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# Country SA PHN Health Access and Equity Framework 2025-2028

# Foreword from Chair of the Board and CEO

### Dr Simon Lockwood and Mark Hartigan

We are excited to introduce our 'Health Access and Equity Framework', developed by our dedicated team with valuable input from our colleagues and stakeholders. At the core of this Framework is a commitment to ensuring every individual, regardless of their background, has the opportunity to access safe, culturally appropriate, high-quality healthcare in country South Australia. We live in a world where access to healthcare remains unequal, with some populations facing significant barriers to receiving the care they need.

At Country SA PHN we believe that it is our responsibility, as leaders in the health sector, to address this issue head-on. Health equity is possible for our regions if we provide opportunities and supports which enable our communities, and individuals within them, to thrive regardless of their race, ethnicity, religion, age, gender, sexual orientation, social class or socioeconomic status.

Our Framework is grounded in a deep understanding of the factors that contribute to health disparities, including social determinants of health, implicit bias, and systemic inequality. We recognise that addressing these complex issues requires a multi-faceted approach that involves collaboration across sectors and communities, and commitment over the long-term.

Our Framework provides a roadmap for how we will build on our progress to date and continue to work towards our goal of balancing health equity in our region and creating a healthcare system that is truly equitable and accessible to all.

We invite you to join us on this journey.

# Health Access and Equity at a Glance

## Our Vision

Country South Australians, regardless of where they live, their cultural background, income level, occupation or education, have equal access to high-quality healthcare and the opportunity to achieve optimal health outcomes.

## Our Commitment

Country SA PHN's Health Access and Equity Framework reflects our commitment to improving the health and wellbeing of country South Australians, particularly those at risk of poor health outcomes due to health inequity.

## Our Mission

Country SA PHN will contribute to bridging the gap of health inequity in our region by promoting equal access to healthcare services; recognising social determinants of health; and reducing disparities in health outcomes.

## Acknowledgement

The Framework has been informed by consultation with internal and external stakeholders, including staff, service providers, client groups and clients, to ensure its design reflects the perspectives of those who will bring it to life.

## Guiding Principles

- Recognising the impact of the social determinants of health
- Promoting access to quality healthcare
- Reducing systemic prejudice and discrimination
- Strengthening rural voices
- Fostering collaboration and partnerships
- Measuring and monitoring progress.

## Key Priority Areas for Action

- Commitment to health equity as a strategic priority
- Embed health equity into everything we do, putting health equity at the heart of our work
- Address systemic barriers
- Engage with communities
- Use data and evidence to support action.

# Health Inequity Context

## What is health inequity?

Health inequity refers to the avoidable and unfair differences in health outcomes arising from social conditions in which people are born, grow, live, work and age. It is a critical issue facing societies worldwide.

## What are the factors that can influence health inequity?

Evidence from across the globe reveals how social factors including education, employment status, income level, gender and ethnicity significantly influence a person's ability to live a long and healthy life.[1] The experience in Australia is not dissimilar, with the pursuit for equity considered particularly important in our regional, rural and remote communities, where other factors include:

- Socioeconomic position
- Cultural and ethnic background
- Remoteness
- Food security
- Transport
- Housing, basic amenities and the environment
- Early childhood development
- Social inclusion
- COVID-19 (emerging)

## Aboriginal and Torres Strait Islander Persons

Aboriginal and Torres Strait Islander persons have a life expectancy **10 years less** than non-Aboriginal and Torres Strait Islander persons; **2-10 times greater risk of hospitalisation**; and often experience cultural and other barriers when accessing healthcare.[2]

4% of people in the Country SA PHN region identify as Aboriginal or Torres Strait Islander.[3]

## Low Income

Low income increases the inequity in accessing health services for persons with relative socio-economic disadvantage due to the burden of out-of-pocket costs and associated challenges related to accessing health services. 5.5% of families with children are low-income and welfare-dependent.

9.4% of people in the Country SA PHN region aged 15 to 64 receive unemployment benefits.[3]

## Disability

People with a disability experience shorter life-expectancy, limitations in everyday activities, poorer health and additional barriers when accessing health services.

6.1% of people in the Country SA PHN region have a severe or profound disability and live in the community.[3]

## Children

Children who are developmentally vulnerable have, on average, more complex health needs and are at risk of poorer long-term outcomes in childhood in later life, but often experience increased social barriers to accessing health services.

