Planning, Implementation and Effectiveness in Indigenous Health Reform

Aboriginal health reform

In 2007, the Council of Australian Governments (COAG) agreed to a partnership between all levels of government to work with Aboriginal and Torres Strait Islander people and their communities to close the gap on Indigenous disadvantage. The health components of these outcomes were to be addressed by two Indigenous Health National Partnership Agreements (IHNPAs): the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes [1] and the National Partnership Agreement on Indigenous Early Childhood Development [2]. These initiatives collectively represent an investment of more than $2 billion.

The IHNPAs emphasised the importance of involving Aboriginal and Torres Strait Islander people in developing solutions in health care, and the importance of increasing the responsiveness of mainstream health services to the needs of Aboriginal and Torres Strait Islander people. Despite this emphasis, no recommendations concerning best practice or key performance indicators that were to be met in either area were included in the agreements. The absence of clear guidance was one of the key tensions associated with the otherwise welcome investment of the IHNPAs. The Planning, Implementation and Effectiveness in Indigenous Health Reform (PIE) project was established to address this gap.

The Planning, Implementation and Effectiveness in Indigenous Health Reform (PIE)

The PIE project developed a framework to evaluate the engagement of Aboriginal and Torres Strait Islander people in policy and program development for the IHNPAs and assessed the impacts of this engagement on policy, programs and the implementation of the agreements. The overall aim of the project was to develop indicators to support best practice in Aboriginal and Torres Strait Islander health governance. The project addressed:

1. the processes through which Aboriginal and Torres Strait Islander community members and organisations are involved in governance
2. the impact of their engagement on decisions and relationships with others
3. the aspects of engagement that are associated with:
   a. greater satisfaction with the process
   b. greater confidence in implementation
   c. improvements in access to health services (e.g. health assessments).

Why is governance important?

There is a growing body of evidence that demonstrates that listening to vulnerable or disenfranchised populations is important to improve health equity at a number of levels [3]. A systematic review of the literature on the influence of the political context of health equity found that the only factor consistently associated with improvements was the political incorporation of formerly subordinated groups—an association was found in six out of seven studies [3]. In addition, there is a gap in research that focuses on capturing current practice and identifying best practice in processes to engage Aboriginal and Torres Strait Islander people and organisations in the planning and governance of interventions.

Regional Governance in Victoria and WA

The PIE study included two state case studies, Victoria and Western Australia. Both states chose to manage their contribution to the AHNPA though regional planning forums that were responsible for the planning, implementation and governance of the AHNPA activities. Forums were comprised of local Aboriginal community controlled organisations, health departments and mainstream health providers. In total, there are 29 forums in Victoria, representing 148 organisations, and 21 in Western Australia, representing 127 organisations (n.b.: organisations are usually represented on forums by more than one person). Aboriginal community/organisations make up 29 per cent and 21 per cent of forum members in Victoria and WA respectively.

Research framework

The research framework was developed based on the literature to develop indicators associated with governance. It conceptualises governance in terms of who is included, what is the process to decide what is to be achieved, and the structure that determines how is it to be implemented [4]. Semi-structured interviews and social network surveys were conducted to collect data against the framework.

Health service data

The project examined changes in health service use before (2008/09) and after the Introduction of the IHNPA (2010/12). Three measures of health service uptake were used:

- Aboriginal health assessments offered through Medicare
- potentially avoidable hospitalisations
- state-based child health assessments.

Results

Overall, the findings of the PIE project suggest that the incorporation of Aboriginal and Torres Strait Islander communities and organisations in regional planning plays an important role in improving health equity. Achieving this requires strong links between Aboriginal organisations and mainstream organisations and among Aboriginal organisations. It highlights the potential role of social networks in the processes. In doing so, it confirms one of the longest standing and central tenets in Aboriginal and Torres Strait Islander health—the importance of engaging Aboriginal and Torres Strait Islander

people in the planning, governance and delivery of programs to improve their health.

The study also provides empirical evidence of the links between engagement in governance and the effectiveness of implementation, the achievement of health benefit, and satisfaction with the processes.

Recommendations:

1. The incorporation of Aboriginal and Torres Strait Islander communities and organisations in the governance of health programs should be further supported and developed.

2. Governance processes should include mechanisms to ensure that perspectives of Aboriginal and Torres Strait Islander participants are valued and inform decision-making.

3. Future interventions should consider where relationships between organisations need further strengthening and should develop strategies/activities to achieve this.

4. Support for the role of regional forums with the continuation of regional approaches to planning and funding for secretariats should be continued.

5. The equity of processes to select projects for funding in order to ensure an optimal regional service mix should be improved. Measures to achieve this should include:
   a. providing support in proposal development
   b. ensuring that data on performance is considered in decision making
   c. identifying ways in which potentially competing organisations can work together.

6. State-level (tripartite) and regional planning forums should be used as a means to improve communication and coordination between different programs.

References:

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3. Beckfield, J. & N. Krieger 2009, Epi+demos+cracy: A critical review of empirical research linking political systems and priorities to the magnitude of health inequities, *Epidemiologic Review*, vol. 31, pp. 152–77.

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