



Action on health inequalities:

A primary health care research program

Report of a national roundtable

Tuesday 24<sup>th</sup> February 2004

Canberra

HIRC PHC Network

# 1. Introduction

The large differences between the health of the most and least advantaged Australians have been well documented and there is growing interest in identifying action that can be taken to reduce these inequalities. There is increasing evidence that primary health care has an important role in addressing and reducing health inequalities and strengthening primary health care has been identified as a key intervention strategy to reduce health inequalities both internationally and within Australia.

However there is much we still don't know about what types of primary health care interventions work, for which groups and in what contexts. To develop a research agenda to address these issues, a national roundtable was held in Canberra in February 2004. This brought together 29 primary health care researchers, policy makers, managers and practitioners (see Appendix 3) to explore opportunities and strategies for future research. The starting point was the research priority areas identified through previous consultation processes undertaken between 2001-2002 by the Health Inequalities Research Collaboration Primary Health Care Network (HIRC PHC Network), the Primary Health Care Research and Information Service (PHCRIS) and the Aboriginal and Torres Strait Islander Research Agenda Working Group of the NHMRC. The meeting was intended to result in a series of recommendations to the National Health and Medical Research Council, Australian Primary Health Care Research Institute (APHCRI), the HIRC Ministerial Advisory Committee, the Commonwealth Department of Health and Ageing, (specifically the Primary Health Care Research and Development Program [PHCRED]) and the National Institute of Clinical Studies (NICS) regarding:

- An intervention-based PHC research program to assist in reducing health inequalities.
- Maintaining a focus on health inequalities research and how findings can be communicated to decision-makers (including policy makers and PHC service managers).
- Building PHC research capacity.

# 2. Key themes

A number of key themes (detailed below) emerged from the roundtable. Together these form the basis for a coherent primary health care research program focussed on reducing health inequalities. The five key themes include:

- The importance of keeping health inequalities on the national agenda.
- The need for innovation and flexibility in ways of doing research, engaging communities, and focussing on the structural components of comprehensive primary health care.
- The importance of a focus on access to primary health care services.
- The need for health equity impact assessments in research proposals.
- The importance of continuing to focus on building research capacity within primary health care.

## **2.1 A national agenda for health inequalities**

Increasing our understanding of the health, social and economic consequences of health inequalities for Australia was identified as a central issue. This could be done through the commissioning of a clear and comprehensible 'expert report'. Such a report would summarise the current Australian situation and challenges - what we know currently and what we don't know -, make recommendations on future evidence-based policy and the expected benefits from these policies. This approach has been used in other countries, including the UK<sup>1</sup>, New Zealand<sup>2</sup> and Canada<sup>3</sup>. International experience shows that such an authoritative and non-partisan report can be valuable in informing and legitimising policy decisions and both shaping and reflecting community attitudes.

## **2.2 Need for innovation and flexibility**

A number of research priority setting processes over the past 2 years have identified common priority areas for future primary health care research (see Appendix 1). However, to date research still tends to be investigator-driven. It is essential now to move to focussed, intervention-based studies which explore ways of improving access to health services and the provision of comprehensive primary health care services for people who experience disadvantage. Such a research program needs to recognise the context and complexity of factors underlying the health of disadvantaged groups and reflect these in innovative and flexible ways of doing primary health care research. Three such approaches were proposed:

### ***Regional networks or "Population Research observatories"***

In some parts of Australia primary health care networks are being established that are voluntary alliances of primary health care providers (Commonwealth and state funded services) who come together in a formal partnership to provide coordinated and integrated primary health care services at the local level. The networks vary in size and focus and include pooling or sharing resources, collaborative service planning, and improving access to care. They provide a unique opportunity to build and enhance primary health care research, through partnering with academic and other primary health care research organisations and are a practical way of increasing the effectiveness and building capacity of already existing infrastructure.

