MED Task Force

Migration Equity & Diversity

Evaluating equity in health care: lessons learned

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International Network of Health Promoting Hospitals & Health Services

SERVIZIO SANITARIO REGIONALE
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OECI CLINICAL Cancer Centre

HPH Task Force Migration, Equity & Diversity

International Network of Health Promoting Hospitals & Health Services

Standards for Equity in Health Care for Migrants and other vulnerable groups

Aim of the project

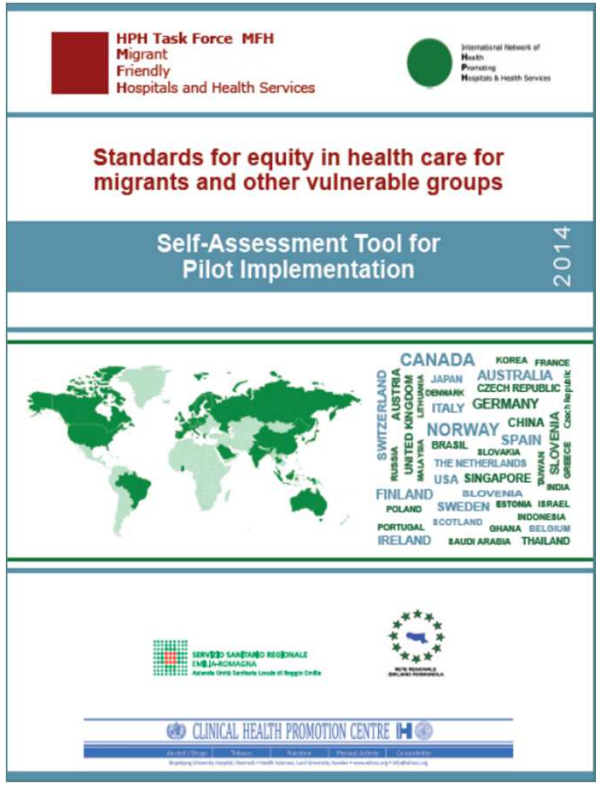
- To make health services more equitable.

Specific objectives

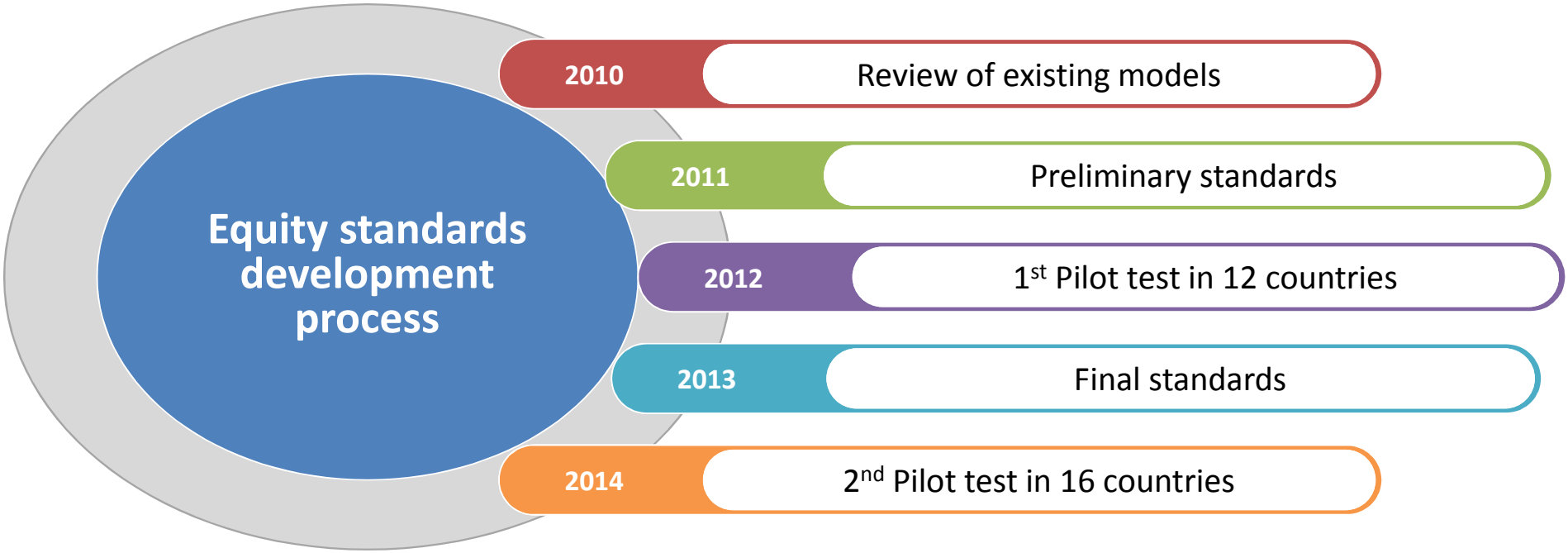
- To evaluate equity in health care provision
- To identify gaps
- To develop improvements

