

### **COMMUNIQUE: CONSUMER COMMISSION DIVERGENT WORKSHOP 3**

#### 12 AUGUST 2020

On 11 August CHF hosted the third workshop of our *Consumer Commission: Beyond COVID-19*, which focussed on the topic of health equity. 23 Consumer Commissioners attended the session.

At the outset of the workshop Commissioners discussed the definition of health equity and determined that for the purpose of this workshop health equity means that consumer choice and access is enabled and not restricted compared to what others receive. Factors such as geography, age, disability, gender identity and sexual orientation, culture and language, health status and economic means should not limit or reduce access to health care.

Commissioners identified that resources should be allocated fairly according to need, noting that equity is not the same as equality and not everyone should receive the same services or supports. Commissioners also noted that access to health care is often influenced by socially constructed biases and prejudices which lead to inequitable access and outcomes.

Throughout the workshop Commissioners were divided into breakout groups to discuss four key questions related to health equity and how the COVID-19 pandemic has exacerbated inequities across the community. The key questions discussed were:

- 1. Which, if any, measures introduced during the pandemic response should be retained to help address issues of inequity over the long term?
- 2. What policy areas, if addressed, are most likely to create equitable access to healthcare and reduce disadvantage across the Australian community?
- 3. What structural changes are needed to address the underlying causes of inequity in Australia?
- 4. What consultation and engagement mechanisms can best support disadvantaged communities and individuals to be involved in decisions that affect their lives?

A summary of the discussion in response to these questions is provided on page 2.



Key themes from the discussions are outlined below:

## Positive changes to retain

- Improved social supports including income support, accommodation for the homeless and child care
- More flexible and responsive policy and decision making
- Increased mental health supports
- Faster data/ evidence cycles
- Recognition of First Nations leadership
- Pockets of excellence in partnering with consumers
- Digital health inc. telehealth (if done well)
- Home-based services, inc. medication
- Sense of community togetherness

# Policies needed to reduce inequity

- Consistent consumer engagement (dropped when it got 'too hard')
- Decouple policy from the political/electoral cycle
- Lots of evidence on SDOH - implement recommendations that already exist
- Long-term, whole of person policy for housing, education, skills training
- Care navigators for people with complex conditions
- Reduce policy silos e.g. between health, aged and disability care
- Care that rewards value based on outcomes not activity e.g. PREMs and PROMs
- Invest in prevention

# Structural changes and engagement

- Engage and empower young people who will experience the lifetime effects of this
- Embed and fund consumer engagement across the system
- Holistic funding models that incentivise good outcomes
- Legislate a Human Rights Act including the right to health
- Invest in health promotion, prevention and literacy, including the workforce
- Invest in social infrastructure including social housing, public transport and aged care
- Universal Basic Income
- Adopt a wellbeing framework and/or health in all policies approach