Workshop plan

- Overview and background to research
- Introduction to
  - Community Participation tool
  - Partnership tool
  - Equity tool
- Small groups workshop the tools
- Feedback and next steps
Introduction

PHC refers to both a level of service and an approach to health care incorporating principles of:

- Equitable distribution of resources
- Community involvement
- Emphasis on health promotion and illness prevention
- Use of appropriate technology
- Involving a range of sectors
The SACHRU report *What works? A systematic review of the evidence for the effectiveness of community health in Adelaide* (Jolley, Baum et al. 2004) suggested that the achievement of these key principles is not generally well-evaluated.
Why evaluate

- To be accountable to funders, managers and communities
- To improve PHC services, programs and systems
- To contribute to the body of evidence for the effectiveness of PHC services
Barriers to evaluation

- lack of system level investment in development of appropriate methodologies and research capacity in PHC
- complexity of evaluation in community-based settings
- long time between interventions and outcome
- difficulty attributing change to an intervention
- time-limited ‘project’ nature of much PHC leads to small, fragmented evaluation efforts
The evaluation tools

- practical aid to assist workers in community based health services
- only cover these three PHC principles
- evaluations may not need, or be able, to focus on all three
- often overlaps and linkages, eg an outcome from community participation may be increased equity of access to services.
Challenges

- Equity, community participation and partnerships are all contested terms
- Glossary of terms is under preparation
- Tools presented today are a work in progress
- Equity is a particularly complex area to evaluate
Common themes in planning and evaluation

- Articulating a program logic
- Organisational and policy support
- Knowing the population and the context
Introduction to Community Participation Tool

Definition of community participation:

“The involvement of consumers in the development of health services. This can include involvement in policy development, strategic planning, service planning, service delivery and evaluation and monitoring” (Consumer Focus Collaboration, Commonwealth of Australia, 2002)
Why is community participation important?

- an ethical and democratic right
- improves service quality and safety and helps gain health service accreditation
- makes services more responsive to the needs of consumers
- increases compliance with therapy or treatment
- improves health outcomes
What makes for effective community participation?

Ladder of participation

- Has control
- Has delegated control
- Plans jointly
- Advises organisation
- Is consulted
- Receives information
- None

(high)
Evaluating community participation – how should it be done?

Four dimensions of community participation were identified from the literature

- Extent and scope of community participation
- Working together
- Capacity and support
- Influence
Community participation – how should it be measured?

1. Preparation and planning questions
   - Commitment
   - Purpose
   - Who to involve
   - How will community participation be implemented and supported?
   - Use and feedback

2. Process questions (relate to activity)
   - Extent and scope of community participation
   - Working together
   - Capacity and support

3. Impact and outcome questions
   - Influence
Community Participation - Program logic

<table>
<thead>
<tr>
<th>Assumptions</th>
<th>Activities</th>
<th>Impacts</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Participation:</td>
<td>• Engage community in appropriate number and scope</td>
<td>• Programs are delivered in ways that reflect community expectations</td>
<td>Improved Health outcomes</td>
</tr>
<tr>
<td>• Is a key principle of PHC</td>
<td>• Provide training &amp; support to build capacity</td>
<td>• Health services are appropriate and accessible</td>
<td>↑ Health status at population level</td>
</tr>
<tr>
<td>• Improves service quality</td>
<td>• Develop mechanisms to ensure participation is meaningful and has influence</td>
<td>• Programs respond to community need &amp; influence</td>
<td></td>
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<tr>
<td>• Improves responsiveness of services to consumer need</td>
<td>• Develop policy to identify organisational support for community participation</td>
<td>• Participation processes contribute to community empowerment</td>
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Introduction to Partnerships Tool

Definition of a Partnership:

“a group of organisations or individuals who share some interests and are working toward one or more common goals beyond the reach of any one organisation or individual.”

(El Asnari, 1999)
Why work in partnership?

