MONASH University
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Equity, poverty and access

Discussant paper

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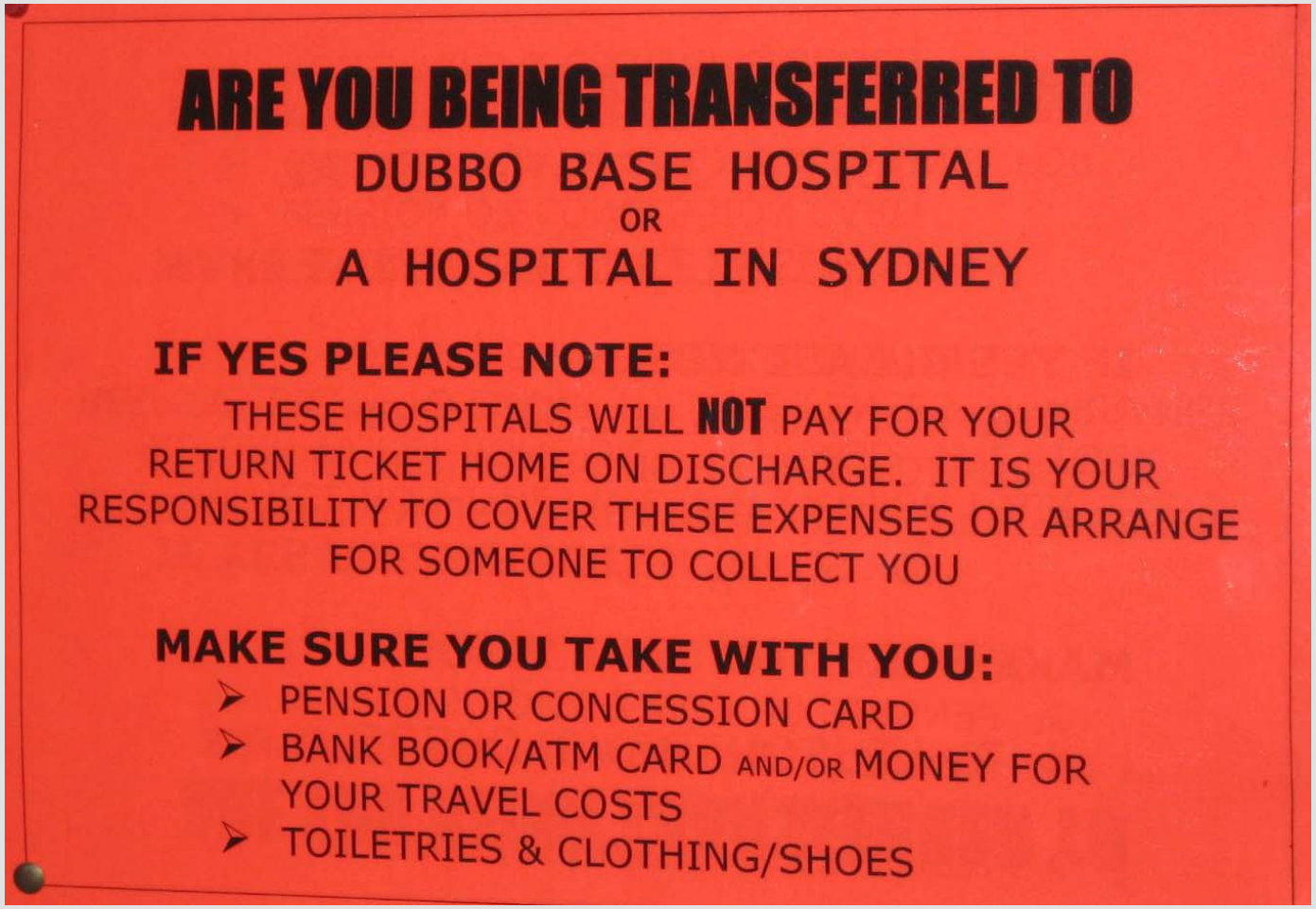
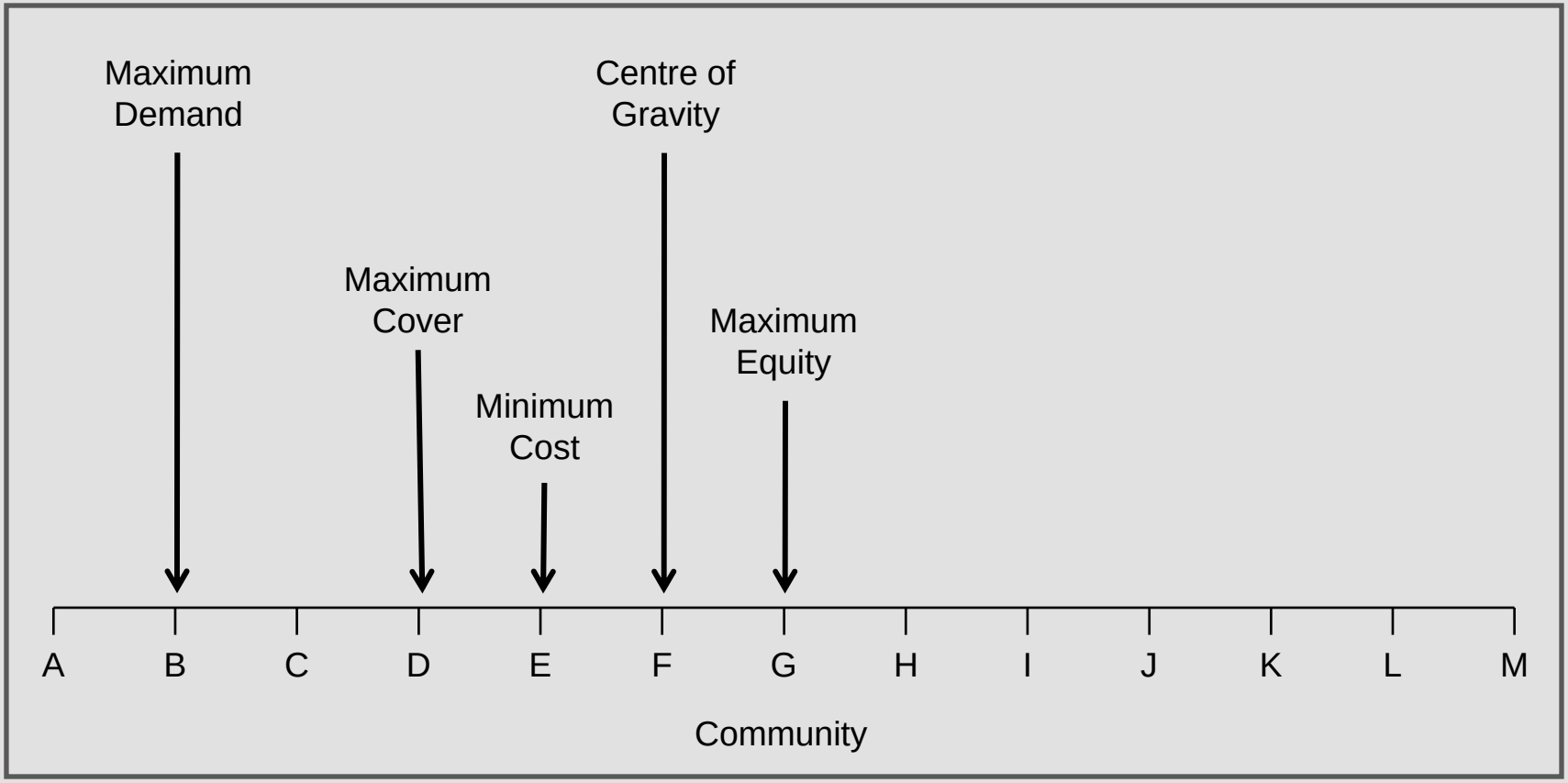
Starting assumption - Individual wellbeing is a function of access to society's scarce resources



