The background of the entire page is a light teal color. It is populated with numerous stylized hands of various colors (orange, red, yellow, green, blue, purple) and sizes, all reaching towards the center. Some hands are solid colors, while others are white outlines. The hands are arranged in a circular pattern, creating a sense of unity and collective effort. In the bottom left corner, there are large, overlapping circles in shades of green, yellow, and orange, some with diagonal hatching patterns.

Activating Equity

NWMPHN Access and Equity Framework

A framework for activating
equity in the North Western
Melbourne Primary Health
Network region

2025 - 2028

phn
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MELBOURNE

An Australian Government Initiative

North Western Melbourne Primary Health Network

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Acknowledgements

North Western Melbourne Primary Health Network (NWMPHN) acknowledges the peoples of the Kulin nation as the Traditional Custodians of the land on which our work in the community takes place. We pay our respects to their Elders past and present.

We also recognise, respect and affirm the central role played in our work by people with lived experience, their families and/or carers.



We want to thank NWMPHN Community and Clinical Council members and members from our People Bank for their input in the development of this framework. People Bank is a registry of community members willing to assist with NWMPHN participation activities. We would also like to thank the staff at NWMPHN who generously gave their time to provide opinions, guidance and advice through the consultation process, especially the members of the Access and Equity Working Group.

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Introduction

NWMPHN believes that everyone should have the best health care possible. It recognises that not all members of the community enjoy easy access to health care.

One of the organisation's aims is to reduce inequality by driving change, using evidence-based commissioning and partnerships with the community and the health sector. Its role is to coordinate, build capability and commission health services to deliver better, more accessible primary care across Melbourne's northern, western and inner-city areas.

The NWMPHN region spans 3,200 square-kilometres and contains 1.9 million people, who collectively speak more than 200 languages. About one third of its population were born overseas. More than 10,000 people belong to Aboriginal or Torres Strait Islander communities.

Across the NWMPHN region there are people who experience barriers to health care. These groups are often referred to as 'priority populations'. However, there are many other terms that characterise these groups, such as vulnerable, marginalised, disadvantaged, at risk, underserved, and disenfranchised, to name a few. Although this framework does not define groups, our commitment is clear, we are dedicated to ensuring that no one is left behind, and that all communities are visible and included in our efforts.

It is vital we adopt an intersectional approach, recognising that individuals face multiple overlapping forms of disadvantage and discrimination. Addressing complex issues requires us to adopt a holistic and sensitive approach.

This region and its growing population has huge diversity: socially, economically, demographically and geographically. The population is equally diverse in other areas such as sex, gender, ethnicity, disability or sexual orientation. Diversity makes our community strong, but it also brings challenges such as population growth, income gaps, and not enough social housing.



NWMPHN - the big picture



Our vision

is of healthy people and a healthy community.



Our purpose

is to transform the health system.



Our aims

- are to improve
- people's experience of care
 - health equity
 - health outcomes
 - health care provider experience
 - health system cost efficiency and sustainability.



Our values



Equity



Collaboration



Respect



Innovation

What is the NWMPHN Access and Equity Framework?

NWMPHN is committed to addressing inequities to improve the health and wellbeing outcomes of community members, especially those at greatest risk of poor health.

This framework contains perspectives, tools and resources, making it a flexible guide for NWMPHN staff, stakeholders, and commissioned providers. It supports them to implement practices that align with the principles of health equity.

Its benefits extend not only to NWMPHN but also to communities. It ensures actions contribute to an inclusive and equitable health system.

This framework builds [on its predecessor](#), which covered 2021-2024.

Since its adoption in 2021, the access and equity framework has initiated a fundamental and ongoing process of change for our organisation.

It has focused our activities on improving access to services for population cohorts that are historically, economically or culturally disadvantaged.

