



## Evaluating equity in health care: pilot test of a self-assessment tool in sixteen countries

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

## Aim of the project

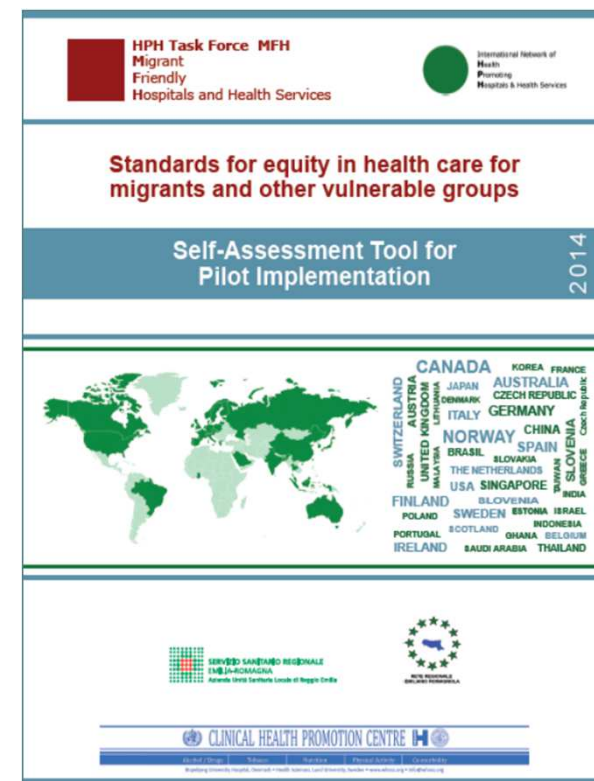
- To make health services more equitable.

## Specific objectives

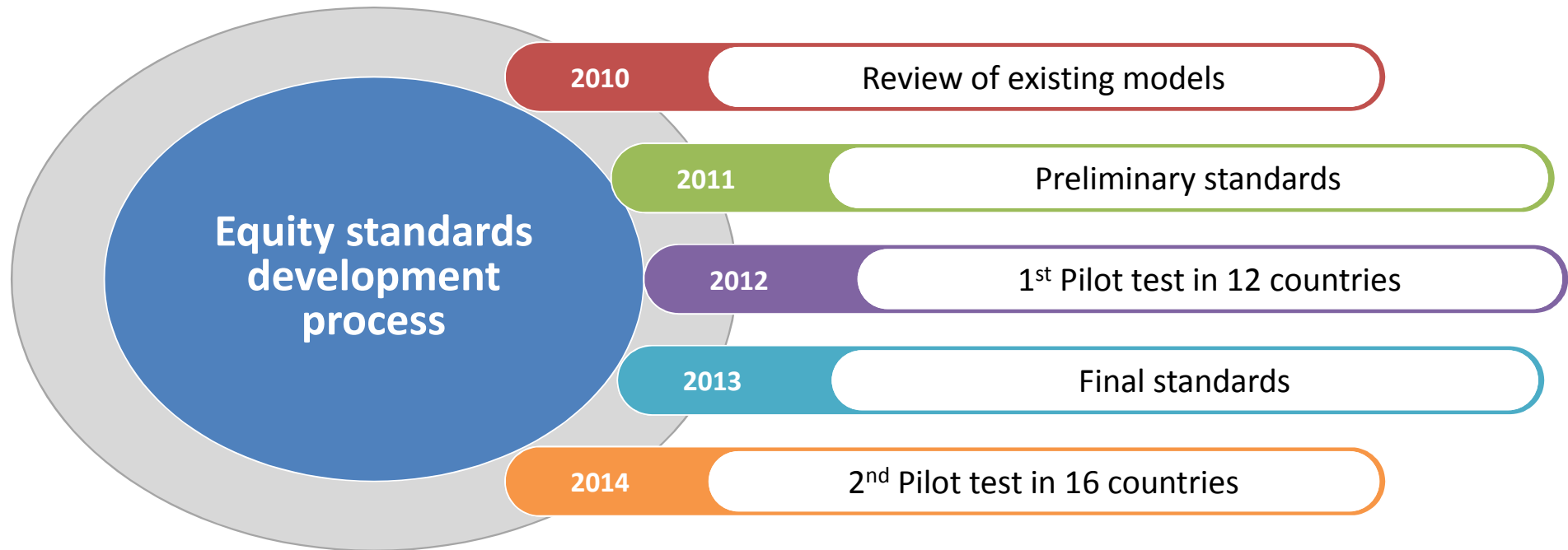
- To evaluate equity in health care provision
- To identify gaps
- To develop improvements

