

Roadmap

- Introductions
- Brief background on IMPACT
- The elements, opportunities and challenges of participatory action research
- Small group work to design an intervention
- Some approaches to make this easier



IMPACT 6 regions, 2 nations



Bringing organisational innovations in community-based primary health care to improve access to care for vulnerable groups

The Approach

Community Engagement/Consultations

Scoping Review

Realist Review

Survey reanalysis

Gap Analysis

Needs Assessment

Priority Setting

Identifying Access Issue

Select

Plan/Adapt

Implement

Adapt

Evaluate

Addressing Access Issue

Year 1

Year 2

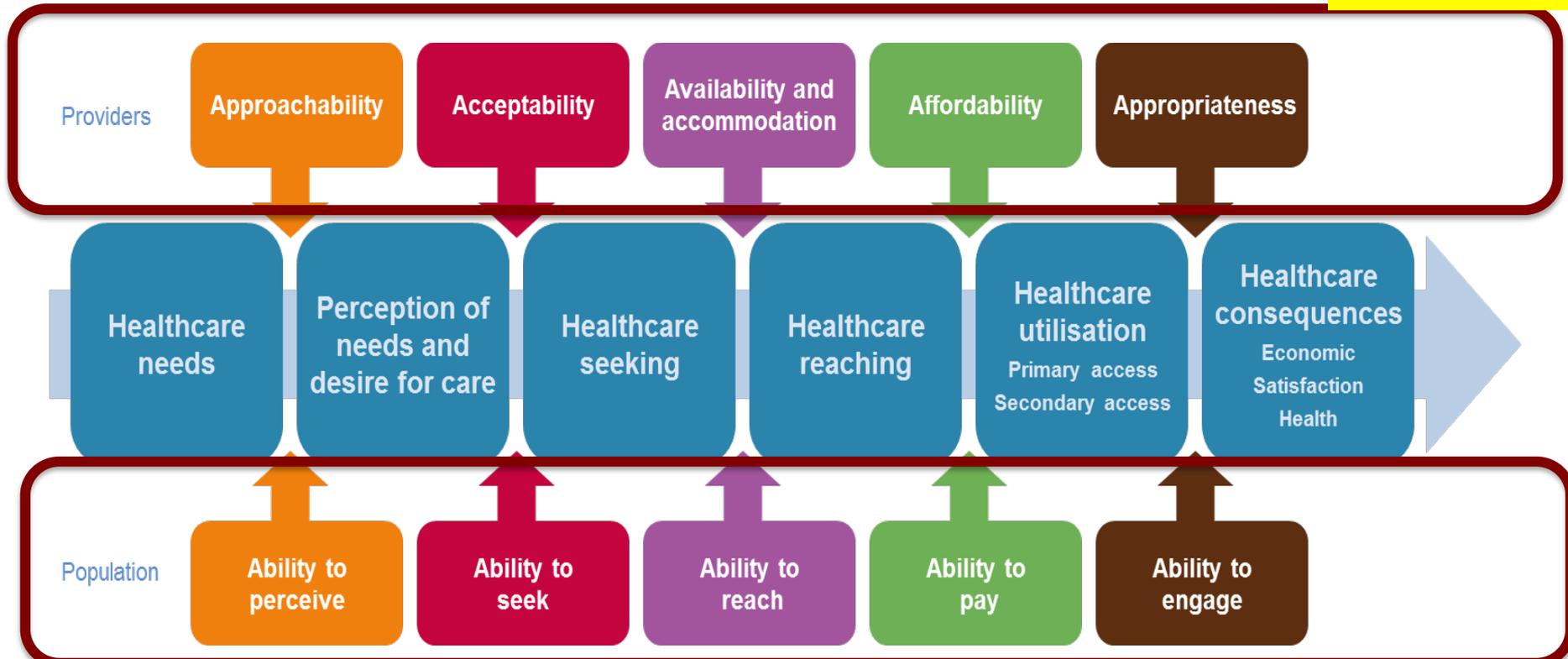
Year 3