What is equity in health care?

- Horizontal equity refers to the equal treatment of those with equal needs
- Vertical equity recognises that people with greater healthcare needs should have more intervention.



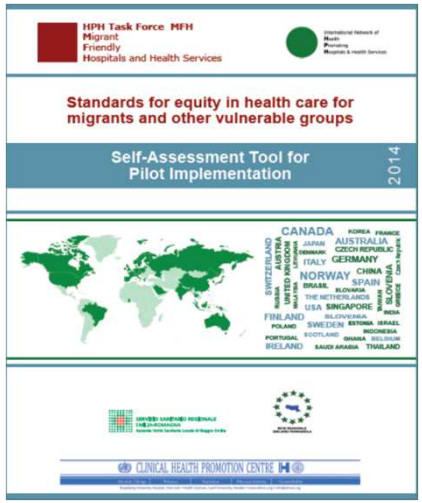
Process development of the standards



Standards for equity in healthcare

1 Standard
Equity in policy

1. Equity strategy in the organisation
2. Monitoring equity performance
3. Management supporting equity
4. Equity competent staff
5. Workforce equity policy



2 Standard
Equitable access and utilisation

6. Accessibility, availability and distribution of health services
7. Reduction of communication and information barriers
8. Reduction of legislative barriers

3 Standard
Equitable quality of care

9. Patient needs assessment
10. Person-centred care
11. Respectful environment
12. Continuity of care

4 Standard
Equity in participation

13. Supporting users' participation
14. Removal of barriers to effective participation
15. Monitoring participatory processes

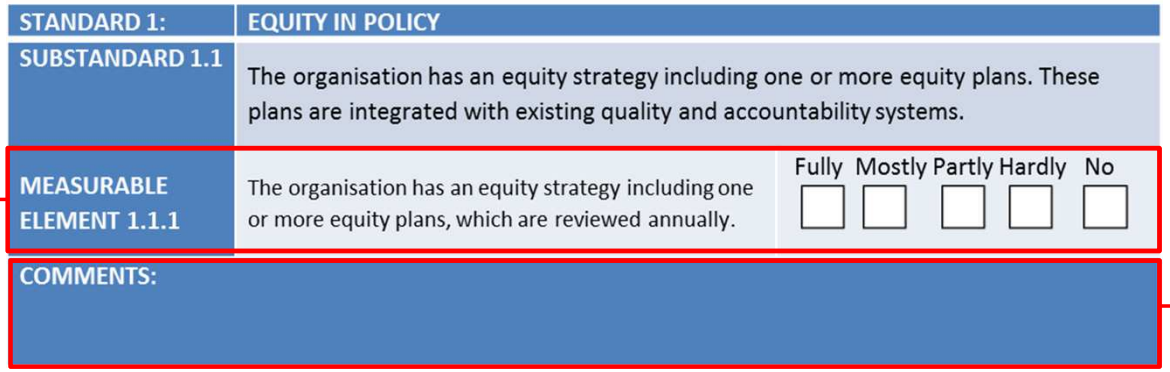
5 Standard
Promoting equity

16. Cooperation and networking
17. Research and best practice dissemination
18. Equity in partnership agreement

Pilot test implementation in health care organisations

Aim of the pilot test → To assess compliance with the standards for equity in pilot organisations, as well as to explore challenges and opportunities for the effective uptake of equity measures.

