PART A – Detailed Summary

The office of the Chief Health Officer of New South Wales (NSW) recommended a range of documents which had been guiding the NSW Department of Health’s strategic directions between 2000 and mid-2006.

1. THE DOCUMENTS

**Strategic Directions for Health 1998–2003** was introduced in 1998 to direct NSW Health towards its goal of achieving “Better Health, Good Health Care”. The 2000-2005 version (“Healthy People 2005: New Directions for Public Health in NSW” (2000)) focuses more on Public Health and expands into significant areas of reform highlighted in documents that evolved after 1998 (eg the National Mental Health Plan). It sets out the vision for public health, the underlying principles, key goals, priority areas and broad strategies. The document includes performance indicators to link it with local plans.

NSW is one of the few Australian jurisdictions to have a specific document addressing health inequity in a comprehensive manner. Its **Health & Equity Statement: In All Fairness** (2004) says that it builds on “Healthy People 2005” and complements other NSW Health initiatives such as “Strengthening Health Care in the Community 2002”. The Statement indicates a commitment by the NSW Government to social justice, to strengthening local communities and to achieving good health outcomes for all. It was written to provide direction for the NSW health system (Health Services and Health Department) over the years 2004 to 2009 in addressing health inequities and reducing the "gap" in health outcomes. It was also written to test whether funded health programs could better target resource allocation and service redevelopment to reduce inequity of access and outcomes and to encourage review of existing initiatives.
using an "equity filter". Importantly, the document was written as a foundation for integrating equity into the "core business" of NSW Health so that it would “become second nature in practice, in a similar manner to quality and safety”. The **NSW Health Promotion Directors’ Equity Project Report** (2003) summarises a project aimed to identify good practice in equity-based health promotion projects, and existing gaps and future opportunities in addressing local and state equity issues, and to develop tools to support practice. It included the development testing of the toolkit “Four Steps Towards Equity: A Tool for Health Promotion Practice” (2004) which provides a series of questions and prompts to challenge and assist practitioners and managers to consider and integrate equity into their core work practice.

A more recent NSW Health document is **Planning for the Future: NSW Health 2025** (2006) which was developed as part of the Health Futures Planning Project. The future directions identified are to shape the contents of a State Health Plan providing details about priorities over the next 5 years. It is not clear how this will fit with the new overall State Plan that the government is developing and which will require current government plans to align with it and key performance indicators to feed from it.

**The Draft State Plan** (2006) is seen as a “lighthouse document” defining the long-term priorities, goals and outcomes that the NSW Government and community together agree should shape public policy for the ten years from 2006. It is to identify around 30 key priorities for improving the quality of life for the people of NSW over the next 10 years in the areas of society, economy and environment.

### 2. PROCESS, DEVELOPERS, STAKEHOLDERS

**Strategic Directions for Health 2000-2005** was developed in 1998 after recommendations of the Report of the NSW Health Council and the Report from the Ministerial Advisory Committee on Smaller Towns (the Sinclair Report). The NSW Government’s Action Plan for Health was the key driver of this change and NSW Health is responsible for its implementation. Its successor document, “**Healthy People 2005: New Directions for Public Health in NSW**”, appears to have been written as an internal document by NSW Health.

**The NSW Health & Equity Statement: In All Fairness** was developed from 1999 onwards, beginning with several workshops with key international researchers in the field of health inequality, sponsored by the NSW Department of Health. “Reducing health inequalities” had already been one of three health improvement initiatives included in “Healthy People 2005” and this is said to have added extra impetus to the development of the statement. The document says it was developed in line with international developments and in recognition that "health gains realised over the past several decades have not been equally shared across the entire population of NSW”, with a health “gap” remaining between those with the best and poorest health. Proposed strategies resulted from a major consultative and participative process including policy staff, population health staff, directors and officers from across the NSW Department of Health and health services, academics, and specialists for each of the five key technical working groups. The Department of Health established a Health & Equity Project with the University of Western Sydney and CHETRE (the Centre for Health Equity Training, Research & Evaluation at the University of New South Wales). This led to a targeted review of the national and international literature to identify the range of health and equity interventions available, their outcomes and effectiveness. (The “Targeted Literature Review” and the “NSW Health and Equity Workshops Report” are seen as important companion documents to “In All Fairness”).

