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

REFLECTIONS ON THE RELATIONSHIP BETWEEN PUBLIC HEALTH AND PRIMARY CARE

PRÉCIS OF A SITUATION ANALYSIS COMMISSIONED TO EXAMINE THE RELATIONSHIP BETWEEN PUBLIC HEALTH AND PRIMARY CARE

The relationship between public health and primary care is and has long been underutilized. The COVID-19 pandemic creates an opportunity to transform public health, to realize improved population health and to advance health equity. One essential change in the transformation is to retrofit the relationship between public health and primary care — the parts of Canada's health systems closest to root causes of population and personal health — in a way that synergistically enhances both sectors.[1]

For these reasons, the National Collaborating Centre for Determinants of Health and the National Collaborating Centre for Infectious Diseases commissioned a situation analysis to examine the current relationship between public health and primary care in Canada and to suggest opportunities and strategies for enhancement. The report will be released in English and French on the National Collaborating Centres' websites in 2021. In the meantime, a related curated resource list[2] has been released in English and in French.

The full situation analysis report will:

- describe the historical and present context of how primary care and public health interact;
- summarize key findings from the literature (including studies considering Canada[3–5]) and key informant interviews highlighting success factors and barriers;
- propose priority strategic levers for systems-level change; and
- provide examples of successful local partnerships and factors that drive positive impact on population health and health equity.

Here we provide a summary of the results of the situation analysis, including key findings and levers for systems change.

Policy-makers and practitioners in all countries debate "where public health ends and health care begins."[6(p9)] In practice, public health's most unique expertise and critical roles are at the population level: health promotion, primary prevention, assessment, protection and surveillance. Primary care, by contrast, works at the most local level, serving as the main point of treatment and referral to specialized services over Canadians' life course. Public health and primary care directly provide some common services, such as immunization, chronic disease prevention, maternal and child health screening, and health promotion programs. Direct services by public health frequently target populations with higher or more complex needs.

The situation analysis showed that an improved relationship should not be equated with integration. On the contrary, placing public health inside larger or more bureaucratic health care delivery structures can and has diminished public health's upstream focus and contributed to reassignment of funding and resources away from a population health approach.[7,8] Furthermore, those with lived experience of health inequities and bias in health systems may hesitate to use services that claim to be universally accessible; instead, these populations benefit from deliberate and community-informed approaches. Partnerships between primary care and public health have addressed a wide range of overlapping services, shared populations and common interests. Benefits include improved personal health outcomes, services and organizational management.

Priority strategic levers for systems-level change to support an improved interface between public health and primary care include the following directives (with selected sources):

1. **Strengthen positive narratives.** Create and leverage positive narratives as evidence to generate solutions and support upstream population change, equity-enabling policies and a refined relationship between public health and primary care.
2. **Redesign education and deepen academic engagement.** Integrate foundational community, population and public health perspectives into health professional training, and foster and support academic (including research) and practice partnerships.[6,9–11]
3. **Engage public health and primary care leaders in high-level system decision-making.** Neither public health nor primary care professionals consistently occupy places of seniority in health-related decision-making. Position public health and primary care practitioners to act as conduits between neighbourhoods and decision-makers.
4. **Increase community governance and engagement.** Engagement and shared leadership are required to address community needs and contribute to community capacity,[12] build accountability and quality improvement, and reduce downstream adverse health and social effects.[13]
5. **Establish formal networks.** Address gaps in existing networks and strengthen natural links that engage both public health and primary care.[14]
6. **Increase investment in public health and primary care.** Not surprisingly, adequate funding is internationally recognized as a base requirement.[15] Calls to redress underfunding are widespread, and the COVID-19 pandemic has highlighted investment shortcomings.
7. **Strengthen data, surveillance and digital systems.** Linking detailed primary care knowledge with population health planning and addressing the digital divide is an essential systems lever for change. Disaggregated and race-based data are a forward leap in determinants-centric and equity-informed data practices.
8. **Reorient compensation models and financial incentives.** Require reporting by both public health and primary care about partnerships and community engagement, link funding to action on equity and social determinants of health, and change fee-for-service models that inhibit collaboration.
9. **Expand the multidisciplinary nature of primary care.** Invest in multidisciplinary and comprehensive service delivery models, strengthen nurses' role as collaborators and relationship-builders, and employ people from racialized populations and with lived experience to diminish bias and improve equity.

