

## Examining the Role of Government Policies in Improving Healthcare Quality to the Aboriginal and Torres Strait Islander Communities in Australia: Rapid Review

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### ABSTRACT

**Aim and Significance:** The review examines the impact of Australian government policies on healthcare quality delivery to the minority communities of the aboriginal and Torres Strait Islander community within Australia. The focus is on the value and impacts of the policies, denoting their success and limitation areas. This is informed by the need to ensure equity for all in accessing healthcare services as a global healthcare provision sustainability goal.

**Methods:** This review was based on a search of the existing secondary data that is publicly available. The analysis searched the Australian government website for its official healthcare policy publications and supporting peer reviews from the Google scholar, PubMed, Scopus, and Medline databases, respectively. The findings were analysed through the PRISMA model, and inclusion and exclusion criteria were applied to ensure findings relevance and alignment with the review aim.

**Findings and Conclusion:** The review analysis established that the Australian government has enacted healthcare policies targeting the aboriginal and Torres Strait Islander community within Australia. Key areas of focus in enhancing healthcare quality for this target healthcare population were (i) improving healthcare access and (ii) enhancing healthcare affordability through cost reduction.

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### Introduction

Healthcare plays a key role in enhancing society wellbeing. The provision of healthcare services is critical in ensuring a long life expectancy, reduced disease burden, increased quality of life, and economic growth and productivity. This is achieved when the population has quality healthcare services. The dimensions of healthcare quality range from accessibility, affordability, equity, patient centeredness, and timeliness, among others [1,2]. The realization of these elements in a healthcare system guarantees quality and improved society quality of life. The level, quality and context of healthcare services delivery is influenced by the prevailing contextual factors. One core variable in this regard is the existing government policies, guidelines, and regulations. Healthcare systems, although privatised to some extent, remain a global public utility. The World Health Organization (WHO) views healthcare services as a public utility falling within the human rights realm. Thus, it is considered that governments create policies, regulations and guidelines to steer their national healthcare systems towards enhanced quality. The variances in the global political systems, regulations and focus in healthcare

services have created variances in global healthcare services [3,4].

Existing literature demonstrates a close relationship between the existing healthcare policies and changes in healthcare quality. One of the leading countries with advanced and elaborate healthcare systems is Australia. An Organisation for Economic Co-operation and Development (OECD) healthcare status report in 2020 noted that Australia ranked 3rd in the region. The report ranks the healthcare systems on the basis of (i) access to care, (ii) care processes, (iii) administrative efficiency, (iv) equity and (v) health outcome, respectively [5,6]. Unfortunately, an analysis of the existing literature demonstrates minimal literature evaluation on the link between government policies and regulations and their ranking and quality of healthcare services. Although there is sufficient literature on the Australian government healthcare-related policies and regulations, a critical examination of their contributions towards healthcare quality is limited. One of the most understudied population segments in Australia is the minority population, predominantly the first nation members and the aboriginal and Torres Strait Islander communities. There is a need to evaluate and examine the Australian healthcare policies and regulations and how they relate and impact not only the majority but also the nation's minority group's healthcare quality

access. This informed the integrated literature review analysis.

### Aim

The integrated literature review investigates the impact and the role of the Australian government policies in shaping and improving its healthcare services quality to the aboriginal and Torres Strait Islander communities.

### Methods

The review adopted an integrated review approach. This was based on the Knalf 2015 model. The model notes that a literature review approach is a sequential process including the key steps of (i) preparing guiding question, (ii) searching and collecting the literature, (iii) literature collection and extraction, (iv) literature critical analysis, and (v) data reporting and presentation [7-9]. First, the review question formulation was based on the background information examination. The existence of a literature gap on how the Australian government policies have shaped the healthcare services quality over the years informed the review formulation. The second step in the review was searching for relevant literature. This includes the determination of the most reliable, suitable, and relevant literature and information sources. The determination of the literature source was informed by the need to ensure literature relevance and accuracy. Thus, only the peer-reviewed journal articles and government publications were included as literature sources. This guaranteed the review data sources' reliability [7-11].

The third step was on literature collection and extraction. When collecting the literature, an inclusion and exclusion criteria was adopted. All literature that was focused on the Australian healthcare quality and government policies and published within the last decade was included. Policies and regulations that were established and published before this period were considered but only if there was literature referencing their current impact on the healthcare services quality in the last decade [7]. The search scope for the literature was on the Australian government publications, the Ministry of Health for the Federal government of Australia and all territories and county governments, as well as from peer-reviewed databases, namely Google Scholar, PubMed, Scopus, and Medline, respectively. The data and findings extraction process was done through an agreed checklist. Two authors used the two authors' independent extraction approach where they independently extracted the data based on a pre-agreed list including details on authors, publication year, aim, and core findings, respectively [12,13]. Any differences in the extraction of reviews and studies were resolved through consensus by the authors. The extracted findings were recorded in an excel file. The fourth step was on the literature critical analysis. The findings were first assessed for quality through the mixed methods assessment tool (MMAT). The MMAT tool adopted was informed by the need to include diverse studies not limited by the applied methodologies. The findings were then analysed and presented on a thematic analysis basis. The key findings were analysed for core presented themes. The themes were the basis for the study analysis [14,15].

