Primary Health Organisations, communities and the underlying determinants of health:

Six examples

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ABSTRACT

Introduction

The New Zealand Primary Health Care Strategy places responsibility on primary health organisations (PHOs) to improve the health of their communities and reduce inequalities in health. This paper examines how six primary care organisations have approached these goals by addressing underlying determinants of health such as unemployment, housing, and community resources.

Methods

Key informants from each organisation were interviewed to obtain descriptions of the projects and information about how the project was chosen and what enabling and hindering factors were encountered.

Results

The six projects used different approaches to address the determinants of their community's health. Important factors in the organisation, and with partners and the communities are described.

Discussion

It is possible for PHOs to undertake a variety of projects that address the underlying determinants of health. These projects have the potential to strengthen both the community and the PHO.

(NZFP 30: 331–335)

Introduction

Health is not equally distributed in New Zealand. Each socioeconomic group experiences worse health than the group that is a little better off. This gradient applies to most causes of death – including cancer, cardiovascular disease and injuries.[1] Maori at all educational, occupational and income levels have poorer health status than non-Maori. The same pattern is found, to a lesser degree, for Pacific peoples.

There is a huge potential to improve the health of New Zealanders through addressing these inequalities. For example, if people living in the most deprived areas had the same health as those living in the least deprived areas men would live 9.2 years longer and women 6.7 years longer.[2] In contrast, eliminating all deaths from ischaemic heart disease would add 3.6 years to men's lives and 2.7 years to women's lives.

The Primary Health Care Strategy states *'Primary health care services will focus on better health for a population, and actively work to reduce health inequalities between different groups.'*[3]

Differences in health service use are not the main reason for socio-economic differences in health in New Zealand. Individual lifestyle factors, such as smoking, exercise levels and nutrition, are important.[2] Attempting to address these lifestyle factors has traditionally being the main approach primary care has taken to promoting health.

However, while lifestyle factors explain some of the effect of social conditions on health and resulting health inequalities, they do not explain the major proportion of the differences.[4] For example, health disparities for conditions that are not thought to be potentially avoidable by public health or health service intervention are almost as large as those for those conditions where interventions are possible.[2] Health damaging behaviours are also more likely to persist if social conditions are poor.

Other, more underlying, factors are important. General socio-economic and environmental conditions, living and working conditions, and social and community influences are the most important influences on the health of individuals and populations.[1]

With the implementation of the Primary Health Care Strategy, and the development of Primary Health Organisations (PHOs), primary care is challenged to work with its communities to address some of these more fundamental issues that underlie poor health

Table 1. A description of the six projects

Organisation (PHO)	Community	Project	Main Focus	Partner Organisation	Issue	Description
Hauora Hokianga	Rural Predominantly Maori	Safe water supplies Nga Puna Wai o Hokianga	Marae and communities	Ministry of Health; ASB Community Trust	Contamination in marae water supply affecting users from the community and elsewhere	Ministry funded water treatment plants for marae. Hauora Hokianga asked to manage consultation, planning and implementation because of strong community links. Used people with strong knowledge of Te Reo and Tikanga to work with marae. This approach empowered communities and led to community and marae development projects that were outside original project scope.
Te Puna Hauora O Te Raki Pae Whenua (North Harbour)	Urban North Auckland Predominantly Maori	Whanau support (I-MAP)	Individuals and whanau	Maori Provider Development Scheme; Department of Child, Youth and Families Services	Whanau with multiple social issues that affect their health	History taking includes unemployment, child issues, housing problems, abuse, and poverty as well as health needs. Those with high needs referred to I-MAP. Team supports whanau to identify priorities and create plans. Strong links with other agencies facilitates implementation of plans. Aim for confident self-management within three months.
Pasifika Healthcare (Ta Pasifeka)	Urban West Auckland Pacific communities	Gardening	Whanau and community	Waitemata DHB	Poverty, food insecurity, and poor nutrition amongst Pacific families	Arose from popular early childhood education centre gardening projects. Encourages Pacific families to grow their own vegetables by holding gardening competitions. Then developed community garden in grounds of local hospital with vegetables being distributed to families in need.

and health inequalities. PHOs are being encouraged to take a community-development approach and address intersectoral issues.[3] This will involve working increasingly with local bodies, education, welfare, housing, and public transport services, to facilitate and lead changes that will improve the health of their communities.

Most PHOs are not experienced at tackling these underlying determinants of health, nor will they necessarily be familiar with the types of strategies that can be used. The Ministry of Health has suggested a spectrum of strategies (See Figure 1).

This paper looks at six projects that different primary care organisations have undertaken that address determinants of health.