**The Equity Project** was a partnership between the Centre for Health Equity Training, Research and Education (CHETRE), the Health Promotion Service, South East Health and the University of NSW. The NSW Department of Health Centre for Health Promotion (now called the Centre for Chronic Disease Prevention & Health Advancement) and the Health Promotion Service South East Health funded the project. It was developed and implemented on behalf of the NSW Health Promotion Directors network. An advisory committee guided the project, consisting of representatives from Health Promotion (one rural and one urban Unit), NSW Health, Women’s Health, Multicultural Health, Community Health, Mental Health, Public Health, Premier’s Department, CHETRE and Corrections Health. The interviews and group consultations which were conducted in this project were combined with outcomes from a workshop of health promotion workers to develop the working model for the document “Four Steps Towards
Equity: A Tool for Health Promotion Practice”. A trial of the Tool is scheduled for 2007, led by the NSW Multicultural Communication Service. Its aims are to trial the Four Steps Towards Equity: A Tool for Health Promotion Practice, to identify changes in practice that result from using the Tool, to collect feedback on the utility of the Tool, and make appropriate modifications to improve it.

The development of Planning for the Future 2025 began in January 2005 and is scheduled to take 16 months to complete. The exercise is overseen by the NSW Health Care Advisory Council. It was initiated after the Independent Pricing and Regulatory Tribunal (IPART) recommended longer term planning so that health services reflect the changing needs of the population. A planning roundtable was held in April 2005, involving 90 leading clinicians, academics, consumers, and govt and NGO representatives. It is expected to result in a high-level strategic directions statement for NSW Health. Five-year strategic plans also being written for each Area Health Service and for the Department. The document sets out 7 future directions identified through the earlier consultations. At the time of analysis these pre-determined priorities were out for public consultation (in the document “Fit for the Future”) to find out how they should be addressed.

The Draft State Plan and the key priorities it includes were initially determined through an "extensive internal consultation process" involving all Cabinet Ministers and the CEOs of all major public sector agencies in NSW. The consultation draft was then distributed to elicit widespread input from public and community leaders and peak groups, in acknowledgement that government alone cannot "have all the answers in designing and delivering such a Plan". It was to include community consultation in 25 locations and online; stakeholder forum and written submissions; specific input elicited from "ethnic and Aboriginal communities"; public reporting of progress against outcomes; and ongoing community participation. The plan aims for all current government plans (eg Disabilities Plan, Mental Health Plan) to become integrated with itself and to ensure that its objectives and key performance indicators flow into these plans and they in turn feed from the State Plan.

3. VALUES, DEFINITIONS & LANGUAGE

Most of the NSW documents recommended show equity in health to be an explicitly stated commitment of the NSW government and a core value for NSW Health. They also demonstrate a comprehensive range of structural supports to encourage health equity, including a health and equity statement (In All Fairness) to provide direction for planning, a resource distribution and funding formula to allocate resources between the eight health areas (on the basis of population numbers and degree of disadvantage), an equity toolkit for health promotion practice, Health & Equity Profiles in local Health Plans, reviews of existing initiatives using an "equity filter", and reviews of "best-buy" policies and practices to address health inequities. However, against this background the new draft State Plan does not foreground equity or health equity, or foreground intentions to improve life for disadvantaged groups or areas to the extent that might be expected from the other documents. If future NSW Health directions should be required to be in line with the State Plan it is hoped that this will not adversely affect NSW Health's clear commitment in both theory and practice to increasing health equity. The draft new State Plan says that "all Government agencies will assess their programs and activities to determine how they can contribute to the achievement of the priorities" and that "government activities that do not contribute to these priorities will be carefully scrutinised to determine whether there are opportunities to re-allocate resources to the highest priorities.”

