed to address health inequities. These five 'core change principles' are:

- Make health equity a strategic priority
- Develop structure and processes to support health equity work
- Address the multiple determinants of health
- Eliminate institutional racism
- Partner with community organisations





## Make health equity a strategic priority

There will always be competing priorities within healthcare organisations, which is why a firm commitment to equity is needed to make sure those with the most disadvantage and worst health outcomes are prioritised.

In Whānau Ora, Hāpori Ora – the ten-year Hawke’s Bay Health Strategy – we have already committed to Māori Mana Taurite; Equity for Maori as a Priority; Also Equity for Pasifika and Those With Unmet Need. This shows we are committed to achieving equity.

Some examples of actions that are needed to strengthen our organisations commitment to health equity include:

- Establish equity key performance indicators for senior managers and clinical leaders
- Effectively implement and resource the equity commitments made in our key strategic documents (Whānau Ora, Hāpori Ora & Clinical Services Plan)
- Establish staff training to ensure all staff within Hawke’s Bay DHB understand health equity and how it applies to their role.

The **tohu** (symbol) that represents this core change principle is the **Taiaha**. It represents **commitment and a determination to make things happen**.



## Develop structure and processes to support health equity work

To effectively address health inequities we must do more than just talk about equity. We must translate our organisational commitment into everyday actions that make an impact on achieving more equitable health outcomes.

To support this a Health Equity Process has been developed (detailed in the final section of this document). An organisational equity assessment tool has also been developed that will measure our progress in implementing the health equity framework and re-orienting systems to improve our capacity and capability to deliver on our equity commitments.

Some examples of further actions that are needed to strengthen systems and processes to support health equity work include:

- Improving our data systems so we can better monitor and report on health inequities.
- Improving our processes for hearing and acting on the priorities of our communities and the inequities that exist in patient access and experience of healthcare.
- Using the health equity process to guide resource allocation decisions
- Upskilling staff in co-design to ensure that solutions put in place to address inequities are community led and effective.

The tohu (symbol) that represents this core change principle is the koru. It signifies development, growth and potential.



## Address the **multiple determinants of health**

Given many health inequities are created before people reach healthcare services, it is critical that we work alongside communities to ensure the places people grow, live, and work are health promoting.

As the regions single largest employer, we can also directly impact on local employment opportunities by making sure we provide meaningful employment and career development opportunities for our staff.

Some examples of actions that are needed to strengthen how effectively we address the multiple determinants of health include:

- Working actively with other agencies to develop a regional response to addressing critical determinants of health such as housing and employment.
- Prioritising the procurement of good and services from contractors/providers that provide quality employment opportunities for Māori and Pasifika and those living with disabilities.

The **tohu (symbol)** that represents this core change principle is the **matau (fish hook)**. The matau is a symbol for **Māui; who was known as being resourceful, a strategist and an innovator.**



## Eliminate institutional racism

Institutional racism can be defined as “the policies and practices within and across institutions that, intentionally or not, produce outcomes that persistently advantage or disadvantage a racial group”.

In healthcare organisations, institutional racism can be found in funding decisions or in “one size fits all” services that aren’t well matched to the requirements of communities with the greatest health need. It also results in a lack of emphasis on ensuring that staff and services can provide culturally competent care to all groups.

Some examples of actions that are needed to eliminate institutional racism within our organisation are:

- Implementing Ngākau Ora; a core training programme to ensure all staff can uphold the organisational values and engage effectively with Māori and Pasifika.
- Improving strategies to actively recruit, retain, and provide career progression for Māori and Pasifika staff and those living with disabilities.

The **tohu** (symbol) that represents this core change principle the **koru**. This **koru** represents the head of the **mangopare** (hammerhead shark) which represents strength and persistence.





## Partner with community organisations

As an organisation we cannot address health inequities alone. It is important that we work alongside community organisations, that are in touch with whānau and communities on a more 'grass roots' level.

This gives the opportunity for the organisation to strengthen community providers that are embedded within their communities and are able to provide healthcare services that are more easily accessible and culturally safe.

It also provides an opportunity to work with organisations that are not traditionally 'health' organisations to address the determinants of health.

Some examples of actions that are needed to better partner with community organisations include:

- Work within specific localities to develop active partnerships with Post-Settlement Groups and Government Entities
- Work within specific localities to develop active partnerships with key non-government agencies and community health providers in our region.

The **tohu** (symbol) that represents this core change principle the Huia feather. Like jewels plucked from a royal crown, Huia feathers were given as tokens of friendship and respect. The Huia feather is a sign of true partnership.