Year 4

Year 5

The Access Framework

Supply



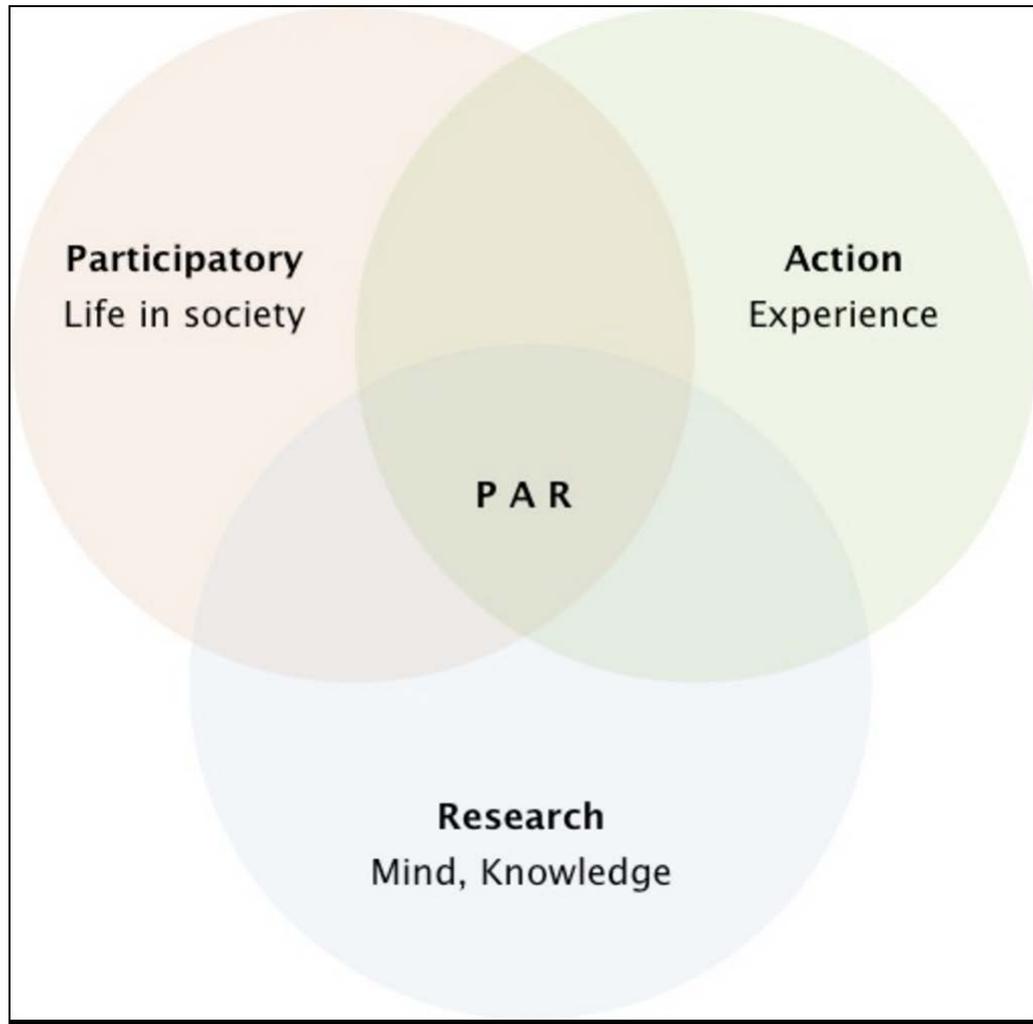
Demand

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Participatory research

Participatory research engages researchers and community members in an active research partnership. In its fullest expression the researcher- community partnership creates a team for decision making throughout the research process, from developing the question; collecting, analyzing, and interpreting the data; and developing conclusions to disseminating results

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The Rules

What's coming...

- Journey down under
- Role play in groups
- And we mean role play...



