



GOOD GOVERNANCE IN HEALTHCARE: EXAMINING THE PUBLIC ADMINISTRATION CONTRIBUTIONS IN COMBATING SOCIOECONOMIC DISPARITIES IN CENTRAL LUZON

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Abstract: This study examines the public administration's contributions to combating socioeconomic disparities in Central Luzon. Using a Quantitative Descriptive Correlational Research Design, the study gathered data from three hundred (300) respondents, comprising patients admitted to various hospitals in Central Luzon.

Findings revealed that age, sex, and health insurance are not significantly linked to the socioeconomic profile or health indicators contributing to healthcare disparities. In contrast, factors such as monthly income, education, occupation, housing type, and the number of household members are significantly associated with socioeconomic status and health indicators, leading to disparities in healthcare.

The data showed that 100% of respondents identified high medical costs as the main barrier to healthcare access. Additionally, 81% reported a lack of transparency in healthcare programs, while 77% cited insufficient healthcare facilities. Shortages of doctors and nurses and a lack of accountability in programs were each noted by 64.3% of respondents. Furthermore, 58.7% mentioned the absence of health awareness programs, 55% pointed to unequal distribution of resources among barangays, and 53.3% reported poor quality of services. These figures highlight the multifaceted and widespread nature of healthcare challenges faced by the respondents.

Lastly, healthcare in Central Luzon faces multiple interconnected challenges, including high medical costs, lack of transparency and accountability, inadequate and outdated facilities, shortages of doctors and nurses, insufficient health awareness programs, unequal distribution of resources, and poor service quality. These issues create major barriers to healthcare access and perpetuate socioeconomic disparities in the region. Addressing these problems requires not just more resources but also strong, effective governance rooted in transparency, accountability, equity, and participation. By focusing on the needs of the most disadvantaged, encouraging cross-sector collaboration, and embracing innovation, public administration can help build a health system that provides quality, affordable care for all. Achieving health equity in Central Luzon ultimately depends on visionary and robust governance.

Index Terms – Good governance, healthcare, socioeconomic disparities

I. INTRODUCTION

Governance has been vital to societal progress since ancient times, involving both formal and informal systems of authority, decision-making, and resource distribution. It goes beyond government alone, requiring collaboration among diverse actors to address complex challenges. As noted by Hasan (2018), effective governance demands ongoing evaluation and adaptation. Modern approaches emphasize inclusivity and cross-sector cooperation, resulting in new models like public-private partnerships and multi-stakeholder initiatives. Thus, governance is increasingly seen as a dynamic and evolving process that responds to changing needs and power structures.

Healthcare is a fundamental human right and a marker of a society's progress, with good governance being crucial for delivering high-quality, equitable care. Effective governance in healthcare relies on transparency, accountability, efficiency, and participation, with governments responsible for translating policies into meaningful services (JCI, 2023).

The World Health Organization's 2023 launch of the Health Inequality Data Repository has enhanced the ability to monitor disparities and target interventions (World Health Organization, 2023). However, significant challenges persist; fewer than one-third of countries have improved health service coverage over the past two decades, and most still struggle to meet Universal Health Care benchmarks, leaving many disadvantaged groups without adequate access or protection (Pillai, 2024). This underscores the urgent need for sustained focused policy action to address persistent health inequities.

In Central Luzon, marked socioeconomic disparities continue to shape the region's healthcare landscape. Key factors such as household income, education, housing quality, and service availability drive these gaps. The poverty threshold in Central Luzon is PHP 16,046 per month for a family of five—the highest among all Philippine regions—highlighting widespread economic challenges (Philippine Statistics Authority, 2023). Teenage pregnancy rates are also concerning while the national average is 5%, adolescents from the lowest income quintile in Central Luzon experience a much higher rate of 10%, compared to just 2% among those from the highest wealth quintile. These figures clearly show how socioeconomic status impacts health outcomes, particularly in reproductive health, and emphasize the urgent need to address these persistent disparities in the region.

The persistent and, in some cases, increasing disparities in health outcomes associated with socioeconomic status underscore the profound and far-reaching implications for public health. This situation highlights the urgent need for more comprehensive and focused research to better understand the underlying causes and to develop effective strategies to address these inequalities (Tang, 2024).

II. Literature Review and Related Studies

Good Governance

Governance has increasingly been recognized as a vital element in enhancing the quality, effectiveness, and equity of healthcare systems worldwide. While much of the existing research has focused on governance's role in promoting transparency, accountability, and service delivery, there has been limited attention to the possible environmental benefits that robust healthcare governance may yield. In light of the urgent global need to develop environmentally sustainable practices within healthcare, recent scholarship has suggested that governance mechanisms can play a moderating role in the relationship between environmental factors and healthcare system performance (Subramaniam et al., 2023).

The healthcare sector is a significant consumer of resources and a notable contributor to environmental impacts, such as greenhouse gas emissions, medical waste, and energy consumption. As such, there is a growing imperative to incorporate environmental considerations into healthcare planning, policy, and operations. Governance structures—comprising the rules, processes, and institutions that guide decision-making—can facilitate the integration of sustainability principles into healthcare systems.

One of the vital pillars in strengthening healthcare systems is good governance. The enactment of the Universal Healthcare (UHC) Act sought to improve health equity, which in turn promoted more effective governance within the health sector (Bernal, et al., 2023). As noted by the World Health Organization, governance is one of the critical functions of any health system, and good governance of the health system leads to better performance and outcomes (Jafari et al., 2018). As a matter of fact, the significance of good governance in healthcare cannot be overstated. This underscores the importance of a well-coordinated governance framework in ensuring that healthcare systems function effectively and equitably.

Socioeconomic Disparities

Galobardes et al. (2022) describe socioeconomic status as an indicator of where an individual stands within the broader social and economic hierarchy. This standing is typically evaluated using measurable factors such as income, type of employment, home ownership, and level of education attained. These indicators provide a tangible way to assess a person's relative position in society, reflecting both their material circumstances and their access to opportunities for advancement. Socioeconomic status is not merely a label; it often encapsulates the complex interplay between wealth, social privilege, and the ability to participate fully in community life. In addition, Barakat and Konstantinidis (2023) further emphasize that socioeconomic status is widely recognized as one of the most significant determinants of health. The position a person occupies within their community can have a profound influence on their overall well-being, shaping everything from their living conditions to their ability to access healthcare services. Those with higher socioeconomic status typically enjoy greater privilege, stability, and support, which can translate into better health outcomes. Conversely, individuals lower on the socioeconomic ladder often face a host of challenges that can negatively impact their health and quality of life.

Globally, socioeconomic disparities remain a significant and ongoing obstacle within healthcare systems, affecting not only individuals' access to medical services but also their overall health outcomes. Luxian Tang (2024) published that inequality in the access and utilization of healthcare has become a significant threat to policies and the population's well-being. As the economic divide intensifies, it results in an alarming inequality in access to healthcare among the different strata of socioeconomic status. Having access to equity is a key policy objective in healthcare systems, however, the existing inequalities from socioeconomic status could affect this factor (Moscelli et. al, 2017).