Within these real life environments such networks can build on existing infrastructure to provide opportunities for research within the primary health care environment and provide a better return on

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<sup>1</sup> Acheson D. Report of the Independent Inquiry into Health Inequalities in Health. London: Stationary Office, 1998

<sup>2</sup> Ministry of Health, N. Z. (2001) The Primary Health Care Strategy, Ministry of Health, New Zealand,

<sup>3</sup> Romanow, R. (2002) Building on Values: The Future of Health Care in Canada - Final report [http://www.hc-sc.gc.ca/english/pdf/care/romanow\\_e.pdf](http://www.hc-sc.gc.ca/english/pdf/care/romanow_e.pdf) (Accessed March 19 2004)

investment. They can formalise and strengthen existing collaborative and governance arrangements and help build alliances between key stakeholder groups at federal, state and local levels.

The types of research these networks could conduct include:

- longitudinal, time series studies with consumers, providers and whole of system approaches;
  - intervention studies at policy, practice and systems levels;
  - focused research on system transitions (eg between hospital and primary health care), high priority groups, high priority issues;
- as well as building research capacity through action research.

### ***Engaging communities***

To be effective, health inequalities research must include the input of those who are disadvantaged. This requires changes to current research funding practices which exclude those who do not meet stringent academic research criteria. A significant challenge that was identified by the group is how to access and hear the voices of the disadvantaged in research. It was considered important to identify and validate the preferences of disadvantaged people, both practically and ethically as part of primary health care health inequality research.

The engagement of communities in research requires funding bodies to amend grant assessment processes to allow for innovative and flexible research projects which include community participation at all stages of the research process, from design to implementation and evaluation. Such innovative and flexible projects might include spokespeople from disadvantaged groups, non-government organisations and non-profit health groups. They might incorporate activities such as citizens' juries as well as qualitative methodologies which include research 'subjects' in research decision-making. The Aboriginal and Torres Strait Islander Cooperative Research Centre is a good exemplar of this way of undertaking research with indigenous communities in the Northern Territory and provides a template for research with indigenous populations across the country and other disadvantaged population sub-groups.

### ***Focus on the structural components***

Three overlapping areas have been identified by the APHCRI as crucial for the future of primary health care in Australia over the next decade and where research can help shape this future. These three areas are:

- Commonwealth/State relationships and their impact on primary health care.
- Innovation in the funding of primary health care.
- Innovation in the organisation of primary health care and linkages within teams.

A focus on structural and behavioural elements required to achieve equity of outcomes through comprehensive primary health care approaches were identified as being important. While the role of

primary medical care in addressing health inequalities is supported by international research<sup>4 5</sup>, there is considerably less Australian evidence on the role of primary care and the role of comprehensive primary health care approaches<sup>6</sup>.

Identification of different ways to achieve equity of outcomes appropriate for different communities could involve researching alternative models of primary health care to assess their effectiveness in addressing health inequalities and highlight gaps in our current models. Such research has significant policy relevance for health system funding, organisation, and workforce training and distribution for example in the areas of chronic disease, health care for Aboriginal and Torres Strait Islander peoples, and rural communities.

### **2.3 Access to primary health care services**

This is emerging as a key issue across Australia as a consequence of an ageing general practice and community health nursing workforce, changing patterns of employment with more GPs working part time and the reduction in bulk billing in General Practice. Policy responses aimed at addressing these issues need to be accompanied by research on their impact on disadvantaged groups and their longer term sustainability (see also below, Health Equity Impact Assessments). An example of a discrete research question that builds on an existing policy initiative is:

*“Do nurses in general practice improve accessibility, quality of care, outcomes and equity for people in poor health?”*

This research question is an example of intervention-based research using a current, relatively new, widely distributed initiative to inform broader theoretical and practical questions regarding health inequalities and the nature of health system interventions. This question has immediate policy relevance for the Commonwealth Department of Health and Ageing, as well as practical implications for all GPs as well as nursing professional bodies. It is concerned with the cost-effectiveness of different ways of delivering primary health care.