Examples of this include:

- Putting equity into action through the care finder program, a funding model to support older Australians in accessing My Aged Care and community supports.
- Reforming tender evaluations by embedding equity-focused questions into funding applications.
- Enhancing our approach to [health needs assessments](#) to recognise that the health of communities is affected by many factors. Different parts of the health system need to work closely together to address these.
- Developing the [Culturally Responsive Assessment Tool](#) (CRAT) to help providers we fund to improve how they provide services to multicultural communities.
- Refreshing our commissioning process, embedding tools and resources that prioritise equity at every step.

NWMPHN's Access and Equity Framework at a glance

COMMITMENT

- To address health inequities and improve the health and wellbeing of people in the community, especially those at greatest risk of poor health.
- To demonstrate best practice and drive meaningful change through leadership, internal processes, culture and practices.

PRINCIPLES

- Health is a human right
- Observing the social determinants of health
- Promoting systems change
- Seeking community participation
- Ensuring cultural safety and inclusion
- Respecting intersectionality
- Maintaining accountability
- Embracing self-determination for First Nations people.

PRIORITY AREAS

1



COMMITMENT

Committing to equity through leadership, strategy and values of health.

2



CULTURE & PRACTICE

Including equity into culture and practice.

3



DATA AND RESEARCH

Using data and research to guide decisions.

4



ENGAGEMENT

Engaging and collaborating with communities.

5



WORKFORCE CAPABILITY

Building the capability and skills of the workforce.

NWMPHN's access and equity action plan

Urgent Care Clinics

Our Urgent Care Clinics (UCCs) provide care for people with conditions that require urgent attention but not an emergency response. The clinics support nearby hospital emergency departments by providing GP-led care for conditions such as mild infections, fractures and burns. Care is available to anyone with or without a Medicare card, at no cost to the patient. [Find out more here.](#)



"In 2023-24, there were 507,967 ED presentations by residents in the NWMPHN region and 13 hospitals accounted for more than 97% of these. Most hospitals experienced an increase in ED presentations since 2019-20. The exceptions were Royal Children's Hospital, Footscray Hospital and St Vincent's Hospital"

NWMPHN Health Needs Assessment 2025-2028
nwmpnhn.org.au/resource/health-needs-assessment-2025-2028/

DATA: The Medicare Urgent Care Clinics Interim Evaluation Report indicates that Australia wide 46% of patients that attended an urgent care clinic reported they would have sought care at an ED - this increased to 49% in the after-hours period.

Access and equity principles

All NWMPHN actions impact communities and health services in its region. Some activities have much wider impacts, extending across the country. NWMPHN has adopted these guiding principles to ensure that health equity is always at the centre of our coordination, commissioning, capability building and all other work.

Guiding principle	What this means for NWMPHN
Health is a human right	Everyone has the right to a health system that is effective, fair and easy to access , and people should feel empowered to take part in their own care. For NWMPHN, this means working with health care organisations to ensure services are available, respectful, transparent and high quality, without discrimination.
Observing the social determinants of health	We recognise that factors such as housing, education, culture, language and income have significant impacts on health. We work closely with communities to identify and understand these factors, ensuring better access to affordable, high-quality health services.
Seeking community participation	At NWMPHN community participation means listening to and collaborating with a diverse range of people to shape our programs and services. By working together, we can ensure our actions are safe, easy to access and sustainable.
Ensuring cultural safety and inclusion	Cultural safety means creating a health system that is fair, respectful and welcoming to everyone, where people feel valued and safe to express their identity. For NWMPHN, this goes beyond avoiding discrimination or racism. It is about actively recognising, celebrating and learning from diverse cultures. We work with organisations to empower individuals, ensuring they are included in decisions and supported to contribute as themselves.
Embracing intersectionality	We recognise that people's race, gender, socioeconomic status, sexuality and ability can intersect in ways that lead to discrimination and marginalisation . We work to address the systematic barriers and inequities to ensure health care is fair, inclusive and accessible for everyone.
Maintaining accountability	Accountability for us means being clear about what we do, reporting on actions and sharing progress with our stakeholders. This builds trust and ensures we stay focused on improving health equity.
Respecting self-determination for First Nations people	<p>Self-determination recognises the inherent right of First Nations people to govern their lives and shape their future through:</p> <ul style="list-style-type: none"> • determining how their lives are governed and their development paths • participating in decisions that affect their lives, including the right to formal recognition of their group identities • controlling their lives and futures, including economic, social, and cultural development. <p>We support First Nations people to lead decisions about their health and wellbeing. This includes respecting their rights to maintain language, culture and traditions, and partnering with them to create programs that reflect their needs, priorities and aspirations. Through self-determination, we aim to promote equity and empower communities to shape their own futures.</p>
Promoting systems change	At NWMPHN, systems change means addressing the root causes of health problems by improving policies, practices and power structures, and changing traditions and beliefs. We work together with others to create lasting changes that make healthcare fairer and more effective for everyone.

