



National Collaborating Centre  
for Determinants of Health

Centre de collaboration nationale  
des déterminants de la santé



National Collaborating Centre  
for Infectious Diseases

Centre de collaboration nationale  
des maladies infectieuses

# ESTABLISHING A NEW INTERFACE BETWEEN PUBLIC HEALTH AND PRIMARY CARE: A CURATED LIST

Public health and primary care are the two components of Canada's health systems that are most oriented to prevention and grounded in community, and that serve populations experiencing health vulnerability.

Primary care “supports first-contact, accessible, continued, comprehensive and coordinated patient-focused care,”<sup>1(p40)</sup> while the central objective of public health is to improve the health of populations. This objective is accomplished through the core functions of “protection, promotion, prevention, surveillance and response, and emergency preparedness.”<sup>1(39)</sup> Both primary care and public health are fundamental to the World Health Organization's primary health care model, which encompasses:

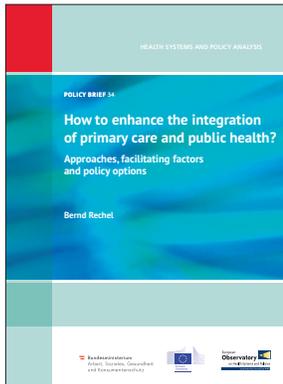
a whole-of-society approach to health that aims to maximize the level and distribution of health and well-being through three components: (a) primary care and essential public health functions as the core of integrated health services; (b) multisectoral policy and action; and (c) empowered people and communities.<sup>1(p40)</sup>

Public health and primary care work largely independently of one another through what has been termed a “weak” relationship, in a global review.<sup>2</sup> In Canada, there are regular calls for change in how public health and primary care interact, usually as part of provincial- and territorial-level health system transformation. Just as often, public health and primary care leaders express caution regarding models to integrate the two sectors.

The National Collaborating Centre for Determinants of Health (NCCDH) and the National Collaborating Centre for Infectious Diseases (NCCID) compiled this resource list. It is part of their work exploring whether the COVID-19 pandemic creates new windows of opportunity to address shortfalls in the interface between public health and primary care, especially with an eye to reducing health inequities.

The pertinent literature is rich with exceptional examples of opportunistic, local partnerships, and less informative about what changes to make or how to systemically achieve desired change. This curated reading list introduces key resources for those interested in learning more about recent research and discussion about how public health and primary care relate. The resources are organized in five sections: (1) **analyses and reviews of the primary care and public health interface and partnerships**, (2) **commentaries**, (3) **introductions to primary health care**, (4) **tools for primary care to address population health and health equities** and (5) **where to find case studies**. The resources represent a selection of key documents and are not intended to be an exhaustive list.

## ANALYSES AND REVIEWS OF THE PRIMARY CARE AND PUBLIC HEALTH INTERFACE AND PARTNERSHIPS

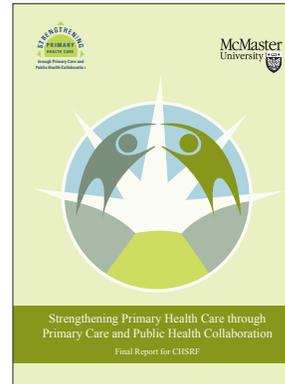


### How to enhance the integration of primary care and public health? Approaches, facilitating factors and policy options

Rechel B. [2020].

This systematic literature review by Bernd Rechel of the European Observatory

on Health Systems and Policies is written as a policy brief.<sup>3</sup> Its brevity makes it a good starting point for anyone new to reading this literature. It introduces key English-language literature about overlap and collaboration between primary care and public health. Much of the recent literature is from the United States, but the review also contains many examples from Europe. Examples of interventions promoting enhanced integration are clustered into five categories (which are not mutually exclusive): coordinating health care services for individuals; applying a population perspective to clinical practice; identifying and addressing community health problems; strengthening health promotion and disease prevention; and collaborating around policy, training and research.



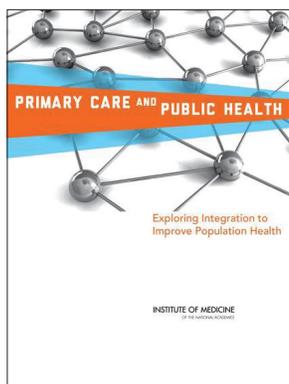
### Strengthening primary health care through primary care and public health collaboration

Valaitis R, McCarthy J, Nelligan P, MacDonald M, Wong ST, Martin-Misener R, et al. [2012].