## 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. Equity in patient needs assessment
10. Equity in care provision
11. Respectful care environment
12. Equity in continuity of care

## 5 Standard Promoting equity

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

## 4 Standard Equity in participation

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

# 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
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)

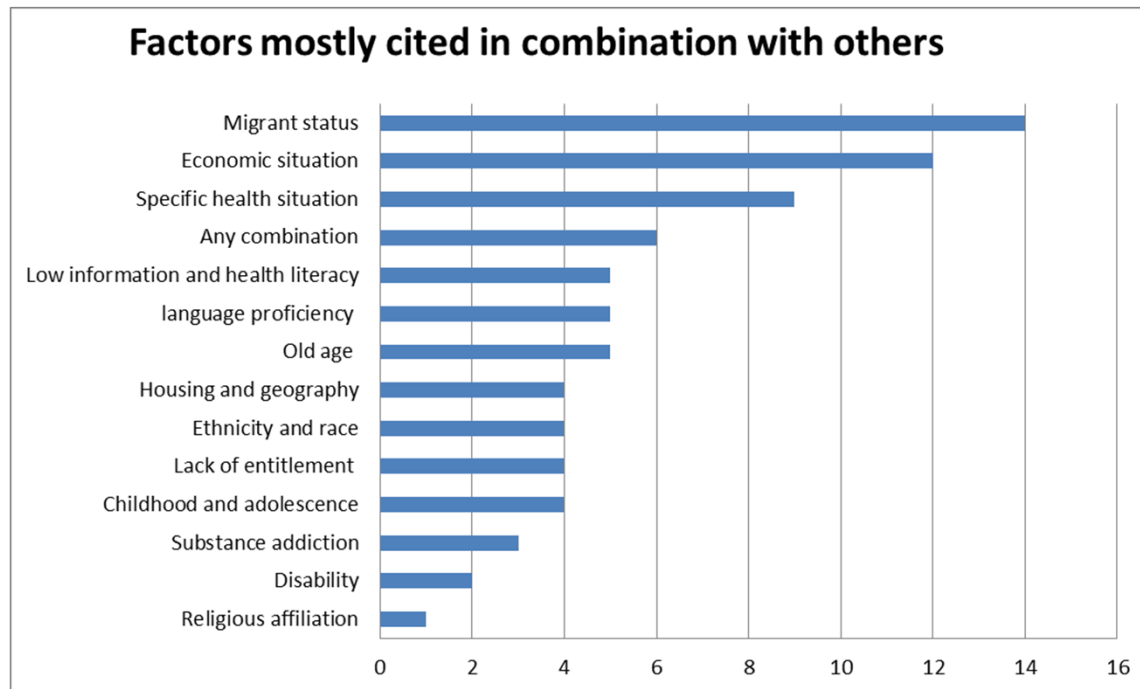
## PARTICIPATING ORGANISATIONS



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.”*

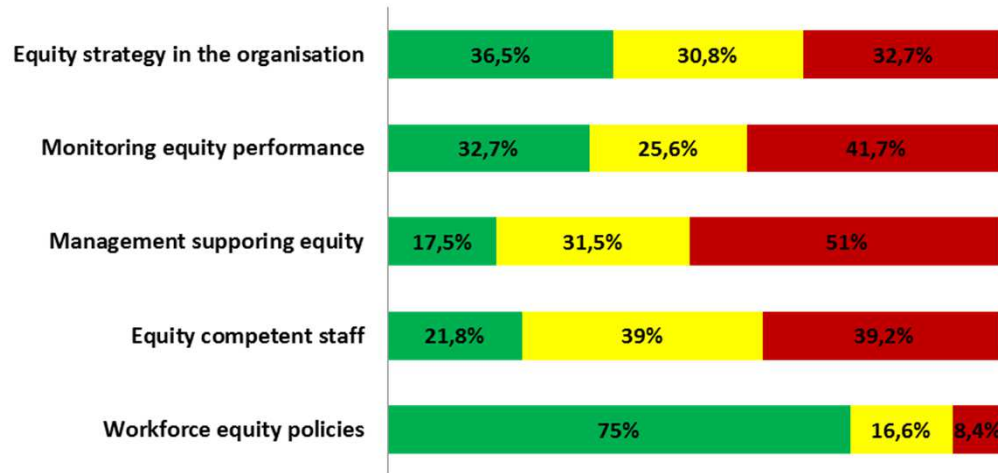
Large Integrated Health Authority, Australia



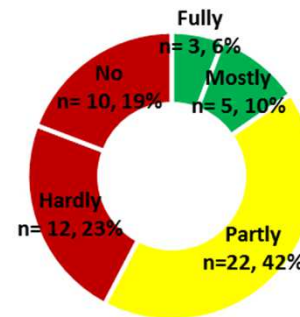
