Comprehensive primary health care in local communities

This is the first 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.

Introducing 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 Health and Medical Research Council to examine ways to assess the effectiveness of Comprehensive Primary Health Care in local communities.

This research will study models of Comprehensive Primary Health Care services in South Australia and the Northern Territory. It will examine where these services are doing well, and what barriers and challenges they face. The aim of the project is to provide research that is of benefit to Comprehensive Primary Health Care services, funders, and practitioners.

Who is involved?

Six sites are participating in the project:
- Southern Primary Health Care – Inner Southern
- Port Adelaide Primary Health Care Services
- Playford Primary Health Care Services
- SHine SA, Woodville
- Central Australian Aboriginal Congress
- Aboriginal Health Team, Southern Adelaide Health Services

About The South Australian Community Health Research Unit

The South Australian Community Health Research Unit (SACHRU) seeks to enhance health, wellbeing and equitable outcomes in South Australia by contributing to improving the quality of primary health care, health promotion and population health initiatives through research, evaluation and building the capacity of the workforce.

SACHRU provides support to a range of groups including community health services, government departments administering grants programs, community organisations, and others conducting community and primary health care projects, such as hospitals, and non-government organisations.

SHine SA is pleased to be involved with the research into Comprehensive Primary Health Care in the community setting. For over a decade we have been strategically re-orienting the organisation from a clinical, medical model of contraception for women to a Comprehensive Primary Health Care agency providing a range of primary prevention and education programs to improve sexual health literacy and improve the sexual and reproductive health of South Australians. We are excited about the learning and further development opportunities for the organisation.

- Kaisu Vartto, CEO, SHine SA
What is program logic?

Program logic provides a plausible explanation of how and why an intervention will work and what impacts and outcomes are likely to be achieved.

A program logic model is a graphical depiction of a program or service which represents what it is supposed to do, with whom, and why. It tells the ‘story’ of a program. It connects the starting points for a program – e.g., the needs, evidence about the intervention, values – with the desired end points – i.e. what it is hoped the program will achieve.

The process of developing a program logic model can act to:
- Provide a clear scope and focus
- Develop a common language and vision about what the program is and how it works
- Facilitate community participation
- Bring detail to broad goals, to help in planning, evaluation, implementation, and communications
- Help to identify gaps in program rationale
- Clarify underlying beliefs and assumptions

The research aims to be:
- Relevant to current state, national and international policy questions. The project will involve policy-makers and practitioners in the research process, provide feedback to the services involved in the study, and provide evidence for Comprehensive Primary Health Care to the broader policy domain.
- Significant, by addressing an under-researched topic of importance – the effectiveness of Comprehensive Primary Health Care. The research also provides an opportunity to examine appropriate models of service delivery for Aboriginal people, with the potential to improve the health status of Aboriginal people.
- Timely, given the unique opportunity presented by the establishment of the new GP Plus centres, and the commitment of Australian governments to reform of the health system, and better manage chronic disease.
- Responsive to national and state priorities - diabetes and mental health are two of the national health priority areas and central to SA Health’s chronic disease focus.

What is Comprehensive Primary Health Care?

Comprehensive Primary Health Care is a model of health care that holds considerable promise to address 21st century health issues such as effective management and prevention of chronic diseases, more equitable health outcomes, and community involvement in planning and managing services.

The principles of Comprehensive Primary Health Care include:
- equitable access to health care,
- collaboration and integration of services, prevention, and health promotion,
- community involvement and empowerment,
- action on the social determinants of health (such as housing, education, and employment), and
- a rights-based approach.

What are the benefits for health services?

The project team will develop a program logic model for each health service that clearly articulates their programs, services and strategic directions.

Health services will have the opportunity to:
- evaluate and improve their practice and service delivery
- network with other Comprehensive Primary Health Care services to mutually share knowledge and learn
- participate in research symposia, workshops and forums
- influence research and debate on models of Comprehensive Primary Health Care delivery
- promote and disseminate identified good practice
- demonstrate a commitment to evidence based practice
- be an active contributor to Comprehensive Primary Health Care research that will be published in international peer review literature.
What will this project mean for the participating health services?

We will be asking participating sites to help by:
• Granting interviews with managers and service providers, and attending workshops, to help design the site-specific program logic models and to evaluate services
• Providing information to the research team on changes to services and staffing
• Providing already collected routine data on planning, service delivery, programs, budgets, governance, performance assessment, client numbers and characteristics
• Providing information on their links with other services, agencies, and communities
• Training for case note data retrieval and providing access to client case notes for detailed consideration of diabetes and depression (in line with the ethical standards of Flinders University and SA Health)
• Assisting in recruitment of 10 clients with diabetes and 10 clients with depression for case tracking and interviews
• Providing access to waiting area to allow the research team to conduct client surveys

How will we conduct the research?

