

In Australia, policy for primary health and community care has been developed through a range of Commonwealth and State initiatives. Many of these overlap and the boundaries are not always distinct. Primary health care and community care comprise a diverse set of health programs and services that have the following characteristics:

- * They are the first point of contact with the health system. This may occur through general practice, community health services, and pharmacies
- * Services are provided in community and ambulatory settings and at home
- * There is an emphasis on continuing relationships between service providers and consumers over extended periods of time
- * Services have a more comprehensive and holistic approach
- * There is an emphasis on early detection and illness prevention services such as maternal and child health programs and population health programs including health promotion

These services are now under significant pressure to expand and reorient. Social and economic trends have significantly reduced the availability of informal care provided by family and friends for people who are sick or disabled. Demand for services will increase significantly as the proportion and number of older people in the population increases over the next 20 years.

At the same time, consumers now expect that treatment, rehabilitation and support services will be available in home and community settings, and that these services will respect their rights and promote their participation and inclusion in family, community, recreational and vocational activities. They are better informed and want a more active role in making decisions about their health and community care services.

Technological innovation is expanding the availability of treatment options and increasingly more complex treatment and rehabilitation will occur in home and community settings. Governments are looking for ways to reduce demand on their emergency and hospital services. There is significant pressure for better coordination and management of information and staff across acute, sub acute, community and home settings to reduce demand on hospital services.

Primary health also has a significant role in promoting health and disease prevention. Social, economic and behavioural determinants have a significant impact on population health outcomes. Primary health and community care services can have a direct impact in reducing inequities, promoting health gain and preventing illness and disease through social and behavioural interventions.

Reforms to primary health are likely to see a heavy emphasis on integration, partnerships and planning for population catchments and communities. There will also be increased emphasis on the development of more coordinated and multidisciplinary treatment and support models that cross acute, sub-acute and continuing care settings. As more complex and intensive services are delivered at home and in the community there are risks to the care and support provided by family and friends. New partnerships with consumers, families and carers that protect their rights and give them greater control over services will need to be negotiated.

Without administrative and funding reform, primary health and community care services will have difficulty in managing the increasing technical complexity associated with earlier hospital discharge, prevention and substitution. In many jurisdictions, this service sector is made up of small agencies, fragmented programs, and multiple funding and accountability streams, both between and within Commonwealth and State programs.

Notwithstanding the limitations of the current policy context, it is clear that the problems that have been outlined are generally recognised, and that all levels of government have initiated reforms to try to address them. There is now an emerging interest as the forces driving change become more pressing in developing an overall framework for coordinating, aligning and focusing jurisdictional efforts to improve the effectiveness of their primary health and community support.

The articles in this issue address many of these aspects from both an Australian and an international perspective. They illustrate the diversity and vibrancy of thinking and research on primary health issues in Australia across a range of settings, provider relationships and population groups.

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In Memoriam

Jacqui Costigan, our much loved colleague and audiovisual and multimedia editor for AJPH died on 13 February 2002. Although very sick, she was still looking to the future and wrote to her family words that showed us all the humanity and spirit through which she lived her life.

Please, dear family, in a very different world from that of my formative and productive years, learn from my experience.

Live for the present whilst planning for the future!

Look to your careers and the rights and future of your children.

Work to gain qualifications and means to ensure the best available for you and them.

Also, savour and invest more than money in your and their youth, health, the environment, nature, art, literature, science, phenomenology (personal meanings), equality, freedom and caution along with faith in the potential goodness of human nature (Jacqueline Marianne Costigan, 2002).

Her family has generously allowed us to use these words, which are so appropriate for a primary health care approach.

Heather Gardner, Editor