The Health & Equity Statement clearly states that “equity in health is a major goal for the NSW Government" and "equity is a core value of NSW Health". It acknowledges the importance of addressing social determinants of health (alongside the need for medical services and health care) if health inequities are to be reduced. It explains the difference between health inequalities and inequities and mentions "fairness", "equal access", and the "health gap" between those with the best and poorest health. It notes that "people from the most disadvantaged groups" have, for example, "the highest rates of exposure to risk factors such as smoking, substance abuse, physical inactivity and poor nutrition", and "make the most use of primary and secondary health services but the least use of prevention and health promotion services". It gives examples of factors associated with major health inequalities, such as Aboriginality, socio-economic status, country of birth, rurality and incarceration. This document sees the whole of
government having responsibility for health equity, since many of the social determinants of health are "outside the control of any one person or community". However, it also sees NSW Health having an important role in advocating for health equity in the broader public policy arena, and in promoting collaboration in policy and program development with "non-health" areas that are capable of promoting and protecting health and avoiding the perpetuation of poor health outcomes.

The Equity Project Report talks about the history of equity and health promotion, and explicitly about the social determinants of health and the moral imperative to reduce health inequities. Through the analysis of data from interviews with health promotion practitioners it also explores at grass-roots level the meaning of equity, perceived attitudes towards equity in health promotion, and barriers and facilitators to the inclusion of health equity in policy and practice. This analysis contributed to the development of the “Four Steps Towards Equity: A Tool for Health Promotion Practice”.

Healthy People 2005 sets out the NSW Department of Health’s vision, principles and broad strategies for Public Health. The vision is for better health for all. The 5 key principles include “reduce health inequalities” and this has three themes of reducing differences in health status between groups, responding to the special needs of groups whose health is worse than the State average on key indicators, and giving priority to ensuring equitable access to public health services for all. The document talks explicitly about improving health for socially disadvantaged groups, and about reducing health inequalities. It states that, since great gains have been made in overall population health in NSW, the document now turns attention to addressing differences in health status due to social and economic circumstances, and to targeting the socially disadvantaged because they experience poorer health and are heavier users of health services, but are also less likely to use preventive health services.

Planning for the Future 2025 says that the NSW Department of Health’s core values include “access and equity” but the document does not explicitly use words such as “health equity” or “health inequity”. Nevertheless, it does implicitly mention health equity in identifying one of the major trends and future challenges for the health system the fact that “health gains are being shared unequally” between the most and least disadvantaged members of society. The document highlights that average life expectancy is 20 years lower for Aboriginal people, and generally lower for rural than urban residents. The documents talks implicitly of the social determinants of health in acknowledging that health and wellbeing are influenced by complex interplay of environmental, socioeconomic, behavioural and biological factors, with income security, education and community services also important. It notes that a particular effort needs to be made to help “those in greatest need”, including “people who are hard to reach and people who have, or are at risk of having ongoing poorer health”, and that the health system can help create better experiences for people. It also states that everyone should have fair access to health information and health services that are affordable, timely and appropriate to their needs, that help should be provided to people who experience access difficulties, and that people should have a fair share of available services according to their needs and circumstances. It also states the need to provide “affordable and accessible opportunities for people to improve their physical and mental health in health-promoting environments”.

The Draft State Plan does not reflect the NSW Department of Health statement that “equity is a major goal for the NSW government”, and the most explicit mention of equity in this document is in relation to “ensuring equitable access to Government services for all citizens, and especially those in rural and regional communities” which has the related initiative “to develop a community transport strategy to improve equitable access to Government services”. The Plan does acknowledge the need to improve health for some specified groups and that “overcoming pockets of entrenched disadvantage” is a major challenge of the future in “a few locations and populations” which have not benefitted from the State’s overall economic growth. It notes that these are characterised by “intergenerational unemployment, low levels of school attainment, chronic substance abuse, higher rates of crime and limited access to services and employment opportunities”. It implicitly mentions health inequity when talking of the need to improve social and economic outcomes, and the “imperative to close the gap in health outcomes” for Aboriginal people. Although it also talks of the need for “compassion and support for the most vulnerable” in relation to “improving services”, this is only for children and for people with disabilities and mental illness.
4. HEALTH OUTCOMES AND HEALTH ACCESS

Overall the NSW documents evidence commitment to improve health for "health-disadvantaged groups", to achieve “fairer access”, and a fairer allocation of health funding and resources across the health areas. These are reflected in a stated commitment to strengthen policies and programs to address inequalities in health status and to undertake initiatives to reduce health inequities in specific communities (particularly Aboriginal communities).

