

An introduction to health equity audit

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What is health equity audit?

- A tool that can be used to consider whether services that affect health and wellbeing are reaching those people that need them most

Questions that arise

- Is access to a service distributed “fairly” or equitably? What does “fair” mean?
- What does the profile of service users look like when split by age, gender, ethnicity etc.?
- Does this profile reflect the profile of need?



Learning objectives

1. To understand what health equity audit is
2. To recognise when it is appropriate to undertake health equity audit
3. To understand the process of equity profiling (*not* to be able to carry out an equity audit)
4. To recognise and be able to follow the equity audit cycle



Delivery of Stop Smoking Services in South Tyneside 2009 and 2010

Ward	Adult population	Number accessing Stop Smoking Services	
Bede	7,000	600	
Boldon Colliery	8,000	200	
West Park	7,000	200	
Whitburn & Marsden	6,000	100	



Delivery of Stop Smoking Services in South Tyneside 2009 and 2010

Ward	Adult population	Number accessing Stop Smoking Services	% of adults that smoke
Bede	7,000	600	30%
Boldon Colliery	8,000	200	20%
West Park	7,000	200	20%
Whitburn & Marsden	6,000	100	20%



Delivery of Stop Smoking Services in South Tyneside 2009 and 2010

Ward	Estimated number of adult smokers	Number accessing Stop Smoking Services	
Bede	2,100	600	
Boldon Colliery	1,600	200	
West Park	1,400	200	
Whitburn & Marsden	1,200	100	



Delivery of Stop Smoking Services in South Tyneside 2009 and 2010

Ward	Estimated number of adult smokers	Number accessing Stop Smoking Services	
Bede	2,100	600	
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Whitburn & Marsden	1,200	100	

A measure of need for Stop Smoking Services



Delivery of Stop Smoking Services in South Tyneside 2009 and 2010

Ward	Estimated number of adult smokers	Number accessing Stop Smoking Services	Rate of access per 1,000 smokers
Bede	2,100	600	290
Boldon Colliery	1,600	200	130
West Park	1,400	200	140
Whitburn & Marsden	1,200	100	80
Total	6,300	1,100	170



Conclusions

- Population on its own is not a good indicator of health need
- What is required is a measure of the population in need of a service
- A “rate” e.g. service users per 1,000 smokers can be used to compare access in populations of different sizes

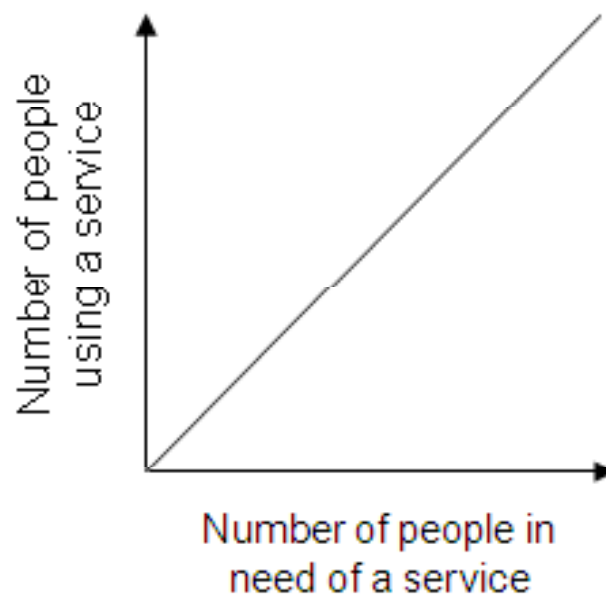
NB rate of access = service users/population

If the rate is “per 1,000” then multiply by 1,000



What is health equity audit

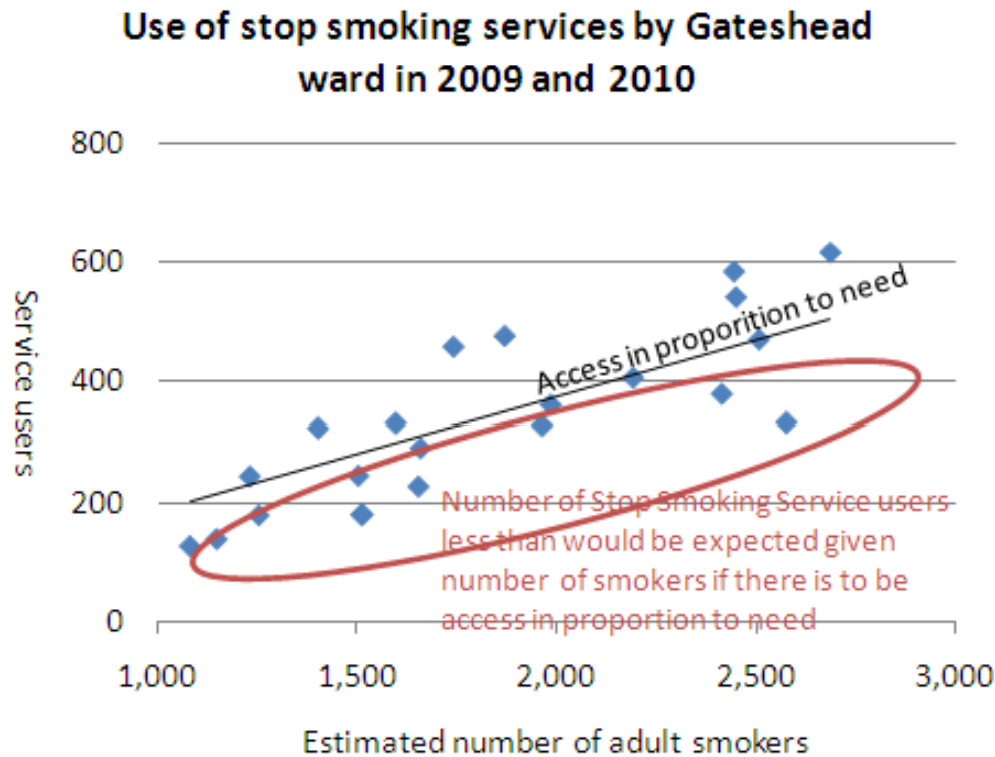
- A tool used to study patterns of access to any services that affect health and wellbeing
- Are those services reaching population groups that would benefit from them most



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Example, use of Stop Smoking Services



NB Here, delivery is well aligned with need by area of residence, most dots are close to the line of 'fair' access



Why do equity audit?