Plans to Combat Socioeconomic Disparities in Healthcare

A critical aspect of health promotion within this framework involves the systematic identification and monitoring of health inequities. Robust data collection and analysis are essential for understanding where disparities exist, which populations are most affected, and how policies and programs are influencing trends over time. Disaggregated data—broken down by factors such as income, gender, age, geographic location, and disability status—enable stakeholders to target interventions more effectively and to measure progress in reducing gaps. The WHO's Health Inequality Data Repository, launched in 2023, represents a significant step forward in this regard, providing the most comprehensive global collection of publicly available, disaggregated data on population health and its determinants (WHO, 2023). This resource allows for the tracking of health inequalities both within and between countries, supporting evidence-based decision-making at all levels.

Despite these advances, substantial challenges remain. Even with targeted efforts to promote health equity, many countries still face persistent and, in some cases, widening disparities in health outcomes.

III. Significance of the Study

As a study that centered on good governance in healthcare and the role of public administrations in addressing the socioeconomic disparities in Central Luzon, this research paper serves as a foundation for crafting an action plan that can be proposed and implemented to reduce healthcare-related socioeconomic disparities in Central Luzon.

With over a decade of professional experience as a community health nurse, the researcher has developed an intimate and grounded understanding of how the healthcare system operates at the community level. This prolonged immersion in frontline health service delivery has provided a unique vantage point from which to observe not only the strengths of the system but, more critically, its persistent weaknesses. Day after day, the realities encountered in the field paint a picture that is far more complex and troubling than what policies and programs on paper might suggest. As health services are provided and public health initiatives continue to be implemented, it is increasingly evident that significant gaps remain—gaps that quietly erode the system's capacity to deliver equitable and effective care to all members of the community.

In line with the concerns that have emerged from the researcher's years of field experience is the deeply troubling reality of socioeconomic disparities within the healthcare landscape. This is not a simple or singular problem — it is a multidimensional challenge that permeates virtually every aspect of the healthcare system, from the accessibility of basic health services to the quality of care that individuals receive, and from health outcomes to the fair and equitable distribution of health resources across different population groups. Recognizing these systemic challenges, this study examines the role of good governance in healthcare and the contributions of public administration to addressing socioeconomic disparities. Moreover, the researcher conducted the study to improve the health outcomes of every Filipino,

wherein a paradigm shift within the healthcare system is necessary to adopt a comprehensive approach that will include the population's health. This shift entails recognizing, including, and prioritizing factors that go beyond the traditional healthcare system in the Philippines, as it includes socioeconomic disparities encompassing income, education, employment, and social support networks.

Furthermore, the researcher sought to delve deeper into how good governance in healthcare could be described and evaluated, as well as how socioeconomic disparities in healthcare could be assessed from the perspective of the public. Attention was likewise directed toward identifying the government programs that had been implemented to combat these disparities and examining the extent to which such programs had proven effective in addressing the inequities experienced by vulnerable communities.

Lastly, drawing from a background in public administration, the researcher endeavored to craft and propose a comprehensive action plan aimed at enhancing the response to the identified socioeconomic disparities in healthcare. In doing so, the study also sought to determine the broader implications of its findings for the field of public administration, with the hope of contributing meaningful and actionable knowledge to ongoing efforts toward more just, responsive, and equitable governance in the healthcare sector.

IV. Research Design

This study employed a Quantitative Descriptive Correlational Research Design to systematically examine the variables under investigation. This research design was deemed most appropriate as it allows for the objective measurement and analysis of data, providing a clear and structured depiction of existing conditions and circumstances within the study context. Specifically, the descriptive component enabled the researcher to present a comprehensive picture of the current situation, while the correlational aspect facilitated the exploration of meaningful relationships between the identified variables. In this study, the demographic profile and socioeconomic status of the respondents were examined in relation to their perceived role and capacity in addressing socioeconomic disparities in the six provinces of Central Luzon. By establishing the nature and extent of these relationships, the researcher elicited responses and formulated appropriate conclusions and recommendations from it, aside from accurately representing the study respondents. For this research design, the researcher utilized survey questionnaires and administered these to the study participants to elicit important data.

V. Locale of the Study

Region III, commonly known as Central Luzon, is one of the most economically significant regions in the Philippines. It is an administrative region occupying the central section of Luzon, covering seven provinces — Aurora, Bataan, Bulacan, Nueva Ecija, Pampanga, Tarlac, and Zambales. Located adjacent to the National Capital Region (NCR), Central Luzon has benefited from the spillover effects of Metro Manila, and sits only 66 kilometers away, serving as the gateway to the Northern Luzon regions. Central Luzon is a major economic hub in the Philippines, contributing significantly to the country's rice supply and maintaining a diverse economy with industries ranging from agriculture, aquaculture, mining, and manufacturing to services and tourism.

Based on the 2020 Census, the region recorded a population of 12,422,172, representing 19.97% of the overall population of the Luzon island group. This accounts for approximately 11.5 percent of the entire Philippine population, ranking the region third among the country's 18 regions in terms of population size. This large and diverse population encompasses a broad mix of urban and rural communities, giving rise to varying socioeconomic conditions that significantly influence healthcare accessibility across the region.

Fig 1. Map of Central Luzon



The study was conducted in selected municipalities within Central Luzon, specifically in an area where a hospital facility is established and operational. The inclusion of this municipality as the research locale was intentional and purposive, as the presence of a hospital within the community provided a relevant and accessible setting for examining healthcare utilization and socioeconomic disparities among the local population. The selected locale offered a representative environment for the study, given that hospitals serve as primary points of contact between community members and the healthcare system. By focusing on a municipality with an existing healthcare facility, the researcher was able to gather meaningful and contextually appropriate data that directly aligned with the objectives of the study. This decision also ensured that the respondents selected for the study had a degree of proximity and exposure to formal healthcare services, making their responses more reflective of actual healthcare access and utilization patterns within the community.

Thus, based on the aforementioned data, the researcher identified the study locale and included selected provincial hospitals located in various provinces of Central Luzon. Due to the limitations of the study, only six out of the seven provinces were included, namely: Bataan, Bulacan, Nueva Ecija, Pampanga, Tarlac, and Zambales.

VI. Population and Sample

The respondents of this study comprised a total of three hundred (300) patients drawn from six selected Provincial Hospitals located across Central Luzon. The determination of this sample size was guided by the need to ensure adequate representation of the study population while maintaining the feasibility and manageability of the data collection process. Each of the six provincial hospitals was treated as a distinct sampling site, contributing an equal number of respondents to the overall sample. To ensure a fair and balanced distribution of participants across all identified healthcare facilities, the total number of respondents was equally divided among the six provincial hospitals. Consequently, fifty (50) patients were

selected from each hospital, ensuring that no single facility was overrepresented or underrepresented in the data. This equal allocation strategy was deliberately employed to prevent sampling bias and to ensure that the findings of the study would be reflective of the broader population of hospital patients across the different provinces of Central Luzon.

The researcher employed non-probability convenience sampling to select 50 participants from each hospital included in the study. Due to limitations in time, resources, and accessibility, this sample size was deemed adequate for capturing relevant insights and trends within the target population. As noted by Etikan, Musa, and Alkassim (2016), convenience sampling is commonly used when researchers face practical constraints, and it can provide valuable data for exploratory and descriptive research. Similarly, Creswell and Creswell (2018) emphasize that, while smaller sample sizes may limit generalizability, they are often suitable for studies aiming to identify patterns or generate initial findings within a specific context.