The Health & Equity Statement hopes to focus efforts in areas where better outcomes can be achieved, and to encourage a strong primary health care system to reduce levels of health inequity and improve the health of the most disadvantaged groups through both universal and targeted strategies. It aims to encourage NSW Health to deliver high quality and accessible health services to all, irrespective of location or background. The Equity Project Report made a series of recommendations that would help the Centre for Health Promotion at NSW Health (now the Centre for Chronic Disease Prevention & Health Advancement) firmly establish and develop equity as a core value to drive health policy and practice. Through the “Four Steps Towards Equity” toolkit it aims to help practitioners on the ground to increase their focus on and strengthen equity work, and to provide leadership for further development of equity approaches at the local level.

Strategic Directions for Health 2000-2005 hopes to achieve fairer distribution of health resources between and within health services and “according to the health needs” of their populations. In particular, the document suggests that this will help address the social and environmental determinants of health and help reduce the gaps in health status between indigenous and non-indigenous Australians. Healthy People 2005 has two key goals addressing health inequity: To “reduce inequalities in health status between population groups or subgroups” and to "Support social and environmental conditions which promote health”. This links with the three key health initiatives which are to have healthier people, healthier places, and reduce health inequalities. Two of the 8 public health priority areas for 2000 to 2005 are to act in the area of “Social determinants of health”. This includes identifying or developing the evidence base for effective interventions to reduce health inequalities; improving the statewide information base on health inequalities and the impact of social factors on health; reducing the impact of adverse socio-economic circumstances early in life; and addressing specific determinants of health among people with higher levels of social disadvantage (including greater emphasis on overcoming the social barriers to healthy lifestyles, especially related to cardiovascular risk factors, mental health, hazardous drinking and teen pregnancy). The document includes priority area emphasis on special groups and healthy settings. It also talks of the need to develop priority areas with different timeframes, from those where achievable benefits can be demonstrated within 12 months to those where gains are longer term.

Planning for the Future aims to improve the health of the population overall and of those with the poorest health, to reduce the health gap, and to provide better access to services. In specifically states that one future direction is in “making a particular effort to close the health gap by helping those most in need and at highest risk of poor health” by developing “health-promoting public policies which address underlying determinants of health”. It also talks of the need to ensure that people have “a fair share of available services according to their needs and circumstances”, supporting those who are disadvantaged or who have special health needs, and reaching out “to health-disadvantaged groups to improve their access and outcomes”.

The Draft State Plan only speaks directly of health in its aim to improve health services to meet key national benchmarks for access and quality. However, this focuses mainly on "the emerging challenge" from increased levels of obesity, smoking and risk drinking, and a need to reduce avoidable hospital admissions. The Plan aims to address some social determinants of health, but does not go so far as to prioritise targets to reduce disadvantage between groups. Another focus on the social determinants of health is in the aim to build “more harmonious communities” through increased community participation, and the tackling of “anti-social behaviour” so that people “feel safer”. It also talks of improving educational outcomes ("More students meet or exceed key national benchmarks for attainment/completing year 12 or equivalent"), although this is not targeted to socially disadvantaged groups/areas. Under its priority to have "compassion for the most vulnerable" it only aims to "increase the
employment participation rate of people with mental illness and people with disabilities”, and does not address the other groups/areas it mentions as disadvantaged. However, it does have a general priority to "develop appropriate targeted services that facilitate early intervention for the most vulnerable", to "allocate social housing to the most vulnerable” and to "continue community renewal efforts in the most disadvantaged social housing communities”.

5. STRATEGIES FOR ACTION: HEALTH

The Health & Equity Statement aims to encourage NSW Health to increasingly incorporate efforts to reduce inequities in health into its daily business, so that equity in health can become "routine in the day-to-day work of all health workers and all health services”. It highlights the need for a redistribution of existing and new resources towards redressing health inequities, and the refinement of its existing Resource Distribution Formula (RDF - 2002) which recognises that resources need to be allocated between the eight health areas on the basis of population numbers and adjusted for factors such as lower socio-economic status, Aboriginality, age and rurality. The Statement says NSW Health already had equity as a principle guiding its earlier initiatives, and lists a range of previous initiatives that “aimed to reduce health inequities” (eg 1998 Framework for Mental Health Care, and 2003 Domestic Violence Policy). It says that many of these initiatives targeted specific groups, areas or health issues. The Statement identifies priority action areas based on its literature review. These include the early years of life (by supporting mothers, babies and children), engaging communities for better health outcomes, developing a strong primary health care system, regional planning and inter-sectoral action to address the social determinants of health, and building organisational capacity in assessing whether actions and investments are improving health and reducing health inequities. It also identifies an extensive range of disadvantaged groups to be targeted, including children and refugees. The Statement encourages local Health & Equity Profiles to be developed by Health Services in their Public Health Plans, and the development of a ‘tool kit’ to help integrate equity into health practice (the document Four Steps Towards Equity: A Tool for Health Promotion Practice).

