Optimism for long-term benefits of 2001 health reforms

A team of researchers from around New Zealand have found that health reforms introduced in 2001 have a good chance of leading to health benefits in the longer term.

The four-year research project was led by Dr Jacqueline Cumming, Director of the Health Services Research Centre at Victoria University's School of Government, and found support for the reforms introduced under the New Zealand Public Health and Disability Act 2000. Under the Act, a number of overarching strategies to guide the health and disability sector were introduced, and 21 District Health Boards (DHBs) were established.

Dr Cumming says the project involved research at all 21 DHBs, as well as more detailed case studies in five study districts. "The research finds that there is support for the local focus which DHBs bring to their role in planning and organising health and disability support services, for the various strategies which the government has introduced over recent years and for the focus on improving the health of the population as a whole."

The researchers were particularly interested in finding out how the new DHB model was working from the perspectives of a wide range of people involved, for example if it was achieving the goals of government and others in the public system in various areas such as governance, funding, and Māori and Pacific health. They also looked at the strengths and weaknesses of the model, how it could be improved, and whether it is a better system than the more market-oriented model in place during the 1990s.

The research finds that the new model operates in a way that is closer to the values, culture and aspirations of more people than the arrangements in place during the 1990s and that there is increased attention being paid to the health of the population as a whole, with the Government's strategies playing a key role in setting the direction for the sector.

Criticisms of the model included: the number of DHBs, with some suggestion there are too many; concerns about the ways in which individual DHBs are funded; and central government being seen to be in control of many decisions which DHBs felt they should make themselves.

Dr Cumming says the researchers also found that a large investment in time and effort was required to implement major reform of the health sector. "As a result, although there are niggles with the system, there is also no support for any significant further change, largely because of concerns about the time that might then be wasted on reform as opposed to improving the way in which the system works."

Further background to the research is attached. The reports are available from http://www.vuw.ac.nz/hsrc or from Maggy Hope, maggy.hope@vuw.ac.nz, ph 463 6565

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Introduction to the Health Reforms 2001 Research

In 2001, the New Zealand government introduced reforms to the structure of New Zealand’s health and disability sector. Under the New Zealand Public Health and Disability Act 2000, the government introduced a number of overarching strategies to guide the health and disability sector and it established 21 District Health Boards as local organisations responsible for population health and for the purchasing and provision of health and disability support services at a local level.

In 2002, funding was provided to chart the progress of, and to evaluate, these reforms as they were implemented. The research took place between 2002 and 2005. This paper is one of a series reporting on findings from the research. The papers in the series focus on:

- Health Reforms 2001 Research: Overview Report
- Governance in District Health Boards
- District Health Board Strategic Decision Making
- Financing, Purchasing and Contracting Health Services
- Devolution in New Zealand’s Publicly Financed Health Care System
- Māori Health and the 2001 Health Reforms
- Pacific Health and the 2001 Health Reforms
- Overview Report of the Research in Five Case Study Districts
- Print Media Reporting of the DHBs
- Public Sector Management and the New Zealand Public Health and Disability Act

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