Key overarching questions

- Because health care is not in unlimited supply or ubiquitously available -
  - What health services should be provided?
  - Who should provide them?
  - How should they be paid for?
  - To whom should they be provided?

Different criteria have different optimal locations



Equity in health

"the absence of systematic differences in one or more aspects of health status across socially, demographically, or geographically defined population groups" (Starfield 2001)

- **Vertical** – preferential treatment for those with greater health needs (**allocative** decisions)
- **Horizontal** – equivalent treatment for equivalent needs (**distributive** decisions)

Equity measures

- Equality
  - Equal service for equal payment?
  - Equal input per capita/areas?
  - Equal results?
  - Equal satisfaction of demand?
- Service availability & utilisation
- Need
  - Normative
  - Expressed
  - Felt
  - Comparative

Common themes

- Equity an important component of life chances
- Significant social and geographical inequities exist
- Workforce inequities parallel socio-economic disadvantage
- Inequities across continuum but impact in primary care most
- Impact of workforce training & organisation on inequity unclear
- Workforce planning should be based on need
- Evidence from workforce planning a good basis for resource reallocation & priority setting
- Resolving health inequities require multiple strategies

1. Workforce modeling

A critical appraisal of the role of medical and health workforce planning and modelling to ensure equitable access to health care

- How do we determine the choice of data items for health workforce equity models?
- What are the outcome implications of these decisions?