This report describes

the methods and findings of a multiyear, three-province research initiative.<sup>4</sup> Included are a literature review; environmental scans from Nova Scotia, Ontario and British Columbia; stakeholder viewpoint analysis; key informant interviews; and 10 case studies of local primary care–public health partnerships. The research resulted in an ecological collaboration framework.

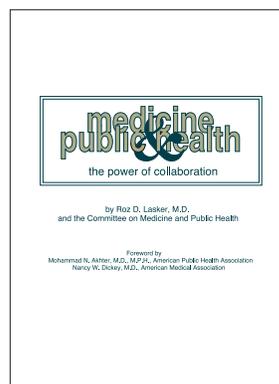
Peer-reviewed publications supplement this overview report, including a scoping review of the literature followed by articles that delve into the framework's domains (intrapersonal and interpersonal factors, organizational barriers and enablers, and an interpretive study of system-level factors). Most recent is an analysis of case studies to explore the role of primary care–public health collaboration vis-à-vis the “quadruple aim” health care approach (i.e., improve patient experience, reduce cost, advance population health and improve the provider experience). The initiative also supports an online *Public health & primary care collaboration toolkit* that includes modules about each aspect of the framework and applied information/resources about collaboration and evaluation.



**Primary care and public health: Exploring integration to improve population health**

*Institute of Medicine, Committee on the Integration of Primary Care and Public Health. [2012].*

This influential report from the United States' Institute of Medicine<sup>5</sup> (since renamed the National Academy of Medicine) begins with the assumption that population health would improve by "implementing and expanding integration"<sup>[pxiv]</sup> of primary care and public health, and it tries to answer how to do this effectively. The report includes an excellent overview of factors that hamper cooperation between primary care and public health, recognizing a continuum of connection from awareness through merger. In describing positive local examples of public health and primary care partnership and factors that enable and maintain integration, the report delves into models of accountability, human resources, governance, financing, information technology and service provision. The report also explores mechanisms that key American agencies and funding organizations can use to propel integration of primary care and public health.



**Medicine & public health: The power of collaboration**

*Lasker RD. [1997].*

This report is an outcome of the 1990s' Medicine/Public Health Initiative cosponsored by the American Public Health Association and the American Medical Association.<sup>6</sup> Sometimes referred to as the Lasker report, it stands out from other literature for including an analysis of the historical relationship between primary care and public health in the U.S. It includes over 400 American case studies of local collaboration between primary care and public health, from which six "synergies" are proposed as approaches for collaborative work. The synergies are coordinated personal health care services; improved access/provision of care for the un- and underinsured; applying a population perspective within clinical practice; using clinical practice to identify/address community problems; strengthening health promotion; and collaborative policy, training and research. The report also analyzes partnership success factors, along with structures and mechanisms that support collaboration (e.g., coalitions, shared management, contractual agreements and advisory groups).

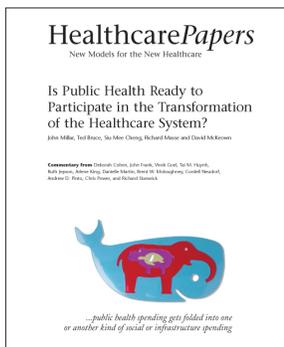


**A population-based approach to integrate healthcare delivery: A scoping review of clinical care and public health collaboration**

Shahzad M, Upshur R, Donnelly P, Bharmal A, Wei X, Feng P, et al. [2019].

This scoping review by a University of Toronto team<sup>7</sup> maps empirical studies about collaborative primary care–public health interventions using the Lasker report<sup>6</sup> partnership typology. (See *Medicine & public health: The power of collaboration* above.) This review includes 45 studies involving research, policy, patient education and, of course, clinical practice. The review also provides a self-evaluation tool by which health care organizations can identify prospects to collaborate with public health or integrate population health components into clinical practice. The authors assess the few identified collaborations that specifically serve high-risk and underserved populations.

**COMMENTARIES**



**Is public health ready to participate in the transformation of the healthcare system?**

Millar J, Bruce T, Cheng SM, Masse R, McKeown D. [2013].

This special issue<sup>9</sup> is a stand-out among the resources available because it's the only resource composed of public health perspectives (rather



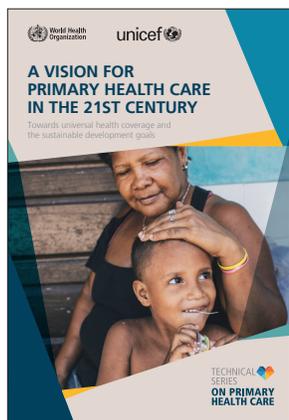
**The interaction of public health and primary care: Functional roles and organizational models that bridge individual and population perspectives**

Levesque JF, Breton M, Senn N, Levesque P, Bergeron P, Roy DA. [2013].