- It can identify communities in need of services who are not getting access in proportion to need
- *It can't say why!*
- It can suggest population groups where more detailed work is needed to identify barriers to accessing services
- It can show if *all* groups, even groups where need is low, are gaining fair access to services
- Actions arising from equity audit can help to reduce health inequalities



Dimensions against which access is measured

- Age band and gender
- Ethnic group
- Social and economic group (level of disadvantage)
- Geographical area of residence
- Physical or learning disability status
- Sexual orientation
- “Geodemographic” groups e.g. Mosaic[®] Groups or Acorn[®] Groups
- Groups vulnerable to poor health e.g. pregnant women
- Religion – but dimensions usually only included where there is good evidence of health inequalities



When can the tool be used?

- Where there are a large number of service users, or where there is a potential to greatly improve health or wellbeing for a small number of service users
- Where there is a potential for significant reduction in health inequalities
- Equity audit must be cost-effective
- Where there is a system for collecting data about service users (typically a computer database)



Who should do equity audit?

- Service commissioners or service managers, to understand how a service can more accurately reach its target groups
- Evidence from equity audit can inform a business case for service change or service expansion
- If undertaken by commissioners, important to talk to the service manager to obtain 'buy in' and access data
- Ideally, the need to undertake equity audit is written into the service level agreement



History of equity audit



Who is this?

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History of equity audit



Florence Nightingale: posted to Scutari Hospital in 1854 to oversee the introduction of nursing staff into Crimean War front line hospitals. She improved hygiene dramatically and death rates fell. She made changes but also observed the impact of these changes. She was a pioneer of clinical audit.



Where did health equity audit come from?

- Similar to clinical audit but clinical audit focuses only on service users
- Health equity audit focuses on all people in need of a service, whether or not current users
- Both use the “Plan, Do, Study, Act” principle
- Equity audit mentioned in UK government’s 2003-2006 Priorities and Planning Framework
- Appeared alongside the publication in 2003 of “Tackling Health Inequalities: a programme for action”





South of Tyne and Wear

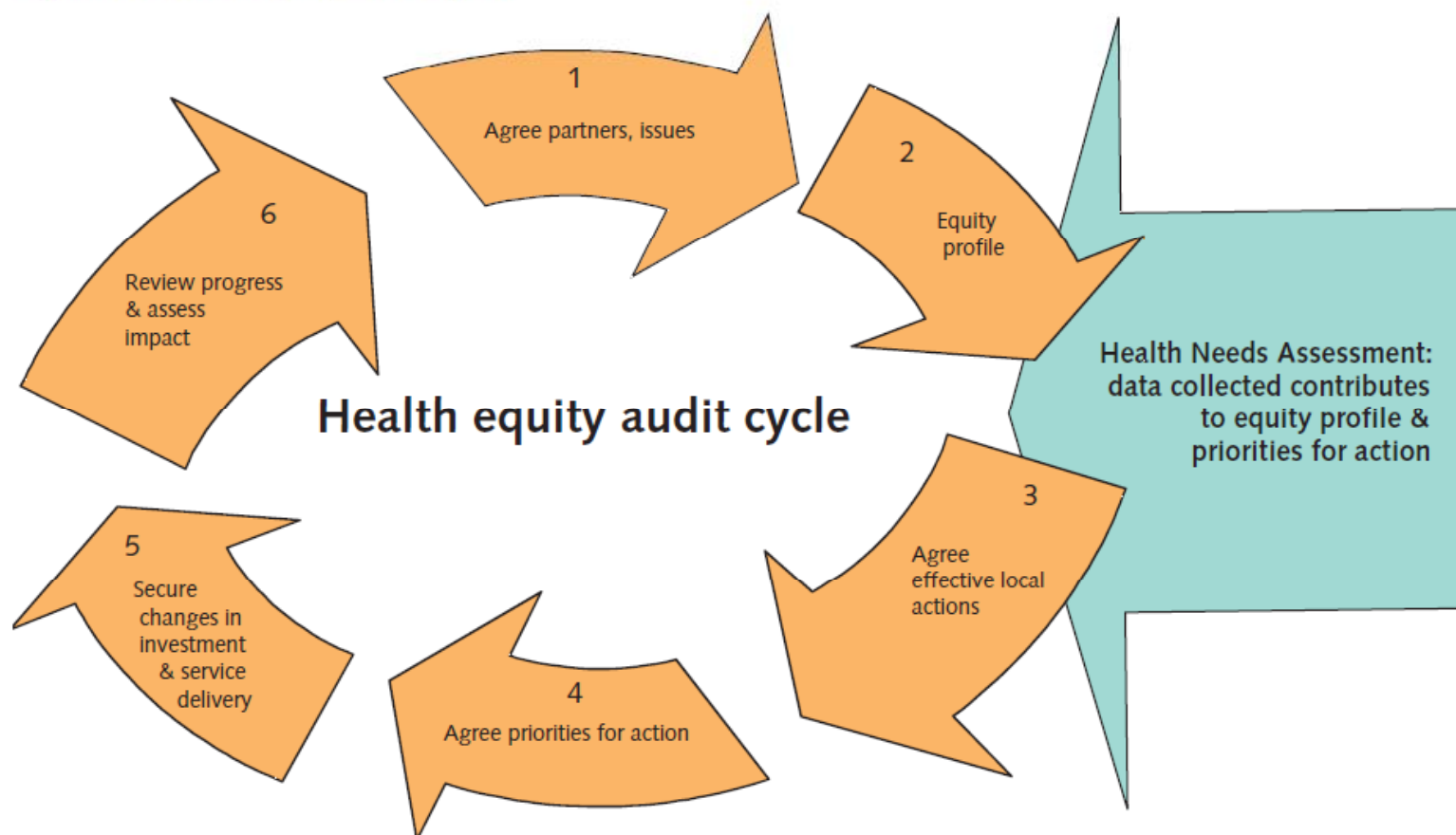
Doing health equity audit – a practical guide

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The health equity audit cycle

Figure 9: Health equity audit cycle



Department of Health (2003) *Tackling Health Inequalities: a programme for action* p39



