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#139 - Factors influencing evidence-informed, equity-oriented local primary health care planning in Primary Health Networks

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Objectives/aims

Australia's Primary Health Networks (PHNs) are regional organisations responsible for planning and commissioning local strategies to strengthen primary health care (PHC) to improve equitable service access and population health. This meso-level of health decision making that sits between health policy-making for national populations, and evidence-based clinical practice for individuals, has received very little research attention. Yet such decentralised bodies are well placed to identify and address local health priorities, and are responsible for allocating considerable public funds to achieve local health outcomes. This study aimed to examine factors that influence evidence-informed, equity-oriented regional PHC planning by PHNs in Australia.

Methods

A qualitative mixed methods approach was used by analysing documents from all 31 PHNs, and case studies of 5 PHNs which included 29 stakeholder interviews, and secondary analysis of 36 interviews from an earlier study. The analysis was informed by a WHO framework of evidence-informed policy-making, and institutional theory.

Main findings

PHNs created and used a great deal of evidence to identify population health needs and service gaps, but very little to inform the development of strategies. Evidence was largely about illness prevalence and service use, less about social determinants of health. PHNs overall demonstrated strong capacity for evidence-informed planning, although their planning processes were unclear and were somewhat lacking in good governance mechanisms, and their capacity to evaluate programs and generate relevant intervention evidence was limited. PHNs displayed clear goals and intentions to address health equity through comprehensive strategies including health promotion and prevention strategies, and collected considerable evidence of health inequities. However, they were tightly regulated by their federal government



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funders to focus on a narrow scope of individual health care services and behaviour change strategies, and were bound by strict time and funding constraints. We also identified a broad range of other factors that influence evidence-informed PHC planning, at different levels of context: organisational/internal, regional, and national. Factors include: values and ideology; culture; interests; national health policy settings and reforms; the local health service landscape; stakeholders' personal/professional experience; geography, demography and socio-economic conditions; history, and more.

The additional regional layer of context adds to the complexity of planning. Some distal factors influence more proximal factors, as well as directly influencing PHC planning, and some factors span the levels of context, but may be conflicting, such as ideology and values.

PHNs' equity-oriented planning was enabled by organisational values for equity, evidence of local health inequities, and engagement with local stakeholders, but hindered by federal government constraints and lack of equity-oriented planning mechanisms.

With adequate resourcing, time, scope, and robust planning mechanisms, PHNs have the potential to equitably improve the health of their communities through evidence-informed, comprehensive, co-designed strategies that include prevention, health promotion, and action on the social determinants of health, as well as accessible clinical healthcare services.