- Innovative solutions to complex or difficult problems
- Bring the views and potential solutions of a number of people together
- Economic efficiency of combining resources and avoiding duplication
- Range of skills and resources available

(Grey, 1989)
Effective Partnerships

- Have a key person or driving force
- No one person or agency is dominant
- Common vision and sense of purpose
- Environment is conducive to partnership
- Trust is valued and developed
- Are effective in outcome and enjoyable to work in
### Partnerships - Program logic

<table>
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<th>Activities</th>
<th>Impacts</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Partnerships within and beyond the health sector are a key principle of PHC</td>
<td>• Engage appropriate partners</td>
<td>↑ accessibility of services</td>
<td>Improved Health outcomes</td>
</tr>
<tr>
<td>• Effective partnerships offer benefits to organisations</td>
<td>• Develop clear roles and direction</td>
<td>More equitable distribution of services</td>
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<tr>
<td>• Effective partnerships result in better health outcomes for individuals and populations</td>
<td>• Provide training to build partnership capacity</td>
<td>↑ efficiency, less duplication of services</td>
<td></td>
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<tr>
<td></td>
<td>• Joint planning/service delivery</td>
<td>↑ effectiveness and quality of services</td>
<td></td>
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<tr>
<td></td>
<td>• Monitor, evolve and renew</td>
<td>Better experiences for services users</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>↑ Health status at population level</td>
</tr>
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How to evaluate Partnership

Three main areas:
- Reflect on partnership effectiveness
- Benchmark/describe its current status
- Target strengths and weaknesses for development or intervention

(Halliday et al, 2004)
Partnership Tool

Three components:
- Preparing for Working in Partnership
- Partnership Process Questions - 6 main areas
- Partnership impact and outcomes
Definition of equity:

“Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided” (World Health Organization, 1998).
Why address equity?

- Central principle of primary health care
- Health as a human right

The term inequity has a moral and ethical dimension. It refers to differences which are unnecessary and avoidable but, in addition, are also considered unfair and unjust. So, in order to describe a certain situation as inequitable, the cause has to be examined and judged to be unfair in the context of what is going on in the rest of society (Whitehead, 1990).
Organisational foundation

- Organisational commitment
- Knowledge and skills
- Local context
- Community participation
- Partnerships arrangements
- A balance between prevention & treatment
- Monitoring and evaluation
- Long-term view and sustainability
Evaluating equity

- Understanding the equity issue
- Situating your activity
- Describing the pathway
Understanding the equity issue

- Relationship between the health issue, the population and the local context
Situating your activity

- Health care service or program
- Outside health care activity
Describing the pathway

- Equal access to available care (or resource) for equal need
- Equal utilisation (or resource) for equal need
- Equal quality of care (or resource) for all

Enablers and Barriers to equitable health care

Client

Availability
Physical & geographic accessibility
Affordability
Acceptability
Service capacity/waiting lists
Staff and system discrimination

Equitable health care

Access
Quality
Utilisation
Equity in PHC - program logic

Assumptions → Activities → Impacts → Outcomes

• Equity is a key principle of PHC
• Resources should be deployed fairly and equitably taking account of differential need
• PHC impacts on health equity through: health care; prevention of illness and injury; promotion of health and wellbeing.

• Provision of a comprehensive range of services and programs shaped by a central concern with equity

↑ equity of access
↑ equity of use
↑ equity of quality

Improved health outcomes
↑ Health equity
PHC Principles

PHC refers to both a level of service and an approach to health care incorporating principles of:
- Equitable distribution of resources
- Community involvement
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Small groups

Move to one of the theme groups
With a program from your own practice or the example provided, use the tool questions to help measure what the program is doing in terms of equity, community participation or partnerships

Some guiding questions:
- Is the tool useful in assessing this component?
- What’s missing or unnecessary?
- Is the tool relevant and appropriate for your practice?
- Is the tool realistic and practical?
- Does the tool have face validity
- How could the tool be improved?