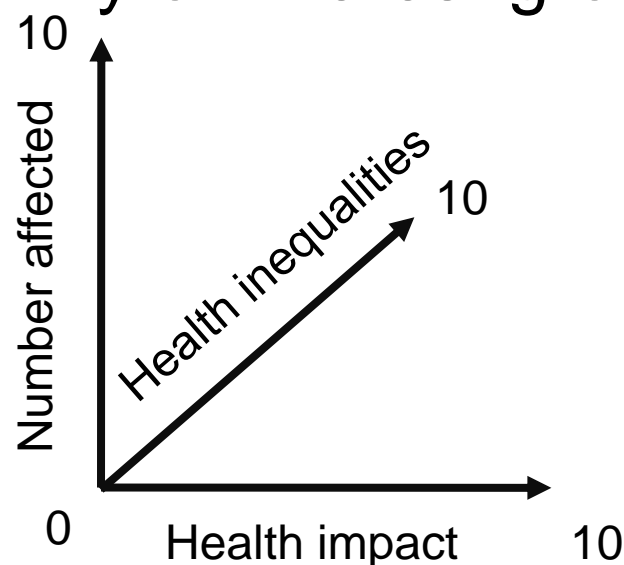
1. Agree issues and partners

- What are the priority issues for your area in relation to health, care and wellbeing
- Two documents should highlight key issues
- NOW – Director of Public Health Annual Report
- www.sotw.nhs.uk/aboutus/publications
- FUTURE – Joint Strategic Needs Assessment
 - www.sunderlandpartnership.org.uk/healthy-jsna.html
 - www.southtyneside.info/article/13286/Overview-of-the-JSNA
 - www.gateshead.gov.uk/jsna



1. Agree issues and partners

- If you are prioritising issues with a local community or interest group



- Score each issue from 0-10 against health impact, number affected and health inequalities
- Multiply together to give a total for each issue



1. Agree issues and partners

- Who do you want to involve in your equity audit?
- Involve those people who could help to bring about changes as a result of the findings of an equity audit
- Stakeholders could include:
 - Commissioner(s)
 - Service manager(s)
 - Service users, people in need who don't use a service
 - Community leaders or representatives
 - Public health practitioners
 - Elected members



1. Agree issues and partners

Exercise 1

- In groups, think of three health and wellbeing issues that are important in your local community, *and* where there are inequalities
- Say why you chose each issue



1. Agree issues and partners

Exercise 1

- Score each issue from 0-10, separately, for health impact, number affected and health inequalities. Multiply the three numbers to give a final score.



1. Agree issues and partners

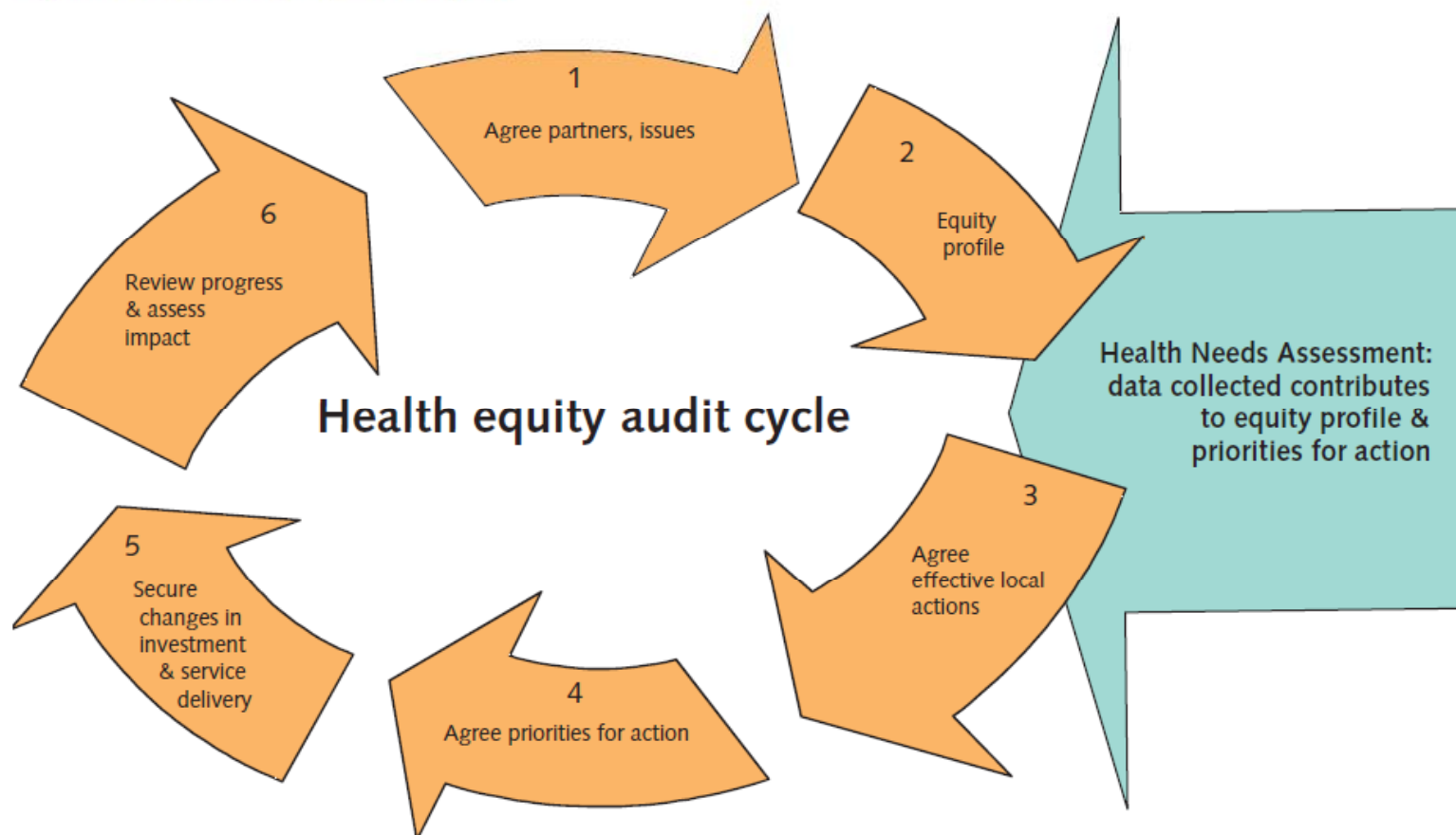
Exercise 1

- Identify effective services delivered locally which are addressing this problem. These could be candidates for health equity audit.



The health equity audit cycle

Figure 9: Health equity audit cycle



Department of Health (2003) *Tackling Health Inequalities: a programme for action* p39



2. Equity profile

A health equity audit is only as good as the measure of need that is used



2. Equity profile

- What is a good measure of need¹?
- Is the indicator important and valid (does it measure what it is claiming to measure)?
- Is the data available to populate the indicator?
- Can the indicator be measured across all the proposed dimensions of the audit e.g. age, gender, ethnicity, area of residence?
- Is the data from which the measure is calculated gathered routinely and updated frequently?