Mix method



STANDARD 1:	EQUITY IN POLICY	
SUBSTANDARD 1.1	The organisation has an equity strategy including one or more equity plans. These plans are integrated with existing quality and accountability systems.	
MEASURABLE ELEMENT 1.1.1	The organisation has an equity strategy including one or more equity plans, which are reviewed annually.	Fully ☐ Mostly ☐ Partly ☐ Hardly ☐ No ☐
COMMENTS:		

Quantitative analysis
Compliance score by rating each measurable element as fully-compliant (4 points); mostly-compliant (3); partly-compliant (2), hardly-compliant (1) and non-compliant (0).

Qualitative analysis
The information provided by participants from pilot organisations in the box for comments next to each measurable element provided qualitative insights to the score given in the assessment.

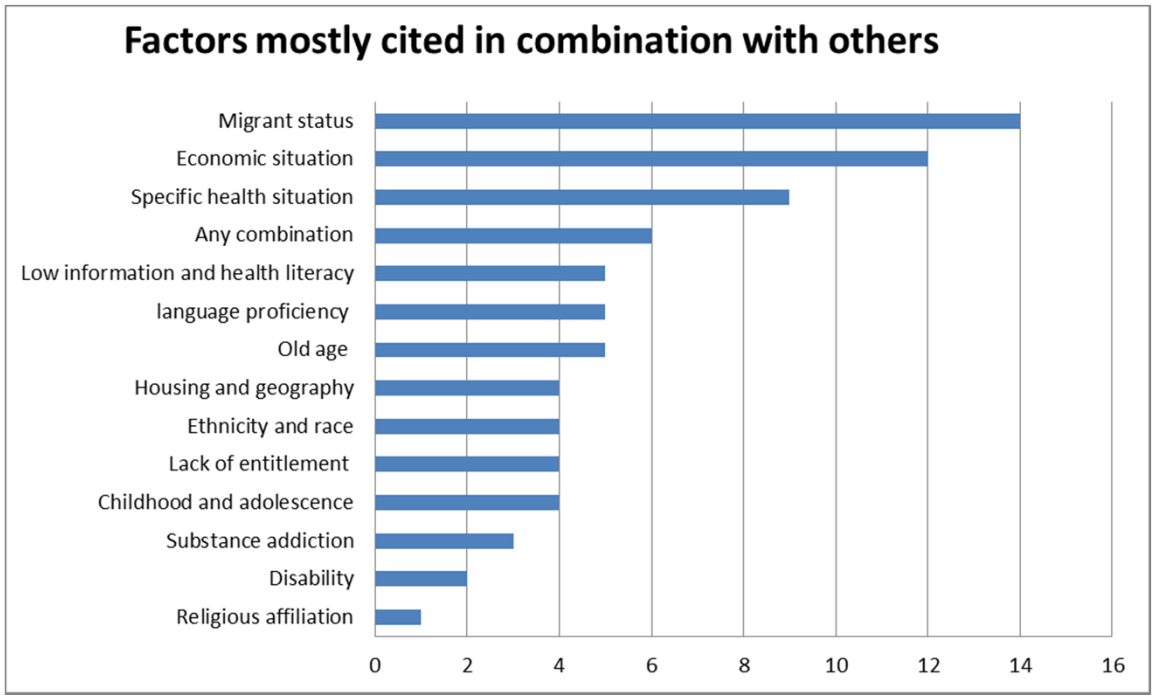
TYPE OF ORGANISATION	Frequency (%)
Integrated health authority	9 (17.3)
General hospital	14 (26.9)
Specialised hospital	6 (11.5)
University/teaching hospital	18 (34.6)
Health centres (e.g. nursing home)	2 (3.8)
Community health and social centres	3 (5.8)
STATUS	
Public	44 (84.6)
Private not for profit	6(11.5)
Mixed public and private	2 (3.8)
CATCHMENT AREA	
Rural	20 (38.5)
Urban	12 (23.1)
Mixed	20 (38.5)
TF MED membership	
TF MED	47 (90.4)
Non-TF MED	5 (9.6)