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<sup>4</sup> Starfield B. Primary care: is it essential? *Lancet*; 1994; 344: 1129-1133

<sup>5</sup> Bunker j, Frazier H, Mosteller F. Improving Health: Measuring the effect of medical care. *Millbank Quarterly*. 1994; 72: 225-58

<sup>6</sup> A comprehensive primary health care approach embodies a social view of health and embraces multiple and systematic strategies, including a focus on creating supportive environments, and therefore plays an important role in reducing health inequalities.

## **2.4 Health Equity Impact Assessments**

Health Equity Impact Assessments involve applying an equity “lens to, in this case, primary health care research policies, programs and proposals. This can be achieved by asking a series of questions such as:

1. What is the research policy/program/proposal trying to do?
2. Who are the groups likely to be advantaged or disadvantaged by the policy/program/proposal?
3. Are there likely to be any unanticipated consequences? And
4. How can the research policy/program/proposal be adjusted to maximise the benefits and minimise any potential negative inequitable outcomes?

## **2.5 Building research capacity**

While a number of organisations exist to support primary health care research, building on the quality and range of research occurring in primary health care and the ability to disseminate findings constructively to policy- and decision-makers was felt to be a key to the effectiveness of a PHC health inequality research program. It is recommended that research capacity-building within primary health care includes an emphasis on the key issues identified in this paper.

## **3. Summary**

The research themes outlined above represent the elements of a coherent primary health care research program to build an evidence-base of approaches, interventions, structures and systems to reduce health inequalities. This program of research includes all level of the health system from national level (commissioning of a national health inequalities report, use of health equity impact assessments in setting national research priorities) to the regional level (through the development of networks and real-life ‘population research observatories’ for greater collaboration and use of existing resources and development of regional structures for including the voices of disadvantaged groups in research) through to the local level (researching the effect of policy interventions on local inequality). Finally, the importance of building greater research capacity in primary health care as well as better communication of research findings to policy- and other decision-makers, (including cost-effectiveness research) were emphasised.

## 4. Recommendations

- That HIRC MAC recommends the commissioning of an expert report into health inequalities in Australia.
- That the APHCRI research program focuses on priority-driven research, includes an explicit focus on health inequalities and acknowledges the need for flexible and innovative research processes to address the priorities in the context of health inequalities.
- That national and state research funding bodies consider the themes and elements of a coherent primary health care research program as identified in this report.
- That the HIRC primary health care network members continue to advocate for health inequalities based primary health care research through the various forums and organisations they are part of and where they have the opportunity.

Appendix: 1



## Briefing Paper

# Roundtable: Action on health inequalities through a National PHC research Program

## **Background**

### **Introduction**

The large differences between the health of the most and least advantaged Australians have been well documented and there is growing interest in identifying action that can be taken to reduce these inequalities. There is increasing evidence that PHC has an important role in addressing and reducing health inequalities and strengthening PHC has been identified as a key intervention strategy to reduce health inequalities both internationally and within Australia. We acknowledge that most of the reductions in health inequalities will be brought about by changes in macro-economic policies that shape the society we live in and provide the conditions under which health inequalities continue to exist. However, there are two main areas where PHC can make an important contribution:

- ◆ firstly, access to health services as the first point of entry into the health system; and
- ◆ secondly, access to opportunities for health and wellbeing, particularly in relation to prevention and early intervention.

### **HIRC: PHC Research Network**

The PHC Network is one of three Networks established by the Health Inequalities Research Collaboration (HIRC). It began in September 2001 and currently consists of over 200 members that represent a diverse range of researchers, policy makers and practitioners from across Australia. The Network is funded until December 2003 and convened by Elizabeth Harris from CHETRE, UNSW and Dr John Furler, Department of General Practice, University of Melbourne. A Steering Committee comprising a range of PHC researchers, PHC managers and members representing rural and indigenous interests meets bimonthly by teleconference. Refer to the attachment for a summary of the Network's capabilities.