Strategic Directions for Health reports that “policies and programs to address inequalities in health status have been strengthened”, although giving no examples of what these are or how this has been done. It contains a goal to implement policies and initiatives specifically “to promote equity, and undertake initiatives designed to reduce health inequities in specific communities”. It also contained a goal to develop a resource allocation and funding formula that enables “equitable distribution of targeted Aboriginal health funding in NSW to improve access to primary health care”. However, the NSW Health focus on developing Health Impact Assessment which uses an “equity lens” is one example, and this has occurred in the Lower Hunter Regional Strategy. Healthy People 2005 contains no specific plans since it is a guide for the development of plans by the Area Health Services. However, it highlights a desire to focus efforts on three streams of initiatives, including Reducing Health Inequalities. It also has a special focus on “groups with special needs”, identified as Aboriginal communities (especially for mental health, overweight/obesity, alcohol use, smoking, and injury); the need to address the social factors which influence health; the health of young people (especially in promoting mental health, preventing road injury, and minimizing alcohol and drug harm); infant and child health (particularly in reducing adverse exposures during pregnancy, preventing injuries, vaccine preventable diseases and asthma); and falls prevention in people over 65. It encourages development of a framework to guide the choice of approach in addressing health inequities, and a review to produce a framework for "best-buys" in attempting to address health inequities and guide the development of Area Health Service health improvement plans. It states that one indication of its vision being achieved will be when “program funds for public health are distributed equitably based on population distribution and specific needs”. Planning for the Future simply mentions the need to strengthen primary health care and continuing care in the community to help those with chronic conditions, improve early prevention, to reduce inequalities and to reach people with or at high risk of poor health.

The Draft State Plan states that NSW already has services "targeted at areas of social disadvantage”. It implicitly mentions the social determinants of health when talking of reasons why community harmony in some areas has "broken down" (for example, mentioning that in such communities "there is a common pattern of social isolation, poor school achievement, limited participation in the workforce and in the community and consequently limited interaction and integration"). Its intention to build more harmonious
communities involves the "increasing involvement of marginalised groups in mainstream sporting and cultural activities, and increased participation in employment and educational programs" to improve integration into broader society. However, in discussing "safe communities" it focuses more on policing "anti-social behaviour" and "lack of respect" than on social and economic determinants of health, wellbeing or advantage.

TARGETING CHILDREN AND REFUGEES

CHILDREN
The Health & Equity Statement specifically identifies child health in its key focus area "Strong beginnings: investing in the early years of life", and this is reflected in the Planning for the Future document. The Equity Statement identifies action areas to reduce health inequities, including oral health and nutritional status in relation to issues of access and affordability of nutritious food for low income families. It also address broader determinants of health in family support and neighbourhood development strategies such as the Moree Community Midwifery Program, which collaborates with other health services/govt agencies to check young women have a bank account, adequate housing, and access to other health services. The State Plan mentions that children from disadvantaged backgrounds or at risk from abuse and neglect require greater assistance and that "an extra $1.2 billion has been committed over five years to improve our child protection response". It also notes that NSW already provides or supports a wide range of universally available services for these children, including multi-agency programs such as ‘Families First’ and Children’s Services. The Draft State Plan mentions the NSW Social Housing system which is being increasingly targeted to those in the greatest need ("vulnerable individuals and families").