The inclusion of respondents from multiple provincial hospitals further strengthened the comprehensiveness and generalizability of the study, as it allowed for a more diverse and geographically distributed sample. By gathering data from patients across various hospital settings within the region, the researcher was able to capture a wider range of experiences and perspectives related to healthcare utilization and socioeconomic conditions, thereby enhancing the overall validity and reliability of the research findings.

Province	Hospital	Respondents
Bataan	Antonio "Tony" P. Roman Memorial Hospital	50
Bulacan	Ospital ng Lungsod ng San Jose Del Monte	50
Nueva Ecija	San Jose City General Hospital	50
Pampanga	Dr. Emigdio V. Cruz Sr. Memorial Hospital	50
Tarlac	Tarlac Provincial Hospital	50
Zambales	James L. Gordon Memorial Hospital	50
	TOTAL	300

VII. Data and Sources of Data

The data collection process for this study was carried out through a series of carefully planned and systematically executed stages, encompassing preparation, coordination, and implementation, to ensure that comprehensive, accurate, and reliable information was gathered from the selected respondents across the identified provincial hospitals in Central Luzon.

During the preparatory stage, the researcher secured the necessary permits and approvals required to conduct the study within the selected healthcare facilities. Formal communication letters were prepared and submitted to the relevant authorities, including the administration of the identified provincial hospitals, to obtain official permission for the conduct of the data collection activities. This stage also involved the finalization of the survey questionnaire following the completion of reliability and validity testing, ensuring that the instrument was ready for distribution.

In the coordination stage of the study, the researcher initiated direct communication with the designated staff members at each provincial hospital to facilitate the planning of data collection activities. This involved engaging with hospital personnel to discuss and determine the most appropriate schedules for administering the questionnaires and conducting the interview. The primary objective was to select dates and times that would not interfere with the hospitals' routine operations, ensuring that the process would be as seamless as possible for both staff and patients. By carefully considering the workflow and peak hours of each hospital, the researcher aimed to minimize any potential disruption to daily activities. At the same time, efforts were made to maximize the availability and willingness of potential respondents, thereby enhancing participation rates. This collaborative scheduling approach helped to foster cooperation from hospital administrators and staff, ultimately contributing to the efficient and effective gathering of reliable data for the study.

Also, during this stage, the researcher encountered challenges related to scheduling and the availability of the facility heads for the necessary courtesy calls. Arranging these meetings proved to be difficult due to the busy schedules and prior commitments of the hospital leaders, which are often unpredictable in a healthcare setting. As a result, there were unavoidable delays in securing appointments and obtaining the required endorsements from the facility heads. This setback subsequently affected the overall timeline of the research, as the researcher could not immediately move forward to the execution stage, which involved the actual administration of questionnaires and data collection activities. The delay

highlighted the importance of flexibility and patience in coordinating with high-level administrators in public health institutions, as their involvement is crucial for gaining access and support for research activities. Despite the obstacles, the researcher persisted in rescheduling and maintaining open communication, which eventually allowed the study to proceed as planned.

During the execution stage, the researcher personally administered the structured survey questionnaire to the 300 identified respondents distributed among the six selected provincial hospitals in Central Luzon. Throughout the data collection process, the researcher remained on site to offer clarifications, address any issues or questions raised by respondents, and ensure that every questionnaire was fully and accurately completed. After each administration, the completed questionnaires were immediately collected, reviewed for completeness, and organized for subsequent data encoding and statistical analysis. However, a significant challenge emerged in meeting the target of 50 respondents per hospital during the initial visit. In cases where the number of respondents fell short of the intended sample size on the first visit, the researcher arranged additional schedules and returned to the respective hospitals to conduct further interviews. This adaptive approach ensured that the required sample size was eventually achieved, despite initial setbacks in respondent turnout, and contributed to the reliability and comprehensiveness of the study's data.

Structured Questionnaire: The researcher used this to elicit information from respondents regarding the various socioeconomic disparities they experienced in accessing healthcare, as well as their awareness of government programs aimed at addressing these inequalities. The questionnaires were distributed to participants who were patients of the six selected Provincial Hospitals in Central Luzon. Administration of the survey was conducted face-to-face by the researcher, ensuring that questions could be clarified in real time and that respondents had the necessary support throughout the process.

Upon completion, the researcher personally collected the questionnaires immediately to ensure the integrity and completeness of the responses. In addition to administering and collecting the surveys, the researcher also paid close attention to non-verbal cues exhibited by the respondents during data gathering. Observing these gestures and expressions provided supplementary insights into the respondents' attitudes, comfort levels, and possible hesitations, thereby enriching the overall data and contributing to a deeper understanding of their experiences within the healthcare system.

Documentary Analysis: Documentary analysis was also employed as a supplementary method of data collection in this study, wherein the researcher examined relevant documents of the LGU Health Scorecards covering the period from 2022 to 2024. This approach allowed the researcher to gather secondary data directly from official health governance records, providing an objective and evidence-based foundation that complemented the primary data obtained through the survey questionnaire and interview guide.

Prior to accessing and utilizing these documents, the researcher formally sought permission from the Department of Health Central Luzon Center for Health Development. A written request was submitted to the appropriate office to secure an official copy of the LGU Health Scorecards for the identified provinces involved in the study. This step was undertaken to ensure that the use of the documents adhered to proper institutional protocols and that all information obtained from official records was handled with the necessary authorization, transparency, and ethical responsibility.

Aside from the interviews conducted through the administered questionnaires, the researcher also made use of documentary analysis and reviewed the results of the 2022-2024 LGU Health Scorecard obtained from the DOH Central Luzon Center for Health Development. Additionally, this data provided the researcher with a longitudinal perspective on the healthcare performance and governance outcomes of the selected provinces over a three-year period. The data extracted from these documents served as a valuable reference point for contextualizing and validating the findings gathered from the respondents, ultimately contributing to a more thorough and well-substantiated analysis of the role of public administration in promoting good governance and reducing socioeconomic disparities in healthcare across Central Luzon.

VIII. Conceptual framework

This research study determined how the demographic profile (income, education, occupation, and housing type) of respondents along with their socioeconomic status, relate to factors such as access to healthcare, health outcomes, morbidity, and mortality. The study aimed to identify whether there is a significant association between these variables, and how these relationships contribute to disparities observed in healthcare.

Furthermore, the study examined the specific socioeconomic disparities experienced by patients across various provincial hospitals in Central Luzon. It also explored the government initiatives and programs that have been implemented to address and reduce these disparities in healthcare.

Overall, this research study aimed to propose an action plan to address socioeconomic disparities in healthcare. By examining how good governance of healthcare, driven by public administration, can be of help in combating socioeconomic disparities in Central Luzon.

