This is the second in a planned series of newsletters aiming to keep practitioners, community members, and other interested parties up to date with the progress and findings of this project.

**Background of the project**

The South Australian Community Health Research Unit (SACHRU), in collaboration with other South Australian, interstate and international investigators, is conducting a five year project funded by the National Health and Medical Research Council to examine ways to assess the effectiveness of Comprehensive Primary Health Care (CPHC) in local communities.

The six study sites for the project are:
- Port Adelaide Primary Health Care Services, Central Northern Adelaide Health Service (CNAHS)
- Playford Primary Health Care Services, Central Northern Adelaide Health Service
- Shine SA, Woodville
- Inner Southern (leading into GP Plus Marion) Southern Adelaide Health Service
- Aboriginal Health Team, Southern Adelaide Health Service
- Central Australian Aboriginal Congress, Alice Springs

For each study site, how Comprehensive Primary Health Care principles are being put into practice will be examined through the construction of site-specific program logic models, which will inform evaluation plans for each site. The evaluations will examine how the services contribute to individual and population health outcomes, and what barriers and challenges are faced by the services.

The project promises to provide a significant contribution to understanding the effectiveness of Comprehensive Primary Health Care models and how the components of Comprehensive Primary Health Care practice relate to individual patient and population health outcomes.

**End of year one project update**

This project is a 5 year project which began in May 2009. May 2010 therefore marks the end of the first year of the project.

The aims of the first year of the project were to engage managers and staff at the six case study sites, and to develop up a program logic model for each site, as well as an overall program logic model. These models would then form the basis of the evaluation plans for the future years of the project.

The research team has visited each site to introduce the project, and has conducted a total of 60 interviews with managers, staff, regional health executives, and SA Health funders. A Memorandum of Understanding between Flinders University and the case study sites has been drafted and verbally agreed to by health service managers and regional health executives. Signatures on this document are currently being collected.
Analysis of the 60 interviews completed earlier this year has highlighted some key emerging issues and challenges currently facing Comprehensive Primary Health Care.

The first emerging finding is how the policy focus on chronic conditions has altered the landscape of primary health care in South Australia. At many of the case study sites, funding and directives have driven new programs focusing on prevention and management of chronic conditions such as diabetes and heart disease. Chronic conditions are an emerging health priority, and intervention has good potential to reduce future healthcare burden. Clients’ perspectives of these programs will be explored in later stages of the project through the case tracking of clients with diabetes. For some services, an effect of this priority area has been to shift focus away from a social understanding of health. A social view of health was important to the interviewed workers because it underpinned a more holistic approach to working with clients and one that is capable of achieving lasting changes. The challenge now facing services is how to achieve a balance between the management and prevention of chronic conditions in line with the current policy focus and maintaining a broader social view of health that provides space for issues such as mental health and domestic violence, and social determinants of health such as housing, education, and food security. Workers’ job roles have also altered in some cases, with workers previously employed in community development roles now delivering chronic conditions programs, requiring training and upskilling of workers.

An associated trend discussed by interviewees is a move to more centrally-developed, proscribed programs that Primary Health Care services are expected to deliver, such as Do It For Life, and PEACH. The benefits of these programs are that an evidence-base can be built for their effectiveness, and a program can be rolled out across the state. However, the shortcoming experienced by the workers was the lack of flexibility in how to deliver the program, or adapt the program to local needs and communities. In particular, workers noted difficulties in delivering such programs to groups such as newly arrived migrants who may have less English literacy and different cultural understandings of health.

Site-specific program logic model workshops have been conducted at most of the case study sites, producing valuable discussions and outputs on issues key to Comprehensive Primary Health Care. Work on the overarching program logic model for best practice Comprehensive Primary Health Care has also begun, with one workshop with stakeholders taking place in February 2010.

The workshops have been very successful in articulating the goals, strategies, and underpinning principles of each service, and have indicated areas of both consensus and uniqueness for each service. Managers and staff commented that the process in itself was valuable, and allowed for reflection on their work.

We have also conducted the first of what will be a six-monthly audit of each health service to monitor changes in resourcing, focus, activities, policies, or structures. This audit will inform elements of the program logic model for each site and also ensure the project stays up to date and relevant to current practice and policy.

Emerging findings

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Feedback from Central Australian Aboriginal Congress Program Logic Model Workshop:

“It actually in a sense was a critical reflection, which provided important dialogue exchanges to take place.”

Stephanie Bell, Director, Central Australian Aboriginal Congress

“We’re trying to see them as a whole being, and I would hate to think when we’re just focusing on chronic conditions or whatever that we don’t lose sight of them as being a family unit, a person, they have a home, they have a pet that’s their life, they have something or nothing.”

Community Health Nurse
A traditional underpinning principle of Primary Health Care has been community participation and responsiveness to local community needs, and participating services were navigating the tension between centrally imposed programs and this local responsiveness. For this and other reasons, interviewees reported less community participation and consultation than has occurred in the past.