REFUGEES
In relation to refugee health, there is some disparity in the amount of attention paid in the Health & Equity Statement and in other documents. This Statement notes that refugees may experience disadvantage which contributes to poorer health outcomes, and that Multicultural Health Workers could play an important role in ensuring people from diverse cultural backgrounds are involved in the planning and delivery of health services for emerging communities that lack a developed infrastructure. Indeed, NSW Health established the NSW Refugee Health Service in 1999 to work in collaboration with Area Health Services, statewide multicultural health services and other agencies to improve access to health care for refugees and to foster more appropriate health care. This provides initiatives such as promotion of HIV prevention to African refugee communities. However, in comparison to the H & E Statement, the more recent planning documents have less focus on this group. While the Draft State Plan notes the need to integrate 60,000 new arrivals each year in NSW, including 7,000 refugees, in order to maintain and enhance “community harmony”, it does not comment on refugee health or their potential for health disadvantage. Similarly, the only comment in the NSW Department of Health’s Planning for the Future document that could be construed as relevant to refugees is the statement that “we all have a role to play in understanding the distinctive needs of different regions, communities and cultural groups”. The Department’s Annual Report 2004-05 notes that the Chief Health Officer’s (CHO) Report included a section on refugees for the first time in 2006. The availability of this information could provide a basis for the incorporation of refugees as an identified group in government and departmental policies and plans relating to health and equity. For example, the CHO Report highlights that refugees generally have poorer physical and mental health than the average NSW population, that around 1/3 are children, and that due to their visa arrangements around 1,500 refugees in NSW do not have access to Medicare.

6. STRATEGIES FOR ACTION: OTHERS INVOLVED

As with most documents in most other jurisdictions, the NSW documents note the need for the NSW Health Department to work in collaboration with others if health improvements are to be made. The Health & Equity Statement states that striving for health equity requires efforts both within and beyond the health system and it cites international evidence that taking an inter-sectoral approach to the delivery of human services can improve health outcomes and reduce health inequalities. The State Plan notes that cross-agency effort with the Social Housing program has led to better housing outcomes and better health and social outcomes. Strategic Directions for Health states the need to work in consultation and partnership with community groups and other sectors to improve health outcomes and access. However, it
also has a strategy to encourage shared responsibility for improving health and reducing health inequalities. The document specifically notes the need to work with Aboriginal people to more effectively meet their health needs. **Healthy People 2005** has a major part of achieving its vision as “collaboratively developing and delivering public health services to all communities” and “engaging other sectors and agencies in an integrated and coordinated approach to public health”. One specific priority area is to develop Partnerships relevant to the implementation of strategies to address priorities in other domains, and it states that NSW has already implemented state level agreements with major other government departments and non-government partners so that public health is recognised as an issue in those agencies’ medium-term strategies. The rationale for partnerships is that most avoidable challenges to health are multifaceted and complex so that the health system cannot tackle them alone. **Planning for the Future** also has a key future direction as “building regional partnerships for health”.

7. **IMPLEMENTATION**

NSW documents provide some concrete examples of initiatives that target the social determinants of health to achieve improved health outcomes and health access for disadvantaged groups. The **Health & Equity Statement** says that initiatives already exist and others should be planned, and notes a Families First Initiative in the Mid North Coast which helps families raise healthy, well-adjusted children using specific strategies for Aboriginal communities and outreach services for high-risk groups (eg teenage mums) in particular locations. The Chief Health Officer’s Report mentions the Healthy Living Practices in Indigenous Houses project, and the Housing for Health Program which has been delivered to Aboriginal communities in NSW through the Aboriginal Communities Development Program. Between 1998 and 2003 this included 20 community projects to improve the health of Aboriginal people (particularly children) by assessing, repairing or replacing “health hardware” to make houses safe and give occupants the ability to carry out healthy living practices. Between two survey periods there was a 20% improvement in power, water and waste connections, and improvements in the proportion of houses with functioning facilities to store, prepare and cook food. The Statement also says that “there is broad agreement that the RDF has made significant advances in bringing about a more equitable funding system between Health Services”. **Strategic Directions for Health** reports that “the quality of environmental health for rural and remote Aboriginal communities has significantly improved” and that “Aboriginal and Torres Strait Islander people have measurably improved access to Health Services”, although no data are provided to support this. **The State Plan** says that the NSW Government already provides a number of targeted services such as disability support, aged care services, social housing, supported accommodation, child protection, out-of-home care, and mental health care to "the most vulnerable people" in our community. Compared with the emphasis on reducing health inequalities in Healthy People 2005 and the Health & Equity Statement, the latest **Annual Report (2004-05)** gives little explicit evidence that health inequalities goals are being addressed and does not report against the Healthy People priorities which include “Reducing Health Inequalities” as one of the three key health improvement initiatives. However, it does retrospectively report that more nursing, allied and medical staff were provided for better access and more equitable services for older people with dementia and other mental illnesses associated with ageing. It also reports on infrastructure grant allocations to the Centre for Primary Health Care and Equity ($100,000 to support health system development, prevention and management of chronic disease to understand health inequalities and strengthen links between research and policy/practice, and $280,000 to Community Health for Adolescents in Need for preventative, early intervention and primary health care to young people who are homeless or at risk of homelessness).

