

“Health Care Systems, The Titanic & Indigenous inequality”

By Donisha Duff

Three seemingly diverse topics converged at the 8th Health Services & Policy Research Conference in Wellington, New Zealand from 2-4 December 2013.

Set against the beautiful Wellington Harbour, over 300 participants from Canada, the USA, the UK, the Pacific, New Zealand & Australia presented, discussed and questioned the central theme of *“Doing better with less: Enhancing health system performance in difficult times”*.

The innovation that emerges when faced with the dual tensions of quality and efficiency in health care (particularly Indigenous health) is something that continually intrigues me and the conference provided many highlights, keynotes and recognized researchers to inspire.

As one of four (4) conference scholarship recipients, I was provided the opportunity to attend my first international health research conference.

I am an Australian Aboriginal and Torres Strait Islander woman with a background in health policy and have recently completed a Master of Business Administration (MBA) from the Australian National University (ANU). My first and current involvement in research is with the Indigenous Health Research Partnership between the Australian Primary Health Care Research Partnership (APHCRI) and the Aboriginal Health Council of Western Australian (AHCWA).

Health Care Systems & The Titanic

Health care systems around the world are complex and multi-layered as the result of historical, political, social and economic forces.

Keynotes by Geraint Martin on the “Challenges in New Zealand Health Care in Difficult Times” and a very engaging presentation by Stephen Duckett on “Health system changes in Australia” enabled the comparison and contrasting of regional perspectives.

Like the fateful voyage of the Titanic, critical adjustments are needed in order to avoid cataclysmic outcomes for human life.

There are signals that we are facing a tsunami of complex chronic conditions and an increasing ageing population demanding more resource-intensive care.

As our governments continue to seek out the latest evidence-based health policy research and innovation from across the world, the underlying questions pervade as

to whether we are learning from each other or duplicating problems? Are we investing in policies and strategies that should be disinvested?

The topic of *Disinvestment in Healthcare* discussed by Suzanne Robinson and Adam Eishaug was the first time I have encountered the application of this economic strategy within social policy to increase efficiency and control costs.

Our health care systems are large and slow to adjust to challenges. As the cost of health care increases, disinvestment will become an area of greater focus and one that I am keenly interested in monitoring.

Indigenous inequality: Colleagues in Arms

Jeff Reading's keynote on Canada's "Health Research to Fight Disparities" in Aboriginal Canadians opened a strong conference stream on Indigenous health.

The conference provided a high level of quality presentations by researcher's whose work I have keenly read, particularly Josee Lavoie & Kim O'Donnell. Other notable presentations included Heather Gifford about *Whanua Ora* and Debbie Ryan about *The Health of Pacific Peoples*.

As a woman of Aboriginal and Torres Strait Islander descent, it never ceases to appall me how governments have treated and continue to engage with Indigenous people the world over. However, it also inspires me that there are many strong, educated and influential Indigenous, First Nations, Maori, & Pacific people working alongside non-Indigenous partners to improve Indigenous inequality.

Emerging themes from the Indigenous stream strengthened the need for Indigenous community control and leadership in health. Presentations by my Indigenous Australian colleagues Selwyn Button (QAIHC), Lisa Briggs (NACCHO), Bev Sibthorpe (APHCRI) and Karen Gardner (APHCRI) showcased the work being lead by the Community Controlled Health Sector in addressing health disparities and improving quality of health care.

For me, the common thread between health care systems, the Titanic and addressing Indigenous inequality is the pace at which adjustments need to be made. Economic factors will become greater drivers of investment, disinvestment, efficiency and doing better with less.

Acknowledgement:

I would like to thank the HSRAANZ & APHCRI for the conference scholarship that enabled me to attend the 8th Health Services & Policy Research Conference in Wellington, New Zealand.

I would also like to thank the local Maori people for welcoming an Aboriginal and Torres Strait Islander woman onto their lands.