**25%** of children in the Country SA PHN region are developmentally vulnerable on one or more domains when they start school.[3]

## Persons Born Overseas

Persons born overseas often experience cultural and language barriers when accessing health care services. 5.3% of people in the Country SA PHN region are from non-English speaking countries.[3]

**19%** of people in the Country SA PHN region are born overseas.

## Older Persons

In general, older people (aged 65 and over) experience an increased number and complexity of health needs, including challenges relative to accessing services compared to the overall population.

**23%** of people in the Country SA PHN region are older persons, and this is projected to increase over time.[3]

## Mental Health

People living with mental health concerns can experience challenges related to personal, social and economic wellbeing, which impact overall access to health services.

**10.1%** of people in the Country SA PHN region report having a mental health condition (depression or anxiety).[3]

## Transport

Transport is a significant barrier for people in the Country SA PHN region due to greater distances to health services and widespread unavailability of public transport.

**5.1%** of dwellings in the Country SA PHN region have no motor vehicle.[3]

## Why is addressing health inequity important to Country SA PHN?

People living in rural and remote areas face unique challenges due to their geographic location, and often have poorer health outcomes.[4] On average, Australians living in rural and remote areas have shorter lives, higher levels of disease and injury, and poorer access to and use of health services, compared with people living in metropolitan areas.[5]

