Flinders UNIVERSITY

SOUTHGATE INSTITUTE FOR HEALTH, SOCIETY & EQUITY

POLICY BRIEF

Evaluating the Effectiveness of Comprehensive Primary Health Care in Local Communities

The "Evaluating the Effectiveness of Comprehensive Primary Health Care in Local Communities Project" was a five year (2009-2014) $1.5m NHMRC funded project conducted by the Southgate Institute for Health, Society, and Equity, Flinders University. Prof. Fran Baum was CI A (fran.baum@adelaide.edu.au) and the project manager was Dr. Toby Freeman (toby.freeman@adelaide.edu.au). The project involved developing program logic models and pioneering evaluation methods with six primary health care centres: five in South Australia and one in Alice Springs.

Comprehensive primary health care refers to the vision of primary health care laid out in the World Health Organization's Alma-Ata Declaration, and reaffirmed in the 2008 World Health Report. The key principles of this approach include:

- Acknowledgement of socio-cultural and political characteristics of the community
- Multi-disciplinary work
- Treatment, prevention, and health promotion
- Community participation in decision making
- Universal and reaches those most in need
- Holistic, social view of health
- Action and advocacy on social determinants of health, such as education, housing, poverty, and racism
- Empowers individuals and the community.

The aim of the research was to study different models of comprehensive primary health care services. The research examined how the services are putting primary health care principles into practice, and what barriers and challenges they face. However, during the course of the project, health reforms in South Australia reoriented the state-managed primary health care services away from a comprehensive model to a highly selective model focused on chronic condition self-management support to individuals, leaving only the two non-government organisations as examples of comprehensive primary health care services.

Key messages from the project

- The move away from comprehensive primary health care by the state-managed services towards a very selective model, being termed 'intermediate care'. This

included the health promotion funding and mandate being stripped from services, the ceasing of community development work and a heavy reduction in group work, and an emphasis on throughput of individual clients, particularly around the management of chronic conditions. This was in direct opposition to the values of workers, and South Australia's strong community health history. Workers were distressed and saddened by how much community health work had been lost.

- The heavily reduced ability of the state-managed services to address or take into account social determinants of people's health, in contrast to past examples of service activity that promoted the community's health.
- Loss of local decision making, and local community input into service planning or delivery. Many of the state-managed services used to have local boards of management that allowed strong community input, and undertook a range of local initiatives to promote the health of their community. With the loss of boards, much reduced local decision making, and fewer community engagement events, local initiatives and community involvement had virtually ceased at the state-managed services.
- Reductions in state-managed services' efforts to be accessibly, including reduced ability to be accessible through cuts to transport and crèche services, inability to advertise or promote what services were available at the health service, heavily reduced community engagement and development work, and group work that provided access points to the service, and reduced ability to network with other services. There were perceptions among some staff that this was resulting in them seeing better resourced clients than previously, rather than those most in need.
- The need to recognise the Aboriginal community controlled sector as leaders in comprehensive primary health care, as the community controlled health service in the study, Central Australian Aboriginal Congress, maintained the most comprehensive approach to primary health care, and exhibited a number of strengths that the state-managed services did not;
- The need to reinvigorate and revalourise primary health care and health promotion.

Overall, the project painted a picture of South Australian state-managed services that were historically vibrant community health centres that took responsibility for the health of their community, involved the community service planning and delivery, did work to prevent disease and promote health, worked collaboratively with other health agencies, and with sectors outside of health, and to actively work to reach those in their community who were most in need, being transformed through funding cuts and health reforms, to intermediate care services focused largely on supporting individuals who already had chronic conditions to manage their illnesses, in a way that did not allow staff to address or take into account the social determinants and circumstances of people's lives, and did not appear to be reaching those in the community most in need.

There is extremely little evidence that NGOs, local government, Medicare Locals, or Primary Health Networks had or have the capacity to replace much of what has been lost.

The early childhood teams in these state-managed services did not experience the extent of negative change that the rest of the services reported, but since the ceasing of the

project, reports have been that very similar restrictions and changes have now been imposed on the early childhood work.

Investigator Team

- University of Ottawa: Prof Ronald Labonte
- University of the Western Cape, South Africa: Prof David Sanders
- Flinders University: Dr Anna Ziersch, Prof Malcolm Battersby, Ms Catherine Hurley
- Aboriginal Health Council of SA/University of Adelaide: Dr David Scrimgeour
- Shine SA: Ms Kaisu Vartto
- Northern Adelaide Local Health Network: Ms Di Jones
- Endocrinology Unit, North West Adelaide Health Service: Dr Pat Phillips
- GP Plus Health Care Centre Marion: Ms Cheryl Wright
- Aboriginal and Torres Strait Islander Health Team: Ms Theresa Francis
- Menzies Research Institute Tasmania, University of Tasmania: Mr Michael Bentley