What is health equity?

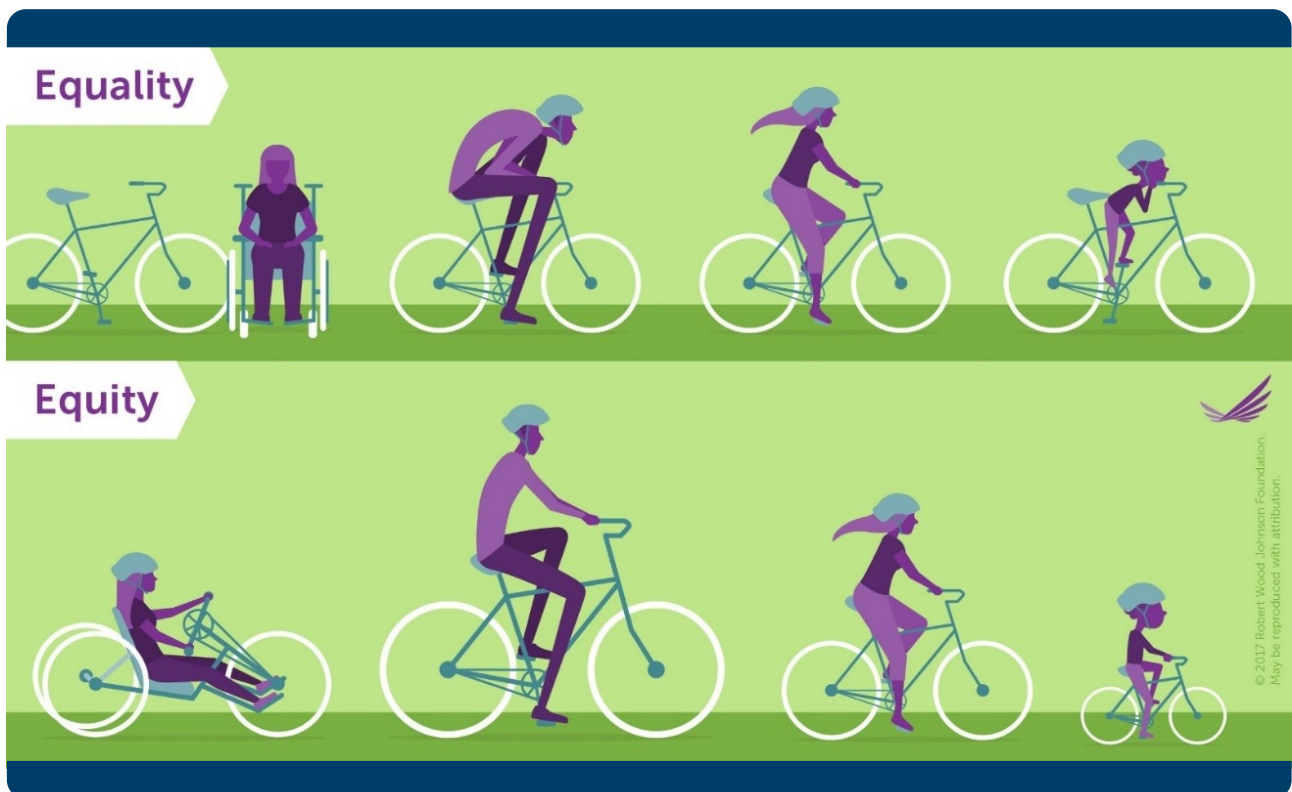
Health is a fundamental human right. Health equity means all people have a fair chance to reach their full health potential and are not disadvantaged by social, economic and environmental conditions. This includes equitable (fair) access to healthcare professionals, healthy food and a safe living environment. This effects the quality of life - at home, at work, including access to health care. This is more than just being able to access care, equity is achieved through ensuring everyone has access to safe, local, and culturally respectful health care.

