

# **Occupational Therapy and Ward-based Outreach Teams in Primary Health Care Re-engineering**

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Health system reform

Community health workers

Under-resourced communities

Partnerships

Innovation

Inter-professional

Problem solving

Excellence

Bravery

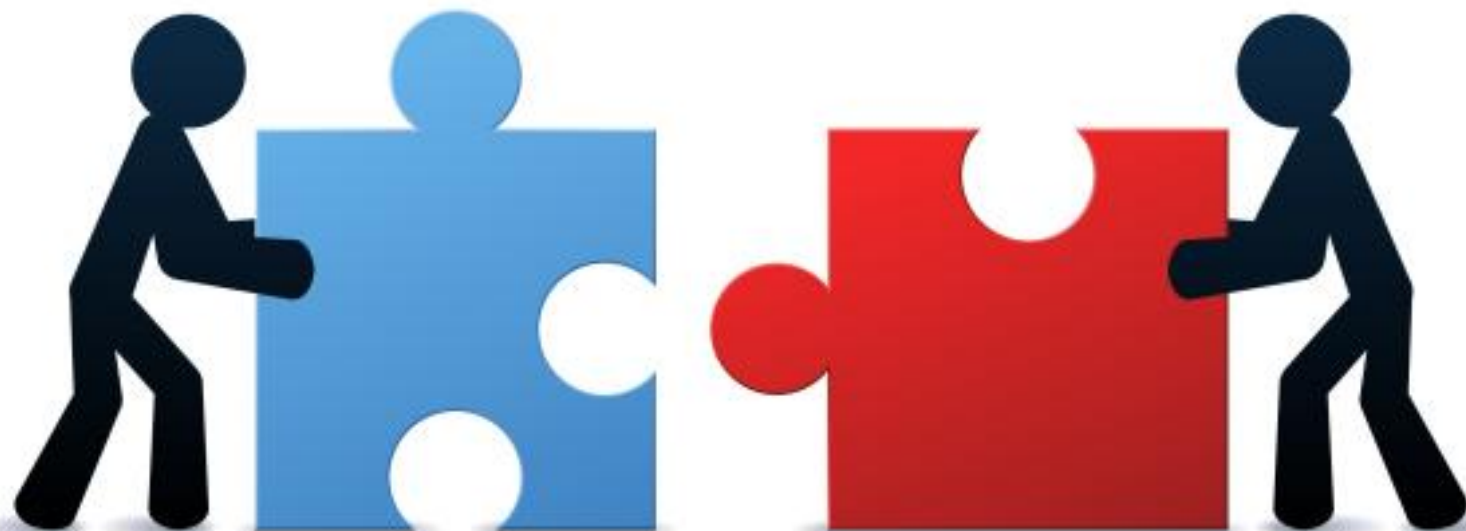
Confidence

Social context of health

Injustice







# In South Africa...

- The **National Development Plan (NDP) 2030** Vision
- **Nine health goals** for South Africa to strive towards over the next two decades
- These goals aim to achieve **health and well-being for the population** through a **strengthened health system**

# NDP 2030 Health Goals

- **GOAL 1:** Average male and female life expectancy at birth increases to 70 years
- **GOAL 2:** Progressively improve TB prevention and cure
- **GOAL 3:** Reduce maternal, infant and child mortality
- **GOAL 4:** Significantly reduce prevalence of non-communicable chronic diseases
- **GOAL 5:** Reduce injury, accidents and violence by 50% from 2010 levels

# NDP 2030 Health Goals

- **GOAL 6:** Complete health system reforms
- **GOAL 7:** Primary healthcare teams provide care to families and communities
  - *Each household must have access to a well-trained community health worker*
- **GOAL 8:** Universal health care coverage
- **GOAL 9:** Fill posts with skilled, committed and competent individuals

(NDP 2030, Chapter 10)



# OT Domain & Process

*“Achieving health, well-being, and participation in life through engagement in occupation”*

(OT Practice Framework: Domain & Process, 3<sup>rd</sup> Ed)

# OT Outcomes

- Occupational Performance
- Prevention
- Health and Wellness
- Quality of Life
- Participation
- Role Competence
- Wellbeing
- Occupational Justice



(OT Practice Framework: Domain & Process, 3<sup>rd</sup> Ed)

# 2015 OTASA Position Statement on OT in PHC

- *“The unique contribution of occupational therapy lies in understanding the complex relationships between*
  - *the things people do (occupations),*
  - *their environment, and*
  - *their health...*



# 2015 OTASA Position Statement on OT in PHC

- *“OT intervention aims to create a better fit between these, so that people are able to meet the challenges they face, and their health is promoted, restored and maintained...”*