### **Primary Health Care Research and information Service (PHC RIS)**

The Primary Health Care Research and information Service which is based at Flinders University Department of General Practice, plays an integral role in maintaining a strong research, evaluation and development culture in Australian general practice and primary health. PHC RIS is funded through the Australian Government Department of Health and Ageing, to increase the exchange of information between researchers, practitioners, policy makers and consumer organisations. Key roles are collection and storage of information, value adding to information and research, dissemination of information, and networking in primary health care and general practice. PHC RIS organises an annual General Practice and Primary Health Care research conference which is a key opportunity for researchers to present and learn from recent research and discuss relevant ideas.

### **Australian Primary Health Care Research Institute (APHCRI)**

In 2002 the Australian Government, through the Department of Health and Ageing, began the process of establishing a national primary health care research institute under its Primary Health

Care Research Evaluation and Development (PHC RED) Strategy. The overall aim of PHC RED is to embed a research culture in Australian general practice specifically and Australian primary health care more generally. The Australian Primary Health Care Research Institute's mission is to provide national leadership in improving the quality and effectiveness of primary health care through the conduct of high quality priority-driven research and the support and promotion of best practice. It focuses on important sectoral questions relating to the organisation, financing, delivery and performance of primary health care, including its interaction with public health and the secondary and tertiary health care sectors.

The Institute is a central coordinating body that brings together the national effort in primary health care research through advisory and research functions. It aims to:

- ◆ strengthen the knowledge base of primary health care by conducting and supporting research;
- ◆ facilitate the uptake of research evidence in primary health care policy and practice;
- ◆ enhance research capacity in primary health care through strategic partnerships with other relevant national and international groups.

## **Roundtable Aim**

To hold a national stakeholder workshop of PHC researchers, policy makers, PHC managers and practitioners to:

- ◆ explore opportunities and strategies for future research (based on identified research priority areas) to address health inequalities through PHC;
- ◆ consider the future direction and focus of the PHC Network (in light of the recommendations and issues identified in the Discussion Paper); and
- ◆ consider the PHC Network's potential contribution to a health inequalities research agenda and ongoing collaboration with APHCRI, PHC RIS and others.

## **Outcomes**

A series of recommendations to the HIRC MAC and APHCRI on:

- ◆ an intervention-based PHC research program to assist in reducing health inequalities;
- ◆ maintaining a focus on health inequalities research and how findings can be communicated to decision-makers (including policy makers and PHC service managers);
- ◆ building PHC research capacity;
- ◆ the future direction and focus of the PHC Network.

## Recent priority setting processes

There have been three research priority setting processes undertaken over the past two years that have a major focus on reducing health inequalities through primary health care interventions. These are summarised below:

### HIRC PHC Network research priorities setting process

The Centre for Health Equity, Training, Research and Education (CHETRE), UNSW and the Department of General Practice, University of Melbourne were commissioned in 2000 by HIRC to produce a discussion paper that identified PHC research priorities. This discussion paper formed the basis for a second and more comprehensive round of consultations held in April 2002. Workshops were held in NSW, Victoria, Tasmania, South Australia, Western Australia and Northern Territory with a diverse range of PHC related researchers, policy makers and practitioners. The aims of the workshops were to consider the draft discussion paper and make recommendations on research priorities and action to improve the capacity of the PHC system to actively engage in PHC inequality research. Following the consultation period, comments from the workshops and written comments received were reviewed. The discussion paper<sup>7</sup> was then revised and circulated to the steering committee for their final input and endorsement.

These combined consultation processes identified five research priorities:

- ◆ The effectiveness of PHC approaches
- ◆ Access to PHC services
- ◆ Indigenous health
- ◆ Rural health
- ◆ Oral health

There was considerable commonality in the specific research priorities within each of the five priority areas. Major themes and issues that cut across all five areas were:

- ◆ understanding the contribution of PHC approaches to reducing health inequalities and hence the priority given to an intervention focussed research agenda; and
- ◆ ensuring that all PHC related research projects are required (and funded) to include a focus on implications for policy and practice and a strategy for dissemination of research findings.