REFERENCES

1. World Health Organization. Primary health care: closing the gap between public health and primary care through integration [Internet]. Geneva (Switzerland): WHO; 2018 [cited 2021 Jun 2]. 17 p. Available from: https://apps.who.int/iris/handle/10665/326458
2. National Collaborating Centre for Determinants of Health; National Collaborating Centre for Infectious Diseases. Establishing a new interface between public health and primary care: a curated list [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2021 [cited 2021 Jun 2]. 8 p. Available from: https://nccdh.ca/resources/entry/establishing-a-new-interface-between-public-health-and-primary-care-a-curated-list
3. Valaitis R, McCarthy J, Nelligan P, MacDonald M, Wong ST, Martin-Misener R, et al. Strengthening primary health care through primary care and public health collaboration [Internet]. Ottawa (ON): Canadian Health Services Research Foundation; 2012 Oct [cited 2021 Jun 2]. 46 p. Available from: https://neltoolkit.rnao.ca/sites/default/files/Strengthening%20Primary%20Health%20Care%20through%20Primary%20Care%20and%20Public%20Health%20Collaboration_CHSRF%20Final%20Report.pdf
4. Levesque JF, Breton M, Senn N, Levesque P, Bergeron P, Roy DA. The interaction of public health and primary care: functional roles and organizational models that bridge individual and population perspectives. Public Health Rev. 2013 Jun 2;35(1):Article 14 [27 p.]. doi: 10.1007/BF03391699
5. Shahzad M, Upshur R, Donnelly P, Bharma A, Wei X, Feng P, et al. A population-based approach to integrated healthcare delivery: a scoping review of clinical care and public health collaboration. BMC Public Health. 2019 Jun 7;19(1):Article 708 [15 p.]. doi: 10.1186/s12889-019-7002-z
6. World Health Organization, Regional Office for Europe. Ensuring collaboration between primary health care and public health services [Internet]. Copenhagen (Denmark): WHO Regional Office for Europe; 2018 [cited 2021 Jun 2]. 38 p. Available from: https://www.euro.who.int/__data/assets/pdf_file/0009/389844/Designed-report-2.pdf
7. Moloughney B. The impacts on the public health function with integration with regionalized healthcare systems [Internet]. Toronto (ON): Toronto Public Health; 2016 [cited 2021 Jun 2]. 11 p. Available from: https://www.toronto.ca/legdocs/mmis/2016/hl/bgrd/backgroundfile-88527.pdf
8. Frank J, Jepson R. Public health may not be ready for health system change — but neither is the system ready to integrate public health. Healthc Pap. 2013 Oct;13(3):77–83. doi: 10.12927/hcpap.2014.23673
9. Brown AD, Upshur R, Sullivan TJ. Public health and primary care: competition or collaboration? Healthc Pap. 2013 Oct;13(3):4–8. doi: 10.12927/hcpap.2014.23690
10. Denis JL, Potvin L, Rochon J, Fournier P, Gauvin L. On redesigning public health in Québec: lessons learned from the pandemic. Can J Public Health. 2020 Dec;111(6):912–20. doi: 10.17269/s41997-020-00419-x
11. B-Lajoie MR, Chartier L. Wanted: better public health training for family physicians. Can Fam Physician [Internet]. 2016 Jun [cited 2021 Jun 2];62(6):471–3. Available from: https://www.cfp.ca/content/62/6/471
12. Totikidis V, Armstrong AF, Francis RD. The concept of community governance: a preliminary review [Internet]. Paper presented at: GovNet Conference; 2005 Nov 28-30; Melbourne, Australia. Melbourne (Australia): Victoria University; [cited 2021 Jun 2]. 21 p. Available from: http://vuir.vu.edu.au/955/1/The_Concept_of_Community_Governance.pdf
13. Swerissen H, Jordan L. Clinical governance in community health care settings: evidence and issues. Aust J Prim Health. 2005;11(2):26–32. doi: 10.1071/PY05018
14. Institute of Medicine, Committee on the Integration of Primary Care and Public Health. Primary care and public health: exploring integration to improve population health [Internet]. Washington (DC): National Academies Press; 2012 [cited 2021 Jun 2]. 192 p. Available from: https://www.nap.edu/catalog/13381/primary-care-and-public-health-exploring-integration-to-improve-population
15. World Health Organization; United Nations Children's Fund (UNICEF). Operational framework for primary health care: transforming vision into action [Internet]. Geneva (Switzerland): WHO; 2020 [cited 2021 Jun 2]. 106 p. Available from: https://apps.who.int/iris/rest/bitstreams/1321790/retrieve

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

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

The NCCDH is hosted by St. Francis Xavier University. We are located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq people.

The NCCID is hosted by the University of Manitoba, located on original lands of Anishinaabeg, Cree, Oji-Cree, Dakota and Dene peoples, and on the homeland of the Métis Nation.

Please cite information contained in the document as follows: National Collaborating Centre for Determinants of Health; National Collaborating Centre for Infectious Diseases. (2021). *Reflections on the relationship between public health and primary care*. Antigonish, NS: NCCDH, St. Francis Xavier University.

ISBN: 978-1-989241-63-9

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the NCCDH and the NCCID. The views expressed do not necessarily represent the views of the Public Health Agency of Canada.

This document is available electronically at www.nccdh.ca and www.nccid.ca.

La version française en format PDF est également disponible au www.ccnds.ca et au www.ccnmi.ca sous le titre *Réflexions sur la relation entre les services de santé publique et de soins primaires*.