# 2015 OTASA Position Statement on OT in PHC

- *“OT essentially forms a **bridge** between biomedical health services and an understanding of social realities, for productive and meaningful living in society.”*



# PHC Re-engineering

- NDP guides the re-engineering of Primary Health by establishing **three streams**:
  - Strengthening **School health** services
  - Establishing **District clinical specialist teams** aimed at improving **maternal and child health**
  - Implementing Ward-based **Primary Health Care outreach teams**

# PHC Re-engineering

## Three Streams:

- **School health services**
- District clinical specialist teams aimed at improving maternal and child health
- Ward-based **Primary Health Care outreach teams**

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# PHC Re-engineering

## Three Streams:

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# PHC Re-engineering

- Establish and deploy of **Primary Healthcare (PHC) teams**
- These teams are currently being rolled out nationally at various pilot sites as **ward-based outreach teams (WBOTs)**
- WBOTs deliver **integrated primary care** in defined geographic areas

# Ward-Based Outreach Teams

- Usually made up of 6 - 10 **community health workers (CHWs)**
- Who work under the leadership of a health care professional (e.g. a professional nurse)
- CHWs are essential for executing **proactive health promotion** and **disease prevention and management strategies**
- Particularly by performing **home visits** to all households in their designated areas (wards)

# Ward-Based Outreach Teams

*“Community health workers create a bridge between the providers of professional health services, community services, social agencies and vulnerable populations within the community...”*

(QCTO Health Promotion Officer curriculum document)

# Ward-Based Outreach Teams

- Gauteng has adopted **Community Oriented Primary Care (COPC)** as the approach to achieving universal health coverage through WBOTs

# Community Oriented Primary Care

**COPC** is “*is primary care where professionals from different disciplines and approaches work together with organisations and people in defined communities to identify and respond systematically to health and health-related needs in order to improve health”*”

(Marcus TS, 2013, 2014)

# Community Oriented Primary Care

- The COPC approach has five guiding principles, which are
  - 1) Local health and institutional analysis
  - 2) Comprehensive care
  - 3) Equity
  - 4) Practice with science
  - 5) Service integration around users

# COPC Principles

- Principle 1: **Local health and institutional analysis**
  - **Scientific information:** Health care services need to be built from scientific information
  - **People and organisations in defined local places:** Specific to social and physical contexts in defined places



# COPC Principles

- Principle 2: **Comprehensive Care**

- Promotion:

- Behavioural approach
- Social approach

- Prevention:

- Primary-, Secondary-, Tertiary Prevention

- Treatment

- Simple/complicated/complex; focus on person not disease

- Rehabilitation

- “To keep, restore and create function”

- Palliation

- To relieve the “violence” of end-of-life suffering

# COPC Principles

- Principle 3: **Equity**

Equity is about values, justice and human rights.

Thus, health care must be:

- Accessible
- Appropriate
- Affordable
- Relevant

# COPC Principles

- Principle 4: **Practice with Science**
  - Scientifically informed
    - “Science informs practice and practice informs science”
    - Innovation
  - Interdisciplinary and multi-professional
    - Academic disciplines
    - Health care delivery is teamwork

# COPC Principles

- Principle 5: **Service integration around users**
  - Person-centred health care
    - Whole people, with specific needs, exist in a context, and we recognise their autonomy
  - People and practitioners in partnerships
    - Partnerships: as a working alliance, as bonds, as shared responsibility, across organisations and systems
  - Continuity of care
    - Relationship-, management-, informational-

# Challenges

- Disability “is complex, dynamic, multidimensional and contested.”
- The interaction between disability and poverty
  - i.e. disability may increase the risk of poverty and poverty may increase the risk of disability...

(WHO, 2011)

# Challenges

- PHC Re-engineering emphasises prevention and promotion and rehabilitative services
- BUT, rehabilitation services are not currently included in the three streams
- Nor are basic disability aspects adequately covered in CHW training

(RuReSa)

# What to do?

- Be **confident** about occupational therapy's unique and well-established contribution.
- **Better understand** health system reform and become familiar with the current policies and debates
- **Support OTASA** as they engage with health system reform
- Align ourselves with **COPC framework**

# What to do?

- Continue to work tirelessly to carve our **essential spaces** within the three streams of PHC Re-engineering
- Be **proactive** in engaging with DoH and DoE
- Continue advocating for therapists' essential place in **School Health Teams**
- Be involved with **ECD, school readiness** screening and **life skills** programmes in schools



# What to do?

- Become involved in **District Specialist Teams**
- Work with **WBOTs**
- Become involved in **CHW training**
- **Support OTs** who work at **PHC level**
- **Align** ourselves with Family Medicine Departments
- Be open-minded and innovative regarding **inter-professional** training and work
- Train OTs to be **capable** to move within this space