PARTICIPATING ORGANISATIONS

Participating countries	Number of institutions
Australia	6
Belgium	6
Canada	4
Finland	2
France	1
Ireland	2
Italy	11
Malta	1
Netherlands	1
Norway	6
Slovenia	1
Spain	6
Switzerland	1
United Kingdom	3
TOTAL	52

RESULTS

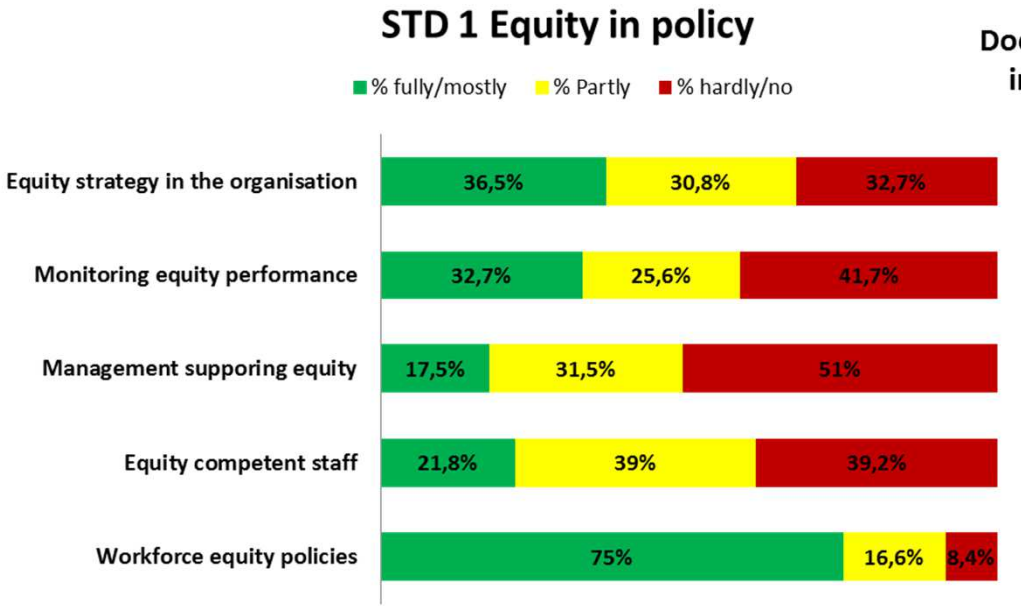
Which factors does your organization regularly need to take into account to provide equitable care?



"The factors that impact equity and access are generally not experienced in isolation, and an individual's experience of barriers to equity and access are a 'whole of life' circumstance. While it is important that we consider each of these factors, considering each in isolation is unlikely to accurately reflect the actual consumer experience."

Large Integrated Health Authority, Australia

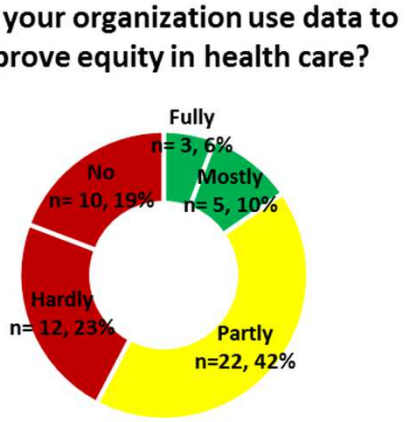
Organisational policies promoting equity



STD 1 RESULTS:

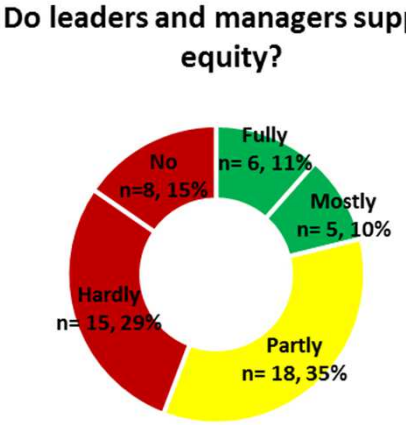
The organisations **scored low** demonstrating that:

- Few have implemented an equity strategy
- Many do not collect and/or use equity data
- Managers and leaders provide little support
- Many either partly or hardly implement equity training
- A large majority have policies ensuring workforce equity



Participants explained that:

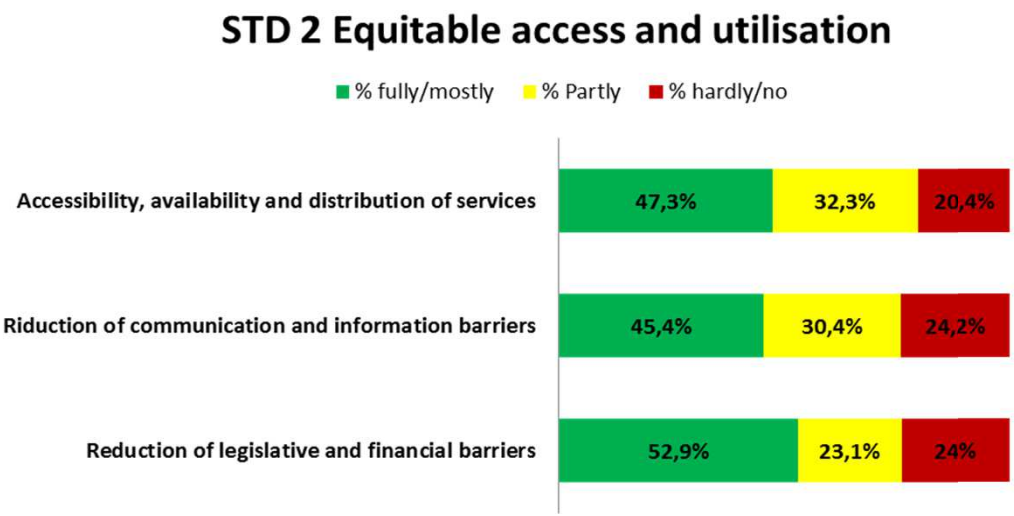
- *"(…) global data collected at registration is missing which would give a sociocultural health portrait of the user populations".*
- *"Data are partially available (…) however some elements are not registered (or are forbidden) in patient files."* (University Hospital, Belgium)

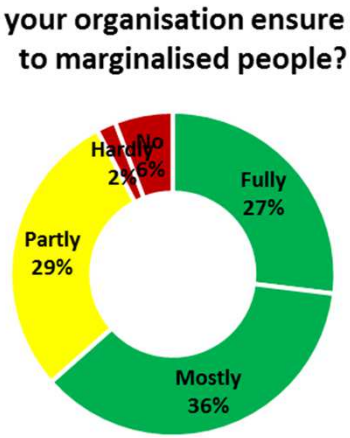


Participants explained that:

- *"equity-related performance measures are not linked to executive compensations"* (Specialised Hospital, Canada)
- *"many leaders do not have competence on the field of equity (as) it is not included in the training programmes"* (University Hospital, Norway)

Policy measures to improve equitable access to healthcare services





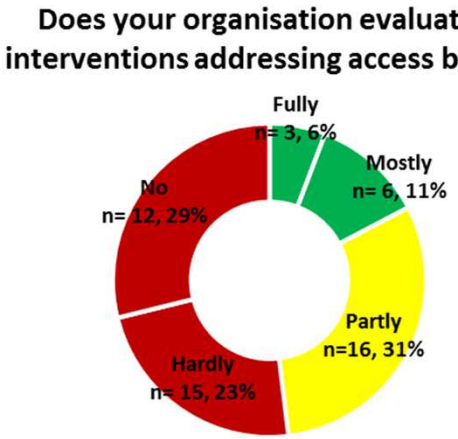
Participants reported

"(…) free of charge programmes as well as no waiting lists for marginalised and vulnerable groups are offered" (Community hospital, Australia)