2. Equity profile

- Check what data is gathered by the service:
 - Age and gender?
 - Ethnic group?
 - Full postcode? (to measure area of residence, level of disadvantage and Mosaic[®] group)
 - Disability status?
 - Sexual orientation?
- Are these data fields actually populated with good data?
- You may have to improve data collection and return one or two years later to carry out audit



2. Equity profile

- Local or national evidence of need?
- If an indicator of need for different population groups is not available for the local population you might use evidence from national average data
- E.g. evidence about lifestyle behaviours is available from 2008 South of Tyne and Wear Lifestyle Survey BUT also from Health Survey for England



2. Equity profile

Exercise 2

For each of the three services that you identified earlier as candidates for equity audit:

- Identify a measure of need for the service
- Is it important and valid?
- Is data available
- Can it be measured across all dimensions of the audit e.g. age, gender, ethnicity, area of residence, level of social and economic disadvantage (from postcode)?
- Is the data from which the measure is calculated gathered routinely and updated frequently?



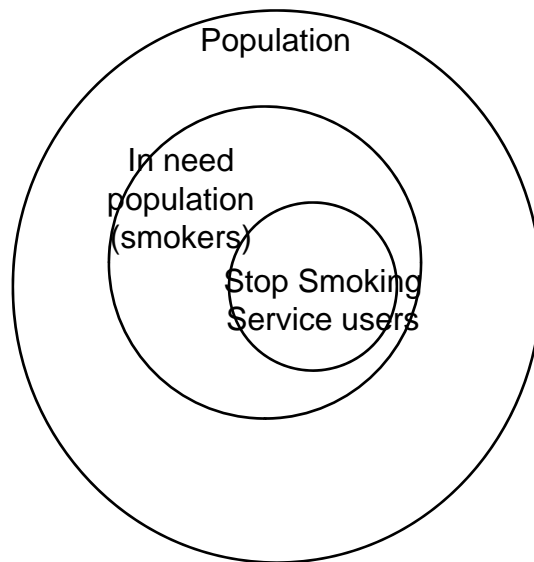
2. Equity profile - how does your service measure need?

- Examples from local equity audit work
 - Social care assessments among older people – number of older people with multiple risk factors for social isolation living in an area e.g. living alone, without a car
 - Usage of leisure facilities – proportion of people not undertaking regular moderate physical activity
 - Stop Smoking Services – estimated proportion or number of adults that smoke
 - Sexual health services – was difficult to identify a single measure of need and significant data was difficult to access

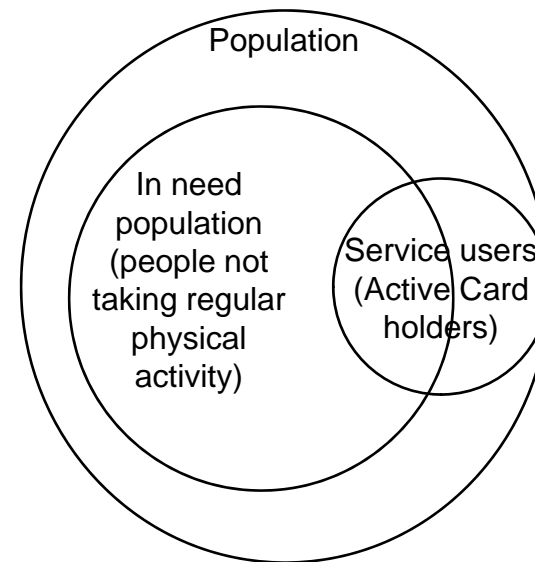


2. Equity profile – comparing need and usage

Stop Smoking Services

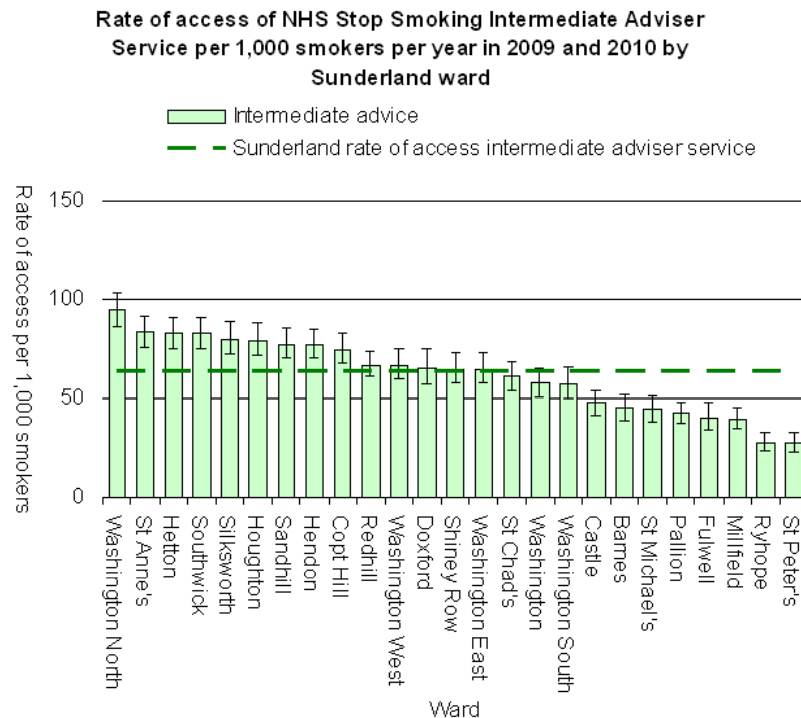


Council leisure facilities

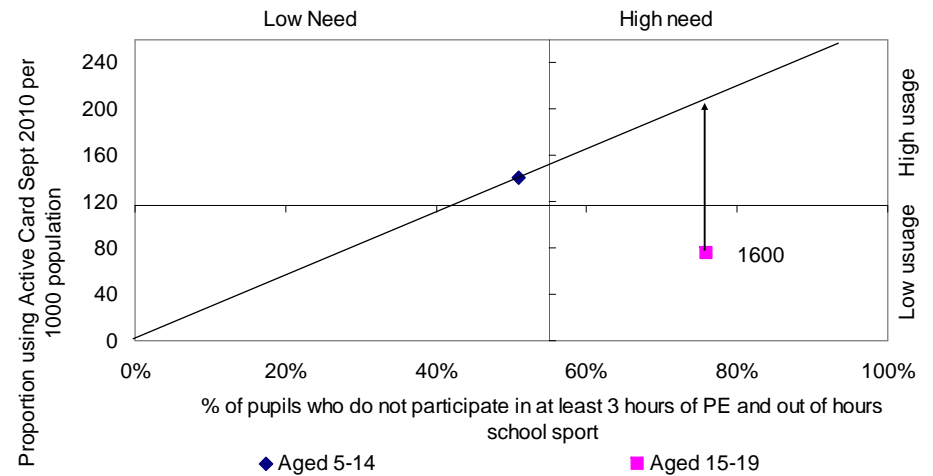


2. Equity profile – comparing need and usage

Stop Smoking Services



Council leisure facilities



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2. Equity profile – equal outcome