Figure 2. Paradigm of the study

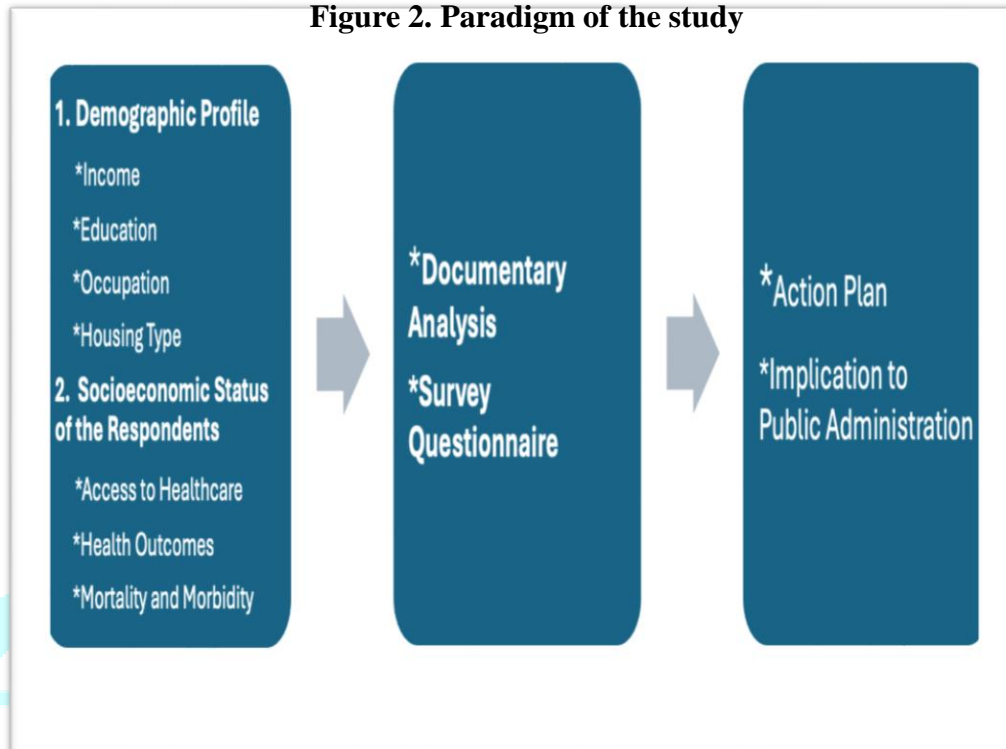


Figure 1 depicts the conceptual framework of the study, following the Input-Process-Output (IPO) Model. In the input stage, the researcher included several key variables, beginning with the demographic profiles of the respondents, such as their income, level of education, occupation, and housing type. Additionally, the input phase encompassed information on the socioeconomic status of participants, including their healthcare access, health outcomes, as well as mortality and morbidity rates. These variables served as the primary foundation for the subsequent phases of the research framework.

The paradigm process, on the other hand, includes the research methodologies such as the documentary analysis and survey questionnaire administered through face-to-face interviews.

Finally, the study output was designed to address the gaps identified through data collection. These proposed outcomes included targeted recommendations and action plans intended to enhance the quality of healthcare governance. By focusing on the specific issues uncovered in the research, the study aimed to offer practical solutions and strategies that could lead to significant improvements in healthcare management and delivery.

Through the application of the Input-Process-Output Model as the study's framework, the researcher systematically explored how public administration affects good governance in healthcare and devised an action plan tailored to address socioeconomic disparities in Central Luzon. This model provided a structured approach for the study, enabling a detailed examination of the interplay between demographic and socioeconomic factors. It also guided the selection and implementation of appropriate research methods, ensuring that data collection and analysis were aligned with the study's objectives. Furthermore, using this framework helped clarify how various inputs, such as demographic profiles and socioeconomic status, interacted with processes like policy implementation and program evaluation, ultimately leading to the anticipated outcomes. These expected results included targeted recommendations and action plans that could contribute to reducing socioeconomic inequalities and improving governance within the healthcare sector.

VIII. RESULTS AND DISCUSSION

1. Socioeconomic Profile of the Respondents

The American Psychological Association (2026) defines a socioeconomic profile as a thorough evaluation of a community or population that considers different factors. This assessment also includes elements like the type of housing, access to healthcare services, employment opportunities, and differences in resource availability or one's income level. Socioeconomic factors have a well-documented impact on health, with research showing that people with lower incomes and less education are more likely to suffer from illnesses and often face obstacles in obtaining necessary healthcare (Braveman et al., 2021).

Additionally, analyzing socioeconomic profiles allows healthcare systems to identify specific challenges to access, such as transportation issues, high costs, and limited health literacy. By understanding these profiles, policymakers and healthcare providers can develop targeted strategies and programs to address these barriers, allocate resources more effectively, and work towards greater health equity within the population. These efforts can also inform public health campaigns, guide community outreach, and foster partnerships with other sectors, ultimately creating a more supportive environment that promotes the overall well-being of individuals and families in both urban and rural areas.

Table 1. Relationship between Demographic Profile and Socioeconomic Status of the Respondents

Profile	X ² -value	p-value	Decision	Result
Age	978.206	0.052	Accept Ho	Not Significant
Sex	243.281	0.218	Accept Ho	Not Significant
Monthly Income	1011.676	0.009	Reject Ho	Significant
Education	814.373	0.000	Reject Ho	Significant
Occupation	1023.327	0.004	Reject Ho	Significant
Housing Type	1014.246	0.008	Reject Ho	Significant
Household Members	814.932	0.000	Reject Ho	Significant
Health Insurance Type	259.850	0.066	Accept Ho	Not Significant

The findings revealed that the respondents' age, sex, and health insurance have no significant relationship with the socioeconomic profile and health indicators that result in disparities in healthcare. On the other hand, monthly income, education, occupation, housing type, and household members show the opposite.

2. Health Indicators of the Respondents

Health indicators are tools used to evaluate and describe the overall health of a population. These indicators encompass a wide range of measures, such as access to healthcare, health outcomes, morbidity, and mortality. Mentioned indicators are vital for monitoring trends in population health and play a crucial role in the planning, implementation, and evaluation of public health initiatives. Additionally, some health status indicators combine different health states with measurements of life expectancy, offering a more comprehensive view of the population's quality of life. By integrating these various data points, health authorities are better equipped to assess the effectiveness of interventions, allocate resources efficiently, and develop targeted strategies aimed at improving overall health outcomes within the community.

2.1 Access to healthcare

Access to healthcare refers to the capacity of individuals to obtain appropriate health services when needed, ensuring that they can achieve the best possible health outcomes. This concept involves more than just the physical availability of services; it also considers how well patients' needs and healthcare system offerings align. Such factors can ease with which patients can secure appointments, the quality and responsiveness of care provided, affordability, and the accessibility of health-related information all contribute to true healthcare access. Furthermore, access encompasses geographic proximity, cultural and linguistic appropriateness, and the extent to which services are delivered in a timely and efficient manner. Ultimately, effective access to healthcare means that individuals are able to overcome barriers—whether financial, informational, or systemic—to receive the care they require, leading to improved health and well-being.

