## **CORE FUNCTIONS OF PHC**

Ben Bartlett, PlanHealth One of the main purposes of a core functions of PHC framework is to provide a template for funding bodies so that their funding lines are clear and have a reasonable chance of supporting the development of effective and comprehensive community PHC. It helps identify gaps

effective and comprehensive community PHC. It helps identify gaps that particular services have in achieving a comprehensive approach, and allow a measure of government performance. It is also a useful framework for local evaluation of services. However, these functions have also proved useful in consulting with and engaging communities about their health needs.

All of the aspects of comprehensive PHC detailed in Table 1 require resources, some directly to individual services and others through regional support structures.

Table 1: Core Functions of PHC

Core Function	Programs	How
Clinical Services	Sick care services Screening programs Clinical public health programs (eg immunisations)	Delivered by resident health care services in the community, visiting services (visiting specialist & allied health services), provision of medicine kits to designated holders, Organised access to health advice via phone/radio.
Social Preventive Programs	Preventive programs requiring community 'agency'/action addressing issues such as substance abuse, youth suicide, domestic violence, store policy, etc.	Address the underlying non-medical causes of poor health, and require commitment and action from local community people.  Identified needs not able to be addressed within the health sector can be referred to other agencies and be part of health service advocacy.
PHC Support	Management/ administration; Program development & evaluation; specialist/ allied health services; staff in-service training/ education; technical - maintenance of equipment, IT.	Delivered by local support (HS Managers, AHW educators, etc.); and regional support (financial management, IT, Board & staff education and training, etc.)
Advocacy	Development of policy, lobbying for system change (equity and access to PHC), negotiating with government.	Advocacy occurs from different levels – the community, through ACCHOs with policy capacity, peak bodies such as NACCHO affiliates. Forums include State Aboriginal Health Forum established under the Framework Agreements.