STD 2 RESULTS:

Many organisations **scored well** demonstrating:

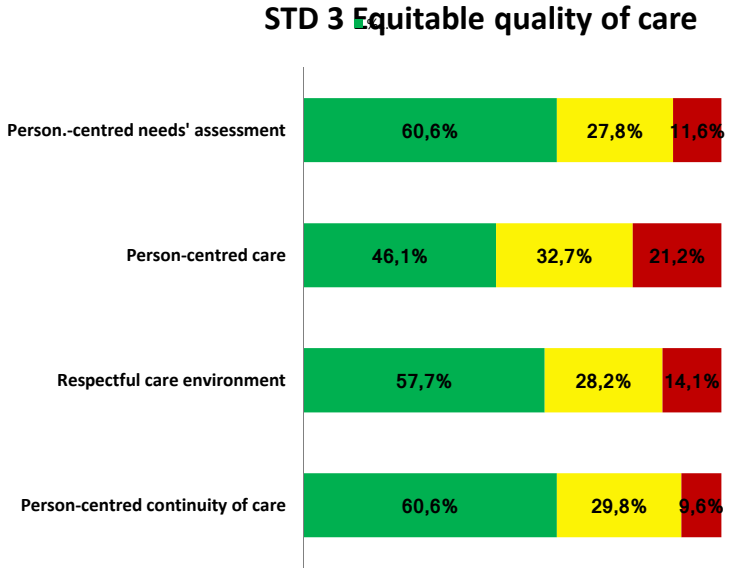
- To have policies in place to improve accessibility
- To address language and information barriers
- To provide support for people with no entitlement



Participants reported:

«Although we believe work is being done, we are missing data to support this – there is more reactive versus proactive in targeting reduction of access barriers» (Specialised hospital, Canada)

Policy measures supporting equity in quality care provision



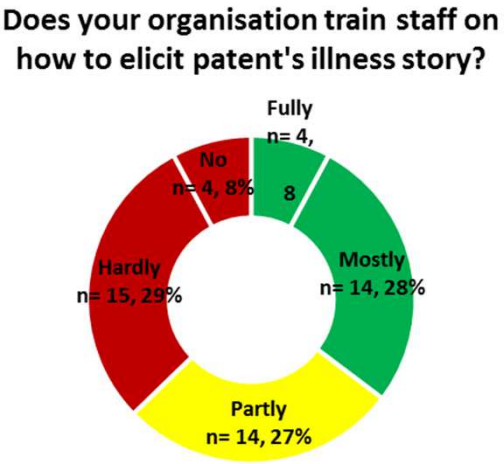
STD 3 RESULTS:

Organizations **scored high** demonstrating :

- To identify needs and provide care according to patient's characteristics, views and situation
- To provide a environment respectful of individual identity
- To take into account patient's characteristics and situation to ensure effective discharge and continuity of care

Participants reported:

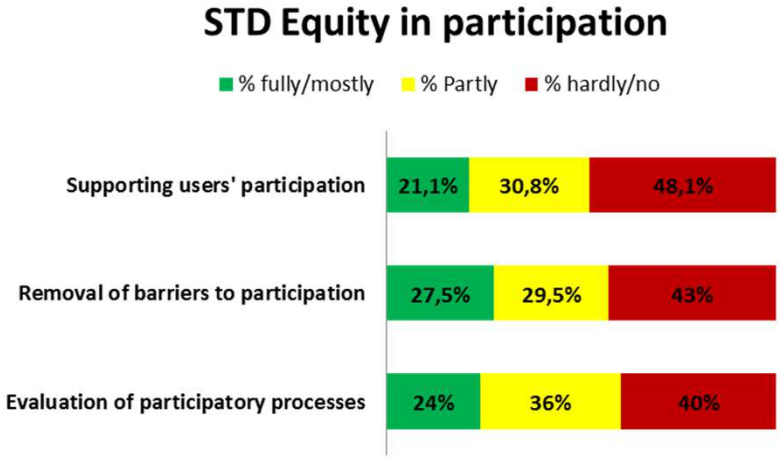
- *"(…) as part of established procedures. Individual characteristics as well as those relating to culture, custom or family are identified and recorded (…)".* (Integrated health authority, UK)
- *I piani terapeutici e i percorsi di cura sono personalizzati solo in alcuni contesti sanitari (cure domiciliari, hospice) molto poco in Ospedale, Day Hospital, lungodegenza dove prevalgono le linee guida tradizionali. (Local Health Authority, Italy)*
- *"Social planning of hospital discharge is done. Inclusive practices in relation to: home hospitalization, medium and long term unit, (…) mental health unit".* (University hospital, Spain)