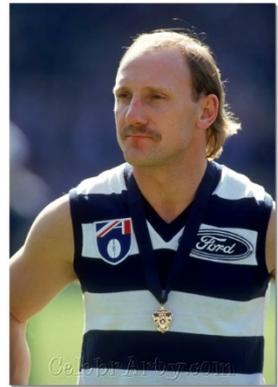
The rules of the game:



1. Form into tables of 6
2. Introduce each other
3. Get ready for some role play –
 - we are going to “solve” a series of challenges designed to test team integrity and effectiveness.
4. Read your scenario and get into your role
 - Think background story/personality / motives
 - **Don't tell anyone who you are – yet.**

But first, some context

Ablettown



- Footyville has an inner urban area (Ablettown) characterised by high socioeconomic disadvantage.
- Ablettown (population 135,000) was once thriving, but now, with the closure of the auto industry, unemployment is high, community services inconsistent, and homelessness is an increasing problem.
- It is hard to get an appointment with a family doctor, and the Ablett Regional Hospital is overwhelmed.
- Users of ED at the Ablett Regional are often young and/or have mental health problems. Many come from the region's refugee population.
- There is an election coming up... and it is a swinging seat.

Premier Humphries' challenge:

- Turnbulland's Premier, Bruce Humphries is faced with a State Election,
- He resolves to improve access to health care in Ablettown.
- So the Humphries Government announces a tender for collaborative strategies to improve access to health care in Ablettown
- Proposals must have the potential to take the pressure off the emergency room at the Ablettown Regional and have
 - Strong consumer engagement
 - Involvement of general practice
 - Robust evaluation (preferably involving a university)
- **The successful proposal will receive \$2million.**



Your table needs to:

- Reach consensus on
 - A priority need
 - An intervention to meet the need
 - A way to evaluate the intervention



- Prepare for some surprises..



Part 4

Small group activity:

Task 1 – deciding on a priority need

- *You have heard about the Premier's proposal to offer \$2 million. You realise that you need to meet with some other stakeholders in the region to plan for a grant proposal.*
 - 1) *On your own, IN ROLE write down a problem that really needs to be addressed.*
 - 2) *Then, join with 2 others from the table*
 - 3) *Introduce each other IN ROLE and try to reach consensus about a priority need to address.*

Task 1 – deciding on a priority need

- If only it were so easy..

*Staying in your role, now join with the rest of the table and **reach consensus for the priority need** that the proposal would address.*

Primary Health Care
Collaboration Improve Access
Approche intégrée de soins de santé de première ligne
évaluation Revue de littérature
Partenariat local pour l'innovation
Reduce Unmet Needs Hospitalisations évitables
Contexte organisationnel
Improve Access Australie
Change and translation Primary Health Care
santé communautaires de première ligne
soins non comblés
Soins de santé de première ligne
Local Innovative Partnerships Organisational Context
Comprehensive Primary Health Care
Community-Based Primary Health Care
Literature Review

IMPACT

Closing the
equity gap in
healthcare
access

Réduire les
inégalités
d'accès aux
soins de santé

Working in Partnership

Mark Harris

Adapted from *Based on Working Together* by Elizabeth Harris, Marilyn Wise, Penelope Hawe, Penelope Finlay and Don Nutbeam. 1995.

What is partnership work?

	Examples from IMPACT
Sharing information	Data collected for needs assessments
Networking	Identifying contacts for deliberative forums.
Managing activities together	Training programs for GPs and practice nurses
Contributing funding or resources to joint activity	Contributing to support for patient vouchers
Providing technical support and training	Providing field staff to support practices to use audit tools, IT systems.
Formalising joint agreements or contracts	MOU between University of PHN.
Forming joint work teams	Teams to visit practices and deliver training and support
Developing joint policies	Developing protocols and procedures for practice visits

Conditions for successful inter-organisational partnership

- There needs to be a clear and cogent **Necessity** for the organizations and actors to work together, rather than in parallel;
- There need to be **Opportunity** for proposed work in the context of the shared goals, priorities and policies;
- The organizations and individuals involved need to have the **Capacity** and commitment to the work including the necessary knowledge, resources and time.
- The **Relationships** between those involved should be established and trusting enough to enable the participants to work together;
- There should be **Agreement** about the planned actions and anticipated outcomes; and
- There is sufficient time and **Persistence** to achieve the outcomes



Addressing the conditions

Framework	Actions
Necessity	Make the case for action together
Opportunity	Assess the opportunity to work together
Capacity	Build capacity
Relationships	Establish teams, trust and communication
Agreement	Agree on how to implement and what to expect
Persistence	Commit to several years and monitor the outcomes.