- A health equity audit can show variations in the rate of accessing a service between population groups
- A service should be accessed in proportion to need for that service
- BUT ALSO All service users should have an equal chance of a successful outcome
- Go back to Exercise 2. For each service think of an outcome measure.

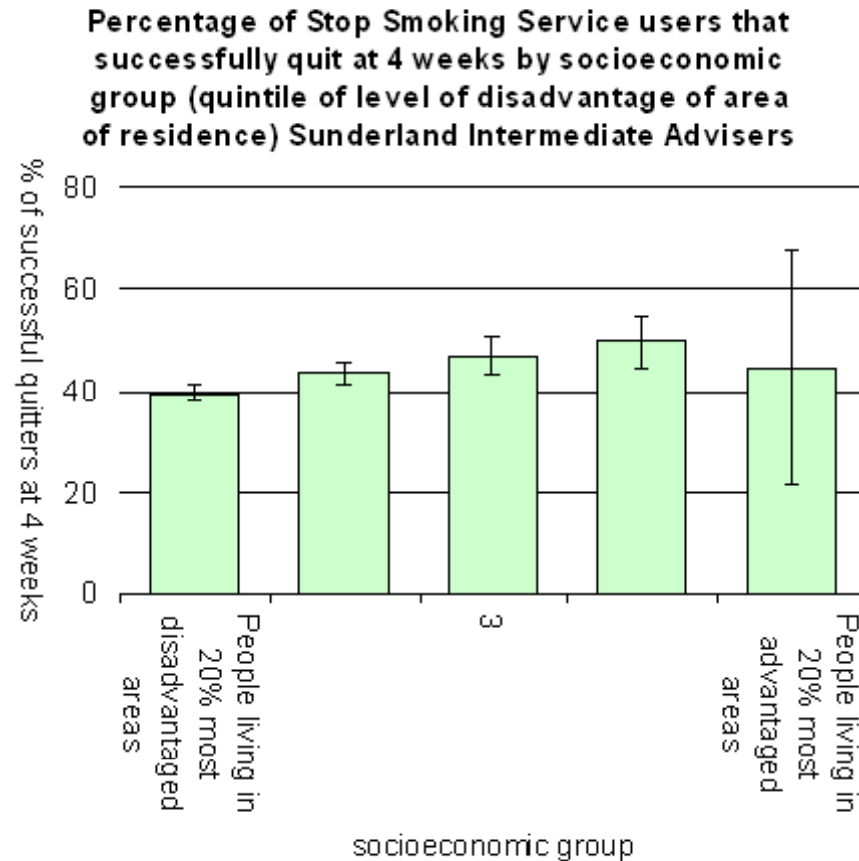


2. Equity profile – equal outcome

- Sometimes outcomes don't vary e.g. fuel efficiency measures
- But, you can consider the amount of a service accessed e.g. the value of fuel efficiency measures installed OR the amount of time spent on a specialist stroke ward



2. Equity profile – equal outcome South of Tyne and Wear



3. Agree effective local actions

- Write up equity audit as Powerpoint presentation or report
- Identify population groups that are under-represented among service users when usage is compared with need
- Quantify the number by which it is necessary to increase each group to get 'fair' access
- Present to commissioner and/or service manager, agree actions to target service to under-represented groups (agree what is possible)



3. Agree effective local actions

- For each recommended action, set a target
- Target will allow measurement of progress towards implementation of service changes
- SMART objectives
- Cost each recommended action



4. Agree priorities for action

- This could be a chance to re-engage a wide range of stakeholders at a short meeting
- Present findings of equity audit
- Propose alternative actions to target under-represented groups
- Ask group to prioritise these actions
- Gives stakeholders a sense of ‘ownership’ of action plan



5. Secure changes in investment and service delivery

- Evidence from equity audit can inform and support a business case for investment to modify or expand a service



6. Review progress and assess impact

- Leave sufficient time for changes to take effect
e.g. 2 or 3 years
- Review progress in service delivery targets, but also health outcome targets
- Review possibly via reimplementing equity audit



Examples of local equity audits



South of Tyne and Wear



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Examples of recent equity audits *South of Tyne and Wear*

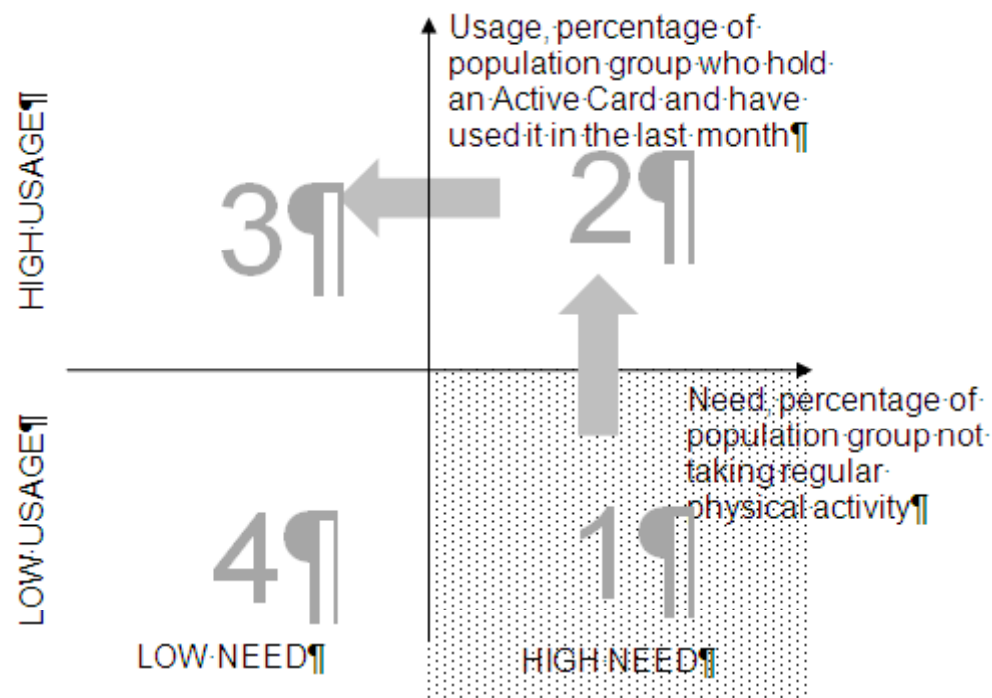
Gateshead Council leisure facilities, 2010 data