As well as briefly describing the project, and examining the type of strategies used, the paper reports on some of the lessons the organisations learned through the project.

Method

A qualitative research approach was taken to examining how primary care organisations could address the underlying determinants of health in their communities. Suitable projects were defined as any project that addressed

Figure 1. A spectrum of strategies suggested by the Ministry of Health

Individual focus						Population focus
Screening, individual risk assessment, immunisation	Health information	Health education counselling and skill development	Social marketing	Organisational development	Community action	Economic and regulatory activity (Advocacy)
Primary care						**Health promotion**

Source: Ministry of Health (2003). A guide to developing health promotion programmes in a primary care setting.[5]

...Table 1 continued

Organisation (PHO)	Community	Project	Main Focus	Partner Organisation	Issue	Description
Hauora o Puketapapa – Roskill Union and Community Health (Tamaki Healthcare)	Urban Central Auckland 50% refugee or new migrant	Refugee worker	Individuals and community	Baxter Foundation	High needs new migrant communities - social isolation language difficulties, unemployment, mental trauma etc.	Baxter Foundation (a US based charity) funds a community nurse to work with refugees, refugee communities and local community organisations to address health and social issues.
Mangere Community Health Trust (Mangere Community Health Trust)	Urban South Auckland Predominantly Maori and Pacific	Tattoo removal and employment advocacy	Individual and community	Sky City Community Trust; Local employers	High local unemployment, barriers to employment including highly visible tattoos	Runs a laser tattoo removal service at very low costs. Removes tattoos (particularly those on hands and face) that are barriers to employment. Trust also advocates with local employers to employ local residents whenever possible and to run student holiday work trials.
Otara Health Inc. (Total Healthcare Otara)	Urban South Auckland Predominantly Maori and Pacific	Housing	Whanau and Community	Housing New Zealand; Work and Income New Zealand; Manukau City Council; NZ Fire Service; Community Employment	Poor housing - vermin, mould and damp, poor maintenance, fire risks etc	Trained community workers to go house-to-house in Otara to provide families with information about controlling insects, rats and mice, disposal of rubbish, combating moisture and mould, fire safety, benefit entitlements, and tenancy matters. Bait stations laid, fire alarms fitted and referrals made to other agencies. Project repeated after two years because of success and Manukau City Council is now instituting it on a permanent basis.

underlying determinants of health such as poverty, employment, education, housing, or community facilities. Projects that focused solely on lifestyles were not included. The organisation involved needed to be a primary care organisation that was involved in forming a PHO. Telephone calls to managers of primary care organisations in Auckland and Northland identified six organisations. These organisations were asked if they would be prepared to be partners in writing a report on which this paper is based.[6]

A key informant from each organisation (usually a manager) was interviewed using a semi-structured schedule to obtain information describing the project including its objectives, strategies and activities. In addition, information was sought on how and why the project was chosen and what were found to be important enabling factors and barriers. Notes were taken and written up after the interview. They were then sent to the interviewee for checking and comments were incorporated in the final record. The first author carried out analysis of records.

All participants were invited to attend a focus group to discuss the initial analysis of the interviews. All organisations except Te Puna Hauora and Hauora Hokianga were able to attend. This led to further development of ideas around enabling and hindering factors. A draft report was written and distributed to all the organisations involved for their comment and contributions which were then incorporated in the final report.

Results

Project description

Table 1 provides a brief description of the six projects. They deal with a variety of different determinants of health. Some address a single issue such as housing or employment whilst others are designed to deal with a range of issues. Some of the projects work mainly with individuals and families while others work with communities. All projects have involved working with partner organisations, mostly from other sectors.

Table 2 identifies the type of activities the projects have engaged in according to the framework suggested by the Ministry of Health.[5] The projects use a range of techniques to address the identified issues.

Table 2. Classification of the six projects according to the Ministry of Health's framework

	Screening, individual risk assessment	Health information	Health education, skill development	Social marketing	Organisational development	Community Action	Advocacy
Hauora Hokianga					++	+++	++
Te Puna Hauora O Te Raki Pae Whenua	+++	+	+++		+		
Pasifika Healthcare			++	+		+++	
Roskill Union & Community Health	++	++	++		+	++	++
Mangere Community Health Trust	++		+		+		++
Otara Health Inc.		++	++			++	+

Note: This table reflects the judgement of the authors as to how the activities of the project are classifiable using the Ministry of Health's framework. +++ means that the projects activities are strongly focused in this type of health promotion and + means the activities have some, but not their primary impact via this method.

Lessons learned

Choosing a project

For some of the organisations a need was identified through everyday work – clinical work or their involvement in health promotion and other activities.

