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Increasing Health Equity through Community Participation in Primary Health Care in Aotearoa New Zealand

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Positioning Myself as Researcher

- Experience as a GP in economically deprived communities in Newfoundland and Labrador, Canada and in Auckland.
- From a nation where there were no user chargers in health care to one where cost was a barrier to accessing primary care services for many patients and ‘communities’.
- Frustration that we in health services too often provide ‘the ambulance at the bottom of the cliff’, rather than the fence at the top.
- Experience in northern Canada and Northland, New Zealand, exposed me to the serious political, social, economic and health challenges faced by indigenous people in both countries.
- Learned the importance of working collaboratively with colleagues from other sectors and with communities themselves, through engagement with community leaders, in order to improve the determinants of people’s health.
Acknowledgements

Host Institution for PhD Study:
- Department of Public Health, University of Otago, Wellington  
  (but based here at the School of Population Health)

PhD Supervisors:
- Prof Peter Crampton, Department of Public Health, University of Otago, Wellington
- Prof David Thomas, Social and Community Health, School of Population Health

Maori Advisors:
- Dianne Gibson, Chief Executive, Ngati Porou Hauora, Te Puia Springs
- Bill Halkyard, General Manager, Te Hauora O Te Hiku O Te Ika, Kaitaia

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Research Advisory Group Members

- Dr. Sue Crengle, University of Auckland
- Dr. Kevin Dew, University of Otago (Wellington)
- Prof. Anthony Dowell, University of Otago (Wellington)
- Prof. Robin Kearns, University of Auckland
- Mr. Tom Love, University of Dundee
- Dr. Beverly Sibthorpe, Australian National University
- Dr. Margaret Southwick, Whitireia Community Polytechnic
The NZ primary care policy context for the research

2001-2004:

Major restructuring of and new funding for PC from publicly-subsidised private general practice to the formation of PHOs responsible for enrolled populations and required to have CP in governance.
POLICY
- Community-owned primary health care organisations well-established in many parts of NZ, and include Maori and Pacific primary care (PC) providers.

KEY STAKEHOLDERS
- Health Care Aotearoa (HCA)
- Maori PC providers
- Pacific PC providers
New Zealand Primary Health Care Strategy
(Hon Annette King, 2001)

Primary Health Organisations will be expected to involve their communities in their governing processes. They must also be able to show that they are responsive to communities’ priorities and needs.
The Historical Context for Participation in Health and in Primary Health Care

The Alma Ata Declaration
First International Conference on Primary Health Care, Alma-Ata, USSR, 1978
World Health Organization and UNICEF

GOAL: Health for All by the Year 2000
(the reduction of health disparities both within and between countries)

STRATEGY: Comprehensive Primary Health Care
Built on the successes of grassroots primary care initiatives in many developing countries.
A research opportunity!

Community participation occurring in a small segment of the sector, but now on the NZ healthcare policy agenda.

Relative policy vacuum: no clarity around the concept or how / why to put it into practice.

Opportunity for this research to contribute to policy.
PhD Research Question and Aim

What structures and processes can be put in place to foster and enhance community participation in primary health care in Aotearoa New Zealand?

A key aim of this research was to identify those structures and processes in order to develop a framework for implementing community participation in primary care planning and delivery in Aotearoa New Zealand.
Methodology

- ‘Public health lens’ – equity or social justice agenda

- Adapted form of grounded theory methodology employed
Overview of PhD Research Methods

Part One: Key stakeholder interviews (and literature review), data analysis and development of a draft toolkit on community participation (CP); 42 participants

Part Two: Consultation on the draft toolkit in the primary care sector; 26 written responses

Part Three: Piloting the toolkit in PHOs; four PHOs

Part Four: Final editing of toolkit and dissemination of research results.
Part Four Outcomes

- Final editing of CP Toolkit for PHOs in light of pilot site experience and feedback.

Community Involvement is about Reducing Access Barriers to Participation and to Health Care

Board members of a kaupapa Māori primary care organisation in a provincial town were adamant about the importance of reducing barriers for Māori to engage with local health services. They claimed they had successfully reduced barriers, describing their service as “a Māori oasis in an island of prejudice”.

But if you just walk down the main street…you probably wouldn’t pick it, if you were a stranger, that the population is actually 50% [Māori]. So it’s about overcoming those restrictions around who we must employ and how we must employ them. It’s about what value you place on not just tikanga, not just having te reo as a skill, but just having that empathy with the client group…One sentence to sum it all is ‘reduce the barriers’. If you reduce barriers for Māori people to access services, then you will be successful at getting participation…having brown faces to talk to.

(Board member, kaupapa Māori third sector)
Relationship between Improved Access and Community Participation

- Improving Access to Primary Care
- Improving Access to Health Determinants
- Community Participation in Primary Health Care
Cycle of Determinants of Community Participation

The participatory model

The policy agenda or goals of participation

The ‘community’
Recent UK experience in PCTs suggests that where the agenda for public or community involvement is simply consumer responsiveness, the reduction of inequalities is unlikely to be an outcome.

Some analysts of public involvement in Primary Care Trusts have argued that a community development approach – which, by its nature, is based on citizenship rather than consumerism – is the most appropriate in meeting the needs of marginalised groups (Fisher, Brian et al. 1999; O'Keefe and Hogg 1999; Crowley et al. 2002).
To Improve Equity…community development approach needed.

PHO ‘community’: defined & prioritised by NEED

Participatory model: empowering process of CP

Policy agenda: reducing health inequalities
Further Conclusions

- This study has identified that community participation in primary health care can be a powerful tool for improving equity in health.
- Without a political commitment to health equity, however, community participation becomes simply a tool for health service improvement and does not necessarily lead to the enhanced health of disadvantaged communities.
- The experience of those involved in third sector primary care suggests that health improvement for vulnerable groups or communities is much more likely to occur if leaders of those groups or communities engage directly in local health care planning.
- If equity in health is a policy goal, it has implications for who should participate and how such participation should occur in PHOs.
Some Implications…

- The experiences of the PHO pilot sites in this research suggest that GPs continue to have both professional and business dominance in the sector, even with the establishment of PHOs.

- There is evidence from Canada (Pineault et al. 1991) and Australia (Montalo et al. 1994) that doctors who choose to work in publicly funded CHCs have different characteristics to those who choose to work in private practice. Pineault and colleagues (1991) found that alternative settings to private practice tend to attract GPs who are more preventive and socially oriented, and that GPs in these settings are more likely to have graduated from innovative primary care training programmes.

- There is a need to adopt innovative approaches to GP training and continuing medical education, which incorporates primary health care concepts, such as health equity, community accountability, and the determinants of health.
To conclude...

I believe the community is one of the most potent political forces. General practice needs to be aligned to the community... The best way to get the community on board [the PHO] is to give them influence.

GP Chair of a PHO Board
Thank-you