# Health Equity

# Overview of our Region

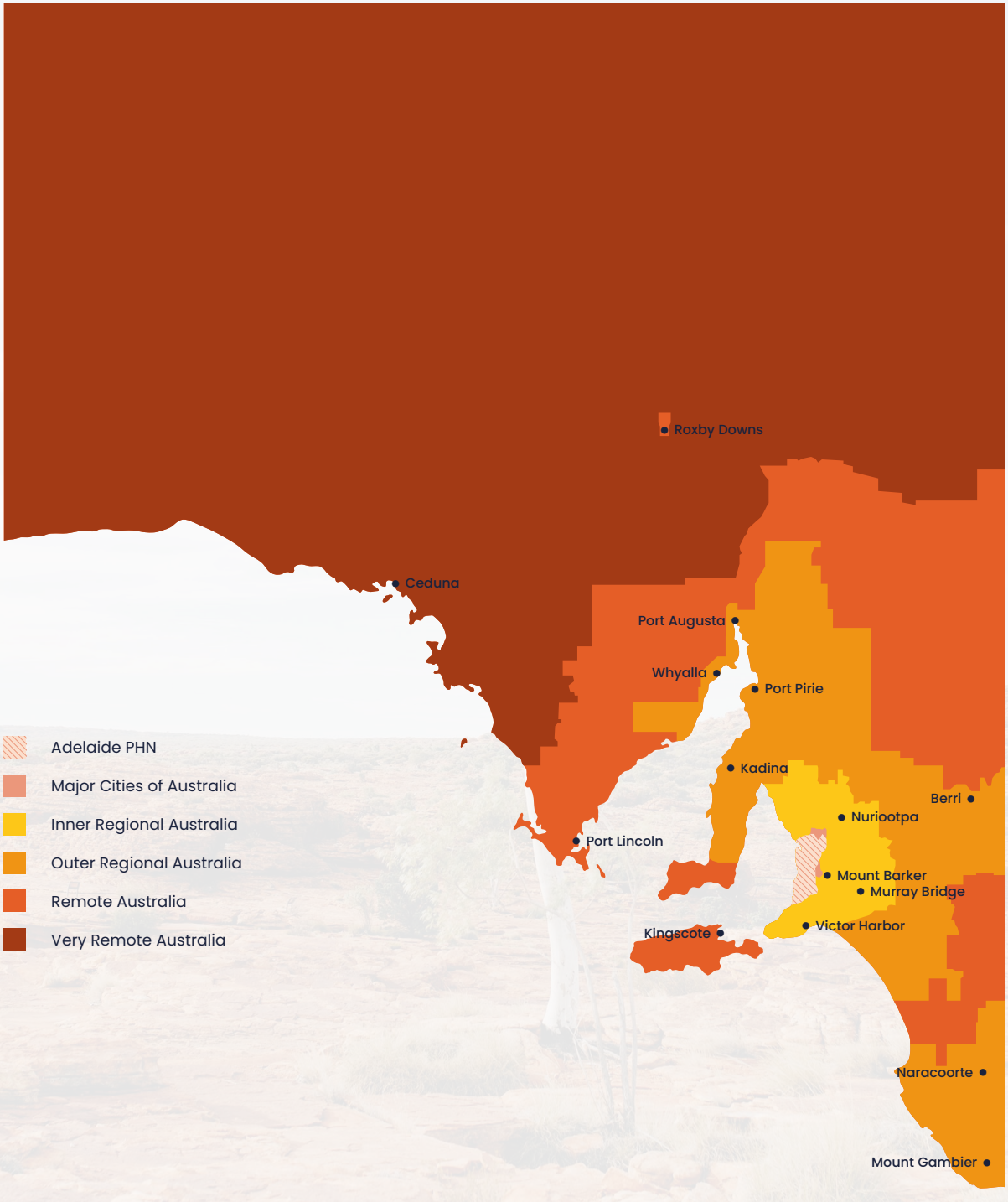
## Country SA PHN

- The Country SA PHN region has a population of just over half a million (508,269) people.
- This makes up 29% of South Australia's total population, widely dispersed across 99.8% of the state geographically.
- Just under half of Country SA PHN's population (46%) live in outer regional, remote and very remote regions, compared to 10% of all persons nationally.[1]
- People living in rural and remote areas are known to have higher rates of hospitalisation and chronic disease mortality. Despite this, increasing remoteness is associated with lower access to health workforce and an increasing number of barriers contributing to poorer access to health services.

**Table 1:** Distribution of Country SA PHN Population by Remoteness Area, as per the Accessibility/Remoteness Index of Australia Plus (ARIA+) (2021)[1]

| Region | Persons | % of Population | Area (Km2) | % of CSAPHN Area |
|---|---|---|---|---|
| Major Cities | 51,265 | 10.1 | 291 | 0.03 |
| Inner Regional | 222,509 | 43.8 | 15,089 | 1.5 |
| Outer Regional | 175,752 | 34.6 | 79,289 | 8.1 |
| Remote | 45,208 | 8.9 | 118,574 | 12.1 |
| Very Remote | 13,535 | 2.7 | 767,850 | 78.3 |
| Total | 508,269 | 100 | 981,094 | 100 |

**Figure 1:** Country SA PHN Region Remoteness Area



If all Australians had the same experience as those in the highest socio-economic areas, there would have been 54,000 fewer deaths in 2009-2011 (AIHW 2014)

The Socio-Economic Index for Areas (SEIFA) for relative socio-economic disadvantage describes a person's relative social and economic position based on a combination of factors related to educational attainment, income or level of occupation, housing and family structure. Lower socioeconomic position is a known contributor to increased complexity, poorer access and outcomes related to health.

On average, persons in the Country SA PHN region are more socioeconomically disadvantaged than South Australians and Australians as a whole.

**964** SEIFA score for country South Australians.

**985** SEIFA score for South Australians.[6]

**1000** SEIFA score for Australians.

# Key Priority Areas for Action

The following Key Priority Areas describe how Country SA PHN will focus efforts in the pursuit of access and health equity over the next three years. Further details, including specific actions and delivery timeframes, will be set in the Country SA PHN Health Access and Equity Action Plan.

## Show leadership and commitment to equity as strategic priority

### Objectives

Demonstrate active leadership to improve health equity within Country SA PHN and across the health sector.

Apply a whole of the organisation approach to embedding a health equity lens within systems and roles.

### What we are currently doing

Developing strategic and operational documents that enable a health equity lens to be applied.

Targeted and purposeful investment for priority populations and areas of need.

### Actions for the future

Develop and publish the Action Plan.

Increase understanding and identification of priority populations and areas of under-service in the Needs Assessment.

Develop and support applying a health equity lens to organisational strategic planning, analysis, design, commissioning, engagement and reporting processes.

## Address systemic barriers

### Objectives

Take a systemic and whole of organisation approach to embed a health equity lens across all activities.

Develop and implement polices that promote health equity and inclusion.

### What we are currently doing

Embedding cultural awareness competency training as a requirement for staff and service providers.

### Actions for the future

Establish a set of reflective questions that will be used as minimum considerations when designing and commissioning activities.

Supporting action on local determinants of health.

## Embed health equity into everything we do

### Objectives

Identify and support activities that are health equity focused and inclusive.

Build capacity of Country SA PHN, commissioned service providers and General Practice to provide health equity focussed, inclusive and culturally responsive services.

Embed clear principles to address health inequity and give priority to population groups who face the greatest barriers to health and wellbeing.

### What we are currently doing

Ensuring cultural responsiveness and awareness training for Country SA PHN staff and providers.

### Actions for the future

Develop and implement resources, systems and processes to facilitate health equity.

Support commissioned service providers and General Practices to implement health equity competencies and to promote health equity for staff and local communities.

## Engage with communities

### Objectives

Identify and partner with community to ensure activities are responsive to community needs.

