

# Emerging Health Policy Research Conference 2011

## Abstract Submission

### Presenters Details

**Name of Author(s) – asterisk the presenting author:**

Dr Kirsten Harley\* and Professor Stephanie Short

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**Short Biography of presenter (maximum 50 words):**

Kirsten completed her PhD in Sociology, and commenced as Postdoctoral Research Associate in Health Sciences, at Sydney in 2010. Her research interests include public/private healthcare systems, health governance, history of sociology and theory. She has worked in broadcasting/communications policy (ABC, RMIT) and co-convenes the Australian Sociological Association Teaching Sociology group.

### Presentation Details

**Presentation Title (up to 10 Words):**

Developing an international comparative framework for primary health care governance

**Keywords: (up to 5 to assist organisers in streaming papers):**

International, health care systems, primary care, governance, conceptual

**Research Details (250 word limit)**

This paper presents a developing framework for comparing healthcare systems, with a particular focus on identifying features related to primary care governance that might be applicable in other national contexts.

Drawing on our discussions at a recent workshop on primary healthcare governance in Indonesia, we elaborate on the typology of healthcare systems developed by Claus Wendt and colleagues. For that typology, the question of who has responsibility (the state, non-government or social actors, or the market) in each of three key dimensions (financing, service provision and regulation) is used to classify the health care system, whether as an 'ideal-type' state, societal or private system or (more commonly) a mixed type. These 'types' can then be used both to compare empirical 'real life' healthcare systems, and to examine their change over time.

We consider here some elements needed to flesh out this model for classifying systems in relation to primary healthcare governance. For instance, (how) can the model capture

dimensions such as de/centralisation, the relative emphasis on primary (vs secondary/ tertiary or acute) care, the health profession mix and the specifics of services and access schemes?

Through classification and comparison of health care systems, we hope to identify policy interventions more likely to be effective in particular national contexts in improving access to, and the quality of, primary health care.

**N.B. All presenters will be asked to include a final slide in their presentations that summarises the policy recommendations and/or implications that can be drawn from the research presented.**

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## Abstract Submission

### Presenters Details

**Name of Author(s) – asterisk the presenting author:**

Sebastian Rosenberg

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**Short Biography of presenter (maximum 50 words):**

After a 17 year career as a public servant, Sebastian was Deputy CEO of the Mental Health Council of Australia from 2005-09. He has worked as a Senior Lecturer in national mental health policy at the BMRI since 2008 and is a PhD Candidate, working to develop A National Mental Health Report Card for Australia. Sebastian is now the Expert Facilitator on the Taskforce to Establish the NSW Mental Health Commission.

### Presentation Details

**Presentation Title (up to 10 Words):**

Practice what you Preach - A Mental Health Commission for NSW

**Keywords: (up to 5 to assist organisers in streaming papers):**

Mental health, Accountability, Policy, Funding

### Research Details (250 word limit)

**Introduction/Background:**

Successive reports and inquiries into mental health have indicated that the system of care is characterised by a lack of resources and a lack of accountability. In a desire to establish greater transparency and accountability, the newly elected NSW Government committed to establish a Mental Health Commission, to commence 1 July 2012. There are different models of such Commissions in operation in WA, NZ and elsewhere.

## **Research Question:**

What are the governance, legislative and reporting elements necessary to establish a Mental Health Commission that can deliver a new level of transparent and effective accountability in NSW?

## **Methodology:**

A multi-disciplinary Taskforce met over several months since the NSW state election to design and agree different aspects of the Commission. This work was cognisant of the requirement to meet diverse needs, of funders, government and non-government service providers, consumers, carers and the general community.

The Taskforce also needed to review existing models of Commissions, plus the new NSW Public Service Commission as a possible template, so as to recommend a robust and sound model of governance.

## **Findings:**

A set of recommendations has been developed and provided to the new NSW Government. These recommendations are informing the development of new legislation, to be introduced to the NSW Parliament by the end of 2011, to establish a Mental Health Commission.

## **Policy Implications:**

Can this type of new authority really offer an effective new mechanism to improve mental health care?

While the Taskforce was working, the Federal Government also announced its intention to establish a National Mental Health Commission. What are the implications for new national governance of mental health?

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## Abstract Submission

### Presenters Details

**Name of Author(s) – asterisk the presenting author:**

Vijaya Ramamurthy

**Presenter's institution/organisation, address, email, and telephone:**

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**Short Biography of presenter (maximum 50 words):**

Vijaya Ramamurthy is a final year PhD candidate. Her research is centred on Australian federalism and the Commonwealth's use of conditional grants to influence policy settings in public hospitals and schools. Vijaya is both a practitioner and researcher, having worked in the WA public sector for 20 years.

