



Does more equitable governance lead to more equitable health care? A case study based on the implementation of health reform in Aboriginal health Australia



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ABSTRACT

There is growing evidence that providing increased voice to vulnerable or disenfranchised populations is important to improving health equity. In this paper we will examine the engagement of Aboriginal community members and community controlled organisations in local governance reforms associated with the Aboriginal Health National Partnership Agreements (AHNPA) in Australia and its impact on the uptake of health assessments.

The sample included qualitative and quantitative responses from 188 people involved in regional governance in Aboriginal health. The study included data on the uptake of Aboriginal health assessments from July 2008 to December 2012. The study population was 83190 in 2008/9, 856986 in 2009/10, 88256 in 2010/11 and 90903 in 2011/12. Logistic regression was used to examine the relationships between organisations within forums and the regional uptake of Aboriginal health assessments. The independent variables included before and after the AHNPA, state, remoteness, level of representation from Aboriginal organisations and links between Aboriginal and mainstream organisations.

The introduction of the AHNPA was associated with a shift in power from central government to regional forums. This shift has enabled Aboriginal people a much greater voice in governance. The results of the analyses show that improvements in the uptake of health assessments were associated with stronger links between Aboriginal organisations and between mainstream organisations working with Aboriginal organisations. Higher levels of community representation were also associated with improved uptake of health assessments in the AHNPA. The findings suggest that the incorporation of Aboriginal community and community controlled organisations in regional planning plays an important role in improving health equity. This study makes an important contribution to understanding the processes through which the incorporation of disadvantaged groups into governance might contribute to health equity.

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"In order to address health inequities, and inequitable conditions of daily living, it is necessary to address inequities ... in the way society is organized. To achieve that requires more than strengthened government – it requires strengthened governance: legitimacy, space, and support for civil society, for an accountable private

sector, and for people across society to agree public interests and reinvest in the value of collective action. In a globalized world, the need for governance dedicated to equity applies equally from the community level to global institutions."

(Commission for the Social Determinants of Health, 2008)

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There is growing evidence that providing increased voice to vulnerable or disenfranchised populations is important to

improving health equity at a number of different levels (Beckfield and Krieger, 2009). A systematic review of the literature on the influence of political context on health equity at a national level found that the only factor consistently associated with improvements in health equity was the political incorporation of formerly subordinated groups—an association was found in 6 out of 7 studies (Beckfield and Krieger, 2009). Within countries, a meshing of top-down and bottom-up approaches to policy development has been viewed as a key mechanism to make policy and institutions more inclusive of citizens and more responsive to their needs (World Health Organisation, 1998). Research on place-based initiatives has demonstrated that the quality of local governance is associated with better outcomes even when taking variation in the projects delivered into account (Belsky et al., 2006; Kelaher, Dunt, Nolan, Feldman, & Raban, 2009a, 2009b), although this finding varies depending on the context of the program.

This embryonic literature suggests that how governing bodies involve the community in their processes can have a significant impact on their ability to improve health equity. There are a number of pathways via which greater voice to disadvantaged groups would be expected to contribute to improved health equity. Health inequities are produced by poorer access to economic and social resources, education and health care, increased exposure to environmental and social hazards as well as through stress, which may contribute to poorer health either directly or indirectly through the adoption of coping strategies (Blane, 1993; Macintyre, 1986; Townsend et al., 1990; Wilknison, 1996). Greater incorporation of disenfranchised populations in governance could improve health equity by developing social resources, improving access to

resources, reorientating services to meet community needs and improving living and working conditions (Marmot et al., 2008).

One of the ways in which greater participation in governance could increase health equity is by improving access to health care. Access to health care occurs at the interface between individuals, households, social and physical environments, health systems, health organisations and health providers (Shand and Arnberg, 1996). The five dimensions of access to health care are generally defined as 1) Approachability; 2) Acceptability; 3) Availability and accommodation; 4) Affordability, and; 5) Appropriateness (Beckfield and Krieger, 2009). Most of these parameters are directly related to the level of synergy between health services and the community. Therefore, access to health care would be expected to be influenced by greater direct community engagement in planning and governance (Liaw et al., 2011). In Fig. 1, we show the pathways via which community engagement has been hypothesised to influence access to health care (Beckfield and Krieger, 2009; Haddad and Mohindra, 2002; Peters et al., 2007; Shand and Arnberg, 1996; Shengelia et al., 2003).

