Promoting Health at the Local Level: A Management and Planning Model for Primary Health Care Services

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A thesis submitted to fulfill the requirements for the Degree of Doctor of Philosophy

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October 1994
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Introduction

As a member nation of the World Health Organisation, Australia seeks to implement the concepts of Primary Health Care and Health Promotion and to re-orient the existing curative focus of health resources. Several Federal Government policy statements and programs provide evidence of this direction. The Government of South Australia, in particular, has developed a Primary Health Care Policy (South Australian Health Commission, 1989) and Draft Implementation Plan (South Australian Health Commission, 1992) in order to focus its health promotion efforts.

This thesis will demonstrate that implementation of these concepts will be facilitated by a clear understanding of the ideological and political issues to be faced in bringing about such change. It will also demonstrate that clarity about the ideological underpinnings of the World Health Organisation's concepts of primary health care, as advocated in the declaration of Alma Ata (World Health Organisation and UNICEF 1978) and health promotion, as outlined in the Ottawa

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Charter for Health Promotion (World Health Organisation 1986), will assist in the development of supportive planning and management processes. This, in turn, can support a reorientation in health service delivery and provide direction for the range of strategies and activities which can be undertaken, within a Primary Health Care Service, to improve the health of a community.

Debates in Health promotion, since the Ottawa Charter of 1986, have focussed on means of implementation of the Charter's principles. They have exposed and made explicit the difficulties inherent in establishing two fundamental planks of primary health care and health promotion, community participation and inter-sectoral collaboration, in the development of healthy public policy at the local, regional, national and international levels. It is broadly acknowledged in the literature that the way to decrease the gap between the rhetoric and practice in relation to the development of healthy public policy is to develop an understanding of the strategies to increase community participation and inter-sectoral collaboration.

A methodology advocated by prominent writers is the analysis and

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promulgation of case studies which demonstrate the issues contributing to the success or failure of such strategies (Ashto 1988, Atison et al. 1988, Rifkin 1986, Hexel and Wintersberger 1986, Wadsworth 1988). In 1986, both the Australian Federal Minister of Health and the South Australian Minister for Health outlined the important potential role of community health services in Australia in developing an understanding of, and a community constituency for, health promotion and a reorientation to a more primary level of care (Blewitt 1986, Cornwall 1986). The community health sector is faced with the challenge of spearheading the broader public health movement. Case studies of the activities of community health agencies will assist in the development of a knowledge base which can support this kind of action.

The Parks Community Health Service, a primary health care service in Adelaide, South Australia, has a long history of commitment to community participation and health promotion. This, together with its multidisciplinary staffing arrangements and the associated professional stakes in health decision making, make it an appropriate case study to contribute to this knowledge base. The narrative elements of this thesis depend in part on the author's experience as Director of the Parks Community Health Service from 1928 to the
present day and in part on other historical sources.¹

Service policy and planning processes at Parks Community Health Service have reflected different perspectives on social policy over the years, from its establishment in 1976, to the present day in 1992. George and Wilding’s description of the various ideological positions on social welfare provides a useful framework for analysing the underpinning ideological approaches to management and planning taken at Parks Community Health Service and for understanding the nature of organisational politics at important points in the organisation’s development (George and Wilding 1976). They describe the individualistic social policy perspectives of anti-collectivists and reluctant collectivists who believe that social policy should aim to equalise where the market system fails; and the collectivist position of Fabian Socialists and Marxists who believe that social policy should be aimed at justice and equity through redistribution.

The ideological commitment of management and health workers is a major determinant of how social policy will be interpreted and implemented in a health service. The story of service planning and

¹ See Sources section for details of the method used to gather historical material.
management at Parks Community Health Service highlights the importance of this fact. Values and ideology will also determine the approach to health policy development which will be taken, more broadly, by governments and health professionals to address the community’s health issues. After describing the relevant societal ideological positions and their consequent health policy characteristics, chapter one argues that the underpinning value base of the Australian Community Health Program of 1973 and the similar World Health Organisation’s concept of Primary Health Care, is collectivist. As such, it acknowledges the inherent inequities in society’s pluralist political system and supports the role of public intervention and community participation in redistributing the political and economic power so important in influencing health experiences of groups within a community.

