

# An Equity Focussed Health Impact Assessment of After Hours care in Medicare Locals

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# EFHIA on AFTER HOUR PLANS

## **Aim:**

- To develop and evaluate a practical methodology for Medical Locals and Local Health District staff to use in refining their policies, plans and services to better address the needs of vulnerable groups and populations.

## **Primary research questions**

- Is the use of Equity Focussed Health Impact Assessment (EFHIA) a feasible and effective way to improve local planning for Medicare Locals/LHDs to improve the access of vulnerable groups to after hours care?
- In the emerging governance structures of Medicare Locals and Local Health Districts does EFHIA offer an effective mechanism to engage health service consumers and other members of vulnerable groups in local health planning?

# Impact Assessments as a way of improving population health

- Public Policy is a major vehicle for improving population health – income, education, environment.
- Can have negative or unintended consequences
- Impact assessment is one way of assessing positive, negative and unintended consequences of policies.

# Why is equity important ?

- **Policy context:**
- Primary Health Care Strategy:

**Key Priority Area 1: Improving access and reducing inequity**  
**Improving access to after hours primary health care**

**Improving access to primary health care services for older Australians**

**Improving access to primary health care for people with a mental illness**

**Improving Aboriginal and Torres Strait Islander peoples' access to primary health care**

- **A costly problem:**
  - 500,000 fewer hospital separations
  - 1.4 million fewer patient days
  - Savings \$2.3 billion pa
- **A personal problem:**
  - Impacts on survival and quality of life
- **A health system problem:**
  - Inverse care law
  - Only significant disadvantaged LGA:
  - no hospital in home
  - No dialysis chair
- **An evidence problem:**
  - What can be done ?
  - The importance of PHC

# The EFHIA

**Location:** 3 Medicare Locals (MLs) - Victoria, South Australia, NSW

Comparison Medicare Locals

## **The policy to be assessed:**

- Stage 1 plans (the comparison will be Stage 2 Plans and matched MLs)
- Rapid EFHIA Methodology had to be modified to fit in with in the interest and timeframes of the MLs.
- 2 MLs chose to look at specific initiatives they were developing ( eg deputising services or residential aged care, 1 looked at all initiatives by ATSI, Migrants, Low income.

# Engaging Medicare Locals in a time of Chaos



# The Plan

## THE RESEARCH PLAN

- **Location:** There will be eight study sites in three states (NSW (4), Victoria (2) South Australia (2)). A mix of rural and urban areas will be chosen.
- In four of these (intervention group) an EFHIA will be undertaken on the after hours implementation plan. In the other four (comparison group), we will review their written plan and provide feedback.
- **The policy to be assessed:** using the rapid EFHIA methodology will be local implementation plans for after hours care developed by the Medicare Local

## THE REALITY

- **Location:** Four sites agreed to participate ( Victoria, South Australia, NSW, Queensland) The Queensland site did not follow through due to limited capacity. The three included were urban with some rural component.
- **The policy to be assessed:**
- The policy assessed were stage1 plans in the 3 ML. the comparison will be Stage 2 Plans.
- Rapid EFHIA Methodology had to be modified to fit in with in the interest and timeframes of the MLs.
- 2 MLs chose to look at specific initiatives they were developing ( eg deputising services or residential aged care), 1 looked at all initiatives by ATSI, Migrants, Low income.
- We were unable to look at implementation plans
- As previously presented major changes in staff and pressures MLs were under impacted on the research in significant ways

# Equity Focussed Health Impact Assessment

A step wise process that looks at the ways in which a policy, plan or project addresses equity at each step :

Screening  
Scoping  
Identification  
Assessment  
Recommendation



SEE HANDOUT  
FOR EXAMPLE

## **EFHIA QUESTIONS (Assessment step):**

What is the initiative trying to do?

Is there evidence it will work?

Is there evidence of inequity?

Who is likely to be advantaged?

Who is likely to be disadvantaged?

Are there likely to be unanticipated consequences?

Recommendations.



# Screening and Scoping meetings held

- A pre-screening report was developed by the research team and discussed with each site
- Generally attended by staff and CE
- Process for EFHIA planned

# Identification Step

- Literature Review
- Community Consultations/ Stakeholder interviews
- Needs Assessments
- Document review

# Assessment Step

We adapted, refined and applied a framework looking at access and equity

Access to services	
	Physical and geographical accessibility
	Affordability
	Appropriateness
	Acceptability
Access in services (quality)	Continuity of care
	Coordinated care
	Quality
	Comprehensive care
Monitoring and reporting equity considerations	Capability for understanding systematic differences in equity and access

# Recommendations

- Identification meeting or TC where draft recommendations developed
- Only presented to Board of CAHML for endorsement
- Boards of other MLs involved in different ways
- No clear link of EFHIA recommendations to Stage 2 reports.

# Process evaluation findings 1: feasibility of EFHIA for planning

- All MLs were advanced in planning processes (e.g. needs assessment) – but took on EFHIA results for Stage 2 planning
- Requires embedding in early planning and needs assessment
- Needs executive support
- Major changes in staff and pressures MLs were under with establishing new organisations was a barrier to wider engagement
- Resources and knowledge are required to undertake in house

# Process evaluation findings 2: effectiveness for planning

- Identifying issues for current and future decision making and funding:
  - *‘the purpose of being involved was to provide verification of the framework...but benefit to this organisation was making sure we consider as many issues as possible*
  - *‘the evidence around ... some of the things we weren’t aware of ... [that these] didn’t necessarily apply across the population’*
  - *‘...highlighted things we had not considered previously’*
- Learning about equity in planning (e.g. identifying and doing something about inequity)
  - *‘Being new and having to jump in, huge program different service providers and areas/demographics...helped me define all that...’*
- Added to the argument for MLs when coordinating SPs:
  - *‘helped [service providers] look outside the square...its given us some background...not just lip service’*

# Process evaluation findings 3:

## Engagement of vulnerable communities

- Timeline for the EFHIAs had not coincided with MLs consultation processes (e.g. needs assessments)
- Previous consultations meant concerns with new, ('less focussed?') consultations
- Aligning with needs assessment / early planning will facilitate improved consultation about equity issues and what to do about them

# Next Steps

- Interviews currently being further analysed
- Matched comparisons being assessed
- Meeting to discuss implications

## Questions

- Is the use of Equity Focussed Health Impact Assessment (EFHIA) a feasible and effective way to improve local planning for Medicare Locals/LHDs to improve the access of vulnerable groups to after hours care?  
**Qualified yes**
- In the emerging governance structures of Medicare Locals and Local Health Districts does EFHIA offer an effective mechanism to engage health service consumers and other members of vulnerable groups in local health planning? **Qualified yes**



**A big thanks to those Medicare  
Locals that took time to be involved  
in a period of rapid change**