The research will be conducted in 3 stages:
Stage 1: Development of a program logic and evaluation framework for Comprehensive Primary Health Care. (2009 – mid-2010). The program logic will articulate how and why Comprehensive Primary Health Care services are likely to lead to improved individual and population health outcomes. The model will be informed by interviews and workshops with funders, practitioners, and the community, and will be based on Comprehensive Primary Health Care theory and values.

Stage 2: Case studies of Primary Health Care services. (2010 – 2013). The program logic models developed in Stage 1 will be used to investigate how services are delivered and their effectiveness at the six case study sites. The project will focus on two key, pressing health conditions: diabetes and depression. These conditions were chosen after consultation with key stakeholders, including case study site managers. The project will examine where the services are contributing to individual and population health outcomes, and what barriers and challenges are faced by the services.

Stage 3: Analysis. The analysis will tie the various aspects of the results into a coherent story about success factors in Comprehensive Primary Health Care in the case study sites.

Project team

The project team is committed to producing research that is relevant to policy and practice

South Australian Community Health Research Unit:
Prof Fran Baum
Gwyn Jolley
Dr Toby Freeman (Project manager)
Angela Lawless
Michael Bentley

University of Ottawa: Prof Ronald Labonte,
University of the Western Cape, South Africa: Prof David Sanders
La Trobe University: A/Prof David Legge

Associate Investigators:
SACHRU: Ms Catherine Hurley
Aboriginal Health Council of SA/University of Adelaide: Dr David Scrimgeour,
Central Australian Aboriginal Congress: Ms Stephanie Bell, Dr John Boffa
SHine SA: Ms Kaisu Vartto
Flinders University: A/Prof Frank Tesoriero, Dr Anna Ziersch, Prof Malcolm Battersby
Ambulatory & Primary Health Care Directorate, CNAHS: Ms Louise Miller Frost
Endocrinology Unit, North West Adelaide Health Service: Dr Pat Phillips
Southern Primary Health - Inner Southern: Ms Cheryl Wright

"SACHRU is really pleased that NH&MRC has given us the chance to undertake a systematic study of comprehensive primary health care in all its complexity. We are very aware that this project will be successful because of the meaningful research partnership we develop with our colleagues in the study sites. We are looking forward to the next five years and casting more light on what makes Comprehensive Primary Health Care work.

- Prof Fran Baum, Director, SACHRU"
Introducing our International Collaborators

This project will benefit from the input of two international collaborators, who will contribute to the design and methodology of the project, provide ongoing guidance, advice, and feedback, and ensure the global applicability and importance of the project.

**Professor Ron Labonte** holds a Canada Research Chair in the area of Globalization and Health Equity at the University of Ottawa, and was the Chair of the Globalization Knowledge Network for the WHO Commission on the Social Determinants of Health. Prof Labonte is a founding member, and past Board Chair, of the Canadian Coalition for Global Health Research, and a member of the Research Advisory Group for, and past Director of, the Saskatchewan Population Health and Evaluation Research Unit. He has worked extensively in Australia as an international consultant in health promotion, community development, and public/population health.

**Prof David Sanders** is a founding Professor and Director of the School of Public Health at the University of the Western Cape, South Africa. He has 25 years experience in researching, teaching and facilitating health policy and program development in Zimbabwe and South Africa, having advised both governments as well as OXFAM, WHO, UNICEF and FAO in the areas of primary health care, child health and nutrition, and health human resources as part of health systems development. He has written for the World Health Organization on the role of Community Health Workers, child nutrition and child health, and the 20th Anniversary of the Alma Ata conference.

**GP adjunct study**

An associated project has been established to examine the links between Primary Health Care services and general practitioners. The project will be lead by Prof Fran Baum and Prof Michael Kidd, Flinders University. SA Health is providing funding in 2009/10 to enable the research team to investigate the general practice perspective on Comprehensive Primary Health Care and how fee-for-service GPs and state-funded Primary Health Care services can best work together to improve outcomes for clients and patients.

In particular this study seeks to understand:

- the current role of general practice within Primary Health Care service networks,
- current treatment pathways and health promotion activities associated with two chronic conditions – diabetes and depression,
- the ways in which working with GPs fits into the plans and program logic of Primary Health Care services funded by government,
- the perceptions of GPs about the ways in which their work can be made more effective in the context of local networks of Primary Health Care services; and
- the enablers and barriers to establishing a more comprehensive Primary Health Care system which integrates the work of GPs and Primary Health Care services funded by government.

**Who to contact?**

If you would like to find out more about this project, or have any comments or questions, please contact Toby Freeman (Project manager):

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