

# Human rights: the way forward for health equity in rural and remote Australia?

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## Abstract

Australia has a poor human rights record. This is demonstrated by the 17 year gap in life expectancy between Indigenous and non-Indigenous Australians. The health of rural Australians continues to be poorer than urban Australians. While rurality is identified as a factor affecting both health status and human rights there is limited attention given to it in the Australian research literature. The Australian government is a signatory to the UN Declaration of human rights. Health is identified as a critical component of that declaration. However, the declaration does not currently influence the planning or delivery of health care.

This paper argues that a rights-based approach to health has significant benefits in planning and delivering health services to rural and remote Australia. Firstly, the social, cultural and economic factors affecting health can be addressed. Secondly, those most affected by poor health are not responsible for lobbying for more or different services. Thirdly, a minimum standard of health care access and availability directs the allocation of resources. Finally, an holistic view of an individual's care and support needs prompts innovative strategies for transport and accommodation for example.

International examples of rights based health care from the World Health Organization and The International Federation of Social Workers are described. The process of enacting human rights principles for Australian health is discussed using case examples from different stages in the lifespan.

## Introduction

Delivering public services to people in rural areas at a basic minimum standard is a problem facing not just Australia but countries right across the world. The OECD argues that these problems need to be addressed using place-based solutions, service delivery innovation and resource pooling to find acceptable solutions.<sup>1</sup> However, in Australia we have a top down approach to service policy and planning that is unable to accommodate local variations. With only 18% of the population, rural Australia's needs are subsumed into the larger population.<sup>2</sup> Concerns with cost effectiveness, consistency of reportable outcome measures and competition policy have driven policy and planning across the public sector.<sup>3</sup>

A whole-of-government approach is suggested to foster the necessary inter-sectorial action required to implement public policy.<sup>4</sup> However, there are no comprehensive, structured and conceptually grounded **processes to inform** place-based inter-sectorial solutions. In Australia, this is further compounded by the Federal/State split in responsibilities for primary and secondary health services.

There are two key related factors to consider. The first is ways of identifying local needs across sectors and the second is prioritising needs identified.<sup>5</sup> Need is usually established at a population level via consultation processes or locally by a needs assessment or identifying a community's assets. Australia does not currently have an established, accepted standard against which the needs should be assessed.

On 10 December 1948, the General Assembly of the United Nations adopted and proclaimed the Universal Declaration of Human Rights.<sup>6</sup> Following this historic act, the Assembly called upon all member countries to publicise the text of the Declaration and “to cause it to be disseminated, displayed, read and expounded principally in schools and other educational institutions, without distinction based on the political status of countries or territories.”

Human rights are defined and implemented through administrative and political channels.<sup>7</sup> These are the same channels that currently plan and deliver public sector services in Australia.

The efficacy of this approach is noted globally. The World Health Organization defines its roles and functions from a health and human rights perspective.<sup>8</sup> However, in Australia, the practical application of human rights has been to identify rights violations rather than as a basis for proactive planning and service delivery.<sup>9</sup> Rights are universal entitlements and endow a mutual benefit on all citizens via the claim-duty relationship with the state.<sup>10</sup> A human rights framework promotes action by removing the requirement to justify need.

## The model

On December 18, 2007, five members of Charles Sturt University representing the Centre for Rural Social Research and the Western Research Institute met to discuss a blueprint for rural health. The development of this document was driven by a diminishing standard of services into rural areas, and by the conceptualisation of the health of rural Australians being viewed in the negative or as a deficit model of health. A set of principles was proposed that address the underlying issues associated with rural health.

1. Promote socio-economic well-being through the provision of education, employment and cultural activities and opportunities allowing people to achieve their potential;
2. Provide regular and accessible services for screening, monitoring and development at appropriate life stages;
3. Provide physical access to culturally appropriate, effective services (including outreach) without compromising the financial, emotional and interpersonal well-being of rural people;
4. Ensure service providers in regional and rural settings are adequately staffed with a suitable range of services, equipment and communications technologies (including adequate working conditions, leisure, professional development and resourcing of staff) and develop more flexible rural practice models;
5. Ensure services are community managed and resourced to assess local needs.

These principles enshrine good health as a human right and allows communities to ask whether they have what they need to ensure good health. If these principles are acted on by governments and communities then rural health will necessarily improve.