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<sup>7</sup> McDonald J, Harris E, Furler J. (September 2002) *Discussion Paper: Research priorities and capacity building issues*. CHETRE, Department of General Practice.  
[http://www.pheris.org/resources/phc/about\\_PHC\\_frameset.html](http://www.pheris.org/resources/phc/about_PHC_frameset.html)

### **PHC RIS research priority setting process**

From December 2000 to May 2001 structured and systematic consultations were undertaken with key stakeholders, including primary health care providers (general practice and others), researchers (general practice, rural health and others), consumers and government representatives interested in primary health care research, evaluation and development. These consultations aimed to guide the range of activity to be funded under the PHCRED strategy over the next three to five years, including investigator driven research, commissioned research, scholarships and fellowships and the National Primary Health Care Research Institute.

Seven inter-related thematic areas for PHC research and development were identified through this process:

- a) evidence based practice;
- b) systems for supporting high quality PHC;
- c) models of organisation and delivery of PHC;
- d) integration;
- e) economic issues;
- f) inequalities and the social determinants of health; and
- g) illness prevention/ health promotion.

Priority research, evaluation and development focus is also on rural and remote populations, Aboriginal and Torres Strait Islander communities, and people who are disadvantaged or 'hard to reach' due to their health or other social, economic or environmental factors.<sup>89</sup>

Within the priority area of ***health inequalities and social determinants of health***, five priority research areas have been identified:

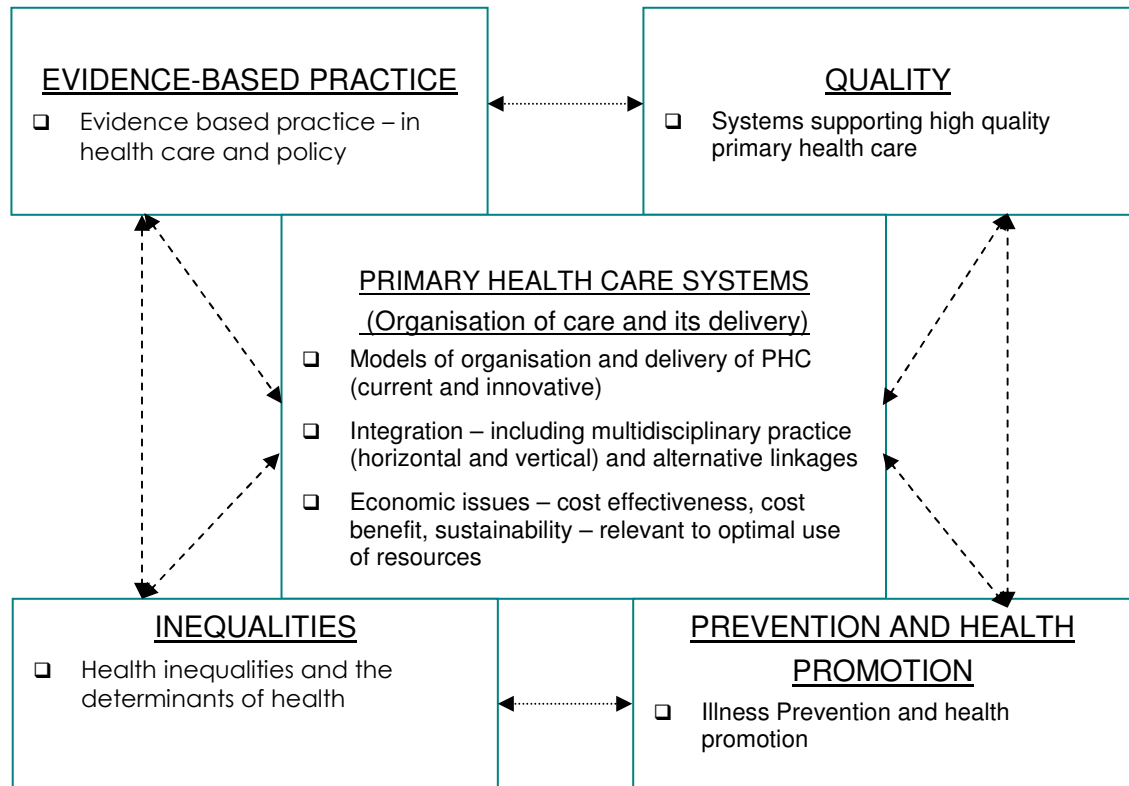
1. The development of PHC interventions which break the cycle of socio-economic disadvantage (levers for change; effectiveness of the involvement of PHC providers in intersectoral approaches);
2. The development of strategies to improve access and overcome systematic, professional, cultural and economic barriers;
3. Assessment of the impact of cultural differences on access and effectiveness;
4. Oral health care services; and