The participants also found that a need may also be identified more formally, and considered it important to ask the community. A variety of techniques can be used such as hui, public meetings, focus groups, and interviews with key informants. Communities are usually able to articulate their needs clearly and consistently. When a community has identified a need they will be more likely to support any project that aims to address it. Quantitative methods such as epidemiological or demographic analysis may also inform decisions.

Projects were often the result of a meeting of need and opportunity. Most organisations that are in close contact with their communities will be aware of a number of priorities. The choice of where to act may eventually come down to where the best opportunities arise.

Enabling and hindering factors

The organisations described a number of factors that either helped or hindered their developing the projects. These have been divided into those related to the organisation itself, its partner organisations (including funders), or those related to the community.

The organisation

All the organisations involved described the importance of strong governance and management support for the projects. These projects are not traditional 'core business'. They are new ways of operating, take time to establish, often have ill defined outcomes, and involve taking risk. However, the kaupapa of all these organisations acknowledges the important of responding to the needs of their communities even if this means operating in different ways.

Staff support is also important. Clinical staff may be sceptical of projects that may not have easily measured health outcomes. Getting staff acceptance of the philosophy and strategies of projects may take time and effort but is worthwhile in the long-term. Involving staff in some of the activities of the project may help. Keeping staff well informed about progress is essential.

These projects required organisations to learn new skills and models of operating. This took time and mistakes were made. Some used the experience of organisations and people who have already done similar work. Organisations have to be prepared to see projects as learning journeys.

Planning projects took a lot of time and effort and tended to be underestimated. This sometimes was difficult for an organisation where such projects were not a primary focus. Staff needed to be given the time and resources to enable them to do the foundation work. Good project management and effective processes were key.

Partner organisations

Partner organisations are often essential to projects that address the factors that underlie health. Often projects need to work across sectors. Funders are an important partner, but others include government agencies, local government, not for profit organisations, business, churches, and many other organisations. Such col-

laborations were effective and allowed problems to be addressed at a more fundamental level; as well as resources and skills to be shared.

Finding the right person within an organisation was usually the key to these partnerships. People who have a broad vision to help the community, rather than being focused on their own or the organisation's needs were found to be the best partners. That said, it was often important that partners could see the benefits of the project from their own organisation's vision and framework. Personal relationships with people from partner organisations needed to be valued, enhanced and trust developed.

Sometimes it took time to develop credibility with potential partners especially if the PHO had no history of working in an area. When taking a community development approach, being a community-based organisation was often an advantage.

Communities

Communities are fundamental to improving health and reducing inequalities. The most important requirement for success was for the organisation to work alongside the community in choosing, developing and implementing a project. This approach allowed both the organisation and the community to develop and be more effective in the future.

Effective communication with communities was therefore vital. This meant finding the people and organisations that have the support of communities and could effectively represent them. Respected leaders within the community, such as Kaumatua in Maori communities and Ministers in Pacific communities, were invaluable allies. Also important were staff who could relate effectively to the community. Communication between the community and the organisation needs to be on the community's terms and based on respect for their values. Often lay workers from the community were important to projects.

Even the poorest communities had a great number of resources that added substantially to a project that had the communities' support. Contributions of the community to a project need to be recognised and respected. For example, knowledge that comes from the community should be respected as the property of the community.

Finally, all communities are unique. Participants pointed out that although Otara and Mangere are both poor South Auckland communities, they are distinctly different. Projects that work well in one community may need to be adapted if they are to be effective in another community.

Discussion

PHOs have a new mandate to work with their communities to address health inequalities and improve population health. They are being asked to use a much wider range of activities than primary care is traditionally familiar with. However, some primary care organisations have been involved in this sort of work for some time.

A particular challenge is to address issues that are widely acknowledged as being the most important causes of health inequality. Issues such as poverty, education, employment, housing and community facilities may initially seem beyond the influence and province of health organisations, but a number of New Zealand and overseas reports have advocated such action and suggested a range of activities that may be effective.[4,7,8]

Certainly, the projects that these organisations have undertaken suggest that primary care is capable of rising to the challenge. They demonstrate a wide range of innovative activities. What is very notable is all these organisations have developed these projects because of a strong relationship with and a strong commitment to their communities. This suggest that as PHOs develop their community involvement it is likely that many will also take up the challenge.

The projects described are all of modest scale when compared with the challenge of the health inequalities they face. No organisation can solve these problems alone, however it is worth considering the words of Helen Keller: *'I long to achieve a great and noble task, but it is my chief duty to accomplish humble tasks as though they were great and noble. The world is moved along, not only by the mighty shoves of its heroes, but also by the aggregate of the tiny pushes of each honest worker.'*

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