- proportion of people not undertaking regular physical activity used as a measure of need
- Usage of “Active Card” in past month as measure of service use
- women, older people, people with a disability and people from the West of Gateshead all under-represented among service users
- action plan is currently being drawn up – results to be presented within next three months



Examples of recent equity audits *South of Tyne and Wear*

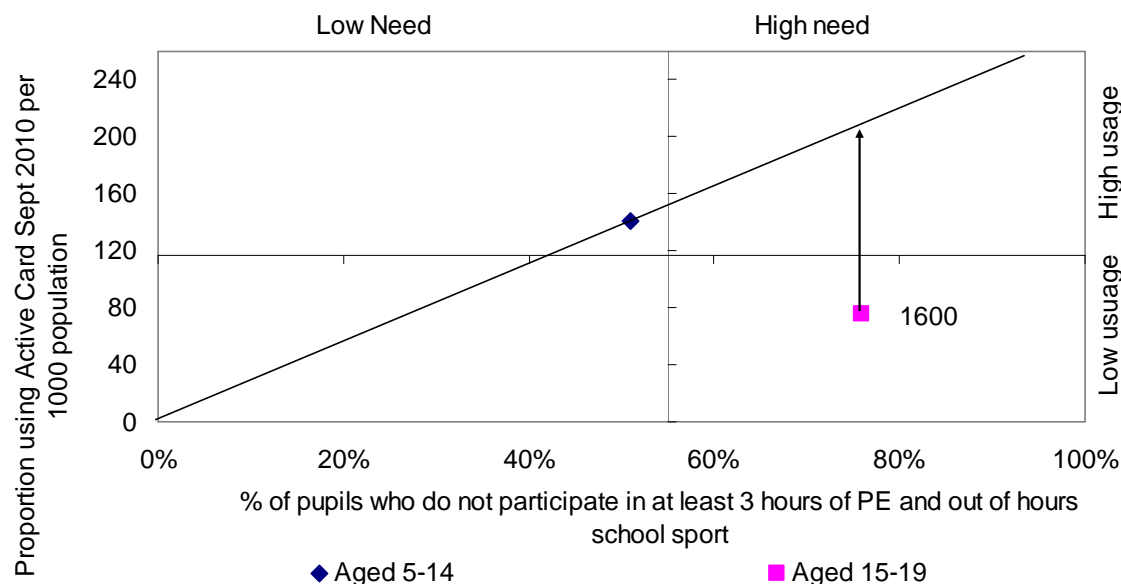
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Examples of recent equity audits *South of Tyne and Wear*

Gateshead Council leisure facilities, 2010 data

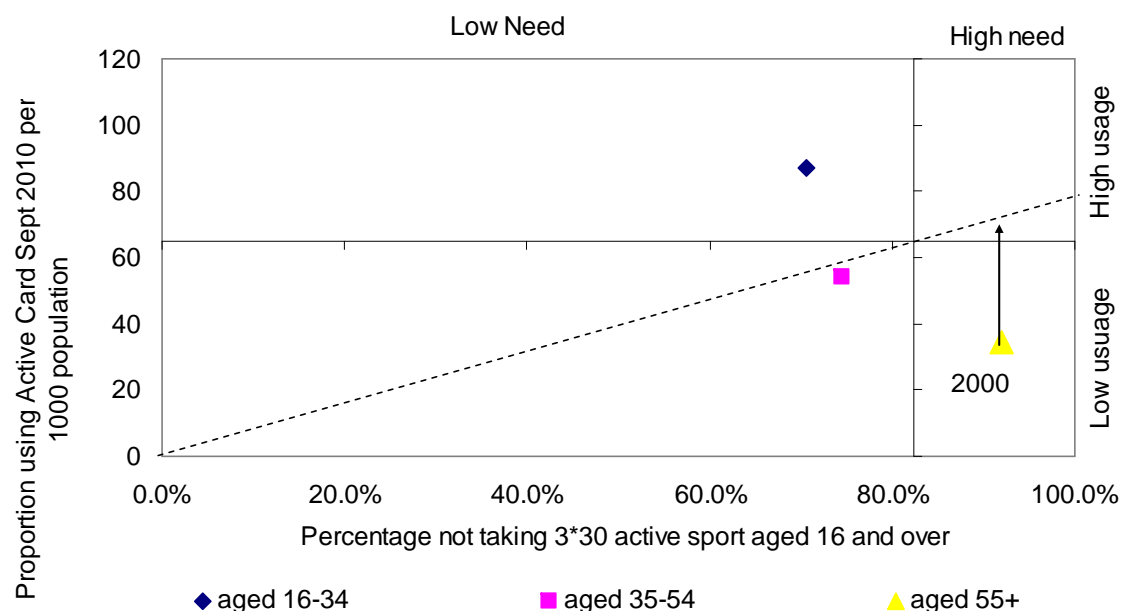
- Need vs usage for young people by age group