Table 2. Access to Healthcare

Statement	Mean	Verbal Description
Local Government Programs (e.g. Philhealth, Barangay Health Stations and Barangay Health Stations) help improve my healthcare access.	3.61	Strongly Agree
Financial constraints affect me from seeking medical care.	3.51	Strongly Agree
The range of services offered by my local health facility meets my needs.	3.44	Somewhat Agree
There are enough medical personnel available when I visit a health facility.	3.37	Somewhat Agree
Transportation to the nearest health facility is convenient.	3.11	Somewhat Agree
The nearest health facility is easily accessible from my residence.	3.10	Somewhat Agree
The cost of healthcare services is affordable.	2.81	Somewhat Agree
Grand Mean	3.28	Somewhat Agree

Table 2 shows that respondents in Central Luzon generally “somewhat agree” that they have access to healthcare services, with an overall mean score of 3.28. While local government programs are recognized for improving access, financial constraints and moderate satisfaction with service availability, personnel, and transportation remain significant barriers—especially for lower socioeconomic groups. Respondents also reported challenges with healthcare costs and uneven distribution of medical facilities and staff. These findings highlight persistent gaps in the affordability, accessibility, and quality of healthcare, emphasizing the need for targeted interventions and improved governance to address ongoing socioeconomic disparities in the region’s health system.

2.2. Health Outcomes

The measurable changes in the health status of individuals or populations that result from healthcare interventions, policies, or environmental influences is known as health outcomes. According to the World Health Organization, a change in the health of an individual, group of people, or population that is attributable to an intervention or series of interventions pertains to an outcome measure (Health Catalyst, 2018). This definition underscores the centrality of intervention-driven results in evaluating the effectiveness and quality of healthcare delivery systems. Health outcomes are not merely limited to clinical indicators such as mortality or morbidity rates; they also encompass broader dimensions, including patient experience, safety of care, timeliness of services, and the efficient use of health resources (Health Catalyst, 2018). These multidimensional aspects of health outcomes reflect the complex interplay of biological, social, economic, and environmental determinants that shape the overall well-being of populations.

In the Philippine context, the Department of Health (DOH) has institutionalized the pursuit of improved health outcomes through key policy frameworks. Through Administrative Order 2008-0023, the DOH directed that patient safety be recognized as a fundamental principle of the healthcare delivery system, with the explicit aim of improving health outcomes across all levels of care (Buenaventura et al., 2024). Furthermore, the Department of Health’s Universal Health Care (UHC) framework, as operationalized through Administrative Order 2021-0026, identifies better health outcomes as the primary impact goal of the health sector, with outcomes measured along the dimensions of universal health coverage and the social determinants of health (Department of Health, 2021). The Department of Health, as the principal technical authority on health in the Philippines, is mandated to ensure access to basic public health services by all Filipinos through the provision of quality health care and the regulation of all health services and products (Department of Health Philippines, n.d.).

The alignment between the WHO’s global framework and the DOH’s national health agenda highlights the shared commitment to reducing health disparities and achieving equitable health outcomes. In the context of provincial hospitals in Central Luzon, evaluating health outcomes serves as a critical benchmark for assessing the effectiveness of public administration and governance in addressing the healthcare needs of socioeconomically vulnerable populations.

Table 3. Health Outcomes

Statement	Mean	Verbal Description
I rarely experience serious illnesses.	3.71	Strongly Agree
My family members have maintained good health over the past year.	3.66	Strongly Agree
I can easily recover from common health problems.	3.65	Strongly Agree
I am generally satisfied with my overall health condition.	3.56	Strongly Agree
The healthcare services I receive help improve my health condition.	3.37	Somewhat Agree
Grand Mean	3.59	Strongly Agree

The study found that respondents strongly agreed that their socioeconomic status—particularly their income, education, and social standing—significantly affects their health outcomes, as reflected in a high mean score of 3.59. Those with higher socioeconomic status were more likely to access timely, comprehensive, and quality healthcare, while those from lower socioeconomic backgrounds faced greater barriers, such as cost, distance, and lack of awareness. This widespread recognition among respondents highlights the persistent link between poverty and poor health, underscoring the need for targeted policies and interventions that address income inequality, improve education, and expand healthcare access to reduce health disparities in Central Luzon.

2.3. Morbidity and Mortality

The World Health Organization defines mortality as the measure of deaths within a population over a specific period, while morbidity refers to the frequency of diseases or health conditions affecting community members. Mortality indicates overall death rates, and morbidity highlights the extent of illness and its impact on quality of life. Both indicators are essential for public health, as they help identify health trends, guide interventions, and inform resource allocation to improve health outcomes and address community health needs.

Table 4. Mortality and Morbidity

Statement	Mean	Verbal Description
The community has a low rate of health-related deaths.	3.62	Strongly Agree
No one in my household has died from a health-related condition in the last three years.	3.60	Strongly Agree
The health programs in my area help prevent serious illnesses.	3.38	Somewhat Agree
The local health facilities provide effective treatment for common diseases.	3.12	Somewhat Agree
Government Programs effectively address major causes of illness and mortality.	3.02	Somewhat Agree
Grand Mean	3.35	Somewhat Agree

Respondents strongly agreed that their community has a low rate of health-related deaths (mean: 3.62) and that no one in their household has died from health-related conditions in the past three years (mean: 3.60). There was somewhat less agreement that local health programs help prevent serious illnesses (mean: 3.38), that local health facilities provide effective treatment for common diseases (mean: 3.12), and that government programs effectively address major causes of illness and mortality (mean: 3.02). Overall, the grand mean score was 3.35, interpreted as “Somewhat Agree.”

These results suggest that while the community generally perceives low mortality rates and some effectiveness in local health interventions, there is still room for improvement in the reach and impact of health facilities and government programs to further reduce illness and death rates.

3. Problems Encountered by the Respondents in Healthcare

The representation of persistent inequalities in access to resources, opportunities, and outcomes that stem from complex factors is called socioeconomic disparities. These affect individuals' education, income, well-being, and health. Various literatures have been published that socioeconomic disparities remain a persistent challenge worldwide (Rafee, 2025).

Socioeconomic inequities in health remain a significant public health challenge and are often considered a major systemic failure. Across countries of varying income levels, there is a clear social gradient in health—individuals in lower socioeconomic positions consistently experience poorer health outcomes.

Notably, even in countries with extensive universal welfare provisions and progressive tax systems, such as the Nordic states, marked socioeconomic health disparities persist. Research shows that the Nordic countries, despite their robust social safety nets, have relatively high levels of health inequality compared to other European nations (Friedman et al., 2021). These disparities are substantial: average life expectancy can differ by 5 to 10 years depending on socioeconomic status, while the difference in disability-free life expectancy may range from 10 to 20 years (Mackenbach, 2017).

The unequal economic and health impacts of the COVID-19 pandemic have further underscored the importance of identifying and understanding the structural factors that contribute to these disparities (Reme, Wörn, & Skirbekk, 2022). In this context, it is crucial to critically examine the current health care systems to reveal and address persistent inequities.

This systematic review focuses on socioeconomic health inequalities in Finland, one of the Nordic welfare states. It synthesizes findings from studies published between 2016 and 2022 that investigate the relationship between socioeconomic status (SES) and health or access to health care in Finland. The collective evidence presented by these studies clearly demonstrates that significant socioeconomic health inequalities continue to exist, despite the country's comprehensive welfare policies.