Health **equality** means each individual or group of people is given the same resources or opportunities.

Health *equity* recognises that each individual has different needs and may require different resources and opportunities to reach their best health.

Access to quality health care is a key outcome of a more equitable health system. Achieving equity involves addressing a range of factors that influence accessibility, ensuring that services are safe, inclusive, and meet diverse needs. These factors include:

- The location of services and the ability to navigate facilities with ease.
- The affordability of services, ensuring cost is not a barrier to care.
- The design and inclusivity of environments, which should feel welcoming, culturally appropriate and reflective of diverse abilities and backgrounds.
- The availability of accessible digital tools and platforms to ensure equitable access to information and services.



Doctors in Secondary Schools

Led by NWMPHN, the Doctors in Secondary Schools program ensures the weekly term-time presence of a GP and practice nurse in each of the 100 schools assessed by the Victoria Department of Education as the most in need. This includes 21 in our own region. [Find out more here.](#)



"The DiSS system allows young people to seek treatment or support for physical and mental health issues. They can do this without having to travel to a general practice clinic – which can be challenging – and can also discuss health concerns they might feel uneasy raising with family members.

"This is a fantastic example of Victorian Primary Health Networks working well together, and collaborating with individual schools and the Victorian Department of Education to provide a service that positively impacts the lives of thousands of young people."

nwmpnhn.org.au/news/high-school-medical-service-gets-top-marks-doctors-in-secondary-schools-diss/

DATA: The region has a younger population than Victoria. Children in LGAs with greater social disadvantage show especially high rates of developmental vulnerability and there is a higher rate of low birthweight babies in the region. Children under 10 were more vulnerable to needing hospital care, presenting to ED's at rates up to 2.5 times higher than adults.

Multicultural community panel for better health care

In April 2024, NWMPHN held a 2-day workshop attended by 23 community members from a range of cultural backgrounds. They were asked to address the question:

"How can we make it easier for people from multicultural Melbourne to get primary health care?" [Find out more here.](#)

"Women, especially migrant and refugee women and women of colour face over policing, or they are very afraid of accessing services in the community when experiencing family violence because they either perceive, or they are at very real risk of their child being removed by government intervention."

NWMPHN Health Needs Assessment 2025-2028
nwmpnhn.org.au/resource/health-needs-assessment-2025-2028/

DATA: The NWMPHN region has a higher proportion than the rest of Victoria of residents born in non-English speaking countries. More than 200 languages are spoken.

How does NWMPHN embed health equity in its work?

Achieving equitable health care is central to the vision and purpose of all primary health networks.

To do this NWMPHN observes five priorities:

PRIORITY AREAS

1



COMMITMENT

Committing to equity through leadership, our values and strategic directions.

Objectives

- To show commitment to improving health equity across the region.
- To take a systemic and whole of organisation approach to embed an equity lens.
- To ensure resources are available to support equity initiatives.

2



CULTURE AND PRACTICE

Including equity into our culture and practice.

Objectives

- To ensure that commissioned services are supported to be equitable, accessible, and culturally responsive.
- To identify and support quality improvement activities that can be undertaken by the commissioned providers and primary care to address health inequities.
- To ensure our policies and workforce reflect and uphold the value of equity.

3



DATA AND RESEARCH

Using data and research to guide decisions.

Objectives

- To collect and use data and evidence to support access and equity actions.
- To translate research into practical solutions that improve health outcomes.
- To develop tools to measure reach and impact of commissioned programs and activities on equity and access.