Referring to the Parks Community Health Service from 1976 to 1984, chapter two describes how, despite a collectivist ideological framework, the implementation of the Australian Community Health Program of 1973 was based on the prevailing individualistic ideology of the professional planners and health workers who interpreted the Program’s principles. The dominant societal value of individualism, which the planners reflected but did not clearly articulate, rested on a
belief in functionalism within the existing economic and political systems and in traditional elitist approaches to planning. This resulted in narrow definitions of the Program's principles. Community participation was taken to mean involving the community in already planned activities. Health promotion was defined as health education. Equity meant equality. Coordination was taken to mean cooperation between services in the health and welfare sector. These strategies could not possibly have achieved the scale of transformation necessary to bring about redistribution as originally conceived by the 1973 Community Health Program. That kind of redistribution depends on political participation by those less powerful groups in society and the development of partnerships between these groups and health workers in a struggle for social justice.

A Community Health Service, seeking to implement the collectivist principles of the Community Health Program or primary health care, must clearly articulate its underpinning value base and develop management and planning processes which support them. Its mission then becomes redistribution or social justice. Management and planning are means to that end. Its strategies and activities will be self-consciously political. Chapter three describes the orientation of management and leadership issues faced in Parks Community Health
Service from its establishment in 1976 under the management of a medical director, through to its first attempt at organisational planning in 1984. Using Handy’s theory of cultural propriety as a tool for analysis, it is clear that a developing organisation requires different management emphases at different stages (Handy 1985). Organisational establishment, the development of administrative procedures, the development of clear organisational goals and structures are progressively developed and are heavily influenced by organisational politics. Nevertheless it is also clear from this analysis that organisation development management techniques, which are derived from social learning theory, combined with a supportive ideology in the leadership positions, can play a strong role in the development of organisational values and structural arrangements to support exploration of collectivist approaches to health practice. This exploration continued at Parks Community Health Service from 1984 to 1988. The goals of the organisation were, essentially, the principles of the Community Health Program and of primary health care. They related to the activity and processes of the organisation rather than to outcomes for the community.

The term “managerialism” describes an ideology in which the techniques of management have become ends in themselves.
Managerialism is possibly useful in the private sector where, clearly, the underlying reason for organisational improvement is the improvement of the profit margin. However, it is problematic in public sector health and welfare services. Whilst organisational or management goals are useful to improve efficiency, to fine tune processes and improve technology, to improve staff relationships and decision-making processes, they must clearly support the attainment of social goals. The economic rationalist environment of the Australian public sector in the 1980's and 1990's has emphasised the economic aspects of all social policy and has made social goals subservient to economic development. This has resulted in a concern with the implementation of services rather than with their impact. (Pusey 1991)

Social goals relate to outcomes for the community and establishing them requires different planning approaches to those used in organisational planning. Social justice is a social goal. The methods used in its attainment will vary according to the population subgroups who seek it. It requires a mobilisation of community resources as well as government agencies. Chapter four, using a framework for analysis developed by John Friedmann(1987) describes the various traditions in social planning and reflects them against health promotion planning
at Parks Community Health Service and, more broadly, in South Australia and Australia. It concludes that radical planning, originating in the tradition of social mobilisation, has the potential to mobilise groups in the community to take action in their own health and welfare and to develop the political constituency required to challenge the predominant economic rationalist approaches to social planning. Radical planning has an ideological basis compatible with the primary health care approach.

The political issues inherent in the implementation of radical planning processes by a professional organisation are, essentially, associated with professionalism. Chapter five describes the application of organisation development management techniques to mobilise staff commitment to the concept of a more participatory and community based approach to planning and strategy development at Parks Community Health Service.

Accountability mechanisms are important, both as a means of informing the community and the funding bodies of the worth and the effectiveness of the strategies chosen, and as a means of consolidating organisational commitment to the values, goals and strategies deemed important by the local community in promoting their own health.
Chapter six describes the issues related to accountability both to the community based plan developed by the Health Service and to the economic rationalist context of the bureaucracy funding the organisation. It is argued that accountability structures and processes in social service agencies must be able to demonstrate progress towards social goals, as well as the cost effectiveness of the strategies chosen.

The substantial outcomes of three health promotion projects, which were based in radical planning and practice, are described in chapter seven. The chapter demonstrates the importance of a community health service making the links between personal care, radical practice and the needs of the local residents.

If organisation development management techniques, combined with a clear ideological direction, can be influential in the development of staff commitment to a collectivist interpretation of the principles of primary health care or community health, and the implementation of radical planning and practice within one organisation, such techniques and practices would also be useful in the development of a more broadly based collectivist interpretation by primary health care workers and community members. Chapter eight proposes such a
process and argues that it should be based on a recognition of the need for political mobilisation which is not exclusive to professionals, but includes the broader community. It is only with a strong commitment to social justice from a broadly based community constituency that today's economic rationalist obsessions can be challenged to make way for the promotion of health.