Guest Editorial

Community Participation in Community Health: A PHACS Information Resource

Brigid McCoppin

In his foreword to the recent Department of Human Services (DHS) publication *Community participation in community health: A PHACS information resource* 3 (1999), the Parliamentary Secretary to the Victorian Minister for Health says that the 'heart' of the current primary health and community support (PHACS) reforms is to ensure that the 'locally based alliances' which are to emerge from them will be responsive to client needs, and notes also that the proposed PHACS demonstration projects will have to include plans for community participation. The aim of this Information Resource in the series *Towards a stronger primary health and community support system* from the Department of Human Services Victoria, is to guide workers in community health agencies, and in the other PHACS services, in developing ways of encouraging community participation. As such, the document provides both a rationale and practical suggestions, and should be a useful resource for board members and staff of community agencies, as well as for those either teaching or studying in such fields as health promotion and health education, where engaging the interest of members of the public is a central purpose.

To encompass its broad target audience, the authors (a specially constituted Community Participation Working Group from the sector, with a DHS project worker) address four defined populations: 'everyone' connected with the community health field; members of boards of management of community health services; managers of services; and their staff. In the first section, the Working Group considers general issues: what do we mean by community, community health, and participation? Definitions of 'community' here include notions of both common and competing interests, while in the discussion of 'community health' the authors stress a social and collective focus over the more individual interests of consumers.

Consistent with this emphasis on the collective, the authors explain that community participation is 'a broader concept than consumer participation' (p. 5). The Parliamentary Secretary, in his foreword, refers mostly to 'consumers' and 'clients', but the Working Group believes that those planning future services 'must consider the needs of the wider community' beyond current service users; a reasonable assertion since particular consumer interests may dominate to the exclusion of the broader collective interest.

The first section includes a report on the results of a survey undertaken for the Resource, showing the major methods community health personnel use currently to encourage community participation. Nine different methods appear popular, ranging from the relatively active 'participation on local committees' and 'use of committees and reference groups', to the passive 'provision of information'. These results suggest that Victorian community health staff do work to encourage at least some participation, though not perhaps to the level of the definition supplied (from Fry & Baum, 1992): those processes which enable people and groups 'to contribute to debate and decision-making' in activities such as planning, managing and evaluating services, and identifying health issues (p. 5).

On the benefits of community participation, the authors quote the National Health Strategy (NHS, 1993) on participation as a means of enforcing the accountability of a
service to its users and to the community as a whole. The Parliamentary Secretary also refers to this advantage. Greater accountability was one of the aims of the 1997 state legislation which changed the method of selecting members for community health boards of management from election to ministerial appointment. The new method, however, seems more likely to enforce accountability to the government or Department, and also potentially reduces boards' community representation (McCoppin & Byrne, 1998).

This section concludes with seven 'principles for community participation', in which the authors assert that the processes of participation 'are part of the core business of community health services, not optional extras' (p. 7). The 'principles' follow the National Health Strategy paper, emphasising people's right to participate and the importance of their access to information. The Working Group adds a reference to equity 'for those disadvantaged by practices in the health care system', though without identifying such practices.

A short section follows on policies for community participation, for board of management members. This contains a number of useful recommendations for both the content of such a policy and ways of implementing it effectively. An agency's participation policy should affect a board's central policy deliberations. Its participation practices, whether through judicious selection of board members, use of reference groups, promotion of needs analyses, or the use of volunteers, should underpin and enhance board decisions and policy development.

For managers, the Working Group acknowledges that community participation can challenge managerial power and control, and is particularly difficult to achieve today, when resources are continually restricted. Even so, managers should allow funds for participation activities, the authors believe, and make it clear to the Department during their Service Agreement negotiations that they are doing so. Further, the manager has the responsibility of ensuring that community participation, both as a guiding principle and as part of staff job descriptions, is an integral part of an agency's activities.

In a detailed and comprehensive guide for staff, the authors make use of 'The Effective Consultation Guide' (Baum & MacDougall, 1995), prepared for the (then) Commonwealth Department of Human Services & Health, but also make the valuable point that many activities which staff undertake, such as building local networks (often informal), can contribute significantly to participation by encouraging public interest. Staff who build alliances with other community and local organisations are promoting participation as well as helping to integrate their agency into a local service system.

Other useful inclusions in the Information Resource are two case studies from inner city agencies, one showing how a community liaison committee successfully re-established links with other community services and with various consumer groups after a difficult amalgamation, a second describing a 'tiered' community consultation strategy across an agency's service units, using both active and passive strategies such as publicity, information provision, and links with existing community networks. Finally, the Resource provides a helpful reading list, and a series of suggested overheads to stimulate discussion during a participation meeting. The authors of this Information Resource have set high standards for all those interested in encouraging community participation, but they also provide practical help and encouragement, and should be commended for producing a comprehensive and thoughtful document.
References


