



## Feedback on the Primary Care Partnerships DRAFT Abridged Program Logic

### 1. Background

The VHA is the major peak body representing the public healthcare sector in Victoria. Our members include public hospitals, rural and regional health services, community health services and aged care facilities. Established in 1938, the VHA promotes the improvement of health outcomes for all Victorians, from the perspective of its members.

The VHA welcomes this opportunity to provide comments on the consultation paper on the Primary Care Partnerships Draft Abridged Program Logic (program logic).

### 2. Introduction

Primary Care Partnerships (PCPs) have been working to connect and integrate Victoria's primary care system for approximately 12 years. The 30 PCPs represent a constituency of over 1000 individual organisations state-wide. PCPs have enabled development and implementation in key program areas including service coordination, integrated chronic disease management, integrated health promotion and collaborative cross-sectoral interventions to enhance the health and wellbeing of Victorian communities.

The alignment of PCP, Municipal Public Health and Wellbeing Plans (MPHWP), and Community and Women's Health (CWH) plans in 2013 is an important opportunity for community-level healthcare and health promotion in Victoria. The alignment will foster greater coordination and minimal duplication of effort across the three planning modalities and geographic areas

### 3. VHA Response

#### 3.1 Guiding Principles

While the guiding principles are for the most part appropriate and reflect the current evidence base and Victorian context, the VHA suggests that a greater emphasis on the concept of health equity be included. The principle: *Equitable outcomes across the full continuum of health* suggests a commitment to health equity, however a clearer articulation of what this consists of is necessary. Feedback from VHA members suggests an alternative principle: *Reducing inequitable and avoidable differences in health and enabling all people to achieve their fullest health potential.*

In addition to the proposed principles, the VHA suggests the inclusion of a commitment to a progressive and inclusive approach to working with groups and individuals from culturally and linguistically diverse backgrounds.

### 3.2 Proposed Priority Health Conditions

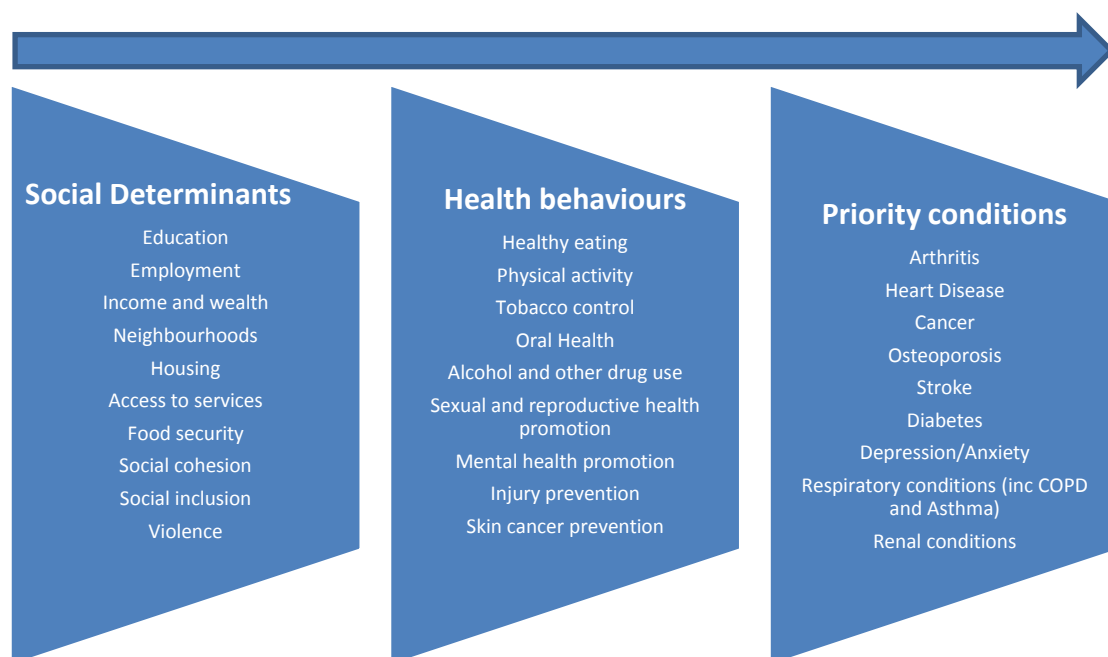
The VHA supports the selection of the priority conditions and issues for the program logic, and also supports the use of the *Victorian Health Priorities Framework 2012-2022* as the rationale for doing so.

The selected conditions and issues are consistent with current data on disability adjusted life years and their impact on Victorians and their communities and are appropriate in this context.

However, the lack of a specific reference to the role of the social determinants of health as a priority issue undermines a number of the program logic's guiding principles. It is difficult to see how the principle of an "alignment with a social determinants of health approach" will be undertaken when the priority issues relate to individual behavioural factors. The actors within the health sector that PCP members represent and the alignment with local government planning cycles provides an excellent opportunity to develop programs that can have a meaningful impact on the health of populations via a social determinants of health approach.

The terminology "*priority issues*" fails to explain the role of these factors and their relationship to the priority health conditions. The VHA suggests that in its place, the phrase *health behaviours* be used instead. This correctly identifies the individual behavioural nature of the factors, places them as causative to the priority conditions, and allows for the introduction of a column of social determinant-related factors superior to it.

The following framework provides sufficient recognition of the role of upstream determinants, while retaining the suggested priority conditions and their relevant health behaviours.



(Source: Inner South Community Health Service)

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### 3.3 Draft Abridged Program Logic

The program logic is comprehensive and the VHA considers it generally appropriate, with a number of points to be qualified.

The alignment of integrated health promotion (IHP) planning with local government MPHWP's is a positive step towards achieving greater consistency of approaches across geographic areas. Considering that local government areas constitute the basis of area-based population health data, it is important for IHP efforts to be coordinated within these geographic areas to minimise duplication and ensure a consistent approach to health promotion and prevention.

Within the "*prevention lens*" column, greater emphasis on the determinants of health and upstream focuses needs to be included. PCPs and their members have considerable ability to influence the social determinants of health at a local level, and the proposed integration with local government planning further bolsters the ability to influence environmental determinants.

The example client outcomes and targets suggested by the program logic are wholly clinical and fail to take into account any non-medical examples. Again, it is one thing to clearly give prominence to a social determinants of health approach in the proposed guiding principles, but this must be supported by clear goals and examples throughout the program logic.

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