This scoping review sought to improve understanding of how public health and primary care interact.<sup>8</sup> Through analysis of 55 articles, the authors identify functions that overlap between primary care and public health and describe organizational models that show promise regarding greater interaction.

than a joint primary care and public health collaboration or a primary care viewpoint). The lead essay discusses potential transformation of Canada's primary care sector into a community-based primary *health* system that increases integration between primary care, population and public health, and that explores public health's readiness for such a change. The introduction synthesizes dominant objections and argues for education of all health professionals to include population/public health and for Canada to set health goals. Ten response commentaries, presenting a range of viewpoints, round out the issue.

## INTRODUCTIONS TO PRIMARY HEALTH CARE



### [A vision for primary health care in the 21st century: Towards universal health coverage and the Sustainable Development Goals](#)

*World Health Organization; United Nations Children's Fund (UNICEF). [2018].*

This document<sup>1</sup> is one of an extensive set of WHO documents to define and situate primary *health care*. As a vision document, this resource describes potential mechanisms in relation to primary health care's objectives of "health, equity, and efficiency, by and for people."<sup>(p1)</sup> It provides an excellent introduction to primary health care concepts, explains the intersection of primary health care and universal health care, and describes how primary health care contributes to achieving the Sustainable Development Goals. This document reviews lessons learned since the 1978 Alma-Ata Declaration<sup>11</sup> and introduces key levers to achieve this in primary health care. The vision and its companion technical documents are informed by literature reviews, regional analysis, country cases and extensive consultation and expert input. Both the vision and framework documents include extensive glossaries.



### [Operational framework for primary health care: Transforming vision into action](#)

*World Health Organization; United Nations Children's Fund (UNICEF). [2020].*

This operational framework<sup>10</sup> accompanies *A vision for primary health care in the 21st century*<sup>1</sup> included above. It is geared to nation-states and subnational governments, with additional intended audiences of civil society, academics and the private sector. The framework aims to support prioritization, selection and modification of actions to enhance primary health care. It deepens application of the strategic and operational levers set out in the vision statement, and suggests actions, interventions and tools related to each lever in relation to national and subnational levels, as well as by people and communities. The operational framework and companion technical documents are informed by literature reviews, regional analysis, country cases and extensive consultation and expert input. The framework includes an extensive glossary.

## TOOLS FOR PRIMARY CARE TO ADDRESS POPULATION HEALTH AND HEALTH INEQUITIES

**THE CLEAR TOOLKIT**

Taking better health action to **ask about and act upon the social causes** underlying poor health.

The purpose of this toolkit is to empower and inform health workers on how to address the social causes of poor health.

When caring for patients, you will often see the same kinds of health issues repeating again and again within the community. Instead of providing a “quick fix,” what more can be done to prevent these health problems in the first place?

Many health problems often have the same underlying causes related to social living conditions and circumstances at home, including poverty, hunger, isolation, stress and discrimination.

Using the five-step process in this toolkit will help you to identify the underlying causes of the conditions you treat regularly. Together you and your colleagues can work to make your community a better and healthier place by starting to act about and act upon the underlying social causes of poor health.

- 1 TREAT**
- 2 ASK**
- 3 REFER**
- 4 ADVOCATE**

**STEP 1: TREAT**

Of course, the primary role is to treat and care for patients. Nonetheless, when treating patients, there are things you and your colleagues can do together to help you and your colleagues get a better idea of why you have seeing the same conditions, and what you can do to reduce the likelihood of them happening again. Once you have asked the questions you can be more confident of the causes and people in your local community so that they can get the support they need.

You may think that some of the causes of illness are something you are difficult to act upon, but you do have the power to take all kinds of actions on your own. Using this toolkit will help you connect your patients with other resources people have provided for additional help and support.

**REMEMBER TO:**

- Be attentive and listen
- Be respectful and empathetic
- Be compassionate and understanding
- Build trust and security
- Be thoughtful of the wider context
- Be accessible and open
- Be aware of cultural heritage
- Be tolerant of what you may hear

### The CLEAR toolkit

McGill University, CLEAR Collaboration. [n.d.].

The CLEAR Collaboration at McGill University uses participatory action research to support clinical health care workers to identify social causes of poor health. Among their resources is this

“clinical decision aid” tool<sup>12</sup> to assess and respond to client vulnerability. It contains advice on how to provide appropriate and sensitive treatment, ask questions about underlying conditions, make referrals to improve life circumstances, and advocate for system/societal improvements. The [Collaboration’s website](#) also provides several short videos, posters and academic articles that reference additional related resources.

