

# Communities as allies for primary prevention in rural and remote Australia

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Judy Taylor has a background in community service development in rural, regional, and remote locations in north Queensland and South Australia, working firstly in the non-government sector in women's services and then with the Queensland Government. As a researcher Judy has a four-year mid-career PHCRED research fellowship that she will complete in 2011. The topic is to uncover the community-level factors that influence community health development in rural, regional, and remote locations. Projects include the one that is the focus of this presentation—the role of communities, in partnership with the health sector, in primary prevention.

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## Aim

All over Australia rural and remote communities are taking the initiative with activities that promote health and address the risk factors associated with chronic illness. Often these activities are in partnership with the health sector. This paper examines the types of community/health sector partnerships for chronic illness prevention that occur, the motivations for them, and the outcomes.

## Design

This study uses a case study design collecting three types of data; semi-structured interviews, non-participant observation of partnership events and meetings, and an analysis of documents about the partnership and its activities. Activities included peer education for chronic illness prevention and emotional wellbeing, promotion of healthy lifestyles, and activity programs.

## Methods

Eight cases were selected in regional South Australia and in north Queensland. Each case was constructed around a partnership between a community or community-based NGO and the health sector. Purposive theoretical sampling was used to include a range of types of chronic illness prevention and to enhance the possibility of transferring findings to other rural and remote areas. Seventy-one interviews were held in nine rural or remote locations.

## Findings

We found that where there was extensive involvement of the health sector with community groups there were significant outcomes both for the health system and communities. These included community groups increasing their technical knowledge about health promotion and community health planning and program development. The health sector gained extra resources and access to 'hard to reach groups' through the partnership. We also found that there were barriers to health sector involvement. The health sector's orientation to primary prevention is generally instrumental, involving highly targeted outcomes, evidence-based interventions, and pre-defined programs. This is inconsistent with communities varied agendas which are often more broadly about community development.

## Conclusions

Even though there is awareness that there are inadequate resources for equitable primary prevention in rural and remote Australia, enlisting communities as allies in primary prevention is not an automatic response. It must become so and involvement must be legitimised and funded. Although the concept of community-level 'participation' in primary prevention has become a virtual article of faith in health-promotion circles, we do not always see this in practice. Currently, the lack of genuine working relationships between health sector personnel with technical expertise and community groups with a nuanced understanding of the community severely restricts the extent to which the benefits of community participation in health development can be assessed and measured.