Participants reported:

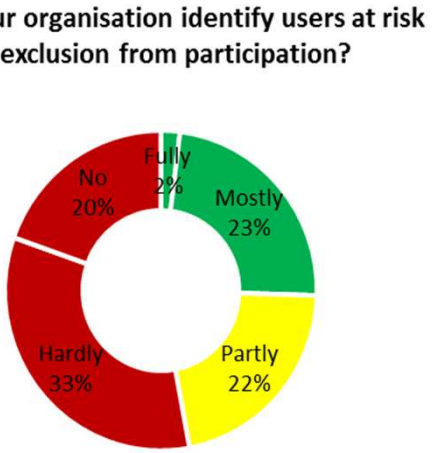
- *"Training is offered – but guidance to elicit patient's story and ideas of illness is still a challenge".* (Specialised hospital, Canada)

Interventions aimed at improving equity in participation



The organizations **scored very low** demonstrating :

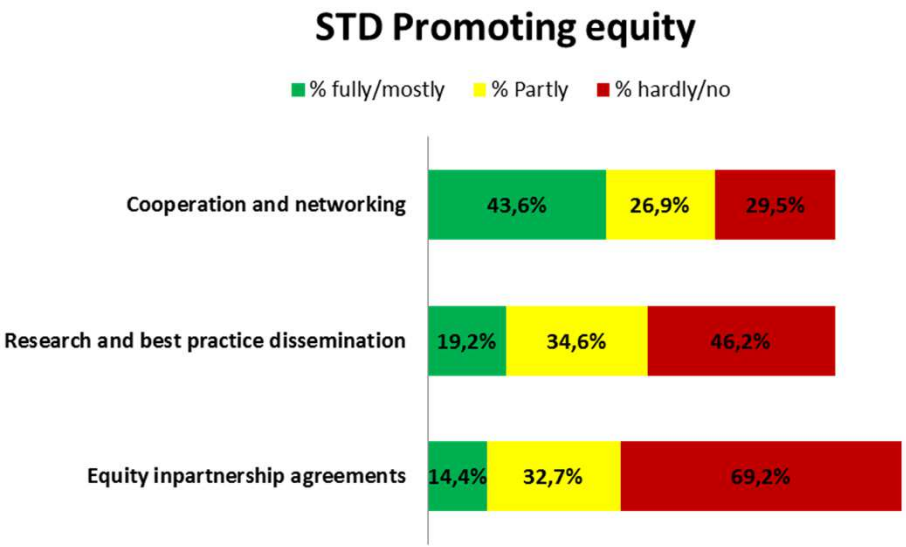
- Lack of strategies to identify users at risk of being excluded from their participatory processes
- Lack of training programmes to ensure staff receive guidance on how to engage with those at risk of exclusion
- Lack of systems to monitor participation



Participants reported:

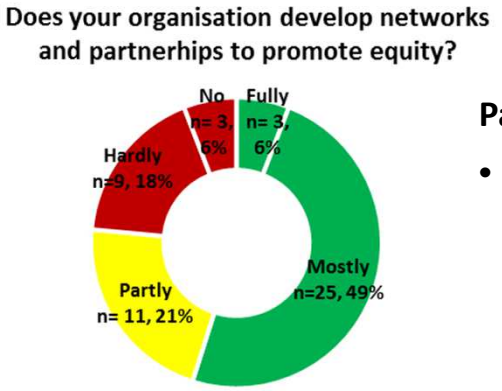
- *"Usually users' participation is promoted , but not specifically the participation of the ones who are at risk of exclusion"*
- *"Most of the meetings are held on site, not in the community, where people are - meeting times are mostly suitable for service providers, (…)"*. (Specialised Hospital, Canada)
- *"The actual training sessions includes best practice guidance, however there are many barriers to staff participation"*

Interventions aimed at promoting equity outside the health system



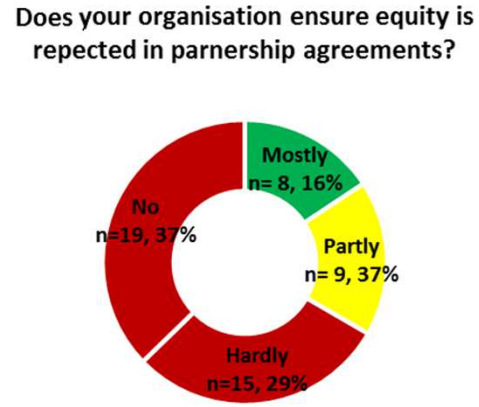
The organizations **scored low** demonstrating:

- The majority focused only on networking and cooperation,
- They scored low in promoting and disseminating research
- They scored very low in ensuring and monitoring equity in partnership agreements



Participants reported:

- *"The hospital has solid relationships with community based service providers in its area, (…). We have a network on migration and substance abuse (…)"*
(Specialised hospital, Norway)



Participants reported:

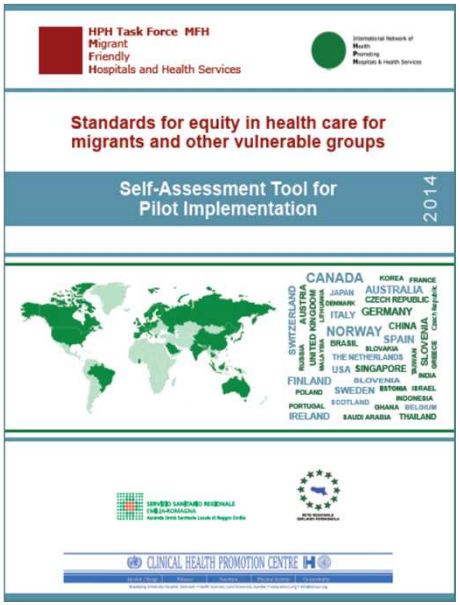
- *"There is no promotion on what to do and how to log on partnership agreement. "*
(Community hospital, Australia)
- *"No formal policy or procedure to ensure that partnership agreements and service contracts reflect equity standards.*
(Specialised hospital, Canada)

Concluding remarks: challenges

1. Factors that impact equity and access are generally not experienced in isolation.
2. Equity data are collected but are rarely used to plan improvements.
3. Written policies do not ensure the effective implementation of equity in health care.
4. Difficulties in engaging management and leaders on equity issues.
5. Staff at all levels lack the necessary competence to address equity/inequity in health care.
6. Usually users' participation is promoted, but not specifically the participation of those ones are at risk of exclusion.
7. Many equity improvement interventions are in place, however their effectiveness and impact are rarely evaluated (e.g.: staff training, cultural mediation, user engagement).

Concluding remarks: opportunities

1. Many examples of good practices have been identified and are available.
2. Pilot implementation of the equity standards has increased awareness of regional/national governments (e.g.: Belgium)
3. Equity standards have been linked to existing performance-measurement tools (e.g.: Canada)
4. The evaluation process has fostered networking and benchmarking between health care organisations (e.g.: Norway and Finland)
5. The experience of evaluating equity in health service provision has contributed to the development of a new strategy “Engaging and partnering in Health Care” (e.g.: Australia)



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Thank you for your attention

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