**Program Description**

Framework for building primary care capacity to address the social determinants of health

**Abstract**

**Public Health Need** Family physicians have long understood that social factors influence the health of individuals and communities. However, most primary care organizations have yet to develop the capacity to specifically address these social determinants of health (SDH).

**Objective of program** To support clinical practitioners and foster an organizational culture in which addressing SDH is considered part of high quality primary care.

**Program description** An academic family health team in Toronto has established a collaborative partnership in a diverse group of health professionals located on the same street. The collaboration addresses how social factors affect patients and supports the development and implementation of interventions. The collaboration’s current description includes the following: collecting and analyzing detailed sociodemographic data to identify health inequities; leading an action research health promotion project; establishing a model of high-quality, team-based, community-based primary care; and developing an evidence-based health promotion program. The program also includes work with community partners to design an evidence-based plan to address organizational and social. Most steps include developing tools to enable organizations to “own” approaches and steps in a locally equity approach to all work, including ongoing evaluation.

**Disclaimer** Although our practices are well suited to address SDH, this article provides a framework that can assist every long primary care organization in establishing a social responsive, patient-centered, and equitable approach to care, which could help bring about a more equitable and just society.

**KEYWORDS**

Primary care, social determinants of health, family physicians, action research, health equity, and social justice.

**INTRODUCTION**

The social determinants of health (SDH) are the conditions in the environments where people are born, live, and work that are primarily responsible for health inequities. These conditions include the social, economic, and environmental conditions that shape the lives of individuals and communities. The social determinants of health are the conditions in the environments where people are born, live, and work that are primarily responsible for health inequities. These conditions include the social, economic, and environmental conditions that shape the lives of individuals and communities. The social determinants of health are the conditions in the environments where people are born, live, and work that are primarily responsible for health inequities. These conditions include the social, economic, and environmental conditions that shape the lives of individuals and communities.

**THE CLEAR TOOLKIT**

The CLEAR Toolkit is a five-step process for addressing social causes of poor health. The steps are: 1. Treat, 2. Ask, 3. Refer, 4. Advocate, and 5. Refer. The toolkit includes icons for a doctor, a patient, and a person with a cane, along with a checklist of reminders.

### Framework for building primary care capacity to address the social determinants of health

Pinto AD, Bloch G. [2017].

This article describes the experience of an urban, academic family health team.<sup>13</sup> Within the

description is a five-step framework to build the capacity of primary care practices to integrate determinants of health-focused interventions.

The steps of the framework include:

1. collect client data to identify upstream causes of health and medical needs;
2. use the data to adjust individual care and practice management;
3. use the data to change organizational programs, practices and advocacy;
4. use the data and experiences to influence system change (e.g., education, shifting discourse, establishing unexpected relationships); and
5. use the data and experiences to advocate for policy change.

## WHERE TO FIND CASE STUDIES

Several of the resources included in this curated list include detailed case studies. These are listed below:

- [Strengthening primary health care through primary care and public health collaboration](#). Valaitis R, et al. [2012].<sup>4</sup>  
The overview report includes 10 case studies of primary care and public health collaborations in British Columbia, Ontario and Nova Scotia. A 2020 article, [“Addressing quadruple aims through primary care and public health collaboration: Ten Canadian case studies.”](#) further analyzes and details the case studies.<sup>14</sup>

- [Medicine & public health: The power of collaboration](#). Lasker RD. [1997].<sup>6</sup>  
The Lasker report includes 19 American case illustrations from the 1990s that showcase primary care working with public health or delivering population/public health functions.
- [A population-based approach to integrated healthcare delivery: A scoping review of clinical care and public health collaboration](#). Shahzad M, et al. [2019].<sup>7</sup>  
This review does not include case studies per se, as this scoping review focuses specifically on empirical studies. However articles are referenced in the review that function as case analyses.

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## CONTACT INFORMATION

National Collaborating Centre for Determinants of Health (NCCDH)  
St. Francis Xavier University  
Antigonish, NS B2G 2W5  
nccdh@stfx.ca  
tel: (902) 867-6133  
fax: (902) 867-6130  
www.nccdh.ca  
Twitter: @NCCDH\_CCNDS

National Collaborating Centre for Infectious Diseases  
University of Manitoba  
Winnipeg, Manitoba R3E 0T5  
nccid@umanitoba.ca  
tel: (204) 318-2591  
www.nccid.ca  
Twitter: @Centreinfection

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Written by Connie Clement, associate, National Collaborating Centre for Determinants of Health (NCCDH).

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