**Fair Foundations: the VicHealth framework for health equity**

**Summary of June 2013 consultation series**

VicHealth is committed to promoting the health and wellbeing of all Victorians. To ensure an equitable approach, we adapted and applied the work of the World Health Organization Commission on the Social Determinants of Health to the Australian context, and produced an action oriented framework to guide health promotion. ‘Fair Foundations: the VicHealth framework for health equity’ outlines and describes the social determinants of health inequities and provides practical entry points for action.

Fair Foundations (see Appendix) was released in draft form in June 2013 after a series of consultation workshops held across Victoria. This document provides an overview of the consultation series and summarises feedback provided to VicHealth, much of which has shaped further development of the framework, due to be released in late October.

The consultation series

We held consultation workshops to share the draft framework with policy makers and practitioners from the health promotion sector, and to gather feedback about its practicality and potential to add value to health promotion action focused on reducing health inequities.

More specifically, we wanted the consultation series to help us:

- introduce and promote the new framework as a tool to guide health promotion practice
- assess the value of the framework in exploring and addressing different health issues
- gather feedback on the framework’s usefulness and potential to add value to health promotion practice
- assess broader support needs of the health promotion sector in relation to equity-focused action.

Between 17 and 26 June 2013, 220 participants attended six workshops in Melbourne (2), Traralgon, Benalla, Swan Hill and Ararat. Participants represented a range of sectors and organisations including state and local government, primary care partnerships, Medicare Locals, community and women’s health services, regional sports assemblies, non-government organisations and universities.

All consultation workshops were facilitated by Sharon Friel, Professor of Health Equity at the National Centre for Epidemiology and Public Health (The Australian National University). Sharon was also an expert advisor to VicHealth throughout the development of Fair Foundations. Sharon’s presentation at the workshops, sharing her experience working as the Head of the Scientific Secretariat for the Commission on Social Determinants of Health, was consistently identified by participants as a highlight.
Participants were generally very engaged throughout the workshops and provided VicHealth with clear and consistent feedback regarding the draft framework. They also reflected on the role and value of VicHealth in the health promotion sector more broadly, identifying the organisation’s key contributions as including:

- setting the agenda for the ‘next thing in health promotion’
- translating knowledge through existing frameworks, evidence-based resources and short courses
- developing a respected approach to prevention for ‘hard issues’ such as violence against women and race-based discrimination
- providing an alternative to individually focused health promotion
- advocating for a great focus on prevention and health promotion within the health sector
- having expertise in relation to a range of health promotion priorities/issues.

Importantly, participants identified the consultation workshops as an important opportunity to connect with VicHealth’s work, and they expressed an interest in attending similar events more regularly.

**What participants said about Fair Foundations**

General feedback about the draft framework was very positive, with the vast majority of workshop participants suggesting that it would add value to health promotion action within a range of organisations and settings/sectors. As the workshop series progressed, themes quickly emerged in the feedback provided, identifying where further clarification and development would be necessary to maximise the effectiveness of the framework. The twelve major themes can be summarised as:

1. **Audience**
   Many workshop participants suggested that further clarity is needed about the framework’s intended audience. Discussions relating to audience identified two options, each with pros and cons. The first was that the framework is designed to appeal to a wide-ranging audience, so that stakeholders from outside the health promotion sector can easily pick it up and understand it. Alternatively, the framework is primarily developed for people with some understanding of health promotion for use with partners from other sectors.

2. **Purpose**
   Linked to discussion regarding audience was the suggestion that the purpose of the framework – either conceptual/theoretical or action-focused – also required further clarification.

3. **Language**
   Participants spent significant time discussing the need for strengths-based or positive language, rather than a primary focus on inequity throughout the layers of the framework. All workshops also discussed the need for language to be relevant to the framework’s primary audience and as simple and jargon-free as possible.
4. **Graphic design**
The overwhelming majority of workshop participants liked the ‘look’ of the framework and thought that the use of imagery and graphic design was eye-catching and effective. They made suggestions for minor changes to increase the accessibility and practicality of the framework and to more clearly represent the relationship between layers of the framework.

5. **Arrows/linearity**
Numerous participants suggested various ways to use directional arrows within the framework to more clearly demonstrate the complex relationship between layers. They interpreted the arrows used in the layers in a variety of ways, indicating that greater clarity is required. Many participants suggested that additional arrows could be used to better emphasise the multiple entry points for action.