Regardless of this constraint, equitable access to health care and the prioritisation of disadvantaged or marginalised sections of the community remained a strong and unchallenged cornerstone of primary health care in the interviews. Priority populations mentioned by interviewees included Aboriginal and Torres Strait Islander people, newly arrived migrants, homeless people, people with disabilities, children under the guardianship of the minister, and people with low incomes or healthcare cards. However, the ability of different services to proactively service these priority populations varied. Some services that provided specific programs targeting priority populations, invested in ensuring their service was culturally appropriate and safe, and had strategies in place to promote their service and programs among priority populations. Conversely, some services felt under resourced to properly target and provide services to priority populations, and were seeking out partnerships that would build this capacity.

The challenge facing the project is to examine the effectiveness of Comprehensive Primary Health Care in the face of these trends and constraints in the operating environment the services are working within, and accurately documenting the effect of these broader factors on service provision.

**Current health reform process**

As is to be expected in a five year project there will be many changes in policy and personnel within the PHC system during the life of the research. The project team is working to document these changes and how they influence the system and the research planning.

The recent SA state election saw the government returned and an unchanged Minister for Health. The GP Plus strategy is expected to continue with one of our study sites, Inner Southern PHC, moving to a fully operational GP Plus Marion by April 2011. The impact of the move to this new model and new location will form an important part of the research. In addition, it has recently been announced that Central Northern Adelaide Health Service (CNAHS) and Southern Adelaide Health Service (SAHS) will merge to form the Adelaide Health Service (AHS) from July 1st 2010. The project will need to incorporate the effects of this structural change as well.

The federal government is continuing to push its health reform agenda with proposed increased role in funding for acute care, and a 100% funding model for PHC and aged care services. It is unclear at this stage how the proposed National Health and Hospitals Network will be integrated with the Primary Health Care Organisations (PHCOs) announced in April 2010. The federal government has also established a National Preventive Health Strategy focusing on settings-based interventions to support behavioural changes and focusing on poor nutrition, physical inactivity, smoking and excessive alcohol consumption; social marketing aimed at obesity and tobacco; and the enabling infrastructure, including the National Preventative Health Agency.

The project will use a number of different approaches in order to remain up-to-date and relevant during the lifetime of the research. We will be conducting annual audits at each site that include policy, budget and personnel changes. The program logic models developed with each site will be regularly updated in an iterative process to reflect these changes. State and Federal policy is being monitored and documented.  

"I think it’s around equity and targeting vulnerable populations, getting the right service to the right people and recognising that with our limited budget... we should be targeting those who otherwise wouldn’t get a service, or wouldn’t get an appropriate service or a service that was effective for them. So I think that’s one of the fundamental things."

Regional Health Executive
The research study is building a comprehensive record of relevant changes within the health system over the life of the study. This will provide important contextual information to assist in the interpretation of our findings and to strengthen the timeliness and relevance of the outcomes.

Next steps

During the remainder of 2010, further analysis of the interview data will be conducted to build on the emerging findings. The site specific and generic program logic models will be finalised over the next few months. Models will be developed in an iterative process in collaboration with managers and staff from each health service site.

Planning is underway for the first research symposium to be held on 20th and 21st October 2010 (reserve the date – details opposite) to feed back and discuss the logic models and interview findings. This will be a good opportunity to discuss the emerging findings from the project and to reflect on the research to ensure it stays policy and practice relevant.

The second stage of the project, due to start before the end of 2010, will involve development of evaluation frameworks for diabetes and depression. Following this in 2011, the methodology and tools for community and user assessments of service sites will be developed, and a second round of interviews with stakeholders will be conducted.

GP adjunct study – progress update

An SA Health funded one year study examining the relationship between fee-for-service general practice and primary health care services directly funded by government has begun.

The project will involve interviews with key GPs and practice nurses that work with one of the case study primary health care services, as well as representatives of GP divisions. The interview will cover how GPs and practice nurses interact with the case study services, the perceived role and value of primary health care services, and limiters and enablers of better integration.

A Project Advisory Group has been established of stakeholders and leading GP researchers, and recruitment has begun of interview participants. The project is due to run to September 2010 and the results will be presented at the symposium in October described opposite.

If you are interested in this project, please contact the project manager, Dr. Marlene Wiese on (08) 7221 8469 or marlene.wiese@flinders.edu.au.

In March 2010, an NH&MRC grant application was submitted seeking to extend the GP program of work to 2013 to match the existing Comprehensive Primary Health Care study.

Contact Us

If you have any questions or comments, please do not hesitate to contact the Project Manager, Toby Freeman (08 7221 8468, toby.freeman@flinders.edu.au).

The project website can be accessed at: http://som.flinders.edu.au/FUSA/SACHRU/Research/cphc/index.htm, and will be updated regularly.