Primary Health Care Research and Development 2001; **2**: 135–136

Editorial

Is primary care reform the political route to primary health care?

In Canada, the movement towards primary health care has been led by Canadian nurses since the early 1980s. The publication *Putting Health into Health Care* (Canadian Nurses Association, 1980) was a seminal piece that influenced two decades of policies. Despite this historical contribution, the primary health care (PHC) agenda has been particularly challenging. The recent financial cutbacks in health care, the redesigning of health services, the influence of neoconservatism values and the protection of vested interests have been the most negative influences. The positive influences have been the public demand for enhanced publicly funded health care services, the support of nurses, health economists, policy analysts and some policy makers for a PHC agenda, and a better prepared cadre of health professionals, in particular nurses.

These influences created a paradoxical reality. Both the progress and setbacks in PHC, as well as the challenges, have been documented in two national surveys on the move towards primary health care in Canadian nursing between 1985 and 2000 (Lemire Rodger and Gallagher, 2000). The following principles of PHC have formed the framework of analysis for the surveys and the basis of my comments. They are health promotion and illness/injury prevention, public participation, accessibility, multidisciplinary and intersectoral collaboration and appropriate technology.

The principle that has shown the greatest progress is health promotion and illness/injury prevention. This is evident in all new health projects, whether they are community clinics, nursing clinics, support groups or health programmes. The most impressive change has occurred in nursing education, where all programmes have integrated either health promotion or primary health care in their curriculum. In addition, the research agenda on health promotion has increased significantly. While progress was registered through several health promotion projects, education and research, unfortunately several ongoing health promotion programmes have been curtailed due to the cutbacks in health care funding. Even with the new health projects, concerns are expressed about the time limit of a project and the lack of integration in the publicly funded health care system. There is concern that when the funding runs out, the projects end. To counteract this trend, some of the nursing organizations have developed tools to encourage professionals to ensure the integration of these projects in the regular funding of health services, and to be cautious and strategic about intra-organizational barriers to health promotion projects.

Public participation is still mainly restricted to the planning phase of health services. This is congruent with the World Health Organization (WHO) report on primary health care in industrialized countries (WHO Regional Office for Europe, 1985). Simple consultation is not sufficient to fulfil the goal of full public participation. Charles and de Maio's (1992) model of citizen participation incorporates three levels, namely consultation, partnership and dominant decision making. To date, consultation and, more recently, some partnerships are emerging, but by and large the design of PHC models is still driven by health professionals and policy makers.

In Canada, even though the principle of accessibility is recognized in the Canada Health Act (House of Commons, Government of Canada, 1984), the principle does not carry over to community-based services, which fall outside the legislation. Each province decides what community services will be available in their province, and therefore accessibility is uneven. As with other industrialized countries, the gap between the 'haves' and the 'have nots' is increasing. The projects mentioned under health promotion have increased access for the public, while other services have been discontinued. The issue is one not only of infrastructure, but also of a better utilization of the knowledge

1463-4236(2001)PC057ED

and skills of health professionals. For example, nurses as a point of entry into the health care system have increased in new multidisciplinary community services, as nurse practitioners, and as independent consultants or community health nurses but, by and large, the acceptance of nurses as a point of entry to the health care system is still facing major barriers from the medical gatekeepers, as well as legislative, financial, geographical, cultural and functional barriers. Since the mid-1990s, the concept of primary care – meaning the first contact with a health professional – has gained prominence, mainly because of the support from the medical profession in reorganizing primary care services in Canada. The federal and provincial governments have been promoting the concept of primary care but, as we know, access is only one of the principles of primary health care.

The discourse of appropriate technology is mainly related to high technology and information technology. If one defines technology broadly as people, arts, skills, tools and techniques used during interactions to achieve a health goal, then very little progress is evident. The low-technology applications (where interpersonal skills are the primary tools) and their appropriateness have not been a focus of policy discussion or standards or regulation.

Multidisciplinary collaboration has increased over the last 15 years. This increased collaboration has not been achieved without setbacks. The growth of multidisciplinary projects has been reported in the community during the first 10 years, while a pull back towards predominantly medical–nursing partnerships has been reported over the last five years. Even if health professionals report being more skilful in building effective partnerships, the pull back towards a more traditional partnership may be due to the cutbacks in health care services over that period.

Intersectoral collaboration is still in its infancy. Despite the belief that the determinants of health are broader than health care, the current focus on an illness-care industry and on bureaucratic compartmentalization of society has mitigated against significant movement in intersectoral initiatives. The finding of the World Health Organization (1997) that intersectoral collaboration was the least successful principle of primary health care is echoed in Canada.

So where does that leave us? There is no doubt that the PHC agenda has moved forward between 1985 and 2001. This movement has been sustained over the last 15 years with advances on some fronts and setbacks on others. I want to repeat the concerns of MacIntosh and McCormack (1994) with regard to the need to implement simultaneously all five principles in order to achieve a PHC delivery system. Based on this premise and on the review of progress to date, I conclude that there is a need to sustain the efforts and progress in health promotion and illness/injury prevention and multidisciplinary collaboration. I also conclude that an international and national effort is needed to strengthen public participation, intersectoral collaboration and the application of appropriate technology. However, it seems from the political agenda that primary care reform may well be the vehicle necessary to make the significant gains that are required in this decade if we are to ensure *Health for All* beyond 2000.

Ginette Lemire Rodger
President of the Canadian Nurses Association
Chief of Nursing, The Ottawa Hospital
52 Settler's Ridge Way
Ottawa
Ontario
Canada, K2J 4V2

References

Canadian Nurses Association 1980: *Putting health into health care: submission to the Health Services Review*. Ottawa: Canadian Nurses Association.

Charles, C. and **DeMaio, S.** 1992: Lay participation in health care decision making: a conceptual framework. *Journal of Health Policy, Politics and Law* 18, 881–904.

House of Commons, Government of Canada 1984: *Canada Health Act of 1984 – Bill C-3*. Ottawa: House of Commons, Government of Canada.

Lemire Rodger, G. and **Gallagher, S.** 2000: The move toward primary health care in Canada. In Stewart, M. J., editor. *Community nursing*. Toronto: W.B. Saunders, 37–58.

MacIntosh, J. and **McCormack, D.** 1994: Primary health care: interpreting the concepts. *Information in Nursing* 25, 10–11.

World Health Organization 1997: *Intersectoral action for health: addressing health and environment concerns in sustainable development*. Geneva: World Health Organization.

World Health Organization Regional Office for Europe 1985: *Primary health care in industrialized countries*. Copenhagen: WHO Regional Office for Europe.