Overall, the entire data sourcing, collection, extraction, and analysis stage are illustrated in PRISMA figure 1 below. It denotes the initially obtained findings and the final proportion of reviews and studies used in the review analysis.

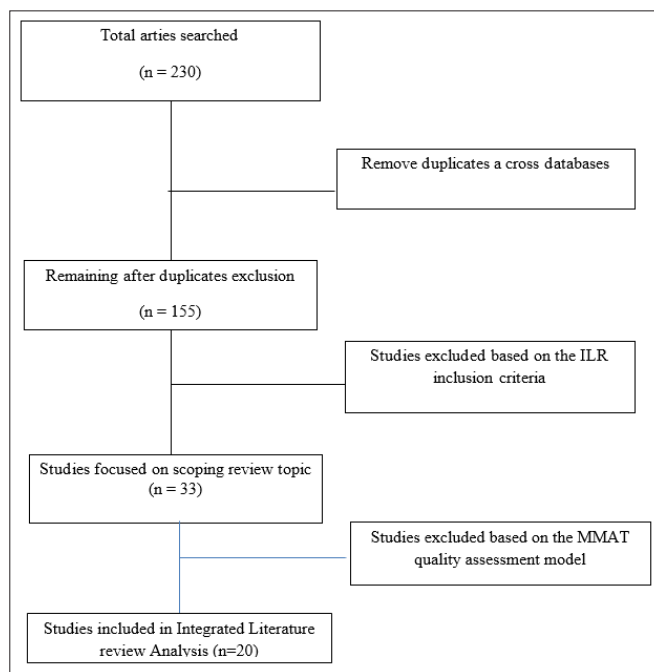


Figure 1: PRISMA Flowchart of the study selection process

### Results and Findings

The findings focused on peer-reviewed literature and government publications. Of the initial 230 articles obtained related to the subject, the inclusion and exclusion criteria were applied, and a total of 20 remained. These were the reports and peer-reviewed articles that were included in the integrated literature review analysis. Of the obtained findings, two key themes emerged from the literature, namely (i) policies on healthcare access and (ii) policies on healthcare affordability for the aboriginal and Torres Strait Islander and other minority groups in Australia.

#### Policies on healthcare access for the aboriginal and Torres Strait Islander and minority groups in Australia

The findings indicated that the Australian government, at all levels, including the federal, state, and county government have enacted deliberate policies and actions to allow and hence healthcare access for the aboriginal and Torres Strait Islander communities [16,17]. One of the strategic policies enacted by the Australian government is the National Aboriginal and Torres Strait Islander Health Plan 2013–2023. The strategic policy aim was to ensure fairness and equity in healthcare access for the minority groups, the aboriginal and Torres Strait Islander through eliminating any forms of racism and discrimination against the community members by 2031 [18,19]. One of the action plans adopted by the government has been the support of community-based healthcare organisations among the aboriginal Torres Strait Islander community. The Aboriginal Community Controlled Health Organizations (ACCHOs) are an alternative route and policy direction used by the government to offer unique and customized services to the minority community. The government has allowed for its healthcare budgetary allocation to support organisations in a bid to enhance healthcare access for the community [20,21].

A second policy approach has been in human resources diversification. The Australian government has sought to employ and recruit the Aboriginal Torres Strait Islander healthcare staff members as a way of ensuring that the health care industry is culturally sensitive, thus creating confidence and accessibility [22,23]. The employment and inclusion of the minority staff

members have been through alternative approaches. First, at every employment level, there is the preservation of diversity, allowing the minority groups, especially the aboriginal and Torres Strait Islander community members an employment opportunity. Secondly, existing literature demonstrates that the government has initiated sponsorship programs through its ministry of health. These are programs that aid and fund the education and learning for the aboriginal and Torres Strait Islander community students undertaking health-related courses. The funding offers an edge and an opportunity for the minority group members to overcome the financial barriers that often limit their entry and joining the healthcare industry [24,25].

### **Policies on healthcare affordability for the aboriginal and Torres Strait Islander and other minority groups in Australia**

A second emerging relationship between Australian healthcare and government based policies and the healthcare quality is on the affordability of the healthcare industry. An analysis of the global healthcare quality literature demonstrates that government policies and regulations impact and dictate the cost of healthcare in a nation [26,27]. The concept of affordability is subjective as it relates to the prevailing social and economic status of a country and a community [28,29]. Thus, the concept of affordability is not defined as the lack of any related costs, but the matching of the healthcare services costs with the community capability to afford such services. Affordable healthcare service is one that has a minimum burden and bearing on the community [30,31]. Affordability is achieved when the opportunity cost of incurring healthcare on the community social-economic activities is optimally reduced. An analysis of the Australian healthcare industry as demonstrated in the findings section demonstrates the use of a public insurance system. The nation operates on a blended insurance system comprising both a private and public healthcare insurance system [32,33]. The public insurance system is aimed at ensuring that all Australian citizens and residents have access to basic and primary healthcare. The program is funded through taxes and government revenue [34,35]. Although a significant proportion of Australians have a complementary private insurance system, the public systems remain critical for the disadvantaged in the society, including the minority aboriginal and Torres Strait Islander community members. Through the use of publicly funded insurance programs, existing literature demonstrates a reduction in the cost of healthcare services access [35].