6. **Examples in socioeconomic and political context**
Workshop participants understood the socioeconomic and political context as the base layer of the framework, but they suggested adding examples of local level actions to strengthen the utility of the framework for particular sectors (including local government). Some participants also questioned the visibility of social norms and values in this layer, given that these terms were not used in the heading.

7. **Social positioning layer**
The social positioning layer was the most problematic aspect of the framework in each of the six consultation workshops. Confusion regarding this layer stemmed from its representation and prominence in the framework graphic (as a significant layer) when it is not an entry point for action, perceived interchangeability between social positioning and priority population groups, and the need for clearer advice regarding both how to influence social positioning and how social position relates to other layers of the framework (i.e. how to address the needs of population groups ‘assigned’ a social position and subsequently having relatively limited access to key social and economic determinants of health).

8. **Daily living conditions**
The daily living conditions layer contains many of the social and economic determinants of health and as such provides significant opportunity for action, particularly by non-health sector partners. Given its significance, many workshop participants suggested that this layer requires further attention to ensure that the determinants contained within it are more immediately obvious. Other common feedback was that health care naturally fits within this layer rather than on its own.

9. **Place and rurality**
Linked to the discussion of daily living conditions was the observation from a number of participants that the role of place in health and health equity was not visible in the framework. Some participants said that rurality needed additional visibility within the framework itself and in the image at the top of the framework.
10. **Addressing inequity**
While using the framework to explore a range of health issues in the consultation workshops, a number of participants suggested that each layer may require prompts to ensure a focus on health equity, and not just the social determinants of health. How then to evaluate the impact of health promotion action informed by the framework on health equity was also a key concern of workshop participants.

11. **Links to other frameworks**
The need for the framework to link with other conceptual and reporting frameworks regularly used within health promotion (including other VicHealth frameworks) was commonly expressed by workshop participants. A wide range of frameworks were identified as relevant to Fair Foundations.

12. **Supporting documents, tools and training**
Participants were asked to consider the types of supporting documentation, tools or training that would be useful accompaniments to the framework and facilitate its use by a range of stakeholders. There was general agreement that some form of support would be required for application of the framework. Suggestions included components of the existing capacity building program at VicHealth (such as short courses and evidence-based resources), as well as new ways of engaging existing networks of health promotion stakeholders and other non-health partners.

**Addressing consultation feedback**
This high level summary of the key themes identified in consultation feedback highlights how thoroughly participants considered application of the framework to health promotion practice. Such intelligence is invaluable.

Since the conclusion of consultation workshops, we have undertaken significant work to strengthen and refine the framework based on the feedback summarised above. However, it may not have been possible to address all suggestions we received. In addition to this, the framework has been reviewed to ensure alignment with the new VicHealth Action Agenda for Health Promotion, which was released in July 2013.

Fair Foundations is scheduled for release in late October 2013. A series of supporting documents will be published periodically from late 2013 to mid 2014, and the development of other supporting resources is currently being planned. If you would like to stay informed of developments with the framework and the availability of related resources, please email Kerryn O’Rourke at korourke@vichealth.vic.gov.au to join the mailing list.

**Thank you!**

The Health Equity team at VicHealth would like to thank the 220 participants who attended the Fair Foundations consultation workshops. We appreciate your energy, enthusiasm and constructive feedback, which have helped us to develop an even better framework. We are very much looking forward to continuing to work with you as the framework is released and put to work over the coming months.
The social determinants of health inequities: the layers of influence

1. Inequitable Distribution of Behaviours, and Biological Factors
   - Health-related behaviours
   - Age, sex and genetic factors

2. Inequitable Access to Preventative Health Care and Treatment
   - Approachability
   - Acceptability
   - Availability
   - Affordability
   - Appropriateness

3. Inequitable Exposure and Vulnerability to Daily Living Conditions
   - Material circumstances
   - Psychosocial factors
   - Social connection

4. Social Positioning
   - Education
   - Occupation
   - Income
   - Gender
   - Race/ethnicity
   - Indigeneity
   - Disability

5. Socioeconomic and Political Context
   - Governance
   - Policy
   - Dominant cultural and societal norms and values

Please note that this is a draft for consultation. Do not distribute.