

‘Doing better with less: Enhancing health system performance in difficult times.’

The 8th Health Services & Policy Research Conference

2-4 December 2013, Wellington, New Zealand.

Prepared by Bernadette Rickards, Research Nurse, Baker IDI Heart & Diabetes Institute, Central Australia

As a research nurse for Baker IDI Heart & Diabetes Institute and a member of the Kanyini Vascular Collaboration I’ve been lucky enough to attend a number of conferences over the last few years, one of which was the 7th Health Services & Policy Research conference in Adelaide in 2011. In addition to the strong programme at that conference, it had also presented my colleagues and me with a great forum to share some of our work as well as the opportunity to network with collaborators from Canada. So it was exciting for our team to have a series of abstracts accepted for oral presentation at the 8th Health Services & Policy Research conference, and great news to receive an APHCRI/HSRAANZ scholarship to assist with the costs of attendance.

I find that there are always key experiences to take away from a conference. One favourite of mine involved a stand-out plenary from the 2011 conference that shifted my thinking from the applied to theoretical and philosophical realms and back again, all before the break for morning tea. True to form, from the powerful and moving Powhiri, the official welcoming in the Maori language acknowledging those present at a gathering, to the many themed break-out sessions across the 3 day programme, the 8th Health Services & Policy Research conference did not disappoint.

As the first plenary speaker on the first day, Professor Jeff Reading used the power of case study to focus our attention on one vulnerable man’s harrowing experience of neglect within the Canadian health care system. But he also left us with the strengths-based perspective that solutions which lift the weight of inequity from Aboriginal people will ultimately help with the burden for everyone. The presentation immediately following was something of a contrast, as Geraint Martin informed delegates that we have only a few years to crack the problem of health expenditure in Australia, as more and more funds are pumped into building and maintaining hospitals, at the cost of primary health care. He likened the situation to the ill-fated Titanic, forecasting we have about 5 years to turn the ship around to avoid hitting the iceberg. On a positive note, he felt that financial constraints can at times drive innovation, and that great leaps can take place in these environments. In a plenary on Day 2 of the conference Dr. Heather Gifford presented on the Whanau Ora model of care in New Zealand which involves a paradigm shift from a focus on an individual’s illness, to the wellbeing of the collective, or family. One message that resonated with me amongst the many she offered was that “it takes a village to raise a child”. For me, this reinforces the need to further explore family-based models of chronic disease care within different contexts, including Aboriginal and Torres Strait Islander populations, to determine what aspects of such models might be considered ‘universals’ across populations and which are culture and context specific.

As the speakers and presentations continued, there were 2 major themes that emerged from this conference which really struck me. The first involved an appeal for integration across the health care sector, while the second was a consistent message of the health services research sector needing to

generate research that has policy-relevance as a key priority. Given the nature of my work (chronic disease care amongst Indigenous Australians) I spent much of my time in the 'Indigenous Health' stream and was impressed by the amount and diversity of the amazing research being conducted in this sphere within Australia, New Zealand and Canada. The number and variety of the questions posed to the speakers was a strong sign of the level of engagement in the 'Wellington room' where the Indigenous health stream was conducted. At the end of these sessions there was a palpable sense of genuine sharing and learning from each others' accounts of their research experiences and study results which was exciting and inspiring for me. Especially when chaired by Dr. Amohia Boulton from New Zealand, at times the 'Indigenous Health' stream felt more like a collaborative workshop than a series of presentations which was refreshing and energising.

Some weeks after the conference, a number of the oral presentations still stand out for me. Pat Neuwelt's research exploring the place of reception processes in health services, in particular the complex and extended role of receptionists as they contribute to the system of care, was particularly interesting and resonated with data from a qualitative study we have conducted exploring Aboriginal and Torres Strait Islander peoples' engagement with care for chronic disease. Annette Browne gave a presentation highlighting the use of videography as an incredibly powerful tool that enabled Aboriginal men from Canada whose lives have been shaped by multiple forms of inequity, to share their resilient and heart-warming narratives about accessing a health service support programme, the DUDES Club. Jacquie Kidd gave a presentation on Maori health literacy processes in palliative care, and raised several key points. For me, the most impactful of these involved her findings as to a certain level of 'resistance' from health practitioners as to "meeting people where they are". She questioned whether we are working to the strengths of the people we're caring for, or do we insist information should be accessed in a particular way, and do we judge a lack of agreement with prescribed advice as demonstrating a lack of health literacy? As a practitioner myself, this was really thought-provoking work.

Finally, a colleague and I attended the Equity and Primary Health Care post-conference workshop run by Annette Browne and Pat Neuwelt. Their facilitation of the workshop was excellent as, in a relaxed setting and from a critical social justice perspective, we considered the distinction between egalitarianism and equity, and were introduced to the concept of structural violence. This is defined by Paul Farmer[1] as "as a broad rubric that includes a host of offensives against human dignity: extreme and relative poverty, social inequalities ranging from racism to gender inequality, and the more spectacular forms of violence". This perspective offers much for the work the KVC are conducting, and it was a privilege to be a part of a workshop which generated an opportunity to reflect, share experiences and collaborate with other like-minded researchers. On that note, I wholeheartedly recommend attending the next Health Services & Policy Research conference in 2015, and would encourage future delegates to also consider engaging with the post-conference workshops as they are a great way to round off the HSRAANZ experience.

Reference:

1. Farmer PE: **Pathologies of Power: Health, Human Rights, and the New War on the Poor.** Berkeley: University of California Press; 2003.