

POLICY OPTIONS

The impact of Equity Focused Health Impact Assessments on local planning for after hours care to better meet the needs of vulnerable populations

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Elizabeth Harris, Fran Baum, Marilyn Wise, John Furler, Angela Lawless, Patrick Harris, Ben Harris-Roxas, Lynn Kemp, Catherine Hurley.

Policy context

In Australia, the provision of after hours health services has been identified by the federal government as a key component in ensuring access to quality primary health care for all of the people, all of the time. However, research shows that there are particular population groups who are more likely to access after hours services and other groups who experience significant difficulties in accessing them. Populations that have high needs as well as difficulty accessing services include people living in remote and regional communities, Aboriginal and migrant populations, children and the elderly, individuals with mental health concerns, culturally and linguistically diverse (CALD) groups, and low income groups. These systematic differences in the use of after hours services are linked to systematic differences in health outcomes observed in the population, especially in rural areas [11]; but systematic differences are often difficult to identify and address in routine planning processes. Therefore, without dedicated attention to addressing the barriers to access, those who most need after hours services may be the least likely to access them.

In 2011, as part of the National Health Reform the Australian government established new local organisations, Medicare Locals, in order to better service the health needs of different communities. Medicare Locals have a strong policy mandate to address issues of access and equity to ensure that their programs reach all members of the community, especially for those in greatest need. A mandatory role and responsibility of each Medicare Local is to address the after hours care needs of their region. In order to carry out this responsibility, Medicare Locals are required to develop after hours care plans (AHCPs). Given the inequity currently experienced by vulnerable groups in accessing after hours services, there are strong policy imperatives for Medicare Locals to develop AHCPs that meet the needs of their communities by identifying gaps in local services and ensuring access to these services for vulnerable groups.

Equity Focused Health Impact Assessment has been identified internationally as a useful tool in assisting health services to address systematic differences, and provides a flexible, yet structured approach to routinely and consistently identifying and determining the possible impacts of policies and practices on different population groups. Given the potential benefits of adopting EFHIA in primary health care planning, this project sought to answer two exploratory research questions regarding the use of EFHIA in the development of Medicare Local AHCPs:

1. Is it effective and feasible to adopt EFHIA in local health planning in order to improve vulnerable groups' access to high quality after hours care and to improve equity in services?

2. Is EFHIA an effective mechanism for engaging health consumers and other members of vulnerable groups in local health planning?

KEY FINDINGS

This research project looked at the suitability and feasibility of conducting EFHIAs on the AHCPs of three Medicare Locals ('intervention Medicare Locals') in three different states. Research teams were located in three states and collaboratively undertook a literature review; developed a framework for assessing access and equity in the plans; conducted EFHIAs on the AHCPs of three Medicare Locals; interviewed Medicare Local and research staff who had been involved in carrying out the EFHIAs; compared the stage one and stage two after hour plans to assess if the EFHIA had any effect on issues of access and equity being addressed in the plans; and compared the stage one and stage two after hour plans from three comparison Medicare Locals.

- > Undertaking an intervention research project in emerging Medicare Locals proved challenging and demanded great flexibility.

This study was undertaken during a period of rapid growth for Medicare Locals, with each Medicare Local involved in various stages of developing organisational and governance structures, recruiting staff, establishing offices, undertaking needs assessments and community consultations and developing funding proposals (including AHCPs).

- > Two of the three Medicare Locals went through staff changes during the EFHIAs, one with multiple staff changes.
- > All were at different points in the development of their AHCPs.
- > While there was agreement by all three Medicare Local Boards to participate in the study there was limited opportunity for more active involvement due to competing demands.
- > There was strong resistance to undertaking more community consultation as required by the EFHIA as the Medicare Locals had undertaken extensive consultations in recent times.

All of the above had significant impacts on the study. Nonetheless, a number of key findings emerged from the study.

- > The literature review found positive outcomes of after hours care included improved health in the population, reduced pressure on acute care services, more acceptable waiting times, improved community awareness and uptake of after hours services and benefits to population health.
- > The literature review also identified particular population groups who are more likely to access services and groups who experience significant difficulties accessing after hours care. Groups who experience both high needs and barriers to access include: children and the elderly, people with mental health problems, CALD groups, Aboriginal people and Torres Strait Islanders, rural and remote residents, and low income groups.
- > Access is a complex issue that means more than the availability of a service (including the workforce to deliver the service) but also encompasses awareness of service, if it is accessible, affordable, appropriate and acceptable to users. Markers of quality include co-ordinated care, continuity of care and comprehensiveness.
- > The EFHIAs were able to be carried out in three states although the proposal assessed and process followed was different in each site in an effort to respond to local contexts. Nonetheless the same EFHIA step-wise process was followed in each site.
- > By comparing stage one and stage two AHCPs in the three intervention Medicare Local sites, the study found there was a substantial increase in the focus on access and equity in the stage two plan of one Medicare Local as a result of the EFHIA. The timing of the EFHIA in relation to the development of this Medicare Local's after hours plan was important. In this

case, the EFHIA was carried out parallel to the Medicare Local's stage two needs assessment process.

- > No change in the focus of the AHCPs on access and equity was identified between stage one and stage two in the three comparison Medicare Locals.
- > The EFHIA was most effective in terms of its impact on considerations of equity and access in the AHCPs when undertaken as part of the needs assessment process. Therefore, there is value in including an EFHIA as part of Medicare Locals' needs assessments.
- > The stakeholder interviews found those involved in the EFHIAs in all three intervention Medicare Locals supported the process and felt it was feasible to undertake EFHIAs in Medicare Locals if it was routinely incorporated into planning processes from the outset.
- > The study was unable to engage health service consumers and members of vulnerable groups in the consultation process and so we were unable to answer the second research question.

Policy Options

As a result of this study, there are three key areas of recommendation for incorporating considerations of equity and access into Medicare Local health care planning:

1. Methodologies to assist Medicare Locals to consider access and equity issues in their planning should be developed. This could include a range of approaches and tools such as EFHIA, equity lens or equity audits. Whatever is used will require both organisational and workforce capacity. This would be facilitated by an evidence check to identify strategic areas in which the access and equity issues are most important and effective ways to address them.
2. This study suggests that prior to commencing such a process, some initial 'pre-screening' review needs to determine:
 - a. the plans that are most appropriate to subject to an assessment (e.g. where there are likely to be access and equity issues)
 - b. whether the Medicare Local is able to commit resources and willing to act on the findings and
 - c. the stage of the needs assessment and planning process that will allow most effective input.
3. Further research is needed to find and evaluate innovative ways to engage communities and other stakeholders in assessing the access and equity implications of Medicare Local plans in the context of many other competing consultations processes.

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