Task 2 – an idea for an intervention

Together come up with an idea for an intervention aimed at the priority need. Remember it must have

- *Involvement of general practice*
- *Involvement of consumers*
- *A rationale for how it will take pressure off the ED*

The restructure

- *Well you know the Ablettown Regional Hospital CEO...the one that was critical to the intervention? Well the Hospitals have all been restructured and the CEOs have been shuffled.*
- *Each hospital CEO now needs to change tables.*

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Comprehensive Primary Health Care
Community-Based Primary Health Care
Interventions Literature Review

IMPACT

Closing the equity gap in healthcare access

Réduire les inégalités d'accès aux soins de santé

Deliberative processes

Deliberative processes

Deliberation is a problem-solving group discussion that allows stakeholders with different backgrounds, interests and values to listen, understand, potentially persuade and ultimately come to reasoned, informed and public-spirited collective decisions (Abelson & al., 2003).

Deliberative processes

- Involve different methods:
 - citizens' juries, deliberative forums, consensus conferences ...
 - The method used can vary depending on:
 - participant selection (i.e., heterogeneous or homogenous group of people);
 - the number of participants (i.e., a hundred vs. a dozen);
 - the type of input needed or the number of meetings (Abelson & al., 2003).

The Key Components

- identifying a collective decision that needs to be made and framing questions;
- identifying stakeholders that all need to be able to participate as peers in the decision making;
- identifying and providing the appropriate background materials to inform decisions;
- facilitating listening during the deliberative process itself;
- facilitating the process of reaching a collective decision;
- facilitating learning about the completed deliberative process.

Adapted from: Abelson et al (2003); O'Doherty KC, Gauvin FP, Grogan C, Friedman W. (2012).



Ability to Perceive / Approachability

POPULATION LEVEL

Ability to perceive is determined by education level, health literacy, knowledge of and beliefs about health, trust and expectations of health services, and people being oriented to their local health services and wider health system.

SERVICE LEVEL

Approachability of service occurs when people know what exists, when it can be reached (physically, by phone or by the internet), and when people believe it will have an impact on their health to do so. Transparency of service (referral pathways, eligibility criteria and treatment methods); the provision of straightforward information about treatments and services; conducting outreach activities; health promotion; community awareness raising; and providing clear signage may all contribute to approachability.

The story of Margaret

Margaret is a 70 year old widower who lives in a Housing SA unit (previously Housing Trust) at Pennington. Ever since her husband George passed away, she has felt anxious a lot of the time. It is hard to get to sleep at night, and during the day she tries to keep herself occupied so as to avoid thinking about things that worry her. She also has a number of symptoms such as fatigue, weight loss, and stomach cramps that are bothering her.

Margaret has low literacy (having left school at 15) and poor health literacy. She calls her anxiety "nerves" and is not aware that psychological assistance or medication might help. She has a very caring GP who she's been seeing for the last 20 years. He was particularly supportive when George died and even came to the house several times. But Margaret still feels intimidated during consultations with her GP and only rarely has the courage to ask questions or raise new concerns. She reasons if something is very important, her GP would ask about it. Margaret's daughter, Sue, is pushing her to tell the GP about her symptoms, but Margaret thinks he'll just say it's "all in her mind" and will feel embarrassed if it turns out to be nothing.