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<sup>8</sup> Kalucy L, Beacham B, Raupach J, Dwyer J, Pilotto L., June 2001. *Priorities for Primary Health Care Research, Evaluation and Development in Australia. Summary Priority Setting Process: Stage One*. Primary Health care Research & Information Service. Department of General Practice, Flinders Press Adelaide. [http://www.phcris.org/publications/PHCRIS\\_pubs\\_frameset.html](http://www.phcris.org/publications/PHCRIS_pubs_frameset.html)

5. The management of chronic disease in Aboriginal and Torres Strait Islander peoples.

The framework of the thematic priority areas has been developed to illustrate the inter-relationships between the priority areas.



**Research Action Working Group (RAWG)**

This is the collaborative structure through which Aboriginal health research, policy and practice can be linked and addressed. RAWG developed and implemented a consultative priority setting process to ensure that Aboriginal and Torres Strait Islander health research focuses on issues which are relevant to the health needs of Indigenous Australians. To support this process, RAWG prepared a consultation document, known as the RAWG Road Map. The RAWG Road Map identified six broad areas of need for discussion, and outlined the process to identify, and gain consensus on national priorities in Aboriginal and Torres Strait Islander health research. Between July-September 2002, a series of workshops were conducted in various locations around Australia (Perth, Darwin, Brisbane and Melbourne). To enable coverage of a broader range of views from institutions and other organisations not represented at the workshops, the workshops were complemented by a paper-based consultation.

At the conclusion of the consultative process, the outcomes were presented in a report to RAWG entitled ‘Outcomes of Community Consultation on the RAWG Road Map’, and the Road Map consultation document was revised to incorporate feedback from the consultations.

The revised RAWG Road Map was endorsed by NHMRC at the 144<sup>th</sup> session of Council in October 2002. The outcomes of the Road Map consultations formed the basis of the NHMRC's strategic plan to increase its commitment and support for Aboriginal and Torres Strait Islander health research over the next triennium<sup>10</sup>.

The six priority themes identified are:

1. Descriptive research which outlines patterns of health risk, disease and death;
2. Factors and processes that promote resilience and wellbeing across the lifespan;
3. Health services research that supports optimal delivery of services to Aboriginal and Torres Strait Islander peoples;
4. The association between health status and health gain and programs outside health;
5. Engaging with research and action in previously under-researched communities;
6. Developing Aboriginal and Torres Strait Islander health research capacity and practice.

### **Summary**

There are a number of common themes that have emerged from the research priority setting processes. These are:

- ◆ Indigenous and rural health as priority population groups
- ◆ Oral health care in PHC settings as a priority health issue
- ◆ Understanding role and contribution of PHC interventions, models of PHC service provision and evidence-based PHC practice in reducing health inequalities in the Australian context
- ◆ Improving access to PHC services
- ◆ Developing research capacity in the PHC community

## **Current research focus**

A number of priority areas identified through the priority setting processes are currently being addressed:

### **Indigenous health**

The *NHMRC Road Map: A Strategic Framework for improving ATSI health through research* takes forward the themes identified in the consultation process. A Centre for Clinical Research Excellence has also been announced with funding of \$1.8mill over 5 years. The NHMRC has recently announced that it will provide up to \$7 million over 5 years to support collaborative

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<sup>10</sup> These 2 reports are available on the web: <http://www.health.gov.au/nhmrc/research/srdc/indigen.htm>

research grants with the potential to improve the maternal, infant and childhood health of Aboriginal and Torres Strait Islander people.