# Organisational policies promoting equity

## STD 1 Equity in policy

■ % fully/mostly ■ % Partly ■ % hardly/no



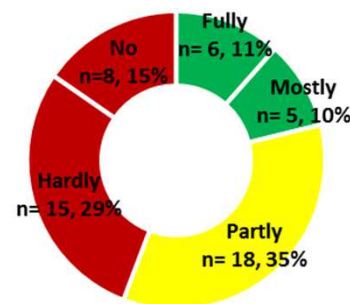
## Does your organization use data to improve equity in health care?



### 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)

## Do leaders and managers support equity?



### 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)

## STD 1 RESULTS:

The organisations **scored low** demonstrating that:

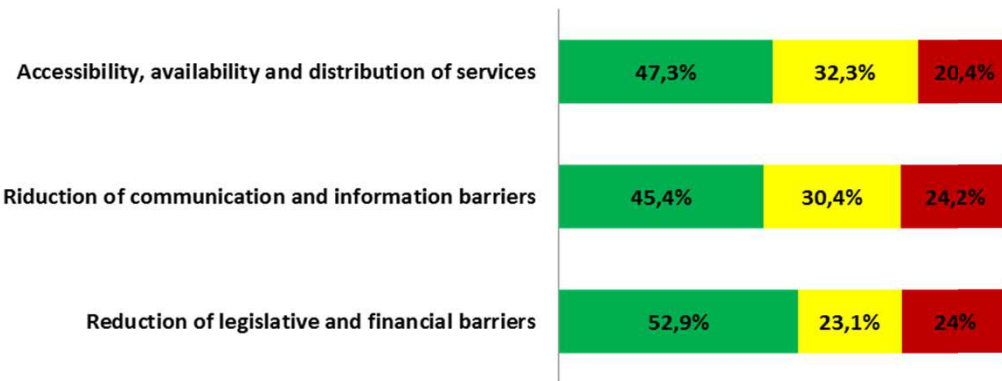
- Few have implemented an equity strategy
- Many do not collect and/or use equity data
- Managers and leaders provide little support
- Many either partly or hardly implement equity training
- A large majority have policies ensuring workforce equity