Ability to Perceive and Approachability in the Central Adelaide and Hills (CAH) Region

Population Level

There is limited local data available to demonstrate the ability of the population to perceive healthcare. On par with national levels, 59% of South Australians have very limited health literacy proficiency, 35.5% meet the minimum health literacy proficiency standard.

Many demographic factors, such as education and English language proficiency, may impact on a person's 'ability to perceive' their health care needs.

19.3%

of people were born in predominantly non-English speaking (NES) countries.

3.5%

of people born overseas speak English 'not well' or 'not at all', higher than 2.6% nationally.

8%

In South Australia, 8% of homeless people speak English 'not very well' or 'not at all'.

Service Level

Orientation to the local health services system is an area of expressed need, with many reporting it's difficult to understand how the Australian health system works, what the referral pathways or eligibility criteria are for various services and how to pay for them.

With such a diverse population it is important for local health services to ensure their service information is accurate and well-communicated, that entry points for services are clear and the community (especially the new arrival groups) are made aware of what is available.

Our Challenges



Parts of the catchment have poorer than average education levels.



People who did not complete year 12
24.2% of people left school at Year 10 or below, or did not go to school, 36.1% in Port Adelaide - Park



School leaver participation in higher education

42.5% of people in our region, 25.1% in the Adelaide Hills and 29.1% in Port Adelaide - Park

What happens here

Population Level



Service Level



Interventions



Partners in Recovery (PIR) is a new way of connecting people with a mental illness to the services and supports that will help in their recovery. PIR will facilitate better coordination of, and more streamlined access to, the clinical and other service and support needs of people experiencing severe and persistent mental illness with complex needs requiring a multi-agency response.

beyondblue's NewAccess is a free counselling service for people of all ages all ages with a mild to moderate mental health condition including:

- Women who are pregnant or have a baby less than 12 months old;
- Children who may be developing an emotional or behavioural problem;
- Suicide prevention;
- People at risk of being/ or who are homeless; and
- Culturally appropriate services for Aboriginal and Torres Strait Islanders.