### **Oral health**

\$1.8 mill was allocated through the SRDC to 18 oral health research proposals in 2002. The aim of the oral health research program is to improve the oral and general health in the following target groups:

- ◆ younger Australians;
- ◆ older Australians;
- ◆ Indigenous Australians;
- ◆ people in rural communities;
- ◆ people with chronic disease; and
- ◆ those on low incomes.

### **Rural health**

Rural health research is a second tier of the NHMRC's SRDC strategic research priorities and cuts across the tier one priority areas which are: Indigenous health; ageing; mental health; oral health and systems of care for chronic diseases.

The establishment of the 10 UDRH across Australia also play an important role in building research capacity through their support for rural workforce education and training.

The *Rural Health Research Register* is a national on-line database which contains information on a wide range of research and educational projects in the field of rural health. It is a source of information on the direction and extent of recent and current research activities in rural health in Australia. <http://www.med.monash.edu.au/mrh/resources/rhrr/>

## **What's not being addressed**

The two areas where there remains a lack of focus or a research agenda are:

- ◆ access to PHC services; and
- ◆ the effects of comprehensive PHC

### **Access to PHC services:**

In Australia notions of access and equity are diffused throughout the health system but it is often unclear how effectively current policies and programs reach those who need their services most. The concept of access to PHC services is complex and multilevel. It has traditionally been conceived as reflected in access to *resources* for comprehensive health service development, access to affordable and appropriate *services*, and access to services based *on need*. An equity analysis could look at the way in which resources for PHC are distributed and controlled and whether there is a fair balance between acute and community-based services, prevention and treatment activities.

A focus on access could identify if there are any groups in the community that are systematically marginalised from the delivery of PHC services and what action could be taken to ensure that these groups had access to a range of high quality, appropriate services that met their needs. Finally it would be important to identify if people are receiving services in proportion to need and if there are differences in the outcomes of these interventions across population groups.

Specific research priority areas could include:

- ◆ the range of primary health care service delivery processes and their outcomes (one-on-one clinical consultations, group work, programs delivered in the community);
- ◆ the organisation and delivery of PHC services (geographic distribution of services and workforce by differing socio economic areas, utilisation of PHC services by SES, levels of funding);
- ◆ the identification of factors that enhance or inhibit integration between primary medical care and community health services, especially in relation to complex conditions requiring well coordinated care, and policy implications;
- ◆ the relationship between PHC services and other parts of the health system. This includes the balance between investment in acute and community based services, and investment in management structures and relationships, and whether funding allocation processes support integration in relation to health inequality issues (for example in areas such as mental health);
- ◆ the impact of PHC funding models on access to PHC services by socio-economically disadvantaged groups; and
- ◆ the identification of forces outside the health system that are impacting on the delivery and effectiveness of PHC services (for example, the dismantling of rural infrastructure, fiscal and funding decisions, changing government priorities and so on).

### **The effects of comprehensive PHC**

While there is international evidence on the contribution of primary care approaches to meeting the health needs of disadvantaged groups and achieving positive health outcomes, there has been little Australian research that explores the nature and extent of these contributions.

Specific research priorities could include:

- ◆ research that draws together international and Australian evidence on the contribution of PHC approaches to addressing health inequalities and the implications for policy and practice;
- ◆ interstate/cross-regional comparisons and analysis of PHC systems (including their level of integration) and their effectiveness in meeting the health needs of disadvantaged populations;
- ◆ applied PHC research into interventions that have been found to be effective in different countries, settings, communities and sectors for disadvantaged groups;
- ◆ research on the role of multidisciplinary approaches in improving continuity of care for people from socio-economic disadvantaged backgrounds with complex needs;

- ◆ examining whether the use of evidence-based guidelines in PHC effectively address health inequality issues;
- ◆ development and evaluation of models of community participation that engage disadvantaged groups, including models of community control and empowerment, citizen engagement;
- ◆ development, evaluation and dissemination of results of community capacity building initiatives in disadvantaged communities; and
- ◆ piloting and evaluating prevention, health promotion and population health models within community settings for the NHPAs that are appropriate and relevant for people from disadvantaged backgrounds.