Australia is a signatory to the UN Declaration of Human Rights<sup>6</sup> which includes the right to:

A standard of living adequate for health and well-being of self and of family, including food, clothing, housing and medical care and necessary social services and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

and to the International Covenant on Economic, Social and Cultural Rights.<sup>11</sup> This covenant includes the statement:

The States, Parties to the present covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

Throughout the world, poor and vulnerable people have less access to health care, and get sicker and die earlier than people who are more privileged. To address these concerns, WHO set up the Commission on the Social Determinants of Health which brings together leading thinkers on health care and social policy. Their aim is to analyse the social causes of ill health

- such as poverty, social exclusion, poor housing and health systems
- and actively promote new policies to address them.

We define health in line with the World Health Organization<sup>12</sup> as:

A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

In line with the International Federation of Social Workers Policy on Health, we also note that two key dimensions of health, chances and experience, both of which shape rural health consequences:

Health chances—a person's chances of being ill or staying well, of living a long life or having their life cut short, are a product of economic, social, political and environmental factors.

Health experience—a person's experience of living with and combating illness, is a product of the resources they can access for preventing, treating or alleviating illness and promoting health.

Community consultation informs public sector policy and planning. For example the NSW Department of Education and Training states in its workforce development strategic plan it will examine evidence of emerging client and community needs. Community consultations contribute to the evidence. NSW DET recently held 1,300 meetings across NSW to consult on the future of public education (<https://www.det.nsw.edu.au/reviews/futuresproject/index.htm> accessed 17/9/08). NSW DET is not the only public sector agency to value and use consultation;

The country health task force analysing the Government's plan for regional health services says its final recommendations will include more community consultation about the future of regional hospitals. <http://www.abc.net.au/news/stories/2008/09/01/2351362.htm>

Community consultations are frequent, but less frequently demonstrate any local outcomes, and may be exclusionary as the method favours those most able to express their views and concerns.<sup>3</sup> The process has been noted as tokenistic and symbolic when led by government agencies with specific agendas and goals.<sup>13,14</sup> Community participation however, has been found to achieve improvement in local health status when well structured and informed about local need.<sup>15,16</sup>

The literature on needs identification commonly uses Bradshaw's<sup>17</sup> typology of felt, expressed, normative and comparative need. To be effective this method relies on systematic data collection from a range of sources including community members, service providers, funding bodies and across different localities. The findings of a needs analysis are vital for service planning because they can identify service gaps and barriers, service users, document ongoing disadvantage and provide leverage for advocacy activities.<sup>18,19</sup> While potentially an effective method problems are commonly found in data collection including lack of data and differing evaluation criteria.<sup>20,21</sup> To overcome these difficulties the process should be managed externally of the vertical organisation and funding of public sectors.<sup>5,22</sup>

Asset based community development (ABCD), a process that identifies strengths, is an alternative to needs assessment. ABCD aims to build human, social, physical, financial and environmental capital to

benefit communities.<sup>23</sup> However, it begins from identification of geographical or social need that is the impetus for action.<sup>24,25</sup> Asset based assessment uses a process of resource mapping of organisations and individuals to build local action and avoid a dependence on outside experts to fix problems.<sup>23,26</sup> ABCD relies on information collection and cross-sectoral coordination including community groups and individuals. Similar to needs assessment, the method requires a person or organisation to drive it. Universities have had success in this role and it is ideal for building community engagement (e.g. <http://www.newcastle.edu.au/centre/fac/abcd/index.html> ; <http://www.newcastle.edu.au/centre/windale/index.html> <http://acl.arts.usyd.edu.au/jss/document/windale.pdf> )

Once responsibility for, and method of, information collection is determined, prioritising identified needs is the second factor to address in developing a place based process to improve health status. The needs assessment and ABCD resource mapping processes are explicit and both vital to a comprehensive information collection strategy. However, subsequently prioritising some groups or places over others is value laden and typically responsive to pressure from lobby groups within a setting of unlimited need and limited resources.<sup>23</sup> The area is so fraught with moral and ethical dilemmas and competing interests that decision-making can stall. Two frameworks can inform decision-making and conceptually ground the assessment process—human rights and Maslow’s needs hierarchy. These are described in the project methodology.

