Comprehensive primary health care in local communities

This is the third 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
- Playford Primary Health Care Services
- SHine SA
- Inner Southern (becoming GP Plus Marion)
- Aboriginal Health Team, Southern Adelaide Health Service
- Central Australian Aboriginal Congress, Alice Springs

Progress Update

Since the last project newsletter, the project has made much progress. A key framework for structuring the project has been the development of program logic models for the way each of the six participating services work, which the services can then be evaluated against. A number of program logic model workshops have now been held at each participating service and draft logic models have been designed for all services, plus an overarching good practice logic model. These logic models will continue to be refined and adjusted as the project evolves over the next three years. A desired outcome of the project is a web-based overarching good practice logic model which links to a glossary of terms and examples from the participating services that demonstrate each of the Comprehensive Primary Health Care concepts.

The draft program logic models were presented at a research symposium in October 2010, described below. Feedback from international collaborators, managers and practitioners from the services, SA Health representatives, other researchers and key stakeholders was received on the emerging findings from the project and the program logic models.

On the second day of the symposium a planning session was held, and over the last few months we have been planning the evaluation methods the project will use, in conjunction with the investigators and service managers. This is a participatory action research project, and the research team is happy to revise the methods to be employed to ensure the project stays relevant and useful to stakeholders and the participating services.

One change to the project is that SHineSA will now be involved in the project as a whole, statewide service, rather than just the Woodville site. Workshops have been held with the North and South teams to expand the program logic model for SHineSA to cover the rest of the organisation.
On October 20th and 21st, 2010, we held a research symposium for the project at the Art Gallery, Adelaide, SA. The aims of the symposium were to feedback and discuss some of the emerging findings, and to plan for the future stages of research. Due to the engagement and generous contribution of effort and time from the services, investigators, and stakeholders, the symposium was very successful in fulfilling these aims.

Attendees included the chief and associate investigators on the project, members of the critical reference group, managers and staff from the primary health care services, SA Health and regional health service executives, and other academic, policy, and practice stakeholders.

The first day began with a welcome to country by Jack Buckskin, followed by presentations from the research team and our international investigators Prof Ronald Labonte and Prof David Sanders. In the afternoon, small group discussions examined issues of access, equity, and quality, community participation, central programs versus local initiatives, integration with the rest of the health system, and partnerships and advocacy. A panel of managers and regional health service executives discussed their experience of participating in the project, and the issues it raised. Lastly, Associate Prof David Legge stimulated reflection and discussion on the project followed by an all of group discussion.

There was lively debate and discussion around some of the issues arising from the research. Some key themes to emerge were:

1. The need to emphasise and attend to context, in particular integration with the rest of the health system and the current rapid rate of health reform.
2. The tensions between the outcomes of health reform processes and the goal of Comprehensive Primary Health Care
3. The need for activities that encompass the spectrum of rehabilitative, curative, preventive, and promotive (including action on the social determinants of health) interventions
4. The barriers to services providing activities that encompass this spectrum, and how to overcome the barriers

On the second morning, a breakfast inviting policy makers and stakeholders was held to present the policy implications of the project. The remainder of the day was used to plan the future evaluation methods.

We have established a web page for the symposium, containing links to the powerpoint slides presented on the first day and the policy breakfast: http://www.flinders.edu.au/medicine/sites/sachru/research-evaluation/cphc/

We are planning a second research symposium for the project in late 2012, when we will have further findings to report and discuss.
GP Adjunct Study Report

The adjunct study examining the relationships between general practice and primary health care services was completed in 2010, and a final report made available to SA Health. The full report can be accessed from the project website:


A total of 32 GPs, practice nurses, and GP Division representatives were interviewed about their links to Primary Health Care services and the current health reforms. In summary, there was little difference in the findings compared to SACHRU’s 1994 report which found links to be minimal, and dependent on personal contacts, networks, and information sharing. The Divisions of General Practice and the spread of practice nurses have improved some elements of the coordination between the two primary health care sectors. The study is timely given the important implications for the administration staff, regional health service executives, and departmental officers responsible for health equity.

Interviewees were all able to critically reflect on discussions on health equity. Interviewees were all able to critically reflect on read through draft manuscripts before submission to check any factual errors or raise any concerns over identification of the service, workers or clients.

Emerging Findings: Reflexivity

The amount of dissemination described above is a result of the richness of the data provided to us through the generous input of managers, practitioners, administration staff, regional health service executives, and departmental funders in interviews and workshops. The richness is a result of participants’ considered reflection on their work, the principles that underpin it, and the outcomes they are trying to achieve. One of the most positive pieces of feedback from participants has been that the project has provided an opportunity to reflect on the way they work.