## Appendix: 2

### Results of small group discussion on an intervention-based PHC research program

#### *Proposed research questions*

The groups identified a number of research questions which might contribute to a primary health care research program designed to address health inequalities. These included a mix of specific intervention-based research questions and questions that address systematic obstacles.

#### *Generic questions*

- What are the factors required for success in achieving reductions in health inequalities?
- What are the impacts and consequences of health inequalities for individuals and the communities?
- What are the barriers to implementation?
- How do particular interventions assist in reducing health inequalities?
- What value are health inequality impact assessments to the formation of health policy?

#### *Access to PHC services*

- What is the relationship between access and quality of care? (ie. service use, quality of care, practice viability/sustainability, health service ecology/resilience, workforce issues)
- Does equity of access equal equity of outcome?
- How do perceived barriers to access change over time? (ie for different groups, unmet need, perceptions of health security)
- How are timeliness of care and health inequality related?

#### *Comprehensive PHC approaches*

- What are the effects of providing multi-disciplinary health workers (eg practice or community nurses) on access to preventive care for a) GPs serving disadvantaged communities, and b) GPs serving less disadvantaged communities?
- What is the contribution of community strengthening and renewal programs in reducing health inequalities?
- What models of care are appropriate for local communities? What do they look like?
- What are the most effective ways to address prevention/early intervention for disadvantaged groups?

*Structural related questions*

- Do we have the appropriate workforce to address health inequalities? How are they trained? Do we have what we need for alternative models?
- Is the current primary health care model most effective in addressing health inequalities?
- What alternative models of primary health care are known? How can they be mapped and evaluated? How could they be funded? Which models are most cost-effective?
- Where is the system working well for disadvantaged groups (eg ACCHS)? Why? What are the implications for the rest of system?
- How does national policy impact at local level on providers and patient population?
- How does the current Commonwealth/State funding arrangement assist in addressing health inequalities for primary health care services?

*Opportunities to build capacity for individuals and organisations to collaborate in primary health care research.*

- What is the nature of 'health security'? Is it a term which better defines the concerns of the disadvantaged?
- What are the experiences of consumers and patients using the health care systems over time?
- What are the critical transition points within the health system and between health and other systems?
- Which research questions will most effectively lead to policy change?

## Appendix 3:

### Participants at the roundtable

Ms Robina Bradley	National Institute for Clinical Studies
Professor John Catford	Deakin University & HIRC MAC
Ms Anne Curtis	Commonwealth Department of Health and Ageing
Dr Jane Dixon	Australian National University
Ms Jean Douglass	Commonwealth Department of Health and Ageing
Ms Susan Elliott	Commonwealth Department of Health and Ageing
Dr John Furler	University of Melbourne
Professor Nicholas Glasgow	Australian National University
Professor Adele Green	HIRC MAC
Ms Liz Harris	University of New South Wales
Professor Mark Harris	University of New South Wales
Professor Jim Hyde	Royal Australasian College of Physicians
Ms Gwyn Jolley	Flinders University
A/Professor Libby Kalucy	Flinders University
Ms Linda Kurti	University of New South Wales
Dr Anne Margarey	Flinders University
Dr John Mathews	Commonwealth Department of Health and Ageing
Ms Louise Mawby	Commonwealth Department of Health and Ageing
Ms Julie McDonald	University of New South Wales
Dr Paul Mercer	General Practitioner
Professor Gavin Mooney	Curtin University
Dr Wendy Rogers	Flinders University
Ms Peter Sainsbury	PHAA President & Department of Health, NSW
Ms Clare Shuttleworth	Department of Health, South Australia
Mr Colin Sindall	Commonwealth Department of Health and Ageing
A/Professor Hal Swerissen	Latrobe University
Ms Glenda Wadesley	Commonwealth Department of Health and Ageing
Dr Ian Watts	Royal Australian College of General Practitioners
Ms Laurann Yen	Department of Health, Australian Capital Territory