# Policy measures to improve equitable access to healthcare services

## STD 2 Equitable access and utilisation

■ % fully/mostly    ■ % Partly    ■ % hardly/no

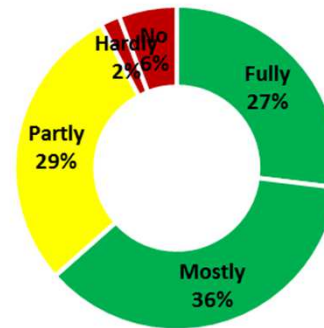


### STD 2 RESULTS:

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

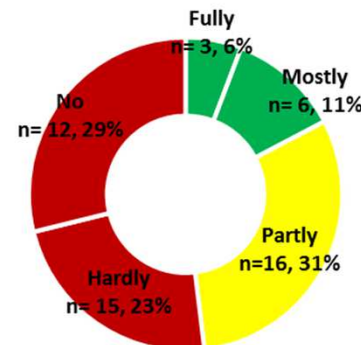
## Does your organisation ensure access to marginalised people?



### Participants reported

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

## Does your organisation evaluate the interventions addressing access barriers?



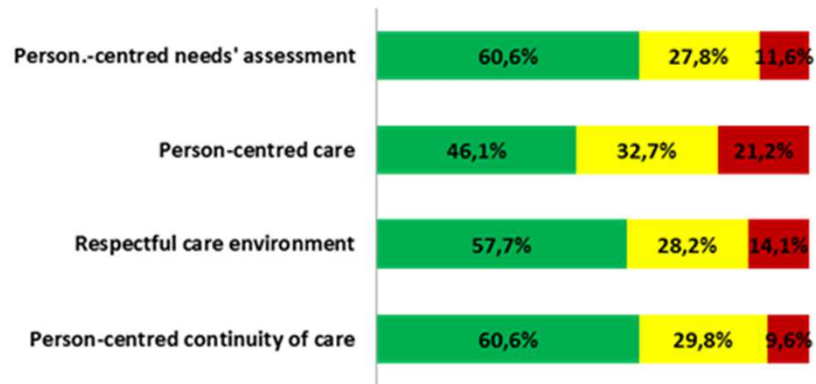
### Participants reported:

*«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 Equitable quality of care

■ % fully/mostly ■ % Partly ■ % hardly/no



### STD 3 RESULTS:

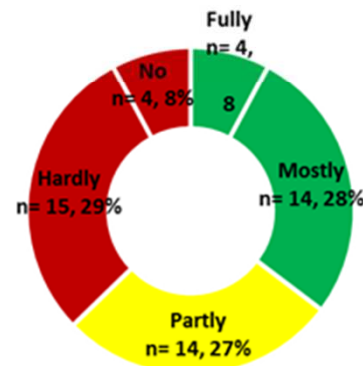
Organizations **scored high** demonstrating :

- 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)
- *Therapeutic plans and care paths are customized only in some health settings (home care, hospice) very little in the Hospital, Day hospital, long-term care where traditional guidelines prevail.* (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)

### Does your organisation train staff on how to elicit patient's illness story?



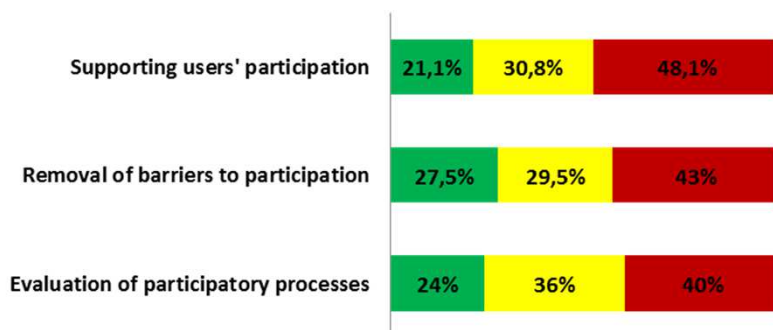
### Participants reported:

- *"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

## STD Equity in participation

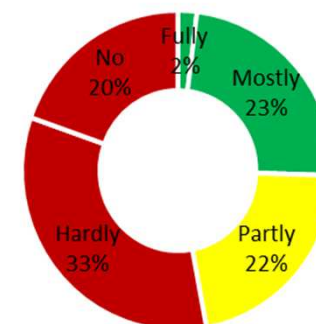
■ % fully/mostly ■ % Partly ■ % hardly/no



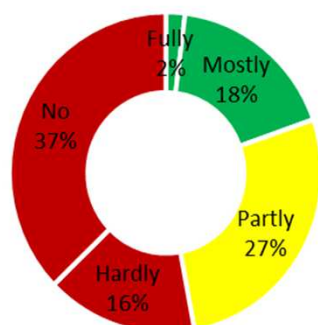
The organizations **scored very low** demonstrating :

- 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

Does your organisation identify users at risk of exclusion from participation?



Does your organisation train staff on how to engage people at risk of exclusion?



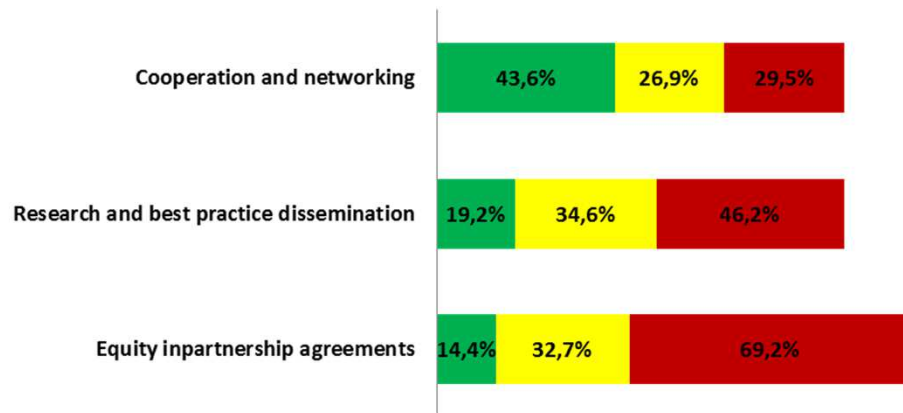
## Participants reported:

- *"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

## STD Promoting equity

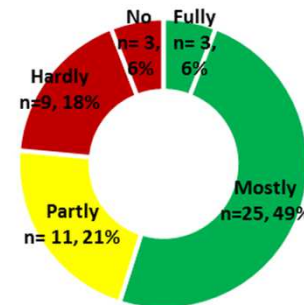
■ % fully/mostly ■ % Partly ■ % hardly/no



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

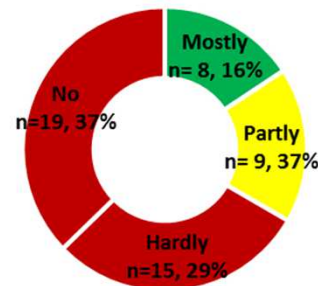
Does your organisation develop networks and partnerships to promote equity?



**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)

Does your organisation ensure equity is respected in partnership agreements?

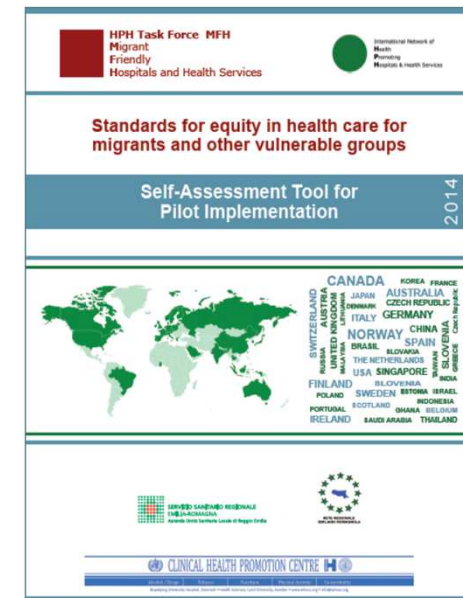


**Participants reported:**

- “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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Migration,  
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