8. **EVALUATION**

There is evidence of some evaluation of health equity initiatives in NSW, for example a three-year review of the NSW Aboriginal Maternal/Infant Health Strategy which showed some increases in the proportions of mothers accessing antenatal care and reductions in perinatal mortality and prematurity. However, the Health & Equity statement notes the need to develop capacity to assess whether actions and investments are improving health and wellbeing. The **Chief Health Officer’s Report** already provides data on trends in key health indicators, with some disaggregated in ways that can aid the monitoring and reporting of differences in health access and health outcomes, such as health behaviours and health indicators (eg life expectancy, teenage mothers), along with maps and graphs of SEIFA for health areas and local
government areas, and social and environmental data (eg housing tenure by health area). It includes a specific section reporting on Health Inequalities for various populations eg for ATSI, refugee, socioeconomic status, country of birth, and rural/remote, although the variables reported on are not always the same for all groups so that comparison between groups can be difficult. Some other indicators (eg food insecurity) are also provided by health area and/or LGA and/or socioeconomic status. The Adult Health Survey also provides indicators by socioeconomic status and country of birth. Healthy People 2005 draws on this data in prioritising its focus on reducing health inequalities, but the data is not correspondingly used to report in the Department of Health’s Annual Report on changes in health equity in relation to the health goals or intended health improvements. To this extent, the recommendations of the Health & Equity Statement have not been finalized in practice. This stated that “yardsticks” for the Statement’s success would be measurable changes in the way health services were delivered and a reduction over time in the gap between those people with the best and poorest health outcomes, and that achievement of the goals of the Statement were to be reported on in the NSW Chief Health Officer's Report.

Several documents note the need to improve data collection for various needs. Strategies within Strategic Directions for Health include maintaining and enhancing “a comprehensive readily accessible population health information resource database which reflects the social determinants of health to support health providers and the community in decision-making and health planning”. This is to include data on services provided and patient groups. Similarly, one of the four key ways of achieving the visions of Healthy People 2005 is to “develop capacity to monitor and evaluate public health issues and to implement actions based on best practice and accountability for resources “. Its key goals include “Monitor and report on health status, including differences in health status between population subgroups” and “Monitor and report on the distribution of health risk factors across the population”. It also states that its vision will have been achieved when “Specific targets have been met for improvements in the health status of disadvantaged groups, for the reduction of significant risks to health, and for participation in health enhancing activities”. However the mechanism for reporting on these goals and targets is not specified.

Other mechanisms for reporting on health which are highlighted in the Health & Equity Statement include the NSW Health System Performance (Dashboard) Indicators, the Health Service Performance Agreements and the NSW Health Quality Framework. The Statement also highlights the necessity of monitoring health promotion programs as they may well exercise greatest influence on health behaviours of the more advantaged members of the community, thereby contributing to widening the health gap. The Draft State Plan aims to measure performance on the key priorities in terms of long term trends rather than on the basis of short term fluctuations. However, the consultation draft does not set specific long term targets for key priorities, except where there is an existing Government target. Rather, it says that it will seek through consultation to determine whether long term targets can be set, and what those targets should be set. Annual reports were to be released to assess progress in meeting targets and re-orienting strategies and goals, with a review set for 2009.

PART C – Key documents used for this analysis

Recommended by the office of Dr Denise Robinson, Chief Health Officer Deputy Director-General, Population Health, NSW Dept of Health.

NSW Dept of Health

(1998) Strategic Directions for Health 2000-2005


NSW Health Promotion Directors Network


NSW Government (2006)