Understand the health needs and priorities of diverse populations.

### What we are currently doing

Collaborating with Local Health Clusters, Clinical Council and other relevant stakeholders to analyse and understand local health needs.

Building knowledge and understanding of our Aboriginal, CALD and LGBTQIA+ communities.

### Actions for the future

Develop inclusive community engagement strategies that include people with lived experience and organisations that represent different sectors, to guide strategy, planning, design, delivery and evaluation of service provision.

Build diverse representation within the organisation across governance, leadership, working groups and advisory groups.

## Use data and evidence to support action

### Objectives

Use data and evidence to analyse health inequities and translate evidence into practice.

Continually evaluate the effectiveness of targeted activities.

### What we are currently doing

Examining health indicators for at risk populations to inform Needs Assessment and targeted activity.

### Actions for the future

Incorporate a health equity lens within assessment of health and service needs analysis approach.

Improve data collection systems and reporting requirements to better capture data related to equity.

# Implementation Process

Addressing health inequities is a complex process requiring long term commitment and a multifaceted approach.
Country SA PHN will:

**Step One**

Work closely with key stakeholders to develop a comprehensive Action Plan that outlines specific strategies and interventions to address health disparities and promote health equity.

**Step Two**

Leverage activities already underway and existing networks and relationships to support realisation of agreed actions.

**Step Three**

Monitor progress against the Key Priority Areas for Action.

**Step Four**

Continually collaborate and communicate with key stakeholders to ensure that the Framework remains responsive to changing community needs and priorities.

**Step Five**

Evaluate to determine what has worked well and what could be improved in the future.

# Governance, Monitoring and Reporting

## Governance

Effective governance is critical to the successful implementation and sustainability of the Country SA PHN Health Access and Equity Framework. It will provide the necessary leadership, resources and accountability mechanisms to ensure the Key Priority Areas for Action are being addressed and progress is being made towards achieving health equity.

The Executive Manager, Health System Integration and Innovation is the Executive Sponsor for this Framework and will lead the implementation of activities and associated actions on behalf of Country SA PHN.

## Monitoring and Reporting

Implementation of the Country SA PHN Health Access and Equity Framework will be monitored as part of internal strategic and performance reporting mechanisms. Progress and key achievements will be reported to the Board at regular intervals, with highlights to be included in the Country SA PHN Annual Report.

## Supporting Tools and Resources

Country SA PHN will develop a suite of tools and resources to be used in commissioning and other activities to assist in embedding health equity across all operations.

# Guiding Principles

The following Guiding Principles will underpin all Country SA PHN activities:

## Addressing social determinants of health

Social determinants of health are the social, economic and environmental conditions that shape health outcomes. Addressing these determinants, such as poverty, housing, education and food security, is critical to achieving health equity.

## Promoting access to quality healthcare

Access to healthcare is a fundamental human right. Efforts to promote health equity must ensure that all people have access to quality healthcare services, regardless of their financial circumstances, geographic location, or any other factor.

## Reducing systemic prejudice and discrimination

Prejudice and discrimination contribute to health inequities by creating social and economic barriers and can negatively impact health outcomes. Addressing these issues requires a comprehensive approach, that includes policies to promote equity and inclusion, as well as efforts to eliminate systemic discrimination.

## Strengthening rural voices

Meaningful community engagement is critical in understanding the unique health needs of different communities. Efforts to promote health equity should prioritise the perspectives and experiences of community members and include them in decision making processes.

## Fostering collaboration and partnerships

Achieving health equity requires cross sector collaboration, partnerships and co-design with stakeholders including healthcare providers, public health officials, community organisations and policy makers. By working together, we can capitalise on knowledge and expertise from across different sectors, to address challenges and formulate innovative solutions.

## Measuring and monitoring progress

Regularly measuring and monitoring progress is essential to ensuring efforts are effective. This requires collection and analysis of data on social determinants of health, health access and health outcomes, as well as ongoing evaluation of policies and activities.

## References

1 Health Inequities and their Causes, World Health Organisation, February 2018

2 AIHW. Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2018. Canberra: AIHW; 2022

3 Public Health Information Development Unit. 2021 Census: Population Health Networks; Adelaide: Torrens University Australia; 2022

4 Rural and Remote Health, Australian Institute of Health and Welfare, July 2022

5 Rural and Remote Australians, Australian Institute of Health and Welfare, April 2023

6 Public Health Information Development Unit. 2016 Census: Population Health Networks; Adelaide: Torrens University Australia; 2022

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