Uniting Care Wesley - Multicultural Program

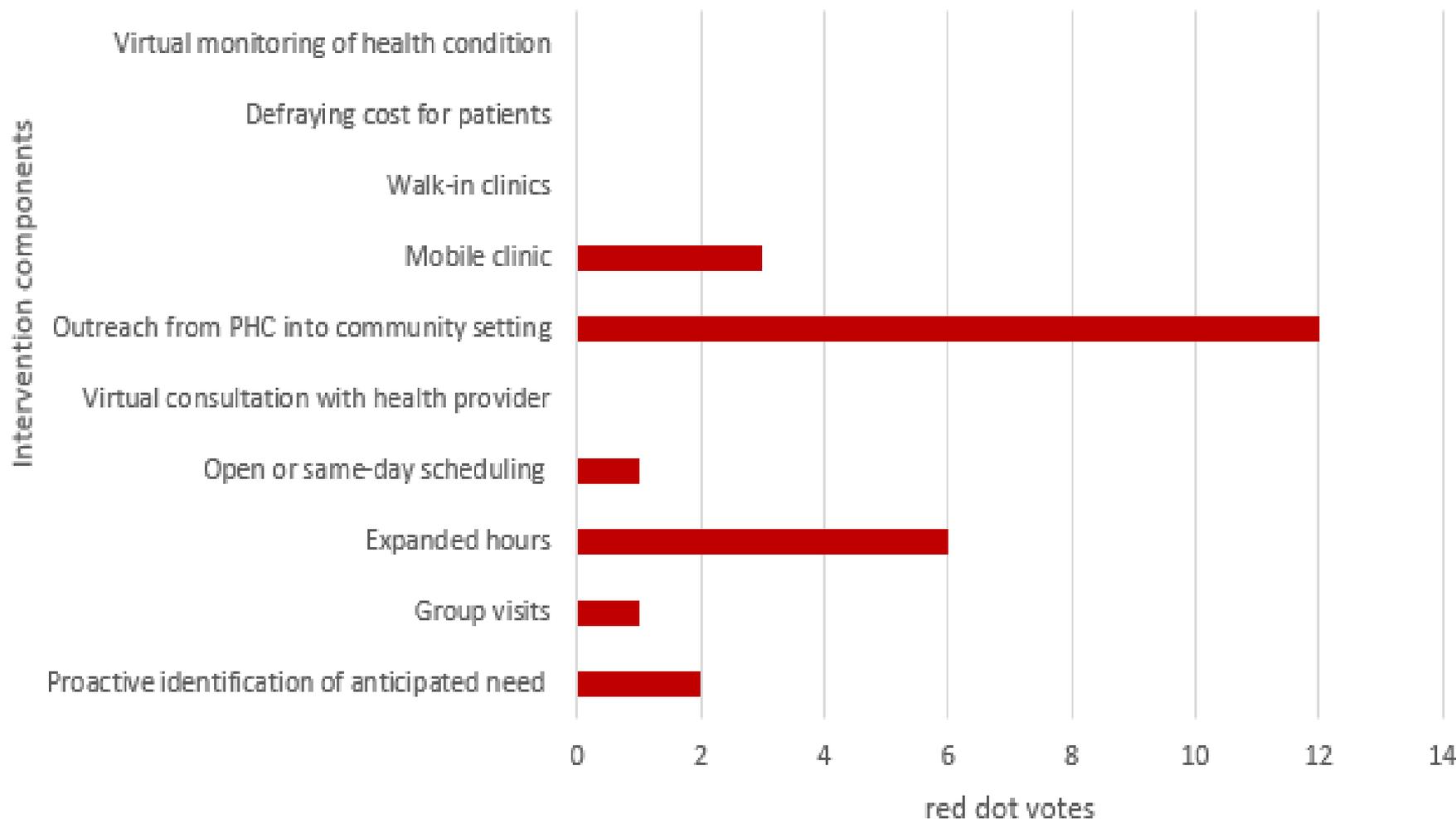
Multicultural Workers assist families and individuals from Afghanistan, Bosnia and Herzegovina, Croatia, Serbia and all former Yugoslavia Republic countries, Eritrea, Ethiopia, Somalia, Sudan and all West African countries, Iran, Spain and Latin America in preserving, developing and promoting their culture and language, and resettling their life in their new homeland, Australia. Providing:

- Emotional and practical support, and counselling in the client's language;
- Information and Parenting groups for parents who have children up to 18 years of age; and
- Advocacy, information and support letters.

The following pages provide an analysis of the ranking of intervention components by:

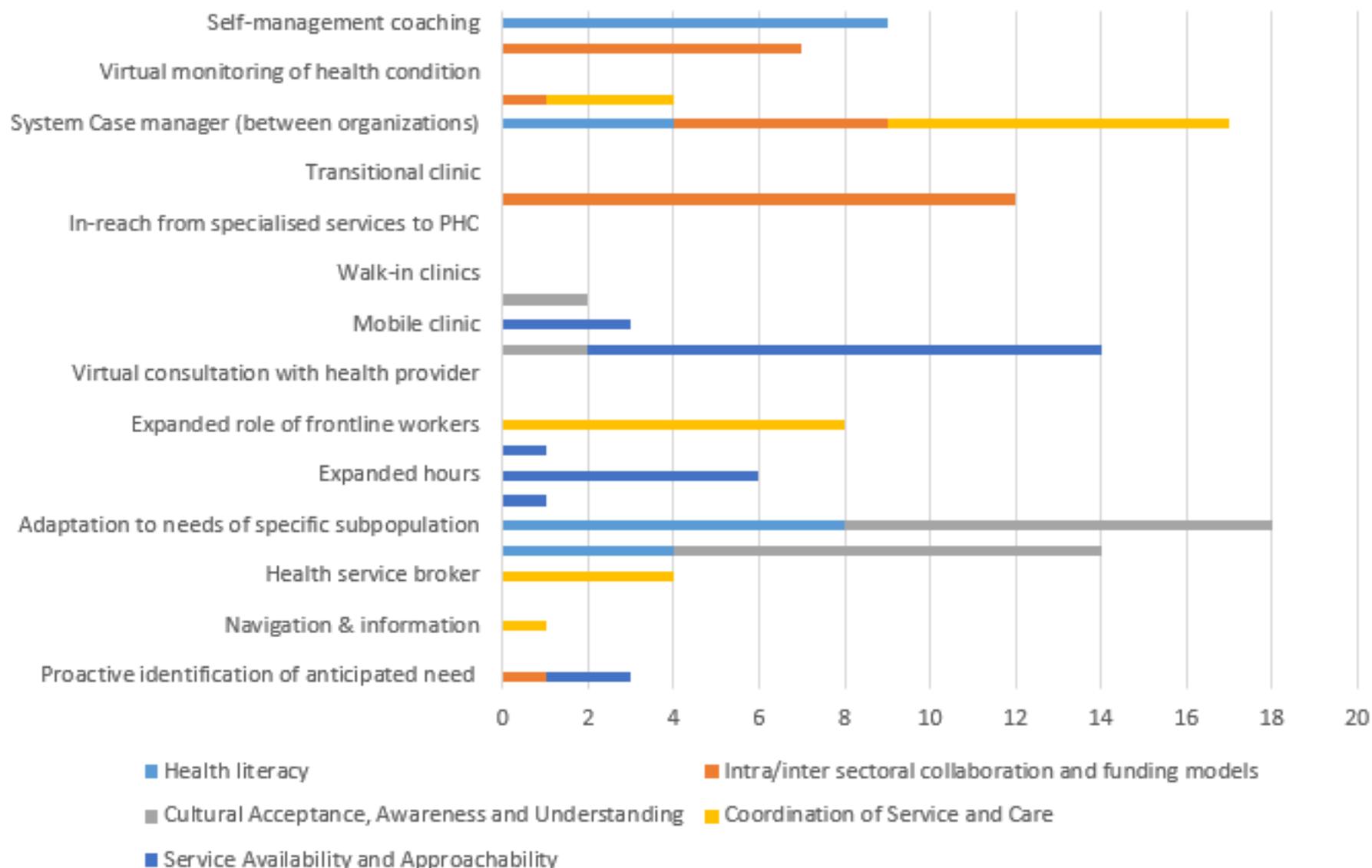
1. Health literacy
2. Service availability and approachability
3. Intra /inter sectoral collaboration and funding models
4. Cultural appropriateness, awareness and understanding,
and
5. Coordination of services and care

Red dot ranking of components - Service Availability and Approachability



Ranked intervention components by need:

Red dot ranking of components across the need themes



Forums 1 and 2

Regional access need themes identified and prioritised at Forum 1:

1. Health literacy
2. Service availability and approachability
3. Intra /inter sectoral collaboration and funding models
4. Cultural appropriateness, awareness and understanding, and
5. Coordination of services and care

Top 5 ranking intervention components identified at Forum 2:

1. Community health worker
2. Adaptation to needs of specific subpopulation
3. Outreach from PHC into community setting
4. Comprehensive multidisciplinary PHC team – one stop shop
5. System Case manager (between organizations)

SUMMARY

1. **Community health worker** - A member of a vulnerable population (or someone trained to understand it) with limited health training creates a connection between a specific community and health services.
2. **Adaptation to needs of specific subpopulation** - Adapt PHC to the characteristics and needs of a specific subgroup.
3. **Outreach from PHC:** A resource associated with a PHC setting is deployed to a community setting (e.g. school, home) to provide specific or general PHC services.
4. **Comprehensive multidisciplinary PHC team** – one stop shop - Health human resources are added to a PHC team to give patients access to comprehensive medical and social services
5. **System Case manager (between organizations)** - A health professional is attached to complex patients. They organize PHC access and care across the system This role also includes tasks done by PHC case managers.



Part 5

Conclusion

Reflections on the process

Take home messages

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The IMPACT program

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Our Partners



Funding Agencies