Table 5. Problems Encountered by the Respondents in Healthcare

Situation	Frequency	Percentage
High cost of medical services	300	100%
Lack of transparency in healthcare programs	243	81.0%
Lack of healthcare facilities	231	77.0%
Shortage of doctors and nurses	199	66.3%
Lack of accountability in healthcare programs	193	64.3%
Lack of health awareness programs	176	58.7%
Unequal distribution of health resources among barangays	165	55.0%
Poor quality of services	160	53.3%

Among the 300 respondents, all reported that the high cost of medical services is their most common challenge. This underscores how household income and personal financial resources significantly shape access to healthcare, with lower-income individuals facing greater barriers and often delaying or forgoing care due to financial constraints. Research from both international and Philippine contexts consistently links higher healthcare costs and limited-service utilization to lower socioeconomic status. Even as health insurance coverage expands, disparities remain—especially in rural and remote areas—highlighting the persistent connection between socioeconomic standing, financial burden, and unequal access to health services in the Philippines.

The second most common socioeconomic disparity identified by respondents was the lack of transparency in healthcare programs, with 81% citing this issue. Transparency is increasingly recognized as vital for healthcare systems at all levels, especially in lower-middle-income countries where financial sustainability is a challenge. Research shows that while transparency initiatives are on the rise, their impact on health outcomes varies. Improved transparency can enhance the performance and quality of healthcare organizations, but ongoing evaluation is needed to maximize benefits and minimize potential drawbacks.

In the Philippines, a lack of transparency in healthcare programs worsens socioeconomic disparities by enabling resource misuse and misallocation, often at the expense of poor and marginalized communities. When information about budgets and service delivery is not made public, accountability is weakened, making it harder to ensure that health programs reach those who need them most. This lack of openness can lead to corruption and allows wealthier, more informed groups to navigate the health system more easily, while disadvantaged populations face greater barriers and worsening inequalities.

Next is the lack of healthcare facilities, with 231 or 77% of the respondents answering that they experienced it as one of the disparities. In the Philippines, rural and remote communities continue to face significant barriers to accessing essential healthcare services. These challenges stem from a shortage of medical personnel and inadequate health facilities, making healthcare access in rural areas a persistent concern. Public health disparities are particularly pronounced, with rural populations experiencing far less access compared to their urban counterparts.

A study conducted by Dayrit et al. (2018) highlights that many rural and remote communities have little to no access to hospitals or clinics, often depending solely on underfunded Rural Health Units (RHUs) and Barangay Health Stations (BHSs). This lack of infrastructure leads to delays in diagnosis, insufficient emergency care, and forces patients to travel long distances for even routine medical attention. While cities

like Metro Manila are home to advanced hospitals and specialized care, many remote areas depend on underfunded rural health units (RHUs) and barangay health stations (BHSs) that often lack basic resources.

The Department of Health reports a major imbalance in healthcare access, with only 10% of providers serving the 40% of Filipinos living in rural areas. This shortage limits both emergency and preventive care, forcing many rural residents to travel far for basic services. Poor infrastructure in rural health units leads to delayed treatments and worsens health outcomes, especially for mothers and children. These findings highlight the urgent need for more investment in health infrastructure and a fairer distribution of healthcare facilities to reduce longstanding health disparities in the Philippines.

The shortage of doctors and nurses is the next healthcare-related disparity that 199 or 66.3% of the respondents experienced. Given the limited number and uneven distribution of healthcare facilities in the Philippines, remained to be one of the major challenges to health equity. Data from the Philippine Statistics Authority (2019) reveal stark differences in the availability of health facilities between urban centers like Metro Manila and less developed regions such as the Visayas and Mindanao. Ulep and Dela Cruz (2023) further point out that these infrastructure gaps are aggravated by shortages of medical staff and essential equipment, leaving many poor and rural Filipinos with limited healthcare options. The World Health Organization (2018) also notes that poor outcomes in maternal and child health are related to the inadequate health infrastructure, which hampers the country's progress toward universal health coverage. These findings collectively underscore the urgent need to invest in more and better-distributed health facilities to minimize disparities and improve health outcomes nationwide.

Lack of accountability in healthcare programs was identified by over half of respondents, making it a significant concern. This persistent issue undermines the quality, safety, and equity of health systems, as unclear responsibilities and weak oversight often lead to inefficiency and even corruption. In the Philippines, fragmented governance and inconsistent local government capacity further diminish accountability, resulting in uneven health service delivery and reduced public trust. Without strong frameworks to hold individuals and institutions responsible, meaningful improvements in healthcare governance remain difficult to achieve.

Furthermore, the Commission on Audit (COA) has repeatedly flagged irregularities in health sector expenditures, underscoring persistent weaknesses in financial accountability mechanisms (COA, 2022). The COVID-19 pandemic further exposed these governance challenges. For example, controversies over the management of pandemic funds and delays in the disbursement of benefits to healthcare workers highlighted deficiencies in transparent decision-making and enforcement of accountability measures (Lasco & Yu, 2022). These issues, as noted by health policy researchers, reinforce the urgent need for clearer accountability frameworks and stronger institutional checks within the Philippine health system.

On the other hand, lack of health awareness of programs accounted for 176 (58.7%) responses. According to Nutbeam (2020), globally, low health literacy affects one's ability to access, understand, and act upon health information, thus undermining the effectiveness of different public health programs being implemented. This finding was affirmed by Wakefield et al. (2010), pointing out that even well-designed health campaigns may fail if the target populations are not adequately engaged or reached.

Moreso, the lack of public awareness regarding health programs is a recurring barrier identified in both global and Philippine health literature. Studies have shown that insufficient dissemination of information, low health literacy, and cultural factors contribute to limited awareness and participation in health initiatives.

In the context of Philippine setting, research highlights that many citizens remain unaware of existing government health programs due to fragmented communication strategies, language barriers, and limited outreach, especially in rural and marginalized communities. Gancayco et al. (2020) found that awareness of the National Health Insurance Program (PhilHealth) among indigents was low, affecting enrolment and utilization rates. Likewise, a study by Carlos et al. (2022) on immunization campaigns identified poor information dissemination and misconceptions as significant hurdles to vaccine uptake. These findings underscore the importance of targeted communication, community engagement, and culturally sensitive approaches to improve awareness and acceptance of health programs.

Moreover, an essential part of public health, individuals' awareness level can be increased leading to better adoption of preventive strategies. They are designed in the way that their role is to promote or protect health or prevent illness in communities or individuals by creating awareness. Health awareness initiatives that incorporate a range of communication channels and offer health-related products have proven effective in shaping individuals' attitudes and behaviors. These strategies, by encouraging positive behavior changes, contribute to lowering mortality and morbidity rates, thus helping to ease the overall burden of disease (Bugshan et al., 2022).

With the advent of the digital age, health communication and awareness efforts can now be efficiently delivered through various mass media platforms, such as social media, websites, and traditional outlets. Research indicates that such campaigns successfully enhance the knowledge and awareness of both

individuals and communities (Wakefield et al., 2010). As a result, there is often an increase in health-promoting behaviors and greater participation in preventive health services (Nutbeam, 2020).

With 165 or 55% responses, unequal distribution of health resources among barangays was also one of the identified disparities in health. The Philippine healthcare system operates under a decentralized model, with significant authority vested in local leaders such as governors and mayors. In rural municipalities with populations around 20,000, public health services are typically staffed by just one doctor, two nurses, and five midwives. This staffing situation poses challenges and difficulties in geographically isolated and disadvantaged locations, where both patients and healthcare workers often need to travel long distances to access or provide care. Each rural health unit (RHU) supervises several barangay health stations (BHS), which mainly offer maternal and child health services, tuberculosis treatment, and general consultations (Dayrit et al., 2018).