Examples of recent equity audits *South of Tyne and Wear*

Gateshead Council leisure facilities, 2010 data

- Need vs usage for adults by age group



Examples of local equity audits

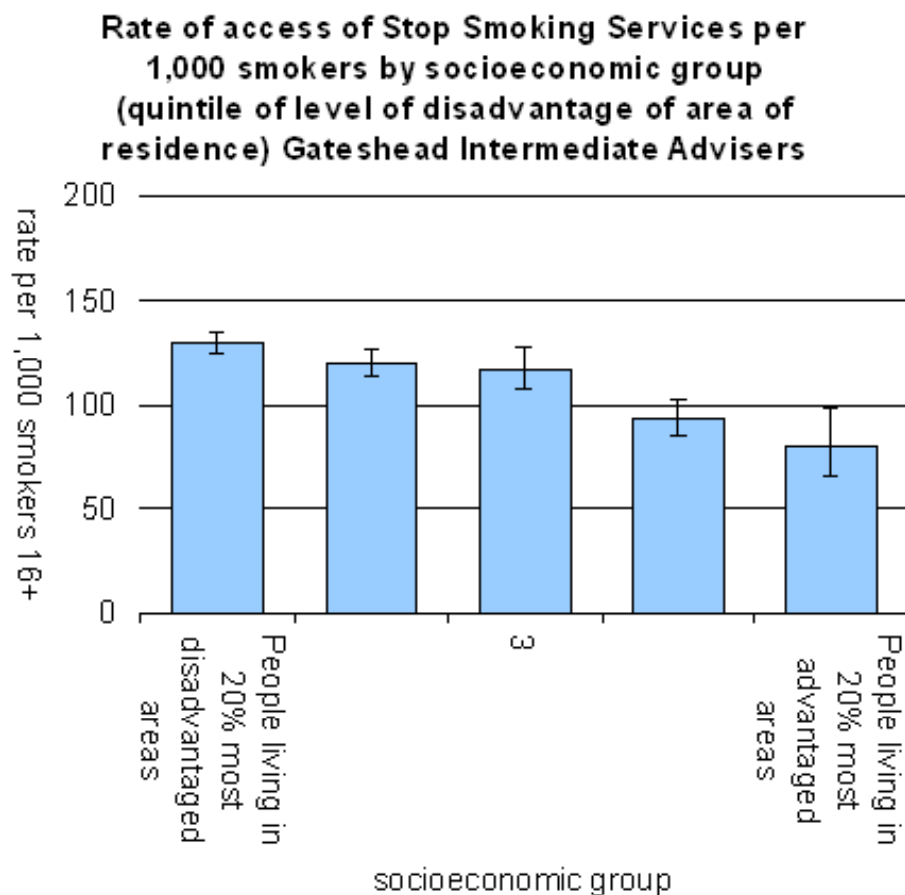
NHS Stop Smoking Services, 2009 and 2010 data

- proportion of adult smokers used as a measure of need
- men, particularly young men, black and minority ethnic groups are under-represented
- young people and people from disadvantaged communities find it harder to quit



Examples of recent equity audits

NHS Stop Smoking Services, 2009 and 2010



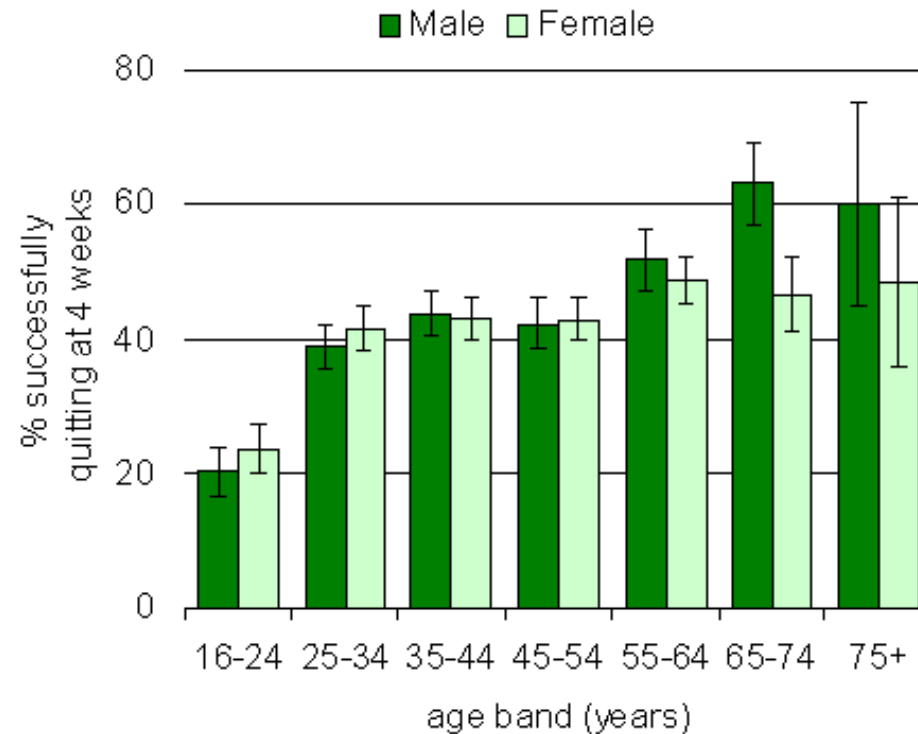
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Examples of recent equity audits