## Research plan, methodology and data analysis

An action research community development project is proposed. Community development begins with acknowledgement of a problem, requires collection of information about the problem, community participation to review and debate potential action, decision-making, organisation and resource mobilisation.<sup>16</sup> The project aims to develop and trial an information gathering tool that will resource rural communities to inform and influence their debate about potential action. In western countries, community development has a history in social practice and is acknowledged as a means of developing action strategies about local issues.<sup>22,25</sup> Community development can promote inter-sectorial collaboration, identify needs, evaluate processes and incorporate local context and culture providing it is methodologically and ethically sound.<sup>5,22,25</sup>

Stage one of the project will develop the community level tool that identifies local demography and public sector needs and assets. In stage two, rural community members will trial the tool and evaluate its utility. Community participation and involvement are the key features of action research that make it relevant to local conditions.<sup>27,28</sup> Action research is focused on bringing about change while researching the change as it occurs. It is particularly useful for facilitating public discourse in public spheres.<sup>29</sup> The checklist will identify the public sector arrangements that are possible, those that exist locally and ask if change is required to meet the needs of the local population. Typical of action research, a training component to enable people to participate and evaluate the results of their action will be provided.<sup>30</sup> Group participation is critical to incorporate and promote local knowledge and history, and representation of diverse public sector values and processes.

### Participant sample and recruitment

A rural community participated in the previous project of the research team. Participants included health workers, community service workers, local government, service clubs and church groups.<sup>5</sup> The findings proved useful for local health service planning. Several participant groups have requested more information about local community need. The proposed project has been promoted to previous participants who are prepared to trial the information collection and prioritising process. Letters of support

are attached to this document. The community research team will include representatives of health, education, community services, police, local government, service clubs and churches and individual community members.

### Decision-making framework

There are two ways of prioritising information collected by the community researchers. The first identifies vulnerable population groups and their specific needs; the second prioritises **urgency of action**. The human rights framework assists in prioritising needs by identifying groups that are most likely to experience violations—women, children, Indigenous people and people with a disability.<sup>21</sup> Key performance indicators and /or service standards of public sector agencies become a community's, and an individual's, entitlement to minimum standards of service clarifying the claim-duty relationship.

Maslow's hierarchy provides the second way of prioritising identified needs. Maslow's hierarchy was developed as a way of identifying personal needs within a psychological framework beginning with physiological needs and including safety, social and self esteem needs.<sup>31</sup> Similarly in the community context Maslow's hierarchy is an established process to inform decision-making.<sup>32</sup> It is vital to recognise that some rights may not be claimed because basic needs have not been met; for example, research has identified the failure of health promotion activities because in some populations 'upstream issues' of medical treatment, housing, water and safety have not been addressed.<sup>33</sup> Maslow's hierarchy will order identified needs to meet the most pressing ones first.

The following case studies of three household's health chances and experiences in 2007 have been developed to illustrate the five key points in the *CSU Blueprint for Rural Health*.

## Household 1: Family

Health rights	Male 39 years	Female 37 years	Child 12 years	Child 7 years
1. provide education, employment and cultural opportunities and services	Employed full time in local government includes training and professional development, Plays squash and coaches children's sport Secure, affordable accommodation	Employed part time in community services includes training opportunities, Plays netball Can purchase fresh food locally at equitable prices Secure, affordable accommodation	Attends year 6 at local primary school, guitar lessons, rugby union Secure, affordable accommodation	Attends year 2 at local Infants school, swimming lessons Secure, affordable accommodation
2. regular life stage appropriate screening, monitoring	Colonoscopy every two years, bowel cancer screening every 5 years, knowledge of and access to mid life check ups (40, 50, 60) Knowledge of healthy lifestyle	Pap smear every 2 years available locally, mammogram available without taking additional time off work, knowledge of and access to mid life check ups Knowledge of healthy lifestyle	Dental, hearing, eye checks provided regularly, immunisation provided, information about epilepsy cause, treatment, effects and challenges for children available locally	Dental, hearing, eye checks provided regularly, immunisation provided. School assesses appropriate development and provides report to parents
3. Physical access to culturally appropriate effective services without compromising financial, emotional and interpersonal relationships	Broken elbow x-rayed and treated on day of injury, no overnight stay required. Physiotherapy follow-up and fracture clinic available without taking additional days off work. Colitis (Irritable Bowel Syndrome) diagnosed by local GP, day surgery for colonoscopy has no cost for travel or accommodation, Specialist treatment and checkups available without additional time off work	Has regular contact with local support worker following death of mother from cancer. Support will continue for as long as needed. Other family members can attend. Local GP checks moles to allay skin cancer concerns	Diagnosis and treatment for a seizure available on the day. Travel and accommodation required to assess cause does not cost more than in urban/regional area. Regular follow-up and support available locally. Dental treatment available locally	Specialist free optometry assessment and treatment regime available locally for perception problem identified by the school. Diagnosis and treatment for high temperature and vomiting available locally at night.
4. adequately staffed and resourced health facilities	Hospital has X-ray facilities and computer access + link to GP, specialist visits and has established location, local health workers have and can provide info on health checks, Colitis	Health workers have knowledge and support available about grief and loss	Local GP can support specialist epilepsy treatment, has links to diagnostic tests and specialist advice, Local health worker can provide support and information about epilepsy + have access to own support and training for needs of children	
5. resourced community management	Knowledge of way local health management works and invited to contribute.	Knowledge of way local health management works and invited to contribute.	Asked about experience of health care and local response assessed and changed if necessary	