While the expansion of the National Health Insurance Program has increased coverage and professional services at RHUs and BHSs are free, the costs of diagnostics and medications generally remain out-of-pocket expenses. Efforts to boost human and material resources in these facilities are often hampered by limited funding, which depends largely on local revenues and allocations from the national government (Tejero et al., 2022).

During the enactment of the Universal Health Care (UHC) Act in 2019, it ensures that all Filipinos, particularly those living in remote and underserved areas, have access to health services. Delivering primary preventive health care in rural regions is critical for achieving universal health coverage in the Philippines, as significant inequities and a pronounced urban–rural gap persist in the healthcare system (De Vero et al., 2021). The COVID-19 pandemic has further strained the country's socioeconomic stability, complicating access to healthcare, widening health disparities, and contributing to a rise in non-communicable diseases (NCDs) among Filipinos (Berdida et al., 2022).

Consequently, inadequate practice of preventive health care exacerbates challenges in NCD management, perpetuates inequities in resource distribution, and leads to poorer health outcomes. The uneven allocation of health resources across barangays is widely recognized in Philippine health literature, frequently leading to substantial differences in healthcare access, especially in remote and underserved communities. Geographic, economic, and political challenges further exacerbate this problem, hindering Barangay Health Stations (BHS) from consistently delivering primary healthcare services.

Poor quality of health services was reported by 53.3% of respondents. According to global organizations like the OECD, WHO, and World Bank, poor service quality—including medication errors, misdiagnoses, and unsafe practices—remains a major barrier to health improvement worldwide. The World Health Organization notes that about 10% of hospitalized patients develop preventable infections due to inadequate care, and even in wealthy countries, one in ten patients is harmed during medical treatment. This highlights the urgent need to improve healthcare quality and safety.

In the Philippines, poor quality of health services is a persistent challenge with far-reaching implications for public administration and governance. Overcrowded public health facilities, inadequate staffing, outdated equipment, and inconsistent adherence to clinical standards undermine the effectiveness of service delivery (Dayrit et al., 2018). These shortcomings not only compromise patient outcomes but also erode public trust in government institutions responsible for delivering essential services.

Administrative inefficiencies and weak regulatory oversight further exacerbate the problem. For instance, delays in procurement and distribution of medicines and supplies, as well as bureaucratic red tape, often result in shortages and interruptions in care (Lasco & Yu, 2022). Such issues can increase out-of-pocket expenses for households and drive vulnerable populations to seek care from informal or unregulated providers, perpetuating health inequities (Kruk et al., 2018).

The ramifications extend beyond health outcomes—consequences of poor service quality reach further than just negative health outcomes; they also erode the trust and authority of public institutions, making it more difficult to introduce reforms and encourage community involvement in public health efforts. When people are dissatisfied with health services, they are less likely to use them, may not follow health program guidelines, and often hesitate to engage in preventive measures (Dayrit et al., 2018). These issues underscore the urgent need for reforms in public administration that emphasize greater accountability, more effective resource distribution, and the reliable provision of high-quality healthcare services.

Aside from this, the struggle with unequal access to healthcare and poorer health outcomes, and these problems are deeply connected to broader issues of poverty, education, and opportunity across the country, and days many Filipinos are still experiencing it.

In summary, studies show that these inequalities affect whether people can get the care they need, when they need it, and how much they benefit from those services. Tackling these challenges will take more than just policy changes—it calls for real investment in communities that have long been underserved, as well

as practical efforts to help people better understand and navigate the healthcare system. Public service reforms that value transparency, accountability, and fairness can also make a big difference. By putting the most vulnerable groups at the center of these efforts, the Philippines can move closer to a future where everyone has a fair chance at good health and quality care.

4. Proposed Action Plan to Enhance Socioeconomic Disparities in Healthcare

To reduce socioeconomic disparities in healthcare access, utilization, and outcomes in Central Luzon through the application of good governance principles and effective public administration.

4.1 Strengthen Health System Transparency and Accountability

- Establish regular public reporting of healthcare budgets, expenditures, and outcomes at provincial and municipal levels.
- Implement citizen feedback mechanisms (hotlines, suggestion boxes, digital platforms) for reporting concerns on healthcare service delivery.
- Conduct annual community consultations, audit forums, country-tailored governance reviews, and review local health program performance.
- Implement governance reviews and capacity-building activities to identify and mitigate corruption risks, especially when engaging with the private sector.

4.2 Promote An Equitable Resource Allocation

- Develop a local health resource mapping or referral system to identify gaps in infrastructure, personnel, and essential supplies.
- Map health service availability, supply demand, and population ratio to identify gaps in resource distribution and ensure physical access for rural populations.
- Public transparency in allocating decisions, criteria, and budgets to prevent favoritism and corruption.
- Invest in improving facility capacity, such as bed expansion and equipment, in underserved areas, often referred to as Health Facilities Enhancement Programs (HFEP).
- Strengthening local governance systems ensures that health investments are responsive to the needs of the people and sustainable.
- Effective resource delivery depends on empowered Local Government Units (LGUs).

4.3 Expand Health Insurance Coverage and Awareness

- Strengthening primary care, such as the PhilHealth YAKAP package, as it can reduce costly inpatient admissions. Active communication strategies are needed to raise awareness and address negative perceptions regarding its appropriateness.
- Focusing on continued efforts to expand coverage for high-burden illnesses and eliminate benefit limits to help make insurance more meaningful for members.
- Utilizing systems like the National Household Targeting System for Poverty Reduction (NHTS-PR) or the Community Based Monitoring System (CBMS) to identify the poorest of the poor households and ensure that government subsidies reach the most vulnerable populations.
- Intensified coordination and cooperation between government agencies (like DOH and PhilHealth) and the private sector is crucial for a unified approach to health coverage.
- In addition, the **Medical Assistance to Indigent Patients (MAIP)** can also be used by the Filipinos who are unable to afford necessary medical care. Through the Department of Health (DOH) and in partnership with hospitals and local government units, MAIP covers expenses such as hospitalization, procedures, laboratory tests, medicines, and other essential healthcare services for qualified indigent patients.

4.4 Enhance Health Infrastructure and Human Resources

- Prioritize the construction and upgrading of health facilities in remote, underserved areas and in areas without facilities yet, leveraging both public and public-private partnership funding. And not based on political interest.
- Needs assessment and comprehensive mapping to identify barangays and municipalities with the most significant gaps in health access to health facilities.

- A standardized approach to health facility design and resource allocation is crucial for ensuring durability, safety, and consistent service quality across all sites. Prioritizing funding for marginalized and underserved communities—rather than wealthier areas—will help bridge the urban-rural gap and promote health equity. By focusing resources where access is lowest, all residents can benefit from reliable and high-quality healthcare infrastructure.
- Regular audits and public reporting to maintain high standards and identify the priority needs of health infrastructures. Ensure that all health facilities are adequately equipped with essential medicines, diagnostic tools, and information technology systems.
- Implement strategies for the fair deployment of doctors, nurses, and allied health professionals. Develop local scholarship programs and recruit students from underserved communities, as they are more likely to return and serve their hometowns.

