Development of a program logic model and evaluation framework for comprehensive primary health care

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Introduction
This poster describes the development of a program logic evaluation framework for Primary Health Care (PHC). This work is part of a five year project to assess the effectiveness of Comprehensive Primary Health Care (CPHC) as a service model. This research is studying six PHC services in South Australia and the Northern Territory.

The research uses program logic models to capture the principles, activities, and desired outcomes of the services, and to frame the evaluation. The aims of this work were to:
1. Develop a program logic model for CPHC in Australia
2. Develop site-specific program logic models for each of the six PHC services
3. Use the program logic models to develop an evaluation framework for PHC services

Why program logic?
Logic models can be used to demonstrate a theoretical causal pathway between the inputs, effects and desired outcomes of a program (1, 2). In evaluation, logic models provide a way to articulate the program theory to “describe how a program works and to what end” (2). Importantly, theory-based evaluation can be used to examine the effectiveness of a whole program (such as a CPHC service) rather than just individual components or particular aspects of services, the focus of much of the previous evaluation in this area (4).

What is program logic?
Program logic provides a plausible explanation of how and why a program will work and what impacts and outcomes are likely to be achieved. Program logic adds value as an outcome and as a process.

Program logic as an outcome
Program logic models can develop a picture of:
- how the service/program does its work
- why it does it in particular ways
- what it is expected to achieve (5)

Program logic as a process
Developing a program logic model can:
- Create a common language and vision for what the program is and how it works
- Bring detail to broad goals, to help in planning, implementation and evaluation
- Clarify underlying beliefs, theory and assumptions (5)

Method
Study sites
The six participating PHC services including an Aboriginal community-controlled health service, a non-government organisation and four services funded and managed as part of the South Australian State Government health care system.

The Southgate Program Logic Model for CPHC in Australia
The program logic model for CPHC is shown in Figure 1. It covers the theorised mechanisms of PHC, inputs and context, activities, service qualities, and outcomes.

The Southgate program logic model for CPHC and the 6 site specific models were developed based on the literature, investigators’ experience working with PHC services, a series of interviews (n = 68, with PHC staff, regional health service executives and health department staff with responsibility for PHC) and workshops at each site with workers and managers. The models were significantly modified and refined through an iterative and participatory process with staff from each of the study sites in order to depict the work of the services as accurately as possible. The models that provide the framework for the evaluation were endorsed at a research symposium involving all investigators and key stakeholders.

Site specific models
- The site specific models delineate in more detail the inputs, contextual factors influencing the service, activities, and outcomes.
- A high level of agreement on the principles of CPHC was gained – the mechanisms, service qualities, and broad community outcomes were largely consistent across models. These varied in the extent to which they conformed to the Southgate CPHC model, and how much of the breadth of activities they were able to undertake.
- The agreement on core principles has balanced the need to make each model specific to the local context and services’ methods of operation with maintaining a common evaluation framework.

Use of program logic models to guide evaluation
The next stage of the research uses the models as a framework to guide and shape evaluation.
- Firstly, the models have provided a structure within which to ask evaluative questions and select appropriate evaluation methods.
- Secondly, the models have facilitated the development of indicators against the different outcomes for which data can be gathered. These data can then be fed into the program logic models to support arguments for the contribution of health service interventions to population health outcomes.
- Thirdly, our program logic work has informed construction of further program logic models for interventions for two conditions - diabetes and depression – for which we will examine the performance of services in greater depth. Program logic models incorporating best practice PHC responses to diabetes and depression within the current framework of CPHC mechanisms, service qualities, and community outcomes will form a basis for evaluating the current practice of the study sites.

Conclusion
Program logic models provide a useful framework for designing and planning theory-driven evaluation of PHC. This innovative method is proving valuable for evaluating the performance of PHC services across their whole organisational activity as opposed to just one program or service. This comprehensive organisational evaluation will make an important contribution to the limited evidence on the operation of PHC services, which is particularly important at a time when PHC is the focus of health reform in Australia and internationally.

Acknowledgements
This research is funded by the National Health and Medical Research Council and Professor Fran Baum is supported by an Australian Research Council Federation Fellowship.

The method was approved by the Flinders University Social and Behavioural Research Ethics Committee and the SA Aboriginal Health Research Ethics Committee.

References