1. Governance in health

Governance is defined as the process of decision-making and the process by which decisions are implemented (or not implemented) (Barten et al., 2011). Good governance in health systems promotes effective delivery of health services and population health programs. It has been argued that improved governance could almost double the effectiveness of individual interventions (Kickbusch and Gleicher, 2011).

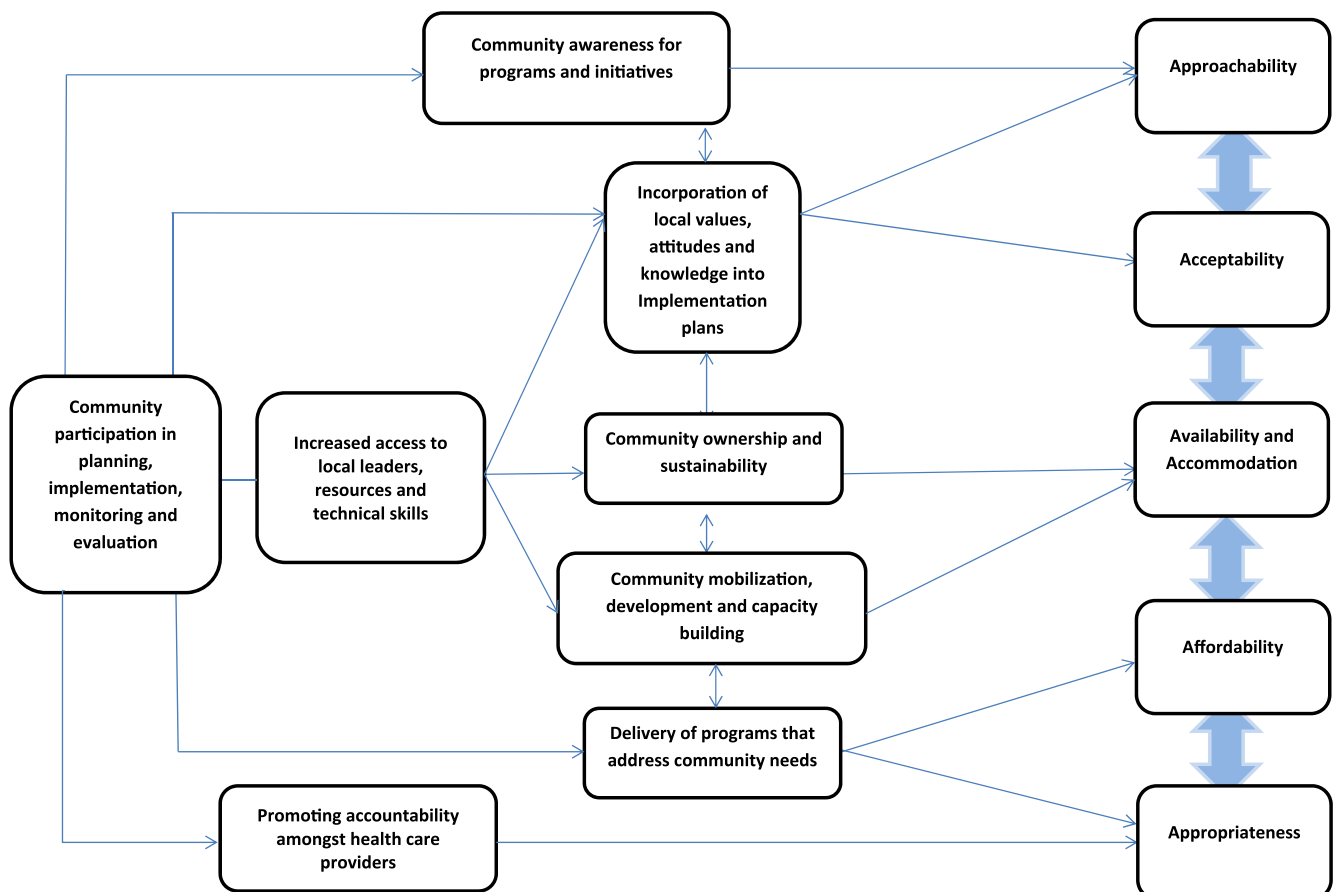


Fig. 1. Pathways between participation and improved equity in access to health care.

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