Indeed, there was considerable evidence of reflection in the analysis of discussions on health equity. Interviewees were all able to critically reflect on their work and identify strengths and weaknesses of their efforts to contribute to health equity and equitable access. For example, a typical reflection was:

“I think we’re getting there. I think we have quite a few clients who are, would be the most needy. I mean that seems the case in terms of how often they access the service. But I think sometimes, and we were talking about this the other day - the ones that aren’t coming are the ones that perhaps need it the most. But trying to engage them when their lives are so chaotic is actually really challenging, and we’re trying to still work out ways of doing that, that are more effective and we’re not quite sure what those are yet.”

Wiese et al (2010), p. 4

Reflective practice should be celebrated as a strength of Primary Health Care practitioners that provides space to consider equity, social determinants of health, and the potential contribution of health services and practitioners.
Emerging Findings: Health Promotion

We recently conducted analysis of health promotion work at the services. All the sites reported undertaking some health promotion and recognised its potential and importance. Work at the sites included a range of activities and strategies across a continuum from medical and behavioural interventions, to those that addressed broader social and economic determinants of health.

Interviewees in all sites made it clear that they would like to do more health promotion but that the pressures of dealing with immediate demand for curative services often means that health promotion takes a back seat. The disruption caused by health reform was also evident, affecting the ability of some of the services to plan health promotion work.

Most of the health promotion fell under three main types: that provided to parents of babies and young children, chronic disease prevention and mental health. The non-government organisations additionally reported advocacy activity (examples were on public policy on alcohol and promoting sexual health). All sites were part of a complex network of services that were involved in health promotion including local government, NGOs and other government departments.

Next Steps

The focus of the project will now shift to implementing the evaluation methods we will use with the six participating services. The first method we are planning are community assessment workshops, a method of obtaining community perceptions of a service developed in Canada by Prof. Ronald Labonte (one of the investigators on this project) and Dr. Glenn Laverack. Workshops will be held with community members at each service asking them to rate the services on the service qualities included in the logic models.

We are also establishing good practice logic models for Primary Health Care responses to diabetes and depression, a process for which we will be seeking client and practitioner input in to ensure the models are informed by evidence, community wisdom, and practice wisdom. These will relate directly to the services’ logic models and will act as a framework for future evaluation methods focusing on these two example conditions.

Introducing our Aboriginal Researchers

We are pleased to report that we have recently employed two Aboriginal researchers on the project: Tahnia Edwards, who is based in Alice Springs and working with Central Australian Aboriginal Congress, and Zoe Luz, who is based in Adelaide and working with the Southern Primary Health Aboriginal Health Team.

Tahnia Edwards

Tahnia joined the project team in January 2011. She has a broad range of experience in the health sector, including nursing in acute, rural and remote contexts, coordination of primary health care programs, health research and as a lecturer of Aboriginal health and primary health care, to undergraduate and post-graduate students. Tahnia has also served as an elected member on the Mental Health Association of Central Australia and Central Australian Aboriginal Congress Boards.

Zoe Luz

Zoe joined the project team in August 2010. Zoe is the first Indigenous Australian to hold an Honours degree in Biotechnology and has a number of years experience working in the field of health promotion. She has a keen interest in action based research using a Primary Health Care based philosophy to enhance the delivery of health care to the community, particularly to best meet the needs of those least likely to receive or access health care.

We also regrettably farewelled Michael Bentley in January 2011. Michael has moved to Tasmania, but will remain on the project as an investigator and will teleconference in to future investigator meetings.

SACHRU and Project Websites

SACHRU has recently updated their website. The new website can be found at:
http://www.flinders.edu.au/medicine/sites/sachru

The old website address will still redirect to the new site for some time. The website contains information about the staff members, projects, publications, and upcoming events at SACHRU.

Other resources that can be accessed from the SACHRU website (under SACHRU Tools on the left menu) include the Planning & Evaluation Wizard and Community Participation and Equity Toolkits.

The webpage for this project can be found at:

Or bit.ly/CPHCproject for short!

Alternatively, you can navigate there by clicking on ‘Research & Evaluation’ in the left sidebar on the SACHRU website, and then ‘Current Research & Evaluation’ and selecting the project from the list.

All of these project newsletters can be accessed from this site, as well as up to date information on staff and project progress.

Contact Us

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