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VARIATION IN DELIVERY OF PREVENTIVE HEALTH CARE IN INDIGENOUS COMMUNITIES: A CROSS-SECTIONAL ANALYSIS

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Background and aims

Despite an increasing focus on preventive health care, delivery of recommended preventive services for Indigenous people is still relatively poor. Understanding variation in delivery of preventive services may help to improve care. The aims of this study are to examine factors underlying delivery of preventive health care in Indigenous communities, and to determine how these factors might differ across categories of care process (modes of care).

Methods

Clinical audits of 3630 well adult clients of 101 health centres participating in a large continuous quality improvement (CQI) project were analysed to determine adherence to delivery of 27 recommended preventive services classified into four modes of care. Summary statistics described the delivery of each service across jurisdictions. Multilevel logistic regression measured associations between individual and health centre factors and better delivery for an overall aggregate indicator and each mode of care.

Results

Overall, clients received 54.1% of recommended care in 2012-14. Health centre characteristics associated with higher delivery (overall aggregate score >50th percentile) included jurisdiction, CQI experience (1-2 cycles: odds ratio (OR) = 4.38 p<0.05 vs. baseline), location (remote: OR = 0.19 p<0.01 vs. urban) and population (>1000: OR = 0.29 p<0.01 vs. <500). Client characteristics associated with higher delivery included age, gender (female: OR = 1.20 p<0.05 vs. male), Indigenous status (Indigenous: OR = 3.31 p<0.01 vs. non-Indigenous) and time since last attendance (<6 months: OR = 2.17 p<0.01 vs. >6 months). Health centre factors explained ~70%, and client factors <10%, of inter-individual variation in delivery. The effect of client factors varied across modes of care.

Conclusions

Factors associated with delivery of preventive care were similar to those previously described. Health centres characteristics are responsible for most variation in delivery. Understanding the factors responsible for variation should assist stakeholders to develop strategies to improve quality of preventive care in Indigenous communities. A “modes of care” approach may be valuable in understanding variation and implementing system improvements.