



Lessons drawn from a history of

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health in communities and individuals and ways in which they affect the community's health.

4. Services have a duty to advocate on behalf of the health of their community when determinants threaten health.
 5. Multi-disciplinary teamwork is vital and needs to be well co-ordinated.
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No Australian government has an explicit community health policy but Victoria does have a community health program and guidelines ([Community Health Program in Victoria](#)) which enacts some of the principles. The National Aboriginal Community

State and Territory Differences

Victoria and South Australia had the strongest community-managed community health centres from the late 1970s, until the early 2000s for SA,



members. The 2018 Astana Declaration on Primary Health Care did endorse the concept of Universal Health Coverage but has been critiqued for being more

The proposed Community Health Unit could investigate the feasibility of a national program to support and extend comprehensive models of community health centres/services. It could work to ensure better inclusion of these services in national health policies and plans while taking account of the differences between States and Territories. In doing this the Unit would need to learn from and liaise with the Aboriginal Community Controlled Health Organisation sector. The Unit could also establish a national mechanism to bring together State and Territory Health Departments to discuss the ways in which their community health services can be recognised as important models and be supported to work with initiatives from the federal and state governments.

5.3 Collaboration between the federal government and States and Territories was an essential strategy in establishing the Community Health Program and the resulting network of existing community health centres and services. Such collaboration remains an essential strategy to extend multidisciplinary primary health care.

Collaboration between the federal government and states and territories to expand multidisciplinary community health teams is an important additional strategy for the federal government to implement recommendations of the Strengthening Medicare Task Force Report. This report's key principles of increasing access to multidisciplinary primary care, encouraging multi-disciplinary teamwork, modernising primary care, and supporting organisational and cultural change can be implemented by working with states and territories to expand salaried multidisciplinary teams within existing community health services. This collaboration could also consider alternative funding mechanisms to include primary medical care in multidisciplinary community health teams, enabling greater variety and options in health care delivery especially in locations with limited or no fee-for-service primary medical care.

A rigid divide between federal and state responsibilities (which assumes the federal government funds general practice and state governments public hospitals and community health services) is not only inaccurate (as the federal government contributes 40% of hospital funding) but an obstacle to implementing the Strengthening Medicare Task Force Report principles. Health policy can benefit from organisational and cultural change in federal/state relations.

5.4 Recognition that community health services work best when there is strong consumer and community influence on how the organisation is managed and governed, rather than overly corporatised or government-run models.

Our study indicated this has been a core strength of community health over the last five decades, with significant experience for other health services to draw upon in implementing the Strengthening Medicare approach.

There were some concerns that some community health services are becoming increasingly large and complex, as independent companies or as part of larger government-run systems, with the consequence that they are less influenced by and accountable to the communities they serve. There was a significant worry that this trend might undermine capacity to implement community health principles, and this was the case for all jurisdictions. We identified many benefits of the early community management from the historical accounts as well as in the contemporary era of responsive, locally-connected governance by ACCHOs and some Victorian community health services. The historical accounts also identified the need for support, including training for community members where they are on boards of management and other advisory roles so that they are aware of their responsibilities and accountabilities, and to build their confidence in relation to managing the service to achieve the best community outcomes.

5.6 Support for ACCHOs should be continued and strengthened

We found broad consensus that the ACCHOs model of primary health care provisions provide world leading examples of comprehensive primary health care services that provide culturally safe and effective services. Funding to these services should be increased as part of the national Closing the Gap policy. Providing streamlined funding models with appropriate rather than excessive accountability requirements will ensure services are not consumed with burdensome administrative requirements.

5.7 Fund fit-for-purpose community health research and evaluation and data collection

Funding should be provided for a ten-year rigorous research agenda to evaluate the establishment, progress and achievements of community health centres/services. This agenda would be best served by a consortium of university partners which could adopt methodologies relevant to the nature of community-based services. A program to develop the concept of teaching community health centres could be established in order to develop stronger relationships between research, teaching and practice. The program could include multidisciplinary placements, conjoint appointments between health centres and tertiary institutions, and a research and evaluation funding program.

The Australian Institute of Health and Welfare should be mandated to collect data on Australian community Health Service that can be used for Federal and State planning purposes.

6. Study Methods

We assessed policies, service materials and local histories and interviewed 93 people who had worked in or had a significant relationship with community health services since the 1970s. We have also collected an archive of key documents relating to the history of women's, workers, and generic community health centres. Our research was funded by the Australian Research Council Linkage Special Initiative SR200200920.

7. Research Team

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