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Care for chronic conditions for indigenous Australians: Key informants' perspectives on policy

Juan Baeza^{a,*}, Ross Bailie^b, Jenny M. Lewis^c

^a King's College London, Department of Management, School of Social Science and Public Policy, Franklin-Wilkins Building, 150 Stamford Street, London SE1 9NH, United Kingdom

^b Menzies School of Health Research, Charles Darwin University, Darwin, Australia

^c School of Political Science, Criminology and Sociology, University of Melbourne, Melbourne, Australia

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ABSTRACT

Background: The WHO's 2002 global report, *Innovative Care for Chronic Conditions* proposes a comprehensive framework for health systems to meet the challenges posed by chronic conditions. This paper uses the policy environment component of the WHO framework as a lens through which to examine key informants' perspectives on the management and prevention of chronic conditions in rural and remote Aboriginal communities in Australia. **Methods:** Twenty one semi-structured telephone interviews were conducted with a purposive sample of stakeholders, including senior commonwealth, state/territory and regional public servants and health service staff. All of the interviews were audio recorded, from which written summaries were produced. These summaries were then content analysed to build a composite picture of this area.

Findings: The results indicate substantial success in developing national and sub-national strategies and refining funding and reporting arrangements. But much work remains to be done in strengthening partnerships, developing and retaining the workforce, and further shifting the focus from acute to chronic conditions.

Conclusions: This paper provides a snapshot of the main policy issues, as identified by key informants, facing chronic disease management in rural and remote Indigenous communities in Australia. It has the potential to contribute to new national policy directions in Indigenous health.

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1. Introduction

The World Health Organization (WHO) defines chronic conditions as *health problems that require ongoing management over a period of years or decades* [1]. Such health problems include cardiovascular disease, cancer, diabetes and certain mental health problems such as depression. The dramatic increase and overall prevalence of chronic conditions make these an important health policy issue [2]. The evidence on the nature of chronic conditions indicates that

current health system arrangements around the world are not well suited to the effective delivery of chronic illness care [3,1]. The acute care paradigm has tended to dominate the thinking of policy makers, clinicians and managers at all levels of the policy process and the delivery of health care services [3,1].

2. Background

The WHO's 2002 global report, *Innovative Care for Chronic Conditions* (ICCC) proposes a comprehensive framework for health systems to meet the challenges posed by chronic conditions [4]. The WHO's ICCC framework splits the health system into three interlinked levels:

* Corresponding author. Tel.: +44 020 7848 4634.
E-mail address: juan.baeza@kcl.ac.uk (J. Baeza).

Innovative Care for Chronic Conditions Framework

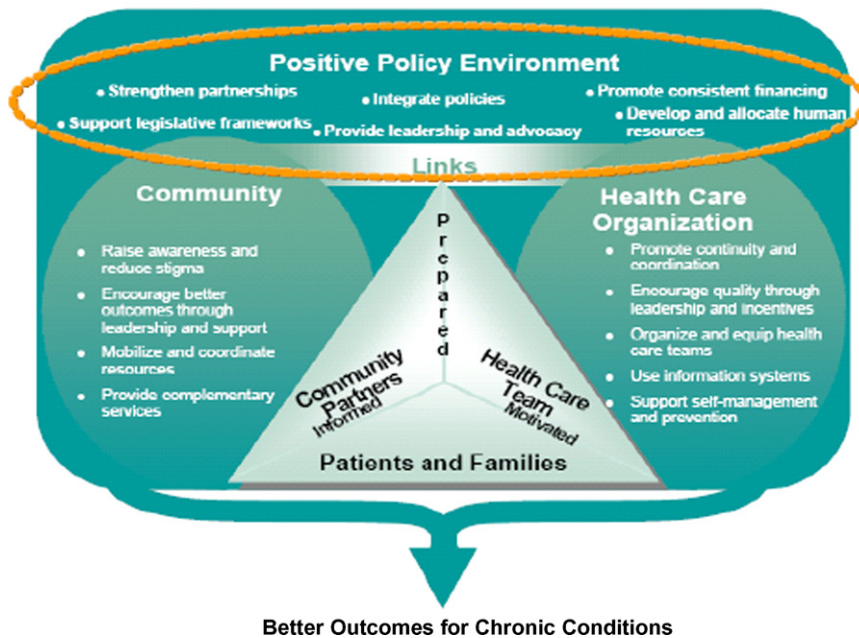


Fig. 1. The ICCC framework. Source: WHO, 2002.

- Macro level: the policy environment.
- Meso level: health care organization and community.
- Micro level: patient interaction.

The focus of this paper is the policy environment which is depicted as an overarching context in Fig. 1. The WHO framework argues that it is essential to develop a positive policy environment at the macro level that provides appropriate support for effective chronic illness care in the form of legislation; leadership; integration of policies; building partnerships; financing; and human resource management. This paper examines the perspectives of key informants on the policy environment for chronic disease management in rural and remote Indigenous communities in Australia. The WHO framework is used to structure this analysis.

Indigenous Australians experience a disproportionately high prevalence of, and morbidity and mortality from, chronic illness such as diabetes, renal disease and cardiovascular disease [5,6,7]. All Australians have access to primary care through general practice visits funded by Medicare [8], as well as services provided by state/territory and local governments. Indigenous people have an additional service, provided through Aboriginal community controlled health organisations (ACCHOs). Indigenous people's access to general practice is limited, particularly in Australia's Northern Territory (NT) where 70% of its Indigenous people live in rural and remote communities where there are few GPs [9].

With an increasing emphasis on enhancing the effectiveness of chronic illness care in some jurisdictions in Australia [10], it is timely to examine the policy environ-

ment in Australia for tackling chronic conditions in rural and remote Aboriginal communities.

3. Methods

This study of the policy environment was conducted within the context of an action research project on improving the quality of care in Indigenous primary health care services in Australia, the Audit and Best practice in Chronic Disease project (for more on the ABCD project see www.abcdproject.org.au). Interviews were conducted with a purposive sample of informants that included senior state and Commonwealth public servants [7], state/territory public servants [9], ACCHOs staff [6], and one health consultant (see Table 1). Two interviewees held dual roles – e.g. working in both a state department and an ACCHO, and

Table 1
Interview sample.

	Number of interviews
Commonwealth	
Central and state Offices of Aboriginal & Torres Strait Islander Health	5
Central and state offices of the Department of Health and Ageing	2
State/territory	
Northern Territory (NT) Department of Health and Community Services	4
Western New South Wales Health (NSW)	2
Department of Health, Western Australia (WA)	3
Aboriginal community controlled health organizations	6
Health consultant	1

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