2. Changing the workforce ‘pipeline

> “Physician distribution is about physician origins outside, training outside, and policy supporting physician location outside of current concentrations of physicians” (Bowman, 2008)

- How can changes in medical workforce education (including admission, training, cost, and inter-professional learning) impact on distributional equity in underserved populations?
- What is the impact of the cost of training on choice and location of practice, and how do we increase the proportion of domestic graduates practising in underserved areas?

3. Health care payment systems

- What is the role of income levels on health equity?
- What is the impact of payment systems & remuneration on workforce equity?
- What is the impact of incentives on health care equity?

Pathways leading to inequity	Selected program responses	Ongoing barriers to success
1. Environmental • geographical access • social access • living conditions **2. Socio-economic** **3. Policy** • workforce measures • distribution of services • financing arrangements • broad social and economic policies	• Access initiatives • Educational initiatives • Workforce initiatives • Indigenous initiatives • Service provision initiatives • Financing initiatives • Regional development initiatives	• Lack of agreed policy objectives • Inherently “wicked” problem • Commonwealth-State relations • Disadvantaged lack a common voice • Lack of national regional strategy • Current initiatives fail to foster self-reliant communities. • Lack of adequate data at an appropriate scale to monitor and evaluate the impact of health service interventions

4. Changing the health service model

Is a genuine primary health care approach the answer to reducing health inequities and meeting community expectations, and what is the role of the medical workforce?

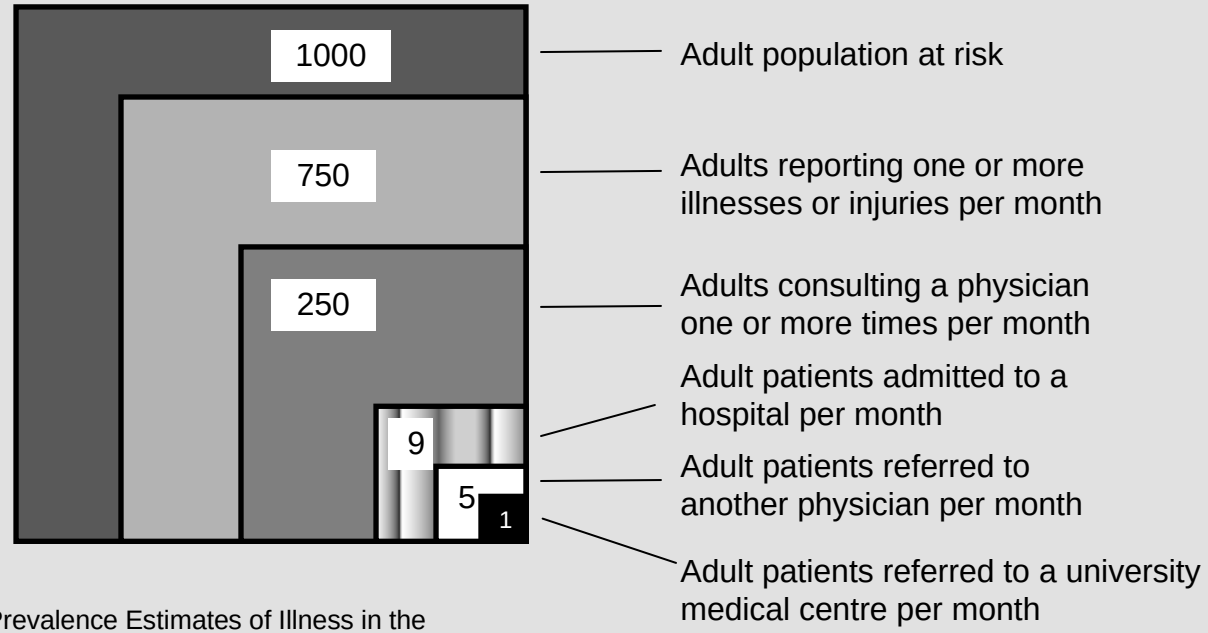


Figure 1: Monthly Prevalence Estimates of Illness in the Community and the Roles of Physicians, Hospitals, and University Medical Centres in the Provision of Medical Care

5. Increasing the diversity of primary care providers & new interventions

- Can we achieve greater distributional equity with alternative health care providers?
- What are the equity effects of expanding scope of practice?
- How do we realise the potential of E-health to increase equity?
- Can genuine inter-professionalism lead to greater workforce equity?

Conclusion

- The attainment of equity necessarily requires inequalities - input inequalities deriving from policies of positive discrimination and not those created by market forces.
- The principal reason for the lack of adequate and equitable access to the health-care system, irrespective of where, is the political environment in which it is embedded.
- Is equity an outdated concept?