LOCAL ORGANISATIONAL AND SOCIO-POLITICAL CHARACTERISTICS IN URBAN COMMUNITY HEALTH SYSTEM DEVELOPMENT

Mohammad Afzal Mahmood

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Department of Public Health
University of Adelaide

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ABSTRACT

The main objective of this research has been to analyse the role of local organisational and social factors in community-level health system development in two Australian regions. On the basis of an extended report of empirical work in Western Adelaide and South Western Sydney, the thesis argues that health system development at the interface between service and community is a political process which becomes more tangible in the face of an organisational change. On the basis of my field research, I argue that local health services resist the efforts of health bureaucracies to displace the political with rational arguments about the development of the health care system.

The inspiration to undertake this work arose from difficulties in reorienting the health service provision in one district of Karachi, Pakistan towards a district health system based on primary health care. Those efforts highlighted some barriers to an effective role of the community in health system development.

The Australian settings chosen to investigate these ideas were the Western suburbs of the Adelaide metropolitan area and South Western Sydney. At the time of the research, an amalgamation of community health services at the regional level and a greater coordination of the public sector health services with general practice were being implemented respectively in these areas. These changes provided windows to identify how the proposed organisational changes were perceived and implemented by the local health care workers and the community.
Community health services acquire specific characteristics, such as a dense network of relations with other organisations and community members, with a resultant ability to negotiate a proposed change and make it fit somewhat to the local needs. The community configuration in terms of multicultural orientation, cohesion, and economic prosperity determines the level of community participation. These services acquire a particular mode of working under the influence of these networks and needs. Changes in a health region create turbulence and political activity comes to the fore, revealing existing networks and their importance. Services then evaluate any proposed change for its potential effects on the local needs, local networks and the work patterns.