### **Discussion**

#### **Minority Population Healthcare Access**

Under the OECD healthcare quality ranking, access to health is considered a key quality element. Access in this context includes the physical accessibility of the healthcare services such as the clinics, hospitals and healthcare centres, as well as the equity in such access [36,37]. A quality healthcare system is one that is easy to access and has no discrimination, thus allowing equity in access for all within the country. Existing literature denotes a significant proportion of inequality in healthcare services accessibility. While the majority have access to healthcare services, the minority are often discriminated. This is through policies that are biased against the minority in the society [36-38]. A contextual analysis of Australian healthcare demonstrates a focus on ensuring equitable access to healthcare services, especially to the aboriginal and Torres Strait Islander communities that form the country's minority groups. In ensuring access to healthcare for these groups, the findings indicate deliberate policies such as the inclusion of minority groups in the Australian healthcare workforce [39,40].

The government has been actively engaged in expanding the aboriginal and Torres Strait Islander community healthcare workforce. The strategic value for this has been the focus on ensuring that there is more healthcare staff member who directly identify as Aboriginal and Torres Strait Islander community members. This is a representation that, if equitably achieved would ensure that the unique healthcare needs and expectations of the aboriginal and Torres Strait Islander communities are factored in and considered in the Australian healthcare systems. The realisation of this is aimed at having a twofold value [40,41]. On the one hand, the inclusion of more aboriginal and Torres Strait Islander healthcare workers means that the unique cultural needs and expectations of the minority community are addressed, thus enhancing the quality of healthcare services to the minority community. On the other hand, their inclusion in the workforce and especially in the strategic decision-making levels means that they influence and ensure that there is a stakeholder's diversity representation of the minority groups when formulating and making healthcare decisions [24-42]. This helps in ensuring that formulated healthcare decisions are geared towards ensuring equity for all, both the majority and minority communities in Australia. A limitation in the execution of this policy has been the limited number of aboriginal and Torres Strait Islander community members' joining the Australian healthcare workforce, estimated at less than 2% as of 2018 [43]. The limitations and barriers to such entry need to be addressed in the Australian context. Existing literature denotes that lack of motivation, perceived exclusion in key decision making, and barriers to access to relevant skills such as access to education remain key barriers for Aboriginal and Torres Strait Islander community members' entry into the Australian healthcare workforce.

#### **Healthcare Affordability**

A critical analysis of the existing literature indicates that the use of a public based insurance system ensures that basic healthcare services are acquired with minimal and affordable costs [44,45]. Thus, the disease burden and its weight on a community social-economic welfare are significantly reduced. Through an insurance system, the citizens are encouraged to seek medical care and services early enough, thus reducing the risk of seeking medical care and services at advanced illness stages [31,46]. Examples of the value of such a societal dimension are in the case of dealing with illnesses such as cancer. With encouragement for regular screening and testing, as well as early diagnosis, the burden and costs associated with cancer management are significantly reduced. This is a situation only achieved through offering affordable and cost-free related services such as free screening and testing services. In reducing the cost of healthcare services and burden on the public sector, private sector growth and services should be encouraged. Through the Australian government support for the private sector, citizens with the ability and capacity to take up the additional private insurance seek and get their healthcare services from the private sector [47,48]. The funding through private insurance ensures that the private sector quality of services is enhanced. The ripple effect for this has been reduced burden and strain on the public healthcare sector. Consequently, the analysis concludes that it is the blended insurance system, supporting and advocating for both private and public insurance schemes that has made Australian healthcare affordable for all in the country regardless of the citizens' socio-economic status and welfare.

#### **Conclusion**

In summary, the review analysis has developed an understanding of the Australian healthcare policy that seeks to ensure quality

healthcare services delivery to the minority society members within the aboriginal and Torres Strait Islander communities. It denotes that the government has enacted deliberate policies such as workforce diversity to include the aboriginal and Torres Strait Islander minority community members and the blended public and private insurance policy to enhance healthcare services affordability. These policies are considered as best practices that have to ensue that healthcare quality, especially on equity, has been realized through ensuring accessibility and affordability of healthcare services for the minority communities. Nevertheless, the implementation of the policies, especially on workforce diversity, remains challenging. The workforce representation for the aboriginal and Torres Strait Islander communities remains low. The findings demonstrate that global nations should seek to ensure minority community members inclusion, not only at the workforce tactical level but also at the decision making strategic level. This ensures stakeholders inclusion and diversity of healthcare-related decisions. Additionally, global nations should not only provide a healthcare affordability safety net through publicly funded insurance schemes, but should also support private insurance and healthcare funding.

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