4



ENGAGEMENT

Engaging and collaborating with communities.

Objectives

- To create opportunities for diverse voices to guide how we plan, design and evaluate programs and services to ensure services are more inclusive and accessible.
- To collaborate with communities, service providers and people with lived experience to improve programs and health services.

5



WORKFORCE CAPABILITY

Building the capability and skills of the workforce.

Objectives

- To build the workforce capability of NWMPHN, commissioned providers and primary care to deliver equity focused, inclusive and culturally responsive services.
- Provide training and tools to support staff and providers understanding and address health inequities.
- Support providers and primary care in applying practical strategies to make services more accessible and culturally safe.

How to apply a health equity lens

A health equity lens is a set of reflective questions that bring to focus the impact that practices and policies have on shaping the economic, social, and built environments that can lead to health inequities.

NWMPHN are committed to embedding a health equity lens into all of our commissioning activities, capability building efforts, projects, initiatives and the policies and procedures we undertake, commission and develop. A health equity lens can be applied at various stages of commissioning which includes planning, designing and implementing solutions, and monitoring and evaluating the effectiveness of those solutions. This ensures we can identify conditions within programs or services that may negatively impact health equity.

Answering these questions for an activity, will help address inequities and bring about positive change.

- What health inequities or related barriers exist concerning this activity or issue?
- How are we involving people with lived experience and the community in this process?
- Could the planned activity have a negative impact on some populations or communities? If so, how can these be mitigated?
- How might disadvantage impact how people experience this issue or proposed activity?
- How do we better consider the needs of disadvantaged individuals and communities, and priority populations?
- How will the activity contribute to addressing barriers to more equitable health outcomes?
- Have you consulted the Access, Equity and Engagement officer or other relevant person, if applicable?

Using models to understand health equity

The [Tanahashi model](#) underpins this Framework and is utilised through the Health Needs Assessment to evaluate people's access to primary health care by evaluating the effectiveness and reach of health services in meeting the health needs of a population. It indicates how factors impact the delivery of health care, and how these affect the population's ability to achieve equitable health outcomes.

The [Availability, Accessibility, Acceptability and Quality framework](#) (AAAQ) identifies possible barriers people have in accessing health care, especially those not immediately apparent. This model has informed this framework and has strengthened key processes in the organisation, such as the Commissioning process. Questions for staff and tenderers have been added to documents so that equity is considered at all stages of this process.

[The quintuple aim of health care](#) is an internationally recognised approach to healthcare that is sustainable, inclusive and patient- centred. Improved health equity is a key principle, and this also guides our framework and work when planning, designing and implementing services.

Vaccinating the vulnerable

In November 2021 NWMPHN partnered with other PHNs to deliver a vaccination program to homebound clients. Recipients, identified by GPs, hospitals and local government, were unable to leave their homes because of disability, frailty, or mental health challenges. This was done under the auspices of an Australian Government initiative, called the Vulnerable Peoples Homebound Vaccination Program (VPHVP). [Find out more here.](#)



DATA: Several socioeconomic indicators impact health: low levels of English, unemployment and low income households experiencing housing stress. Peri urban areas face significant health care worker shortages, inadequate health care infrastructure and long travel distances to GPs.

“These are people who cannot safely or comfortably leave their place of residence. This might be because of disability, frailty, or mental health challenges. Collectively, they comprise one of the most vulnerable population cohorts in our community.”

nwmpnhn.org.au/news/vaccinating-the-vulnerable-house-by-house/

Governance, implementation and monitoring

Roles and responsibilities

Responsibility to ensure our actions have impact is shared across NWMPHN.

The Access, Equity and Engagement Lead has a key role in implementing and monitoring progress against the priority action areas. However, everyone in the organisation has a role to play.