NHS Stop Smoking Services, 2009 and 2010

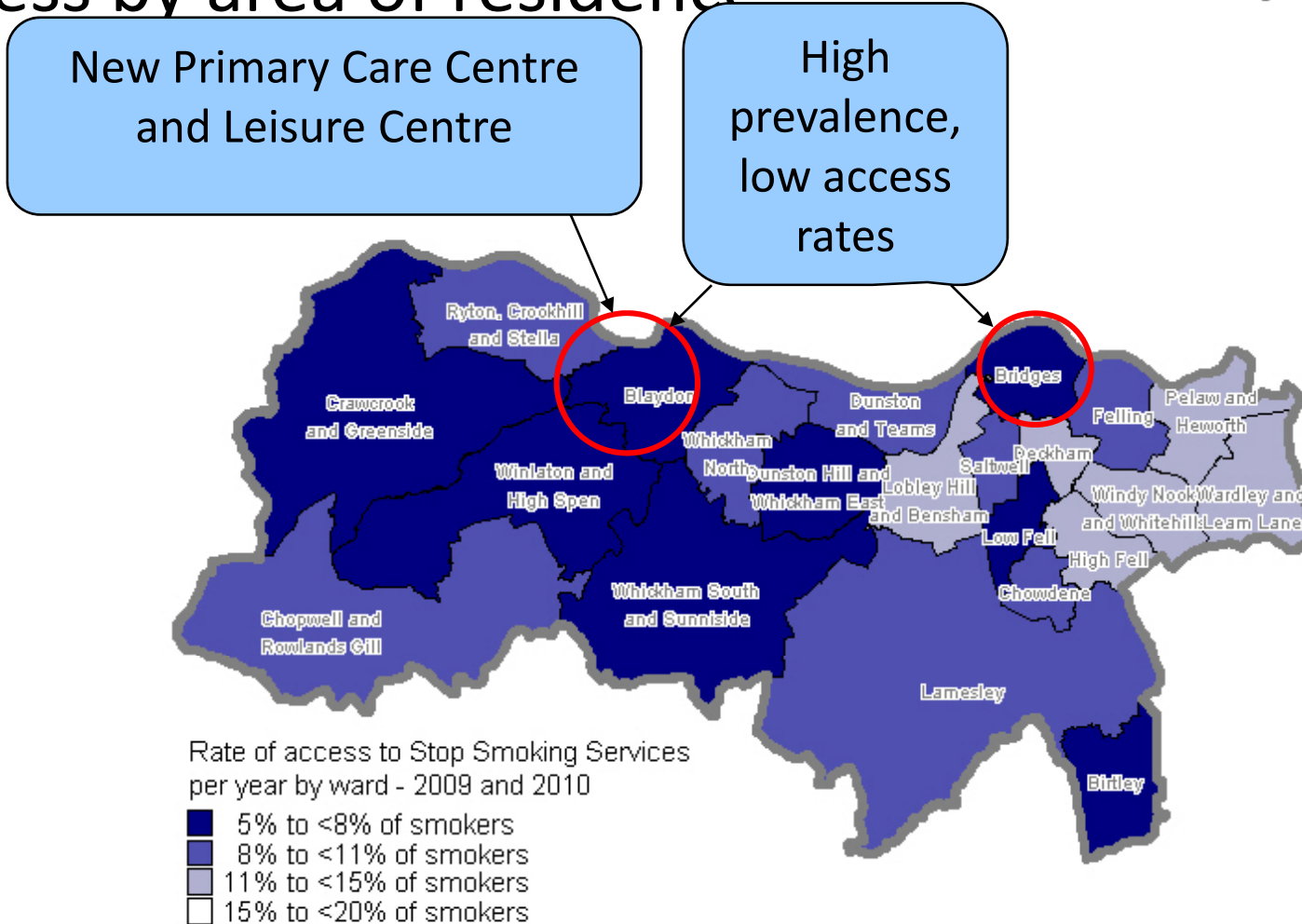
Percentage of service users successfully quitting at 4 weeks by age and gender - Sunderland Intermediate Advisers



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Stop Smoking Services rate of access by area of residence



Examples of recent equity audits *South of Tyne and Wear*

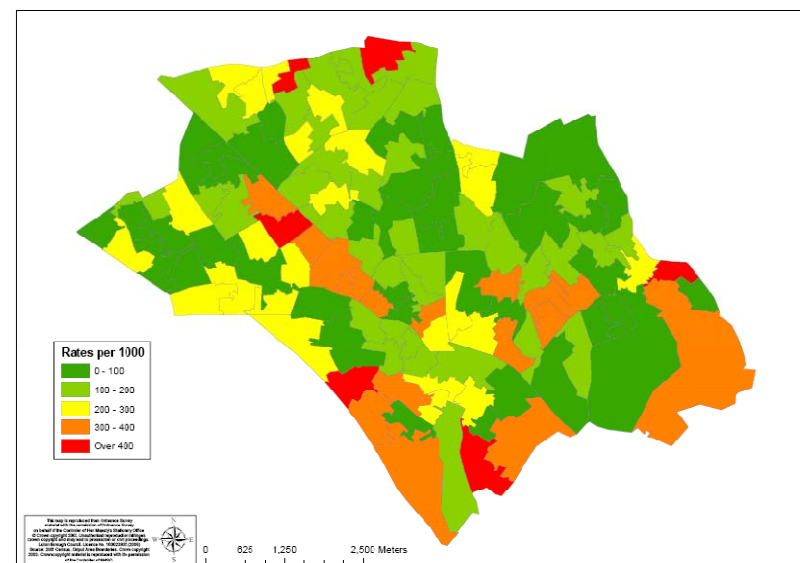
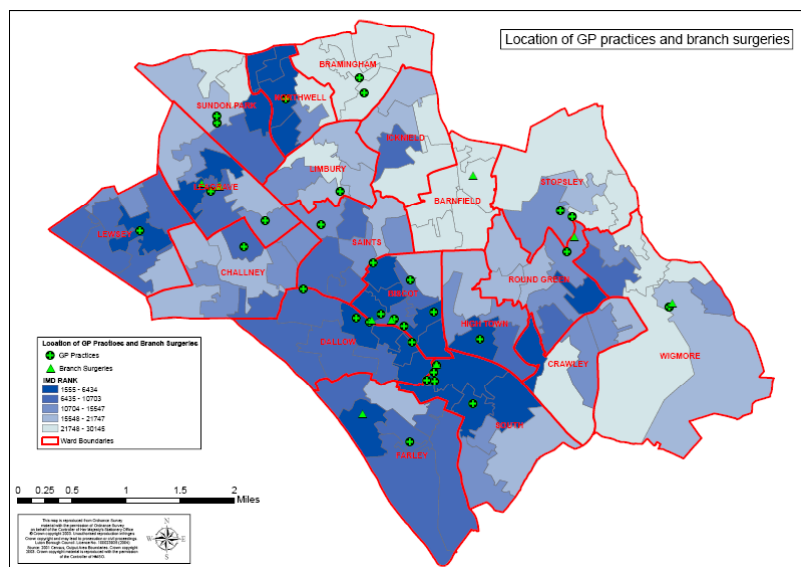
Chlamydia screening, 2009 data

- Service targeted towards young people 16-24 years
- Proportion of positive screens higher among people 20-24 years (measure of need)
- Rate of uptake of screening higher among people 16-19 years (measure of service usage)
- Proportion of positive screens higher in clinical settings but rate of access higher in non-clinical settings



Examples of recent equity audits *South of Tyne and Wear*

- Uptake of MMR immunisation, Luton





South of Tyne and Wear

Tea/coffee break

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Planning your own equity audit

- In small groups, choose an area that you are familiar with (a case study is available)
- Use the workbook to:
 - identify a priority issue
 - identify partners
 - choose a service appropriate for equity audit
 - select a measure of need for that service
 - select an outcome measure if appropriate
 - suggest answers to questions about data
 - suggest ways to display the results
- 1 hour, feedback afterwards to all



How to ensure that equity audit is undertaken routinely?

- Raise awareness of equity audit
- Build capacity to undertake equity audit
- Produce a local “how to” guide
- Recommend that evidence from equity audit informs business cases and impact assessments



Learning objectives

1. To understand what health equity audit is
2. To recognise when it is appropriate to undertake health equity audit
3. To understand the process of equity profiling (*not* to be able to carry out an equity audit)
4. To recognise and be able to follow the equity audit cycle



Any questions?

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