Taking a systematic approach to addressing health inequality in Primary Health Care

The history and philosophy of primary health care (PHC) in Australia is strongly linked to achieving "Health for All". As can be seen from the range of papers in this edition of the *Australian Journal of Primary Health*, considerations of equity, participation and action to address the underlying causes of poor health drive many programs and research endeavours. We have reason to be proud of the energy, enthusiasm and innovation that is demonstrated in the work presented, and heartened that there is an ever-increasing body of work which demonstrates the effectiveness of a comprehensive PHC approach in improving health and quality of life.

There is convincing evidence that a strong and well functioning PHC system is fundamental to addressing issues of health inequality (Shi & Starfield, 2000; Starfield, 1998). This was recognised by the Australian Government when it established the Health Inequalities Research Collaboration (HIRC) Primary Health Care Network. This was one of three networks[1] that aimed to promote a coordinated response across Australia to researching and building national capacity to address health inequalities (Department of Health and Ageing, 2004).

However, our experience in acting as co-convenors of the PHC Network has made it clear that addressing health inequity within PHC requires a more systematic approach, which shifts our thinking from a series of pilot projects to putting into practice what we already know works and also develops more sophisticated approaches to research. In doing so, we face a number of challenges, which are well illustrated in this special edition of the Journal. These challenges spring from the need to generate rich evidence supporting the role of PHC in addressing inequity that is meaningful to the people that count —the communities we serve, the highly skilled and committed health workers in the field, and the policy-makers and funders who need to argue the case for a PHC-led response to health inequity.

A number of papers in this edition show how important it is to bring both consumers and health workers into the research endeavour. With it, research can produce powerful arguments supporting PHC approaches, such as is seen in the paper by Tsey et al. in describing their participatory action research with an Indigenous men's group in North Queensland. Communities and practitioners feel alienated and undervalued without this engagement. The research focus and the researchers themselves may be seen as marginal to the real business of getting on and delivering services to a community doing it hard, as seen in the paper by Rogers who explored just such issues from an ethical perspective in the evaluation of a home visiting program in a disadvantaged area of Glasgow.

What is interesting in these examples (and others could be drawn from the collection here) is that important insights and results flowed from diverse research methodologies. In an age of evidence informed practice we need to face the challenges and complexities inherent in Primary Health Care research that require multiple methods and theoretical understandings, leading to contextually dependent results and more research questions. Drawing on quantitative and qualitative methods and driven by a philosophy of community engagement and social justice, this evidence needs to be built piece by piece but within a coherent framework.

Many of the papers in this special edition reflect the importance of "top down" and "bottom up" research. The work of Joy, Pond and Cotter in developing local interventions to support people who are long-term unemployed, sits well beside examples of complex whole-of-system approaches such as the work of Rosewarne et al. in their evaluation of lessons learned from the innovative approach to funding primary care services for Indigenous communities in the NT, and in the paper by Klein describing a whole-of-government approach to neighbourhood renewal in disadvantaged urban communities of Victoria. This range of research can provide the evidence that can be used to argue the case more broadly for the importance of PHC in addressing health inequality with funders of services and research in a way that is rooted in both personal experience and structural analysis. Blending findings from such a diverse base of evidence with examples of best practice serves to build our confidence that there is reason to believe we can take effective action.

But as we continue on this journey is there some practical action we can take today that will use what we already know and lead to better decision-

making in the context of limited evidence?

Internationally there is increased interest in developing an equity lens that all policy-makers, managers and decision-makers can use to assess the extent to which their projects and programs adequately address equity. In New Zealand, for example, a series of questions helps to guide thinking on how existing or proposed actions can be more equity focused (New Zealand Ministry of Health Public Health Advisory Committee, 2004). These sorts of questions are:

- What health issue is the policy/program trying to address?
- What inequalities exist in this area?
- Who is most disadvantaged and how?
- How did the inequality occur?
- What are the underlying determinants?
- Where/how is it possible to intervene?
- What will be the effect on health inequalities?
- Who will benefit most?
- What may be the unintended consequences?
- How can you ensure that it does reduce inequalities?
- How will you know this has happened?

Answering these questions may have surprising impacts. The paper by Dwyer, Cooke and Hart outlines the action that was taken when local service planners and providers realised there were many people not accessing services that we know to be effective in improving health outcomes and that some reallocation of resources was needed.

Despite the need for evidence we should never lose sight of the fact that tackling health inequalities is about values. Placing Primary Health Care at the forefront of a social justice agenda raises practical and intellectual challenges on many fronts, but progress is possible. To do nothing is not an option.

The opportunity to edit this special edition of the Journal grew out of the conference "Not Just health: Primary Health Care Addressing Health Inequalities" held by the Australian Institute of Primary Care in October 2003 (Australian Institute for Primary Care & Primary and Community Health Network, 2003). We thank the Journal Editorial Board for the opportunity they have provided us to bring together the work presented here.

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Editors

1 The others focused on Sustainable Communities and Early Childhood

References

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