- The Board leads our strategic direction, actively striving for equity. The senior leadership work with partners to address social determinants of unequal health, involve disadvantaged communities in planning, service development and in relevant committees, and advocate at a local, state, and national level to influence policy and strategy.
- Managers ensure that commissioned services reach those most in need by reviewing available data and evidence addressing health inequities. Managers can also ensure that staff have the skills and support to address health inequities and work in a way that reflects equity principles.
- Program staff support commissioned providers and primary care to ensure that health services are equitable, culturally responsive and inclusive. They can also ensure that the activities they are involved in are informed by evidence, data and engagement with community members.
- The Access and Equity Working Group develops and reviews this framework. The group reflects the business units across the organisation and is representative of the diversity of staff. The group is responsible for the development and implementation of an Action Plan.

Monitoring and reporting

Addressing health inequities is a complex process and requires long-term commitment. An action plan provides the detailed tasks and initiatives identified through the priorities and objectives set out in the framework.

The action plan is monitored as part of the NWMPHN Strategic Planning and Performance Management Framework quarterly reporting process. Progress, including key achievements, will be provided in an annual progress report.

Supporting NWMPHN strategies and policies

The Access and Equity Framework is informed by, and works with, several other key organisational documents. It is:

- Led by our [Strategic Framework 2024 - 2028, Corporate Strategies and Current Activities](#) (Activity Work Plans)
- Aligned to the [Stakeholder Engagement Framework](#), [Commissioning Framework](#), Community Participation guiding principles and our [Reconciliation Action Plan](#)
- Activated by the [Community Participation Plan](#) and [PHN Program Performance and Quality Framework](#)
- Supported by [Health Needs Assessments](#) and the [Monitoring, Evaluation, Research and Learning Framework](#) and other documents.

AOD support for Muslim residents

The Muslim Youth and Family program offers specialised AOD support for young people, adults, and families within Muslim communities. The program provides services tailored to the cultural and religious needs of individuals. It is delivered collaboratively by Odyssey Victoria, MyCentre Mosque, The Salvation Army, and the Self Help Addiction Resource Centre. [Find out more here.](#)

DATA: A key finding from the HNA community consultations was that culturally safe health settings are essential for achieving equitable health outcomes. A diverse health workforce was perceived as an important factor to promote inclusive services and improve patient experience.

"We don't promote that we provide an AoD service and I can't talk about it on our social media either. People in my community, will avoid being seen in the practice if they could be seen by others to have drug or alcohol issues."

AoD clinician - western suburbs of Melbourne

Equity and service providers

How we work with providers

NWMPHN sets and monitors performance measures for service providers to make sure the services we commission are fair, accessible and meet the needs of everyone, particularly those who face barriers to care.

We work with many service providers in the NWMPHN region who already have policies and processes in place to make their services more inclusive. We are continually improving our own processes, procedures and documents to ensure equity is embedded across the organisation and in our commissioning processes.

Improving access and equity in service delivery

A guide for our commissioned providers

Cultural safety and responsiveness

- Cultural safety and responsiveness training is provided as part of orientation and performance review requirements.
- Information about local community profiles, including Aboriginal and Torres Strait Islander communities, and common languages and cultures within service delivery areas, is readily available.
- Staff have a good understanding of the needs and barriers to accessing services for people from diverse backgrounds.
- Employment of staff members reflects the diversity of the local communities, including people with lived experience, multicultural communities, refugees and people seeking asylum, people with a disability and people who identify as LGBTIQ+.
- Assess the primary care service's overall level of multicultural responsiveness and explore practical approaches to improve equity and cultural safety using the Cultural Responsiveness Assessment Tool (CRAT) developed by NWMPHN

Communication

- Credentialed interpreters are provided face-to-face, or via telephone or video conference when a patient or consumer requests or needs one.
 - The Translating and Interpreting Service (TIS National) is a free interpreter service (for eligible providers) provided by the Department of Home Affairs. General practices are eligible, and other providers can check the website: www.tisnational.gov.au/
 - Use of AUSLAN interpreters as required
- Website and advertising materials are clear, meet accessibility guidelines and cater to the multiple language options of consumer groups.
- Inclusive and respectful use of language and visuals that reflect the full diversity of the community and avoid stereotypes and assumptions.
- Braille variants of materials are provided, where appropriate.