### Presentation Details

**Presentation Title (up to 10 Words):**

Commonwealth-State Policy Making and Governance – Who Really Controls?

**Keywords: (up to 5 to assist organisers in streaming papers):**

Research methodologies, Shared policy making and governance; Hospital services.

### Research Details (250 word limit)

**Introduction/Background:**

The Commonwealth-State Heads of Agreement on National Health Reform is the latest chapter of an ongoing tussle over the control of public hospital systems. Negotiation of these specific purpose grant agreements often ends with promising statements of what appears to be a cooperatively agreed set of outcomes. Invariably however, the accord falters in implementation, with the Commonwealth and states opting to blame the other for hospital system performance. This paper looks to past grant agreements to secure a better understanding of the policy making dynamics underpinning these shared governance arrangements.

**Research Question:**

Commonwealth-State Policy Making and Governance – Who Really Controls?

**Methodology:**

The long-winded negotiation of specific purpose grant agreements can generate a labyrinthine of empirical evidence which can prove arduous and daunting to evaluate. Drawing on policy implementation literature, an analytical framework was constructed and used to examine archival documentation associated with grant agreements signed under Commonwealth governments from Whitlam to Howard.

**Findings:**

The analytical framework proved a useful tool to enable the 'untangling' of the often convoluted administrative, economic and political detail underlying these grant agreements. The examination confirmed policy making and governance within specific purpose grants to be a highly complex affair, with control wavering between the Commonwealth, States and medical profession.

**Policy Implications:**

There is a scarcity of scholarly examinations of Commonwealth-State accords in the health policy area. The analytical framework developed should assist and encourage more evaluation to occur. Ongoing evaluation is crucial if more effective shared governance arrangements are to be implemented going forward.

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Research methodologies, Shared governance; Hospital policy;

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## Abstract Submission

### Presenters Details

**Name of Author(s) – asterisk the presenting author:** Gemma Carey\*, Dr  
Therese Riley

**Presenter's institution/organisation, address, email, and telephone:**

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**Short Biography of presenter (maximum 50 words):**

Gemma is an NHMRC and Sidney Myer scholar, and Research Fellow with the Centre for Health and Society at the University of Melbourne. Gemma's research explores the health impact of policy interventions and organisational change in a variety of settings and sectors, including primary care, the welfare sector, and local government.

### Presentation Details

**Presentation Title (up to 10 Words):**

Fair and just or just fair? Models of government-not-for-profit engagement under the Social Inclusion Agenda.

**Keywords: (up to 5 to assist organisers in streaming papers):** social policy, welfare, social determinants of health  
Research Details (250 word limit)

### Abstract

Recently, there have been a number of major global and national reports, including the WHO Commission on the Social Determinants of Health and the Marmot Review, that have urged governments to act on health inequalities. These reports have provided new insight into how to formulate national initiatives that address social inequality. At the same time, social policy debates in Australia have focused on how to create a fairer Australia through initiatives that promote social inclusion. In both of these debates, academics

and policy makers alike are grappling with the balance between universal and targeted policy initiatives and the role of local 'delivery' organisations in promoting health and social equality. Through an examination of two (proposed) models of engagement between the government and the not-for-profit sector for the delivery of social services, we explore the interrelationships between social policy and social determinants debates. In critiquing these two models we ask 'which would best serve the interests of both the Government's Social Inclusion Agenda and the social determinants of health?'.

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## Abstract Submission

### Presenters Details

**Name of Author(s) – asterisk the presenting author:**

Andrey Zheluk\*

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**Short Biography of presenter (maximum 50 words):**

Andrey is a part-time PhD student at the Menzies Centre for Health Policy. He has worked as a health consultant for international donors across the former USSR. He is currently the CEO of a Division of General Practice.

### Presentation Details

**Presentation Title (up to 10 Words):**

Black box or familiar terrain? - contemporary Russian drug policy

**Keywords: (up to 5 to assist organisers in streaming papers):**

Drugs, policy, HIV, Russia,

### Research Details (250 word limit)

**Introduction/Background:**

Injecting drug use in the dominant mode of HIV transmission within much of the former USSR, including the Russian Federation. The international medical literature has generally presented contemporary Russian policy making, including health policy making, as an opaque and authoritarian process. Superficially, there appears to be little scope of non-government actors, media debates or evidence based argument to influence government health policy. This presentation will examine drug policy process in the Russian Federation.

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