4.5 Increase Health Literacy and Community Engagement

- Using local languages and dialects, create health promotion campaigns and materials tailored to the literacy levels and cultural contexts of various communities in Central Luzon.
- Allocating funding to invest in the training of barangay health workers, volunteers, and peer educators to serve as trusted sources of health information and guidance.
- Involve community members in the design, implementation, and evaluation of health projects to ensure relevance and cultural sensitivity.

4.6 Address Social Determinants of Health

- **Transparent and Accountable Governance** – Governance transparency allows citizens to hold leaders accountable for their actions. In addition, it reduces the need for informal payments (bribes) for care, which are often concentrated among the poorest populations. Factors such as strengthening leadership and accountability promote governance arrangements that devolve money, power, and resources, and integration of health equity into cross-government policies and strategies.
- **Policy Advocacy and Legislative Action** – This targets the totality of the problem, rather than just focusing on and treating the resulting diseases. Laws that mandate equal access to healthcare services, like Universal Health Care, shall be given attention to reduce barriers to care.
- **Intersectoral Collaboration** – Strong political leadership to ensure that health equity is a priority across the entire government lies at the strength of intersectoral collaboration.
- **Equitable Resource Allocation** – By aligning budgets and policies, sectors avoid duplicating work, enabling better health outcomes. In addition, they must adopt a strategy that is universal but proportionate to the level of the disadvantage to ensure that resources are directed where they are needed most to combat socioeconomic disparities.

Through these approaches, public administration in Central Luzon can demonstrate good governance and contribute to meaningful contributions to reducing socioeconomic health disparities, ultimately building healthier and more resilient communities.

5. Implications of the Study to Public Administration

The study findings have significant implications for public administration, particularly in the pursuit of good governance in healthcare to combat socioeconomic disparities in Central Luzon.

1. **Decision-making and Policy** - The study highlights the need for public administrators to craft and implement evidence-based health policies that will directly address the underlying socioeconomic factors contributing to health disparities. This requires a shift from reactive, one-size-fits-all solutions to proactive, data-driven, and context-specific strategies. In addition, the findings of the study also emphasized the need for data-driven and evidence-based policy formulation, prioritizing the use of empirical data such as socioeconomic indicators, health outcomes, and community needs assessments—to inform resource allocation, program development, and the prioritization of health interventions. This approach increases the likelihood that policies will effectively address the root causes of health disparities.
2. **Accountability and Transparency** – The result of the study, emphasized the importance of strengthening transparency and accountability mechanisms related to health program planning,

budgeting, and delivery of service. Transparency such as regular public reporting, participatory audits, and robust feedback systems are crucial for building public trust and ensuring that resources are directed toward the most marginalized communities. Public administrators must ensure that processes related to health policy formulation, budget distribution, and program implementation are open and accessible to public scrutiny. Transparent governance increases community trust and helps prevent corruption or misuse of resources that could otherwise deepen existing inequities.

3. **Legislative and Policy Advocacy** – The study highlights the critical need for laws and local ordinances that promote healthcare access and equity. It urges public administrators and local legislators to champion policies that prioritize resource allocation for underserved communities, ensuring that legal frameworks actively help reduce socioeconomic health disparities. Public administrators are encouraged to advocate for and support legislative actions that protect health rights and institutionalize good governance in the health sector. The research also emphasizes the importance of ongoing policy review and reform, recommending that evidence from the study be used to amend existing policies or create new legislation that addresses the specific health needs of Central Luzon, thereby making the legal environment more responsive to evolving health challenges.
4. **Responsiveness** - Responsiveness is highlighted as a key good governance principle. The ability of public administration to quickly adapt to emerging health needs—especially in resource-limited or high-disparity areas—was shown to be vital in the Central Luzon context.

The study emphasizes the importance of proactive and adaptable public administration in meeting the changing health needs of diverse communities, especially those facing socioeconomic challenges. By consistently monitoring health indicators and listening to community feedback, administrators can quickly identify gaps and implement timely solutions. The findings also highlight the need for flexible policies that can be adjusted based on real-time data, ensuring health programs stay relevant and effective. Overall, a responsive, evidence-based, and citizen-centered approach is essential for good governance in healthcare and for reducing socioeconomic disparities in Central Luzon.

Conclusion

In light of the comprehensive data analysis and results presented, the research supports the derivation of the following key conclusions:

1. In conclusion, the finding that age and sex, while components of socioeconomic status, do not significantly influence the ability to combat healthcare disparities in Central Luzon emphasizes the need to focus on more impactful determinants such as income, education, access to health facilities, and health insurance coverage. This underscores the pivotal role of good governance and effective public administration in addressing socioeconomic disparities in healthcare. Rather than relying on demographic factors alone, strategic efforts should prioritize transparent policies, equitable allocation of resources, accountability, and the expansion of inclusive health programs and insurance coverage. Ensuring that health insurance is accessible and utilized by all sectors—especially the most vulnerable—can provide vital financial protection and reduce barriers to care. By strengthening these aspects of governance and public administration, Central Luzon can move closer to bridging gaps in healthcare access and outcomes, making the health system more responsive and equitable for all.
2. In summary, the study found that monthly income, education, occupation, and housing type significantly influence healthcare disparities in Central Luzon. Individuals with better socioeconomic conditions have greater access to quality healthcare and better health outcomes. This highlights the need for good governance and coordinated public administration efforts that extend beyond the health sector to address these root causes. Policies should promote job creation, education, improved housing, and comprehensive health insurance, with transparent systems ensuring that resources reach vulnerable populations. Ultimately, addressing these socioeconomic determinants through targeted and inclusive governance will help create a fairer, more resilient healthcare system for all residents.
3. Healthcare in Central Luzon faces numerous challenges such as high costs, lack of transparency and accountability, inadequate facilities, staff shortages, low health awareness, unequal resource distribution, and poor service quality. These interconnected problems reinforce socioeconomic disparities and create major barriers to accessing and utilizing healthcare, highlighting the urgent need for stronger and more effective governance to achieve health equity in the region.

In summary, addressing socioeconomic disparities in healthcare requires more than just increased resources or expanded coverage—it fundamentally depends on good governance. Public administration must lead with transparency, accountability, equity, and community participation to manage the health system effectively. By prioritizing the needs of the most disadvantaged and fostering collaboration and innovation, public administrators can close persistent gaps. Ultimately, achieving health equity in Central Luzon relies on strong, visionary governance and coordinated action to overcome high costs, infrastructure and workforce shortages, education gaps, and resource inequities, ensuring quality and affordable healthcare for all.

Recommendations

- To develop targeted policies and programs that specifically address gaps related to income, education, job opportunities, and housing quality.
- To strengthen transparency and accountability measures in health governance and ensure fair distribution of resources.
- To increase funding for healthcare infrastructure, subsidize healthcare costs, enhance service quality, and prioritize recruitment and training of healthcare workers.
- To promote multi-sectoral collaboration and direct investments towards health programs that are inclusive and responsive to local needs
- To empower local leaders and administrators to advocate for and implement programs prioritizing the health needs of the most disadvantaged populations.

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