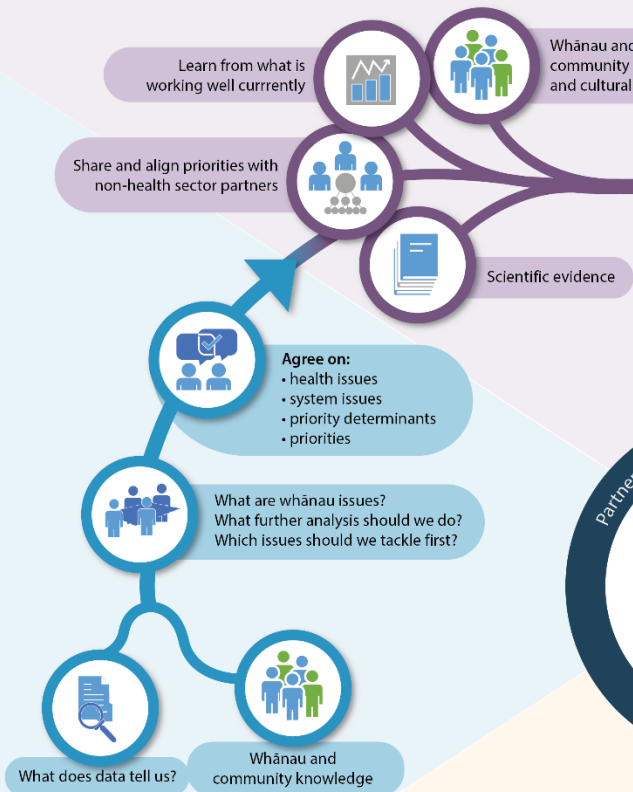
## The Health Equity Process

The Health Equity Process has been developed alongside the Health Equity Framework and is designed to help those making funding and quality improvement decisions to ensure that equity is embedded throughout the decision-making process. It will also ensure that the solutions which are put in place will effectively address critical health equity issues in our region.

It consists of four key stages:

- 1) Identify Health Equity Issues – this involves deciding on priority health equity issues (either health specific issues, health systems issues, or priority determinants of health). Priorities should take into account what health data is telling us about the causes and impacts of health inequities as well as what is important to whānau and communities.
- 2) Co-Design Solutions – this involves working with communities to design solutions that will be effective in each local context. This should incorporate lessons from existing effective solutions and scientific evidence, but make sure communities have ‘buy-in’ and the power to make sure that solutions will work for them.
- 3) Put solutions into place – putting solutions in place requires clear accountability for delivery and should be done in such a way that strengthens the DHBs relationship with whānau and communities, as well as community organisations. Where new facilities or supplies are needed, we should be taking the opportunity to utilise local suppliers.
- 4) Monitor progress and measure effectiveness – this is to ensure that the solutions that we put in place are effective and can undergo continued improvement. Involving whānau and community experience as well as health outcomes data is important when defining what success looks like.

## 1) Identify health equity issues



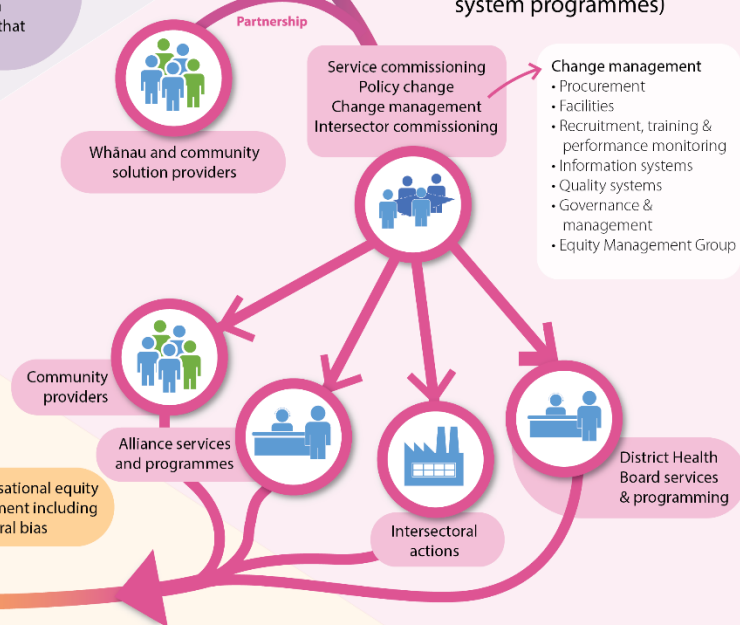
## 2) Co-design solutions (Policy, system and services solutions)

**Codesign principles:**

- 1) Bi-cultural/Māori design
- 2) Address underlying causes of inequities
- 3) Whānau at centre and will work
- 4) Build capacity and collaboration
- 5) Contribute to an equity culture that addresses structural bias

Agree on:  
• condition specific solutions at whānau and community level  
• required system changes  
• priorities and sequence.

## 3) Putting solutions into place (Policy, service design, system programmes)



## 4) Monitor progress and measure effectiveness



Our processes for applying the Equity Framework