The project's final symposium, Adelaide March 2014

Sites Involved

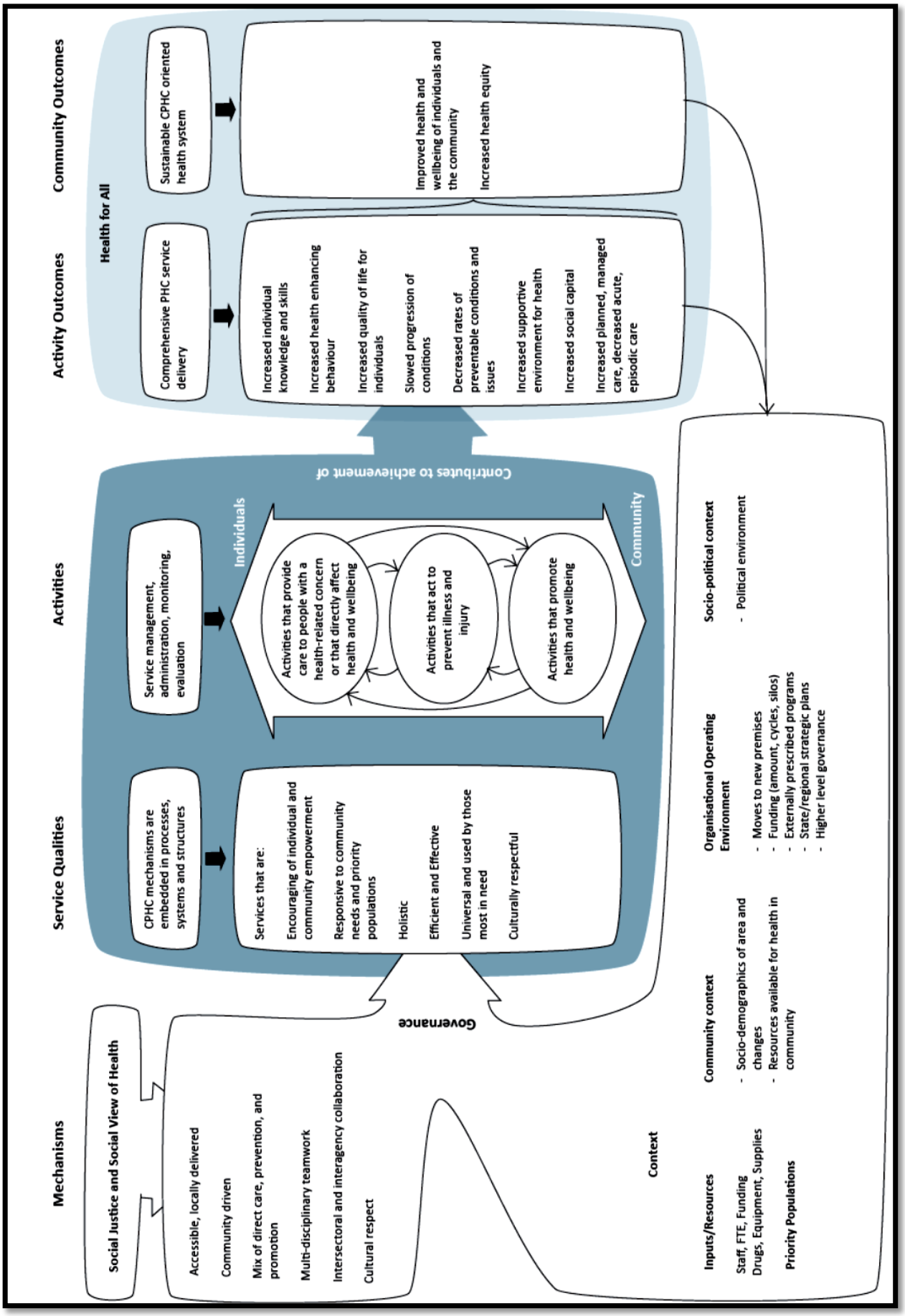
- GP Plus Health Care Centre Marion Primary Health Service
- GP Plus Super Clinic Noarlunga Primary Health Team (joined in 2012)
- Playford Primary Health Care Services (and GP Plus Health Care Centre Elizabeth)
- SHine SA
- Central Australian Aboriginal Congress
- Aboriginal and Torres Strait Islander Health Team, Southern Adelaide Local Health Network

Activities

- Program logic models for each service (and an overarching model), through 2-3 workshops with each site
- 68 interviews with site managers, practitioners, regional health service executives and SA Health Dept staff
- 1-4 workshops for each site with users of the health service to evaluate service qualities
- Six monthly audits of staffing, activities, and operating environment
- Web based survey of staff
- Collection of data against indicators from program logic model
- Case studies of collaborative work with sectors outside of health to address social determinants
- Waiting room survey of clients
- Case tracking of clients with diabetes (involving staff questionnaires, and client interviews)
- Case tracking of clients with depression (involving staff questionnaires, and client interviews)
- A final round of 63 interviews with managers, staff, regional executives, and SA Health Dept staff

For more detail about this research project.

For further information visit Stretton Health Equity at the University of Adelaide, or email: strettonhealth@adelaide.edu.au.



***The Southgate Model of Comprehensive Primary Health Care, developed as part of the* research**