A guide for our commissioned providers

Person-centred service provision

- Appropriate modes of service delivery are provided, such as outreach, telehealth, group programs.
- Access to the service is easy. For example, interpreters are available, and there are no barriers to enter the building.
- Technologies that are utilised for provision of care are available to all who need to access the service.
- Services allow sufficient times for appointments to cater for individual needs.
- Intake, assessment and management processes are culturally appropriate
- Peers with lived experience are employed within the service, when appropriate, to provide informed support, share relatable experiences and act as role models
- Accommodation of specific culture-based needs such as childcare, family roles and obligations, dietary needs, religious needs and observations.
- Sufficient time is taken to build trust and rapport.
- Cultural, religious, community and family support are explored as potential protective factors.
- Identify consumer needs – such as mental health, housing and employment -- beyond the presenting issue.
- Sensitivity to privacy, especially for those services where stigma may exist.
- Inclusion of lived experience and consumers in design of commissioned services, capability building initiatives, projects and other activities that impact the health care provision and outcomes of community members.

Linkages with other services

- Establish clear referral pathways to other services including general practice to meet all the needs of consumers.
- Ensure that the consumer is linked with a local GP.
- Ensure timely and effective communication back to the GP and all members of the treating team to support coordinated care and continuity of treatment.

Welcoming environment

- The environment is safe and welcoming to people from diverse backgrounds and with various abilities.
- Ensure physical accessibility needs are met, including for those with hidden disabilities.

Embedding health equity as a strategic priority

Organisations striving to embed equity as a strategic priority can consider the following:

- Include commitment to equity and diversity as an integral part of strategic documents and policies.
- Build knowledge of the demographic profile of the local community.
- Regularly review service usage data and identify who is accessing the services and who is missing out.
- Delivery of cultural awareness and safety training for all staff members.
- Employ staff from diverse backgrounds (including those from disadvantaged backgrounds) at all levels of the organisation including people with lived experience, Aboriginal and Torres Strait Islander people and bi-cultural workers.
- Build working relationships with local diverse communities and community organisations.
- Involve community organisations and people from diverse backgrounds, including people with lived experience in the planning, implementation, monitoring and evaluation of the program.



Reaching people with complex health issues

The Integrated Team Care program supports Aboriginal and Torres Strait Islander people with complex chronic conditions to better manage their health.

It connects patients with care coordinators, Aboriginal outreach workers, supplementary services, and social supports. Across four providers program staff aim to improve the capacity of mainstream primary care services to deliver culturally appropriate services. [For out more here](#)

TRUTH.
JUSTICE.
HEALING.

"Once I got my foot in the door
I started knowing a lot more.
[Now I've got a] dietitian, podiatrist,
everything that I needed was
all here."

nwmpnhn.org.au/news/breaking-boundaries

DATA: Almost 1 in 4 Aboriginal females in the NWMPHN region report living with at least 1 chronic condition, 12% report 2 or more. This is a higher incidence than for males and Victorians on a whole.

AOD program for young people

The Zone is an intersectional care coordination AOD program designed for young people and their families. Led by the Youth Support + Advocacy Service (YSAS) in collaboration with Odyssey Victoria and Drummond Street Services, it helps clients reassess substance use and improve their overall health and wellbeing. It focuses on individuals from African, Pasifika, or LGBTIQ+ communities. [Find out more here.](#)

"We are constantly trying to figure out if we are being protected or if we are going to be treated unfairly due to being queer. This makes accessing services difficult because of the mental energy it takes – we are not only communicating our health needs, but also thinking about how we are going to be perceived due to our LGBTIQ+ status."

NWMPHN Health Needs Assessment 2025-2028
nwmpnhn.org.au/resource/health-needs-assessment-2025-2028/

DATA: The region has a higher proportion of LGBTIQ+ individuals than Victoria. LGBTIQ+ communities report higher levels of mental ill health, suicidality and self-harm compared to the general population. Of these communities, trans and gender diverse individuals face a heightened risk of suicidal thoughts and behaviours.





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