## Household 2: Indigenous family group

Health rights	Male 40 years	Male 27 years	Female 32 years 6 months pregnant	Female 15 years	Twin toddlers 3 years
1. provide education, employment and cultural opportunities and services	Employed full time in the mining industry, Elder of the local Lands Council and Community Working Party Can purchase fresh food locally at equitable prices Secure, affordable accommodation	Works part-time in hospitality, Training locally for locally available employment Involved with local Lands Council Plays football Can purchase fresh food locally at equitable prices Secure, affordable accommodation	Works part time in retail Will get paid maternity leave Attends regular women's meetings at Lands Council Can purchase fresh food locally at equitable prices Secure, affordable accommodation	Attends local high school year 9 Socialises with friends secure, affordable accommodation	Attend childcare 2 days per week with indigenous childcare workers Secure, affordable accommodation
2. regular lifestage appropriate screening, monitoring	Workplace screenings for mining industry related health and safety Bowel cancer screening every 5 years, Blood sugar levels tested regularly Knowledge of and access to mid life check ups (40, 50, 60) Knowledge of healthy lifestyle	Knowledge of healthy lifestyle Blood sugar levels tested regularly	Pap smear every 2 years available locally, mammogram available if required without taking additional time off work, Knowledge of and access to mid life check ups Blood sugar levels tested regularly Knowledge of healthy lifestyle	Dental, hearing, eye checks provided, immunisation provided. Knowledge of healthy lifestyle	Developmental checks every 6 months Dental, hearing, eye checks provided regularly, immunisation provided.
3. Physical access to culturally appropriate effective services without compromising financial, emotional and interpersonal relationships		Gives blood locally, Assessed and treated for possible spinal injuries on day of football accident	Local Ante natal check ups by indigenous health worker Indigenous mid-wife prepared for birth Birthing facilities available without additional costs for travel and accommodation Post natal care available locally	Dental treatment available locally	Child care available when mother having baby
4. adequately staffed and resourced health facilities					
5. resourced community management	Senior position on community management Trained in community consultation		Asked about experience of health care and local response assessed and changed if necessary		

### Household 3: Elderly couple

Health rights	Female 74 years	Male 75 years
1. provide education, employment and cultural opportunities and services	Horticulture student local TAFE View Club member Swimming Can purchase fresh food locally at equitable prices secure, affordable accommodation	Daily exercise group Men's shed Can purchase fresh food locally at equitable prices Secure, affordable accommodation
2. regular life stage appropriate screening, monitoring	Vision, hearing, neurological, blood sugar, mammograms Knowledge of healthy lifestyle	Vision, hearing, neurological, blood sugar, prostate cancer Knowledge of healthy lifestyle
3. Physical access to culturally appropriate effective services without compromising financial, emotional and interpersonal relationships	Diagnosis and treatment of Big Cell Arthritis including specialised diagnostic tests and medication regime with no additional costs for transport or accommodation Local referral to specialist Local monitoring and assessment of treatment Local support and advice about personal impact of disease and treatment Hydrotherapy access and exercise plan Supply and fit glasses Supply and monitor blood pressure medication Local carer support group	Regular local dementia assessment Hip replacement completed 3 months after diagnosed with no additional costs for transport or accommodation for patient or carer Recovery and rehabilitation locally with dementia trained and experienced health workers Regular respite care locally in secure premises Free transport to social and medical appointments
4. adequately staffed and resourced health facilities	Medication reviews by pharmacist and GP, links to specialist's treatment plan and advice Informed and supported health worker Secure dementia unit with available respite for husband	Specialist dementia workers regularly supported by peers and education Secure dementia unit with available respite Rehabilitation facilities for care at hospital
5. resourced community management	Personally invited to participate in feedback about health service and community development strategy	Personally invited to participate in feedback about health service and community development strategy

## Conclusion

We believe that adoption of an approach based on human rights offers a new approach for assessing community health needs and planning service provision, which would offer the specificity and flexibility currently lacking. We bring this paper to this conference to stimulate further discussion.

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